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CONNECTIONS™

The monthly newspaper of The University Hospital • January 1992

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The University Hospital

88 East Newton Street
Boston, Massachusetts

Home Medical patients serve as inspiration to others



COMMUNITY SERVANT Home Medical patients Angela and Mauro Rio are visited in their home by UH physician Lisa Atkinson, M.D. Mrs. Rio recently was recognized by Action for Boston Community Development (ABCD) for service to the community.

Angela and Mauro Rio, patients of UH's Home Medical Service, are 90 and 91 respectively, and they remain lucid, mobile and constantly aware of each other's needs. Throughout their lives, the two have spent countless hours doing for others, never seeking or expecting recognition of any sort.

This past fall, Angela Rio held a seat of honor at a community awards dinner hosted by Action for Boston Community Development (ABCD), receiving praise for her years of work as an advocate for the elderly.

Although not as active as she once had been, Mrs. Rio serves as a board member of the South Boston Action Center, which provides an array of social services to community residents. Her husband also serves on the center's board and has served on the board of directors at ABCD, as well. Together, the two have endeared themselves to many.

"They are just naturally sweet," says Lisa Atkinson, M.D., a first-year fellow in geriatrics. "I visit them once a month" to monitor their health and well-being, "but mostly because I enjoy it," she notes.

Mrs. Rio's history of community service spans almost an entire century. In her native town of Siracusa, Italy, she was headmistress for a school of 30

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Cardiac Assessment Program aims to provide high-quality care more efficiently

The challenge has been set: Hospitals must adopt greater efficiencies if they are to survive in today's rapidly changing health-care environment. In response to this challenge, a comprehensive Cardiac Assessment Program is under way to look at UH's most routinely performed cardiac procedures—

coronary artery bypass surgery, percutaneous transluminal coronary angioplasty and diagnostic cardiac catheterization.

The goal of the nine-month project is to re-examine the manner in which cardiac care is delivered

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UH efforts help guide health-care bill through Legislature

In intense efforts over the past seven weeks, UH staff members have helped guide the pending Health Care Access and Financing bill through the Legislature, where, at presstime, it had just been passed by the Senate. The legislation, if enacted, would establish a new plan for financing Massachusetts hospitals, replacing the Commonwealth's previous health-payment law, Chapter 23, which expired on October 1.

The bill has garnered the support of UH and other hospitals throughout the Commonwealth because of the flexibility it would provide them in negotiating with insurance companies and health maintenance organizations. The bill also would set aggregate limitations on revenues within which hospitals can operate, meaning that hospital charges for hundreds of medical procedures would fall under a pre-established rate cap.

The House and Senate versions are similar in most significant aspects; however, the cost factor upon which the revenue cap would be based appeared more favorable in the House version. UH and the Massachusetts Hospital Association will be working to retain the House provision in this area.

Michael D. Blaszyk, UH executive vice president for corporate services, says, "The formula as provided in the bill will be difficult to achieve, but necessary in order to balance the interests of the business and provider communities."

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Dr. King to be remembered

The Medical Center's annual program commemorating Dr. Martin Luther King Jr., is set to take place on Wednesday, Jan. 15, from noon to 2 p.m., in Keefe Auditorium. BUMC employees, faculty and students are invited to attend. The program, featuring the music of the Medical Center choir and the gospel group, Family, also will honor BUMC's 1992 Black Achievers. ■

Health-care finance bill
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"This legislation responds to the needs of hospitals to operate with adequate financing and to provide essential services to patients and the community," says Elizabeth Stengel, the Medical Center's director of government relations.

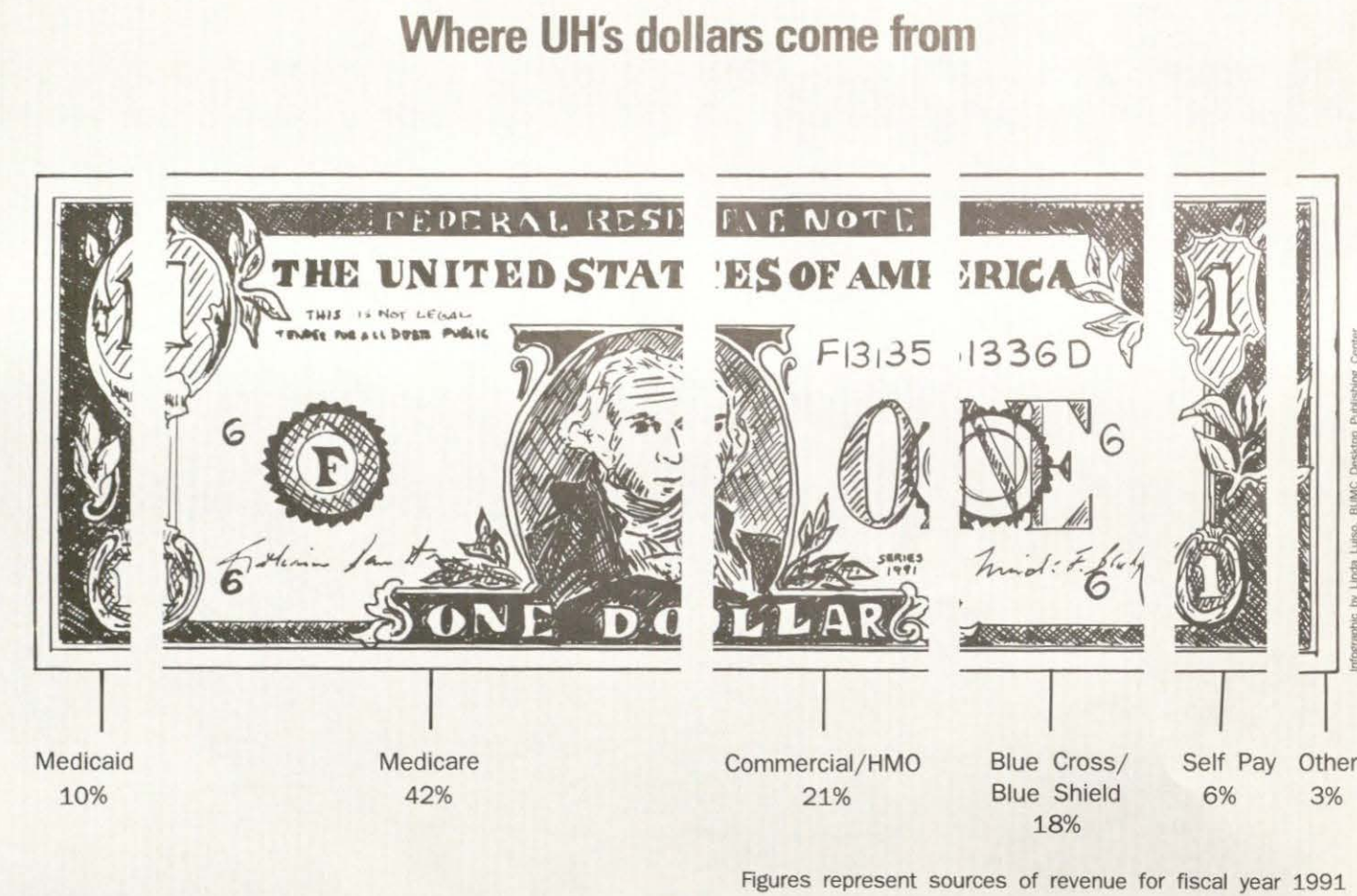
In late November, as the bill lingered in the House, UH staff members responded quickly and effectively to a plea made by UH President J. Scott Abercrombie Jr., M.D., to contact their legislators. Hundreds of telephone calls were made by UH employees and staff in favor of the bill, which later received widespread approval in the House before making its way to the Senate Ways and Means Committee, and on to the Senate.

"Members of the UH family have played a vital role in this endeavor and I thank them for their efforts," says Abercrombie. "We may need to call on them again in the coming weeks to contact their legislators, in the hope of fast-forwarding the bill to the Governor."

The lobbying efforts echo those made in 1988, when UH staff members and health-care workers throughout Massachusetts banded together to show their support of Chapter 23, the expired health-care payment plan that was to provide insurance to all residents of the Commonwealth.

Major points

If approved, the bill now before the Legislature would increase the amount of funding for the Uncompensated Care Pool, from which



hospitals are reimbursed for providing "free" care to the indigent and uninsured. This portion of the legislation is of particular importance to UH because the Hospital relies heavily on this method of payment (see graphic above).

Included in the House version of the bill is a 13-cent-per-pack cigarette tax, which was deleted in the Senate version. The tax would raise between \$50 and \$60 million for preventive care through the establishment of a Health Care Access Fund. The revenues generated

would be used for "well-baby" programs, substance-abuse programs, the current vaccination program and other forms of preventive care.

"I think this is a creative policy move to link preventive care to funds raised solely via a tax on a product that clearly causes health problems," says Stengel. "We hope the Governor can be brought to understand the positive health and policy advantages of supporting this concept."

Also worth noting is a proposal

to form a Hospital Payment Commission to make recommendations for future changes in the health-care finance law, including the Determination of Need (DoN) program. Under this program, the state regulates the establishment of new health-care facilities and high-cost technologies.

As of this writing, the Senate and House versions of the bill had been referred to a joint conference committee. ■

Today's Parents

Tuning in to the positive elements of television

by Peggy Kociubes



Here's a riddle: What do you call an unpaid babysitter? How about an uninvited guest at the dinner table, or your child's most constant companion? The answer is...the family television.

Children in the United States watch three to five hours of TV a day. In fact, by the time the average child graduates from high school, he will have logged more hours in front of the television than he will have spent in school.

Most of us are all too familiar with the negative aspects of too much television: It can reinforce stereotypes, rob children of time needed to learn, or stifle opportunities for children to form relationships. In some, television watching may cause anxiety and bring out aggressive behavior.

But, believe it or not, television has its favorable aspects: It can entertain, educate and keep us company. And watching TV can be fun. Parents of adolescent children might find that tuning in with their children offers a bit of social interaction or, at best, a view into their children's worlds. Parents of young children might find that turning on "Sesame Street" for their children allows them time off—to prepare supper or maybe to enjoy a good book.

The key to integrating television into your family rests in creating a healthy mix of what is being watched (content) and the amount of time spent watching. A parent's responsibility is to help his or her child become a wise consumer of television. This process takes time and patience, but it can be accomplished. First of all, go over the TV listings together in advance. If your child knows that she will be selecting one or two programs a night, then this might evoke the thinking process. Next, set some ground rules. Some sample rules that you may wish to apply: No television during the day or no television until homework is completed.

Watching TV with your child and discussing programming also may help to create a wise television consumer out of her. Discuss commercials when your child asks about products that are advertised. You may need to explain that TV sometimes can make viewers want things they do not necessarily need.

Since television will continue to be ever-present in our lives, teaching your child how to monitor television wisely will help her to understand what she is seeing and help her to integrate it into her life in a positive manner.

If you would like to improve the quality of television for children, contact Action for Children's Television (ACT), 20 University Road, Cambridge, MA 02138. ■

Staff members cooperating with smoke-free policy

As the Hospital enters into a "smoke-free" new year, many employees are finding that adhering to the smoking policy is not nearly as tough as they thought it would be—at least that's what several staffers have told *Connections*. The change to a non-smoking environment occurred on October 15.

According to Charles Simpson of human resources, and a member of the Hospital's Smoke-Free Task Force, few violations of the policy have been reported and compliance has been excellent. "I'm really impressed with the efforts our employees have made and by the sensitivity of supervisors and managers in helping people get through the adjustment period," he says. Nowadays, some UH smokers can be seen during their breaks or lunch hours at three outdoor locations, where they now go to light

Some employees enjoy the opportunity to smoke outside where they can socialize with their colleagues

up. While not everyone is happy with the smoke-free policy, most agree that the ban has allowed them to curtail their cigarette habits.

Diane Lobel of gastroenterology, one of two UH employees featured in a Channel 56 news piece on UH going smoke-free, is one of those persons who has benefitted from the ban. A former pack-per-day smoker, she now smokes three cigarettes during an average work day—in the morning, at lunch and during her afternoon break. "Actually, I've done very well. Every once in a while I'll sneak in a fourth cigarette, but that's not very often," she notes.

According to Lobel, going outside for a cigarette has turned into a social occasion for many of UH's smoking population. "I think people are having a lot of fun—we enjoy going out. I haven't heard anyone really complain and I think people are smoking where they're supposed to."

George Belden of laboratory services says he's made the transition to a smoke-free environment with little difficulty. In fact, he admits that the time for a smoke-free Hospital was long overdue. Belden, a 10-year smoker, has curbed his habit by about a half pack per day.

Margo Cappellano of dialysis says she and her colleagues have had "no difficulty" abiding to the smoking policy. "The Hospital has given us areas to smoke in. Actually, they've been good giving us three [places], and they're all conveniently located," she notes. ■

UH Ambulatory Surgery: Making a name in Boston

Since UH's Ambulatory Surgery Center opened this past summer, the facility is rapidly gaining a reputation around Boston as the place to receive topflight, compassionate care—and people are taking note.

WRKO talk show host Gene Burns recently raved to his on-air listeners about the fabulous treatment he was given this past summer. Burns underwent six hours of toe surgery to correct a painful condition caused by arthritis.

"I've never had surgery done, but I must say that I was very pleased with the result. I want to tip my hat to the staff of the Short Stay Surgery Unit at The University Hospital...The people there were very kind, nice, fun and expert," Burns said.

"You know, when one is having surgery, even toe surgery, one is not in the best of humors—one's a little apprehensive. The [staff at UH] were very gracious in their attempt to explain to me what was going to happen. They did it all in good humor and that made it very, very bearable. To all those people...in the Short Stay Surgery Unit, to the anesthesiology staff in the operating room, to the O.R. staff, and to the recovery room staff, kudos for a great job well done," he concluded.

According to nurse manager Deborah Mulloy, R.N., M.S., Burns



COMMITTED TO QUALITY CARE Donna Manning, R.N., M.B.A., one of the Ambulatory Surgery Center's staff members, jots down information from patient John Phillips.

is not alone in his positive assessment of the quality care given by the staff of the Ambulatory Surgery Center. A vast majority of patients, in patient-satisfaction questionnaires given upon discharge, rate their Hospital experiences as good to excellent.

"Sometimes ambulatory care is seen as an easy job. But you have to work hard all day to keep things moving efficiently, and at the same time be aware of patients' physical and emotional needs. Each new patient presents a variety of issues from simple to complex," Mulloy points out.

As many as 60 patients a day pass through the unit, which has a

minor-procedure room, a surgical suite and an endoscopy suite brimming with highly sophisticated equipment. From 6:15 a.m. to 7 p.m., Monday through Friday, dozens of procedures are performed, including arthroscopies, carpal-tunnel release, laparoscopies and biopsies, among others.

As the federal government continues to put financial incentives on the side of outpatient care, UH's ambulatory surgery program will remain one of the Hospital's primary focuses. Within the decade, a new Ambulatory Care Building will be constructed as part of the University Associates medical complex on Albany Street. This new construction will pave the way for the expansion of services.

Mulloy suggests that the trend toward ambulatory care is beneficial for patients. "A lot of patients actually prefer to recover in their own homes with their families. This often shortens the recuperation period and allows the patients to return to work sooner." ■

Nutrition Clinic office in DOB

The Evans Nutrition Clinic and its weight-loss program, under the direction of Robert H. Lerman, M.D., Ph.D., are opening next month in new quarters in the Doctors Office Building, Suite 607. The UH program, encompassing nutrition education, behavior modification, group support and exercise, is available to anyone who is interested in weight loss or weight management. Three types of physician-monitored diets designed specifically for significant weight loss are offered, as are individually tailored weight-loss regimens. For further information, call x7472 (638-7472). ■



GUEST OF HONOR Santa Claus paid a visit to local youngsters at a community tree-lighting ceremony in Worcester Square on Friday, Dec. 13. The University Hospital has been a contributor to the popular event for many years.

It's still not too late to donate; '91 drive held over

Hospital staff members can carry the giving spirit into the new year by donating to the Hospital's 1991 fundraising drive.

The drive has been extended through January in the hope that employees who haven't had the opportunity to donate will do so by the end of the month, says campaign manager Kelly Baxter of development.

The annual drive enables employees to direct their donations to any or all of the three following causes: the Hospital's U-Help Fund, its Child Care Fund, and the United Way of Massachusetts Bay.

Baxter says she is hoping that employees will consider making some form of donation, regardless of the amount. As of presstime, employee donations totaled some \$18,000—\$25,000 shy of the campaign's \$43,000 goal.

Pledge cards, mailed to employees last month, can be completed and returned to the Development Office, Old Evans 616 (D-616). For further information, contact Baxter at x8990 (638-8990). ■

Employees show they 'can' do during canned-goods drive to feed the hungry

UH employees demonstrated they "can share," by donating some 538 canned-goods items to the 1991 Boston Can Share Food Drive.

Of the BUMC organizations and buildings taking part in the two-week drive, the Hospital generated the largest amount of contributions. Not far behind was the School of Medicine, with 436 cans donated, and the Goldman School of Graduate Dentistry, with 223. In all, a total of 1,502 cans were offered up, more than doubling the Medical Center's donation of 650 cans last year (see graph).

Despite the numbers, Monique Jackson Taylor, UH's contact for the drive, already is setting her sights for next year's campaign. "There are 2,100 employees of The University Hospital, so there really is no reason why we cannot collect 2,100 cans; that's just one can per person," she notes.

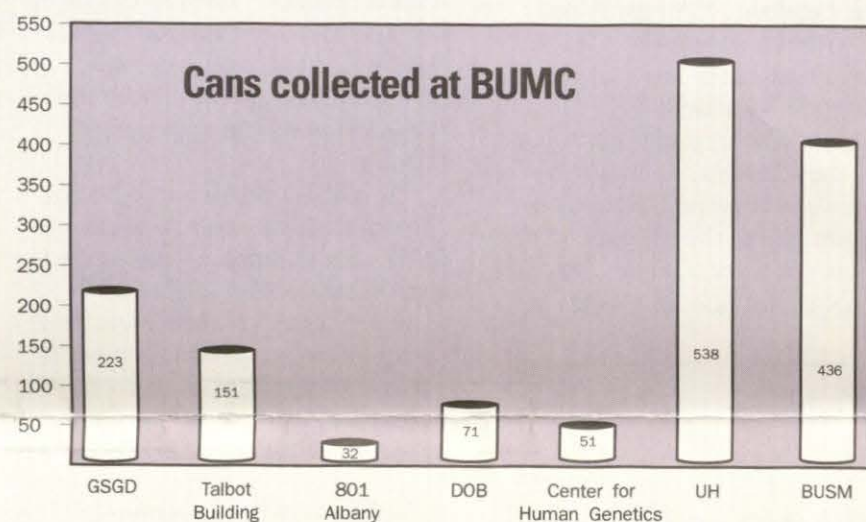
The citywide drive, sponsored by the Mayor's Advisory Commission on Hunger, ran from October 28 to November 15. Donations helped to fill the shelves of more than 250

emergency food pantries and soup kitchens throughout eastern Massachusetts during the holiday season.

Members of this year's Can Share Committee, in addition to planning and implementing the campaign, also served as employee contacts for the drive, reminding colleagues in their designated areas to check their cupboards for any non-perishable items. "We feel that this new approach worked well. We got a lot of baby formula and baby food—dona-

tions that we haven't normally received in large numbers in previous years," says Jackson Taylor.

Acting as employee contacts were Jackson Taylor for UH; James Chalmers, BUMC personnel, and James Munroe, BUMC facilities management for the Medical Campus; Betty Ollen for the School of Public Health, and Denise Lobb for the School of Dentistry. ■



Photographs by Linda Liano, BUMC Desktop Publishing Center

Medical complex developers thank community residents for their involvement



SHARING SOME CONVERSATION are Catherine Munroe, a board member of the SNAP advisory committee and Eswaran Selvarajah, also of SNAP, top; and Randi Lathrop of the Blackstone/Franklin Neighborhood Association and Donald R. Giller, UH vice president for external affairs, left.

The University Hospital and Boston University expressed their gratitude to members of the South End community for their cooperative spirit and involvement in helping to plan the new medical complex on Albany Street. Despite rather treacherous weather, some 50 members of the BUMC and South End communities partook in an evening reception held at the Hospital on Tuesday, Dec. 3. Both UH and BU, the complex developers, have said they are committed to working closely with the community throughout the scope of the 10-year project. ■



JOSH YOUNG, legislative aide to state Rep. Byron Rushing and a lifelong resident of the South End, enjoys some refreshments.

Oh what fun it was to celebrate...

As always, UH's annual holiday party was a big smash with employees, who feasted on holiday spirit and a variety of tasty menu items. The gala, held on Thursday, Dec. 19, in the Hospital's SkyLight Dining Pavilion, started at high noon and lasted until late in the day. ■



Controlling your medical destiny

The federal Patient Self Determination Act, which took effect December 1, requires hospitals to educate patients about their rights to accept or refuse medical treatment. This legislation, along with the state Health Care Proxy Law, passed in December 1990, makes it apparent that people want to control their own medical destinies through various types of advance directives. An advance directive is a legal document that provides specific instructions for how a person would like his or her care directed should he or she become incapacitated. The Commonwealth of Massachusetts uses a health-care proxy directive, through which patients can designate an adult to make health-care decisions on their behalf.

"I am very much in support of advance directives because I believe that allowing a person to determine his or her own destiny is both humane and patient-focused," says UH President J. Scott Abercrombie Jr., M.D.

A Hospital policy on the health care proxy has been developed under the direction of Linda Burns, vice president for operations, and Edward Christiansen Jr., UH's legal counsel. Proxy forms are now presented to all inpatients, all outpatient ambulatory surgery patients and all special procedures patients at the time of their admission or registration. ■



WHAT A FIT Newly inducted Auxiliary President Susan Shemin tries to sell Stanley Harrison, M.D., a pair of sweat shorts during a holiday sale of UH garb on Thursday, Dec. 5, on the H-2 bridge.

'Forever Plaid' night out planned



The UH Auxiliary will kick off its 1992 fundraising season in March with an evening at the theatre. The night will include dinner followed by the Broadway hit, "Forever Plaid," at the Park Plaza Hotel. Proceeds will benefit the UH Child Care Fund. Watch this space for further information. ■

Daniels Speech Clinic receives reaccreditation; cited for excellence

The Hospital's speech-language pathology program of the Daniels Speech and Language Clinic has been granted reaccreditation by the Professional Services Board (PSA) of the American Speech-Language-Hearing Association. Although many clinical programs undergo periodic accreditation review, the reaccreditation of the Daniels Speech Clinic serves as an example of the topnotch care offered at UH.

The clinic's director, Lisa A. Johnson, M.A.-CCC/S.L.P., received word of the five-year reaccreditation this past fall. "The Professional Services Board congratulates you on your accreditation, which is public acknowledgement that your program operates in overall compliance with stringent national standards. You are encouraged to view the accreditation period as a time of continuing program improvement and self-analysis," wrote Sandra R. Ulrich, PSA chairperson.

Ulrich outlined a number of areas in which UH showed particular outstanding achievement, most notably:

- The high qualifications, morale and spirit of cooperation among the staff.
- The care, sensitivity and interest displayed by the [scope of the] program in terms of [patient] services.

- The excellent administrative support the program receives.
- The excellent coordination of services with other professions, which [serves to] enhance [patient] care.
- The evidence of excellent support for continued learning by the program's staff.
- The evidence of concerted efforts to maintain and upgrade quality of service.
- The respect and esteem enjoyed by the program among students assigned to the facility, by professionals who refer [patients], and by other staff throughout the facility. ■

POINTS OF PRIDE

Did you know that UH surgeons performed the nation's first extracorporeal "bench" surgery on extensively damaged kidneys, that is, removing the kidney, repairing it, and returning it to the patient's body?

Two parks herald forthcoming upgrade of Albany Street

Two small parks are being created at the entrance to Lot A/C, heralding the start of a major upgrade of the Medical Center portion of Albany Street as part of the new University Associates medical-complex project.

The parks, funded and provided by University Associates (The University Hospital and Boston University), are being constructed for the enjoyment of BUMC employees and guests, as well as members of the South End community, according to William J. Gasper, associate vice president for business affairs at BUMC.

"This is the first step of a major upgrade for the Albany Street medical-complex area into a very attractive boulevard," he says.

Other improvements to be made include new sidewalks, landscaping and light posts.

The parks, each approximately 500 square feet, each will have two benches and will be an inviting area in which BUMC employees and resi-

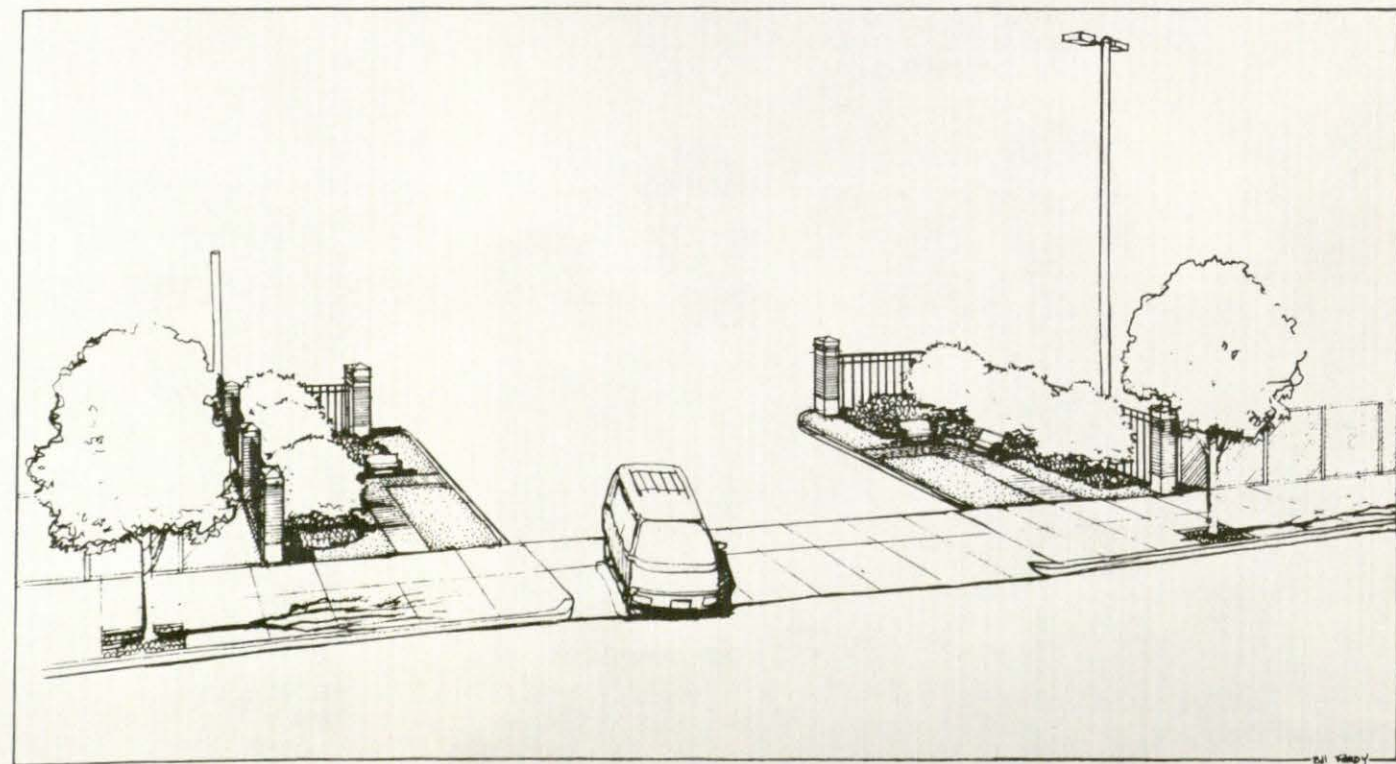
dents of the area may relax.

"University Associates wants to be a good neighbor and we invite members of the Medical Center and South End communities to enjoy

these parks," Gasper notes.

The parks have been designed by William Pressley & Associates, a landscape architecture firm based in Boston, which has designed such

projects as Marketplace Center, located between Faneuil Hall and Waterfront Park in downtown Boston. ■



A reminder about UH's visiting hours

UH Security Manager Kevin Tuohey urges employees to observe the following policy regarding visiting hours:

- Hospital visiting hours are from 1 to 8 p.m., daily. Hours for the New England Regional Spinal Cord Injury Center on F-5 are from 4 to 8 p.m., daily.
- Children under the age of 14 are not allowed to visit patients.
- Only two visitors per patient are allowed in patient rooms at any one time.
- Visitor passes are issued and must be returned either at the information desk in the Atrium Lobby or at the Security desk on H-2.
- All exceptions to the policy must be preapproved in writing by the appropriate nurse manager.

Employees also are reminded of the requirement to wear their identification badges at all times so that members of the UH staff may know who is in the Hospital. This, Tuohey notes, will provide for as safe and secure an environment as possible. Violations of the visiting hours policy can be reported by calling Security at x6667 (638-6667). Suggestions for enhancing and enforcing the policy also are welcome. ■

Parking Services: Be cautious when walking or driving

With snowy and icy roads posing a threat to drivers and pedestrians, the Office of Parking Services offers the following common-sense tips:

When you're in the parking lots:

- Park in assigned areas.
- Use the pedestrian access ways and avoid walking down the Lot A/C roadway. Keep roadways and fire lanes clear.
- Try to avoid parking on ice patches or in water (what is water during the day can be ice by nightfall).
- Drive slowly, taking care to avoid other vehicles and pedestrians, and give vehicles plenty of room to maneuver when you're walking through the lots. ■



NEW MEMBERS Attending the 137th Annual General Meeting of the Hospital Corporation on Monday, Dec. 16, are new members Timothy Barberich, John B. Douglas III, Eric A. Luther and Penelope Scheerer, from left, shown with UH Trustee Chairman Hugh Shepley. Not pictured are new members C. Edward Hazen, Michael Johnson and James Pallotta. At right, longtime trustee Jerome Preston Sr. receives a warm handshake from Peter J. Mozden, M.D., as Mr. Shepley looks on.



BUMC technicians are used to taking control

They respond to some 75 to 100 calls per day—from sightings of a mouse in the house, to fires and floods.

The staff of the Medical Center's Control Center act as the "eyes and ears" of BUMC, working 24 hours a day and 365 days a year. "Everything and anything typically gets reported to us," says John Wyatt, who holds the position of senior technician vacated this past summer by veteran controller Henry "Hank" Brown. Two months ago, Wyatt left MIT's Operations Center to take up the BUMC post. He and a staff of four other men—Rick Bogdan, Andy Burke, Kevin Crowell and Billy Packard—each serve on one-person shifts. "I'm happy to be here," says Wyatt, while acknowledging a far greater change of pace from that of MIT's Operations Center, where upwards of 400 calls were logged per day.

From an energy-management computer system located in the basement of the Instructional Building, the BUMC crew can monitor all of the essential mechanical systems—mainly heating, ventilating and air-conditioning—throughout the Medical Center's 18 buildings (approximately one and a half million square feet of space). So, for instance, if a temperature dips below an acceptable level in an environmental room or laboratory, or if a fire alarm sounds in a building, the Control Center is usually the first to know about those situa-

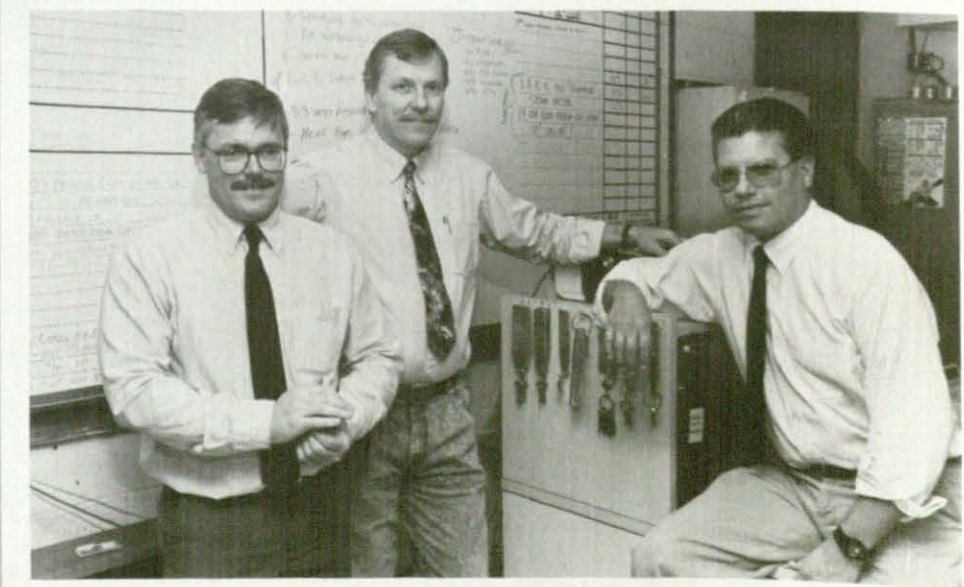
tions, according to Wyatt. Using the computer, a JC/85, the technicians can alter, start/stop, and adjust the systems.

In addition to monitoring and controlling the environment, the technicians perform minor repairs. However, the responsibility for making heavy-duty repairs belongs to Hospital and Medical Campus maintenance mechanics, with whom the Control Center is in constant contact.

The Control Center technicians also are heavily relied upon during emergency situations, says UH's Maintenance Director Phil Kenney. "If there is an emergency, such as a flood or a fire, they will take the appropriate action. They [the technicians] carry a fair amount of responsibility for the property," he

notes. An emergency situation in mid-December, when the Medical Center buildings lost heat for some four hours, prompted the swift action of Control Center technician Rick Bogdan who worked to shut off supply fans throughout the complex, thus keeping the heat in and the cold air out.

The construction of the new University Associates medical complex on Albany Street will allow for the expansion of services provided by the Control Center. "They're already talking about what kind of energy system will be put into place for the new buildings," notes Wyatt. Meanwhile, the adoption of new technologies that would enhance the current scope of operations is being considered. ■



IN CONTROL at BUMC's Control Center are, from left, Andy Burke, Rick Bogdan and John Wyatt. Missing from the photo are technicians Kevin Crowell and Billy Packard.

UH is a recycler's haven

The three 'Rs' of waste management—recycle, reuse and reduce—are being put into excellent practice at UH, reports Alan Tibbetts of environmental services. With the assistance of the Hospital's employees, some 111 tons of computer paper, white paper and cardboard were recycled during fiscal year 1991 (see sidebar).

"Our recycling endeavors don't stop there," says Tibbetts. "In March, we plan to expand those efforts. In addition to establishing extra collection points for paper, we are going to begin collecting clean

medical glass and certain grades of plastic."

Tibbetts notes that the community, as well as the environment, stands to benefit from UH's recycling efforts: A new calendar year also will see the collection of redeemable soda cans—the revenues from which will be donated to the Roxbury Multiservice Youth Association. ■

How UH helped the environment in 1991



Saved 1,887 Trees

Saved 455,100 Kilowatt-hours of energy



Saved 77,000 gallons of water

Eliminated 333,000 Cubic yards of landfill material



Home Medical patients

continued from page 1

children. After coming to America in 1920, she, along with her husband, worked diligently to raise funds for the construction of the Don Oriane home in East Boston, a lodging for senior citizens of Italian descent. Taking on yet another initiative, Mrs. Rio also helped establish the Stella Maris Lodge of the Order of Sons of Italy, of which she is a past president.

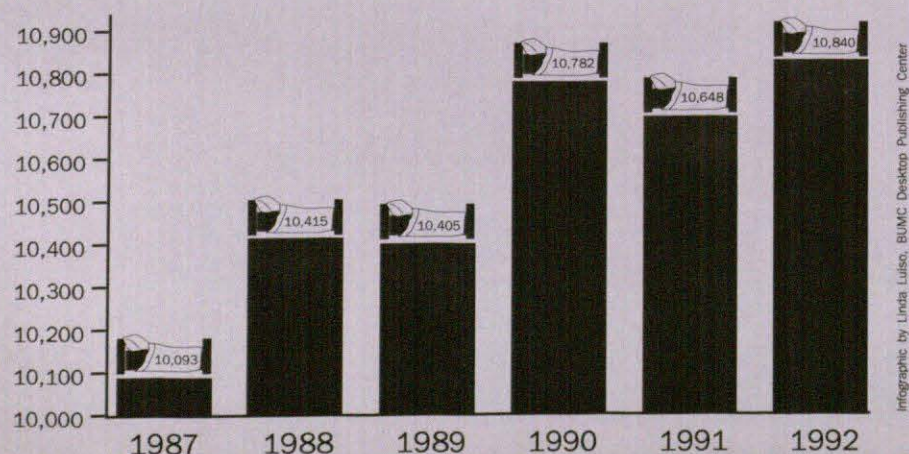
The Rios' life experiences have fortified them with a profound wisdom that many of us hope to someday possess. And they are quick to share tidbits of advice: "Do your best—that is all that you can do in this lifetime," says Mauro, who fought in the Italian army during the first World War.

The couple, who met after settling in Boston, have been married for 67 years and have raised three children. ■

A LOOK AT UH'S LEADING INDICATORS:

How we're doing

Inpatient admissions: This indicator historically has been a primary measure of the Hospital's source of revenue and, thus, has the greatest impact on UH's bottom line. Over the past decade, the Hospital has experienced a steady increase in its admissions, while the statewide admitting trend has been on a steady decline. As you can see from the graph below, UH has aggressively budgeted 10,840 admissions for fiscal year 1992, which began on October 1 and runs through September 30. ■



Infographic by Linda Luiso, BUWC Desktop Publishing Center

Cardiac Assessment Program

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and to provide patients with the same, if not an improved, level of quality care more efficiently, according to UH's Michael D. Blaszyk, executive vice president for corporate services. "In this day of open competition among hospitals, patients now have more choices about where to go for health care. Therefore, it is quite obvious that hospitals must attain the highest level of quality care possible because quality, more than cost, is likely to become the determining factor for drawing patients," he suggests.

The theory behind the assessment is that improved efficiency will enable the Hospital to care for increasing numbers of patients in need of the services under review. During fiscal year 1991, the three technologies alone—CABG, PTCA and cardiac catheterization—accounted for 14 percent of UH's inpatient volume.

The program, being conducted in conjunction with L. Byrne & Associates of Denver, Colo., is a collaborative effort involving members of the UH staff who assist in the delivery of care for heart patients. Those staff members include Richard J. Shemin, M.D., chief of the Department of Cardiothoracic Surgery, David P. Faxon, M.D., director of interventional cardiology, David Renke, PA-C, James McCann, PA-C, Linda Viano, director of the Division of Diagnostic and Therapeutic Services, Patricia Ide, R.N., M.S.N., director of ambulatory care/surgical services, and all physician members of cardiology and cardiothoracic surgery.

"The program begins with the gathering, analysis and comparison of a number of Hospital data—from charges to diagnostic codes to length of stay, among others—to that of national and regional hospitals," explains David Browne of operations analysis, one of the program's coordinators.

The UH initiative is one of several endeavors to improve Hospital-wide systems that began with a 1988 review of operations and productivity and an aggressive effort to reduce average length of stay, both of which yielded favorable results in maintaining the quality of patient care and improving cost efficiency.

The University Hospital

BLOOD DONOR PROGRAM



Give blood... Every drop counts

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According to Blaszyk, becoming a more efficient and effective provider now will position the Hospital so that it can respond to the changes that are so pervasive in the health-care environment. A new health finance plan currently under debate in the Massachusetts Legislature is expected to bring about even greater challenges. If approved, the plan would essentially allow insurers to negotiate directly with hospitals on the basis of price and quality. Thus, only those hospitals that are fit to compete would survive, says Blaszyk.

"American business, and now the hospital industry, has embraced the Japanese philosophy of total quality management," he notes. "Well, to me, total quality management is nothing more than making sure that you're constantly improving your systems and services—to have the least number of incidents outside of planned norms as possible. This is precisely what we are striving for."

UH clearly distinguished itself from its competitors when it was selected last year by the federal government as one of four national centers to participate in a landmark Medicare cost-control project. Under the demonstration program, UH is providing Medicare patients with topflight coronary artery bypass surgery with all the financial components "bundled" into one negotiated package.

Says heart surgeon Shemin, "Our selection for the CABG project has allowed us to remain competitive in an era of high-cost health care. Now, we must examine the ways in which we can perform this procedure even more efficiently and effectively in the hope of providing our patients with the best hospital experiences possible." ■

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