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Front & Center

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Special Edition

Front & Center

For the people of Boston University Medical Center / School of Medicine / University Hospital / School of Graduate Dentistry

The cord is cut and Centrex comes alive

At precisely 3 p.m. on Friday, April 16, a telephone company employee, using a huge pair of wire cutters, will slice through a 3-inch-thick telephone cable at the Medical Center, cutting the institutional complex off from communication with the outside world.

Plug-pushing starts

Immediately, other workers will begin pushing plugs to connect the approximately 2,200 telephones throughout University Hospital, the School of Medicine and the School of Graduate Dentistry with a new, ultra-modern electronic switching system called Centrex II.

The entire conversion operation is expected to take from thirty seconds to seven minutes. During that time, emergency numbers used to report fires, security problems, or cardiac arrests will continue to operate.

Under Centrex II, every office, clinic and patient's phone will have its own individual number that can be dialed directly from outside. At present, calls to the Medical Center are routed by operators through a central switchboard.

The electronic switching system will also permit an employee receiving a call from outside to transfer that call to another number without going through an operator, to consult with a third party on another number, or to hold a three-way "mini-conference" conversation.

Improves accessibility

Described as "the most modern telecommunications system the telephone company has to offer," Centrex II is being introduced to make Medical Center personnel and services more accessible to the public, according to Peter Landry, senior management engineer at UH and a member of the Centrex Conversion Committee at BUMC.

Medical Center switchboards handle as many as 7,500 calls in a 24-hour period. At peak hours, six operators and a chief operator may be on duty, yet delays in service are still reported.

While Centrex II will require only two operators at any given time, the changeover will not lead to layoffs of operators, according to Edwin Stedman, director of Security and Telecommunications. Even operators hired on a temporary basis since the decision to switch to Centrex was made will be relocated to other jobs Stedman said.

In a campaign to notify regular callers of the new telephone numbers,

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THE SWITCHBOARD - The switchover to Centrex was planned and directed by the Centrex Conversion Committee. Members are, from left to right, front row, Gerald Borgal, UH general administrator for Inpatient Care Services, which includes Telecommunications; and Peter Landry, senior management engineer at UH. Pictured in the back row are, left, James Crowley, director of the mailroom at the Medical Center; Patricia Tobin, assistant to the director for Telecommunications at UH; and Edwin Stedman, director of Security and Telecommunications, UH.

An emergency during switchover to Centrex: An anticipated risk

At 3:02 p.m., Friday, April 16, Walter Jenkins, a patient in F-327, suffered a cardiac arrest. Trained for exactly such an occurrence, Jane Fredericks, a nurse on the floor, hastened to the nearest phone and dialed the emergency standstill number, 5777.

Nothing happened. No dial tone. No ringing. She dialed again. Nothing.

At the wrong time

Walter Jenkins' heart attack had occurred in the midst of the long-planned conversion to the Centrex telephone system, and, by chance, the lines on the floor were inoperative just when they were most needed.

Both Jenkins and Fredericks are fictitious, as is the incident described above; the chances of a patient having a cardiac arrest in precisely the 30-second-to-seven-minute interval a line may possibly be

out of service are extremely small.

But Edwin Stedman, director of Security and Telecommunications at University Hospital, is not willing to take that risk, no matter how small.

As a member of the Centrex Conversion Committee, Stedman, a trained expert in security matters, has devised an emergency communication back-up system to be in effect during the cutover, Friday afternoon at 3 p.m.

The system is designed to communicate information about cardiac arrests, fire or any other emergency to the proper staff members if the telephones, usually employed to convey such information, are inoperative, Stedman explained.

If "patient Jenkins" did have a cardiac arrest in the F-building, under Stedman's emergency plan, Nurse

Fredericks would walk to the stairwell at the corner of East Newton street and Harrison avenue and inform the security officer stationed there of the situation.

Desk gets the word

Using a transceiver, a sophisticated walkie-talkie, the officer would notify the security-desk officer at the station in H-1 of the "standstill." This radio communication can be heard simultaneously by persons manning the Control Center, located in the basement of the Instructional Building and operated by the BUMC Maintenance department, Stedman said.

The Control Center has what Stedman calls a "hot line" to the main telephone switchboard in R-7. The operators at the switchboard would activate the beeper pages of the

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University Hospital



A member of Boston University Medical Center



Sylvia Hill, Roxbury
Receptionist
Employee Relations

Robert Leach, M.D., Weston
Chief
Orthopedic Surgery

Donna Foss, R.N., Brookline
Staff nurse
General Medical Services

Steven Cooper, Sharon
Assistant Administrator
General Administration

Sylvia Hill, Robert Leach,
Donna Foss, Steve Cooper,
and the other 1,903
doctors, nurses, technologists,
pharmacists, housekeepers,
administrators, unit managers,
admitting representatives,
therapists, dietary aides,
messengers and their
fellow-members of the
health-care team
at University Hospital
want you to know that they
have a new,
direct-dial telephone system.

Beginning Saturday, April 17,
you can dial the people, programs
and services of University
Hospital directly, without going
through a switchboard. Please
use the selected departmental
listing below, and save it for
future reference.

General Medical Departments

- 247-5019/Division of Medicine
- 247-6453/Division of Psychiatry
- 247-5196/Division of Surgery
- 247-5226/Anesthesiology
- 247-5232/Cardiothoracic Surgery
- 247-6614/Clinical Laboratories
- 247-5076/Dermatology
- 247-5494/Diagnostic Radiology
- 247-5136/Neurology
- 247-6167/Ophthalmology
- 247-6360/Oral Surgery/Stomatology
- 247-5430/Orthopedic Surgery
- 247-5609/Otolaryngology
- 247-5604/Pathology
- 247-5680/Psychiatry—Adult
- 247-5650/Psychiatry—Child
- 247-5166/Radiation Medicine
- 247-5531/Rehabilitation Medicine
- 247-5438/Urology

Division of Medicine

- 247-5019/General Information
- 247-5065/Arthritis and Connective Tissue
- 247-5462/Biomedical Engineering
- 247-5038/Biophysics
- 247-5247/Clinical Cardiology
- 247-5077/Dermatology
- 247-5053/Endocrinology
- 247-5132/Epidemiology
- 247-5046/Gastrointestinal
- 247-5257/Hematology
- 247-5109/Hypertension and Arteriosclerosis
- 247-6078/Immunology
- 247-5531/Industrial Medicine
- 247-5132/Infectious Diseases
- 247-5144/Medical Oncology

- 247-5136/Neurology
- 247-5210/Nuclear Medicine
- 247-5102/Peripheral Vascular
- 247-5277/Pulmonary Medicine

Division of Surgery

- 247-5196/General Information
- 247-5232/Cardiothoracic Surgery
- 247-5196/Neurosurgery
- 247-6360/Oral Surgery
- 247-5430/Orthopedic Surgery
- 247-5609/Otolaryngology
- 247-5422/Plastic Surgery
- 247-5517/Surgical Oncology
- 247-5438/Urology

Division of Psychiatry

- 247-5232/General Information
- 247-5680/Adult Psychiatry
- 247-5680/Adult Ambulatory Services
- 247-6570/Inpatient Services
- 247-5650/Child Psychiatry/Child Development
- 247-5650/Children's Ambulatory Services
- 247-6632/Mini School
- 247-6427/Psychosomatic Medicine

Outpatient (Ambulatory) Services

- 247-5289/General Information
- 247-5390/Emergency Room
- 247-5643/Gundersen Eye Clinic
- 247-5578/Home Medical Service
- 247-5680/Orthopedic Clinic—Adult
- 247-5650/Orthopedic Clinic—Children
- 247-5289/Outpatient Clinics (Appointments)

Clinical Support Services

- 247-5609/Audiology
- 247-5203/Applied Neurophysiology
- 247-5255/Blood Bank
- 247-5283/Inhalation Therapy
- 247-5372/Nursing
- 247-5271/Pharmacy
- 247-5212/Radiation Protection
- 247-5441/Renal Dialysis Unit
- 247-5265/Chemistry
- 247-5077/Dermatology
- 247-5441/Hemodialysis
- 247-5132/Infectious Control

Other Support Services

- 247-5410/Chaplain
- 247-5158/Computer Center
- 247-5180/Dietary Department
- 247-5515/Housekeeping Department
- 247-5456/Maintenance and Construction
- 247-6515/Medical Records
- 247-6509/Quality Assurance Unit
- 247-5425/Social Service
- 247-5000/Translation Service
- 247-5418/Unit Management
- 247-5417/Medical
- 247-5419/Surgical
- 247-6509/Utilization Review

Research Sections

- 247-5226/Anesthesia Research
- 247-5162/Biomedical Engineering
- 247-6078/Cancer Research Center
- 247-5102/Cardiovascular Institute
- 247-5246/Clinical Cardiology Research
- 247-5076/Dermatology Research
- 247-5052/Endocrinology Research
- 247-5038/Gastroenterology Research
- 247-5125/Hematology Research
- 247-5106/Hypertension and Arteriosclerosis Research
- 247-6078/Immunology Research
- 247-5136/Neurology Research
- 247-5399/Nuclear Medicine Research
- 247-6168/Ophthalmology Research
- 247-5430/Orthopedics Research
- 247-6453/Psychiatry Research
- 247-5211/Radiosotope Research
- 247-5532/Rehabilitation Research
- 247-6227/Renal and Electrolyte Research
- 247-5277/Respiratory Medical Research
- 247-5197/Surgical Research

Administrative Services

- 247-5547/Patient Accounts
- 247-5270/Clinical Management
- 247-5383/Employee Relations and Employment
- 247-5352/Fiscal Affairs Administration
- 247-5351/Hospital Administration
- 247-5352/Labor Relations
- 247-5606/Public Relations

For assistance in reaching the people, programs and services of University Hospital, and for general assistance, please dial 247-5000.

If you would like to learn more about University Hospital and its roles as a provider of care, source of new knowledge, resident of its community, educator of health manpower, employer on a large scale, and contributor to Boston's heritage, please write or call for our Report: University Hospital, Department R, 75 East Newton Street, Boston, MA 02118. Telephone 617/247-5606.

MAKING A CALL

To call another extension in the Medical Center:
Check the directory for the correct four-digit extension;
Listen for the dial tone;
Dial extension number.

To make a local call:
Listen for dial tone;
Dial 9 (there will be no change in dial-tone sound);
Dial the seven-digit number.

To place a long-distance call:
For station-to-station, dial 9, then 1, the area code (if required), and finally the seven-digit number;
For person-to-person, collect, credit-card or third-number billing, dial 9, then 0, the area code (if required), and the seven-digit number. An operator will intercept.

EMERGENCIES

To reach emergency numbers:
Standstill — 5777
Drill — 5555
Security — 6666

USING THE TIE LINES

To dial Boston City Hospital numbers:
Dial 122;
Dial the four-digit extension number.

To dial Charles River campus numbers:
Dial 126;
Dial the four-digit extension number.

Use of the tie lines avoids charges for local calls.

GIVING THE PROPER IDENTIFICATION

To answer the telephone properly:

Identify your department;
Identify your institution (University Hospital, Boston University School of Medicine, Boston University School of Graduate Dentistry);
Identify yourself.

Complete identification is important because, with Centrex, callers will be dialing departments directly, and may not know if they have reached Boston University Medical Center. In most cases, no operators will have intercepted and identified the Medical Center, as has been done in the past.

TRANSFERRING CALLS

To transfer an incoming call:

Depress switchboard *once* for the dial tone;
Dial the correct extension number;
When party answers, announce the call. The incoming caller cannot hear this conversation;
Hang up.

If the extension the incoming caller wants is busy or if there is no answer, depress the switchboard *twice*, to return to the caller and to remove the dial tone.
If the incoming caller wishes to hold for the other line, depress the switchboard *once*, dial 0, give details to the switchboard operator and hang up.

ADDING A THIRD PARTY

To add a second extension to an incoming call:

Depress switchboard *once* for the dial tone;
Dial the extension of the person you wish to add to the line;
Announce the call. The incoming caller is excluded from the conversation;
Depress the switchboard *once* to connect all three parties.

They also served
who only stood
and posed . . .

Newspaper advertising the week of the Centrex cutover is an essential component of the campaign to publicize the Medical Center's new telephone system and resulting number changes.

A number of Hospital employees were photographed for the half-page ad, left, which will appear between today (Thursday, April 15) and Tuesday, April 20 in the *Boston Globe*, *Boston Herald*, *Quincy Patriot-Ledger* and *Brockton Enterprise*.

Because of the design later created for the ad, pictures of only four of those participating were ultimately used. Photographs of the five other UH employees appear on this page.

Smaller ads listing the new Centrex numbers of major departments and frequently called numbers at UH, SGD, and BUSM are scheduled to run in current issues of newspapers in Greater Boston communities.



KATHY BOYLE, assistant chief physical therapist, Woburn.



WILLIAM BROOKS, operational manager, Housekeeping, Milton.



SHIRLEY ROBINSON, director of Medical Records, Brockton.



REGINA HOLDSTOCK, staff pharmacist, Cambridge.



JO BENSON, chief dietitian, Boston.

An emergency during switchover to Centrex: An anticipated risk

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emergency personnel and issue a voice page at the same time.

Thus, the emergency health-care staff would be quickly notified of the cardiac arrest and could begin emergency care with a minimum of delay, Stedman explained.

"An additional advantage of the plan is that as soon as the message reaches R-7 from the Control Center, the telephone company, which will have someone stationed at that point, will know a problem exists on that line, and can dispatch immediately a repairman already on the premises to correct the problem," Stedman said.

Stedman said the emergency system has been limited to patient-care

areas, where lack of telephone communication is potentially the most critical.

Areas having access to security officers with radio units include the nursing stations, clinical labs and the emergency, operating and recovery rooms.

"We won't have an officer at every station, but they will be posted on landings of stairwells so that each officer can serve stations on two or more floors," Stedman said.

The security director said the emergency procedure for a fire is a little different from the system set up to handle cardiac arrests.

"In accordance with the regular drill procedure, the finder of a fire is to activate the alarm in the nearest location," Stedman said. He explained that the

alarm is a direct tie to local firefighters.

"In a drill situation, the telephone is used only as a back-up measure," he said. "After the person discovering the fire activates the red alarm, that person should then dial 5555. If the telephone is inoperative, he or she should proceed to the nearest operative telephone. That may simply mean trying another line on the same instrument," Stedman said.

The entire University Hospital security force as well as the school's campus police will be at the Medical Center during the cutover, covering either special emergency-plan posts or regular stations and patrols, he said.

"We realize this elaborate emergency back-up system is probably a waste, but we are not prepared not to waste," Stedman said. He said he recognizes the Hospital's responsibility to provide optimum patient care and "we are not going to be caught short."

Friday marks changeover to Centrex

Continued from Page 1

Medical Center employees have written some 15,000 number-change postcards in recent weeks, and Centrex Committee members expect an additional 10,000 to be mailed before the changeover. A temporary directory listing new Medical Center numbers has been printed and is being distributed this week.

Repairmen and installation workers will work throughout the long holiday weekend preparing all 2,200 telephones for efficient use under the new system. They will check each phone for a dial tone, change its number strip, make sure all the new Centrex features are working, and do any additional needed repairs.



There is a new direct-dial telephone service to reach the people, programs and services of Boston University Medical Center.

Beginning Saturday April 17

DIAL

University Hospital

247-5402/Patient Information
247-5578/Home Medical Service
247-5289/Clinics (Appointments)
247-5634/Gundersen Eye Clinic
247-5680/Mental Health: Adult
247-5650/Mental Health: Child
247-5385/Employment
247-6515/Medical Records
247-5542/Billing: Outpatient
247-5547/Billing: Inpatient
247-5351/Administration
247-5424/Social Service
247-5606/Public Relations
247-5000/MAIN NUMBER

School of Medicine

247-6006/Admissions
247-6057/Registrar
247-6025/Personnel
247-5365/Purchasing
247-6046/Alumni
247-6056/Minority Affairs
247-5600/MAIN NUMBER

School of Graduate Dentistry

247-6362/Admissions
247-6350/Registrar
247-6306/Patient Appointments
247-6395/Dental Assistant Program
247-6306/MAIN NUMBER

Centrex



is coming

here!

Front & Center

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MANAGING EDITOR
Owen J. McNamara

EDITOR
Nancy Haslam

Staff: Harris Band, Janet Cremona, Oscar DePriest, Susan Gertman, Claire E. Goding, Lorraine W. Loviglio, Fran Perrone, Rose Razzino.

Front & Center

Special Edition

THE CENTREX CONNECTION - After months of careful planning, a new direct-dial telephone system, Centrex II, will go into effect Friday afternoon, April 16 at the Medical Center. The changeover required a massive amount of preliminary wiring, construction of a new frameroom, revision of the telephone directory and training of Medical Center personnel who use the telephone. An informational campaign that included the mailing of some 25,000 number-change notification cards was also conducted at the Center. Ads appearing in local daily and area weekly newspapers are reprinted on inside pages. Also included is a guide for use of the new system.

April, 1976