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Boston University
Big names to tee off at golf, tennis tourney

Proceeds will develop state-of-the-art UH chemotherapy suite

A kick-off celebration was held recently for a UH celebrity golf and tennis tournament planned for this fall, and the proceeds will be used to develop a state-of-the-art chemotherapy suite at the Hospital.

The First Annual Harriet Abramson Celebrity Golf and Tennis Tournament, to be sponsored by UH, is scheduled for Monday, Oct. 2, at the Spring Valley Country Club in Sharon. UH Trustee Herbert Abramson has organized the event as a memorial tribute to his late husband, Harriet Abramson, who passed away in 1984.

Rehab program gives cardiac patients a key ‘second wind’

The odds were against Morton Myers, 52, even before he suffered a massive heart attack while driving along Route 495 in Marlboro last Dec. 18: He suffered from a bleeding ulcer, he held a high-stress position with the federal government, he’d smoked cigarettes since he was a teenager, was overweight, had high blood pressure, and his father had died of a heart attack at age 61.

Myers was rushed to the University Hospital, where the picture looked grim for him. However, after undergoing a balloon angioplasty procedure, catheterization and a pacemaker implantation, he walked out of UH on Jan. 6, 1989, thankful for a second chance at life but lambasting himself for letting his health deteriorate.

Two days after his return home, when he was at his lowest point emotionally, Myers received a call from the staff of the Hospital’s Cardiac Rehabilitation Program. Within days, he

Dietary changes cafe prices, patient menus

A 15-percent increase in prices at the SkyLight Dining Pavilion and changes made to patient menus were implemented recently as part of a Dietary cost-reduction/revenue-enhancement program, according to Ray Renyck, the department’s director.

The price increase, effective Aug. 1, is the first in five years and comes in the wake of in...
TEENING OFF—Abramson, and several UH Oncology physicians gather at one of the themes during the tournament's kickoff celebration. Featured (from l) are Ronald P. McCaffrey, M.D., the chief of the Section of Medical Oncology; Abramson; Peter L. Meaden, a member of the Section of Surgical Oncology; and Robert M. Rositely, M.D., Surgical Oncology chief.

**Dietary**

continues from page 1

pressed product and labor costs. Renyck said. "A department evaluation determined that it was an appropriate time for this to happen," Renyck said, "and the percentage increase was also considered appropriate." Medical Center employees who wear their identification badges are still eligible to receive 30 percent off the cost of their prescriptions.

While patient meals continue to remain appealing and nutritionally balanced, changes made to patient menus make meals "less labor-intensive to produce," Renyck said. Patients are still able to choose from two to three selections, appetizers and desserts, the only difference to the menus is the pre-selected vegetable and starch. Modified versions of these foods will be available for patients on limited diets. "We had considered a non-selected menu but we wanted to remain as much choice as possible for the patients," the Dietary director said.

"An unfortunate aspect of the program has been the discontinuation of the Honolulu Program," Renyck noted. In place of the bounties, dietary aids will deliver and pick up trays and menus. Renyck asks for the cooperation of the Nursing staff in steering patients to patients of their choice. Patients who do not submit menu selections will be offered a limited selection of entrees.

Don't miss your Connection

The deadline for Connections is at noon on the second Monday of each month. To submit story or photo suggestions, contact Connections' editor, Cynthia Paradis, x8482.

Rehab program

continues from page 1

some pretty severe injuries in their lives. We've gotten them back to work and back to functioning well—albeit on a limited scale—in their families. Many of our patients walk away from the program looking at life a little differently," Balady said.

Fintan Daly, of Newton, a 53-year-old mechanical engineer in reasonably good health, suffered a heart attack on New Year's Day while vacationing in Florida. Gerrude Ferrier, 60, of Rochester, recently underwent a coronary angioplasty procedure to clear her blood vessels; she is also a diabetic. Ferrer, who has been with the Cardiovascular Rehabilitation Program for only a short time, said the exercise she is receiving has increased her energy level.

"Already, I feel better," she said.

Cross-country wheeler makes a pit stop at NERSCIC

A paraplegic who is wheelchairing himself across the United States and back made a recent stop at UH's New England Regional Spinal Cord Injury Center (NERSCIC), telling patients that being in a wheelchair shouldn't prevent them from reaching their goals. The NERSCIC is one of 13 federally designated demonstration centers in the country for treatment and rehabilitation care. It is also the oldest non-military facility of its kind in the country.

John Enright, who hopes to raise $1 million for his year-old Walk Power Foundation to provide scholarships for disabled people, began his 10,000-mile journey last December when he left Santa Monica, Calif. He is scheduled to return to California on November 18, 1989, making him the first person ever to wheel across the U.S. and back.

Along the way, Enright and his wife, Vicki, (who follows her husband in a support van) speak to people in hospitals, rehabilitation centers, veterans administration medical centers and medical clinics, inspiring them to look at life in a positive way and to set and work towards personal goals. "People with disabilities must realize that they aren't the only people in the world to face barriers; they must use their imagination to cross those barriers and reach their goals," Enright told a small group of NERSCIC patients and staff.

"Enright serves as a role model for patients currently in a rehabilitation program— he is functioning independently out in the world despite the residuals of his injury," said Murray M. Freed, M.D., chief of the UH Rehabilitation Medicine Department and director of NERSCIC.
The University Hospital
August 1989

CONNECTIONS GOES SAILING:
UHers set their sails for victory
by Cynthia Paradis
From the editor: Connections goes sailing with the Wildwood Flower with a crew of UH staff members. The idea came to me on the day's events.

The crew worked like a 'greased wheel'—smooth and in sync

As the Flower sailed toward the second mark—a "monster" buoy with a diameter of about 30 feet in the outer Harbor about 11 miles from the start—the wind diminished and the Flower dropped back to sixth place. The crew’s primary job here was to lower the spinnaker—a large triangular sail set opposite the mainsail, which is used in a downwind to prop the boat along. In addition, the crew had to raise the jib—hoisted sails, and "tack" the boat back and forth.

The crew worked like a "greased wheel"—smooth and in sync.

New surveys garner high praise from patients
The Hospital has received a healthy yet steadily rising number of responses from the recent survey form, reports Thomas C. Davis, manager of patient affairs.

To save money for your department, the Hospital tie lines are now used more often, according to the new tie lines survey. The results show that the tie lines are used more often than the "local" telephone calls, according to the survey. The results also show that the tie lines are used more often than the "local" telephone calls, according to the survey.

Heat disorders: Protecting against hot-day hazards

What are the symptoms of heat stroke and other heat disorders?
- Heat stroke: A severe heat disorder that can lead to death if the victim is not treated immediately.
- Other heat disorders:
  - Heat exhaustion: A condition that occurs when the body is exposed to heat for an extended period, causing dehydration and fatigue.
  - Heat cramps: A condition that occurs when the body is exposed to heat for an extended period, causing muscle cramps and pain.
  - Heat rashes: A condition that occurs when the body is exposed to heat for an extended period, causing a red rash on the skin.

Heat disorders are common in the summer months, especially among those who work outdoors or engage in strenuous physical activity. It is important to be aware of the symptoms of heat disorders and to take steps to prevent them.

Prevention is key to dealing with heat disorders

Heat exhaustion, cramps...
**COMMENDATION:**

**ATMs: Friend or foe?**

by Michael R. Paskavitz

**YOUR CARD HAS BEEN RETAINED,** the screen read. “When would you like to proceed?” I yelled, “That’s impossible. Give me my money!”

“Why did you eat my card?” I had heard that sometimes happened, but I knew that I hadn’t eaten any of my money in my account. Maybe the Russian man covered my money and overpaid my account. Maybe it was a kinetic atmospheric reaction that caused a mechanical error. Maybe the state took the liberty of accessing and using my money to balance its budget. Maybe there’s some teenage computer freak from Milton transferring funds from thousands of accounts into his. I had to get to the bottom of this technical travesty.

I’d heard that sometimes there’s a service person behind the terminal gathering deposited checks or replenishing the money supply, so I yelled loudly at the window. “Hey, this machine just ate my card!” I barked.

No response. I spun around with a look of rage in my eyes and a look of despair. “Can you believe this?” I asked. “Saturday night on a holiday weekend and my card gets eaten. I wouldn’t use this machine if I were you!”

They looked at me in fearful annoyance, the agreement a way to show sympathy for the neighborhood bully. But they didn’t care. They weren’t going to join me in the fight against automation. I was a victim and left helpless, I was alone in this one.

Finally, one of the hostages merrily remarked, “Did your card expire?” “What?” I sneered. “The same thing happened to me once,” he said, “and it was because my card expired. They do expire after two years you know.” “I doubt it,” I replied, “but maybe.”

Realizing that he was absolutely right and that I had made a complete fool of myself, I slunk out and left the hostages to go about their banking.

This manual behavior is not genetic, it is learned. Automatic teller machines (ATMs) prey on human weakness. Like most technological innovations, they were intended to make our lives easier and more convenient. But for those of us who believe that money is made to be spent, an ATM is our greatest vice.

First of all, you can have money whenever and wherever you want it if you have enough. But the fact that you can only withdraw in tens of $10 creates a dilemma when all you need is $5 it goes.

If it’s the end of the month, when funds are tight, using an ATM is like posting your W-2 form on your forehead. Thank heavens the ATM people had the good taste not to build in an alarm buzzer to accompany the You have reached your withdrawal limit. Message. When this message flashes, you feel like you are being scolded by a robotic loan officer, and you lower your head, mumble accusations and profanities and make your way through the crowd of ATMers-in-waiting.

Of course, there is also the patrolled look, technique where you deliberately turn sideways and pretend you are talking to yourself. “Huh, that’s strange. I guess the funds from my Swiss account haven’t transferred yet.” Then you walk out as if it were no problem.

ATMs also take a human-like persona. After pay day, every withdrawal request is followed promptly by the sweet sound of shuffling money, as if the machine were saying, “Of course, Mr. Paskavitz, here is your money.” Thank you very much and have a nice day.

At the end of the month, when frugality prevails, it seems that withdrawals take longer to process and you can picture Mr. ATM is snickering at you and your amusing bank account.

You want to say “watch your step, buddy, there are plenty of bats in this city that would be happy to serve me. Remember who pays your salary.”

Apocryphal scriptures have written countless novels about artificial intelligence providing man’s eventual undoing. Somehow I think those writers were talking about more advanced technology than ATMs, but then again, everything has to start somewhere.

Like, could “ATM” really mean At Their Mercy?

Michael R. Paskavitz is the health care editor for clinical affairs.

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**DISPELLING THE MYTH OF DONATING BLOOD**

For some people, donating blood is like visiting the dentist. They do it only because they have to, and because it’s not hard enough.

The staff of the Hospital’s Blood Donor Program strives to make the donor experience at UH as pleasurable as possible. The need for blood is clear, according to blood donor recruiter Georgia Mason. UH Blood Bank technicians transfuse more than 2,000 blood components each month to Hospital patients, yet the demand always exceeds the supply.

Donating blood is relatively painless, contrary to what many people believe. A needle prick and a quick pinch to the arm is all the pain the only moment a donor may experience. Some donors even describe the process as relaxing, looking forward after each donation to the next time they can give, Mason said. One employee donates during her lunch hour, so she can watch her favorite soap opera on the Blood Bank’s full-size color television.

Juicy and a light snack are given after every donation. When UH donors receive four hours of compensation time and a small gift, perhaps, the greatest gift donors can receive is the satisfaction of knowing that they may have helped save lives.

The following UH employees are regular donors at the UH Blood Bank. Their enthusiasm is simple what they give.

**COURTESY COURTS**

Employees, staff and visitors to the Hospital are asked to bring property to nonambulatory patients when using the elevators.

Signs installed in most of the Hospital’s elevators are part of an institution-wide effort to reduce patient delays that are caused, in part, by the elevators.

**Connections**

Supporters that effort to accommodate any courtesy shown by employees, staff and visitors.

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**DES keeps UH rugs looking like new**

I have never been in a hospital in which carpeting in the patient areas. I would think that carpeting wouldn’t wash in a hospital setting. How does it remain clean?

Your question is a common one. Why carpeting in a hospital setting? According to John Moran, the director of the Department of Environmental Services (DES), carpet “gives the institution some warmth and color, and diminishes the noise, which I think everyone can associate with.”

Is carpeting feasible? Compared to a tiled floor, carpeting is cheaper to maintain, dollar for dollar, and easier. For example, Moran said, “If you have a room that’s half-carpeted and half-tiled, to clean up the same dirt all you have to do is vacuum the carpeting. However, with a tile floor, you have to sweep, then damp mop and finally vacuum.”

The bulk of the Hospital’s carpet—vacuuming and spot cleaning—occurs at night. As part of their duties, UH’s carpet cleaners are responsible for inspecting the carpets for stains. Although the current carpet care staff is small, Moran said that he plans to step up the program by training each member of Environmental Services in carpet care.

The carpeting in the Atrium Pavilion consists of 16-inch tiles that are cut and picked up and washed in a washing machine. Tiles are most located in “high traffic” areas of the Hospital are rotated for even wear.

The successful carpet care program is time consuming, accounting to Moran. “The sooner a stain is cleaned, the better the chances are that it will come out easier.” Moran said that each department should take an active part in helping to keep the Hospital’s carpets clean. “We’re not in this alone, each employee should know what he or she can do.”

Accidently spill a cup of coffee? The first thing to do is to report it to Environmental Services. “After it has been reported, start first aid,” Moran joked, by gently rubbing the stain with a wet cloth. “When a spill occurs, people will tend to ignore it because they think the carpet’s absorbtion will take care of the problem, but that makes our job tougher.”

Russell Holley, a carpet cleaner with Housekeeping, knows how difficult his job can be. Holley, he said, is one of the more stubborn stains to remove. Stain removal is typically a three-step process: first, cleaning solvent is applied to the stain, then, it is rubbed it into a soft-bristled brush. Finally, a piece of equipment called a “bug brush,” which is a type of water vacuum, is used.

**YOU SAID IT**

**THIS MONTH’S QUESTION: How do you handle stress?**

Patrick Savage, Inpatient Psychiatry: “I tell everyone to leave me alone for five minutes, then I’m usually okay.”

Robert Oates, M.D., Male Reproductive Center: “I try not to let myself get stressed out. I think that’s the best way I avoid stress. When under stress, I like to go home and be with my kids.”

Nancy Pietralla, R.N., Emergency Room: “I usually go shopping after work: either to Filene’s Basement or to Building 18.”

Leon Gentle, Transport: “By not getting upset. When you get upset, it only makes a situation worse.”

**The University Hospital**

**BLOOD DONOR PROGRAM**

Give blood... Every drop counts! Call 266-3131 for information. No appointment necessary.
1988 Giving Campaign funds fill a variety of needs

More than half of UH’s 2,100 employees donated $757,199.53 during the 1988 Employee Giving Campaign, but how has the money been used?
The United Way—the largest recipient of UH dollars netted during last year’s campaign—received $38,282.65. The UH proceeds, coupled with those from other United Way contributors, helped to fund a variety of social-service programs throughout the state—from child- and spouse-abuse prevention, to elderly care, to job training, to substance-abuse counseling. In fact, the dollars raised at UH during the 1988 campaign helped to serve more than 34,000 people who suffer from some form of alcohol or drug abuse.

In addition, a portion of the $38,282.65 has been directed to 21 Massachusetts agencies to provide long-term and immediate shelter, or temporary accommodations, for the homeless and victims of domestic abuse.

UH employees donated $20,029.34 to the U-Help Fund during last year’s campaign.

Twenty grants were awarded to Hospital patients in special circumstances of need, thanks to contributions to the U-Help Fund.

A few examples of assistance provided through the U-Help Fund include: A patient with congenital spina bifida was allowed to fly to a hospital closer to his home; a terminally ill patient from South Boston realized one of his last wishes—to attend his son’s wedding on Cape Cod, and a group of psychiatric inpatients, visited the Annual Flower Show at the Bayside Exposition Center last spring.

"Our family thanks you for your kind and generous assistance," a patient’s family member wrote recently. "We’ve left many friends in Boston, we will never forget you."

Child care donations
UHers also donated $7,407.54 to the Child Care Fund. This fund was established during the 1988 campaign to enhance child care support services at the Hospital.

Providing on-site day care continues to be UH’s goal. One site currently being considered for the construction of a modular center near the Medical Center, according to Vice President Susan Hancock, is located on the corner of E. Newton Street and Hamilton Avenue.

"The Hospital is still hopeful about creating a child care center and our efforts are still focused in that direction," Hancock said. "However, if this proves not to be feasible, other options for use of these funds also are being considered, including a needs-based child-care lottery: Those who would be open to all eligible employees and would provide financial assistance for day care to those whose names are chosen."

Connections, the monthly newspaper of the University Hospital, is published by the Office of Publication Services, Boston University Medical Center, Donald R. Giller, director. Editorial support services at the Hospital.

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IN THE SPOTLIGHT

Spotlight winner Susan Engelman gives her time to Girl Scouts

August Spotlighter Susan Engelman, R.T.R., last year was recruited as a Girl Scout leader by co-worker Evelyn Harmer, R.T.T. Harmer, a Girl Scout leader for many years and a good friend of Engelman’s, was looking for someone to supervise her youngest daughter’s group. Knowing Engelman’s upbeat and creative personality, Harmer thought Engelman to be an ideal candidate for the job.

Engelman, as it turns out, had been a Brownie and Girl Scout as a youngster. She said she had mixed emotions about taking on the role. "I know 10-year-olds' attention spans can be limited," she said. "However, I also know the influence that my Girl Scout leader had on me. To this day, I have a lot of fond memories from my Scout days."

Engelman and the group of six Scouts assigned to her met for an hour each week throughout the 1988-1989 school year. Her charge was to help the Scouts earn a variety of badges, awarded for excelling in such activities as sewing, cooking and camping. When it came time for the Scouts to earn their sewing badges, Engelman rummaged through her attic to find a cloth inch worm, which she had sewn to win a badge as a Girl Scout.

“The activities that we did were fun yet educational. I was lucky to have such a good group—my girls were always excited to try different things," she said. Her Scouts’ excitement seemingly inspired her. During the annual Girl Scout cookie drive, she sold 218 boxes.

To earn their camping badges at the end of the year, the group headed for an overnight Girl Scout camp in Waltham. The experience, Engelman said, was a memorable one. Because of inclement weather, the Scouts were forced to camp inside, where they replicated the "Great Outdoors" by building a fire in the hall’s huge brick fireplace, by whistling sticks to toast hot dogs, and by sleeping in sleeping bags.

A reception honoring Engelman, a 10-year UH employee, will be held on Aug. 16, at noon, in Radiation Medicine, Evans basement.

If you would like to nominate a fellow employee for the Spotlight Award, contact Diane Sprague at x8562. All nominees must have been employed by UH for at least one year.

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Susan Engelman

PLAY IT AGAIN JAMES—James Nicholas, the world’s only living double virginal harpsichord player, entertains several staffers during his recent stay at UH. Nicholas underwent career-saving spinal surgery that restored the feeling in his lower body and right hand. Pictured (from l to r) are nurses aide Petra Mendez, Nicholas’s wife, Christine, neurosurgeon Joe Ordia, M.D., and Atrens, 8 nurse manager Patricia Ramsey, R.N.