

# BARNES

Barnes Medical Center, St. Louis, Mo.

## HOSPITAL BULLETIN

September, 1971

SHELVED IN ARCHIVES



## Timetable Announced for Occupancy of East Pavilion Addition

### Final Structural Concrete Poured on August 11 In Pavilion Addition

The East Pavilion building was "topped out" August 11 when the final structural concrete was poured on the top of the 13th floor. With this milestone accomplished, Robert Frank, Barnes director, has announced some dates for occupancy of the building.

The first use of the building will be possible about January 1, 1972, when the house-keeping department should be able to move some equipment and supplies into storage areas on the ground floor.

Total occupancy of the ground and first floors should be possible by May 15, 1972. This will include many administrative offices, The Wishing Well, and several other departments.

Floors three through six will be occupied about August 15, 1972 by obstetrical and gynecological services. Delivery rooms and gynecological operating rooms will be located on three; gynecological nursing division on four and obstetrical-gynecological nursing divisions on five and six.

By late 1972 the entire building will be ready to occupy, including the second floor operating rooms for neurosurgery and eye, ear, nose and throat.

On upper floors, the divisions will be: Seven—eye nursing division; eight—ear, nose and throat patient division; nine—general nursing division; ten—neurosurgery nursing division; eleven—neurology. Floors twelve and thirteen will house air conditioning equipment and elevator penthouse.

## 250 Barnes Candystripers Receive Awards



Recipients of top honors at the hospital's annual candystripe awards ceremony are, left to right: LaVonna Chapis, daughter of Mrs. Ruth Chapis, High Ridge, Mo.; Cindy Adcock, daughter of Mrs. Alice Adcock, 7305 Devonshire; and Susan Large, daughter of Mr. and Mrs. Wilbur Large, 119 Ivy Court. Miss Chapis was given special recognition for completing more than 500 hours of service, while Miss Large and Miss Adcock were honored for contributing more than 100 hours of service this summer.

More than 250 teenage boys and girls who spent the summer months as volunteers at Barnes Hospital were honored for contributing a total of 17,500 hours to the hospital during June, July and August.

The young people were the guests of the St. Louis Cardinals Baseball Club at the Cardinals-New York baseball game August 30. Preceding the game, the group met in the Port 400 Room of the Pet Milk building. Special recognition was given LaVonna Chapis of High Ridge who completed more than 500 hours of service.

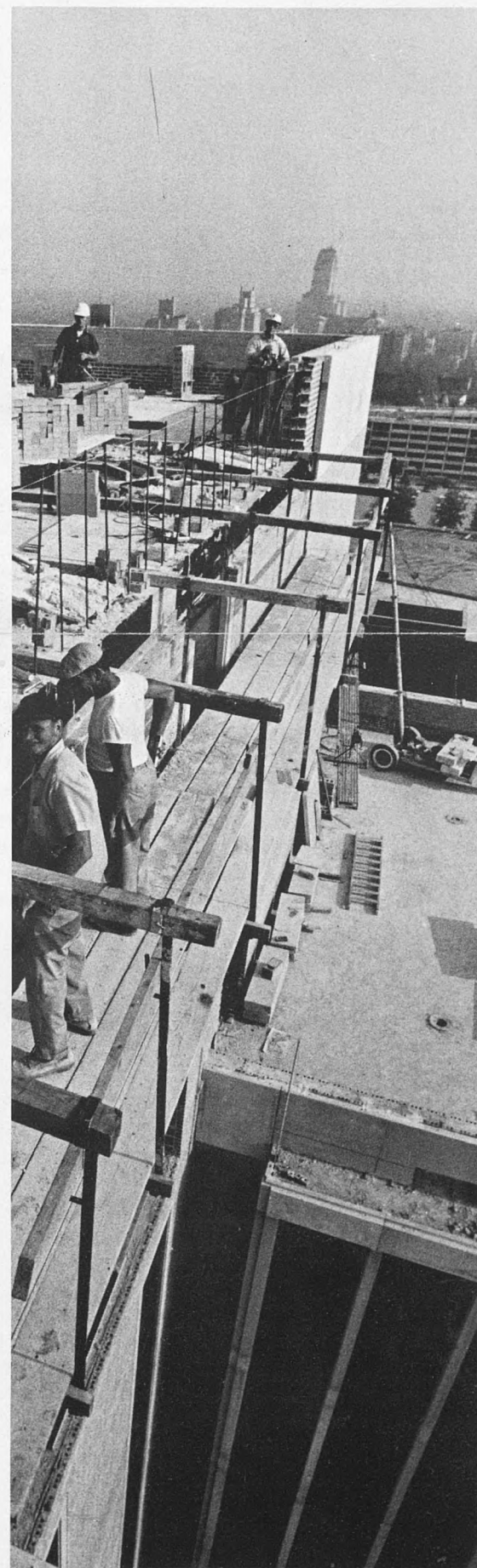
Fifty young people were honored for contributing 100 or more hours of service. Mrs. William G. Moore Jr., president of the Barnes Hospital Auxiliary, welcomed the group. Gold bars were presented as service awards by Miss Jane Allen Connett, candystripe chairman; Mrs. H. Ward Sneed, candystripe co-chairman; and Mrs. George L. Minor, vice president.

One hundred ninety-four candstripers received first-year bars; 54 received second-year bars; and five received third-year bars.

Six candstripers discussed the candystripe duties they performed this summer. They were: Ellen Immer, Theresa Hawkins, Frances Calhoun, James Perkins, Sheila Jackson, Ann Shapard.

Candystripe jobs at Barnes include working with patients, running errands, assisting in the Barnes gift shop and many other positions.

The editors of the candystriper newspaper, Lisa Toelle and Cathy Small, presented certificates of merit to the staff of the volunteer newspaper. Robert E. Frank, director of the hospital, spoke briefly to the group.



"Topping out" of Barnes Hospital's new East Pavilion addition officially occurred on August 11. However, construction work still continues at a rapid pace at the top of the 13-story building. A crew of bricklayers is shown laying a few final bricks to complete the building's external brick work. The next construction milestone was to place the roof over the structure.



## Giraffe Studies Here May Help Patients with Diabetic Vascular Disease

Even the giraffe has participated in electron microscope studies of diabetic vascular disease by a Barnes Hospital group. The studies



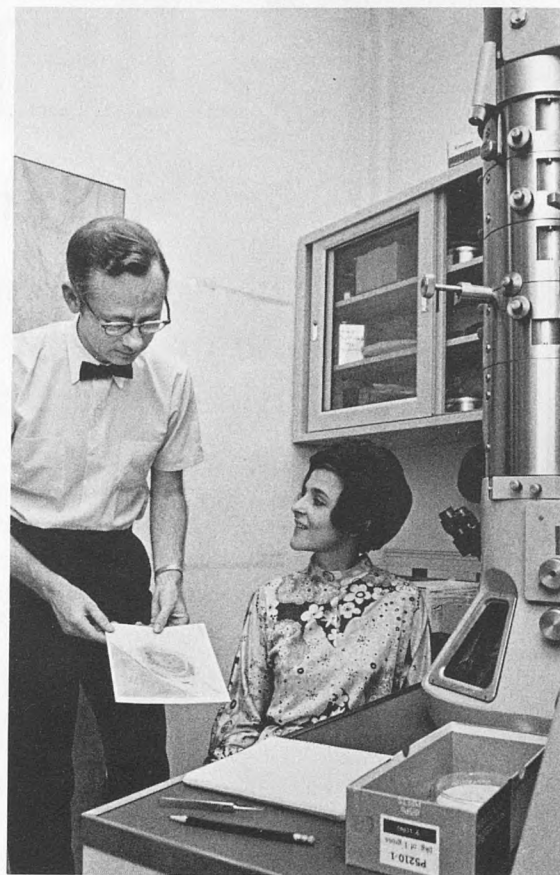
Getting acquainted with a new friend at the St. Louis Zoo is Meredith Wolfarth, 15-month-old daughter of Mr. and Mrs. A. E. Wolfarth, 59 Briarcliff. A group of Barnes physicians, including Dr. Joseph Williamson, assistant pathologist, and Dr. Charles Kilo, assistant physician, have conducted studies of biopsies of infants and a giraffe and found evidence that the body's natural hydrostatic gravitation pressures affect membrane growth at various locations of the body.

were conducted by Dr. Joseph Williamson, Dr. Charles Kilo, and Miss Nancy Vogler, who are investigating the significance of basement membrane thickening in subjects with diabetes mellitus. Their interest in the basement membrane, a sheath-like filter which encases capillaries (the smallest vessels of the body), is based on the finding that it is greatly thickened in subjects with diabetes mellitus and is associated in some way with the development of diabetic retinopathy, a leading cause of blindness, and diabetic nephropathy, a disease of the kidney which may cause renal failure.

The giraffe studies, part of a general survey of factors influencing the growth of basement membrane, indicated that the effect of gravity on the vascular system is to increase the thickness of the basement membrane of vessels in parts of the body below the heart level. This confirmed similar observations in adult men; in newborn children, however, the basement membrane is the same above and below heart level, presumably because postural habits of standing and sitting which enhance the effects of gravity, have not yet been developed.

The Barnes Hospital team has also demonstrated that capillary basement membranes thicken as a result of aging in normal men and women, and that there are interesting differences in the rates of thickening in the two sexes. In diabetics, the rate of age-related thickening is much faster than normal, and no sex differences are detectable. These changes parallel very closely variations in frequency of large vessel disease as manifested by the incidence of heart disease, however it is not yet clear whether there is any cause-effect relationship between the two.

By measuring and gauging the thickness of a patient's capillary basement membrane it may be possible to determine whether a patient is diabetic or not, and if so, to estimate the duration of the illness; in addition it may be possible to assess the importance of treatment in preventing the more disabling complications of retinopathy and nephropathy.



Dr. Joseph Williamson, assistant pathologist at Barnes, and Miss Nancy Vogler, a research assistant, discuss photographs of thickened basement membrane of a capillary which were taken by a camera attachment on the electron microscope.

## Hospital Acquires Ultrasonic Machine to Clean Instruments

Some surgical instruments are being cleaned in Barnes' central service department by a new machine that emits ultrasonic sound waves which agitate a detergent solution. This produces a microscopic cleaning action that should be an improvement over washing the instruments by hand or with the hospital's present equipment.

The ultrasonic cleaning process should reduce the amount of time required to clean the instruments, according to Mrs. Fern Bridgeforth, coordinator in central service. The process should also be effective in cleaning the instruments' critically-exact parts as the cleaning agent penetrates areas that are considered difficult to reach by the hospital's present cleaning methods.

The ultrasonic cleaning machine converts electrical energy into high frequency sound waves which are not audible. The sound waves cause millions of sub-microscopic bubbles to form and burst in the detergent

solution which results in a more concentrated agitation to bombard, emulsify and dissolve dirt particles.

**Ultrasonic cleaning can remove many contaminants, including oil, grease, smut, lint, and abrasives. Various types of surfaces can be cleaned by the machine, such as steel,**

**aluminum, glass, rubber and plastic.**

Mrs. Bridgeforth said that the machine's early performance has been satisfactory and that it is possible that another ultrasonic cleaning machine will be acquired and placed on the second floor of the new East Pavilion addition.



Mrs. Fern Bridgeforth, coordinator in the central service department at Barnes, inspects a new ultrasonic cleaning machine which was acquired recently by the hospital.

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Constance C. Barton, Director  
John Manley, Associate Editor



## Barnes' Dietary Unit Evaluating Food-Service 'Hostess' Program

Three new food-service "hostesses" from Barnes' dietary department are providing the same personalized service to the hospital's patients that airlines attempt to give passengers prior to and during flights. The new hostesses at Barnes are part of a pilot study conducted by the dietary section to evaluate new methods to personalize patient food service throughout the hospital.

The decentralized food-service hostess program will be evaluated for possible extension throughout the hospital. Under the pilot program, a food-service hostess performs several duties, such as serving early morning beverages to patients to enjoy before their breakfast trays arrive. Accompanied by dietary aides and a push cart filled with such eye-opening beverages as coffee, hot chocolate and tea, a hostess enters the rooms of patients who are early risers. The hostess greets each patient and offers a choice of beverages, usually coffee which is prepared especially for this service on the nursing divisions by dietary personnel.

Another duty performed by the dietary hostess is to inspect each patient's food tray as it arrives on the floor of the nursing division. The hostesses check meal menus and food items to insure that each patient's meal order is complete. If something is missing from the patient's tray, one of the dietary aides is dispatched immediately to the hospital's main kitchen to get the item.

**Once the patient's food tray is in order, the food service hostess pours the patients hot beverage, then dietary aides enter the patient's room and deliver his tray. The hostess makes a return visit to each patient near the end of the meal to replenish his beverage and ascertain that the meal meets his approval. She also picks up the patient's menu for the next meal.**



*Mrs. Irene Schrage, a dietary employee who is serving as a food-service hostess in a pilot study to personalize patient food service on a decentralized basis, pours a cup of coffee for Frank Paulus, 1134 Haley Avenue, for Mr. Paulus to enjoy before his breakfast tray arrives. Serving pre-breakfast beverages is only one routine performed by the food-service hostess. The food-service hostess program will be evaluated for possible implementation throughout the hospital and in the new East Pavilion addition.*

Until the hostess program and unless otherwise notified, it had been a regular dietary practice for newly-admitted patients to receive a general-diet first meal. The reason for this practice is primarily because no dietary personnel are available on all nursing divisions to rapidly expedite the new patient's meal-time selections to the hospital's main kitchen in time to meet tray-assembly deadlines.

Under the pilot program, if a patient cannot receive his meal at the regularly scheduled-time because he may be undergoing x-rays, tests or other medical procedures, a hostess can order his individual food selections from

the main kitchen when the patient arrives back at his room. She can deliver the tray to him personally.

Another advantage of the food-service hostess is that it offers patients a first-hand opportunity to voice their likes and dislikes concerning the food and service rendered by the dietary department. Early comments concerning the hostess program have been favorable, but the program must undergo a complete evaluation to determine the feasibility of implementation throughout the hospital complex and in the new East Pavilion addition.

## Seven Graduates of Nurse Intern Program Remain on Staff

Seven recent graduates from several nursing schools across the country have accepted nursing positions on the Barnes staff after completing an eight-week nurse internship training program which is offered annually by the hospital's staff development section.

In all, 10 nurse interns completed the program and they were honored by a tea given by staff development on August 6 in Queeny Tower. Diplomas were presented by Mrs. Waynelle Runcie, staff development instructor.

Those who will remain on the nursing staff at Barnes are: Miss Ruth Eikermann, on 7200; Miss Diana Johnson, on 7200; Miss Susan Nary, on 7200; Miss Elizabeth Rodman, on 9200; Mrs. Miriam Card, coronary intensive care unit; Miss Holly Garland, on 6200; Mrs. Mary Behrman, on 8100.

The Barnes' nurse intern program is designed to give selected recent graduates from nursing schools an opportunity for more part-time clinical nursing experience and classroom instruction. Upon completion of the nurse intern program, most of the interns accept full-time positions on nursing staffs at medical institutions of their choice.

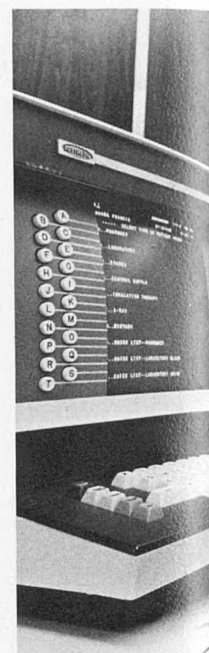
During their training session at Barnes, the nurse interns served primarily on nursing divisions located on floors 12200 and 11100 and also in Queeny Tower.



*Holding a diploma that signifies completion of an eight-week nurse-intern training program at Barnes is Sue Nary, left, who talks with two other nurse interns, Elizabeth Rodman and Diane Kopperud, during a congratulatory tea held in their honor at Queeny Tower. The nurse-intern training program at Barnes is offered to selected new graduates of nursing schools who feel more clinical nursing experience will be beneficial.*



# a people-oriented computer



## A COMMUNICATIONS SYSTEM SO SIMPLE IT REQUIRES ZERO TRAINING FOR USERS

"An idea whose time has come" . . . the quote is quite applicable to the Barnes Hospital search for a better way to communicate patient needs from the nursing division to the departments which must react and be of service.

At Barnes, the idea came early. In 1947, Barnes was among the first business offices in St. Louis to have automated data processing equipment. Since that time, Barnes has been a leader in the hospital field, acquiring its first computer in 1962. Barnes is recognized among hospitals across the U. S. for its approach to computer application.

While the early emphasis was on pioneering a better way through automated and computerized data processing, Barnes personnel have sought since 1962 for some practical means of computerized data communication between nursing divisions and supporting or service departments.

To be suitable for Barnes Hospital, the data communications computer must improve patient care. It must cut down on the "red tape" of ordering and posting. It should make more accurate ordering and charging a certainty, eliminating errors or omissions in transmitting doctors and nurses orders and in billings to patients.

And it must do all this simply. Nursing personnel should nurse, not learn to be computer operators. Equipment should be trouble free, so that problems are infrequent.

Barnes people have a tradition of thinking in terms of automation. Not just in the accounting and data processing departments, but throughout the hospital, personnel are familiar with computer printouts for budget comparisons, payrolls and other applications. They appreciate the convenience and accuracy this makes possible. All of our people are used to working with computer systems, so it was a simple matter to get them interested in this newest way of putting a computer to work for us.

"People must be able to communicate with computers without becoming a part of the computer. Computers must be made to

conform to people, not people to computers," explains Everett Menendez, Barnes data processing director.

People—Barnes people—have played a role in developing this data communications system. Persons from many hospital departments have worked as a team with computer experts to make the project a reality.

The pilot Raytheon data communication system is the first of its kind. Barnes employees who have helped in its development, and the computer manufacturers, are optimistic that it will satisfy all requirements, such as: Operating simplicity; capacity to expand to include new technological developments; a scope wide enough to accommodate the demands of a hospital of more than a thousand beds, yet a system that has been tried and proven before the actual purchase.

As early as 1962, Barnes teams researched the claims of computer manufacturers trying to adapt their products to hospitals' data communication needs. "They showed us pictures, and told us about different systems. If they really seemed sound, we traveled to a hospital which had the equipment. Claims made by manufacturers were sometimes just wishful hopes. But the inquiries continued. One recent method seemed good, and worked well in smaller hospitals who had installed it. But it was not one which could adapt to new technology, or be expanded to a more inclusive system. Generally we found most proposed systems required people to conform to computers, instead of vice-versa," said Mr. Menendez.

In 1969, Barnes data processing personnel learned of a company which was newly interested in working in the hospital market. The Raytheon Company was a large manufacturer of cathode ray and communications hardware. They had developed a cathode ray terminal that met our specifications, a data input device which was designed for people, not for computers.

In October, 1969, a model was set up in the hospital and 700 Barnes employees tried it. "We had 370 persons fill out an evaluation

sheet," said Mr. Menendez. "The results were so good, we can hardly believe the comments." This model proved without a doubt that people could "talk" to this computer with its unique terminal.

Then the team of Raytheon and Barnes personnel went to their drawing boards to write the programs, or "software" for the equipment. "The agreement was that Raytheon would absorb out of pocket costs prior to the actual pilot system installation and they have done so. The commitment from Barnes is to pay for three months rental of the computer and five terminals which we will use as a pilot," Mr. Menendez explained. This pilot will clearly demonstrate certain requirements for acceptance of the system, which are:

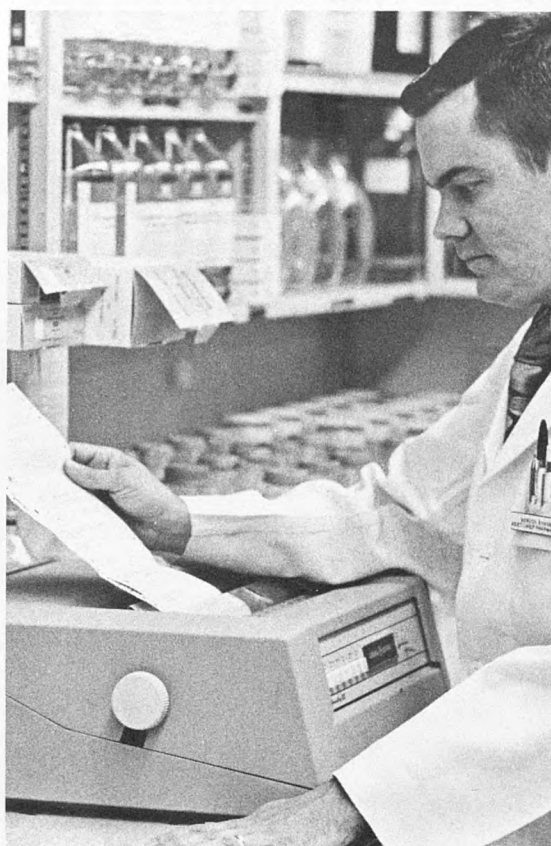
- 1) Raytheons' ability to deliver hardware.
- 2) Raytheons' ability to deliver software.
- 3) Barnes' ability to plan a system.
- 4) Barnes' ability to program the system.
- 5) Most important, the ability of the Barnes employees to operate the system.

Should the equipment prove as successful as expected, Barnes will purchase 73 terminals, and the hospital will have its automated communications system, one which is custom designed for Barnes, and truly worth the money which must be invested.

The Raytheon Company now is marketing the system to other hospitals, and adapting the concepts developed at Barnes to other institutions as well. "Other hospitals have actually ordered all the equipment," said Mr. Menendez. However, Barnes continues its conservative approach, to be sure that our investment is well protected. Because we helped develop this system, the manufacturers are allowing us to have the trial, or pilot program. Other institutions, including hospitals, will have to take a chance that it will work well, depending on the developmental work by Barnes and Raytheon. Hospital officials from all parts of the country, including Hawaii, have recently visited Barnes Hospital to witness development of the system.



B



A



C



D



It's called "Pulse." It's a system of in-house communication, which will enable a member of the nursing service staff, seated at a terminal on the nursing station, to order many different kinds of patient or floor services. By inserting her I.D. badge, she activates the equipment. Items are selected by pressing buttons at the side of the screen.

By early 1972, several pilot units of this cathode-ray tube system, developed by Raytheon Company, will be installed at Barnes. During a three month evaluation phase, only five screens will be in use. If the system is found to be successful, 73 screens will eventually be installed at the hospital.

The system will automate almost all behind-the-scenes work connected with patient care. Nursing personnel's paper work will be negligible because all orders will be selected by button, then followed through and recorded automatically by a computer.

Patient care can be improved, because tests can be scheduled quickly and results will return more rapidly. The patient's medication will be at his bedside much faster. And nurses can spend more time with the patient.

When a bed is empty, housekeeping will know immediately and the admitting office will have a much clearer picture of what rooms are available to the incoming patient. How does it work? Simply, without much fuss at all.

The user makes the selection, such as ordering a blood test, or scheduling an x-ray, from a series of lists, which are flashed on the screen. One advantage is that it is impossible to prepare an incomplete order, because the computer will not continue with the next display until the current list is completed.

A small printer, located next to the terminal, prints a copy of the order so that the person placing the order has a record, also. Verified orders are immediately transmitted to all the appropriate departments, such as pharmacy, laboratory, stores, central supply, or dietary. The actual orders are printed in these areas. Time of reception is recorded, and all of the information goes into a data bank.

Information which appears on the display screens was actually developed by nursing service and the various supporting depart-

ments. Programmers in data processing translated the information into computer language.

"The program is so simple that we're describing it as a system which requires "zero" training for its users," said Everett Menendez, data processing manager.

Among the advantages are a complete record of details, times and charges for various orders. These are "batched" daily for use by the IBM computer in business applications.

"The present overall effect of lost or incomplete requisitions, and the time elapsed in calling back to complete or verify orders is substantial. The new computer will eliminate this," said Mr. Menendez. "In addition, there will be considerable money savings in departments; for instance, when an order is received in the pharmacy, the printer will print the prescription, which is later microfilmed, plus the label, the price, and the patient's identification. On a "stat" order, dispatch will automatically be notified to pick up the prescription and deliver it."

Nursing staff will be able to retrieve information on a display terminal summarizing the items ordered for each patient on the floor during a 24 hour period. This will provide a level of nursing control heretofore not available.

Other applications planned for the future include computer based "unit dose" or medication scheduling, (both are systems of dispensing medications); laboratory test results, transmitted back to nursing divisions, inventory control and payroll time-keeping data.

The new communication network will assist admitting and housekeeping in control of patient beds, providing immediate notification of vacancies and new arrivals, even the status of each bed, (occupied, clear, isolated, etc.)

During the pilot phases of the project, all departments will continue to maintain their existing methods of communication paralleling the new system. This is to assure continuity and check on the accuracy of the new system.

Only authorized users may operate the computer terminals. By inserting a specially-marked photo-identification card, the user will receive a clearance to proceed with ordering.

**A**  
Fred Lanigan, analyst in Barnes' data processing department, foreground, and Everett Menendez, manager of the section, check a screen appearing on one of the cathode-ray terminals in the data processing department. Authorized employees can order a blood test or schedule an x-ray by making selections from a series of lists that appear on the screen. Selections are made by pressing buttons on the terminal.

**B**  
Gordon Evans, assistant chief pharmacist, receives an order from a nursing division, via the computer, on a printer located in the pharmacy.

**C**  
Miss Gwendolyn Walker, service manager on 5200 and 6200, seated at one of the cathode ray terminals that recently was located on 5200, inserts an identification badge into the terminal to receive a clearance to order pharmacy supplies through Barnes' newly-acquired computer communication system. Observing at the left is Mrs. Kathy Forster, nurse assistant. In the background is Miss Sylvia Gaddy, head nurse on 5200.

**D**  
The computer hardware that generates the new communication system is located in Barnes' data processing section. Steve Marshall, computer programmer, left, is shown here preparing to type operating instructions into the computer. Lanny Murrell, programmer, is at the right.



# Personnel Department May Offer Exams for College Credit

Complete one year of college work in only one day, without going to school?

All Barnes employees soon may have the opportunity to receive up to 30 hours of college credit by taking examinations offered at Barnes, through the College-Level Examination Program (CLEP). If enough persons associated with Barnes, express an interest in taking the examinations by signing up at the hospital's personnel department and paying their examination fees in advance, the hospital's personnel department will make arrangements with the Extension Division of the University of Missouri to have the tests administered at the hospital.

Tentatively the tests have been scheduled for 8:30 a.m. on Saturday, December 11, in Room 228 at Barnes' School of Nursing. Interested persons should contact William Montgomery, personnel department, before November 1.

**CLEP is based on the assumption that many persons know more than their academic credentials suggest, by accumulating knowledge by reading, watching educational programs on television, taking non-credit courses or practical work experiences.**

Walter J. Hanes, director of personnel, said that the CLEP examinations would be valuable especially to the employee who is interested in going to school part-time and wants to receive college credit for what he has learned on his own in a particular field or academic subject. If a person's CLEP examination scores meet the standards established at the college where the exams are sent, the college will grant academic credit to the individual.

Two kinds of examinations will be given. The general examinations measure achievement in five basic areas of the liberal arts: English composition, humanities, mathematics, natural sciences and social sciences-history. Each examination has a time limit of 75 minutes except English composition, which takes one hour. These examinations are advised for persons who have acquired no college credit. The subject examinations measure achievement in specific college courses. Each examination consists of a 90-minute objective test. Most of the examinations also include optional 90-minute essay sections. Subject examinations are advised for persons who have already taken college work.

Some of the twenty-seven subject examinations currently available are: American government,

American history, algebra, English literature, introduction to accounting, money and banking, statistics, western civilization, and general chemistry. A person may take one to five general examinations in one day. Since each subject examination takes 90 minutes, or three hours with an optional essay section, a person may take as many as four subject examinations without essay or two with essay in one day. A person cannot be admitted after a test administration has begun.

**Fees would be paid by the employee. General examinations cost \$15 for one to five and subject examinations are \$15 each. There would be no additional fee for the optional essay sections.**



*Mrs. Joan Lovell, assistant occupational therapist, checks some library books to help her review for college-level examinations which possibly may be administered at Barnes. If enough people express interest in the examinations, the hospital's personnel department will make arrangements to have the tests administered.*

Mr. Hanes said, "It would be wise for the employee who is considering taking the examination to first contact the registrar's office at the college of his choice to see if they accept CLEP scores before signing up for the examinations. However, a booklet containing information on the schools that recognize CLEP scores and the subject examinations that are given, is available through the office of William Montgomery, administrative assistant in the personnel department, telephone extension 3061."

Persons who have completed a college course and have received credit for that subject

cannot be tested again within a year in that subject under CLEP regulations. Scores of the tests will be mailed about one month after the tests have been administered. Individuals wishing to "brush up" before taking the examinations may inquire at their local library branches for study materials. The Cowles **Guide to CLEP** is especially useful.

## The Wishing Well



FOR DISTINCTIVE GIFTS

## Staff-Changes Announced

Several physicians have been added to the staff at Barnes Hospital according to a change-in-status listing issued recently by the Director's Office. The following physicians are reported on staff: Dr. Jacques P. Sauvage, assistant obstetrician-gynecologist; Dr. Ming Shian Kao, assistant obstetrician-gynecologist; Dr. Paul M. Southern, assistant physician - bacteriology laboratory; Dr. Jorge M. Alegre, voluntary assistant - Washington University Clinics only; Dr. Frederic Hall, assistant psychiatrist; Dr. Juan Carlos Corvalan, assistant psychiatrist; Dr. Mohamed A. K. El Deeb, assistant radiologist; Dr. Fransiska Lee, assistant radiologist.

Other additions are Dr. Robert L. Stamper, assistant ophthalmologist; Dr. Allan H. McCown, assistant radiologist; Dr. John J. Kelly, assistant physician; Dr. Anthony S. Pagliara, assistant physician; Dr. Stephen R. Crespino, assistant physician; Dr. Charles N. Swisher, assistant pediatrician - Children's Hospital; Dr. Morris T. Bird, assistant pediatrician - Children's Hospital; Dr. Robert W. Vaughan, assistant anesthesiologist; Dr. Hugh F. Keister, assistant anesthesiologist; Dr. Eugene A. Bauer, assistant dermatologist.

## Contributions to Barnes Tribute Fund July 9 — July 30

Following is a list of honorees (names in boldface) and contributors to the Barnes Hospital Tribute Fund from July 9, 1971, through July 30, 1971.

### IN MEMORY OF:

**Mrs. Emma Vollmer**  
Students and Faculty, Barnes Hospital School of Nursing

**Virginia Golder**  
National Vendors

**Mrs. John Dozier**  
**Dena and Pearl Rosen**  
Mr. and Mrs. Sherwood Kleban

**Mrs. Jennie Ridolfi**  
Mueller and Ridolfi Family

**Dr. Charles D. Magee**  
Forrest Hemker

**Mr. Samuel Scheinkman**  
Helen Privitor  
Lucy Grindon  
Ginger Boyce  
Jill Joshi  
Bobbie Buell

**Dr. Cecil M. Charles**  
Mr. and Mrs. Arnold Schwab

**Dr. Lynn Silberman**  
Classmates, Washington University School of Nursing, Class of '68

**Mr. Irving Halle**  
Mr. and Mrs. Sid Levinson and Family

**Mr. Frank Panyik**  
H. A. Grabbe Construction Co.  
Delbert L. Webb  
Mr. and Mrs. Gene Sehl, Jr.  
XI Delta Mu Sorority BSP  
Mrs. Dorothy Shortal for Whitelaw Avenue Neighbors  
Linda Keefe  
Jimmy's Drug Store  
Phoebe, Berneon and Howard Goldberg

**George Ort**  
National Vendors

**Mr. Price Gray**  
Mrs. H. (Matilda) Jacqmin

### IN HONOR OF:

**Mr. and Mrs. Ethan Shepley's anniversary**  
Audrey Kolker

**Mr. and Mrs. Robert Weinstock's 30th wedding anniversary**  
Mr. and Mrs. Julian G. Samuels, Jr.

### DONATION

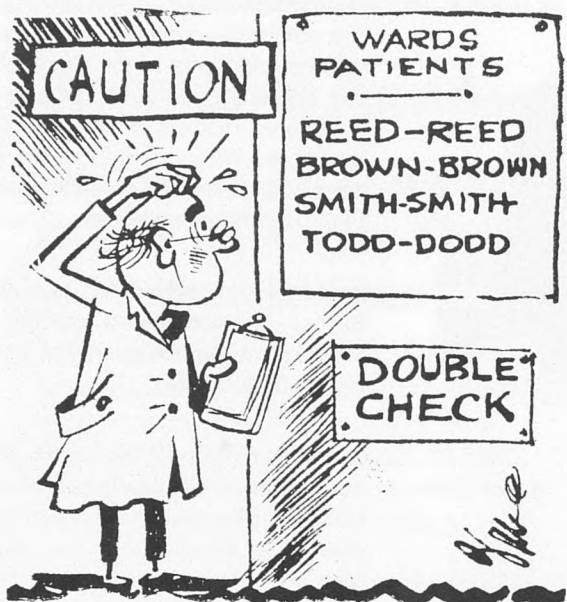
Mrs. Marie E. Burgard



## Ward 1200 Takes Extra Precautions to Avoid Name Mix-up

Mischievous gremlins conspired with fate in the 39-patient surgery ward 1200 last month and it took a combination of extreme caution and constant double-checking on the part of personnel there to foil the imps' plans.

Confusion threatened and anxiety reigned when 11 people in the ward shared only 6 similar names, including two Smiths (Jessie and Mrs. Allie), two Reeds (John and Ira), three



Perkins (patient, Mrs. Willie and Joseph, and senior nurses aid, Mrs. Minnie), one Todd (Mrs. Millie) and one Dodd (Dennis), and two Browns (patient, Walter, and employee, Mrs. Emma).



What's in a name . . . ? Miss Judy Wachter, clerk on ward 1200, sorts charts containing patient information. Recently, 11 different persons with six similar names turned up at the same time on the ward. Because of the similarity of names, nurses and other employees had to be extra careful in handing out medication and recording patient information.

Added precautions had to be taken in putting lab reports away and recording temperatures as well as in dispensing medication. Signs warning "Double Check" and "Caution" were posted in the ward, on charts and records.

Miss Judy Wachter, ward clerk, was relieved when it was all over without any mishaps. "We've had a couple of persons with the same name before," she said, "but not this many!"



Five Barnes operating room technicians attended a national meeting of AORT (Association of Operating Room Technicians) June 24-27 at Anaheim, California. Those from Barnes who attended were: **Mrs. Thelma Stocking, Mrs. Lillian Coleman, Mrs. Frankie Mitchell, Mrs. Carrie McClure, Mrs. Vetta Watson.** The convention exhibits depicted the latest operating-room instruments and surgical procedures. The women also toured Disneyland and they met newscaster David Brinkley at the amusement park.

**Mrs. Julia King**, general manager of Queeny Tower room accommodations, and **Dr. Lucy Jane King**, assistant psychiatrist at Barnes, are listed in the 1972-73 edition of **Who's Who of American Women.**

**James Watley**, group leader in the laundry section, retired recently after 28 years as a Barnes employee.

**Robert E. Frank**, director of Barnes Hospital, recently was elected treasurer of the Alumni Association of the St. Louis University Graduate Program in Hospital and Health Care Administration.

**John P. Keppel Jr.**, manager of patient accounts, recently received a distinguished service award given by the district International Consumer Credit Conference. Presentation of the award was made at the 59th annual ICC Conference held in Salt Lake City. Mr. Keppel was one of 12 persons from across the country who received this award.

## Blood Bank Accredited by National Group

Barnes Hospital's blood bank has received formal accreditation by the American Association of Blood Banks (AABB) following an inspection and evaluation in which it was determined that the level of technical and administrative performance of the hospital's blood bank meets or exceeds the standards for blood banks established by the AABB.

Although Barnes is a member of the AABB, it was the first time that the hospital had requested an inspection from this national

organization. Certification is for a three-year period. Barnes' voluntary request for the inspection serves as an internal audit on its procedures and practices.

The major intent of the inspection and accreditation program is to insure increased safety of human blood transfusions by making the high standards of medical practice consistent with the overall goals of this medical center.

## When She Arrived . . .



The cupboard was almost bare. **Mrs. Doris Sansoucie**, clerk typist in medical records at Barnes, inspects the near-empty blood storage refrigerator at the Red Cross blood center at Washington and Euclid Avenues. Mrs. Sansoucie was one of many Barnes employees who helped restore the depleted blood supply by donating blood during an employee blood drive on September 9 when the Red Cross bloodmobile visited Barnes. The bloodmobile will be here again on December 21 for its fourth and final visit of 1971. Barnes employees are trying to reach a quota of 677 pints for 1971 in order to be eligible for group blood coverage.



## Nursing School Receives Valuable Books

Several valuable books were included in an assortment of 3,500 volumes that was presented in 1970 to Barnes Hospital's School of Nursing by Washington University. The books formerly were part of Washington University's nursing school library which discontinued operation in 1969. The books were in storage until recently.

Among the collection, which contains many first-edition volumes, is Florence Nightengale's **Notes on Nursing**, published in 1863 and 12 cloth-bound volumes of **The American Journal**

of **Nursing**, dating from 1900 to 1920.

These and other valuable books have been placed in a locked case at the nursing school. Mrs. Mary Eno, librarian at the Barnes School of Nursing, said, "We are quite proud of the newly-acquired collection. Some of the books are worth as much as several hundred dollars."

Officials at Barnes' School of Nursing are considering a proposal to construct an exhibit to display the books.



Mrs. Warlene Reed, librarian at the Barnes Hospital School of Nursing Library, left, and Betty Barnett, second-year nursing school student, inspect Florence Nightengale's book, "Notes on Nursing," which was among a collection of 3,500 books that was given to the school of nursing by Washington University.

## Barnes' Telephone-Repair Calls 'on the rise'

Barnes Hospital's telephone office is receiving almost twice as many telephone repair calls as it normally does. Mr. Darner said, "We have been getting from 14 to 25 telephone calls daily concerning repair problems with individual hospital telephones. While most calls are attributable to defective telephone equipment, a large percentage of the problems are caused by the phone user.

"An example of this is unintentionally leaving a telephone receiver off the hook which ties up the line. Another common telephone problem occurs when someone hangs up the telephone while someone is waiting on hold. This causes another tie up in the telephone lines.

"If we could reduce the number of telephone repair calls which are the result of negligence, it would be helpful to both our telephone department and the telephone company who services the repair calls."

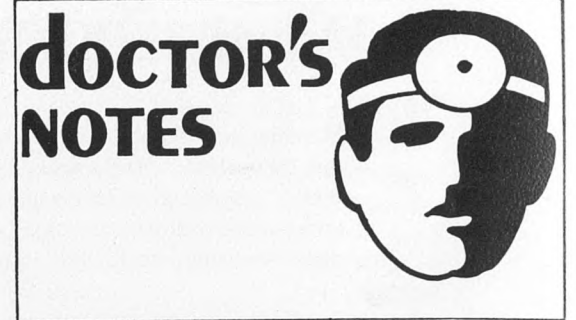
Mr. Darner recommended that to insure prompt telephone repair service, hospital employees should follow these procedures: 1) Dial the number listed in the latest central telephone directory for telephone repair (888); 2) Give your station number and exact location; 3) Be specific about the condition requiring service. (If someone asks you to report the problem, know what the

problem is.); 4) Include the number of instruments affected by the problem—such as extensions located in a different area. (Many conditions requiring repair can be checked directly from the service center); 5) avoid duplicate reporting of equipment failure. Advise other employees in your department that the trouble has been reported and additional calls only interrupt repair work in progress.



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■ Dr. Richard A. Sutter, special department consultant in occupational medicine at Barnes, has been named to the National Advisory Committee on Occupational Safety and Health. The committee advises, consults and makes recommendations to the Secretary of Labor and Secretary of Health, Education and Welfare on matters relating to the administration of the Williams-Steiger Act which covers more than 4 million establishments and more than 57 million employees.

■ Dr. Bradley Arthaud, a former resident at Barnes, has accepted a position as an associate in pathology at Peter Bent Bingham Hospital at Boston.

■ Dr. Gerald Wolff, assistant physician, has been granted a fellowship in the American College of Cardiology, the national medical society for specialists in cardiovascular diseases. He was among 61 doctors from the United States and Canada recently admitted to the group's highest membership classification.

■ Dr. Charles R. Stephen, anesthesiologist-in-chief, recently spoke at a symposium of the Eastern North Carolina Nurse Anesthetists Club Educational District No. 1 at Wrightsville, N. C. Dr. Stephen spoke on Fluothane anesthesia.

■ Dr. Allan E. Kolker, assistant ophthalmologist, recently was a guest speaker at a glaucoma symposium, "The Diagnosis and Management of Open-Angle Glaucoma," at Hermann Hospital in Houston.

■ Dr. Guy S. Richards, 76, a graduate of Washington University and a former intern at Barnes, died recently at American Fork, Utah, where he had practiced medicine since 1927. He was a surgeon.

■ Dr. Ernst R. Friedrich, assistant obstetrician-gynecologist, recently presented two papers, "The Normal Morphology and Ultrastructure of the Cervix" and "The Effects of Oral Contraceptives on the Cytology of the Secretory Cells of the Cervix," at an international symposium, "The Biology of the Cervix," at Lake Wilderness in Maple Valley, Washington.