

## Park Garage Bill Gets O.K.

At their final meeting before adjourning for the summer, the St. Louis Board of Alderman approved a bill that will allow Barnes to construct a sub-level parking garage on the land just south of the hospital.

While Barnes is not specifically mentioned in the bill, it does authorize the city to allow private firms to bid for the right to build a parking garage under the slice of Forest Park that was cut off from the rest of the park when Kingshighway was straightened a decade ago.

Need for subsurface parking became apparent at the time Queeny Tower was being built in the mid-1960's. When Barnes Hospital increased in number of patient beds at that time, Edgar M. Queeny, then chairman of the hospital's board of trustees, envisioned an underground parking garage that would provide adequate, sheltered parking for patients.

"Mr. Queeny began the long-range planning for this type of structure," said Robert E. Frank, Barnes president. "In recent years, the Barnes board, chaired by Raymond E. Rowland, has continued and expanded the concept."

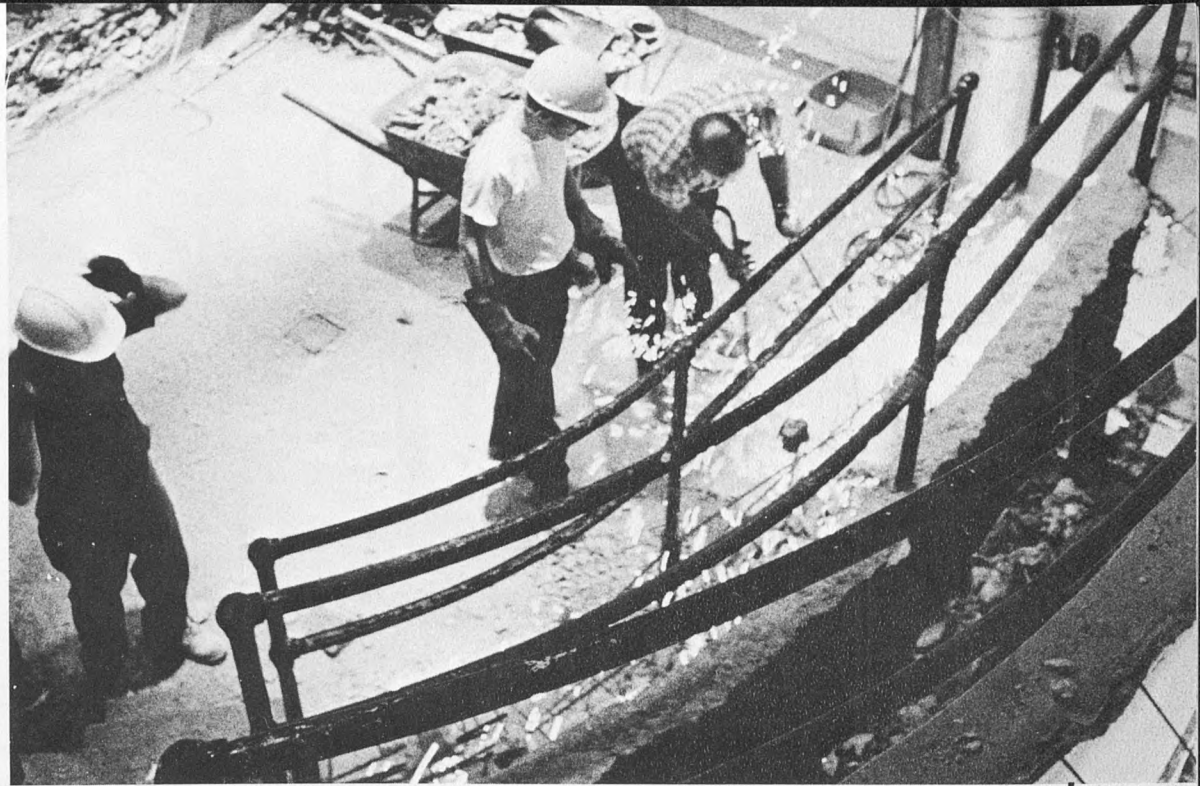
The garage will include three levels accomodating 1,146 cars. It will be connected to Barnes by sub-street walkways. The passage of the bill clears the way for any firm to bid, and gives the city's approval to use of the land for this project.

The garage will occupy an area below only about half of the ten acre section of land, which now includes trees, patches of grass, some neglected gravel walks and a deteriorating arbor which once was used for roses. Hospital personnel are the most frequent visitors to the area, using it for napping, lunching and sometimes an impromptu football or softball game.

If Barnes does receive the bid, it will include landscaping the entire area with attractive paths, evergreen shrub-  
(Continued on page 3)

## Blood Drive

The Red Cross bloodmobile will visit Barnes Hospital again on Thursday, September 6. With two visits remaining during 1973, Barnes is still more than 250 units short of this year's goal. Employees who can give blood should keep the September 6 visit in mind. Information on making a donor appointment will be available from supervisors just prior to the bloodmobile's visit.



Sparks fly as workmen use a cutting torch to slice through steel reinforcing rods in the West Building amphitheater. The amphitheater and print shop are being renovated to make room for new autopsy facilities and the CURE unit.

## Building Boom Underway Here

You see them just about everywhere around the hospital—men with serious, intent countenances, the distinctive instruments of their profession often sticking out of the pockets of their plain, utilitarian uniforms.

No, they aren't physicians. They are laborers, electricians, plumbers, carpenters and other workers involved in the more than half-dozen construction and renovation projects currently underway in the Barnes Hospital complex.

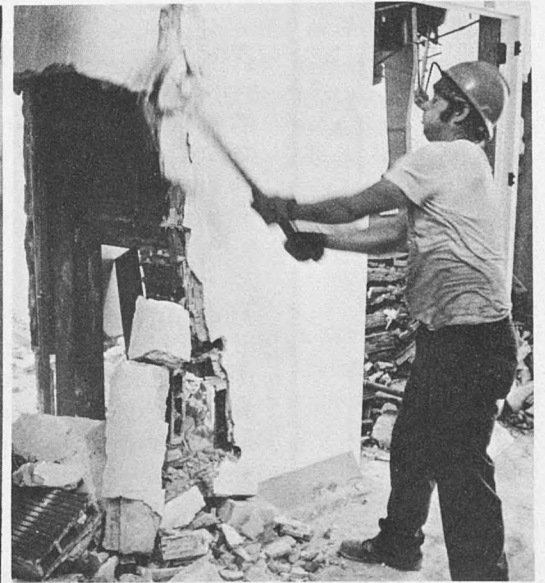
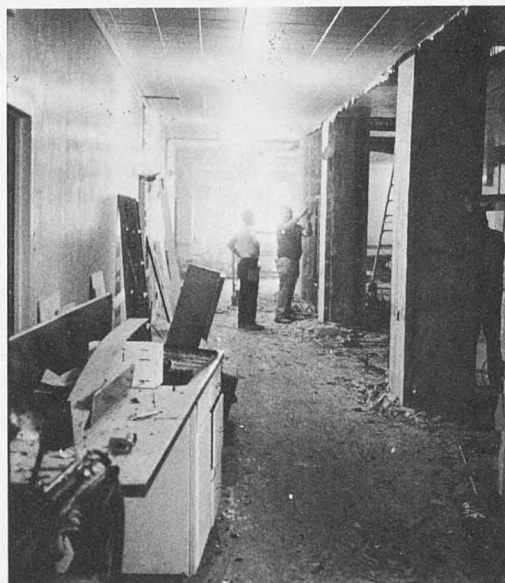
Barnes Hospital's emergency room, located in the Wohl Clinics building on Audubon Avenue, is undergoing an almost total renovation in order to provide those facilities that are most needed by emergency patients. Changes in emergency medical care delivery techniques coupled with the rapid rise in the number of emergency room visits here, have necessitated the renovation.

Last year there were some 25,000 emergency room patients, plus 1700 evening ambulatory service patients. And the number keeps growing. For example, in May of 1972, 2,501 patients visited the emergency room. This past May, 3,046 persons used the facility, an increase of nearly 20 per cent in a year's time.

Among the features of the new ER will be improved x-ray equipment designed specifically to handle critically ill trauma patients, new electrically isolated circuitry, a crash room for coronary and other acutely distressed patients, new, separate waiting rooms for emergency room patients and relatives and clinic patients and relatives, and a 5-bed observation unit.

The observation unit will be used for patients who may or may not need to be admitted to the hospital. For exam-

(Continued on page 8)



Workmen have been busy in Wohl Hospital, left, and Rand Johnson, right, removing existing walls and partitions in preparation for the construction of new patient care areas.

Barnes Hospital  
St. Louis, Missouri

August, 1973





Safety and Security officer John R. Clark at the desk of the sequential observation system. If any problems develop in an area monitored by the system, nearby officers can be alerted by two-way radio.

## New Security "Eyes"

Barnes' Safety and Security department added several new members to its force last month. But these new members don't carry guns or wear badges. In fact, they are so unobtrusive you would hardly know they were around, unless you happened to see them moving, usually in the best circles.

The new "members" of the department are scanning television cameras, mounted in several locations inside and outside the hospital. The cameras are connected to a special sequential observation system console (in the Safety and Security office) which is constantly monitored by one of the department's officers.

Barnes has been using closed circuit television for security purposes for some two years. Until last month each camera had a separate monitor screen, which made it difficult for one person to watch the activities in several areas at once.

With the installation of additional cameras last month, the sequential observation console was added. This device automatically displays a television picture from each camera for a period of from 5 to 25 seconds, then switches to the next camera.

Thus, one man can observe several areas of the hospital from a central location. If something occurs that requires the presence of a Safety and Security officer, the person watching the monitor can direct an officer to the scene via two-way radio.

Most of the cameras are located inside the hospital, but one is mounted outdoors, on the East Pavilion. This camera,

which operates day and night, scans the south side of the hospital complex from Euclid Avenue to Forest Park. At a touch of a button on the sequential observation system console, the camera can be focused on anything or anyone of interest.

"The outside camera has many advantages. We can see, for example, if the traffic situation is such that additional men are needed to direct it. We can also observe parked cars in the area to spot potential car thieves," says Ed Thurman, Safety and Security director. Exits can also be monitored to help prevent the theft of large items.

Inside the hospital the cameras are like extra eyes for the security force. "Although our cameras are black and white, our officers can still get a good description of possible suspects, such as build, type of clothing and so forth," Mr. Thurman says. In fact, such descriptions are usually preferable to ones given by an untrained person.

The presence of the cameras, none of which are hidden, is also a strong deterrent to any illegal activity, Mr. Thurman believes. "We were having a problem with after-hours break-ins in one area of the hospital until we installed the cameras. Since then there have been no more problems," he says.

"We are quite pleased with the new system thus far. In fact, we would like to expand it to include other areas of the hospital such as the Queeny Tower garage. We are also considering such an installation in the proposed sub-surface parking garage," Mr. Thurman says.

## Candy Strippers Helping This Summer

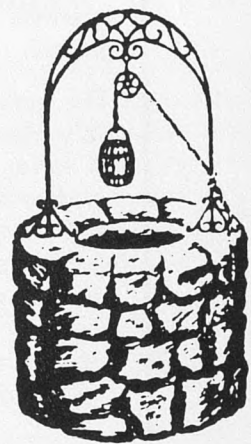
This summer more than 200 youngsters, including two dozen young men, are participating in Barnes' Candy Stripper program. The junior volunteers, who range in age from 14 through high school seniors, came from both the city and the county, often traveling for miles in order to lend a hand here. For many of them, this is the second, third or fourth year they have served as volunteers.

Junior volunteers, the girls distinguished by red and white striped uniforms and the boys by red jackets, new this year, are working in nearly two dozen areas this summer. Included are: admitting, central services, dietary, dispatch, clinics, information desks, laboratories, medical records, nurse volunteers, occupational therapy, physical therapy, operating room, the Wishing Well, courtesy carts and hospitality.

Young people volunteer for three common reasons, says Katie Beyer, Auxiliary director. Many are interested in a medical career of some kind and want an inside look at the operation of a hospital; others are simply interested in helping people; and, some simply want something to occupy their summers.

"Regardless of their reasons, most find Barnes an exciting place to be. And, they can learn a lot here," Mrs. Beyer says.

## The Wishing Well



Gifts? Cards? Magazines—All these items and more are available in the Wishing Well.

BARNES HOSPITAL BULLETIN



August, 1973

Vol. XXVII, No. 8.

Published by the Public Relations Department of Barnes Hospital, St. Louis, Missouri, 63110

Constance C. Barton, Director  
Larry A. Myers, Associate Editor

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## New Assistant Director

Everett Menendez, manager of Barnes' data processing department, has been promoted to assistant hospital director/data processing, Barnes President Robert E. Frank has announced. The appointment became effective on July 1.

Mr. Menendez, 40, has been a Barnes employe since 1951, with the exception of two years spent in military service. His first job here was as a tabulating



Everett Menendez, new assistant director/data processing.

machine operator on the night shift. In 1963 he was promoted to assistant data processing operator. Then, in 1965, he was named data processing manager.

When he began working at Barnes, data processing here was performed by mechanical devices, Mr. Menendez says, not the sophisticated electronic wonders that are used today. The old mechanical tabulators were not only slow, they required a relatively greater number of operators than present computers, he says.

Barnes entered the computer age in the mid-60s, relatively early compared to other firms, Mr. Menendez says. The hospital's first electronic computer was an IBM 1460, which was used exclusively for business activities.

Today the bulk of Barnes' data processing work is performed by a new IBM 370-135, the most up-to-date computer

commercially available. In contrast to Barnes' first computer, which had an 8,000 core position capacity, the new computer has 240,000 such core positions and consequently can process a great deal more data. And, the new machine performs calculations some 20 times faster than the old unit was capable of doing.

Business functions remain the primary concern of the new computer. Full cost accounting activities, including payroll calculations, are performed by it. With the help of a "slave" computer, the IBM 370 also processes electrocardiograms of hospital patients.

Later this year an important new function will join the list of the computer's duties when a patient admitting information system is installed. The system will consist of 25 cathode ray tube terminals and printers located in admitting and admitting-related areas.

Each admitting interviewer's booth will be equipped with a computer terminal that will be used to enter information on patients into the system. Terminals will also be located in pre-admitting, scheduling, housekeeping, the nursing office, patient information, the laboratory and the information desks in order to speed up the admitting process.

The admitting information system, like the computer's other functions, will be carried on around-the-clock. Operation of the information system and the processing of other data will be handled "simultaneously" by the computer.

(Actually, the computer doesn't do two things at once; but it can switch back and forth between jobs thousands of times per minute, so it seems to be working on separate problems simultaneously.)

"Barnes' computer setup is very advanced. Only about a dozen hospitals in the country have such a system," says Mr. Menendez. "I also want to emphasize that our new information system is not an experimental program; it will be a fully operational system," he says.

Mr. Menendez, his wife and 10-year-old daughter live in Crestwood.

## Garage Bill O.K.'d

(Continued from page 1)

bery, flowering trees, benches and a fountain, which should increase its use by neighboring residents, patients and visitors.

"The surface improvements will enhance the beauty of the area, mak-

ing it an attractive civic asset," said Raymond E. Rowland, chairman of the Barnes Board of Directors. "In addition, the garage will provide the completely adequate and completely secure parking essential to sustaining the viability of Barnes as a major hospital within the City of St. Louis."

## Nurse Graduation

For the second time this summer Barnes Hospital's School of Nursing will be graduating a Class of '71—but it's not the same students who received their diplomas in June. This month's class, which will graduate at 7:30 p.m., on Saturday, August 25, in the St. Louis Cathedral, is the first to have completed the school's two year curriculum. The students who graduated earlier this summer were the last to complete the old three year program, which has now been phased out.

Six of the 74 members of the second Class of '71 are men, the largest number of male graduates in the school's history. "This reflects the trend of increasing awareness of the role of nursing as a vital force in the health care industry, and, the growing recognition of nursing as an attractive career for both men and women, one with long-term advantages," says Joan Hrubetz, nursing school director.

Oliver Duggins, Ph.D., chairman of the life sciences department at Forest Park Community College, will deliver the commencement address. Janelle Carron, a member of the class, will also give a short speech.

The Senior tea for this month's graduates of Barnes' nursing school will be held at 3:30 p. m. on Wednesday August 15, in the lounge of the nurses residence.

## Quick Action Puts Damper On Cab Fire

Quick action by Barnes' Safety and Security department early last month helped prevent the total destruction—with all the dangers of smoke, fire and explosion—of a taxicab that caught fire in front of the hospital's emergency room entrance.

Guy Lee, security officer on duty on the Renard bridge, noticed that a parked taxi was smoking. Upon approaching, he heard a rumble and an explosion. Flames began to leap out the hood. Officer Lee contacted security and the fire department was called. Realizing that a fire extinguisher would be inadequate, he grabbed the fire hose from a cabinet in the hallway of the emergency room and trained it on the cab's hood.

Help arrived—in the person of security director Edward Thurman. While Mr. Thurman held the hose, Officer Lee and the cab driver got the hood of the car up. The fire was out in less than four minutes, just as the fire department truck pulled up. "The fire engine got here in good time," said Mr. Thurman, "but fortunately, the fire was already out."



# NURSES

*A nurse, according to the dictionary, is someone who is skilled in caring for the sick and injured. While this definition is accurate enough for general purposes, it does not differentiate among the many individuals who are part of the nursing care team.*

*What follows is a VERY BRIEF explanation of the qualifications and responsibilities of the many nursing personnel who serve Barnes' patients. While the emphasis is on those things that are unique to each type, every member of the nursing staff shares a common goal—to deliver quality patient care tailored to the needs of the individual.*



*Nurse assistant Elizabeth Barber takes the blood pressure of Joanne Vogt, a patient on the fourth floor of the East Pavilion.*

#### **Nurse Assistants**

Nurse assistants (and senior nurse assistants) are the foundation of the nursing team. They administer care to non-acutely ill patients and assist other nursing personnel in caring for the acutely ill. Helping patients with daily activities and encouraging appropriate self care are among their contributions to individualized care. They also observe and report symptoms and conditions to staff nurses, change dressings, collect specimens, measure vital signs and prepare patients for treatments and examinations.

Nurse assistants must have a high school education (or equivalent) and one year's experience in patient care work before coming here. In addition they receive two weeks of orientation from nursing services' staff development division to sharpen their skills as well as acquaint them with Barnes' procedures.

#### **Surgical Aides**

A newly created position, surgical aides serve as retractor holders and suture cutters in the operating room. Unlike operating room technicians, surgical aides cannot act as circulating or scrub nurses. Surgical aides, who must have a high school education, receive additional training here.

#### **Nursing Technicians**

There are four types of nursing technicians: psychiatric, operating room, cardiac unit and burn unit. The qualifications for each vary, but general prerequisites include a high school education plus previous experience and/or special training in a particular field.

**Psychiatric technicians** must have previous experience as a nursing assistant or senior nursing assistant. They also receive special training in psychiatric nursing from staff development.

**Operating room technicians** are subdivided into classifications, I, II and III. All must be high school graduates. Operating room technicians receive at least six weeks of training here, and all must be well acquainted with aseptic techniques.

OR Is may function as circulating or scrub nurses performing a specific function in a specific area. OR IIs and IIIs generally can perform varied functions anywhere in the operating rooms. OR IIIs all have successfully completed the national operating room technician certification test; those at the two lower levels have not.



*Staff nurse Jean Wells makes an entry into the chart of a patient in the 1418 nursing care area.*

**Cardiac care unit technicians'** functions include taking electrocardiograms, servicing and maintaining specialized cardiac care equipment such as transducers and bedside monitors, drawing blood, assisting in the special procedures room, checking and restocking supplies and assisting with patient transportation and mealtime serving. CCU technicians must have at least six months previous



*Head nurse Mary Rands checks the supply of emergency medications on the tenth floor of Rand Johnson.*

medical experience. They also receive on-the-job training in the cardiac care unit.

**Burn unit technicians** administer basic nursing care to burn unit patients, plus perform special functions such as debriding burn wounds and assisting physicians with skin grafting and tracheostomy procedures. Among their qualifications are at least two years of above average performance as a nursing assistant in the burn unit, plus the recommendations of appropriate supervisors. Burn unit technicians must also indicate a desire to increase their medical knowledge and skills.

#### **Undergraduate Nurses**

These nurses all have completed one year of nursing school. While continuing their nursing education they work on a part-time basis to further develop their skills. Undergraduate nurses perform duties similar to that of nursing assistants. However, they work only in the areas which they have previously studied in classes.

#### **Licensed Practical Nurses**

LPNs, as the name suggests, are graduates of approved LPN courses who have been licensed by the State of Missouri. There are three types of LPNs; regular, operating room and psychiatric. The duties of the various types of LPNs are similar to those of technicians, but because of their additional training, skills and experience, are considerably more extensive.

LPNs may give medications provided they have taken instruction in drugs and solutions, while in LPN school and from Barnes' staff development department. **Psychiatric LPNs** either come to Barnes with previous psychiatric care experience or go through the hospital's own psychiatric technicians' course. **Operating room LPNs** must pass a national certification test. Their duties are similar to those of OR technicians, but more comprehensive.



*Clinical nurse in the neurosurgical intensive unit Susan Nepute, standing, left, explains a form to nursing student Paula Drach, while nursing student Martha Stark, seated, studies a patient's chart.*

#### **Staff Nurses**

These nurses all are graduates of accredited nursing schools and are licensed to practice in Missouri. Working under the supervision of a head nurse, they give direct and indirect total nursing care to patients within an assigned unit. Staff nurses administer medications, note reactions and keep accurate records of nursing activities.

# RSES

## Licensed Practical Nurses

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Clinical nurse in the neurosurgical intensive unit Susan Nepute, standing, left, explains a form to nursing student Paula Drach, while nursing student Martha Stark, seated, studies a patient's chart.

## Staff Nurses

These nurses all are graduates of accredited nursing schools and are licensed to practice in Missouri. Working under the supervision of a head nurse, they give direct and indirect total nursing care to patients within an assigned unit. Staff nurses administer medications, note reactions and keep accurate records of nursing activities.



Nursing care advisor Joan Laycock, left, explains a respirator adjustment to LPN Laura Steffen in the respiratory intensive care unit.

They must be aware of patient condition at all times and are responsible for the execution of doctors' orders.

Staff nurses also assist in administering highly specialized therapy and help physicians with treatment. In the event of an emergency, the staff nurse must institute or assist with remedial measures. Assisting in teaching patients and their families, as well as helping with the orientation of new personnel, also are part of staff nurses' functions.

## Assistant Head Nurses

The duties and responsibilities of an assistant head nurse include all of those of the staff nurse, plus helping the head nurse with the management of the nursing care unit, particularly with respect to administrative and technical supervision of the nursing program.

## Clinical Nurses

Clinical nurses are responsible for providing nursing care to a group of patients. They perform functions similar to those of staff nurses, but are specialists in a specific area, such as neurosurgical nursing. They also conduct inservice training and education programs for other personnel in their unit.

Clinical nurses usually have no special training, but through observation and practice have become experts on their

area. The clinical nurse assigns activities to members of her nursing team in accordance with patient needs. When the head nurse is absent for extended periods, the clinical nurse assumes those responsibilities.

## Charge Nurse, Hemodialysis

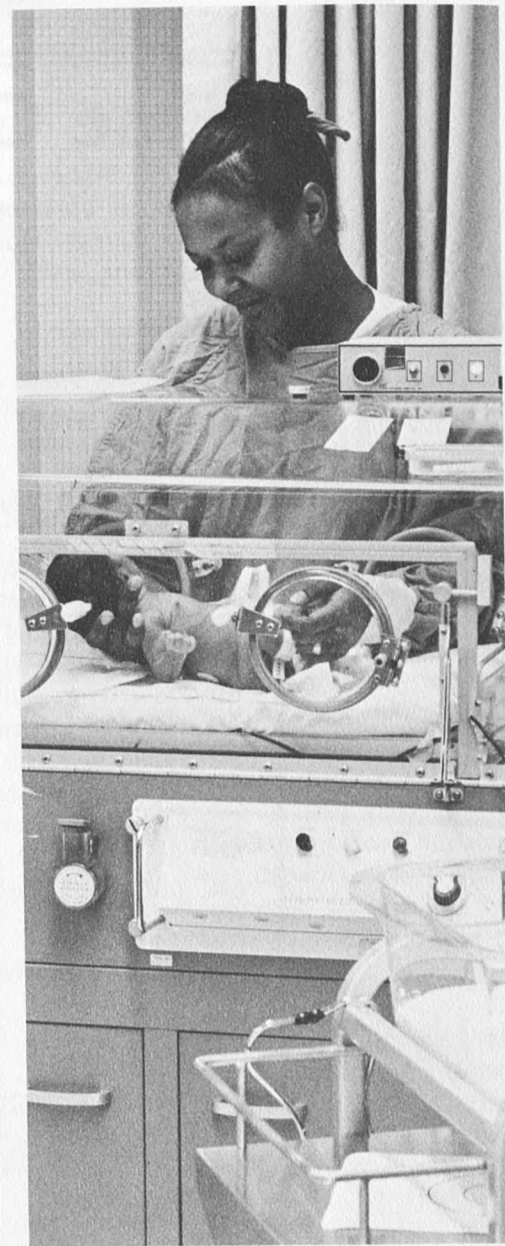
This is another type of clinical nursing position. These nurses usually have at least one or two years prior experience in medical-surgical nursing. In addition, they receive two months of orientation on hemodialysis work from renal physicians and the renal nursing care advisor. While total patient care (including assisting in teaching patients and their families) for those undergoing hemodialysis or peritoneal dialysis is their primary job, management responsibilities also are involved.

## Head Nurse

Head nurses are responsible for the clinical management of a nursing area. They plan, organize, direct and control the quality and quantity of nursing care given in the unit. They must insure that the physical environment of the area is conducive to optimum patient care and that safe and therapeutically effective nursing care is delivered. They are also responsible for insuring adequate personnel coverage for the unit 24 hours a day, seven days a week.



Operating room LPN Cathy Ewell prepares an instrument pack for surgery.



Licensed practical nurse Elizabeth Davie comforts an infant in the premature nursery.

## Assistant Nursing Care Advisor, Nursing Care Advisor & Clinical Specialists

The duties of these three types of nurses are very similar. All must have demonstrated special skills in a particular area of care and must be adept at communicating with others. In addition to an RN, nursing care advisors must have a Bachelor's degree in nursing; clinical specialists must have a Master's degree.

Rather than being permanently assigned to one particular patient care unit, these advisors and specialists are free to move from area to area as they are needed, addressing themselves to a variety of subjects.

For example, if a cardiac patient is also suffering from eye problems, an advisor or specialist may go to the unit and care for the patient herself. Or, she can set up a special nursing plan for the patient and instruct the unit's personnel in caring for the patient.

Other advisors and specialists may work with patients and their families, explaining the nature of an illness and modifications in the patient's normal routine that may be necessary. In some cases this may include following-up patients at home. Likewise, if a particular medical matter needs to be explained to a unit's nursing personnel, the advisors can conduct inservice training sessions.

## June Gifts To The Barnes Tribute Fund

The following is a list of honorees (names in **boldface**) and contributors to the Barnes Hospital Tribute Fund during June, 1973.

### In Memory of:

**Alice T. Andrews**

Mr. and Mrs. John L. Warmbrodt

**Bonnie Skaggs**

Mary Merrill Margerin

**Eunice W. Royston**

Mrs. Mary C. Carson

Mrs. Wm. S. Bedal

Dr. Russell C. Wheeler

Mrs. Harriet F. Aldous

Mrs. G. Fred Driemeyer

Mrs. John A. Rylie

Mrs. Ernest S. Houx

Elizabeth W. Boeschstein

Mr. and Mrs. H. N. Spencer Jr.

Mr. and Mrs. Spencer T. Olin

**Margaret Rivera**

Mr. and Mrs. Michael F. Fuller

**John Knapp**

Jane Oliver

**Dr. C. O. Vermillion**

Frank B. Long, M.D.

John and Linda Mooney

**Mr. A. V. L. Brokaw**

Mr. and Mrs. Charles E. Claggett

**Mr. William R. Bascom**

Mr. and Mrs. Charles E. Claggett

**Mr. D. G. Von Schrader Jr.**

Mr. and Mrs. Charles E. Claggett

**Rachel Cantillon**

National Vendors

**Willis Ehrardt**

Mrs. Herman A. Lueking

**Mr. Reuben Palmbaum**

Mr. and Mrs. Stanley D. Victor

**Dr. Dan Klaff**

Dr. and Mrs. Morris Davidson

**Joseph Orlandi**

Mr. and Mrs. Lewis Lochmann

Mr. and Mrs. Kenneth Speck

Mr. and Mrs. Rene Lochmann

Mr. and Mrs. Martin Lochmann

Mrs. Ella Dressel

Mr. and Mrs. Harold Schroepfel

Mr. and Mrs. Kermit Eckart

Mr. and Mrs. Carl Eckart

**Marge McNulty**

Ms. Gloria Meyer

**Mrs. Mabel Capps**

Mr. and Mrs. M. R. Chambers

**Danny J. Menser**

Mr. and Mrs. Charles A. Sherman

### In Honor of:

**Barnes Volunteers**

W. T. Stanford

**Personnel on 7th Fl. East Pavilion**

Mr. Joseph A. Glynn Jr.

**Barnes Hospital Auxiliary**

W. T. Stanford

**Anonymous**

## Chaplaincy Course Now One Year Old

The hospital's clinical pastoral education program, which began just over one year ago, has already graduated some two dozen students. The number of applicants already exceeds the number of openings, says Barnes Chaplain Robert L. Davis, the program's director.

The interdenominational program is designed to provide pastors with experience in clinical ministry. The present program here covers the first of three

possible levels of such education and divides the students' time between the classroom and patient contact. Each student is assigned to two nursing units, where he or she spends one week working as an orderly.

"Many of the students don't know the first thing about the operation of a hospital when they get here. Working as orderlies, they gain an appreciation for what the nursing service does, and they

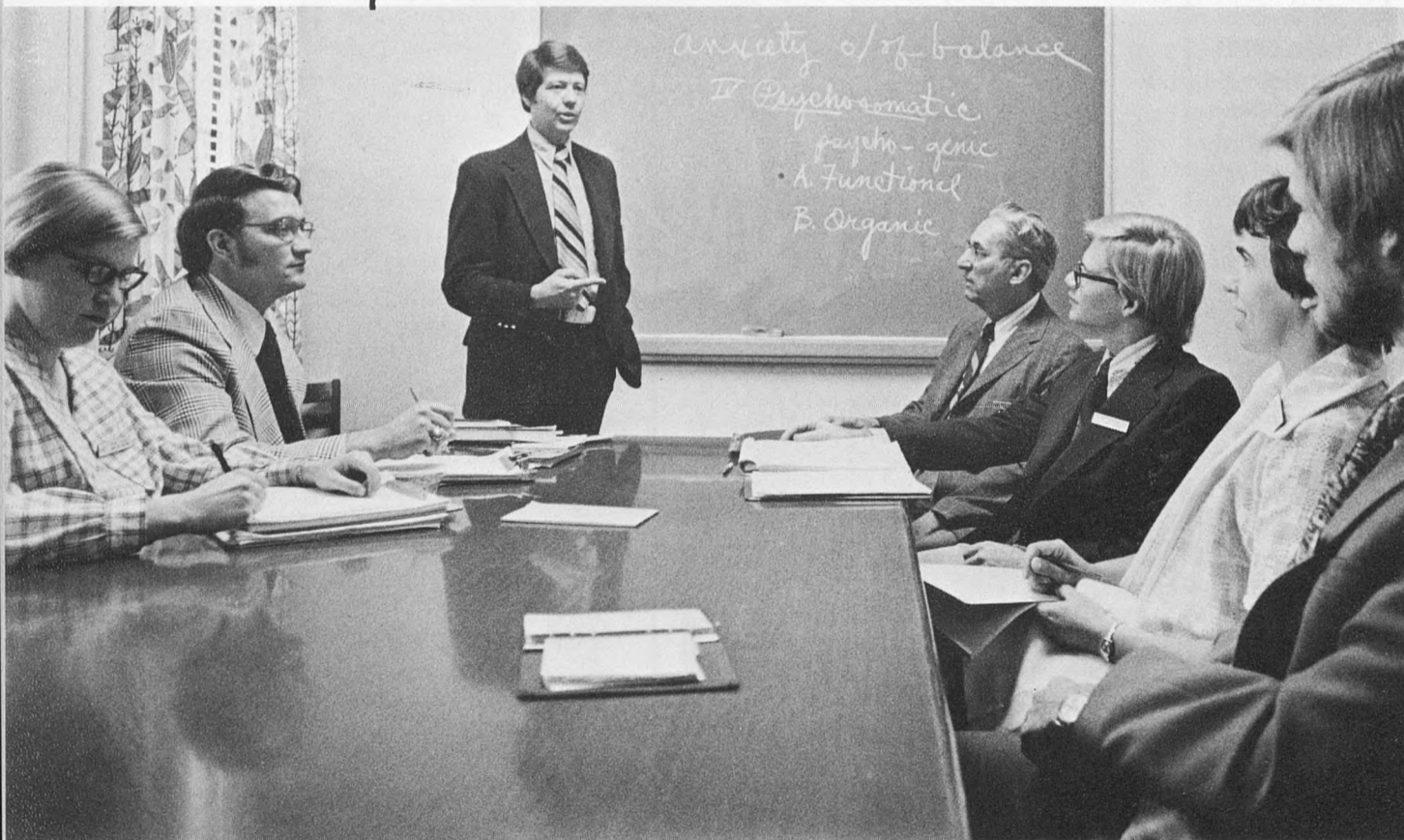
also get a first-hand look at how the patient sees things. And, it creates good rapport between the nursing staff and the chaplaincy intern," says Chaplain Davis.

After their "apprenticeship" as orderlies, the students assume their roles as hospital chaplaincy interns. Nursing personnel who work with the students have been very instrumental in making the program a success. "The nursing divisions make the appropriate referrals, include the chaplaincy interns in their reports, and generally are most cooperative," Chaplain Davis says.

In addition to counseling patients and their families, the chaplaincy interns conducted seminars for employes and, in some instances, have provided counseling for individual employes with personal problems.

The chaplaincy students themselves are a diverse group. They have ranged in age from 22 to 61 years old; about three-fourths have been from the Greater St. Louis area, although some have come from as far away as Boston; and, four women have been among the graduates.

"Reports on the program have been overwhelmingly positive, both from the students themselves and from those who have later had contact with our graduates," Chaplain Davis says. "We don't advertise for students. We are listed in a directory of clinical pastoral education institutions, but our students do our advertising by word of mouth," he says.



Students in the clinical pastoral education program here divide their time equally between patient contact and classroom work. The current class includes, from left: Sherry Blaser, Ron Eaker, program director Chaplain Robert L. Davis, Herb Rinderknecht, Matt Martens, Sister Barb Paul and Bill Clements.

## 2nd Quarter Promotions

The persons listed below were promoted to higher job grades during the second quarter of 1973 in keeping with Barnes Hospital's promotion-from-within policy. Employees are listed by departments. Those promotions involving a change in department are listed under the name of the previous department.

### AMBULATORY CARE KITCHEN

Joe Caldwell, dishwasher to broiler cook.

### CENTRAL SERVICE

John Magre, aide to supervisor; Art Worley, aide to technician.

### CREDIT AND COLLECTION

Lois Vinson, collection clerk to chief credit clerk; Cheryl Sandell, co-op trainee to collection clerk.

### DIETARY

Beverly Shannon, food service worker I to dietician's assistant; Earl Mitchell, assistant supervisor to head cook; Billy Earvin, food service worker I to laboratory assistant, labs; Donna Siefert, food service worker I to dietician's assistant; Amanda Williams, food service worker I to service clerk, nursing; Mary Knobloch, clerk typist to secretary; James Ware, food service worker I to cook; Anthony Davis, food service worker I to service clerk, nursing; Leola Green, food service worker I to service clerk, nursing; Clarence Robinson, food service worker I to assistant supervisor II; Mary Sullivan, food service worker I to clerk typist, nursing; Wendy Smith, food service worker I to dietician's assistant; Christine Foster, food service worker I to clerk typist; Olivia Shelton, food service worker I to food service worker II.

### DISPATCH

Saddie Tuggle, escort messenger to service clerk, nursing; Donna Parks, escort messenger to information clerk, admitting; Sam Risk, escort messenger to dispatching supervisor.

### HOUSEKEEPING

Frank Jones, custodian II to wall-window washer; Marvin Moody, custodian II to wall-window washer; Jesse Spearmon, custodian II to rug cleaner.

### INHALATION THERAPY

Thomas R. Groll Jr., technician I to technician II; Patrick Durbin, certified technician to supervisor; Greg Grass, technician I to technician II; Michael Redd, technician I to technician II; Kathleen Osterloh, technician I to technician II; John Walkup, technician I to technician II, technician II to certified technician, respiratory therapy; Pamela Parsons, technician I to technician II.

### LABS

Dolores Dock, ECG technician to supervisor; Nathan Wagner, laboratory

assistant to technician; Sally Rogers, laboratory assistant to technician; Jacqueline Woods, ECG technician to secretary.

### LAUNDRY

James Thomas, assistant washman to washman; Vondee Miller, linen sorter to assistant washman; Joycelyn Shula, feeder-folder to clean linen distributor; Bonnie Gene Harris, linen sorter to utility man.

### MAINTENANCE

Edward Harster, maintenance man "B" to maintenance man "A"; Theodore Jones, maintenance man "B" to maintenance man "A"; Kenneth Collins, maintenance man "B" to maintenance man "A".

### MEDICAL RECORDS

Joan Richter, file clerk to laboratory assistant, labs; Sharon Schepp, file clerk to receptionist clerk; Deborah Henderson, clerk-typist to credit clerk, credit and collection.

### NURSING

Helen Rose Gant, nurse assistant to cardiac care technician; Cheryl Batz, O.R. technician I to O.R. technician II; Diane Kehoe, O.R. technician I to O.R. technician II; Othel Brown, O.R. technician I to O.R. technician II; Stephen Marks, orderly to nurse assistant; LaFrances Cockrell, head nurse advisor to associate director; Donna Jablonski, head nurse advisor to associate director; Thomas Holtgrave, O.R. technician I to O.R. technician II; James Cohen, O.R. technician I to O.R. technician II; Christine McKay, O.R. technician I to O.R. technician II; John James, O.R. technician I to O.R. technician II; Gina Canty, senior nurse assistant to O.R. technician I; Bettye Robinson, senior nurse assistant to O.R. technician I; Lora Bell, staff nurse to clinical nurse; Betty Cheers, service clerk to unit manager; Mildred Dorsey, O.R. technician I to O.R. technician II; Mary Kay Wolf, nursing care advisor to clinical specialist; Glenda Rollman, nurse assistant to staff nurse; Helen Russell, assistant head nurse to head nurse; Johnnie McCreary, orderly to nurse assistant; Betty Leo, staff nurse to clinical nurse; Diane Kiefer, staff nurse to assistant head nurse; Michael Birsinger, nurse assistant to O.R. technician I; Charles Kelson, nurse assistant to O.R. technician I; Diane Webb, staff nurse to assistant head nurse; Agnes Longo, service clerk to admitting interviewer, admitting.

### QUEENY TOWER

Sandra Walters, life guard to general office clerk, labs.

### RECREATIONAL THERAPY

Robert Morrell, recreation assistant to recreation leader.

### STORES

Richard Wiedemann, stores clerk to assistant receiving clerk, receiving.



## Hospital Happenings

Dillon Trulove, Barnes assistant director, was a speaker at a recent workshop for institution housekeeping personnel from Missouri and Illinois. Mr. Truelove is vice president of the local chapter of the National Executive Housekeeping Association.

Barnes' evening ambulatory service hours have been expanded to include Saturday afternoons, from noon to 4 p.m. and Sunday evenings, from 5 p.m. to 9 p.m.

The evening ambulatory service was established in April, 1971, to help those in need of medical treatment, after doctor's offices are closed, who do not have an actual "emergency" condition.

Mr. Jay Purvis, acting Barnes associate director since last February, was named associate director effective July 1.

Pete Stewart, a senior nurses' assistant in the operating room, died on Saturday, June 16. Mr. Stewart had been an employe of Barnes Hospital since 1959.



### The Last . . . At Last!

Dr. George J. L. Wulff Jr. admires his last baby after 5,000 deliveries. Nine months ago, the Barnes associate obstetrician-gynecologist decided to retire from obstetrical practice. But, like any good obstetrician, he knew it takes nine months for important things to develop properly. So, in early July, Dr. Wulff delivered the son of Mr. and Mrs. John H. McPike, shown here being held by his mother, shortly before both went home. From now on Dr. Wulff will concentrate exclusively on his gynecological practice.



The BARNES HOSPITAL BULLETIN is published monthly for and about the employes, students and friends of Barnes Hospital. The Barnes complex includes Queeny Tower, Rand Johnson, Barnes Hospital, Barnard Hospital, East Pavilion, Renard Hospital, Wohl Hospital, Wohl Clinics and the Irene Walter Johnson Institute of Rehabilitation. The BARNES HOSPITAL BULLETIN is produced by the Public Relations Office, Barnes Hospital, Barnes Hospital Plaza, St. Louis, Missouri, 63110. Telephone 367-6400, Ext. 3515.

## Construction Boom Here

(Continued from page 1)

ple, persons suffering from asthma attacks, smoke inhalation, sickle cell anemia crises or acute intoxication can be sent to the observation room after receiving emergency treatment.

If their problem is serious enough to require hospitalization they can be admitted later; if not, they can be sent home. Otherwise such persons would have to be admitted, (which is costly to the patient and may unnecessarily fill a bed) or wait for long hours in the emergency room (which is unpleasant for the patient and wasteful of the facility) until their condition is determined.

The new facility will encompass the present ER area and the area just north of it formerly occupied by Barnes' purchasing office.

The emergency room renovation, which is not expected to interfere with normal operations, is expected to be completed by January 31, 1974.

Renovation of the 3rd, 4th and 5th floors of the Wohl Hospital is also underway. Patient areas from the present number 4 building will be relocated to Wohl when the project is completed.

The new floors will be refurbished to the standards of the newer sections of Barnes Hospital and will include piped-in oxygen and suction for each room and sleeping rooms for on-call house staff members. Wohl 5 will also house a new respiratory intensive care unit.

Last month work began on the Clinical Unit for the Recently Expired (CURE), which will be housed in the former print shop area. The facility will provide upgraded autopsy facilities in conjunction with an area for the taking of organs for transplantation purposes. The unit is expected to be completed by next spring.

Floors 6 and 7 in the Rand Johnson building are also undergoing modernization. The floors have not been substantially altered since they were opened in the late 1930s. Like the Wohl hospital floors, these areas will be upgraded so as to meet current and anticipated standards. Completion is scheduled for the end of this year.

The two projects that have been underway the longest are the renovation of the old McMillan and Maternity hospitals which were closed to patients with the opening of the East Pavilion last December. The two structures are being converted into office and laboratory space for Washington University medical school personnel. Completion of

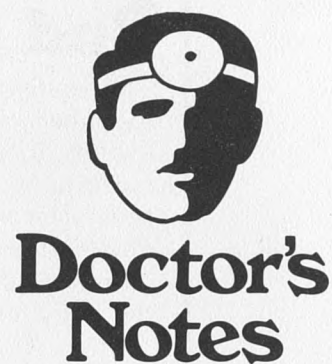


These door frames were all that was left standing last month on the sixth floor of Rand Johnson.

McMillan work is expected by early next year, while Maternity should be finished late in 1974.

Just east of the McMillan entrance on Euclid Avenue the Irene Walter Johnson Institute of Rehabilitation is being expanded with the addition of three floors above the present two. The project is scheduled for completion by October, 1974.

Finally, the Wayco Parking garage at the corner of Audubon and Euclid Avenues is getting a roof to protect those who park on the upper deck from the weather.



## Doctor's Notes

■ Dr. Minot Fryer, Barnes associate surgeon, presented a technical report on "Cheek Flap Reconstruction of the Nose" at the annual meeting of the American Association of Plastic Surgeons, held June 26 in New York City. Dr. Fryer was president of the association in 1968-69.

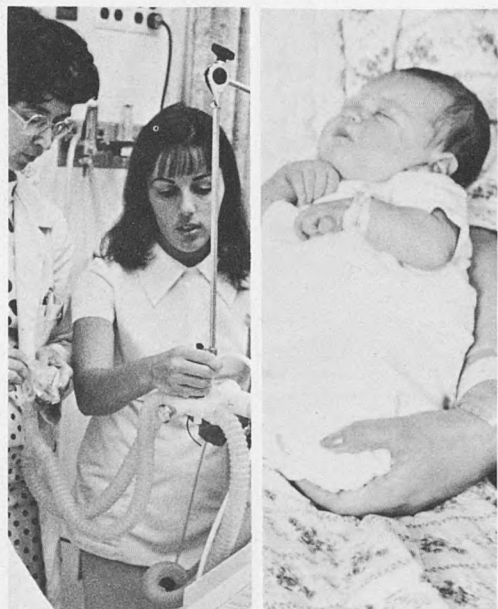
■ Dr. Daniel D. Klaff, Barnes assistant otolaryngologist, died of a heart attack on June 3. Dr. Klaff, 60, was an associate professor at Washington University Medical School and president-elect of the Rhinological Society.

■ Dr. Sharon Woodruff, a former chief resident in neurology at Barnes Hospital, has established a private practice as a psychiatrist and neurologist in Washington, Missouri.

■ The President's office reports the following status changes: Dr. Donald Huebener, from assistant to associate dentist; Dr. Robert Royce, from assistant surgeon to assistant surgeon and acting Urologic Surgeon-in-Chief; Dr. Saul Boyarsky, from associate surgeon and Urologic Surgeon-in-Chief to associate surgeon.

The following were reported on staff, effective July 1: Dr. Mary Poncel, assistant radiologist; Dr. John Axley, assistant pediatrician; Dr. Cesar Villaneuva, assistant obstetrician-gynecologist. Dr. Mary Olson, assistant pediatrician, was reported on staff effective February 17.

## Whats Inside?



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