

# Barnes Bulletin

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Son Daniel looks on as Sharon and his father Arthur Majoros are married in Barnes cardiothoracic ICU by the Reverend Gerald Kovac. As the Bulletin went to press Mr. Majoros was listed in satisfactory condition in the unit's post-operative nursing division.

## Couple marries in cardiothoracic ICU

Arthur and Sharon Majoros were married September 2. There were flowers and champagne and the groom kissed the bride. It was not, however, a typical wedding.

Mr. and Mrs. Majoros were married in Barnes 2300 cardiothoracic intensive care unit. Their original wedding date had been set for September 25 with the wedding invitations already addressed and mailed. However, when Mr. Majoros, an open-heart surgery patient earlier in the summer, entered Barnes on September 1 because of chest swelling, his surgeon found it necessary to operate again. The groom-to-be had developed an infection which caused bleeding from the aorta.

Following surgery, Mr. Majoros was in critical condition. Mrs. Majoros said, "We weren't sure if Art was going to live or die. After talking with our pastor, the Rev. Gerald Kovac of St. Lucas Lutheran Church, we decided that getting married immediately was best. It was a very critical time in our lives. Psychologically, we both needed to know that we were married and could go through this crisis together. It made us feel better. We had something to look forward to. It gave Art the strength to live.

"Everything happened so fast once we decided to go ahead with the ceremony. Because we had not gotten our marriage license yet, Rev. Kovac drove me to Clayton where a few legalities were waived and I was given the marriage license that same day," said Mrs. Majoros. "The staff at Barnes in the cardiothoracic unit were wonderful. The nurses gave me a bouquet, the surgeon provided the champagne, and because I didn't have a matron of honor, I asked Art's nurse, Kim

Yoch, to stand up for me. The nurses even arranged to have public relations take pictures for us." She added, "For our 'real' wedding, we had planned to have Arthur's three sons and my son as our witnesses. Since his son, Daniel, was the only one at the hospital at the time, he was best man.

"Right now," said Mr. Majoros, "We're taking it one day at a time. I'm out of the intensive care unit and making progress. Someday, after I've been discharged, we will have our 'real' wedding with a reaffirmation of our vows, inviting our family and friends and celebrating afterward with a reception as planned originally."

## Interior renovation nears completion

The opening of the ground floor West Pavilion entranceway in September marked a major turning point in hospital construction/renovation, with an anticipated mid-December completion of all interior remodeling in the West Pavilion project.

Construction in progress is part of an overall plan to relocate several departments into larger office space. Included in departmental renovations was the former admitting area on the first floor of the East Pavilion for the patient accounts department. Since the end of September billing and collections for both inpatient and outpatient accounts have been handled in the newly remodeled 6,387 square-foot area.

Vacating the former patient accounts area of Barnes paved the way for construction to begin on an expanded respiratory therapy area, which is to be completed this month.

The new 4,000 sq. ft. area will be connected to the 2,080 sq. ft. existing space and will include a chest therapy reporting room, classroom, expanded equipment repair area and employe lounge. Expansion from 46 full- and part-time employes in 1979 to 77 employes in 1981 plus

the opening of a chest therapy service in 1979 necessitated the larger facility.

Completion of the ground floor lobby renovation, encompassing the East/West Pavilions and Queeny Tower is also scheduled for this month. The former East Pavilion information desk area will be remodeled into two offices. Discharge and surgical waiting rooms on the southwest part of the ground floor of the West Pavilion will be opened early this month. New areas for personnel and public relations are nearing completion on the ground floor of Queeny Tower.

A hospitality room for incoming patients and their families will open this month in the admitting department located on the first floor of the West Pavilion. The 400-square-foot area is adjacent to the Pavilion-West elevators and will be manned by dietary employes serving coffee and food to patients, such as diabetics, who are being admitted during mealtimes.

The final phase of West Pavilion construction includes completion of an expanded neurological rehabilitation facility on the 11th floor. Also included are two house staff on-call rooms, a dietitian's office, storage facilities and family lounge. The 4,538-square-foot area is scheduled to be completed in mid-December.

## Employes benefit from insurance plan revision

Barnes Hospital has revised its policy for participation in Blue Cross and Blue Shield membership costs. Effective November 6 payday, Barnes will pay 75 percent of the Blue Cross/Blue Shield single plan costs; for those employes in the family plan, Barnes will pay an amount equal to 75 percent of the single plan costs plus 50 percent of the difference between family and single plan premiums. In the past, the hospital paid 50 percent of this medical insurance benefit.

Blue Cross and Blue Shield recently increased subscription rates to \$49.46 a month for single membership, and \$122.72 a month for family membership. Employes enrolled in the single plan will now pay \$12.37 a month, and those employes covered under family membership will pay \$49.00.

For Barnes employes who are members of the Medical Care Group, the hospital will pay the same as it does for those participating in the Blue Cross/Blue Shield plan.

## Long-range plan being developed

Barnes Hospital has engaged a consulting firm to formulate a long-range strategic plan to guide the hospital through the next decade and beyond. Booz, Allen & Hamilton, Inc., the nation's largest diversified consulting enterprise, with offices throughout the world, has been chosen for the task.

Harold Thayer, Barnes board chairman, said that even though Barnes is among the top hospitals in the country, "the world is changing and some

(Continued on page 2)

Front cover: "I GET BY is my whole life summed up one sentence," said 10400 RN Shirley Ross. Miss Ross is just one member of Barnes staff who are labeling their vehicles—labels which range from CANDEE to UHH-HUH to ZIT-DR. (See centerspread.)

## Long-range plan

(continued from page 1)

of the fastest changes are occurring in health care. We need to determine what we need to do to continue to survive in the '80s." He pointed to new technology, government controls, competition, HMOs, and population shifts as some of the problems to be faced in the years ahead.

He asked the cooperation of all Barnes employees in working with the consultants to contribute to the initial study and then participate in the development of the long-range plan, a process that will require six to eight months.

Robert A. Tschetter, senior vice-president of Booz, Allen & Hamilton, said that the coming years necessitate a fresh approach to hospital planning. "The objectives of hospital planning have changed dramatically over the past three decades and will increasingly need to be focused on institutional survival in a competitive, regulated environment. In the '50s and '60s the emphasis was on efforts to expand hospital size and update outmoded facilities to meet the needs of a fast-growing population. With that chore accomplished, hospitals devoted the next decade to upgrading services. Now the emphasis is on developing a strategic plan for survival."

Mr. Tschetter said Barnes must address several concerns in planning for the future, including shifting market conditions, changing regulatory environment and the need to coordinate medical center activities.

Peg Tichacek, Barnes planning coordinator, will serve as administrative liaison with the consulting firm. The executive committee of Barnes board of directors will serve as the hospital's planning committee to help refine and focus the scope of analysis for the study and to develop the strategic plan and recommend actions required to implement the plan.

The planning task force will include representatives of the board, the medical staff, Washington University Medical School and Barnes administration and will work with the planning team to provide input on the key issues.

During Phase I the consultants will identify major issues, review operating functions, develop a data base and a plan for planning. Phase II will begin with assessing the current mission, goals and objectives of Barnes, then analyzing current lines of business, evaluating key resources, assessing industry and environmental trends, evaluating the market position of each Barnes unit and Barnes competition so that ultimately major alternative strategies may be identified. Phase III will include evaluation of major strategy alternatives, such as diversification, program and service mix, and alternative delivery settings so that a corporate strategic plan may be developed.

## First-class savings on zip code sorting

First-class postage for outgoing mail costs Barnes less with the adoption of a new mail pre-sorting system that went into effect recently.

Barnes now qualifies for a three-cent per letter discount on first-class mail that is pre-sorted and bundled by zip code before delivery to the post office. This reduces the cost from 20 to 17 cents per letter, with the postal service specifying the number of pieces per zip code that is necessary to receive the discount.

Since Barnes does not process enough first-class mail on a daily basis to meet postal service standards, the hospital contracted with a company

that specializes in zip-code pre-sorting, to provide the necessary volume. At a cost of 1.8 cents per letter, the company picks up Barnes' outgoing first-class mail six days a week, collates it by zip code with customer mail from other St. Louis businesses and delivers it directly to the main post office.

The new system will be more economical and will facilitate mail reaching its destination faster, according to Barnes vice-president Dillon Trulove. The hospital annually processes approximately 670,000 pieces of first-class mail, which will result in a saving of about \$8,000 each year. The mail requires no extra handling by the post office, because it has been pre-sorted. Therefore, once the mail reaches the post office, it is ready for immediate nationwide delivery.

Barnes four-person mailroom staff will continue handling all other mail, including stacking it in trays for delivery to the nearest post office branch.

## Loss of parking affects Barnes employes

Nearly 100 Barnes, Children's and Jewish Hospital employes were affected by a Washington University School of Medicine decision not to renew unassigned parking spaces for those individuals in its Wayco garage, effective October 1.

Wayco garage had rented assigned and unassigned parking spaces on a monthly basis to Washington University Medical Center employes from Barnes, Children's and Jewish Hospitals and the school of medicine. With the recent decision, only school of medicine employes will be allowed to rent unassigned spaces. Barnes employes with assigned or numbered parking spaces will still be allowed to park in the garage, but no new permits will be issued.

According to Dr. Samuel Guze, vice-chancellor for medical affairs at WUMS, the school of medicine needed the additional spaces to compensate for two lots that were recently closed. Those lots will house the medical school's clinical sciences building and the new St. Louis Children's Hospital, which are under construction.

"The subsurface garage operated by Barnes for patients, visitors and employes will not be able to accommodate the overflow from Wayco, because it is already crowded, and available spaces must be reserved for hospital visitors and patrons of doctors' offices. Employes previously parking in Wayco may obtain stickers to park free in either the Barnes 800-car Duncan-Taylor garage or the 384-car Busch lot," said Dillon Trulove, Barnes vice-president.

## Social Security raises tax rate, base salary

Beginning next year Barnes employes will pay a larger percentage of each check into Social Security and will have to earn more before they can stop paying FICA taxes.

The Social Security tax rate rises on January 1 to 6.7 percent of wages from the current 6.65 percent level. The base salary also takes a \$2,100 a year hike, meaning employes will have to earn \$31,800 to become free of Social Security deduction. This year, earnings above \$29,700 are not taxable.

Social Security legislation includes an escalator mechanism that automatically raises the base salary limit to keep in line with increases in average national earnings.

## CPR: life-saving program for Barnes volunteers

Learning more about the hospital and how to "Be a Life-Saver" was the theme of the 14th annual volunteer workshop held in Wohl auditorium October 1 with more than 75 volunteers in attendance.

Barnes volunteers received an update on anticipated completion of West Pavilion construction as well as learned how the hospital is constantly upgrading its patient care services. The highlight of the all-day workshop was an introduction to the life-saving aspects of cardiopulmonary resuscitation.

The three-hour introduction included an anatomical overview of the cardiovascular system, symptoms of a heart attack and actions for survival. "Many times the community is the coronary care unit for on-the-street heart attack victims. Only one in 1,000 in the St. Louis community is trained in CPR techniques, but that one person can apply the rudiments of life support until professional medical help arrives. That one person can forestall irreversible brain damage, even death," said Dr. Allan S. Jaffe, Barnes/WU cardiologist who addressed the topic, "Medical Importance of Community Involvement in CPR."

According to another workshop speaker, Robin Garner, a CPR instructor in Barnes department of education and training, approximately 650,000 people nationwide die each year from cardiopulmonary failure and more than half of those die before reaching the hospital. "No one knows when he will be confronted with a life-threatening situation. Having the proper CPR training to deal with that situation reduces the mortality rate. Statistics have even proved that applying temporary life support at the scene can later shorten recuperation periods in the hospital," said Mrs. Garner.

Causes for the heart to stop beating or the lungs to stop inhaling/exhaling air are numerous. The major cause is a heart attack. However, there are many other causes for cardiopulmonary failure. An airway obstruction may cause choking, water may accumulate in the lungs from near drowning, or a sudden electrical shock may cause the heart to stop beating. Determining the cause is the first step in treatment.

Both Dr. Jaffe and Mrs. Garner agree that CPR is a valuable life-saving technique, but only if applied by qualified individuals. Persons who are not trained in CPR should not attempt using the technique, but should, instead, call the emergency medical system number 911 for help.

Both also agreed that more CPR-trained people are needed and that the technique is easy to learn. "Certification by the American Heart Association requires a six-hour course taught by qualified instructors, such as those in Barnes education and training department. Participants in Barnes classes receive training in one-person rescue, two-person rescue, infant resuscitation and obstructed airway maneuvers. All classes include a CPR film and demonstrations of each rescue technique on mannequins," said Mrs. Garner.

"The CPR program was a valuable learning experience for our volunteers. If just one volunteer becomes CPR-certified and saves one life, then the workshop was a success. It is important to realize any one of us may be in the position someday of being able to save a life; therefore, we must have the knowledge to act correctly," said Deborah Bobinette, director of Barnes volunteers.

## Alice Jessie and Jenny Ward retire

After a total of 44 years of service to Barnes Hospital, Alice Jessie retired September 30, and Jenny Ward retired October 1.



Alice Jessie

Jenny Ward

Mrs. Jessie was employed as a housekeeper with the hospital for 24 years. Now that she is retired, she plans to become more involved in Baptist missionary work at her church. Mrs. Jessie also hopes to travel to California to visit relatives. She commented, "I look forward to the relaxation of retirement, but I know I'll miss my many friends at Barnes."

Mrs. Ward was employed at the hospital as a nurse assistant for the last 20 years and served on the staff of 6200. She also plans to travel and become more active in church work. Mrs. Ward said, "I'm really going to miss caring for patients. It's been so rewarding for me. I'll also miss my co-workers. Everyone has always been so nice to work with."

## Electrophysiology lab available to heart patients

A new clinical electrophysiology laboratory completed this year, in conjunction with a recently expanded 16-bed telemetry unit, is being used by Dr. Michael Cain, Barnes/WU cardiologist, to assess and manage patients with complex and frequently life-threatening disturbances in heart rhythm.

"The heart has a complex electrical system," explained Dr. Cain, "that involves the generation and synchronous conduction of an electrical impulse to the four heart chambers." Damage to the heart's electrical system can result in inability to adequately generate and conduct these impulses or can precipitate rapid abnormal rhythms.

Although a variety of diseases can adversely affect the electrical properties of the heart, coronary artery disease and myocardial infarction are the most frequent. During a heart attack, an area of the heart is permanently damaged. This damaged heart muscle does not conduct electricity as well as normal heart tissue. Depending on the location and extent of damage, transmission of the impulse can be totally blocked (resulting in complete heart block) or altered to the point that a "short-circuit" of the heart's electrical system occurs, precipitating life-threatening, rapid, chaotic heart rhythms termed ventricular tachycardia and ventricular fibrillation.

The management of patients with these life-threatening arrhythmias has, thus far, been largely empiric. This approach consists of hospitalizing survivors of these arrhythmias and empirically selecting an antiarrhythmic drug. In a small percentage of patients, these rhythm disturbances occur daily and drug effectiveness can be assessed by its ability to abolish these dangerous arrhythmias.

However, in the majority of patients, spontaneous episodes of ventricular tachycardia and ventricular fibrillation are sporadic and may not recur for weeks or months. In this group of pa-

Americans are facing medical costs that are rising faster than inflation, and some economists say they don't see any letup. In September, the Consumer Price Index, the government's inflation measure, showed that medical care costs shot up at a seasonally adjusted annual rate of 12.6 percent in the first seven months of 1981—more than the 12.1 percent rise in housing costs and the 2.7 percent rise in food and beverage costs.

Why? Analysts blame the gains mostly on higher labor costs. (A national trend that has brought hospital wages in line with those of industry, a growing proportion of elderly patients, the nursing shortage, and widespread insurance coverage that encourages hospital usage are also factors.)

There also are increases in the number and types of services provided to each patient (or available whenever the patient needs it). In other words, one major reason that medical costs have risen so rapidly—and are likely to continue growing even if the general price level stabilizes—is that people are not willing to settle for the medicine of the '60s. They want to take advantage of the advances research has provided during the last few decades. They want more and better care.

Not too many years ago hospitals were primarily places where people came to die. Today they come to live—and more comfortably than they did before their visit. But the treatment that wasn't available in 1930, 1940, 1950 or even 1970, and which may save a life today, costs money. What person would settle for being treated in a hospital that had remodeled no operating rooms nor purchased new equipment, nor raised salaries in 20 years?

Utility bills are another facet of soaring hospital costs which must be passed on to patients. In 1981, Barnes has \$1.4 million budgeted for electricity. With rate increases and estimated increase in use, more than \$2.3 million has been

allocated in the 1982 budget, an increase of \$900,000. Natural gas costs for 1982, after a 30 percent increase announced recently by Laclede Gas, will total \$546,000. Water bills will rise from approximately \$28,000 in 1981 to nearly \$61,000 in 1982.

What can be done about rising hospital costs? The federal government has a plan. But that plan will control rising government costs, not rising hospital costs. The government plans to decrease reimbursement to hospitals through Medicare and Medicaid. The costs incurred by hospitals will not go down, the government will simply pay hospitals less than the cost for the care to beneficiaries of such governmental health programs.

For hospitals to remain solvent, someone has to absorb this deficit. Once hospitals have scrimped as much as possible without impairing quality, and once the private-paying patients have absorbed as much of the government's unpaid costs as they possibly can, there will be little choice but for hospitals to offer less service than is presently required by the community.

Perhaps a better solution is to get the consumer involved in making responsible health care choices at the time of delivery of care. Consumers must become interested in their health care needs and options, must begin thinking about which services they are willing to invest in for themselves and which services they are willing to pass by. They must accept the fact that they cannot have the same care and services at a lower price.

If consumers take this responsibility, then physicians and hospitals can devote their total energies and talents to what they do best—provide the best medical care available for their communities.

patients, there has been no objective method available to assess drug effectiveness short of a recurrence of the life-threatening arrhythmia. The fact that as many as 80 percent of patients with ventricular tachycardia and ventricular fibrillation are on empirically selected drugs at the time of their recurrence attests to the limited success achieved with this approach.

Over the past few years, electrophysiologic testing has proved to be a safe and reliable method of managing patients with recurrent life-threatening rhythm disorders more objectively. During electrophysiologic testing, specially designed catheters are positioned within the heart under fluoroscopic control. These catheters serve two functions. First, regional electrical activity can be recorded for many different areas of the heart, permitting a component-by-component analysis of the heart's electrical system. Second, each catheter functions as a pacemaker, allowing regional stimulation of the heart. The electrical system's response to programmed stimulation provides additional information on the functional status of this system. In 90 to 95 percent of patients with ventricular tachycardia and ventricular fibrillation, these arrhythmias can be reproducibly initiated and terminated under very controlled conditions with programmed stimulation.

The ability to reproducibly initiate an arrhythmia can be used as an objective means of assessing drug effectiveness. After administration of an antiarrhythmic agent, programmed stimulation is repeated. If the abnormal rhythm can no longer

be initiated in the laboratory, the drug is effective. If, however, the arrhythmia is still inducible, the drug is ineffective. Using this approach, effective drug regimens can be devised for 60 to 70 percent of patients with these rhythm disorders. The obvious advantage is that drug effectiveness can be objectively ascertained prior to hospital discharge and does not require a clinical recurrence to substantiate drug failure. Moreover, this approach identifies patients with life-threatening arrhythmias that do not respond to standard medical therapy. In such patients, the applicability and effectiveness of more aggressive therapy including investigational antiarrhythmic drugs, special pacemakers, and surgical excision of the arrhythmic focus can be evaluated.

Electrophysiologic testing is also useful in the assessment of patients with abnormal heart rhythms due to an inability to adequately generate an electrical impulse, or to slowed conduction or conduction block somewhere within the conduction system. The ability to record regional electrical activity permits precise localization of the site of conduction delay or block, and assessment of the reserve of the heart's electrical system. This provides objective data upon which to base decisions regarding medical interventions.

Performance of these studies often shortens hospital stay and obviates the need for repeated and prolonged in-patient cardiac monitoring and multiple drug trials in patients with abnormalities of cardiac rhythm or conduction.

—Michelle Komosa

# PERSONALLY YOURS



7200 RN Sue Trauth takes hockey very seriously. She cheers the sport on with NHL-NUT across her car plates. Naturally, her favorite team is the St. Louis Blues.

Labels are in fashion. Not to have the name of Klein or Vanderbilt on the back of a pair of jeans is almost totally unheard of. And the absence of an alligator or polo pony on a shirt is definitely not prep. The more fashionably attuned go further, placing their own label—their initials—on shirt cuffs and blouse collars. It's the perfect personal touch. This labeling and personalization has spread to more than clothes. The popular trend is to "brand" one's car with a personalized license plate.

In Missouri, approximately 79,000 personalized license plates have been issued by the Motor Vehicle Bureau thus far. They range anywhere from first names to philosophical expressions and are seen on major interstate highways as well as on quiet country roads.

Besides first names and philosophical expressions, the profession of the car owner is often printed across the plate. DOC, M.D., MD2B, LAW, TEACH, COACH, NURSE are common examples. One weight-conscious driver proclaims I DIET. A convertible appropriately flaunts SUN CAR, while an Italian sports car whizzes by with 4N-CAR on its plate. An amiable motorist announces T42-24T on the back of his car. Then there's the car owner who is at a loss for words and simply runs ABCDEF across his plate.

Barnes employes have their share of creative labels for their cars, not to mention good reasons for their particular choice. Helen Garrett, head nurse on 7200, has a plate which bears AMOK. It is a Malayan word meaning "In a frenzy to kill." Helen logically explains, "Having AMOK on my license plate should keep people out of my path on the highway!"

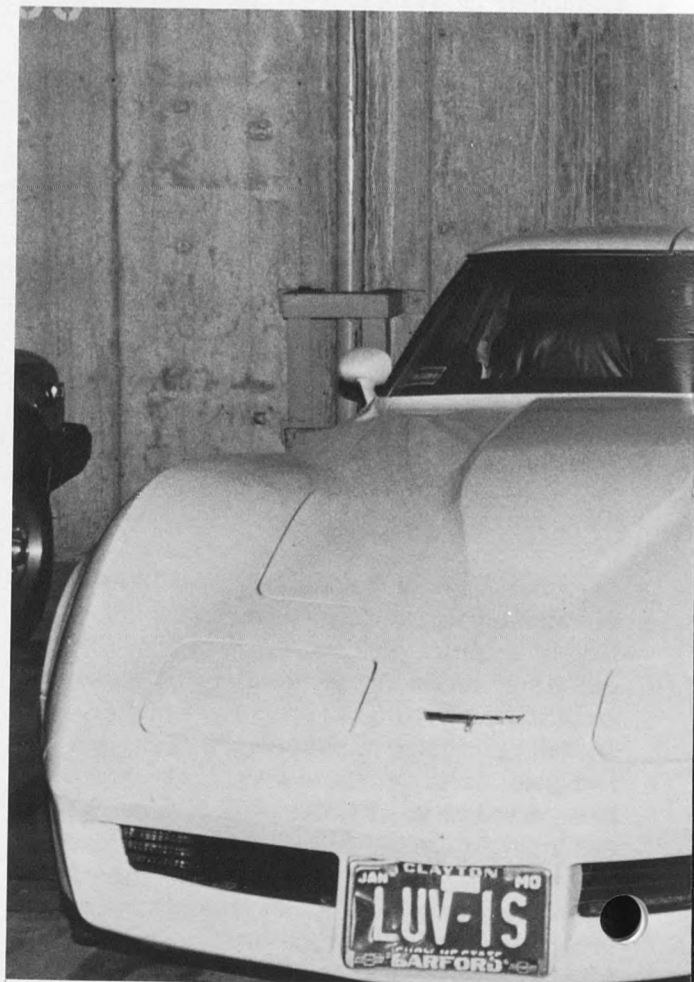
It is no secret that 7200 RN Sue Trauth is a St. Louis Blues hockey fan. She proudly displays NHL-NUT on her license plate surrounded by Blues' bumper stickers. Ms. Trauth said, "I get season tickets every year for the Blues games. I even travel to Chicago when they're playing up there. My dream is to be their team nurse."

John Llamas, print shop, takes a more philosophical approach, while burn unit technician Ricardo Menendez tends to be more of a romantic. Mr. Llamas' plate reads THETAN which means "spirit" in Greek. He explained, "I tend to be a philosophical person and especially enjoy Greek philosophy. Besides, it fit the six-letter limit."

Mr. Menendez chose MONITA for his small sportscar. "Monita means 'little doll' in Spanish," he explained. "I affectionately call my fiance 'Monita.' I guess you could say I named my car after her."



Barnes/WU dermatologist Dr. Jerome Aronberg gets straight to the professional point on his plate. He comes to the rescue of plagued teens with ZIT-DR on the front and back of his car.



10200 RN Carol Josephs proudly proclaims on her license

14400 RN Pat Flenoy personalizes her plate by simply using her French surname FLENOY. She said, "I use FLENOY because it's such an unusual last name. It's unique in itself and whenever family and friends see the car parked somewhere, they know it's none other than me."

Candee Bergsnider, data processing, christened her car with her first name. "When I bought my new car, I bought the personalized plate as a present to myself," said Mrs. Bergsnider. "I took a chance hoping I'd be the only one in Missouri applying for the characters CANDEE. I was so happy with my plates that I surprised my husband last Christmas with plates for his car that spelled BERGE. We both enjoy the fun of having plates that really say something other than jumbled letters and numbers."

Barnes OR chief nurse assistant Osby Kendrick drives around with OK-OK. "There's really no mysterious message there," said Mr. Kendrick. "People always think that there is a different meaning. It's really very simple. I'm just using my own initials and those of my wife, Ora Kendrick."

Callisto McNairy, dietitian's assistant, used a variation on her name by choosing CLISTO. "I could never remember my license plate number. With CLISTO, it's so easy," she explained. "People ask me what it means and I just tell them, 'that's me.'"

"My car plates have a double meaning," said 7400 RN Pat Weigel. "With ICU on the back of my car, most people pull up next to me and say, 'I see you, too.' If I'm in my nursing uniform, they understand." She explained, "I first applied for my initials, but they were already used by someone else. As a joke one night, I had a group of friends over to brainstorm for a replacement. At the time, I was working in an intensive care unit and we came up with ICU."



plate that LUV IS owning a white Corvette.

Although he is not employed by the Buick car corporation, Sherman Cole, dietary, gives some free advertising for Buick cars by running REGAL-1 on the back of his Regal. "It has a royal sound to it. Besides, I've never had any problems with my Buicks and the plate lets everyone know that my car is a #1 model," said Mr. Cole.

There are many businesses that use the personalized plates on company cars to promote their business while on the road. For example, several Pepsi company employees use PEPSI-1, PEPSI-2, PEPSI-3, etc. Radio and television station employees use their call letters on plates: KS94, KSDK, KTVI, etc.

Dr. James Bucy, Barnes/WU urologist, uses his company's initials UUI on his plates. He said, "I didn't want anything that indicated I was a doctor. Since it is a company-owned car, I decided on using University Urology, Incorporated (UUI) on the plates. No one knows what it means and there is no obvious medical connotation to it. It's simply easy for me to remember."

Barnes/WU psychiatrist Dr. Thomas Richardson feels that his plates, UHH-HUH, are very appropriate for him. "It was a very tongue-in-cheek choice made by my associates and myself. Psychiatrists are known to respond 'uhh-huh' as our patients are talking with us. It's our way of encouraging them to continue with their conversation and to become more independent in seeking their own answers to their particular problems."

Thinking of a personalized license plate name is half the fun of getting one. Several Barnes drivers have yet to own a personalized plate, but they already know what name they would choose. John Keppel, patient accounts manager, would choose the ironic title of CURLEY. Carol Smith, head nurse in the eye clinic would apply for the letters PZVECL. Those characters just happen to be the 20/20 line on the eye chart. Executive secretary Juanita Fuller would use RUNNER since she is devoted to the exercise. Alice Marshall, executive secretary to hospital president Robert E. Frank, said that she would not choose a personalized plate for herself, but suggests BOSS for Mr. Frank.

To own a personalized license plate, a person must first get an application from his area's license bureau or the Missouri Motor Vehicle Bureau, P.O. Box 100, Jefferson City, MO, 65105. This application needs to be submitted to the Bureau in Jefferson City with a fee of \$12.00 for each request for personalized license plates. Three choices for a personalized plate may be indicated on the application. There is a six-character limit per choice except motorcycle and disabled person plates are limited to five. One dash may be displayed with characters.

After reviewing the application, the Motor Vehicle Bureau will then notify the applicant if his request has been approved or denied. Instructions for obtaining the personalized license plate will be provided if the request has been approved.

Labeling car plates is not only fun for the drivers of personal-plated vehicles, but for their fellow commuters. The monotony of rush-hour traffic has been broken, somewhat, as drivers amuse themselves while at a standstill by reading the labels on the cars around them. It is suggested, however, that drivers keep their eyes on the road when traffic is moving at a faster pace. Otherwise, the appropriate plate to purchase next could read: CRASH.



"My nickname has always been Egg," explained Barnes nursing student James Eggemeyer. "When I ordered my plates, EGG was already taken, so I settled for EGG-1."



Using a play on her name, Betty Sharp, nursing, gives some good advice to fellow drivers with B-SHARP on her plates.



No, it's not the former president's car parked in the employe garage. LBJ is a switch on clinical dietitian Laurie Jo Berger's initials. She said, "I thought LBJ was much more exciting than using LJB!"



OK-1 is the personal trademark used by Barnes/WU internist Dr. Owen Kantor.



Barnes CDL technologist Carol Smith conducts an echocardiogram on cardiology patient Susie Polk in the new, expanded cardiac diagnostic laboratory located on the ground floor of the West Pavilion.

## CDL: larger facility aids heart testing

The 6,290 square-foot cardiac diagnostic laboratory—recently relocated to larger West Pavilion quarters—is a hub of activity, performing around-the-clock non-invasive testing to detect heart abnormalities.

Adjacent to the ground floor pharmacy, the CDL houses more efficiently designed testing rooms, a reception room with a glass-enclosed cubicle for patients on stretchers, dressing rooms, a conference room for cardiologists to review test results, a file room and employe lounge. Additional administrative office space is also provided for medical director Dr. Edward M. Geltman, assistant medical director Dr. Julio Perez and technical director Henry Blamy.

"With the more conveniently arranged facility, CDL staff can quickly and efficiently perform a variety of tests to develop cardiac risk profiles on patients with suspected heart problems or with known illnesses, such as those who have had heart attacks or heart surgery," said Mr. Blamy, who supervises 32 employes with the assistance of Drs. Geltman and Perez.

Last year, doctors from Barnes and outlying Missouri hospitals ordered 56,000 such tests to aid in diagnosing and treating heart patients. That figure will probably be in excess of 60,000 by the end of 1981, according to Mr. Blamy. Tests are routinely given to both inpatients and outpatients in the CDL, but, depending on the severity of the illness, technicians can transport equipment for most tests to the patient's bedside.

"CDL technicians are skilled in performing a variety of simple and sophisticated testing procedures—each designed to provide insight into the heart's inner workings—on all types of patients. In all, eight tests are available: the holter monitor hook-up and scan, stress test, EKG, m-mode echocardiogram, 2-dimensional real-time echocardiogram, phonocardiogram, vectorcardiogram and radionuclide stress testing.

"There are numerous tests and each is designed to meet a particular patient's needs. A professional athlete routinely receives a thorough cardiac work-up, which includes a stress test, to de-

tect potential abnormalities before participating in the sport. The neurological patient hospitalized for stroke may undergo an echocardiogram to determine if blood clots have formed in the heart; pregnant women with heart murmurs due to high blood flow are tested; even internal medicine patients with a history of fainting spells are seen," said Dr. Geltman, who works with Dr. Perez to set quality control standards for current testing procedures and approves new diagnostic tests for use in the CDL.

Depending on the symptoms, the patient may undergo more than one test. If a patient has a suspected heart rhythm problem that needs evaluation, the first test may be a holter monitor scan. The holter monitor is a miniature tape recorder with electrodes that can be attached to the patient's chest to record the electrocardiogram. The patient wears the monitor, which is essentially a portable EKG machine, for a 10-, 24-, or 48-hour period, making written notations of times and activities that produce chest pains or other symptoms.

The longer the monitor is worn, the more likely it is that hidden problems will show-up. For example, during a 24-hour scan the patient may be free of potential complications that will appear if the monitor is worn for 48 hours. A hook-up room and two scanning rooms are included in the new area where certified technicians can review and make visual print-outs of the tapes.

Ultrasonography is a technique of harnessing sound waves that can then be transmitted onto oscilloscopes to give a visual presentation of the physical workings of the heart and reflected strength of the heartbeat. This technique is the key to both the m-mode and 2-dimensional echocardiogram.

In both tests, ultrasonic energy is generated by placing a transducer on the patient's chest. The transmitted energy then enters and traverses the body tissue until it encounters an organ, causing a portion of the energy to reflect back on the CRT screen. The m-mode echocardiogram is a time-motion test in which the movement of cardiac structures can be recorded on light-sensitive paper. For a more detailed examination, the 2-dimensional echocardiogram is used to indicate spatial relationships of the heart's different structures and allow a visual image of the left ventri-

cle. Contrast studies for congenital abnormalities can also be done with the 2-dimensional exam.

Currently, echocardiograms are performed in one of three CDL testing rooms and then reviewed by cardiologists in a separate viewing room. Next year, portable 2-dimensional echocardiograms will be purchased, so technicians can perform the test in the patient's hospital room for critically ill patients.

According to Dr. Geltman, there are also plans to acquire a blood flow doppler in late 1982. The doppler is used in conjunction with the 2-dimensional echocardiogram to detect the velocity and turbulence of blood flowing through the heart. Barnes will become one of a small number of hospitals to use the instrument in the clinical setting.

In the new facility, there is a room for vectorcardiograms/phonocardiograms and one for radionuclide hook-ups. The vectorcardiogram records the direction and magnitude of the electrical forces of the heart and provides a visual image of this activity in three planes of the heart. The phonocardiogram makes a graphic record of heart sounds. CDL technicians can also attach electrodes to patients for stress tests, which are then done in the nuclear medicine division. These tests are useful in detecting blocked or scarred areas of the heart, such as those previously damaged by heart attack and for assessing overall heart function.

Once testing is completed for a patient, tapes and print-outs are reviewed by resident cardiologists and nuclear medicine physicians with assistance from Drs. Geltman and Perez. The results are then given to the referring physician so that follow-up treatment can be prescribed.

## KMOX-TV segment on QCC's taped at Barnes

A three-week series on the American work force, including a segment on quality control circles videotaped at Barnes, aired on the KMOX-TV (Channel 4) 10 p.m. news during October.

The series depicted changing roles in U.S. employe/management policies and alternatives to meeting existing problems. One such alternative for improving employe morale and productivity is the quality control circle concept used by Japan during its post-World War II economic boom.

Barnes was the first health care industry nationwide to institute the system. The segment included interviews with Barnes president Robert E. Frank and Rusti Moore, director of the department of education and training, as well as videotape of a housekeeping quality control circle management presentation held at the hospital in September.

**Barnes**  
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Betsy McDonald, Writer

Sheila Witherington, Writer

Daisy Shepard, Director

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## Car placards for handicapped available

The Missouri Department of Revenue now has available placards for disabled persons to use to identify their cars so they may be parked in "handicapped only" parking places. The placards are free. To obtain one, handicapped persons must submit a statement from their physician testifying to their disability (including any permanent or temporary condition that would be aggravated by overexertion) along with their auto registration.

The placard is provided for in a bill that went into effect September 28 which authorizes local governments to establish ordinances that will call for towing and issuing tickets for illegally parking in spaces reserved for handicapped.

Further information may be obtained from any Missouri Department of Revenue office.

## Videotape donation helps cancer patients

A videotape cassette player and portable cart for transporting audiovisual materials to patients' rooms was recently donated to the cancer information center by the Barnard Hospital board of trustees.

The videotape player and cart, valued at approximately \$1,500, will be used by cancer information center volunteers to help patients learn about various aspects of cancer. Approximately 15 videotapes are available on such topics as breast self-examination, coping with a mastectomy, learning esophageal speech after a laryngectomy and regaining independent basic living skills after amputation.

In addition, over 85 professional tapes produced by the American Cancer Society and the Mallinckrodt Institute of Radiology are available for doctors to review the latest medical advancements in cancer treatment. Patients or doctors who want to review tapes may call the cancer information center Monday through Friday between 10 a.m. and 2 p.m. to arrange a time.

## Hospital notes

Burn center medical director Dr. William Monafa will serve on the faculty of a two-day seminar, "Initial assessment and management of the thermally injured," November 13-14, in Springfield, Missouri.

Deborah Bobinette, director of volunteers at Barnes, attended the annual convention of the American Society of Directors of Volunteer Services in Washington, D.C., October 12-15.

Barnes assistant administrator Jim Hubbard attended the annual meeting of the National Association for Hospital Development in Denver, Colorado, October 18-21.

Dr. Elliott A. Wallach has joined Barnes medical staff as an assistant dermatologist, effective August 17.

Dr. Lee A. Rigg, Barnes/WU obstetrician/gynecologist, is one of three WU recipients of March of Dimes research grants totaling \$62,770 for the current year. The March of Dimes currently supports birth defects research, medical service and education with grants totaling more than \$226,000 in Missouri.

Barnes assistant director of public relations Charlene Bancroft attended a three-day seminar,

"Marketing for the Hospital," in Williamsburg, Virginia, October 8-10. The seminar provided insight into the tools, techniques and methodologies necessary to implement an effective hospital marketing program.

## Gifts to Barnes Hospital

Listed below are the names of persons (honorees in **boldface**) who have made contributions during the period September 12 to October 14 to the funds at Barnes Hospital. Because Barnes is a private hospital and does not receive public funds, it relies on the gifts of individuals to continue providing quality patient care and to support research aimed at improving the lives of our patients.

Donations to the hospital may be made through the Barnes Hospital Auxiliary or the Development Office. The Auxiliary coordinates the Tribute Fund, which is used for specific hospital projects. The various other funds are part of the development program of Barnes Hospital.

### Tribute Fund

**IN MEMORY OF:**  
**Dr. David M. Skilling, Jr.**  
D/M Thomas Ferguson

**Dr. David McClure**  
Margaret Weber

**Dr. Glover Copher**  
Mrs. William S. Bedal

**Mrs. Rae Ziern**  
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**Edwin R. Culver, IV**  
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M/M Wills Engle  
Mina & Bud Meissner  
Robert & Donald Meissner  
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Edward J. Schnuck

**Mrs. Bessie Copeland**  
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M/M Robert E. Frank  
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### Annual Fund

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Mrs. C. R. Andrews  
Joseph Anselmo  
Steve Bartok  
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R. G. Carney

**James A. Maritz, Sr.**  
Audrey & Stanley Kolker  
E. R. Culver, III

**Sidney M. Harris**  
Rosemary Harris  
Adrienne Schorsch &  
Family

**Dr. Alton Ochsner**  
D/M Henry G. Schwartz

**Dr. Lou Ent**  
Dr. Fred Reynolds

**IN HONOR OF:**  
**The marriage of D/M**  
**James C. Warren**  
M/M Solon Gershman

**D/M Neal R. Cutler & Son**  
**and Mrs. Neal R.**  
**Cutler's birthday**  
Frances Z. Cutler

**Michael A. Cutler**  
Frances Z. Cutler

Ola Marie Clark  
Ray Dare  
Iva E. Bye  
Cora Gray  
Herbert D. Condie, Jr.  
M/M W. O. Conn  
Corene Cooper  
M/M S. W. Cordes  
Sybil Cruse  
Mary Jane Crysler  
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Florence Davis  
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William S. Maerz  
M/M Edwin C. Mueller  
Mrs. Edna Rimini  
L. T. Wooden

**IN HONOR OF:**  
**Drs. Lewis Chase &**  
**Lawrence O'Neal**  
B. J. & Shirley Uhls

### Memorial Endowment Fund

**IN MEMORY OF:**  
**My daughter, Theta**  
**Tucker**  
Mrs. Ann Tucker

Anita Ellyn Hulbert  
M/M Robert Kleyman  
Mrs. Ann Tucker

**Sophie Schinker**  
Mrs. Ann Tucker

### Planned Gift Fund

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### Scott Jablonow Endowment Fund

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### Renal Fund

**IN MEMORY OF:**  
**Ronald Braithwaite**  
John C. Morrison

### Cancer Fund

**IN MEMORY OF:**  
**James A. Newton**  
M/M George H. Scarth  
Timothy C. Paeltz



A sunny day and good food highlighted the 9th annual Barnes nursing service picnic held across the street in Forest Park during nursing service appreciation week in September.

# Barnes Bulletin

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