Barnes Hospital’s United Fund Goal for ’68 is $40,800

Fund Solicitors Seek 100% Employe Response

Barnes United Fund goal for 1968 is $40,800—an increase of only 8.8 percent over the 1967 actual pledge of $37,352.

Last year 99 percent of the Barnes employees participated in the annual fund drive which provides financial support to 119 health, welfare, and child-serving agencies in the St. Louis area. This year 100 percent participation is the goal for the October 1-19 campaign. During this period all hospital employes are being contacted for their “fair share” contributions.

Barnes Is UF Agency

The Greater St. Louis goal for 1968 is $12,200,000. A portion of the total funds collected in the area-wide campaign will come to Barnes, as the medical center is a United Fund agency as well as a contributor. In 1967 Barnes received $289,763 which helped to off-set some of the expenses of the clinic operation, and aided many in-patients who are unable to pay their entire bill. A separate allocation of $22,308 was distributed to Barnard Hospital for cancer and other skin disease patients. “Fair share” lapel pins are awarded to employees who pledge one hour’s pay per month for a total of one year. Through the computer the pledge can be equally divided into the 20 pay periods and automatically deducted from each paycheck. This system facilitates giving by making it a regular process, and spreads the amount over a year’s time.

Barnes Receives Four AHA Awards in Atlantic City

During the American Hospital Association convention recently held in Atlantic City, New Jersey, Barnes was the recipient of three public relations awards and an AHA 50-year membership plaque.

Hospital director Robert E. Frank and Mrs. Constance C. Barton, public relations director, accepted a citation for the 1967 Barnes annual report which judged the top hospital annual report in the national MacEachern competition open to all 7,000 hospitals in the AHA. Runners-up in this category were: Children’s Hospital, Denver; Christ Hospital, Cincinnati; Hospital of the University of Pennsylvania, Philadelphia; Lutheran Deaconess, Minneapolis; Magee-Women’s Hospital, Pittsburgh, and Washington Hospital Center, Washington, D.C.

Barnes also received honorable mention for its over-all public relations program and for the Barnes Hospital BULLETIN. In preparation for the 1968 drive, movies showing the United Fund agencies and activities were viewed September 16 and 19 in Clifton Auditorium.

Total Hospital Goal is $172,106

The total hospital division goal for 1968 is $172,106 to be raised by employees of all area hospitals, nursing homes and clinics. Barnes bears the largest portion of this total as the medical center has more employees than any of the other institutions in the hospital division.

A program chart with Barnes “fair share” goal at the top is located in the employee cafeteria and kept up-to-date as the pledges are tabulated. Last year, em-ployee contributions topped the “fair share” goal by $4,555.

Robert E. Frank, Barnes director, is chairman of the area hospital United Fund drive and Miss Nancy Craig, assistant director, is the general chairman. Coordinating the drive for the department of nursing service, which comprises almost half of the hospital’s personnel, is Mrs. Marie Rhodes, assistant director of nursing service.

Hospital Division Leaders

Hospital administrators serving as division leaders are: Robert Frank, Donald Horsh and Thomas Winston, Robert McAuliffe, Dr. Grifoid Vermillion and Joseph Greco, Ann Vose, and John Warmbroad.

Staff doctors are being contacted for contributions by the St. Louis Medical Society. Team captains at Barnes are Doctore Leonard Berg, associate neurologist and assistant psychiatrist, and M. Richard Carlin, assistant surgeon.

RECEIVING ONE OF THREE AWARDS presented to Barnes Hospital in the national MacEachern competition are Mrs. Constance C. Barton, director of public relations and Robert E. Frank, hospital director. Walter N. Cissold (center), publisher of Hospital Management Magazine who sponsored the competition, presented plaques to Barnes for ranking first in the annual report category and winning honorable mention for overall public relations program and for the Barnes Hospital BULLETIN.
Diaz Appointed to Mallinckrodt Post

Mr. Armand Diaz has recently been appointed technical administrator of the Mallinckrodt Institute of Radiology in a newly-created position.

Mr. Armand Diaz

For a number of years Mr. Diaz has given courses in neuroradiological techniques in a total of 23 countries. He lectured in Portuguese and Spanish, in addition to English.

New Dietitians Begin Internships

New dietary students who began their internship September 1 and their undergraduate courses are: Mrs. Linda Rhoads Bjurberg, from the University of California; Miss Elisa K. Chambers, Iowa State University; Miss Catherine M. Dodson, Texas Woman's University; Miss Suzanne P. Hedrick, University of Missouri.

Miss Suzanne Jeffers, Louisiana State University; Miss Barbara Lawrence, University of Minnesota; Miss Audy R. Milner, Grambling College; Mrs. Jessie Randazzo Nolke, Fontbonne College; Miss Carolyn A. Ortego, University of Southwestern Louisiana; Mrs. Gayle Cobb Puntney, University of Missouri; and Miss Margaret E. Ritter, South Dakota State University.

United Fund: The Director's Message

Barnes is in the unique position of being both a contributor to and a recipient of the United Fund. As a self-supporting sector of the community, the hospital and its personnel are privileged to be able to help support the 119 worthwhile agencies financed by UF. At the same time, the hospital itself receives aid for the clinics and wards pledged by other generous and concerned persons throughout the St. Louis area.

This unique position has a great advantage for Barnes personnel. We are able to see first hand the work that is done through UF contributions. Every employee has witnessed acute illness and pain, facilities too crowded to adequately handle all those seeking help, worried faces of friends and relatives of patients who, in addition to human welfare, are concerned over how they will meet the increasing costs of patient care.

Working here we are all aware of the tremendous amount of manpower, skill, equipment and care that go into the handling of every patient each day. We are able to realize, first hand, the tremendous cost of maintaining an institution the magnitude of Barnes and to increase even further its contribution to the community through advanced medical facilities and technology.

Knowing how much there is to do and how many people depend on our contributions, let us all make every effort to do our fair share toward the United Fund to help our community and those in it who are less fortunate than ourselves.

Robert E. Frank,
Director

Eleven Dietetic Interns Graduate

Graduation ceremonies were held August 30 in Clopton Auditorium for eleven dietetic interns who completed one year of post-graduate study in institutional dietetics.

Graduates and members of their families were welcomed to the brief ceremony by Mrs. Doris Canada, director of dietetics, who gave a short talk on self-initiative and discipline. She then introduced Mr. Carl Pfeifer, planning and construction consultant at Barnes who is instrumental in the present kitchen expansion program.

Mr. Pfeifer awarded diplomas to the women while Mrs. Canada presented the dietetic pin and American Dietetic Association membership card. The girls then removed their intern insignia and joined their families for a tea prepared by the dietary department.

Diplomas Awarded to Dietitians in Clopton Auditorium

HAVING REMOVED THEIR INTERN INSIGNIA, the class of eleven dietitians completed the ceremony associated with graduation. From left to right the former students are: Miss Crevelyn Ann McDevitt, Mrs. Janet Steggerda Rawlings, Mrs. Jean McKee Hayes, Miss Barbara Klein, Mrs. Janda Kay Coward, Miss Christine Steinhardt, Miss Jane V. Mickelson, Mrs. JoAnn Mc Eachern Puls, Miss Juanita Elizabeth Bard. Missing from the picture are: Miss Suzanne Louise Fret-Hold, and Miss H. June Davis.
Data Processing Initiates Over 300 Programs in Computerizing Hospital Areas

Laboratory Results, Clinic Appointments Fed into Computer

Everett Menendez who heads the data processing department calls his equipment "hardware." He looks on it as a tool to be used to extend the minds of people in all departments of the hospital. A tool that can store, retrieve, and analyze information speedily. "We don't create anything here," he insists, "we are supportive."

The data processing department's business operations are often pointed out as a model throughout the country, a fact Menendez attributes primarily to others. "Department heads plan with us in working out applications of the equipment. They know their needs better than anyone, and we work with them to help them get the information they want," he says. "The reason our business operations are highly regarded nationally is not because this department is so good, but because our business office in this hospital is so good."

Cost Factor Important

The department is extremely cost conscious. One of its accomplishments was programming for a detailed and comprehensive cost analysis under the direction of Fred Trost. This system is so complex that it is not possible to analyze costs by a unit as small as a particular nursing station, though this type of analysis is not necessary for normal purposes.

SUPERVISOR OF COMPUTER PRODUCTIONS Robert E. Clark uses the IBM system reference book to dial an address into the IBM 360 for the program in process. The IBM disc pack at right is one of 37, with 7,500,000 magnetic characters each, used to perform the business and clinical operations of the department.

150 Reports Produced

About 150 different types of reports are produced on a daily or weekly basis. In addition to its extensive business services, the department services some clinical areas such as medical records, clinic scheduling, and laboratory results. There are now more than 300 working programs in use.

The department has grown to its present size from a very modest beginning in 1957. It began with eight employees and two IBM 403 accounting machines. A punch card system, it was one of the first among hospitals in the United States. It was handling accounts payable, expense distribution, payroll, patient billing, accounts receivable, general ledger, and some patient statistics. Fourteen employees worked two full shifts.

In 1953, for the first time, patients' bills were produced to show the detailed charges to be paid by Blue Cross separately from all other charges. Barnes was probably the first hospital in the country to accomplish this on a punch card system. The magnetic record diagnostic indexes were among the first in the hospital field.

Revamping Procedure Detailed

During the period 1962-63, the accounting department expanded, along with the need for more specialized detailed information. Virtually every existing accounting application was discarded and new methods of reporting were planned and provided. The payroll application was revamped from a simple tally sheet to a payroll register system to the sophisticated payroll-man hour control-personnel information system now in use. The accounts receivable application, once geared to simply billing the patient, now became a real hospital information tool, including a very informative cash and sales reporting system that controlled sales not only by hospital, but by patient status and service within the hospital, as well as by nursing division and every other definable cost center. A maintenance work order system was devised and installed, and an entirely new chart of accounts and general ledger were developed. A budgetary control system was installed, and monthly detailed operating statements showing budget variances were produced.

Computer Programmed in '64

The main emphasis during 1964 was on programming for the computer. Three full time programmers were hired, and they worked one full year on developing a good workable patient billing and accounts receivable system for the IBM 1460 computer.

With the delivery of the 1460 in early February, 1965, a very smooth conversion of the accounts receivable-billing application was made. All unit record applications were programmed and converted to the 1460 computer.

Preliminary programming for cost finding was done during the second half of 1965. This cost analysis on the computer was planned to encompass far more than had been done by anyone in the hospital field to that date, and it soon resulted in the production of monthly profit and loss statements by cost center, for each nursing division, by building, by service, by private and ward status, and for inpatients and outpatients. Automatic pricing of operating room and anesthesia charges, and certain other charges, was begun.

Employee's Records Automated

In 1966, the entire payroll application was again re-programmed to provide automatic control of employee's records. Changes were also required for all accounts receivable programs to provide the necessary Medicare sales and statistics needed by the hospital.

Daily charity reporting by service was initiated in 1966 to increase control by a daily and monthly reporting system on each service. Magnetic tape capability was added to the computer so that all clinic accounts receivable could come under computer control.

In November, 1966, the 1460 was replaced with the IBM 360, model 30. The new model was fully operational by January, 1967 making possible the streamlined operations and new services instituted since that time. Other extensions of data processing services are in the offing.

During the coming twelve months, the entire accounts receivable-billing application will be redesigned and reprogrammed. A purchasing information system, perhaps integrated with a perpetual inventory system, is in the planning stage.

Other new services, both for business operations and for clinical work, almost assuredly will be extended as more and more persons in various hospital departments become intrigued with the possible uses of this new tool of 20th century man.
An intensive care patient demands constant attention and requires specialized equipment and treatment.

To repair the damage resulting from an accident, prolonged medical attention and heavy expenses are often required.

Above: A small and vulnerable premature infant needs time and special care to help him grow. (Photo opposite page) A five-year-old cautiously greets his mother after her long and expensive hospitalization.

Barnes solicits your support for the United Funds receiving funds from the United Fund are true, however the names and identities of people involved are not.

Fifty-seven year old Ronald Draper lies unconscious in a neurosurgery intensive care unit in the hospital. He has been there 2½ months since suffering a massive cerebral hemorrhage. On July 2 as he was getting ready for bed he complained to his wife of a leg cramp. Within a few minutes he began falling to his right side. Mrs. Draper called the doctor and within four hours her husband was at Barnes undergoing neurosurgery.

Since that time he has never regained consciousness. During her daily visits, Mrs. Draper thinks he sometimes squeezes her hand but he can do nothing for himself and has never spoken.

Compounding the despair Mrs. Draper feels about her husband’s condition, is the hopelessness of ever being able to pay the hospital bill. Before his illness, her husband had a steady job with many fringe benefits. His hospitalization paid $85 of his initial costs. However, the bill has already reached $5832 and climbs at the rate of $85-$100 a day. Just recently, Mrs. Draper began receiving a disability pension check but it is only a small percentage of her husband’s former salary. Ronald Draper is eight years too young for government help through Medicare.

Two of the Draper’s offspring are grown with their own small children, two others are in college, and there is a 12-year old boy at home.

At present the Drapers are on the hospital charity budget which is financed in part by the United Fund.
Fund. Help is yours to give to those whose hope has been shattered by financial disaster. Barnes itself is one of the 119 worthwhile agen-
appeal. Four case histories of Barnes patients are outlined on these pages. Each is the recipient of the United Fund aid. The medical facts
personal statistics have been altered.

Five firecrackers left over from the 4th of July
and a five-inch length of copper tubing were the ingredi-ents 15-year old Joe Kolff and a friend used
to make a homemade bomb. With the boys' natural
curiosity and smidgin of scientific knowhow,
they constructed a very effective explosive—so
effective Joe may never have use of his hand again.

When the bomb unexpectedly ignited, Joe lost
his entire thumb, the tops of two fingers were gone
down to the joints, and his hand was fractured.

Joe's parents are proud and self-supporting
members of the community. They are not eligible
for public aid and are doing the best they can to
meet as many of Joe's expenses as possible. Their
hospitalization has paid about $800 of the bill,
but over $950 remains unpaid at this point.

Joe is responding well to corrective surgery. He
has had three operations so far. The next step will
take place sometime after Christmas when Joe's
hand will be buried in his abdomen for three to
four weeks. He will be in a cast from the neck to
the waist.

Joe's parents, his doctors, and Barnes Hospital
are first concerned with saving the boy's hand.
But expenses must be paid, somehow. For persons
not able to shoulder all the financial burden, Barnes
provided $1,319,000 worth of free care in 1967.

Some of this money is provided by the United Fund.
In 1968 Barnes will receive $173,028 from the
United Fund campaign to be used for St. Louis
area families.

Everything was going right for the young
married couple. Ed Davis had just changed jobs
and looked forward to new skills and opportunities,
and his wife, Sara, was expecting their first
child. They had budgeted their income to allow for
the baby and Sara planned to continue at her job
in a small office services company until the
fifth month of her pregnancy.

However, Sara had a rather difficult time in the
early part of her pregnancy and was forced to
quit her job almost immediately. Ed was concerned
over the quick drop in their income but found
ways to cut more corners in their already tight
budget. By working overtime a few nights a week
Ed figured he could still adequately handle all the
hospital and obstetrical bills around the corner.

All went well for the next several months until
Sara started having labor pains in her seventh
month. She was rushed to the hospital and delivered
a 3½-pound son three months ahead of
schedule. After five days Sara was able to go home.
But her son, Tommy, had to remain in an isolette
that was to be his home for 65 days until his weight
reached the required five and one-half pounds.

During this time special equipment and care was
needed for the frail baby costing $35 to $40 a day.
The total bill came to $2300, an impossible sum
for the young couple.

United Fund contributions were applied to their
case and the new parents were able to take
their child into a debt-free home.

There was no money for a 2-week vacation or
far-away trip for a widow with three young sons
to raise, so the Baldwins were taking a long-
planned weekend in the Ozarks when an automobile
accident occurred. The boys, ages 5-13, received
only minor injuries when their car hit a bridge
abutment; however, Mrs. Baldwin was thrown
from the car and suffered internal head bleeding
and multiple fractures. Semi-conscious for over two
months, she was hospitalized for a total of six
months before she was able to go home with
residual paralysis of her left side.

A small insurance policy with the cleaning
establishment where she worked covered Mrs.
Baldwin's first month in the hospital, but after that
there was only the monthly widow's social security
check to apply against the bills. Intensive care
facilities beginning at $75 a day, special equipment,
surgery, inhalation therapy, medications, etc., had
driven the debt to $9000. The family owned their
own home so welfare was not available to them.

However, help from the United Fund allocation was.

UF funds helped bridge the gap between the time
Mrs. Baldwin's own funds ran out and the time her
condition was judged sufficiently improved to
indicate she could work again. At that time, the
Division of Vocational Rehabilitation was able to
step in and finance an extensive therapy program
that resulted in Mrs. Baldwin's return to her job
as sole supporter of the family on a part-time
basis 13 months after her accident.
Focus on Nursing

The Big Put-On

Teacher Taught in Turnabout Trick

TURNABOUT IS CERTAINLY FAIR PLAY according to Miss Sharon Davis (left), head nurse on 1418 who donned her student uniform four years after her graduation on the day the seniors initiated their professional whites. However, the near-graduates took full advantage of the situation to reverse their roles. Above, Mrs. Sandy Shasserre patiently explains the controls on the circular bed to the new "student."

At Graduation Ceremony

Cheryl F. Dial Wins Copher Nursing Award

Mrs. Cheryl Foster Dial was the recipient of the Copher Award for outstanding total performance presented at the recent Barnes School of Nursing graduation ceremony. Her award consists of a special scholarship for further study presented by Dr. Glover H. Copher, associate surgeon emeritus.

Mrs. Kenneth Gable, president of the Barnes Hospital Women's Auxiliary, presented awards from the Auxiliary for academic achievement, which includes both clinical and theoretical performance to Mrs. Joan Karvinen and Mrs. Laura Blickensderfer respectively. Mrs. Robin Moushey and Miss Sharon Kessel were given honorable mention for overall contribution.

Supervisor Completes Medicare Records Course

Charletta A. Williams, a supervisor in the medical records department, recently completed a five-day course on Medicare record requirements and other medical record problems. Conducted by the American Association of Medical Record Librarians, the institute trained 100 medical record personnel from 22 states gathered at the Chicago Sheraton Hotel. Cram courses were given on "Medicare," "Anatomy and Medical Terminology," "Ethics," and "Medical Records and the Law."

Graduating Nurses Honored at Tea

Graduating Nurses Honored at Tea

ON THEIR LAST DAY as student nurses, a tea was held for the graduating seniors in the nursing residence. Two of the honored guests are: (left) Sally Ley and Cheryl Dial. Mrs. Dial was the recipient of the Copher Award for outstanding total performance presented at the graduation ceremonies (story Col. 1).

Check Cashing Booth Moved

The check cashing booth for employees wishing to cash their paychecks in the hospital has been moved from the ground floor of Barnes to the first floor corridor between Children's and Barnard Hospitals. It is in operation from 9 a.m. to 4:30 p.m. on the days checks are delivered throughout the hospital.

To cash a check the employee must present his blue Barnes identification card or some other form of positive identification. The charge for cashing checks is based on a sliding scale starting at 25¢ for any check up to $50 with the charge increasing 5¢ per each additional $50. Money orders are also sold at a small charge.

Two armed cashiers operate the armored plated booth complete with bullet proof glass and on a sliding scale system, cashing each paycheck in an average of 10 seconds.

Course Offered in Respiratory Care

A two-week course in respiratory care was initiated with five Barnes nurses recently in preparation for the opening of St. Louis' first respiratory intensive care unit in October. Presented by Dr. John A. Pierce, head of the pulmonary division in the department of medicine at Barnes, the course emphasized care of patients with chronic obstructive lung diseases in acute stages. An average patient's stay in the intensive care unit is projected to be seven days.

The departments of physical therapy and inhalation therapy demonstrated rehabilitative techniques to be used in the unit. Dr. Glenn Weygandt, department of anesthesia, was also involved in the two-week instruction period.

Mrs. Joan Harrington of staff development is the nurse coordinator of the respiratory care program.

By Chaplain George A. Bowles

We are passing through a period in which we find that OPINIONS are coming down upon us in great and unending abundance. There are always plenty of them around, but about every four years they have a way of increasing. We hear so many we become confused by them, but it is most refreshing to remember we live in a free world that offers us the right to select the ones we want.

It is enlightening to have so many opinions in circulation. We are learning more about our nation now than we thought could ever have been known. We are being told of some of the outstanding qualities we did not know could be possible; and on the other hand, we are told of scores of leaders who have made so many unbelievable mistakes! In order to make the desired points in forming our opinions, the whole world scene is brought into focus for us by those who are supposed to know the facts.

As we grow with our nation and the world, we will gradually recognize that opinion is the main ingredient causing great satisfaction or woeful disappointment. We do not have to depend upon others to make up our minds for us, but it is most interesting that there are so many around just now who want to try.

Our opinions are daily companions and guides to most all that we do. This does not mean they are static. They can be changed in keeping with our environment and experiences, and happy is the person who believes this.
Dr. Malcolm L. Peterson has been named chief of the Washington University Service at City Hospital succeeding Dr. Gerald T. Perkoff, who was appointed director of the newly-created Division of Health Care Research at the Washington University School of Medicine.

“Current Diagnosis and Treatment of Congential and Acquired Heart Disease” was the subject of a recent two-day meeting held in Claption Auditorium by the American College of Cardiology in connection with the medical school.

Dr. Glen W. Weygangt, assistant anesthesiologist, is lecturing on “Chemical-Neuro Control of Respiration” at an Inhalation Therapy seminar to be held October 11 and 12 at St. Mary’s Hospital. Sam Giordano, director of inhalation therapy at Barnes, is a panel member discussing the technical aspects of ventilators.

Retirements Announced

TWO RECENT RETIREES, Mrs. Opal Kemper (above) and Mrs. Clara Cosgrove (pictured below) were congratulated by Robert E. Frank, Barnes director, after 40 and 28 years of service respectively. Mrs. Kemper, assistant admitting officer, who came to Barnes in 1928, spent 18 of her 40 years in the psychiatry and neurology clinic. Mrs. Cosgrove worked full-time from 1940 until this fall and was the first employee of the dietary department to receive her 25-year service pin awarded her in 1965. She is now a part-time employee serving as night supper supervisor in dietary from 6 p.m. to 2 a.m.

Intensive Care Unit for Stroke Patients Debuts at Barnes

THE STROKE INTENSIVE CARE UNIT opened recently in Wohl Hospital is believed to be the only one of its kind in the country. Above, Dr. James O’Leary, neurologist-in-chief, discusses electroencephalograph tracings with Mrs. Cynthia Franklin, R.N. The bedside unit to the left is equipped to constantly measure the patient’s heartbeats, brain waves, respiration, body temperature, and blood pressure. To the right, R.N. Mrs. Carol Lammert sits at the master monitoring equipment where she is able to select the patient she wishes to monitor at any given time. The unit is set up to handle patients in the crisis stage of a stroke.

Unique Four-Bed Unit Treats Crisis Patients

An intensive care unit especially equipped to handle stroke patients debuted recently at Barnes, the first unit of its kind in the country.

Located on the fourth floor of Wohl Hospital, the unit is open only to patients in the crisis phase of a stroke. Stroke or cerebral vascular disease, is third as a cause of death in the U.S., not far behind heart disease and cancer. Medical staff of Barnes’ unit, headed by Dr. James O’Leary, neurologist-in-chief, Dr. Henry G. Schwartz, neurosurgeon-in-chief, and Dr. Juan M. Tavera, radiologist-in-chief, supervise both the care of individual patients and the studies into the cause and treatment of strokes.

NIN Grant Awarded

A $1,222,900 grant to subsidize the unit was awarded by the National Institute of Neurological Disease under the auspices of the Department of Health, Education and Welfare. Awarded in June of 1966, it will extend through August 31, 1973. Additional funds for the unit were provided by Barnes and the Gordon Coates Fund.

The intensive care unit is considered unique because it is inter-disciplinary, involving the departments of neurology, neurosurgery and radiology. It is also unusual in that the unit will provide for care of any seriously ill stroke patient, rather than only persons involved in research studies.

24-Hour Care Provided

The stroke unit is staffed around-the-clock by two registered nurses who have completed a three month training course. The nurses sit at a station equipped with monitoring equipment which constantly measures the patient’s heartbeats (electrocardiogram) and his brain waves (electroencephalogram), his blood pressure, respiration and body temperatures. The equipment can also measure blood pressure, if this is considered necessary.

Oxygen, carbon dioxide, air and suction are provided at each bedside. The four-bed unit also has space for storage, a small room for an on-call doctor, and a lavatory.

A “running record” is kept on all patients. In the event that the patient’s blood pressure falls drastically, or the electroencephalogram shows brain waves that are excessively slow, an alarm bell rings, and the tape preserves the record for the past 15 minutes in order for the physician to evaluate the condition as accurately as possible.

Blood Clots Dissolved

“Stroke is a crisis condition,” the Barnes neurologist emphasized. “It is of utmost importance to give the best care possible, as quickly as possible. The patient’s chances for recovery to a useful life can depend on this.”

Mary Tate Chosen October Messenger of the Month

One hundred and one trips in a seven-month period was the number totaled by Mary Tate, October Messenger of the Month, recently in her capacity as a dispatcher runner. During the entire two-week pay period she ran 667 trips, well over the bi-monthly average.

In accordance with a new incentive pay plan initiated in dispatch, runners completing over 50 trips per day are compensated for each additional trip and Mary has taken full advantage of the opportunity. She also credits her dispatching supervisor, Mrs. Lee, with excellent organization for combing trips.

The medical staff of Barnes’ unit, headlined by Dr. James O’Leary, neurologist-in-chief, Dr. Henry G. Schwartz, neurosurgeon-in-chief, and Dr. Juan M. Tavera, radiologist-in-chief, supervise both the care of individual patients and the studies into the cause and treatment of strokes.

While not at Barnes, Mrs. Tate spends much of her time with her daughter and is learning to sew to make clothes for her. She also enjoys reading, bowling and loves to dance. Mrs. Tate has been a dispatcher runner and relief switchboard operator since March, 1967.

200,000 a Year Die

At the present time, there is no specific treatment for stroke, Dr. O’Leary pointed out. This is of grave concern to doctors, since there are more than two million people in the U.S. who have suffered a stroke, and approximately 200,000 persons die each year of this disease.

“Stroke is a crisis condition,” the Barnes neurologist emphasized. “It is of utmost importance to give the best care possible, as quickly as possible. The patient’s chances for recovery to a useful life can depend on this.”

Mary Tate, right, takes her place as relief operator on the dispatch switchboard. Her supervisor, Mrs. Lee, is on the left.
Emergency Resuscitation Measures Demonstrated to Department Heads

Treatment Explained For Cardiac Arrest

Electric shock, heart attack, allergic drug reaction, near-drowning or smoke inhalation are all situations in which the heart could stop beating and/or respiration could cease. In any of these emergency situations it is imperative for a bystander to know what to do, and Barnes personnel were instructed in the proper techniques of lung and heart resuscitation by members of staff development at a recent department head meeting.

With the aid of movies and teaching models, Mrs. Marcia Buterin, Mrs. Carolyn Weimer and Mrs. Joan Harrington explained the steps to be taken by the layman when professional help is not immediately available.

Patient's Condition Determined

The observer first determines the condition of the patient. If he is unconscious and not breathing but his pulse is strong, the airway should be opened and mouth-to-mouth resuscitation begun. However, if the victim has no discernible pulse rate, heart massage should be initiated. Pulse can be determined by laying several fingers against the side of the neck where the carotid pulse can be felt, or in the groin where the femoral pulse is located. If there is no noticeable pulse the operator should check the victim's pupils and skin color. If the heart is not beating the pupils will begin to dilate within 30 seconds and become obviously and widely dilated within 60 to 90 seconds. Also cyanosis or a blue cast to the skin appears and becomes more prominent as time elapses. These symptoms definitely indicate that oxygenated blood is not being pumped throughout the body and severe brain damage will begin to set in within four minutes if not corrected.

Mouth-to-Mouth Method Used

The operator should place the victim on a firm surface lying on his back. He then cleanses the mouth of debris and blows four to five breaths into the victim's lungs. The proper position for opening the patient's airway is to tilt his head backward and chin forward and cover the entire mouth, making an airtight seal. The operator should also pinch the nostrils closed, or in the case of a small child or infant encircle the entire mouth and nose area with his own mouth. In blowing into the victim's mouth sufficient pressure must be exerted to visibly expand the chest wall. The process should be repeated at the rate of 12 times a minute or once every five seconds.

Often artificial resuscitation alone revives the victim within a short time. However, if his heart has stopped the operator should first blow five quick breaths into the victim followed by external cardiac massage. The procedure here is to place the heels of both hands, one on top of the other, over the pressure point of the chest. The exact spot can be found by locating the lower portion of the breast bone. It is important to hold the fingers upward away from the chest to avoid injury to the other internal organs.

Chest Depressed 2-2 Inches

Pressure is then applied with enough force to depress the chest 1½ to 2 inches toward the spine, compressing the heart and forcing it to pump blood through the body.

External cardiac massage is applied at the rate of once a second on an adult victim, and 100-120 times a minute for a child. The presence of pulse should be checked frequently during heart massage.

Procedure for 2 Operators

If two operators are performing the techniques, one massages the heart while the other performs artificial lung resuscitation at the ratio of five to one. The heart is compressed five times, followed by a breath blown into the mouth by the second operator. If there is only one operator, he would compress the chest 15 times followed by two breaths until normal respiration was established or help arrived.

Following the demonstration, department heads were invited to try the methods on an inflatable model used in teaching resuscitation and heart massage in staff development.

Auxiliary Youth

Volunteers Honored at Stadium Club

Volunteers who have completed 500 and 1000 hours of service to Barnes surround the hospitality cart which they wheel through the hospital as one of their many patient services. From left to right are: Sheila Kamenetzky, Bob Gimpelson, Linda Thompson, Sue DeBrecht, Beth McLaren, Marcy Hartman, and Betsy Rose. Mr. Gimpelson has earned a 1000-hour disc and the girls have all earned 500-hour pins.

One hundred and twenty hospital volunteers and their families gathered at the Stadium Club recently for a service recognition ceremony followed by a soccer game between the St. Louis Stars and the Kansas City Spurs. During a pre-game ceremony for the volunteers Mr. John Boyer, an assistant director at Barnes, spoke to the group followed by an awards presentation directed by Mrs. Kenneth Gable, president of the Barnes Hospital Auxiliary.

Hats and Pins Awarded

Matching red and white striped caps were presented to the girls and pins to the boys who had completed one hundred or more hours of volunteer work at Barnes. Special recognition in the form of pins and discs was awarded to volunteers with over 500 hours. Bob Gimpelson was the only 1000-hour volunteer followed by Linda Thompson, Susan DeBrecht, Sheila Kamenetzky, Beth McLaren, Marcy Hartman, and Betsy Rose, all with 500-hours of service.

Longevity Recognized

Awards were also given for years of volunteer service to the hospital. Four students received four-year service bars: 9, three-year bars; 52, two-year bars; and 134 received bars for completing their first year of volunteer service to Barnes.

Duties of the Candy Strippers and male volunteers include: transporting patients between hospital departments, reading menus to eye patients, staffing information booths, running messages and making deliveries and generally assisting the nursing personnel with clerical and patient care duties throughout the medical center.

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