Employe Cafeteria to Be Completely Refurbished by Early 1970; Bright Hues, Decor Designed to Make Lunch Areas Big Attractions

Lunch time!
If “happier” words can be found midway through the work day — every day — it’s hard to know what they’d be.

And coming soon, for hundreds of Barnes Hospital employees every day, they will have a special meaning: Eating in brightly-refurbished surroundings of the Employe Cafeteria.

Remodeling of the cafeteria is tentatively set for completion by mid-January. Walls, ceilings and the floor will undergo a complete face-lifting. Vinyl wall coverings, new lighting and a false ceiling will be installed for eye-appeal and to minimize noise.

Ceilings will be dropped from 14 feet to eight and nine feet. Basic color schemes will be orange, yellow and red. Vertical ceiling drops will designate the corresponding colors of the floor and chairs in certain areas.

The floor will probably be an easy-to-clean small-chip terrazzo. Air-conditioning will be substantially improved by four additional air-cooling zones. Prior to the remodeling, the cafeteria had two air-cooling zones.

Recently, air-conditioning ductwork was installed in the cafeteria to help with the kitchen ventilation. Now, additional air-cooling ductwork will be installed, so both areas are adequately cooled.

Work areas, including salad preparation and dish-washing will also be revamped.

During construction, the seating capacity of the cafeteria, 581, will probably be reduced by one-third as sections are being completed.

Pace Quickens in Last Moments of UF Campaign

Barnes Hospital employees made valiant last-minute efforts to reach this year’s United Fund “fair-share” quota of $52,000, by turning in large sums of money in the last few weeks of the drive to swell the total pledge to $41,935.

On Oct. 24, with returns still coming in, the hospital had reached 81 percent, to be within striking range of reaching the fair-share goal which was set by the United Fund staff.

On Oct. 24, nursing service, the division with the most employees, turned in $2,000 to hike their total to $11,401.

The first departments to meet their division goals were personnel, purchasing, stores, forms control, print shop, methods, data processing and cashier’s office, under the direction of John L. Warmbrodt, deputy director. On the same day, Oct. 7, Controller Robert McAuliffe’s departments of budgeting, general accounting, internal audit, cost-accounting, patients’ accounts and fund office passed their divisional goal too.

Among the first nursing divisions to reach their quota were 2 and 7 Maternity which almost doubled their quota. Forty-two head nurses were responsible for the solicitation throughout nursing.

Last year, Barnes employees contributed $47,263. This year’s goal of $52,000 was a 7.5 percent increase over the 1968 actual pledge.
Nutrition Clinic Measures Dietary Progress
Of Weight-Watchers by Incentive 'Star' Chart

Back in the days of the little red schoolhouse, the teacher rewarded the winner of the spelling bee with a gold star. A chart bearing similar stars hangs on the wall in the Nutrition Clinic on the second floor of Wohl Clinic.

The stars are “won” by patients who lose weight by following “our” recommended diets, according to Mrs. Rose Lee Summers, clinic dietitian. She supervises all activities of the Nutrition Clinic. Patients go to the clinic on referrals from medical doctors at the Barnes Medical Center.

The Nutrition Clinic deals with all types of diets for out-patients.

“Today, obesity is one of the major reasons why patients seek guidance in the Nutrition Clinic. Here, we stress the effects of the Basic Four Food groups—milk, meat, fruit and vegetables, bread and cereal in order to maintain a nutritionally adequate diet,” Mrs. Summers said.

“Although the star chart is a gimmick, it is an effective incentive to a patient who is trying to establish correct eating habits. If a patient loses five pounds, his name is placed on the weight-watchers’ chart. By losing five additional pounds, the patient receives one of the “coveted” stars. About 300 patients are listed on the elite honor roll and some have successfully decreased their weight by as much as 60 pounds,” she said.

In mid-September, the Nutrition Clinic launched a series of weekly classes covering four topics: “Planning the Diet,” “Food Nutrients,” “Cooking for the Low-Calorie Diet,” and “Fat Diets.” These classes are held at 9:30 a.m. Mondays in the second-floor Conference Room. The classes are available to everyone. Dietetic interns, on their Nutrition Clinic service duty, are the teachers.

Two dietetic interns are on duty daily in the office where they plan diets, counsel and instruct out-patients.

Mrs. Summers stated: “If a patient adheres to his diet, he can lose an average of one to three pounds a week. Metabolism is usually not a factor, but overweight is due to overeating and underexercising.” She noted that most of her patients do not know basic food values and indulge in too many high caloric foods. “One of the biggest problems that we encounter is that most of our patients cook their vegetables with fat meat, thereby adding unnecessary calories,” she said.

Miss Carolyn Peters, a dietetic intern, left, checks the progress of a non-hospitalized patient who is sticking her gold star on the weight-watchers’ chart. Obesity is only one of the many diet problems that patients have. Diabetes is also a major concern of the Nutrition Clinic. Classes for diabetics are conducted in cooperation with the nursing staff. The diabetic classes are held at 8:30 a.m. on Tuesdays and Saturdays on the fifth floor of Wohl Clinic. Dietary and Nursing also teach a series of classes for expectant mothers.

Many patients go to the Nutrition Clinic seeking dietary guidance for various reasons. As in the case of the overweight individual who goes to the clinic, he just may find his “lucky star” there, which may drastically change his appearance, health and outlook.

Recommended U.S. Caloric Intake Ranks Low

An individual’s caloric requirements vary depending on the amount of exercise he has, his height and weight.

The daily recommended calorie intakes for American men and women are among the lowest on earth but there is still more obesity in the United States than in most other nations, according to Dr. Robert E. Shank, a professor and head of the department of preventive medicine and public health at the Washington University School of Medicine. Dr. Shank is also a nutritionist.

He attributed it to our sedentary life and the fact that most persons eat more than the recommended number of calories a day.

“Labor-saving devices and technical progress are reasons why Americans are fat . . . most of us drive rather than walk,” he said.

The National Research Council recommends that the average man needs 1600 calories daily and the average woman needs 1200 just to perform bodily functions. Young adults need from 800 to 1200 additional calories.

Dr. Shank noted that the Japanese have a higher recommended daily calorie intake than Americans even though they are smaller “because they are engaged in more physical activity.”

Ed Thurman Elected to Post Of Hospital Security Group

Edward Thurman, safety and security director for Barnes Hospital, has been elected president of the International Asso. of Hospital Security. The officers will serve for the year 1970.

The International Association for Hospital Security (IAHS) was formed in February, 1967, for the purpose of establishing a forum for the exchange of information on hospital security administration policy and for a standardization of hospital security concepts, procedures and methods for the general goal of coordinating better security systems in medical care.

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New Kidney Unit Set to Open on Jan. 1

Within the last few years, it has become possible to maintain the life of a patient who has a kidney disease. In some cases patients are restored to normal activities, using an artificial kidney machine.

Yet, despite the existence of this life-sustaining procedure, more than 30,000 persons a year die of kidney failure in the United States. Missouri has about 200 persons who are prime candidates for dialysis which is the use of a kidney machine to replace damaged kidneys. In dialysis, impurities are washed from the blood.

Tentative opening is set for Jan. 1.

Under the direction of Washington University, the new unit consists of two central rooms — one room with two kidney machines and the other room equipped with three machines, conference room, laboratory, nurses’ station and nurses’ lounge.

Dr. Eduardo Slatopolsky, director of the kidney unit, checks one of the expensive kidney machines.

The Renal Division of the Department of Internal Medicine at Washington University, which has been engaged in a broad-based attack on kidney disease since 1956, has under construction a larger, more modern hemodialysis unit on the second floor of Barnes Hospital to serve as a combined treatment and training center.

The new unit is being built in the area that was formerly the interns’ quarters. Construction of the new unit is proceeding on schedule.

Upon qualifying for chronic hemodialysis, patients and their relatives come to the center for treatment and a training period. Training prepares a patient’s family so they can undertake continuing dialysis in their homes. Training takes about eight weeks.

Currently, there are five patients who are undergoing treatment and training in the old unit. Seventeen patients are receiving artificial kidney treatment on home machines.

An oil portrait of Edgar M. Queeny, former chairman of the Barnes Hospital board of trustees and donor of the Queeny Tower addition at Barnes, was presented by the Barnes and Allied Hospitals Society to the Barnes Hospital trustees recently at Barnes. The Barnes and Allied Hospitals Society is an organization of the medical staff in the Barnes Hospital medical complex. Representing the society is the group’s president, Dr. Arthur Stein, right. Accepting the portrait is Raymond E. Rowland, chairman of the Barnes Hospital board of trustees. Queeny was chairman of the hospital board from 1961 until his death in 1968. During those seven years, the size of the board more than doubled and the value of the hospital’s service to the community increased by about $15 million. The portrait is on permanent display in the Queeny Tower lobby.
Barnes Patients Want Company, Survey Says

A patient survey conducted by Assistant Director Thomas Winston indicates that the great majority of Barnes patients do not want a private room when they are in the hospital, even when they can afford it.

All patients in private and semi-private rooms were given a questionnaire during November 1968. (Excluding emergency admissions.) Members of the Barnes Auxiliary distributed the questionnaires to patients within 48 hours of admission, and discharge questionnaires were mailed to the patient's home with return postage provided.

A total of 882 responses were returned with preferences clearly marked. This was 25 per cent of all possible respondents.

Interesting trends which the survey indicated are:

1) Patients who requested private rooms while in the hospital did not regret their decision after discharge, the survey showed. But, a greater percentage of patients said they would have chosen a different room if they didn't have to worry about the cost.

2) However, more patients wanted semi-private rooms, regardless of the cost. And, the percentages stayed the same, whether the person had a more luxurious room or accommodations in one of the older buildings, leading Mr. Winston to conclude: "The request for privacy is apparently just that and not necessarily influenced by the opulence of the facility."

3) There was little variation between the sexes, or age groups, in the desire for private rooms. The only exception was in the patients from age 16 to 25. These young people had less interest in a private room than older patients.

4) Fewer than half the inpatients who responded felt that their health insurance plan coverage had affected their room choice. Less than ten per cent of discharged patients who had occupied private rooms would request a change to semi-private if hospitalized again; but 56 per cent more semi-private patients would request private rooms if cost were not a factor.

5) Regardless of costs, only 38 per cent of patients wanted private rooms.

Computer Aids Radiology Treatment of Cancer

Aided by the computer, radiology staffs at 19 St. Louis medical units are being helped to provide a more efficient, more thorough and faster methods of radiation therapy for treatment of cancer patients. The computer system was pioneered by the Washington University Biomedical Computer Laboratory.

The hospitals are participating in a program which is funded by a grant administered by the Bi-State Regional Medical Assn.

Hospitals have to first code all the input to the computer and draw some linear pictures. Data about the patient's cancer condition and all the treatment areas and methods are recorded. Then the information is coded. The information must be accurate so that the computer can properly feed back data into meaningful information.

Information concerning x-rays, treatment procedures, the radiation therapy and all the patient's inherent difficulties and the problems that might occur during the treatment are included.

The information is transmitted over telephone lines to Washington University's Mallinckrodt Institute of Radiology. There, in the ground floor of radiation therapy, a teletyper also receives the electronic "impulses" and etches the drawings.

Data is fed into the computer and returned by the telephone lines and teletyper. Cost is nominal.

The Long and Short of Mini-Walk

Clarence Bopp, communications coordinator, sizes up the situation at Barnes. Marilyn Ross, assistant medical records librarian, center, and Mrs. Angela Barbour, secretary for medical records, both reside in the Mini-Walk Annex, model current dress lengths.

Walks this summer are: The methods office, room 1; Clarence Bopp, communications coordinator, room 2; patient information, room 3; the Rev. Robert M. Krawinkel and the Rev. Gerald Woff, Catholic chaplains, room 4; telephone switchboard, room 5; blood bank office, room 6.

The Mini Walk Annex includes a beauty shop: medical records, room 7; and the doctor's lounge, room 8.

Attending-Staff Changes

The following changes in status of the attending staff have been announced. Now on staff are: Dr. Hanna Klaus, assistant obstetrics-gynecology at 3 Maternity; Dr. Julio Lagos, assistant surgical pathologist; Dr. Charles C. Carter, assistant neurologist, Dept. of Neurology; Dr. Alton L. Steiner, assistant physician; Dr. Jay Meyer, assistant psychiatrist, 911 South Broadway; Dr. David Moore, assistant dental surgeon, ninth floor Wohl Hospital.

Miss Liveakos by the ADA to "outstanding" college seniors entering intern programs or related graduate programs.

Miss Merrell Liveakos, a Barnes dietetic intern, is a recipient of a $250 American Dietetic Assn. Foundation scholarship for graduate study. Miss Liveakos' application was submitted last year while she was a senior at the University of Alabama. Six scholarships, in all, were presented to 27 countries attended the ADA Congress.

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Incentive Plan (1-500) Helps Escort Messengers Keep Pace With Expanding Hospital Services

Four years ago, Barnes Hospital's escort messenger service seemingly had reached the "ultimate" in providing vital hospital services as they made 411,563 trips and errands throughout the medical complex that year.

According to predictions by Dillon Trulove, executive house-keeper, his unit will have completed a whopping 700,000 trips during 1969. About the same number of employees make up the messenger service as back in 1965.

How did our messenger service almost double its output without hiring additional personnel?

There are many reasons, the largest of which is the "1-500" plan. This particular "500" stands for an incentive plan involving monetary rewards for full-time escort messengers for every completed trip in excess of 500 trips performed during the two-week pay periods. It is not the famed Indianapolis "500" of auto-racing, but like the Indy 500, the incentive plan pays off for speed and accuracy. The incentive plan was introduced into the dispatch system in July, 1968.

Prior to this innovation, six direct lines were installed in key locations throughout the hospital so, upon completion of a trip, messengers could call dispatch for another assignment. The telephone system saves 10 to 15 minutes on each assignment.

Without direct telephone lines, the average number of trips daily by a messenger was 25. Now the average is 50 trips daily.

"I feel that our whole operation has improved, thanks to the incentive plan. Employee turnover has dropped considerably, and absenteeism has been reduced by 50 per cent. At first, employees felt the new plan was unreasonable. However, they gradually realized what it means to them and to our department.

"There's no doubt about it, the incentive plan has speeded our operation and improved our service. As a result, we are getting more calls daily from departments who are also realizing how we have improved." Trulove said.

Other duties of the messengers are: acting as shuttle runners, elevator operators, working in the mail room and assisting in Code 7's. Employees assigned to these duties receive credit for six trips for each hour worked. The shuttle runners have hourly-scheduled runs from 7:30 a.m. until 9:30 p.m., picking up mail, medication and other store-room items and delivering them.

Messengers also operate elevators to the operating rooms in Barnes, McMillan and Maternity hospitals, full-time daily. They also operate freight elevators in Rand-Johnson and Renard, dispatching food carts and central-service items.

The most important duty performed by an escort messenger is a Code 7000 which is a cardiac arrest. A Code '7' is initiated when a person's life hangs in the balance. Messengers are dispatched to the area of the stricken patient in order to be of assistance to the medical staff.

"Their service is 100 per cent better. In fact, their system is so impressive, our department may put our dictaphone pool of typists on such an incentive plan . . ."
Check Your Waste Line—It May Be Bulging

The Nutrition Clinic is not the only area that is concerned with bulging waist lines. At Barnes, many persons are concerned with a bulging “waist-line” of a different sort — the bulging WASTE line.

Waste can occur in heat, lights, water and materials. Material waste is the biggest concern at Barnes. There’s no doubt about it, excessive waste is material down the drain. The cost of individual items may seem insignificant at first glance, but the items are costly when added together.

As a whole, employees are careful about waste. It is easy to be unconcerned about a leaky ballpoint pen or a smudged wash cloth, but these items make a difference as the hospital attempts to provide the most modern medical care possible in the face of rising prices.

Rehabilitation Service Doubled Since ’59, Dr. Chaplin Tells Barnes and Allied Group

Dr. Hugh Chaplin, rehabilitation in-chief at Barnes and director of the Irene Walter Johnson Rehabilitation Institute was the main speaker at the fall meeting of Barnes and Allied Hospitals Society on Oct. 16.

Growth of the rehabilitation service from 12,000 treatment visits in 1959-60 to 24,500 visits during the past year was shown in a slide presentation by Dr. Chaplin. A sophomore medical student, Robert Fahl, described his work in a rehabilitation course, and biomedical engineer Howard Bomze illustrated the use of rehabilitative measuring equipment. Mr. Bomze used the video tape machine recently acquired by the institute in memory of Mrs. Mildred Hendricks.

John Hollosy, M.D., described a program for the return of the post-coronary patient to normal activity. He outlined therapy which would begin three to four weeks after the patient’s myocardial infarction. The patient would be ambulated under electrocardiographic monitoring, accelerating his heartbeat to 80 percent above normal, in order to evaluate how much exercise is desirable.

Robert E. Frank, Barnes’ director, reported on plans for nursing division 3400, including adding more bathroom facilities. Kenton King, dean of the Washington University Medical School, announced that a department of genetics would be added to the pre-clinical specialties available at the medical school.

Dr. Norman Muschany told the group of recent action at the meetings of the Joint Medical Advisory Committee. President Arthur Stein announced that Barnes and Allied Society had presented a portrait of Edgar M. Queeny to the Barnes Hospital board of trustees, and the board was pleased to receive this tribute to the former board chairman, who died last year.

Dr. Cordonnier Honored by Former Students

Dr. Justin Cordonnier, urology surgeon-in-chief, was honored by a dinner given by his former Washington University medical students, Oct. 5, at the Broadmoor Hotel at Colorado Springs, Colo. About 50 persons, including doctors and their wives, from across the country attended the fête. Dr. Cordonnier was given a plaque. Dr. Cordonnier has been a full professor at Washington University since 1953. The dinner was held concurrently with a five-day regional meeting of the South Central section of the American Urology Assn., of which Dr. Cordonnier is a past president. About 500 persons attended the sessions.

Dr. Charles Manley, assistant professor in the urology department of Washington University, received a plaque at one of the sessions for presenting a case-study of a rare lesion which retarded a child’s growth. Other urologists also presented what they considered exemplary cases and Dr. Manley’s case was selected as the best in the group.

An example of possible waste or poor usage could be in the area of ball-point pens. During a 12-month period in 1966, Barnes used 42,000 pens. The hospital now uses 60,000 pens a year.

Plastic trash bags are another item which may need to be considered. Until this year, Barnes was using 16,000 bags a month. Now the hospital is using 25,000 plastic bags a month. Wash clothes also seem to be getting out of hand. During the past few months, shows that 134,000 wash clothes will be needed for the next 12 months. This means that each patient will now need 4.48 wash clothes.

In addition, alcohol swabs, razor blades and many other items are being restocked at a rate of 20 percent more than in periods in previous years.

Orders for everything seem to be sky-rocketing. However, soap is one item that has remained stable over the past two years, although the patient population has increased. As always, soap is distributed as needed in patient care kits and throughout the hospital.

Considerable amounts of money could be saved if waste could be curbed. A number of factors contribute to waste. Materials supplied from vendors may be damaged or not function properly. Another reason for waste is the human factor. Such things as doors left open and lights left on can cause the utility bill to rise.

Last year the hospital utility bill was $479,198.

Dr. Manley’s case was selected as the best in the group.
Fred Keeling, assistant chief clerk in the mail room, feeds mail into the hospital's postage meter. There has been a 50 per cent increase in outgoing mail here in the last four years.

Mrs. Martha Hankey, mail clerk, occasionally spends two or three minutes doing "detective work" because an envelope is improperly addressed. Routing is Mrs. Charlotte Wagner, mail secretary.

Mail Room Clerks Double As Detectives

You don't have to be a detective to work in the Hospital's mail room—but it helps.

Patience and self-control are also beneficial. More than 10,000 pieces of mail are processed daily in our mail room in the basement. On some days, as many as 200 letters have to be re-addressed because of faulty addressing by the sender.

Even the astute Sherlock Holmes would be dismayed at the thought trying to deliver a letter which is addressed simply: "Mrs. Dave, Barnes Hospital, 600 S. Kingshighway." Most of the time, it takes our mail clerks only about two or three minutes to pinpoint the location and individual to whom the mail is addressed.

How does a mailman keep from "blowing his cool" as he attempts to handle improperly-addressed mail which threatens to create large bottle-necks? Wayne Hankey, a retired mail clerk in the U. S. postal services, relies on savvy gained through years in dueling with garbled names and scribbled writing. "We're accustomed to handling these things, and it takes valuable time," he said.

Turning away to sort mail, Hankey said that in the case of Mrs. Dave, he could probably trace her name by checking the daily admission cards. Sometimes, the searching gets really involved. How do you deliver a letter that comes in simply addressed: "Annie, Barnes Hospital?"

Gene Spaulding, assistant dispatch coordinator, who helps supervise the mail-room activities, outlined one approach that might be taken. "Let's say the letter comes in post-marked "Kirkwood." The fact that it is addressed to Annie, not Miss or Mrs., indicates that it could be a child. Since McMillan deals with children patients, we would first check the admitting and discharge cards, then we would probably call both admitting and information at McMillan and ask if they have a patient named Annie from Kirkwood. We would try something else, if that would fail," he said.

The mail room handles mail for patients, doctors, administrative offices and inter-office mail. Special mailings include letters from the director's office, the annual hospital report, The Barnes Bulletin, news letters from the School of Nursing and the Hospital Auxiliary. The mail room also sorts and distributes house-staff mail in the doctor's lounge.

"According to our postage meters, there has been a 50 per cent increase in out-going mail here in the last four years because of departmental expansion and increased patient loads," Spaulding said.

Hankey approached and said with tongue in cheek: "I like to think that I can read almost anything that is half-way legible, but here is one that I sure can't." Hankey then handed Spaulding an inter-office envelope with no address whatsoever!

"We face this type of thing daily and the volume of mail keeps increasing," the men nodded.
Hospital Security Protects Property, Benefits Employees

To a stranger seeking directions at one of the Barnes Hospital entrances, the smile of a hospital security guard can create a favorable image for the hospital and its services. The hospital guard is often the first and last person someone meets upon entering or leaving the hospital.

Creating a favorable image to outsiders is just one of the many duties of our hospital's safety and security force.

Edward Thurman, safety and security coordinator, heads a staff of 36 security guards and officers who are assigned to the hospital.

As urban populations become more and more dense and impersonal . . . as hospitals install more and more expensive equipment . . . and unfortunately, as crime rates make headlines daily, the Security Department constantly increases the scope of its activity.

“Our men check for proper identification, evidence of intoxication and possible theft of material. The guards also prevent unauthorized persons from entering the hospital complex and wandering aimlessly.

“Such an individual could injure himself or cause a serious accident which could destroy property. These are reasons why we check identification cards on occasion,” Thurman said.

Like other vital hospital services, security is on duty 24 hours daily. During the day:

Helping a stranger in a courteous manner is just one of the many duties performed by the security guards. Earl Rickard, a security guard, is pointing out the restricted parking areas to an inquiring motorist. A guard's friendly smile is important.

From 9:30 p.m. until 6:30 a.m., the doors of these entrances are locked, except the Wohl Clinic emergency entrance.

In emergencies, outsiders seeking medical attention at Maternity Hospital or McMillian, can ring a door-bell which summons a nearby guard. One guard is always on duty in the security force office in the basement of Barnes.

Security guard Val Tielies discusses how to use the hospital's fire-fighting equipment with R.N.’s, Mrs. Judie Seronello, center, and Mrs. Barbara Krug. Hospital security has many duties, such as checking hospital parking lots during the evening hours. Hospital security constantly patrols the hospital complex. During a patrol, guards carry a two-way walkie-talkie. The guard questions anything he sees that is unusual. One of the pet “peeves” is unlocked cars.

Throughout daytime hours, Security guards regulate brisk auto traffic at all entrances, assist patients and visitors and police restricted parking areas.

Hospital guards have the same power on the hospital grounds that a policeman has.

“We are responsible for picking up a patient’s money and jewelry from the nursing division and locking the valuables in a safe in the Cashier’s office. Each day, our section is called to escort persons with large sums of money for deposit in the Cashier’s safe,” Thurman said.

Security also maintains a lost and found. Items not claimed are turned over to the Nearly New Shop after 90 days, Thurman said.

“We also provide transportation for about 15 nurses returning home each night. We also escort women employes and wives of patients at night to living quarters nearby,” he said. Security also finger prints and photographs each new employe. Another function of the hospital Security force is maintaining a fire-fighting unit. Every two weeks, someone from the security force talks with new nurses on how to use fire extinguishers. Fire drills are held weekly in nursing areas.

Building Projects Told

Two other construction projects are of interest this month. One is just beginning and the other is being completed.

Renovation of the Renard elevators is now underway to completely upgrade the existing elevator system which was installed when the building was constructed. Each elevator will be out of service about 10 weeks.

A dental treatment facility has been established on the second floor of the Wohl Clinics for registered hospital in-patients who may have secondary dental problems that require treatment of minor surgery.

Coinciding is the fact that Gary Baker has been appointed to a newly-created position of dental intern at Barnes. The internship is organized under the plastic surgery division. Duties of the position include repair work in oral surgery.

Keppel Elected to Post

John Keppel Jr., credit manager at Barnes, has been elected first vice president of the Missouri Consumer Credit Assn., which is affiliated with the International Consumer Credit Assn.