Barnes Annual Report: improving patient care, controlling costs

Barnes 1978 Annual Report shows the hospital met its dual commitment to continue to improve patient care while containing the rising cost of hospitalization.

The report, issued this month, notes that the hospital began its fiscal year Jan. 1, 1978, with a budget limiting total charges to an increase of only 9 percent over 1977 and as the year ended, the Board of Directors approved a 1979 budget limiting increases to a total of 5.43 percent.

In the report, Barnes goes on record as opposing national health insurance or further rules and regulations that “would limit our ability to provide for individual patient needs.” It points out that government hospitals averaged a 20 percent increase last year and that as much as 25 percent of private hospital charges can be attributed to government regulations.

Under “improving patient care” the report states, “Many of the services we provide are available in only a few medical centers in the nation.” It mentions examples such as microvascular surgery to restore arms, legs or fingers, kidney transplants, a new operation for tic douloureux, implantation of permanent dentures, arthroscopy to repair injured knees, advances in the control of cancer, diabetes and heart disease, and pioneering work in eye disease and arthritis.

Barnes’ stewardship of the health-care dollar is exemplified by Barnes data processing program, which costs patients an average of $3 a day compared to more than $5 a day for similar systems at other hospitals, and laundry costs of 9.3 cents per pound as compared to 16.7 cents per pound charged by contract services.

The trend toward shorter hospitalizations continued at Barnes with average stay in 1978 being 9.08 days as compared to 9.26 the previous year. Conversely, total admissions rose to 40,554, compared to 40,132 in 1977. Wages and payroll taxes continued at Barnes with average stay in 1978 being 9.08 days as compared to 9.26 the previous year. Conversely, total admissions rose to 40,554, compared to 40,132 in 1977. Wages and payroll taxes continued at Barnes with average stay in 1978 being 9.08 days as compared to 9.26 the previous year. Conversely, total admissions rose to 40,554, compared to 40,132 in 1977. Wages and payroll taxes continued at Barnes.
CAPD offers alternative to kidney machine

Margie Briggs, of Greenville, Ill., spent about six hours a day, three days a week, for nine years hooked up to a hemodialysis machine after she had developed complete kidney failure. In January of this year, however, she said goodbye to her kidney machine and became the first person in this area to use continuous ambulatory peritoneal dialysis (CAPD).

"It's great," she said. "I feel better and I have time to do things I haven't been able to do in years. In July, my husband and I are going to take the first vacation we have had in nine years. And I can eat and drink about anything I want."

CAPD is amazingly simple in that it uses the patient's own body rather than man-made substances to filter out wastes. The thin membrane lining the abdominal (peritoneal) cavity and covering the stomach, liver, spleen and intestines serves as the filter. A tube is implanted into the peritoneal cavity through a small permanent opening just below the navel. To it can be attached a plastic bag that contains a blood-cleansing fluid similar to that used in kidney machines. Four times a day the patient raises the bag above shoulder level, allowing the fluid to flow into the abdomen, bathing the membrane, which contains numerous blood vessels. The tube is clamped off and the patient folds the bag into a neat package that is worn at the waist.

Inside the abdomen, toxic wastes and water from the bloodstream pass through the peritoneal membrane and into the fluid where they are trapped. The process is allowed to continue for about five hours as the patient goes about a normal routine wherever that may be, including the stomach, liver, spleen and intestines. The heart-saver program is designed for people without a professional medical background who wish an introduction to life-support measures. Upon completion of this three-hour course, the participants will receive a Red Cross Modular CPR certification and/or an American Heart Association Heart-Saver certification if they demonstrate proficiency in the required performance standards.

Meanwhile, three patients have been accepted for the new type of dialysis at Barnes and doctors expect that number to rise to 20 by the end of the year. Unlike most new technology, CAPD saves money too. It costs between $8,000 and $10,000 a year while conventional hemodialysis costs from $12,000 for home hemodialysis to $25,000 for in-center hemodialysis.

Barnes offering CPR training to public

Six-hour CPR courses are scheduled noon to 6 p.m. Saturday, April 21, 9 a.m. to noon and 1 to 4 p.m. Saturday, June 2, and noon to 6 p.m. Friday, June 15, at Barnes Hospital.

Upon successful completion of this course, which includes instruction in one-person rescue, two-person rescue, infant resuscitation and obstructed airway maneuvers (Heimlich maneuver), individuals will be certified in basic life support according to the American Heart Association and the American Red Cross standards. Demonstration of proficiency in these areas will be determined by performance on the recording mannequin. Preregistration is mandatory. The fee is $75.

In addition CPR training can be provided for groups of eight or more. Various programs, including basic life support, heart saver program and a condensed basic life support course, are available depending upon the needs of the group.

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The condensed basic life support course is designed to certify professional medical people in basic life support. Demonstration of proficiency in this area will be determined by a 50 point test (grade 85 or over to pass) and performance tests on the recording mannequin. Both tests must be passed for proper certification. A packet of information material which contains all pertinent data necessary to pass the written portion of the certification will be sent with the confirmation of registration.

For additional information contact Karen Peterman in Barnes education and training at 454-3561.
Policemen help "arrest" young man's disease

Life was much simpler for 20-year-old Danny Reitz before a sudden-onset illness, diagnosed as leukemia, left him hospitalized at Barnes Hospita-
tal, fighting for his life, a fight complicated by appendicitis.

For Danny, a graduate of Vianney High School in Kirkwood, help in his fight has come from doctors here, chemotherapy and blood components donated by St. Louis City policemen and others.

Danny had noticed that his gums began bleeding heavily when he brushed his teeth but was not overly concerned. Then, just before last Christmas, he developed a nosebleed shortly before he had planned to go shopping with his girlfriend, a nurse at another St. Louis hospital. When the nosebleed did not stop, he went to the hospital's emergency room for treatment. He was admitted and tests revealed that he had leukemia, a malignant disease attacking the body's blood cells.

Danny's doctor made arrangements for his transfer to Barnes because of the experience of doctors here in treating leukemia with chemotherapy and because of the availability of blood components through a process known as pheresis. Barnes and the Red Cross are the only places in St. Louis doing pheresis on a large scale.

After Danny was admitted to Barnes, his father was contacted by a neighbor whose brother is a member of the Board of Police Commissioners for the City of St. Louis. As a result, information about Danny's condition and need for blood became known to many members of the department. More than a dozen police officers came to Barnes to undergo the 2-3 hour pheresis procedure. Many more officers indicated they were available to be donors if needed.

"I looked up one day and thought we were being invaded by the Police Department," one blood bank employee said. "They all came in at once, wanting to know if they could give blood for Danny."

Their aid could not have been better timed because Danny developed appendicitis. "The doctors gave us two options," Rudy Reitz said. "Danny could have the emergency operation and perhaps bleed to death, or we could delay and risk death from a ruptured appendix. It really wasn't much of a choice." Mr. Reitz told KSD-TV reporter Steve Kraushaar during an interview. "Danny said let's go with the operation, and we did."

Shortly before the emergency surgery, performed at night, Danny was given transfusions of blood platelets donated by the police officers. Just as the surgery was beginning, the platelets took effect, preventing unnecessary bleeding. "The operation was a success and the surgeon told us later that the operation went much better than he had expected," Danny said, "and this was due to the platelets."

After a short recovery period from the appendectomy, Danny began a course of chemotherapy treatments which, by early March, resulted in remission of the disease.

"The saying is that only the good die young," Danny joked, "so I have that going for me along with my doctors, nurses and the friends I didn't know I had." He added his appreciation for the Police Department. "We always hear bad things about the police but I really think they are great. They were there when I needed them; they helped save my life."

Dr. Laurence Sherman, director of the Barnes blood bank, said, "We have a continuing need for persons to be pheresis donors. Because Barnes is a major referral center, we often have patients who have very serious illnesses, such as Danny's. Sometimes relatives can be donors, but we still need others for pheresis procedures. In fact, for some platelet blood types, only one person in several thousand may be suitable." Persons interested in being pheresis donors can call the Barnes blood bank at 454-3135 between 8 a.m. and 4 p.m.

Gussie Brock retires from housekeeping

Retirement is coming at the right time of the year for Gussie Brock, a member of the housekeeping department at Barnes for almost 23 years, who retired March 1. She originally began working in McMillan and moved to the East Pavilion in 1972 when McMillan was closed to patient care. During retirement she plans to visit relatives out of town, develop a flower garden at home and become reacquainted with a fishing rod. In short, she plans to enjoy the coming warmer weather.

She was honored by her coworkers during a party in the East Pavilion and was presented a Certificate of Appreciation by hospital president Robert E. Frank. "God bless you all," Miss Brock said. "I will miss the many friends I have made here. I'm very happy that I still have my health so that I can enjoy my retirement."

Dillon Trulove, associate director of the hospital, has known Gussie for many years. "The hospital is losing a very valuable employee as Gussie retires. All of her friends will miss her along with patients who have been at Barnes many times and who have come to know her well," he said.

Magazines, other items needed by volunteers

Magazines are needed to update and enlarge the supply in the Barnes volunteer office for circulation among patients in the hospital and their relatives in such areas as the surgical waiting rooms.

Other items, including small appliances, books, clothing, furniture, etc., are always welcome for resale in the Auxiliary's Nearly New shop. All donations are tax-deductible. Call 454-3446 for further information or leave magazines, etc., at the volunteer office.

Hospital notes

WRTH radio saluted Barnes director of nursing Maureen Byrnes on March 6 as First Lady of the Day. The recognition was in honor of Miss Byrnes' recent election as a vice-president of Barnes.

The director of Barnes coronary care unit, Dr. Robert Roberts, reported on "Your Heart and the Good Life?" on Parker Wheatley's "The People Speak" on KMOX-TV recently. Dr. Roberts was guest on five consecutive dates, with the programs all repeated the following Sunday.
A hospital never sleeps

Although the pace is a bit slower than during daytime, Barnes Hospital at night is a scene of continued activity because even though the patients sleep, the hospital does not. Night at Barnes is a time for renewal. It is a time for quiet watchfulness over the sick and injured, who often find sleep among the best medicine that a doctor can prescribe, but who also may need a helping hand during the dark and sometimes lonely hours between twilight and dawn.

Evening and night shift employees keep that watch and are available for any emergency that may arise. They also perform the routine tasks of renewing the hospital for another day of labor.

Lights in patients' rooms are usually dim at a fairly early hour and television sets are mute, but in other parts of the hospital, such as public access areas, emergency room, offices, nurses stations, corridors and lobbies, the lights stay on and Barnes employees go about their duties.

In the nursery, a nurse sits in a rocking chair to feed a newborn. On another floor, a doctor pays a late evening visit to a patient in pain. In the hospital's nine intensive care units, nurses scan monitors and quietly consult with housestaff doctors about the condition and care of these seriously or critically ill patients. Emergency surgery is performed in the operating rooms. An accident victim is rushed to x-ray.

In other parts of the hospital, operating room supplies are being restocked and rooms scrubbed antiseptically clean. Central service employees make ready the items that will be needed the next day by patients throughout the hospital, and security officers patrol both inside and outside the hospital, making sure doors are locked and assisting any visitors to the hospital.

Housekeeping employees are mopping tile hallways and cleaning offices to accept the rush of the next day's work. Plant engineering employees are alert to handle any emergency in the physical plant and to perform preventive maintenance. Pharmacists fill urgent prescriptions, restock supplies and finish paperwork. Telephone operators handle many calls even though most patients do not receive or make calls during the late evening and night hours.

The emergency room and evening ambulatory service is a beehive of activity. Traditionally, the ER has more patients at night than at most other times of the day.

And in the delivery rooms, a young father is introduced to his newborn because babies do not care what time of day it is when they decide to enter Barnes Hospital, so the hospital never sleeps.
“Helping people” is why nurses choose career

What makes a person choose a career in nursing? Dedication . . . willingness to do hard work . . . compassion . . . the ability to rationally face crises . . . understanding . . . a desire to work with people. These are just a few of the qualities that make a successful nurse. At Barnes Hospital there are approximately 450 full-time and 93 part-time registered nurses; some are recent nursing school graduates, others have been in the profession for a number of years, yet all strive to provide the best care possible for the patients.

Rather unique, Marigrace Clarke chose her profession when she was just a child. “When I was about two and one-half or three years old, my dad was a patient at Veterans Hospital. I decided then to become a nurse and I never changed my mind.” For the past 13 years she has been a nurse, working the last three and one-half years in the Barnes recovery room.

“I feel that I can do the best job that I possibly can for the patients while working in the recovery room,” she said. “I would recommend nursing for a person who really wants to work hard and who really likes people.”

Judy Goedeker, RN in labor and delivery, agreed that nursing is a profession for “someone who will put up with a lot to help other people.” A nurse for the past 30 years, she chose nursing as a career so that she could be financially independent. And how does she like it?

“There is always something different going on and I feel like I’m always doing something beneficial,” Ms. Goedeker said. “You never forget the bad experiences in nursing, but you eventually get over them.” Although she sometimes takes her job home with her, she said that she believes that it is good to become somewhat involved with patients.

“I saw it as a different kind of job. It’s intellectually challenging,” said Virginia Mangogna, RN in the emergency room. “There is a lot of reward in helping people get better.” She pointed out that nursing is also very demanding physically and mentally, and that there is a lot of responsibility for the nurse.

“You must keep up with new things in nursing and continuously refresh your memory on old things,” she said.

Marilyn Korn, RN in the cardiac intensive care unit, became a nurse because she wanted “to feel like I’m really contributing something to someone, like I am really helping them out.”

“You really have to like people to become a nurse,” she continued. “I would recommend nursing for people who put more into their work than they expect to get in return.” She likes her job despite long hours, overtime and stress which are frequently associated with nursing.

Jane Clausen, RN in the premie nursery, had decided in high school that she wanted to become a nurse. She had a friend older than herself who was in nursing school and she just followed in her footsteps. Six years ago she graduated from the Barnes School of Nursing and has been working in the premie nursery since then.

“I really like my job. It doesn’t seem like it’s a job,” she said. “I would recommend nursing only for the person who has a genuine interest in it, regardless of pay or benefits.”

Cindy Pero’s candystriper days led to her becoming a RN on 7100. She enjoyed her volunteer activities and liked the look and the work of the nurses so much that she decided to become one. “You have to like working with people who are sick and helping them get well. You have to have an interest in people and like to see them get better,” she said.

Evelyn Brown, head nurse on 9100, started as an LPN in 1965 “because I wanted to take care of people, to help people. You must have a certain feel for the needs of people. On the whole, most people who go into nursing don’t think of salary and benefits,” she said.

Diane Ficker, RN on 5400, said “I was terrified about medicine and the medical field. I thought something might happen to me so I decided first to find out what was going on in the medical field. I also wanted to be a nurse because I wanted a job where I was needed, to do something important.”

Diane Leimberg, a recent graduate of the Barnes School of Nursing, now working on 9200 ICU, said she became a nurse because “there was a good prospect for getting a job.” She stressed the fact that a nurse must have patience. “In addition, it’s a better learning experience if you get involved with patients,” she said.

Although traditionally a woman’s profession, nursing has opened its doors to men. Barnes has approximately 30 male nurses on staff, including one head nurse, Joe Burke in the emergency room, as well as several recent graduates from the school of nursing. Steve Raterman, RN on 5200 ICU since last June, entered the profession “basically because it has potential for males, with less competition, more job openings and more room to move up.”

“You definitely need to be dedicated and motivated to get through the nursing program,” Mr. Raterman said. “And you definitely need to be dedicated to work weekends and rotating schedules.”

Mark Rhodes, RN on 6 Renard, originally got interested in nursing because of a girlfriend who was a nurse. He said that he likes the profession, but for some men it would be impossible if they could not get over the idea that some people think nursing is strictly for women. “You also have to have a lot of patience,” he said. “You are sometimes working with people who show no gratitude.”

What makes a nurse turn from patient contact to an administrative position? “An administrator who has been a nurse has a better understanding of what the divisions are like,” said Lois Vahle, assistant director of the nursing service. “They have some understanding of what nurses go through on a day-to-day basis.” She said that nursing administrators who have been floor nurses have a better liaison with the nurses because they have been there themselves.
Tribute Fund

The following is a list of honorees (names in boldface) and contributors to the Barnes Hospital Tribute Fund from February 16 to March 16, 1979.

IN MEMORY OF:

Opal Thompson
Marcella Petersen
M/M Kenneth E. Fluchel

Mrs. Robert Elliott
Dr. & Mrs. Joseph C. Edwards
Dr. & Mrs. Heinz Haffner

Dr. Larry Heideeman
Miss Martha Shirley

Simon Edison
M/M M. R. Chambers
Chancellor William H. Danforth
Agnes & Sid Levinson

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IN MEMORY OF:

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Rose Endrun Unitrust

Rose Endrun

Auxiliary sponsors

Medic Alert Week

The local observance of the nationwide Medic Alert Week was sponsored and coordinated by the Barnes Hospital Auxiliary April 1-7.

Through public appearances, news articles and television programming, attention was focused on the estimated 40 million Americans who have a "hidden" medical problem and who can benefit from the Medic Alert System of alerting emergency medical personnel to potential problems.

Medic Alert identification is important for persons who suffer from diabetes, heart conditions, epilepsy, allergies, and a variety of other illnesses or conditions.

Mayor James Conway of St. Louis and County Supervisor Gene McNary signed proclamations designating Medic Alert Week in the St. Louis area. Medic Alert pamphlets and application information was made available through all Schnucks Markets.

The Auxiliary has sponsored the Medic Alert program in Barnes Hospital for several years and last year agreed to coordinate the area-wide observance. Medic Alert information is available in many areas of the hospital.

Medic Alert reports that among all U.S. hospitals, Barnes ranks second in the number of Medic Alert applications being made. Only one hospital, which has been involved in the program for many more years than Barnes, has initiated more applications.

National Nutrition Week celebrated March 5-9

The Barnes Hospital department of dietetics celebrated National Nutrition Week March 5-9 with visits from Nutribird as well as with informational booths on normal nutrition, weight reduction and nutrition for health professionals.

Nutribird, the national mascot for nutrition week, appeared on Monday in the employee cafeteria to talk to employees about good nutrition. Dietetic interns staffed the booth on the ground floor of the East Pavilion and answered questions about nutrition. Various quizzes and games were played with fresh fruit given as prizes.
John Siverly joins Barnes Hospital staff

John Siverly has joined the staff of Barnes Hospital as director of telecommunications and the cardiac diagnostic lab.

A Navy career man for 22 years, Mr. Siverly retired from the service last August as a chief warrant officer in the communications field. He was last stationed at a communications complex in Hawaii where he worked with a data terminal, microwave equipment, land lines and other computer terminals.

Mr. Siverly’s duties include providing effective voice communication within the medical complex and overseeing the repair and operation of equipment in the cardiac diagnostic lab. “I will strive to improve efficiency whenever I can and to be cost effective,” he said. His office will be located in the cardiac diagnostic lab area.

Cordonnier Professorship set for April 26-28

The fifth annual Justin J. Cordonnier Visiting Professorship will be held April 26-28 at Barnes Hospital with Dr. Victor A. Politano, chairman of the department of urology at the University of Miami School of Medicine, serving as this year’s visiting professor.

The three-day program will include three addresses by Dr. Politano: “Undiversion” at a meeting of the St. Louis Urological Society on April 26; “Current Status of Surgery for Vesicoureteral Reflux” in Scarpellino auditorium on April 27, and “Carcinoma of the Prostate” in Scarpellino on April 28. Case presentations by residents and former residents will also be made.

Previous visiting professors have been Dr. Ormond Culp, Mayo Clinic; Dr. Willet Whitmore, Sloan-Kettering Institute; Dr. Joseph Kaufman, UCLA; and Dr. C. Eugene Carlton, Baylor. The professorship was established in 1975 in honor of Dr. Justin J. Cordonnier, former Barnes urologic surgeon-in-chief, who is now emeritus.