Two new members have been elected to the Barnes Hospital Board of Directors. They are Earle H. Harbison Jr., president and chief operating officer of Monsanto Co., and Benjamin F. Edwards III, president and chief executive officer of A.G. Edwards Inc.

Mr. Harbison, is vice chairman of the St. Louis Regional Commerce and Growth Association (RCGA), vice chairman of the Municipal Theatre Association, a board member of the St. Louis Art Museum and the Arts and Education Council and a director of the Veiled Prophet Fair Foundation. He also is president of the William Greenleaf Eliot Society and a member of the Arts and Sciences Council, both affiliated with Washington University.

Mr. Harbison is a member of the Federal Bar and serves on the boards of Merrill Lynch and Co., Inc., Angelica Corp., National Life Insurance Co., and the Automobile Club of Missouri.

He was with the U.S. Central Intelligence Agency for 18 years and was a deputy director when he resigned to join Monsanto in 1967.

Mr. Edwards is past chairman of the Securities Industry Association and serves on the boards of the New York Stock Exchange, Helig-Myers Co., Civic Progress, Jefferson Bank and Trust Co., American Automobile Association of Missouri, Psychological Associates Inc., the St. Louis Arts and Education Council, the St. Louis Art Museum, the University of Missouri at St. Louis and Washington University. He also is a member of the Legislative Policy Committee of the Securities Industry Association.


Woman provides Barnes families with ‘home away from home’

Families of extended-stay patients from outside the St. Louis area often face a time of separation from their loved one. The cost for traditional lodgings over several weeks or months usually prohibits them from staying in St. Louis to be with a family member in the hospital.

But thanks to Kittye Miller and others like her, extended-stay patients have had the opportunity to have family members close by. Mrs. Miller has opened her home to extended-stay patients and their families since 1961, charging a nominal fee.

A registration book, its pages yellowed with age, contains the names of every visitor. By Mrs. Miller’s count, she has hosted about 1,600 visitors from 43 states and seven foreign countries.

Mrs. Miller, who will be 86 in April, closed her registration book in December and ended an era of dedicated service to Barnes. “My association with Barnes Hospital has been a deep and good one for more than 50 years,” she explains. “I gave birth to my first son at the Barnes Maternity Hospital in 1931, and I worked at the hospital as a ward clerk from 1957 to 1971. I used to walk to work from my home on Clayton Avenue.”

“Things were so different, so relaxed back then,” Mrs. Miller recalls. “I'd be working on Division 7200 and someone would come by, say they had been given my name, and I'd give them the key. They'd just walk down to the house and help someone. There were so many beautiful experiences and sad experiences that we shared.”

Looking back, Mrs. Miller is glad she opened her home to so many over the years. “When I was working full time, I didn't have time to do much for other people. I saw opening my home as a way of putting out a helping hand.”

Mrs. Miller’s boarders stayed from half a day to three months—depending on the status of the situations that had brought them to Barnes. “I never questioned my roomers,” she adds, “but I was always available if they needed to talk. Sometimes they would come back from the hospital and be crying. They were away from home and worried, and they had to talk to someone. There were so many beautiful experiences and sad experiences that we shared.”
Providing pain medication to patients on a timely basis while strictly controlling access presents a delicate balancing act for the nursing profession. Only a limited number of keys to the narcotics cabinet are kept on a nursing division, and exact records must be kept of each dose administered.

To help resolve this dilemma, Barnes is testing the Pyxis Medstation System, which consists of computer-controlled drug storage cabinets located on nursing floors. Similar units also are available for distributing and recording non-narcotic medications.

If implementation continues as planned, Barnes could be one of the first hospitals in the country to control and dispense medications through an automated system.

The computerized cabinets use no keys, only a password and an identification number. When these are entered correctly, a list of patient names appears on a computer screen attached to the cabinet. The nurse selects the correct patient and the correct drug for withdrawal. The nurse verifies the drug count in the drawer with the count indicated on the screen, and then withdraws the desired medication.

The new cabinets result in faster delivery of pain medication and more accurate medication charges. Nursing divisions function more efficiently with the units in place, said Norma Barr, director of Nursing Systems.

"Under the old system, when patients requested medications, the nurse had to locate the key to the narcotics cabinet, open the box and find the drug among the many that were kept there and sign out the controlled substance on a 'proof of use' sheet," she explains.

"If nurses wasted any of the drug because the patient's dosage was smaller than the one on hand, they had to have another nurse witness and co-sign the wastage. The whole process could take anywhere from 3 to 30 minutes."

While the nurse is administering and recording the drug, the computer automatically generates the amended supply report. If any wastage of the drug is required, a second nurse must witness the wastage and enter her ID number into the computer.

Adds Mrs. Barr, "That's a security improvement. The nurse can't go on to the next step unless the witnessing ID number has been entered."

"Patients notice quicker delivery of medication with the new system."

As a result of this computerized system, patients are getting drugs faster and the nurses are realizing greater job satisfaction in their patient care.

"It's not just the nurses who are noticing an improvement, the patients care too," Mrs. Barr said. "We had one patient who had been on one of the divisions before the system was implemented. He noticed that his medications were being administered much more quickly with the new system. That kind of unsolicited praise really helps."

State and federal regulations require very strict control of narcotics. Nurses must count doses and track down any discrepancies—not an easy task under the old system.

A study conducted at Barnes earlier this year revealed that hospitalwide, nurses made about 24 trips each day to the pharmacy to obtain needed medications. Each trip took an average of 12 minutes—an interruption in patient care.

The Medstation automatically inventories its contents and notifies the pharmacy if a medication supply is running low. It also provides an accurate report for patient billing.

The success of the Medstation on its pilot divisions has led to the system's expansion. Additional nursing units are being added to the project, and other applications of the Medstation are under review.

"The Medstation may also be useful for the inventory of 'as needed' (p.r.n.) medications, first dose medications, and certain supplies, such as instrument sets," Mrs. Barr said.

Mrs. Miller (from page 1)

boarders. Besides, I'd like to have a little time to do some other things with my life."

But resting does not seem to be part of Mrs. Miller's prescription. "I do some volunteer work for the Peregrine Society (for cancer patients) and with my church. I'd like to do more, but I had a slight heart attack a little while ago, and my doctor says maybe I should slow down."

As Mrs. Miller reminisces, she laughs softly. "I really wasn't sure I'd like taking in boarders, but I did. We had a lot of fun together. There has been heartache, sure, but there's also been a lot of jubilation. I wouldn't have missed it for anything."

"We're extremely grateful to Mrs. Miller for the concern she has shown for Barnes patients and their families over the past 28 years," said Carol Weir, director of Social Work. "We don't know what we would have done without people like her."

Some repeat patients or family members specifically requested to board with Mrs. Miller, Ms. Weir said.

Ironically, Mrs. Miller's announced retirement comes just when Barnes is announcing plans for Barnes Lodge—a 20-room, two-story facility to be constructed on Clayton Ave. Social workers at Barnes will continue to utilize boarding homes in the area when Barnes Lodge is at capacity.
Commitment, technology shape Barnes replant team

On his first day at Barnes Hospital this past August, Dr. Roger K. Khouri reattached a little boy’s fingertip that had been severed in a canoeing accident. The case was an indication to Dr. Khouri, a plastic surgeon specializing in microvascular replantation and reconstructive surgery, that he had joined the right team.

He has since performed numerous replantation procedures, including two four-finger amputation reattachments. The volume of such procedures performed at Barnes had initially attracted Dr. Khouri, who had just completed a fellowship in microsurgery at Harvard Medical School, to St. Louis.

In replantation surgery, the structures of the severed body part, including blood vessels, nerves, tendons, ligaments and muscles, are microsurgically reattached or rebuilt in order to restore the part’s function and appearance. This type of procedure is performed about once a week here.

The hospital’s dedication to being a regional replantation center and the resulting range and number of replantations places Barnes among the elite centers in the U.S.

“It takes a commitment from the hospital administration and the doctors,” Dr. Khouri said. “That means having an experienced surgeon readily available 24 hours a day. And Barnes is also committed to having an operating room and staff available for replantation procedures within a half-hour of the patient’s arrival. This is not the kind of surgery where you can just do it tomorrow.”

In the early 1960s, surgeons had success replanting severed arms. As microsurgical techniques and equipment were refined in the 1970s, surgeons were able to reconnect and reconstruct smaller blood vessels. This resulted in the successful reattachment of smaller parts of the extremities.

Surgical techniques, equipment and post-operative care have become so sophisticated that “virtually any body part, including lips, noses, ears, scalps, hands, fingers and even penises, can be successfully reattached,” Dr. Khouri said.

While most plastic surgeons are capable of performing common replantation procedures, logistics and availability of facilities make teaching hospitals such as Barnes the ideal place for more difficult cases. A centralized, well-equipped location is essential.

“The success rate of replantation surgery varies depending on the surgeon’s technical skills and selection criteria for replants. Some won’t attempt the harder or riskier cases. At Barnes, we will attempt to reattach as many amputated parts as possible,” Dr. Khouri said.

A replant center’s success rate increases with the number of procedures performed.

“This is not the type of surgery most doctors in private practice can do. You can’t rush off and leave a waiting room full of cosmetic surgery patients,” said Dr. Khouri.

If a severed part has been damaged too badly to be reattached, it is often possible to use some of the tissue to rebuild or repair the wound. “We salvage what we can,” Dr. Khouri said. “We never dispose of any living tissue before all salvage options are exhausted.”

If reattachment is impossible, limbs and other appendages may be reconstructed at a later time. Toes can be transferred to hands as finger substitutes; functional ears, noses and penises can be rebuilt through the microvascular transplantation of tissue from other parts of the body.

“Extensive training in microsurgery is important for the replantation surgeon,” Dr. Khouri said. “The largest blood vessels we reconnect are often less than a half-millimeter in diameter. We use sutures that are much finer than a human hair.”

Improved awareness by emergency medical technicians and emergency room personnel of how to preserve and treat severed parts helps increase the chances of successful reattachment.

Replantation surgery is long, tedious work. “Most are all-night cases,” said Dr. Khouri. “It takes at least four hours for a single finger to be reattached.”

But the surgery can sometimes be a race against the clock. Fingers and ears, because they have no muscles, can be maintained without a blood supply for up to 24 hours, if properly preserved. Larger, muscular structures, such as a limb, must have their blood supply restored within about four hours, or the muscle tissue begins to die.

“Virtually any body part can be successfully reattached.”

Dr. Khouri is one of eight full-time plastic surgeons at Barnes. In addition to replantation surgery, he performs general plastic, reconstructive, and cosmetic surgery.

All of the surgeons also perform a full range of cosmetic procedures. Cosmetic surgery patients benefit by choosing a surgeon with training in total reconstruction and manipulation of the body’s surface and support tissues.

“Cosmetic surgery is just a spin-off of the skills you need in doing reconstructive surgery. If you can rebuild a face, you are better prepared to improve upon it,” said Dr. Khouri.

First aid can boost replant success

Over the past two decades, replantation surgery has evolved from the occasional to the everyday. The success of a replantation depends heavily on the first aid that the patient and severed part receive at the scene of the injury.

Confusion over what to do can sometimes result in additional injury to the patient or damage to the amputated part. Here are some things to remember if you are faced with an amputation injury.

Attending to the patient:

• The patient’s survival is top priority. If there is an injury more severe than the amputation, such as a crushed chest or third degree burns, attend to that first.
• Elevate the stump and apply pressure. If the part has been totally severed, it will clot off on its own. There is no need to apply a tourniquet. In fact, a tourniquet can cause tissue death, making reattachment impossible.
• Do apply a tourniquet in the case of a partial amputation accompanied by very heavy bleeding. If you do apply a tourniquet, loosen it for a few seconds every 10 to 15 minutes.
• Transport the patient to a replantation center as soon as possible. The sooner the patient arrives at the center, the greater the chance of a successful replantation.

Attending to the amputated part:

• Keep it clean. The amputated part, especially if it has fallen into a contaminated area, should be gently washed with clean, running water or wiped.
• Keep it covered. Cover the digit or limb with a clean, moist wrapping—a paper towel or cotton gauze.
• Keep it cool, but not frozen. The ideal temperature for maintaining an amputated part until replantation is 39°F or 4°C, but avoid direct contact with ice. Wrap the part in a moist cloth, put it in a plastic bag, and place the bag on regular ice. Rapid transport to a replantation center should follow.
Community calendar

Thursday, Jan. 18 and 25
Registered dietitians from the Barnes Nutrition Counseling Service will offer free body fat assessments to visitors, employees and patients in the Health Education Center, first floor East Pavilion, from 11 a.m. to 3 p.m. In addition to measuring body fat percentage, the dietitians will offer tips on how to reduce or maintain the ideal percentage of body fat. For more information, call (314) 362-1390.

Thursday, Jan. 18
Practical information on breast feeding is provided in a two-hour class that teaches the art and techniques to new mothers. This program is blindless. Gastrina for parents who have not yet decided on breast or bottle feeding, as an aid in the decision-making process. Call (314) 362-MOMS for information.

Thursday, Jan. 25
The basics of caring for a newborn are covered in a two-hour class for new parents. Information discussed includes bathing and dressing an infant, tips on how to soothe a fussy baby, infant safety issues, common concerns of new parents, and hints on how to play with and get to know the new addition to the family. Call (314) 362-MOMS for more information.

Saturday, January 27
Grandparents anxiously waiting arrival of the new baby in the family can refresh their child care skills at an informal two-hour class led by Barnes maternity nurses. Recent trends in prenatal care, childbirth and infant care are discussed, and a tour of the childbirth area is included. Call (314) 362-MOMS for information about charges and registration.

Wednesday, Jan. 31
Its victims may feel compelled to perform a ritual over and over, several times a day. Or they may be obsessed with a thought or word that won't seem to leave their head. For many of those who suffer from it, obsessive-compulsive disorder is a painful, debilitating secret. Learn about new advances in the treatment of OCD at a free lecture at 7 p.m. at the Tesson Ferry Branch Library, 9920 Lin-Ferry Road. Barnes psychiatrist Dr. Reed Simpson will be the speaker. To register, call (314) 362-MOMS (362-8677).

Thursday, Feb. 1 and 15
Cholesterol and blood pressure screenings will be offered to employees and visitors from 11 a.m. to 3 p.m. in the Health Education Center. There will be a $3 charge for cholesterol screenings. For more information, call (314) 362-1390.

Monday, Feb. 5
Prepared childbirth classes are taught by registered nurses at Barnes as a six-week program for mother and coach. The series includes instruction in Caesarean birth and a tour of Barnes' delivery and maternity facilities. Tuesday and Wednesday classes are also available throughout the year. Call (314) 362-MOMS for more information.

Wednesday, Feb. 7
"How Diabetes Affects Your Eyes" will be the topic of a free lecture at 10 a.m. at the St. Louis County Public Library Headquarters, 1640 S. Lindbergh. Dr. Gil Grand, Barnes ophthalmologist, will discuss how diabetes causes eye complications and how diabetics can prevent blindness. Gastrina for parents who have not yet decided on breast or bottle feeding, as an aid in the decision-making process. Call (314) 362-MOMS to register.

Saturday, Feb. 10
"Cosmetic Surgery: Honest Expectations" will be the topic of a free lecture at the Lewis and Clark Branch Library, 9909 Lewis and Clark. Dr. Bruce Kraemer, Barnes cosmetic plastic surgeon, will discuss the various types of cosmetic procedures and what kinds of results to expect from each. To register, call (314) DOC-TORS (362-8677).

Thursday, Feb. 22
Are you at risk for heart disease? A free written assessment that indicates your risk of developing heart disease will be offered to visitors, employees and patients from 11 a.m. to 3 p.m. at the Health Education Center, first floor East Pavilion. For more information, call (314) 362-1390.

"I’m Important Too!" sibling preparation classes help parents and their children ages 2 through 6 get ready for the new addition to the family. Children practice holding, feeding and diapering life-like dolls and take a trip to the nursery during this one and one-half hour class taught by nurse educators and social workers. Registration is $6 per child. Call (314) 362-MOMS.

Employee retirements

Three long-term employees recently retired with a combined total of 79 years of service to the hospital. Nadine Abernathy, medical records, and Lucretia Darris, Central Service and Ethelrine Wingo, housekeeping, each received a certificate of appreciation from hospital president Max Poll at receptions in their honor.

Nadine Abernathy calls the day she got a job at Barnes “the happiest day of my life.” On that day in April 1960, she applied for the position of medical transcriptionist while her husband waited for her in the soda fountain located near what is now the Barnes cafeteria. Mrs. Abernathy remained in medical records, eventually becoming secretary to the director. Through the years, she had several different supervisors. One who made a lasting impression was the lady who emphasized important points during the weekly staff meeting by whacking a cane on the conference table. Mrs. Abernathy is planning an active retirement. She hopes to become more involved with her church, “join all the senior’s groups, and travel.”

Lucretia Darris worked nights in Central Service for 25 years. She enjoyed the quiet of the night shift and the family-like bond of the night crew. One of the first things she did after starting at Barnes was to buy a pair of oversized shoes to help her walk the halls. Lucretia plans to travel extensively in her retirement. Three of her four children work for airlines.

Ethelrine Wingo began her service at Barnes in 1964 as a housekeeper on the Queeny Tower self-care floors. She soon transferred to the operating rooms. Her first day there was a little rocky. Upon getting a glance at her first operation, Mrs. Wingo promptly passed out. “I had just never seen anything like that before,” she said. She recovered quickly and spent the rest of her Barnes career in the ORs, spending the past five years in outpatient surgery. Mrs. Wingo intends to remain active and travel. Her first stop may be in Los Angeles to visit her grandchildren.

Gifts to Barnes Hospital

Listed below are the names of persons (honorees in boldface) who made contributions during November 1989 to Barnes Hospital. Because Barnes is a private hospital and does not receive public funds, it relies on the gifts of individuals to continue providing quality patient care and to support research aimed at improving the lives of patients.

Donations to the hospital may be made through the Barnes Hospital Auxiliary or the development office. The Auxiliary coordinates the Tribute Fund, which is used for specific hospital projects.

Aids Research and Patient Care Fund
Marilyn A. Smith
IN MEMORY OF:
Matt Kelley
Mr. & Mrs. Paul Boeger
Barnes Lodge Construction Fund
Ada J. Wingo
Mr. & Mrs. Ridgely W. Meyer
Barnes Hospital School of Nursing Scholarship Endowment
IN MEMORY OF:
Lowell Traughber
Barnes Hospital
Barnes Hospital School of Nursing Faculty
Vera Roman
Margie Nahrupe
Barnes West County Consolidation Coal Company
Bone Marrow Transplant Fund
IN MEMORY OF:
Phillip Sears
Mr. & Mrs. E.C. Blackard
Alan Frenkel
Montanto
Donald Primrose
Susan Keohane
Jeanne M. Lawson
Barnes West County Consolidation Coal Company
Burn Unit Continuing Education Fund
IN MEMORY OF:
Charles & Delcy Fox
Dr. & Mrs. William Monafia
Cancer Research Fund
Linda J. Hodges
Darelyn Schmidt
Robert Wood
IN MEMORY OF:
James Lucas
Michael H. Lucas
Mr. & Mrs. Tomlinson
Diabetes Mellitus
Marcia Fisch
Joseph C. Edwards, M.D., Care of the Patient Fund
IN HONOR OF:
Dr. Joseph C. Edwards
Laurene W. Creech
Fox Family Foundation
Fox Family Foundation
Healthy, happy holidays: John Paul Hattala, left, celebrated with his son, Paul, at a reunion of Barnes' 1989 transplant recipients, Dec. 7, in the Queeny Tower Library Room. The younger Hattala, 31, of Spartanburg, S.C., was the first person to undergo a new double-lung transplant procedure developed by Barnes lung transplant surgeon Dr. Joel Cooper. Hattala, who had suffered from cystic fibrosis, was looking forward to spending an especially joyous Christmas with his family.