Patients as volunteers:

Busy hands make the waiting easier

Ron Tessier finds that working as a volunteer at Barnes helps him pass the time while he is away from his home in Massachusetts. Mr. Tessier is at Barnes awaiting a lung transplant.

Barnes volunteer Ron Tessier, 28, has been waiting for a lung transplant since Jan. 29.

"The waiting is really the hardest part," he says. "That's where volunteering really helps. It keeps me busy, and it's definitely helped my attitude."

Mr. Tessier volunteers at Barnes at least two hours a day, nearly every day.

He is one of only three patients who have volunteered while waiting for a transplant, according to Ginny Ruzicka, secretary in the Volunteer Office. She agrees that volunteering helps patients like Mr. Tessier pass the time.

"If they were living at home, they would have their regular duties to perform and friends and family around them," she says. "But they're all stuck here from out of town. They all have to be available, because they can be called any time day or night."

Mr. Tessier, his wife, Brenda, and 14-month-old daughter, Stephanie, came to St. Louis from Chicopee, Mass.

Mr. Tessier has primary pulmonary hypertension, a type of high blood pressure that involves the right ventricle of the heart, pulmonary artery and lung. The extreme pressure on his heart, Mr. Tessier says, would be alleviated by a lung transplant.

A single lung transplant is a relatively new procedure for patients with primary pulmonary hypertension, says Dr. Joel D. Cooper, head, Thoracic Surgery Section. Until late last year, Dr. Cooper says, a heart-lung transplant was the procedure most commonly performed to correct the condition.

In November of 1989, however, Dr. Cooper began performing single lung transplants for patients with primary pulmonary hypertension. He found that the recovery period is shorter, the chances for full recovery are better and the chances of receiving a single lung are greater than getting a heart-lung combination.

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Frequent blood donor reaches a milestone

"If I live to be 100, I'll have a pint for every year," quipped Robert Carty, one of the "regulars" in the Barnes Pheresis Center.

Mr. Carty had just completed his 200th blood donation and was sitting down at a table where the staff of the Pheresis Center had prepared a reception to celebrate this milestone. The staff and Mr. Carty have become well acquainted as he has visited the center every four weeks for the past several years.

Mr. Carty has donated blood "on a regular basis" since 1960 and has accumulated 25 gallons in whole blood and pheresis donations. He said he switched to pheresis donations about 10 years ago when he learned of the critical need for platelets.

Pheresis differs from whole blood donation in that only the platelets (the blood component responsible for blood clotting) are removed. The remaining components are returned to the donor through another needle.

Pheresis donors can donate platelets every two weeks, as opposed to every eight weeks for whole blood.

The need for platelets is "constantly critical," says Marian Dynis, clinical supervisor of the Pheresis Department and Outpatient Transfusion Service. The shelf life for platelets is five days, as opposed to 35 days for whole blood.

There also is a growing need for blood platelets, which are given to bone marrow transplant patients, hemophiliacs and patients undergoing chemotherapy for cancer, she said.

All of the platelets collected at Barnes are used for Barnes patients, unless another hospital has a critical need for a particular blood type.

A pheresis donation takes about two hours. Donors can sit in a reclining position and can read or watch television while they donate.

Mr. Carty says he likes pheresis donation because he can give blood more often.

"I do it because it helps cancer patients and I know there's no way they can synthesize platelets," he said.

Mr. Carty has gotten three other people to join him on his regular visits to the Pheresis Center, and he has five children who are regular blood donors.

To join Mr. Carty at the Pheresis Center, call 362-1253.

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Weiss named V.P. of Information Services

David A. Weiss has been named vice president of Information Services. He will oversee operation of Information Systems, Telecommunications and Purchasing.

Mr. Weiss formerly was vice president of Business System Development for Citicorp; vice president, Information Services for Farm Credit Services and a senior manager at Price Waterhouse.
Total patient satisfaction is goal of quality process

Among Barnes’ five guiding strategic principles are “service focus” and “differentiated quality.” (The remaining three are superior talent, resource management, and continuum of care.) Service focus and differentiated quality are directed by a continuous commitment to improvement.

Barnes has set a goal to achieve no less than 100 percent patient satisfaction. Administrators recognize that the goal is a lofty one but feel it is attainable.

“If you look at successful organizations, you find a focus on quality as an obsession, almost to the exclusion of other goals,” says John Finan, Barnes executive vice president and chief operating officer.

By focusing on quality and attaining continuous improvement, “you take quantum leaps over your competitors,” Mr. Finan said.

Quality improvement is viewed by the hospital’s administration as crucial to Barnes maintaining its status as a healthcare leader, according to Marlene Hartmann, senior vice president for patient care. “The challenge is to infuse this philosophy into all employees. As a result, changes occur in the way that employees view interactions with the hospital’s customers and with each other,” she says.

Whereas success was formerly measured by the patient’s outcome — did the patient’s condition improve or worsen — today’s patient expects more than a good outcome from a hospital stay. The nursing care, room cleanliness, quality of the food, friendliness of the employees, availability of parking, all contribute to the patient’s overall satisfaction.

All managers and supervisors in the Barnes Healthcare System will be involved in orientation sessions in quality improvement in May and June. Through the sessions, they will learn how to identify their consumers, clarify consumer expectations, how to meet those expectations and how to improve service.

Housekeeping employees are beginning to experience the quality improvement process firsthand. Each month, a housekeeping area is singled out for recognition based on its performance on a 500-point inspection.

According to Ken Darling, director of housekeeping, the recognition program is directly tied to improving patient and employee satisfaction with housekeeping services.

But Mr. Finan feels it is important that employees think of quality improvement as an ongoing process, rather than a short-term program. Quality improvement occurs through the way employees look at interactions with their customers. Success is measured by the customer’s satisfaction with those interactions, as a result of changes in processes by which service is delivered.

Quality improvement asks that employees strive for 100 percent satisfaction in every interaction with every one of their constituents, whether that constituent be a patient, another hospital employee, doctor, vendor or visitor. Thus, employees need to look at each interaction from their constituents’ point of view. Of course, expectations must be assessed for reasonableness.

“It is a rare, rare event (when an organization achieves 100 percent satisfaction). It’s not impossible to strive for, but it is difficult to achieve,” he says.

Max Poll, president and CEO, proudly acknowledges that quality improvement is not a new goal. He attributes the recent ranking of Barnes by “U.S. News and World Report” among the top 11 hospitals in the nation as evidence that differentiated quality has long been a priority at the hospital. He says an almost continuous renewal of commitment to quality is vital for the continued success of the organization.

Ed Case, senior vice president and chief financial officer, says a major component of any quality improvement process is evaluation. “An organization has to be able to measure improvements in quality and assess whether it is approaching or retreating from its goal.”

Evaluation tools are in place or are being put in place in various areas at Barnes. For instance, the patient satisfaction survey is being revised to make it more detailed and precise and departments have been developing and implementing individual quality assurance mechanisms.

“The major investment the organization will make to implement quality improvement will be in time and effort, rather than money,” says Mr. Case. “But the investment will pay off richly, both financially, and in patient, visitor and employee satisfaction.”

Mr. Finan believes the renewal of commitment to quality as directed by the strategic principles is historic. “This is the most exciting development in this phase of the history of Barnes Hospital,” he says.

Employees honored for length of service

A total of 278 Barnes employees were honored for their length of service to the hospital at an awards dinner April 20. Employees celebrating 40, 35, 30, 25, 20, 15 and 10 years of continuous service between January and June of this year were recognized with a dinner at the Hyatt Regency Hotel at Union Station and a gift.

Peggy Liles, nursing education, topped the list of honorees with 40 years of service. Three employees, Anna Garner, medical records; Catherine Lampkin, medical records; and Florence Walters, MIS, celebrated 35 years of service at the dinner.

Other honorees are listed below:

30 Years
Barbara Allen Nursing Service
Margaret Carter Nursing Service
Barbara Cataldo Housekeeping
Bettie Chears Nursing Service
Minnie Hayes Nursing Service
Mildred Jamison Nursing Service
Genevieve Mason Nursing Office
Margaret Petty Nursing Service
Alma Ratliff MIS
Patricia Schmitzgans

25 Years
Ruther Artis Nursing Service
Agnes Bardot Telecommunications
Johnetta Clark Food and Nutrition

20 Years
Jessie Atwater Nursing Service
Deborah Barnes Nursing Service
Laverne Birdsong Nursing Service
Pamela Blevins Nursing Service
Ernestine Boone Nursing Office
Melissa Bowens OR
Lillian Calvin OR
Frances Carson Nursing Service
Charles Cecil Housekeeping
Genelda Cornelison Nursing Service
Patricia Cressie Nursing Service
Sharon Crump Nursing Service
Almeda Duncan Nursing Service
Martha Easley Nursing Service
Joyce Elliott Nursing Service
Eva Fox-Boyd Nursing Service

15 Years
Clarita Cohen Nursing Service
Lillie Davis Nursing Service
Carlene Elmore Laboratory
Floydena Eppling Nursing Service
Ann Estes Nursing Service
Hazel Hampton Housekeeping
Vivian Johnson Nursing Service
Theodore Jones Plant Engineering
Betty Nash Housekeeping
Lisha Parker MIS
Leland Riebling OR
Ada Robinson OR
Sharon Rose OR
Donna Wair Nursing Service
Delores Williams Nursing Service
Mollie Woodward Nursing Service
Lena Yance Nursing Service

10 Years
Valerie Franklin Nursing Service
Rosemary Gott Payroll
Aner Green Nursing Service
Samethel Gregory Food and Nutrition
Mary Haddix Housing Services
Judy Harrold Mail Room
Edna Hester Food and Nutrition
Mary Hinz Medical Records
Doris Hogue Housekeeping
Flora Lardge Medical Records
Gwendolyn Lyles Medical Records
Elizabeth Mahan Housekeeping
Annie Malone Nursing Service
Ella Mc Condichie Nursing Service
Barbara McPherson Cardiac Diagnostic Lab
Norris McGill Medical Records
Beverly Mesey Out Patient Clinic
Lela Morgan Nursing Service
Lou Parson Nursing Service
Russell Pfeifle Ambulatory Care
Patricia Ponder Cardiac Diagnostic Lab
Emma Rount Labaratory Services
Shara Smiley Nursing Service
Hora Hurley Housekeeping
Shara Storm Nursing Service
Mae Taylor Plant Engineering
Sadie Tuggle Terry Walker
Murell Tutterrow Annie Ware
Sharon McVey Nursing Service
Shara Storm Delores Wise
Patricia Ponder Housekeeping
Joseph Zerilli Nursing Service

Sixty employees were honored for 15 years of service. One hundred and thirty-seven employees were honored for 10 years of service.
Caring comes with the territory for ER nurse

National Hospital Week brings with it an opportunity to highlight the programs, the services and, most of all, the care that hospitals provide to their communities. This year’s theme is “Count On Us To Care,” and working with patients who come through the doors of the Emergency Room with a variety of problems takes a special kind of caring.

The door to Barnes’ Emergency Department never closes. And according to RN Mark Foesterling, just about anything and everything eventually finds its way through that door.

“That’s actually part of the reason I like it,” Mr. Foesterling said. “It’s variety and it’s a little bit of everything. Sometimes you have the very sick, and sometimes you have the not-so-sick.”

Mr. Foesterling has worked in Barnes’ Emergency Department for the last 10 years. Before that, he worked in general surgery and the Critical Care Unit. He says he prefers the Emergency Department because it’s less specialized.

“It’s not such a limited field,” he said. “You get to do more things, instead of just looking at surgery patients or cardiac patients. Here is one of the few places where it’s more generalized care.”

Everyday, Mr. Foesterling delivers nursing care to patients with problems ranging from asthma to multiple injuries to late stages of labor—and a whole lot more.

Is that much variety tough to handle?

“Yes, it is, and no, it isn’t,” Mr. Foesterling said. “I think part of it is just the experience of repeated events, just the practice of it. Another part is just wanting to help somebody who is a mess.”

“Sometimes they come through the door and we do miraculous things for them,” he said. “That’s really very rewarding.”

Some patients who come to the Emergency Room need counseling, assistance from social workers or just extra “understanding” if time permits.

“You have to address their social needs as well as their physical needs,” he said.

Mr. Foesterling works 10-hour day shifts, four days a week, but said at one time or another he’s worked every available shift. For about three and a half years, in fact, Mr. Foesterling was assistant head nurse in the Emergency Department.

Barnes’ Emergency Department has advanced tremendously within the last 10 years, Mr. Foesterling said. However, outside influences play an enormous role in what actually happens there.

“Sometimes they come through the door and we do miraculous things for them. That’s very rewarding.”

Mark Foesterling, RN
Emergency Department Nurse

“We’re influenced by the weather, socioeconomic trends, traffic, almost anything,” he said.

Nevertheless, the care it provides has to be individualized, he said, because each patient’s needs are different.

“The only thing we can do is try to help them,” he said. “And it doesn’t matter if they are rich, poor, young or old. I think deep down you just really have to want to help somebody.”

Diabetes Risk Test Available from Barnes

In conjunction with the American Diabetes Association, Barnes Hospital offers a written diabetes risk test to determine whether a person is at high risk for diabetes. Registered nurses evaluate respondents’ answers to the questionnaire, and respondents are contacted with the results. The test is designed to educate and make the public aware of the serious risks of diabetes; only a physician can determine whether someone actually has diabetes. For a copy of the diabetes risk test, dial DOC-TORS (362-8677).

(continued from p. 1)

Patient volunteer

Dr. Cooper’s expertise is what brought Mr. Tessier to Barnes. “And that’s what brought me here to volunteering,” he says. Mr. Tessier performs sit-down, light-duty work such as sorting mail and organizing information packets.

“I can work at my own pace,” he says. “And the people are great. They really need the help. There’s a lot of work that they could use another person for, but there’s a lot of trivial work that you’d hate to have to pay someone to do. They wouldn’t be able to do it all if they didn’t have volunteers—or more manpower.”

Mr. Tessier says the more his volunteer work becomes like a “job” to him, the better.

“Before volunteering, my activities were sleeping, eating and watching TV,” he says. “And with my heart beating so hard, I can feel it beating. In order to get my mind off of it, I said, ‘I’m going to volunteer.’”

Mrs. Ruzicka says the Volunteer Office staff couldn’t be more pleased with their transplant patient volunteers.

“They certainly are doing a good job for us,” she says. “They come in here with a very positive attitude. I think they’re pretty upbeat people to begin with, and it’s because they are that kind of person that they even want to help.”

Mr. Tessier also volunteers for Mid-America Transplant Association. His goal someday, he says, is to increase public awareness of organ donation and transplants and, in the process, increase the number of organ donors.

“There’s not enough public awareness of transplants,” he says. “Being a person who’s waiting, it hits home a lot more than just statistics.”

Available from Barnes
Islet cell recipient goes two weeks without insulin

A 36-year-old female patient at Barnes Hospital who received an implant of insulin-producing cells isolated from cadaver pancreases was successfully off insulin injections for more than two weeks, Washington University researchers reported in the April issue of the journal Diabetes.

The patient is one of several who received a pancreatic islet cell transplant through pilot clinical trials at Washington University School of Medicine and Barnes Hospital.

The transplanted cells are removed from the pancreas' islets, pockets of hormone-producing tissue that release insulin. Within 10 days of receiving new islets, the patient no longer required daily injections of insulin. The patient remained insulin-independent until the 25th day after transplantation, when evidence of tissue rejection appeared and the patient began to require gradually increasing amounts of supplemental insulin.

This case marks the first time that transplanting purified, isolated cells has eradicated the need for insulin injections in a patient with juvenile-onset diabetes. Researchers had until now accomplished only a partial reduction in patients' needs for insulin.

"We are immensely pleased that the grafted tissue was able to satisfy all of the patient's insulin requirements before it was rejected," said Dr. David Scharp, the surgeon who conducted the transplant. "Our first trials, in 1985, were designed to determine that islet transplants were safe. In this study, our primary goal was to determine if we could isolate, purify and transplant enough islets to bring a patient completely off of insulin."

Dr. Paul Lacy, the Washington University pathologist who devised many of the techniques used to isolate and purify human islets, said this patient's case "shows that islet transplantation is a feasible approach to controlling insulin-dependent diabetes and clearly establishes the need to move on to larger clinical trials."

"Rejection, which prevents our ability to keep the patient off of insulin long-term, is a totally separate problem and our previous research gives us many good ideas about how to combat rejection in future trials."

Dr. Scharp added: "While these results are an important step forward, many more years of research may be needed before islet transplantation can become a routine treatment for diabetics."

In the transplant procedure, insulin-producing cells are harvested and purified from one or more cadaver pancreases, then injected into a patient's liver. Once established, the cells act as a natural source of insulin and reduce or obviate the need for daily injections.

These clinical trials are limited to diabetics with no insulin production who have either a previous or simultaneous kidney transplant and are immune-suppressed with cyclosporin and other medications. The researchers were hopeful that the immune suppression used to maintain the kidney transplant would also protect the islets from rejection.

Dr. Joel D. Cooper, head, section of thoracic surgery, provided an update on the advancements in lung transplantation and current trends during an interview with KPLR-TV, March 5.

KSDK-TV interviewed Mary Kay Marchena, R.N., March 12, for a story on diabetes management. Mary Kay explained who's at high risk for the disease, the importance of maintaining a balanced diet, exercising and controlling your weight as ways to combat diabetes.

Dr. Carl Nielsen, Barnes director of pain management services, was a guest on KMOX radio's "Tom Bowery Show," March 14. Dr. Nielsen discussed chronic pain, how to avoid it and what to do if you suffer from it. The last half-hour of the show consisted of a listener call in question and answer session.

Two Barnes doctors and a registered dietitian offered their professional perspectives on a recent exercise book and rapid weight loss diets, March 21. Dr. John Holloszy, Barnes exercise physiologist, was interviewed by KSDK-TV about a new exercise book that claims simple household chores will provide the necessary exercise to become physically fit. Dr. Holloszy disputed this claim. And, KMOV-TV interviewed Dr. Nathaniel J. Soper, Barnes gastrointestinal surgeon, and Ann Renfro, R.D., about the potential health hazards from a rapid weight loss diet, especially gallbladder damage. Dr. Soper offered the same warnings in an interview with KTVI-TV, April 3.

Dr. Terrence Early, Barnes psychiatrist, educated KSDK-TV viewers, March 23, about Prozac, the latest anti-depressant drug that limits the side effects previously encountered with other antidepressants.

KSDK-TV interviewed Dr. Octavio deMarchena, director of the Barnes Headache Treatment Center, about the new Barnes West County Headache Center and medical treatments available for serious headache sufferers, April 3. Dr. deMarchena offered the same information for the West County Journal, April 4.

Dr. Carl Nielsen was interviewed again about chronic pain management, this time on a national level. Dr. Nielsen provided information regarding chronic menstrual pain during an interview with Good Housekeeping, April 10.

KMOV-TV interviewed Dr. Allan E. Kolker, Barnes ophthalmologist, April 13, about glaucoma for a story that explained the disease. President George Bush has been diagnosed as having glaucoma. Dr. Kolker stressed the importance of having your eyes checked on a regular basis, especially if you fall into a high risk group.

Dr. Stanley Thawley, Barnes otolaryngologist, discussed a new nasal endoscopy to relieve sinus headaches, with the St. Louis Sun, April 13. This laser technology is being applied in many other types of surgeries.

Barnes limits indigent obstetric care

On April 2, Barnes Hospital announced that it would no longer accept obstetrics patients for delivery from several clinics in St. Louis city. The change took affect May 1. The following press release was sent to the local media:

PRESS RELEASE

To control the burgeoning growth in uncompensated care, Barnes Hospital has announced a plan to limit the number of medically indigent obstetrics patients who will be admitted to delivery.

Beginning May 1, the hospital will no longer register and admit patients for delivery from publicly funded clinics. The change was outlined in a memo to public clinics from Marvin H. Camel, M.D., acting chief of the Department of Obstetrics and Gynecology at Barnes Hospital.

Barnes is the primary teaching hospital for Washington University School of Medicine. The medical school and hospital will continue to sponsor indigent care through only two mechanisms; its obstetric clinic, and private physicians providing care for patients in the metropolitan and rural areas.

Barnes Hospital and Washington University Medical School also will continue to make facility and residents available to support the obstetric program at Regional Medical Center, the city's publicly funded hospital.

Dr. Camel stated in his memo that the change in policy is necessary to "maintain a viable obstetric service at Barnes Hospital." Those clinics affected are: St. Louis Comprehensive Health; Courtney Health; Municipal Health Center—Florence Hill; People's Clinic; and private physicians providing care for patients in the metropolitan and rural areas.

Mr. Poll said the advance notice is designed to allow other healthcare providers to help plan ways to meet the metro area's obstetric and indigent care needs.

The publicly funded clinics provide pre-natal care to medically indigent patients and contract with hospitals for delivery services. Those hospitals have included Barnes, Deaconess Hospital and Regional Medical Center. Some reimbursement is provided by Missouri Medicaid, but the amount of reimbursement does not cover costs associated with the care of these women and infants. The Barnes Hospital obstetrics service absorbed over $1 million in uncompensated care for each of the last three years. The amount of uncompensated obstetric care at Barnes is attributed primarily to the frequent closing to new admissions by Regional Medical Center.

The announcement by Barnes Hospital, which is one of the major teaching hospitals in the nation, reflects a requirement to remain financially sound while working with other healthcare providers in the metro area to find ways to provide essential care to all those who need it, according to Max Poll, Barnes president and CEO.

Mr. Poll said the advance notice is designed to allow other healthcare providers to help plan ways to meet the metro area's obstetric and indigent care needs.

In the 1988 fiscal year, Barnes provided $31.7 million in free and uncompensated care, an amount exceeded in the metro area only by Regional Medical Center, based on data from the Hospital Association of Metropolitan St. Louis.
Dr. Lauren V. Ackerman, surgical pathologist-in-chief at Barnes Hospital from 1948 to 1973, hosted a conference on bone tumors at the Division of Anatomic Pathology April 13. To acknowledge Dr. Ackerman's many accomplishments, the Laboratory of Surgical Pathology will be known as “The Lauren V. Ackerman Laboratory of Surgical Pathology.”

Dr. John A. McDonald, director of the Respiratory and Critical Care Division at Washington University School of Medicine, was a visiting professor at the University of Chicago March 12, where he spoke on “Architectural Remodeling and Connective Tissue Gene Expression in Pulmonary Fibrosis.” He also traveled to Switzerland to deliver a keynote address titled “Applications of Molecular Biology to the Lung: What Have We Learned, Where Will We Go?” at the Swiss National Thoracic Society Annual Assembly in Basel April 27.

Dr. Daniel P. Schuster, director of Critical Care Medicine in the Department of Internal Medicine at Washington University School of Medicine, and Dr. John A. McDonald, director of the Respiratory and Critical Care Division at Washington University School of Medicine, were invited participants in a National Institutes of Health workshop on idiopathic pulmonary fibrosis held in Washington, D.C., March 26 and 27.

Dr. Jack Hartstein served as chairman of the Contact Lens Section of the meeting of the American Society of Contemporary Ophthalmology in Phoenix, Ariz., March 29-April 1. Dr. Hartstein is also the president of the American Society of Contemporary Ophthalmology.

Dr. Bahman E. Emami lectured on “Clinical Experience in 3-D Treatment Planning II” at the Treatment Planning in 3D: Process, Evaluation and Implementation session at M.D. Anderson Cancer Center in Houston, Texas, March 14-16.


Dr. R. Gilbert Jost, Chief of Diagnostic Radiology, chaired the conference for Medical Imaging IV, the primary meeting dealing with digital imaging and picture archiving and communication systems (PACS). Jost also chaired a session on “Ultra-High Resolution Display Systems” in Newport Beach, Calif., Feb. 4-9.

Dr. Joseph K.T. Lee, director of Magnetic Resonance Imaging at Mallinckrodt Institute of Radiology, presented courses on “CT of Indeterminate Renal Masses” and “CT of the Retropitoneum” at Johns Hopkins University in Baltimore, Md., Feb. 8-11. He lectured on “MRI of the Pelvis” for the Chicago Radiological Society in Chicago March 15. He also discussed “MRI of the Kidneys and Adrenal Glands” at the Colorado MRI meeting in Snowmass, Colo., March 17-24.

Dr. Bruce L. McClenman, as the Preston Hickey Memorial Lecturer, presented “Contrast Material-Update 1990” at the Michigan Radiology Society in Detroit, Mich., March 1. His lecture will be published in the American Journal of Radiology in 1990. He also was appointed chairman of the Intersociety Commission of the American College of Radiology in September 1989.


Dr. Harvey H. Glazer lectured on “CT of the Mediastinum-Differential Diagnosis” at the Milwaukee Roentgen Ray Society in Milwaukee, Wis., Feb. 26.

Dr. Carlos A. Perez, director of the Radiation Oncology Center at Mallinckrodt Institute of Radiology, spoke on several topics including “Hyperthermia, Basic Principles and Clinical Experience” and “Multimodality Therapy of Cancer” for The Queensland Radium Institute in Brisbane, Australia, March 5-9. Perez also lectured on “Treatment Planning in Radiation Therapy and Impact on Outcome” at the Peter MacCallum Cancer Institute in Melbourne, Australia, March 13.

Dr. Stuart S. Sagel lectured on “CT of the Pericardium” for the Society for Thoracic Radiology Post Graduate Course in Naples, Fla, Jan 7-11.

Dr. Michael W. Vannier, director of the image processing laboratory at Mallinckrodt Institute of Radiology, lectured on “New Vistas in Imaging of Craniofacial Disorders” at The First Albert Einstein Craniofacial Symposium on Growth and Development in Craniofacial Anomalies in New York City, March 29. Articles based on presentations at the Kartause Ittingen Symposium held near Geneva, Switzerland, in September 1989 and co-authored by Vannier and Dr. Patricia L. Conroy, Ph.D., were published in Folia Primatologica, Volume 53, No. 1-4 (1989).

Dr. Judy M. Destouet was appointed to the St. Louis Regional Cancer Control Coalition. She also serves on the American College of Radiology Committee on Breast Imaging and the Food and Drug Administration Breast Augmentation Subgroup.

Dr. Louis A. Gilula was elected an honorary member of The American Society for Surgery of the Hand. Of the more than 25 honorary members of the society, Dr. Gilula is the only radiologist.

Dr. Barry A. Siegel, director of Nuclear Medicine, was appointed chairman of the Advisory Committee for the Medical Uses of Isotopes of the U.S. Nuclear Regulatory Commission.

Dr. Ralph V. Clayman received the 29th Ferdinand C. Valentine Award in recognition of his work in endourology from the Council of the New York Academy of Medicine in New York City March 21.

Dr. William D. Middleton and Daniel Picus received the 1989 Editor’s Recognition Award with Special Distinction from “Radiology,” the leading radiological scientific journal.

Dr. Jeffrey J. Brown, Harvey S. Glazer, Landis K. Griffin, Jay P. Heiken, William H. McAlister, Barbara Monsees, Henry D. Royal, Stuart S. Sagel, Marilyn J. Siegel and Michael W. Vannier received the 1989 Editor’s Recognition Award with Distinction from “Radiology,” the leading radiological scientific journal.

Margaret Petty enjoyed the camaraderie among the night staff. She started working as a nurse assistant at Barnes when her husband was laid off 30 years ago and worked nights for all but her last three years. “We were like a family. Everyone helped each other out,” Mrs. Petty said. “It was a lot of hard work, but I really did enjoy it.” During her retirement she will be cooking, gardening, fishing and crocheting.

Earlie Mae Jackson worked in Food and Nutrition for 22 years. She started out as a dishwasher and worked her last years in food preparation. She prided herself on her vegetables. During her retirement she plans to spend time with her three sons and one daughter.

**St. Peters Auxiliary offers scholarships**

The Barnes St. Peters Hospital Auxiliary will offer two $500 scholarships this year to area college students. The scholarships will be awarded on the basis of academic achievement and financial need. Criteria for receiving a scholarship include completion of one year of college, enrollment in a health-related program at an accredited college, and maintenance of a grade point average of at least 2.6 on a scale of 4.0.

Applications can be obtained by writing to Scholarship Chairman, Barnes St. Peters Hospital Auxiliary, 17 Long Branch Court, St. Peters, MO 63376. Additional information may be obtained by calling the Scholarship Chairman at 928-5577.

Applications must be postmarked by May 15, 1990.

**Retirees**

Two long-term employees retired recently after a combined total of more than 50 years service to Barnes. Margaret Petty and Earlie Mae Jackson each received certificates of appreciation from Barnes President Max Poll.

Margaret Petty

Earlie Mae Jackson

**Margaret Petty**

**Earlie Mae Jackson**
Calendar of Events

Wednesday, May 16
Prepared Childbirth Classes for mother and coach are taught by Barnes registered nurses. The six-week program includes general pregnancy and childbirth information as well as information on Caesarean birth and a tour of Barnes delivery and maternity facilities. Fee for the program is $40 per couple. For more information, call (314) 362-MOMS.

Infant CPR Classes can be taken alone or in conjunction with Barnes’ Infant Care Class. The two-hour class instructs parents in basic CPR rescue techniques. For more information, call (314) 362-MOMS.

Thursday, May 17
What is your lung capacity? Find out at a free pulmonary screening from 11 a.m. to 3 p.m. at the Health Education Center, first floor East Pavilion. For more information, call (314) 362-1390.

Practical information on breast feeding is provided in a two-hour class that teaches the art and techniques to new mothers. The class is also recommended for parents who have not yet decided whether to breast or bottle feed, as an aid in the decision-making process. For more information, call (314) 362-MOMS.

Saturday/Sunday, May 19 and 20
Grand opening of the Labor, Delivery, Recovery and Postpartum (LDRP) unit will be from 10 a.m. to 6 p.m. Tours, fashion shows, educational programs, displays, refreshments, attendance prizes and free parking will be provided. To register, dial (314) DOC-TORS (362-8677).

Wednesday, May 23
Tours of the new Labor, Delivery, Recovery and Postpartum (LDRP) unit will be available from 4 to 8 p.m. To register, dial (314) DOC-TORS (362-8677).

Thursday, May 24
Tours of the new Labor, Delivery, Recovery and Postpartum (LDRP) unit will be available from 4 to 8 p.m. To register, dial (314) DOC-TORS (362-8677).

Glaucoma screenings will be offered from 11 a.m. to 3 p.m. at the Health Education Center, first floor East Pavilion. For more information, call (314) 362-1390.

“Controlling Cholesterol” will be discussed by Anne Goldberg, M.D., at 7 p.m. at Barnes West County Hospital. Cholesterol screenings will be available for a $3 fee at 6 p.m. For more information, dial (314) DOC-TORS (362-8677).

Tuesday, May 29
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 for playing with and getting to know the new addition to the family. Fee is $10 per couple. For more information, call (314) 362-MOMS.

Wednesday, May 30
“Glaucoma and Cataracts” will be discussed by Michael Kass, M.D., at 7 p.m. at Barnes West County Hospital. Glaucoma screenings will be held at 6 p.m. For more information, dial (314) DOC-TORS (362-8677).

Thursday, May 31
Elder Care Information will be offered from 11 a.m. to 3 p.m., sponsored by the Health Education Center and Home Health Services. For more information, call (314) 362-1390.

Tuesday, June 5
Prepared Childbirth Classes for mother and coach are taught by Barnes registered nurses. The six-week program includes general pregnancy and childbirth information as well as information on Caesarean birth and a tour of Barnes delivery and maternity facilities. Fee for the program is $40 per couple. For more information, call (314) 362-MOMS.

Infant CPR Classes can be taken alone or in conjunction with Barnes’ Infant Care Class. The two-hour class instructs parents in basic CPR rescue techniques. For more information, call (314) 362-MOMS.

Thursday, June 7
Childbirth Refresher Classes are available for couples who have already attended a Prepared Childbirth series and simply want a review. Content is flexible, based on each group’s needs. Fee for two sessions is $30 per couple. For more information, call (314) 362-MOMS.

Saturday, June 9
An Ophthalmology lecture, “Cataracts & Glaucoma,” will be presented by William Dinning, M.D., at 11 a.m. at Machacek Library. Glaucoma screenings will be held at 10 a.m. For more information, dial (314) DOC-TORS (362-8677).

“I’m Important Too!” sibling preparation classes help parents and their children ages 2 through 6 prepare for the new addition to the family. Children practice holding, feeding and diapering life-like dolls in a 90-minute class taught by nurse educators and social workers. Fee is $6 per child. For more information or to register, call (314) 362-MOMS.

Thursday, June 14
Childbirth Refresher Classes are available for couples who have already attended a Prepared Childbirth and simply want a review. Content is flexible, based on each group’s needs. Fee for two sessions is $30 per couple. For more information, call (314) 362-MOMS.

Positive Pregnancy Fitness is a six-week series of yoga-based exercise and early/mid pregnancy health information classes held from 7 to 8:30 p.m. in the Barnes Clayton Avenue Building. The classes may be continued throughout the pregnancy. Physician approval is requested. Fee is $40 for the series. For more information or to register, call (314) 362-MOMS.

Positive Parenting Fitness is a yoga-based program that includes exercises for mother, stimulation for baby and information for the health of your new family. The series of six 90-minute classes costs $35. Physician approval is required. For more information or to register, call (314) 362-MOMS.

Thursday, June 21
Practical information on breast feeding is provided in a two-hour class that teaches the art and techniques to new mothers. The class is also recommended for parents who have not yet decided whether to breast or bottle feed, as an aid in the decision-making process. For more information, call (314) 362-MOMS.

Saturday, June 23
Grandparents anxiously awaiting arrival of a 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. Fee is $10. For more information or to register, call (314) 362-MOMS.

Diabetic cookbook has 350 recipes

Barnes’ Diabetes Service is offering a free cookbook titled “The Art of Cooking for the Diabetic.” With over 350 recipes, the cookbook helps diabetics create a variety of flavorful meals that are nutritionally sound, including appetizers, soups, salads and dressings, breads, entrees, beverages and desserts.

The book also includes information for children and adults about living with diabetes on a day-to-day basis. Topics covered include exercise and sports, eating out, alcohol, travel safety and supermarket skills — what to look for and what to avoid when shopping. In addition, a section highlighting the importance of proper diet in diabetes management offers extensive food exchange listings and nutritional information about fiber, sugars and fats in the diet.

If you or an immediate family member has diabetes and would like a free copy of “The Art of Cooking for the Diabetic,” dial DOC-TORS (362-8677).
Gifts to Barnes Hospital

Listed below are the names of persons (honorees in boldface) who made contributions during March 1990 to the funds at Barnes Hospital. Because Barnes is a private hospital and does not receive public funds, it relies on the gifts of individuals to continue providing quality patient care and to support research aimed at improving the lives of 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.

Barnes Hospital Auxiliary

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Kim, Alan, & Kristin Gibson
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Froma K. Rich

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Thank you for your contribution to Barnes Hospital. To make a donation, call the Barnes Hospital Auxiliary, 362-5326, or the Development office, 362-5196.

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IN MEMORY OF

Jerry Goldman
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Scott Jablonski Kidney Fund

IN HONOR OF

40th Birthday of Scott Jablonski

Shirin & Howard Revelson

Jonathan Adam Jonas Cancer Research Fund

IN MEMORY OF

In Loving Tribute to Their Son and Brother, Jonathan Adam Jonas
Debra, Stephen, Jeffrey, Sybilbe and Jared Jonas
Father of Stuart Glazer
Dr. & Mrs. Julius Hartsstein

Michael & Irene Karl Fund

Mrs. Michael & Irene Karl

Philanthropic Fund

Thank you for your contribution to Barnes Hospital. To make a donation, call the Barnes Hospital Auxiliary, 362-5326, or the Development office, 362-5196.

Barnes Hospital Unrestricted Endowment

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Urology Research Fund

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Barnes Hospital School of Nursing Alumni Scholarship

Barnes Hospital School of Nursing Alumni Scholarship

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With Our Best Wishes For Your Speedy Recovery to Tina Borchert

Social Service Patient Fund

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IN MEMORY OF

Daughter, Theta

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Auxiliary presents largest check ever to hospital

The Barnes Hospital Auxiliary has presented the largest check in its history ($650,000) to the hospital. The check completes the Auxiliary’s pledge for renovation of the Cardio-Thoracic Unit and is the first payment on its $1.5 million pledge for the new Barnes Lodge, now under construction. Accepting the check from Norma Stern, Auxiliary president, is Armand Stalnaker, chairman of the Barnes Board of Directors.

Michele Dreyer, R.N., Barnes St. Peters Hospital, and a new arrival in a photograph taken for the 1989 Barnes annual report. A copy of the report may be obtained by calling the Public Relations office at 362-5290.