Board of directors votes hospital self-insurance

In an effort to hold down cost of hospital operations, Barnes' board of directors has voted to become self-insured against malpractice and public liability claims.

The board made the decision after studying recent bids on new policies for professional liability insurance, commonly called malpractice insurance. Premiums quoted were vastly in excess of those which were existing for similar coverage. The directors believe that these greatly increased premiums were based on the large judgments that have been entered in malpractice cases in such states as California and New York. Missouri has had no such experience.

Cost of insurance is included in charges made to patients on their hospital statements. During the past year, malpractice and public liability insurance cost $1.62 for each day a patient was in the hospital. Under the only bid available to the hospital when the board considered the matter, costs would have increased by $9 per patient day. The board decided that the hospital's record did not justify any such increase in premiums.

Based on the average length of stay of approximately nine and one-half days, the cost to patients would have been about $100 per hospitalization.

The board said that the hospital and its staff feel an obligation to their patients, not only to provide them with the best possible hospital care, but to do so at the lowest possible cost. Therefore, the hospital will not add this enormous cost to patient bills. Instead, the hospital has become self-insured and will defend all such claims and law suits that might be brought against it.

The board decided that an initial cash reserve of $1 million should be provided, a portion of which would come from money that had been budgeted for professional liability coverage premiums. The board agreed that house staff members, as well as Barnes employees would be covered against judgments of up to $1 million resulting from the carrying out of regular assignments at Barnes.

The board action coincided with state legislation which provides for screening malpractice suits, requires insurance companies to report malpractice claim losses to the state, forbids plaintiffs to cite dollar amounts in seeking damages, requires insurance companies to underwrite jointly any type of malpractice coverage that becomes available, reduces the statute of limitations for filing suits and gives the State Board of Registration for the Healing Arts greater power to discipline physicians.

Barnes may, in the future, purchase professional liability insurance but it will be because the insurance is available at a price which more accurately reflects the small number of suits filed and judgments reached against Barnes.

Three business, civic leaders are elected to board of directors

Three St. Louis business and civic leaders have been elected to the Barnes Hospital board of directors. Board Chairman Raymond E. Rowland has announced.

They are Charles F. Knight, chairman and chief executive officer of Emerson Electric Co.; Edward J. Schnuck, chairman of the board of directors of Schnuck Markets, Inc.; and Armand C. Stainaker, chairman and president of General American Life Insurance Co.

Mr. Rowland said the new members bring an accumulation of business skills and civic interests which will strengthen the board of the 1200-bed private hospital. "Hospitals today are faced with difficult decisions which must be solved in a manner which will continue to provide the best medical care available at the lowest cost," Mr. Rowland said.

Mr. Knight joined Emerson Electric Co., in 1972 as vice chairman, became chief executive officer in 1973 and chairman in 1974. Prior to joining Emerson, Mr. Knight was president and chief executive officer of Lester B. Knight and Associates, one of the leading multi-national management consulting firms.

A member of Civic Progress, Inc., Mr. Knight also served as a director of Southwestern Bell Telephone Co., First Union, Inc. and Mississippi River Corporation. He is a member of the St. Louis Regional U.S. Industrial Payroll Savings Committee.

He holds a bachelor's degree in mechanical engineering and a master's degree in business administration from Cornell University.

He is a 1976 recipient of the St. Louis Argus Award for Outstanding Service and the St. Louis Human Development Corporation Humanitarian Award in 1975. Mr. Knight is married to the former Joanne Parrish.

A native of St. Louis, Mr. Schnuck has been chairman of the board of Schnuck Markets, Inc., since 1970. He previously had served as president and vice president of Schnucks, the largest retail food chain in the metropolitan St. Louis area.

A member of Civic Progress, Inc., Mr. Schnuck is chairman of the board of the Federal Reserve Bank of St. Louis (Eighth District) and Federal Reserve Agent; director of Hannaford Bros. Co. of Portland, Maine; director and immediate past chairman of Super Market Institute; and director and past chairman of the board of Staff Supermarket Associates.

(continued on next page)
Three members of the Barnes board of directors were honored April 29 in Queeny Tower, Raymond E. Rowland, chairman of the board, center, and hospital President Robert E. Frank, left, participated in the ceremonies honoring Edwin M. Clark, second from left; Irving Edison, second from right; and Spencer T. Olin, right.

Barnes annual report for 1975 is published

Shortened stays for patients and greater use of outpatient facilities were noted in the Barnes Hospital annual report for 1975, issued recently.

“Nationwide, an increased emphasis is on alleviating health problems without hospitalization, and, when hospitalization is necessary, cutting the length of stay,” said the message by Raymond E. Rowland, chairman of the Barnes Board of Directors, and Barnes President Robert E. Frank. “Barnes has experienced success in these endeavors.”

The report said that although the hospital admissions were up 500 in 1975, total number of patient days decreased 7,000. At the same time, outpatient clinic visits increased by 880 over 1974 and emergency room use increased by nearly nine percent.

Barnes continues to be a major St. Louis employer with a total of 3,246 fulltime equivalent employees, a rise from 3,204 in 1974.

Advancing medical technology played a key role at the hospital. Barnes is the major regional center for transplanting kidneys, became one of five hospitals in the nation performing bone marrow transplants and became a major center for the collection and transfusion of blood and blood components. A high-risk pregnancy program was continued and 306 more babies were born than in the previous year.

Construction was begun on a new service building to be completed in 1977 and to be named in memory of Mr. and Mrs. Henry W. Peters. Plans were advanced for the construction of a new patient care building, the West Pavilion, with 264 beds to replace outdated patient rooms in other areas.

The annual report contains an auditor’s report which indicates that the hospital provided approximately $2.75 million in free care to patients during 1975.

Chemical analyzer now in operation

An automatic chemical analyzer, the Dupont ACA, capable of performing many different diagnostic tests on a routine or emergency (STAT) basis, is now in operation in the clinical chemistry laboratory.

Dr. Jack Ladenson, assistant director of clinical chemistry, said the computer-assisted analyzer is enabling technicians to perform a number of STAT and routine tests more quickly and with greater precision.

“Before we acquired this instrument, our STAT tests except for electrolytes, glucose, creatinine and blood gases had to be performed manually in areas some distance from the STAT area. Now the same tests can be performed by a single instrument in the STAT area. The response time enabling technicians to perform a number of STAT and routine tests more quickly and with greater precision.”

“The analyzer was installed about two months ago and has been undergoing correlation studies with the procedures which it is replacing. It is now being used for STAT analysis of calcium, blood urea nitrogen (BUN), lactic acid, spinal fluid glucose and spinal fluid protein.

It also is being used for all routine total bilirubin, direct bilirubin, BUN and uric acid analysis. It will soon be utilized for the analysis of total protein, iron, iron binding capacity and a clinically superior acid phosphatase. Still further important additions such as amylose are expected by the summer.

“We already have shown the analyzer to be cost-effective, meaning that by automating a number of low volume tests, we are freeing technicians to perform other tasks,” said Dr. Ladenson. “This is especially important when we are experiencing an increase of 10 to 15 percent each year in the number of tests we perform.”

In operation, the sample is placed in a container labeled with the patient’s name and other pertinent information. Reagent packs for the tests to be performed are then simply placed after the specimen and the operate button pressed. Once the start button is pushed, the procedures are completely automatic.

In a few minutes, the machine has mixed the specimen with reagents, incubated the sample and formed a plastic button to “read” the specimen and provided a digital readout and permanent written record of the results. Test results are then entered in the laboratories central computer and, if STAT, phoned to the patients nursing station. Suitable quality control specimens and daily maintenance ensures correct results.
Jorge Villarreal, an aide in central service, believes in the value of a good education. He told his high school son that if the young man achieved good grades in high school, Mr. Villarreal would give him his car. Mr. Villarreal is now looking for another car.

Jorge Villarreal is not a typical employee. For the native of Bolivia, in South America, his five years in the United States have been a combination of working at Barnes and, for four years, attending Harris Teachers College in St. Louis where he will graduate in May with a degree in mathematics.

Celia Villarreal, Jorge's wife, is a nurse in the Barnes' burn unit. In fact she came to the United States because when I get home I can only study for one P.M. He studies during coffee and other work breaks. "I have to use that time to study because when I get home I can only study for one or two hours before I fall asleep."

Mr. Villarreal said that after he graduates from college, he and his family will decide on whether or not to remain in the United States or return to Bolivia. He hopes to teach mathematics on the secondary school level. "The people in St. Louis and at Barnes are very kind. I like my work here and I feel I have bettered myself by getting a college education."

Now the problem which he faces is finding another car. "My son has been driving my wife and I to work but I do have to get another car. I am very proud of my son."

Eye clinic patients learn about eyes

Eye clinic patients are learning about eye problems with the aid of a videocassette player which has been donated to the clinic by the Lions Club. The television-type player is now in use in the main clinic waiting room.

Dr. Theodore Krupin, Barnes' ophthalmologist, and Carol Smith, head nurse in the eye clinic, accepted a $700 check from Lions Club district governor Elmer Klein during ceremonies in May. The check was used to purchase player and cassette programs on glaucoma, cataracts and contact lenses. Additional programs are to be added in the future.

"There usually is a short wait before the patient is seen by the doctor and we thought this would be an excellent way for them to spend that time, watching programs which may help them understand more about the eye," Mrs. Smith said.

The St. Louis Society for the Blind became aware of the need for the video-cassette player and made the direct appeal to the Lions Club who are active in supporting programs to help eye patients.

Seven join medical staff

Seven doctors have joined the medical staff according to the President's Office. All the appointments are effective July 1. They are Dr. Gary Omell, assistant radiologist; Dr. Morris Jofius, assistant physician; Dr. Ernest Rouse III, assistant physician; Dr. Aubrey Morrison, assistant physician; Dr. Paul Stein, voluntary assistant in outpatient department; Dr. Kenneth Arnold, assistant surgeon; and Dr. Barrett Holder, assistant surgeon, orthopedic surgery department.

Histotechnologist on faculty

Don Leahart, a Barnes histotechnologist, was a member of the guest faculty at the first annual conference on histopathological trends held May 21 and 22 at the Marriott Motor Hotel in St. Louis. Mr. Leahart spoke on "Timm's Copper Stain to Diagnose 'Wilson Disease'."

Elected society president

Dr. Ernst Friedrich, obstetrician-gynecologist, has been elected president of the St. Louis Gynecological Society for 1976-77, the centennial year for the society. Other officers include Dr. Joe Belew, secretary, and Dr. Eugene Taylor, treasurer. The society's centennial meeting was held May 15 at the St. Louis Medical Society building and featured several hospital physicians.

Speaks about death

Dr. John Vavra, Barnes' physician, recently spoke on "Death with Dignity" at an open forum at St. Paul United Church of Christ in Freeburg, Ill.
John Trumbull painted this imaginative recreation of the signing of the Declaration of Independence. The document was passed by the Continental Congress on July 4, 1776, and was signed on Aug. 2, in Philadelphia.

Medicine 1776-1976

Illness affected U.S. revolution

There was no Barnes Hospital in 1776. But if there had been, with the hospital’s medical personnel and equipment, times would have been easier for the revolutionists who fought for the independence of this country. And life might have been more kind to many of the men who gathered in Carpenter’s Hall in Philadelphia to draft and sign the Declaration of Independence.

Diseases which plagued the populace during the nation’s early years are largely under control today. In a joint observance of National Hospital Week, held May 9-15, and the U.S. Bicentennial, Barnes Hospital provided patients with a series of broadsides telling of five figures of the American revolution and the medical problems which afflicted them.

The broadsides were distributed to patients with their evening meals during Hospital Week and were featured in an edition of the St. Louis Globe-Democrat. They also were made available to the public.

The printed material deals with Thomas Lynch’s stroke, Caeser Rodney’s cancer, George Ross’ gout, Stephen Hopkins’ ague and King George’s madness. Lynch, Rodney, Ross and Hopkins were signers of the Declaration of Independence. King George occupied the throne in England during the revolutionary years.

King George III

King George III ascended to the throne of England in 1760. His appearance—waddling, unhandy, with pop-out eyes and a big backside—as well as his habit of snapping quick, stupid questions for which he gave no time for reply, was indicative of a hereditary condition that handicapped him throughout his reign and ultimately caused his insanity and death.

He suffered from a type of porphyria, a metabolic disorder characterized by recurrent neurologic disturbances, pain, hysteria, dysfunction and convulsions. Despite his being King of England, there was nothing his doctors could do for him. If they had known an effective treatment, independence might never have been declared by the thirteen American colonies.

Today drugs can control the type of illness which afflicted King George. The major treatment, however, is the prevention of the symptoms. The active state of the disease can be triggered by the ingestion of sleeping pills, estrogens, sulfonamides, contraceptives and possibly, alcohol.

Porphyria remains a rare hereditary disease that masquerades as other maladies. Psychosis or unexplained epilepsy aggravated by barbiturates or contraceptives may suggest the disease. Abdominal pain for which no cause can be found could also be a symptom.
A severe thunderstorm struck the East Coast the night of July 1-2, 1776. Caesar Rodney rode that night and the next day to reach Philadelphia and break the tie in the three-man Delaware delegation to swing it to favor independence.

Just as votes were being cast, Rodney arrived soaked, muddied, and swaying with exhaustion, an ever-present green silk scarf covering the left side of his face, which was eaten away by cancer. He stood tall in Carpenters’ Hall and in a tired but resolute voice voted yes. Rodney had been advised by his doctors to go to England to seek treatment that would have at least eased his agony. He knew he could never do that after casting his vote for independence.

Unlike Rodney, today’s cancer patient is free to seek the best medical help available. Many types of cancer are being cured today, and the outlook for victims of skin cancer is extremely good. Diagnostic advances that make early detection and treatment possible have resulted in a cure rate of approximately 95 percent for the type of cancer that probably afflicted Caesar Rodney.

Other cancers are curable if treated in time. Warning signals include a change in a mole, a sore that fails to heal promptly or that recurs in the same place, a persistent discharge, a small bump either on or under the skin, or any other change from normal. Chemotherapy, surgery, radiation therapy and immunotherapy all have been used separately or in combination to cure various cancers or greatly lengthen life and improve health.
Total joint replacement is new aid to patients

New surgical procedures, designed to relieve pain and improve function in hip and knee joints of orthopedic patients, are enabling many persons to resume a near-normal lifestyle.

Dr. Arthur Stein, orthopedic surgeon-in-chief, said that the procedures, developed within the past few years, have been successful but depend heavily on the desire of the patient to carry through with rehabilitative exercises. Artificial body parts are used to totally replace hip and knee joints.

"We have had reasonable success with replacing hip and knee joints, doing about 300 of these procedures during a year," Dr. Stein said. Although total joint replacements are made occasionally when the patient has been in an accident, the major reason for replacement is rheumatoid or degenerative arthritis which is advanced to the point where the patients are in constant and severe pain.

"We don't do the replacement procedures simply because a person is uncomfortable," Dr. Stein said. "The operations are major procedures and we certainly don't rush into them. The patient has to be made aware of the scope of the operation, the risks involved and the need for exercise and follow-up care."

The procedures involve replacing parts or all of a joint with artificial parts which are made from metal and plastic materials and are implanted in the patient. In total hip replacements artificial parts are used to replace the hip socket and the ball at the top of the femur (the bone from the hip to the knee).

The procedures are performed in an operating room equipped with controlled air flow to minimize the risk of infection, one of the major complications.

One of the reasons for the increased success in total joint replacements has been the development and use of methyl methacrylate, a substance which acts as a grout to stabilize the implants.

Earlier replacements utilized all-metal parts and while some procedures were effective, a combination of metal and plastic have been more effective. "We believe these artificial parts will be functional for at least ten years," Dr. Stein said. "Although we cannot guarantee permanence, we believe the parts may possibly last well beyond ten years."

In addition to the number of total joint replacements done, partial replacements are performed in some cases. "We only do what we feel is necessary for the patient. In fact there are some cases where long-accepted orthopedic procedures will produce good results for the patient."

Some progress has been made in developing prostheses and surgical procedures to replace other joints such as ankles, elbows or shoulders. These efforts have met with only limited success and are generally used as a last resort. "These joints do not affect body motion to the same extent as the hip and knee," Dr. Stein said. "But they are part of an exciting time in orthopedics. We haven't yet reached the ultimate in what we can do to help patients."

All prostheses now being used are made of inert substances. This was not true of some of the parts used in earlier replacement procedures which resulted in a higher incidence of failure.

Dr. Stein said that patients scheduled for joint replacements are given antibiotics before and after surgery to reduce the possibility of infection. The surgery itself may last two hours or more and patients normally are hospitalized from two to three weeks. They are permitted to move about within three to five days after surgery.

"Before we release patients, we like to have the surgical incision healed and for the patient to have a reasonable range of motion in the joint," Dr. Stein said. "We want the patient to be able to move about at home and do many things for themselves."

Candidates for the replacement operations need to be in good health. The procedures are major surgery, involving blood transfusion, and the patient must be healthy to carry through with the needed exercise. Dr. Stein said that being overweight is a problem for some patients and he encourages them to lose weight. "If they can't lose the necessary weight, they probably don't have the desire to carry through with the rehabilitation exercises," Dr. Stein said. "When this happens, the chance of having a good result is very slim."

Dr. Stein works with his patients following surgery, demonstrating exercises which they can do at home. Approximately 90 percent of patients can accomplish the exercises themselves, without assistance. "I tell my patients that having this type of surgery is like getting married. The patient and I are going to be seeing a lot of each other. We need to follow our patients closely."

The surgeon's task only begins with the procedure. "This is not like taking out an appendix. In that procedure the surgeon is generally through with the case in a relatively short period of time. Replacement of joints is a different situation because prolonged follow-up care is required to achieve a good result."

Wall has names of outstanding teachers inscribed

Dr. Franz Arzt, retired obstetrician-gynecologist, views wall honoring outstanding teachers in the department. The names are inscribed in a new courtyard at the front of the former Maternity building. Dr. Arzt was a member of the Barnes staff for many years and now lives in Boco Raton, Fla.
Eye bank permits more corneal transplants

Persons in the St. Louis area who suffer from sight impairment because of damaged corneas are benefiting from the eye bank at Barnes Hospital, the major functioning eye bank in the metropolitan area.

Corneal transplants, while not new, are being done more often and with higher rates of success at Barnes where approximately 150 of the procedures are done each year. The number is limited only by the availability of corneas for transplantation.

Approximately 30 persons in St. Louis alone are on a waiting list for corneal transplants, to replace the scarred or injured tissue comprising the normally clear cornea of the eye. New developments in operating room equipment, procedures and drugs to reduce the body’s resistance to transplanted tissue are behind the increase in transplants. The cornea is the clear tissue at the front of the eye.

Dr. Stephen Waltman, ophthalmologist and director of the eye bank at Barnes, said that the hospital is practically the only one in the St. Louis area to continually receive eyes from donors at death. “It seems that ophthalmologists at many of the other hospitals haven’t made enough effort to ask about eye donations.”

The eye bank, located in McMillan, receives financial assistance from the St. Louis Society for the Blind. A major backer of the eye donor program is the Lions Club which for many years has had vision and eye problems as a major area of concern.

“We expect that we will be receiving more donor eyes through the Lifeline program being started within the medical center but, while that holds promise for the future, we need donations now,” Dr. Waltman said.

Eyes are collected for the eye bank when a person, who has filled out a donor card, dies. Immediately following death, eyes are stored in special solutions and refrigerated, allowing transplantation of the cornea within three to six days.

“This provides us with enough time to get the recipient in the hospital and establish a routine schedule of surgery,” said Dr. Waltman.

Only the cornea of the eye is able to be transplanted although portions of the sclera, the white portion of the eye, can be used in procedures to correct detached retinas. (Recently a St. Louis newspaper carried a classified ad offering an eye for sale for $25,000. Dr. Waltman said that eyes are never taken from living donors and that whole eyes cannot be transplanted.)

Thecentral two-thirds of the clear cornea is transplanted and patients are normally hospitalized for one week. Within two weeks, ophthalmologists know whether or not the transplant has been successful, which may be as often as 90 percent of the time.

High rates of success of the transplant are attributed to the development of small sutures used in the surgery, to the use of microscopes during surgery and the use of cortisone for any corneal injuries.

Unlike other transplant procedures, ophthalmologists have found that a tissue match is usually not important for corneal transplants. “Our studies have shown that it is not important that tissue matching be done. Rejection can be controlled by using large doses of cortisone in the eye and instructing the patient to use eye drops following release from the hospital.”

Subsequent developments permitted eyes to be frozen and stored from three to six months. The problem with this procedure was the extended time required to prepare the eye for storage and the time required to bring the eye back to normal temperature for the operation.

Since there is a waiting list today, and because corneas are transplanted rapidly, new storage techniques have been simplified and less preparation is required for storage and transplantations.

Persons wishing to sign donor cards specifically for their eyes may contact the eye bank at 454-2150 or use the form on the back of new Missouri driver’s licenses. Medical center employees and their families may also utilize the Lifeline program now underway.

Dr. Stephen Waltman points to the cornea, the clear portion of the front at the eye, which can be transplanted. Dr. Waltman is director of the Barnes eye bank.

Dr. George Wulf, obstetrician-gynecologist, raised approximately $1400 May 1 for the St. Louis and Missouri Heart Associations during the co-sponsored Cycle for Life program. Dr. Wulf, 60 years old, rode his bicycle more than 20 miles in the event, with backers contributing almost $70 per mile.

Speaks in Venezuela

Dr. Jack Hartstein, ophthalmologist, was guest speaker at an ophthalmologist institute in Caracas, Venezuela. He spoke on intraocular lenses, photomulsification and contact lenses.
Service award dinner held

Many Barnes employees received service awards during recent dinner on the Starlight Roof of the Chase Park Plaza Hotel.

Dr. Kilo speaks on diabetes

Dr. Charles Kilo, Barnes physician, was a guest speaker at the third annual meeting of the American Diabetes Association in Duluth, Minn. He spoke on microvascular and macrovascular diseases in diabetes and on insulin and oral hypoglycemic agents.

Dr. Schwartz delivers New Orleans lecture

Dr. Henry Schwartz, Barnes' neurosurgeon, delivered the R. Eustace Semmes lecture at the 28th annual convention of the Southern Neurological Society in New Orleans.

Heads medical society

Dr. Robert Deitchman, a Barnes' psychiatrist, is serving as president of the St. Louis County Medical Society during 1976.