Barnes signs up to care for war wounded

Barnes Hospital is one of 34 hospitals within 50 miles of Scott Air Force Base in Belleville, Ill., to sign an agreement with the Department of Defense to provide medical care for military casualties in the event of a war or national emergency.

As participants of the Civilian Military Contingency Hospital System, Barnes and other area hospitals have agreed to provide beds to war wounded when required, with the federal government reimbursing them for expenses, according to Barnes associate director Rich Linnebecker.

The CMCHS was established in June of last year as part of the military preparedness plan and links civilian hospitals with military medical facilities, which many government officials feel may not have the necessary space, medical personnel, equipment or money to provide good medical care during wartime.

St. Louis was chosen as the first test site because its medical resources are near Scott Air Force Base which boasts excellent medical facilities and aeromedical airlift system. The Defense Department is planning to go nationwide on the system, centering such areas around existing air force bases that have medical centers, with a goal of commitments for 30,000 to 50,000 hospital beds for medical use across the country in the next two years.

Four renovated areas reopened

As construction renovations continue throughout Barnes, four additional areas were added to the list of completions.

The 17th floor Queeny Tower dining room, recently remodeled and enlarged, was reopened early in January. The expanded facility seating 198 persons features a savory new menu with added appetizers, entrees and desserts.

Continuing the list of completions was renovation of three patient care areas in the Rand-Johnson building including 2200 which opened in January and 9200 and 10200 which were opened this month.

CRC celebrates its 20th anniversary

The Washington University Clinical Research Center celebrated its 20th anniversary with a reception in Wohl Auditorium December 10.

The celebration heralded past accomplishments of the research center in addition to taking a look at what clinical research has to offer the future.

The CRC, one of 75 such facilities in the United States funded by the Division of Research Resources of the National Institutes of Health, shortens the time lag between the development of new basic information obtained through research and its application to the diagnosis and treatment of patients. The 28-bed facility has adult care units located on the fourth and fifth floors of Barnard Hospital as well as pediatric beds at Children’s Hospital.

Hypothermia ranked high among cold weather risks

St. Louis winter temperatures have dipped into the teens with wind-chill factors plunging those not-so-warm temperatures to even lower depths on the outdoor thermometer. Those cold temperatures and related weather conditions bring with them several health hazards— Injuries caused by falls on icy pavement, frostbite, heart attacks, pneumonia and a not-so-well-known condition called accidental hypothermia.

Accidental hypothermia is a condition occurring when the internal body temperature is less than 95 degrees Fahrenheit (35° C) as a result of exposure to the cold—whether indoors or outdoors. A disorder generally associated with hikers, mountaineers and stranded motorists, accidental hypothermia is becoming more and more common among the elderly who cannot afford adequate heating and are living in indoor temperatures of 60 degrees and below. Infants and persons taking certain medications including tranquillizers, sedatives and even sleeping pills are also susceptible.

“Exposure to cold may simply overpower the person’s ability to keep warm,” explained Dr. Robert Stine, director of the Barnes emergency department. “The body loses heat and the victim’s internal temperature steadily drops from normal 98.6 degrees.”

Symptoms can include shivering or trembling, weakness, fatigue, sleepiness, slurred speech, loss of motor coordination, confusion and, if untreated, coma, respiratory and heart problems and even death.

“Accidental hypothermia can develop gradually over a period of days,” said Dr. Stine. “Anyone suspected of suffering from the disorder should be wrapped in blankets and taken immediately to an emergency room.” Standard treatment includes close monitoring of vital signs, re-warming the victim and treating any underlying or related disorders.

Being aware of the danger of accidental hypothermia is the first step to guarding against the condition, according to Dr. Stine. Prevention of the disorder when outdoors should include knowing your physical limits in cold temperatures and wearing or taking adequate protective clothing. Carrying blankets in the car and careful planning of trips is also suggested. Indoors, keep temperatures above the 60-degree mark and wear extra clothing such as robes, sweaters, socks and caps.

Morale boosts ease breathing problems

Rosetta Schrameck, age 36, would be dead today from a chronic lung disease known as bronchiectasis without the excellent home health care program provided by the Better Breathing Club, according to her physician, Dr. Robert Bruce, a Barnes/WUMS pulmonary specialist.

The Better Breathing Club, recently affiliated with the hospital volunteer department, has been actively supported by Barnes cardiopulmonary physicians since its inception in 1977. Founded by a former bronchiectasis patient, Willie Averbuch, the club was the first nationwide to institute a hospital-related patient visitation program. Since then, chapters have been established at two other St. Louis hospitals. Members are also working on setting up sites at hospitals in Hannibal, Jefferson City and Mrs. Schrameck’s hometown of Mexico, Missouri.

Operated in conjunction with the American Lung Association of Eastern Missouri, the club provides three-fold encouragement. Members give the lung disease patient emotional and psychological support necessary for coping with the illness and encourage the patient to follow physician’s orders, take prescribed medication and exercise to improve the quality of lung function.

Better Breathing Club is a pulmonary nurse specialist Jill Feldman also train Cardinal Ritter Institute nurses, therapists and aides who make home health care visits to elderly to perform postural drainage so that sputum built up in the lungs can be coughed up.

Club members, who are thoroughly trained volunteers, can relate easily to pulmonary patients because they share a common element—all suffer from obstructive lung diseases such as pulmonary emphysema, chronic bronchitis, bronchial asthma and bronchiectasis. In addition, all members must complete a required six-week course taught by Barnes physicians, nurses, therapists and dietitians. The 18-hour course includes basic instruction in the anatomy and physiology of the lung, obstructive lung disease and its treatment as well as how to cope with it.

“Both the men who came to visit me were wheezing and congested and just as bad off as I was, but they never once mentioned their own problems. It’s depressing trying to cope with a disease that won’t go away with time. Yet it means so much to someone to care—like you do. Like I can and will make it. After all, these are people who have had the disease 8, 10, 15, maybe even 20 years and are coping,” said Mrs. Schrameck, a former Mexico, Missouri, beautician before her disease completely disabled her two years ago.

Bronchiectasis, a disease marked by dilatation of the bronchial tubes, inhibits air from reaching the lungs. Breathing is difficult, and a puslike obstruction that blocks the air waves is constantly secreted. It is incurable but a disease that people like Mrs. Schrameck can live with given proper medical treatment and the psychological support

(Continued on page 2)
Breathing Club
(Continued from page 1)

of breathing club members who suffer similar obstructive lung diseases.

Mrs. Schrameck, who was recently hospitalized
for tests to determine if she had a collapsed lung,
was only one of many Barnes pulmonary pa-
tients visited daily by the Better Breathing Club.
Last year, volunteers made 1,886 home or hospi-
tal visits and 2,100 phone calls.

Whether in the hospital or at home, patients who
have been referred by their physicians are in
contact with a club member who is willing to
give a morale boost anytime of the day or night. "It's
not unusual for a club member to get a 3 a.m.
cry for help, 'I'm crashing. Help me get turned
around.' Crashing is a term used to explain that
lung function is failing and secretions are getting
thick, making breathing extremely difficult. That
patient usually crashes because of depression or
lack of self-confidence. At times like this the club
members talk the caller through the crisis giving
reassurance until lung function returns to nor-
mal," said Dr. Bruce, co-sponsor of the Barnes
Better Breathing Club.

As Mr. Averbuch says, "showing someone cares
really helps. We can't cure the disease, but at
least we can make life easier for those of us who
suffer lung illnesses."

Barnes patients receive poinsettias

Being hospitalized during the holidays didn't
stop patients at Barnes Hospital from enjoying
a Christmas atmosphere. A total of 1,100 poin-
settias were donated by area greenhouses to
brighten patients' spirits during their hospital
stay.

On December 19, Heap Greenhouses in Belle-
ville, Illinois, donated 100 of the festive plants
to be distributed to patients who had no fami-
lies or whose families were far away and could
not visit them on Christmas Day.

Greenhouse owner Bill Heap, whose father has
been a patient at Barnes several times, com-
mented, "We remember the times our father has
been a patient and there have always been pa-
tients surrounding his room who didn't have
relatives to visit them. We thought it would benice to let them know someone was thinking
of them during the holidays." With the help of
the social work department, the Barnes volunteer
office was able to get names of these patients and
distribute the poinsettias to them.

On Christmas Eve, another 1,000 poinsettias
were donated by Heim's Greenhouses in St.
Louis County. They were given to every hospi-
talized patient as well as kidney dialysis patients
and persons receiving radiation treatment that
day. The greenhouse gave the plants to the Unit-
ed Way to be distributed to Barnes and other
St. Louis area hospitals. When received at
Barnes, the plants were distributed by staff mem-
bers from the departments of education and
training, chaplaincy, community relations, med-
cal records and social work.

Bedmaking increases
with patient influx

Corner sheets tucked in tightly, a fluffed feather
pillow and two neatly straightened covers are all
part of the procedure in making hospital beds.
During the past five years that procedure has
increased by approximately 25 percent because

The Osterloh family, Barnes Hospital:
It's all in the family

"The family that works together, stays together,"
is a twist on a familiar adage, but it holds true for
the Osterlohs and the Privitors. Although not all
of them live under the same roof, most of them
work under the same one—Barnes Hospital.

At present, the Osterloh family have five mem-
bers employed at Barnes. Until a few years ago,
before respiratory therapist Kathleen Osterloh
moved to Kentucky, they had six. They hope to
bring the count back up to six with 17-year-old
Lisa's application in dispatch. Virginia Osterloh,
mother of the clan, is employed in the keypunch
department of data processing. Steve works in
security, Janice is a staff nurse in the MICU. Jill
Osterloh Wlodarczyk is a supervisor in the chem-
istry lab and Kim works in dispatch.

A total of four Privitor family members are em-
ployed at Barnes. Helen Privitor, grandmother of
the group, works at the ground floor East Pavil-
on admitting information desk. Jim is a security
officer, Anthony is in dispatch and their cousin,
Pat Halley, is a nurse-assistant in the second
floor East Pavilion operating room.

In the Osterloh family's case, Mrs. Osterloh
started working in 1957 in the Barnes maternity
admitting office. She's taken a few years off dur-
ing that time, but has been with Barnes close
for 20 years. Mrs. Osterloh explained, "I always
worked the night shift because I had a lot of
children to take care of during the day. Ever since
they were little, all they've heard is 'Barnes Hos-
pital.'" She added, "With so many of us, we
have so much in common and always talk about
the hospital. Practically every conversation re-
volves around Barnes."

Steve Osterloh commented, "I guess you could
say we've all taken Mom's lead since she was
here first. I started in dispatch, like Kim. Jan went
to Barnes School of Nursing and Jill began in the
lab office as a secretary. Everyone's worked their
way up.

Jill Osterloh Wlodarczyk agrees with her brother
that their mother spurred their interest in em-
ployment with Barnes. She feels that working in
the same place with the rest of her family is a
real asset. She explained, "It's great when we're
in a bind, one of us can pick up the other's pay-
check. Occasionally, we can have lunch together
and getting rides to and from work is really
handy." Mrs. Wlodarczyk further explained, "We can also
ask technical questions about certain subjects or
areas and someone usually knows the answer.
For instance, Jan, being a nurse, knows the medi-
cal facts, while Steve, being a security officer, can
keep us up-to-date on rules and regulations at
the hospital.

Mrs. Privitor soon will celebrate 15 years of an-
swering phone lines and directing visitors at the
Barnes information desk. She has never been
tardy or absent during this time. Three years ago,
the admitting department honored her with a
special plaque for her perfect record. In reference
to her grandchildren sharing her place of employ-
ment, she readily admits, "The kids came in on
their own, but I was always talking it up. I love
Barnes, it's a beautiful place and I enjoy every
minute of it. It's good to have my family working
here."

Jim Privitor attributes the employment of him
and his brother, Anthony, to their grandmother.
"She would tell us when there were openings in
dispatch," he explained. Mr. Privitor added, "In
December, 1976, when I was laid off, I took her
advice and applied. By February, 1977, I was
temporarily working in dispatch. Eventually, I
went back to my other job, but was laid off again.
One night, I stopped to see my grandmother
at Barnes, and a security officer I had come to
know in previous years mentioned it came
in on open security. I welcomed the oppor-
tunity and I've been here since last March."

Pat Halley, also gives credit to his grandmother
for his being at Barnes. He explained, "When I
got out of the service, I decided to apply at
Barnes. If it wasn't for her encouragement, I
might not have applied." He added, "I originally
started out in central service and now I'm a
nurses assistant. Grandma was right. The oppor-
tunities at Barnes have been great."

The Osterloh and Privitor families have created
their own "family affair" at Barnes Hospital. Both
families agree, "It's really nice. If it weren't for
the fact that we all work in the same place, we
probably wouldn't see each other as often."
Employe hospitalization: a much used benefit

"If you are a permanent, full-time employe and you have completed six months of service to the hospital, you and your dependents are entitled to free hospitalization at the lowest semi-private room rate and accompanying ancillary services...."—Employe Handbook

Employe hospitalization is a much-used service of Barnes Hospital that includes a benefit uncom-
mon to most St. Louis area hospitals—100 per-
cent free in-patient medical care for all full-time
employees and their dependents.

It is a service that picks up all costs for full-time
employes hospitalized here who do not have medical insurance. For employes with insurance,
the Barnes Hospital Employe (BHE) plan picks up
additional charges not covered by the individual's
insurance.

This is a service provided by only a few hospitals.
According to a recent survey of 11 St. Louis city
hospitals, only three have completely free hospi-
talization for employees and their dependents.

At Barnes, a full-time employe’s hospital bill, ex-
cluding private physician fees, is completely paid
for. "Written off" are all charges for anesthesia
administered by a nurse-anesthetist, OR charges,
intensive care unit stays, room costs, blood and
laboratory tests, x-rays, drugs, meals and much
more. If an employe does not have a private
physician on staff, and is admitted through the
emergency room or clinics, then the patient is as-
signed a house staff doctor and the physician’s
fee is also covered.

Depending on the reason for hospitalization and
the length of stay, charges can run upward from
$1,500 for a routine labor and delivery to between
$20,000 and $30,000 for open-heart surgery. The
cost to be paid outright by the patient would be
considerable with or without insurance, as Ber-
nice Boaz recently found. Mrs. Boaz, a unit aide
on the cardiac care floor, had a baby girl named
Ollina Lynn. She had no insurance. The hospital
bills were $2,250, but she paid nothing as a Barnes
employee. All costs were absorbed by the hospital.

"I was hospitalized seven days because of com-
lications stemming from high blood pressure,
and I had good nurses who kept watch on me
around the clock," said Mrs. Boaz, who has worked on Rand-Johnson’s 8th floor nursing
division for 13 years.

Chief cashier Paul Hartwell realizes how impor-
tant benefits are. His wife has been a Barnes
patient six times in the last three years. In June
she was hospitalized six days at a cost of
$1,830.41.

Mr. Hartwell has also been a patient. He was ad-
mitted to Barnes September 30 because he suf-
fered a series of fainting spells at home. A com-
plete medical work-up was necessary to find out
the cause of his illness. Included within the phys-
ical exam were a brain wave test, echo-cardio-
gram, CT scan of the heart, chest x-rays, upper
and lower gastrointestinal tests and blood tests.
His bill was $2,257.41.

Although Mr. Hartwell carries Blue Cross/Blue
Shield—an insurance option plan available to all
employes, for which Barnes pays 50 percent of
the monthly premium—the employe hospitaliza-
tion plan has saved him money. "If I had been
hospitalized elsewhere, a big chunk of this would
have come out of my savings. Here, Barnes paid
the remainder," he said.

The list of employes who have received quality
medical care at no cost is seemingly endless. The
employe hospitalization plan plus Blue Cross/
Blue Shield insurance saved Alice Marshall, sec-
retary to the president, $10,800 in hospital bills
after a tree fell on her and broke her pelvis. She
was hospitalized in traction on Barnes orthopedic
floor from November, 1978, to the following
January.

Without Barnes plan, Mary White Johnson, a
custodian in housekeeping, would have received
a $2,500 bill for her recent gallbladder surgery.

In the first nine months of 1980, 459 employes
were hospitalized or treated as outpatients at
Barnes. A tally through August showed the hos-

total cost of $2,257.41.

Dr. Richard V. Bradley, Barnes/WUMS surgeon,
who is also president of the MSMA.

Momedico is one of five doctor-owned insurance
companies of its type in the country and it pres-
tently insures 20 percent of Missouri’s 5,000
MSMA doctors. “Offering doctors this insurance
at rates based on malpractice experience in Mis-
ouri rather than that of other states is reflected
in the overall cost of medical care to Mis-
sourians,” Dr. Bradley said.

Dr. Bradley said that Medeco is preparing a stock
offering for the general public.

Momedico offering stock
to Missouri doctors

Momedico, the professional liability insurance
company founded by the Missouri State Medical
Association in 1978, is offering common stock to
Missouri doctors at $3.75 per share, according to
dr. Richard V. Bradley, Barnes/WUMS surgeon,
who is also president of the MSMA.

According to John Keppel, manager of patient
accounts, employes come to Barnes for the qual-
ity care and the cost factor. “We have the best
quality care of any hospital in the St. Louis area,
and for that matter, in most parts of the United
States. Secondly, having the hospital pick-up the
entire bill is a tremendous savings. Where else
can you receive this kind of service at next to
nothing?”

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Extra Caring

Dr. Edward Etheredge, director of the surgery internship/residency program at Barnes had more than 400 medical school graduates nationwide inquire about the 17 surgical internships available at Barnes this year. “We attract only high-grade applicants because of the hospital’s reputation as a great teaching facility.”

Dr. Barbara Temeck with 6300 patient Pauline Brown added, “Residents on surgery like very much to work with people. We have to be very sensitive to people’s needs. We have to try to be understanding.”
One of the things that set Barnes apart from many other hospitals is the presence of house staff doctors in the hospital 24 hours a day, seven days a week. Depending on their specialty, residents and interns are only a few steps or a few floors away from their patients at all times of day or night should their care or consultation be needed. For patients anticipating surgery or recovering from an operation, the surgical house staff is an ever-present comfort, a source of answers to their questions and a readily accessible link at all times with their attending surgeon.

Dr. Barbara Temeck, surgical chief resident, explained, “Surgery is taking care of the patient before an operation, deciding on a course of action and caring for the patient after surgery. Communication is very important. Patients understand that their attending doctor cannot be in attendance 24 hours a day. If patients are to get the best of care, then it must be a team effort involving house staff, nurses, anesthesiology and various other health care professionals in addition to the attending doctor. It is one of the responsibilities of the house staff to let patients know what they can do for them.”

First-year surgical resident, Dr. Ed Garrett, said patients in a hospital with a surgical residency program benefit from having someone here 24 hours a day to keep a close eye out for any potential problems. “A patient is seen by someone on the surgical house staff at least two or three times a day so problems can be caught sooner and dealt with more quickly. House staff also aid the attending doctor by arranging x-rays, conducting physicals and updating patient charts and discharge records. They stimulate all of us continually to update our knowledge of the field. Residents constantly read about the latest advances in medicine and, consequently, often stimulate the surgeon to challenge his concepts of how to manage procedures. House staff’s responsibilities vary, but a surgical intern or resident is involved in all aspects of patient care, from participating in the diagnosis to assisting in the operation and taking care of the patient post-operatively.”

“Surgical interns and residents give a lot in time and dedication to patients, but receive numerous benefits in return. It’s a reciprocal relationship,” said Dr. Garrett. “We learn a great deal from watching a surgeon approach pre- and postoperative patient care plus execute the intraoperative technical aspects of surgery.”

Interns and residents also are, of course, involved in the operation itself. An intern in the first year of training will assist in operations such as gall bladders, hernias and breast biopsies. A resident who is in the second year or more gains skill in “everything from aortic aneurysms to bypasses and major trauma,” said Dr. Garrett. “It takes two people to perform almost any operation, and an operation is much more difficult without a good first assistant, who is usually a surgical resident,” he added.

Barnes was the first choice for both Dr. Temeck and Dr. Garrett for their residencies. “Barnes was No. 1 on my list. Surgery and every aspect of surgical disease are well represented here. We have an active burn unit, transplant service, vascular surgery, general surgery, neurosurgery, orthopedics, plastic surgery and ear, nose and throat.”

Dr. Etheredge said, “To do his job efficiently, a surgical resident must act incisively, yet with compassion. He—or she—must be forceful and dynamic and zealous in the desire to learn. They must be tireless in their ability to endure the pressures of a rigorous 8 to 10 hour operating schedule plus numerous patient visits before and after surgery. Each patient is seen at least twice daily so that problems are caught sooner and dealt with more quickly. House staff also aid the attending doctor by arranging x-rays, conducting physicals and updating patient charts and discharge records. They stimulate all of us continually to update our knowledge of the field. Residents constantly read about the latest advances in medicine and, consequently, often stimulate the surgeon to challenge his concepts of how to manage procedures. House staff’s responsibilities vary, but a surgical intern or resident is involved in all aspects of patient care, from participating in the diagnosis to assisting in the operation and taking care of the patient post-operatively.”

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Barbara Fiehler joins staff as nurse recruiter

Barbara Fiehler, a 1970 graduate of the Barnes Hospital School of Nursing, has joined Barnes as a nurse recruiter effective January 5, according to Marlene Hartmann, director of nursing. Ms. Fiehler joins a second nurse recruiter, Chris Corbin, who came to Barnes when the new positions opened last year.

A former Barnes medicine and labor and delivery nurse and parttime prepared childbirth instructor in the education and training department, Ms. Fiehler also has served on the staffs of the cardiac intensive care CCU and recovery room and as diabetes coordinator and nursing supervisor at Community Hospital of the Monterey Peninsula in Carmel, California; in the dialysis unit at California’s Stanford University Medical Center; and as a nursing orthopedics instructor at Missouri Baptist Hospital in St. Louis.

Ms. Fiehler is a student in the BSN degree program at St. Louis University. She is co-founder of the 1,300-member National Association of Orthopedic Nurses and serves as its 1980-81 treasurer, is a representative to the National Federation of Nurses, is one of 15 members on the Missouri Governor’s Conference for Nurses Committee, and is a member of the Missouri Nurses Association Federation of Specialty Groups.

“I feel like I’m back home,” said Ms. Fiehler. “I’m looking forward to talking to applicants about Barnes both as a good learning experience and as a place that cares about nurses. I like talking about Barnes—it’s one of the best kept secrets in the Midwest.”

Two assistant directors named for medical records

Two recently promoted medical records employees are now sharing dual responsibility in managing the main processing and quality assurance areas with department director Richard Spencer.

Cathy Mueller, a records employee since August, is now the department’s assistant director in charge of record processing. She supervises employees in completing and retrieving patient records. A recent graduate from St. Louis University with a bachelor of science degree in medical record science, she shares the assistant directorship with Judy Herron.

Mrs. Herron, a quality assurance employee for six years, will direct tumor registry, research, audit, utilization review, and the requests of medical records forms from house staff and at-tending physicians. An accredited records technician through the American Medical Records Association, she has immediate responsibility for 12 employees.

“The dual assistant directorship, which is a first in the department, was created for versatility. In my absence, there will be two highly qualified people in charge of all areas of medical records,” said Mr. Spencer.

Betty Collins, James Robinson retire

Executive secretary Betty Collins and James Robinson, surgery aide in the Barnes diagnostic laboratories, retired December 31, 1980, after a combined total of more than 41 years of service to Barnes. Both Miss Collins and Mr. Robinson were presented certificates of appreciation by hospital president Robert Frank for more than 15 years of service.

“I walked into Barnes employment office on April 1, 1954, and I never got out,” said Miss Collins who began work at the hospital that same afternoon. Hired as an insurance secretary, she was later promoted to credit manager, then served as secretary to Barnes associate director Dr. C. O. Verrall for 15 years until his death in 1973. The past seven years, Miss Collins has worked with hospital vice-president Rich Graham.

“I’ve made a few New Year’s resolutions,” said Miss Collins. “Those resolutions include sleeping-in, finishing the tons of books that I only started reading then put aside because of my busy schedule, and taking a trip to Florida. ‘I’ll always remember Barnes as a good employer, the people I’ve worked with, and the comradery we’ve shared. I’ve spent 26 good years here.”

Sixty-five-year-old James Robinson has been working since he was 13 years old and “I’m looking forward to three months of total relaxation,” he told co-workers at a special going-away luncheon in his honor December 31. During his free time, Mr. Robinson plans to help his 89-year-old mother, take a trip to Hawaii, and find a few odd jobs to supplement his income.

“I’ve really enjoyed working at Barnes and I’ve met a lot of nice people since I was hired in the labs in 1965,” Mr. Robinson said.

Former patient applauds good nursing care on 8100

A recent Barnes patient, Bernta C. Perkins, wrote the following letter to Barnes Bulletin to commend the caring she received along with her care at Barnes:

“I am writing this letter to praise the outstanding services extended to me during my recent stay in the hospital. I am especially referring to the nurses that took care of me on floor 8100 Queeny Tower.

I have a condition that causes me to be hospitalized several times a year and I have been in direct contact with a lot of doctors and nurses in the past. But, I can truly say that I never had such a pleasant visit as this one.

The nurses introduced themselves with a big smile and were always so cheerful and courteous. Each time before they left my bedside they asked if there was anything I needed or if there was anything they could do for me.

There were four nurses that especially stood out. Their names were Laura Benoist, Cindy Tacas, Diane Watson and one nurse, though I tried desperately. I failed to find out who she was. It really is a shame too, and I am heartbroken because I really wanted to thank this nurse personally.

The first night I was admitted to the floor, which was October 7, I was in so much pain that I really didn’t pay attention to what nurse was taking care of me that night. I couldn’t even describe her. But, what really impressed me and stayed in my mind was what she did. She asked me where the pain was and after I told her, she sat and rubbed my joints for me. Now I know that wasn’t required of her, but it brings tears to my eyes every time I think of it.

I could go on and on about the nurses in 8100 but I guess you get the message. I never once saw them lose their temper at a patient even though they may have had good cause.

I sure wish this letter would get published in the Barnes Bulletin because hopefully the nurses on 8100 would read it and that would be my only reward to them.

Margaret Dorn dies; was ass’t exec housekeeper

Assistant executive housekeeper Margaret Dorn died of cancer at Barnes Hospital January 7. She was 63 years old.

A member of the Barnes housekeeping department since her employment in 1967, Mrs. Dorn served as supervisor of the old 2418 and 1418 wards, and Rand-Johnson divisions 2200 up through 7200 before her promotion to assistant executive housekeeper in 1974. In the new position, she was responsible for coordination and supervision of moves out of office and nursing division areas to be renovated, and into newly-remodeled areas and occupation of new buildings including Peters building and East and West Pavilions until her illness last year.

“Margaret Dorn was conscientious, thorough and well-respected among her co-workers here,” said vice-president Dillon Trulove who, as a former director of housekeeping, was Mrs. Dorn’s first boss at Barnes. “Her death is a great loss to her many friends at the hospital as well as to Barnes patients.”

The widow of Russell E., Mrs. Dorn is survived by three children: Gaylord E. of Nashville, Tennessee; Stephen C. of Camdenton, Missouri; and Stephanie L. Johanpeter of Mattoon, Illinois; and four grandchildren.

In lieu of flowers, the family requests that any donations be made to the Barnes Hospital Memorial Fund or to the American Cancer Society.

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Listed below are the names of persons (honorées in boldface) who have made contributions during the period December 16 through January 15 to the various 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 our patients.

Donations to the hospital may be made through the Barnes Hospital Auxiliary or the Community Relations Office. The Auxiliary coordinates the Tribute Fund which is used for specific hospital projects. The various other funds are part of the development program of the Community Relations office.

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