Asthma Center helps patients breathe easier

Cathy Ford awoke frequently to the anguished gasps of her teen-age son. "I'd fly out of bed as soon as I'd hear him choking," she recalled. "Sometimes, he didn't know if he was going to live through the night."

Twice in one week, Cathy Ford rushed her son, 16-year-old Allen, to a hospital emergency room. That same week, in desperation, she telephoned the 800-directory listings and demanded "an asthma research center. Someplace that does everything and can help my son."

Although the Fords live in a mobile home in Alamogordo, New Mexico, they were given the number, nearly 1,100 miles away, of the new Asthma Center at Barnes West County Hospital, on Olive Boulevard at Mason Road.

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The new 4,000-square-foot, multi-disciplinary Asthma Center, operating in conjunction with Washington University School of Medicine at Barnes West County Hospital, is considered among the most comprehensive in the country.

The fast growing segment of the healthcare market is made up of persons age 55 and older. Adults in this group will comprise one quarter of the U S population by the year 2010, according to the U S Census Bureau.

This "graying of America," as popularized by recent news articles in every publication from "Newsweek" to "Modern Maturity," is significant, both for healthcare providers, such as Barnes, and for adults who find themselves in the mature group.

Older adults not only are wiser, but also are following a national consumer trend of shopping much more carefully for healthcare services. With their increased numbers in the population, healthcare providers like Barnes are smart to provide services that meet this age group's special needs.

A new program called "Barnes Plus" was started by Barnes in July. This special membership package for persons age 55 and older will assure that its participants have access to the broad range of medical expertise and latest medical technology available in the St. Louis area only at Barnes.

Barnes employees and their families are eligible to join "Barnes Plus." A marketing communication program will be executed to explain the program's benefits to Barnes employees and to health consumers in all areas served by the Barnes system, including Barnes Hospital, Barnes West County and Barnes St. Peters hospitals.

The new Asthma Center, operating in conjunction with Washington University School of Medicine at Barnes West County Hospital, is considered among the most comprehensive in the country. The center features a multi-disciplinary "team" approach. Members of the team include Dr. Jeffrey P. Tillinghast, left, an asthma and allergy specialist; Jane Mang, second from right, nurse specialist; and Laura LaForest, medical assistant technician. In front is patient Allen Ford of New Mexico.

Allen Ford has become the center's first patient. After driving in with his mother, he recently spent three days here undergoing tests. He and his mother also met with physicians, nurses, a social worker and experts in exercise and rehabilitation.

Allen was cared for by Dr. Jeffrey P. Tillinghast, a Barnes Hospital asthma and allergy specialist.

In addition to Dr. Tillinghast, 12 other Washington University allergists and pulmonologists will be seeing patients in the Asthma Center.

While asthma has long been treated as an acute respiratory disease, with periodic flare-ups, there has been "a revolution in the understanding of asthma as a chronic illness," Dr. Tillinghast said.

(continued on p. 2)
EDITOR'S NOTE: This is the fourth in a series of articles examining the Barnes strategic principles.

Edward Koch, former mayor of New York, was best known by the sentence which started almost every speech to his constituents—“How am I doing?” Mr. Koch understood the importance of viewing the residents of New York as his customers. The question, although rhetorical, was his way of paying homage to the provider/customer relationship.

To determine what its customers, the patients, think of the service it delivers, Barnes Hospital mails questionnaires to all patients three days after discharge. The response helps Barnes measure how close it is to achieving a goal of 100 percent patient satisfaction.

While the yardstick formerly used by hospitals to measure their success was based on whether a patient’s health improved or declined following admission, today’s more sophisticated evaluation includes patient satisfaction and the quality of personal care they receive.

The survey is a tool for measuring Barnes’ “differentiated quality,” the unique expertise which sets Barnes apart from other hospitals.

On the survey, former patients are asked to rate the hospital in 10 areas: admissions, room, diet and meals, nursing care, tests and treatments, therapy and other services, treatment of visitors and family, physicians, discharge and overall satisfaction.

The surveys are scored and reports are made annually. The results are compared to hospitals nationwide. (See chart)

The scores to date indicate that Barnes compares favorably to other hospitals (83, compared to a national score of 84 out of a possible 100). But under Barnes’ current drive for quality, the goal is 100 percent satisfaction.

“There’s a tendency for larger, urban hospitals to score lower in patient care, but we do well in that area,” said Marlene Hartman, vice president for patient care. “We are compared in patient care to small, rural hospitals, which presumably can deliver more personal attention. As a large teaching hospital, we must work a lot harder to achieve the same results.”

The survey is useful in geographically pinpointing within the hospital a patient’s reason for any dissatisfaction. After scoring, the surveys are sent to the division where the patient received care. The division manager’s performance evaluation is based in part on the survey results.

Head nurses find the survey useful because it identifies areas of success or failure, as opposed to just collecting generic complaints.

“Overall, the surveys have helped my staff look upon patients as customers and realize that we are judged by our response to their needs,” said Maggie Fowler, head nurse, neurology rehabilitation. “I think the survey also tells patients that their satisfaction is important to us.”

“Communication seems to be the biggest issue with patients. They want to know exactly what’s going to happen to them, why they’re having a particular test and what it’s going to be like,” Ms. Fowler said.

“When I get a very negative comment from patients, I call them directly to see exactly what went wrong. Sometimes it comes down to one person; sometimes it’s the whole system. In some cases, the surveys result in direct changes. In answer to negative patient comments on the handling of visitors and family, members, one nursing station recently posted the floor’s visitor policy more clearly, and nurses are being trained in ways to remind visitors about the policy.

The surveys are also affecting changes hospital-wide. In May, a committee of head nurses called patients who rated the hospital “fair” or lower in any area. One of the trends uncovered was dissatisfaction with response time to call buttons. The committee is working with the various nursing divisions to establish a standard for reasonable response time.

Asthma (continued from p. 1)

Dr. Tillinghast added that several promising new medications are in the clinical trial stage. In the near future, patients like Allen can have access to these medicines through the Asthma Center’s affiliation with Washington University School of Medicine.

Studies have shown that when patients are correctly diagnosed and provided with a range of medical and educational services, they can greatly improve the quality of their lives and undergo fewer complications, according to Dr. Tillinghast.

Dr. Tillinghast also stresses the importance of participation by the patient and the family in management of the disease. He says the asthma center’s services, including education, counseling and support, enable this kind of participation.

Last year, there were approximately 450,000 asthma-related hospitalizations nationwide and 4,580 asthma-related deaths.

During an asthma attack the bronchi, or tubes that carry air into and out of the lungs, swell and constrict. The walls of the bronchi enlarge with fluid, mucus accumulates and air flow may be severely restricted. Many patients feel a tightening in the chest, begin to cough or wheeze and may experience the horrifying sensation that they are about to suffocate.

Allen Ford still remembers. But he says that since returning home with an alteration in his medication and armed with education concerning asthma, he’s “never felt better.”

Previously, Ford took multiple medicines at sporadic intervals during the day. In St. Louis, he said, he learned that “just about everything I was doing was wrong, including not breathing in deeply enough when I took my inhalant.” Ford had also been allowing Lilly, one of the family’s three beloved cats, to sleep in his bedroom. Since he is allergic to cats, doctors here advised Ford to stay out of the cats’ way and if possible, vice versa.

The Fords plan to return here for a yearly follow-up, but in the meantime Allen will be under the care of a physician in New Mexico. The Asthma Center is now accepting referrals from the metropolitan area and across the country; patients will then return to their own doctors for regular care.

To reach the center, call 1-800-243-LUNG or (314) 851-8670.
Bone marrow donor meets recipient at Barnes
Donor flies from California to offer support

California resident Beth Ferry, 47, has been a regular blood donor since age 18. She gives whole blood every two months and pheresis “as often as it’s needed.”

While donating blood, in fact, Ms. Ferry discovered the National Bone Marrow Registry for Unrelated Donors.

“I was giving blood one day, and I overheard someone talking about the bone marrow program. I said, ‘Where can I sign?’ And I signed up right then,” she says.

That was October 1988. In June 1989, Ms. Ferry registered the National Bone Marrow Registry for Unrelated Donors.

“I’m thankful to be here,” she says. “The donor just feels blessed to be able to help.”

While she was in town, Ms. Ferry donated blood platelets, as did Mr. Johnson’s family. “But the main reason I came here was to meet Mark and the family,” she says.

Mr. Johnson and his wife, Wendy, have three children: Erin, 12; Christian, 3, and Faith Ann, 1.

Ms. Ferry says the process of donating the bone marrow was neither painful nor debilitating. A runner, she says she was back on the track within a week. “It wasn’t anything anybody couldn’t do who’s healthy,” she says. “Most of the donors never think about anything but just helping someone.”

Ms. Ferry says there have been fewer than 400 unrelated donors since the National Bone Marrow Registry for Unrelated Donors was started.

Her match with Mr. Johnson, in fact, was not a perfect match; it was a “minor mismatch,” she says. Nevertheless, Mr. Johnson and his family went ahead with the operation.

“He’s a fighter,” she says. “I was thrilled and I could hardly wait to do it. Just waiting to be able to do it was the hardest part.”

For more information about becoming a bone marrow donor, call the American Red Cross at 659-2000 or the National Bone Marrow Registry at 1-800-950-1050.

Barnes chosen to evaluate anti-rejection drug

Barnes Hospital is one of only 13 organ transplant centers in the country chosen to evaluate a new anti-rejection drug hailed as “the best drug that has been put out to this time.” The drug, FK-506, is said to be 100 times more powerful than cyclosporine, the current anti-rejection drug of choice, with fewer and milder side effects.

Clinical trials of FK-506 began at Barnes in June. Initially, the drug will be given only to liver transplant patients who have not responded to a traditional anti-rejection regimen or to patients who cannot tolerate their current anti-rejection medications due to side effects.

About 2 to 5 percent of liver transplant patients must be re-transplanted because of rejection, says Dr. J. Wallis Marsh, Barnes transplant surgeon.

The only previous clinical trials of FK-506, at the University of Pittsburgh, have shown the drug to cut the rate of serious rejection from more than 50 percent to about 10 to 15 percent, Dr. Marsh says. Researchers gave the drug to heart, liver, kidney and pancreas transplant patients.

FK-506 may also stop chronic rejection in some patients, Dr. Marsh says. Previously, there was not an effective treatment for this form of rejection, which causes life-threatening complications over time.

“FK-506 is said to be 100 times more powerful than cyclosporine, the current anti-rejection drug of choice, with fewer and milder side effects.”

Although its long-term effects are unknown, FK-506 has yet to prove as toxic as cyclosporine, which can cause kidney failure, high blood pressure, tremors, nausea and excessive hair growth.

Researchers at Barnes and Washington University School of Medicine previously pioneered the use of cyclosporine and other drugs such as steroids used in combination to reduce the side effects from a single drug. These therapies also greatly reduce hospitalization time post-operatively.

The new drug offers hope of further dramatic reductions in complications and length of hospitalization.

“This drug will alleviate a lot of the side effects we experience with cyclosporine and steroids because it is not as toxic to the kidneys,” Dr. Marsh says.

Researchers estimate that FK-506 could eventually reduce post-transplant hospital stays by 50 percent and reduce the number of blood tests needed to monitor drug levels.

FK-506 is a byproduct of a soil fungus first discovered in Japan in 1984.

Since 1963 Barnes has played a major role in the development of transplant technology. The number of organ transplants has increased steadily since the early 1980s with the discovery of cyclosporine, a drug that inhibits the body’s tendency to reject foreign tissue. Following is a list showing the number of transplanted organs at Barnes last year:

<table>
<thead>
<tr>
<th>Organ</th>
<th>Transplanted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kidney</td>
<td>92</td>
</tr>
<tr>
<td>Liver</td>
<td>45</td>
</tr>
<tr>
<td>Lung</td>
<td>29</td>
</tr>
<tr>
<td>Heart</td>
<td>28</td>
</tr>
<tr>
<td>Pancreas</td>
<td>3</td>
</tr>
</tbody>
</table>
Aides help patients stay in their homes

Certification Ensures Quality of Home Health Aides

Well ahead of government mandates, Barnes Home Health Agency aides underwent testing and received certification. The Health Care Financing Administration had stated that all home health aides must complete competency testing by Aug. 14, 1990.

The mandate was designed to ensure that home health agencies nationwide employ qualified aides in patients’ homes.

Aide visits, which can occur three to five times per week, often help keep patients from being institutionalized. The care aides provide includes bathing, grooming, changes in bed linen, light meal preparation and cleaning of the immediate patient care area. Aides are supervised by a registered nurse or therapist every two weeks.

The testing that Barnes’ 10 home health aides completed was recommended by the Missouri Alliance for Home Care and the Missouri Department of Health, Home Health Licensing Bureau.

The certification test included a written portion focused in nine areas and a skills performance portion, performed in the presence of a registered nurse.

“We are encouraged that high quality standards for aides are mandated nationally, and we are pleased that our aides at Barnes have completed testing,” said Helayne O’Keiff, director of Home Health Services. “Patients can be assured of receiving qualified caregivers in their homes.”

Ms. O’Keiff added that the same testing method will be used with home health aides in Barnes Home Health Agency’s newest service, private duty nursing. Private duty nursing also places aides in patients’ homes; however, visits can be extended from the usual one and one-half hours for a fee.

“Hospital staff starts and home health staff completes the patient’s care,” said Mary McDaniel, home health aide at the St. Peters branch of Barnes Home Health Agency. “We try to keep our patients where they are most happy and comfortable—in their own home.”

Barnes St. Peters offers new procedure

Barnes St. Peters Hospital is the first hospital in St. Charles County to offer a new procedure, transesophageal echocardiography, through use of a transesophageal ultrasound probe.

Transesophageal echocardiography is a non-surgical procedure that uses ultrasound to identify cardiovascular structures, muscle function and cardiac abnormalities. The procedure produces a clearer, more accurate picture of the heart than that produced by traditional surface echocardiography.

In traditional surface echocardiography, ultrasound waves are directed into the heart and recorded. In the new procedure, the transesophageal ultrasound probe is lowered through the esophagus into the chest cavity, where it records pictures from inside the body.

“The probe enables us to obtain improved pictures of the heart from more technically difficult patients,” said Carol Bush, director of the Cardiopulmonary Department. “Because of the probe’s ability to produce different views of the heart, we are able to visualize areas that perhaps went undetected in the past. This provides the physician with additional diagnostic information.”

Because the probe provides better pictures and different views of the heart than traditional echocardiography, it can pick up abnormalities such as blood clots in the heart or want to evaluate the function of artificial valves more clearly. It has become a very important step in our evaluation of the heart.”

Telecommunications director named

Joe Sexton has joined Barnes Hospital Information Services as Director of Telecommunications. Mr. Sexton will be responsible for design, implementation and support services for all data and voice communications networks, hospital paging systems, main switchboard telephone operators and hospital patient information services.

He will direct all activities of the Telecommunications Facilities Corp., a Barnes Hospital and Washington University School of Medicine joint venture that provides voice communications services to both.

Mr. Sexton was most recently employed with the Associates Corporation of North America, a subsidiary of the Ford Financial Services Group. His 20 years of telecommunications experience includes data and voice communications support through regional, national and international networks.
Fair Des Femmes

Barnes Hospital and KMOX Radio sponsored Fair Des Femmes June 22 and 23 at Plaza Frontenac. The fair featured a variety of screenings and lectures and informational booths on Barnes services. Dr. Joanne Mortimer, a Barnes oncologist who was one of six featured speakers, lectured on breast cancer.

Denise LaBarge, a staff nurse with Barnes Home Health Services, takes the blood pressure of a Plaza Frontenac customer at Fair Des Femmes. Cholesterol, glaucoma, mammography and body fat screenings also were available at the fair.

Retirees

Two longtime employees recently retired after a combined total of more than 40 years service to Barnes. Elmira Johnson and Reada Thompson both received certificates of appreciation from Barnes President Max Poll.

Elmira Johnson began working in Housekeeping in 1965. For 15 years, she worked on the third floor of Queeny Tower and retired at 15400. During her retirement, she plans to go fishing with her husband, spend time with her six children and eight grandchildren, and travel throughout the South.

Reada Thompson began working as a secretary in the School of Nursing in 1971 and remained in that position until her retirement. She says she is proud of all of the nursing students but is looking forward to going home and “not getting ready” to go anywhere. Reada plans to visit relatives during the summer and attend a “cousins” family reunion in September.

Cardiologist provides continuum of care

A heart transplant patient may require a broad range of hospital services, including the trauma service, diagnostic testing, surgery, recovery and rehabilitation. Providing a continuum for the patient through all of those areas is the heart transplant cardiologist.

Dr. Edward T.A. Fry assumed this position March 1. A graduate of Washington University School of Medicine, Dr. Fry performed his internship and residency at Barnes and was a Cardiology Fellow from 1986 through 1990.

“I’m the cardiologist who’s involved in evaluating potential patients for transplantation as well as working with the surgeons,” Dr. Fry said. “It’s really through all phases—providing continuity of care from one phase of their illness to a new phase of their treatment.”

Since Barnes’ heart transplant program began in 1985, more than 150 patients have been transplanted. Approximately 40 persons are currently waiting for a transplant, and about 120 patients per year are referred to Barnes for at least an evaluation.

Dr. Fry is also involved in the care of patients with cardiomyopathy, a weakening of the heart muscle, which frequently can be treated with medicine rather than a transplant. He also participates in the evaluation of lung transplant patients.

For two years, Dr. Fry performed research on tissue Plasminogen Activator (t-PA), a drug that is used to break up blood clots that cause heart attacks. His affiliation with Washington University Medical School and Barnes Hospital has encompassed more than 10 years.

“I've had several potential branch points in my training and career, and I've looked around each time for a good place to be,” he said. “Professionally and personally, Barnes is that place.”

Dr. Fry said the relationship between Barnes and Washington University offers a broad clinical experience as well as an environment filled with very bright, very creative people and excellent clinicians.

Dr. Fry said his goal is to integrate the clinical care aspects of his job with continued research related to both t-PA and transplantation.
Calendar of Events

**Thursday, August 2**
**Childbirth Refresher Classes** are available for couples who have already attended a Prepared Childbirth series and simply want a review. 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.

**Wednesday, Aug. 22**
**Laser Advancements in Gynecology and Treating Endometriosis** is the topic of a lecture by Dr. Robert Pearl at 7 p.m. in Room 206 of the St. Peters Medical Center Building at Barnes St. Peters Hospital. For reservations, call 441-7337.

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.

**Tuesday, August 14**
**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 are taught by a registered yoga instructor. The 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.

**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 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.

**Monday, Aug. 20**
**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 $15 per couple. For more information, call (314) 362-MOMS.

**Nursing Conference**
Barnes Hospital, in conjunction with the American Cancer Society, will present a nursing conference titled Lung Cancer: Implications for Nursing Practice from 8 a.m. to 4:30 p.m. Aug. 3 at Barnes.

For registration information, call Arlene Brown, secretary at 362-5216.

Media Spotlight

Barnes doctors were interviewed May 22 about tuberculosis, a disease that made headline news because of an isolated outbreak at a St. Louis County School. KSDK-TV interviewed Dr. William Campbell, Barnes infectious disease specialist, and KMOV-TV interviewed Dr. Robert Bruce, Barnes internal medicine specialist, about the chances of a wide-spread tuberculosis outbreak.

Also on May 22, a unique news event took place at Barnes when a bone marrow transplant recipient from the St. Louis area met his donor from California here at Barnes. The St. Louis Post-Dispatch was on hand to cover this rare event.

Barnes dietitian Kim Crawford took part in an interview May 25 with KTVI-TV. Kim offered tips for controlling weight gain during the Memorial Day weekend.

KSDK-TV interviewed Dr. Carl Nielsen, Barnes anesthesiologist May 28 for a story on chronic back pain. Dr. Nielsen recommended light stretching exercises for the lower back.

With the death of entertainer Sammy Davis Jr., throat cancer became a medical topic of interest. Dr. Richard Hayden, Barnes otolaryngologist, explained the current diagnosis and treatment of this cancer to KSDK-TV viewers, in an interview May 30. Dr. Hayden cautioned that individuals with heavy smoking and drinking habits put themselves at a high risk for this disease.

Dr. Richard Hudgens, Barnes psychiatrist, offered advice on coping with and avoiding stress, during a KMOX radio morning magazine show June 10.

On June 11, KTVI-TV interviewed Dr. George Hurza, director of the Barnes Cutaneous Cancer Center, for a story on skin cancer and the damage the sun can cause. Dr. Hurza suggested wearing a protective sunscreen of at least 15 SPF or above, while engaging in prolonged outdoor activities during the summer.

Approximately one month after Barnes' decision to reduce indigent obstetrics care, Dr. Marvin Camel, Barnes chief of obstetrics and gynecology, provided a retrospective interview on the decision for KMOV-TV June 12. Dr. Camel once again emphasized that the hospital hoped these reductions would create a public awareness of the growing problem of indigent obstetrics care in the metropolitan area.

The early rise in temperature this summer spurred a rise in the number of area heat related injuries. Dr. Gary Quick, medical director of the Barnes emergency room, provided the public with some tips on how to prevent heat stroke in an interview with KSDK-TV June 18.

**Hospital Notes**

Dr. Morton E. Smith, Barnes ophthalmologic pathologist and oncologist and assistant dean of Washington University School of Medicine, recently was elected to the Board of Directors of the American Board of Ophthalmology.

Dr. R. Joseph Olk, a member of Retina Consultants Ltd., was a visiting lecturer at the Advanced Ophthalmic Laser Therapy Training Course in Luzern, Switzerland, May 23-26. He presented "Laser Treatment of Diabetic Macular Edema: Indications, Techniques, Complications and New Perspectives" and "Laser Treatment of Proliferative Diabetic Retinopathy: Panretinal Photocoagulation."

Dr. Harry L.S. Knopf was appointed an associate examiner to the American Board of Ophthalmology. By this appointment, Dr. Knopf is requested to conduct oral examination of candidates for Diplomat of the American Board of Ophthalmology.

Alan Waggoner, BA, RDMS, Barnes Cardiac Diagnostic Laboratory ultrasound techni- cian, published a paper that was judged one of the three best papers published in the Journal of Diagnostic Medical Sonography during 1989. The paper, “Tricuspid Regur- gitation: The Importance of Combining Two Dimensional Echocardiography, Color Flow Imaging, and Contrast-Enhanced Continuous Wave Doppler in Assessment of Severitly,” has been chosen to receive a Kenneth R. Gottesfeld Award for outstanding papers published in the official journal of the Society of Diagnostic Medical Sonographers.

Dr. Leonard Berg, Barnes neurologist and director of the Alzheimer’s Disease Research Center at Washington University Medical Center, attended the 5th Congress of the International Federation of Psychiatric Epidemiology June 6-8 in Montreal, Canada. He conducted a workshop and participated in symposia dealing with techniques for identifying and assessing minor cognitive impairments and early dementia in popula- tion samples.
Barnes has been recognized as one of the top five eye donor hospitals in Missouri for 1989. A total of 110 eyes were donated from Barnes patients. Fifty-seven of those were suitable for transplant; the remainder were used for research. John J. "Jake" Reguard III, executive director of Mid-America Eye & Tissue Bank, presented a plaque to Sherlyn Hailstone, Barnes vice president of Nursing Service, to mark the achievement.