

New Emergency Area To Be One of Nation's Best

The whole ground floor of the new Main Entrance Building will be used for emergency patient care and treatment. It is said by many that the new emergency area, to be called the Emergency Department, will be equipped and staffed to be one of the best in the nation.

It is expected to be open for service by August, 1967.

"In the present Emergency Room, overcrowding and congestion are our chief problems, for we have far exceeded our capacity in the thirty years since the facilities were built," noted Boi Jon Jaegar, assistant administrative director and director of the Emergency Department. "We've just outgrown

the old facilities in size and function," he said.

During the summer of 1960, the first committee was appointed to begin planning for new emergency facilities. The committee remained an active one, with the members changing over the years, until construction of the new Emergency Department began last fall. From this point on, the committee will serve in a policy-making capacity, deciding how the new facilities are to be used.

The new emergency area will be staffed differently from the old Emergency Room. In the old E.R. there were no clinic directors, and members of the house staff were on call during

the day and in the E.R. only at night. In the new emergency area there will be initially two clinic directors, and members of the house staff will be on full-time rotation.

The organizational pattern, however, will remain similar to the current one. The administrative and nursing functions come under the direction of Mr. Jaeger, but the functions of the specialty areas are under the direction of the departments (i.e. surgeons report to Surgery, etc.).

Because they are so extensive, some of the new emergency facilities will be utilized by the Out-Patient clinics during the day, as well as after the clinics

close in the afternoon.

The new facilities are designed with the needs of immediate patient care and treatment in mind.

No longer will patients requiring emergency surgery have to be wheeled to the fourth floor operating suites; they can be operated upon in the area's four operating rooms, two designed for minor surgery and two designed for major surgery.

Fractures can be set promptly in a special fracture room, whereas in the past they have had to be taken to the orthopaedic clinic for treatment.

New in concept and new at Duke are the eight "holding" rooms for those patients who will be kept under not more than twenty-four hours observation until it is decided whether they should be admitted or released.

Another innovation will be the special facility for the care of emergency cardiac cases.

"With the new facilities we will also be much better prepared to meet a disaster," said Mr. Jaeger. "There will even be a decontamination shower for treatment of those involved in nuclear or chemical accidents."

Emergency X-ray facilities will be available, and complex radiologic studies can be sent quickly up by elevator to the second floor of the new building, where the Department of Radiology will be housed.

There will be a large waiting area for patients and their families and another waiting area for ambulance drivers, police, and representatives of the news media. Also at the disposal of those in the waiting areas will be public telephones and vending machines located in adjacent corridors. A snack bar and additional vending machines will be conveniently located upstairs near the new first floor lobby.

Other facilities include: a reception and registration area; two interview rooms; twelve general, one psychiatric, three obstetric, and three Employee Health examining rooms; Student Health facilities; a reference library for the Poison Control Center and a treatment room for poison cases; three resident "call" rooms; a student work room; an analysis lab for blood and other routine tests (to be open around-the-clock); and a small kitchen unit that



Committee To Help Bridge Gap

With the unlikely abbreviation of S.A.A.D.—S.A.C., a committee was formed last fall at the request of Dr. W. G. Anlyan, dean of the School of Medicine, for the purpose of improving departmental communications at the "operational level."

The committee is composed of the head secretaries and administrative assistants in the fourteen departments of the School of Medicine and is chaired by S. Douglas Smith, assistant to the dean.

SAAD—SAC (Secretarial and Administrative Assistants of the Departments for Suggestions, Advice, and Communication) is neither a decision nor a policy making committee. Rather, it is a committee that provides frequent opportunities for secretaries and administrative assistants to ask questions about and to work out problems arising from the policies established by the School's dean and departmental chairmen.

"We lend the flavor, but the day-to-day problems are handled by these people," commented Dean Anlyan.

It is hoped that SAAD—SAC will be able to help bridge the gap in communications that can so easily occur in an organization as large as the School of Medicine, which has a faculty of nearly 250 and a student body of over 300.

Shown above at a SAAD—SAC meeting are committee members (from left): Douglas Smith, chairman; Mrs. Elizabeth Pendergraft, Ob-Gyn; Mrs. Edna Burgin, Ophthalmology; Mrs. Gene Winders, Pathology; Mrs. Ellen Bivens, Anatomy; Mrs. Anne Rimmer, Psychiatry; Mrs. Millie Moore, Microbiology; Mrs. Mary Kaufman, Biochemistry; Sidney L. Paine, administrative assistant in Radiology; and Cecil C. McClees, assistant director of personnel who was invited to explain the new provisions of the minimum wage law. Committee members not shown are: Mrs. Bess Cebe, Medicine; Mrs. Rosa Lee Russell, Physiology-Pharmacology; Mrs. Katharine Meier, Surgery; Linda Ford, Community Health Sciences; Mrs. Margaret Hazard, Pediatrics; Mrs. Marilou Morgan, secretary to the dean; and Mrs. Jean Warshauer, secretary to the assistant dean for student affairs.