



# Intercom

## duke university medical center

VOLUME 21, NUMBER 15

APRIL 12, 1974

DURHAM, NORTH CAROLINA

### New Ward Will Facilitate Admissions, Discharges

## Discharge Unit Scheduled To Open Tuesday

Construction of the Discharge Unit, the hospital's new ward for patients awaiting final discharge and departure, has been completed and the new facility is scheduled to open on Tuesday morning.

Occupying the space between the main lobby and the Auxiliary Snack Bar, the Discharge Unit has been designed to make patients as comfortable as possible after they have given up their beds on their last morning at Duke and before they have been picked up by family members or friends.

A primary objective in the construction of the unit which began in early December is to insure that every incoming patient with a reservation is in bed with preliminary doctor's orders by 1 p.m. of the afternoon of admission.

"The results of routine X-ray, EKG and laboratory studies should be made available to the physician on afternoon rounds," said Dr. Richard Kramer, a neurosurgeon who is chairman of the medical center's Committee on Patient Services and Personnel Relations.

"By making the day of admission a medically useful one, we hope to enhance the patient's comfort while decreasing his total hospital costs," he added.

Furthermore, the medical center clinics, now congested for hours each day by patients awaiting admission, should be able to concentrate more effectively on out-patient needs.

The Discharge Unit is an enclosed ward of the hospital. Primary entrance into it will be through a door from the lobby, and it is convenient to the gift shop, the lobby newsstands, the main

entrance, Auxiliary Snack Bar and the Business Office.

A registered nurse and a DTO (Data Terminal Operator) who will also serve as receptionist will staff the facility which includes a reception area, a fully-equipped nursing station and a patient lounge with a seating capacity of 20.

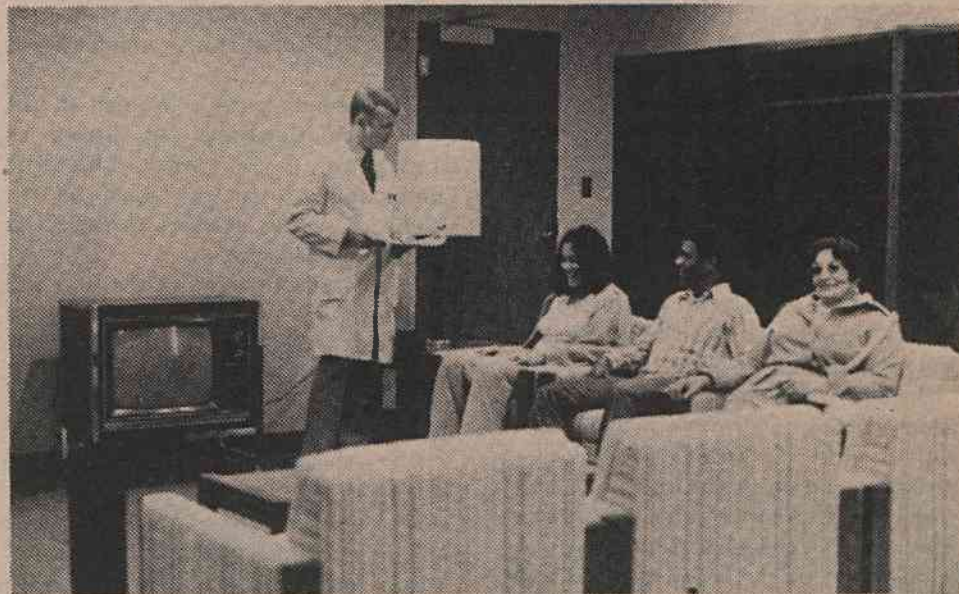
The Discharge Unit also contains three smaller rooms—two with hospital beds for patients who are not ambulatory or who fatigue while waiting to be picked up and a third which will serve as a patient area where a physician can confer with the patient or his family immediately before discharge.

The carpeted lounge will have reading material, color television and piped-in music.

Open seven days a week, from 8 a.m. until 4:30 p.m., the facility is to be used by patients transferred from 17 of the hospital's 32 wards. These wards are Hanes, Minot, Cardiology, Cabell A, Cabell B, Cushing, Reed, Holmes, Welch, Sims, Prevost, N.S.U., Strudwick (Med. and Surg.) Osler, Long, Halsted and McDowell.

In accordance with the revised admission and discharge procedures, partially implemented last July and effective as of Monday, the discharge hour for the first 12 wards on the list will be changed to 10 a.m. The remaining five wards will retain the 11 a.m. discharge hour, as will all other wards of the hospital.

Use of the area by patients from other  
(Continued on page 2)



IN THE DISCHARGE UNIT—Dr. John Harrelson, assistant professor of orthopaedics, talks with the family of a patient in the lounge area of the hospital's newest ward which has been designed to facilitate new admissions and to provide a comfortable waiting area for departing patients. (Photo by David Williamson)

### 'Dessert' after Regular Duties

## Three in Pathology Create More Efficient Machines

They say that necessity is the mother of invention.

Just as in industry, where new equipment and techniques are constantly being sought to improve production and to cut costs, so too are inventions

important to medical science where a new piece of machinery may save time, money or even lives.

Two members of the Department of Pathology at Duke University Medical Center who aren't content solely to make do with what devices the medical equipment industry offers have been developing instruments for years which make the fight against disease more efficient.

Dr. Thomas D. Kinney, chairman of pathology and director of medical and allied health education at Duke, and J. Phillip Pickett, an associate in pathology and instructor in medical technology, have collaborated in the design of a diseased tissue examination system which is used in both clinical and research pathology in many hospitals in the United States, Canada and England.

A third member of the department, administrative assistant Gene Winders, compliments their efforts by handling correspondence, patent applications and by studying existing patents so that there are no infringements upon the rights of other inventors.

Elements of the system include:

—An automatic tissue processor for light microscopy. This device is used to help pathologists prepare diseased tissue brought from the operating room for diagnostic purposes. As an example, it can help physicians determine whether or not a tumor is malignant. Specimens are "fixed" in formaldehyde, placed in the processor in separate containers called "Tims," and a timer regulates the introduction of varying concentrations of

## Fund, Service Honors Cleland

In the spring of 1973, after 28 years of dedicated and distinguished service to the university, Dr. James T. Cleland retired.

As James B. Duke Professor of Preaching and as Dean of the Chapel, he served as teacher, preacher, counselor, guide, friend and inspiration to the thousands of students, faculty and employees who were fortunate enough to come in contact with his keen mind, piercing wit and unfailing kindness.

Friends eager to honor Cleland in a way that will not only be permanent, but also as lively and vital as the man himself, have established the James T. Cleland Chapel Endowment Fund as a continuing monument to him.

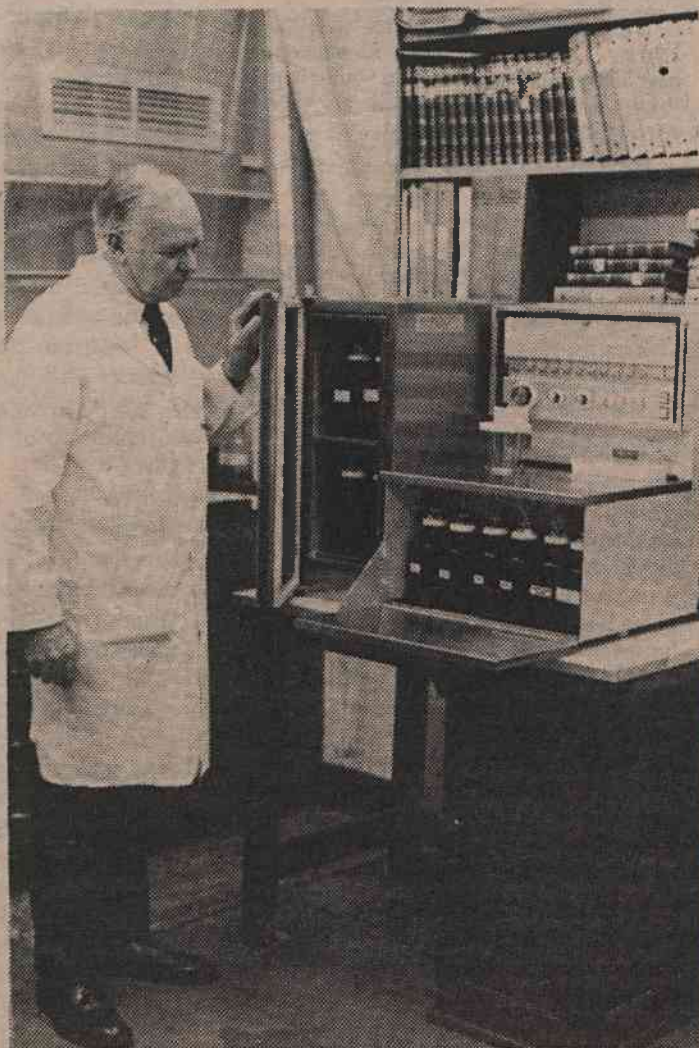
In addition, a public service of thanksgiving in celebration of his ministry will be held at 4 p.m. on Sunday, April 21, in Duke Chapel to be followed by a reception on the Chapel grounds.

Cleland came to Duke in 1945. He holds the M.A. and B.D. degrees from Glasgow University and the S.T.M. and Th.D. degrees from Union Theological Seminary.

(Continued on page 2)

### DO IT YOURSELF

—Dr. Thomas D. Kinney, and J. Phillip Pickett realized that existing procedures for preparing diseased tissue for microscopic examination left a lot to be desired, and so they put their heads together and came up with machines which do it automatically for both conventional and electron microscopes. Pictured above is Pickett with the electron microscope tissue processor. (Photo by David Williamson)



(Continued on page 3)