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center scan

Celebrity event benefits NICU

Little Cassandra Kemp will never remember her first automobile ride or how she spent the first few days of life away from her mother. However, for her mother, Amy Kemp, RN, Family Birthing Center, those days are very clear—a little frightening, a little lonely, and yet, a little relieved.

Kemp began having blood pressure problems during her seventh month of pregnancy. She was hospitalized in order for her obstetrician to monitor her condition closely.

"Things got to the point where everyone felt it was in the best interest for me and the baby to have a Caesarean section. The doctor came on Friday afternoon and asked me if I wanted to have a baby that night," Kemp said.

Cassandra (Cassy as she became known to her parents and nurses) was born that evening. She looked like a small doll, weighing only 3 pounds 10 ounces. For the next 24 hours Cassy was a patient in SCH's level II Neonatal Intensive Care Unit (NICU). However, on Saturday she needed to be transferred to a level III unit in the Twin Cities because she needed assistance with breathing.

"In July, when our nursery becomes a level III unit, we will be able to handle babies with breathing problems such as Cassy's," said Karen Peterson, NICU assistant manager. As it was, Cassy was able to transfer back to SCH on Wednesday, where the NICU neonatologist, Dr. Norman Virnig, and specially trained nurses took care of her.

"It would have been terrible if Cassy would have had to stay in the Cities for



For parents like Amy Kemp, RN, (with Cassandra) a level III nursery will mean greater security and less separation from their babies.

very long," Kemp said. "I was relieved when she came back to Saint Cloud Hospital where I could be at home yet come to the hospital often to care for my baby. Plus, I was familiar with the unit and knew the type of care she was getting. I could even guess who was rocking her when I wasn't there."

The transition from a level II nursery to level III requires training, staff and equipment. Assisting with the start up costs of the unit is a primary goal of the June celebrity fundraiser event starring Andy Williams. Proceeds from the concert and gala will go toward the NICU.

Many hospitals and not-for-profit organizations hold celebrity concerts to raise funds for their organizations, according to Mary Downs, manager of public relations and development. These concerts provide a way for hospitals and organizations to inform their community about the need for research, expanding or additional services and continual

financial support. "An Evening on the Mississippi with Andy Williams" is the first event of this kind in Saint Cloud that has featured a performer of Andy Williams' international star status.

Williams will be accompanied by a 27 piece orchestra, 40 voice choir, and his own traveling entourage. Following the concert, those who have purchased the \$125 individual tickets or the business packages will attend a post show gala with a huge array of hot and cold hors d'oeuvres and desserts. Local musical groups will entertain guests as they wander through the St. Cloud Civic Center.

For Cassandra and her parents, things are settling into as much of a routine as a month-old baby allows. On March 3, four weeks after she was born, Cassy was able to go home.

—Sandy Cordie

Research project heats up in post anesthesia care unit

Sit with Dick Beastrom a moment or two and his enthusiasm about the research he's doing becomes infectious.

As manager of the post anesthesia care unit, Beastrom thought it might be interesting to compare the two methods used at SCH to warm patients after surgery. After several years of planning and plotting, Beastrom's study officially began March 1. "I'm really excited to be doing this. Nursing is very limited in pure clinical research. My hope is to add to the body of knowledge."

For Beastrom, it all started almost two years ago. At that time SCH staff were using only one method—infra red warming lights—to warm their patients after surgery. Beastrom knew the equipment for the second warming method would be arriving in 1988. "If a patient's body temperature drops below 96 degrees, there is a danger of complications from hypothermia. At this point we use artificial means to warm them up," Beastrom explained. "The infra red lights have been used for at least 15 years. We place the lights several feet above the patients to slowly warm their bodies."

The other method, the Bair Hugger warming cover, has been used at SCH only since last summer. "The Bair Hugger is an air mattress that's placed on top of the patient. A reverse vacuum pushes the warm air into the mattress and the warm air slowly leaks onto the patient," Beastrom said.

The purpose of the study is three-fold. Beastrom wants to find out:

- which warming method warms patients more efficiently
- which warming method reduces shivering
- is either treatment linked with post operative complications

A pilot study was conducted over a 1½ years period. From June - December 1987, Beastrom and his 11 PACU staff members collected data on the infra red light warming method. And when the Bair Hugger arrived in July 1988, they began their pilot study on that method and continued it until February of this year.

Through all this Beastrom has been working with Dr. James Kepner, a professor in the Department of Mathematics



Two methods of warming patients are being compared by PACU manager Dick Beastrom: warming infra red lights (above), and the Bair Hugger (left) which leaks warm air onto patients.

and Statistics at St. Cloud State University. "The pilot study helped us set the design of the study. We were able to fine tune our data collection. We don't want to bias the study, we want it to be statistically correct," he said. "We're also going to be looking for trends in demographics—age, sex, type of surgery, etc."

So, now the official study is underway. Beastrom estimates it will take two to three years to complete because at least 320 patients are needed to conduct

an accurate survey and not all surgery patients need to be warmed.

"After it's all said and done we could find that there's no statistical difference between the two methods. Or we could find that one method is better than the other. Either way, patient care will improve because we'll know we're taking the best possible care of our patients."

—Diane Hageman

Innovative A & C program sets Recovery Plus goals

Too many chemically dependent people give up using but remain unhappy, Daryl Stevens said. "They put the cork in the bottle, but their lives remain out of balance."

According to Stevens, studies show that those in recovery die just as prematurely as those who continue to use. One possible reason is that they have damaged their bodies with alcohol and other drugs. But he thinks the main reason is that they continue to lead unhealthy lifestyles, smoking, not exercising, and not following good nutrition guidelines.

He'd like to see a program where those in treatment also deal with their tobacco use, begin eating right, and start an exercise program. "Some people will say 'I can't do that. It's all I can do to deal with my drug use.' But I've met a lot of people who've said that the best time to quit smoking and start dealing with these issues would have been during treatment, when they had group support," Stevens said.

He has convinced enough people his ideas are valid that the hospital is beginning an outpatient program using the holistic approach. It will be run as a cooperative venture between Health Systems Institute and the Alcohol & Chemical Dependency Center, and will be called Recovery Plus. Stevens, who coordinates the HSI Injured Worker Program, will also coordinate Recovery



Plus. Recovery Plus will put a much greater emphasis on nutrition and exercise than other outpatient programs, and it will require patients to stop smoking.

As part of the intake and assessment phase of the program, participants will be given information and helpful tools to deal with nicotine addiction, said Nancy Fandel, A & C outpatient manager. Recovery Plus will have a bona fide smoking cessation component built into the program. In addition, patients will be assessed in the dimension of nutrition and exercise through HSI.

The first groups should begin sometime in May, Stevens said. He suspects

When Recovery Plus coordinator Daryl Stevens quit drinking, exercise helped fill a void. He believes others can benefit from beginning a moderate exercise program during recovery.

that they may attract a population that hasn't been adequately serviced in the past. "These are going to have to be motivated people, and I wouldn't be surprised if we get a few executives. What we can do for them is provide a beginning to get a new lifestyle off the ground."

—John L. Pepper

Parents get gift baskets, courtesy of nutrition services

Traditionally, Saint Cloud Hospital's gift to new parents was an Evening of Elegance—a nice dinner with all the fixings—to be enjoyed alone in the mom's room.

But with the trends of decreasing length of stay and varied work schedules of the mom's significant other, it became increasingly difficult for the parents to take advantage of the nice meal.

"Parents barely had time to sit and enjoy the meal, and we were getting a lot of requests for these meals to be served at noon because the dads worked at night," said Kris Peterson,

manager of nutrition services. "We just felt it was time for a change."

"With this, they get a nice assortment of food and the keepsake baby spoon..."

In mid-February, nutrition services began packaging and delivering to the new parents decorative gift baskets along with a congratulatory note. The baskets contain assorted fresh fruit, a round of Gouda cheese, sausage, crackers, and sparkling grape juice. For

a lasting keepsake of the Family Birthing Center experience, the final touch is a baby spoon engraved with Saint Cloud Hospital and the year.

Janna Cannon, assistant manager of the Family Birthing Center, says the response has been positive. "The parents seem to really like the gift baskets. They don't seem to miss the dinner much. With this, they get a nice assortment of food and the keepsake baby spoon is really nice for them to have."

—Diane Hageman



Coffee Shop duo serve joy, warmth at holiday time

On your way down to the Riverfront Dining Room for your lunch break you pass by and greet a number of co-workers. There's Bill from the lab, Sue from 4 south, Kris from the pharmacy, Big Bird from Sesame Street and Rudolph from the North Pole.

... Big Bird and Rudolph? Have your contacts blurred?

Chances are, around Halloween or Christmas, you have seen these characters or perhaps Santa Claus, clowns or a pair of pumpkins. Their aliases are Rosie Sauve and Fran Murtley. They both work in the Coffee Shop and nutrition services.

It all started nine years ago at Halloween when Murtley and Sauve dressed up as Raggedy Ann and Andy. Now they make themselves different costumes every year. They were so popular with the staff and patients that they began donning their Santa and Mrs. Claus suits five years ago. "They know I'm a woman Santa Claus but the response is still the same," said Murtley. "People holler, wave and want us to come to their area. And we get a lot of hugs which is great."

"We just love the responses we get from people. They are so warm and appreciative," Sauve said. "It's certainly fun to do."

"Basically, we started doing this for the kids in pediatrics and it just sort of grew from there. And what we've found over the years is that the adults enjoy it and need it more than the kids. Some of those patients are here a long time," she said.

Murtley and Sauve visit all the hospital departments — not just the ones with patients. "Sometimes I think the staff enjoy the visits more than the patients," Sauve said. They have also attended departmental parties, A&C and mental health unit dances and therapeutic recreation's Variety Show."

These kind-hearted ladies are not paid for their services. They arrange their work schedules so that they can make the rounds on their personal time. They call it their "volunteer hobby." "If we were paid for doing it, it wouldn't be the same," Murtley said. "It would take away the true meaning of it — we do it for the response."

"If we get one smile, it makes it all worth it," Sauve added.



Several times a year, Fran Murtley (Santa Claus) and Rosie Sauve (Mrs. Claus) dress in costume to spread a little humor and warmth around the hospital.

—Diane Hageman

Agreement, rooms, ease guests' stay

When seriously ill patients come to Saint Cloud Hospital, so do their families. Families come to be by their loved ones, to support each other, to know what is happening.

As the hospital has built programs regularly treating seriously ill people from across Central Minnesota, a need has surfaced for families to find reasonably priced, convenient, comfortable accommodations. Families want a nice place to stay while patients recover, but they want to remain close and in touch with SCH. The hospital's response has been two-fold. It has established an agreement with area hotels and motels to provide patients' families with discounted rates; and it is building three comfortable guest rooms in the north annex.

The agreement with area hotels provides families of patients with discounts of up to 30% from regular room rates. To date, the program has been promoted only in the intensive care, critical care, and neonatal intensive care units. Families identify themselves to hotel admissions staff with a special blue card. Currently, seven area hotel/motels have signed up for the program. An additional benefit SCH provides to people renting under this program is free shuttle service to and from the hospital between 11 a.m. and 9 p.m.

The hospital's own north annex rooms should be available by early May, according to Dick Armstrong, plant services manager. Seven small rooms in the north annex's second floor have been stripped to convert into three large rooms. Each room will contain two single beds, and have television and a private bathroom. An interior decorator has been hired to ensure that the rooms have a high quality, plush appearance.

Making these rooms available is a test of the market, Armstrong said. If there is a heavy demand for them as programs grow, then it's possible that further guest accommodation could be built on the hospital campus.

—John L. Pepper



Songs of love sung sweetly...

Valentine's Day saw the appearance of Valentine Ladies, who sang throughout the hospital. The Valentine Ladies were coordinated through the Gift Shop and volunteer office. They were Ida Bohm, volunteer, Clair Ann Stock, RN, MHU, June Ringsmuth, volunteer, and Gerry Stang, volunteer. For a moderate fee, they delivered a personalized greeting, a valentine balloon, a poem, and a selection of songs. As well as singing to employees like A&C counselor Bruce Stellmach (above), the Valentine Ladies sang to patients, a physician, in lounges and in the Riverfront Dining Room.

Volunteer programs win awards

JC Penney—Saint Cloud Hospital had two winners in the JC Penney Golden Rule Awards announced in February. Five honorees received \$1,000 and ten received \$250 to be designated to the charity or agency of choice. The **SCH Hospice program** received \$1,000, and **Aubbie Berg, of the Senior Helping Hands program**, received \$250.

There are approximately 70 volunteers in the Hospice program. They become a liaison between the professional staff and families. Their most important role is to be a loving, supportive companion to the patient and family during a terminal illness. Without this volunteer assistance, many Hospice patients would not be able to remain at home until the time of their death. The volunteer offers respite care, enabling people to die with dignity in their own home, surrounded by their loved ones.

Aubbie Berg has been a Senior Helping Hands volunteer for four years. Senior Helping Hands is for those 55 and older with alcohol/chemical use problems or mental health issues. Many of these older adults are isolated and depressed and their problems often go unidentified. If left unattended, these elderly people often suffer in silence. Berg was honored for his outstanding service in working with recovering chemically dependent seniors.

History of respiratory care shows increase in duties

Chief respiratory therapist Ron Fligge knows that respiratory care has a low profile. It is, however, staffed 24 hours a day.

So when February's *Center Scan* focused on people who work nights in the hospital but failed to mention respiratory care he wrote a polite, educational letter to the editor. He said that although the *Center Scan* writer may not know about respiratory care, respiratory care was an important part of the team. Critical care manager Beth Honkomp confirmed it: "You missed them? That's too bad. They're invaluable to us. I don't know what we'd do if we had to train nurses in on all the mechanical aspects of ventilating equipment."

Respiratory care is a low profile specialty probably because it's also a relatively recent one. According to Fligge, it really didn't get started until the mid 1940's. Before that, the respiratory care worker was seen as a kind of equipment jockey, hauling oxygen tanks around. But the technology of respiratory equipment has advanced, the skills required have become more challenging, and the level of involvement with patient care has increased, causing the respiratory care field to expand and become more technically oriented.

"Today, respiratory care departments are a part of all large hospitals. They work as general practitioners in many areas. The education is very like nursing's, with either a one, two or four year program, and the trend is toward the therapist level two and four year. In respiratory care you need to know a little about a lot. The neonatal and adult intensive care units are areas where we will or have developed specialized skills," Fligge said.

A list of respiratory care services includes ventilator management, drawing of blood samples to evaluate adequacy of ventilation and oxygenation, respiratory rehabilitation and education of patients and families with emphysema and asthma, pulmonary function testing, exhaled gas analysis to determine cardiac output or specific calorie needs of patients, therapy for respiratory diseases/disorders and for post-operative care, and consulting services pertaining to respiratory care & ventilator management. "We're involved in just



about every corner of the hospital," Fligge said.

All respiratory care services are provided at the request of a physician and are billed by the hospital. In fiscal year 1987-88 the respiratory care department generated patient charges of \$1.7 million.

There is increased pressure for some form of mandatory state registration to replace the current voluntary credentialing of respiratory care personnel. Voluntary advanced credentialing would still be available through a national organization. Fligge would be happy to see mandatory state registration, partly because it would help guarantee quality treatment, and also because it could lead to greater visibility and respect for respiratory care personnel.

—John L. Pepper

Routine maintenance of ventilating equipment is part of the job for Joann Stradtman, certified respiratory therapy technician. The ventilator controls respiratory function for patients who are unable to breathe well on their own.

SCH seal of approval dependent on June JCAHO visit

Quality assurance/risk management director Mary Buhl calls the JCAHO accreditation "the Good Housekeeping Seal of Approval for hospitals."

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) inspects hospitals every three years, and is scheduled to arrive at SCH in June. To get its seal of approval, the hospital has to meet JCAHO regulations in "probably several thousand" standards.

In the three years since the last JCAHO visit, quite a few standards have changed and been added. Buhl is kept in touch with changes as they occur through *Perspectives*, a JCAHO publication.

"Let's see," Buhl said, rifling through the manual. "We're bringing in A & C and mental health, which had previously been reviewed under a different JCAHO program. There's increased emphasis on quality assurance activities; increased need for ongoing QA monitor-

ing and drug review for the medical staff—we've got to be looking at prescribing patterns. There's the use of quality assurance findings for dozens of smaller focus studies that go into the physician review process for the medical staff. Plant technology standards have been changed to put a greater focus on

"We need to let them know that we want to be excellent, and not just meet standards at an average level . . ."

patient safety. Discharge planning procedures. Procedures for organ donation and harvesting, that kind of thing. Risk management. Surgical and anesthesia services. Policy on withholding resuscitation—describing how decisions are made, how conflicts are resolved, delineating doctors' and nurses' roles. Oh there's all kinds of things. And they didn't take anything out!"

The accreditation process and standards are set up in such a way that the hospital has to be able to demonstrate compliance over time. It can't cram for the visit to make it appear to be complying. Consequently, although there will be some last minute checks on the most recent records, there won't be any rush of work just before the visit, Buhl said.

The JCAHO team is usually comprised of active and sometimes semi-retired physicians from across the country. The key to making their visit a successful one, Buhl said, is to make the process educational, and use it to the hospital's advantage rather than to be defensive. "If they see something here they don't like, we need to ask them how we should improve it. We need to let them know that we want to be excellent, and not just meet standards at an average level, but to obtain the JCAHO's highest score for each standard."

—John L. Pepper

Study puts TSCH's economic impact close to \$100 million

Just how much does The Saint Cloud Hospital (TSCH) contribute to the local community?

That question was recently asked of the Center for Business Research at St. Cloud State University. To find its answer, the Center used an economic impact model that had been developed and tested previously to determine the impact of the university itself.

According to the research, the annual economic impact on local businesses generated by local spending of the corporation, patients, employees and visitors is \$45.8 million. This represents direct spending in the local area economy related to TSCH. In fiscal year 1988, TSCH spent \$11,566,644 locally. Estimated data shows that employees spent \$16,361,758. Visitors to the area (either to the hospital or to employees) spent \$15,954,273. And outpatients spent \$2,015,259.

These direct expenditures generate two indirect effects. The first consists of purchases by local area businesses that support the direct spending by TSCH. Local area businesses purchase supplies worth approximately \$15.7 million in order to support spending related to TSCH.

The second indirect effect is the increase in business volume due to expanded local area income resulting from TSCH related spending. TSCH's direct expenditures enhance the payrolls and profits of local area businesses. This generates additional income within the local area, which in turn increases sales to local area businesses. TSCH's expenditures increase the local area business volume by over \$35.5 million.

These two indirect effects, combined with spending directly related to TSCH, represent the total increase in local business volume. Therefore, the economic impact of TSCH on the local

economy exceeds \$97 million. This figure reflects the impact of only TSCH, and not that of the other entities comprising the local health care environment. TSCH supports a thriving medical community. Without the hospital, the local area would be unable to support the many specialized medical practices currently operating.

In addition to these tangible benefits to the community, there is a great intangible value. TSCH provides charitable care, many health education programs, Community Health Nights, and the security that comes with knowing high quality support services are only minutes away. In more ways than is sometimes realized, TSCH is a valuable community asset.

Cardiac update

Saint Cloud Hospital's cardiac surgery program is continuing to grow and expand.

As of March 6, 47 coronary bypass operations and valve replacements and 45 angioplasties have been performed at Saint Cloud Hospital. Those numbers have increased significantly since early January due to the arrival of Dr. Richard Rucker, Jr., a second cardiac surgeon. Dr. Rucker is a member of Cardiac Surgical Associates of Minneapolis and St. Paul but resides in St. Cloud and is the primary cardiac surgeon for SCH's program.

He completed his internship and general surgery residency at the University of Minnesota in 1983. He became a Diplomate of the American Board of Emergency Medicine in 1986 and of the American Board of Surgery in 1987. Dr. Rucker completed his cardiothoracic surgery residency at Boston University in Boston, Mass. in December 1988.

Rucker's interest in heart disease developed while he was in medical school. "At that time cardiac surgery was brand new and they didn't have



Dr. Richard Rucker, Jr.

treatments like angioplasty or many medications that could take care of heart problems . . . One of the reasons I came to Minnesota in 1975 was because this is where cardiac surgery began in the United States," he said.

Rucker is excited to be a part of Saint Cloud Hospital's cardiac surgery program. "I was really impressed when I came here. The quality of patient care is outstanding," he said.

—Diane Hageman

BENEFIT WISE

Did you end up owing Uncle Sam more money than you would have liked? April 17 is the deadline for filing your 1988 income tax returns. Below are a few suggestions which could help solve your problem.

■ Change the number of **tax exemptions** which you are claiming. The less you claim, the more taxes withheld. Complete a W-4 form to do this.

■ Enroll in the **Tax Deferred Annuity program**. Approximately 20% of your salary can be deferred from taxes which will reduce your taxable income.

■ For tax year 1990, enroll in the **Medical/Dependent Care Reimbursement Accounts** and have your out-of-pocket medical expenses and/or dependent care expenses pre-taxed.

A few reminders when completing tax returns.

■ If enrolled in our **Medical Insurance and/or Medical Dependent Care Reimbursement Accounts**, these expenses cannot be deducted again on your income tax.

■ If you are a participant in our **Pension plan and/or Tax Deferred Annuity program**, you may not be able to deduct an **IRA** depending on your adjusted gross income. **On all the above issues, consult your tax advisor if you have questions. Additional information is also available in the Benefit Resource Center.**

Promotions

Sigrid Hedman-Dennis, maternal child educator, 3 south, to clinical nurse specialist, NICU.

Marjorie Kuechle, staff radiographer, radiology, to senior CT scanning technologist.

Sharon Larson, food service aide, nutrition services, to baker.

Janice Miller, ECG technician trainee, diagnostics, to ECG technician.

Kara Neubarth, non reg. RT cert RT tech, respiratory care, to reg. respiratory therapist.

Rob Nicoski, pharmacy unit dose technician trainee, to pharmacy unit dose technician.

Kirsten Pederson, junior PT, orderly, physical therapy, to staff occupational therapist, occupational therapy.

Mary Rudolph, medical secretary, radiology, to staff radiographer.

Romel Salinas, admitting clerk trainee, to admitting clerk.

Karen Trobec, pharmacy tech trainee, to pharmacy technician.

Achievements

Sarah Butkowski, Joe Cory, Mary Dorpinghaus, and Kim Koopmeiners, all laboratory staff members, passed national certification examinations to become certified medical technologists this past year.

Jim Forsting, A & C manager, appeared on KSTP's "Twin Cities Live" following the A & C unit being ranked in a national study as one of the three best programs in Minnesota.

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