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July 1989

center scan

S T R E S S

The human is a primitive animal in a developed world. Humans have lived in civilized societies for only a few thousand years or less, and in industrial societies for only a few generations.

The human body has not had the time necessary to evolve new responses to new ways of life. The soles of our feet may be soft and our musculature diminished, but under the skin we are basically hunters and gatherers.

This is the conflict at the base of stress: In a society that demands we intellectualize and rationalize our situation, we do so in conflict with instinctive physiological responses that hearken back to the cave dweller. When faced with things we find threatening there is a level at which the brain tells the body a sabre toothed tiger is snarling at the cave entrance. The actual threat may be as benign as the need to meet with a boss, or learn a new telephone system. But the body's mechanisms scream TIGER! TIGER! and pour adrenalin out, pull blood in from the extremities, dilate the eyes, increase the heart rate, and wreak all other kinds of havoc inappropriate to the office and destructive to our body and our life. Unless we teach them otherwise.

Psychotherapist Dr. Gordon Stein is the clinical supervisor of the Pain Management Center. When asked about stress he said that stress control has become a major part of pain management. People with pain that medication cannot deal with adequately often become angry, confused and afraid.

This is the stress response (that is, the body's response to a threat). Creating the stress response too frequently and too long in turn causes symptoms which may include disrupted sleep patterns, irritability, poor short term memory, dietary changes, constipation, diarrhea, and headaches, and perhaps contributes to some extent to all illness, pain or physical dysfunction.

"We look at it in three ways," Stein said. "We help patients get their body functioning as well as possible to help ventilation of the stress through physical activity. We help them to induce the relaxation response, which changes the chemistry of the nervous system to alleviate or reverse stress—we do this through meditation, biofeedback, progressive muscle relaxation and other methods. And, we deal with the psychological issues of stress: the particular thought patterns that make people angry or afraid, and the social/economic issues that we get afraid of or angry at."

For example, Stein said, a major fear that most people share is standing up in front of people to give a speech. "Why? They don't know. The people in the audience don't want them to be afraid. Actually, they're usually pulling for them. They're really quite nice." But people have the fear so they make themselves angry. Cave dwellers made themselves angry to set off physiological responses, such as the outpouring of adrenalin, which made themselves stronger. But today's speakers don't go to the lectern,

rip off a tree branch, and try to beat back a wild animal. They go to the lectern and try to calmly make a presentation.

This causes a conflict between the sympathetic nervous system, responsible for fight or flight, and the parasympathetic nervous system, which keeps people calm at other times. "It's like you've got the sympathetic nervous system, the accelerator, jammed to the floor, and your belief in 'proper' behavior, the brake, jammed to the floor, and the whole vehicle, which is you, gets shaken to bits," Stein said.

Through counseling, Stein said, people can change the ways that they think and react. They can learn how to avoid inducing unnecessary stress response. They can recognize stress as something that they do to themselves through the way they respond to their situation.

According to Stein, physician interest in and acceptance of the role stress plays in a number of illnesses from the common cold to cancer is growing. In addition, he sees growing public interest in ways to deal with stress, and cites the running boom as a prime example.

"The thing about stress," Stein said, "is that it's all kind of simple, with many things that fit together. We lie to ourselves that he, she, or it does this to us. But the truth is, we do it to ourselves, and we need to learn how not to."

—John L. Pepper

Nurse fights back from stress induced absence



Early this year Sue Omann spent two months home on medical leave, incapacitated by stress.

"I never thought it could happen to me," she says now. Doctors told her she was stressed but she chose not to believe them. And it wasn't until she was deep in the hole, sleeping an hour or less a night, suffering pain in her back and legs, literally worried sick that she had cancer, that she took the medical advice which allowed her to recover.

Omann is the half-time surgical clinician and half-time enterostomal therapist. Before she returned to work she had combined the enterostomal therapy position with that of half-time oncology clinician. She is the kind of busy person employers love. She's high energy. She walks fast, sits forward in her chair, listens intently, answers directly, and has an expressive, warm personality. "She's an extremely self motivated, caring and genuinely loving person," said fellow clinician Diane Spaniol.

Often, Omann worked long hours, then drove home to look after the needs of four active school age children and a farming husband. Feeling that nobody else could take her place she'd work on weekends or interrupt vacations to look after patients. Treating long term cancer patients she got to know many who died. Without her realizing it, the workload she assumed and the constant exposure to terminal illness was having an effect.

About two years ago, in August, she began experiencing back pains. That December she saw the death of a cancer patient whose disease had been discovered after investigation of similar back pain. The coincidence preyed on Omann's mind and she began suspecting she had cancer. Her physician ran tests but concluded that her problems were stress related. Omann didn't believe it. "I've had cancer patients who've told me that they were misdiagnosed, and I thought it was happening to me," she said.

So in March of 1988, as the pain travelled to her legs, she visited another physician and had more testing done. Again, she was advised that her problem was stress. Not content with the second opinion, she visited a neurologist, and



Now back at work and recovered from stress related illness, Sue Omann addresses a charge nurse orientation for 4NW staff nurses.

for the third time was told that her problem was stress.

Instead of finding a way to deal with stress she continued to push herself hard and worry about cancer. "Looking back at it now, it's hard to understand," she said. "I knew that I didn't have cancer, but somehow I just couldn't snap out of it." By last Christmas her husband was concerned about her, and provided a housekeeper. In January, she took two weeks of vacation determined not to go to work at all. But it was horrible. She was run down. She couldn't enjoy the vacation, couldn't sleep, and had become obsessed with fear of cancer. Finally realising that she couldn't go on as she was, she talked to the hospital's Employee Assistance Program counselor, and was advised to speak with a psychiatrist.

She saw Dr. Mehrhof, and at that point began the road to recovery. He immediately prescribed medication to help her sleep, then medications to help her deal with anxiety and depression. He also persuaded her to begin an exercise program. (She now walks three miles every day.)

Eventually, after six weeks of medical leave, it was Dr. Mehrhof who

persuaded her to return to half-time work. "I didn't want to come back," Omann admits, "but it was good for me." She didn't, however, return to her oncology position, replacing that responsibility with the surgical clinician post.

The medical staff and administration have been very supportive, Omann said. They sent flowers, protected her from further stress by not calling on her expertise in situations where that might have been the easiest solution for them, and responded to her need for a change in responsibilities.

"I'm feeling good right now. I learned a lot, about myself, and about how I can change things," Omann says. "There's a kind of a pattern in the family. I'm the way I am because of my parents. My father is driven. His farm is immaculate. Everything has to be right. Now I have a son, who is thirteen, who has already decided that he wants to be class valedictorian. I've told him not to put too much pressure on himself. 'Look at what happened to me,' I say. But he says it won't happen to him, because his mind is stronger. Well, that's what I used to think."

—John L. Pepper

Stress inevitable, says Counseling Center manager

The first thing to say about stress," said Steve Vincent, "is that stress is not always the same as distress. It's not always bad. It tugs at us to make an adjustment to something new, but that can be positive. At the same time, it's also clear that stress can be really bad for us."

Vincent is manager of the hospital's Counseling Center. As such, he sees many people who have emotional problems. Stress, he said, is a contributing factor in almost all of the cases he sees. "There isn't any individual, family or other kind of unit, such as a hospital, that if exposed to stress long enough won't begin to show signs of dysfunction because of that stress," he said.

It appears to be obvious that the hospital's patients are experiencing stress, but the patients are not the only ones. Because change in health care is rapid and seemingly everywhere, and because the changes are causing declining patient censuses and hospital failures across the nation, the health care industry has more than its share of stress to deal with.

And there are always other kinds of stress among hospital employees, Vincent said. "It's probably not possible for people to work together for an extended period of time without some kind of conflict arising. People bump into each other, basically. People need to see that as a conflict and see that as something that's normal within the flow of daily life, and something they need to resolve." According to Vincent, it isn't conflict alone that is the problem. Conflict is normal. The problems arise when people don't have the skills to deal with the conflict, and instead allow it to fester and become the beginning point of hostility and distrust between them.

Another important aspect of hospital stress is the stress of people dealing with people in stressful situations. "When you are around people who are very ill or are dying, some of those are going to touch you personally, because some of them are too much like one's own experience. When we're dealing with someone who is about our same age, or who reminds us of our father, or who is the same age as our children, that's going to hit home."

In the Counseling Center Vincent has tried to create a work environment in which people are supportive of each other and offer emotional support where needed. "We don't have a set time for that. We do have a couple of times each week where we talk about clinical concerns, and I have it in my mind that whatever people bring up there will be treated respectfully. It's in my mind that our meetings can allow concerns, complaints, and goals to be discussed. And I think we'll do more to allow that to happen."

Vincent points to the Health Systems Institute and its programs as evidence

that the hospital has recognized illness prevention as an important part of health care. But he also feels that more could be done to recognize the ways the institution creates stress, with the goal of minimizing it. "I don't have any specific proposal. I see it as a raising of the general consciousness. But we should set a model to the whole community about how to provide a service and be an employer and an institution that is attentive to stress and the impact that stress can have on health."

—John L. Pepper

The Holmes, Rahe Social Readjustment Rating Scale

Rank	Life Event	Mean Value (score)	Rank	Life Event	Mean Value (score)
1	Death of spouse	100	23	Son or daughter leaving home	29
2	Divorce	73	24	Trouble with in-laws	29
3	Marital separation	65	25	Outstanding personal achievement	28
4	Jail term	63	26	Wife begin or stop work	26
5	Death of a close family member	63	27	Begin or end school	26
6	Personal injury or illness	53	28	Change in living conditions	25
7	Marriage	50	29	Revision of personal habits	24
8	Fired at work	47	30	Trouble with boss	23
9	Marital reconciliation	45	31	Change in work hours or conditions	20
10	Retirement	45	32	Change in residence	20
11	Change in health of family member	44	33	Change in schools	20
12	Pregnancy	40	34	Change in recreation	19
13	Sex difficulties	39	35	Change in church activities	19
14	Gain of new family member	39	36	Change in social activities	18
15	Business readjustment	39	37	Mortgage or loan less than \$10,000	17
16	Change in financial state	38	38	Change in sleeping habits	16
17	Death of close friend	37	39	Change in number of family get-togethers	17
18	Change to different line of work	36	40	Change in eating habits	15
19	Change in number of arguments with spouse	35	41	Vacation	13
20	Mortgage over \$10,000	31	42	Christmas	12
21	Foreclosure of mortgage or loan	30	43	Minor violations of the law	11
22	Change in responsibilities at work	29			

Persons completing the scale are to add up the scores of the life events in the past year. Holmes' research indicates that: 80% of persons with scores above 300 suffered a serious illness within 2 years; 53% of persons with scores between 250 and 300 and 33% of persons with scores between 150 and 250 suffered similar illnesses. A high score does not necessarily mean illness will occur and a low score does not necessarily mean an illness will not occur. Factors such as supportive relationships, self esteem, spiritual and philosophical beliefs, self acceptance, and life style can help mediate or attenuate our response to changes. These coping resources may explain why some persons remain healthy while others do not even though they have experienced similar events.

The Holmes, Rahe Social Readjustment Rating Scale can be used to help each of us affirm the magnitude of stress in our lives. The scale's life change events can also be used as criteria to guide us in making decisions about our future and in anticipating future events. So if you are planning to buy a house, get married, move, or change schools you may want to consider the magnitude of stress these events can cause in your life.

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Public relations secretary terrified by monster phone!

It's happened. The long-awaited, much touted phone system has arrived. Right now your new phone is sitting on your desk, in all its modular-looking glory. It's probably been sitting there a few weeks, gathering dust. You desperately want to touch it but each time you try, your hand won't leave your side and you get a bad case of the shakes. Your palms get so sweaty you'd probably drop the phone if you tried to pick it up. Just the sight of the "Superset" brings pangs of anxiety. You quickly pick up the receiver of your trusty Dimension phone and make your call.

Once the anxiety attacks subside, you'll feel like a kid at Christmas discovering a new toy. The "Superset 4" lets you talk on the phone without lifting the receiver. Conference calling is a breeze. You'll know who's calling you before you even pick up the phone. Prompts, softkeys, split, swap and camp-on will become familiar telephone terms.

No doubt about it, trying to figure out how to operate a new phone can be a stressful event, but once you find your



way through all the beeps, buttons and whistles, you'll probably wonder how you lived without the voice mail, the flashkey for transferring and all the other nifty features of the new system.

The new system has been in the works since April of last year, according to Diana Heinen, telecommunications supervisor. She said the general reaction of employees has been one of curiosity and excitement. She joked, "The only

one who seems stressed out about it is me!"

The last time the hospital got a new phone system was eight years ago and people were ranting and raving about it for months. Heinen and the telecommunications consulting firm are doing things a little differently this time around to make the transition smooth and to keep the employees' stress factor as low as possible.

Surveys were conducted in May to find out what each department's needs are. Each employee is going through a training session with a "live" phone so they can try out all the features. And there will be a month's transition period when there will be both an old and new phone at each station. The official switchover date will be July 14.

When it's all said and done, there will be more than 1,000 new phones requiring a whopping 450,000 feet of cable in the hospital. Wheewwww!!! Alexander Graham Bell would probably flip over in his grave if he realized the magnitude of what he invented.

—Diane Hageman

Hospice staff acknowledge, deal with, stresses of job

Meet regularly to discuss job issues

Most hospital employees can draw strength from the knowledge that they are helping the healing process.

In hospice work that isn't so; death is inherent to a hospice program. Although everyone knows that, knowing it doesn't make patients' deaths any easier for hospice staff who get to know and care for them. "We grieve their death as though they were a family member," says hospice/home care manager Sue Weisbrich. "We get to know them. They become friends, and we need to deal with our grief."

In fact, the stress that is inevitably a part of hospice work is recognized by the Joint Commission on Accreditation of Healthcare Organizations, which mandates that some kind of support program be in place for workers in hospice care.

Saint Cloud Hospital's hospice began its support group about eight years ago.

Home care workers have had theirs for about 18 months. Each group meets twice each month and has meetings facilitated by the Counseling Center's Steve Vincent. The hospice group includes members of the entire hospice team: the nurses, social worker, chaplain, primary physician, volunteer coordinators and Weisbrich herself.

"What we try to do, the hospice staff and I," Vincent said, "is try to provide a place to talk about situations and thoughts and feelings about those situations, without getting any judgement about whether that's an appropriate way to think or feel, and be sure that people will treat it respectfully even if they disagree with it. I think it's fair to say that the kinds of things we often end up talking most about are situations where there are one or more similarities between the staff members and the hospice patient involved."

Weisbrich said that hospice work is

Stressed out? EAP helps employees find counseling

It might be a co-worker, or it might be something at home. Or maybe it's your job. Whatever the source, you know that something is not quite right and you think it might be the result of stress. But where do you go from there?

The Employee Assistance Program (EAP) can help. The EAP is a confidential service program that provides short term counseling and referrals free to any person or employee who has a contract with Health Systems Institute. The service is open to SCH employees and their families.

People seek out the EAP for a variety of reasons, says EAP counselor Maribel Torres-Bertram, and stress, mainly job stress, is a big one. That job stress can come from many different areas. Employees may have relationship problems with peers or supervisors, or they may feel that there are more demands and responsibilities in their job than they can cope with.

"People who work in a health related field are very likely to experience a lot of stress because our field is one where we

need to be concerned with the needs of others," says Torres-Bertram. "We need to be providing services to others, and sometimes it can be very hard to balance between your job situations and your personal life."

When people go to the EAP they have an initial assessment interview to find out what they believe to be the main issue or concern. This interview

... sometimes it can be very hard to balance between your job situations and your personal life.

also helps the counselor learn of any secondary issues, such as chemical dependency, that might be adding to the problem. If the concern is one where the EAP can help, short term counseling is usually provided.

One of the ways Torres-Bertram tries to help people deal with stress is by showing them that it is a normal part of life. She also says that people need to make a distinction between situations

they can control and situations they cannot control. "Sometimes people can create unnecessary stress if they find themselves trying to control issues that they really have no control over, whether it is trying to control another person's behavior or trying to control a situation in which they really have no authority," she says. "We help them define the issues of what they can and cannot control."

Whether the sessions take place within the EAP, or are referred out to the community, the EAP counselors do follow up on the person to see how everything is going. "People are positive about the program," Torres-Bertram says. "Most people are satisfied with the service and feel their needs have been met. A good indicator of that is that we do have people who come back more than once. They might come today for a specific issue and come back six months, a year, or even two years down the road for another issue. They know that the service is beneficial to them, so they come back again."

—Sandra MacGregor

most stressful with patients who are young adults and families who have young children. "Those are always a little harder to deal with emotionally because they are about our own age. You sit and watch little kids going through the process of understanding that a parent is dying, and that's real hard."

The meetings, which last about an hour, are a good avenue to allow people to deal with their stress, Weisbrich said. Sometimes issues other than those of death and dying surface and are dealt with, and that is healthy too. "I think people need to learn to do that. And we've made it important to deal with things on an ongoing basis. You are healthier and closer as a department by having the groups and dealing with the issues that are bothersome. It's helpful to talk about issues with people who understand the situations."

—John L. Pepper



Mary Kay Smiglewski, Steve Vincent, Joyce Hallstrom and Mimi Sauer are part of a hospice group which meets regularly to share concerns and feelings in order to relieve stress.

Life at top not necessarily stressful, president says

What one person finds stressful another may find relaxing, like rock climbing, or sky diving. The same is true of decision making and leadership.

To those who monitor the hospital's fluctuating census and have heard stories of how hospital president John Frobenius schedules meetings on weekends, and can be seen working in his office late at night, it may seem that Frobenius must be one stressed man. But questioned in his office toward the end of a standard 11 hour day, a different picture emerged. He became animated and reflective in turn, weaving into the conversation stories of friends in less satisfying situations.

He pulled a chair out to the front of his desk, stretched and relaxed. "I'm not sure that I could say my job is stressful," he said. "I have fun at my job. I get a lot of satisfaction from my job. I would be bored stiff with a job that didn't have a lot of things going on. I kind of enjoy the pace of things. People probably won't believe me. But to me, the most stressful thing would be not to have a lot of things going on."

Frobenius doesn't deny that things can get to him. He suffered from stress when he first assumed the position of hospital president, he said. But as he has grown into the job and seen the hospital make progress, the stress has dropped away.

Frobenius jogs a few miles 3 times a week, and does a little escapist reading of novels about WW II. He also tries to get away to a lake cabin for a few weekends during the summer. But it seems that what most helps him deal with the pressure of being at the top is his frame of mind.

He recognizes that some things, such as government regulations and health care technology, are beyond his control. He focuses instead on how he can respond to events. "One of my personal rules is that I can't control everything. And if I can't control it, I don't worry about it. The most stressful spot is sitting on a fence doing nothing. So at some time you have to gather what you know about the situation and you've got to act. I've made mistakes in my time here, and I'll make more. We are all going to go

away from our jobs and groan about them once in a while. But if you imagine yourself away from your job, without the possibility of doing it, what else would you do? I happen to like my job."

Another personal rule Frobenius has is not to allow something to drag out if it can be acted on immediately. "It may be frustrating for my staff at times, but if I want the answer to something I want to get it now. I don't want to wait a couple of days."

In addition, he said, the things that could be making his life miserable aren't. He has a healthy hospital in a one hospital town. And he feels that his relationship with the hospital's board of directors is generally good, as are relationships between him and the medical staff and hospital employees.

"There's one other thing about this," he said. "This may be old fashioned as heck. It's what this whole enterprise is about. One of the neat things about this job is that we have the good fortune to be providing a true service. If we do what we are here to do we can make a difference in people's lives, a positive one, and we need to keep our eye on that target, because sometimes it can get lost. Health care is a very positive industry, with a lot of pressures, and you have two choices: you can panic, and pull your head in, or you can look at what is going on and try to do something about it." Frobenius is happiest doing something.

—John L. Pepper

Research pinpoints stress factors

Stress in business is on the rise, and health care is no exception.

Studies show that today's health care professionals are called upon to do more with less and with more efficiency in less time. They are expected to spend less time with patients, learn and work with new equipment, and implement new equipment and techniques in the expanding health care services area. These same professionals often have unclear goal in their jobs, and often don't know where to go with various problem situations.

According to a research study conducted by Alan P. Wolfgang, Ph.D., in the Department of Pharmacy Care Administration, at the University of Georgia Athens, the following are some of the most stressful situations, or causes for stressful situations to occur for doctors, nurses, and pharmacists.

DOCTORS:

- Feeling ultimately responsible for patient outcomes.
- Caring for the emotional needs of patients.
- Having job duties which conflict with family responsibilities.

- Being interrupted by phone calls or people while performing job duties.
- Dealing with difficult patients.

PHARMACISTS:

- Having so much work to do that everything cannot be done well.
- Keeping up with new developments in order to maintain professional competence.
- Being interrupted by phone calls or people while performing job duties.
- Feeling inadequately paid as health care professionals.
- Feeling that opportunities for advancement on the job are poor.

NURSES:

- Not having enough staff to adequately provide the necessary services.
- Feeling inadequately paid as health care professionals.
- Having so much work to do that everything cannot be done well.
- Feeling ultimately responsible for patients' outcomes.
- Caring for emotional needs of patients.

—Anthony DeSanto

BENEFIT WISE

Did you know that as a Saint Cloud Hospital Employee you may become a member of the T & L Credit Union? The T & L Credit Union is located at 1532 St. Germain Street in St. Cloud, with both lobby and drive-up facilities. To become a member you only need to buy a \$5.00 share in the Credit Union. Once a member, always a member.

Listed below are services available:

- Share drafts (like check-ing)—\$2:00 monthly fee
- Passbook Savings
- Loans—Competitive Rates
- **Payroll Deduction—into check-ing, savings or loan payments**
- **Direct Deposit**
- Money Market C.D.'s
- Regular C.D.'s
- Money Fund Account
- IRA Accounts

- Night Depository
- Bank By Mail
- Drive-up Window

- VISA—\$10:00 per year, 15.9% Interest Rate
- Group Insurance Offerings (Life and Cancer)
- Financial Advice and Counseling—No Cost
- Check Cashing for Members
- Money Orders
- Low Cost Life and Disability Insurance on Loans
- U.S. Savings Bonds—Series E and Series EE
- Safe Deposit Boxes
- Travelers Checks—No Cost
- Notary Service—No Cost
- Blue Book Prices—No Cost
- Cufis Motoring Plan (Warranty Plan for New and Used Vehicles)

If interested in becoming a member or if you are already a member and interested in any of the above services, stop in or call the T & L Credit Union. Their hours are Monday through Thursday 9:00 am to 5:00 pm; Friday, 9:00 am to 6:30 pm. Drive up hours are: Monday through Thursday 7:30 am to 6:00 pm, Friday, 7:30 am to 8:00 pm, Saturday, 8:00 am to 1:00 pm. Their phone number is 252-5393. Brochures and deduction cards are also available in the Employee Benefit Resource Center.

Reminder: The Saint Cloud Hospital also offers U.S. Savings Bonds through payroll deduction. The \$100 and \$200 denominations are available. If interested, information and enrollment cards are available in the Employee Benefit Resource Center.

Promotions

Suzanne Abel, trainee transcriber to transcriber.

Lisa Brannan, A&C, A&C counselor, to A&C sr. counselor.

Susan Brenny, home care, after hours call, to homemaker.

Deb Buerman, AOS, receptionist/secretary, to marketing assistant, public relations.

Andrea Devinck, information services, computer operator, to computer support specialist

Karen Dockendorf, nursing assistant, float pool, to graduate nurse, 4 northwest.

Mary Dorpinghaus, medical technologist, laboratory, to medical technologist II.

Terresa Elwood, admitting, admitting clerk trainee, to admitting clerk.

Karen Foster, nutrition services, food service aide, to cook.*

Mary Ganz, nutrition services, dining room assistant, to distribution center attendant, distribution.

Marleen Hartjes, medical technologist, laboratory, to medical technologist III.

Laura Hiltner, radiology, cardiovascular RN, to nursing care coordinator.

Rodney Johnson, float pool, nursing assistant, to ETU assistant, ETU.

Mary Jo Katz, lab, from receptionist/phlebotomist to medical lab technician.

Mary Kerfeld, radiology, from medical secretary to office supervisor.

Renae Kiffmeyer, radiology, viewing room clerk, to medical records clerk, admissions, medical records.

Barbara Mannell, respiratory care, respiratory therapist, to neonatal clinical coordinator.

James McCue, safety & security, escort, to storeroom clerk, stores & receiving.

Leslie Munson, speech pathology, sr. speech pathologist, to developmental specialist, rehab.

Cindy Pogatchnik, ETU, transcriber trainee, to transcriber.

Sheila Pogreba, pharmacy, pharmacy IV add tech trainee, to pharmacy IV add technician.

Michelle Schmit, nutrition services, food service aide, to cook.

Lois Solinger, admitting, admitting clerk trainee, to admitting clerk.

Michael Steil, home care, home health aide homemaker, to nursing assistant, nursing support.*

Joann Stradtman, respiratory care, cert., respiratory therapy tech., to graduate nurse, telemetry.

Janelle Tenter, nutrition services, food service aide, to dining room assistant.

Florianna Theisen, billing & collection, from office clerk / file clerk, to office clerk.

Robert Waitt, pain management, counselor, to biofeedback clinician.

Willie White, admitting, admitting clerk, to acting manager.

* Will work both jobs.

Management

Roger Fernelius became the building & grounds manager, responsible for maintenance and power plant. He has 22 years of hospital experience, and was director of plant operations and maintenance at St. Luke's Hospital in Cedar Rapids, Iowa.

Terry Bradford became the director of human resources. He will oversee the areas of compensation and benefits,

employment, employee health service and the child care center. For the past year, he has worked in marketing, sales and administration for Tricord Systems, a specialized computer company in Minneapolis. Previously, he was the director of human resources for St. Luke's Hospital in Fargo, North Dakota. Bradford has a bachelor's degree in business and industrial relations from the University of North Dakota in Grand Forks. He and his wife, Onalee, have three children.

Niels Nielsen, vice president for patient care support services, resigned May 24,

1989. As of July 1, **Paul Gray** assumed the position of senior vice president. He is responsible for the areas of radiology, pharmacy, laboratory, diagnostics, human resources, nutrition services, and plant and environmental services. Most recently, he was the chief operating officer of the 271-bed Deaconess Medical Center in Billings, Montana. Gray has his Masters degree in Health Care Administration from Washington University in St. Louis, Missouri. He and his wife, Dian, and their two children will be moving to St. Cloud this summer.



Roger Fernelius



Terry Bradford



Paul Gray

Achievements

Five SCH nurses were recently inducted to Sigma Theta Tau, the international honor society of nursing. They are **Fay Chawla**, employee health services; **Paulette Como**, endoscopy; **Karen Kleinschmidt**, nursing supervisors; **Jean Milner**, ETU; and **Joann Stradtman**, respiratory care. Kleinschmidt was also selected to be a member of the Omega chapter of Delta Epsilon Sigma, a national Catholic honor society. **Diane Salzer**, RN, emergency trauma unit, was inducted into Phi Kappa Phi, an academic honor society.

Wayne Lauermann, manager of billing and collections, was elected to the 1989-90 board of directors of the

Hospital Financial Managers Association for Minnesota. Lauermann was also elected to office in the Medical Account Managers Association of Minnesota. He will serve as vice-president in 1989-90 and president in 1990-91.

Beth Honkomp, manager critical care, has been selected to chair the national clinical practice committee of the American Association of Critical Care Nurses.

Karen Lucey, electrodiagnostics technician, recently became part of a select group of less than 200 people registered in evoked potentials monitoring. Evoked potentials monitor auditory, visual, and spinal cord pathways.

Kathy Fischer, mental health counselor, has been appointed treasurer of the Central Minnesota Sexual Assault Center.

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