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October 1989

# Center SCAN

## ETU staff's compassionate gesture brings gift of doll

On November 17, 1988, a tragic accident on icy roads near Kimball resulted in the death of two foreign exchange students.

One of the girls killed was Nabi Sano, from Japan. Nabi was staying with the Ruhland family, her sponsors for the trip. Jan Ruhland, the wife and mother in the family, was critically injured in the accident, as was her daughter Jill.

Normally, in the event of an accident to an exchange student, the sponsoring family might be expected to make whatever connections would be necessary to inform the family back home. In this case, that couldn't happen.

"You couldn't expect them to take care of anything, they had their own tragedy to deal with. But we had these two girls, dead on arrival, and so we had to get involved in finding out who to contact from embassies, and where the bodies should go," said Janice Springer, ETU assistant manager.

Eventually Springer got the name of a person in Washington, D.C., who took care of contacting the youth exchange representatives and, through them, the families. The bodies went to funeral homes. Jan and Jill Ruhland went to the intensive care unit, and the ETU erased one set of notes from their big board and waited for more to go up. The ETU story could have ended there.

But days later, as she sat with rehabilitation clinician Diane Spaniol (who was involved with the care of Jan Ruhland), Springer said no, that somehow it just didn't feel right. Somewhere in Japan a family was grieving, and she wanted to reach out to them, to let them know that people here understood the pain they were feeling,



Spaniol suggested that they send a poem which she had shared with other families who had lost a child through trauma. In part it reads:

*Now will you give him all your love?  
Not think the labor vain,  
Nor hate me when I come to call  
And take him back again.  
I fancied that I heard them say,  
"Dear Lord, thy will be done,"  
For all the joy thy child shall bring,  
The risk of grief will run.*

The poem was translated to Japanese. Spaniol, Springer, ETU nurses Teresa Krueger and Therese Hormann,

and secretary Dorothy Murtha, signed it, and it was sent. That felt better. That, Springer said, provided a kind of closure.

But not completely. In February of this year, Nabi's mother and sister visited the Ruhland family and asked to visit the hospital. Mrs. Sano talked to those who signed the poem, and met with Dr. Frederickson, who had been at the scene of the accident. "It was really an emotional day," Springer said. "There was a lot of hugging going around." Mrs. Sano left.

Then in July, Springer got a notice that there was a package for her at the post office. She brought it to the hospital, and opened it to find the Japanese doll now on display in the ETU. In addition, Dr. Frederickson and the five who signed the poem received silk scarves bearing illustrations of traditional Kabuki figures.

"I am amazed by what a powerful impact we can have, just by caring," Springer said. "You have no idea how much you affect someone until you see something like this. One tiny gesture—sending a letter to Washington D.C. and then on to Japan—has made an incredible impact on a family's healing."

In the display case with the doll is a letter written by Nabi's family. It includes this: "We meet her only when we open an old album, where little Nabi was smiling at us . . . Encouraged by the support of you all, we have decided to rise out of this misery and rebuild our happy family life, because Nabi had always cherished it."

—John L. Pepper

# Hospital stresses choices during childbirth

## Epidural helps ease difficult birth; gives pain relief

Most people agree that the childbirth process is generally natural. However, medical intervention may be necessary because of excessive pain or complications.

One option that is available at many hospitals in the United States and is now available at Saint Cloud Hospital is the epidural block. An epidural is the administration of an anesthetic through a small catheter into the space surrounding the spinal cord. Only small doses of the anesthetic are necessary for this purpose.

"The result," according to anesthesiologist Dr. Gary Boeke, "is a very controllable and safe anesthetic which can be adjusted easily to provide significant pain relief for labor and delivery, and yet have a negligible effect on the baby and mother. It's one more choice that we can make available to our patients, especially first time mothers, those with prolonged, difficult labor, and patients with medical problems requiring the alleviation of stress associated with childbirth." For those patients, the epidural block allows the mother to make the birthing process an enjoyable experience, Boeke said.

One of the first couples in St. Cloud to use the epidural was Pamela and Gene Spanier, for the birth of Chelsea, their first child.

They read all the books, attended childbirth education classes at Saint Cloud Hospital, and learned that they needed to keep their options open. They wanted as natural a birth as possible, but knew there weren't any guarantees.

Which is just as well, because Pamela had an extended labor that didn't progress. She went without sleep for three nights before having a Pitocin drip to accelerate the labor. And after a half day of hard, fast, stimulated labor, reaching the end of her physical and mental resources, she needed help.

"The main labor nurse was a bubbly, real chatty gal. I knew something was



**Pamela and Gene Spanier were thankful that epidurals were available at SCH in July when Chelsea, their daughter, was born.**

going wrong when she got quiet," Pamela said. The problem the nurse saw was that Pamela's Pitocin dosage needed to be increased, and she knew that Pamela wasn't in a condition to deal with that.

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**After the epidural it was a complete turnaround. It turned a stressful situation into something very enjoyable.**

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The nurse and Dr. Charles Lais, an obstetrician with the St. Cloud Medical Group, discussed the possibility of giving Pamela an epidural. A telephone call brought anesthesiologist Dr. Paul Halverson to the room, and he explained the procedure to the Spaniers.

"It was a little scary at first. Right away he went through the possible side effects with us, explaining that it's not 100 percent safe. But nothing is," Gene said.

It took about ten minutes for Halverson to insert the catheter, working between contractions, but the relief was immediate. "It was wonderful. I could breathe, I could move my legs, I could

wriggle my toes," Pamela said. "From under my ribs to my toes there was muscle control, but there wasn't any pain. It was fantastic."

Within an hour Pamela dilated to ten centimeters. The epidural was shut off, and her sensations quickly returned. She began to push, and Chelsea was born fifteen minutes later.

"Me, I was thinking to myself, I don't think she's going to get through this," Gene said. "But after the epidural it was a complete turnaround. It turned a stressful situation into something very enjoyable."

Lais trained at the Mayo Clinic in Rochester, Minnesota. There, he said, epidurals were used in between 40 and 50 percent of births. "The epidural is a safe, good option for pain relief. For Pamela, it worked great. I suspect that as it becomes available at Saint Cloud Hospital it will become a popular option here."

"If you were having a normal, natural birth, the epidural wouldn't be necessary," Pamela said. "But if I had a dysfunctional labor again, I'd ask for an epidural earlier. It was a Godsend to us. The answer to a prayer."



Being able to choose whether or not to have pain medication during delivery was important to Sandy and John Bot-Miller. Micah, their son, was born in February without the use of medication.

## No pain medication important option for family

Sandy Bot-Miller and husband John have had four children, but only the fourth, Micah, was born in Saint Cloud Hospital.

Fearing that they would be forced to accept mandatory routines which they did not feel necessary, they chose to have their first three children elsewhere.

One of the principal issues that concerned the Bot-Millers was the use of anesthetic. If she could avoid it, Sandy did not want to be medicated. "For two reasons. One, it's my belief that it is best for the baby, if my body is working well, to allow the natural process to work the way it should. And two, as a woman, there is a sense of empowerment to go through birth without drug intervention if possible. That's a delicate issue. And I'm not judgmental or self-righteous about it. But I think our society has more of a bent to overuse medical

procedures, and I prefer a natural approach."

Micah was due in February of this year, when Minnesota roads are unpredictable. The Bot-Millers had heard that in the years since the birth of their last child, Saint Cloud Hospital's new Family Birthing Center had allowed more decision making authority to parents. So they decided that if they could find a local physician who would go along with their requests, they would have their baby at SCH.

Dr. George Schoepfoerster, a family practice physician with Westside Family Medical Center, was their selection. "In general, my feeling is that during labor there is some benefit for the woman to

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**It's my belief that it is best for the baby, if my body is working well, to allow the natural process to work the way it should.**

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have a break during the process. First labors especially cause tiredness. If a patient needs a break I will use a narcotic. However, if they feel they don't need

anything, that's fine. In general, my bias is not to use anesthesia other than local anesthetic for episiotomies or tear repair."

The Bot-Millers planned to list their requests to ensure that everyone involved in the birth of their baby knew their wishes. But the sudden early onset of labor caused them to arrive at the hospital unprepared. However, the labor

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### Use of anesthesia and analgesia during labor is a choice, and a very personal decision.

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went normally, and Sandy was able to deliver Micah without needing medication.

"It's tempting to any woman in childbirth not to want to experience the pain, and I don't deny that pain exists. I had real illusions before I had my first child and they got blown away," Sandy said. "Luckily, John's support and my trust in the breathing and relaxation techniques I was using got me through. Our culture has a rather pervasive 'fix-me' attitude towards all types of pain—whether physical, emotional, or spiritual. While medical intervention can at times be life-saving and life-giving, childbirth is usually a process that does not need to be 'fixed.'"

One of the biggest changes created by the Family Birthing Center has been the expansion of choice for families, according to manager Jane Blee. Use of anesthesia and analgesia during labor is a choice, and a very personal decision. What's right for one person may not be right for another, and people's feelings and beliefs about childbirth enter into that, she said. "That decision is best made by a patient and the physician, and shouldn't be turned into a routine procedure by an institution."

—John L. Pepper

# Prioress sits on Corporate Board, has interest in SCH

The new prioress of St. Benedict's Convent, and one of the new leaders of Saint Cloud Hospital, is Sister Mary Reuter.

Reuter will now sit on the Corporate Board, which selects the hospital's board of directors and guides the direction of the hospital. Reuter came from Hastings, Minnesota to the College of St. Benedict as a student in 1956. During her first year, she discovered that she wanted to join the religious community, and when she returned in 1957 it was to the convent, where she enjoyed the sense of community, the life of prayer, and the opportunity of service.

She taught, mostly junior high, and continued her education, finishing a Ph.D. in formative spirituality from Pittsburgh's Duquesne University. Her dissertation was on the growth possibilities of everyday experiences. "It's applied theology. The best way to describe it is 'How to Live a Christian Life,'" she said. From 1981-89 she taught in the College of St. Benedict.

She has travelled in the Orient, in Australia, and in Ireland. Visits to the Bahamas and Puerto Rico are inked in on her calendar. She likes to bicycle, to walk, to make things with her hands, to chat. She enjoys a good movie (*Dead Poets Society*) and a good book (*My Place*, an autobiographical account by an Australian woman who is part Aboriginal and who finds relationship to her ancestry through dreams). Reuter is intuitive, and believes people can cultivate an awareness of the ways God is working today.

She was installed as prioress on July 2, after election through the discernment process. Discernment is decision making by consensus, Reuter said. "Discernment is listening. In this situation it is listening to what God is calling us to be, as American Benedictine women in this community." She smiled. "God doesn't speak to us in a loud booming voice, you know, but rather in more everyday ways such as an experience, an idea, the words of a person."

The discernment process began last August, with talks about leadership and community concerns. By Easter, the community was ready to outline its goals for the next six years, the duration

of the prioress's term. With its goals agreed upon, the community then discussed who among them had the personality and abilities to lead them toward those goals. "There were two questions that had to be asked," Reuter said. "What is each person's gifts and strengths? The sisters are asked to discern their possible call to serve as prioress. Secondly, in what ways might the new prioress need help? For example, the expertise of her staff, inservice training, et cetera."



**As a result of decision making by consensus Sister Mary Reuter became the new prioress of the Sisters of the Order of St. Benedict.**

Eventually, after a three-day weekend of discussion, suggestion, prayer and evaluation by approximately 400 sisters, the prioress was elected through a secret ballot which confirmed the results of the previous discernment process.

Reuter is not new to administration, and has served as assistant prioress in the past. She knows she will face pressures in the future, and has a heavy administrative load ahead. "I need to be listening to the world around me as I go through life," she said. "This life is a school for the service of the Lord."

## Sponsorship gives direction, cuts loose financial ties

Through the Corporate Board, the Sisters of the Order of St. Benedict oversee the hospital's direction, ensuring that the hospital continues its original mission and philosophy. This guidance, which the Sisters share with the Diocese of St. Cloud, is known as sponsorship.

Sponsorship is what remains from the days when the hospital was owned by the Sisters. Apart from the salaries of Sisters who are employed at the hospital, the Sisters of the Order of St. Benedict have not had any financial tie to the hospital since 1962.

"Many people are confused and think that the Sisters still own the hospital. For many years prior to 1960 the Sisters donated their services and financed the building and equipped the hospital," said Sister Kara Hennes, vice president of nursing and patient care services. "But as a result of Medicare regulations, the Sisters are paid a salary like other employees. They have no financial responsibility for the hospital."

Separation from the financial responsibility of the hospital provides the Order with protection, should the hospital ever be in financial difficulty. By its continuing sponsorship, the Order can see that the work and sacrifice of the past is reflected in the practice of the present.

"We have five representatives from the Order on the corporate board, and five members from the Diocese," Hennes said. "Some day sponsorship at the corporate level may include lay people. We see that the mission and goals of the Benedictine community have been integrated by so many people who work at this hospital, and so thoroughly, that including lay people would be okay. The compassion and care of our staff is what makes the hospital work and keeps alive our Benedictine philosophy of caring for the sick as if they were Christ Himself."

## Level III nursery providing service to sick babies

The July arrival at Saint Cloud Hospital of Dr. Tracey Thompson, who joined Dr. Norm Virnig in Central Minnesota Neonatal Specialists, was the signal for the neonatal intensive care unit (NICU) to move to level III service.

A level III nursery provides care for seriously ill infants, such as premature babies weighing as little as 1lb. 5 oz. and babies requiring some specialized surgical procedures. To safely care for these kinds of babies, a neonatologist must always be available. For that reason, it is essential that an NICU be staffed by two neonatologists.

"My husband is an obstetrician, and we were looking for a smaller town where we both could practice. He's from Minnesota, so we were very interested when we found out about the opportunity here," Thompson said. "When I visited the hospital to meet with Dr. Virnig and the staff I felt that everybody was very friendly and enthusiastic, and since I've arrived that feeling has been confirmed. The staff here is very pleasant to work with."

During the past year hospital staff have worked hard to put the vital parts



Level III care requires high tech, kind touch skills from neonatologist Dr. Tracey Thompson.

of the level III plan into place. Policies were established. Educational plans were developed. Support services such as respiratory care and X-ray were identified and trained, and a transport team was created.

Training conducted by SCH staff who had former level III experience at other centers across the country allowed nurses to expand their level II knowledge to the more intensive background required for level III care. As the hospital's nursery moved to a state of readiness for level III operation, nurses also acquired clinical skills at other locations where they could care

for critically ill infants.

The new transport team is an essential part of the level III nursery because it allows the hospital to treat patients from across Central Minnesota. The team, which includes Murphy Ambulance personnel, hospital staff, and either of the neonatologists, travels quickly to other locations to stabilize sick infants before bringing them back to the hospital. "Our task now is to make people aware of us, and to build up the nursery in terms of both numbers and acuity," Thompson said.

—John L. Pepper

## Minimized opportunity best theft safeguard

Early in June, Health Systems Institute dietitian Bernie Maus's car window was smashed while the car was parked in the ramp. The vandals responsible were disturbed and left the ramp before they were able to steal her high quality bike rack.

Just a couple of weeks later two bicycles were stolen from a roof rack on a car parked in the Health Systems Institute car park. The couple whose bikes were stolen had travelled to HSI from Michigan on a job search.

"Those things were among the worst incidents of theft we've had," said Bill Becker, safety & security manager. A quick check through Becker's files revealed that during June there were also four other incidents of theft at the hospital. Two were of private property, and two were of hospital property. In one case, the theft of a two way radio, the property was later found on the hospital grounds.

Becker serves as a deputy with the Stearns County Sheriff's Department. It's a fact, he said, that as the communi-

ty has grown there has also been an increase in crime.

"Basically, that's what we have here, theft. And we could minimize that if people would take some precautions. But all too often you can walk past an office and see a purse left out in the open. I always tell people not to bring valuables to work—I just carry a couple of dollars. And whatever they do bring should be locked up in a desk or someplace secure. In vehicles, property should always be locked in the trunk."

In addition, Becker said, it's important that if any person misplaces a ramp card, the loss be reported immediately, so that the card can be removed from the ramp computer memory.

—John L. Pepper



**Senator David Durenberger visited Saint Cloud Hospital twice this summer to review and discuss significant health issues. He met with the Stearns/Benton Medical Society to discuss physicians' reactions to, and the impact on physicians of, various federal proposals for changing the way physicians are compensated for medical services. He also spoke to the three St. Cloud area Rotary Clubs at a picnic held by those clubs at SCH. He discussed a number of problems associated with Medicare reimbursement for Minnesota physicians, particularly Minnesota's relatively low reimbursement rate. Durenberger also found time to meet the hospital's catering staff and pose for photographs.**

## New guest rooms

**S**ince July, three new guest rooms have been available in the north annex.

The rooms are designed for double occupancy, and are intended to provide the families of patients with an alternative to hotel lodging when they need to remain close to the hospital.

The hospital continues to provide 22 simply furnished rooms which are available at very reasonable prices. But those rooms do not have television, and guests using them share bathroom and showering facilities. The new rooms are of higher quality in their furnishings, and do have televisions, and private bath and shower rooms.

In addition, the hospital has a discount agreement with seven local hotels and motels. The agreement provides families of hospital patients with room rates discounted up to 30 percent. In addition, the hospital provides to families without charge a shuttle service to and from the hospital, 11 a.m. to 9 p.m.

People wishing to reserve a hospital accommodations room or who want information about hotels participating in the agreement with the hospital, should contact the admissions desk.

## Promotions

**Michol Anderson**, medical record clerk-assembly, medical records, to pharmacy technician, pharmacy.

**Patricia Aschenbrenner**, receptionist, radiology, to receptionist/secretary, Counseling Center.

**Lori Biastock**, respiratory therapist (non-reg.), respiratory care, to reg. respiratory therapist.

**Jan Brey**, medical technologist, laboratory, to medical technologist II.

**Mary Ann Czech**, chemical dependency specialist, A & C, to A & C counselor.

**Lynn Ferkinhoff**, office clerk, billing & collections, to general office clerk.

**Lonnie Folson**, chemical dependency specialist, A & C, to A & C counselor.

**Jean Hansen**, sr. speech pathologist, speech therapy, to developmental specialist.

**Marilee Helfinstine**, blood coll./ctrl. cntr. tech., laboratory, to medical technologist I.

**Jane Herian**, trainee pharmacy technician, pharmacy, to pharmacy technician.

**John Krystosek**, programmer I, information services, to programmer analyst.

**Warren Lommel**, storeroom clerk, storeroom, to maintenance worker #2, plant services.

**Sandra Massmann**, staff radiographer, radiology, to CT scanning technologist.

**Pamela McDonnell**, housekeeping aide, environmental services, to surgery housekeeping att'd., surgery.

**Randy Pierskalla**, storeroom clerk, storeroom, to lead storeroom clerk.

**Becky Rand**, chemical dependency specialist, A & C, to A & C counselor.

**Raymond Rueckert**, medical technologist, laboratory, to medical technologist II.

**Nancy Schloemer**, trainee ECG technician, diagnostics, to ECG technician.

**Jean Sperl**, registered nurse, to primary nursing project coordinator.

**Steven Tschida**, chemical dependency specialist, A & C, to A & C counselor.

**Carol Waletzko**, trainee staffing coordinator, nursing services, to staffing coordinator.

**Jan Wohlers**, trainee pharmacy technician, pharmacy, to pharmacy technician.

# BENEFIT WISE

Are you confused, or do you have questions, about your TDA's? Do you wonder what the initials even stand for? And, how do you know how many deductions to claim so that the taxes withheld on your check are correct? WELL, HELP IS FINALLY IN SIGHT!

Saint Cloud Hospital has retained Copeland Company to provide expanded services and new investment options for our Tax Deferred Annuity Program. (By the way, TDA's are a mechanism for you to save dollars before taxes are withheld, so you pay less taxes.)

The services provided by Copeland include the following:

- An on-site Account Executive to assist employees with the selection and management of their TDA's. This includes a personal review for each employee and a computerized analysis of TDA options.

## Lifeline at 5

**H**appy Birthday Lifeline! It was five years ago this summer, the Lifeline program began through the volunteer services department at Saint Cloud Hospital.

Lifeline is a personal emergency response system that works through the telephone. A small "help button" is worn on a neckchain. When this button is pushed, it signals the phone to automatically call the emergency trauma unit at the hospital. When the staff receives the call, they will attempt to call the Lifeline subscriber. If the subscriber does not answer the phone, a responder will be called to go to the subscriber's phone.

According to Linda Langer, the program's coordinator, Lifeline has served 332 clients since its inception and presently has about 130 people using the system. Trained personnel in the ETU receive nearly 1300 calls annually from Lifeline subscribers.

—Diane Hageman

- Higher interest rates on fixed accounts.
- Electronic transfer of payroll deposits to avoid any "float-time" or administrative delay.
- Other services, including assistance with W-4's and pre-retirement counseling, are all a part of the program Copeland offers.

Employee presentations are being held during the week of October 2nd. After that date, the account executive, Neil Baeder, will be located in the Benefit Resource Center, Monday through Friday, to meet with you and review your own financial situation.

Stop by the Benefit Resource Center on 5 North or call X3625 to schedule a time to meet with Neil that is most convenient for you.

## Jr. volunteer honored

**E**ach year one of the hospital's junior volunteers is selected to be honored for outstanding quality service, and receives the Rosalie Timmers award, named after the founder of the junior volunteer program.

This year the award was presented to Molly Quinlivan, who has been a junior volunteer since 1985, and has donated over 800 hours of her time to the hospital. Quinlivan is a recent graduate of Cathedral High School. She is a Junior Kiwanian, was a member of the national honor society, and her school activities included softball, Special Friends (a volunteer activity at the St. Cloud Children's Home), and Peer Helpers. She plans on attending the college of St. Benedict, where she will "probably study psychology," she said. Her parents are John and Shannon Quinlivan of St. Cloud.

Seventy junior volunteers who have donated over 14,000 hours of their time to the hospital were recognized at the annual junior volunteers capping and awards ceremony in June.

# Achievements

**Sister Adelyne Imperatore and Dr. Robert J. Scheuerall** replaced Sister Jean Juenemann and Dr. Harold Windschitl on the SCH board of directors.

New chief of staff is **Dr. John H. Geiser**, an orthopedic surgeon with St. Cloud Orthopedic Associates, Ltd. Chief of staff-elect is **Dr. James J. Hansen**, a pathologist at SCH. **Dr. Perry Severance** was re-elected to the position of secretary. Severance is an internist with the Associates of Internal Medicine.

**Cathy Andrick**, and **Pam Schnettler**, medical records, were both elected to one year terms in the Region D Minnesota Medical Record Association. Andrick was elected secretary treasurer and Schnettler was elected president.

**Mike Becker**, director of behavioral medicine, was elected chairperson-elect for the Minnesota Hospital Association Psychiatry Coalition.

**Lori Biastock**, respiratory care, passed the National Board for Respiratory Care Registry examination.

**Ron Fligge**, respiratory care, was re-elected to a 3 year term on the board of directors of the American Lung Association of Minnesota, and to a 2 year term on the executive committee.

**Pam Johnson**, RN, ETU, passed national exams to become a certified emergency nurse.

**Earl Pederson**, manager of rehabilitation, was elected to serve on the board of directors of the St. Cloud Area Chamber of Commerce and also on the board's executive committee.

**Bernie Stangler**, laboratory office, was awarded the 1989 Minnesota Society for Medical Technology / Minnesota Pathology Society Scholarship.

**Mary Sundell**, a registered dietitian in nutrition services, completed the requirements to become a certified diabetes coordinator.

**Teri Taufen**, assistant manager of 4 south, passed the National Oncology Certification Exam. Her official title is Teri Taufen, R.N., O.C.N.



## SCH Festival of Lights

LIGHTS! LIGHTS! LIGHTS! That's what people passing the hospital during the holiday season will be saying. The public is invited to attend a first-ever Festival of Lights on November 28 at 7 p.m. in front of the hospital. The event will include a blessing of the nativity scene, the lighting ceremony and Christmas caroling. Delicious Christmas cookies and hot apple cider will be served. Please join with us in celebrating the birth of Christ!



Jim Davis



George Grudich



Sean Leavitt

## Hospital Open House

Come visit us between 2 and 5 p.m. on October 28 for a special open house in which Bishop Jerome Hanus will be blessing our new Neonatal Intensive Care Unit, Cardiac Services and the Counseling Center. Watch and listen to demonstrations and speakers throughout the afternoon. Tours around the hospital and refreshments will be available. Watch for ads in the St. Cloud Times for more details.



Pat Hart



David Menzhuber



Maureen Srur

## New Management

### center scan

October 1989 Volume 2, Number 5

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VHA.

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**Jim Davis** became the director of outreach services. Davis's duties include responsibility for networking with physicians throughout Central Minnesota, and marketing hospital services. Davis has 12 years experience at Iowa Methodist Medical Center in Des Moines, Iowa, where his responsibilities included developing a system of primary care providers throughout the region, including management of rural clinics. Davis also spent six years with Swedish American Hospital in Rockford, Illinois. He has a masters degree in hospital administration from the University of Miami.

**George Grudich** became the manager of surgery. Grudich comes from the Miami Valley Hospital in Dayton, Ohio, where he was supervisor of the surgery suite/trauma center. He also has experience as a urology physician extender, surgical technician, and registered nurse circulator in surgery.

**Sean Leavitt** became the cardiology program manager. This program will coordinate all of the cardiology services.

Leavitt has a B.S. in nursing and management, and a masters degree in health services administration. His administrative residency was done at Akron General Medical Center in their Heart Center.

**Pat Hart** became an assistant manager in the neonatal intensive care unit. Hart has previous NICU experience at St. Francis Hospital in Peoria, Illinois, and Rush Presbyterian-St. Luke's Medical Center in Chicago. Previously, Hart was a staff nurse in the NICU.

**David Menzhuber** became assistant manager of the pharmacy. He will be in charge of distribution and overseeing day to day operation of the pharmacy. Previously, Menzhuber was a staff pharmacist.

**Maureen Srur** became the manager of admissions. Before coming to SCH, Srur was the director of admitting at St. Luke's Hospital—Merit Care in Fargo, N.D. She has also worked as supervisor of admitting at United Hospital in Grand Forks, N.D.