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## Center Scan: April 1990

St. Cloud Hospital

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**Published for the  
employees, medical  
staff and volunteers  
of Saint Cloud Hospital.**

**April 1990**

# center scan

## SCH hires three additional nursing supervisors

**T**hree additional nursing supervisors have been hired. They will back up the regular supervisor during the weekdays from 4:30 p.m. to 1 a.m. and on Saturdays and Sundays from 12:30 p.m. to 1 a.m. They are:

**Monica Pelzer**, who started at SCH in housekeeping, became an LPN, and advanced to an RN. For the last five years Pelzer has frequently worked charge on the Family Birthing Center and is their clinical ladder representative.

**Cari Wilder**, who has been an RN in the float pool for the past ten years. Wilder has functioned as a charge nurse and was active as nursing's policy and procedure chairperson a few years ago.

**Deb Folsom**, who has been at SCH for three years as a critical care float. Folsom has previous experience as an evening supervisor at Princeton Hospital.



The new nursing supervisors are from l to r: Monica Pelzer, Cari Wilder and Deb Folsom. They will back up the regular supervisor from 4:30 p.m. to 1 a.m. weekdays and from 12:30 p.m. to 1 a.m. on Saturday and Sunday.

## Protect yourself from AIDS

**S**aint Cloud Hospital staff report an average of about 13 needle sticks a month.

That's low, according to Fay Chawla, employee health service coordinator.

But it still represents about 13 potential transmissions of the AIDS virus each month. In the hospital setting other potential transmissions occur through blood splashes or contact with body fluids. Minnesota has had 642 confirmed AIDS cases, with 191 new cases recorded in 1989-90. Nobody knows how many people are infected with the AIDS virus, and AIDS carriers themselves may be unaware of their condition. "There is a 6-month window between contact with AIDS and development of antibodies which cause a person to test HIV-positive. During those six months, a person is still

capable of transmitting AIDS," Chawla said.

There has been at least one local case of a health care worker who received routine baseline testing after a needle stick, and was shocked when the baseline results were HIV-positive, indicating previous exposure to AIDS, Chawla said.

The best and simplest form of protection is universal caution, Chawla said. Treat every person as a potential AIDS carrier, use gloves and wear barriers like masks and goggles for protection whenever a splash might be anticipated. Chawla even carries gloves in her car, so that if she is at the scene of an accident she can be protected while providing assistance.

—John Pepper

# Volunteers...

## Junior volunteer president plans career in medicine

Too many adults look back on missed opportunities. They didn't set their sights high enough, didn't take advantage of the time they had.

Karin Reichensperger won't have that problem. She's 17, a senior at Technical High School, and president of the Saint Cloud Hospital junior volunteers. Where does she have her sights set?

"Well, my goal is to be a plastic reconstruction surgeon. I'm not really that interested in cosmetic surgery; I want to help people who've been injured."

It will take energy, but energy she has. She is in the school band, works on the school newspaper, works at

McDonald's, works in the hospital's nutrition services department, volunteers 15 hours a month, and has already been accepted into the pre-med program at the College of St. Benedict.

As junior volunteer president she attends all the junior volunteer meetings and orientations. She helps wherever she is asked to. She particularly likes delivering flowers and the reactions she gets from patients. "I think that if people come into the hospital and meet a young person who feels entirely comfortable being here, it helps them to feel comfortable also," she said.

"Volunteering is really rewarding. The experience of working with professional people, with patients, and receiving their thankyou's is wonderful. It just plain makes you feel good, volunteering your time for something productive."

—John Pepper



## Stars of Excellence

The following were chosen by their peers as nursing's Stars of Excellence, 1990:

**Charlie Alger**, Recovery Plus;  
**Janet Determan**, telemetry;  
**Roxane Hall**, surgery;  
**Bob Hilsen**, anesthesia;  
**Anne Jansen**, CCU;  
**Ruth Kaczor**, 4 North;  
**Marguerite Krey**, 4 NW;  
**Teresa Krueger**, ETC;  
**Peggy Lloyd**, KDU;  
**Shirley Lutgen**, PACU;  
**Kris Nelson**, ICU;  
**Pat Rauch**, 6 South;  
**Joanne Reinhart**, endoscopy;  
**Mary Rennie**, SDS/OPS;  
**Joyce Salzer**, mental health unit;  
**Mimi Sauer**, hospice/home care;  
**Ardella Siebert**, 4 South;  
**Joyce Simones**, critical care floats;  
**Mary Kay Wagner**, FBC;  
**Cindy Zieglmeier**, 3 NW;  
**Mary Zieglmeier**, float pool

## Endoscopy system unique in state

You've probably never met anyone who carried a photo of their polyp or ulcer in their wallet. But with the new video endoscopy equipment at Saint Cloud Hospital it may soon become a Central Minnesota phenomenon.

According to Carol Primus, manager, endoscopy services, there are other video systems available. "The type of system we have, the kind that can save images, has only developed in the past year or so," she said.

The new video scopes were designed particularly for upper and lower gastrointestinal (GI) exams, one example of which is the colonoscopy.

Previously doctors used a lighted scope. There was one eyepiece with the option of adding a teaching head. So at most only two people could see what was going on.

"The most obvious benefit with video is that everyone in the room can see what the doctor sees," Primus said. "This enables the nurses to anticipate the doctor's needs."

Here's how it works. A computer

chip at the tip of the scope projects the image onto a television screen. The Image Manager System allows the doctor to save up to 12 images (photos). After the procedure is complete, the doctors can review these images and decide which to save permanently.

They can label each one with findings, diagnosis or other information. Images can then be printed for the patient's file. Primus said some doctors are making extra prints for the patient.

Video makes it possible to compare an exam today with a previous one. It also makes consultations and teaching easier.

According to Primus, two of the four exam rooms are video capable. She plans to convert a third room to video next year. Her goal is to have all rooms video capable in the near future.

But Primus says she won't throw out the old scopes yet. "Although the doctors' comments are positive, some still prefer the old scopes. That option will always be available to them."

—Lori Tiffany

## Couple volunteers with Mended Hearts program

Life after cardiac surgery may not be the same, but it can still be good.

That's the message Dick and Pat Reignier deliver to patients about to have heart surgery at Saint Cloud Hospital. And they should know, because Dick had a quadruple bypass in September, 1988.

Dick and Pat are the only husband wife team in the local Mended Hearts chapter. Together they have visited 24 patients. Pat shares her experience as the spouse of a cardiac surgery patient, and Dick shares his as a patient.

On Monday nights they visit a person scheduled for Tuesday surgery, and try to answer any questions the patient or family might have. "Patients are often a little intimidated by everything that's going on around them," Reignier said. "But when I tell them, 'I



had the same surgery you're going to have tomorrow,' they sit right up."

The Reigniers return four days later to discuss changes or adjustments families may need to make, particularly in diet and exercise level. They hand over a key chain in the shape of a heart, and information about Mended Hearts support group monthly meetings. Afterwards, they

document their visit, including comments about their perception of the patient's condition.

"Even though we are volunteers we make our visitations as professional as we can, because that helps us be accepted, and we can really help the family through an anxious time," Dick said.

—John Pepper

## UPC helps track charges

For more than a year the nursing units have been using UPC (bar) codes for all chargeable items. The system has worked so well that radiology and the emergency trauma center will convert to the UPC system this month.

According to Mike Nierenhausen, supervisor, distribution, the UPC codes are a more accurate way to keep track of chargeable items. "Before UPC, each chargeable item was recorded on a separate charge requisition form with an imprint of the patient's charge card," he said. Often these charge tickets were not returned to distribution, leading to a large number of chargeable items that needed to be tracked down. "A lot of time was spent backtracking to figure out which patient used which items so they could be charged appropriately," Nierenhausen said.

Here's how the new system works. The distribution staff attaches UPC codes to all items as they arrive from the storeroom. Items are delivered daily to units by exchange cart. When an item is used the UPC sticker is removed and stuck to the patient's charge card. These cards are returned to distribution daily to be scanned into the computer. The computer compares the list of scanned items to the list of chargeable items on the exchange cart to determine which items have been used but not accounted for.

"There are fewer items that need to be tracked down. That saves time and leaves less room for guessing," Nierenhausen said. "Our recovered charges are consistently 95 to 96 percent."

—Lori Tiffany

## Have a heart

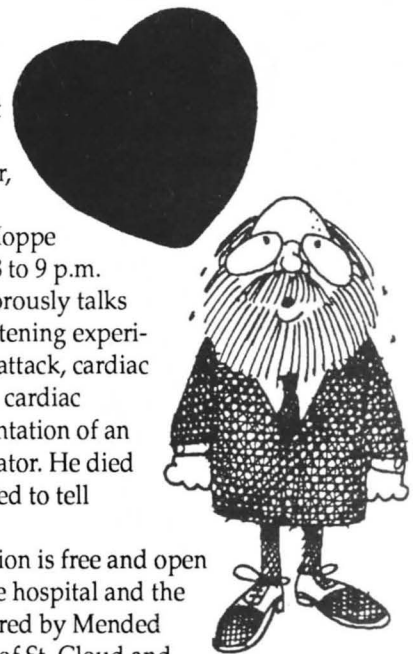
Bill Nehmer, attorney at law, jazz musician and author, died April 17, 1984 from heart failure. Through the miracles of modern medicine and devoted family and friends, Nehmer lived to tell about it.

On April 19, Nehmer will come to Saint Cloud Hospital to present "Have a Heart—The Lighter, Brighter Side of Recovery" in the Hoppe Auditorium from 8 to 9 p.m.

Nehmer humorously talks about his life-threatening experiences with a heart attack, cardiac arrest, angioplasty, cardiac surgery and implantation of an automatic defibrillator. He died three times and lived to tell about it.

This presentation is free and open to employees of the hospital and the public. It is sponsored by Mended Hearts Chapter 10 of St. Cloud and the Cardiac Services program.

—John Pepper



# BENEFIT WISE

## What is a United States Savings Bond?

A savings bond is a contract showing that money has been loaned to the United States Government which promises to repay it with accrued interest when the bond is redeemed. A bond is an alternative way to save money for a long or short period of time.

## How do Bonds accrue interest?

Bonds held less than five years earn interest on a fixed graduated scale. Those held longer than five years earn interest at a rate of 6% or higher depending on the market-base rate.

## What denominations are available at the Saint Cloud Hospital and how much do they cost?

There are \$100 and \$200 bonds available at the hospital. Purchase price is 50% of the face value. The price of a \$100 bond is \$50, and the price of a \$200 bond is \$100.

## How do I purchase a Bond?

Hospital employees have the option of purchasing bonds through the payroll deduction plan. You may deduct any amount every pay period to accumulate towards the purchase of a bond.

## When can I cash them in?

Bonds may be redeemed any time after six months from purchase.

## When does a Bond mature?

Bonds reach face value in no more than twelve years and sooner if market base rates average more than 6%.

## How long do Bonds earn interest?

They are guaranteed to earn interest for a total of 30 years from issue date.

## What is the tax-free educational benefit?

Bonds purchased after 1989 may be used to pay educational expenses. This is a totally tax-free way to save for

you or your child's education. If used for educational purposes the bonds must be issued in the parent's name and not in the child's in order to be exempt from taxes. Other restrictions may apply.

## What are the other tax advantages?

Reporting of interest for federal income tax purposes may be deferred until the bond is cashed, disposed of, or reaches final maturity, whichever comes first.

*If you have any questions regarding bonds, would like to enroll, increase your present allotment, or change to the new Bond Education Benefit, notify Jeanne at ext. 4591 or Carol at ext. 5636, in human resources. Savings bond applications are also available in the Benefit Resource Center.*

## center scan

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*Center Scan* is published monthly by the public relations and development department. Any comments or questions should be addressed to the editor.

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### VHA.

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## Achievements

An article by **David L. Frederickson**, M.D., F.A.C.E.P., medical director, SCH emergency trauma center, was published in the Emergency Physician Interim Communique (EPIC), a publication of the Minnesota branch of the American College of Emergency Physicians. Frederickson reviewed current Minnesota statutes to discover situations, events or informa-

tion (such as gunshot wounds) reportable by physicians. His article was titled "Reportable Events in the Emergency Room."

**Terence R. Pladson**, M.D., St. Cloud Clinic of Internal Medicine, passed American Board of Internal Medicine examinations to become certified as a Diplomate in Critical Care Medicine.

## Promotions

\***Susan Benson**, records/info clerk, compensation/benefits, to payroll asst.

**Natalie Corbet**, resident asst., Journey Home, to Rec. Plus counselor.

**Christine Goebel**, OB unit asst., L & D, to LPN, 3 south.

**Michael Goedert**, housekeeping aide, environmental services, to security & safety officer, security & safety.

**Cynthia Hoy**, pharmacy tech (TRN) to pharmacy tech.

**Jerry Johnson**, Rec. Plus coun-

selor, Rec. Plus, to Rec. Plus senior counselor.

\***Timothy Kleinschmidt**, laundry aide, laundry, to nursing asst., CCU.

**Charlie Niewind**, CT scanning technologist, radiology, to senior CT scanning technologist.

**Teresa Strand**, staff occupational therapist, O.T., to sr. occupational therapist.

\*Will work both positions.