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St. Cloud Hospital

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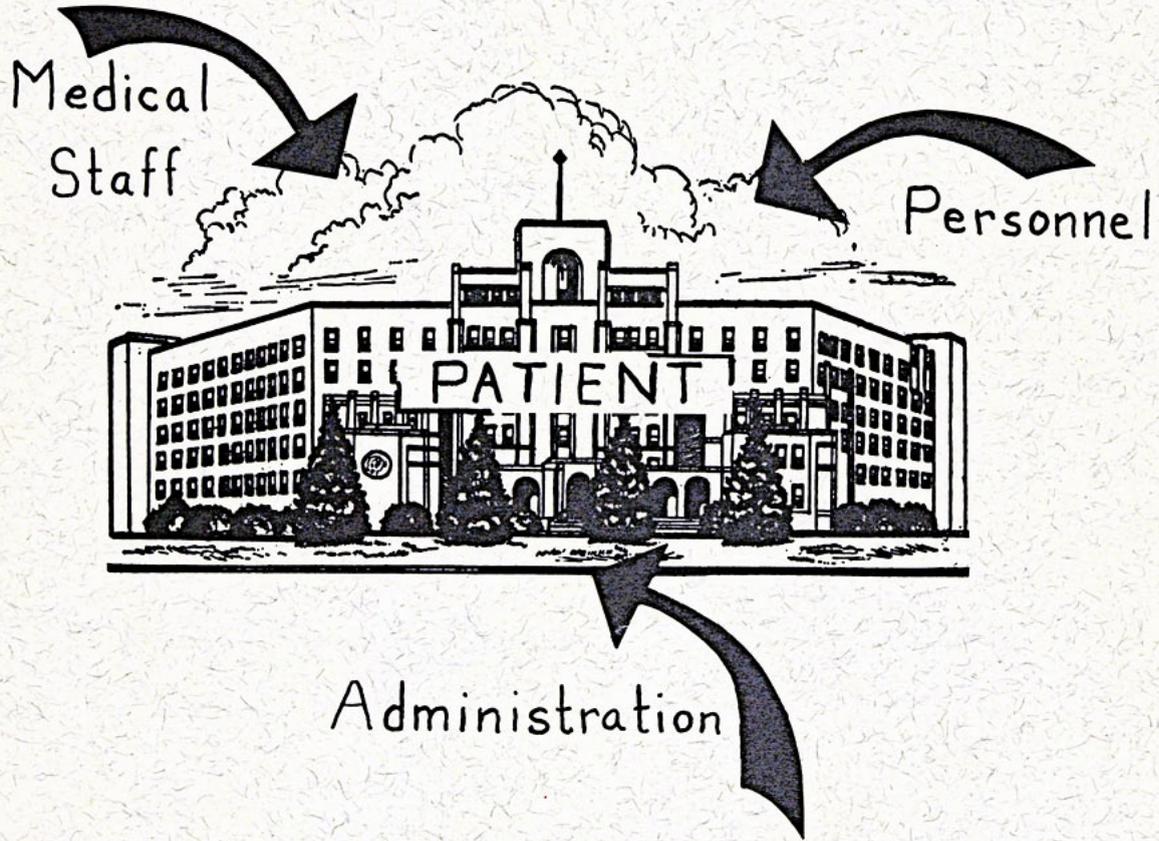
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ANNUAL REPORT

1958



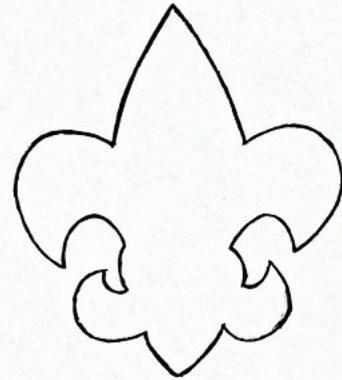
ST. CLOUD HOSPITAL

ST. CLOUD, MINNESOTA

Sisters of the Order of Saint Benedict

ST. CLOUD HOSPITAL

St. Cloud, Minnesota



Accredited by the
Joint Commission on Accreditation of Hospitals

Licensed by the
State of Minnesota

Member of
American Hospital Association
Catholic Hospital Association
Minnesota Conference of Catholic Hospitals
Minnesota Hospital Association
Minnesota Hospital Service Association
National Conference of Catholic Charities
St. Cloud Chamber of Commerce

ANNUAL DEPARTMENTAL REPORT
1958

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Department of Surgery
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Department of Eye, Ear, Nose and Throat
Department of Orthopedics
Department of Pediatrics
Clinical and Pathological Laboratories
Department of Radiology
Department of Nursing Service
Pharmacy
Physical Therapy
Dietary Department
Medical Reference Library
Medical Records Department
A Note on Finance
School of Nursing
"Hospital Happenings"

Governing Board:
Mother Richarda, O.S.B.
Sister Davora, O.S.B.
Sister Enid, O.S.B.
Sister Jeremy, O.S.B.
Sister Nora, O.S.B.
Sister Inez, O.S.B.
Sister Annora, O.S.B.

A WORD FROM THE ADMINISTRATOR

As another year opens before us, there is a natural inclination to look in two directions: we can look backward over the accomplishments of the year that has passed and thank God for His blessings. At the same time we must look forward to the time opening before us and put our confidence in His Providential care.

As in any organization of this size, problems arose during the year, but by facing them as a group intent upon accomplishing only good, they were solved to the understanding and satisfaction of all involved. The beginning of an active Joint Conference Committee served as a definite link in the establishment of liaison between the hospital administration and the Medical Staff and should prove its worth in the years ahead. Other important events were the opening of our new Postanesthesia Recovery Room and the beginning of service by the Occupational Therapy Department. Another service begun was that of Electroencephalography. Certainly the addition of these facilities are steps forward in the improvement of the care of our patients--the goal for which we are constantly striving.

We can look back to many concrete examples of the effectiveness of the self-government of the Medical Staff; we know that the smooth functioning of this group is absolutely essential if the combined efforts of the hospital and the Medical Staff are to succeed in fulfilling their mutual obligation to render service to the community. I certainly feel that the doctors have surpassed the expectations of all of us, and for this we are deeply grateful.

The rapid advance in medical science has had its impact on hospital administration and has required continuous advancement and adjustment in the professional policies of the hospital. Putting departmental policies in writing was one of the main projects of 1958 and will continue in 1959. Also, one of the tasks before the Medical Staff for 1959 is the revision of their Bylaws.

If we were to enumerate the names of all those who gave untiring service and displayed unswerving loyalty during the past year, the list would be far too long. However, I would be remiss if I did not express my gratitude to Dr. Veranth, Chief of Staff for the past year, and to the various committee members as well as the entire Medical Staff who gave so generously of their time and efforts. Our hospital chaplains, Father Riley and Father Torborg, deserve special thanks as do all the Sisters, department heads, employees and students. The activities of all of us add up to a successful and significant year of service in the health field to the people of this area.

It is with confidence that we look ahead to the year just begun, trustful that the same Christian spirit so evident in the past will continue to permeate the minds and hearts of all of us who are fortunate enough to care for Christ's sick.

Sister Annora, O.S.B.

Administrator

THE PRESIDENT'S PAGE

This past year an attempt was made to have a better understanding of Medical Staff and hospital administration problems and to achieve a solution. A great amount was accomplished by the Joint Conference Committee under the guidance of Mother Richarda. At the present time the feeling of cooperation and mutual understanding between the doctors and the administrative staff of the hospital is at its best. Sister Annora has helped a great deal in bringing about this spirit of cooperation.

The new Recovery Room put in operation was a major improvement in the physical assets of the hospital itself.

Numerous changes in staff personnel have taken place with the addition of a number of doctors to the staff.

I have enjoyed working with the various members of the medical and hospital staffs on our numerous committees, and I wish to thank them and everyone for the fine cooperation I have received.

I also wish to thank the doctors for the honor of being their President for the past year.



L. A. Veranth, M. D.
Chief of Staff

REPORT OF THE SECRETARY
1958

The Joint Conference Committee was a major addition to medical staff organization in 1958. This Committee acts as the liaison group between the Governing Board of the hospital and the medical staff. The Chief of Staff and two doctors chosen by election represent the medical staff. The President and two members of the Governing Board represent the governing body. Drs. L. Veranth, H. Clark and W. Wenner were the first doctors on this committee.

The other committees that worked to carry out the responsibility of the medical staff for the quality of medical care rendered to patients in the hospital and for the ethical and professional practices of its members are given below. They reported to the EXECUTIVE COMMITTEE which acted on their recommendations. The Pharmacy Committee was inactive in 1958.

Credentials Committee

Dr. L. Bendix
Dr. R. Mueller

Executive Committee

Dr. L. Veranth, Chief of Staff
Dr. C. Luckemeyer, Vice President
Dr. R. Cesnik, Secretary
Dr. J. O'Keefe, President-elect
Dr. L. Evans
Dr. C. Donaldson
Dr. E. Schmitz

Medical Record Committee

Dr. H. Sisk, Chief of Medicine
Dr. C. Thuringer, Chief of Surgery
Dr. M. Kim, Chief of Anesthesia
Dr. R. Petersen, Chief of Obstetrics
Dr. W. Autrey, Chief of Pediatrics
Dr. J. Gaida, Chief of E.E.N.T.
Dr. E. LaFond, Chief of Orthopedics
Dr. E. Anderson, Chief of Radiology
(replaced in April by Dr. C. Nessa)
Dr. A. Davis, Chief of Laboratories
Dr. L. Veranth, ex officio

Surgical Privileges Com.

Dr. E. Milhaupt
Dr. C. Thuringer
Dr. C. Brigham
Dr. K. Walfred
Dr. C. Donaldson
Dr. H. Clark
Dr. R. Jones
Dr. J. Beuning
Dr. L. Veranth

Tissue Committee

Dr. J. Beuning
Dr. H. Sisk
Dr. P. Halenbeck
Dr. C. Luckemeyer
Dr. L. Veranth, ex officio
Dr. A. Davis, ex officio

Program Committee

Dr. C. Luckemeyer
Dr. E. LaFond
Dr. E. Schmitz
Dr. L. Veranth
Dr. O. Phares
Dr. W. Autrey

Dr. Gaida was elected chairman of the MEDICAL RECORDS COMMITTEE. Ten meetings were held with 76% actual attendance. In addition to discussion of questions and problems brought up by the members of the committee, several unidentified medical records were discussed at each meeting as a spot check on the charts that are not reviewed by the committee. At the close of the meeting, the Chief of each service reviewed records for his department. All patients discharged on three days of the month picked at random, all deaths and cases with complications were reviewed.

During the past year a revised Newborn Record was recommended to the Executive Committee and subsequently adopted by the Medical Staff. Requests were

made for a written history and physical examination on T & A patients, and for a statement of "Present Complaint" on every chart that should have it recorded. Plans are being made for placing dictating equipment at the nurses' stations.

Lively discussions are the rule at TISSUE COMMITTEE sessions. Eleven meetings were held with 83% actual attendance. Four hundred nine charts were reviewed by means of unidentified abstracts. In October Cesarean section charts were added to the cases reviewed routinely and it was also decided to have a case summary read at medical staff meeting occasionally to give the doctors an idea of the type of case that comes within the committee's purview. Statistics for the year ending September 30, 1958, were compared with statistics for 1956 and 1957 on doctors who are currently members of the medical staff, and the Committee wishes to compliment the doctors on the results of this study.

The functions of a PROGRAM COMMITTEE were assigned to the "Intern" Committee. This committee elected Dr. E. Schmitz Chairman and met several times to lay plans for discussion of interesting cases at staff meetings. The activities of this committee should resolve one of the problems facing us at the beginning of 1958: the recommendation of the Joint Commission on Accreditation of Hospitals that minutes of staff meetings should show review and analysis of interesting cases in the hospital as well as those recently discharged.

There are only two of the recommendations made following the survey in 1956 that have not been acted on--(1)that surgical privileges should be more specific and (2)that there should be an automatic stop order on dangerous or toxic drugs whenever the order does not specify the exact number of doses or the exact length of time the drug is to be given.

Review of deaths and analysis of statistics were continued by means of printed monthly reports. Special attention was paid to the autopsy rate which varied between a high of 63% in October and a low of 32% in February.

The following programs were presented at medical staff meetings:

January: Annual Department Reports

February: "Familial Polyposis of the Colon", Dr. L. Wittrock

March: "Psychoneurotic and Psychotic disorders", Dr. C. Alden

April: "Residual Common Bile Duct Stones", Dr. H. Broker

May: "Abdominal Pain of Unknown Origin", Dr. W. Autrey

June and July: Discussion of Anesthesiology Service

August: "A Problem in Diagnosis" (multiple myeloma), Program Committee

September: "Convulsions, Cause Not Determined", Dr. F. Baumgartner

October: "A Problem in Diagnosis" (carcinoma of the stomach), Program Com.

November: "Acute Renal Failure", Dr. L. Bendix

December: "The Sacrament of Extreme Unction", Father Conery, S.J.

There was 93% Active and Associate Staff attendance at the monthly meetings. This rate for the year includes excused absences. Special commendation is given to Drs. A. Davis, T. Murn, V. Neils, R. Petersen and H. Sisk who have records of 100% actual attendance, and to Drs. W. Autrey, R. Cesnik, J. Gaida, G. Goehrs, P. Halenbeck, C. Nessa, J. O'Keefe, J. Olinger, S. Raetz, and L. Veranth who missed only one meeting.

As in any active organization, changes occurred in the membership of the medical staff. Dr. H. Goehrs was appointed to the Honorary Staff. Drs. W. Davidson, A. Davis and T. Murn were promoted to the Active Staff after a year on the Associate Staff. Drs. R. Kline, D. Udem, J. Kelly, L. Timp, A. Rozycki and C. Stiles were appointed to the Associate Staff. Drs. E. Anderson and M. Kim of the Active Staff left us to practice in Wisconsin and St. Louis Park respectively. At the close of 1958 there are two members on the Honorary Staff, 46 on the Active Staff, five on the Courtesy Staff and seven on the Associate Staff:

Honorary Staff, December 31, 1958

Dr. T. Fleming
Dr. H. Goehrs

Active Staff

Dr. C. Alden
Dr. W. Autrey
Dr. F. Baumgartner
Dr. L. Bendix
Dr. J. Beuning
Dr. C. Brigham

Dr. C. Luckemeyer
Dr. J. McDowell
Dr. E. Milhaupt
Dr. R. Mueller
Dr. T. Murn
Dr. N. Musachio

Dr. H. Broker
Dr. R. Cesnik
Dr. H. Clark
Dr. A. Davis
Dr. W. Davidson
Dr. C. Donaldson

Dr. V. Neils
Dr. C. Nessa
Dr. J. O'Keefe
Dr. J. Olinger
Dr. R. Petersen
Dr. O. Phares

Dr. L. Evans
Dr. N. Fidelman
Dr. J. Gaida
Dr. G. Goehrs
Dr. P. Halenbeck
Dr. W. Hall

Dr. S. Raetz
Dr. H. Reif
Dr. W. Richards
Dr. R. Salk
Dr. E. Schmitz
Dr. H. Sisk

Dr. R. Jones
Dr. John Kelly
Dr. H. Koop
Dr. E. LaFond
Dr. L. Loes

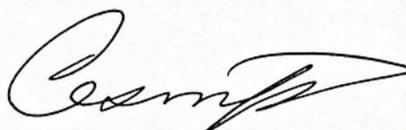
Dr. C. Thuringer
Dr. L. Veranth
Dr. K. Walfred
Dr. W. Wenner
Dr. L. Wittrock

Associate Staff

Dr. S. Koop
Dr. R. Kline
Dr. D. Udem
Dr. James Kelly
Dr. L. Timp
Dr. A. Rozycki
Dr. C. Stiles

Courtesy Staff

Dr. J. Garvey
Dr. C. Myre
Dr. D. O'Connor
Dr. N. Sandven
Dr. P. Stangl



R. Cesnik, M.D., Secretary

STATISTICAL ANALYSIS OF DISCHARGED PATIENTS
1958

Service	Patients	Inf.		Deaths			Autopsies		Consultations		Hosp.	Avg. Stay
		No.	%	No.	%	P.O.	No.	%	No.	%	Days	
Medicine	2687	2	.07%	195	7.3%	1	91	47%	264	9.8%	22639	8
Surgery	1782	8	.45%	19	1.1%	12	13	68%	303	17. %	14289	8
Obstetrics:												
Delivered	2252	11	.49%	--			--		60	2.7%	9538	4
Aborted	254	-		--			--		197	77.6%	748	3
Not Delivered	391	-		--			--		27	6.9%	951	2
Gynecology	638	3	.47%	2	.3%	1	1	50%	355	55.6%	3943	6
Ophthalmology	399	2	.50%	1	.3%		1	100%	25	6.3%	2168	5
E. N. T.	1280	-		1	.1%		1	100%	65	5.1%	3272	3
Urology	530	-		9	1.7%	1	4	44%	106	20. %	4688	9
Orthopedics	895	4	.45%	17	1.9%	2	11	65%	152	16.9%	10872	12
Dermatology	142	1	.70%	--			--		14	9.9%	953	7
Pediatrics	1107	-		8	.7%		6	75%	31	2.8%	6131	6
Communicable disease	93	-		1	1.1%		--		8	8.6%	752	8
Neurology	112	-		4	3.6%		4	100%	25	22.3%	1808	16
Psychiatry	121	-		--			--		29	23.9%	1254	10
Tuberculosis	11	-		--			--		1	9.1%	72	7
Total excluding NB	12694	31	.24%	257	2.0%	17	132	51%	1662	13.1%	84078	7
Newborn	2245	5	.22%	33	1.5%	2	13	39%	11	.5%	10187	5
ALL PATIENTS	14939	36	.24%	290	1.95%	19	145	50%	1673	11.2%	94265	

RESULTS

Recovered	7,080
Improved	5,919
Not Improved	328
Not Treated	81
Diagnosis Only	1,241
Deaths Under 48 Hr.	80
Deaths Over 48 Hr.	210
Stillborn Infants	29

AGE DISTRIBUTION OF PATIENTS
(excluding newborn)

	1957	1958
0 - 2	752	756
2 - 14	1,961	1,821
14 - 30	3,369	3,186
30 - 40	1,950	1,998
40 - 50	1,265	1,346
50 - 60	1,182	1,206
60 - 70	1,187	1,203
70+	1,232	1,178

Male Patients	5,859
Female Patients	9,080
St. Cloud Patients	7,252
Rural St. Cloud and other towns	7,687
Catholic Patients	10,801
Others	4,138

PATIENTS WITH CARCINOMA DISCHARGED

	1957	1958
Medicine	76	63
Gynecology	14	21
Neurology	0	1
Orthopedics	5	6
Eye	2	2
Surgery (general)	81	111
Urology	63	44
E.N.T.	6	3
Pediatrics	1	1
Dermatology	1	0

Each patient is recorded only once in a year regardless of the number of admissions.

OCCUPANCY DATA
1958

Patients at midnight, December 31, 1957	249
Inpatient admissions during 1958	12,742
Newborn in 1958	<u>2,247</u>
	15,238
Deaths	290
Discharges	<u>14,649</u>
Patients at midnight, December 31, 1958	<u>14,939</u>
	299

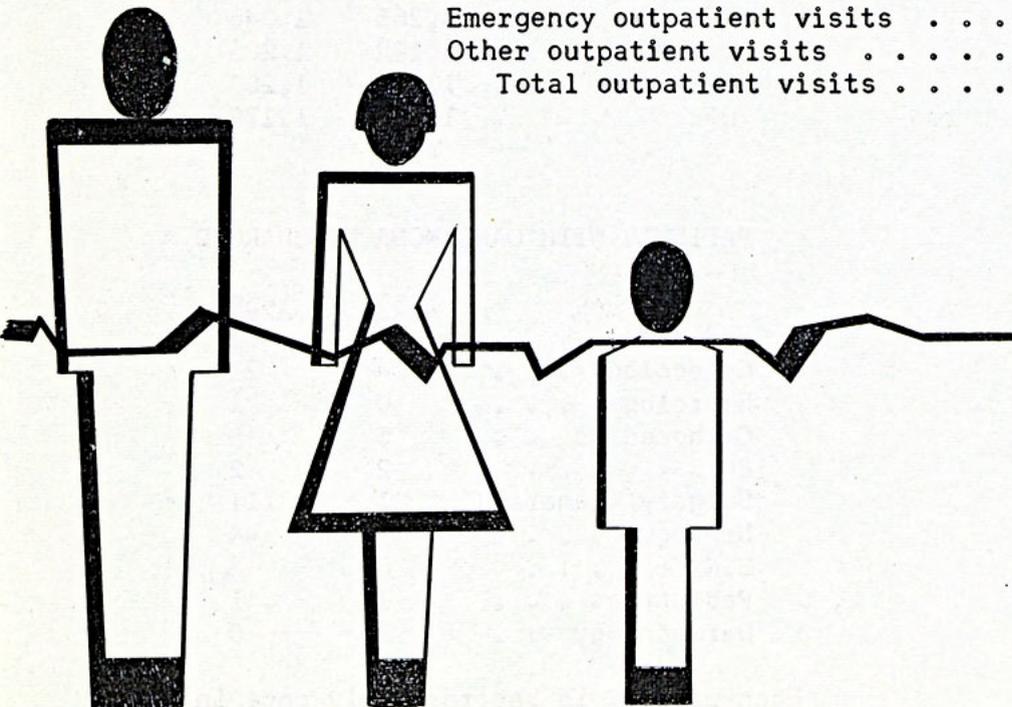
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	<u>1957</u>	<u>1958</u>
Daily average number of discharges and deaths	42	41
Adult and pediatric patient days	86,831	89,070
daily average census	238	244
% of occupancy	79%	81%
average stay	7 d.	7 d.
Newborn patient days	10,017	10,005
daily average census	27	27
% of occupancy	60%	60%
average stay	4 d.	5 d.

Adult and pediatric bed complement: 300
Newborn bassinet complement: 45

* * * * *

	<u>1957</u>	<u>1958</u>
Emergency outpatient visits	1,549	1,335
Other outpatient visits	<u>11,585</u>	<u>12,741</u>
Total outpatient visits	13,134	14,076



MEDICAL AUDIT

St. Cloud Hospital
1958

Minimum Standards for
Hospital Accreditation*

Average bed occupancy, adults and pediatrics: 244	<u>81%</u>	80% is top limit for efficient bedside care
Average bed occupancy, newborns: 27	<u>60%</u>	
These percentages are figured on the hospital's adult and pediatric bed capacity of 300 beds, and a newborn capacity of 45.		
Average days' stay, adults and pediatrics:	<u>7 days</u>	6 to 10 days
By service: Medicine	8 days	
General Surgery	8 days	
Obstetrics delivered	4 days	
Obstetrics not delivered	2 days	
Obstetrics aborted	3 days	
Gynecology	6 days	
Eye	5 days	
E N T	3 days	
Urology	9 days	
Orthopedics	12 days	
Dermatology	7 days	
Communicable	8 days	
Neurology	16 days	
Psychiatry	10 days	
Tuberculosis	7 days	
Pediatrics	6 days	
(children medical)		
Average days' stay, newborn:	<u>5 days</u>	
Percentage of all deaths to all discharges:	<u>1.95%</u>	4% is maximum
Percentage of autopsies: (145)	<u>50%</u>	20% is minimum; 25% if we wish interns
Postoperative death rate (within 10 days of surgery): (This is the number of deaths compared to all surgery done in the O.R.: 5759 operations, 19 deaths)	<u>.3%</u>	1% considered excessive
Anesthetic deaths:	<u>none</u>	Expected mortality--about 1 to 5000 anesthetics
Maternal deaths:	<u>none</u>	.25% considered high
Ratio of instances of puerperal morbidity to total number of deliveries:	<u>.5%</u>	2% is maximum
Cesarean sections: (2276 deliveries, 67 C. sections)	<u>2.9%</u>	not over 3% to 4%
Ratio of deaths of newborns over 1000 grams to all newborns over 1000 grams: (2237 viable births, 23 deaths)	<u>1.0%</u>	not over 2%
Consultations:	<u>11.2%</u>	15% to 20% desirable

* These are the standards used by the Joint Commission on Accreditation of Hospitals in its program of surveying and accrediting hospitals. They are based on national averages for hospitals in the United States.

SPIRITUAL CARE OF THE PATIENT

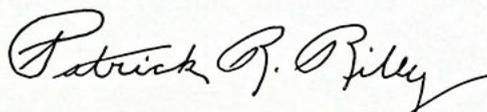
We believe that man is a composite being with a material body and spiritual soul which are substantially united. Man's immortal soul is destined for an eternal life of happiness with God after it has been separated from the body by death. Life on earth is an opportunity to earn this happiness. Illness is an unsurpassed means of attaining this eternal happiness and finding peace on earth because the sick are the beloved of Christ on whom He is eager to shower graces and blessings.

Spiritual care, then, with peace as its immediate objective is an essential element in the care of the sick. This hospital makes every effort to help patients of all faiths to keep or find this spiritual peace while they are being helped to regain physical health. Two Catholic priests who live in the hospital try to see as many patients as they can each day for a brief greeting and blessing. At least one of them is on call at all times for anyone who wishes to talk with a priest. Patients of other faiths may ask to have their clergymen called at any time. A roster of patients with the religion they designated on admission is maintained in the lobby for use by visiting clergymen.

There is daily opportunity for Catholic patients to receive the sacraments of Confession and Holy Communion. Baptism for the new infant who will know only a few minutes of life and the Sacrament of Extreme Unction --the sacrament of healing for those of our patients who are on the danger list--are available very quickly when needed. The Sacrament of Confirmation is also available for patients in danger of death who have not received it before.

Space does not permit mention of more than a few of the positive helps for nourishment of the life of the spirit that are offered. The Mass offered daily in the chapel at 6 a.m. is broadcast over Station W E L L for those who wish to listen. A special memento is made in the Mass for patients and all who work in the hospital. There is a crucifix in every room and tray favors with a religious motif are used to mark special occasions. Short explanations of feast days are included in "The Little Beacon", a weekly publication for patients. The patients' library is well stocked with the best in religious books and magazines.

An essential but less tangible aspect of spiritual care is what might be called the "spirit of the hospital". It is reflected in the attitude of all those who work in the hospital. By this we strive to make our patients feel spontaneously that they are loved and respected as individual persons with an eternal destiny who are giving us an opportunity to serve Christ in them, and our confreres to feel that they are similarly loved and respected. It is our hope that all those who come to us as patients will be able to realize and respond to this spirit so that they will not only be helped physically but will be strengthened in love of God and so find the true peace and happiness all men seek.


Father P. Riley, Chaplain

DEPARTMENT OF MEDICINE
1958

The following charts comparing the years 1953 and 1958 on discharged patients will give some statistical information about the Department of Medicine.

	<u>1953</u>	<u>1958</u>
Patients discharged	2096	2687
Hospital days	25500	22639
Average stay in days	12	8
Number of deaths	194	195
Death rate	9%	7%
Consultations	174	264
Consultation rate	8%	10%
Autopsies	31	91
Autopsy rate	16%	47%

The above figures indicate some definite difference in the 5-year interval. There was an increase of approximately 600 discharges with a decrease of almost 3000 hospital days and a decrease in the average hospital stay from 12 to 8 days. The number of deaths remained essentially the same, but the death rate dropped from 9% to 7%. The number of consultations increased by 90, or from 8% to 10%. The greatest change was in the number of autopsies and the autopsy rate. The number of autopsies increased from 31 to 91 and the rate from 16% to 47%.

I believe that these statistics definitely show progress, and I would like to thank the members of the Medical Staff and hospital personnel for their roles in making this progress possible. It is my opinion that this same progress has been evident in the quality of the medical records.

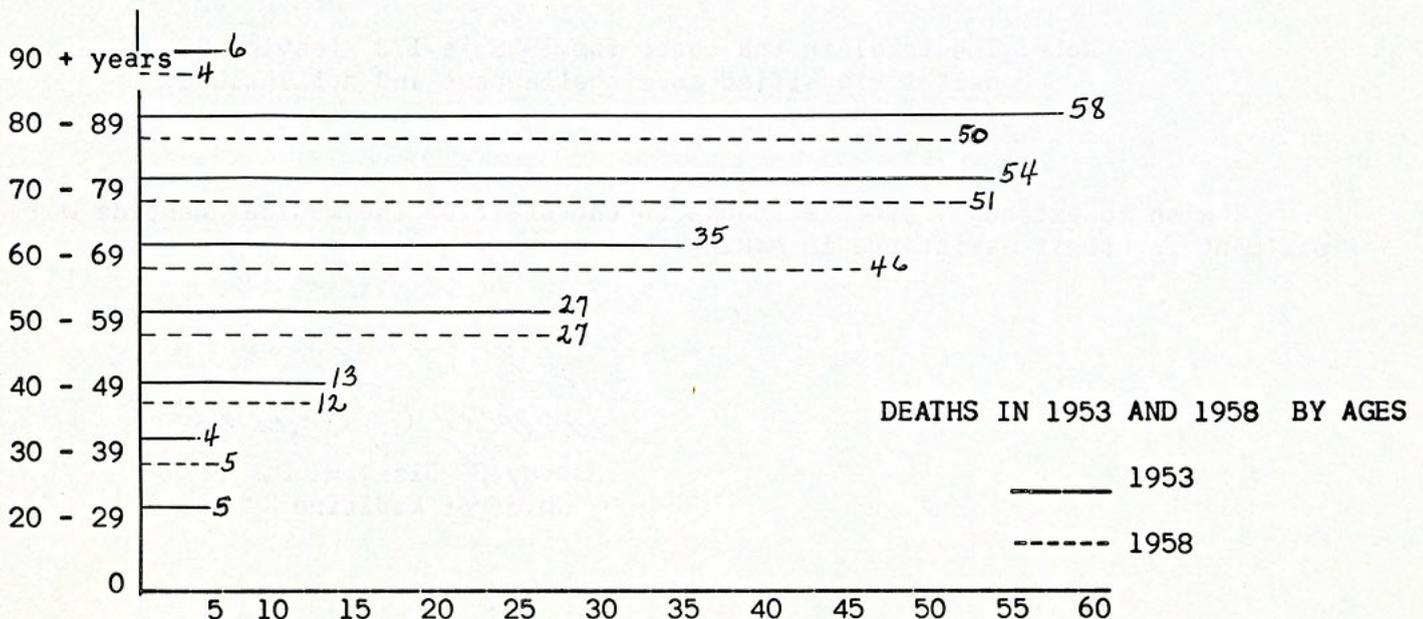


Chart II compares deaths in 1953 and 1958 by ages and shows that there was no appreciable difference.

The deaths on the medical service have been divided into three major categories as indicated in the following chart. Again the statistics for 1953 and 1958 are compared. The chart shows no change in the first two categories, but there appears to be quite a reduction in the number of deaths due to pneumonia. Whether this is an actual difference due to better treatment and the use of the newer antibiotics, or is merely due to a difference in interpretation of the information available is not clear. Further annual studies will probably clarify these figures in the future.

<u>Age</u>	Cardiovascular- renal including				Malignancy				Pneumonia			
	C V A											
	1953		1958		1953		1958		1953		1958	
	M	F	M	F	M	F	M	F	M	F	M	F
14-19 yr.	-	-	-	-	-	-	-	-	-	-	-	-
20-29 yr.	-	1	-	-	-	1	-	-	1	-	-	-
30-39 yr.	1	1	1	-	-	1	1	1	-	1	-	-
40-49 yr.	1	1	3	1	4	3	1	4	1	-	-	1
50-59 yr.	8	9	12	3	4	3	4	4	1	1	-	1
60-69 yr.	11	14	18	10	2	3	5	6	2	2	3	-
70-79 yr.	17	11	12	15	6	6	10	5	8	5	3	-
80-89 yr.	17	17	16	16	2	2	3	2	9	11	5	3
90+ yr.	<u>2</u>	<u>—</u>	<u>2</u>	<u>1</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>3</u>	<u>1</u>	<u>1</u>	<u>—</u>
Total	57	54	64	46	18	19	24	22	25	21	12	5
	111		110		37		46		46		17	

Note: The total in the chart for 1958 is 173, leaving 22 deaths classified as miscellaneous and not included in the chart.

I wish to extend my sincere thanks to the staff of the Medical Records Department for their assistance in making this report.

Harvey E. Sisk

Harvey E. Sisk, M. D.
Chief of Medicine

SUMMARY OF OPERATIONS PERFORMED

	<u>Inpatients</u>		<u>Outpatients</u>		<u>Total</u>	
	<u>1957</u>	<u>1958</u>	<u>1957</u>	<u>1958</u>	<u>1957</u>	<u>1958</u>
<u>In the Operating Suite</u>						
General Surgery	1796	1909	884	846	2680	2755
Gynecology	654	641	26	5	680	646
Urology	423	380	5	4	428	384
Orthopedic	162	162	29	13	191	175
Ophthalmology	295	349	19	12	314	361
Ear, Nose, and Throat	1196	1071	42	55	1238	1126
Obstetrical	287	312	--	--	287	312
<u>In the Nursery</u>						
Circumcisions					1063	1009
<u>In the X-ray Department</u>						
Closed reduction with fixation					319	389
Application of splints and casts without reduction					746	545
Casts removed, no other treatment					246	437
Miscellaneous emergency service					<u>24</u>	<u>35</u>
Total number of surgical procedures					8216	8174

* * * * *

Postoperative deaths (deaths within 10 days of surgery)	16	19
Postoperative infections of clean surgical wounds, all services	24	18

DEPARTMENT OF SURGERY
1958

It certainly is obvious to all that we have had a busy year in Surgery. Times are changing; new problems are being faced every day. They were met this year and will have to be met again in the future. 5759 patients received care. 29% were emergency cases. 66% required a general anesthetic.

Numerous changes were made in 1958. We all welcomed the completion of the Post Anesthesia Room which certainly is a large step in improvement of our surgical patient care. It will facilitate more efficient handling of our cases and will shorten the time spent between surgical cases.

Two flask warmers were installed and other changes made so that we now have sterile water available right in Surgery for almost all surgical needs. An addition speed autoclave was installed and a Ben Venue sterilizer for small polyethylene and plastic supplies will be of considerable help.

One of the rooms formerly used for autoclaving which was set up as an emergency room in 1957 has been changed to a minor surgery room for local cases so that we have had available all four of the major operating rooms for major surgical problems requiring a general anesthetic. One of the local tonsil rooms was converted into an emergency room. This has given us additional space to take care of our increasing surgical load and has been working out quite satisfactorily. During June and July all four rooms were used for major cases Monday through Friday.

A program of removing all multiple package sterile items and replacing them with individually prepared items so that each patient receives material from unbroken sterile stock has certainly, I feel, helped to improve our aseptic procedures.

An inter-com phone was installed in the doctors' locker room to provide communication between this room and the main operating room hall. We also now have a phone in our locker room which will be a great help in answering pages and so on. Two x-ray viewing boxes were purchased--one of them has been installed permanently in the Cysto room and the other is portable for the major operating rooms.

There was considerable discussion regarding our operating room policies. Quite a problem arose in summer because of the large surgical load and difficulty in scheduling cases. A committee of medical staff members and hospital department heads was formed to discuss the scheduling problem. It was obvious that if we were going to get all cases scheduled as quickly as possible, we would have to go into afternoon surgery. It was also obvious that all members of the staff could not have morning surgical hours and that compromises would have to be made. Fortunately, about that time the surgical load lessened and no particular changes had to be made. I am sure this will arise again in the future, and it is my belief that the only satisfactory answer will be found in extending our surgery into the afternoon. It is realized that most of the members of our staff have had their office procedures set up for many years and that it will be difficult at times to change these procedures, but in order to solve this problem we must all make some compromises.

There were many complaints that cases should be scheduled closer together so that more surgery could be done in the morning period. However, when one considers the numerous aspects of scheduling--the number of biopsies that may be followed by radical procedures, for example, for which time must be allotted but may not be necessary, or the number of cancellations--it will be seen that there is no simple answer for this and that it will have to be worked out in the best manner that we can determine for the time.

Several operating room policies were put into effect. The Medical Staff produced and passed on the policy which partially defines cases requiring an assistant surgeon. This particular policy has not changed things considerably because of the high standard of responsibility of the members of our staff along this line.

Another policy which was produced and passed on by the Medical Staff was one that permits cancellation of a surgical case until the end of the schedule if the surgeon is more than ten minutes late. Fortunately no steps along this line have had to be taken because our doctors realize their responsibility to their fellow physicians.

We now have a definite stopping point in Surgery which anyone in street clothes should not pass. Only personnel in surgical garb are allowed beyond that point when surgery is being done. Arrangements were made and policies changed to permit laundering of operating room apparel for all personnel who now change both gowns and shoes after arriving for duty. This is another step forward in our operating room technique.

Many of the physical facilities in the major operating room area are greatly in need of remodeling and reconstruction. It is felt that the present arrangement will be satisfactory until the over-all plan can be determined. However, equipment needs which appear most acute at this time and which we hope will not have to be left until too far in the future include installation of a major operating room table to replace the poor one that is now in use and the purchase of a proctoscopic table or other minor table which could be readily converted for proctoscopic examination.

Total expenditures for the Instrument Pool amounted to \$1295.35. Of this, \$1,134.19 were spent on replacements and additions to the instruments used for general surgery and the balance for repair and sharpening. The total income from monthly billing to Pool members was \$1537.00. No members withdrew during 1958 but one member received \$100.00 toward his credit balance. The total credit balance for all members at this time is \$597.94. The balance on hand as of December 31, including the December billing to members, is \$963.39.

What are the trends in surgery here? The following are a few figures that seem to indicate the direction we are traveling. Only one operation was counted for each patient. If more than one procedure was done during the surgery, only the one that seemed of greater significance was tabulated.

<u>Procedure</u>	<u>1948</u>	<u>1953</u>	<u>1958</u>
Gastric surgery excluding emergency suturing of perforations	25	27	43
Large and small bowel resections	17	17	48
Gallbladder procedures	102	119	186
Herniorrhaphy	135	202	220
Hysterectomy	84	87	128
Oophorectomy and salpingectomy	80	31	49
Hysteropexy	53	68	21
Sympathectomy	2	0	4
Proctoscopy (only)	50	147	210
Hemorrhoidectomy	60	149	100
Laminectomy and spinal fusion	6	15	3
Internal fixation of hip	17	25	54
Internal fixation of other bones	33	20	33
Lobectomy, pneumonectomy, thoracotomy	0	1	7
Vein ligation	72	59	7
Vein stripping	0	3	81
Embolectomy	0	0	4
Complete blood exchange	0	9	19
Mastoidectomy	15	10	2
Myringotomy	14	5	10
Lens extraction	38	51	108
Recession-resection	36	48	62

We feel that the Department of Surgery has again taken definite steps forward in 1958 to provide for better patient care. Initiative and cooperation were demonstrated by doctors and nurses in sufficient measure to more than reassure us that the challenges of the future will be met with spirit and generosity.

Carl B. Thuringer M.D.

Carl B. Thuringer, M.D.
Chief of Surgery

DEPARTMENT OF ANESTHESIA
1958

<u>Anesthetics Given</u>	<u>1956</u>	<u>1957</u>	<u>1958</u>
In the Operating Rooms			
Ether and vinethene	874	573	387
Pentothal sodium (balanced anesthesia)	2475	2900	2908
Others (cyclopropane, spinals observed, etc.)	378	506	560
In the Delivery Rooms	1998	2147	2160
<u>Intubations</u>	370	1498	1264
<u>Cylinders of oxygen used</u>	3405	4476	4502

The biggest event that occurred in the Anesthesia Department this year was the planning, constructing and opening of the Post Anesthesia Room on 6th floor. A month of actual use of the room has proved its effectiveness to doctors, anesthetists, and nurses. During December 250 patients were cared for in PAR's new quarters. 3,236 patients were cared for in the old PAR in the twelve months ending December 1, 1958.

All patients who receive a general anesthetic are being visited preoperatively and postoperatively by a member of the Anesthesia Department. We feel that a visit to the patient allays his fears and also gives the anesthetist a good opportunity to evaluate him.

The School of Anesthesia again received full approval from the American Association of Nurse Anesthetists. The School was also approved for foreign students.

The students who graduated in September passed their qualifying examinations for certification as Nurse Anesthetists, maintaining the school's 100% record of success by all students on the first try. At present there are four students in the school.

We wish to thank all the doctors for their cooperation, and especially for their help in teaching the students.

The Department extends a cordial welcome to Dr. H. Broker as its new Chief.

Sister Virgene, O.S.B.

Sister Virgene, O.S.B.
Chief Nurse Anesthetist

DEPARTMENT OF OBSTETRICS
1958

I. Data on Discharged Patients

	1956	1957	1958
Deliveries	2196	2292	2276
Spontaneous	1852	1931	1905
Forceps	198	219	234
Breech and manual	94	95	70
Cesarean	52 (2.4%)	47 (2.1%)	67 (2.9%)
Maternal deaths	1	0	0
Puerperal morbidity*	16	14	11

*These patients had a temperature of 100.4 degrees on two or more days postpartum exclusive of the first 24 hours after delivery, but an infection etiology for all of them is not established.

II. Newborn Data

	1956	1957	1958
Total live births	2177	2269	2247
Viable (over 1000 gm.)	2162	2256	2237
Non-viable (under 1000 gm.)	15	13	10
Newborn deaths--All:	49 (2%)	37 (1.6%)	33 (1.5%)
--Viable by wt.:	34 (1.6%)	24 (1.1%)	23 (1.0%)
Stillbirths	25	23	29
Twin births	34	29	24
Triplet births	0	0	0
Male infants born		1187	1132
Female infants born		1082	1115

1958 was another very successful year in the Obstetrical Department of St. Cloud Hospital with a total of 2252 mothers being delivered and no maternal deaths. It is again felt that this is a record of which we can all be truly proud because it is due primarily to the practice of good, conservative obstetrics by all members of the Department. The cooperation of the Sisters and nurses, both graduate and student, associated with the Obstetrical Department has, as usual, been extremely fine.

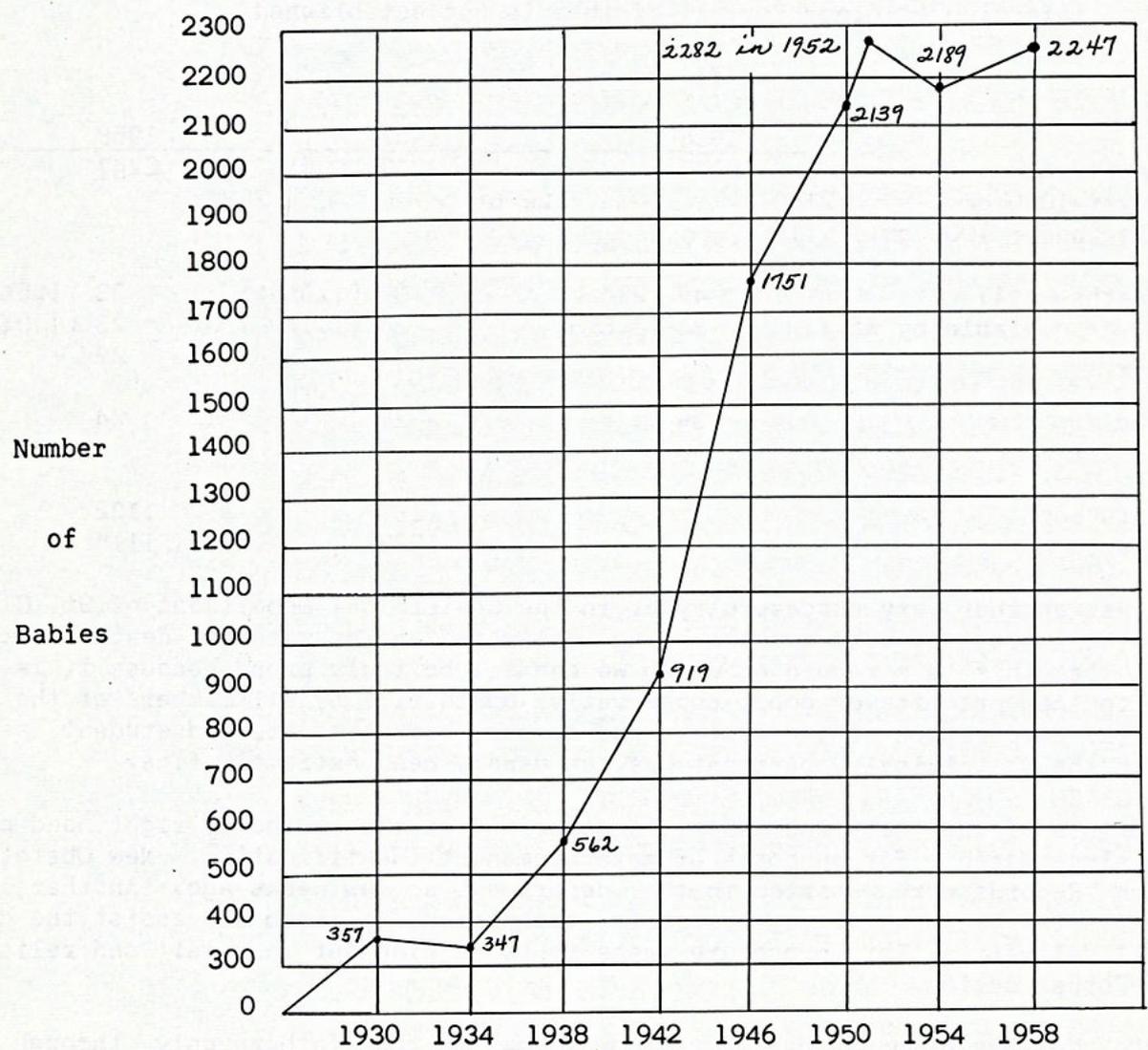
Footprints of the baby and index fingerprints of the mother's right hand have been made since March 1 for purposes of more permanent identification. New Obstetric and Newborn Records were started in the department a few weeks ago. Another 1958 innovation is the training of lay obstetric technicians to scrub and assist the doctors at all deliveries. This procedure seems to be working out very well and relieves nurses for other duties.

In the Nursery newborn babies are now shown to the fathers only through the glass viewing window instead of in the waiting room immediately after birth. It was felt that this procedure would cut down on contamination in the Nursery. Classes are being held three times each week for the newly delivered mothers who receive instructions on general care of the baby at home.

The doctors are asked to encourage obstetric patients and their husbands to attend the parents' classes which are held weekly for a period of five weeks at intervals throughout the year in Classroom A in the Nurses' Home.

I again wish to thank the Sisters, graduate and student nurses and all other personnel in the department for the fine cooperation that we have had during 1958.

Robert T. Petersen
Robert T. Petersen, M.D.
Chief of Obstetrics

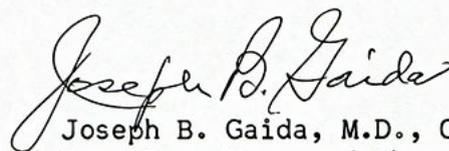


Babies Born At St. Cloud Hospital

EYE, EAR, NOSE AND THROAT DEPARTMENT
1958

It is a well-known fact that because of the reduction in morbidity and deaths due to respiratory infections and their complications such as sinusitis, mastoiditis, and pneumonia, the span of human life has been lengthened so that the incidence of diseases connected with old age is definitely increasing. This can be illustrated by the number of cataract extractions that were done 20 years ago and are being done now. According to the hospital records there were three cataractous lens extractions in 1938, and 108 in 1958. These cataract operations are practically 98% successful, again because of the help of antibiotics and also because of better surgical and postsurgical techniques.

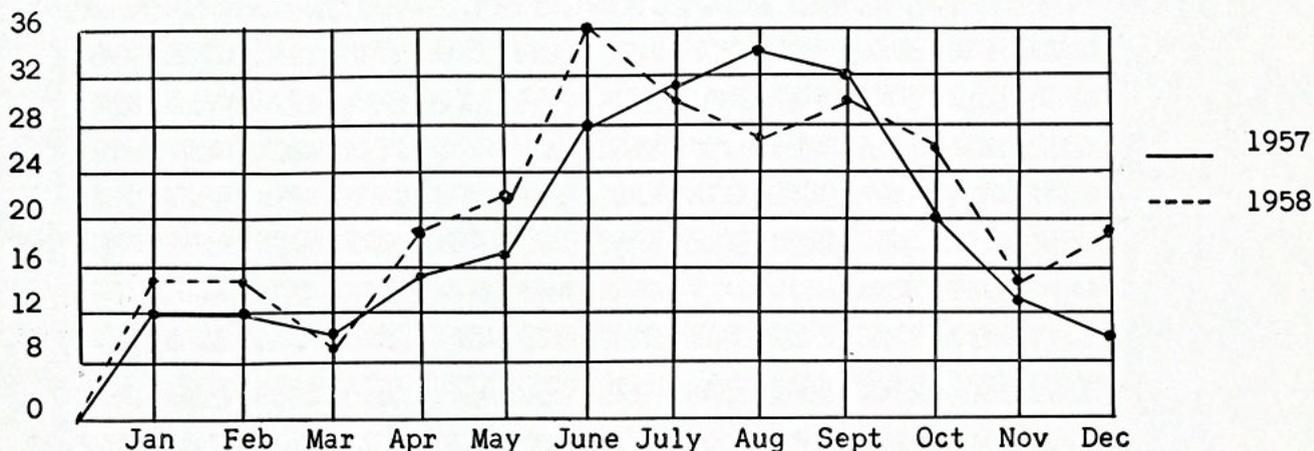
Written preoperative history and physical examinations are now a requisite for every T & A operation. By the end of the year all T&A's were being done with intratracheal anesthesia. Scheduling them is the same now as for any other surgery, and the only limitation on scheduling is availability of an anesthetist, an operating room, and a bed on the pediatric floor. Admitting the patient into the hospital the night before surgery is scheduled helps toward a smoother anesthetic and decreases morbidity.



Joseph B. Gaida, M.D., Chief
Eye, Ear, Nose and Throat Department

DEPARTMENT OF ORTHOPEDICS
1958

The seasonal incidence of fractures in children (patients under 17 years of age) admitted to the St. Cloud Hospital during 1957 and 1958 is shown in the graph.



A brief review was again made of patients with hip fractures. Comparative statistics are noted in the chart below.

	1956	1957	1958
Number of patients over age 50	40	62	61
Treated without surgery	10	14	12
Age range		54 - 87	58 - 92
Died during admission	3	5	4
Age Range		71 - 87	80 - 92
Treated with internal fixation	30	48	49
Age range	52 - 86	51 - 88	57 - 95
Died during admission	2	7	4
Age range		68 - 88	81 - 92

A continuing attempt was made to emphasize good nursing care in regard to pressure sores in bedridden patients on the orthopedic ward. In 1957 there was improvement over the previous year. In that year there were 64 days on which no patients had pressure sores. During 1958 there were 155 days. The nursing personnel are becoming expert at dealing with this problem. Further equipment is available as a specific aid in this. Three alternate pressure mattresses are now available for use. Thus far they have proved of great value in a few difficult nursing problems.

Three infections among orthopedic patients were recorded during the year. This represents an incidence of approximately 5% of major orthopedic surgical procedures.

E. M. LaFond
E. M. LaFond, M.D.
Chief of Orthopedics

DEPARTMENT OF PEDIATRICS
1958

	<u>1956</u>	<u>1957</u>	<u>1958</u>
Patients under 2 years of age	682	752	756
Patients between 2 and 14 years	1736	1961	1821
Hospital days of care	10,606	12,204	11,689
Average stay (days)	4	5	5

The number of children discharged according to type of illness is as follows:



	<u>1957</u>	<u>1958</u>
General medical (mostly infections of the G.I. and respiratory tracts)	1190	1107
General surgery	286	271
Gynecology	2	7
Orthopedics	110	120
Urology	37	40
Dermatology	38	30
Eye	100	123
Ear, nose, and throat	855	779
Communicable disease	59	55
Psychiatry	1	1
Neurology	35	43
Tuberculosis	0	1

A severe epidemic of non-specific diarrhea which took several lives was the most outstanding event. Let us hope it never recurs.*

Sister Joel, O.S.B., was appointed Head Nurse and Instructor in Pediatrics to replace Sister Mary Dominic who went to the Catholic University of America for further study in maternal and child health. Miss Mary Jane Arnold also returned to school in Fall and Miss Ann Domeier was appointed to the position of Assistant Head Nurse. We have been very happy with the general increase in graduate nurses working in Pediatrics.

Starting September 15, the doctors were asked to schedule all pediatric surgicals in the Admitting Office just as they schedule adults. This provides a more efficient means of having beds available and also simplifies the general routine of telephone calls between the floors and Surgery.

Two croupettes were purchased which brings our count up to eight. The Isolette rocker placed on trial in 1957 and a second Isolette incubator have also been purchased. The rocker will probably be used more in the Newborn Nursery for premature infants than in the Pediatrics department.

The latest suggestion is for a closed TV circuit in Pediatrics for close observation of all patients. This would be a wonderful asset to the Department.

*ADDENDUM: A symposium conducted by Dr. Arnold S. Anderson of the St. Louis Park Medical Center was held at the height of the epidemic. Emphasis was laid on maintenance of fluid balance.

Wm. A. Autrey, M. D.
W. A. Autrey, M. D.
Chief of Pediatrics

CLINICAL AND PATHOLOGICAL LABORATORIES
1958

HEMATOLOGY	71,581	CHEMISTRY	22,330
R.B.C.	821	Blood	6,197
W.B.C.	15,021	A/G Ratio	107
Hemoglobin	18,687	Alcohol	19
Differential	14,483	Amylase	88
Hematocrit	14,459	Bilirubin	263
Sedimentation Rate	2,002	Calcium	69
Bleeding Time	1,301	Ceph. Flocculation	164
Capillary Clotting Time	1,289	Chlorides	306
Venous Clotting Time	202	Cholesterol	199
Prothrombin Time	3,024	CO ₂ Combining Power	331
Platelet Count	104	Glucose	2,362
Eosinophil Count	4	Glucose Tolerance	68
Capillary Fragility	9	Icterus Index	142
Reticulocyte Count	112	N.P.N.	34
L.E. Clot Test	35	Phosphatase, Acid	38
Clot Retraction	9	Phosphatase, Alkaline	125
Cell Indices	10	Prostatic Acid	
Prothrombin Consumption	1	Phosphatase	24
Plasma Hemoglobin	2	Phosphorus	45
R.B.C. Fragility	1	Thymol Turbidity	72
Stippled R.B.C.	3	Urea Nitrogen	694
Capillary Resistance	1	Uric Acid	67
Aspiration Fluid for		Potassium	227
Cell Count	1	Sodium	231
		Transaminase	321
		B.S.P. Test	68
BLOOD BANK	16,569	Electrophoresis	4
A.B.O. Grouping	4,075	Total Bilirubin	7
Rh Grouping	5,817	Vitamin A	1
Compatibility	2,939	Protein	22
Blood Transfusion	1,869	Fibrinogen	3
Plasma Transfusion	42	Creatinine	12
Serum Albumin Transfusion	8	Gamma Globulin	2
Packed Cells	122	P.B.I. Test	73
Donors	1,653	Fibrindix	3
Dextran Transfusion	35	Lead	3
Phlebotomy	8	Carotinoids	1
Fibrinogen	1	Plasma Acetone	1
		Serum Iron	1
SEROLOGY	2,746	Urine	15,047
Agglutinations	270	Routine	14,712
Coomb's Test	367	Cystoscopic	130
Rh Antibody Titer	63	Sugar-Acetone-Diacetic	26
Heterophile Antibody Titer	81	P.S.P.	35
A.S.O. Titer	76	Sulkowitch	50
V.D.R.L.	1,678	Bence-Jones Protein	12
Mazzini	2	Amylase	2
M & N Factor	7	Urobilinogen	9
Anti-A & B Titers	116	Microscopic	5
C-Reactive Protein	9	Catecholamine	3
Phenotype	11	Quantitative Sugar	3
Cold Agglutinins	16	Bile	11
Paternity Test	3	Addis Count	2
Tuberculin Test	12	Alcohol	5
Histoplasmosis Skin Test	31	Hemoglobinuria	2
Blastomycosis Skin Test	2	Porphyrin	1
Coccidioidomycosis Skin Test	2		

Chemistry . . . urine, continued

Fermentation	3
Barbiturates	1
Albumin	5
Acetone	1
pH	6
Urine Arsenic	3
3-glass Urine	2
Porphyrobilinogen	6
Lead	6
17 Ketosteroids	2
5 Hydroxyindol Acetic Acid	2
17 Hydroxycorticosteroids	2
Other	1,086
Gastric Analysis	295
Occult Blood	237
Concentration of Hgb. in Irrigating Fluid	88
Fecal Fat	10
Fecal Trypsin	5
Abdominal Fluid Amylase	1
Feces Urobilinogen	24
Semen Examination	3
Pregnancy Test	384
Diagnex Test	20
Stone Analysis	3
Maternal Hemoglobin	1
Cystic Fibrosis	15
PARASITOLOGY	106
Stool for Parasites	76
Anal Swab for Pinworms	20
Malarial Slides	6
Stool for Hookworms	2
Vaginal Smear	1
Hanging Drops	1
HISTOLOGY	4,246
Gross	1,741
Microscopic	2,505
(includes 176 frozen sections and 40 bone marrows)	

BACTERIOLOGY	4,310
Direct Smears	2,488
Gram's Stain	2,096
Acid Fast Stain	392
Cultures	1,370
Urine	309
Blood	87
Throat	59
Stool	85
Milk	219
Ear	51
Cystoscopic	161
Fungi	18
Eye	6
Spinal Fluid	20
T.B.	119
Sputum	12
Water	2
Nose	8
Miscellaneous	214
Animal Inoculation	97
Sensitivity Test	355
CEREBROSPINAL FLUID TESTS	273
Specimens submitted	120
Protein	105
Glucose	59
Cell Count	72
Mazzini	13
Chlorides	10
Colloidal Gold	14
Autopsies on hospital patients	145
Coroner's autopsies	15
Autopsies on former patients, who died elsewhere	3
Autopsies on stillbirths	7
Electrocardiogram	1,839
Basal Metabolism	317
Vital Capacity	13
E.E.G.	12

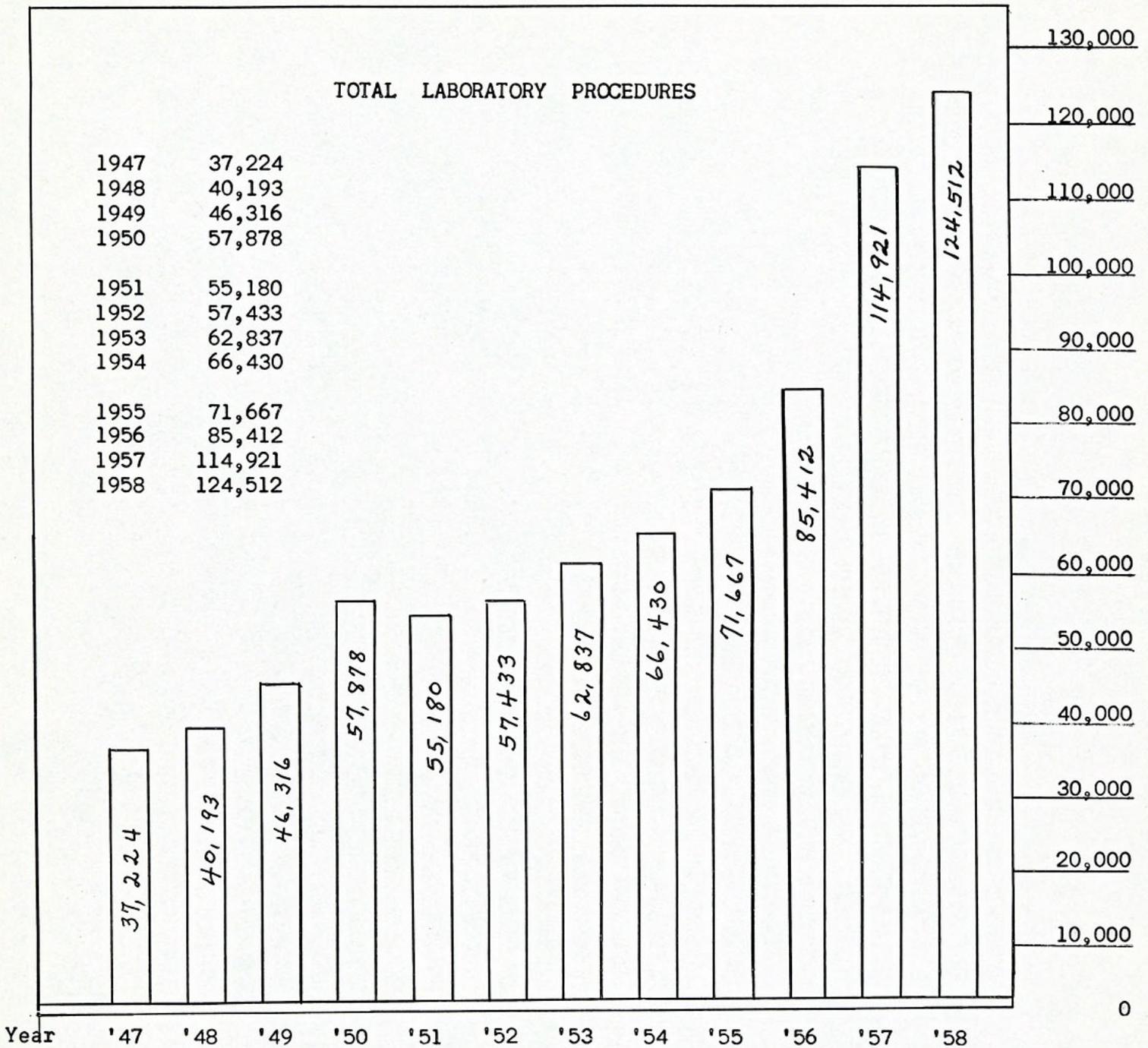
NOTES: New procedure in 1958: Prostatic acid phosphatase (L. Tartrate)
 Tests being sent out to commercial laboratories: Protein-bound iodine,
 17 Ketosteroids, 17 Hydroxycorticosteroids, and catecholamines

Twelve leads are now being taken on all electrocardiograms.

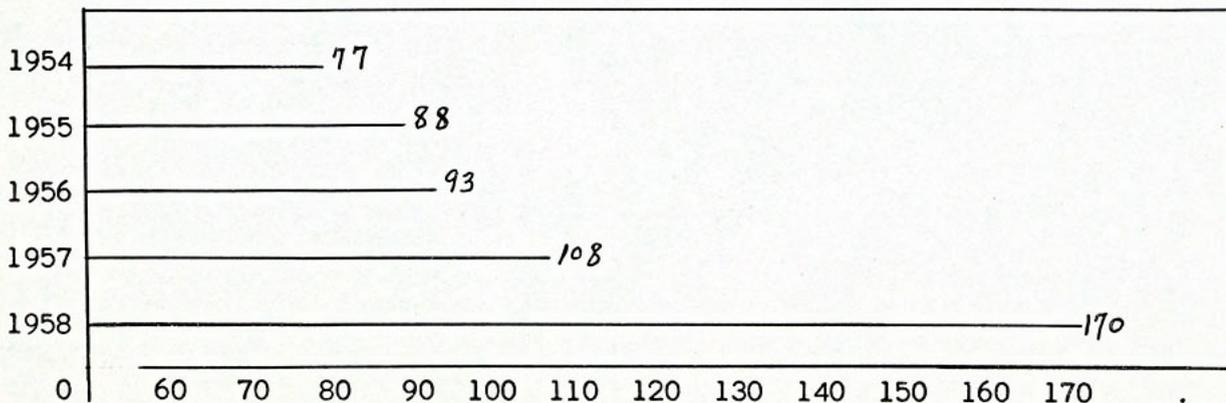
New equipment in 1958: Aloe-Schleicher bone marrow funnel and Micro CO₂
 burette

Five students graduated in 1958 and we now have six students in the School
 of Medical Technology.

TOTAL LABORATORY PROCEDURES



AUTOPSIES: The following graph shows all autopsies done at the hospital. They were not all hospital deaths.



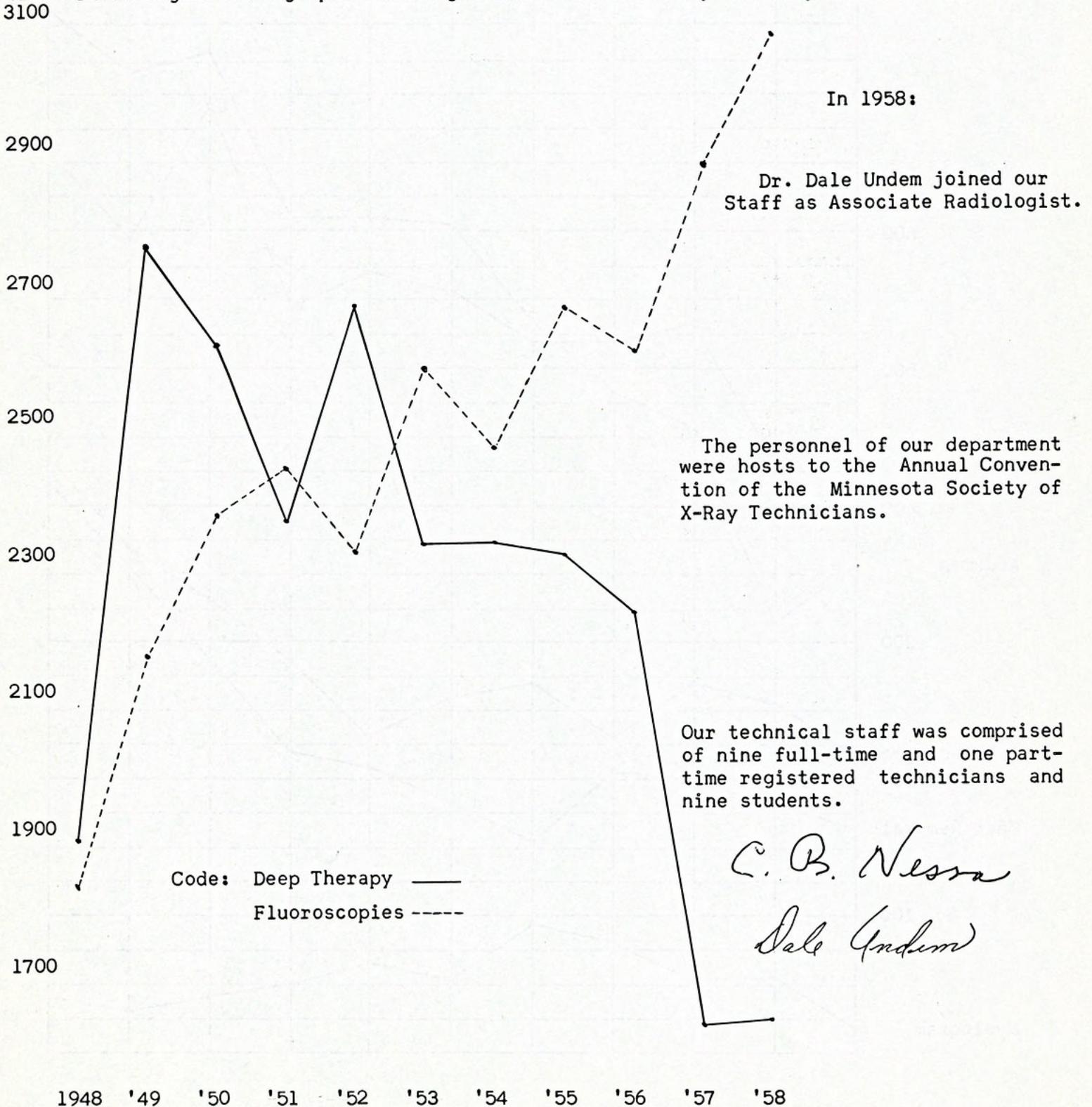
Arthur E. Davis, M.D.
 Arthur E. Davis, M.D., Chief of Laboratories

DEPARTMENT OF RADIOLOGY

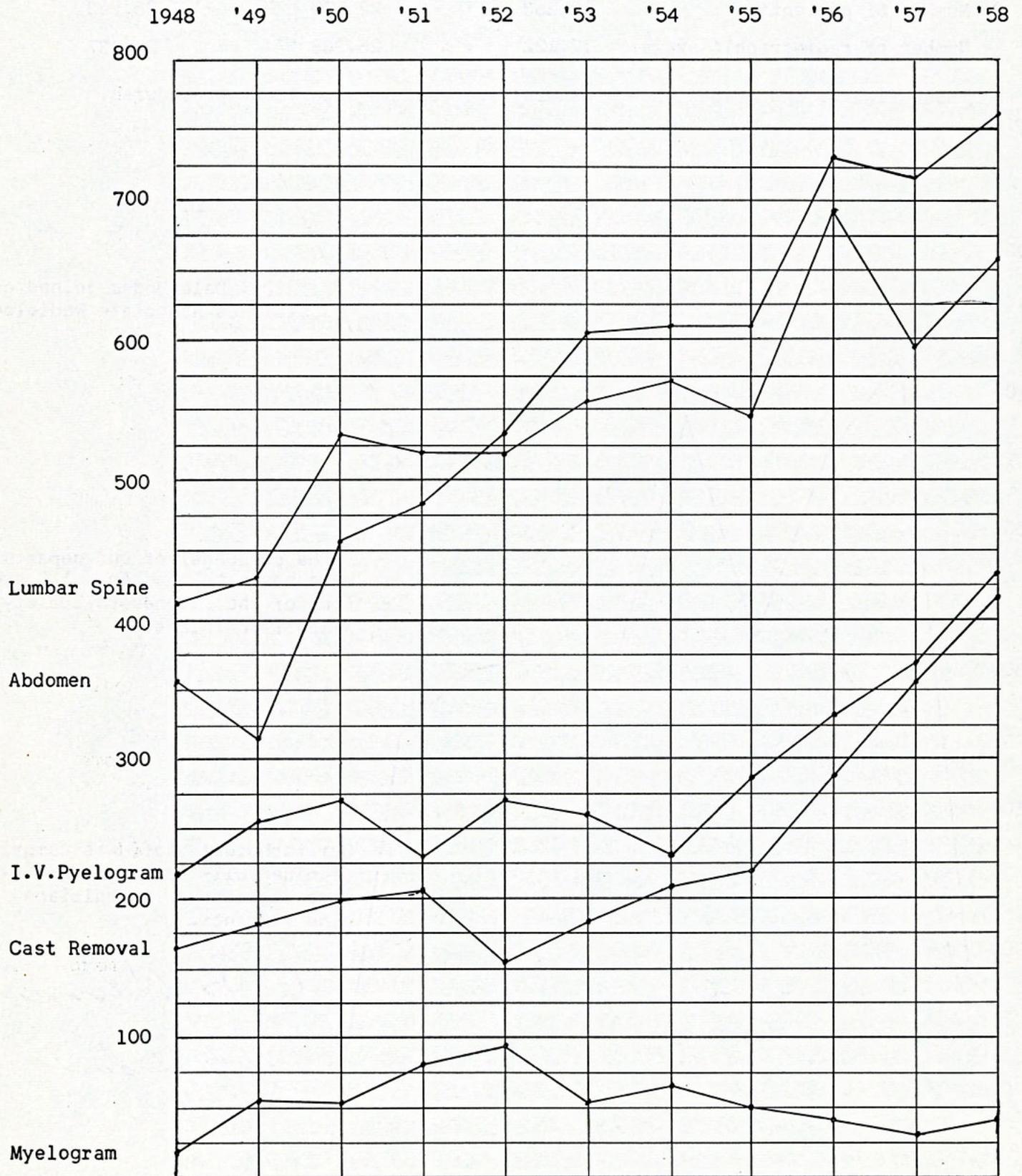
The Radiological Department presents the following report and graphic comparison of statistics for the year ending December 31, 1958.

	1948	1953	1958
Number of patients:	12,263	22,779	25,963
Number of radiographic exams:	12,122	26,338	29,437

These figures and graphs show a general increase in department procedures.



TREND IN X-RAY DEPARTMENT PROCEDURES



DEPARTMENT OF NURSING SERVICE
1958

Patient-centered care continues to be our objective. The cooperation and support given to us by the other departments is helping in the achievement of this goal. A sincere "Thank you" to all.

Early in 1958 our office moved from its location on first floor to Room 200. Larger quarters were needed because a secretary joined our staff, and with her help the office operates smoothly and efficiently.

Mrs. Lena Hagen was appointed Director of Nursing Service in September when Sister Keith, O.S.B., left to continue her studies at Marquette University. Sister Goretti, O.S.B., was transferred from the Post Anesthesia Room to the post of Assistant Director of Nursing Service.

Sister Joel, O.S.B., was appointed Head Nurse and Clinical Instructor for the pediatrics unit, replacing Sister Mary Dominic, O.S.B., who is continuing her studies at the Catholic University of America. Sister Dolorata, O.S.B., replaced Sister Joel in the obstetrical unit. Sister Paul, O.S.B., replaced Sister Marion, O.S.B., as Head Nurse for the 2 North medical unit. The latter is continuing her studies at St. Louis University. Sister Leonelle returned from the College of St. Benedict to join our staff as Head Nurse on 2 South.

In-service education programs for all nursing service personnel are arranged and presented by members of our nursing staff at regular intervals. Topics pertinent to the changes taking place in nursing service and nursing education were presented in 1958.

The daily average number of nursing care hours for each patient and the daily average number of patients are shown in the following table. Head Nurses, Assistant Head Nurses and Ward Secretaries are not included.

<u>STATION</u>	<u>HOURS</u>	<u>PATIENTS</u>
5 North	3.1	31
4 North	3.9	34
4 South	4.1	31
3 North	3.6	29
3 South	3.8	31
2 North	3.7	29
2 South	3.6	36
1 South	4.1	15

The focus of concentration in Central Service was improvement of technique in sterilization and processing of equipment and supplies. All E.E.N.T. instruments and nursery sharps are being steam sterilized. Gas sterilization has replaced chemical disinfection of polyethylene. Processing and sterilization of gloves, syringes, needles, thermometers and enema equipment for the entire hospital is now done in this department. Last year they processed 106,146 syringes, 117,470 needles, and 42,311 pairs of gloves. They also prepared 10,149 gallons of distilled water and 7,180 flasks of parenteral solutions. An automatic flask washer was a major addition to the equipment.

Mrs. Lena Hagen R.N.

Mrs. Lena Hagen, R.N.
Nursing Service Director

THE PHARMACY

The year 1958 has been exceptionally stimulating for all those engaged in activities related to health. Pharmaceutical-wise, the big problem which has faced not only the doctor but the pharmaceutical industry is the increasing resistance of disease-producing organisms to agents formerly effective in controlling them. Pharmaceutical manufacturers are spending untold numbers of dollars in an effort to develop new agents to combat disease. During 1958 several new antibiotics were introduced and stocked in the pharmacy: kanamycin (Kantrex), ristocitin (Spontin), and vancomycin (Vancocin). Other drugs of note which appeared on our shelves during the past year are those for arthritis: triameinolone (Kenacort, Aristocort) and dexamethasone (Decadron); for diabetes: tolbutamide (Orinase), and chlorpropamide (Diabinese); and for hypertension: chlorothiazide (Diuril).

NEW APPOINTMENT

Since July we have felt markedly the loss of Sister Rita Claire who at that time was appointed Administrator of Community Memorial Hospital in New Prague.

NEW PROCEDURES INITIATED

Codeine phosphate, $\frac{1}{2}$ gr. and 1 gr.; Morphine sulfate, $\frac{1}{8}$ gr., $\frac{1}{6}$ gr., and $\frac{1}{4}$ gr.; Meperidine, 50 mg., 75 mg., and 100 mg. in a disposable unit (tubex) were stocked on all nursing stations.

Messenger service to all nursing stations on an hourly basis.

Cataract tray.

To insure a more complete 24-hour service, a complete new drug reserve which is accessible to the Night Supervisor was set up on 3 North.

LOOKING TO THE FUTURE

A more complete set of emergency drugs has been placed on 3 North on a trial basis. The procedure has proved satisfactory and will be started on all the nursing stations within the next year.

A hospital formulary.

STATISTICS FOR 1958

	Type of Rx	Number Filled		%	
		Inpatient	Outpatient	Inpt.	Outpt.
Daytime:	Hypnotics and sedatives	11,851	427	96.6%	3.4%
	Regular	109,350	1,989	98.2	1.8
	Refills		1,737		
Night Calls (all drugs)		173	36	82.7	17.3*

*Indicates that most of our outpatient work is done during the night.

Again we wish to take this opportunity to thank the Administrator, the Medical Staff and nursing personnel for their cooperation and assistance. During 1959 we will make every effort to give the best in pharmaceutical service to you and the patients we serve.

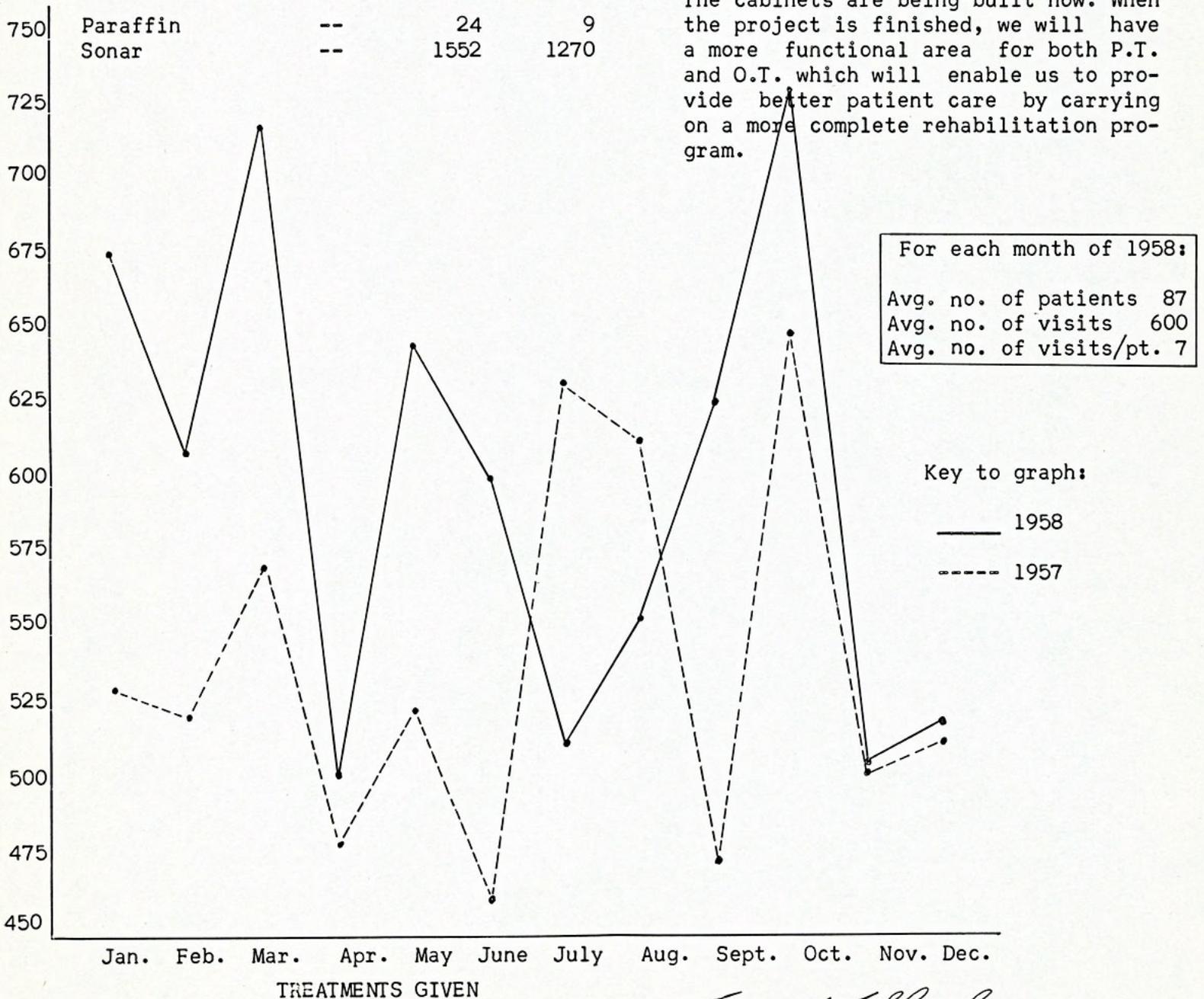
Sister M. Danile, O.S.B.
Sister Danile, O.S.B., R. Ph.
Pharmacist

DEPARTMENT OF PHYSICAL THERAPY
1958

Modalities	1953	1957	1958
Exercise	6294	2483	1729
Massage	236	847	273
Infra Red	215	146	212
Whirlpool	1288	1029	1114
Diathermy	2546	1192	1646
Hot Packs	661	892	1913
Ice Packs	--	13	--
Muscle reed.	4553	227	42
Ultra violet	100	247	74
Gait training	393	1118	1117
Elec. stim.	190	53	66
Muscle test	263	14	2
Paraffin	--	24	9
Sonar	--	1552	1270

Approximately 800 more treatments were given in 1958 than in 1957. The graph shows how the number of treatments given each month compares with what was given in 1957.

A major remodeling project was begun late in the year to provide space for the new Occupational Therapy Department. Walls between the office, waiting room and one treatment room were removed. This was followed by repair of the floor, a new acoustic tile ceiling, fluorescent lighting, decorating and new cubicle curtains. The cabinets are being built now. When the project is finished, we will have a more functional area for both P.T. and O.T. which will enable us to provide better patient care by carrying on a more complete rehabilitation program.



Emmet J. Shaugnessy
 Director of Physical Therapy

REPORT OF THE DIETARY DEPARTMENT
1958

	1957	1958
Total number of meals served		
Patients	248,668	259,275
Personnel	338,254	339,252

Average number of meals served daily		
Patients	681.3	710.3
Personnel	926.7	979.3

	1948	1957	1958
Trays served from the Special Diet Kitchen			
Total number served	30,534	73,368	80,871
Average number served each meal	27.7	67.0	73.9
% of total number of meals served to patients. . .		30.6%	33.8%

Types of modified diets ordered:

Diet	Days
Allergy	798
Bland	648
Diabetic	3816
Dry diet	49
Fat restriction	1224
Gallbladder	1210
Hi-protein	43
Hyperinsulinism	587
Lo-cholesterol	646
Lo-residue	1134
Lo-sodium	4327
Mechanical soft	86
Miscellaneous	75
Non-residue	48
Puree	618
Purin-free	27
Reduction	3307
Sodium-poor	1816
Special	435
Ulcer	2278
Selective	3785

Diet instructions ordered:

Type of Diet	Number
Allergy	15
Acid ash	2
Diabetes	129
Diarrhea	1
Dry	2
Fat restriction	62
Gallbladder	57
Gastroenterostomy	1
Gastric surgery	3
Hyperinsulinism	1
Meat-free	1
Lo-calcium	1
Lo-cholesterol	8
Lo-phosphorus	2
Lo-residue	27
Lo-sodium	20
Reduction	100
Sodium-poor	20
Ulcer	169
Bland	15
Total	659
Total for 1957	542



Nourishments . . . 671

Fat-free meals . . . 9761

Tube feedings 55

BABY
FORMULA
PREPARATIONS

<u>Kind</u>	<u>Ounces</u>
Baker's	16129
Bremil	7399
Carnation	4710
Carn-cartose	4140
Carn-DM 1	37471
Carn-Karo	2028
Homogenized	53713
Homo-cartose	499
Homo-DM 1	4825
Homo-Karo	3604
Lactose	29301
Lactum	29885
Olac	19714
Lytren	4505
Mullsoy	1450
Probana	7476
Similac	15067
Skim Milk	17229
SMA	8026
Sobee	148
Miscellaneous	<u>2172</u>
TOTAL	265761

Bacteriologic count has been consistently safe.

We appreciate the efforts of the doctors to lessen the number of varieties of formulae used.

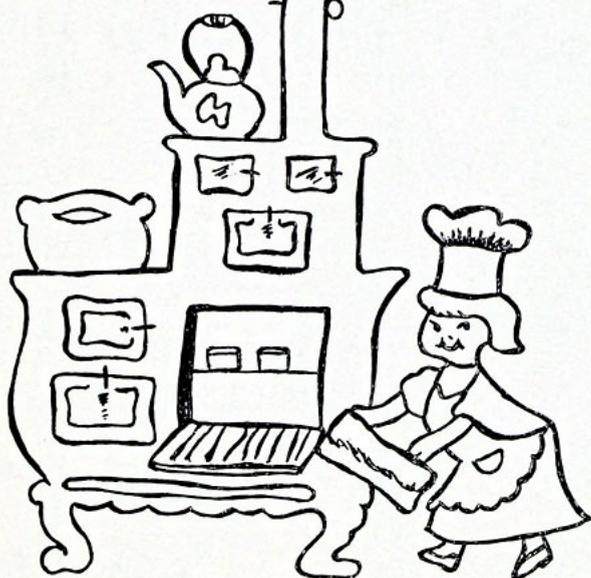
During the summer a Sister student dietitian, a graduate of the College of St. Benedict, spent 6 weeks with us getting a practical orientation into hospital dietary work before beginning her internship at St. Mary's Hospital, Rochester. Earlier in the year student dietetic majors from the College spent 3 days in intensive "look-see" into hospital dietary activities.

One of the staff dietitians again served as president of the local group (a section of the State Association). The department head participated in a dietary workshop sponsored by the Catholic Hospital Association. Others attended the Upper Midwest convention.

Beginning with February the Administrator has received from the department a monthly report including statistics on census, food costs, and hours of service. Interesting studies could be made from the data on file in the dietary office, but time over and above that needed for ordinary supervision is wanting. Continuous care has been given to the daily routine, but special occasions get extra attention in the menu items, tray covers and favors. Orchids to the Women's Auxiliary who in its short life has already been helpful! They sent cone turkeys and yule logs for the Thanksgiving and Christmas trays. We are grateful to them.

We hope during the year to work with the Doctors on revision of the DIET MANUAL.

We are deeply grateful to the Medical Staff and to those of the hospital staff who so graciously have given us cooperation in the execution of the dietary care of the patient. Thank you!



Sister Glenore, O.S.B.

Sister Glenore, O.S.B.
Director, Dietary Department



Library activities were meager and concerned chiefly with "supportive care". Magazines published before 1953 were transferred to storage shelves in the School of Nursing. Those remaining were placed in alphabetical order and the shelves labeled. Binding of the "Journal of the American Medical Association" is up to date except for volume 153. Two pages of the issue for May 15, 1954, were torn out of the only magazine for this date that we have, and we are still trying to supply the deficiency!

Since we have not bought any new medical books for at least two years, perhaps we will be able to do so in 1959. Without a librarian on duty the whole day it is hard to know how much use is made of the library and whether expenditures for books are justified.

We are grateful for gifts of magazines that have come to us from the doctors.

In accord with our policy of doing as much as we can to help maintain records of good quality, the Record Room invited work in 1958 by urging the doctors to use the dictating equipment for histories, physical examination reports and discharge summaries to a greater degree than before. We hope that this type of work will continue to increase.

Destruction of aged records except for identifying data and diagnoses in order to provide space for the new ones takes all the spare moments anyone can devote to it. Records of patients who have not returned after 25 years and those who died more than 10 years ago are being destroyed.

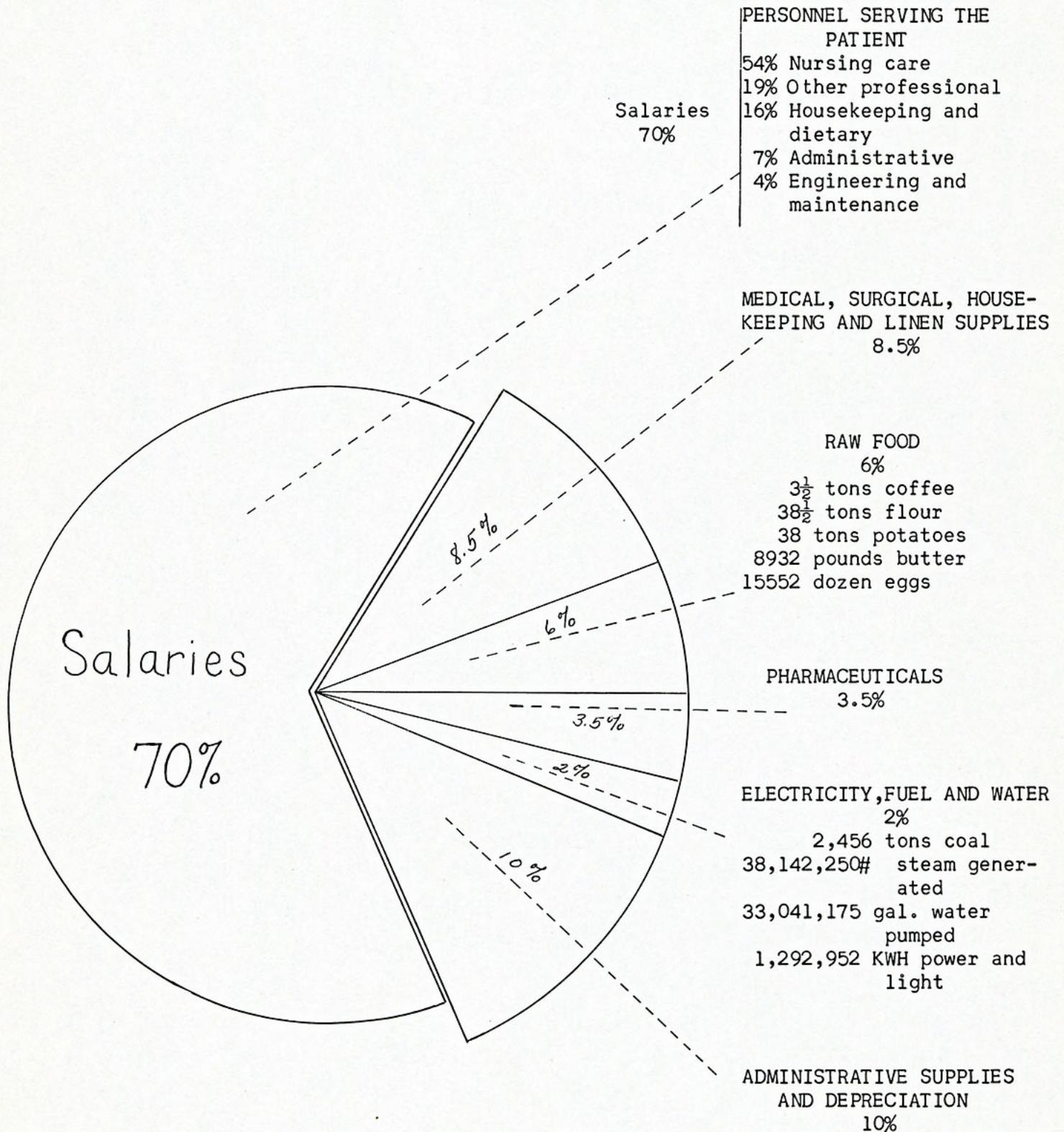
The disease and operation index has been remodeled in order to make posting simpler and quicker.

We are looking forward to having a larger Record Room by the end of 1959. Present facilities are quite crowded when doctors come in to work on charts, and we certainly don't want them to feel unwelcome.



Sister Sebastine, O.S.B.
Sister Sebastine, O.S.B., R.R.L.
Medical Record Librarian

How The Hospital Dollar Was Spent



SCHOOL OF NURSING
1958

The School of Nursing celebrated its 50th Anniversary in 1958. Capping ceremonies for fifty nurses on February 23 opened the official observation of this event which reached its high point in June when the Alumnae Association sponsored the Jubilee Homecoming.

His Excellency, Bishop Leonard Cowley of the Archdiocese of St. Paul, gave the sermon at the solemn High Mass offered on Homecoming Day; and His Excellency, Bishop Peter W. Bartholome addressed the nurses and guests at the dinner served at Cathedral High School. Mrs. John Krauel, President of the Alumnae Association, was Mistress of Ceremonies at this banquet.

A pictorial chronicle of the school entitled "50 years of Nursing Education" was written by Sister Leonarda assisted by Sister Nivelles. A questionnaire on the effectiveness of the school's program was sent to 412 graduates of the past ten years. The results of the questionnaire will serve as a guide to future curriculum planning.

On December 15 a solemn High Mass of Thanksgiving celebrated in the hospital chapel by Father Patrick Riley formally closed the activities of the year.

Many thanks and much credit is due the chairmen and members of both the Alumnae Planning Committee and the Sisters Planning Committee who worked together to make this anniversary memorable for all of us. Mrs. Loren Timmers and Mrs. Roma Rau were co-chairmen for the alumnae and Sister Dolorata, Sister Nivelles and Sister Goretti for the Sisters.

Fifty-three students graduated on August 15, 1958. In September there were 42 seniors, 48 juniors, and 72 freshmen enrolled. Fifty-four of the newly-admitted freshmen were in the upper quartile of their high school class; 63 were in the upper third.

The present tuition cost of \$600 for three years will be increased to \$750 in September, 1959. Ten students now in school have been awarded Grace Weiss Halenbeck scholarships, two have been given Marian scholarships, and 33 are receiving financial assistance from the State of Minnesota. The "40 and 8" has assisted three students, and the American Legion, one. Two freshmen received scholarships from other sources.

The total number of volumes in the library on August 31, 1958, was 3,859. Four hundred eighty-one books were added during the academic year, 1957 - 1958.

Significant changes have been made in the curriculum. The courses in Communicable Diseases and Tuberculosis Nursing are now integrated. Civil Nursing was added to Emergency Nursing. Concurrent teaching has been introduced in Dermatology; Medical and Surgical Nursing; Neurology; Orthopedic Nursing; Eye, Ear, Nose and Throat Nursing; Endocrinology; Gynecology; and Genitourinary Nursing.

Curriculum hours are distributed as follows:

<u>Area</u>	<u>Hours</u>	<u>% of Curriculum</u>
General Education	213	16.0%
Biological and Physical Sciences	242	18.1
Social Sciences	121	9.1
Non-Clinical Nursing Courses	77	5.8
Clinical Nursing Courses	660	49.5
Other	20	1.5

In addition, one hour of patient-centered ward class is taught each week on each of the Medical-Surgical clinical areas.

Faculty:

Full Time

Sister Cassian, O.S.B., M. Ed.	Director
Sister Carmen, O.S.B., M.S.	Assistant Director and Instructor in Fundamentals of Nursing
Sister Dolorata, O.S.B., B.S.	Obstetrical Nursing
Sister Nivelles, O.S.B., B.A.	Biological and Physical Sciences
Sister Raphael, O.S.B., B.A.	Librarian and Instructor in Communication Skills
Miss M. Town, B.S.	Medical and Surgical Nursing
Miss T. Karn, B.S.	E.E.N.T. Nursing
Miss J. Linn, R.N.	Orthopedic Nursing
Mrs. E. Mondor, R.N.	Asst. to Nursing Instructor (Medical)
Mrs. D. Hackett, R.N.	Asst. to Nursing Instructor (Surgical)
Miss J. Kotsmith, R.N.	Asst. to Nursing Instructor (Orthopedics)

Part Time

Father Patrick Riley	Theology and Moral Philosophy
Sister Joel, O.S.B., B.S.	Pediatrics
Sister Glenore, O.S.B., M.S.	Social Behavior
Sister Berchmans, O.S.B., Ph.D.	Religion (from Cathedral High School)
Sister Leonarda, O.S.B., B.S.	Operating Room Nursing
Sister Colleen, O.S.B., B.S.	Nutrition and Diet Therapy
Sister Linda, O.S.B., M.A.	Psychology (from College of St. Benedict)
Sister Cathan, O.S.B., M.S.W.	Sociology (from College of St. Benedict)
Sister Gemma, O.S.B., M.M.	Music
Mrs. L. Hallstrom, B.A.	Diet Therapy

Special Lecturers

Dr. H. Clark	Dermatology
Dr. E. LaFond	Orthopedics
Drs. L. Loes and J. Olinger	Gynecology
Dr. O. Phares	Urology
Drs. W. Wenner and E. Milhaupt	Otolaryngology and Ophthalmology

During the spring quarter the University of Minnesota placed two Master of Education students as associate faculty members. Sister Eudes, O.S.F., Rochester, was assigned to the area of Educational Administration; Laura Gulbrandson, New Ulm, was assigned to the Obstetrics Department.

Our sincere gratitude is extended to all who contributed to student learning.

Sister Cassian, O.S.B.
 Sister Cassian, O.S.B.
 Director of the School of Nursing

HOSPITAL HAPPENINGS -- 1958

JANUARY

Sister Roger and Sister Danile attended the Central Service Supervisor's Conference Group Meeting at St. John's Hospital, St. Paul.

Mr. Harry Knevel was appointed Administrative Assistant.

The Institute for Nurse Anesthetists in Omaha, Nebraska was attended by Sister Virgene.

The District III Hospital Council met at the St. Cloud Hospital.

FEBRUARY

The St. Cloud Hospital School of Nursing officially opened the 50th Anniversary at the traditional capping ceremony at which time fifty student nurses received caps.

Misses Helen McLane and Martha Schmidt attended a course in New Approaches to Maternity Nursing held at the Continuation Center at the University of Minnesota.

Sister Glenore attended the Program of Continuing Education for Registered Dietitians at the President Hotel, Kansas City, Missouri.

Sister Keith spent two days at the Continuation Study Center at the University of Minnesota gathering helpful pointers on analyzing and solving problems relative to nursing service.

Other meetings attended by various staff members were: the Board Meeting of the Minnesota Association of Blood Banks at the Normandy Hotel in Minneapolis, attended by Sister Michael and Sister Alma; the Nursing Education Institute at the University of Minnesota attended by Sisters Mary Jude and Dolorata; the State Meeting of Minnesota Association of Nurse Anesthetists held at St. John's Hospital in St. Paul.

MARCH

A Volunteer Program of eight Girl Scouts was inaugurated. The girls, already having had their program of orientation of work they would be doing, started active services.

A week's review of medical record procedures at the Institute of Medical Records in Chronic Disease Hospitals held at LaSalle Hotel in Chicago was attended by Sister Sebastine. The program was sponsored by the American Association of Medical Record Librarians.

The Central Minnesota Dietetic Association held their meeting at the St. Cloud Hospital.

APRIL

The Hospital Council District III of the Minnesota Hospital Association held its meeting here at the St. Cloud Hospital.

Mrs. Edna K. Huffman, Medical Records Consultant from Physicians Record Company lead the discussion on laboratory records which was the topic for discussion when the Northcentral District of Minnesota Medical Technologists met here.

The regional meeting for medical records personnel sponsored by the Minnesota Association of Medical Record Librarians met at the St. Cloud Hospital.

MAY

Father Patrick Riley was appointed by Bishop Bartholome as Diocesan Director of Catholic Hospitals and Homes for the Aged. As such, Father represents the diocese in the field of hospital work on a diocesan and state-wide and national level.

A new policy for Admission and Discharge of patients went into effect on the first of May: All surgical and elective medical patients must be in the hospital by 2 p.m. Patients shall be discharged before 12 o'clock noon.

Miss Helen Scheibel of the Medical Records Department became our first Accredited Medical Record Technician. She took the qualifying examination at St. Mary's Hospital in Duluth.

The annual Recognition Banquet was held for seventy-six hospital employees who were with the hospital for a period of five years or more. The total years these employees have worked were 712.

St. Cloud Hospital was host to the Interdivisional Council of Maternal-Child Health under the Minnesota League of Nursing for their annual picnic.

The Meeting of the Minnesota Conference of Catholic Hospitals at Rochester, Minnesota was attended by Mother Richarda and Sisters Annora, Jonathan, Aaron, Joel, Judith, DeLellis, Sebastine, Leo and Roger. The theme of the meeting was "The Apostolate of the Catholic Hospital".

JUNE

A "Magic of Fire" demonstration was conducted for the employees of the St. Cloud Hospital by the U. S. Bureau of Mines.

Homecoming celebrating the 50th Anniversary of the Alumnae Association of the St. Cloud Hospital School of Nursing was held at the St. Cloud Hospital and the Nurses' Home.

The National Catholic Hospital Convention was held in Atlantic City and was attended by Sister Annora and Sister Cassian.

Father Patrick Riley, our hospital chaplain, was elected to the position of second vice-president of the National Catholic Hospital Association.

JULY

Sister Jameen, O.S.B., was appointed Assistant Administrator.

The organization meeting for the St. Cloud Hospital Women's Auxiliary was held, By-Laws formulated and officers duly elected.

The annual picnic for the personnel of the hospital was held at River Edge.

Miss Margaret McIntyre and Sister Virgene attended the American Hospital Association Convention and the Twenty-fifth Annual Convention of the American Association of Nurse Anesthetists in Chicago, Illinois.

AUGUST

School of Nursing opened its doors for seventy-two new students for the 50th time; The Schools of X-Ray Technology, Medical Technology and Anesthesia also admitted new students.

Two of our School of Nursing Graduates, Marilyn Fischer and Veronice Behnen left for the Bahama Islands to give one year of service for the Missions.

The St. Cloud Unit of the Diocesan Council of Catholic Nurses met at the St. Cloud Hospital and in connection with their meeting enjoyed a picnic at River Edge.

District III Meeting of the Minnesota Hospital Association was held at the St. Cloud Hospital culminating in a picnic at River Edge.

SEPTEMBER

Sister Leonarda, Sister Roger, Mrs. Kray and Miss Weihs attended an Institute on "The Prevention and Control of Infections in Hospitals" sponsored by the University of Minnesota Medical School and its School of Public Health at the Center for Continuation Study.

The Pediatric Conference for the Third District of Minnesota Nurses Association at Fairview Hospital was attended by Sisters Joel and Jonathan.

Sister Gemma attended the St. Cloud Diocesan Teachers Institute and Diocesan Unit of the National Catholic Music Educators Association in St. Cloud. An address was given by His Excellency, Bishop Peter W. Bartholome on "The Catholic Teachers".

The Medical Technologists of Districts I and III held a Fall Refresher Course at our hospital. Dr. Arthur E. Davis, Jr. conducted the lectures on hematology and Mr. Ben Vezina from the George T. Walker Co., in Minneapolis gave lectures and practical demonstrations in instrumentation.

OCTOBER

The St. Mary's Physicians' Guild sponsored a "White Mass" in honor of St. Luke in the hospital chapel for all the doctors, dentists and those associated in the field of medicine in the Diocese of St. Cloud. Mass was celebrated by our hospital chaplain, Father Riley, and at the dinner following the mass, Bishop Peter W. Bartholome was the principal speaker.

The Minnesota State X-Ray Convention was held at the Hotel St. Cloud with the St. Cloud X-Ray Technicians as hosts. First prize for their classroom exhibit was won by our X-Ray Students. Speakers were: Dr. Dale Udem, Dr. J. P. O'Keefe and Dr. E. M. LaFond.

A Workshop in Better Patient Care Through Improved Methods of Aseptic Technique was attended by Sister Leonarda and Sister Goretti. The workshop was sponsored by the Minnesota Hospital Association Conference Group for Operating Room Nurses.

NOVEMBER

Our hospital was well represented at the Annual Meeting of Minnesota Conference of Catholic Hospitals held at St. Joseph's Hospital in St. Paul. Father Riley was speaker and moderator on the program and Sister Joel took part in a panel discussion at this meeting.

The Minnesota Hospital Association Annual Meeting in St. Paul was attended by various hospital representatives.

A new department, Occupational Therapy, was opened to provide a more complete rehabilitation program to meet the needs of the patient.

Sisters Dolorata and Judith attended the Upper Midwest Association of Inhalation Therapists meeting at St. Joseph's Hall in St. Gabriel's Hospital at Little Falls. Dr. E. J. Schmitz, Thoracic and General Surgeon, a member of our Medical Staff, gave an address "Inhalation Therapy for the Post-Operative Patient".

The monthly meeting of the Minnesota Society of Hospital Pharmacists was attended by Sisters Danile and Colleen at Fairview Hospital, Minneapolis.

Sister Michael, Irene LaSota and Lois Lavin attended a Refresher Course in Microbiology sponsored by the Minnesota Society for Medical Technologists at the Center for Continuation Studies at the University of Minnesota.

The second anniversary of the hospital broadcasting studio, Station WELL, was "celebrated". Stations K F A M and W J O N, through their facilities and from our studio, presented programs.

DECEMBER

On December 1 the new Post-Anesthesia Recovery Room held its open house and officially opened the doors to patients the next morning. The room was blessed by Father Riley and dedicated to the patronage of St. Peter.

Capping Exercises for 4 students in the St. Cloud Hospital School of X-Ray Technology were held in the hospital chapel.

Dr. William Autrey, Chief of Pediatrics and Dr. H. Reif took the part of St. Nicholas and Ruprecht at the annual St. Nicholas Party in the Children's Ward.

