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

# center scan

## VHA Survey Highlights Hospital Quality

Each quarter, Voluntary Hospitals of America, Inc. (VHA) tabulates a survey called the patient monitor. The survey collects responses of patients to a series of questions about their stay in hospital.

*How well is Saint Cloud Hospital doing? Very well.*

Survey results recently published for the July-Sept. 90-91 quarter show that on 45 questions asked by all participating VHA hospitals, SCH is improving by comparison to national and regional responses, and also by comparison with the hospital's own previous responses. SCH was above North Central regional rankings in 60% of categories, and above national rankings in 62% of categories. For July-Sept. 89-90, those figures were at 27% and 51% respectively.

The majority of questions on the survey are answered on a 5-point scale from Strongly Disagree, to Disagree,

Neutral, Agree, and Strongly Agree. They touch on subjects such as general image, admissions process, physician staff, communications, nursing staff, food services, housekeeping, discharge, visitors/family, and treatment by other hospital personnel.

Answers to these questions allow the hospital to determine in which areas it may be Vulnerable, in a Developmental stage, Functional, have a Strength, or Excel. On 42% of

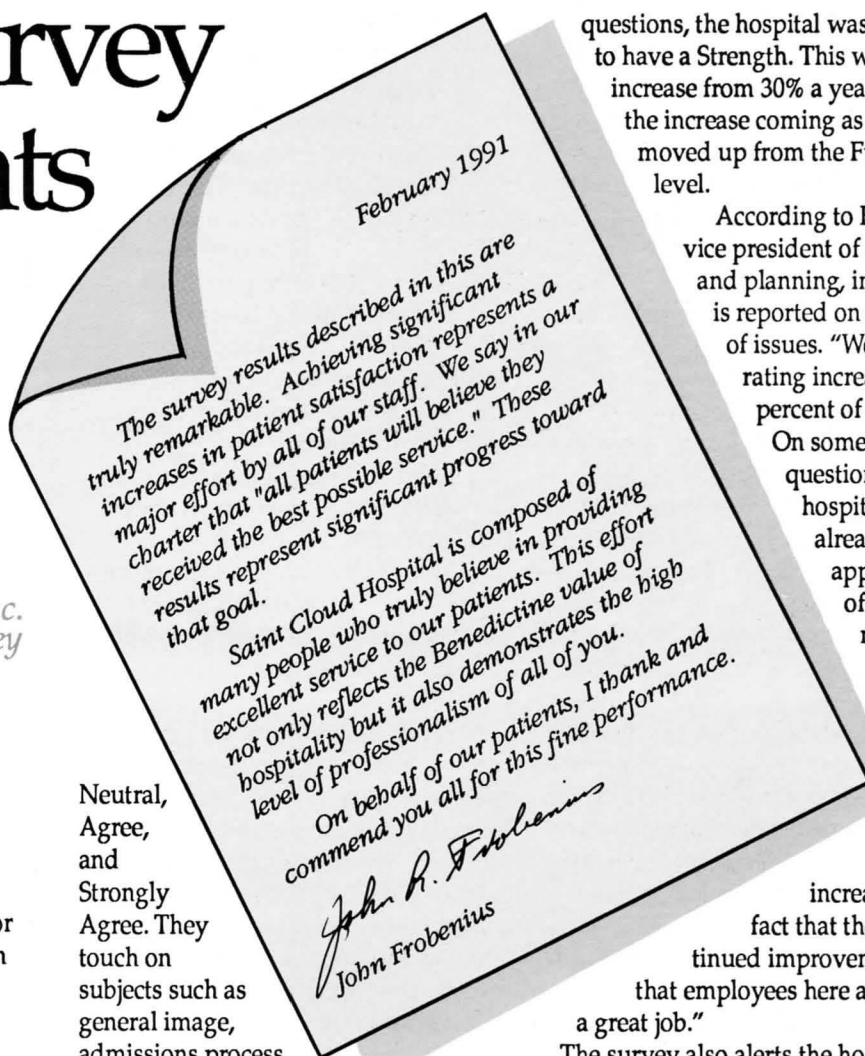
questions, the hospital was considered to have a Strength. This was an increase from 30% a year ago, with the increase coming as some areas moved up from the Functional level.

According to Roger Oberg, vice president of marketing and planning, improvement is reported on a wide range of issues. "We showed a rating increase in 67 percent of questions. On some of these questions the hospital was already getting an approval rating of 90 percent or more from patients, which makes it very difficult to get significant increases. But the fact that there is continued improvement shows that employees here are doing just

a great job."

The survey also alerts the hospital to areas that can be improved, which may help speed change, or reveal something that needs further investigation, Oberg said. "For example, our parking situation is shown as vulnerable. We knew that, and we have already done something about it. On the other hand, explanation and enforcement of visiting hours showed as problem issues. We don't quite know

(continued on page 2)



# Start Spreading The News!

**A** professional director from New York is coming to SCH to fine tune our talents and buff us into shining stars in a Broadway revue.

The J.H. Cargill Producing Organization of New York City will guide us as we endeavor to raise funds for the Mid-Minnesota Health Clinic with the "Way-Off-Broadway Revue."

Cargill personnel have been associated with such big stars as Johnny Carson, Dick Van Dyke, Ned Beatty, and several Miss America winners.

"By providing their expertise in organizing all facets of a major musical-variety production, we will have a spectacular professional program full of surprises," said Marge Parry, coordinator of the event. "Cargill provides the guidance, director, costumes, script and musical score; we provide the energy, people-power, talent and desire."

Performances will be May 31 and June 1, 1991 at Stewart Hall Auditorium on the campus of SCSU. (NOTE: These dates are different from those originally announced.)

Cargill specializes in working with hospitals around the country on these projects so they are especially skilled in coordinating the crazy schedules of hospital personnel, and arranging rehearsals and committee meetings so that anyone who wants to can be a part of the production. For example, those who work night shifts will be able to rehearse in the afternoon and those who work days will be able to rehearse nights. Since the show will be made up of 20 to 25 different numbers, there is minimal rehearsal time for each player as he or she will most likely be involved in just a few numbers.

The content of the production is up

to the director, who generally has more than enough material to put the show together to tailor the production according to the characteristics and talents of the community and cast. Past productions for other hospitals have included pop songs, Broadway musical numbers and comedy sketches as well as original material.

There will be a "coming out party" for the director on Tuesday, May 14. Anyone who is interested in being involved in the show is welcome to attend. At the party, the director will sing a few songs and perform some of the dance moves to show the prospective talent how fun and easy it will be. (There will also be other entertainment at the party to be announced.) Everyone will sign up and then rehearsals will begin Wednesday, May 15.

If you have stage fright, you may want to contribute your talents in the areas of set building, costume alterations and maintenance, make-up, party committees, box office, ticket sales, ushering, publicity or marketing. There's a spot for anyone who wants to help.

"It will be a great way to meet the other SCH employees and make new friends from other departments," said Parry. "We are in the planning stages right now and are recruiting people to get involved in the fundraising and all aspects of producing this event."

"Since the nature of this event is theatrical, there are many creative ways to raise money for Mid-Minnesota Health Clinic," she added.

These extra revenue teams are being formed now. If you are interested in being involved in any way, please contact Marge Parry or Shelby Brunberg, public relations, at 255-5652. Also, check for updates in the TODAY and on SCH bulletin boards.



(VHA Survey continued from page 1)

what's going on there. It may not even be a patient dissatisfier. However, we'll need to find that out."

Finding out is often done at a unit level. The VHA survey results are broken down by unit, so each department can identify its own strengths and weaknesses. Patient satisfaction is a quality assurance indicator, and the survey information is used in quarterly quality assurance meetings as a measure of satisfaction. "Managers are very committed to hearing what patients say about the care we give, and improving it," said Sister Kara Hennes, vice president of nursing and patient care. "They really take this information to heart, and work to find solutions."

Family Birthing Center manager Jane Blee used survey information to make patients more comfortable. It seems patients liked the special birthing beds for giving birth, but found them uncomfortable for sleeping. "We bought special mattress pads that can be placed over the existing mattress and make them more comfortable for the recovery phase of a patient's stay. That's an improvement that was caused directly by the surveys, so they are very useful," Blee said.

## Expansion Cau

Will the dust ever settle? That seems question of the year at Saint Cloud Hospital. Expansions and renovations are taking place continually.

During the next several months, the intensive care unit (ICU) will be undergoing a major renovation. It began Jan. 7 and will be completed in three months.

The center section between the present intensive care unit and the old cardiac care unit (CCU) will be the first area renovated. This phase should be complete by the end of February or beginning of March and will temporarily separate ICU into two distinct areas. The north ICU (rooms 2614 - 2619) will be renovated first, followed by the second and the south ICU (rooms 2601 - 2606). The last area to be renovated.



# Annandale Clinic Bought by SCH

**T**he physician's practice at the Heart of the Lakes Clinic in Annandale has been purchased by Saint Cloud Hospital.

The clinic was purchased from the Buffalo Clinic in Buffalo with ownership transferring as of Jan. 31, 1991.

"We chose to purchase this practice for several reasons," said Jim Davis, director of outreach services. "First, Saint Cloud Hospital is committed to support the provision of primary health care in the region it serves. And second, we were approached by the Buffalo Clinic when they reached a decision to sell the practice."

The clinic's new full-time physician will be Dr. Ted Akers, a family practitioner with the St. Cloud Medical Group. The hospital is also completing arrangements with Dr. Mary Stiles, an internist with the Associates of Internal Medicine in St. Cloud, for part-time internal medicine coverage. Dr. Stiles has practiced in Annandale previously.

"The clinic will operate in the same fashion it always has. The name will remain the same. The patient's records will stay there and the clinic's four employees have been asked to stay on in their same capacities. Dr. Akers will have a back-up from the Medical Group for on-call and vacation time," Davis said. Mary Francois, an experienced physician office manager in the new and growing physician support services area, will be the hospital's liaison to the clinic.

## s Temporary Split For ICU

Along with the patient care areas, the lounges and hallways will be carpeted or recarpeted and new wall vinyl will go up. "The lounges will take on a more updated, light and airy look. Our patients' families have commented that the lounges are too dark and closed off. The families spend quite a bit of time in the lounges and we want them to feel very comfortable," said Beth Honkomp, CCU manager.

"We're completing this renovation for several reasons. First, we needed to expand our ICU. It will go from 11 to 19 beds. A goal of ours is to successfully bring what used to be two units (ICU and CCU) into one area while keeping in mind that in the future our ICU may need to specialize. I think our renovation will accomplish this," Honkomp concluded.

## Critical Incident Stress Debriefing Team Forming

Stress is a constant companion to health care providers. There are times, however, when stress can be overwhelming and impair the provider's ability to function. One of these times is after a critical incident, a label applied to any occurrence in which health care workers are traumatized. It may be the death of an infant, a bad car accident, natural disaster, injury to a co-worker, a difficult or problematic care plan, or a series of incidents occurring within a short span of time.

Critical Incident Stress Debriefing (CISD) is a team approach to dealing with the emotional aftermath of these situations. Diane Deters, R.N., emergency trauma center, is working with an area group toward forming a coalition in Central Minnesota which would sponsor a CISD team. The team would be available as an 'on call' response team for the area.

CISD teams exist within the Metro area and in Southeastern Minnesota. Team members are trained to deal with trauma which emergency medical services (EMS) personnel may encounter. Teams usually include social and mental health workers as well as peer counselors. Once a critical incident has occurred, the team is notified and a group meeting for those EMS personnel involved in the incident who wish to participate is arranged. As emergency medical services have expanded so has the need for handling the acute stress that results from the critical incidents in which EMS personnel find themselves. "It's wonderful that the need for critical incident stress debriefing has been identified and that the community is responding to meet that need," Deters said.

Currently, within SCH each department handles its own specific critical incidents with an informal structure. As an example, Deters cited a recent car accident in which several members of a family were critically injured. Both the pre-hospital and emergency trauma center staff were deeply affected by the tragedy and a meeting was arranged with Steve Vincent, Counseling Center manager, and Diana Felix, psychotherapist. The purpose of the meeting was to give the staff a safe and trusting place in which to discuss their feelings.

The critical care unit also provides several informal structures through which feelings about critical incidents can be discussed. "When a patient's situation causes stress, the nursing care and issues concerning that patient are examined. 'Why is the patient here, what are we doing as nurses, and what is the care plan' are some of the things we discuss," according to unit clinical nurse specialist Kay Greenlee.

Critical care also provides the patient's family with a form of debriefing. A family information hour is held twice a week. A social worker, critical care nurse and a member of pastoral care are available to answer questions and address issues that the family may have. "This particular support device has been in place for a long time," Greenlee said.



## NEW MANAGEMENT

Charles Kalkman is the new assistant manager of the mental health unit. Prior to becoming manager, Kalkman was a mental health counselor.

## PROMOTIONS

Jennifer Benoit, radiographer, radiology, to CT scanning technologist.

Christine Beyer, cert. resp. ther. tech, respiratory care, to reg. respiratory therapist.

# Mid-Minnesota Volunteer Pool Grows

If it is in giving that we receive, the volunteers of the Mid-Minnesota Health Clinic (MMHC) receive satisfaction from knowing that by giving their time they provide a vital service to the community.

The MMHC opened its doors in September of 1990. With a small permanent staff, the clinic initially saw about 30 patients a week. In December of that same year the Clinic saw 120 or more patients a week and 104 hours were worked by volunteers.

As the volunteer pool grows, MMHC will be able to serve more patients. At present the permanent staff is comprised of Tracy Gray, L.P.N., John Hann, M.D., Kathleen Milligan, volunteer coordinator, Jane Nienaber, L.P.N., Sheryl Priesnitz,

M.P.H., clinic manager, Debbie Sowada, X-ray tech and part-time receptionist, and Jean Stack, secretary/receptionist. This team has been joined on a rotating basis by Thomas Weaver, M.D., Thomas Wyne, M.D., and Patrick Zook, M.D.

Wyne, who has volunteered twice, says the facility is very nice and the staff helpful and supportive. "It is a way to give back something to the community," said Wyne. "I'm able to help people who would otherwise be shut out of the health care system. I would encourage other physicians and health care providers to give some time to this clinic; it's worth the investment." The volunteer physician pool has recently been increased by the addition of Paul Dorsher, M.D., James Kelly, M.D., Terrence Pladson, M.D., and Steven Reichl, M.D. These physicians will be rotated into the schedule beginning in February. At present the need for family practitioners is greatest though other specialists shouldn't hesitate to offer their services.

The nursing pool has provided ninety hours of coverage over the months since October. Sandy Nietfeld, R.N. has volunteered several times at MMHC and plans to do so again. She found that the friendliness of the permanent staff made her feel right at home. "I really feel that the Clinic meets a need within the community," she said. In addition to licensed practical nurses and registered nurses, MMHC is looking for nurse-practitioners to add to the volunteer pool and bring another dimension to the care which the clinic could provide for the community.

Kathleen Milligan, volunteer coordinator, states that the volunteers control the hours that they work. "We work with their schedule," says Milligan. The schedule is a 'need' based one that is planned 2-3 weeks in advance by Milligan. It should be noted that there is definitely the opportunity to provide only half-day coverage as well.

Those interested in volunteering can contact Milligan at Mid-Minnesota Health Clinic 251-6805. An application procedure is in place and Milligan would be happy to provide information regarding volunteer opportunities at the MMHC.

## ACHIEVEMENTS

Eileen Anderson, environmental services manager, was awarded the

Michele Brunberg, public relations intern, public relations, to public relations assistant.

Kari Kroll, pharmacy tech (trn.), pharmacy, to pharmacy technician.

Jim McGuire, programmer I, information services, to programmer/analyst.

title of registered executive housekeeper by the national executive housekeeper's association.

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