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Annual Report: 1966

St. Cloud Hospital

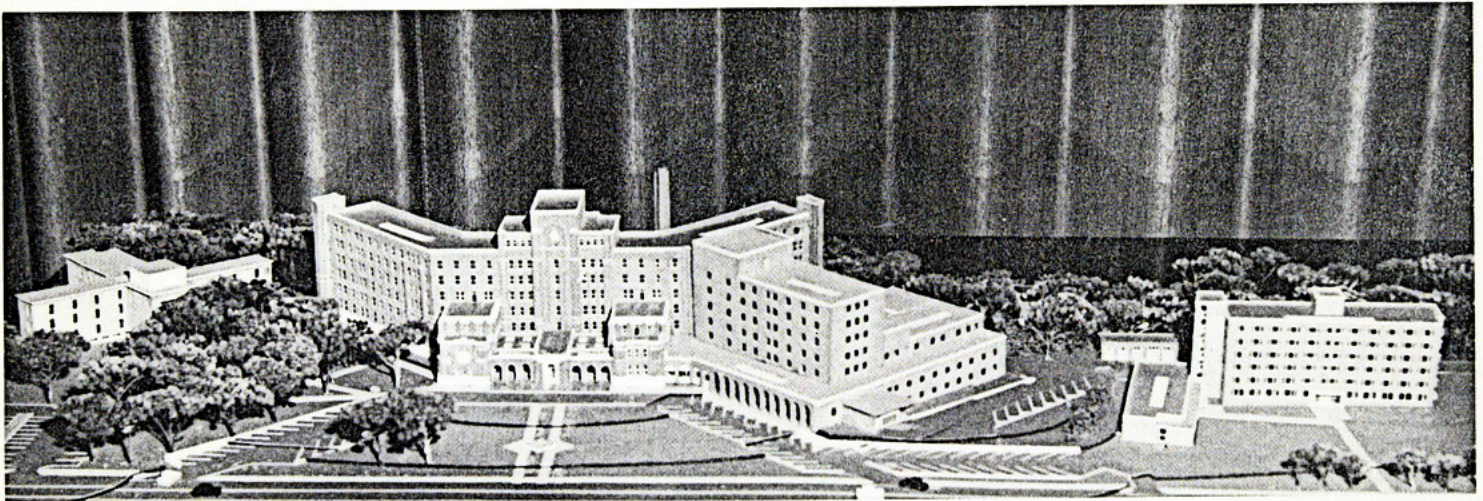
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Saint Cloud Hospital

ST. CLOUD, MINNESOTA



Annual Report for 1966

S T. C L O U D H O S P I T A L
1406 - 6th Avenue North
St. Cloud, Minnesota 56301

Conducted by Sisters of the Order of St. Benedict
St. Joseph, Minnesota

Independently Incorporated 1962 as a Non-Profit Institution

A Report on Community Service
For the Period from July 1, 1965, to June 30, 1966

Licensed
by the
State of Minnesota

Fully accredited by the
Joint Commission on
Accreditation of Hospitals

Nationally approved for training
nurses, medical technologists,
x-ray technicians
and nurse anesthetists

Member of the

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

Central Minnesota Planning Council
for Health Facilities and Services

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"UNLESS THE LORD BUILD THE HOUSE"

A year ago we eagerly anticipated expansion of the hospital and the reception of federal funds to make this expansion possible. Happily our plans received the full support of the Department of Health and generous funds were forthcoming under Hill-Burton and Mental Health programs. Construction has started and dreams are coming true.

With a more than five-million-dollar project underway, my role as Chairman of the Governing Board makes me pause for serious thought. I recall Christ's words: "Unless the Lord build the house, they labor in vain who build it." Then I must ask myself if the Lord is directing our planning, expansion, financing, and our subsequent improved health service.



Mother Henrita, O.S.B.

Is He the end to which all of our efforts are being directed? If not, we are laboring in vain! Unless our bigger hospital is also a better one, filled with Christlike Sisters, doctors, nurses and supporting staff, the growth of our plant will have been in vain.

Such serious thoughts must be mine and those of the Governing Board, Administration, Medical Staff, and all others who participate in some way in decision making for so important an institution. Such thoughts need not be negative; rather, they should be very positive helps.

I ask all of you to join me in prayer that the steps we take and the decisions we make will bear witness to the fact that it is the Lord who builds and directs this good and long-awaited undertaking. I thank you for your support in the past and depend upon it in the future.

Mother Henrita, O.S.B.

Mother Henrita, O.S.B.
Chairman of the Governing Board

"PROGRESSION INTO BRICK AND MORTAR STAGE PROMISES RELIEF . ."



After reviewing the statistical data in this report and comparing them with figures presented in the past few years in similar reports, I am certain that the ultimate in utilization of present hospital facilities and services has been achieved. The letting and awarding of bids and progression into the "brick and mortar" stage of our \$5.2 million expansion program is a tangible promise of welcome relief in our great need for improved facilities to care for the sick.

The Utilization Committee, a newly organized group of medical staff members, whose function is to assure the best possible use of our limited bed complement and other hospital services, will be helpful in extending the services of the hospital to those patients who are in the greatest need of them.

During this past year we have initiated a program of refinement of cost analysis, the results of which indicated that certain adjustments in charges to the patients were needed. To render service to the patients at the lowest cost consistent with quality care has been and will continue to be one of our objectives.

We believe the improvement in benefits received by our personnel this year gives evidence of our concern for the welfare of our employees and our sincere desire to make our hospital a better place to work.

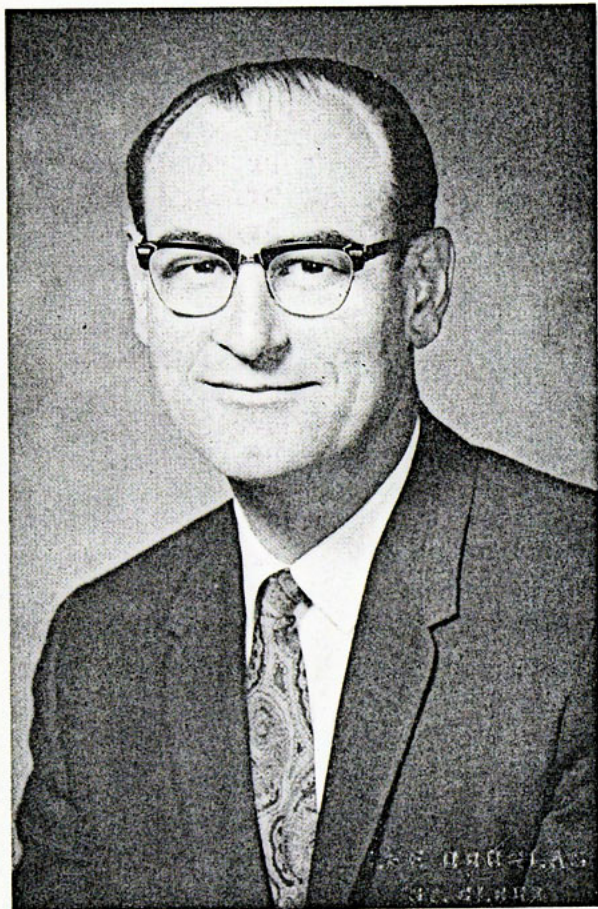
Preparing to adapt our activities and services to an entirely new concept of coexistence with government has been no small challenge. Regardless of political or personal convictions concerning this state of coexistence it is imperative that we avail ourselves of every possible and proper advantage offered by this alliance to the hospital and the people it serves.

I wish to express my personal gratitude to Dr. E. J. Schmitz, Chief of Staff, and to all the members of our medical staff for their interest in and support of activities related to the evaluation and improvement of patient care and for their tolerance and patience in adjusting to the problems resulting from the high utilization of facilities.

My sincere appreciation is also extended to our dedicated lay personnel, our volunteer workers, and my own devoted Sisters for their contribution to the care of the sick in our hospital.

Sister Jameen
Sister Jameen, O.S.B.
Administrator

THE CHIEF OF STAFF



The past year has been another notable one in the history of the St. Cloud Hospital. During it a start was made on a major and long-needed addition to the existing facility. A very sizable amount of grant money was obtained, the contracts let and actual construction started.

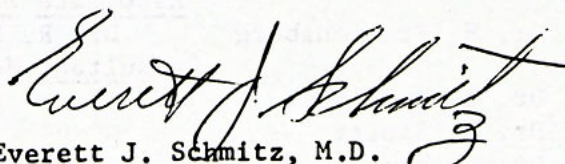
The hospital was again accredited after a thorough inspection by a representative of the Joint Commission. As a result of the Joint Commission's recommendation, the Staff has organized into three major divisions or study sections, each of which holds eight educational meetings annually. These are the division of Surgery, division of Medicine and the division of Obstetrics and Gynecology.

The advent of Medicare has necessitated the creation and development of a Utilization Review Committee, which after only a few short months is already becoming one of the busiest, more important of the many Staff committees.

It has been a pleasure to meet with and work with all of the various committees of the Staff. The committee system is working well and was again approved by the majority of the Staff members when they voted to remain on the quarterly meeting schedule now in effect.

The Medical Staff has continued to grow in size and diversity of skills and to remain devoted to good and comprehensive care. The facilities of the hospital have as a result been severely taxed much of the time.

My contacts with Sister Jameen and her administrative staff have been enjoyable as well as educational to me. The Sisters have been most helpful, cooperative, patient and understanding. To each of the members of the Medical Staff also I extend my thanks for their patience, kindness and understanding during the past year and ask that all of you extend the same help and kindness to my successor, Dr. Edward LaFond, during the coming year.


Everett J. Schmitz, M.D.
Chief of Staff

M E D I C A L S T A F F

Honorary Medical Staff

Dr. H. Clark

Active Medical Staff

Dr. C. Alden
Dr. W. Autrey
Dr. J. Ballantine
Dr. A. Barnett
Dr. J. Bauman

Dr. F. Baumgartner
Dr. J. Belshe
Dr. L. Bendix
Dr. P. Berger
Dr. J. Beuning

Dr. M. Bozanich
Dr. C. Brigham
Dr. H. Broker
Dr. F. Brown
Dr. D. Carter

Dr. R. Cesnik
Dr. R. Cumming
Dr. C. Donaldson
Dr. E. Dziubinski
Dr. L. Evans

Dr. J. Gaida
Dr. G. Goehrs
Dr. P. Halenbeck
Dr. J. Harbaugh
Dr. D. Heckman

Dr. P. Hedenstrom
Dr. D. Higdon
Dr. B. Hughes
Dr. B. John
Dr. R. Jones

Dr. James Kelly
Dr. John Kelly
Dr. R. Koenig
Dr. S. Koop

Associate Medical Staff

Dr. H. Brattensborg

Dr. R. Mathison

Consultant Medical Staff

Dr. T. Dedolph
Dr. R. Stoltz
Dr. M. Hurr

Courtesy Staff

Dr. H. Koop

Dr. R. Kunert

Dr. G. Kvistberg
Dr. E. LaFond
Dr. G. Loeb
Dr. L. Loes
Dr. T. Luby

Dr. J. McDowell
Dr. J. McNamara
Dr. E. Milhaupt
Dr. P. Moran
Dr. R. Mueller

Dr. T. Murn
Dr. R. Murray
Dr. V. Neils
Dr. J. O'Keefe
Dr. J. Olinger

Dr. R. Petersen
Dr. O. Phares
Dr. S. Raetz
Dr. H. Reif
Dr. W. Richards

Dr. D. Ritchie
Dr. A. Rozycki
Dr. R. Salk
Dr. E. Schmitz
Dr. H. Sisk

Dr. J. Smith
Dr. S. Sommers
Dr. C. Stiles
Dr. R. Thienes
Dr. C. Thuringer

Dr. L. Veranth
Dr. W. Wenner
Dr. L. Wittrock
Dr. J. Zeleny

Dr. B. Bancroft

Dr. W. Randall
Dr. H. Berris
Dr. C. Baker, Jr.
Dr. L. Farber

Dr. W. Rice

REPORT OF THE SECRETARY

1965 - 1966

The letter of commendation from the Joint Commission on Accreditation of Hospitals capped the high point of the first half of the year --the survey of the hospital on August 12 and 13 by Dr. J. A. Clapp for continued accreditation. This was our first experience under the new program of the J. C. A. H. which calls for a longer, more thorough survey (in our case 2 days) for which the hospital pays a fee. There were some suggestions for improvements, of course, but we were pleased with Dr. Clapp's remark that "excellent patient care is your hallmark."

During the latter months much of our conversation and activities focused on the all-inclusive term, Medicare. We prepared a plan of organization and activity for the Utilization Committee which was accepted by the Minnesota Department of Health and the hospital was approved for care of Medicare beneficiaries. Dr. Sisk was elected Chairman and Dr. John Secretary of the Utilization Committee. The other members of the first committee are Drs. F. Brown, C. Donaldson, J. Olinger, O. Phares, C. Stiles, W. Wenner and J. Zeleny. Consultants are Drs. D. Carter, W. Murray, G. Loeb and J. Smith. Their first meeting was held with the Executive Committee in February and they have met monthly since then.

Their first activity was development of a profile of the length of time patients were usually hospitalized for various diagnoses. A list of diagnoses was then drawn up and a reasonable number of days assigned for treatment. A form for requesting additional days was designed and a procedure developed in which (1) the doctors were notified that their patient had used the number of days assigned to his diagnosis, (2) they completed a request for additional days and (3) this request was acted upon by a member of the Utilization Committee. This procedure was followed until very late in June when the Blue Cross administrative body informed us that we must secure a certification of the medical necessity for admission of each patient covered by Medicare on or close to admission to the hospital, recertification by 14 days and a second recertification at 21 days. The number of days at which further recertifications must be obtained are at the discretion of the hospital and Medical Staff, but the intervals may not be longer than 30 days. The committee has decided to adopt 30-day intervals for the recertifications on long-stay patients.

The committee must review on a sample basis admissions, duration of stays, and professional services furnished, and it must review each case of continuous extended duration.

The officers who led and guided Medical Staff activities during the year were Dr. E. Schmitz, Chief of Staff; Dr. E. LaFond, Vice Chief of Staff; Dr. A. Rozycki, Secretary; and Dr. H. Sisk, Past Chief of Staff. The other members of the Executive Committee were Drs. R. Petersen, T. Murn and James Kelly.

The Chiefs of the various clinical services who also formed the Medical Record Committee were

Chief of Anesthesia	Dr. J. Smith
Chief of E.E.N.T.	Dr. R. Koenig
Chief of Medicine	Dr. R. Thienes
Chief of OB-Gyn	Dr. A. Rozycki
Chief of Orthopedics	Dr. E. LaFond
Chief of Pediatrics	Dr. W. Rice
Chief of Pathology	Dr. M. Bozanich
Chief of Radiology	Dr. P. Berger
Chief of Surgery	Dr. B. Hughes

Dr. E. LaFond, Vice Chief of Staff, was Chairman of the Medical Record Committee.

The other committees of the Medical Staff were the

JOINT CONFERENCE COMMITTEE: Drs. E. Schmitz, J. Beuning, F. Baumgartner

CREDENTIALS COMMITTEE: Drs. J. Zeleny, Chairman; R. Koenig, R. Jones, F. Baumgartner and D. Higdon

ETHICAL PRACTICES COMMITTEE: Drs. C. Donaldson, Chairman; P. Halenbeck, H. Sisk and J. Gaida

TISSUE COMMITTEE: Drs. C. Brigham, Chairman; R. Koenig, E. Schmitz, J. Ballantine, R. Cumming and J. Harbaugh

PHARMACY AND THERAPEUTICS COMMITTEE: Dr. T. Luby, Chairman; Drs. R. Thienes, D. Carter, S. Sommers, R. Cumming, W. Richards and H. Broker

PROGRAM COMMITTEE: Drs. R. Murray, Chairman; E. Dziubinski, O. Phares, R. Thienes and G. Loeb

DISASTER PLAN COMMITTEE: Drs. R. Cesnik, Chairman; W. Rice, J. Smith, H. Broker and J. Ballantine

INFECTIONS COMMITTEE: Drs. M. Bozanich, Chairman; L. Veranth, H. Reif, B. Hughes, D. Heckman and J. Ballantine

INSTRUMENT POOL COMMITTEE: Drs. E. LaFond, Chairman; J. Beuning, J. Olinger, J. Harbaugh and F. Brown

MEDICAL LIBRARY COMMITTEE: Drs. J. Olinger, Chairman; James Kelly, G. Kvistberg, R. Salk, J. Smith and C. Thuringer

RADIOISOTOPE COMMITTEE: Drs. M. Bozanich, Chairman; H. Sisk, P. Berger and J. Ballantine

SURGICAL PRIVILEGES COMMITTEE: Drs. O. Phares, Chairman; H. Reif, A. Rozycki, C. Brigham, B. Hughes, E. Schmitz, J. Gaida, P. Hedenstrom and R. Petersen

Medical Staff meetings were held quarterly while the Executive, Tissue, Medical Record and Utilization Committees met monthly. Programs at Medical Staff meetings were on the following topics:

September, "Cerebrovascular Accident," by Dr. R. Thienes;
December, "Needle Biopsy of the Kidney," by Dr. R. Thienes;
March, "Acid-Base Balance," by Dr. Frank McDonald of the Minneapolis Veterans' Hospital; and
June, "Trends in Anesthesia," by Dr. J. Belshe.

A major development following the survey by the Joint Commission was the formation of study groups for Medicine, Surgery and OB-Gyn. The chiefs of these departments were given the responsibility of providing a speaker each month except those in which a general Staff meeting is held on a subject in each field. Excellent meetings with good attendance were held in January, February, April and May.

At the November meeting the Executive Committee voted to allow 15 days after discharge for completion of records instead of until the 15th of the following month.

The Executive Committee also recommended that in order to have more communication between the hospital departments and the doctors the chiefs of the various departments should meet with the hospital's Patient Care Committee at least every three months to discuss and attempt to resolve any difficulties. A start in having this kind of meeting was made in May when the Executive Committee met with representatives of the Nursing Service Department and discussed nursing procedures. As in other years, the Emergency Room staffing for patients who have no doctor in St. Cloud was discussed repeatedly, but no way was found to improve the plan presently in use.

This committee ended a busy year by drawing up a ballot of nominees for the year beginning July 1, 1966, and by recommending revision of the Bylaws of the Medical Staff as a project for 1966-1967.

The Tissue Committee continued to review charts on surgical cases as they have in the past and added review of exchange transfusions. An annual report was presented at the December meeting which showed a very satisfactory record of justified tissue removal for the 12-month period ending September 30, 1965. The committee recommends that its membership should always include a gynecologist.

A special committee of Dr. T. Luby, Chairman, and Dr. H. Sisk was appointed to study and make suggestions for special cardiac care problems such as whether or not it is possible for the hospital to have a "Code Blue" program.

The Medical Record Committee, spurred by criticism from the JCAH, took steps to speed the completion of surgical reports and histories. The means include checking by the Medical Record department, notifying the doctors and reporting delinquencies to the Medical Record Committee. The result is practically no backlog of surgical reports at any time and very few charts without a history arriving in the Record Room after the patient is discharged.

This committee feels that when checking charts audit-type comments should be made such as suggestions for other diagnoses, laboratory tests, etc. They feel that doing this would be a great help in improving the practice of medicine in the hospital but that it must be done on a random basis since the committee cannot go over all of the charts. The decree by the Joint Commission on Accreditation of Hospitals that Medical Staff responsibilities need not be carried out through multiple committee organization and meetings led to a decision to review charts between committee meetings and to devote most of the meeting time to matters pertaining to patient care which concern them as chiefs of service.

The Pharmacy and Therapeutics Committee and the Medical Library Committee worked diligently to bring about constructive changes which are described in the reports on their respective departments. Reports on the small number of infections incurred within the hospital were referred to Dr. Bozanich, Chairman of the Infections Committee, for review and he saw no need to have a committee meeting.

We welcomed Drs. H. Brattensborg, R. Mathison and B. Bancroft to the Associate Medical Staff. Drs. D. Ritchie, B. John, R. Kunert, J. Belshe and P. Moran were appointed to the Active Staff after they were on the Associate Staff for a year. Dr. Kunert, however, went to Vietnam to help fight the war shortly after his appointment to the Active Staff and therefore was placed on the Courtesy Staff until he returns. Dr. W. McGovern left Minnesota to do research work in the East and Dr. A. Lenarz was appointed a full-time physician on the staff of the Veterans Administration Hospital. Dr. Herman Koop requested transfer from the Active to the Courtesy Staff.

Dr. Severin Koop will return to St. Cloud when he completes his residency in Otolaryngology at the University of Minnesota in the summer of 1966 and requested reinstatement on the Active Staff. Dr. Rice requested transfer from the Active to the Courtesy Staff while he is a resident in Anesthesiology at the University of Minnesota.

On June 30, therefore, there were 69 members on the Active Medical Staff, three on the Associate Staff, seven on the Consultant Staff, three on the Courtesy Staff and one on the Honorary Medical Staff.


Anthony Rozycki, M.D., Secretary

O C C U P A N C Y S T A T I S T I C S

Patients at midnight on June 30, 1965	281
Inpatient admissions, July 1, 1965 to June 30, 1966	14,669
Newborn	<u>1,947</u>
Total number of patients given care	16,897
Deaths	371
Inpatients discharged	16,249
Patients at midnight June 30, 1966	<u>16,620</u>
Daily average number of inpatient discharges and deaths	46
Daily average number of outpatients	72

<u>Adults and Children</u>	<u>1965</u>	<u>1966</u>
Patient days	93,630	96,303
Average daily census	257	264
% of occupancy	86%	88%
Average stay (days)	6.7	6.6
Bed complement	300	300
<u>Newborn</u>		
Patient days	8,532	8,320
Average daily census	23	23
% of occupancy	52%	51%
Average stay (days)	4	4
Bassinet complement	45	45
<u>Outpatients</u>		
Emergency	3,901	4,195
Other	18,962	21,813

M E D I C A L A U D I T
1965 -- 1966

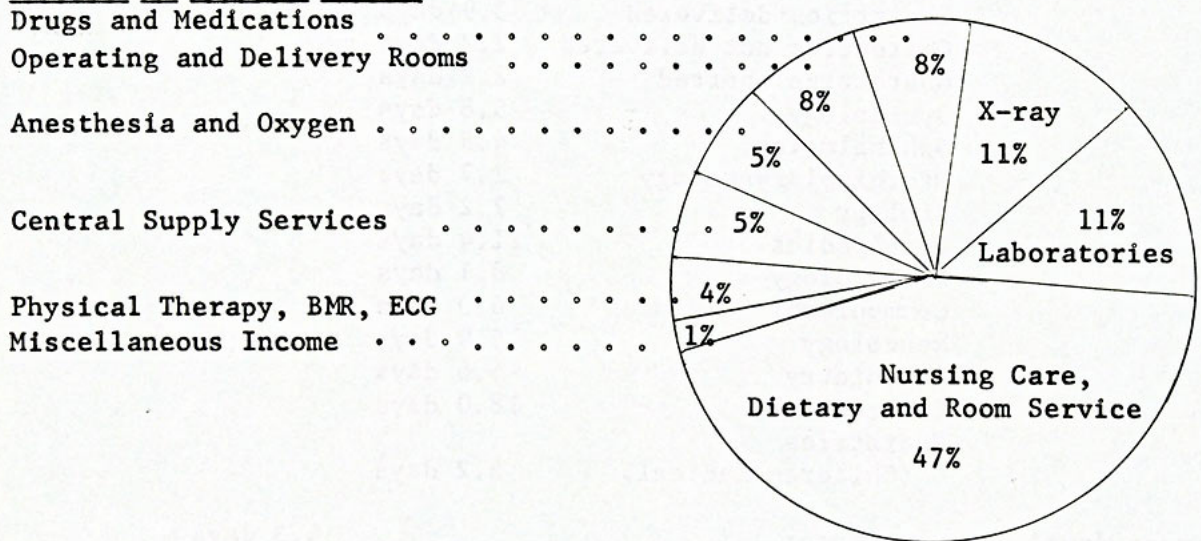
Average bed occupancy, adults and children: 264	<u>88%</u>	80% is top limit for efficient bedside care
Average bed occupancy, newborn: 23	<u>51%</u>	
These percentages are based on the hospital's adult and pediatric bed capacity of 300 beds, and a newborn capacity of 45.		
Average days' stay, adults and pediatrics:	<u>6.6 days</u>	6 to 10 days
By service: Medicine	7.8 days	
General Surgery	7.7 days	
Obstetrics delivered	3.9 days	
Obstetrics not delivered	2.2 days	
Obstetrics aborted	2.2 days	
Gynecology	5.8 days	
Ophthalmology	4.8 days	
Otorhinolaryngology	2.7 days	
Urology	7.2 days	
Orthopedics	11.4 days	
Dermatology	8.1 days	
Communicable diseases	6.3 days	
Neurology	5.9 days	
Psychiatry	5.6 days	
Tuberculosis	18.0 days	
Pediatrics (Children Medical)	5.2 days	
Average days' stay, newborn:	<u>4.3 days</u>	
Percentage of all deaths to all discharges:	<u>2.2%</u>	4% is maximum
Percentage of autopsies: (155)	<u>42.0%</u>	20% is minimum
Postoperative death rate (within 10 days of surgery): This is the number of deaths compared with all in- patients who had surgery exclusive of proctoscopy and obs. cystoscopy. (5087 patients, 25 deaths)	<u>.49%</u>	1% considered excessive
Anesthetic deaths:	<u>None</u>	Expected mortality-- about 1:5,000
Maternal deaths:	<u>None</u>	.25% considered high
Ratio of instances of puerperal morbidity to total number of patients delivered: (1949 deliveries, 7 cases of puerperal morbidity)	<u>.36%</u>	2% is maximum
Cesarean sections: 62 Ratio to total deliveries:	<u>3.1%</u>	Not over 3% to 4%
Ratio of deaths of newborn over 1,000 grams to all newborn over 1,000 grams: (1,937 viable births, 20 deaths)	<u>1.0%</u>	Not over 2%
Consultation rate:	<u>11.7%</u>	

*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.

INCOME

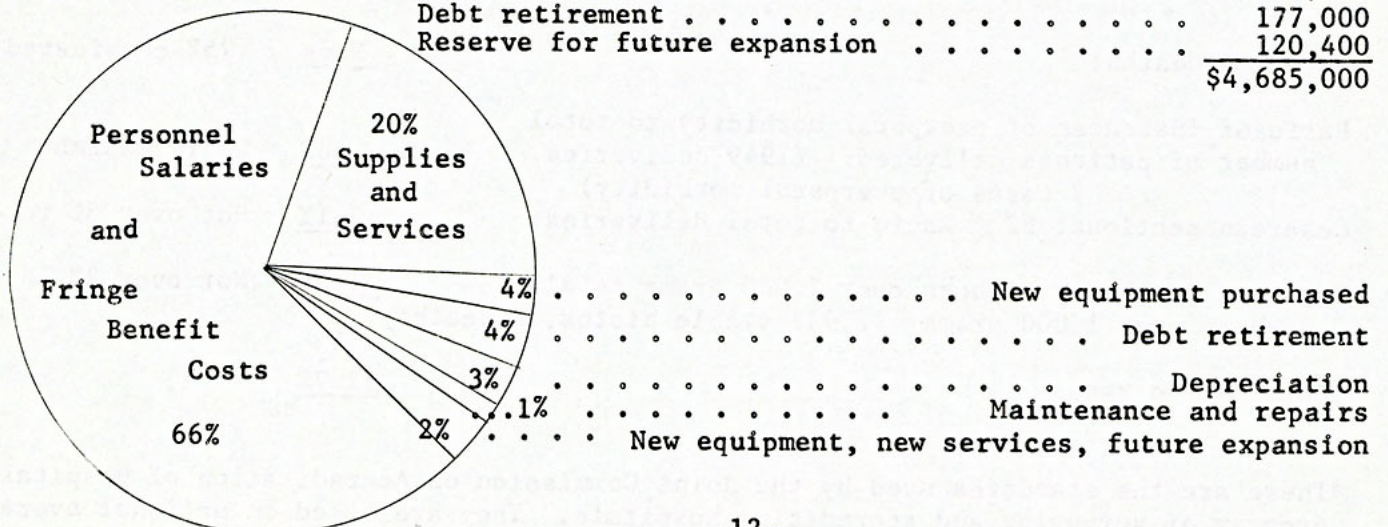
For services to patients	\$4,498,300
Less: Free services to patients and allowances to Blue Cross, clergy, etc.	<u>92,700</u>
Net income from patients	\$4,405,600
Other income:	
Tuition and fees, School of Nursing	140,900
Miscellaneous income	<u>138,500</u>
Total net income	\$4,685,000

Sources of Patient Income



EXPENSES

Personnel salaries and fringe benefit costs	\$3,097,000
Supplies and services	928,000
Maintenance and repairs	63,600
Depreciation on buildings and equipment	125,000
Bad debts	<u>9,000</u>
	\$4,222,600
Capital expenditures--new equipment	165,000
Debt retirement	177,000
Reserve for future expansion	<u>120,400</u>
	\$4,685,000



D E P A R T M E N T O F A N E S T H E S I O L O G Y

	<u>1965</u>	<u>1966</u>
Anesthetics given in O.R. and X-ray:		
Intravenous agents	2,273	1,426
Inhalation agents	1,844	2,456
Regional anesthetics	632	967
Endotracheal anesthetics	1,988	1,667
Anesthetics given in Delivery Rooms:		
Chloroform	850	712
Nitrous oxide	1,010	911
Ether	86	42
Spinal	11	27
Trilene	7	5
Penthrane	--	118
Inhalation Therapy Service:		
Hyperventilation treatments . . .	1,140	2,334
IPPB treatments	8,762	9,094
Hydrojet treatments	507	499
Croupette days	1,069	1,331
Oxygen tent days	489	519
Oxygen by catheter (patients) . .	1,811	1,430
Heated Aerosol treatments	150	59
Cubic feet of oxygen purchased excluding "D" and "E" cylinders	905,240	908,640

4,028 patients received an average of 1 hour and 7 minutes of nursing care in the Postanesthesia Recovery Room.

Probably the biggest change that occurred in the Anesthesia Department of this hospital during the past year is the introduction of the agent Penthrane in the Obstetrical Department. Penthrane has the ability to give analgesia with low concentration. It also has the advantage of giving a good perineal relaxation without interfering with the conduct of labor and has very little, if any, effect on the baby.

The department also acquired two new gas machines. They replaced two completely out-of-date models and are extremely versatile in their application to anesthesia, offering greater versatility in choice of agents and administration technique.

The department has grown busier and busier each year since I came here. The need for more personnel has been answered in the person of my associate, Dr. Joseph C. Belshe, who arrived August 1, 1965, and has been busily helping in the department since that time. We are also anticipating having a preceptee join us for two months. He will be here on a fellowship sponsored by the American Association of Anesthesiologists primarily for an introduction to anesthesia that he might not be able to get in his regular medical school training. He will also gain from a wide exposure to various surgical procedures and the high quality of surgery that is done in this institution.

In the last year we have initiated two types of interdepartmental conferences. First, we have a conference concerned with preoperative discussion about patients for the coming day. These are given in the morning at 7:15 and we would be glad to have any member of the Medical Staff join us for these conferences. The other conference is a complications conference and occurs only when anesthetic complications arise.

We graduated four nurse anesthetists in March, 1966. All of them passed their National Board examination on the first try. At present we have four students who started the 18-month course in September, 1965.

The department is looking forward to another busy year. We would be glad to have comments at any time about our department or equipment which would lead to improvement.



J. Weston Smith, M.D.
Chief of Anesthesiology

CLINICAL AND PATHOLOGICAL LABORATORIES

1965 -- 1966

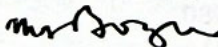
This past year the hospital laboratory settled down with its newly remodeled facilities to prove that with additional space and properly arranged working areas, laboratory work is more possible, more efficient and much more enjoyable.

A new IL flame photometer was purchased for the laboratory department. This new instrument has as its main objectives accuracy, reliability and simplicity. This new flame photometer has been a real breakthrough for our medical technologists especially in the area of "stat electrolytes." Where formerly the biggest problem was the anticipated "tussle" with the temperamental "old flame," now, once the specimen is obtained, results can be available for the clinician in very short order.

Our next venture into the area of laboratory automation will be the purchase of two autoanalyzers. One of these will be used to automate our blood glucose and blood urea nitrogen procedures, and the other will be for protein bound iodine determinations. The purchase of this equipment will automate three procedures whose total is almost one-half of all of the blood chemistries performed in our laboratory annually. The advantages of an autoanalyzer are mainly accuracy and efficiency. However, we also anticipate providing a decidedly better service to the clinician in P.B.I. determinations, since with this autoanalyzer results will be available daily. We hope to have this new equipment in operation some time in the early part of 1967.

In compliance with the state law prescribing that a test for phenylketonuria be performed on all newborns, the Guthrie test for PKU determinations is now being done in our Bacteriology Department. This test is a routine procedure on all newborns on the day of discharge from the hospital.

A total of fourteen students graduated from our School of Medical Technology in 1966. Nine students received their Bachelor of Arts degree from the College of St. Benedict, and five graduated from St. Cloud State College with a Bachelor of Science degree. Six new students began their training in Medical Technology on June 6, 1966.


Milosh Bozanich, M.D.
Chief of Laboratories

BACTERIOLOGY 5,981

- Cultures:
 - Blood 325
 - Cystoscopic 197
 - Fungus 82
 - Milk 271
 - Sputum 1,108
 - Stool 248
 - Tuberculosis 188
 - Urine 1,488
 - Miscellaneous 663

- G.P. inoculations 155
- Sensitivity tests 991
- Acid fast smears 119
- Gram smears 146

RADIOISOTOPES 191

- Bl2 tests 88
- Blood volume studies 7
- I131 uptake 90
- Red cell survival 1
- Therapy: I 131 2
- P 32 3

SEROLOGY 2,065

- Agglutinations 310
- ASO Titer 186
- Blastomycocin skin test 19
- Brucellosis 2
- Coccidioidin 27
- Cold agglutinins 67
- C-reactive protein 56
- Heterophil antibody titer 309
- Histoplasmin skin test 84
- Latex fixation 73
- Mantoux test 220
- Paternity test 8
- Rh antibody titer 173
- Trichinella skin test 3
- V.D.R.L. 528

BLOOD BANK 18,811

- ABO grouping 4,550
- Amniotic fluid studies 10
- Blood transfusion 2,275
- Coombs 580
- Crossmatch 5,814
- Dextran 16
- Donors 108
- Fibrinogen transfusion 1
- Packed cells 266
- Phlebotomy 57
- Plasma transfusions 33
- Rh grouping 5,101

BASAL METABOLISM TESTS 238

HEMATOLOGY 88,288

- Bleeding time 427
- Buffy smear 6
- Capillary fragility 8
- Cell indices 22
- Clot retraction 7
- Clotting time, capillary 413
- Clotting time, venous 478
- Differential 16,359
- Eos. count, blood 6
- Erythrocyte fragility 23
- Hematocrit 20,087
- Hemoglobin 22,103
- L. E. clot test 205
- Nasal smears for eos. 2
- Platelet count 287
- Prothrombin consumption 7
- Prothrombin time 6,270
- Red blood count 31
- Reticulocyte count 102
- Sedimentation rate 4,547
- Smear for sickle cells 1
- Synovial fluid analysis 2
- White blood count 16,895

BLOOD CHEMISTRIES 19,165

- Acetone 2
- Acid phosphatase 121
- A:G ratio 531
- Alcohol 37
- Alkaline phosphatase 460
- Amniotic studies 13
- Amylase 351
- Barbiturates 6
- Bilirubin 1,055
- B.U.N. 2,946
- BSP 217
- Calcium 453
- Carbon monoxide 1
- Carotene 4
- Cephalin flocculation 246
- Chlorides, serum 754
- Cholesterol 835
- CO₂ combining power 908
- Creatinine 79
- Electrophoresis 69
- ET-3 test 62
- Fibrinogen index 19
- Glucose 4,416
- Glucose tolerance 159
- Icterus index 16
- Iron binding capacity 11
- Iron, total 38
- L.D.H. 38
- Lipase 16
- PCO₂ 18
- pH of blood 18
- Phosphorus 281

BLOOD CHEMISTRIES continued	
Potassium	917
Protein bound iodine	986
Salicylates	14
Serum carotene	6
Serum lipids	3
Sodium	916
Sweat chlorides	15
Thymol turbidity	148
Tolbutamide	23
Transaminase	1,591
Uric acid	366

URINE CHEMISTRIES	109,586
Acetone	16,234
Addis count	3
Albumin	16,249
Aldosterone	3
Amylase	17
Bence Jones protein	13
Bile	14
Blood in urine	11,336
Catecholamine	52
Chorionic gonadotropins	2
Conc. and dilution	2
Coproporphyrins	2
Estrogens	4
5 hydroxyindole acetic acid	25
Hydroxycorticosteroids	22
17 Ketogenic steroids	28
17 Ketosteroids	36
Microscopic	16,278
pH of urine	16,235
Phenolsulphthalein	23
Phenylketonuria	461
Pituitary Gonadotropin	3
Porphobilinogen	14
Porphyrins	32
Specific gravity	16,258
Sugar	16,235
Sugar, quantitative	1
Urobilinogen, qual.	2
Uroporphyrins	2

AUTOPSIES	230
Hospital deaths	153
Emergency room deaths	5
Coroner's cases, DOA	38
Other DOA	21
Stillborn	13
Total sections	3,460

ELECTROCARDIOGRAMS 4,436

EXERCISE ECG'S 39

VITAL CAPACITY 167

OTHER CHEMISTRIES	2,120
Anal smear	1
Cystoscopy	210
Diagnex test	46
Fecal fat, quantity	7
Fecal fat, Sudan test	10
Fecal urobilinogen	4
Gastric analysis	149
Hb. Conc., irrig. fl.	248
Occult blood	739
Ova and parasites	170
Pregnancy test--rabbit	1
Ortho	467
Renal stone analysis	36
Semen	19
Trypsin (feces)	13

TESTS FOR OTHER HOSPITALS.	762
Acid phosphatase	1
B.U.N.	5
Calcium	7
Ceph. flocculation	1
CO ₂	6
Chloride	5
Complete blood count	1
Differential	3
Electrolytes	3
Fungus cultures	5
L.E. clot test	3
Papanicolaou smear	246
Phosphorus	6
Potassium	8
Pregnancy test	2
Protein, total	1
Rh titer	1
Sodium	6
Stool culture	1
Thymol turbidity	1
Tissue, gross exam.	82
Tissue, micro. exam.	367
Urinalysis	1

CEREBROSPINAL FLUID	655
Cell count	115
Chloride	52
Colloidal	49
Differential	87
Glucose	130
Protein	154
V.D.R.L.	68

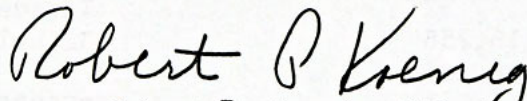
HISTOLOGY	12,088
Gross examination	1,522
Papanicolaou smears	5,232
Frozen sections	455
Bone marrows	85
H & E stain	4,606
Special stain	188
Total sections	24,567

D E P A R T M E N T O F
O P H T H A L M O L O G Y A N D O T O L A R Y N G O L O G Y
1965 - 1966

During the past year 348 ophthalmologic operations were performed, twenty of them on outpatients. There were 135 lens extractions and 82 operations for "squint."

A total of 667 operations were classified Ear, Nose and Throat surgery. Ten of these were on outpatients. Included in this group are 448 tonsillectomies and adenoidectomies. T&A seems to be by far the most popular operation in this department.

Hospital days primarily for eye, ear, nose or throat adult patients totaled 2,547, a decrease when compared with 2,847 last year. This, however, is by no means the complete picture of the volume of eye, ear, nose and throat pathology treated because many patients, especially accident victims, received treatment for this type of difficulty when they had other, more serious or extensive pathology in another system of the body and therefore they were assigned a different service classification. Each patient is given only one service classification for each stay in the hospital.



Robert P. Koenig, M.D.
Chief of Ophthalmology and Otolaryngology

D E P A R T M E N T O F M E D I C I N E

	PATIENTS		DEATHS		AUTOPSIES		CONSULT.'S		HOSPITAL DAYS	
	1965	1966	1965	1966	1965	1966	1965	1966	1965	1966
General Medicine	3427	3766	227	234	99	99	551	532	27991	29438
Dermatology	61	69	---	1	--	1	14	19	495	591
Communicable Dis.	40	71	---	---	--	--	4	3	306	487
Neurology	144	124	6	5	6	1	28	20	1194	815
Psychiatry	185	184	---	---	--	--	57	57	1090	1044
Tuberculosis	<u>1</u>	<u>3</u>	<u>---</u>	<u>---</u>	<u>--</u>	<u>--</u>	<u>--</u>	<u>1</u>	<u>4</u>	<u>66</u>
	3858	4217	233	240	105	101	654	632	31080	32441

The statistics are self-explanatory and continue the trend upward in the amount of care given to patients classified in "General Medicine" or one of its subdivisions. One of the major new features was our monthly educational meeting and this became a major contribution to the continuing medical education of the Staff members. The conferences were well done and quite well attended. These conferences, however, need to satisfy accreditation requirements for review of our work and for most conferences our own records should be evaluated as part of the conference summary.

Long overdue compliments should be paid to the Medical Record personnel for the amount of effort they put forth to help the physicians prepare with ease and excellence their histories, surgical reports and discharge summaries. Their assistance in coding records is also very valuable and saves the physicians numerous hours.

Several comments which I think are worthwhile to place in this report are the following:

1. The quality of medical care is not dependent upon the quantity of laboratory work on the chart. Basic requisites for good patient care still include an adequate record, which means a complete history and physical examination, sufficient and thoughtful progress notes, and a discharge summary which truly summarizes the patient's course and discharge recommendations. Repetitious, voluminous, and nonessential laboratory studies cannot substitute for these basics in good patient care.
2. There has been emphasis in California recently on having a medical audit by doctors who are on the staffs of other hospitals in the state and members of their State Medical Association. I would like to urge our Medical Staff to consider having this. It could be done on a yearly basis, take only one or two days, and would consist of having physicians from other hospitals in Minnesota come in and constructively criticize the functioning and operation of our Staff. This would point out weaknesses which we have not recognized and would help us to improve continually the quality of care we give.

3. The quantity and quality of nursing care directly influence the quality of medical practice and technological advances and gadgetry will never substitute for excellent physician and nursing care. There has been considerable discussion of a coronary care unit, but in my opinion such a unit will not take the place of careful nursing care and poses many medical-legal problems. These should be carefully thought out and fully discussed before such a unit is put into operation. The continuity of nursing care in such a unit must be assured, and the considerable expense of training and maintaining such personnel must be carefully considered. Some of the problems of its operation may be solved in the future by using a computer; this is probably three to five years in the future.

Several thoughts for the future are the following:

1. There should be better and more frequent communication between administration, nursing service and Medical Staff. It strikes me that it would be advantageous to have informal get-togethers two or three times a month, perhaps over coffee or over lunch to discuss ways of improving and maintaining quality of care and discussing various problems that arise in the departments of the hospital.
2. Employment of a full-time social worker by the hospital to aid in discharge planning, family counseling and discussion regarding the financial problems of patients would be an asset to physicians. This worker could be independent of, or associated with, the county welfare department. As hospital beds become more and more difficult to obtain, such a full-time social worker will become more valuable.
3. The Medical staff should consider setting up a postgraduate training course for nurses on a regular basis to aid the nurses in continuing their education and to aid our patients in obtaining continuing excellent nursing care. This would be an excellent opportunity for the nurses to ask questions which they do not have time for during the average working day. The Medical staff should also consider sponsoring nursing school scholarships to obtain more and better-qualified nursing students.
4. Since the St. Cloud V.A. Hospital will add a medical-surgical wing within the next two years, we should be planning to have a resident house staff that might rotate through our hospital and the V.A. Hospital. Discussion with the Minneapolis V.A. should begin now.
5. Lastly, because of the significant influence the physicians have on hospital costs for patients, they should be made aware of the cost of all services that a hospital provides, including medications, tests and studies so that they will be sure, when they order a repeat or other study, that it is necessary for the welfare of the patient.

R. Lawrence Thienes M.D.
R. Lawrence Thienes, M.D.
Chief of Medicine



Discrepancy Report

Customer: Central Care Job #: 29150

Discrepancy Report Number: ann-rep-1966-Dint-601

Product: Annual Report ^{Annual Report} Book Number: 1966

Mis-Numbered Page

Page Numbered: _____ Will Refer to Page Number: _____

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Page #'s Skips from: 20 to 22 - Pages Missing: 1 to 21

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THE MEDICAL LIBRARY

The excellent response of the doctors to the request for contributions to the library fund encouraged the Library Committee to feel that the doctors do want to have a library in the hospital and will use and support it. It was gratifying to have the librarian report that almost all requests for articles published in the last two years could be filled from our shelves. We must be subscribing to the "right" magazines! Older articles were obtained from the National Library of Medicine.

Subscriptions to all of the journals received in 1965 were continued in 1966. The "Canadian Journal of Ophthalmology," a new publication, was added to the list.

The following books were purchased:

A. C. S., CLINICAL ELECTROCARDIOGRAMS
A. C. S., FRACTURES AND SOFT TISSUE INJURIES
Banyai, ADVANCES IN CARDIOPULMONARY DISEASE
Blount, FRACTURES IN CHILDREN
Bockus, GASTROENTEROLOGY, vol. 3
Brewer, TEXTBOOK OF GYNECOLOGY
Cave, FRACTURES AND INJURIES
Cranshaw, CAMPBELL'S ORTHOPEDICS, OPERATIVE
CURRENT THERAPY FOR 1966
Green, PEDIATRIC DIAGNOSIS
Gross, PEDIATRIC SURGERY

Hsia, INBORN ERRORS OF METABOLISM
Nealon, MANAGEMENT OF THE PATIENT WITH CANCER
Parsons-Ulfelder, ATLAS OF PELVIC OPERATIONS
Reid, TEXTBOOK OF OBSTETRICS
Schaffer, DISEASES OF THE NEWBORN
Spain, TUMORS OF THE CHEST
Strauss & Welt, DISEASES OF THE KIDNEY
Trainer, PHYSICIANS MARRIAGE COUNSELING
Vigran, CLINICAL ANTICOAGULANT THERAPY
Wolf, BODY FLUID METABOLISM
Wood-Smith, DRUGS IN ANESTHETIC PRACTICE

The new book by Dr. I. Meschan, ROENTGEN SIGNS IN CLINICAL PRACTICE, two volumes, and CURRENT DIAGNOSIS for 1966 have been ordered.

We are looking forward to having a "new" library in rooms on the first floor formerly occupied by the administrative staff with a fine stock of journals and medical books that will satisfy the interests of all of its patrons.



John Olinger, M.D.
Chairman of the Library Committee

DEPARTMENT
OF OBSTETRICS
AND GYNECOLOGY
1965 - 1966

Mothers delivered	1949
Spontaneous	1620
Forceps	199
Breech or manual	68
Cesarean section	62

Maternal deaths	None
Puerperal morbidity, cause undetermined	1
Postpartum infections, site undetermined	6

Total live births	1947
Viable (over 1000 grams)	1937
Non-viable by weight	10

All newborn deaths	30 or 1.5%
Deaths of babies over 1000 gm.	20 or 1.0%

Autopsy rate (14)	46.7%
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Stillbirths	27
Autopsies on stillbirths (13)	48%

Twin births	19
Triplet births	1

Male infants born	993
Female infants born	952

Infections	3
----------------------	---

Weight of the largest baby that lived 12# 3 oz.
Weight of smallest baby that lived . 2# 5 oz.

The above data except total live births are on discharged patients.

The OB-GYN Department again reports a successful year. We may have slipped slightly in quantity, but the quality of our babies is better than ever. Our statistics follow along with the picture throughout the rest of the nation. We still have a large group of post World War II babies who will be starting families in the very near future. If the economy of our St. Cloud area continues favorable we can expect many of them to remain or return to this area.

Early in June, 1965, Sister Dolorata received a new assignment as Convent Superior at St. Benedict's Hospital in Ogden, Utah. This change came after many years in maternity nursing at the St. Cloud Hospital. Sister Cunegund remains with us as consultant head nurse in the delivery room and those of us working in this department still feel that she is looking after our needs. Sister Mary Dominic was appointed clinical instructor of the students and Mrs. Constance Moline was appointed supervisor of the OB-GYN floor.

Beginning in September the existing facilities have been used for GYN and other selected female patients. Many of these are surgicals. During the entire year the percentage of occupancy of the floor has been high, thus helping to alleviate some of the crowded facilities throughout the rest of the hospital. It should be noted here, however, that some choice of patients is required in order that general patients can be mixed with obstetrical patients.

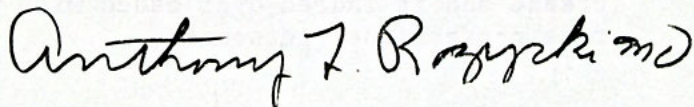
During October four nurses attended the OB-GYN Conference in Chicago sponsored by the American College of Obstetrics and Gynecology and later a summary of this conference was given to all of the 5th floor personnel.

The nursery has taken on a new appearance with the addition of colorful rocking chairs. The hope is that if the nurses relax during feedings, the babies will eat better. The system of using a general formula at room temperature is apparently working well. For those mothers who are breast feeding and who choose to make use of it, a demand feeding room has been set up. This provides a private area where the mother can feed the baby outside of regular feeding times without disrupting activities of the nursery or being upset by visitors in the patient's room.

During the past year the use of Penthrane was begun on our obstetrical service and it is also to be noted that there is some increase in the use of paracervical blocks with the addition of some equipment for continuous paracervical blocks now available. The Guthrie test for early determination of phenylketonuria in newborn infants is now a requirement by the Minnesota Department of Health and is being done on all babies on the day of discharge.

Supplies on order include new transfer carts for the delivery room and an incubator for the delivery room.

We are all looking forward to the new year, expecting some unavoidable disruptions because of the building program, but I am sure that the pleasure of working in the new facilities will be ample reward for the patience and cooperation of all concerned.



Anthony T. Rozycki, M.D.
Chief of Obstetrics and Gynecology

DEPARTMENT OF ORTHOPEDICS

1965 - 1966

As with other departments in the hospital, constant growth in the Department of Orthopedics is noted. Plans for the community care of the orthopedic patient in the future must keep pace with the needs. The extent of growth is readily seen by the following data pertaining to the number of patients seen in the Orthopedic Department:

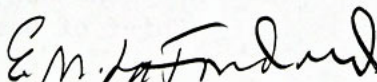
1960	- - - - -	1055
1962	- - - - -	1004
1964	- - - - -	1230
1966	- - - - -	1389

The bed capacity remains the same, but overcrowding is not commonly a serious problem.

More new equipment has been provided. Of interest is the use of overhead frames for all orthopedic beds, the addition of more hi-low beds and availability of IV holders that attach to the overhead frames.

Also of interest is the practical fact that patient walkers, very useful for safe ambulation of the elderly, are available for sale for \$13 with 60% refund on return. Crutches are fitted and sold for \$5.45.

With more orthopedic patients come more orthopedic rehabilitation problems. The Physical Therapy department has not grown with this increase and is indeed overloaded with work. The department badly needs more professional personnel.


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

DEPARTMENT OF PEDIATRICS

There were 694 patients under two years of age and 1751 between the ages of two and fourteen years admitted to the Pediatrics Department as inpatients in the past year. These children were given 11,153 days of care, a slight decrease from 11,488 in 1965. The average length of stay was 4.5 days.

The number of patients in each clinical classification this year and last year is as follows:

	1965	1966		1965	1966
General Medicine	969	1077	Eye	133	126
General Surgery	355	319	E.N.T.	716	546
Gynecology	5	2	Communicable	21	52
Orthopedics	173	148	Neurology	66	60
Urology	121	84	Psychiatry	5	4
Dermatology	27	26	Tuberculosis	--	1

The improvements and changes that have been made in the Pediatrics Department are not dramatic, but they have helped us give better patient care:

The team system has been used more effectively by means of study, discussion and encouragement of the desire to give intelligent, complete care.

With the help of the Pharmacy we have obtained a more adequate supply of stock pediatric medications. This makes it possible to carry out "stat" orders for medication sooner with less running on the part of the pharmacy and nursing personnel and better care for the patient.

We have a new booklet for the parents of the children. This booklet is a help to parents because it gives information on the needs of a hospitalized child and also the policies of the departments concerned with the care of children. We are grateful to Sister Josella and the hospital's Print Shop for their assistance in photography and general production work.

The newborn infants delivered outside of the hospital are now admitted directly to an observation nursery on 5 South instead of to Pediatrics. Thus the babies born on the way to the hospital receive the same close observation as those born in the Delivery Room of the hospital.

This year our hope for things to come concerns maintenance of a pleasant atmosphere and enjoyable entertainment for the children when they need diversion. We are working on improving the play program but do not yet have a play therapist. We are hoping to set up a definite orientation program for Candy Strippers in Pediatrics so they will be able to give more help in the area of play as well as with selected other duties. Maybe we will be able to put wall-to-wall carpeting and new book cupboards in the playroom. More radios would be nice. And some day the nurses may wear pastel-colored instead of white uniforms.

W. H. Rice M.D.
 William H. Rice, M.D.
 Chief of Pediatrics

D E P A R T M E N T O F R A D I O L O G Y

	<u>1964</u>	<u>1965</u>	<u>1966</u>
Total radiographic studies	39,138	41,063	44,162
Studies with fluoroscopy	4,052	4,486	4,799
Therapy treatments	1,380	1,089	686

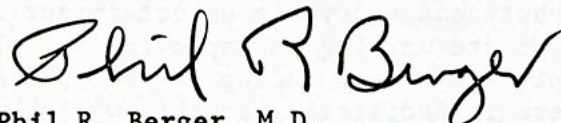
The past year has seen a gradual increase in utilization of arteriographic procedures and of mammography in selected cases.

Plans for the new department have been finalized and should afford an excellent facility immediately upon completion of construction and will also afford easy access for long range expansion.

Seven students are graduating from our School of X-ray Technology this year. Eight senior and eleven freshman students will be in training the coming year. Sister Jolene will enter Creighton University this fall to complete a degree program in X-ray Technology.

Sister Jonathan, who has participated in and directed the development of our department for 22 years, will transfer to St. Benedict's Hospital in Ogden, Utah, this fall.

Currently, Mr. Ervin Smith heads the technical section of our department and is being assisted by Mrs. Carol Miller of the School of X-ray Technology, Mrs. Mary Pykus of the office section and Mr. John Woods of the special procedures section.



Phil R. Berger, M.D.
Chief of Radiology

D E P A R T M E N T O F S U R G E R Y

Summary of Operations Performed in the Year Ending June 30, 1966

	<u>Inpatients</u>		<u>Outpatients</u>		<u>Total</u>	
	<u>1965</u>	<u>1966</u>	<u>1965</u>	<u>1966</u>	<u>1965</u>	<u>1966</u>
<u>In the O.R.</u>						
General Surgery	2116	2183	235	259	2351	2442
Proctoscopy	696	902	101	94	797	996
Gynecology	706	826	7	4	713	830
Urology	555	494	5	8	560	502
Observation cystoscopy	209	304	---	---	209	304
Orthopedics	377	336	2	13	379	349
Ophthalmology	317	328	44	20	361	348
Ear, Nose, Throat	913	657	13	10	926	667
Obstetrics	<u>278</u>	<u>263</u>	<u>---</u>	<u>---</u>	<u>278</u>	<u>263</u>
	6167	6293	407	408	6574	6701
<u>In the Nursery</u>						
Circumcisions					998	907
<u>In the X-ray Department</u>						
Closed reduction with fixation					303	256
Application of splints and casts without reduction					638	604
Casts removed, no other treatment					359	361

The total number of hours of surgery, including emergency hours, was 7,721, an increase of 1,225 over last year. The busiest day was June 21 with 38 cases and the longest day was March 14 when 37½ hours were used. The rate of room usage is based on a seven-hour day (8 a.m. to 3 p.m.) Monday through Friday. Rooms 1, 2, and 3 for major surgery were used 78% of the time compared with 80% in 1965; Room 4 for minor surgery was used 51% of the time, an increase of 8% over 1965. The Cystoscopy Room was used at the same rate in both years--52%. Rooms 6 and 7 for minor surgery and proctoscopies were used 33% of the time in 1966; there are no comparable figures for these rooms for 1965.

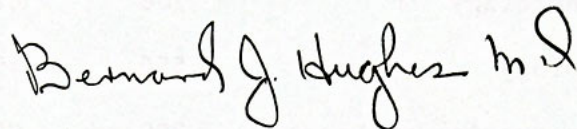
The total hours of surgery, more than the number of procedures performed, is a significant indicator of the growing importance of this community hospital in satisfying regional medical needs.

New items that have been adopted after a trial period are Fogarty vascular catheters used in embolectomy surgery; Bo-Plant, a sterile processed bovine bone for direct use in bone grafting; and Bel-O-Pak, sterile disposable drainage kits that are used for a multitude of drainage purposes. Mersilene suture is still on trial usage. We have two complete sets of the Fogarty catheters. The initial purchase was made by the Pool; the hospital will maintain a supply.

The total income from the doctors' Instrument Pool was \$2590.95. Expenditures amounted to \$2639.37, and the balance on hand July 1, 1966, is \$2937.75. The purchases made with Pool funds suggest a growing capability and versatility of the Medical Staff.

We are looking forward to having a new surgical suite when the present construction program is completed. In the meantime we will help as much as possible with planning and development.

The willing cooperation and helpful attitude of the O.R. nursing staff has been deeply gratifying and is sincerely appreciated by the entire Medical Staff.



Bernard J. Hughes, M.D.
Chief of Surgery

DEPARTMENT OF NURSING SERVICE

Changes in the administrative Nursing Service staff were as follows:

Sister Leonarda, Operating Room Supervisor, replaced Sister Marion as Director of Nursing Service.
Mrs. Bernice Schoenborn, staff nurse on 3 South, replaced Miss Marilyn Tax as Evening Supervisor.
Miss Penelope Swanberg, staff nurse on 1 South, replaced Mrs. Theresa Wendt as Evening Supervisor.
Mrs. Carol Borman, Head Nurse in the Nursery, was appointed Head Nurse on 2 South.
Miss Phyllis Burgmeier, Assistant Head Nurse on 3 North, was appointed Head Nurse on 3 North.
Sister Albert, Head Nurse on 3 North, was transferred as Head Nurse on 2 North.
Sister Josue, Head Nurse on 2 North, was transferred as Assistant Head Nurse on 1 South-I.C.U.
Sister Berno, Assistant Head Nurse on 1 South, transferred to the School of Nursing as a faculty member.

An added position in Nursing Service was announced by Sister Jameen in June, 1966, when Sister Roger was appointed Director of Staff Development in Nursing.

Surgery became a department under Nursing Service instead of an independent department from the standpoint of nursing administration. The major consequence of this change was improved communication and cooperation between these two departments.

Groundwork was done during the year to prepare for a change in supervision on the medical-surgical and pediatric units. Plans have been made to install Supervisors on 2nd, 3rd, and 4th floors to allow for over-all supervision in a manner comparable with that on 5th floor. Appointments of the following Supervisors were announced in June, 1966: 2nd Floor, Sister Albert; 3rd Floor, Sister Mercy; and 4th Floor, Sister Timothy. It is expected that the program will be entirely in operation by September, 1966.

The work measurement program in Nursing Service began in the late summer of 1965 and was completed in June, 1966. No great reduction in staffing resulted from this program, but improvements were made in the schedules, standards of staffing were established, work loads adjusted, messenger service initiated, and changes made in the transportation system with the responsibility for this function transferred to the special departments instead of resting with Nursing Service. Along with the work measurement program came a long-desired change from every third to alternate weekends off duty for all nursing service personnel.

Two committees were appointed to carry on important functions. The In-Service Education Committee with Sister Albert as Chairman was responsible for a workshop under the direction of Mrs. Thora Kron, specialist in team nursing; joint meetings with all major departments that have direct relationships with nursing; formulation of check lists to

assist with orientation of new nursing personnel; a formal course in drugs for the Practical nurses given by Sister Rebecca, Hospital Pharmacist; a lecture on the patient as a person by Mrs. Joyce; a series of sessions on safety presented by George Moore; and several other programs including films. They likewise encouraged personnel to attend professional workshops, institutes, conventions and regular meetings during the year as well as membership in professional organizations.

The Procedure Committee with Mrs. Joan Mockenhaupt as Chairman devoted its time to revision of the Procedure Manual. A direct and valuable result of this revision was the establishment of departmental manuals which contain information about the special departments thus allowing the Procedure Manual to be exclusively a nursing manual. This change also improved and updated the information about the departments on hand on the nursing units and placed the responsibility for it on the departments concerned rather than on Nursing Service.

In Fall an increase in available beds resulted from opening the 15-bed minimal care unit on 1 South which had been kept closed due to inadequate staffing and an adjustment on 5th floor which permits placement of more women patients there. This change was necessary primarily because of the low census of maternity patients experienced in the past few years compared with the extremely high census of medical-surgical patients.

A total of 5,017 patients were treated in the Emergency-Examining Room on 1 South; an increase of about 1,000 over last year. Part of this increase is only statistical since all outpatients treated there are recorded now whereas prior to this year patients admitted for physical examination were not.

Twenty Nurse Aides were trained by Mrs. Joan Mockenhaupt. A revision was made in the training of full-time aides so that clinical experience is included in the course and it extends over a two-week period of eighty hours.

The standard Nurse Aide uniform was changed from the yellow cotton dress to a white drip-dry. The recommendation for this change came from a Nurse Aide Committee appointed to study the problem.

A gradual program of removing the swinging half doors from the patients' rooms was begun in March, 1966. The purpose was primarily safety since the doors were a hazard to anyone passing them, but beneficial side results were also realized such as better patient observation, improvements in answering lights, decrease in noise and improvement in the appearance of the corridors.

A multitude of nursing forms were revised and added within the past year with substantial increase in clarity and efficiency resulting. Stocks of all forms were transferred to the storeroom when the offset press was installed in the hospital, an improvement of major importance to the secretarial and Ward Clerk staff.

Eleven displays of new products for nursing care were made by Central Service personnel. The purpose of these exhibits was to familiarize personnel who use the items in advance of their availability.

All nursing units were supplied with enough parenteral solutions, IV tubings, Dextran and Y-tubing to meet emergency needs. Each floor was also supplied with an Ambu resuscitator for emergency needs.

The increase in the use of overhead frames as patient helpers or as traction frames prompted attachment of an overhead frame to each bed on the Orthopedic nursing unit.

The following statistics for the Nursing Service Department exclude the supervisory staff, Head Nurses, Ward Clerks, Delivery Room and Nursery personnel.

<u>Month</u>	<u>Average Number of Nursing Care Hours Per Patient Per Day</u>		<u>Average Number of Patients Per Day</u>	
	1965	1966	1965	1966
July	4.9	5.3	235	230
August	4.1	4.8	251	252
September	4.2	4.4	251	257
October	4.6	4.3	246	273
November	4.5	4.1	252	275
December	4.8	4.2	240	260
January	4.1	3.9	274	286
February	3.8	4.2	283	276
March	3.8	3.9	277	289
April	4.2	4.1	267	270
May	4.5	4.3	250	256
June	4.5	5.3	254	244

Sister Leonarda, O.S.B.
Sister Leonarda, O.S.B., R.N.
Director of Nursing Service

ELECTROENCEPHALOGRAMS Total: 339 Inpatients: 229 Outpatients: 110

P H Y S I C A L T H E R A P Y D E P A R T M E N T

	<u>1965</u>	<u>1966</u>
Total number of patient visits	22,042	27,795
Total number of patients	1,502	1,886
Inpatients	1,012	1,286
Outpatients	490	600
New patients	1,035	1,282
Monthly average number of patients . .	125	157
Monthly average number of visits . . .	1,837	2,316
Monthly average number of visits/patient	15	15

Modalities Used

Cerebral Palsy Evaluation	--	6
Cerebral Palsy Training	95	63
Diathermy	1,696	2,121
Electrical Stimulation	65	241
Evaluations, other	--	4
Exercise	3,419	4,749
Gait Training	1,835	3,713
Hot Packs	14,199	17,573
Infra Red	70	80
Intermittent Traction	--	214
Massage	801	1,179
Muscle Reeducation	87	6
Muscle Test	2	7
Paraffin Bath	113	107
Progressive Resistive Exercises . . .	--	113
Ultrasound	1,753	1,182
Ultraviolet	85	146
Whirlpool	1,616	2,559

The physical therapy service is continuing to grow and develop. The number of patients receiving treatment is steadily increasing. Growth created a need for additional and new equipment and an increase in personnel.

The department added a third diathermy unit, a second ultrasound machine and a second bicycle (restorator). New units in the department were a body whirlpool, an interrupted ultrasound unit, a progressive resistive exercise chair and various individual exercise units.

The staff at present consists of one physical therapist, four full-time physical therapy aides, two physical therapy orderlies, one part-time person to apply hot packs on weekends and holidays and a part-time housekeeping aide. A second physical therapist is to be added.

A change in the procedure for receiving and returning patients was initiated. The Physical Therapy Department is responsible for the transportation to and from the department of inpatients receiving physical therapy. The Women's Auxiliary and the Candy Strippers assist the department with transportation.

Marion Becker
Marion Becker
Physical Therapist

P H A R M A C Y

In the Pharmacy the past year has continued at approximately the same pace as in the previous year with some increase in a few areas, due more than anything else to the consistently high daily occupancy.

The following figures reflect some of the Pharmacy's activity:

<u>Prescriptions</u>	<u>7/1/64 to 6/30/65</u>		<u>7/1/65 to 6/30/66</u>	
	<u>Inpatient</u>	<u>Outpatient</u>	<u>Inpatient</u>	<u>Outpatient</u>
Narcotics and hypnotics	33,975	338	50,596	444
All other drugs	133,722	4,004	134,645	5,020
Refills		5,665		5,753
Night calls	101	34	248	25

Our annual inventory at the end of the fiscal year showed that more than 3,000 drugs are stocked in the pharmacy. The major categories, volume-wise and cost-wise, are (1) Anti-infectives, (2) Psychotherapeutic drugs, and (3) Steroids.

Through the efforts of the Pharmacy and Therapeutics Committee a list of drugs for use during the night for outpatients who do not require hospitalization was drawn up. These drugs are prepackaged and labeled by the Pharmacy Department and are ready for filling a doctor's prescription during the hours the drugstores are closed. This procedure was designed as a service to the patient and the community, yet it places a minimum of demand on hospital personnel.

The work of the Pharmacy and Therapeutics Committee has increased significantly since the advent of Medicare. Currently the committee is reviewing all the drugs stocked in the pharmacy in order to eliminate unnecessary duplications and obsolete drugs. The drugs retained will be included in the Drug Formulary.

In keeping with the goals for expansion established last year, we have added approximately 300 square feet to the pharmacy. Although most of this space is used primarily for storage, 16 square feet were added to the dispensing area. This expansion has relieved the congestion and made "breathing" easier in an area in which about 525 prescriptions and drug orders are filled each day. With the new pharmacy that will be built immediately adjacent to the new wing we hope to have a pneumatic tube system that will facilitate service.

The past year also witnessed the successful apprenticeship of Miss Sara Avery, a graduate of North Dakota State University College of Pharmacy. A year of practical experience after graduation is a national requirement for licensure.

A sincere "Thank You" to the medical and nursing staffs for their pleasant cooperation and understanding throughout the year.

Sister Rebecca, O.S.B.
Sister Rebecca, O.S.B., R.Ph.
Chief Pharmacist

D I E T A R Y D E P A R T M E N T

The process of management in any department includes the basic factors of organizing, planning, leading and controlling. An annual report is a very useful tool to indicate past management functions and the direction for future planning and better methods of control.

A brief and concise listing of statistics can be as misleading as interesting. Our figures for this fiscal year seem to show a decrease in department activities; the explanation is that our record keeping has become more sophisticated. Nourishments and tube feedings are no longer calculated as part of total patient meal census; had this remained the meals served to patients would have been 9,000 more than last year. The decreased census for other meals served has been affected by a new cash register in the cafeteria, the lower student census due to the academic year and by the calculation of snacks served in the cafeteria as a meal by dividing the total dollar sales by the average sales price of a full meal (75¢). These all caused a great decrease in relation to figures for last year.

	<u>This Year</u>	<u>Last Year</u>
Total meals served	522,785	584,566
Daily average	1,432	1,602
Meals served to patients	256,697	269,246
Daily average	703	738
Modified diet percentage	28.5%	21%
Other meals served	266,088	315,320
Daily average	726	864
Diet instructions given .	951	1,041
Ounces of formula prepared	90,320	90,008

The satisfied patient still remains the object of our endeavors for as perfect a food service as possible. The integration of nutrition with medical-surgical nursing for our student nurses has been a great factor in keeping dietary an important part of total patient care. The student nurse and the teaching dietitian are to be commended for keeping communication channels open and challenging dietary personnel to upgrade food service to our patients. A new ice maker-dispenser has been installed in the Food Service Unit and facilitates the dispensing of fresh ice water at each meal by dietary personnel. Last year this was a duty of the nursing service staff. Disposable plastic silverware is much more appealing to patients in isolation and less costly than sterilizing spoons for the infant puree diets in Pediatrics. The Auxiliary again prepared attractive tray favors for the patients; each major holiday the trays are decorated with their new and clever ideas.

The employees and students proved their honesty--the honor system for snacks has proved successful. The regular fall picnic, Christmas buffet supper, employee recognition dinner, student graduation dinners and picnics, and regular dinner meetings for doctors' committees were

among the food service activities during the year. A new NCR cash register and coin changer has increased cafeteria line efficiency. It is our hope that food service in these areas can continue to improve employee-student morale and make their lunch, dinner or snack time pleasant and refreshing. Food vending machines were installed in the dining room area by the Canteen Company of Minneapolis. These facilities have curtailed our costs by substituting for night service in the cafeteria. They make food available on a 24-hour schedule.

The food service for our Sisters has been greatly improved by relocation and renovation of their dining area. New dishes, new equipment, renovated tables and chairs plus more space has made the Sisters' mealtime more pleasant. Visitors from the Twin Cities were pleased to discover ideas for their own hospitals. One of our Sisters came for experience in quantity cookery; her hours here were part of a course, "Administrative Food Service Experience" at the University of Minnesota.

Reviewing the future plans section of last year's report, it is encouraging to see that many of the goals were reached. The Dietary Manual was completely revised and new sections added to make it more inclusive. Distribution and use of the manual will be the first activity of the new year. The teaching and food service dietitians are to be commended for a fine job in their efforts to keep our dietary care of the sick according to the latest findings in the field of nutrition.

Many of our department supervisors have availed themselves of opportunities to keep abreast of changes in the field of nutrition and food service. Fall and spring food shows, equipment displays and state meetings for dietitians were well attended. Sister Boniface attended a 5-day workshop in Chicago for teaching dietitians of schools of nursing. Sister Colleen attended a week-long workshop on middle management sponsored by the Catholic Hospital Association in Minneapolis.

The dietitians have also volunteered their time and ideas to assist other groups. The classes held for diabetic patients in the hospital and the expectant parents' classes were two areas in which they worked. The inservice program for the nursing service staff included an explanation of our food service to the patients and a discussion led by Dr. John on phenylketonuria. Sister Colleen spoke to the Northern TOPS Club Rally on proper calorie control; she also had a discussion of dietary care of the sick for the class studying family living at the College of St. Benedict. Sister Boniface spoke on geriatric dietetics to nursing home administrators of this area. Other projects were radio programs and newspaper articles for Hospital Week.

This coming year will be filled with continued efforts at standardized recipes, job analysis and cost studies. A study of job duties in the different units of the department may guide us to organize jobs more efficiently and thus save labor costs. We are grateful to all who in any way contribute to the effectiveness of our food service.

Sister Colleen, O.S.B.
Sister Colleen, O.S.B.
Administrative Dietitian

M E D I C A L R E C O R D D E P A R T M E N T

Nowhere are greater time and attention given to detail than in the Medical Records Department where records on every aspect of patient service are collected, reviewed and filed for future use of the patient during his lifetime, for the physician who has been or may one day be involved in his care, and as source material for research projects. As a medicolegal document, the medical record of the patient is a valuable item of hospital property.

Floor space sufficient for three desks was a very welcome, and necessary, addition to the department in August.

Master copies of the postpartum orders of each doctor were completed and the orders are now photocopied and appear in detail on each postpartum patient's chart. Printing the routine orders for newborn baby care on each baby's chart is a project for next year. The snap-out Pregnancy and Labor Record is now in use.

Experimentation with five different brands of dictation-via-telephone equipment occupied many hours. The Nyematic was our choice and it has been installed. We acknowledge and are grateful for the assistance given us by Mr. H.Knevel in making this important purchase.

Job analyses for the Junior Medical Record Clerks were completed.

The impact of Medicare was felt in the Medical Records Department in February, 1966, when the Utilization Committee was appointed. Additional statistics on patients over 65 were recorded and assistance was given the committee in making a profile of the length of stay of patients over 65 for various diagnoses. Between May 1 and July 1 clerical assistance to the committee required 1½ hours daily, now requires one-half hour daily plus about nine hours monthly for activities related to the monthly meeting including sending notices of the meeting, pulling charts for review, attending the meeting and writing minutes. The advent of Medicare has also meant an increase in the number of insurance forms to be completed with diagnosis and operation.

There is an obvious increase in the number of requests from insurance companies, remote doctors and hospitals and research groups for information on ex-patients. We receive an average of five requests a day for information of this kind which requires a search for the chart and a letter or completion of a form by a record librarian well versed in medical terminology and skilled in choosing the correct type and amount of information.

Plans for next year include changing from the "Standard Nomenclature of Diseases and Operations" system of coding to the "International Classification of Diseases." Coding the latter way, we are told, is much faster.

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

PERSONNEL DEPARTMENT

In addition to the basic function of recruitment, wage and salary administration, orientation, personnel policy administration and job analysis the Personnel Department became involved in training and labor relations during fiscal 1966. The coming year will also see the establishment of a personnel budget which will become an annual project.

RECRUITMENT

The State of Minnesota and the local community of St. Cloud experienced over-employment in fiscal 1966. The unemployment rate for the state reached a low of 2%. The expansion of local factories has virtually depleted the source of supply for non-professional unskilled workers.

The keen competition for labor is clearly reflected in the number of applications filed in the personnel office. A comparison of applicants for fiscal 1965 and 1966 shows a 1/3 decrease in available non-professional workers.

	<u>Fiscal 1965</u>	<u>Fiscal 1966</u>
September	81	46
October	43	36
November	34	47
December	28	25
January	113	50
February	44	36
March	53	42
April	61	42
May	88	50
June	<u>115</u>	<u>88</u>
Total	<u>660</u>	<u>462</u>

Turnover was significantly reduced from 38% to 32% which approaches the unavoidable minimum of 27 or 28%.

WAGE AND SALARY

Due to economic conditions, cost of living and the moral obligation to pay a living wage, the salary program was restudied and in March of 1966 a new salary scale was installed along with new procedures for handling salary increments.

ORIENTATION

The orientation program has continued to welcome and inform new employees. With the availability of the new Garden Room facilities for the program have been greatly improved. Nearly all of the 169 full-time permanent accessions participated in the two-day program.

PERSONNEL POLICY ADMINISTRATION

Again, new benefits for hospital employees were introduced. The life insurance program was greatly improved in November, providing triple benefits at nominal cost to the employee. The hospital began to

provide full hospitalization coverage for individual employees in February. Procedures for handling billings and payroll deductions have also been improved.

JOB ANALYSIS

Job analysis has been a continuing project. With virtually all of the jobs in the hospital completely analyzed, revisions continue to be made as job duties change and new jobs are added. The program received a considerable boost from the work of a part-time graduate student from State College.

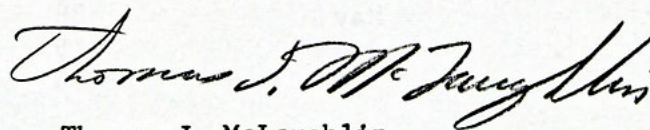
TRAINING

The Personnel Department took over the management improvement program in fiscal 1966 providing group training to 24 supervisors in "Group Processes" and "Listening." In addition 14 supervisors participated in a new program titled "The Supervisor as a Trainer."

Training record cards have been set up and maintained on all hospital personnel. Inservice programs were conducted largely for nursing service personnel. However, some programs were made available to all hospital people such as the film on telephone courtesy and the lecture by Mrs. Joyce on "The Patient as a Person."

LABOR RELATIONS

In spite of increased salaries and greatly improved fringe benefits, the engineering and maintenance employees sought and gained representation by the International Operating Engineers Union in November. A contract which was within the federal government's guideline of 3.2% and was non-inflationary was concluded with the union in June of 1966. All management prerogatives were retained as rights of administration.



Thomas J. McLaughlin
Personnel Director

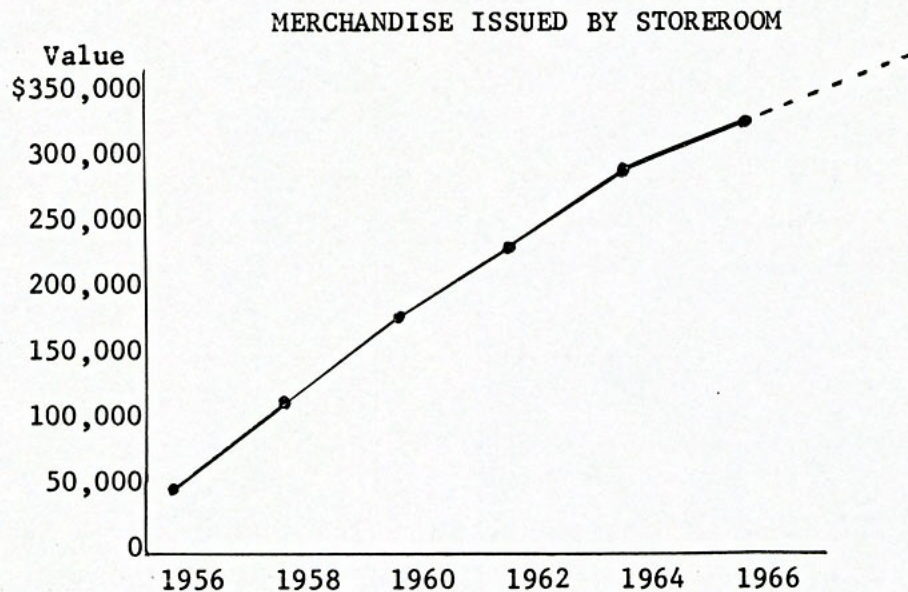
THE PURCHASING DEPARTMENT

The Purchasing Department has again enjoyed greater challenges through the introduction of more labor-saving, disposable supplies. Trying always to improve supply services to all departments, coupled with greater scrutiny of the supply dollar, has required the utmost cooperation of all personnel. Achievements in even the slightest degree would not be possible without the help of our many excellent department heads, supervisors, staff members and certainly the many fine loyal vendors who serve us.

The following comparative statistics on purchasing activities show clearly the constant, almost phenomenal growth. There has been no appreciable increase in personnel cost, office or storeroom space.

<u>ACTIVITY</u>	<u>1965</u>	<u>1966</u>
Value of supplies issued from storeroom	\$295,897	\$332,407
Requisitions filled	33,911	37,139
Purchase orders issued	2,019	2,255
Units of freight received including dietary		48,177
Television requests filled		856

The following chart shows the continuous trend upward in the dollar value of merchandise issued from the storeroom. The amount for each year reflects the great increase in the use of disposables, higher prices, a much larger number of items dispensed from the storeroom and more patient days since 1956.

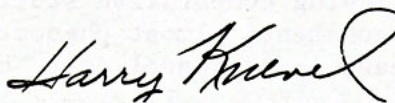


Accomplishments have been achieved through various means such as product evaluations, expansion of supply requisition books, extensive contract purchasing techniques, data phone ordering, improved communication with vendors and fellow associates. In addition we welcomed the assistance received from our Candy Strippers and several students employed through the Economic Opportunity Act.

The privilege of attending various regional and national meetings and institutes furnished background for new ventures and supplied added insight to plans for total material management in the future.

We were happy to serve on a number of hospital committees and several program committees including the Personnel Advisory Committee, Safety Committee and Hospital Week.

Our thoughts for the future are filled with plans for expansion of offices and storerooms. Automated services for material handling, record keeping and other processing will be tomorrow's reality.



Harry J. Knevel
Purchasing Agent

SCHOOL OF NURSING

Enrollment

The past year was unusual--we had two graduations! Fifty-five students from the last class of the traditional program graduated August 15, 1965. Forty-one students, the first to graduate from the new academic program, received their diplomas on May 15, 1966.

As of July, 1966, there are 45 juniors and 39 seniors. Sixty students are registered for admission to the program in September, 1966. Due to an unusually large dropout rate for the freshmen, the total enrollment is lower than anticipated. During the year 23 students withdrew from the school for the following reasons:

	<u>Freshman</u>	<u>Junior</u>	<u>Senior</u>
Disinterested in nursing	5		
Scholastic failure	4	3	1
Personal reasons	5		
Marriage	2		
Husband transferred		1	
Poor vision	1		
To enter religious life	1		

We have witnessed a definite increase in the number of students admitted under the revised admission policies of July, 1964. We have 12 day students, three male students and four married students.

Physical Improvements

Equipment purchases include a bicycle rack, a color TV set, a refrigerator for the main kitchenette, and a commercial automatic washer for the laundry.

A significant improvement took place in Classroom B during the Christmas vacation. The chapel pews were removed, the floor sanded and new tile laid, and new classroom chairs were purchased. Remodeling of the recreation room included the installation of acoustical tile on the ceiling, new lighting fixtures and painting of the walls. It is our fond hope that new furniture can also be purchased soon.

Faculty Advancement

One of the important advantages of the academic year in nursing is that the program frees the faculty during the summer months. This summer, 1966, is the first that the instructors have been free to pursue their own interests. We are pleased that five are busily engaged in higher education; of these two are in psychiatric nursing, one in rehabilitation nursing, one in liberal arts at State College, and one in guidance and counseling at State College.

Faculty Workshop

Following the official close of the school year the faculty spent several weeks engaged in major projects. Among the items demanding attention were the revision of the SCHOOL BULLETIN, revision of the brochure known as HIGHLIGHTS, revision of the Faculty Handbook, and editing of the Student Handbook. Work on the job analysis for each member of

the school staff was completed. Much time and effort were given to setting up a systematic evaluation system for the total program, one of the requirements stipulated by the National League for Nursing.

Financial Assistance to Students

Various sources of financial assistance were available to the students. The following is a summary of these disbursements:

<u>Kind of Assistance</u>	<u>No. of Students</u>	<u>Total Amt. Granted</u>
Nursing Student Loan Program	27	\$14,950
Minnesota State Scholarships	35	6,175
School Scholarships:		
Sister Elizabeth Award	2	50
Grace-Weiss Halenbeck Scholarships	5	1,000
Marian Award	5	500
St. Mary's Physicians Guild Award	3	150
Alumnae Award	1	50
Sister Elizabeth Scholarship	6	450
Business and Professional		
Women's Award	<u>1</u>	<u>100</u>
	86	\$23,425

Trends in Nursing Education

It is a well known fact that profound changes are taking place in American society today. One of these changes that is having far-reaching effects is the stress placed on the need for higher education. It would be too much to hope that the present system of nursing education would not be affected by this phenomenon. Further, the concept of what nursing is as defined by the nursing profession demands ever newer and better methods of nursing education to prepare the practitioner. The result has been that the nursing profession, through its official agency, the American Nurses Association, has taken steps to effect an orderly transition from diploma schools to baccalaureate programs in institutions of higher education.

Diploma schools of nursing today, then, must face very realistically that age-old question: To be or not to be! The answer is not arrived at easily, but it can be achieved through concerted efforts in community planning. Accordingly, during the past year, efforts have been made to determine the future of our school of nursing. The feasibility of establishing a program in nursing in one of our nearby schools is being explored. Just what will be done, and when, and by whom, and how, are questions which remain to be answered. We are certain that we can find those answers through continued discussion, exploration, and community-wide planning.

Sister Leonelle, O.S.B.
 Sister Leonelle, O.S.B., R.N., M.S.
 Director of the School of Nursing

VOLUNTEER SERVICES

After five years of doing a magnificent job as Director of Volunteers on a voluntary basis, Mrs. Harry Knevel resigned and on January 1, 1966, Mrs. Richard Kline took over as the first paid, full-time Director of Volunteers with the rank of department head.

ST. CLOUD WOMEN'S AUXILIARY

During the year a total of 4,233 hours of work in the hospital were donated by an average of 47 in-service Auxiliary members. The hours of service given to each department are as follows:

Administration	1752	Pharmacy	56
Admissions	682	Physical Therapy	228
Central Service	507	Radiology	625
Nursing Service	315	Miscellaneous	68

In addition Auxiliary members working at home made 3500 puppets for the Pediatric ward and 2100 holiday tray favors for seven holidays.

The Auxiliary has two fund-raising projects, the December Fruit Cake Sale and Fandel's Day in March. This year they gave the hospital \$1,000 to complete payment for the Cardioverter.

The Auxiliary participated in the disaster drill, served coffee and doughnuts to employees one day during National Hospital Week and participated actively in the Red Cross Bloodmobile program. Quarterly meetings were held. Mrs. Lawrence Thienes, President of the Medical Auxiliary, Father Patrick Riley and Sister Jonathan were the speakers. The fourth meeting was the awards and recognition program.

Officers during 1965-1966 were Mrs. R. Grothe, President; Mrs. Lawrence Hall, Vice President; Mrs. Valerie Meinz, Treasurer; Mrs. Arthur Gerber, Secretary; Mrs. Louis Schneider, Corresponding Secretary; Mrs. L. Poganski, Fandel's Day Chairman; Mrs. Jerome Weber, Fruit Cake Chairman; Mrs. Charles Richter, Puppet Chairman; Delores Ahles, Tray Favors; Mrs. Donald Bohmer, Historian; Mrs. Leonard Stotko, Newsletter; and Mrs. Wendell Theissen, Publicity. The membership totals 111. Twenty-one of the members are patronesses.

CANDY STRIPER PROGRAM

An average membership of 60 girls contributed a total of 10,435 hours to the following departments:

Administration	2278	Nursing Service	4976
Admissions	761	Physical Therapy	725
Central Service	100	Radiology	1596

The Candy Strippers held monthly meetings at which department heads were speakers. A Christmas tea was held at the home of Mrs. Timmers. A reception for parents and department heads was held after the capping and awards ceremony. The Senior Candy Strippers modeled at a style show during the Auxiliary Fandel's Day.

Of the 16 graduating seniors two are entering the St. Cloud Hospital School of X-ray Technology and nine are enrolled in nursing programs. Mrs. Loren Timmers is the advisor for the Candy Striper program.

OTHER VOLUNTEERS

The Boy Scout Explorer Post #9 was chartered in January, 1966. They are sponsored by the Stearns-Benton County Medical Society. Six boys gave a total of 101 hours of service during the months of January, February and March. They gave 64 hours in Pediatrics, 16 hours in X-ray, 11 hours in Central Service and 10 hours in Nursing Service.

Four girls from State College volunteered their services during a school quarter and gave a total of 106 hours. Pediatrics received 17 hours; Pharmacy, 19 hours; Physical Therapy, 48 hours; and the Laboratory, 22 hours.

One high school boy also volunteered his services and worked 132 hours during the year, 74 of them in the Print Shop and 58 in Physical Therapy.

Mrs. Richard Kline

Mrs. Richard Kline
Director of Volunteers

HOSPITAL HAPPENINGS

July

Sister Bernadine became Executive Housekeeper when Sister Cathel left the hospital to become Administrator of St. Joseph's Home. Sister Josella was assigned as manager and operator of a new print shop. Sister Marion and Sister Job went to the Queen of Peace Hospital in New Prague and Sister Columba transferred from the Business Office to the School of Nursing as receptionist.

A new disability insurance program for employees was purchased. The St. Cloud Hospital is one of the first hospitals in Minnesota to have this kind of insurance program for employees.

The Rotarians and their wives were guests of the hospital at a picnic at River Edge on July 20.

The firm of Drake, Lindstrom, Champagne and Associates of Minneapolis, under the direction of Burl Drake, returned to the hospital to resume the Work Measurement Survey for the Nursing Service Department.

August

Henry J. Wirth was appointed to the new position of Superintendent of Buildings and Grounds.

The "honor system" was introduced in the hospital cafeteria for "snack time" to facilitate faster service.

On August 12 and 13 the hospital was surveyed by Dr. J.A. Clapp, Jr. for continued accreditation by the Joint Commission on Accreditation of Hospitals.

Sister Jameen and Edward Schnettler of the Mental Health Center attended a workshop on August 18 on the implementation of the new Community Mental Health Centers Construction Act. Representatives of the U. S. Department of Health, Education and Welfare, Washington, D. C.; Hill-Burton headquarters, Kansas City; and the Minnesota Department of Health were source people at the meeting.

The Engineering and Maintenance Department began renovation of the Sisters' dining room.

September

Workshops attended in September were an A.C.H.A.-sponsored workshop in Chicago on Electrolytes and Blood pH by Claude Przybilla, Assistant Chief Medical Technologist; an Electrophoresis Workshop in St. Paul by Mrs. Joanne Paulsen, M.T.; and an Instrumentation Workshop sponsored by the Scientific Products Co. in Minneapolis by Terence Heinen, M.T., Claude Przybilla, M.T., and Dr. R. Murray, Pathologist.

The first check under the new disability income plan was presented to Mrs. Josephine Stowe, laundry aide.

September
continued

A new service, the Print Shop, with Sister Josella as one-man staff, opened for business, and Open House for the employees was held on September 29.

E. J. Smith, R.T., Chief X-ray Technician, was elected President-elect of the Minnesota Society of X-ray Technicians at their annual convention.

The Stella Maris Circle of the Daughters of Isabella donated 150 copies of the "Illustrated New Testament" published by the Liturgical Press, St. John's Abbey, Collegeville, for use by patients.

Announcement was made of a 48-week training program for practical nurses by the Vocational Department of the public school system. Clinical training will be given at St. Cloud Hospital.

An article entitled "A Ten-Month Study of the Use of Antibiotics in a 175 Bed General Hospital," co-authored by Sister Rebecca, Chief Pharmacist, was published in the September, 1965, "American Journal of Hospital Pharmacy." Sister Rebecca wrote this article when she was Chief Pharmacist at St. Benedict's Hospital, Ogden, Utah.

On September 8 representatives of the hospital and The Central Minnesota Mental Health Center met in Minneapolis with the State Advisory Council on Comprehensive Community Mental Health Centers Construction for oral presentation of our project to obtain funds for the proposed psychiatric unit at St. Cloud Hospital. St. Cloud is the first community in the United States to request funds for the inpatient component of a comprehensive Mental Health Center. This local project is a pilot program and received considerable interest and encouragement from both the national and state agencies represented at the conference.

The annual picnic for personnel was held at River Edge with Sister Pius and Sister Roger as co-chairmen.

Four Sisters attended the fall meeting of the Conference of Catholic Hospitals and Homes for the Aged of the Diocese of St. Cloud at Our Lady of Mercy Hospital, Alexandria.

October

The annual White Mass followed by a dinner in the hospital was sponsored by the St. Mary's Physicians Guild.

A second federal grant in the amount of \$424,000 was awarded to the hospital to assist in the financing of the \$5 million building project. The total amount of the two federal grants is \$2,174,000.

The sixth class on management improvement with Thomas McLaughlin, Personnel Director, as leader began as part of the hospital's continuous program for supervisory development.

October
continued

Mrs. Phyllis Herranen and Sister Albert attended a workshop on Team Nursing sponsored by the University of Iowa in Iowa City from October 18 to 22.

An expanded life insurance program was offered to all full-time employees of the Order of St. Benedict. The program is based on earnings, and, in addition to tripling the basic benefits the new program provides for an additional death benefit which doubles the amount the beneficiary receives.

On October 3 the nurse aides donned sparkling white uniforms. For eleven years the aides have worn yellow uniforms and the cap which signified that they had worked in that position at least a year. They do not wear a cap with their new uniforms. Identification tags will distinguish them from other personnel wearing white.

The Nursing Service Department appointed an In-Service Education Committee with Sister Albert as Chairman. The objective is a program that will meet the training needs of nursing service personnel.

November

The Sisters' "old" dining room was converted into a conference room, the Garden Room, and new dining and serving rooms for the Sisters were made from their old community room.

On November 10 the hospital hosted ten teachers from St. Cloud parochial and public schools for Business-Education Day, an annual event sponsored by the St. Cloud Chamber of Commerce.

Pediatric and Obstetrical Nursing Seminars were held here on November 16 and 23. Discussions on "Emergency Room Nursing and Pediatric Nursing" and "Obstetrical Nursing Emergencies, In and Out of the Hospital," were led by Miss Marilyn Wilfong, R.N., a Maternal and Child Health Nursing Consultant from the Minnesota Department of Health.

December

The Personnel Advisory Committee, chosen by the employees to represent them in suggestions, ideas, and grievances, elected its officers for the new year.

On Tuesday, December 14, twenty-one deacons from St. John's Seminary and St. John's Monastery came for the annual Deacons Day.

January

Mrs. Richard Kline was appointed Director of Volunteers and John Seckinger, C.P.A., Controller.

The annual Epiphany Buffet was given by the Sisters for the personnel on January 5 in the main dining room.

January
continued

Sister Jameen and Gene Bakke attended a meeting of the Board of Directors of the Central Minnesota Planning Council for Health Facilities and Services at the Germain Hotel on January 13.

An Appreciation Dinner was given by the hospital for those public and private individuals who themselves, and through the organizations they represent, did much to help us get the federal grant which will make it possible to expand and renovate the hospital within the next two years.

February

Sister Jameen and Gene Bakke attended the Ninth Congress on Administration sponsored by the American College of Hospital Administrators in Chicago.

A meeting was held at the hospital for nursing home and hospital representatives to discuss arrangements between hospitals and nursing homes under Medicare. Among the authorities in the health, hospital and social security fields who were present were Dr. Robert Barr, Director of Minnesota Department of Health; Donald Dunn, Executive Secretary of the Minnesota Hospital Association; and Harry Wernecke of the Minnesota Joint Program for Area-Wide Planning.

Gene Bakke and John Seckinger attended the Annual Minnesota Hospital Service Association Meeting in St. Paul.

Sister Maureen, Occupational Therapist, went to Chicago to work with the National Catholic Conference for Interracial Justice.

March

Oswald Brixius, Head Orderly, was honored by fellow employees on the completion of his 25th year of employment as an orderly at St. Cloud Hospital.

The hospital provided space and facilities for an Explorer Scout Post sponsored by the Stearns-Benton County Medical Association. This is a group of boys who are interested in medical science and in knowing about the medical facilities in this community. The boys work as volunteers in various departments of the hospital. The doctors provide classroom instruction.

Sister Rebecca, Chief Pharmacist, attended a Seminar in Clinical Hospital Pharmacy at the University of Iowa.

Mrs. Robert Joyce, an instructor in General and Child Psychology in the School of Nursing, lectured at several in-service meetings on "The Patient As A Person."

Sponsored by the In-service Education Committee, Mrs. Thora Kron, nursing team consultant and author of the book, "Nursing Team Leadership," spent March 29 and 30

March
continued

with nursing service personnel and junior and senior nursing students discussing team nursing philosophy, methods of patient care, nursing care plans and team nursing conferences.

Sister Jameen and Gene Bakke attended a workshop on Medicare sponsored by the Minnesota Hospital Association.

The offices of the Administrator, her secretary, and the administrative clerical staff were moved to newly renovated offices on 1 North. Open House for the Sisters was held on the Feast of St. Patrick.

April

A demonstration of electronic data processing was held at St. Cloud Hospital on April 29 by three men from Blue Cross. Administrative personnel from nearby hospitals, St. Benedict's Convent and College and the medical staff were invited to attend.

The clergy of St. Cloud and the immediate hospital service area were guests at a dinner on April 26 at which proposed building plans and the need for expansion and renovation were discussed.

Sisters Bernadine and Leo, H. Knevel and E. Smith, members of the Safety Committee, took a 16-hour course on Radiological Monitoring used during nuclear warfare. Mr. Al Baert, State Civil Defense Mobile Support Coordinator, presented the participants with certificates.

The fourth annual Press-Radio Dinner was held in the hospital. The dinner is sponsored by the hospital and the Stearns-Benton County Medical Society to bring about an interchange of ideas with members of the local press and radio and to resolve any problems which anyone in the group may have.

John Seckinger attended an institute on financial management for hospitals at the Lake Shore Club of Chicago April 12 to 15.

Sisters Colleen, Bridget, Jonathan, Paul and Bernadine attended an institute on management sponsored by the Minnesota Conference of Catholic Hospitals at the Radisson Hotel, Minneapolis, April 18 to 22. The faculty for the institute was provided by the Catholic Hospital Association.

Forty-eight members of the Delta Kappa Gamma were guests of the hospital at a dinner meeting on April 14.

The office of the Assistant Administrator was moved to 1 North.

May Radio, TV, the press and personal contact were used to observe National Hospital Week. ALLIANCE FOR HEALTH was the theme of all activities. The annual Recognition Dinner at which forty-one employees were honored for five years or multiples of five years of continuous employment at the hospital was a highlight of the week.

The current series of expectant parent classes which have been held since May, 1957, was concluded. They will be resumed in fall.

A disaster drill on May 9 provided an opportunity to test the state of awareness in all areas of the hospital.

Many of the hospital personnel attended part or all of the Upper Midwest Hospital Conference in Minneapolis.

June Mrs. Marion Becker, Physical Therapist, attended the Prosthetic Orthotic Education Workshop at Northwestern University Medical School, Chicago.

Bids for general construction and mechanical work on the proposed \$5.2 million building and renovation project were opened June 3 and for the electrical work on June 10, climaxing months and years of planning. Low bidders were the M. J. McGough Company of Minneapolis for general construction, Healy Plumbing and Heating of St. Paul for mechanical construction, and Cold Spring Electric for the electrical work. The project received the approval of the hospital's governing board and the Sisters of the Order of St. Benedict on June 11. Final approval was received from the Minnesota Department of Health, the U. S. Public Health Service, and the Department of Health, Education and Welfare. The contracts were signed July 1 and construction was scheduled to begin in mid-July, 1966.

DEPARTMENTAL PERSONNEL, June 30, 1966, INCLUDING SISTERS

2 Chaplains Administrator 5 Doctors
Assistant Administrator

	<u>F.T.</u>	<u>P.T.</u>		<u>F.T.</u>	<u>P.T.</u>
Administrative Office	8	3	Maintenance	16	1
Anesthesia	11	3	Medical Records	9	3
Business Office	22	19	Nursing Service	229	121
Central Service	12	2	Personnel	4	1
Dietary	47	30	Pharmacy	5	2
Electroencephalography	--	1	Physical Therapy	8	2
Engineers	5	2	Purchasing	6	-
Housekeeping	36	11	School of Nursing	16	1
Laboratory	24	3	Surgery	21	5
Laundry	16	6	Radiology	14	11

MANAGEMENT STAFF
July 1, 1965 to June 30, 1966

Governing Board

Mother Henrita, O.S.B., Chairman
Sister Mary Patrick, O.S.B.
Sister Clyde, O.S.B.
Mother Richarda, O.S.B.
Sister Jameen, O.S.B.
Sister Enid, O.S.B.
Sister Sebastine, O.S.B.

Development Committee

Sister Jameen, O.S.B., Chairman
Mother Richarda, O.S.B.
Sister Mildred Ann, O.S.B.
Gene Bakke
Dr. H. E. Sisk
Sister Leonarda, O.S.B.
Sister Rosalinda, O.S.B.

Sister Jameen, O.S.B. Administrator
Gene Bakke Asst. Administrator
Harry J. Knevel Administrative Assistant
Father P. Riley Chaplain
Father A. Piekarski Chaplain
John Fitzgerald Accountant
Sister Leonarda, O.S.B., R.N. Director of Nursing
Elizabeth Stafford, C.N.A. Anesthesia
Sister Rosalinda, O.S.B. Business Office
Mrs. P. Moosbrugger, R.N. Central Service
Sister Colleen, O.S.B., A.D.T. Dietary
Sister Arles, O.S.B., R.T. Electroencephalography
Sister Bernadine, O.S.B. Housekeeping
Sister Bridget, O.S.B., M.T. Laboratory
Sister Quidella, O.S.B. Laundry
Sister Sebastine, O.S.B., R.R.L. Medical Records
Sister Maureen, O.S.B., O.T.R. Occupa'l Therapy
Monica Szostak, R.N. Operating Room
Thomas McLaughlin Personnel Director
Sister Rebecca, O.S.B., R.Ph. Pharmacy
Mrs. Marion Becker, R.P.T. Physical Therapy
Harry J. Knevel Purchasing
Sister Jonathan, O.S.B., R.T. Radiology
Henry Wirth Supt. of Buildings and Grounds
Mrs. Richard Kline Director of Volunteers
Sister Leonelle, O.S.B., R.N. Director,
School of Nursing

