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center scan

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

Fresh Breads, Baked Daily



Holding specialty yeast breads are baker Janet Massmann (Orange Rye loaf), bakery supervisor Sharon Kluempke, (Honey Oatmeal loaf), dining service and catering supervisor Tom McGrath, (Focaccia loaf), and baker Ethel Nierenhausen, (Honey Oatmeal loaf).

BREADS

- Focaccia
- Onion
- Onion Rye
- Scandinavian Rye
- Orange Rye
- Dill Seed Bread
- Granola
- Honey Oatmeal

All loaves cost \$2.25 except for Honey Oatmeal, which is \$1.75. To find out what bread is available, call the Coffee Shop at ext. 4554.

Scandinavian Rye, Oatmeal, Onion, and fragrant Focaccia: these are all breads baked by the hospital's own bakery in nutrition services.

The bakery now offers eight specialty breads. The recipe for the first, a flat, herbed, mediterranean style loaf called Focaccia, came from Tom McGrath, dining service and catering supervisor. "I had read about another corporation which produced specialty breads for its catering service, and I wanted to offer

something similar here. We are one of the few hospitals operating its own bakery, and we have some really talented bakers who are good at developing ideas and recipes. After I introduced Focaccia, they came up with ideas of their own."

Prior to general distribution the breads were taste tested by staff and then in Riverfront and the Coffee Shop. Now, Focaccia is available every day, and seven other specialty breads are baked on a rotating basis.

Organizational Restructuring

As outlined in a memo by hospital president John Frobenius, the major elements of the new organizational structure are:

- External and internal customer directed
- Patient focused
- Focus decision making around service lines
- Demonstrate gains in efficiency and effectiveness
- Integration among departments
- Meet regulatory and accrediting codes and standards
- Facilitates meeting our mission and vision
- Facilitate decision making at the most appropriate level
- Similar titles for similar scope of responsibilities
- Expedient exchange of information
- Fosters CQI, systems solutions and team processes
- Emphasis on patient care/business systems rather than specialty
- A framework that facilitates horizontal communication
- Structure is dynamic—changes to meet strategic goals

The implementation of the new organizational structure should be accompanied by changes in organizational and individual behavior. The key behavioral issues that require consideration include:

- Cultivating a better acceptance among executives that decisions can be made throughout the organization.
- Executive time should be spent on developing and executing organizational strategy rather than making or validating operational decisions.
- Develop trust among the leadership group that people will keep them informed of things they need to know.
- Cultivate more sophisticated negotiation and conflict resolution skills. Because the new organizational structure breaks down functional boundaries and repositions people in a more interdisciplinary framework, individuals will need more sophisticated problem solving skills.
- Develop greater emphasis on team accomplishments rather than individual accomplishments. The new organizational chart repositions people into cross-functional business units. There is increased emphasis on integrated teamwork rather than individual leadership.
- Resolves issues in a manner that maintains self esteem of all parties involved.

It's a changing world, with new economic conditions placing more and more pressure on the United States to stop doing business as usual and start performing better.

Americans are being asked to change not just the way they work, but also the way they think. Saint Cloud Hospital isn't insulated from that. That's why the hospital has put a lot of time into carefully examining its organizational structure with a view to providing the best care in the most efficient manner.

A planned restructuring is due to be implemented October 1. It does the following things: it groups like departments with each other to form major service areas in the hospital; it focuses on customers, including internal customers; and it positions support departments to serve the major service areas of the hospital, such as surgery and oncology.

Under the new structure, nursing reports to two vice presidents, Linda Chmielewski and Paul Gray, each of whom shares the title vice president of patient services. Chmielewski also has the title of chief nursing officer.

"This new organizational structure has resulted from one of the most participative processes I have ever been part of during my career at SCH," Chmielewski said. "Paul Gray, John Seckinger and I had tremendous input from the people we work with in the hospital. I know I had direct contact with 30 people and indirectly with 300 employees on this issue. Paul, John and I reworked the organizational structure several times in order to respond to employees'

concerns. This whole project was not done in a vacuum or by three people sitting around a table. Many, many people were involved."

The most noticeable change in the new structure is that the Manager and Assistant Manager job titles have disappeared. Reporting to the executive level of president and vice presidents are directors, who come in four kinds: service directors, administrative directors, department directors, and staff directors. Most people who were previously unit managers now are termed department directors. In some cases directors will report to directors. Reporting to the director level are supervisors, coordinators, or lead persons.

According to Paul Gray, the title director refers to someone who organizes, plans and runs an operation, not someone who simply manages day to day and doesn't plan or organize for change. "The implication of using the term director is that our directors will plan, organize and assume these broader responsibilities for their operating units, leading them consistent with the overall objectives of the hospital without relying on explicit direction from hospital executives."

Retitling managers as directors also puts Saint Cloud Hospital more in alignment with other hospitals, and makes it easier for the hospital management to relate with their peers and with other professionals outside the hospital.

"I believe we will need to spend more time in coming years on our internal organization, to be sure that we are delivering the highest quality in the most efficient way," Chmielewski said.

Give Blood - Save Lives

Why give blood?

"It's just very, very important," says Beverly Moog. Moog, who is a medical technologist working primarily in hematology and the blood bank, coordinates the hospital's blood drive with the Red Cross.

The hospital is a big user of blood products because of its regional programs like oncology, heart surgery, and trauma. In 1991 there were 5,023 total red cell transfusions, 523 of which were autologous, and 4,900 transfusions of products other than red cells, mostly platelets and fresh frozen plasma. Although the hospital's employee base has risen, blood drive donations remain in the area of 100-120 units. Moog would like to see that number go up.

"The figures indicate that there is a great demand for donors in this area. I don't think people realize how lucky we are to have a reliable, safe supply of blood," Moog said. "We are an emergency supply for other, smaller hospitals in Central Minnesota, so the Red Cross makes sure that we always have a large inventory of different blood types here."

It takes from 45 minutes to an hour to give blood. "The hospital allows employees the time to donate, so long as staffing can be covered," Moog said. "I know that this causes more work for other employees, and I appreciate their cooperation also."

The next hospital blood drive is September 30, from 10 a.m. to 4 p.m., and will take place in the Fireside Room. The hospital encourages employees to donate, but time from work must be coordinated with supervisors or managers.

DONOR REQUIREMENT REVISIONS

The Red Cross has revised its donor eligibility rules. Changes include:

- the upper age limit for giving blood has been removed (the lower limit remains 17)
- prospective donors must know the exact name of any prescription medication they may have taken within 30 days
- the weight minimum has been lowered to 105 pounds
- persons who have

suffered a heart attack more than 6 months ago, are now symptom free, are not physically restricted and do not take any

heart medication other than aspirin may donate blood

- cancer victims whose cancers did not require chemotherapy and have not reoccurred in 5 years may be donors
- diabetics whose diabetes is controlled by oral medication or diet, or who have been on insulin for at least two weeks, may donate

Latex Allergy Potentially Dangerous

(This article was written by St. Cloud allergist Mohan)

Many health care workers know to latex products, however, many do not understand the serious implications of this

Latex hypersensitivity has been increasing over the last decade. It has presented a variety of reactions ranging from moderately severe urticaria (hives), rhinoconjunctivitis, and to severe anaphylactic reactions including

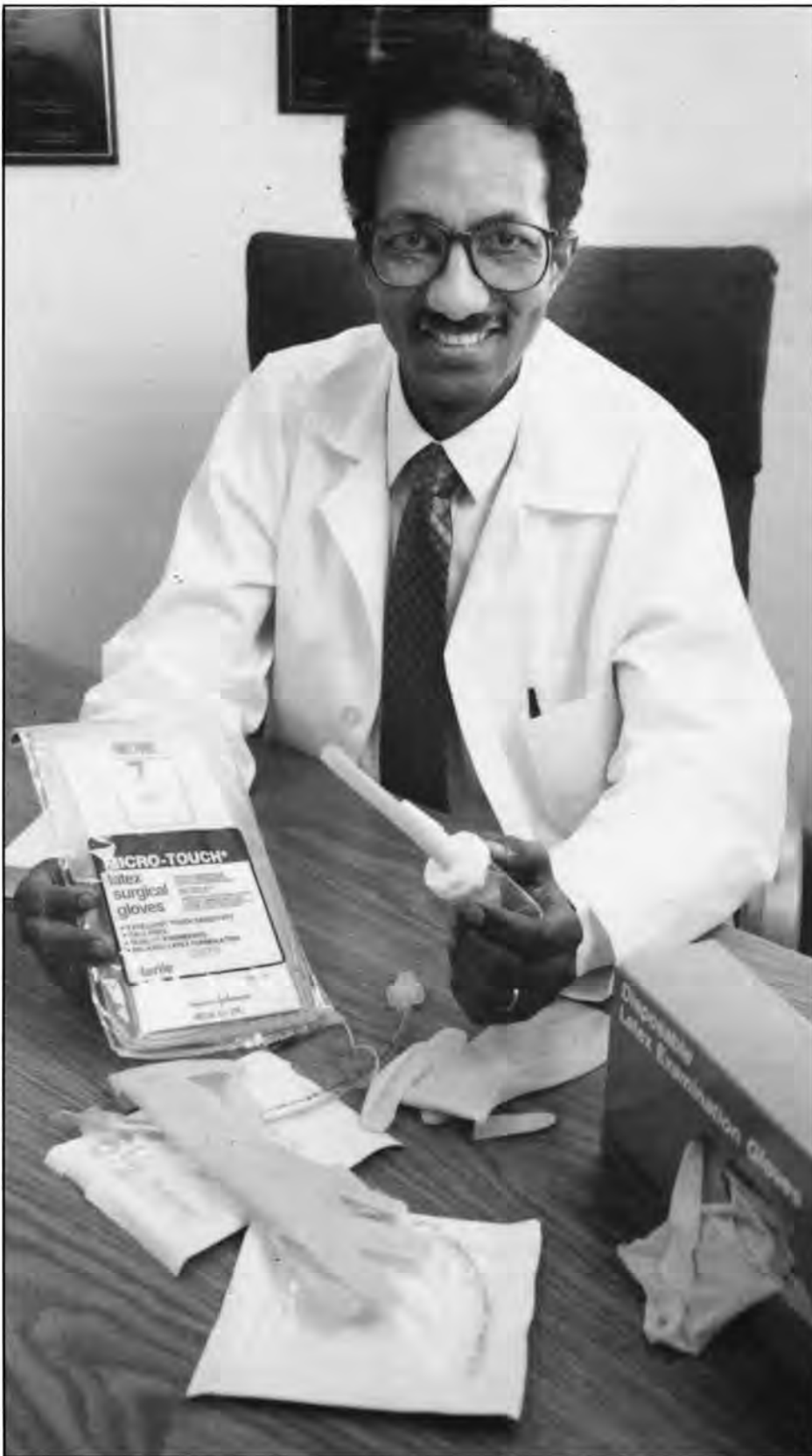
Health care workers are the second group to develop latex allergy. The reported incidence of immediate latex reactions among health care workers ranges between 7.45 to 17% (3,4). Patients with Bifida comprise the majority of subjects with latex-induced anaphylactic reactions. In the incidence of latex reactions in this group

The only common feature among these groups appears to be a high degree of exposure. In the case of health care workers, rubber gloves are the main source of rubber exposure. The powder on gloves may serve as a vehicle for latex protein in increased skin or airborne exposure. Latex glove powder itself is not allergenic. Latex gloves are labeled "Hypoallergenic" by the manufacturer, indicating fewer allergenic proteins than standard latex gloves.

Other products containing natural latex include intravenous infusion sets containing latex balloons with latex diaphragms, urinary catheters, adhesive tape, dental dams, barium enema tubes, endotracheal tube cuffs, balloons, condoms, nipples, and rubber toys. Latex is well known for contact dermatitis. These reactions are due to the additive chemicals added during the manufacturing process. Contact urticaria occurs, first reported by Nutter, et al., in

My experience and the experience of others confirm that the first presentation of latex allergy is a life-threatening anaphylactic reaction (5). Patients reported by Ownby, et al. (1) had severe reactions during a barium enema (including one

Latex products, such as those shown, can trigger severe allergic reaction



To Health Care Workers

Yassin, M.D.)

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no history or previous reactions to latex products. The identification of health care workers at risk for latex-induced anaphylaxis is an essential step before they undergo surgery and radiologic or medical procedures that entail latex exposure.

The diagnosis of latex allergy can readily be confirmed by epicutaneous skin tests. Decreased sensitivity to the commercially available latex radioallergosorbent test (RAST) discs was reported by many authors. Conceivably these RAST discs might contain less of the antigenic latex protein(s). Also, RAST testing is known to be intrinsically less sensitive than skin testing in the diagnosis of life-threatening anaphylactic states in which maximum sensitivity is important (6).

For more information, or if you would like to be skin tested for latex, please contact Dr. Mohamed Yassin (Allergy and Asthma Associates) at (612) 654-8266.

References

1. Ownby DR, Tomlanovich M, Sammons N, McCullough J: Fatal anaphylaxis during a barium enema associated with latex allergy. (Abs) J Allergy Clin Immunol 1991;87 (No. 1, Pt 2): 268
2. Yassin MS, Sanyurah S, Lierl MB, Fischer TJ, et al.: Evaluation of latex allergy in patients with meningomyelocele. J. Allergy Clin Immunol 1992; 89 (No. 1, Part 2): 224
3. Yassin MS, Lierl MB, Fischer TJ, et al. Latex allergy in Cincinnati University Hospital Employees; (in press).
4. Turjanmaa K, et al. Incidence of immediate allergy to latex gloves in hospital personnel. Contact Dermatitis 1987;17:270-5
5. Nutter AF: Contact urticaria to rubber. British J Dermatol 1979;101:597-598.
6. Bernstein IL: Proceedings of the task force on guidelines for standardizing old and new technologies used for the diagnosis and treatment of allergic diseases. J Allergy Clin Immunol

Theft

The differences between looting a bank vault during the dark hours of a long weekend and taking home a piece of hospital linen may not be as significant as their similarity. They are both theft.

Theft is becoming a problem at Saint Cloud Hospital, according to Bill Becker, safety and security. Six incidents of theft were reported in the first quarter of 1992, and 16 incidents were reported April through June. "That's the most incidents we've ever had," Becker said. "Everything from linen to scrubs to sandwiches to VCR's and televisions is being stolen. We've even had flower arrangements and candy taken from patients."

Some of the theft is probably by non-employees, such as the three bicycles taken from in front of the hospital. "But we do know that employees are taking items home, because other employees have reported it. Still, some people seem to think it's okay to take things home; they think it's their right, but it isn't. Theft costs all of us money."

Becker emphasizes that hospital employees should safeguard their area and their personal valuables. A purse, for example, should be kept in a locked drawer, and the key put out of sight. Employees who are aware of theft going on are encouraged to contact either their manager, Bill Becker at ext. 5682, or Terry Bradford, director of human resources, at ext. 5668.

*on in the photograph at left of Dr. Mohamed Yassin, can
Dr. Yassin's wife nearly died because of such a reaction.*

Senior Services

Everyone's heard the phrase "the graying of America". As a nation, the 65 and over population is growing faster than any other age group.

Just how fast? Nationally, 31.2 million Americans are 65 and older. This is a 22 percent increase over 1980 figures.

Projected figures show a more dramatic increase in the future, particularly in the 85 and older population. This segment will double in 20 years to 8.6 million people.

Because of these increasing numbers, the Saint Cloud Hospital Corporation -- the hospital and Saint Benedict's Center (SBC) -- hired two consultants in 1989 to help develop some long-range plans for services serving older adults.

One of the recommendations of the consultants was to form a Corporate Senior Services Committee with members from the hospital and SBC to share information, discuss senior issues and develop plans.

The Corporate Senior Services Committee has 11 members from the hospital and SBC. If you have questions about senior services, please feel free to contact one of the following people:

co-chairs:

- S. Kara Hennes, home care
- S. Rita Budig, executive director of SBC

members:

- Clayton Skretvedt, social services, SCH
- Jim Forsting, Recovery Plus chemical dependency services, SCH
- Kathy Murphy, home care
- Diane Hageman, communications, SCH and SBC
- Robin Theis, long-term care, SBC
- Jim Hiatt, finance, SBC
- Mary Jean Schlegel, alternative services, SBC
- Mark Thyen, nursing, SBC
- Ruth Hunstiger, social services, SBC

Senior service brochures are available in the communications department. If you would like a copy, please call ext. 5652.

This committee has been meeting since 1990 and has a number of goals.

"One of the main goals our group feels we need to accomplish is to educate our own staff and volunteers about all the services we have available to older adults within the corporation," said S. Rita Budig, executive director of SBC and co-chair of the committee.

The first step in achieving that goal was to develop a brochure which lists all the services available to older adults provided by the hospital and SBC.

"The list is really very impressive and we think our staffs and volunteers need to be aware of these services so they are better able to promote the services within their departments and the community," said S. Kara Hennes, RN, home care and co-chair of the committee. "Also, many employees and volunteers may need some of these services for their parents or other relatives."

A communications plan has been developed to help increase awareness among staff and volunteers. During the next six months, people will see a display, payroll stuffers, TODAY senior fast facts, presentations at select department meetings and information distributed at general orientation and education day.

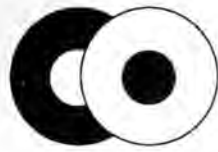
Once the internal communications plan has been implemented, the next step will be to increase awareness within the community.

National Recognition Goes To Clinic Volunteers

After receiving recognition locally, the Mid-Minnesota Health Clinic volunteers were selected as national semi-finalists in the 1992 JCPenney National Golden Rule Award in the Group category.

They were one of ten Group semi-finalists selected by a panel of independent judges from more than 600 winners and 10,000 nominees in 150 communities through the United States. One national winner and a finalist were selected from the group of ten.

Mid-Minnesota Health Clinic volunteers handled more than 7,000 patient visits and devoted 3,200 hours to the clinic in its first 18 months of operation.



VASCULAR

DIAGNOSIS & TREATMENT

CENTER

A new entity with a new logo has been created at Saint Cloud Hospital, with the goal of improving awareness of the hospital's specialized technology and medical staff's skills.

It is called the Vascular Diagnosis & Treatment Center. Twenty-five physicians are listed on the Center's stationery under the categories of diagnostic and radiological services, vascular surgery, neurological surgery, plastic & reconstructive surgery, and urological surgery. Its technological base is the hospital's radiology department.

The Center's work relates to problems of the blood vessels, and the principal problem is atherosclerosis, or hardening of the arteries. This shows itself in two major ways: cerebrovascular disease relating to the neck's carotid artery, and peripheral vascular disease in the legs. These are very common, according to radiologist Philip H. VanderStoep, M.D., and are frequently identified by physicians during routine physical examinations or following patients' complaints about various symptoms.

The Center offers a complete continuum of vascular diagnosis and treatment options. The initial examination is non-invasive and performed with high-tech ultrasound equipment. This ultrasound screening allows the physician to decide whether an invasive procedure is necessary. A patient may need invasive diagnostic testing, or treatment, in the angiography/interventional radiology suite, or even surgery. Frequently, Dr. VanderStoep said, a patient will require either an angiogram (an X-ray type examination requiring a contrast agent to be injected into the blood vessel) or an angioplasty (insertion and inflation of a balloon into the blood vessel to open the blood flow).

The angiography/interventional radiology suite provides highly detailed images, and its computerized equipment can also eliminate overlapping structures, such as bones, from the pictures. The resulting image is like a roadmap of the body's blood vessels, clearly showing bulges, blockages and other problems. Vascular "roadmapping" enables complex therapeutic procedures to be viewed as they are performed, providing greater accuracy and safety to the patient.

"Many of the components for the Center have been in place for some time," Dr. VanderStoep said. "The addition of new technologies has built on that, and now we feel able to promote the service."

Education Calendar

Further information about the educational opportunities listed below is available from the education and professional development department at ext. 5642.

September 14: Phone System Inservice
(Initial) 12:45 p.m.

September 16: BCLS Recertification
8-11 a.m.
Education Day 12-4 p.m.
BCLS Recertification
6-9 p.m.

September 17: (W) Advanced Cardiac
Life Support Provider
Course (appropriate
personnel)

September 19: Saint Cloud School of
Nursing 4th Alumni
Update 8 a.m.-3 p.m.

September 24: (W) Advanced Cardiac
Life Support Provider
Course (appropriate
personnel)
(W) Neonatal Advanced
Life Support
(appropriate
personnel)
(W) Naturally Thin By
Eating More 6-9 p.m.

September 25: (W) Central Minnesota
Perinatal Conference
8 a.m.-4:30 p.m.

September 30: BCLS Recertification
8-11 a.m.
Education Day 12-4 p.m.

(W) = workshop



New Management



Joseph Hellie has been hired as the manager of research and planning. Joe is a graduate of the University of Minnesota Master of Hospital and Health Service Administration Program, and holds a nursing home administrator license. He worked his way through school as a nursing assistant and emergency medical technician. His most recent position was with Franciscan Sisters Health Care, Inc., in Little Falls as corporate operations/planning assistant.

Your gift does make a difference!

As of September 1, Saint Cloud Hospital employees had raised \$67,625 for our local United Way! If you're in to statistics, that's 76.3 percent of our \$88,500 goal with 37 percent participation. Although our in-house campaign ended September 4, pledge cards are still being accepted. Your gift, no matter how large or small, will make a difference.

center scan

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PROMOTIONS

Heather Heaton, med. rec. clk-admissions, medical records, to LPN, 3 northwest.

Robert Hutchinson, resident assistant, Recovery Plus, to A&C assistant counselor.

Michael Kost, food service aide, nutrition services, to storeroom clerk.

Dale Kutzorik, resident assistant, Recovery Plus, to A&C assistant counselor.

Jude Mueller, registered nurse, telemetry, to nurse anesthetist, anesthesia.

Mary Opatz, vascular imaging technologist, radiology, to cardiovascular imaging tech.

Deborah Tomsche, resident assistant, Recovery Plus, to pharmacy tech., pharmacy.

ACHIEVEMENTS

Kathy Anderson, occupational therapy, has been named United Way loaned executive. She is assisting local companies plan, conduct and evaluate employee fund raising efforts.

Dan Baumgartner, Sara Doyle, Jake Kalkman, Kevin Krueger and Cheryl Peters, therapeutic recreation, have all passed their National Certification for Therapeutic Recreation Specialists.

Fay Chawla, manager, occupational health service, was elected secretary of the Minnesota Nurses Association Nurse Educator Occupational Group. She also became secretary of the Central Minnesota Occupational Health and Safety Council.

Jim Forsting, Recovery Plus, has been awarded Advanced Membership status in the American College of Addiction Treatment Administrators.

Joyce Glatzmaier, Linda Lindberg and Nancy Moll, dialysis, all achieved their certification in nephrology nursing.