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CENTER CAN

INSIDE THIS ISSUE:

Construction Timeline

OE Old Hand

PUBLISHED FOR THE EMPLOYEES, MEDICAL STAFF
AND VOLUNTEERS OF ST. CLOUD HOSPITAL

How do you feel about Operations Excellence?



CAROL KAVANEY, R.N., float pool nurse in Intensive Care Unit, Coronary Care Unit and Telemetry for the past 10 years.

"I firmly believe that if there would be

any question about quality, the hospital would make necessary changes to prevent any compromise in the care being delivered. We *do* provide quality care in the areas where I work (ICU, CCU, Telemetry) and throughout the hospital. We would never allow any compromise to that care. I know so many nurses whose job is their ministry. I would want my own family to receive care here, if they needed it. We need to work together and become more cost conscious, or we will lose patients to Twin Cities hospitals."

BRIAN ALVORD, Safety & Security, has worked at SCH for 23 years.

"During my years here I have seen a lot of changes, and OE is nothing new. We've been

through it before. It just had a different name. One important difference this time is that the layoffs started at the top! I know that doesn't make it any easier, but it may help people strike a balance. As a security officer, I come in contact with many different employees who are struggling with the proposed changes and cutbacks. It's definitely an adjustment for everyone, but we'll make it."



Several employees throughout St. Cloud Hospital were asked this question. Here are their answers.

LYNNE SEGELSTROM, Environmental Services for the past 17 years.

"Since so much of my time is spent near the three main entry ways to the hospital, I get many opportunities to chat with people as I work. Throughout my 17 years, I have heard many positive comments from employees and visitors about the family-type atmosphere which exists at SCH. I am proud to be a SCH employee and enjoy this type of atmosphere myself, but in the past few months I have heard a lot of negative comments and OE-related humor from employees. Although I think most employees understand and accept the need for change and cutbacks, change is difficult and there is a lot of uncertainty. Let's get all the questions answered so that the healing process can begin."



KATHY CARRIER, Billing and Collections for the past 27 years.

"As a cashier in the business office and a St. Cloud Hospital employee for 27 years, I know that

we are receiving less money from the government and many other payors. Although some of the changes have been difficult for me personally, and I am not in total agreement with all of them, I understand that we need to reduce our costs. I also think we need more support for our employees—especially long-term employees—as we go through some painful adjustments."

CAROL MACKINAC, R.N., Telemetry nurse for the past 10 years.

"I understand the reasons why we need to reduce our costs. I know that more care is being given on an outpatient basis and that reimbursement from the government and other payors is declining. In this kind of environment, we must look for ways to cut costs. At the same time, I am proud of the quality of care we continue to provide at St. Cloud Hospital. Our quality of care here is very good; I don't see any change in the quality delivered in the unit where I work. My morale and the morale among many of the people I work with is good. I have been a nurse for 31 years (the last 10 years at St. Cloud Hospital), and I am proud to work at St. Cloud Hospital."





CONSTRUCTION TIMELINE FOR

7/1/93 8/1/93 9/1/93 10/1/93 11/1/93 12/1/93 1/1/94 2/1/94 3/1/94 4/1/94 5/1/94 6/1/94 7/1/94



Pediatrics

The Pediatrics unit is list for a long chain of ren construction projects plan The hospital-wide pla together during the OE pr patients in ways that mak the present layout. Pediat will be joining the Neonat Unit, the Family Birthing Health on the 3rd floor, ta

Rehab Inpatients Planning Small Move, Temporary Stay

As the Parent, Child and Women's Health Care Center makes its plans for the Pediatrics/Young Adults move to 3NW, the Rehabilitation team on 3NW is planning its own move.

Eventually, the Rehabilitation unit will be moved to 4NW. The problem is, 4NW doesn't get remodeled until the spring of 1995. Meanwhile, the office space at the east end of the 3NW unit will be remodeled for the Rehabilitation patients.

"This is a temporary move," said Tim Coyle, Rehabilitation unit team leader. "Eventually we will move up to 4NW. That will be ideal, because all of the services for our patients will be on one floor. Most of our patients transfer from the ortho/neuro unit, which is going to be located on 4S, and we will also have a complete range of therapies and support services on the 4th floor. Right now, the ortho/neuro patients are on the sixth floor, inpatient rehab is on 3NW, and most of the therapy takes place on the first floor. Without physical barriers between us there will be a much smoother delivery of care." The move will require some adjustments in the short term, but when the final move is made in the spring of 1995, the wait will have been worthwhile, he said.

ST. CLOUD HOSPITAL



8/1/94 9/1/94 10/1/94 11/1/94 12/1/94 1/1/95 2/1/95 3/1/95 4/1/95 5/1/95 6/1/95 7/1/95 8/1/95 9/1/95 10/1/95 11/1/95 12/1/95 1/1/96

Moving Along Near The Top Of The Construction Chain

At the top of the building and for the hospital. Which was put in place, groups are more sense than Young Adults Intensive Care Center, and Women's 3NW rooms

currently used for Rehabilitation inpatients. When Pediatrics moves from 4N, that space will be remodeled for Rehab therapies. "We've waited about 20 years for the opportunity to redesign Pediatrics, so we want to get it right," Jane Blee said. Blee is director of the Parent, Child and Women's Care Center. To help find good ideas she has visited other pediatric units, and she has been talking to local children and parents about what they feel should be incorporated into the new unit's design. Those ideas, together with staff input, will be used to create the unit's design.

"An example of something the nurses had discussed was whether to put a playroom close to the nursing station, so more children can use it. Right now, our playroom is tucked away at the far end of the hallway," Blee said. When Blee talked with parents she found out that their main concern was security. Care model and practice issues are being discussed separately from the facility redesign team. The facility redesign team includes nursing and nursing management with assistance from Facility Services. Large-scale planning was done first and detailed planning is taking place now. "OE created a good structure for the house, and now we are designing our part of it so that it works for us," Blee said.

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or Surgical Unit
s for Home Care

Remodel 4NW for Inpatient Rehab.

Remodel 3NW for NICU

Remodel Meeting Rooms

Construction Pace Quickens

With an expansion going on at the south end of the campus, and a chain of overlapping remodeling projects stretching out inside the hospital, Gary Kraft, the hospital's construction coordinator, has his plate full.

"It's a very aggressive construction schedule, because everybody wants to implement as soon as possible," Kraft says.

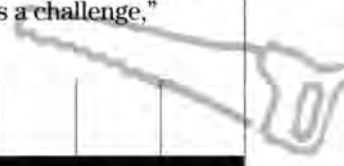
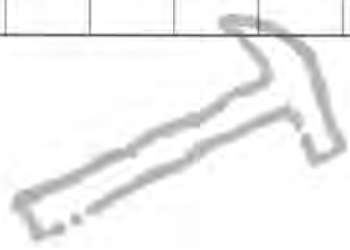
"It's highly interdependent, so everybody has to do their planning and make their move on time."

Apart from actually overseeing the construction side of remodeling, Kraft and his staff assist in planning the decoration, ventilation, lighting, heating, oxygen vacuum, telephone, alarm, nurse call and data systems. Each unit also has its special needs; in the case of the Pediatrics/Young Adults move. These include the addition of isolation rooms.

"The units create their program, and decide what needs to happen in the space. Our job is to help organize the space so that it becomes a good work area. Right now, with all these projects going on, it's a challenge," Kraft said.

* A "Magic Date" Nears

November 15, 1993, is a "magic date" for Terry Nystrom, project coordinator in Facility Services, "that's the date most of the tenants in the South Building can move in," he said. Same Day Surgery will move into the South Building on April 1, 1994.





Theresa Ukkelberg, R.N.

Theresa Ukkelberg, R.N., began working in St. Cloud Hospital's Emergency Trauma Center just a couple of weeks ago. She started with her eyes open, aware that the hospital was going through many changes. She had heard about Operations Excellence and heard the talk about layoffs. But she wasn't too worried. She's seen it before.

Ukkelberg worked at the University of Minnesota Hospital during their Operations Excellence style reorganization which began in 1991. A lot of the feelings that are present here were present there, she says. "I didn't go through implementation because I went on maternity leave when the implementation phase began. But I did go through the Phases 1 and 2 that people here have gone through, and reactions are the same."

Those reactions include fear, anxiety, and frustration. "People felt they were being asked to do things that were impossible," she says. She wasn't immune to those feelings herself. But now, in hindsight, her perspective is different.

"Now I see that it had to happen, and that hospitals that are going to survive need to do this. Really, we're lucky to be at a hospital that is looking forward, because when the smoke clears after health care reform we'll be

ETC Newcomer Is OE Old Hand

better prepared for whatever the Clinton government proposes."

"I'm very impressed and amazed with the respect that people have for others at St. Cloud Hospital. I have seen it in the people I work with and throughout the hospital. It's a warm and caring environment."

"People who have worked here all their lives don't realize how lucky they are. I'm very happy to be a part of it.

In fact, I had not realized that a hospital could be so caring until I came here."

"One change that has really impressed me is the way that families are included, if they are able to do so. It's a kind of hospitality that continues to amaze me."

"The Spiritual Care staff is so available and willing to help whenever we call on them. It's just part of the patient-centered and family-centered focus that impresses me."

Ukkelberg sympathizes with staff who feel that their livelihood and the security of their families is endangered.

"I understand how people feel. But at the U of M, even where there were changes people adjusted. I think that's the name of the game. Change is inevitable, and I'm going to roll with the punches. People I have talked to at the U of M have found that the changes aren't as bad as they thought they would be."

"We need to be patient with the change process. I know, for instance, that when the Emergency staff move into their new quarters in November, it will be easier for us to work. We will have a more efficient facility in which to provide care, and I can hardly wait to move in — the community badly needs the new ER in the South Building."

One positive difference Ukkelberg has noticed between St. Cloud and her former employer: she finds that communications here are more open. She has been encouraged by her new director, M.J. Swanson, to talk about any concerns she may have as a new employee, including OE, and she was impressed by the give and take of the recent all-employee meetings with administration. "The communication here is good," she said.

"I strongly believe that people are receiving high quality care in the Emergency Trauma Center here. People get the care they need as soon as they need it, and the care here is top notch."

EDITOR:

John L. Pepper

DESIGN:

Peggy Churchwell & Lori Gnahn

PHOTOGRAPHY:

Dean Nagel, Deb Paul

CONTRIBUTING WRITERS:

Sharon Lesikar, Deb Paul

PUBLICATIONS COMMITTEE:

Peggy Churchwell, Communications

Paulette Como, Endoscopy Services

Rosie Feneis, Information Services

Lou Ann Garner, Volunteer Services

Lori Gnahn, Communications

Bernie Hylla, Nutrition Services

Marcia O'Konek, Surgery

Sarah Koper, Communications

Sharon Lesikar, Communications

Bev Moog, Laboratory

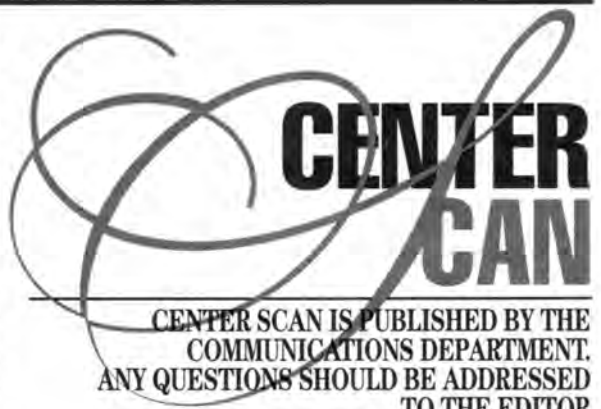
John Pepper, Communications

Donna Perez, Mental Health

Deb Randall, Home Care

Barb Scheiber, Nursing

Deb Totzke, Medical Staff Office



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