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Beacon Light: January 1970

St. Cloud Hospital

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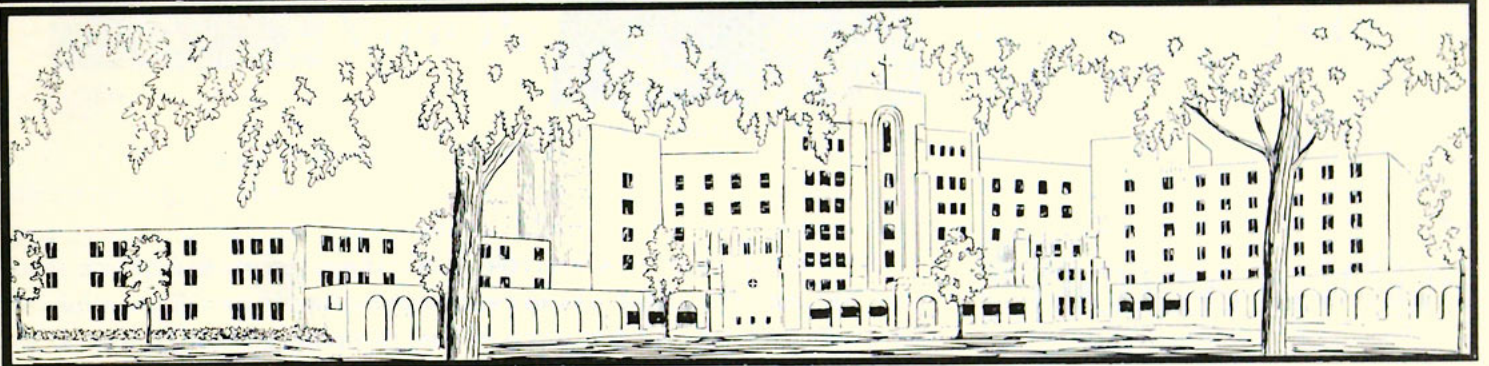
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Beacon Light



Volume XIX Number 20

ST. CLOUD HOSPITAL

January, 1970



The BEACON Light

a
publication
OF
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hospital

editor

SAM WENSTROM

STAFF

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SISTER COLLEEN
CAROL COMBS
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H.J. KNEVEL
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CHAPLAIN RICHARD TETZLOFF

Chaplain's Corner

By Chaplain R. Tetzloff

WHETHER ONE IS A VISITOR, A PATIENT, OR AN EMPLOYEE HERE IN THE HOSPITAL, ONE CANNOT HELP BUT BE AWARE OF THE FINITENESS OF LIFE. IT MAY BE THE PATIENT WHO IS RECEIVED IN CRITICAL CONDITION, WHO REGAINS WHOLENESS IN HEALTH AGAIN OR IT MAY BE THE PERSON WHOSE LAST HOURS ARE LIVED IN THE CONFINES OF A SMALL ROOM WITHIN THE CIRCLE OF CONCERNED PEOPLE. IN EITHER INSTANCE HOW CLOSE OUR FEELINGS COME TO THOSE OF THE APOSTLE JAMES WHEN HE SAID, "NOW LISTEN TO ME, YOU WHO SAY, TODAY OR TOMORROW WE WILL TRAVEL TO A CERTAIN CITY WHERE WE WILL SPEND A YEAR AND GO INTO BUSINESS AND MAKE MUCH MONEY. YOU DO NOT EVEN KNOW WHAT YOUR LIFE TOMORROW WILL BE LIKE, FOR YOU ARE LIKE A THIN FOG WHICH APPEARS FOR A MOMENT AND THEN DISAPPEARS. THIS THEN IS WHAT YOU SHOULD SAY, 'IF THE LORD IS WILLING, WE LIVE AND DO THIS AND THAT.'" (JAMES 13-15, "GOOD NEWS FOR MODERN MAN")

FOR SOME, THE KNOWLEDGE THAT LIFE IS SO FLEETING TENDS TO PRODUCE THE FEAR WHICH HINDERS THEM FROM FULLY LIVING LIFE AS GOD HAS INTENDED IT TO BE LIVED. FOR OTHERS THIS SAME KNOWLEDGE PRODUCES DENIAL OF THE FACT THAT LIFE IS SOMEWHAT LIKE A THIN FOG THAT IS, AND THEN IS NOT. IT COULD HAVE BEEN WITH SUCH FEELINGS IN MIND THAT THE APOSTLE JAMES SAID "IF THE LORD IS WILLING, WE WILL LIVE AND DO THIS AND THAT." THEREBY MEANING THAT IT IS BETTER TO LIVE IN THE PRESENT WITH A SENSITIVITY TO THE PAST AND ALSO WITH AN EYE TO THE FUTURE AND ALWAYS SAYING "IF THE LORD IS WILLING." LORD, GIVE ME THE ABILITY AND THE COURAGE TO USE THE DAYS OF MY YEARS AS IF THEY BELONG TO YOU, WHICH THEY REALLY DO.

AND HER TWO FISHING POLES OFTEN USED IN THE RIVER BEHIND SCH. SISTER JULITTA WAS INSTRUMENTAL IN PURCHASING THE PRESENT HOSPITAL SITE WHILE ADMINISTRATOR OF ST. RAPHAEL'S HOSPITAL (NOW A NURSING HOME) ON 9TH AVENUE NORTH, AND IN PLANNING THE ORIGINAL SCH BUILDING.

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GENE S. BAKKE

From Our Executive Vice President

These days our whole society seems to be caught up in the process of reevaluating its purposes, functions and goals. Hospitals, as one of the focal points of health care, are deeply embroiled in this currently intense process of self analysis.

Following is an article which appeared in the January-February, 1970 issue of "Current," a publication of Aloe Medical, Health Service Division of Brunswick Corporation. With appreciation, we reproduce the article "New Goals For the Hospital" in its entirety:

One of the main concerns of hospitals should be to keep people out of hospitals. Sounds paradoxical? Not as explained by Dr. Edwin L. Crosby, Executive Vice President and Director of the American Hospital Association. He described new goals for hospitals, as he delivered the recent Rene Sand Memorial Lecture before the 16th Congress of the International Hospital Federation in Dusseldorf, Germany, and he said it again in an interview with us in Chicago.

The modern hospital should not only take care of the ill but it should be part of the community as far as preventing illness is concerned, said Dr. Crosby. "The care we give must be human and it must be comprehensive," he said. "It is not very comprehensive, nor human, when a hospital treats a little child with lead poisoning and sends that child back to a home only a block away from the hospital where the paint is still peeling off the walls with the inevitable consequence that the child is going to be back in the hospital with more lead poisoning again one day soon. Comprehensiveness means another thing besides a combination of social and medical forces. It means giving in our system of everything our people need in the proper place and at the proper time. And, so far as it is within our control, at the proper cost."

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Concept of Hospital: The concept of the hospital as a collection of the necessary physical facilities and personnel to provide medical care within its building or set of buildings, is "no longer viable to today's medical care system," declared Dr. Crosby. "The hospital now must be an organizational as much as a physical creature, an organized arrangement of all medical resources necessary to bring the individual, wherever located, into contact with the skills of the physician and other members of the health care team.

"It must serve as an arrangement by which our communities provide the organization, the people, the buildings, and the necessary materials, and make available medical, nursing and other professional care for the prevention, diagnosis and treatment of disease, and eventually for the rehabilitation of the sick and injured, when these resources are beyond the capabilities of the individual patient or physician. At the center of the circle of medical resources must be the general hospital."

In our society, the hospital is "too much sickness oriented at the moment," he said, "and it must not diffuse itself to the point where it does not achieve maximum results in central concern -- the preventive, the curative, the rehabilitative aspects of illness. But the changing hospital cannot ignore the disparity between the emphasis of scientific quality within its walls, the scientific study within its walls, and the needs without those walls. Many hospitals are now venturing beyond those walls. All must."

Venturing into the community requires involvement in the interrelationship of health and sickness, such as housing, food, education, employment, racial strife, sanitation, preventive medicine, and long term illness, Dr. Crosby pointed out. He added, "Involvement is difficult and frequently disruptive. It is seen often as an additional burden rather than a new opportunity."

Hospitals have found it simpler to function in isolation, he said, even though it is widely understood that the maintenance of human health -- the raison d'etre of the hospitals -- it is related to all aspects of living. Some professionals wish to keep the commun-

(Continued on page 4)

The Beacon Light

Comment on the Cover...

SISTER JULITTA HOPPE, O.S.B., FIRST ADMINISTRATOR OF ST. CLOUD HOSPITAL, MOVED TO THE INFIRMARY AT THE COLLEGE OF ST. BENEDICT IN DECEMBER. SISTER JULITTA, NOW 94, HAD BEEN LIVING AT THE HOSPITAL CONVENT DURING RECENT YEARS, BUT HER ILL HEALTH LED TO THE CHANGE. SHE IS PICTURED ON THE COVER WITH SEVERAL OTHER SISTERS,

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(Continued from page 3)

ity out of the hospital, to avoid involvement and "preserve the scientific enclave, which they consider sacrosanct." Others, in contrast, "have adopted an exaggerated liberalism that makes any action impossible without community approval. The result is a dichotomy that damages both hospital and community."

The One Certainty: Dr. Crosby holds that in facing this problem there seems to be but one certainty: "that for the hospital, either position -- deliberate non-involvement or conscious diffusion of energy to accommodate all demands -- is untenable." He warned "the hospital must expand its philosophy of service, yet maintain its integrity at the same time. Throughout the world, societies in all stages of development will no longer tolerate the encapsulated institution; they will no longer permit excellence in isolation. To resist this trend, or to rationalize that it is premature with respect to hospitals, is to defeat the objectives of healing institutions everywhere, be they in New York or on the outskirts of Nairobi."

The hospital does not have to be "all things to all men," he stated. "It does not have to do everything itself. It doesn't have to be or operate the health centers. But its organizational strength must be honed and then utilized to the fullest."

Public is a Factor: Dr. Crosby talked of what he called "public authority." He said he did not mean governmental authority but rather "authority of the public."

"I believe that the authority of the public will be exercised to make our services more personal," he said. "Not very long ago, one of our most respected hospital spokesmen said that the hospital is a place for quality care and not tender loving care. I think we should attempt to make it both, because if we don't try, the public will make us. The word "care" in English has a double meaning, one which I am told it does not have in French. It means on the one hand a service we render to the sick. On the other, it means we are fond of the sick, that we 'care' for them as human beings."

He said that "care" as he was using it,

meant a recognition of the wants of people, rather than what authorities arbitrarily decide are their "needs".

"We may say their needs are better served amid the glittering galaxy of instrumentation and high skills of the hospital," Dr. Crosby explained. "But if the segregated poor want to be served in an unimposing neighborhood health center, we should recognize that want and treat it as a need. The want for that probably comes from their need to be looked upon as human beings, not as clinical material. We should strive for the eventual elimination of segregated care in a center or hospital."

He summed up: 'Care' defined in purely technological terms can become the epitome of horror in human terms. The fright of a woman who suddenly flees from an operating room reflects terror in the face of an indifferent, less-than-human technology. The tearful patient who asks if the chest x-ray he has been anticipating for ten days will require opening his chest, exposes no more his own ignorance than an abysmal lack of compassion in a system that has overlooked his needs and wants by not even anticipating them".

"If we fail to recognize the purpose for having created a technology in the first place -- so that it can be employed in terms of human concern -- then we exclude science from its place in reality, and have created an elaborate and highly intellectual fiction," Dr. Crosby said. "Sometimes one must be very stoic, or at least sophisticated to venture into the institutions where medical treatment will take place. Human toll surely results whenever fear wins out, or when a needless illness is perpetuated because of fear."

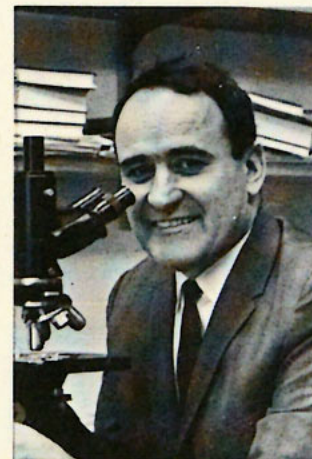
Urging that each patient be treated in terms of a "whole person," he said, "The hospital is not a supermarket. It cannot computerize and package well-being for sale at a counter, nor will it ever, by system or design, reduce the complexity of illness. But it can increase its sensitivity to human needs through greater knowledge of the community the hospital exists to serve. Increased knowledge will result from involvement in community affairs, and will greatly enhance the effectiveness of medical and hospital care."

What Is A Pathologist?

by Mrs. P. Burke

A Pathologist is a Medical Doctor, first of all. He is a specialist trained specifically in the interpretation of morphologic anatomical and other clinical laboratory tests. Presently, there are just two pathologists at St. Cloud Hospital (M. S. Bozanich, M.D., and R. A. Murray, Jr., M.D.). Both Pathologists are certified by American Boards in Clinical Pathology and Path-Anatomy, and are also members of state, local, and national medical organizations, as well as of American Society of Clinical Pathologists and American College of Pathologists.

Chief of Pathology at St. Cloud Hospital is M. S. Bozanich, who acquired his medical education in Munich, Germany, spending his Internship and part of his Residency training at St. Joseph's Hospital, St. Paul. He then spent three and one-half years at Mayo Clinic, with a Fellowship in Pathologic Anatomy and Clinical Pathology. This was followed by two years in the U.S. Army, of which one and one-half years were spent as Chief of Pathology Department and



DR. BOZANICH

Clinical Laboratory at Tokyo General Army Hospital, Tokyo, Japan.

Dr. R. A. Murray, Jr. attended St. Thomas College as a Pre-Med student, and received his M.D. from the University of Minnesota. He interned in the U.S. Air Force at Tripler Army Hospital, Honolulu, Hawaii, after which he spent two years as a Flight Surgeon. Following this, he specialized in Pathology with a four-year Fellowship at Mayo Clinic. This four years includes one year of Autopsy Pathology, one year of Surgical Pathology, and two years of



DR. MURRAY

Clinical Pathology, with thorough coverage of each section in the Clinical Laboratory.

Dr. Bozanich is the Director of the Clinical Laboratory at St. Cloud Hospital. Both pathologists as such are responsible for various functions in the hospital, -- principally and mainly for: All methodology in the clinical laboratory; for assistance to the doctors in resolving any complex pathological anatomical or clinical diagnostic problems; examination of all biopsied tissue material (from surgical procedures here or from the physician's office, examination of any tumors or lesions); supervision of blood bank; interpretation of unusual blood smears; cytologic cancer diagnosis; serologic and bacterial testing; examination and determination of antibiotic sensitivity; setting and interpretation of any clinical laboratory tests involving radioisotopes, etc. Each year, the pathologists examine tissues from approximately 6,000 surgical procedures, and approximately the same number of Pap smears.

In addition to these functions, the Director of the Laboratory, and both pathologists, are responsible for supervision of the professional work of all laboratory personnel. The Director of the Laboratory is also Director of the School of Medical Technology.

The pathologists are members of various medical reviewing or advisory committees, with other physicians.

The pathologists are also involved with work related to medico-legal problems, as a service to the County Coroner, as well as in performance of all autopsies for which proper authorization has been obtained, where they are called on to establish the causes of death and to list all recognizable diseases in the deceased person.

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Personnel Services Division

BY TOM MCLAUGHLIN AND GIL LUBBERS

CONSIDERABLE CHANGE HAS OCCURRED IN RECENT WEEKS IN THE MAKE-UP OF THE FIVE ADMINISTRATIVE DIVISIONS OF ST. CLOUD HOSPITAL. DEPARTMENTS HAVE MOVED FROM ONE DIVISION TO ANOTHER, DEPARTMENT HEADS HAVE ASSUMED NEW RESPONSIBILITIES, AND NEW FACES HAVE APPEARED IN NEW ROLES. IN SUCCEEDING MONTHS, THE BEACON LIGHT WILL PUBLISH A SERIES OF ARTICLES ON OUR DIVISIONS, AND THEIR ADMINISTRATION. THIS MONTH, THE PERSONNEL SERVICES DIVISION IS EXPLAINED, BY TOM MCLAUGHLIN, DIRECTOR, AND GIL LUBBERS, DIRECTOR OF ADMINISTRATIVE AFFAIRS.

Business and management theorists tell us that organizational viability depends, in part, upon its adaptability to change. The degree of change is of less importance than that it is made in response to a recognized need for a more effective way of managing. Organizational patterns are, therefore, under continual scrutiny to find that "better way".

The administrative structure at St. Cloud Hospital is presently undergoing reorganization with some significant changes having recently taken place in the Personnel Services Division (formerly Administrative Services Division). Recognizing the importance of personnel in a large and complex organization such as ours, it was decided that rather than a Personnel Department, there should be a Personnel Division equal in status to the other four divisions of the hospital: Nursing, Professional Services, General Services and Fiscal Services.

The goal of any Personnel function is the maximizing of workforce effectiveness. Each of the departments in the Personnel Services Division makes a unique contribution to the effectiveness of the total workforce of the hospital. Under the overall supervision of Tom McLaughlin, Director of Personnel Services, the division includes the following departments: Wage and Benefits, David Pearce; Employment, Katherine Kennedy; Systems Design, Arvind Salvekar; Spiritual Care, Father McManus; Volunteers, Marie Hoppert and Continuing Education which is presently vacant. (Social Service with Mike Becker is temporarily in Personnel Services but will be transferred to Professional Services in the near future).

The point of entry to the work force is the Employment Department. Miss Katherine Kennedy was recently appointed Employment Manager. A former secondary school teacher,

Miss Kennedy has worked extensively in teacher placement at Yale University in New Haven, Connecticut. Her last position was that of Director of Secondary Teacher Placement at Yale. The other member of the employment team is Esther Merklng, one of the truly key employees at St. Cloud Hospital. With a wealth of personnel experience ranging from payroll to employment, Mrs. Merklng is one of the most competent personnel people in the business. Unfortunately, the third member of the employment team will be leaving us soon, Mrs. Dee Latzka. Mrs. Latzka has been instrumental in coordinating the staffing of Nursing Service in the past year and a half. Working directly with the Head Nurses, she has been able to free the Director of Nursing Services from the staffing responsibility of her job and enable her to concentrate on improving the quality of nursing care. Miss Kennedy will assume these responsibilities when Mrs. Latzka leaves in February.

The ability of the Employment Department to deliver to the other departments of the hospital competent and willing workers when needed as well as providing for transfers, promotions and other changes in employment status is the most obvious but perhaps the most difficult aspect of providing an effective work force.

Regardless of the work of the Employment Department no employee group can be really effective unless certain basic needs are satisfied through their employment. Employees must be fairly compensated, both with wages and fringe benefits, work in a safe and healthy environment, and receive fair and impartial treatment from the employing organization.

For lack of a more descriptive name we have designated the department responsible

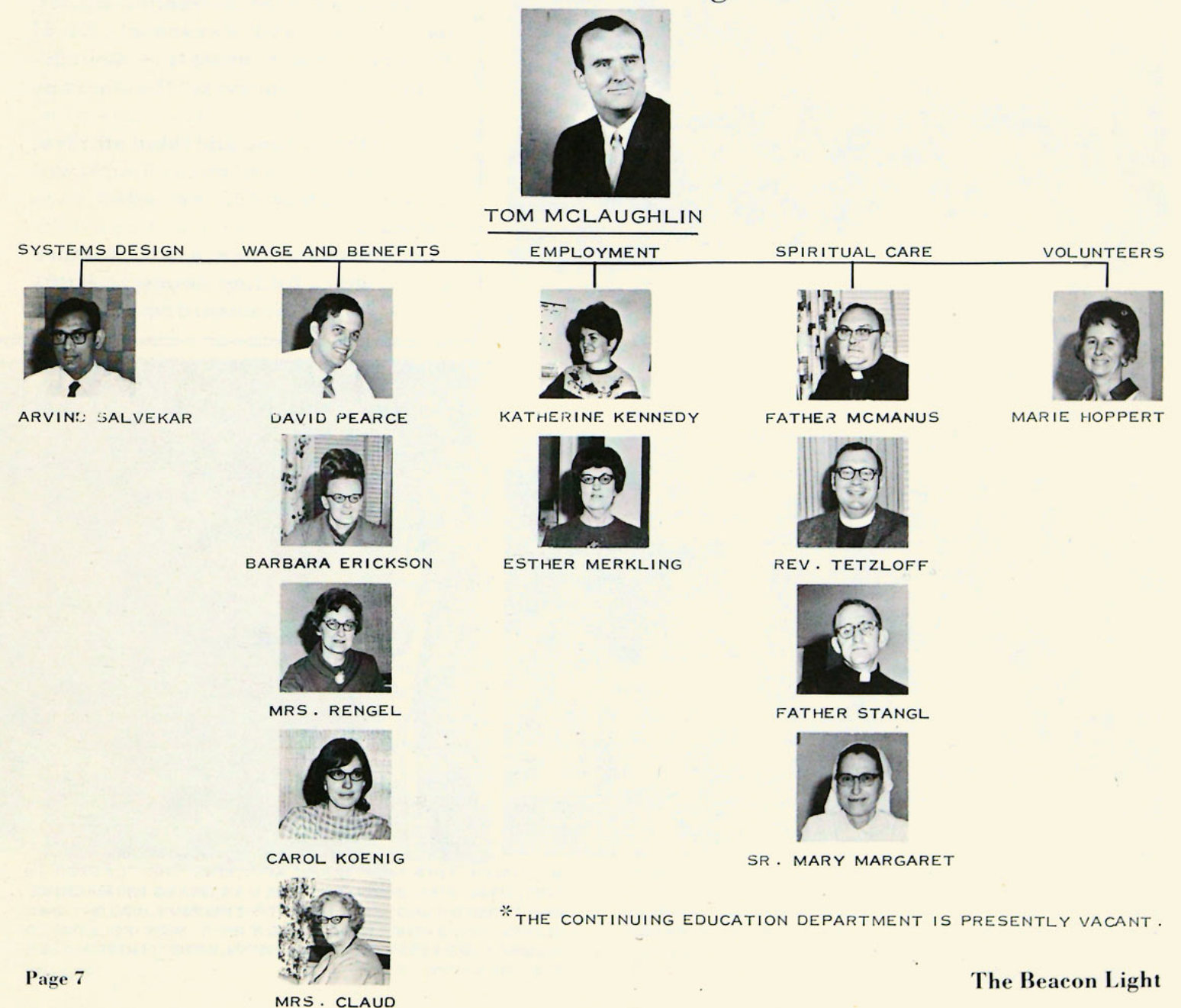
for the above tasks Wage & Benefits. David Pearce, formerly Personnel Director, has been transferred to Manager of Wage and Benefits Department. Dave's academic background includes a B.S. in Psychology plus an M.A. in Vocational Rehabilitation Counseling. He has been Personnel Director since July of 1967. Before coming to St. Cloud Hospital, Dave had been a Vocational Rehabilitation Counselor, Psychometrist at the Moose Lake State Hospital and an Employment Counselor with a private agency in Minneapolis.

The staff in Wage and Benefits is experienced in many aspects of Personnel. Ermelda "Billie" Rengel is the senior

employee and is responsible for all of us receiving our checks each payday. An expert on fringe benefits, Mrs. Rengel has answers to all of the intricate questions that always come up each payday. Helping Mrs. Rengel is a new face in personnel, Mrs. Agnes Claude, a recent transfer from the Dietary Department. If there is one person that is known to nearly all 1,000 of us, it must be Barbara Erickson. Barbara, among many other duties, sees new employees on their first day of work and gets them started in the right direction. Somewhat on the quieter side but also very

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Personnel Services Division Organization Chart*



A Picture Tour Of The The Extended Care Facility

This fall, St. Cloud Hospital will dedicate its new Extended Care Facility, which has been under construction since August, 1968.

The new wing, being built by M. J. McGough, general contractor, will cost about \$2 1/2 million.

On the main floor, a completely new rehabilitation department will care for both inpatients and outpatients in Physical Therapy, Occupational Therapy, Speech training, and Social Service, and will house offices for the Department of Spiritual Care, and Personnel. Earl Pederson, Rehabilitation Coordinator, will supervise the therapy areas.

On the second and third stories, 100 beds (50 on each floor) will be available for extended care patients.

Patients rooms will feature extra-wide, folding doors on bathrooms to accommodate wheelchairs

easily, new furniture, and modern decor, similar to patient rooms in the west wing. There will be two private rooms on each floor, with the remainder double accommodations.

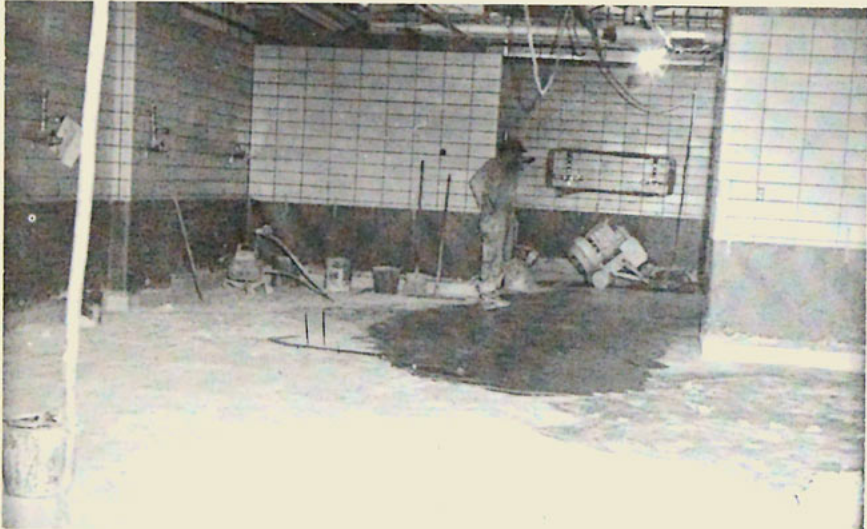
Four elevator shafts will extend from the ground level to the sixth floor, but only two lifts will be installed at this time.

On the lower level, a beauty and barber shop will be available, the north side will have recreation rooms equipped with pool tables, T. V., piano, shuffleboard, table tennis, and other games and activities and the 186 seat auditorium with stage and projection booth will be used for various staff and community meetings.

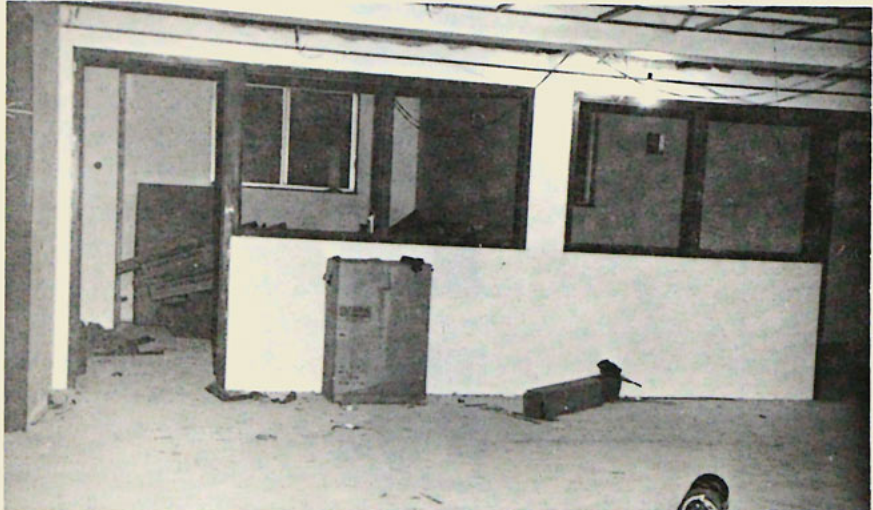
When the ECF wing opens and renovation is complete on the second, third and fourth floors of the original building, St. Cloud Hospital will have 500 beds.



THE 186-SEAT AUDITORIUM ON THE LOWER LEVEL, SHOWN ABOVE FROM THE STAGE, WILL BE DECORATED WITH BRICK WALLS, CARPET, MODERN SEATS, AND RECESSED LIGHTING. THE AUDITORIUM PROJECTION BOOTH CAN BE SEEN AT CENTER RIGHT.

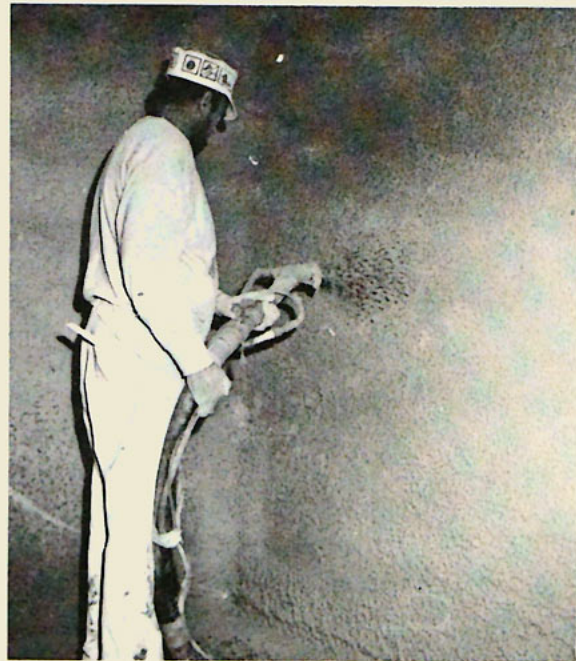


THE CERAMIC-TILED WHIRLPOOL AREA IN THE FIRST FLOOR PHYSICAL THERAPY AREA IS NEARING COMPLETION. ABOVE, TERRAZZO FLOOR MATERIAL IS BEING POLISHED. THE AREA WILL INCLUDE VARIOUS TYPES OF BATHS, TANKS AND WHIRLPOOL DEVICES.



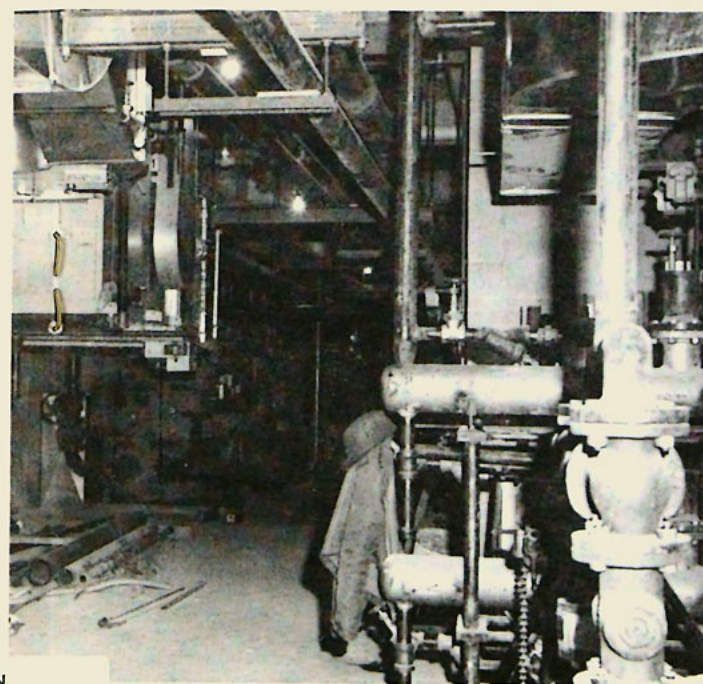
THIS IS THE AREA FOR THE NEW BEAUTY AND BARBER SHOPS, WHICH WILL BE PART OF THE LOWER LEVEL IN THE ECF WING. THE TWO SHOPS WILL BE LOCATED NEAR THE CONNECTION BETWEEN THE OLD AND NEW BUILDINGS.

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WORKMEN THIS MONTH ARE APPLYING THE PLASTER IN ECF, UTILIZING PLASTER WHICH IS MIXED BY MACHINE, AND FORCED THROUGH A HOSE TO THE APPLICATOR, AND BLOWN ONTO THE WALLS. OTHER MEN FOLLOW TO SMOOTH THE FIRST COAT, AND APPLY THE FINISH AFTER THE FIRST DRIES.

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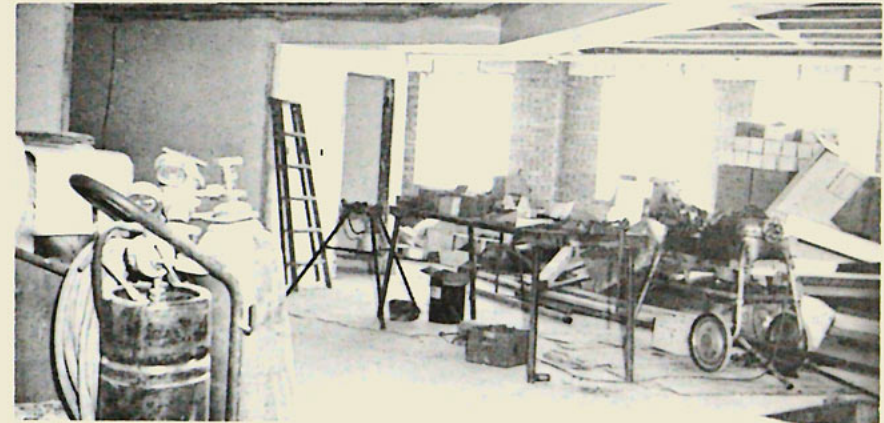


THE MAZE OF PIPES, GEARS, DUCTS AND MACHINERY ABOVE IS LOCATED IN THE MECHANICAL ROOM, LOWER LEVEL IN ECF. THE LARGE ROOM CONTAINS MOSTLY AIR CONDITIONING MACHINERY FOR THE NEW WING.

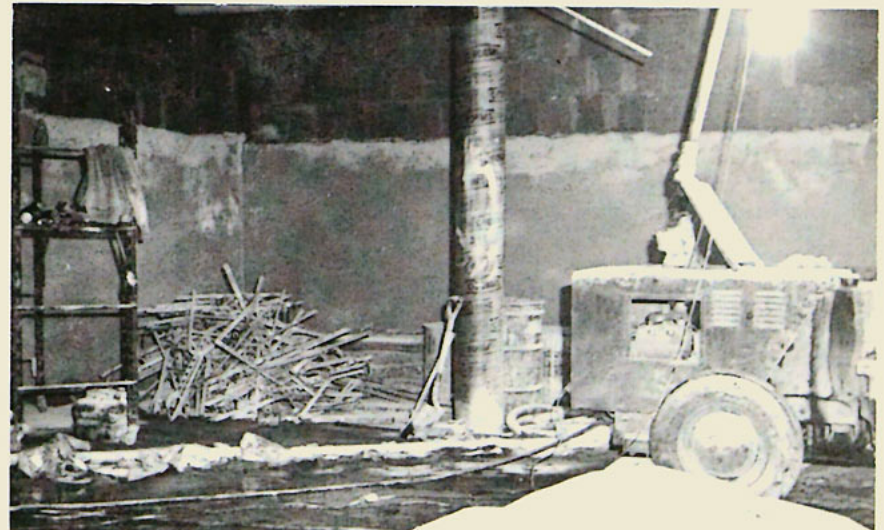
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PATIENT ROOMS IN THE EXTENDED CARE FACILITY WILL BE MOSTLY DOUBLE ACCOMMODATIONS. AT THE LEFT IS THE EXTRA-WIDE BATHROOM DOOR, MADE TO ACCOMMODATE A WHEELCHAIR EASILY. ALL ROOMS WILL BE AIR CONDITIONED, WELL LIGHTED, AND BRIGHTLY DECORATED. THERE WILL BE 50 PATIENT BEDS ON EACH FLOOR.



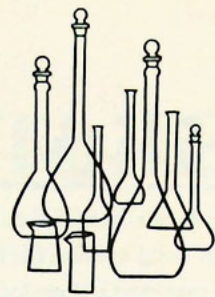
THE SECOND FLOOR NURSING STATION WILL BE AT THE LEFT IN THIS PICTURE, AND THE PATIENT DAY ROOM TO THE RIGHT. THE DAY ROOM WILL FEATURE COMFORTABLE FURNITURE, LARGE WINDOWS, AND INFORMAL DESIGN WITH BRICK FINISH ON THE OUTER WALLS. THE DAY ROOMS ARE IDENTICAL ON EACH OF THE TWO PATIENT FLOORS, AND ARE LOCATED AT THE BEND IN THE ECF WING.



THE MAIN ENTRANCE LOBBY IN ECF WILL BE MUCH LIKE THE NEW LOBBIES IN THE OTHER SCH AREAS. NICELY DECORATED WALLS WILL BE ENHANCED BY CARPETED FLOORS, AND MODERN LIGHTING IN THE CEILINGS. THE MACHINE AT RIGHT MIXES PLASTER AND FORCES IT THROUGH A HOSE TO THE APPLICATOR IN ANOTHER AREA OF THE BUILDING.

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Medical Memo



BY DR. DWIGHT JAEGER
DEPARTMENT OF ORTHOPEDICS

SKIING, PROBABLY THE ONLY ATHLETIC ACTIVITY IN WHICH MOST OF THE PARTICIPANTS ARE NOT ATHLETES, IS LIKELY THE FASTEST GROWING SPORT IN THE UNITED STATES. ALTHOUGH IT IS REPORTED THAT SKIS DATING TO 5,000 YEARS AGO WERE ONCE FOUND IN A NORWEGIAN BOG, MODERN SKIING DEVELOPED ABOUT 100 YEARS AGO IN NORWAY AND EVENTUALLY FOUND ITS WAY TO THIS COUNTRY IN 1920 VIA AUSTRIA.

ALTHOUGH THERE IS GREAT POTENTIAL FOR INJURY IN SKIING, THIS RISK IS REDUCED CONSIDERABLY IF THE INDIVIDUAL SKIER CONDITIONS HIMSELF PHYSICALLY AND USES GOOD, PROPERLY ADJUSTED EQUIPMENT. A BOOKLET ENTITLED, "SITZMARKS OR SAFETY," WAS PUBLISHED A FEW YEARS AGO BY THE NATIONAL DIRECTOR OF THE NATIONAL SKI PATROL AND A DENVER ORTHOPEDIC SURGEON. THEIR STATISTICAL SURVEY OF SKI INJURIES REVEALED AN ACCIDENT RATE OF 0.4 PER CENT PER DAY. THAT IS ACTUALLY QUITE LOW. IN WHAT OTHER OUTDOOR SPORT COULD ONE ENGAGE 1,000 PEOPLE FROM 3 TO 74 YEARS OF AGE AND HAVE ONLY THREE REPORTABLE ACCIDENTS IN A DAY? FIFTY PER CENT OF THE TOTAL INJURED, IN THEIR SURVEY, WERE TEENAGERS, ALTHOUGH ONLY 20 PER CENT OF THOSE SKIING ARE STUDENT AGE. AFTER TWO YEARS EXPERIENCE, THE INJURY RATE DECREASES MARKEDLY. MOST INJURIES OCCUR ON A MODERATE TO FLAT SLOPE. FEW OCCUR ON A STEEP SLOPE SINCE THE SKIER WHO FALLS ON A STEEP SLOPE WILL KEEP MOVING FOR A LONGER TIME AND COME TO A MORE GRADUAL STOP (UNLESS HE HITS A TREE).

MOST SIGNIFICANTLY, 70 PER CENT OF INJURIES OCCUR WITH THE SKIER OUT OF CONTROL AND THE NEXT HIGHEST GROUP "HITS" SOMETHING. THE SNOW CONDITIONS SEEMINGLY HAVE NO SIGNIFICANT INFLUENCE ON THE INJURY RATE, IT BEING APPROXIMATELY THE SAME FOR ROCKY MOUNTAIN POWDER SNOW AS IT IS FOR THE HARD PACKED SLOPES OF THE EAST.

AS WAS MENTIONED, THE POTENTIAL FOR INJURY IN SKIING IS OBVIOUS. AN AVERAGE SKIER WILL MOVE DOWN A SLOPE AT 30 MILES PER HOUR QUITE REGULAR-

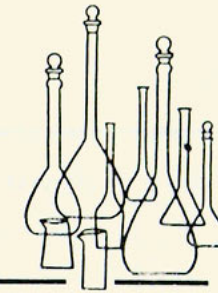
LY. A 150 LB. SKIER, MOVING AT 30 MILES PER HOUR, HAS A MOMENTUM OF 6,600 FOOT LBS. PER SECOND AND IF HE STOPS IN 15 FEET, A FORCE OF 2 G IS EXPENDED AND 15 G (2,250 LBS.) IF HE STOPS IN 2 FEET. A FORCE AS HIGH AS 6,600 FOOT LBS. CAN BE PLACED ON THE LEGS IN AN UNFORESEEN INSTANTANEOUS STOP!! THIS FORCE IS EVEN INCREASED WHEN THE SKIER IS OUT OF CONTROL (70 PER CENT OF INJURIES OCCUR OUT OF CONTROL) WHEN THE SKI CAN ACT AS A LONG LEVER LEADING TO BELOW-THE-KNEE INJURIES.

HOW CAN THE INJURY RATE BE FURTHER REDUCED TO MAKE THE EXHILARATING EXPERIENCE OF GLIDING DOWN A SNOW COVERED SLOPE EVEN MORE ENJOYABLE? PHYSICAL CONDITIONING HAS BEEN ALLUDED TO BY THE FACT THAT MOST SKIERS ARE NON-ATHLETES AND ARE LIKELY NOT IN TOP PHYSICAL CONDITION. A PROGRAM OF PRE-CONDITIONING EXERCISES TO PROVIDE OPTIMUM MUSCLE STRENGTH, ENDURANCE AND COORDINATION IS A MUST.

EQUIPMENT IS EXTREMELY IMPORTANT, PARTICULARLY THE BOOTS AND BINDINGS. BOOTS MUST FIT WELL, SNUGLY, BUT NOT TIGHTLY AND HOLD THE HEELS DOWN AND TRANSMIT ANY FOOT MOTION TO THE SKI. MANY GOOD RELEASE BINDINGS HAVE BEEN DEVELOPED AND ARE DESIGNED TO RELEASE THE BOOT FROM THE SKI WITH ROTARY AS WELL AS STRAIGHT FORWARD STRESS. THE EXACT TYPE OR BINDING ISN'T AS IMPORTANT AS THEIR PROPER ADJUSTMENT FOR THE INDIVIDUAL SKIERS WEIGHT AND ABILITY. THE RELEASE ADJUSTMENT SHOULD BE CHECKED FREQUENTLY. IN ADDITION TO BEING PHYSICALLY CONDITIONED AND USING PROPER EQUIPMENT, CHANCES OF INJURY CAN ALSO BE REDUCED BY GUARDING AGAINST OVERCONFIDENCE IN SKIING ABILITY.

IN SUMMARY, SKIING IS INCREASING IN POPULARITY TREMENDOUSLY. THE INJURY RATE OF 4 PER 1,000 PER DAY IS NOT HIGH. THIS RATE QUITE LIKELY COULD BE REDUCED BY CONDITIONED, CONTROLLED AND COURTEOUS SKIERS USING GOOD EQUIPMENT PROPERLY ADJUSTED.

Medical Memo



BY DR. PAUL WARNER
DEPARTMENT OF PSYCHIATRY

OUTDOOR WINTER SPORTS, WHICH ARE SO IMPORTANT TO THE ECONOMY OF MINNESOTA, AND WHICH ON THE OTHER HAND RESULT IN INJURY AND SUFFERING TO SOME, ALSO HAVE SOME NOTICEABLE ADVANTAGES. ONE OF THESE ADVANTAGES IS A SENSE OF ACCOMPLISHMENT WHEN ONE HAS BEEN ABLE TO REACH THE BOTTOM OF A HILL IN AN ERECT POSITION WITH TWO SLIPPERY BOARDS ON HIS FEET. A SIMILAR FEELING OF CONFIDENCE CAN BE GAINED BY PROPELLING ONESELF ACROSS THE ICE ON TWO NARROW PIECES OF METAL WITHOUT ENDING UP IN THE PRONE POSITION OR SUFFERING THE EMBARRASSMENT OF DRAGGING HIS ANKLES ON THE ICE. SOME PEOPLE EXPERIENCE THE FIRST TRIP DRIVING A SNOWMOBILE AS BEING A LITTLE FRIGHTENING BUT, IF THEY ARE SUCCESSFUL IN KEEPING UPRIGHT, THEY SOON FIND THAT INCREASED CONFIDENCE BRINGS WITH IT A SENSE OF EXHILARATION IN PLACE OF THE ORIGINAL FEAR THEY EXPERIENCED.

SOME OF US WHO HAVE BEEN IN A WARMER CLIMATE AND ENJOYED THE YEAR ROUND COMFORT OF WARM WEATHER, HAVE A TENDENCY TO DISLIKE, OR EVEN HATE, THE COLD MINNESOTA WINTERS. AFTER GETTING OUT

IN THE SNOW, HOWEVER, TO TAKE PART IN A SPORT LIKE SKATING, SKIING, OR SNOWMOBILING, ONE BEGINS TO LOOK FORWARD TO THE WEEKEND OR HOLIDAY WHEN HE CAN EXPERIENCE THE SENSE OF FREEDOM AND ADVENTURE THAT COMES WITH THIS ACTIVITY. TOO MANY OF US GET OUR ADVENTURE FROM TV INSTEAD OF PERSONAL INVOLVEMENT.

FELLOWSHIP WITH FAMILY AND FRIENDS IS NOT THE LEAST OF THE BENEFITS GAINED BY BEING INVOLVED IN WINTER SPORTS. GETTING AWAY FROM THE CONFINEMENT OF THE HOUSE AND AWAY FROM THE TEMPTATION TO ALLOW THE TV TO CAPTURE OUR ATTENTION, WE LEARN TO ENJOY OTHER PEOPLE IN A WAY WHICH IS DIFFERENT FROM ANYTHING WE COULD EXPERIENCE IN OUR USUAL ROUND OF ACTIVITY.

ONE WINTER SPORTS ENTHUSIAST SAID THAT THE ONLY WAY TO BEAT THE MINNESOTA WINTERS IS TO GET OUT IN THEM. DOING SO DOES AWAY WITH THE HATE OF THE ELEMENTS AND ACTUALLY GETS ONE IN THE STATE OF MIND WHERE HE CAN LOOK FORWARD TO THE NEXT SNOWFALL.



HOUSEKEEPING PERSONNEL GAVE SUPERVISOR SISTER BERNADINE THE "BEST BOSS" TROPHY DURING THE DEPARTMENT HOLIDAY PARTY IN DECEMBER. THE SMALL LOVING CUP OCCUPIES A VERY SPECIAL PLACE ON HER DESK, AND SHE REPORTEDLY BELIEVES IT CAME FROM THE "BEST STAFF" AT SCH.



YOUNG PATIENTS ON 4-SOUTH (PEDIATRICS) WERE NOT FORGOTTEN BY THE STAFF THERE, WHO PROVIDED GIFTS FOR EACH OF THEM AT CHRISTMAS. SANTA'S HELPER (MARLYS KUKLOK) AND SANTA (BARBARA PALLANSCH) MADE THEIR CALLS WITH THE HELP OF HEAD NURSE, MRS. MARTHA SMITH. IT WAS A VERY, MERRY CHRISTMAS ON 4-SOUTH.

Ron Spanier Senior Accountant

Ronald Spanier, 28, has been appointed Senior Accountant in the Fiscal Services Division, according to John W. Seckinger, director.

Spanier, Route Two St. Cloud, held the same title with Sexton, Hartmann, McMahon & Company, before accepting his new position in December.

Ron, a Certified Public Accountant, graduated from St. Cloud State College in 1963 with a bachelor's degree in business and accounting.



MR. SPANIER

He is married, and the father of three children.

His duties at SCH will include preparation of financial statements, budgeting, and internal control. He replaces Robert Olewine who resigned.



THE ST. CLOUD FIRE DEPARTMENT AUXILIARY GAVE THE SCH PEDIATRICS UNIT A WAGON, WITH A LOAD OF TOYS FOR THE YOUNG PATIENTS IN DECEMBER. PICTURED ARE, LEFT TO RIGHT, FRONT ROW, BONNIE SCHWICHTENBERG, MARY SCHLAGHECK, JOYCE FISH, EDYTHE FERKINHOFF, PROJECT CHAIRMAN PHYLISS POST, AND MRS. LYNDA NEILS, R. N. BACK ROW, SHARON WEIMAN, ROSE SCHREINER, MRS. AL LANDWEHR, MRS. J. NAHAN, AND PAT KRAEMER, KNEELING IS MRS. L. HAGEN, ASS'T. DIRECTOR OF NURSING. THE AUXILIARY RAISED MONEY FOR THE PROJECT FOR SELLING CHANCES AND MAKING KNICK-KNACKS FOR SALE. THANK YOU!

December, 1969

41 Candy Stripers Capped

Cheery-cherry pink caps were given to 41 Candy Stripers December 22, in the ceremony which recognizes 50 hours of service by the teen-age volunteers. Presenting the caps was Sister Paul Revier, O.S.B., Assistant Administrator in charge of the Nursing Division.

Mrs. Loren Timmers, Auxiliary president and Candy Striper coordinator, presented the main address.

A dessert reception followed.

Receiving their caps were: Mari Anderson, Hope Barker, Carol Bauer, JoAnn Brage, Virginia Braun, Mary Sue Burns, Pat Buttweiler, Linda Christinsen, Mary Eiden, Debbie Frank, Barb Gammell, Margaret Graham, Patti Hamm, Debbie Howard, Cheri Hannah, Doris Kruchten, Mary Lenarz, Debbie Lindquist, Sue McIntyre, Kathy O'Brien, Denise Parker, Shelley Pawlenty, Susan Pawlenty, Margie Pearson, Nancy Pollreis, Beth Rademacher, Wanda Reimer, Sandy Saatzer, Sandi Scott, Carol Schroeder, Nancy Setterholm, Linda Solberg, Mary Statz, Kathryn Then, Julie Town, Mary Traynor, Diane Both, Mary Kay Warnet, Lu Ann Wickersham, Doris Winczewski, and Kathy Wlaznak.



DENISE PARKER, CANDY STRIPER, RECEIVES HER CAP FROM SISTER PAUL, DURING CEREMONIES IN DECEMBER. DENISE WAS ONE OF 41 TEEN-AGE VOLUNTEERS TO RECEIVE CAPS, SYMBOLIC OF HAVING SERVED 50 HOURS AT SCH. VOLUNTEER DIRECTOR, MRS. MARIE HOPPERT IS CENTER, AND MRS. A. GAMBRINO, RIGHT. A RECEPTION FOLLOWED THE CAPPING.

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KRISTINE LARSON, LPN-5 SOUTH, MARRIED DARYL MATHEWS, DECEMBER 22, 1969, AT CLINTON, MINN. FOLLOWING VOWS AT THE TRINITY LUTHERAN CHURCH THERE, THE COUPLE HONEYMOONED IN SOUTH DAKOTA, BEFORE RETURNING TO THEIR HOME AT 1524 15TH AVENUE S.E. MANY HAPPY RETURNS OF THE DAY!

New Rehabilitation Coordinator

Earl Pederson, 37, joined the SCH staff in December as Rehabilitation Coordinator, a newly-created position in the Professional Services Division.

Pederson, a native of Starbuck, spent the last 8 1/2 years at Fairview Hospital in Minneapolis as staff therapist, and, for the past five years, was director of special programs in rehabilitation.

In addition, Earl set up the first home therapy program for the Minneapolis area, and started both the cerebral palsy exercise program for the metropolitan area, and the asthma general



MR. PEDERSON

conditioning classes for Hennepin County.

A graduate of Augsburg College in Minneapolis, Earl holds a bachelors degree in education and corrective therapy. He is married and has two children, and will reside at 54 Pandolfo Place, when his new home is completed this spring.

As Rehabilitation Coordinator, he will direct the various departments in the hospital which relate to rehabilitation services, including physical therapy, occupational therapy, recreational therapy, and speech, for both inpatients and outpatients.

Harry Knevel, Assistant Administrator in charge of the Professional Services Division, said: "We are very fortunate to have the services of Mr. Pederson well ahead of the actual opening of the Extended Care Facility. A lot of work has to be done between now and the opening in October of this year to organize, staff and equip the new areas. When these departments open in the new wing our rehabilitation unit will be among the most modern and complete available anywhere, to meet the needs of this entire area."

Wedding Bells . . . Best Wishes

Kristine Larson - LPN - 5 South to Daryl Mathews
 Patricia Hill - LPN - 5 South to Robert Faust
 Jean Ohman - RN - CCU - to James Turck
 Kathleen Larson - Nurse Aide - 6 South to William Meyer
 Joanne Mosley - Nurse Aide - 5 South to Russell Clepper

Staff Promotions . . .

Miss Gretchen Leisen - Medical Technologist to Chief of Blood Bank - Laboratory

Our Record Of Service

	ADMISSIONS	BIRTHS	OPERATIONS	X-RAYS	LAB TESTS	EMERGENCY OUT-PATIENT
DECEMBER, 1969	1,177	150	494	3,181	16,466	544
TOTAL, 1969	14,869	1,770	5,977	37,952	203,496	6,926

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December, 1969

ADMINISTRATIVE ORGANIZATION

Personnel Services Division

(Continued from Page 7)

valuable to the hospital is Carol Koenig, Research Clerk. Carol keeps track of all statistical information relating to the work force and provides management with valuable statistical reports.

If we could provide the best wage plan and do the best possible job of selecting potential employees, and if we offered the most comprehensive benefit program in the area the work force could still be inadequate if the work systems were clumsy, illogical and poorly planned. While the design of effective work systems is a line responsibility (as are all basic personnel functions) we at St. Cloud Hospital have found that a Systems Design Department, based on a combination of theories of human behavior and industrial engineering, can deliver work systems that are effective in terms of manpower utilization and resulting in a greater employee satisfaction.

Arvind Salvekar, B.S.M.E., M.S.I.E. is eminently qualified to provide leadership in the design of work systems. A graduate mechanical engineer, Arvind studied under Dr. Nadler at the University of Wisconsin where he received his masters in industrial engineering. After graduation Mr. Salvekar worked for Dr. Nadler's firm, Ideal Systems, Inc. where he obtained experience in applying Ideal's theories to hospital systems work.

The fourth essential leg of a comprehensive personnel program is the provision of a planned and coordinated educational program. Efforts at recruitment, selection, compensation and even systems design would be frustrated if the employee lacked adequate preparation for his job. Again, the matter of training and development is a basic management responsibility which cannot or should not be abdicated to a staff department. However, with the growth in size and complexity of the hospital and with the knowledge explosion in the area of patient care, we find we must devote more supportive resources to assist management in continuing professional and technical education, management development and job instructions and orientation.

Although primarily responsible for services to the patient, the Spiritual Care Department has a very special relationship to the workforce and consequently becomes, in part at least, a Personnel Service. Serving the spiritual needs of employees involves both the administration of the sacraments and spiritual counseling, and even sensitivity training. All three chaplains are well qualified to serve the needs of a hospital workforce. Father John McManus is the Acting Head of the department while Father Patrick Riley is on an educational leave. Father John has completed five clinical quarters of "CPE" or Clinical Pastoral Education. Reverend Richard Tetzloff has been with the department for over a year now as the Protestant Chaplain. Chaplain Tetzloff likewise has completed five clinical quarters. Serving on a part time basis is Father Al Stangl. Father Stangl attended one quarter at Lutheran Deaconess Hospital before assuming his duties at St. Cloud Hospital. In addition to direct ministry to both patients and personnel, the chaplains do their best to keep the rest of the management team advised on moral questions, especially in matters of social justice. A recent addition to the Spiritual Care Department is Sister Mary Margaret, Sister Visitor Coordinator. Although not directly involved in personnel matters Sister is certainly competent in this area as former administrator of St. Benedict's Hospital in Ogden, Utah, Queen of Peace Hospital in New Prague, Minnesota and St. Mary's Hospital in Winsted, Minnesota. Others in the department are Merwina Theisen, Sister Virginia, Sister Gemma and the Sister Visitors, Sister Berno, Sister Benora, Sister Irmilda, Sister Yvette, Sister Annanciata, Sister Cunigund, and Sister Arilda.

A very special kind of personnel is involved in the sixth department in the Personnel Services Division. Supplying the hospital departments with Volunteers is the work of Mrs. Marie Hoppert, Volunteer Director. Her work really involves all aspects of personnel work except compensation. Serving without pay, hospital volunteers provide 2,000 hours of service each month, a very significant aspect of the hospital workforce.

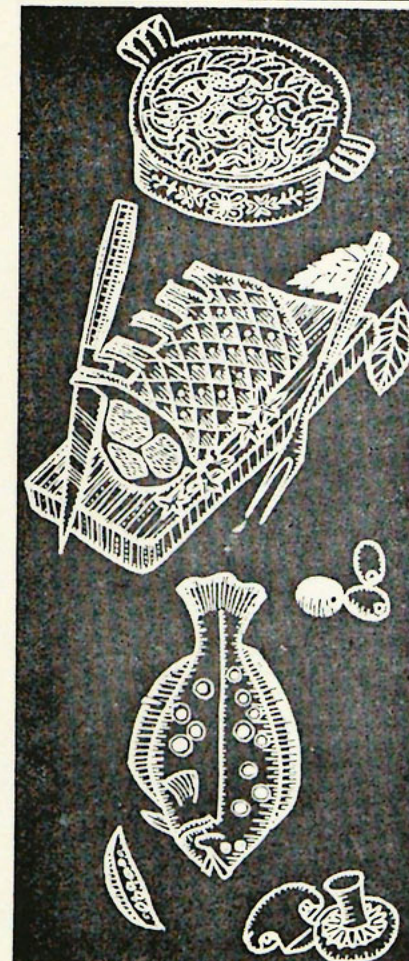
(Next month - Fiscal Services Division)



INTENSIVE CARE UNIT IS PRESENTED WITH THE TRAVELING TROPHY FOR WINNING THE NURSING SERVICE CHRISTMAS DECORATING CONTEST. ICU'S THEME WAS "UNIT OF SONGS," AND PERSONNEL THERE DECORATED EACH OF THE NINE PATIENT AREAS WITH A YULETIDE MUSIC SCENE. PICTURED LEFT TO RIGHT ARE MILLIE VARNER, R.N., HEAD NURSE RITA WOCKEN, ROSEMARY OHMAN, LPN, DIRECTOR OF NURSING CONNIE MOLINE, AND MARCIE ALBERS, LPN. HONORABLE MENTION IN THE CONTEST WENT TO 2-WEST, 2-SOUTH, 4-SOUTH, 5-SOUTH AND 4-WEST.



FIRST FOR '70-ANTELA MILISSA JENDRO, DAUGHTER OF MR. AND MRS. CURTIS JENDRO, 512 6TH AVENUE N.E., ARRIVED AT ST. CLOUD HOSPITAL AT 1:17 A.M. NEW YEAR'S DAY, FIRST OF THE YEAR HERE. EXPECTED MUCH EARLIER (CHRISTMAS DAY) ANTELA WEIGHED 9 POUNDS, 3 1/2 OUNCES AND WAS 21 INCHES LONG.



From Our Kitchen . . .

Again, this year, the Holiday Buffet for the hospital family featured the popular Almond Rice Dressing, and resulted in many requests for the recipe. So, here it is. You'll find this to be one of the most delicious items from the long list of fine foods prepared in the SCH kitchens. Try it yourself.

From The St. Cloud Hospital Kitchens

ALMOND RICE DRESSING

CANNED MUSHROOMS	3 OZ. CAN	ONIONS, CHOPPED	2 TBSP.
SLIVERED ALMONDS	1/2 CUP	BUTTER	2 TBSP.
CHEESE, GRATED	1/4 LB.	UNCOOKED RICE	1 CUP
WATER AND MUSH- ROOM LIQUID	3 CUPS	PARSLEY, CHOPPED	1/2 TBSP.
SALT-TO-TASTE	2 TSP.	CHICKEN SOUP BASE (OR 1BOUILLION CUBE)	1 TBSP.

1. DRAIN MUSHROOMS. SAVE LIQUID.
 2. SAUTE ONIONS AND ALMONDS IN BUTTER UNTIL LIGHTLY BROWNED.
 3. COOK RICE IN COMBINED WATER AND MUSHROOM LIQUID. COOK UNTIL TENDER.
 4. ADD GRATED CHEESE, ALMONDS, PARSLEY, ONIONS AND MUSHROOMS.
 5. PUT IN 350° F. OVEN TILL SET OR LIGHTLY BROWNED.
- SERVES 10.

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hospital
cares!**

*Our first concern
is your health*

**may 10-16
national hospital week**

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ADDRESS CORRECTION REQUESTED

Let Us Tell You About Our Operation



AT THE RIGHT, MRS. BARBARA LAHR, CHIEF, HEMATOLOGY SECTION OF LABORATORY, SHOWS A GROUP OF VISITORS THE HEMALYZER, NEW AND MODERN EQUIPMENT TO ASSIST IN BLOOD ANALYSIS. THE VISITORS ARE FROM THE FUTURE NURSES CLUB OF THE NEW LONDON MINNESOTA, HIGH SCHOOL.

YOUR GROUP IS INVITED TO VISIT ST. CLOUD HOSPITAL, TO TOUR OUR VARIOUS DEPARTMENTS, AND LEARN ABOUT OUR MYRIAD SERVICES.

WRITE: PUBLIC RELATIONS DEPARTMENT, SAINT CLOUD HOSPITAL, ST. CLOUD, MINNESOTA 56301.

WE HAVE AN INTERESTING OPERATION.