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## Beacon Light: October 1969

St. Cloud Hospital

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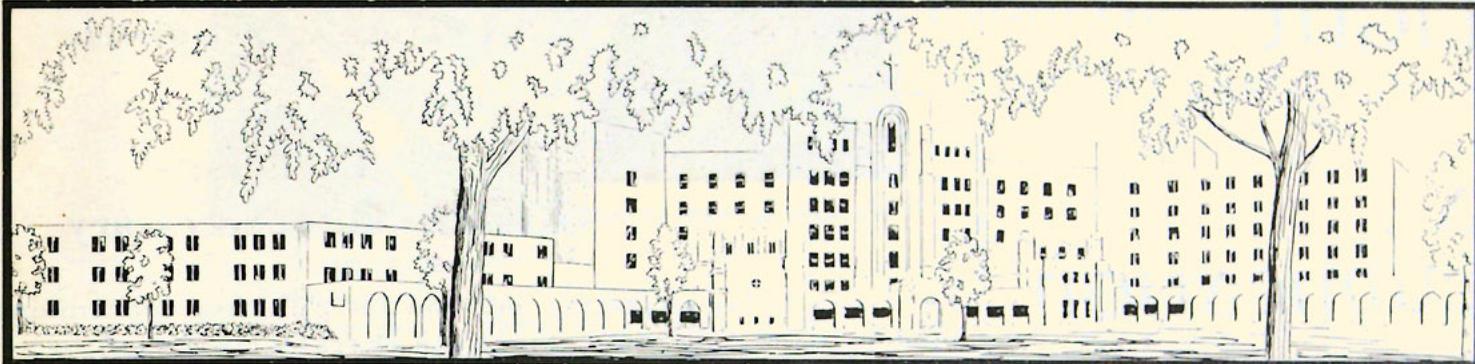
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# Beacon Light



Volume XIX Number 16

ST. CLOUD HOSPITAL

September, 1969



# The BEACON Light

a  
publication  
OF  
st. cloud  
hospital

editor

SAM WENSTROM

staff

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## Chaplain's Corner



FATHER ALFRED STANGL

BY FATHER ALFRED STANGL

### Leaders: Are They Necessary

Everyone today is getting into the act of either condemning leaders or telling us what are the characteristics of a good leader. Even Charlie Brown has his own ideas about leadership. He innocently asks the question if the people are following a leader or if they are chasing him. As you read the different articles in the paper you can't help wonder if they are not being chased. Another question that can be asked: "is it a good thing that they are chased, criticized, or condemned?" I personally feel that some criticism and some challenging are good for all and especially those in authority. I offer this not as one rebelling against authority but as one concerned and interested in the society of man. With this in view I offer my suggestions for some qualities in leaders:

- 1) One who listens: not merely to work but to ideas and to the feeling of people. (One noted person remarked that one who speaks more than he listens is not doing his job.)
- 2) Goes out to his people and meets them at their level. Is not above their level nor in fear of them. (The Cardinal of Detroit mentioned that he wants to spend over half of his time out with his people.)
- 3) A leader should be honest and not hide under or behind structure, etc.
- 4) One who is not afraid of new ideas and is willing to try them. Willing to let his people try to experiment in the same line.
- 5) Gives support to his people. Encouraging when needed, correcting a little, but praising a lot.
- 6) Has faith in himself but also has a deep faith in his people.
- 7) Above all has a deep love for those he serves. This love being so deep that he will be willing to live and to die for them.



GENE S. BAKKE

## From Our Executive Vice President

If we can really believe our national leaders, including President Nixon and almost all experts in health and government, we must acknowledge the fact that this country is faced with a "massive crisis" in health care. While national spokesmen view the problems in varying orders of priority, all cite rising costs, ineffectiveness and inefficiency of the system of health care delivery, and shortages of health manpower as the three main contributors to the crisis. And clearly, each of the problems is inseparably entwined with and has contributing effects upon the other.

National leaders are not only citing the problems, but are also suggesting solutions. Some speak of "concerted action by government and the private sector," others suggest compulsory national health insurance as a necessity, a few would impose a national health service.

Of what concern is this to those of us who are associated with Saint Cloud Hospital?

Certainly it is of grave concern, because whatever solutions are decided upon will have a tremendous impact upon the manner in which we all will function in the future. Clearly our method of operation will change, depending upon the decisions that are made. But the extent to which these changes will be evolutionary or revolutionary will depend on the effort we make to deal with the problems locally. If our solutions are sound and practical, we may be able to exert influence on those who will be charting the course at regional, state, and national levels.

Our first concern, of course, is to be able to render the most effective health care to the people of this area. But we must also recognize that conditions imposed at a national,

state, or regional level will have a direct impact upon our ability to fulfill this obligation.

As an important element in the provision of health care to the people of the area, Saint Cloud Hospital has not only the responsibility, but the duty to address itself to the problems confronting the health care field. What can we do to control costs more effectively, to improve the effectiveness and efficiency of delivery of health services to the people, and to reduce, and hopefully eliminate, critical shortages in health manpower?

Upon addressing ourselves to these questions, we are very soon confronted with a deeper and more profound question, "What is the future role of the hospital in general, and Saint Cloud Hospital in particular?" To more effectively control costs implies changes in the system of delivering health care, and if the system requires change, what implications does this have for the hospital?"

While it is to be recognized that the professional health groups, such as physicians, nurses and others, have the same responsibility to evaluate their role in whatever revamped health care delivery system evolves, that does not negate the responsibility and duty of the hospital to evaluate and propose solutions. And in so doing, we must recognize the interests of the public, as well as the professional groups, who will have a stake in its ultimate form.

To re-define the role of Saint Cloud Hospital in meeting the future health needs of the people of the area is a most urgent matter. It is an effort which will require careful, objective evaluation and sound, detached reasoning in the year ahead.

### Comment on the Cover...

ST. CLOUD HOSPITAL'S TOP THREE, DR. J. J. BALLANTINE, DIRECTOR OF MEDICAL AFFAIRS, MR. GIL LUBBERS, DIRECTOR OF ADMINISTRATIVE AFFAIRS, AND EXECUTIVE VICE PRESIDENT GENE S. BAKKE ARE PICTURED SHORTLY

AFTER THE ANNOUNCEMENT THAT THE TWO NEW POSTS WERE FILLED. SEE MORE DETAILS ON OUR NEW COLLEAGUES ON PAGE 4 OF THE BEACON LIGHT.

# Administrative Posts Filled

**Mr. Gilbert Lubbers**  
**Director of Administrative Affairs**



MR. LUBBERS

St. Cloud Hospital's new Director of Administrative Affairs is Gilbert Lubbers who comes to us from the Iowa Hospital Association where he has served for five years as Assistant Executive Director, with offices in Des Moines.

Gilbert Lubbers holds a B. A. degree and a Master's Degree in Hospital and Health Administration from the University of Iowa. He served four years in the U. S. Navy, during which time he attended the Hospital Corps School and Field Medical Service School. He was Assistant Administrator at Mary Fletcher Hospital, Burlington, Vermont, for five years, before joining the Iowa Hospital Association staff.

Mr. Lubbers is married and has one child. They will reside in Ridgewood Estates.

As Director of Administrative Affairs, Lubbers will have responsibility for the care given to hospital patients other than that provided by the physician, day-to-day operational management of the hospital, with a primary purpose of translating the policies and plans developed by the Board of Trustees and Executive Vice President into operational activities which meet those objectives.

**Dr. J. J. Ballantine**  
**Director of Medical Affairs**



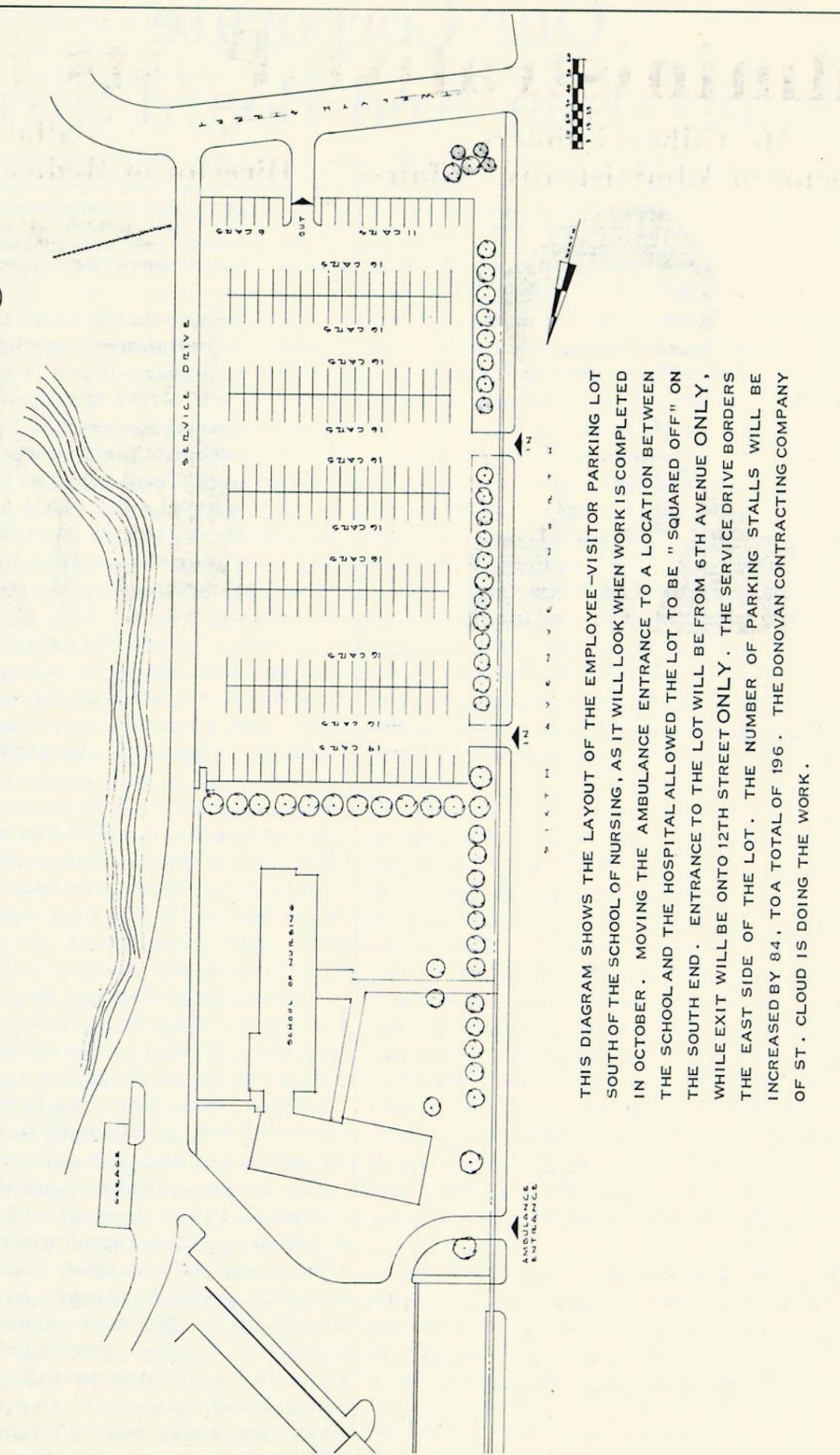
DR. BALLANTINE

The 1968-69 Chief of Staff, Dr. J. J. Ballantine, has been appointed Director of Medical Affairs. A specialist in Internal Medicine, Dr. Ballantine received a B.S. degree in Anatomy and Physiology from Indiana University in 1953, and his Doctor of Medicine degree in 1956 from the same school.

Following his internship at St. Joseph's Hospital, Milwaukee, he spent three years in residency at the Veterans Administration Hospital, Minneapolis, and the Indiana University School of Medicine. After a year-long Fellowship in Endocrinology at Indiana, Dr. Ballantine established his private practice here. He has referred his patients to other physicians during the past weeks.

Dr. Ballantine will be responsible for the development of appropriate medical staff organization to effectively carry out the work of the medical staff at the hospital, and to provide for careful evaluation and continued improvement of medical practice here. He also will develop and supervise a medical education program, implement cost control procedures and give counsel and advice to the hospital medical staff, Executive Vice President and Board of Trustees regarding all matters of a medico-administrative nature.

## Employee-Visitor Parking Lot Design



THIS DIAGRAM SHOWS THE LAYOUT OF THE EMPLOYEE-VISITOR PARKING LOT SOUTH OF THE SCHOOL OF NURSING, AS IT WILL LOOK WHEN WORK IS COMPLETED IN OCTOBER. MOVING THE AMBULANCE ENTRANCE TO A LOCATION BETWEEN THE SCHOOL AND THE HOSPITAL ALLOWED THE LOT TO BE "SQUARED OFF" ON THE SOUTH END. ENTRANCE TO THE LOT WILL BE FROM 6TH AVENUE ONLY, WHILE EXIT WILL BE ONTO 12TH STREET ONLY. THE SERVICE DRIVE BORDERS THE EAST SIDE OF THE LOT. THE NUMBER OF PARKING STALLS WILL BE INCREASED BY 84, TO A TOTAL OF 196. THE DONOVAN CONTRACTING COMPANY OF ST. CLOUD IS DOING THE WORK.

# Our Corporate Organization And Board Structure

EXECUTIVE VICE PRESIDENT GENE S. BAKKE, DURING A CONFERENCE APRIL 25 IN WASHINGTON, DC, PRESENTED A PAPER ON THE CORPORATE AND BOARD STRUCTURE OF ST. CLOUD HOSPITAL TO A CONFERENCE ON BOARDS OF TRUSTEES OF CATHOLIC SPONSORED HEALTH FACILITIES. BECAUSE THIS PRESENTATION ANSWERED THE QUESTIONS SO OFTEN ASKED ABOUT THE FORMAL ORGANIZATION OF THE ST. CLOUD HOSPITAL, THE BEACON LIGHT IS PRESENTING THE ADDRESS IN THREE PARTS. THE FIRST WAS PRINTED IN MAY, THE SECOND IN JUNE, 1969. THIS IS THE THIRD AND FINAL INSTALLMENT.

There are several other needs that we identified beyond the religious community, the hospital, and the local civic community. I would like to comment briefly on only three of these.

First there is the need for Catholic hospitals to recognize and determine what adjustments need to be made to accommodate to the marked changes in the social, political and economic climate of this country that have occurred over just the past few years.

Instead of the public seemingly having almost full confidence in our ability to meet the health needs of people and leaving the matter essentially in our hands, we now have the public demanding, yes, requiring a voice in the decisions that are to be made that affect their health. They are demanding this voice individually, but even more effectively through the government and other third party payors for health services. Medicare, Medicaid, comprehensive health planning, and the report of the HEW Secretary's Advisory Committee on Hospital Effectiveness (the Barr Report) are, I think, more than ample proof of this point. It imposes a further pressure upon us, as Catholic institutions, to identify ourselves organizationally and functionally, and more specifically, with the public interest.

The second other factor, and by no means the least of the needs I have cited, is to evaluate the impact of the Second Vatican Council upon the operation of Catholic hospitals, and to determine what should be done to implement its intent.

While the Council's pronouncements admittedly set down only general principles without spelling out specific steps to be taken, it seems clear that the concept "people of God" and the description of collegiality have highly significant implications for Catholic hospitals. It implies a sense of collective

responsibility--that it is not the sole responsibility of religious Sisterhoods to operate Catholic hospitals--that it is a shared responsibility with all of the "people of God". If there is shared responsibility, there must also be shared authority within an appropriate organizational framework. At the Board level, we have developed what we feel is this appropriate organizational framework, hopefully providing the opportunity for the fruitful growth of this Vatican II pronouncement on collegiality.

Finally, I would be remiss if I did not point out the need for us to support the Catholic Hospital Association in its endeavors to redirect the positive contribution made by Catholic hospitals to the health care field. I am not at all suggesting here that CHA has endorsed what we have done at St. Cloud, but I am saying that the CHA has definitely stimulated us to at least study our situation in depth. The CHA Conference on Legal Problems held in the fall of 1967 is one meeting that had a particular impact on us, as well as the Task Force study and other association activities.

This concludes my description of needs that were identified. There are three other questions related to the decision to change or retain the board structure.

First, what were the limiting factors, financial and operational, in the then existing situation and how were they assessed?

In the case of Saint Cloud Hospital, I mentioned earlier that all obligations existing between the Motherhouse and the hospital were settled and paid in 1964. In terms of operational factors, there were no problems that I can identify. We have essentially the same number of Sister personnel now as we had prior to the restructuring, though the individuals and the positions to which Sisters have been assigned are slightly different.

In terms of involvement in the final decision, I earlier pointed out that there was broad involvement with many different disciplines contributing to the discussions. Our legal counsel was completely involved every step of the way, and from time to time we did seek advice from the U.S. Catholic Conference and the CHA. At one point, Father James I. O'Connor, S.J., came to St. Cloud and met with our hospital Board of Trustees and the members of the corporation, then made up of all of the Sisters of the Order of St. Benedict. Final action was taken by the Motherhouse Council, the corporate members and the Board of Trustees.

The decision to restructure the board has applied only to Saint Cloud Hospital. Two other hospitals are sponsored by the Order, another in Minnesota and one in Ogden, Utah. Although I cannot speak officially for the Order or for either of the other two hospitals, it is my understanding that such reorganization is not being contemplated at this time.

A further question that was posed to me was "How are the interest and influence of the sponsoring body safeguarded?"

In response to this question, I should call attention to the fact that Article I on Sponsorship in our bylaws attempts to spell out the meaning of sponsorship and also provides specific guarantees to the Sisters of the Order of St. Benedict as the sponsoring organization. This section is, to me, the basic safeguard for the interest and influence of the Sisters. Since it is a bylaw provision, and since the bylaws further provide that amendments require an affirmative vote of two-thirds of the members of the Board, no change could be made to alter the sponsorship provision, or any other provisions for that matter, without the support of at least a few of the Sister members of the Board.

While the voting privileges of the chief executive officer place that person in the position of balance between the equal number of Sister and non-Sister membership, we did not look upon this as a threat to the interest and influence of the sponsoring body, particularly in view of the article that deals with sponsorship. The chief executive officer, who could as easily be a Sister as not, should not represent either element of the board structure, but should rather represent the

best interests of the hospital as an institution, the Board as a whole entity, and the administration as an appropriate influence in the establishment of broad policy.

Other safeguards provided are equal membership on the Board of Trustees and most of its important committees, as well as the direct involvement in the day-to-day operation of the hospital on the part of Sisters assigned to the institution. The conditions under which these assignments are made are spelled out in a written annual contract which requires Board approval. It provides for the assignment of Sisters at all levels--administrative, supervisory, and first-line--depending upon the competency of Sisters available and positions vacant.

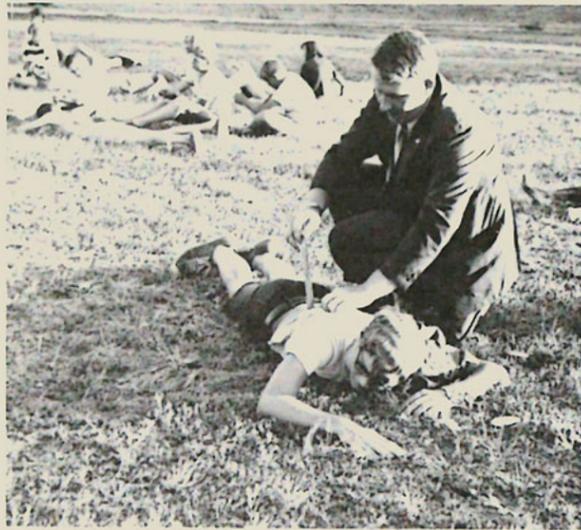
Finally, Mr. Donnelly's outline suggests an evaluation of the new structure.

While the problems you might encounter, or have encountered, would be different than ours, I might cite a few that caused us some concern.

First, there was a real question in our minds as to who should be involved in our discussions regarding corporate organization and board structure. Because we have been involved in a program of needs-objectives-work studies for some time, we have been oriented toward broad involvement and decentralized decision-making. Perhaps because of this, we sought to involve as many different disciplines as possible, not only to seek positive contribution, but to also pave the way for ultimate acceptance of what would finally result from the discussions. Because of this rather open approach, very intense and sometimes heated debate was precipitated, and some sense of insecurity developed during the time this was under discussion.

While this was a problem and caused a certain degree of tension, I believe it caused less upset than if the discussions had been restricted to a small select group, and in the final analysis the total concept was adopted with very little negative response.

Communication was another problem. For example, who should be responsible to communicate to the Sisters at the hospital the gist of what was being discussed at the administrative and board level, and who should be responsible to solicit their opinions and ideas? At



# DISASTER ALERT!

PETE BILBEN, STATE HEALTH DEPARTMENT REPRESENTATIVE, EXAMINES A "VICTIM" MADE-UP TO REPRESENT A PUNCTURE WOUND. BILBEN'S DEPARTMENT PROVIDED MOULAGE FOR THE EXERCISE.

The first community-wide disaster drill in over five years, an alert called "Operation Big Blast" was carried out August 20, with the cooperation of all public agencies, the ambulance services, hospital staff and physicians, organized by the newly-formed Community Emergency Health Services Planning Committee.

The simulated disaster involved about 50 "casualties" which were scattered over an athletic field at Cathedral High School. The volunteer casualties, Boy Scouts and Girl Scouts from area troops, were made up to represent patients with injuries ranging from superficial cuts and bruises needing only first aid, to amputees and severe abdominal wounds requiring surgery. Fire and police officers reported to the "big blast" scene with all available men and equipment, followed moments later by eight ambulances from Granite City Ambulance and Murphy Ambulance services.

Attendants quickly moved to the more seriously injured victims, and brought them to the hospital's Emergency Room. Dr. Donald Heckman, first physician reporting after the alert sounded, acted as Disaster Chief as called for in the Disaster Plan, and directed staff activities in the triage area. Patients were assigned to emergency rooms, first aid treatment in the patient lobby, surgery, x-ray, even the Intensive Care Unit.

In less than 20 minutes the 50 patients were brought to the hospital, and sent to treatment areas.

Immediately following the test alert, a critique meeting involving the Community

Emergency Health Services Planning Committee, administrative and nursing personnel, doctors, Red Cross representatives, ambulance owners, city agencies, state health department field men, and Civil Defense officials, was held in the Garden Room.

From this session came positive suggestions to improve the communications system for disasters, ideas on changing the triage area, new plans for patient tags and charts, and much more.

SCH Disaster Committee Chairman Harry Knevel has indicated the next alert may be unannounced, and could come at any time.

Have you read your department's Disaster Plan? Know it . . . and be prepared!

DISASTER CHIEF DR. HENRY BROKER SEEMS TO BE SIGNALING "OKAY" WHILE TALKING WITH JIM MURPHY OF MURPHY AMBULANCE SERVICE AND DR. CESNIK DURING THE DRILL.



THE FIRST AID PATIENTS WERE DIRECTED TO THE PATIENT LOBBY WHERE TREATMENT WAS GIVEN.



DR. HUGHES EXAMINED A SEVERE ARM INJURY IN THE EMERGENCY ROOM. PHYSICIAN PARTICIPATION WAS TERMED "EXCELLENT" BY HARRY KNEVEL, CHAIRMAN OF THE HOSPITAL'S DISASTER COMMITTEE.



THE CRITIQUE MEETING SAW THE GARDEN ROOM JAMMED WITH DEPARTMENT HEADS, DOCTORS, ADMINISTRATIVE PEOPLE, AND REPRESENTATIVES FROM EACH OF THE CITY'S EMERGENCY AGENCIES.



THE MORE CRITICALLY ILL PATIENTS WERE REMOVED BY THE AMBULANCE CREWS FIRST. AMBULANCE SERVICES FURNISHED EIGHT UNITS AND CREWS FOR THE EXERCISE.



ANOTHER VICTIM IS WHEELED INTO THE AMBULANCE ENTRY WHILE ADMITTING CLERK JANE ANDERSON TRIES TO GET AS MUCH INFORMATION ABOUT THE PATIENT AS POSSIBLE FOR RECORDS. FIFTY VICTIMS WERE BROUGHT TO THE HOSPITAL IN ABOUT 20 MINUTES.

## New Faculty Members At School

The challenge of a new school year is being met by four new faculty members in the School of Nursing. Added to the Medical - Surgical teaching team this fall, are: Sister Catherine Mosbrucker, R.N., B.S.; Mrs. Judith Twomey, R.N., B.S.; Miss Carol Combs, R.N., B.S.; Mrs. Judith Gilbert, R.N., B.S.

Sister Catherine, a member of the Benedictine Community of Pierre, South Dakota, received her bachelors degree from Creighton University in 1957. Among other nursing experiences, Sister has been both an instructor and a director of a nursing program in South Dakota prior to coming to St. Cloud this summer.

Likewise a new arrival in the city, Judy Twomey came to St. Cloud after spending the summer in Europe following her June wedding in Milwaukee, Wisconsin. Judy's husband is a teacher at St. John's Prep School. Following her 1963 graduation from Marquette University, Judy has specialized in pediatric nursing.

Claiming Marquette University as her alma mater also, is Carol Combs, a 1967 graduate. Having worked in the Intensive Care Unit the past year, the St. Cloud Hospital setting of her new position is a familiar one.

Judy Gilbert brings a public health nursing background to the faculty. Since her gradua-



NEW FURNITURE FOR 5 AND 6 ARRIVED LAST MONTH, AND TED KUKLOK, PORTER, AND BOB FULLER, STOREROOM MANAGER, ARE PICTURED WHEELING ONE OF THE 57 NEW ELECTRIC BEDS INTO THE BUILDING. ALSO ON HAND ARE THE NEW PATIENT BEDSIDE UNITS FOR THE 118 PATIENT UNITS WHICH WILL OPEN ON FIFTH AND SIXTH FLOORS IN OCTOBER. THESE TWO FLOORS HAVE BEEN COMPLETELY RENOVATED OVER THE PAST YEAR.

tion from the College of St. Scholastica in 1963, Judy has been employed with the Stearns County Public Health Nursing Service. Her husband, Jay, is employed by the Northwestern Bell Telephone Company; and they have a 1 1/2 year old son, Timothy.

## Glicken Resigns To Teach

Morley Glicken, director of the Social Services Department, resigned effective September 6 to accept a teaching position at Waterloo Lutheran University, Waterloo, Ontario, Canada. He was the first Social Worker in the history of St. Cloud Hospital, opening the department in November, 1967.

At Waterloo, Glicken will be an Assistant Professor of Group Therapy in the Graduate School of Social Work.

He holds a Bachelor's Degree from the University of North Dakota, and a Master's Degree in Social Work from the University of Washington, Seattle. He worked with the Minneapolis Rehabilitation Center and the Kenny Institute as a project case worker, and as a school social worker in Chicago before coming here.



CAROL MOCKENHAUPT, R.N. IN EMERGENCY ROOM, MARRIED ORDERLY JERON KOBENIA ON AUGUST 16. FOLLOWING THEIR HONEYMOON IN CANADA, THE COUPLE RETURNED AND RESIDE AT THE TOMAHAWK TRAILER PARK. BEST WISHES FOR MANY HAPPY ANNIVERSARIES



CONGRESSMAN JOHN ZWACH, 6TH DISTRICT, WAS THE GUEST OF ST. CLOUD HOSPITAL AUGUST 22, DURING THE CONGRESSIONAL RECESS. HE VISITED DURING DINNER WITH MEMBERS OF THE BOARD OF TRUSTEES, ADMINISTRATION AND MEDICAL STAFF, ON A VARIETY OF ISSUES INCLUDING HEALTH LEGISLATION, MEDICARE CHARGES, HOSPITAL COSTS, AND FUTURE GOVERNMENT PROGRAMS. PICTURED, FROM THE LEFT, TRUSTEES EDWARD A. ZAPP AND SISTER ENID SMITH, ART GRAF, MR. ZWACH'S ADMINISTRATIVE ASSISTANT, CONGRESSMAN ZWACH, AND EXECUTIVE VICE PRESIDENT GENE S. BAKKE.

## More Sisters Change Names

By Sister Berno, O. S. B.

About a year ago, the Benedictine Sisters of St. Joseph, Minnesota, were invited to change their names from the one given them at the time they began the Novitiate of the Order, to their baptismal name or, more rarely, to another name of choice. Sisters responded immediately. Of our staff, Sister Mercy soon became known as Sister Mary Ellen Machtemes, and Sister Anthony as

Sister Rita Budig.

Now, just a year later, another such invitation was issued, and another burst of enthusiasm resulted in many surprises as some Sisters who have been in the Order 35 to 40 years changed back to baptismal names.

At our house Sister Helaine is now known as Sister JoAnn Bavier, Sister Josette as Sister Monica Roy, Sister Pius as Sister Mary Zenzen, and Sister Sebastine as Sister Mary Schneider. To avoid local crises, surnames are being more commonly used, especially to identify the Sister Marys and the Sister Monicas.

It may be of interest to renew acquaintances with other people whom many Beacon Light readers know. Sister Leonarda is now Sister Elizabeth Reinhart, Sister Muriel is Sister Mary Ellen Korf, Sister Kenric is Sister Margo Bischof, Sister Samuel is Sister Elizabeth Slaughter, Sister Annora is Sister Lorraine Sauer, and Sister Alverna is Sister Catherine McInnis.

What is the point?

Some people see this as a part of renewal - as part of the larger response of the world's one million nuns invited by Vatican II "to join the twentieth century"! And so it is! Orders and lives are being restructured, and some traditions are breaking.



GREAT GIFT FROM LIONS - THE CENTRAL PARK LION'S CLUB HAS PRESENTED ST. CLOUD HOSPITAL WITH 12 PAIR OF PRISM GLASSES FOR USE BY PATIENTS WHO WISH TO READ IN BED, BUT MUST LIE FLAT. LEFT, SISTER PAUL ACCEPTS THE GIFT FROM LION'S SIGHT-SAVING COMMITTEE CHAIRMAN JERRY MOCKENHAUPT, AS LION'S PRESIDENT WAYNE LAUERMAN (HE'S ALSO



OUR BUSINESS OFFICE MANAGER) LOOKS ON. RIGHT, PATIENT RONALD HANISCH USES A PAIR OF THE GLASSES AS 4 NORTH HEAD NURSE DORETHEA LINDSTROM WATCHES. THE PRISM LENSES ALLOW THE PATIENT TO LIE FLAT, LOOK STRAIGHT UP, AND HOLD THE READING MATERIAL AS RONALD IS DOING. BRAND NAME OF THE GLASSES IS "BED-SPECS." THANK YOU

## School Welcomes New Year

By Carol Combs, R. N.

The School of Nursing again came to life on Labor Day, with the return of 44 senior and 54 junior nursing students. The majority of the students related their summer activities in terms of having worked in hospital settings since June.

Under the "little sister" system, 65 freshman students were received at the school the following day, to begin their three year course of studies. Minnesota seems to be "home" for most of the incoming freshmen; with North Dakota represented as the sole out-of-state point of origin.

All the students were welcomed by the hospital in informal, introductory gatherings in the cafeteria.

A student Mass was celebrated September 10 to officially open the school term. And a riverside picnic followed as a welcoming gesture from the faculty and school personnel.

## Recorders Modernize Report Time

By Sally Grabuski, Inservice Coordinator

To enhance the method and content of reporting the nursing department has added the tape recorder. The idea originated from one of the many Ideal Systems Workshop groups. The nurses were investigating methods to cut repetitive reporting to various personnel and at various periods of each shift of duty. Indirectly the time saved by reporting could and is directed toward patient care.

The use of the tape recorder as a means of reporting has definitely decreased the amount of time spent at the change of shift. The content of the information included in reports has improved, also. The nursing personnel can go back later and listen to the tape if they forget the information contained.

The workshop groups also developed guidelines to accompany each tape recorder for the personnel use in recording reports. Presently all nursing units and nursing service supervisors are using the tape recorder except E. R. and C. C. U.



DONATION ENVELOPES USED DURING THE DRIVE TO OBTAIN \$12,000 IN 1952 TO PAY FOR THE FATHER PIERZ MEMORIAL WERE PLACED UNDER THE STATUE WHEN IT WAS RELOCATED IN FRONT OF THE HOSPITAL THIS MONTH. THE ENVELOPES HAD BEEN UNDER THE MONUMENT SINCE BEING ERECTED 17 YEARS AGO. PRESENT WERE PIERZ FUND CHAIRMAN FRED J. HUGHES, BISHOP BARTHOLOME, AND EXECUTIVE VICE PRESIDENT GENE BAKKE. THE MEMORIAL WAS MOVED TO MAKE WAY FOR A 35-CAR PARKING LOT ON THE PARK TRIANGLE.



HEIDI LORIMER, SENIOR AT THE SCHOOL OF NURSING, IS SHOWN BEING SWORN INTO THE NAVY NURSE CORPS HOSPITAL CANDIDATE PROGRAM BY HER FATHER, COL. WILLIAM LORIMER, III, U.S. ARMY, RETIRED. THE PROGRAM WILL PAY MISS LORIMER A MONTHLY SALARY AND OTHER BENEFITS DURING HER FINAL SCHOOL YEAR, AFTER WHICH SHE WILL ENTER THE NAVY. THE SWEARING-IN TOOK PLACE THIS SUMMER IN HOBART, INDIANA, WHERE THE LORIMERS NOW RESIDE.



AUXILIANS AND CANDY STRIPERS SERVED HOT DOGS, AND POP ON THE CROSSROADS MALL, FOR THE CROSSROADS MERCHANTS ASSOCIATION, DURING CRAZY DAY JULY 23. PROCEEDS WENT TO THE HOSPITAL BUILDING FUND. PICTURED ARE SANDY SAATZER AND RANEE QUARVE, CANDY STRIPERS, AND AUXILIANS MRS. MAX LANDY, MRS. JEROME MASLONKOWSKI, MRS. JEROME WEBER, MRS. JOSEPH STRACK AND MRS. CHARLES RICHTER. THIS WAS THE SECOND SUMMER PROJECT FOR THE AUXILIARY. THE FIRST WAS HOSPITAL DAY IN JUNE.



WHAT A VACATION! THREE SCH EMPLOYEES TOURED EUROPE TOGETHER DURING THE SUMMER, AND THIS PICTURE WAS TAKEN AT THE HOFERHAUS, THE WORLD'S LARGEST BEER GARDEN IN MUNICH, GERMANY. FAR LEFT IS DONNA RINGSMUTH, R. N. THIRD FROM LEFT IS LINDA DENNE, L. P. N., AND MARY SCHWINGHAMMER, L. P. N., IS TO HER LEFT. THEY WERE TOASTING THE U. S. WHEN THE PHOTO WAS TAKEN.

## Fr. McManus Is Chaplain

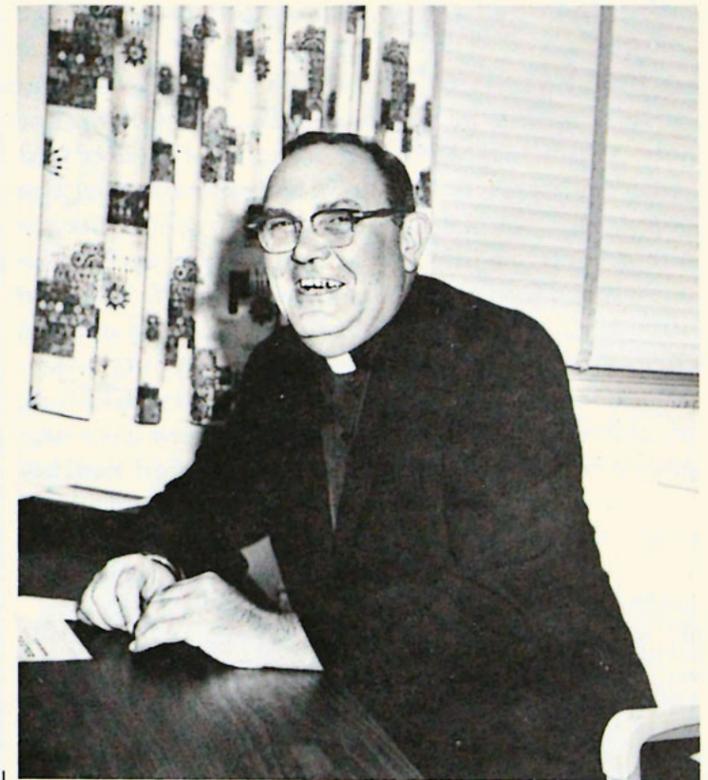
"I was working only 85 hours a month, and had time on my hands so I began going to communion and mass every day. That's when the Lord hooked me."

That's a direct quotation from Father John McManus, O. M. I., the acting director of the Department of Spiritual Care, who joined the SCH team this month.

Father McManus became interested in the priesthood in 1949, while working as a flight engineer for Eastern Airlines. "I had so much time, because of regulations which restricted crew members to 85 hours each month. And I thought I should be doing more with myself," he said. So, after three years in the Navy (1943-46) and two years flying, Father McManus entered St. Henry's Seminary, Belleville, Ill. Then, he studied for two years in Canada at the St. Charles Scholastica school, before completing his theological work at the Oblate Fathers College, Pass Christian, Mississippi, where he was ordained by Bishop Gerow in 1956.

After a year as assistant parish pastor, he went to the King's House of Retreat at Buffalo, Minnesota, where he was assistant director from 1957-63. He was then director of the King's House in Henry, Illinois, until 1968.

Father McManus then began three quarters of clinical pastoral education, and was a stu-



dent with Protestant Chaplain Richard Tetzloff at Hazelden, near Lindstrom, Minnesota. He then worked as chaplain for the Madonna Towers, Rochester, until coming to SCH.

He will be acting director of his department until Father Patrick Riley returns from his clinical pastoral training next June.

(Bakke Address continued from Page 7)

first we assumed this to be a responsibility of the hospital administrative staff, but it soon became evident that it could be more effectively accomplished through the structure of the religious community.

Communication was also a problem in terms of the medical staff, the hospital personnel, and the public. We still do not have understanding of the reasons why the changes were made. I am sure this is a job that will take some years to accomplish. We still have objection on the part of a few, but the number and intensity has faded almost completely.

In terms of the functioning of the new board structure, we have actually had only about six weeks of experience with it since it was adopted this past February 27. However, the Board membership has been expanded by one Sister and two civic leaders to bring the membership to a total of eleven, including the executive vice president. Standing committees have been appointed and two have already had occasion to meet.

I might point out that in spite of the restructuring of the Board, we still do not have the kind of involvement of the medical staff that we would like in the operation of the hospital. We are continuing to concentrate our efforts in this area, and when we fill the position of director of medical affairs, we hope that this will provide them with a person through whom their involvement may more effectively be channeled and stimulated. Time, of course, is a tremendous barrier for the physician, and I suppose we can never realistically expect them to voluntarily give much more time than they already are, but perhaps we can utilize more effectively the time they are willing to give.

It has been suggested that I propose pitfalls to be avoided. Actually, there are only two that I would offer. The first is to avoid "tunnel vision"--that is, restriction of discussions regarding corporate and board restructuring to the Motherhouse level only, or only with the Order's attorney. There are broad philosophies and concepts to be considered that are not strictly religious in nature or strictly legal in nature. I certainly do not propose that these considerations are

not paramount--they certainly are--but the questions that must be faced extend even beyond these major areas of consideration.

Secondly, I would caution you to evaluate your own needs in your own local situation and develop a corporate and board structure that fits your needs. What we have done in St. Cloud may be completely inappropriate elsewhere.

Finally, with reference to future plans, we believe that we have moved about as far as we feel our needs require. Sometime in the future, we do plan to expand the size of the Board further, perhaps to fifteen members. Another thought that has been expressed by some Board members is that we should expand the size of the Board to perhaps forty or fifty members, and delegate to the Board's Executive Committee the responsibility of meeting monthly to carry on the work of the Board. Under this system, the full Board would meet only quarterly or semi-annually. In any event, these changes would not require revision in the bylaws, since they are already written to provide for such possibility.

I am grateful for the opportunity of being with you. Thank you for your kind attention.



MRS. JOAN MOCKENHAUPT, NURSE AIDE INSTRUCTOR, SAW HER 50TH CLASS RECEIVE CERTIFICATES OF COMPLETION IN AUGUST, AND SISTER PAUL, ASSISTANT ADMINISTRATOR, PRESENTED HER WITH A MOMENTO OF THE OCCASION. SINCE 1958, MRS. MOCKENHAUPT HAS TAUGHT ABOUT 550 STUDENTS.



MAJEED WINS PIE EATING CONTEST



READY FOR THREE-LEGGED RACE

## Annual Employee Picnic



EVERYONE REGISTERED AND GOT NAME TAG

Over 750 employees, wives, husbands and kids turned out at Wilson Park on August 17 for the first annual St. Cloud Hospital Employees Picnic. And, it was quite a day.

Food and beverages were served from 11 a.m. to 8 p.m. with bingo, softball, volleyball, kid's games and just plain relaxing thrown in for good measure.

Among the prizes awarded was a beautiful hammock, won by Reinhard Gross's son who guessed the exact number of cotton balls in a jar ... 383.

Kader Majeed "out-ate" five others to win the pie-eating contest. And, Dr. Frank Brown's volleyball team won the final "rain-soaked" game at sundown.

General Chairman David Pearce, Director of Personnel, said the picnic was a real success, and the date for the 1970 picnic will be announced shortly after the New Year.



SISTER PAUL MAKES A RINGER



AND UNDER THE "B" ...



KIDS ENJOY EGG TOSS GAME

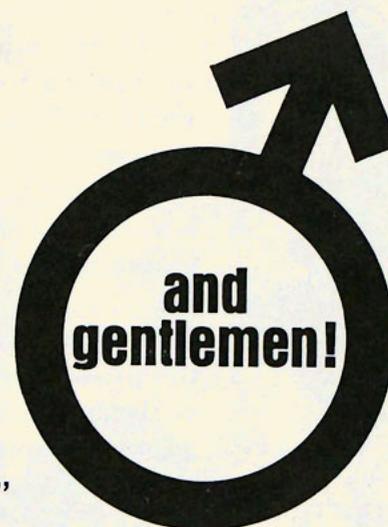
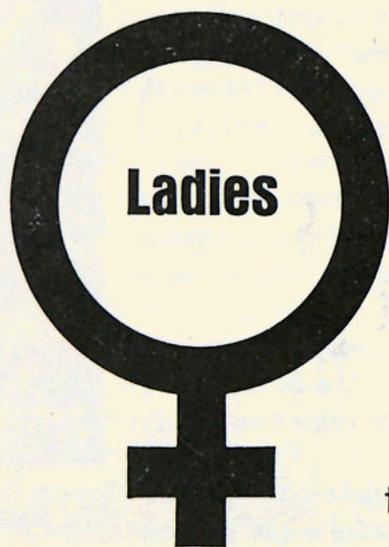
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If you forget  
to get a "procto"  
you may never  
live it down.

You may never have heard of a "procto" much less had one. Most people haven't.

Last year 43,000 Americans died of colon and rectum cancer. Yet thousands of them might have been saved. A "procto" (short for proctosigmoidoscopic examination) can easily detect this cancer in its early, curable stages.

Be sure to ask your doctor to include a "procto" in your next annual check-up. It takes only a short time. But it could save your life.

American Cancer Society

