

1-1975

Beacon Light: January 1975

St. Cloud Hospital

Follow this and additional works at: https://digitalcommons.centracare.com/beacon_light



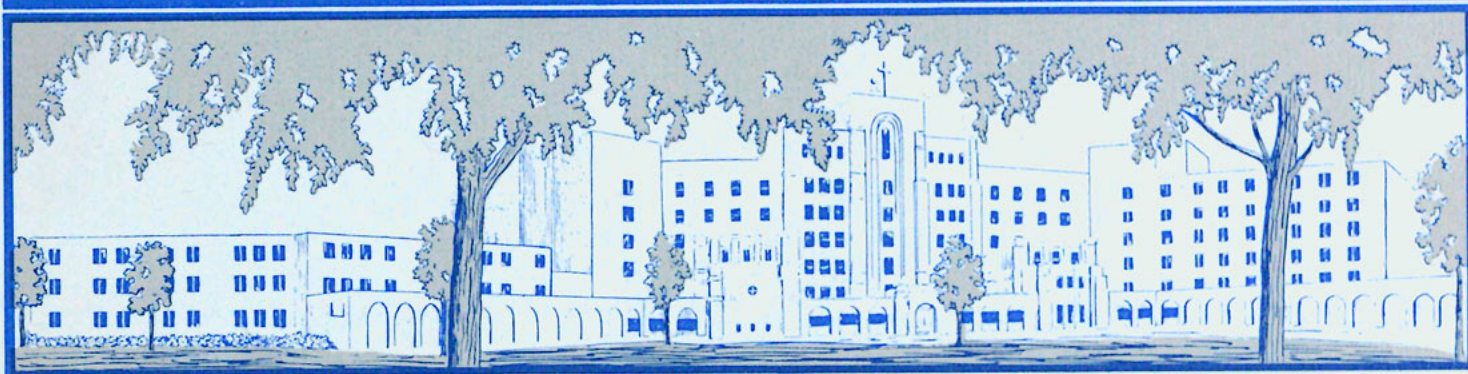
Part of the [Organizational Communication Commons](#)

Recommended Citation

St. Cloud Hospital, "Beacon Light: January 1975" (1975). *Beacon Light*. 185.
https://digitalcommons.centracare.com/beacon_light/185

This Newsletter is brought to you for free and open access by the CentraCare Health Publications (Newsletters, Annual Reports, Etc.) at DigitalCommons@CentraCare Health. It has been accepted for inclusion in Beacon Light by an authorized administrator of DigitalCommons@CentraCare Health. For more information, please contact schlepers@centracare.com.

The St. Cloud Hospital Beacon Light



Volume XXIV, Number 5 January, 1975

Legislative subcommittee proposes more controls on Minnesota's hospitals

In the midst of a flurry of federal regulations, HEW jawboning to keep costs down, rampant inflation, and increasing demands to meet the changing needs of local communities, a state Senate Subcommittee has recommended that a new state agency be created to regulate rates charged by hospitals as well as determining what new or additional services should be made available to the people they serve.

The new proposals, which will be introduced to the 1975 Legislature as the Minnesota Comprehensive Health Care Act, have been made by a Senate Subcommittee on Health Care Costs headed by Senator George Conzemius.

According to the proposed legislation, the state would be granted the

authority to approve rates charged by hospitals, approve contracts between hospitals and health insurance companies, and even approve rates charged by health insurance companies operating within the state.

Another significant recommendation of the bill would give the newly created agency (called the Health Services Policy Board) the authority to approve contracts between hospitals and physicians who provide services to them. Conzemius' subcommittee also recommended that the salaries paid to these physicians, namely anesthesiologists, radiologists, and pathologists, would have to be made public.

Other sections of the bill call for the new agency to issue and review

(Continued on page 8)

Medical Staff News...



Pictured above (right) is Mark Steinhauser, a third year medical student from the University of Minnesota, who is working with Dr. Louis Loes (left) as a part of a six week preceptorship in Obstetrics and Gynecology. The object of the preceptorship is to provide the medical student an opportunity to gain clinical experience in diagnosing and treating most gynecological and obstetrical problems. Steinhauser will be working directly with Dr. Loes sharing his office, call, and hospital routines.

Inside the Beacon...

- Opinions on Comprehensive Health Care Act -
see Commentpage 3
- and Legislator's-Health Care Professionals
viewspages 4 & 5
- Also inside . . .
 - My Job and Why I Like Itpage 2
 - Bakke to head AHA Committee ..page 5
 - PAC Rappage 6
 - New benefit program established
for long-term employees ...page 7

The Chaplain's Corner



CLIMBING JACOB'S LADDER
by Rev. Richard Tetzloff

In the Old Testament book of Genesis we are told of a dream the patriarch Jacob had as he was in journey to his grandfather's homeland. The dream consisted of the ladder reaching from earth to Heaven. At the top God was standing and spoke these words:

"I, the Lord, am the God of your forefather, Abraham, and the God of Isaac. The land in which you are lying I will give you and your descendants . . . know that I am with you. I will protect you wherever you go and bring you back to this land. I will never leave you until I have done what I have promised you."

Genesis 28:13, 15

In one sense, our life is comparable to the ladder of Jacob's dream. Each day that we live is a new step and we are climbing higher and higher. A new year has begun. What the new year will bring and our new series of steps will hold is perhaps still a mystery. What new pathways of life await us? If only we knew — wouldn't it be much easier to take those steps?

In some instances I suppose it might. However, even though we do not have that knowledge, we do have God's promise just as it was made to Jacob — "Know that I am with you, I will protect you wherever you go and bring you back to this land."

The unknown days of the future await us. Some steps on that ladder may greet us with refreshing springs of joy and happiness; others may present overflowing rivers of tears and impossible fiords. We may find some mountain top experiences or valleys of despair and suffering. We, however, climb that ladder of earthly experiences confidently holding to the rungs of God's Promise: "For I will not leave thee until I have done that which I have said." God has given us the ladder of His love — His Son. In Him the steps of our life can be boldly made and lived, even as "We are climbing Jacob's ladder, higher and higher as soldiers of His Cross."

Major Anniversaries

5 YEARS

Janet Stellmach — Nursing Service
Monica Mueller — Nursing Service
Brennan Thielen — Nursing Service
Joanne Rieder — Physical Therapy
Mary Layton — Physical Therapy
Earl Pederson — Rehabilitation
Emily Fowler — Dietary
Ronald Spanier — Accounting

10 YEARS

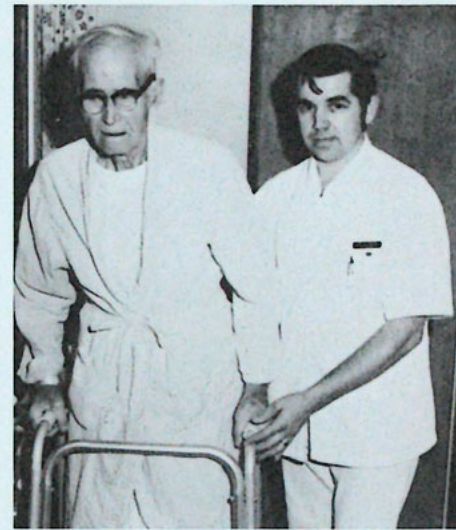
Mary Kamphake — PAR
Rita McNeal — School of Nursing

Staff Promotions

Dorothy Clitty, Nurse Aide in ER-OP, promoted to Staffing Secretary.
David Koopmeiners, Transporter in Dietary, promoted to Dispensing Clerk in Central Service.
Mark Schug, Relief Aide in Dietary promoted to Storeroom Clerk in Dietary.
Allen Asmus, transporter in Dietary, promoted to Dishroom Aide Relief in Dietary.

My job . . .

and why I like it



Harry Schreiner assists a patient as part of his daily routine.

On 6 South one is certain to notice a young, quiet, dark-haired Orderly with brown eyes and a ready smile. That's Harry Schreiner.

Harry has been employed at SCH since 1958 as an Orthopedic Orderly, receiving his training in patient care from Mrs. Lee Hagen, Nurse Clinician and Ozzie Brixius, Chief Orderly, and learning all types of traction application under the tutelage of Larry Stewart.

When asked if he'd consider transferring to another nursing floor he was quick to reply, "Oh, no. Ortho is the best." I wondered why, and he said, "Well— you know, those ortho patients REALLY need help. Some of them get to trust the fellows more than the nurses — probably because we have more actual physical strength, and some of the patients are physically difficult to handle. Besides that, the cases are so interesting. The patients are interesting, too, and a person kind of gets to know them when they're here so long. I like helping patients, and helping the nurses — I just LIKE it."

Harry feels he definitely benefited from a recent work-shop, "The Long-Term Patient," where an interesting speaker gave new insights into caring for the long-term patient.

Harry and his wife, Ardis, have six children — four boys and two girls — and live in St. Augusta.

COMMENT

by Gene S. Bakke
Executive Vice President



In this issue of the BEACON LIGHT, special attention is being directed toward proposed health legislation currently under consideration by the Minnesota State Legislature. Several proposed bills would drastically impair the ability of hospitals to meet the health care needs of the people. And while the authors of these bills profess righteous intent, they fail to understand or chose to ignore the negative impact of legislation on the ability of hospitals and other health care institutions to meet the health care needs of the people.

The singular focus and tunnel perspective of some legislators is to reduce health care costs and health care to be a laudable goal. On the other hand, it is obvious to almost anyone that, in an inflationary economy, to reduce costs and expenditures can only be accomplished through reductions in health care services — either in terms of the volume or range of services, or in the quality of those services.

St. Cloud Hospital is a victim of inflation just like any other institution or individual. If prices for food, medical supplies, utilities or whatever go up, the hospital must pay that increased price as anyone else must. And prices for all of these items, plus everything else that must be bought to provide quality health care has increased dramatically.

In addition, hospital salaries and wages must be maintained at a fair and equitable level if we are to retain the skilled and qualified people essential to give good health care. And in a hospital, where personal care given by trained people is what we are all about, the salary and wage budget is the largest single cost factor, making up almost 70% of total expenses.

Now, this is not to suggest that hospitals generally, or St. Cloud Hospital in particular, should be unconcerned about containing costs. On the contrary, hospitals in Minnesota have done a remarkable job of restraining price increases, partly through their own individual efforts and partly as a result of a voluntary rate review program conducted by the Minnesota Hospital Association. At St. Cloud Hospital, for example, price increases

for patient services have averaged 5.3% over the past five years, while the average increase in the Consumer Price Index over that same period was 6.9%. This past year, the overall price increase for patient services at

St. Cloud Hospital was 6.1% while the Consumer Price Index went up 14.7%.

In spite of this creditable record, there are legislators who are proposing the establishment and appointment of a "health czar" in Minnesota who would have the power to determine what health services would be made available to the people and what they would have to pay for them. In addition to the cost of their health care, of course, the people would have to pay the "czar's" salary plus the costs of the bureaucratic staff he or she would have to assemble to carry out this monumental and complicated task.

All hospitals and a large segment of nursing homes in Minnesota operate either on a non-profit or tax supported basis. They are governed by boards of trustees or directors — over 3,000 people in local communities throughout the state who give of their time and energy usually without any compensation except the personal satisfaction they get from performing a community service. They are as conscious about costs as anyone, and yet they are also sensitive to the health care needs of the people of the area served by the hospital or nursing home. Certainly they are in a better position to make final judgments on health care services and costs than someone sitting behind a desk in St. Paul.

There is much at stake in the 1975 session of the state legislature. If decisions are made that would make it impossible for hospitals and nursing homes to meet adequately the health care needs of the people, there are some who would use the situation to promote the idea of the state taking over the operation of all hospitals and nursing homes. Undoubtedly the people would not actively support such a move, but once accomplished, it would take years and years to undo, as witness other regrettable decisions that have been made.

From the standpoint of St. Cloud Hospital, there is a self interest involved. As a Catholic, Christian institution, we want to continue to be involved in the delivery of health care to those who need it. We believe it is a field of service in which Christian principles are vitally important for the safety and well being of all humankind. We hope that the people, as well as those who have been elected to represent them in the legislature, will allow us to continue to be an important segment of the health care delivery system, with the pledge that we will continue to provide a high quality service at the lowest cost possible.

Legislators - health care professionals comment on Minnesota Comprehensive Health Care Act of 1975

... there are legislators who are proposing the establishment and appointment of a "health czar" in Minnesota who would have the power to determine what health services would be made available to the people and what they would have to pay for them.

Gene S. Bakke
Executive Vice President

Rate Review

REPRESENTATIVE PEHLER

1. Right now without a review process from the Federal level, there may be a need for a rate change process; but not until there is some type of knowledgeable information on what rates are in various parts of the state.

SENATOR SCHROM

1. I don't like the creation of new agencies, they seem to grow and get more powerful. At this time, I don't think I would like that proposal.

REPRESENTATIVE MEIER

1. Yes rate review is something here to stay. I do believe we must make sure the people reviewing the rates are experts. I'm not sure, though, that it should be a state agency doing the review.

SENATOR KLEINBAUM

1. They're non-profit so I don't know why they have to do it for them. All this will cost money anyway and it could result in higher costs for the patient. A new agency will also cost the tax payer. I'm against starting another commission.

REPRESENTATIVE PATTON

1. Perhaps an agency should be legislated to regulate rate changes if the legislature feels that regulation is necessary. It is my feeling, however, that private hospitals provide excellent health care for the money the patient spends. If such legislation is passed, it should be of such a nature that the agency would be restricted from having undue regulative powers.

Five St. Cloud area legislators were asked to respond to questions regarding the Minnesota Comprehensive Health Care Act of 1975. Each legislator was asked four questions which are listed below.

1. Should any state agency be granted the authority to regulate rate changes in privately operated, not-for-profit health care facilities such as hospitals or nursing homes?
2. Would you favor a system of voluntary rate review as proposed by the Minnesota Hospital Association over the Conzemius subcommittee's proposal to have them regulated by the newly proposed State Health Services Board?
3. Do you feel that this newly proposed board should regulate employment arrangements between certain hospital-based specialists such as radiologists, anesthesiologists, and pathologists?
4. What are your feelings regarding the Conzemius subcommittee recommendation that the salaries of hospital personnel — including hospital based physicians — be made public information?

Also included are comments and opinions of representatives from Minnesota's health care profession.

I don't see how any outside agency can expect to effectively regulate services individual hospitals provide since it cannot be sensitive to the needs of the individual patients served. It seems to me that there are enough regulations affecting hospital utilization and costs already without adding more.

Stephan Sommers, M.D.
Chief of Staff

Voluntary Rate Review

REPRESENTATIVE PATTON

2. Yes, I feel that voluntary rate review is the best approach to the initial review system.

SENATOR KLEINBAUM

2. I think we should try this and see if it works.

REPRESENTATIVE MEIER

2. No, it should be stronger than voluntary.

SENATOR SCHROM

2. Yes, I would favor that. I think it's a good idea.

REPRESENTATIVE PEHLER

2. If the voluntary system continues not to work there may have to be a process for some documentation with a state agency for increase in rates. But I'm not necessarily sure that this has to be a new state agency.

Hospital-Physician Contracts

REPRESENTATIVE MEIER

3. Yes, if they are getting salary from the hospital for their services, they should not be billing the individual patients for the service. Physicians should have the option of either receiving pay from the hospital or of billing the patient.

SENATOR KLEINBAUM

3. I don't even want to answer. I'm against forming the whole agency, not to mention the employee regulations.

REPRESENTATIVE PATTON

3. Absolutely no.

REPRESENTATIVE PEHLER

3. I don't think employment arrangements should be regulated. But in public hospitals those arrangements should be disclosed.

SENATOR SCHROM

3. Again, from what little I presently know about it, I would tend to oppose it now.

Salary Disclosure

SENATOR KLEINBAUM

4. Why should it be? I'm against it. There's enough financial information about hospitals available already.

REPRESENTATIVE PEHLER

4. Public hospitals should have salaries disclosed just as other governmental units. I don't believe it's necessary for private hospitals however. But, its normally good public relations for non-profit institutions to disclose salaries and costs.

SENATOR SCHROM

4. I seem to be from the old school and I think some of these things should be allowed to be kept private. I would trust the governing board of the hospital to make these decisions. It should be kept up to the governing board to decide whether or not to make these matters public information.

REPRESENTATIVE MEIER

4. I'm absolutely 100% behind it. Every public official should be subject to public disclosure. I believe health care is a right, not a privilege for those who can afford it pay for it, and if salaries contribute to the rising costs, then they should be made public.

REPRESENTATIVE PATTON

4. For private, non-profit hospitals I feel that this is not necessary. For public hospitals, it may be necessary however. Regarding hospital based physicians, I feel that salary review is unnecessary.

Health care policies for the state are badly needed and I think the Minnesota Comprehensive Health Care Act recognizes this need, however, before we begin adding more parts or bureaucratic layers, I think we should strengthen what we already have. A system cannot work if its basic parts are not functioning at top performance. For example, we should improve the certificate of need process, strengthen voluntary rate review, and concentrate the inspection process on problem areas. This last point would mean giving proven high quality facilities minimum inspections so they can focus on the acute problems. A solution to the Health Care system's problems today is streamlining the system, not building more additions.

Steve Rogness
Executive Director
Minnesota Hospital Association

Bakke to head AHA committee

Gene S. Bakke, SCH Executive Vice President, was recently appointed chairman of the American Hospital Association's (AHA) Committee on Hospital Chaplaincy. The appointment was announced by Alexander McMahon, President of the AHA, and became effective Jan. 1, 1975.

The Committee on Hospital Chaplaincy has a four part function. First it serves to emphasize the need for the patient's spiritual care as part of his total health care. Second, it gathers information related to increasing activity in the spiritual aspects of hospital care. Third, it provides assistance and information to organizations contemplating religious ministry for their patients, and finally by assisting, training and certifying organizations in further refining the curricula for the preparation of hospital chaplains.

"I'm extremely honored to serve in this capacity," said Bakke. "St. Cloud Hospital is dedicated to the concept of total health care and recognizes the integral role hospital chaplains have in the patient's recovery," he said.

Beacon Light

published by
The Public Relations Department
of
The Saint Cloud Hospital

EDITORIAL STAFF

Jeff Blair	Marie Hoppert
Pernina Burke	Bea Knuesel
Sr. JoAnn Bavier	Ann Lintgen
Agnes Claude	Agnes Moeglein
Barbara Erickson	Donna Strack
Sally Grabuski	Sam Wenstrom
Robert J. Cumming, M.D.	

PAC RAP

by Jeanne Eveslage

I want to take this opportunity to remind everyone that the hospital has a Personnel Advisory Committee (PAC) with a representative or alternate from 19 different departments present at each of its meetings. The purpose of the PAC is to provide a medium of communication between the personnel and members of the hospital's administration and to develop a spirit of pride and loyalty among hospital personnel.

One half of the members are elected each year to a two year term, to assure continuity of the objectives and goals. The last election was held in November 1974. The new members will be eligible to vote at the January meeting. New members include: Bill Eckberg, P. T.; Marlene Hunt, O.T.; Charlotte Ellingson, Med. Rec.; Steve Hoefer, Purchasing; Janice Fritz, Acc. Pay.; Bill Becker, Safety and Security; Judith Anderson, ICU; Barbara Lawler, EEG-ECG; Betty Strobel, Nursery; Jean Brinkman, X-ray; Marva Jorgenson, 3 So.; Henry Chavez, Dietary; Barbara Andrews, Dietary; Jackie Brezinski, X-ray; Marge Cook, 3 NW; Janice Johnson, 2 NW; Marge Kalinowski, 6 No.; Bertha Lang, 6 So.

To make use of the PAC use this procedure; first take the subject to be discussed to your department head or immediate supervisor. If no results can be obtained, then it should go to the department head. Then the PAC representative or alternate from the department should be contacted, or a PAC communications form may be filled out and dropped in the collection boxes provided. These forms are provided in three different locations. There is one located outside the locker rooms at the North and South ends of the hospital, and one outside the Wage and Benefits office on first floor. The subject will be discussed at the next PAC committee meeting. If it is something urgent and cannot wait, a special meeting will be called by the chairman. If the problem can't be solved in that particular meeting, a subcommittee of three or more members will be picked to study the subject further.

The minutes of the meetings are sent to each representative and are posted in a conspicuous place where it is available for everyone to read. Be aware of what PAC is doing. Next time it may be helping you.



Sixteen new Candy Strippers began training in a new "Big Sister" program which began this month. Each new member is assigned to an experienced Candy Stripper who serves as her "Big Sister" and is

responsible for the continued training of the new member. Pictured above from left to right are: Tammy Johannes, Barb Beaver, Mary Spiering and Mona Lansing.

FROM THE ST. CLOUD HOSPITAL KITCHENS

One of the most popular dishes served in the hospital's dining room is published by special request.

LASAGNE (Serves 8-10)

- | | |
|--|---------------------------------|
| 3/4 lb. ground beef | 2 tsp. oregano |
| 3/4 lb. ground pork | 1 tablespoon chopped parsley |
| 1/4 cup chopped onions | 8 oz. Lasagna Noodles |
| 1 clove minced garlic | 6 oz. Mozzarella Cheese, sliced |
| 1 - 1 lb. can (2 cups) canned tomatoes | 6 oz. American Cheese, sliced |
| 1 - 8 oz. can (1 cup) tomato paste | 1/2 cup Parmesan Cheese |
1. Brown meat, onions, and garlic slowly. Spoon off excess fat.
 2. Add tomatoes, tomato paste, and seasonings. Simmer about 30 minutes.
 3. Cook noodles in large amount of boiling salted water till tender. Drain. Rinse in cold water.
 4. Place half the noodles in a 13" x 9" x 2" pan. Cover with a third of the meat sauce and half the mozzarella and American cheese. Repeat layers with last third of the meat sauce added over sliced cheeses. Sprinkle top with Parmesan cheese.
 5. Bake in 350 degree oven for 25-30 minutes.
 6. Let stand 10 to 15 minutes. Cut into squares.

New benefit program established for long-term employees

As of January 1, 1975, all SCH employees with over seven years of uninterrupted service to the hospital will be receiving an extra pay check on their anniversary date according to Sam Wenstrom, Director of the Personnel and Public Relations Services Division. This new employee benefit, known as the Longevity Pay Program, was approved by the Board of Trustees upon recommendation of the hospital's administrative staff.

According to Wenstrom, the new program is a result of the employee attitude and morale survey which was done in November, 1973. "The survey showed that employees felt the need for more recognition for their long-term services to the hospital," he said, "and after research and study we were able to finalize our recommendation for presentation to the Board."

"After the Board's approval, final administrative details were completed and the first longevity pay checks were given out January 2 as planned," he noted.

The program was set up to reward long-term full and part time staff members with one, two, or three percent of their previous year's gross pay. As Wenstrom explained, employees completing 7 years of continuous employment will receive one percent of their previous year's pay; those completing 13 years will re-



Pictured here is Mrs. Agnes Claude (Wage and Benefits Dept.) who received the first longevity paycheck. Interestingly, Mrs. Claude is not only the first recipient of the new program, she is also in charge of the clerical details involved with its

administration. On hand to help Tom Fillenworth (Wage and Benefits Manager) present the check were Gene S. Bakke, Executive Vice President, and H. J. Knevel, Associate Administrator.

ceive 2 percent and those completing 19 years will receive 3 percent.

The longevity pay checks will be given out annually on the date of the eligible employees' anniversary by their immediate supervisor. During leaves of absence the benefit will not accrue and future benefits will be awarded according to the new anniversary date.

The program will be administered by the Wage and Benefits Department which will also authorize payments and provide appropriate accompanying material explaining the

new program.

In his letter to the employees participating in the new program, Gene Bakke sums up the intent and purpose of the new benefit:

In this way Saint Cloud Hospital wishes to thank you for your service and dedication. You have brought stability which has helped the Hospital achieve its goal of professional excellence and Christian Witness in service to its patients.

What do you plan to do with your longevity pay check?



John Seckinger, Fiscal Service Director



Pat Mueller, Dietary

"I'm going to use it for a trip to see my brother up north."

"I'll probably use it to pay off Christmas bills."



Olive Stockinger, X-ray



Al Blommer, Laboratory

"I'm going to put it in the bank as a hedge against inflation."

"I'll put it towards my trip to the Caribbean at the end of February."

... more state controls on health care

(Continued from page 1)

certificates of need; issue licenses to health care facilities and coordinate reviews and inspections for Federal, State, local and private agencies. It would also make the new agency the intermediary for medicare/medicaid and change the structure for areawide, comprehensive planning agencies.

Reactions to the bill range from guardedly negative to labeling it a "super" board with broad, centralized powers as well as calling it the "creation of a health czar in Minnesota." (See Comment on page 3 and Legislators-Health Care Professionals responses on page 4.)

Minnesota Hospital Association (MHA) analysis of the bill notes there are questions regarding the legality of having the proposed board serve as the fiscal intermediary for medicare/medicaid.

Gene S. Bakke, Executive Vice President of the St. Cloud Hospital and President of the MHA calls the bill the "establishment . . . of a health czar in Minnesota who would have the power to determine what health services would be made available to the people and what they would have to pay for them."

Steve Rogness, Executive Director of the MHA pointed out in testimony before the Senate Subcommittee that a preliminary study done by an independent research firm on rate review in Indiana suggests that some undesirable side effects may result

which include:

- potential out-migration of physicians
- slower, less intensive introduction of new technology
- limitation in services available for high cost specialized care
- depletion of working capital
- encouragement of longer lengths of stay and/or inappropriate admissions.

According to Rogness, the Social Security Administration is currently sponsoring a study to determine the effectiveness of state rate review and certain Minnesota hospitals are participating.

"The MHA feels such research is mandatory to the creation of an effective rate review program that enables the public to be served and also allows health facilities to preserve their economic viability and retain the level of care found in Minnesota's health care institutions," he said.

Rogness also told the Senate Subcommittee that the MHA recommends further study of the rate review concept by a special commission made up of MHA representatives, legislators and others. This commission could be charged with developing a report to be presented to the legislature in a future session.

"To me, this is a more sensible approach," said Gene Bakke. "Let's outline and document the needs for such legislation before we establish another government agency."

Credit union news

by Perky Burke

Board of Directors again declared a fourth-quarter dividend of 5¼% per annum on all shares held as of December 31, 1974; also, our 7% per annum 6-month Certificates of Deposit are still available.

Annual statements are in the mail, with notice of annual meeting enclosed.

All members (and friends) are reminded that the Eleventh Annual Membership Meeting will be held Feb. 21, 1975, at Waite Park Legion Hall at 8:30 P.M. However, there will be a social hour from 6:30-7:30 (be our guest) and dinner will be served at 7:30. Principal business to be conducted is election of officers, with review of the year's reports also being given. Following the business meeting there will be dancing to the music of the Dave Leonard Trio — so COME!!! IT'S YOUR CREDIT UNION!!!

LAST-MINUTE NEWS FLASH: We have received verification of our National Credit Union Administration (NCUA) insurance. All accounts are now insured by NCUA, up to \$40,000 per account. (This is equivalent to FDIC for banks and FSLIC for Savings and Loans institutions.)

School of Nursing alumnae news

The St. Cloud School of Nursing alumnae, along with their guests, the senior nursing students, spent the evening of Dec. 10, Christmas Caroling at three area nursing homes. The homes were The Good Shepard of Sauk Rapids, St. Raphaels in St. Cloud, and the Waite Park Nursing Home. A gift was left at each nursing home that could be used by the majority of the patients there.

After caroling everyone went to the La Chateau Villa for dinner.

This is the first year for this project, and will become an annual event.

Beacon Light

ST. CLOUD HOSPITAL
1406 6th Avenue North
St. Cloud, Minnesota 56301

Nonprofit Organization
U. S. POSTAGE
PAID
St. Cloud, Minn.
Permit No. 389