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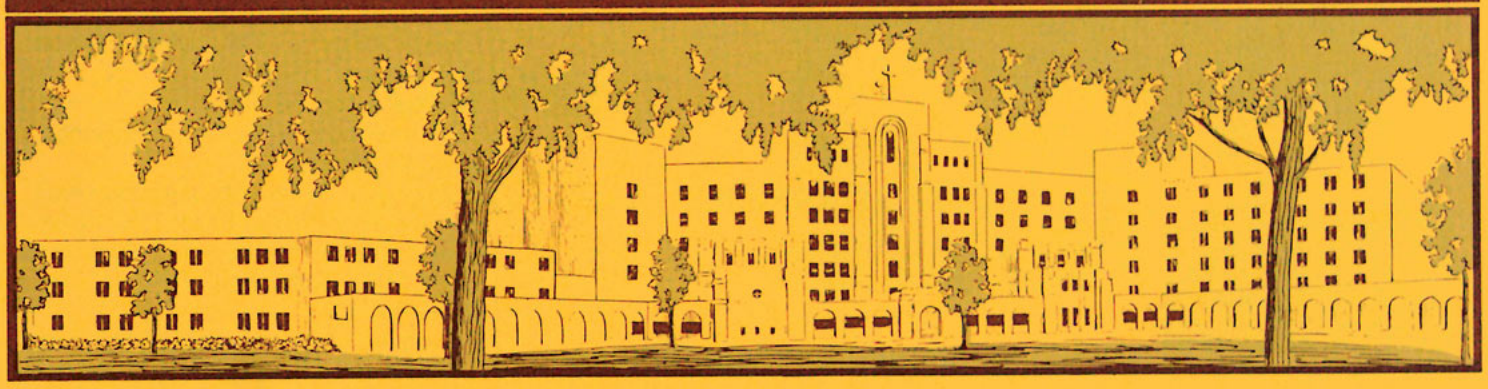
Beacon Light: March 1975

St. Cloud Hospital

The St. Cloud Hospital
Beacon Light



Volume XXIV, Number 7 March, 1975

Computerized information system ready for use

Accurate and economical handling of data is the means by which the Data Processing Department of a hospital can offer the patient the efficient and high quality care he needs. The Electronic Data Processing Department (EDP) at SCH has been updated to meet that need through the use of a computerized data processing and retrieval communications system.

This information system designed and programmed by Intech consultants will become operational by mid-April, according to Terry Heinen, EDP Director.

"The installation will be the first phase of a total hospital message switching system, and will initially enable Admissions, Pharmacy, Laboratory, Rehabilitation, and the Information Desk to have instant access to patient files," Heinen said.

The system will speed up the information retrieval process and make it more efficient by significantly reducing the number of steps involved with retrieval, he added.

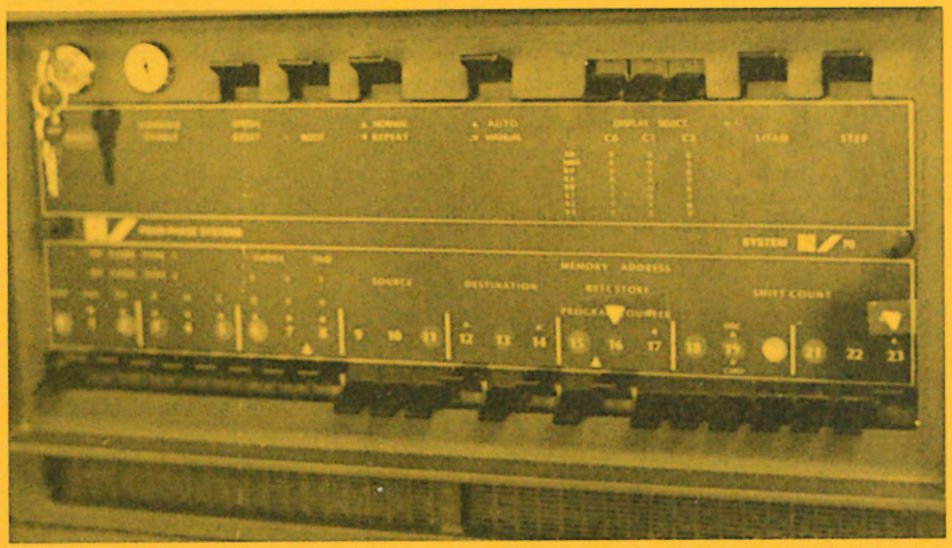
These Departments will receive a module consisting of a viewing screen and keyboard through which they can enter and receive information orders.

For example, the Pharmacy Department can fill a medication order via the module. Once the order has been fed into the system, the computor will automatically reduce the Pharmacy's inventory of that drug, generate a charge for the patient bill, create a drug label on the printer and add an entry to the drug profile for the patient. The drug profile lists all medications each individual patient receives during a stay at the hospital.

The Laboratory's module will operate on a similar principle as the Pharmacy's. It will maintain records of all tests ordered, and be capable of receiving and storing test results.

Reports to the nursing units and worksheets for the Technologists will be produced to speed up the availability of completed test information. The system will also organize work by listing what work is to be performed and what tests have not been

(Continued on page 8)



The Data Processing Department has expanded its computer program to accommodate the new data processing and retrieval system, which has been designed to enable the hospital to better meet patient needs.

Inside the Beacon...

The Chaplain's Corner

by Fr. Al Stangl

Fr. Stangl

"POEM FOR A FRIEND"

A boy who once stood tall, and proud....
will soon lie, still and silent beneath the ground.

All of us think back of the tender memories....
of sharing fun-filled times with him,
Laughing about the days we skipped school,
And planning the weekends soon to come....
but this time the weekend never came.

With his wish granted, he died, the way he wanted, riding the cycle he treasured so deeply....
A cycle he bought, hoping to fulfill his dream of someday of riding it to California.

G.'s bike meant the world to him.... but its strange, because I know his friends meant even more to him than his bike.

No matter what the circumstances, if it involved a friend, G. was willing to give his life for them....
if it meant easing their troubles.

Someone once told me to love someone you must first respect them....
I for one, and I'm sure many others too, felt something even deeper than love or respect for G. Feelings, not even the wisest could explain or put to words.

Death is a strange thing, because it takes from us people who are unbearable to live without....
Not even all the tears in the world, could take away the pain felt towards a lost friend.

— Anonymous

A poem someone shared with me —
I wanted to share it with you.

Fr. Al Stangl

Credit union news

by Perky Burke

Annual membership meeting, St. Cloud Hospital Employees' Credit Union, was held on Feb. 21, following a social hour and dinner. 101 members were in attendance, with 67 guests.

Principle order of business was election of officers. Elected to three-year terms on the Board of Directors were Mike Seitz, Rev. Tetzloff, and Mike Patton.

One vacancy on the Credit Committee is now filled by newly-elected Tom Zenner, and Jim Lange was reappointed for a three-year-term on the Supervisory Committee.

With these newly elected officials, the roster of Board and Committee members reads like this: President, Dave Pflipsen; First vice president, Mary Kamphake; Second vice president, Jerry Knuesel; Secretary, Perky Burke; Directors, Mike Seitz, Richard Tetzloff, and Mike Patton. Supervisory Committee: Ron Spanier, chairman; Jim Lange, Secretary; Dan Boom. Credit Committee: Chairman, Tom Nahan; Secretary, Esther Merkling; Tom Zenner, Maynard Lommel, and Earl Pederson. George Nikko, Manager, was renamed Treasurer, with Jim Leyk being Assistant Manager and Assistant Treasurer.

It was revealed, in our annual statement, that the St. Cloud Hospital Employee Credit Union has shown a growth of 91% during the past year — probably the most outstanding growth of any credit union in the state of Minnesota.

If you missed this meeting — you missed a good meeting and a happy evening. And if you aren't a member — JOIN ! ! ! **It's where you belong ! ! !**

Staff Promotions

Janet Ahlstrand was promoted from Transcriber Trainee on 2 NW to Transcriber.

Lillian Betterman, Rehab Asst. on 3 Northwest was promoted to Senior Rehab Asst.

Chris Carlson, Staff Nurse in CCU was promoted to Acting Head Nurse.

Diana Popp, Rehab Asst. on 3 NW was promoted to Senior Rehab Asst.

Marlene Kemp, Transcriber Trainee on 2 West was promoted to Transcriber.

Jan Lovell, Transcriber Trainee on 2 NW was promoted to Transcriber.

Michael Depies, Section Head of Histology in Lab was promoted to Chief of Pathology Section.

Major Anniversaries

5 YEARS

Mary Andreotti, Nursing Service, Supervisor Trainee

Dorothy Chermak, Nursing Service, 4 North

Sister Berno Flint, OSB, School of Nursing

15 YEARS

Delphine Kucala, Nursing Service, 5 North

COMMENT

by Gene S. Bakke
Executive Vice President

HEALTH CARE PLANNING

Back in the early 1960's, progressive and forward-looking hospital management people recognized the need for the orderly planning of health resources in order to avoid costly duplication and waste. This was particularly true in Minnesota where voluntary area-wide health planning throughout the state became a reality long before it was implemented in most other states. Through the joint efforts of the Minnesota Hospital Association, the Minnesota Department of Health, and the Minnesota State Medical Association voluntary health planning agencies were organized in each geographic area, including Central Minnesota where a health planning council was set up as early as January, 1964.

Then, in 1967, the federal government, recognizing that area-wide health planning was a sensible and logical approach to the orderly development of health care resources for an area, decided to enter the picture. Congress passed what was called the "Partnership for Health" Act, the idea being that health professionals would work in partnership with the federal government in a voluntary health planning process. The act, officially titled the Comprehensive Health Planning Act, provided matching federal funds for the operation of health planning agencies, both at the state and area-wide level, and adopted as a national scheme the pattern of planning that had been established on a voluntary basis by health care providers.

Since 1967, health planning has been carried out on the basis of this organizational scheme, with area-wide councils assigned responsibility for health planning within their area of jurisdiction, usually a number of counties (sixteen counties in Central Minnesota, for example, or seven, as in the case of the Metropolitan Twin Cities area). Institutions or agencies were expected to submit proposals for construction of health care facilities for review and approval of the area-wide agencies.

But, as is often the case, something established and operated voluntarily, however good the intent, is especially vulnerable to charges of inadequate effectiveness simply on the basis that it does not carry the force of law. And a few cases of refusal to accept a decision voluntarily plants the seeds of distrust ultimately leading to rejection of the whole voluntary approach.

Voluntary area-wide health care planning is another instance where mandate has replaced voluntary compliance. First came certificate of need, a state legislated act in 1971 that requires all hospitals and nursing homes to obtain approval for capital expenditures of $50,000 or more that will expand existing or develop new patient care services.

Now, the federal Congress has recently (December, 1974) passed and the President has signed Public Law 93-641. It creates a new comprehensive health planning structure for the entire country with significant regulatory powers, especially with regard to the capital structure of hospitals and other health care institutions. It is regarded by health authorities as the most significant legislation that the health field has faced or will face for many years, primarily because it is recognized that in the long run, the operating viability of any industry depends, to a substantial degree, on its capital structure. Beyond that, of course, are the implications for the future federal direction of the health care delivery system through development of state and local plans that will initially guide and ultimately direct the activities of health care providers.

The first critical step in the implementation of the new federal law is the designation of health planning areas by the Governor. Current proposals range from maintaining the current geographic boundaries to designation of health planning areas by the Governor. Current proposals range from maintaining the current geographic boundaries to designating only three in the state (north, south and metropolitan area). The size of the areas, of course, will have a significant impact on the ability of the planning agencies to be sensitive to local needs.

What began as a voluntary effort has now become a federally legislated and directed program. It's another case where the "wisdom of Washington" replaces the common sense of the people back home. But that's the way it is, and those of us involved in the delivery of health care will have to continue to try to have maximum influence in the planning of health services in order that cost does not become the single and all-important factor in the decisions being made. Meeting patient needs and providing patient care, after all, is what we are all about, and unless we act as the patient's advocate in the matter, his needs will almost surely be subjected to the concerns for the almighty dollar.

Medical Staff News...

Advanced diagnostic technique now in use at St. Cloud Hospital

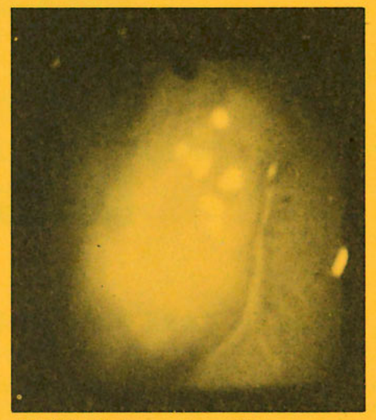
Upper gastro-intestinal endoscopy, colonscopy and broncoscopy are three new, highly sophisticated therapeutic and diagnostic techniques which are now being used by members of the hospital's medical staff.

"Basically, these techniques (known in medical terms as fiberoptic endoscopy) allow us to look inside the bronchial tree, colon, duodenum, the stomach and the esophagus without subjecting the patient to surgery," explained Dr. Everett Schmitz, a thoracic surgeon who began using the technique a few years ago.

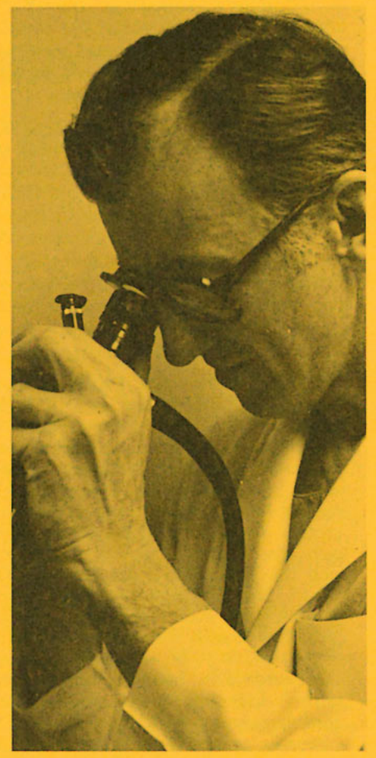
Endoscopy is used to find or determine what x-rays sometimes cannot identify. "Often, we find the cause of undiagnosed pain or internal bleeding through this procedure," Dr. Schmitz noted. In addition, endoscopy is frequently used for removal of polyps from the colon, diagnosing stomach ulcers, viewing tumors and absesses, injecting dye into the pancreatic duct for suspected abnormalities, taking biopsies, and even to remove foreign bodies lodged in the esophagus.

Endoscopy is performed with an instrument called a fiberscope, which contains a light, lens, and apparatus for small tools and fluids. A light source is also included with the unit.

"The most revolutionary feature of the fiberscope is its ability to relay a high quality image around corners," Dr. Schmitz said. This has been accomplished through the development of a fiberoptic tube containing thousands of tiny, flexible glass threads which can be passed through various parts of the body. The physician guides the tube through the intricate network of curves and bends that are unique to many parts of the anatomy and observes, in detail, each area he passes.



ABOVE: Photos such as this one, reproduced from a color transparency, are frequently used by Dr. Burmaster for documentation and later study. Photographs can be taken using the fiberscope as a lens and attaching it to a 35mm camera. The whitish area in the photo above represents a duodenal ulcer detected in a patient who was experiencing intestinal bleeding. Normal x-rays did not detect the ulcer which was found through the use of the fiberscope.



Dr. Frank Brown views the colon of a patient whose x-rays indicated that a polyp had formed on the inside wall. Polyps are usually benign tumors which can develop into cancerous growths. It is estimated that nearly 100,000 Americans will develop cancer of the colon and rectum this year. The survival rate is predicted to be under 40%. Polyps are removed with a wire snare which is inserted through the colonoscope.

"This feature, plus its size, (most instruments are between ¼ inch and ½ inch in diameter) allow the physician to get a first hand view of organs which previously required surgery in order to be observed," stated Dr. Schmitz. "This was not only expensive," he noted, "but it also resulted in a long recovery period for the patient."

"In fact," he continued, "endoscopy is often used to determine whether or not surgery is necessary and can help determine what type of surgical procedure will be required."

Many procedures last less than a half hour and can be done on either an outpatient or inpatient basis. Usually, little or no anesthetic is required and the patient undergoes only minor discomfort.

Dr. Frank Brown, who has also been using fiberoptic endoscopy at St. Cloud Hospital for the past year strongly agrees with Dr. Schmitz. "To remove a polyp from the colon by surgery requires a 7 to 10 day hospitalization plus a 4 to 6 week recovery period at home," he said. "Removal of the polyp through colonoscopy (endoscopy of the colon) normally requires only a 3 to 4 day hospitalization and little or no recovery period at home.

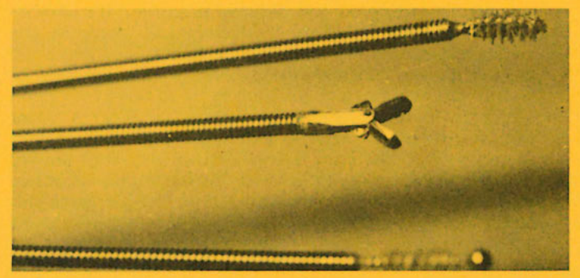
Polyps in the intestine are thought to be pre-cancerous or already cancerous at the time they are detected. "The decision to remove a polyp has become much easier since major surgery is not a factor," Dr. Brown concluded.

Dr. Robert Burmaster is an internist who uses gastro-intestinal endoscopy to view all parts of the upper intestinal tract clearly. "It should be emphasized that all endoscopic procedures are really a complement to the x-ray," he said. "They certainly will not replace it, but they do allow us to see things the x-rays show, more clearly.

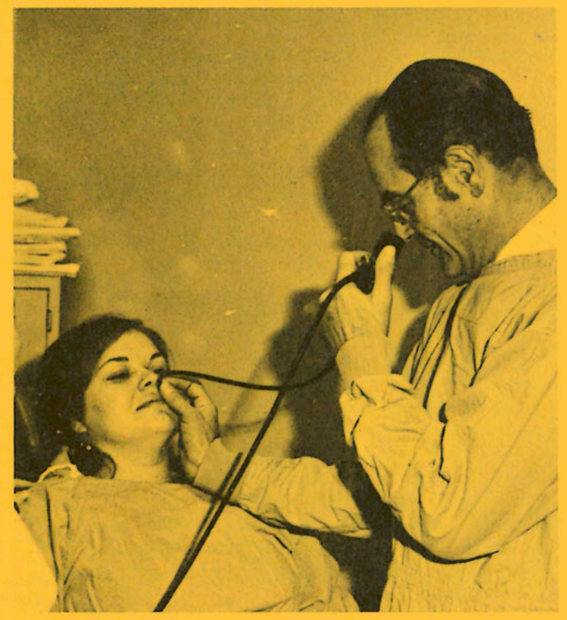
"Being able to observe certain organs clearly often means we can take immediate action instead of waiting or operating without full knowledge of the diagnosis," he said.

It is estimated that about a dozen members of the Saint Cloud Hospital Medical Staff use fiberoptic endoscopy for diagnostic and therapeutic procedures. In addition to providing fast, accurate information, fiberoptic endoscopy eases the anxiety for patients whose pain and discomfort previously was unable to be diagnosed without the burden of major surgery.

Marilynn Odenbreit, the new Gift Shop Manager, looks over her shops selection of greeting cards. Marilynn, who was employed for the part-time position three weeks ago by the SCH Auxiliary, says she likes her work, and finds it very interesting.



Instruments can be inserted through the fiberscope to take biopsies or remove parts of the effected area. Pictured are two biopsy brushes and a biopsy forceps.



Dr. Everett Schmitz simulates the use of the bronchoscope. A broncoscopy (endoscopy of the bronchial tree) is performed by inserting the scope through the nasal cavity, down between the vocal cords and into the bronchial tree. The procedure requires only a local anesthetic which is often administered through the instrument. Not only can the physician see what is in the bronchial passages, he can also get samples of secretions and tissues otherwise unobtainable.

My job . . .

and why I like it

Mrs. Mary Ann Moog

"I have had so many wonderful and happy experiences in my job that I could write a book about it," says Mary Ann Moog, Residence Director at the School of Nursing.

Mrs. Moog's career began in August 1964. The convent building had just been completed, and the Sisters who had been living in the nurse's residence moved to their new home. This resulted in a need for housemothers in the School of Nursing.

"I love working with young people, and student nurses are special young people," Mrs. Moog said.

"For me, the feeling of being a part of a large family that works together toward the goal of making the 'Dorm' a home away from home contributes more than just getting the job done," explained Mrs. Moog.

Each group of students have special needs according to Mrs. Moog. Freshmen need to feel accepted because this may be their first experience living away from home.

"Capping" seems to be a real highlite in their lives, a time of happiness and joy for both students and families, Mrs. Moog said.

Juniors work hard at becoming professionals and serve as "Big Brothers or Sisters" to the Freshmen, while the Seniors dream (out-loud) of graduation, job interviews, buying cars and preparing for their life's work, Mrs. Moog said.

"Parting from school brings its own brand of feelings to be shared and listened to," added Mrs. Moog.

Mrs. Moog has seen many changes take place at SCH, including the increased and varied enrollment at the School of Nursing.

"When I started in 1964, we had very few day students and no male students in the program. We now have 95 day students and 35 men enrolled.

Mrs. Moog and her husband, who have two sons and a grandson, are avid outdoors people and enjoy fishing and camping in the summer months.

"We can hardly wait for our grandson to grow up enough to take along on camping trips," Mrs. Moog added.

Mrs. Moog also enjoys reading, cooking and flower gardening. Upon retirement, Mrs. Moog and her husband want to travel the length and breadth of the U.S.A. via Greyhound bus.

PAC organizes travel committee

A travel committee was organized to arrange group trips for hospital employees and their families at the PAC's January meeting. The committee, which calls itself the "R & R Committee" is currently taking reservations for its first weekend outing.

To promote its new program the committee has scheduled a short, inexpensive, fun-filled weekend for everyone.

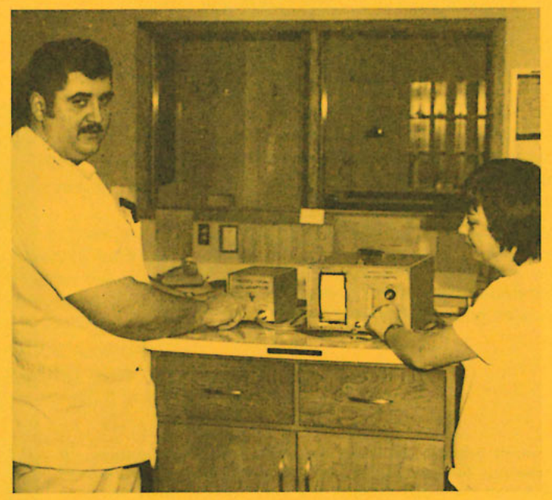
The weekend will consist of two days at the Radisson Inn Plymouth, Minneapolis, for swimming, rest and relaxation.

The package weekend also includes a Saturday evening dinner with wine and two tickets to a live broadway style theater presentation entitled, "Play it Again Sam."

Plans for future summer trips include Twins game weekends, fishing and golf expeditions, the Grand Ole Oprey in Nashville, a fall North Shore Drive excursion concluding in Winnipeg, Canada, and even a trip to Las Vegas.

Everyone is encouraged to keep these group activities in mind when planning vacations. It can be just as much fun vacationing with your fellow employees as working with them.

For more information about the trips, contact your PAC representative.



A new CO2 converter has been donated to the hospital by Dr. John Harbough. The converter is an attachment to an Air Cystometer that is used to measure the capacity and tone of the bladder. The converter is an improvement in patient safety because it converts the air in the cystometer to CO2. It was suspected that air alone could possibly leak into the patient's blood stream and cause internal damages due to air bubbles in the blood stream. The CO2 will harmlessly dissolve into the blood. Duane Eiynk, SCH Orderly, and Roberta Eberhardt, RN, above, demonstrate the use of the machine.

Telemetry system to aid cardiac care on 4 South

Four South will be getting a new look in the near future — Telemetry.

The telemetric system will become operational in about 4 - 6 weeks. It will function as a step-down unit to monitor patients coming off the Cardiac Care Unit (CCU) to fill the gap from constant monitoring to no monitoring at all, according to Phyllis Burgmeier, Cardio Vascular Clinician.

Patients requiring continued monitoring will be supplied with remote sensor units which are carried about with the patient. The sensors send out electronic signals describing the patient's heart rate.

The signals are in turn picked up by monitors which are constantly viewed by specially trained nurses who will be able to detect any change in the patient's heart rate, thereby preventing him from going into an arrest situation.

Nurses staffing 4 South are undergoing extensive training in telemetric coronary care; about the same as those in the CCU. They will be able to interpret the monitoring equipment and treat any problems which may arise.

The system will be capable of handling four patients to begin with, and can be expanded to eight within a period of time, Burgmeier added.

The first graduating class of RN's and LPN's has successfully completed extensive coursework in the operation and use of Telemetry in Cardiac Care. The classes met twice a week for six weeks. All RN's and LPN's staffing Four South will have been trained by the time the equipment arrives — late April or early May. Pictured above reviewing one of the new course handbooks during the graduation ceremonies last month are, (l-r): Rose Laudenbach, RN-4S; Connie Moline, Director Nursing Services; Judy Wagner, RN-4S; Phyllis Burgmeier, Instructor; Dale Stein, Director Nursing and Gene Bakke, Executive Vice President.

FROM THE ST. CLOUD HOSPITAL KITCHENS

CHINESE BEEF

Chinese Beef is something new in the St. Cloud Hospital kitchens and is offered as this month's recipe by special request.

3 tbsp.	Oil	1½ tbsp.	Soy Sauce
1 tsp.	garlic	1½ tbsp.	Vinegar
1½ cups	celery, cut diagonally	⅛ tsp.	Ginger
1½ cups	onion wedges	⅛ tsp.	Cloves
1¼ to 1½	lb. beef, cut in strips	1 cup (8 oz. can)	Tomato paste
1 cup	mushrooms, drained	1½ tbsp.	Brown Sugar
1¾ cups	(15½ oz. can) green beans, drained	1 cup	Beef Broth
1 cup	sliced canned peaches, drained	5 tbsp.	Cornstarch
1½ cup	syrup from peaches.		

Add water to make total needed.

1. Saute meat in oil until tender. Remove from pan.
2. Saute garlic. Add celery and onions. Cook until crisp.
3. Add remaining ingredients and cook until hot and sauce becomes thickened.

6-8 servings.

Beacon Light

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Computerized information system

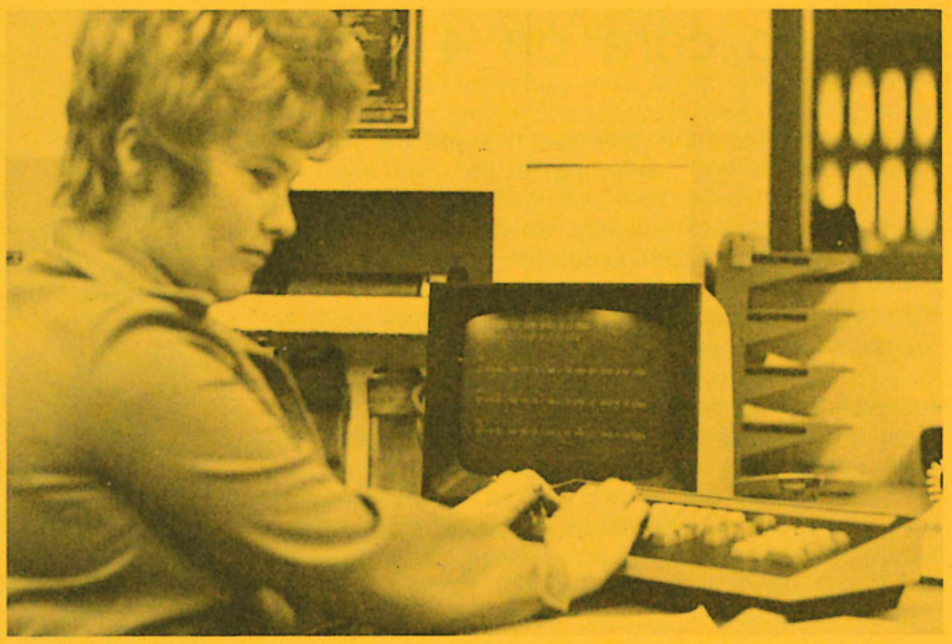
(Continued from page 1)

completed by a given deadline.

In the Rehabilitation Complex, the new information-retrieval system will be used for the charging and scheduling of patients receiving various daily theraputic treatments. The Information Desk will not be capable of entering data into the system, but will have access to information for purposes of locating patients within the hospital.

"Because a hospital is primarily involved in providing a human service, there are very few opportunities for automation, and the resultant cost savings," Heinen said.

"It is our thinking that this system will provide a means of controlling information flow costs and yet provide sufficient data for the provision of quality patient care," Heinen emphasized.



Diane Schwinden, Admissions, enters and receives information via their new INTECH module. Information is entered into the system through a keyboard much the same as a typewriter. The cathode-ray tube, which resembles a TV screen, allows the operator to see what has been entered. All data for a complete hospital record, which is used by other departments and nursing units are entered by way of the Admissions module or terminal. The system automatically enters the patient in the census, prints an admit form, and creates an information form in Medical Records directly on their printing device.

OUR RECORD OF SERVICE

	Admissions	Births	Operations	X-rays	Lab. Tests	Emergency Out-patient
January, 1975	1474	130	636	4,676	27,754	1,067

Costs of training..

Costs of Training—A list of employee benefits rarely includes training costs but these often are substantial, and are borne wholly by the employer. New Jersey Bell reports the cost of training a telephone operator is $2,400.

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