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Beacon Light: January 1977

St. Cloud Hospital

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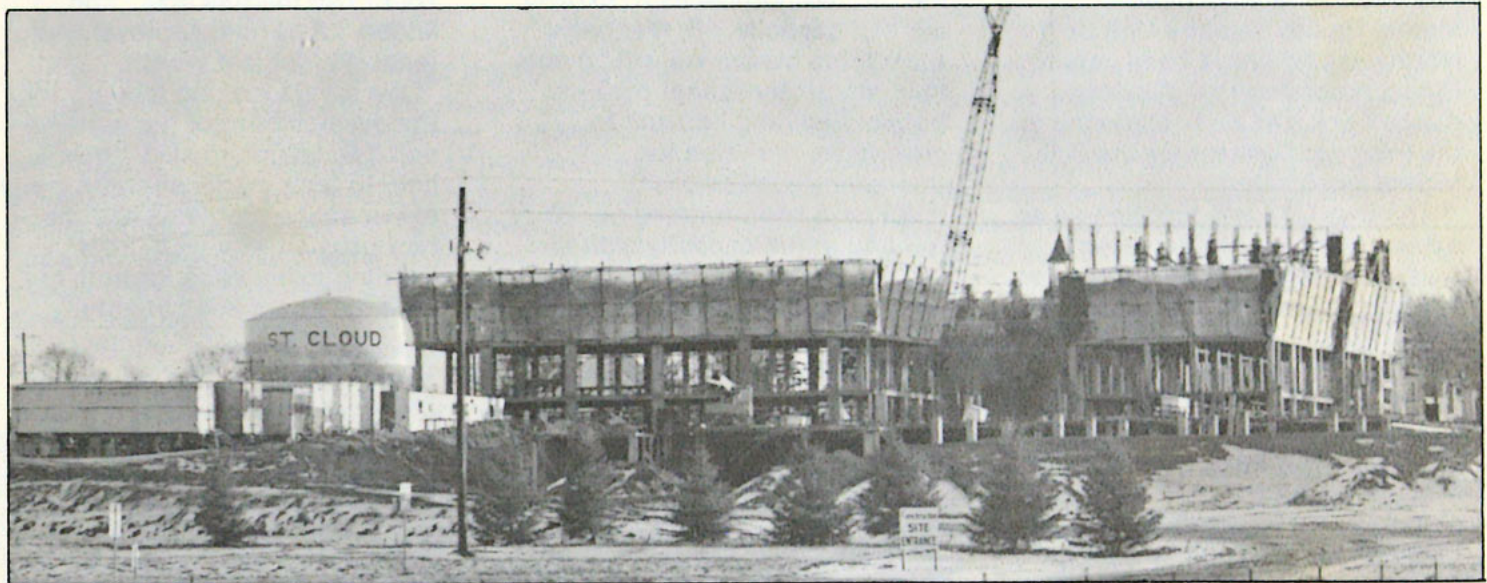
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Beacon Light

Volume XXVI, Number 5

January, 1977



Residents involved with Saint Benedict's Center construction

By Dale J. Stein
Assistant Administrator
for Special Projects

Saint Benedict's Center is planned as a 220 bed, skilled and intermediate nursing care facility. It is located on 7.5 acres of land adjacent to St. Joseph's Home in Southeast St. Cloud. Once completed, the facility plans to offer out-reach services, such as home delivered meals, housekeeping, laundry and chore services to elderly citizens of the community. The estimated cost for the facility, including land, building and equipment is \$6.4 million. It is a subsidiary of the Saint Cloud Hospital with its own board of trustees. Dale Stein is coordinating the project for the Hospital and gives us this report.

Right from the beginning, the residents of St. Joseph's Home

have been involved with the construction of Saint Benedict's Center.

They attended the groundbreaking ceremonies held September 9, 1976. Since that time many have continued to keep a close watch of the project's progress, taking photographs and, mentally, at least, supervising the construction.

We uncovered a pleasant surprise during last fall's excavation—several large boulders. Instead of hauling them away, we decided to make use of them as a part of the new facilities landscaping.

Future residents will probably spend countless enjoyable summer evenings sitting next to the boulders, reminiscing about the days when they moved stones that size with a crow bar, a wooden sled and a good team of horses. The women will undoubtedly remind them of the hearty meals they prepared for the

men involved with such labors.

The facility is scheduled to open in April, 1978. So far, construction is progressing on schedule. The exterior framework for two of the three resident wings east and south, are completed. The columns for the fourth floor of each of these wings have already been extended. Exterior stud walls will be erected next, and temporary heating will be supplied to enable construction throughout the winter months.

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Mental Health Unit expands to meet patient needs

A new step in the progressive care program of the Mental Health Unit will become effective this month.

By mid-January, an interim Mental Health Satellite Unit on 3 Northwest, will have been established according to S. Madonna Kuebelbeck, O.S.B. S. Madonna is the Program Director for the Mental Health Unit.

"The new Unit will function as an extension of the Mental Health Unit," she said. "It will provide for ten extra beds until we are able to expand into a complete 46 bed unit."

"The Unit became necessary because of a need for additional services," S. Madonna said. "It will provide a new incentive or step program for our patients, help to shorten or eliminate the waiting list for admission to the MHU, and it will hopefully help provide a bed for emergency admission of suicidal patients."

"Patients transferred to the Satellite Unit will be reaching the end of their treatment program," she said. "It will serve as their final step on their way back into their homes, family-life, jobs, and their communities."

During the day, the patients will participate in the Unit's programs and activities, S. Madonna said. They will return to the Satellite Unit for the evening and night. Although patients on the Satellite Unit will continue to have supervision, they will have more freedom and responsibility.

"The additional freedom and responsibility will help with the patient's transition from the Hospital setting to the regular

activities of daily life," S. Madonna said.

"Besides providing another step in the progressive care program, the Unit will enable us to expand our bed capacity," S. Madonna said. "This means we will be able to immediately accept patients from our waiting list, and to provide an extra bed for emergency admissions."

"We have been running our 30 bed unit at full capacity with an average waiting list of 8-10 people for the past two years," S. Madonna said. "At that time, we began researching expansion

alternatives in order to meet the future need for more beds."

"The decision to plan for the Interim Satellite Unit was made about two months ago," she added, "And final approval was received just last month."

"We are all looking forward to the development of the satellite unit," S. Madonna said. "It will help to temporarily alleviate many of our space problems and the new program will be a great learning experience for both our staff members and patients."



Tom Schreifels, painter, right, adds fresh paint to five rooms on 3 Northwest which will be used as the MHU's Interim Satellite Unit.

COMMENT

by Gene S. Bakke
Executive Vice President

A matter of survival

In anticipation of the opening of the 1977 session of the Minnesota Legislature on January 3, Saint Cloud Hospital sponsored a meeting with eight area legislators on December 15. At that meeting, a number of issues of concern to hospitals were presented and discussed for the purpose of hopefully developing a better understanding of the impact legislation in those areas of interest would have if adopted.

In addition to discussing specific areas of concern, we had an opportunity to indicate, as background, the perspective from which we at Saint Cloud Hospital view future legislative activity in the health field. And in attempting to describe this perspective, we found it helpful to recall momentarily the historical development of hospitals.

There has existed an interrelationship of medicine and religion since the beginning of civilization. In man's early development, men considered suffering to be the result of a visitation from evil spirits, or caused by the displeasure of the gods. Priests, therefore, were powerful citizens, as well as guardians of health and welfare.

This ancient notion of a relationship between spirit and illness was present in the earliest hospitals as well. As early as 5,000 B.C., temples served as both medical schools for practitioners and resting places for patients. From that time down through the centuries, religion has played a significant leadership role in the alleviation of pain and suffering.

In our own country, this same pattern of a close relationship between medicine and religion has prevailed right up to the present day. For example, of the 5,979 short-term general hospitals in the United States (offering services similar to ours), 3,364 are private, non-governmental, not for profit; 775 are investor-owned, for profit; and 1,840 are public hospitals operated by state or local governments. Of the thirty-four hundred hospitals that are non-governmental, a majority of these are sponsored by religious groups—Jewish, Baptist, Lutheran, Methodist and other Protestant groups, as well as some seven hundred Catholic hospitals throughout the country.

Over the past ten years, we have witnessed an accelerated involvement of government in the operation of hospitals. Recent studies in Pennsylvania, Massachusetts, and other states document that the hospital industry is already one of the most regulated in the nation.

The significance of the fact is that the greater

the intervention of government by imposition of regulation and constraint applied to all hospitals, regardless of type, the more difficult it becomes for hospitals with a religious identity to survive.

This is true because the typical approach is to apply regulations to all hospitals in the same manner, without recognizing legitimate differences in mode of operation and religious beliefs espoused by the various sponsoring groups. The thrust is to reduce all standards to one common denominator, with government setting those standards by legislative or bureaucratic mandate.

This runs contrary to the lessons of history, not only ancient, but leading right up to our present day. If carried to its ultimate end, it would disenfranchise all hospitals except those that are publicly operated by state or local governments. Hospitals like ours strongly reject this premise, believing that we have a right to exist, even though we do see the need for appropriate government involvement to deal with some of the problems that cannot be resolved on an individual or local basis.

As future legislation affecting hospitals is considered, we would plead that the strength of pluralism in the delivery of health care be protected—that public, private and religious hospitals be allowed to continue to operate. I know first-hand that this question of survival is presently uppermost in the minds of those who are concerned with the operation of Catholic hospitals, and at a recent meeting of the American Hospital Association, AHS President Alex McMahon predicted that by 1980, **survival** would be the primary concern of the thirty-four hundred, non-governmental, not-for-profit hospitals of the country.

We believe that if non-governmental hospitals are forced out of existence by legislative and bureaucratic mandate, the people will be the losers. And believing that we, as a religious denominational hospital, have a right to carry on our apostolic work in the health care field, we intend to join with others of like mind to assure that that right is protected.

What is at stake is survival. So when legislative bodies consider legislation affecting hospitals, we would hope that they would recognize the strength of pluralism—the positive impact of the religious denominational dimension—the recognition of the patient as a whole person, with needs that include the spiritual as well as medical. It is as valid today as it was centuries ago.



Besides the patient meals, the Dietary Department serves about 800 meals each day for staff members. They also supply food to the Coffee Shop, the Home Delivered Meals program and

Special Events. Jeanette Spychala, Dietary Aide, above, serves lunch to employees in the Personnel Dining Room.



Personal service is evident in the preparation of "late trays." Late trays are individual trays for patients who, because of laboratory or radiology tests, may not have been in their room during serving time. As these patients

return to their rooms, their trays are prepared and delivered to their rooms. Bernie Eiche, Late Tray Aide, is pictured preparing a late tray for a patient.

Nutritional health needs met by Dietary Department

"It is our responsibility to provide each patient with proper and adequate nutrition during their stay in the Hospital," says Mary Schoffman, R.D., Dietary Department Director. "Our challenge is to provide nutrition in such a way as to satisfy each patient's individual preference."

"We serve an average of 1,800 meals each day—1,000 of which are patient meals," Schoffman said. The other 800 are served to employees in the PDR and visitors in the Coffee Shop. "For the most part, each meal is selected by the patient."

When admitted to the Hospital, Schoffman explained, the physician orders a diet according to the patient's illness and treatment. His orders are recorded on the patient's chart and relayed to the Dietary Department by the Nursing Unit's Transcriber.

Registered Dietitians (R.D.) interpret the physicians orders into an appropriate form for the patient. Each day, trained Dietary personnel review menu selections with the patients so they may choose the meals they prefer.

Schoffman added that the regular menus are planned in a cycle which is repeated every three weeks. Each meal's selections include a variety of meats and vegetables and beverages, enabling the patient to choose from a number of combinations.

"Patients are encouraged to put their own menus together so they will be familiar with the diet if they have to continue with it when they get home," Schoffman added.

After the selections have been made, the menus are reviewed by dietary staff to insure that they

meet nutritional standards. The menus are counted. Both the Kitchen and Bakery Units are then notified of the amount of each food to prepare for the next meal.

At serving time, the menu selections are placed on trays in the Dietary Department. The trays move down a conveyor line where the patients' individual food selections are added. Once the menu is filled, the tray is double checked for accuracy and appearance, and is loaded into an enclosed food cart.

A Dietary Transporter delivers the carts to the nursing units with special food elevators. Once on the Unit, the nursing staff is responsible for distributing the trays and assisting patients as necessary.



Between 12-14 people work on the tray line. They can complete about six trays per minute. Usually, in less than one

hour, all of the patient trays are completed and sent to the nursing units.

Individuality remains despite assembly line process

Providing the individual touch to an assembly line process is a challenge faced by Dietary personnel every day. That challenge is met in a variety of ways.

"Although the entire process resembles an assembly line, quality control is very important," S. Boniface Salm, O.S.B. R.D. said. "Trained Dietary personnel regularly check such factors as food temperature, color, tray appearance and length of time for tray delivery to the patient."

"All food is prepared as close to the serving time as possible," she said. "Quality checks on the sanitation and safety of equipment and facilities are continually being made."

According to S. Boniface, the Dietary Department cooperates with various nursing units in

providing special meals for their special patient needs.

"We help meet the social needs of rehabilitation patients by providing bag lunches for field trips and picnic lunches during the summer months," S. Boniface said.

"We recognize special events such as holidays," she added. "Whenever possible, we try to honor patients celebrating birthdays with a special birthday cupcake."

"Providing this personalized service requires more close cooperation and communication with the patients and nursing staff," S. Boniface said. "It's worth the effort. After all, the patient is our most important person."



S. Boniface Salm, O.S.B., Registered Dietitian.

Nutrition: A physician's point of view

By W. Leland Lindquist, M.D.

It is with fear and some trepidation that anyone would be foolish enough to consent to write an article on proper dietary measures. Attacking the virtues of a balanced diet is like attacking motherhood or belief in God, but then, these have also come under attack in recent years. To decry the value of various "health food supplements" and megavitamins is to bring on the wrath of food faddists and "natural food" suppliers the world over. Likewise, to belittle the importance of inadequate dietary habits would be a disservice to many. However, I would like to give you a perspective as seen through the eyes of this practicing physician.

There is a group of people who tell us that most (or sometimes all) of the diseases that afflict us are either preventable or treatable by "natural" remedies. They tell us that if we follow their diet and eat their overpriced food supplements, we can ensure good health and the pursuit of happiness. They often use fear

tactics and misinform the consumer. They tell us that we are being poisoned by food producers and by prescription drugs. These people frequently use the anti-establishment theme for their own purposes. They are most certainly distrustful of dietitians, the Food and Drug Administration, and physicians.

VICTIMS OF OUR OWN ENVIRONMENT

We are all victims of our own environment and I am certainly no exception. I grew up learning that grape juice is good for the blood, carrots for the eyes and fish is beneficial to the brain. Unfortunately, many of us are still affected by these myths as they are passed down through generations. I would encourage all of us to get the facts before we believe some of these time-honored fallacies.

Recently many agents have been offered to cure such diseases as arthritis. Most of these are essentially worthless except for their only active

VITAMIN D	10	25
VITAMIN B ₆	25	25
FOLIC ACID	25	25
PHOSPHORUS	4	15
MAGNESIUM	4	8
ZINC	25	25
COPPER	6	6

*CONTAINS LESS THAN 2 PERCENT OF THE U.S. RDA OF THIS NUTRIENT.

INGREDIENTS: RICE, WHEAT GLUTEN, SUGAR, DEFATTED WHEAT GERM, SALT, WHEY, MALT FLAVORING, CASEIN, ASCORBIC ACID (C), VITAMIN A PALMITATE, NIACINAMIDE, IRON, ZINC OXIDE, RIBOFLAVIN (B₂), PYRIDOXINE HYDROCHLORIDE (B₆), THIAMIN HYDROCHLORIDE (B₁), FOLIC ACID AND VITAMIN D₂. BHA AND BHT ADDED TO PRESERVE PRODUCT FRESHNESS.

MADE BY BATTLE CREEK MILK COMPANY
BATTLE CREEK, MICHIGAN 49815 U.S.A.

Preservatives are necessary in many of today's processed foods to prevent spoilage. Selected additives help to replenish the vitamins and minerals which may have been lost during processing.

ingredient which is very expensive form of aspirin. Promoters lead thousands to believe their extravagant therapeutic claims. Food fads have become a most lucrative field. For example, we are told that synthetic vitamins are worthless. However, the American Medical Association has determined that when properly manufactured, they have the same value as the so-called natural vitamins.

PRESERVATIVES — HARMFUL OR HELPFUL?

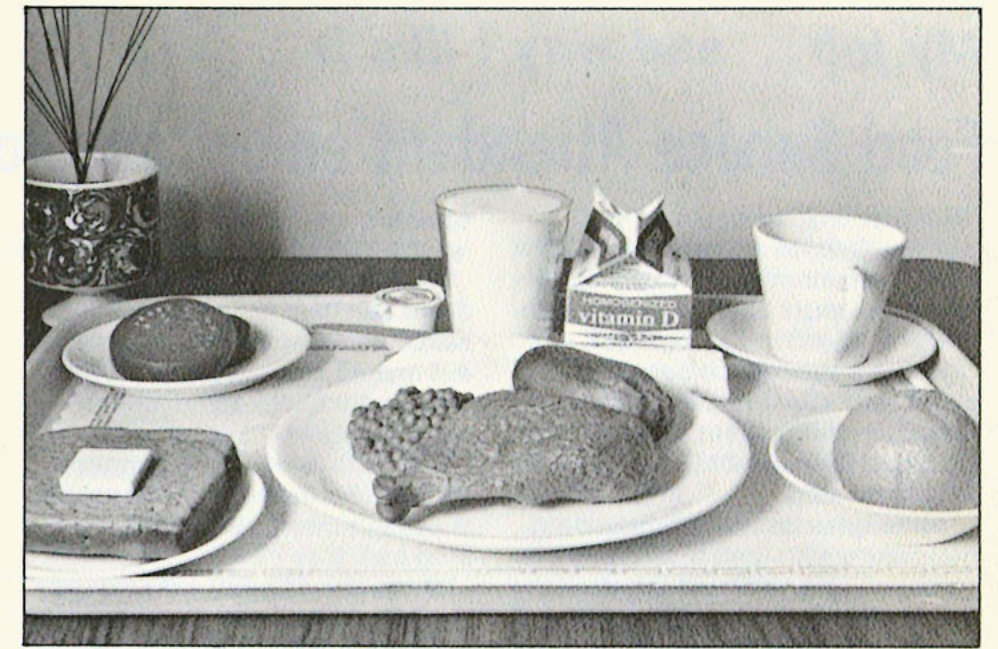
We are properly warned about the use of preservatives and food additives. Certainly some of these can be potentially harmful. However, to put this in perspective, we must weigh the potential hazard of preserving our food with chemicals versus the certain immediate hazard of eating food allowed to spoil and harbor dangerous bacteria and toxins. Prior to our ability to "preserve foods," this commonly produced death. This has become increasingly important due to our specialized life style which requires food to be grown in an

area remote from the cities and then somehow, transported to our kitchens without spoilage. There are certainly additives that are beneficial such as Vitamin D added to milk, which prevents rickets in children, and iodized salt which has greatly reduced the incidence of goiter associated with iodine deficiency.

NATURAL CURES COSTLY, DANGEROUS

The claims of most food cultists of miraculous cures with food supplements are anecdotal and do not hold up under critical review. However, we still will hear of people who are dramatically cured of a disease or symptom. It is difficult to convince them that their disease may have been self-limited or that some other factor such as medication may have been responsible for their improvement. As practicing physicians, we are frequently asked "if there is any harm" in taking these supplements. Generally, there are no harmful effects. There can, however, be rare overdoses of vitamins. More important, however, is the danger that while the patient waits for the "cure" from various supplementations, he will not be seeking proper medical attention. We have all seen patients with a treatable form of cancer who are started on a worthless food supplement instead of submitting to the conventional cancer treatment. These patients are not only misled and bilked of millions of dollars yearly, but they will often delay medical treatment until it can be of only limited value.

The patient suffering from a serious neurologic disease comes to mind who had read of a "cure" being offered in a foreign country. The patient is then encouraged to make trips to this country to be placed on a "natural" diet consisting of honey, nuts, and uncooked eggs and to refrain from accepting the conventional medical treatment. The serious deterioration of the patient's



A well balanced diet includes the basics for good health. Essential proteins, vitamins and minerals can be supplied by including meat, dairy products, vegetables, fruits, and cereal foods such as bread in each day's diet.

status does not deter him from his diet and despite poor results from the diet, he rejects drug treatment as being "unnatural."

DEFICIENCY CAUSED BY POOR OR UNUSUAL DIETS

We certainly cannot overlook many deficiency states caused by diets. In underdeveloped countries diseases such as pellagra, scurvy, beriberi, and Kwashiorkor still abound and can be easily treated with food supplements. These are certainly rare today in this country, but I personally have seen all of these diseases in an indigent population. There are also several causes of nutritional anemia, but these are quite rare in a person eating an adequate balanced diet.

There are deficiency states which can occur in people with unusual eating habits. I recently encountered an ill patient who had eaten very little other than peanut butter sandwiches over a period of one year. A check of the most common diseases encountered in a hospital population reveals diseases either caused by inadequate diet or which can be at least partially treated by diet:

1. Obesity can be treated by reduction of calories or by increased burning of calories.
2. Alcoholism causes direct

toxic effect on tissues and secondarily causes damage by inadequate nutrition.

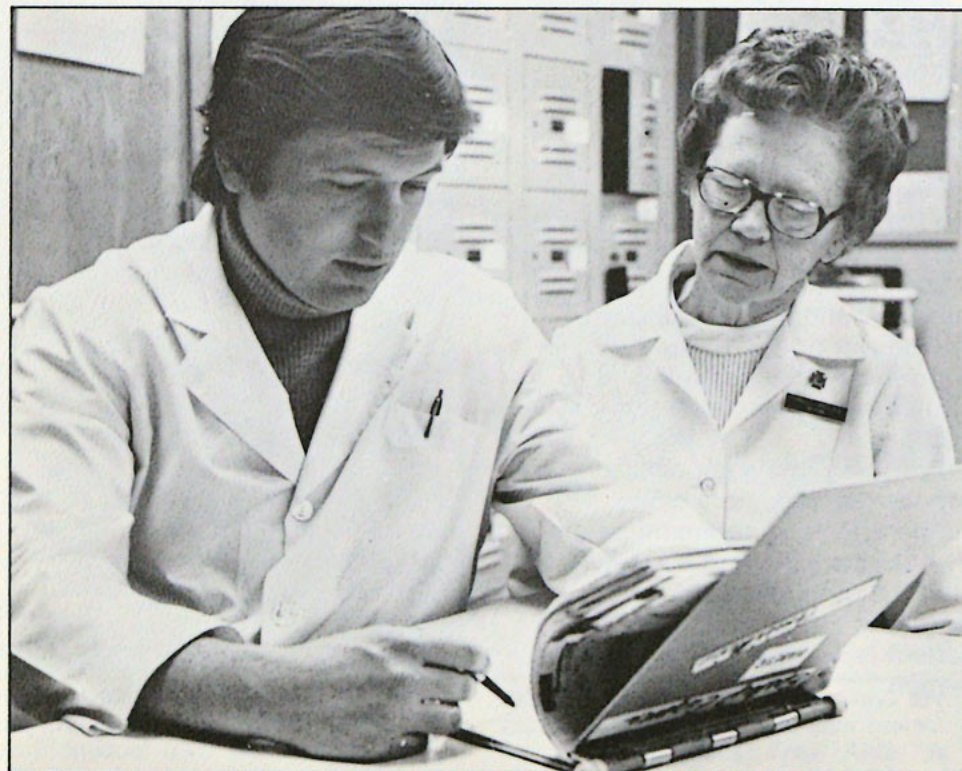
3. Hypertension can sometimes be treated at least partially by moderate salt restriction. Medications, however, are almost always necessary.
4. Coronary heart disease--increased intake of fats and cholestral predisposes to heart disease.
5. Diabetes mellitus frequently can be treated by diet alone. Even for a patient on insulin therapy, a proper diet is absolutely necessary for good control.

I'm sure that over one-half of the patients I discharge from the hospital are sent home with some form of dietary advice as part of their total therapeutic program. I cannot overemphasize the importance of this.

RESTRICTIVE DIETS USUALLY INADEQUATE

On the other hand are the many patients who are needlessly on very restrictive diets, usually self-imposed. These restrictive diets can actually provide for poor nutrition and even excessive weight loss because of their restrictions. They have to be properly monitored by the health profession best qualified to

(Continued on page 8)



Dr. Lindquist reviews a patient's chart with Frances Lones, Registered Dietitian. Together, they plan a diet which will aid with the patient's recovery.

My job...and why I like it

Food Service Attendant enjoys people, working nights

Not just anyone would enjoy working 3 times a week from 1:30-4:00 in the morning. Any person who does must have some special reasons why.

"Helping the night employees enjoy their lunch is the most important thing about my job," Roxanne Pyka, Night Food Service Attendant said.

"Although most people return to their Units with their lunches, some are able to stay down and talk for a while," she added. "And I really enjoy talking with people."

Roxanne said that she likes her job because it is pleasant, she gets to meet a lot of new people, and because she enjoys the Hospital.

"I enjoy working in the Hospital because there is always something new going on," she said.

Roxanne joined the Hospital's Dietary Department in April, 1976. She performed a variety of part-time duties until July 1 when she began working on the night shift.

"I work every Thursday, Friday and Saturday morning from 1:30 to 4:00 a.m.," she said. "I start out the morning by putting on the

soup and getting everything ready for the 2:00 serving time."

"At 2:00 the employees come down and help themselves," she said. "By 3:00 I am ready to close out my register, clean up the food service area, lock the doors and head for home."

"The night shift works out well for me," Roxanne said. "Because it doesn't interfere with my studies."

During the day, Roxanne attends classes at the College of St. Benedict where she is studying for her degree in Social Science. She hopes to teach Social Studies at the high school level.

Besides going to school, Roxanne keeps herself busy by creweling pictures, bicycle riding, playing tennis and reading. One of her more recent interests is photography.

Through her classes, she will be traveling to Europe this January to study European Business Organization.

"I'm really excited about my trip to Europe," she said. "It's going to be a lot of fun."



Roxanne Pyka, Night Food Service Attendant, above, closes out her cash register at the end of a busy morning.

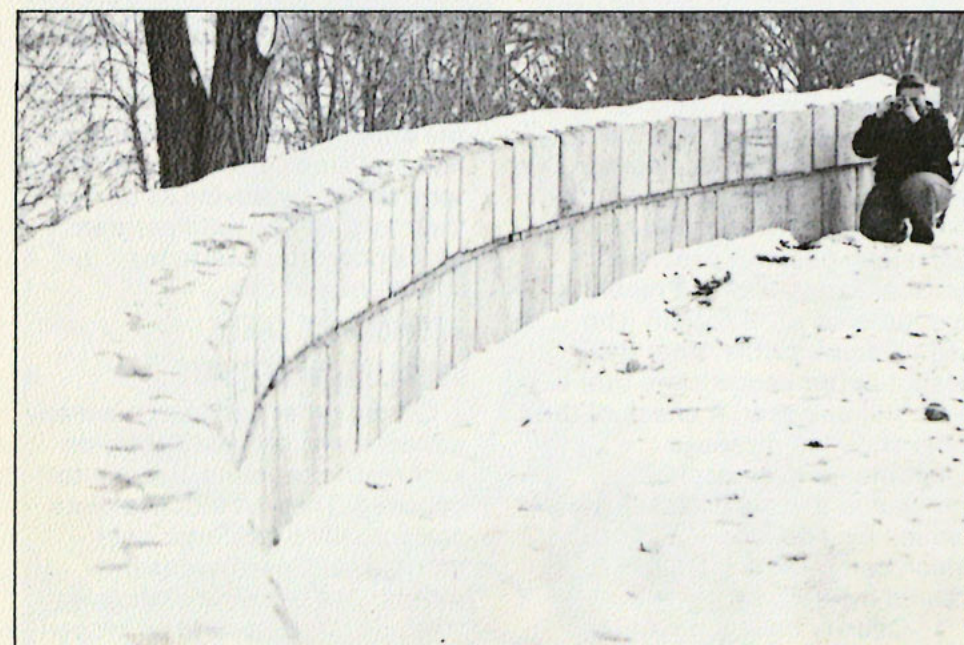
Nutrition

(Continued from page 7)

advise in this regard--the dietitian. I have come to rely heavily on the dietitians' advice for my patients. The dietitian will instruct in a diet which will accomplish the desired effect and will also provide for a balanced, nutritious diet. Dietitians will readily testify to the great numbers of people who eat a woefully inadequate diet.

I feel we have an excellent overall dietary program in St. Cloud Hospital. The dietitians are willing, eager and able to serve the needs of our patients in a practical way which our patients can understand and apply.

Finally, this is not a paid political announcement written by an approved Dietary Department. Let's wake up and eat right in the coming year. Instead of living to eat, let us all strive to eat to live.



Roxanne enjoys photography, her newest hobby. She is pictured, left, working on an assignment for her

course in photography at the College of St. Benedict's. She plans to use her new skills this month in Europe.

PAC Rap

By Betty Strobel

In order to better explain the Personnel Advisory Committee and its function in the Hospital, the PAC has compiled a list of accomplishments they have helped bring about. This report represents those accomplishments for the year of 1974. Reports for 1975 and 1976 will be published in future issues of the Beacon Light.

The Audit Sub-committee of the Personnel Advisory Committee (PAC) has been working on a log of accomplishments for the year 1974. Some of the problems discussed and resolved during that year include:

- relief parking space
- cold weather car starting service
- installation of bicycle racks
- parking lot spaces designated with painted lines
- improved student parking

The PAC has also been able to work with members of the administration to improve the benefit package for all Hospital employees. Through their efforts, we

have seen:

- sick leave program improvement
- seniority rights adjustments
- printing and posting of job openings in the Hospital
- establishment of the longevity pay program
- life insurance for full and part-time employees

Other benefits, such as Blue Cross and Blue Shield coverage and insurance were presented and discussed at meetings of the PAC with Bill Zenner, Blue Cross/Blue Shield representative. Many questions and complaints about current coverage were answered.

A variety of small problems in the Personnel Dining Room and the Coffee Shop were resolved. A menu for each week's meals is now posted on the PDR Bulletin Board. Visitors and relatives may eat in the Coffee Shop. When it is closed, the vending room will be open. It should also be noted that Security is responsible for keeping the vending machines filled when the Coffee Shop is closed.

Each Christmas, the best decorated non-nursing department

wins a traveling trophy engraved with the department name and the winning year.

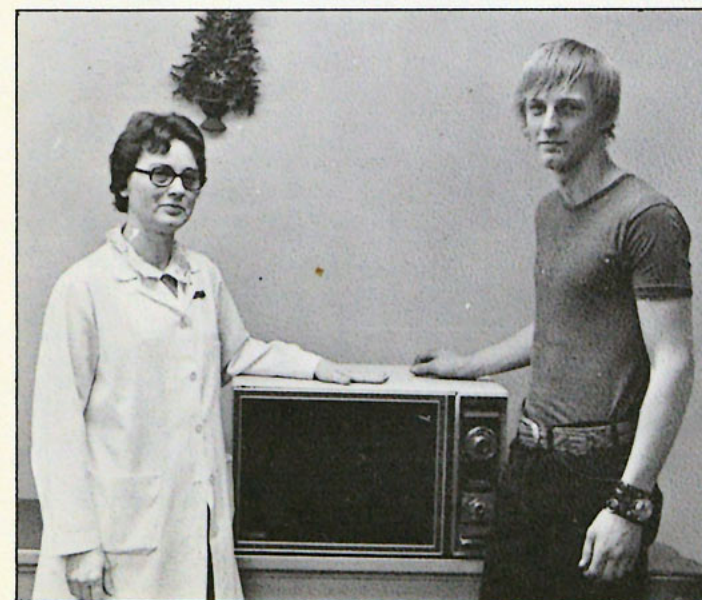
The Sub-Audit Committee of the PAC will continue to work on its log of accomplishments. The results of their 1975 efforts will be printed in a future issue of the **Beacon Light**.

Just recently, two surveys were completed and the results were presented to the PAC. The South Elevator Bank survey showed that 19 percent of pedestrian elevator travel should have been done using the stairs. With this in mind, the PAC urges everyone to use the stairs to walk up one flight, and down two. This will help to save energy and improve elevator service.

The PAC also reviewed a survey of the PDR food service. The survey resulted from a complaint that many times, the special listed on the menu was not available to personnel eating on the relief shift. The Dietary Department assured the PAC that when they run out of the advertised special, it is replaced with a substitute.

Credit Union News

Vernon Kleinschmidt, son of Delores Kleinschmidt, Processing Aide in Central Service, was the lucky winner of the Microwave Oven drawing sponsored by the Hospital's Credit Union. One chance to win the oven was given for every \$500 loan taken out between September 1 and November 30. A total of 275 chances were taken for a total of \$137,500 worth of loans.



The Chaplain's Corner

by Reverend Richard D. Tetzloff



Rev. Richard Tetzloff

"Ebenezer—Stone of Help"

"... and He called the name of it Ebenezer, saying, 'Hitherto hath the Lord helped us.'" I Samuel 7:12. So it was that a battlefield which had before been the scene of disgrace and despair for the nation of Israel was now to be named Ebenezer by the Prophet Samuel.

We, too, have battlefields in life; in fact, we are called by God to wrestle and to challenge life. This month we enter a new year, which in a way, is a new battlefield for us. As we do this, we pause for reflection and projection. We stand before God as our Ebenezer or Stone of Help. Perhaps a whole litany of situations come to mind where the Lord has comforted and strengthened us in living and with you, like myself, we rejoice in that affirmation, "Hitherto the Lord hath helped us."

For all who feel this way, it is easy to rejoice and to celebrate His presence as did Samuel. We are really concerned about people who may feel the Lord has not been their Ebenezer, who might, for whatever reason, feel the Lord has not been their help.

I am not trying to contradict those who feel this way, but maybe it might be asked first, who it is

who is saying the Lord has not helped. If it is yourself who is saying this, that may be the very reason He could not. Ironically, we can stand in the Lord's way of being our Ebenezer. If only we could more often say to ourselves as did the Psalmist of Old, "Be still and know He is God."

Perhaps the past year can be a reflection of how we might allow God to be our Ebenezer for the future. Positioned in the crossroads of time with history at our back, we certainly can affirm Him as our Ebenezer for the present and for the future. Who knows what is ahead or what great accomplishments or defeats may come our way. The one thing we can be confident of is the Lord hath helped us hitherto and because of that, we trust He will today and all of our tomorrows and as such we pray:

"Help me henceforth, O God of grace;
 Help me on each occasion
 Help me in each and every place;
 Help me through Jesus passion
 Help me in life and death, O God;
 Help me through Jesus dying blood
 Help me as Thou hast helped me."

Medical education program undergoes accreditation review

The Continuing Medical Education program at Saint Cloud Hospital recently underwent an accreditation survey by the Minnesota State Medical Association and the American Medical Association.

"The Hospital's Continuing Medical Education program helps the Medical Staff keep pace with the latest medical advances and procedures," Robert Cumming, M.D., Continuing Medical Education Director said.

"The programs are accredited in order to insure that they are acceptable in both quality and quantity, and that they can be

utilized as credit toward each physician's Continuing Medical Education program," Cumming said.

"The credits the physician's receive are also required to meet the Minnesota State Medical Association standards for annual membership," he added.

According to Cumming, the accreditation survey process is usually conducted every three years. Members of the survey team meet with members of the Hospital's administrative and medical staffs to review current programs and discuss new programs being developed.

"Accreditation of the Continuing Medical Education program is proof that our Hospital and Medical Staff are continually striving to improve their ability to deliver quality health care," Cumming added.

Notification of accreditation should be received sometime in January, 1977.

The Hospital also provides continuing education opportunities and programs for all employees. They are coordinated through the Department of Continuing Education.

Thank you

The Hospital's Chapel has received two donations recently. A pair of gold vases were donated by Mrs. Cecilia Diedrich in memory of her late husband, Art Diedrich. She is pictured right presenting the vases to Sister Georganne Burr, O.S.B., Assistant Chaplain, and Fr. John McManus, O.M.I., Director of the Spiritual Care Department.



FROM THE ST. CLOUD HOSPITAL KITCHENS

CARAMEL MIX FOR CARAMEL ROLLS

This month's recipe from the Hospital's Kitchen provides an easy way to make unforgettable caramel rolls.

- 1½ cups brown sugar
- ¼ cup white sugar
- ¼ cup margarine
- ¼ cup butter
- 3 tablespoons honey
- 3 tablespoons white syrup

1. Combine all ingredients and heat until smooth. Spread in pan.
2. Place sliced rolls on top. Let rise.
3. Bake at 375° about 25-30 minutes or until done. On removing from oven, immediately turn upside down on large tray. Let pan stay over rolls for a minute.

Makes enough for a batch of sweet roll dough.

Beacon Light

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Bea Knuesel	Sam Wenstrom
Ann Lintgen	Robert Cumming, M.D.



Father McManus was also present to accept a new American flag, donated to the Chapel by the St. Cloud VFW Post 428, left. Members of the post making the presentation are, left to right, front row: Louis Steman, Jr. Vice President; and Herb Schmidt. Top row, left to right: Pat Schaeffer, Past Commander; Don Petre, Post Commander; Father McManus; and Dick Daniel, Sr., Vice President.

Donations to the Hospital can also be provided through the Physicians' Memorial Fund, the Remembrance Fund, and through memorials. For more information, contact the Department of Development and Community Relations, 251-2700, Extension 110.

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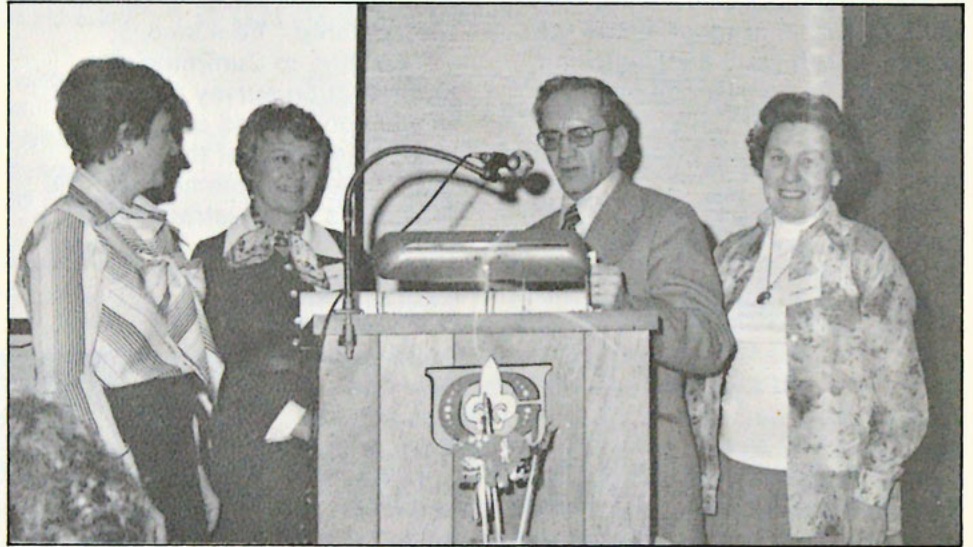
Beacon  **Light**

St. Cloud Hospital 1406-6th Ave. North St. Cloud, MN 56301

CLARA GOHMANN
ROUTE # 4, BARDSON ADDITION
ST. CLOUD, MINNESOTA 56301

From the Auxiliary

Auxiliaries donate \$8,000 to Hospital



Members of the Americana Ball's Planning Committee, above, present a check for \$8,000 to Gene S. Bakke, SCH Executive Vice-President. The money will be used to offset the cost of telemetry equipment used in the Hospital's cardiac care program. Representing the Auxiliaries are, l.-r., Pat Cumming, Stearns/Benton Medical Auxiliary; Helen Catton, St. Cloud Dental Wives and Tillie Blattner, St. Cloud Hospital Auxiliary.

A check for \$8,000, the proceeds from the Americana Ball, was presented to Saint Cloud Hospital by members of the Stearns/Benton Medical Auxiliary, the St. Cloud Dental Wives and the Saint Cloud Hospital Auxiliary.

Gene S. Bakke, Saint Cloud Hospital Executive Vice President, accepted the check during a presentation at a special auxiliary recognition luncheon. The money will be used to help fund the purchase of telemetry equipment used in the Hospital's Cardiac Care Program.

The special luncheon also recognized the efforts of more than 25 auxiliary chairpersons who spent countless hours of planning and preparing for the successful Ball. Special plaques

were awarded to the retiring general chairmen and words of encouragement and challenge were shared with incoming chairmen.

Because of its historical theme, the Ball Committee received a good deal of help from the Stearns County Historical Society. In appreciation, the Committee donated 36 photographs of past political campaign posters, platforms and slogans which were used as Ball decorations. Ed Zapp, Jr., President of the Historical Society and Ruth Knevel, Historical Society Coordinator, accepted the photographs from the Committee.