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Beacon Light: November 1977

St. Cloud Hospital

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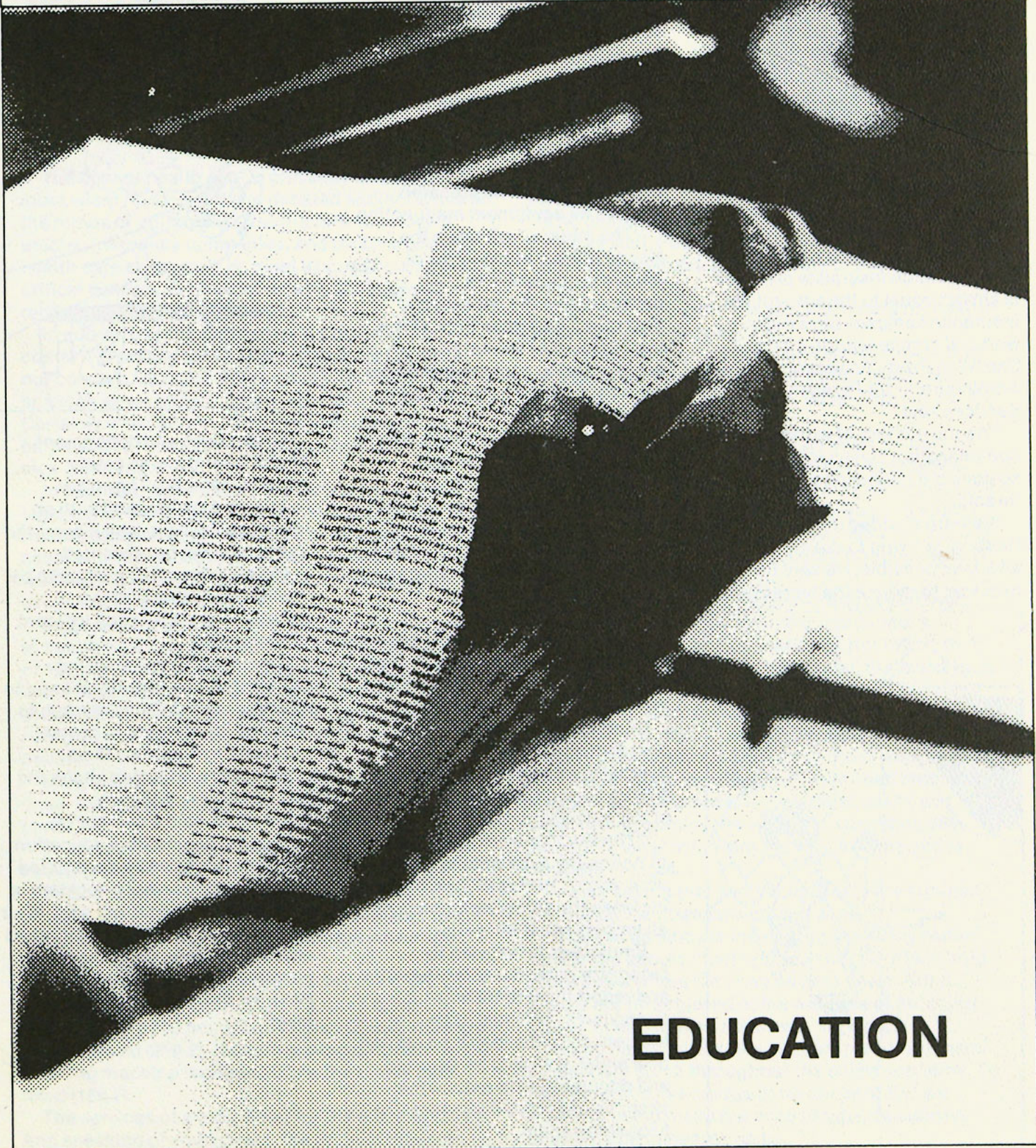
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Beacon Light

Volume XXVII, Number 3

November 1977



EDUCATION

Insurance premiums increase with job related accidents

Workers' Compensation insurance premiums for the Saint Cloud Hospital have increased 33% in the past year—131% over the past three years.

That means the Hospital will be paying \$141,000 for workers compensation insurance this year. Last year, the premium was \$106,000 and the year before it was \$61,000.

This dramatic increase, caused in part by legislative influence and inflation, is still directly related to on-the-job accidents.

"The amount of our workers' compensation insurance premium is almost equal to the amount the insurance company pays out in workers' compensation claims," Sam Wenstrom, Assistant Administrator for Personnel Services said.

"As the number of workers' compensation claims increases, so does our insurance premium," he said.

Wenstrom added that the Hospital is trying to cut costs wherever possible. He said the best way to reduce the increased



workers' compensation costs is to reduce the number of on-the-job accidents.

According to LuAnn Reif, Employee Health Service Nurse, 90% of all accidents reported at Saint Cloud Hospital are preventable.

They include: back injuries, cuts, bruises, needle punctures and strains. Those which cannot be prevented are those for which an employee cannot be prepared, such as an equipment malfunction.

"The injury which costs the Hospital the most in terms of dollars is one which is preventable—the back injury," Reif said. "Last year, 87% of the total amount of workers' compensation expenses incurred were paid out for back-related injuries."

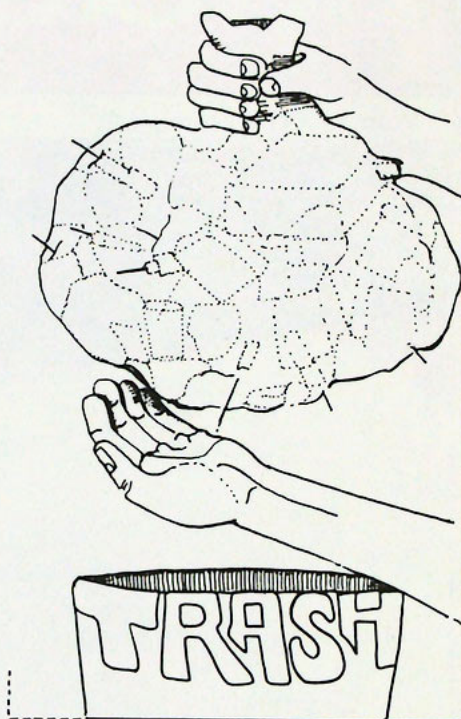
For the year ending December, 1976, a total of \$132,384 was incurred for all workers' compensation claims, expenses and reserves. During this same period, the total amount of claims, expenses and reserves incurred for back-related injuries was \$115,600.

The insurance company pays the employee for lost time, health care costs—including hospitalization—and rehabilitation, if necessary.

Besides paying the insurance premium, the Hospital must pay the replacement cost of the injured employee and the managerial cost of the follow-up procedure.

"The key to lowering the number of on-the-job accidents is education," Reif said. "We need to increase the safety awareness of all employees at all levels."

Employees must learn to recognize potential safety hazards and report them to their supervisors, Reif said. If an incident should happen, no matter how small, it should be reported and documented to reduce the chances of a related incident happening again.



Supervisors and department heads must become safety experts, she said. They must follow up each incident with an investigation as to why it occurred and how it can be prevented.

Division Directors must also be involved to insure that the necessary work for each incident is completed.

A Workers' Compensation Committee was recently formed to examine the problems relating to workers' injuries and to devise programs to eliminate them.

Wenstrom, who also chairs the Workers' Compensation Committee, said a number of programs ranging from education to inspections will be considered.

"Theoretically, each accident is preventable," Wenstrom said. "Our ultimate goal is to bring theory and practice as close together as possible and make Saint Cloud Hospital the 'safest place in town'."

COMMENT

by Gene S. Bakke
Executive Vice President



COST CONTROL MUST BALANCE WITH QUALITY CONTROL

The cost of health care is currently one of the most widely discussed and debated subjects. It is on the minds of politicians, beurocrats, employers, unions, insurance companies, and those who need health care services. It is, most assuredly, also a critical concern of those of us who are engaged in rendering services to patients.

In addressing the problem of rising health care costs, it is critical that a balance be maintained in our concern for maintaining **quality** of health care services as we attempt to control rising costs. Certainly most people want every reasonable means employed to return them to good health if they are sick or injured.

In addition, it seems to me only reasonable and logical that increasing costs of health care be measured against, or compared to increases in the costs of other goods and services to determine whether increases in health care costs really are excessive as some suggest.

Measured by the Consumer Price Index, the cost of health care services had risen to 184.7 by the end of 1976. (in other words, something that cost a dollar in the baseline year of 1967 had increased to almost \$1.85). *But it is not true that health care is the fastest rising item in the CPI as some would have you believe.*

Many important items (and some relatively minor ones, too) are rising as fast as health care, or even faster.

The price rise includes many essential services. Postal charges, for example, were at 222.3 in the 1976 Consumer Price Index. Insurance and finance charges were at 196.6. Heating oil or coal was up to 250.8; gas, 200.9; residential water and sewerage charges, 188.7.

Most services needed for everyday living are up: Having your living room or dining room repainted (225.6), having the house resingled (233.4), having a sink replaced (210.2), the furnace repaired (207.1), the washing machine repaired 200.4, the family auto fixed (189.7).

The services of a baby sitter for the evening: 214.6. And speaking of youngsters, the price of diapers

stood at 190.2 on the CPI, while blue jeans were at 190.0.

The dinner table has been affected by higher prices as well. Potatoes, 200.1; rib roast, 188.4; whole ham, 199.6; seafood, 227.3; bacon, 210.4; sausage, 226.6.

Many of these items the hospital must purchase in order to provide patient care.

But prices are, of course, not the only things that have gone up. Per-capita income after taxes has more than doubled since 1967, for an index of 202.0 in 1976.

If the government published an index on Social Security taxes, it would indicate that those taxes have increased faster than either consumer prices or income. An index for the maximum Social Security tax on employees would have been 308.2 in 1976. For 1977, the maximum Social Security tax index would be 332.4.

The costs to maintain an exploding government beurocracy is another area of grave concern. According to the Tax Foundation of New York, the total of civilian employees on federal, state and local payrolls is **228** percent of what it was just 25 years ago, totaling 13.03 million in 1975 as compared to 5.70 million in 1950. Currently, there is one such employee for every 4.5 workers in the private sector. And the increase in salary costs has been even more staggering. These costs—for federal, state, and local civilian employees—are an astounding **886** percent of what they were in 1950! And the end is nowhere in sight.

Are we saying that health care costs are minimal, and should be disregarded? Not at all.

Those of us who are involved in providing health care to the people must redouble our efforts to hold costs down where they can be held down. But it should **not** be achieved at the expense of reducing quality or eliminating necessary services.

Rising health care costs are only part of a general inflationary spiral throughout the entire economy. To help control it, we pledge to do our part. But we object to being made the scapegoats in a national problem that concerns us all.

Continuing Education vital for health care professionals

Changes in the whole field of health care are taking place every day. Any effort at maintaining quality patient care must be based upon a continual upgrading of those responsible for providing that care.

Those who do not keep up with the advancements fall behind and can lower the quality of patient care. Continuing Education prevents this from happening.

"Learning is a life-long process," Sally Grabuski, Continuing Education Department Director said. "In today's world, it is impossible to simply go to school, receive your diploma and stop."

The need for education is greater now than ever before, Grabuski said. Better educated consumers demand that we know more about our own specialties and that we increase our

awareness of everything in medical science.

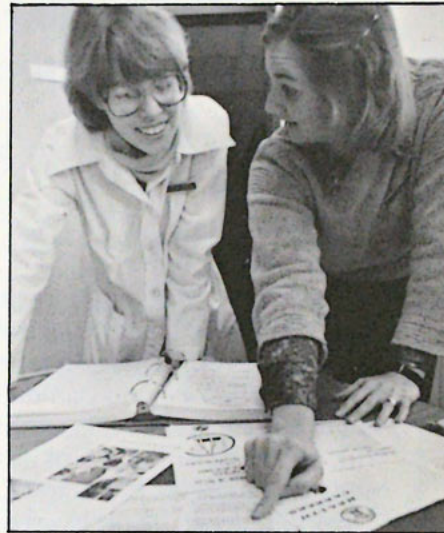
"The explosion of knowledge in medical science is awesome," she said. "Our jobs are changing so rapidly that it is difficult to imagine what we will be doing five years from now."

Continuing education enables each person to meet today's job requirements and to prepare for tomorrow's. She added that education is important for all persons at all job levels.

Educational opportunities are encouraged at Saint Cloud Hospital and available through attendance at outside workshops and seminars, college or vocational school courses. Program opportunities are also provided through a large variety of in-house presentations.

The Hospital recognizes the continuing education benefits of

improved quality of care and employee performance. Policies require all employees to be adequately prepared to meet their



Sally Grabuski, Continuing Education Department Director, helps Pat Athman, Blood Bank Section Head, find educational information about blood bank management programs.

immediate work responsibilities and to be provided the conditions and environment for appropriate development.

A Hospital-sponsored tuition reimbursement program helps to encourage employees to pursue continued self-development. The program may reimburse 100% of the tuition for courses relating to any employee's current or anticipated future job at the Hospital.

"I would urge employees interested in developing their potential to visit the Department of Continuing Education," Grabuski said. "We have a great deal of health career information. We can show them what kinds of health education programs are available and where they are offered."

"The decision is up to each individual," she added. "After all, it's his or her future."

Ken Rosha



Ken Rosha graduated from St. Cloud State University with a Bachelor of Arts degree in Math. He has since been working at the Hospital as a Computer Programmer.

Just this past quarter, Ken took the first step necessary to gain his Master's Degree in Business

Administration (MBA). He went back to school.

"I am going back to school to get my MBA because it will give me better career advancement possibilities," he said. "I decided to work toward the MBA because it is more useful than a Masters in Math."

Ken said he hopes to complete all the necessary classroom work while an employee of the Saint Cloud Hospital to gain experience and to make use of the tuition reimbursement benefit. At his current rate of progress, Ken figures it will take about four years.

"Once I get my degree, other careers in the Hospital besides Computer Programming will open up," he said. "I am hoping to move into an area where I can be more involved in statistical studies or planning."

Even after he has completed his MBA, Ken said he will continue his education. He said it is too easy to get into a rut. Continuing education keeps you thinking. It's a way of finding new ideas and interests.

Pat added that she was able to make use of the Hospital's tuition reimbursement program for all of her continuing education. She said it was an excellent benefit. In the long run, it helps both the person and the Hospital, she said.

Fran Landwehr



She continued working at the Hospital as a nurse anesthetist on a part-time basis. In 1975, the University of Minnesota announced the beginning of a new program—the Bachelor of Science in Anesthesia.

Immediately, Fran joined the program. The next year, she started working full-time at the Hospital, but continued driving back and forth to the University for 3 hours of classes two days per week. In May, 1977, she graduated.

"The degree will open more doors in the field of Anesthesia in years to come," Fran said. "It provides more security because now I will be able to go into other areas such as anesthesia education or management."

"The clinical experience I had at the University served as an excellent refresher course," she added. "It gave me more self-confidence in my job."

Fran takes a minimum of 20 Continuing Education Units (CEU) per year to retain her accreditation by the American Association of Nurse Anesthetists. The CEUs are acquired through successful completion of workshops and seminars.

Fran is also involved in other fun educational activities outside of her profession. She is a member of the St. Joseph Community Education Advisory Board and will be helping to establish education programs for members of her community.

"Education is great," she said. "It benefits you and everyone you come into contact with."

Pat Walker



Pat Walker started working at Saint Cloud Hospital in 1960 as a Medical Records Clerk. Today, she is the Assistant Director of the Medical Records Department, thanks in part to Continuing Education.

"Three years ago, I took a two-year correspondence course to achieve my Accredited Records Technician A.R.T. status," Pat said. "Because of my experience in the Medical Records field, I completed the course in 9 months."

"The course enabled me to advance into a better position," she said. "It also helped me understand my job more fully and give me some new insights into the field of Medical Records."

Pat said she still takes classes necessary for the retention of her ART status. She also takes classes through the Hospital to improve her ability to work with people.

"It is really a challenge taking all these classes after being out of school for so long," she said. "But I enjoy keeping up with new developments in Medical Records."

The Shape of Things to Come



Sr. Luke Hoschette, OSB, Planning Department Director.

The future needs for services and facilities of each department at Saint Cloud Hospital are spelled out in 32 different departmental plans.

Coordinating these individual plans into one plan which can be used as a guide for the entire Hospital is the responsibility of the Planning Department.

"Each department plans for its individual future needs," Sister Luke Hoschette, O.S.B., Planning Department Director said. "Their plans are submitted to the Planning Department where they are built into a total plan."

The coordinating function of the department is difficult, Sister Luke admitted. We have to look at every conceivable alternative and study how each will affect the Hospital now and ten years into the future.

The final plan must insure that the Hospital will continue to meet the health care needs of the community it serves and that it will have the facilities to do so.

And, since Saint Cloud Hospital is a regional medical center, the plan must look toward meeting the health care needs of the region. It must reflect two important factors: The patients we serve usually require a higher intensity of care; and the option of denying different types of service is less.

"Our plan must also agree with the regional plan established by the Health Systems Agency (HSA)" Sister Luke said. The HSA is a federally funded, non-profit agency which develops overall health care goals and objectives for the area it serves.

Sister Luke is the only person in the Planning Department. Her job is made easier because of the Hospital's planning process.

"The most important aspect of good planning is the planning process," Sister Luke emphasized. "One specific process used by everyone makes the variety of plans submitted easier to coordinate."



Sr. Luke and John Seelhammer, Engineering Services Director, discuss expansion possibilities in the Hospital's Convent.

The backbone of our process is the Program Project Data Sheet, she said. It is a form with six basic questions which, when properly completed, has the ability to answer most questions anyone might have about a particular



Sr. Luke relaxes, above, with a good book.

adjustment of a Hospital service or facility.

"Although following this process helps, planning is still not easy," Sister Luke said, "especially in the health care industry. The health care planner cannot rely on historical data alone. A new development or technique can turn a five-year trend around overnight."

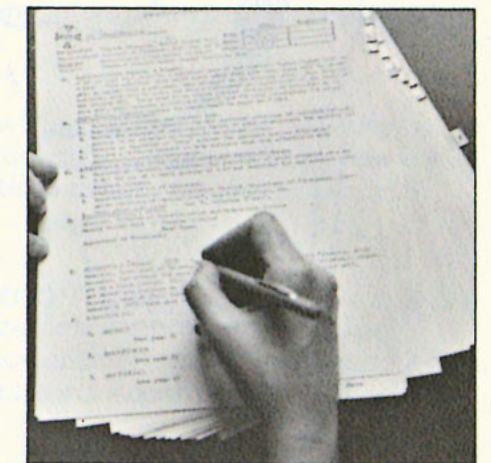
A long range plan in today's health care industry is anything over five years, she explained. She added that such a plan is difficult if not dangerous to attempt.

"Plans must be evaluated on a year-to-year basis to eliminate equipment and services no longer needed and to add new programs to meet future needs," she said.

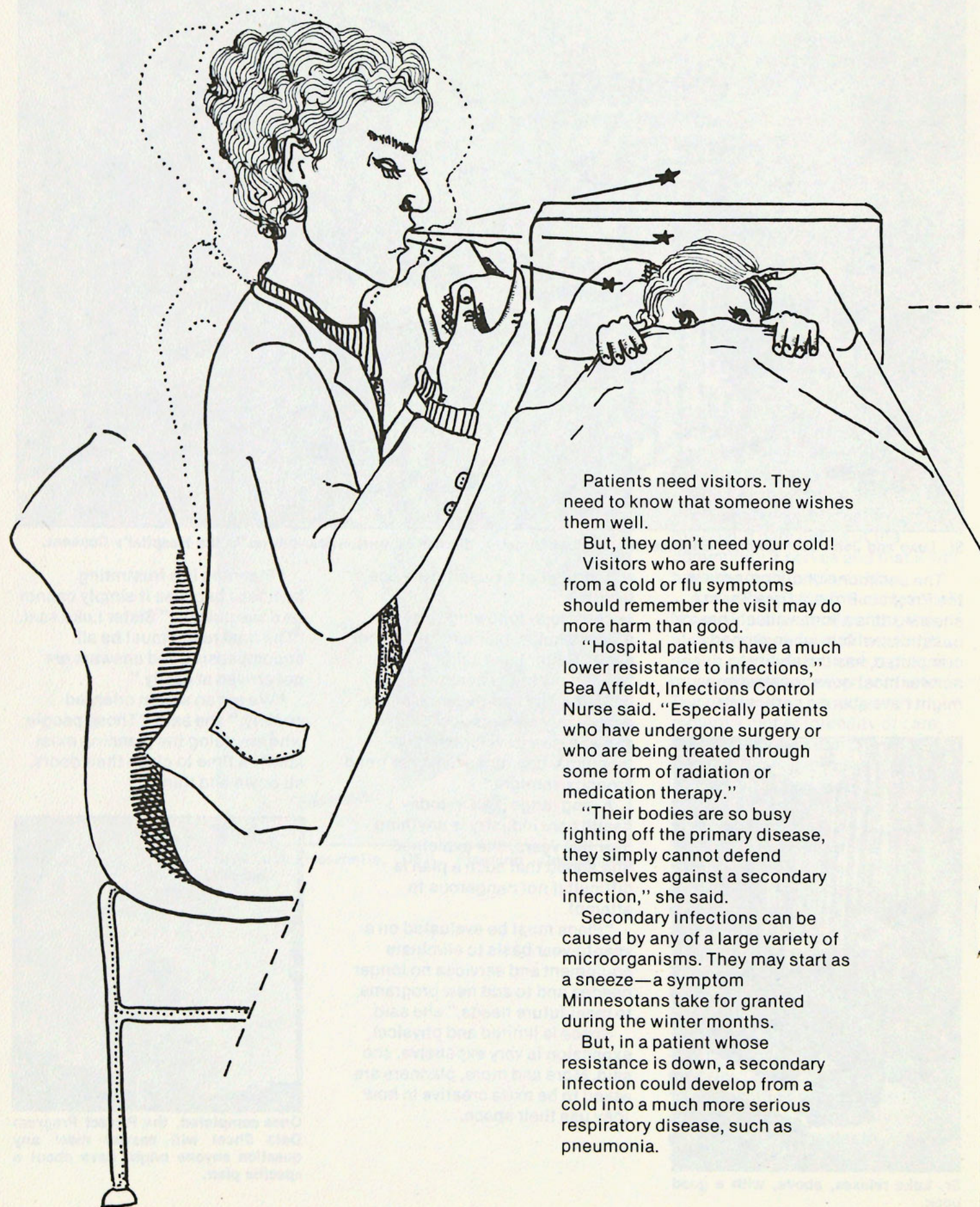
Space is limited and physical expansion is very expensive, she said. More and more, planners are asked to be extra creative in how they use their space.

"Planning is a frustrating business because it simply cannot be done quickly," Sister Luke said. "The final result must be all encompassing and answers are not arrived at easily."

"We are an action oriented society," she said. "Those people who are doing the planning must take the time to close their doors, sit down and think."



Once completed, the Project Program Data Sheet will answer most any question anyone might have about a specific plan.



Your visit should help — not hurt

Patients need visitors. They need to know that someone wishes them well.

But, they don't need your cold! Visitors who are suffering from a cold or flu symptoms should remember the visit may do more harm than good.

"Hospital patients have a much lower resistance to infections," Bea Affeldt, Infections Control Nurse said. "Especially patients who have undergone surgery or who are being treated through some form of radiation or medication therapy."

"Their bodies are so busy fighting off the primary disease, they simply cannot defend themselves against a secondary infection," she said.

Secondary infections can be caused by any of a large variety of microorganisms. They may start as a sneeze—a symptom Minnesotans take for granted during the winter months.

But, in a patient whose resistance is down, a secondary infection could develop from a cold into a much more serious respiratory disease, such as pneumonia.

Patients aren't the only ones susceptible to the attack of a secondary infection, Affeldt warned. Visitors with colds are just as vulnerable as the patients. For the visitor, the cold becomes the primary infection. The visitor can become the target of the variety of microorganisms which are much more concentrated in the Hospital setting than elsewhere.

With proper care, and by following the following visiting rules, the spread of infection (from visitor to patient and patient to visitor) can be prevented, and the visit can be more meaningful.

Visiting Guidelines

KEEP YOUR VISIT SHORT. General visiting hours are from 11:00 a.m. until 8:30 p.m. Nursery and Maternity visiting hours are from 2:30 - 3:30 p.m. and 7:00 - 8:30 p.m. Husbands are welcome anytime. Parents are welcome in the Pediatrics Unit anytime. Specialty areas, such as the Intensive and Cardiac Care Units have very restricted visiting times and are limited to family members only. Please remember not to stay too long, no longer than ten minutes, so the patient will look forward to your next visit instead of your departure.

NO SMOKING. For the health, comfort and safety of our patients, visitors are not allowed to smoke in patient rooms, Smoking by visitors is permitted in the lounge area on each patient floor, in the lobbies and the Coffee Shop.

BE CHEERFUL. The Hospital can be a lonely place for the patient. A pleasant atmosphere and encouragement can help lead to a speedy recovery. But, don't overdo it! Talk and laugh quietly. Don't disturb the other patients.

CHILDREN UNDER 12 are not allowed to visit in patient rooms, except in special situations. Ask the Information Desk to check with the Unit's Head Nurse first.

THE PATIENT NEEDS REST. Don't add to the patient's burden by bringing in business problems or questions. And please, no more than two persons at one time. If the patient already has visitors, excuse yourself and come back later.

DON'T VISIT IF YOU HAVE A COLD. Remember, if you have a cold, a running nose, the sniffles, a sneeze, or some other form of upper respiratory infection, there is a good chance that you might pass it on, or add to your own! Call the patient, send a card, or get together later when you both are well.

Presentation encourages volunteer participation

The Home Delivered Meals Program has grown since it came to the Saint Cloud Hospital. In March, 1976, about 40 meals were being delivered each day. Today, an average of 85 meals are delivered each day.

The number of volunteers to deliver the increasing meals has grown too, said Barbara Andrews, Home Delivered Meals Coordinator. But still, there is a need for more.

"In the past, we had been relying on volunteers from various churches and civic organizations," Andrews said. "As the number of meals began increasing, we have had to rely more and more upon the help of Hospital volunteers."

A slide/tape presentation describing the volunteers role in the program has been developed. The program is being used to renew volunteer dedication, recruit

additional volunteers and to find people who need and profit from this service, Andrews said.

This presentation is available to any church group or civic organization interested in finding

out more about the Home Delivered Meals Program. The program may be scheduled by calling the Hospital's Volunteer Department at 251-2700, Ext. 288.



Barb Andrews, Home Delivered Meals Coordinator, checks her audio-visual equipment before leaving for another presentation.

Volunteers contribute to Home Delivered Meals success

Saint Cloud Hospital volunteers are responding to meet the needs of an ever increasing number of Home Delivered Meals recipients.

Individual needs are determined by physicians, family members, social workers and county nurses. "And also by volunteers," added Jimmy Gans, Saint Cloud Hospital Auxiliary Member.

"I recognized that a couple in my neighborhood was having problems maintaining good nutrition while the wife was too ill to prepare meals," he said. "We were able to help them."

"The requirements of these seniors are very real and you can't help but get excited about a program that meets their

nutritional needs without a lot of red tape," commented Miriam Bohmer, Auxiliary Volunteer.

"We are also maintaining personal pride by encouraging our recipients to purchase each meal for \$1.25," noted Elsie Stotko, Auxiliary Volunteer.

However, no person determined eligible is denied a meal based on ability to pay. United Way funds are utilized to support this community program. Food stamps are also accepted.

The Home Delivered Meals Program is designed to help people remain in their own homes. It also improves the nutritional status of individuals and permits earlier discharge of patients from hospitals and other health care facilities.

Fifty years ago this February 16, the first patient entered the doors of the Saint Cloud Hospital. Nineteen seventy-eight will be a milestone in the history of the Hospital. It will be the Golden Anniversary of the facility at its present location.

In order to honor such an important occasion, several people from the community and Hospital are joining forces to plan many activities which will involve Hospital personnel, and residents of the St. Cloud area and outlying communities.

The committee is interested in historical data, people associated with the Hospital in 1928 and ideas for communicating the Golden Anniversary. Ideas are welcome! Call the Saint Cloud Hospital Department of Development and Community Relations, 251-2700, Ext. 418.

The Chaplain's Corner

By Rev. Richard D. Tetzloff



For What Am I Thankful?

Recently I was privileged to take several trips which encompassed the length and the breadth of our state. And while traveling, I was impressed by how good the countryside appeared. Crops were being harvested, long lines of trucks and farm implements were at grain elevators, orchards were yielding bountiful harvests. I couldn't help but recall the fact that as human beings we have so little control over what the earth produces. Truly we must confess with the Psalmist:

"You have (again) visited the earth and watered it. Greatly hast Thou enriched it. The river of God is full of water. You have prepared their grain, for thus have You prepared it." Pslam 65:9

This also brings to mind our celebration of Thanksgiving this month of November. I suppose some might say, "Thanksgiving? For What? Sickness, tragedy, inflation, rising costs, low wages, lack of employment—What do I have to be thankful for?" Certainly these situations are present. But how we respond to them on our national day of Thanksgiving does say something about our perspective on life. If we focus only on the blight, the picture looks pretty grim and we find little for which to be thankful.

But maybe that is the real issue—Just for what am I thankful? Thanksgiving can so easily become nothing more than being thankful for what I have or what has not happened to me rather than being thankful for the Giver—God. God has made me a steward, a caretaker of life and the gifts I receive. This fact alone says a lot as to my thanksgiving. It is not only for what I own, but for what God is and has done for me, for being a God who has loved me with an eternal love through His Son Jesus Christ, for being a God who still daily provides for me, and for my needs to live life in His name. Scripture says it this way—know that man does not live by bread alone, but by every word that proceedeth out of the mouth of the Lord as man live." Deu. 8:3.

Dear Lord, Thank you for being my Salvation.
Thank you for life which you have entrusted to me
Thank you for being with me each and every day
Thank you for all the gifts you have entrusted to me
in Your love.
May my life, as I live it with your help, show my
Thanksgiving.
In Your Name, Lord. Amen.

FROM THE ST. CLOUD HOSPITAL KITCHENS

BREAD DRESSING

This month's recipe from the SCH Kitchens will be a welcome addition to your Thanksgiving feast.

| | | | |
|--------------------------|-----------|---------------|----------|
| Margarine | 1/3 cup | Eggs | 1 |
| Celery, sliced | 1 1/4 cup | Salt | 1 tsp. |
| Onions, chopped | 2/3 cup | Pepper | 1/8 tsp. |
| Bread Cubes | 1# | Sage | 1/2 tsp. |
| Giblets-cooked & chopped | | Chicken Broth | 1 cup |

1. Cook giblets till tender. Grind coarsely or chop fine.
2. Saute onions and celery in butter till tender.
3. Combine all ingredients. Mix well.
4. Stuff lightly into turkey or pile into greased pan, cover, and bake at 350 degrees until hot.

Beacon Light

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Friendships that last



Margaret Knoblach, right, and Rosalie (Kuffel) Palmerscheim visit at the most recent School of Nursing Alumni meeting held this past October.

Margaret Knoblach and Rosalie (Kuffel) Palmerscheim have been friends a long time. They graduated from the Saint Cloud Hospital's nurses training program together in 1924 and today, they live only six blocks from each other.

"We never have been too far apart," Margaret said. "A few years after we graduated, Rosalie got married and quit nursing. I never did marry, and I practiced nursing until the day I retired."

Both Margaret and Rosalie remembered that nursing then wasn't what nursing is today. Most of the work was private duty nursing. Margaret said that back in the twenties and thirties, patients couldn't afford to come to hospitals, so the nurses and physicians went to them, no matter where they were. The average work day was twelve hours with little or no monetary compensation.

Although she quit nursing when she married, just six years after graduating, Rosalie still keeps involved by attending the School of Nursing Alumni meetings.

"I like to come to the meetings because they're fun," Rosalie chuckled. "I think it's important to keep in touch with people and with what's going on in nursing."

Margaret agreed, and added that the profession has changed considerably. The interests of today's nurses are much different than yesterday's, but the main topic of each meeting is still nursing.

"I enjoy being with the new nurses even though I am no longer practicing," Margaret said, "because deep down in your heart you never get away from nursing."