

Winter 1983

Beacon Light: Annual Report 1983-1984

St. Cloud Hospital

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Stories begin on page 4

Saint Cloud Hospital Annual Report · 1983-84

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ON THE COVER

Registered nurse Karen Hubers checks Irvin "Heinie" Thronson's vital signs during a home care visit. See story on page 6.

Saint Cloud Hospital Board of Trustees



Seated, left to right: Fr. Nicholas J. Landsberger; Sr. Jean Juenemann, O.S.B.; Gene S. Bakke; Dr. Robert Wick; R.J. Scheuerell, M.D.; Sr. Cecelia Prokosch, O.S.B. Standing, left to right: Sr. Paul Revier, O.S.B.; Sr. Mary Rachel Kuebelbeck, O.S.B.; Marvin H. Faber; Harold E. Windschitl, M.D.; Sylvester Janochoski; Sr. Miriam Ardolf, O.S.B. Not pictured: Dwight E. Jaeger, M.D.; Richard F. Statz; Rev. Gregory J. Lieser.

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Board chairman's message



Dr. Robert H. Wick

Nine years ago I was appointed a member of the Board of Trustees of the Saint Cloud Hospital. My term expired June 30, 1984. It is a difficult job, if one is going to carry out the duties of a trustee in a responsible and effective way.

The U.S. hospital industry is being challenged as it never has been before. In a very real sense, the future of the industry is dependent upon the caliber of leadership that is provided

by our hospitals' governing boards. The governing board of a not-for-profit hospital (which includes Saint Cloud Hospital) is legally and morally responsible for the institution and the service it provides. The issues facing trustees are many and varied. They include such things as the need to control costs, planning for the future, and making sure appropriate services are available and accessible. There has to be quality assurance programs, and there has to be a protection of hospital assets. And there is ample opportunity for trustees to serve and use their skills and aptitudes effectively in such areas as finance, public relations, personnel, long-range planning, building and properties, and quality assurance.

It must be remembered that the major responsibility of the Board of Trustees is to ensure that proper health care services are being delivered in a quality manner consistent with community needs while remaining financially viable in order to continue to render needed services.

To achieve this awesome task, trustees need: (1) to know the basic functions of the hospital's governing body, (2) to have a clearly written statement of the corporate responsibility and functions, and (3) to ensure that members of the board share a

common understanding of these.

In all of these matters, the Saint Cloud Hospital Board of Trustees functions well. As I have stated on previous occasions, the decade of the Eighties is witnessing an explosion of change in the health care industry and these changes are having a profound impact upon the way hospitals are doing business. This includes the Saint Cloud Hospital. Trustees, administrators, and members of the medical staff are working well together in a professional relationship that bodes well for the future. I am proud of the professionalism and dedication of these groups at our hospital as they continue to work to provide quality care for our patients.

My best wishes to Sister Dolores Super as she assumes the leadership role as President of the Board of Trustees.

Dr. Robert H. Wick
Chairman of Board

Medical Staff chief's message



Dr. Robert J. Scheuerell

The advances of this past year are impressive and many of them apply to outpatients. For example, cornea

transplants, retina reattachments, kidney stone extraction, torn knee cartilage removal, and plastic surgery procedures are done in the hospital operating room and the patients are back home later that day. Doctors can look at, biopsy, and treat stomach and duodenal ulcers as well as colon polyps and lesions without surgery. In a similar way, they can also stop esophageal bleeding in the new outpatient area.

We have the benefit of medical advances. Surgery is safer with new anesthesia monitoring techniques. Patients who donate blood at the hospital before surgery can have it saved so they will receive their own blood if a transfusion is needed. Total hip and knee surgery can be done without bone cement and the patient's bone will grow into the new metal and plastic parts.

By combining x-rays with television, many parts of the body are being studied and treated. Kidney stones are removed, broken bones fixed, and

discs dissolved with chymopapain. We are particularly excited to have a busy cardiac catheterization laboratory. The electrocardiograms have been computerized and new technology has been applied to respirators. Cancer treatment has improved with the new linear accelerator.

Other more standard treatments are given more efficiently in the newly remodeled operating rooms, same day surgery area, emergency rooms, and outpatient area.

The medical staff is proud of these advances and of the high quality care that we provide for St. Cloud and Central Minnesota.

Robert J. Scheuerell, M.D.
Chief of Medical Staff



Gene S. Bakke

Executive vice president's message

Continuing the trend that began in 1980, the volume of services to inpatients declined during the past year. Inpatient admissions decreased 6.6 percent and inpatient hospital days dropped 10.8 percent from the previous year, reflecting not only declining admissions but shorter lengths of stay.

This pattern is not unique to Saint Cloud Hospital. Hospitals everywhere are experiencing these same phenomena. What hospitals must do is adjust to a changing pattern of medical practice — one that puts the emphasis on outpatient treatment or care in the home, rather than patients occupying a hospital or nursing home bed.

Saint Cloud Hospital has responded well to the changes taking place. Registered outpatients, including patients cared for in the Emergency Department, increased 16.5 percent over the previous year. The use of ancillary services continued at a high level though compressed into a shorter time span due to the reduced length of patient stays. Reductions in numbers of hospital staff, a difficult and painful process, were achieved

through careful planning and with a continuing commitment to quality of care for the patients we service. And finally, the hospital finished the 1983-84 fiscal year in a strong financial position.

In light of the environment hospitals operate in these days, the 1983-84 year could be accurately described as successful. That success is to the credit of some 1,500 hospital employees, a cooperative and supportive Medical Staff, dedicated volunteers and a strong and knowledgeable Board of Trustees.

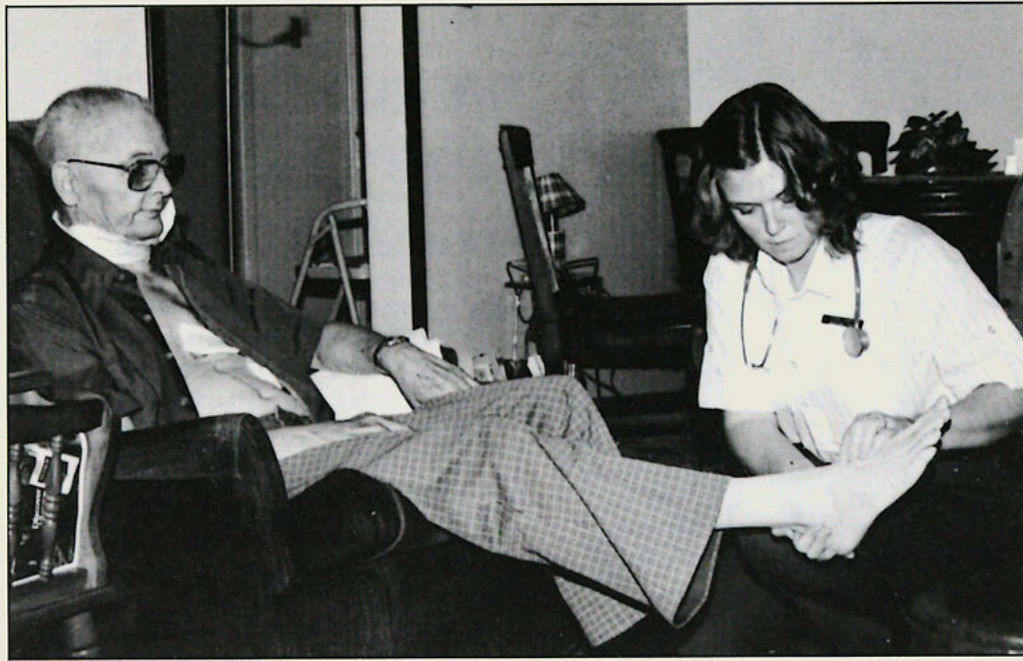
There are some who deserve special mention for the outstanding contributions they have made to Saint Cloud Hospital — Dr. Robert Scheuerell, who assumed the role of Chief of Staff and performed well — Connie Moline and Harry Knevel, both of whom have chosen to retire after many years of dedicated services — and most especially, Dr. Robert Wick, who served as a member of the Board

of Trustees for nine years and as the president from 1981-84.

I look forward to a change in roles come January 1, 1985 and the opportunity to work with a new Chief Executive Officer and the Board of Trustees. There are challenging times ahead which will demand the best in all of us. Working together, I am confident that Saint Cloud Hospital will continue to develop as a regional medical center and expand its capabilities to serve the health care needs of the people of St. Cloud and Central Minnesota.

Gene S. Bakke
Executive Vice President

Home Care services geared to patients' needs



Karen Hubers, RN, pays a home care nursing visit to Irvin "Heinie" Thronson, in his home. Thronson was able to return home shortly after surgery, due in part to the services available through Home Care.

The changing face of health care means more than just shorter hospital stays and new reimbursement systems. Hospitals must also look for new ways to meet patient needs and find avenues for providing adequate low-cost care.

"That's what Home Care is all about," according to Vicki Dahl. "Finding out what the patient needs and adjusting our services to meet those needs." Dahl is the assistant coordinator of Saint Cloud Hospital's Home Care program.

Those needs can range from providing help with personal care, such as bathing, to placement and maintenance of drainage and feeding tubes, care of hickman catheters, administration of IV medications, drawing blood samples and doing heart and lung assessments.

The Home Care program has evolved rapidly since it was started in April 1982, according to Dahl. Originally providing limited home care and home IV therapy services, the program has grown to include homemaker services and, most recently, a short-stay maternity option and geriatric maintenance.

The short-stay maternity option is for low-risk mothers who leave the hospital within 24 to 48 hours after giving birth. Maternity nurses, working through Home Care, are able to visit the new mother and baby at home for a limited number of visits.

Geriatric maintenance, which is provided in conjunction with St. Benedict's Center, will provide the services of a home health aide on a short or long-term basis to assist with treatments or personal care needs.

"We are seeing more acutely ill patients."

Vicki Dahl, Assistant home care coordinator

Where most home care programs help patients leave the hospital earlier than was once possible, the geriatric maintenance program also functions to help keep people out of the hospital, Dahl said. "Many times if the



Vicki Dahl, Assistant home care coordinator

patient doesn't get the treatment, such as flexibility exercises or proper bathing, they will get contractions, bed sores or other problems that could send them back to the hospital."

Using home care services to help people stay out of the hospital is a growing trend, according to Dahl. For example, patients diagnosed as diabetic who were new to insulin used to spend almost a week in the hospital while they learned to administer the insulin and while the medication dose was adjusted to

the proper level. Now the physician may instead choose to have a home care nurse visit the patient in the home early in the morning to draw blood and administer the insulin. Depending on the patient's needs, the visits could last from four to six weeks. During the visits, the home care nurse assesses the potential need for insulin adjustment and works with the physician on any changes that may be needed. The nurse also provides intensive teaching so the patient can learn to administer his or her own insulin. The goal, Dahl said, is for the patient, nurse and physician working together, to provide overall diabetic management.

"Another example, Dahl said, "might be a patient who needs a potent antibiotic given either in a muscle or a vein. We just had a patient who needed this kind of treatment two to three times a day for ten days. Before, the patient would probably have been admitted to the hospital, now a home care nurse visited the home and taught the family how to give the shots."

Another trend Dahl has seen in home care services is the increased need for sophisticated care by registered nurses in the home. "Many of the patients we see now are sicker than the ones we saw when the program began," Dahl said. Between September 1983 and September 1984 the number of home care visits by RNs increased by 21 percent. "The RN has to go out to the home more often because there is a greater need for patient assessment, more medication adjustments, more changes in a patient's condition. We are seeing more acutely ill patients."

Another indicator that there has been an increase in acuity, according to Dahl, is an increased

use of other disciplines through Home Care. Such services as physical therapy, occupational therapy, speech therapy and social services have shown a steady rise over the past year.

The increase in demand for home care services, both nursing and other disciplines, is expected to continue, Dahl said. Changes in health care, such as the DRG payment system imposed by Medicare, and increasingly sophisticated equipment that can be used in the home, as well as

"Our youngest patient was two weeks old and our oldest was 99."

Vicki Dahl

social changes such as increased consumer health awareness and concern, patient satisfaction and desire to return home, and the aging population are all expected to contribute to a rise in the demand for home care services.

The latter factor, aging population, is a contributor to one

of the myths about home care. A patient doesn't need to be 65 years old to receive home care services, Dahl said. "Our youngest patient was two weeks old and our oldest was 99." That brings up another point, she added. Medicare is not the only insurance that will cover home care. "We had one couple who received excellent home care patient coverage through their insurance company for their five month old baby. People may want to check their insurance for home care coverage or talk to their insurance agent about coverage, because it is available in many cases."

To receive home care services from Saint Cloud Hospital, a patient must have approval from their physician and live within approximately 30 miles of St. Cloud. Referrals can come from almost any source, according to Dahl, including the physician, the patient, other family members or friends, or other hospitals or agencies.

For more information about Saint Cloud Hospital's Home Care program call 612/255-5610.

Story by Gail Ivers



Karen Hubers, RN, teaches Marian Thronson how to change her husband's bandages.



Marian Thronson and her husband Heinie prepare Heinie's feeding tube. Tube feeding and cleaning and changing the feeding tube are just a few of the things the home care staff taught Marian to do.

Home care staff provides support, education

"What I'd like to know," Irvin "Heinie" Thronson said, "is where they find so many nice people to come out here and help us." Heinie is a home care patient with Saint Cloud Hospital and he was referring to the nurses and home health aides who have been working with him since July of this year.

After being in the hospital for several weeks during June and July, before being allowed to go home, Heinie said, "I think I'd have gone out of my mind if I'd had to stay there much longer. It (the hospital) is a nice place, but I was going crazy looking at four walls."

Actually, said Marian Thronson, Heinie's wife, without the services provided by home care, he might still be in the hospital.

Heinie's problems began while living in Fargo. He was diagnosed as having cancer of the tongue. Eventually he had a third of his tongue surgically removed. As part of his treatment he received radiation therapy in Fargo. "I guess I had too much radiation, because my jaw started to deteriorate," Heinie said.

Pieces of his jaw began to splinter off and poke through his neck causing abscesses. The deterioration eventually caused a hole in his cheek. "You could see right into his mouth," Marian said. "He'd take a sip of water and it would all run out his cheek. The last time he actually ate food was the beginning of June."

By that time, Marian and Heinie had moved to Annandale, a town about 30 miles south of St. Cloud. Heinie came to Saint Cloud Hospital for surgery to repair his jaw and to have skin grafts performed, transferring skin from his chest to his neck and the inside of his cheek.

After being in the hospital for almost two months, Heinie and Marian, on the recommendation of their physician, decided to move Heinie home with the help of Saint Cloud Hospital's Home Care program.

"He was discharged on July 23 and they (the home care staff) were here on the 24th," Marian said. The home care nurses taught Marian how to change Heinie's bandages on his face and on the skin grafts on his chest, how to tube feed him through his stomach, how to clean the opening into the stomach, how to clean and change the feeding tube, and how to take vital signs.

"The home care nurses have really taken a lot of the worry off of me."

Marian Thronson

"I sure learned a lot from the home care nurses," Marian said. "I told our doctor that once Heinie's taken care of I'm going to become a nurse. I feel like I'm almost qualified!"

Marian also gives insulin shots to Heinie, who is a diabetic, and has

learned how to measure his blood sugar using a glucometer. In addition, she administers his heart medication and antibiotics.

"About the only thing I don't do is take his blood pressure," Marian said. "I can't hear too well. But our grandson comes over and does that."

Their day starts at 5 a.m. when Marian checks Heinie's blood sugar and then gives him an insulin shot. "That way we can be set up for the first feeding by 6 o'clock." Heinie must be tube fed every three hours and the whole process, from set up to clean up, takes about an hour and a half, according to Marian.

In October, Heinie was back in the hospital for another skin graft. This stay lasted only a few days. The Thronsons hope it will be the last one, Marian said, and that Heinie will be able to eat food once the skin graft heals.

"He'll have to eat only soft foods for a long time," Marian said. "Soups or something I can purée in the blender."

What does Heinie have to say about eating food again? "That's all I think about," he said.

Though the healing process has been slow, Heinie and Marian agree he has made better progress because he has been able to live at home rather than stay at the hospital. And his stay at home has been made possible by the services available through Saint Cloud Hospital's Home Care program.

"The home care nurses have really taken a lot of the worry off of me," Marian said. "They came out here every day for three weeks until I was oriented and comfortable with everything I had to do." The Home Care staff also brought out the necessary supplies to the Thronsons with every visit. "One less thing for me to worry about," Marian said. "And they have the nicest bunch of girls anyone could want. We've never had a crabby one."

"Let me put it this way," Heinie said, "home care nursing is the eighth wonder of the world."

Story by Gail Ivers

Nutritious meals available to home-bound

The tantalizing aroma of roast turkey and mashed potatoes filters through the air as a woman walks up the sidewalk to drop off a Home-Delivered Meal to a St. Cloud resident.

The Home-Delivered Meals program, which is a United Way agency, has been in existence at Saint Cloud Hospital for nine years. The meals are delivered to St. Cloud, Waite Park, and St. Augusta residents. "The purpose of the program is to serve a hot noon meal to those people who are home-bound or cannot cook for themselves," said Lou Ann Garner, coordinator of the Home-Delivered Meals program.

Currently, an average of 90-95 people a day receive meals. They range in age from 27 to 97 years. Many of the program's participants are elderly. "Some stay on the



Volunteers deliver a hot noon meal to John and Bertha Lang. The Langs are regular participants in the Home-Delivered Meals program.

program for a week or two while recovering from a hospital stay. Others receive the meals as long as they are needed," Garner said. The meals have been developed by the Saint Cloud Hospital dietitians and always consist of a salad, vegetable, potato or potato substitute, meat, bread and butter, and milk. The hospital also provides a diabetic meal and a no-salt-added meal. The foods can be cut up or diced too, if that is needed, Garner said. The cost is \$2.25 per meal.

"The purpose . . . is to serve a hot noon meal to those people who . . . cannot cook for themselves."

Lou Ann Garner,
Coordinator, Home-Delivered
Meals program

"Our referrals, for the most part are from the families," Garner said. It seems to ease the minds of the family members knowing that their parent, brother, or sister is eating well-balanced meals. Referrals also come from the Home Care program at the hospital, social workers and physicians.

In a one-year period, over 400 volunteers from 22 area churches deliver the meals to 11 St. Cloud and Waite Park routes. "The drivers check on the people to make sure everything is OK. If there is a problem, I have a contact person for each participant that I can call," Garner said. Many of the participants enjoy the meals and the opportunity to meet and visit with the drivers. For some, it may be the only visitor they (the participants) have during the day.

"I'm really proud of this whole program. I feel it serves a definite need in the community," Garner said.

Story by Diane Hageman

Physical therapist says: Education is key to preventing back injuries

Eight out of every 10 Americans suffer from some form of back pain during their lifetimes.

Many of these people injure their backs while at work. Bill Schwartz, chief physical therapist at Saint Cloud Hospital, has developed a back education program for industries. "The whole idea of the program is to prevent back injuries. We want to give people the tools to work with to succeed in preventing injuries. The primary tool is knowledge of how to take care of their backs. We work to get the point across that their backs are their own responsibility — not the doctors', physical therapists', or employers' responsibility," he said.

Schwartz tries to get the workers to change their approaches to activities. He feels this will prevent back abuse on a daily basis. "Many back injuries are the result of a series of small incidents," Schwartz

explained. He believes it is important to prevent people from getting the initial injuries. Statistics show that once a person has had one back injury, he or she is six times as likely to be reinjured than someone who has never had a back injury, Schwartz said.

Schwartz feels both the employers and their employees can benefit from his program. The employees will learn to take better care of their backs. This will save the companies a lot of money in medical expenses. Worker's Compensation figures indicate that the average medical costs of a single back injury is \$5,000 in the first year. "By sponsoring a back education program, a company proves it is interested in its employees," Schwartz added.

In the fall of 1983, Schwartz had about 20 companies look at the back education program. He began working with the first com-

"Many back injuries are the result of a series of small incidents."

Bill Schwartz
Chief physical therapist

pany, the School for Minnesota State Conservation officers, in February 1984. He is now working with Vision-Ease and St. Cloud State University.

He has some basic criteria which he follows with every company, including discussions on the



Physical Therapist Bill Schwartz teaches St. Cloud State University employee Vern Voss the proper way to get off a riding lawn mower. Using your arms to push yourself out of the seat can reduce strain on the back, according to Schwartz.

anatomy of the vertebral column, body mechanics, posture, stress, nutrition and physical fitness. From there, Schwartz custom-makes the program to the individual companies' needs. He follows the workers around on their jobs and takes photographs of them at work. Through this he is able to find out exactly what the workers do and points out potential problem areas for back injuries. Then he goes back and takes

"By sponsoring a back education program, a company proves it is interested in its employees."

Bill Schwartz

photographs of the workers doing the proper techniques for lifting, pushing, pulling, etc. He puts all the pictures into a slide presentation which he shows to all the workers. "When the people see their own employees and co-workers on the screen, they really pay attention," Schwartz said.

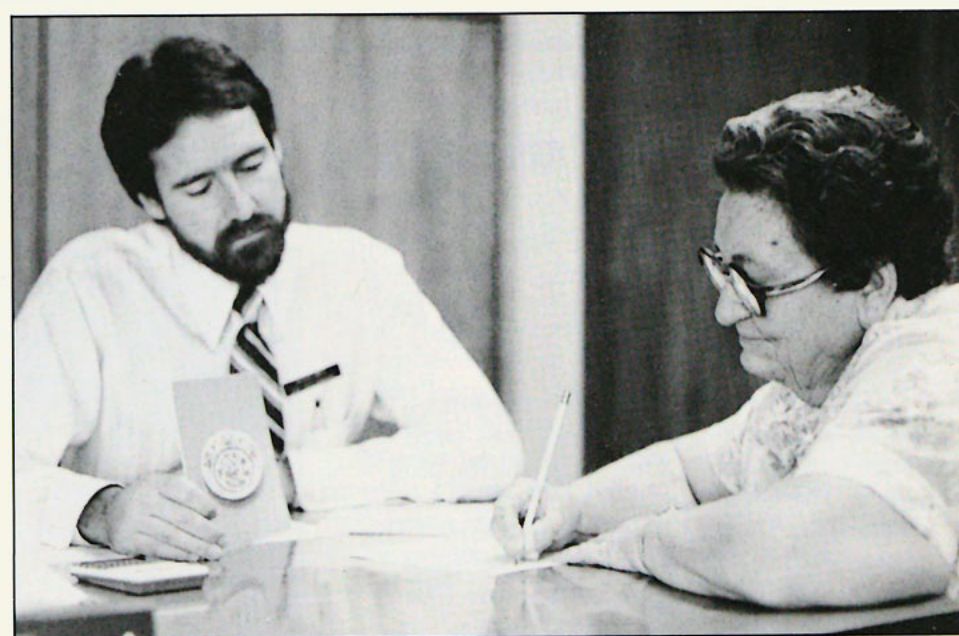


Physical Therapist Bill Schwartz explains to SCSU employee Vern Voss that using his arms and legs when lifting heavy items can help prevent back injuries.

"You can't just go out and give people rules to follow. They need to know the consequences if they don't follow those rules. Our program helps them see the purpose of the rules," he said.

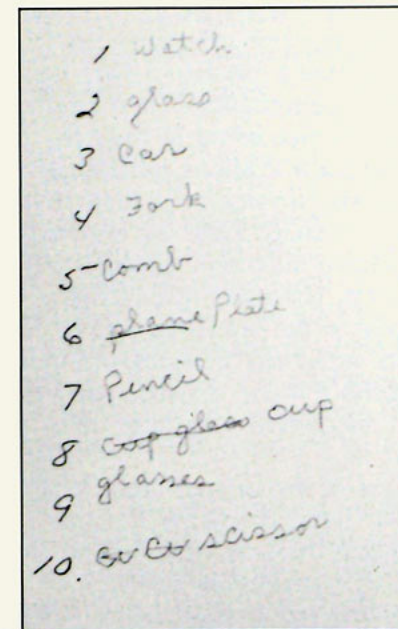
For more information on the back education program, call Bill Schwartz at 255-5676.

Story by Diane Hageman



The Saint Cloud Hospital Rehabilitation Department also provides speech therapy services to nursing homes in St. Cloud and surrounding communities. (Pictured) Doug Ebert, speech pathologist, works with nursing

home resident Ida Pappenfus, on speech and language skills. Activities include confrontation naming tasks and confrontation writing tasks where Ebert will show a picture of an item and ask Pappenfus to say the name of the object



and then write the name of the object on a piece of paper. The goal of the program is to help people recover some of the skills that may have been lost due to a stroke or some other neurological problem.



Hospice helps patients, families stay in control of their lives

Death. Most people don't like to even think about it, much less talk about it. And when the subject turns to our own death or the death of someone we love, it becomes particularly difficult to deal with.

The Saint Cloud Hospital Hospice program has been developed to help people understand their fears and accept the losses that come with a death. Hospice care is a philosophy, a set of attitudes, that hold human life in the highest respect from its beginning to its end. It offers an environment of hope that symptoms can be managed, fears eased, questions answered and loneliness diminished.



Judy Muyres
Assistant hospice coordinator

"Hospice offers an option of care at home, as opposed to inpatient or nursing home care," said Judy Muyres, assistant hospice coordinator. "We help the patient and family stay in control of their lives — allow them to choose what is quality living for themselves. For example, letting the patient determine when to stop treatment or when to treat aggressively.

"We also work under the philosophy that the patient and family is one unit of care and evaluate the total needs of both — not only the medical needs."

"We help the patient and family stay in control of their lives — allow them to choose what is quality living for themselves."

Judy Muyres
Assistant hospice coordinator

The Saint Cloud Hospital Hospice program takes a wholistic approach to care, Muyres continued. "Because we deal with more than medical problems we need to have the resources to help with the various issues that come up." The Hospice staff, which consists of a social worker, chaplain, registered nurses and home health aides, offers nursing care in the home, individual and group counseling for patients and family

members, guidance for helping children cope with their losses, spiritual support from the patient's clergy or the Hospice chaplain, and other necessary physical and emotional support.

"...we stay in contact with family members for at least a year following the patient's death."

Judy Muyres

Volunteers are also a very important component of the Hospice program, according to Muyres. "We have a 20-hour training program for Hospice volunteers that is held annually." After the training, volunteers help with transporting patients, shopping, providing respite to the family as well as other activities. "Essentially they become a friend and provide support and help in any way they can."

One of the unique aspects of Saint Cloud Hospital's Hospice program, Muyres said, "is that we stay in contact with family members for at least a year following the patient's death." Educational materials on the process of grieving, and grief support groups are also available.

The Hospice program has changed significantly since it first began in 1980, according to

Muyres. Not only has the staff increased, but the average daily census has gone from 11 in 1981 to 43 in 1984.

The biggest change has come in the area of reimbursement for Hospice services. During the first two years, Hospice services were provided in cooperation with area community health agencies with no reimbursement to Saint Cloud Hospital. In 1982, the Home Care program was developed and licensed as a home care provider through the state of Minnesota and Medicare. The Saint Cloud Hospital Home Care program now encompasses Hospice, home IV therapy, homemaker services, short-stay maternity option, geriatric maintenance, and home care services. (See story on page 4.) Under Home Care, Hospice was able to receive some reimbursement for RN, social worker, and home health aide visits.

"Our focus is on comfort, not cure. When cure is no longer a reasonable expectation, Hospice becomes an alternative choice for care."

Judy Muyres

During the past summer, Hospice once again came under the scrutiny of government officials and this time was approved by Medicare as a Medicare-certified hospice. The Saint Cloud Hospital program is the first hospice in Minnesota to receive approval by Medicare.

"The Medicare approval means that Medicare will cover almost all of the needs of a hospice patient during their last six months of life," Muyres said. Though this reimbursement is not available right now, Muyres believes it will be very soon.

Hospice also receives funds as a result of donations. These funds are used to help patients and

families in a variety of ways.

Saint Cloud Hospital Hospice services are available to people within about 30 miles of St. Cloud who have an advancing disease that is no longer curable, Muyres said. "Our focus is on comfort, not cure. When cure is no longer a reasonable expectation, Hospice becomes an alternative choice for care.

"In Hospice we don't try to control people," Muyres emphasized. "We want to offer as many options as we can so the patients can control their own lives and choose how they want to live the last part of their lives."

Hospice program helped patient remain in own home



Carol Holman (left) visits with her mother-in-law Ethel Holman. Ethel, who has pancreatic cancer, was able to live in her own home for many months because of services available through Hospice.

It's the sort of thing we all know could happen to us and dread that it might. You haven't been feeling well and decide to see your physician. When the tests are completed the diagnosis is cancer.

That's Ethel Holman's story. Thinking she was suffering from a gall stone, Ethel's physician operated, but instead of a stone he found a malignant tumor. The diagnosis? Pancreatic cancer.

If you or someone you know could benefit from the services provided by Hospice, or if you have any questions about the Hospice program, call 612/255-5610.

Story by Gail Ivers

That was two years ago, and Ethel's physician now calls her a "tough lady." Pancreatic cancer is hard to diagnose and harder to treat, but Ethel is ahead of the percentages, according to her daughter-in-law Carol Holman. Fifty percent of the people with this type of cancer die within a year. Ethel has survived 20

Hospice, page 15

Program encourages lifestyle changes as means of improving employee attitude, productivity

Over a million American workers call in sick on any given day with the result that more than 330 million work days are lost every year because of health related causes.

For American businesses, it all adds up to billions of dollars in medical expenses, lost productivity and in the reduced well-being of employees and their families.

But it doesn't have to be that way. Many forward thinking companies are discovering that paying attention to the wellness of their employees can pay substantial dividends. Lifestyle changes can lead to increased job satisfaction, increased productivity, decreased sick leave and decreased medical costs.

Realizing the importance of a healthy lifestyle, Saint Cloud Hospital's Nutrition Services Department has developed a program, available to employers, that emphasizes good nutrition and wellness.

Called Nutrition for Excellence, the program consists of six 1½-hour group sessions plus a personal nutrition assessment with a registered dietitian. The group sessions include 45 minutes of discussion on such things as nutrition and wellness, well-balanced meals

... more than 330 million work days are lost each year because of health related causes.

and meal planning. The last 45 minutes is exercise, according to Bernie Maus, registered dietitian and coordinator of the program.

"The exercise sessions are not rigorous," Maus said. "They are meant to get people moving and thinking about exercise; to give them some ideas of good exercise and to get them interested in doing activities. A person isn't going

"We can help people achieve a weight loss goal by looking at lifestyle changes."

Bernie Maus
Registered dietitian

to become physically fit by exercising once a week for six weeks — that's not our goal." But the Nutrition for Excellence program can teach new activities or exercises which can be incorporated into a person's daily life, she added.

The individual counseling session includes a skin-fold test to measure the percent of body fat to lean body tissue, an individualized food intake review, and a computerized food intake analysis.

Each group member keeps a three-day food diary and the computer assessment is based on the

Marge Coyle (right), registered dietitian, discusses how a program participant can improve her diet during an individual counseling session.



Bernie Maus, registered dietitian, checks the body fat on a Nutrition for Excellence participant.

diary. "Some of the information from the analysis a person can interpret for themselves," Maus said, "but the dietitian can look at certain areas — such as amino acids — and make other suggestions." Some recommendations may result in significant lifestyle changes, others might be as simple as adding a vitamin supplement to the person's daily diet, Maus said.

Nutrition for Excellence differs from other programs because it looks at lifestyle changes which can lead to healthier living. "It isn't specifically geared toward weight loss," Maus said, though many of the participants do want to lose weight. Many programs rely on cutting back calories to lose weight, she said. "You can only cut back calories so far before it's not healthy, so the idea is to increase activity and burn calories, too. Ideal weight loss is one to two pounds a week.

"We can help people achieve a weight loss goal by looking at lifestyle changes," she continued. "We give clients the tools they need to implement and stick with changes. And we follow-up. Studies show that follow-up seems to be the key to permanent weight loss and lifestyle changes."

Because of the importance of follow-up, the program has been purposely designed to meet once a week for six weeks. This gives participants a full week to incorporate what they have learned into their daily routine, but not so much time that they become lax. At the beginning of each session a short review is held and problems are discussed before moving on to new topics.

The Nutrition for Excellence program is available to civic organizations, health clubs, industries, schools, and individuals, as well as businesses. People of any age can benefit from the program, Maus said, though it is necessary to have a physician's approval. "The physician's approval lets us know whether or not a person can par-

ticipate in exercise and to what extent. We might also find that someone needs to have a modified diet and we can help them develop one."

"Some people know what they should do to live a healthier lifestyle, but need a support group to help them . . . We want to be that support group."

Bernie Maus

Cost for the program is \$55 for people not employed at Saint Cloud Hospital. Discount rates are available to groups or businesses with 12 or more interested persons. The time, day and location of the group sessions are flexible, Maus said, and are based on the convenience for group participants.

Statistics show that 60 percent of all diseases are related to lifestyles, but developing healthy and permanent lifestyle changes is not an easy task. That's where the Nutrition for Excellence program comes in, according to Maus. "Some people know what they should do to live a healthier lifestyle, but need a support group to help them implement the knowledge," Maus said. "We want to be that support group. Some people don't have the knowledge. We can give it to them."

For more information about the Nutrition for Excellence program, call the Nutrition Services Department at Saint Cloud Hospital, 255-5629.

Story by Gail Ivers

SCH employee health services personnel help local companies improve safety practices



(Above) Employee Health Services Coordinator, Chris Scribner, (left) inspects the safety practices at Jack Frost, Inc. (Below) Some of the safety practices implemented because of Scribner's suggestions include using aprons, gloves and ear plugs.



What has Employee Health Service Coordinator Chris Scribner been doing out at Jack Frost Inc. and Robel Meat Packers?

She has been helping them with their health service needs. "Hospital health services are getting involved in industry. Most companies cannot afford to have their own health services so we go to them," Scribner said. Saint Cloud Hospital Employee Health Service nurses have been working with area companies since May 1983.

Jack Frost, Inc. purchased the Gold'n Plump Cold Spring plant from Armour in April 1983. Scribner went through the plant with the new management team. She made recommendations to them on ways to improve their safety policies. They also discussed what safety apparel — rubber boots, gloves, aprons, hard hats, masks, wrist guards — should be worn by the workers in the various areas of the plant.

One of Jack Frost's top priorities was having preplacement screening done on all the employees. Now employees are placed in jobs that are best suited for them according

to their physical limitations. For example, if one job calls for lifting chicken crates all day and a person has had back problems, it would not be wise to place that person in that job. Now, all employees also have their hearing checked periodically.

"We can do plant assessments, screenings, make suggestions for improvements, or set up entire health service programs."

Chris Scribner
Employee health services
coordinator

Scribner and other Employee Health Service nurses staffed a health service office for Jack Frost for four months. With Scribner's help, Jack Frost now has its own full-time health service nurse and two full-time medical assistants. Scribner now primarily acts as an industrial health consultant to the company.

Scribner feels it is a very positive experience for companies to have a health service. "The employees feel they can go to the nurse and talk about their jobs, especially the safety problems."

The Employee Health Service nurses have recently been assisting Robel Meat Packers with their health screenings. They have also worked with Continental Press and will be going to Cold Spring Brewery.

Scribner pointed out that the employers have the freedom to choose what they want Scribner

and the other Health Service nurses to do. "We can do plant assessments, screenings, make suggestions for improvements, or set up entire health service programs," she said. The screenings that can be arranged are vision, hearing, communicable diseases, blood pressures, and immunization updates.

"Our approach to employers is to look at the preventive aspect. We look at the safety of the plant including hearing and hand protection, and proper footwear. We try to take a realistic look to see what each person actually does in a day," Scribner said. She stressed that by emphasizing prevention, they can get early referrals to the medical community before a problem becomes too serious.

A major advantage of this service is that the Saint Cloud Hospital Employee Health Service nurses go to the businesses. "We work around their schedules. This is important to the employers because

"We work around their (the employers') schedules . . . we don't interrupt their production schedules."

Chris Scribner

we don't interrupt their production schedules," Scribner said.

The companies are charged a set price per test unless a health service is being set up, then the companies are billed by the day.

If you or your business are interested in this program, call Chris Scribner at 255-5634.

Story by Diane Hageman

Hospice

months. And though she has been gradually growing weaker, she was able to live in her own apartment, by herself, until October.

Both Ethel and Carol credit the Saint Cloud Hospital Hospice program with making it possible for Ethel to live in her home for as long as she did.

"They (the hospice staff) were a shoulder to lean on, they were a resource when I had questions. They made me feel very secure . . ."

Ethel Holman
Hospice patient

"Ethel is diabetic," Carol said, "and has to have regular blood sugar tests." Hospice nurses would visit Ethel, draw blood and also draw up a week's worth of insulin into syringes and put them in the refrigerator. "At another time," Carol said, "not being able to draw up her own insulin might have meant she would have had to leave her apartment, rather than live alone."

Due to further complications, Ethel moved to a nursing home in October, after her physician felt that it would be unwise to leave her by herself, even for a few hours.

While living alone, Ethel received a Hospice visit two to three times a week, during which the nurse would check her vital signs and help her with personal care needs.

The Hospice workers didn't limit their visits to prescheduled activities, according to Carol, an RN at Saint Cloud Hospital. "If I thought Ethel was acting more tired or her color didn't look good, I'd call Hospice," she said. "They'd alter their schedule to come out

and make an assessment."

In addition to nursing and home health aide services, Hospice also provided volunteer assistance. "Pauline (Pauline Hoover, Hospice volunteer) is quite regular on calling to see how I'm getting along," Ethel said.

"She's made everything much easier for us," Carol said of Pauline. "She's taken Ethel to the doctor and to her chemotherapy treatments when I can't, and she's visited Ethel in the hospital. Pauline has really been a friend."

The phone rang. Carol answered and spoke for a few minutes. When she returned, she chuckled and said, "Speaking of Hospice! That's who was on the phone. They wanted to know if we needed any help while moving Ethel to the nursing home and if there is anything they can do for us right now."

Hospice has provided more than just the necessary physical care needed to help Ethel stay in her apartment. "They were a shoulder to lean on, they were a resource when I had questions. They made me feel very secure — I knew I could call them any time of day or night," Ethel said.

"And that gave us a secure feeling, too," Carol said. "If my husband and I wanted to go away for a weekend, we felt we could because of Hospice. I felt that they lifted some of the responsibility off of us."

"They never had a discouraging word," Ethel added. "I would urge anyone to take the Hospice help."

Story by Gail Ivers

Hospital provides "Lifeline" to community

Most people agree that falling down or becoming ill are not pleasant experiences. But when an elderly or handicapped person who lives alone takes a spill or becomes ill, it is a potentially dangerous situation. Getting to the telephone to call for help could be virtually impossible.

Saint Cloud Hospital's new emergency response program, Lifeline, puts a lot of minds at ease. "We are offering Lifeline as a community service so that people can live in their own homes with a sense of security and confidence," said Barbara Brown, coordinator of Lifeline and director of Volunteer Services at the hospital.

Lifeline users wear a small personal "help button" on a chain around their neck or on a strap on their wrist. They can push the button when they are unable to call for help. By pushing the button, the home unit, which is attached to the user's telephone, is activated. This automatically dials the Emergency Department at Saint Cloud Hospital which is the 24-hour response center.

When a Lifeline call is received, trained hospital personnel will immediately try to reach the user. If they are unable to reach the user, they will contact a "responder" who is a friend, relative, or neighbor who has agreed to be called in the event of an emergency. When the responder reaches the Lifeline user's home, he or she signals the hospital by resetting the Lifeline unit. The hospital will call the responder and find out what kind of help is needed. If medical attention is needed, the responder can either take the user to the hospital or have an ambulance sent to the user's home.

Not all Lifeline calls that come in to the Emergency Department are emergencies. The user may have fallen or dropped his or her



Berdie Corrigan, a Lifeline subscriber since August, says the program helps her feel secure.

cane and needs help getting up. These problems can be handled by a friend and usually do not require medical assistance.

Berdie Corrigan, who has had the Lifeline system since August, enjoys the feeling of security she's gained since subscribing to Lifeline. "I'm alone in my apartment all day long. I have a bad leg and if I would fall I'm not sure that I could get up on my own."

Lifeline benefits more than the users. Corrigan's daughter-in-law was the one who suggested that Corrigan subscribe to Lifeline. "We hope that the users and their families will gain peace of mind knowing that if there were an emergency, help could be summoned immediately," Brown said.

One of the special features of Lifeline is that it will work even if the phone attached to the home unit is off the hook, Brown said. It also will automatically switch to battery power if there is a power failure.

Lifeline users are not confined to the interior of their homes. The users usually can do outdoor activities such as gardening and pick-

ing up the mail. The distance the users and their "help button" can go from the home unit varies with each location and is carefully checked when the unit is installed.

To be eligible for the Lifeline program, it is necessary to have a private telephone line and live within the local calling area including the towns of St. Cloud, Sartell, Sauk Rapids, Waite Park, Avon, Clear Lake, Clearwater, Cold Spring, Foley, Gilman, Holdingford, Ramey, Rice and St. Joseph.

Cost for the Lifeline program is \$16 a month which is about 50 cents a day. To help keep the cost of the program down, the Northwestern Bell Pioneers have volunteered their time and resources to help install the units in users' homes, Brown said.

For more information about Lifeline, call the Saint Cloud Hospital Volunteer Service Department at 255-5638.

Story by Diane Hageman

Traveling to nursing homes Med techs draw blood, provide inservices

It is 6 a.m. on a frosty fall morning. Most people are sleeping blissfully in their nice warm beds. Others are just rising to get ready to go to work or school.

This is not the case for Saint Cloud Hospital Medical Technologists Tom Dooley, Ray Rueckert, Sue Stay, Mary Jo Kiess and Dave Trettel. These five rise early to draw blood samples from area nursing home residents. They do this for an hour or two several mornings a week before they come in to work at 7 a.m.

The nursing homes and convents served on a regular basis are St. Benedict's Center, St. Cloud Manor, Good Shepherd Lutheran Home in Sauk Rapids, Country Manor Health Care and Retirement Center, Waite Park Nursing Home, Assumption Home in Cold Spring, St. Scholastica Convent and St. Raphael's Convent. The

medical technologists also work with Kimball Board and Care Home and Granite City Home Inc. several times a year.

The technologists receive requests from the nursing home residents' physicians to draw blood samples. The technologists occasionally pick up throat and urine cultures, too. "On the average we draw 250 blood samples a month," said Tom Dooley, medical technologist. This program has been in operation since 1966.

The medical technologists do this to help make drawing blood for testing more convenient for the physicians and nursing homes. "It would be awfully hard for the nursing home employees to transport 10 patients a day to the hospital for tests. Plus, it is a lot easier on the bed-ridden patients," Dooley said.

Director of Laboratory Claude Przybilla echoed this opinion. "It's easier for a healthy person from our laboratory to go to a nursing

home than to have a sick person come to the hospital."

Through this program physicians can monitor and treat patients without admitting them to the

"We can offer the same tests to nursing home residents that we offer to the patients in the hospital."

Claude Przybilla
Director, Laboratory

hospital. "We can offer the same tests to nursing home residents that we offer to the patients in the hospital," Przybilla said. The patients are charged for the tests but are not charged for the medical technologists' trips to the nursing homes, Dooley said.

The hospital Laboratory serves area nursing homes in more than
Med Techs, page 18

Medical Technologist Mary Jo Kiess visits nursing homes on a regular basis to draw blood from residents.



Lab offers variety of services to outside clients

"We firmly believe that our service is among the best available." That's how Pathologist Dr. James Hansen describes Saint Cloud Hospital's Area Laboratory Service.

Much of the lab work is done in physicians' offices. Hansen believes there is a major role for laboratory work in the evaluation of patients. Most physicians can perform basic lab tests such as blood counts, and urinalysis in their offices but they often don't have the facilities to perform more complicated tests. "We want to complement what the physicians do in their offices," Hansen said. The Laboratory offers the same

Med Techs

one way. Beth Ritter, medical technologist, gives inservices to the nursing homes' staffs on how to interpret culture reports. "New and more complicated culture reporting systems have made it easier for doctors to treat patients, but more difficult for nurses to interpret results. These inservices have been a great help to nursing home staffs, and have brought to them a better understanding of our reporting system," Dooley said. Dooley enjoys going out to the nursing homes because it is a nice change of pace from the hospital. "It's a service that helps out the patients, physicians, and the hospital," he said.

Story by Diane Hageman



Tom Kirchner picks up some lab samples from Bernice Weyrauch in Dr. Tom Murn's office. The samples will be taken to SCH's Area Lab Service for testing.

variety of lab services to outside clients that it offers to the hospital's patients. The Laboratory's remodeled facility includes a blood bank and transfusion service, unlike most commercial laboratories, Hansen added. The Area Laboratory Service provides reliable, accurate and timely lab results to physicians and nursing homes in the St. Cloud area. The hospital's courier service

"We want to provide the best possible service to our physicians and their patients."

Dr. James Hansen
Pathologist

picks up specimens from physicians' offices once or twice a day and medical technologists go to area nursing homes and draw blood from the residents. (See story on p. 17.) These specimens are tested with those from patients in the hospital. "By testing all of these specimens together, the physicians and their patients benefit from consistency in the analytical technique, reference

ranges and quality control," Hansen said. Hansen also pointed out that the Laboratory has highly qualified technical staff and four board-certified pathologists who specialize in specific areas of the Laboratory. The Area Laboratory Service has to meet and maintain high standards required for accreditation by the College of American Pathologists, American Association of Blood Banks, Joint Commission on Accreditation of Hospitals, and the Food and Drug Administration. Accuracy and quality control are top priorities for the Area Laboratory Service. "An unreliable lab result is not a bargain at any price," Hansen said. He believes the Laboratory's prices are competitive with other commercial laboratories in the area.

The Laboratory periodically sends out a representative from the hospital who visits doctors' offices and clinic staff to make sure they are satisfied with the service they are receiving from the Area Laboratory Service, Hansen said. "We want to provide the best possible service to our physicians and their patients."

For more information on the Area Laboratory Service, contact Dr. James Hansen at 255-5632.

Story by Diane Hageman

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Throughout the year Saint Cloud Hospital receives financial support from many people. We are grateful for your continued confidence and support of Saint Cloud Hospital as expressed by your generous contributions.

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by Mr. and Mrs. Loren Timmers
by Tillie Blattner
by Mrs. Vincent Conlon
HERMAN HELD
by Clarence and Alice Latzka
SYLVESTER RICHTER
by Anonymous
TOM FLEMING
by Richard Quinlivan
MRS. FRANCES WEIS
by Agnes Habstritt
SR. CLARETTA RADEMACHER
by St. Cloud Hospital Admissions Dept. Staff

CHILDREN'S FUND

MORRIS NORDSTROM
by Barbara Ridge

TRAINING EDUCATION

RICHARD MEIER
by St. Joseph Tops

OTHER INTEREST

PAUL KLOSKOWSKI
by Ed and Rita Johnson
MRS. T. HOFFMAN
by Hildegard Pfannenstien
DENNIS HEMMINGER
by Rita Johnson
HALE ADKINS
by Clara Loesch

Medicare changes affect SCH

On July 1, 1984, the beginning of Saint Cloud Hospital's fiscal year, the federal government began reimbursing the hospital for Medicare patients on the basis of a patient's diagnosis, not on the cost of treating the patient.

The new "prospective payment" system is markedly different from the old Medicare system, which reimbursed hospitals on the basis of the cost of treatment. With government forecasters predicting that Medicare would be bankrupt by 1988 unless sweeping changes were made to reduce the amount of growth in this federally-funded program, the new Medicare system was signed into law last year.

Patient count decreased

Hospital planners predicted that the new Medicare law would result in the hospital experiencing a decline in inpatient census, a prediction that has come true. "Our patient count is down," said Mary Buhl, director of Quality Assurance. "We had been averaging 294 patients a day last year, and now we're down to about 220 patients."

This drop in inpatient admissions has meant reduced revenues for the hospital. "We're covering our operating expenses," Buhl said. "We're not covering all our working capital expenses and not providing full funding for advancements in medical technology."

How DRGs work

Basically, the new Medicare program allows payment only for the principal diagnosis under which a patient is being treated, with reimbursement amounts set in advance. All possible diagnoses have been grouped into 468 "diagnosis related groups", or DRGs, and a relative price assigned to each. These prices were determined by averaging costs paid for treatment of Medicare patients in the past.

For example, Saint Cloud Hospital is paid \$1,632 for a patient admitted for pneumonia no matter how long the patient is hospitalized or what level of care that patient receives. Thus, if the hospital can provide care for less than the DRG payment, it can keep the surplus as profit. However, if its costs are greater, the hospital must absorb the loss. The profit from the first case would be used to offset the loss of the other.

Goal of program

The main aim, says the government, is to compel doctors and hospitals to modify costly and cost-ineffective practice patterns thereby reducing federal expenditures in funding the Medicare program.

However, not all of the decrease in the hospital's inpatient admissions and revenues has been due to Medicare changes, Buhl noted. Efforts by insurance companies and health maintenance organizations to keep patients out of the hospital also are contributing to the reduced patient count.

"And there is so much more medical technology that makes outpatient procedures possible," she said. For example, cataract surgery which used to be an inpatient procedure requiring an overnight hospital stay is now done on an outpatient basis.

Yet, the effect of Medicare changes has been dramatic. And, under a new Medicare regulation, admissions of Medicare patients to the hospital are being even further reduced.

Called the Pre-Admission Certification Program, this new program seeks to further reduce Medicare admissions to Minnesota hospitals by 30,000 patients within the next two years, according to Buhl.

The new program requires physicians to contact a federally-designated "professional review organization" for permission before a Medicare patient is allowed to become hospitalized. In Minnesota, this is a Minneapolis-based agency called the Foundation for Health Care Evaluation (FHCE). The physician must explain to the FHCE registered nurse in charge of pre-admission screening, the nature of the patient's illness and plan of care. The nurse then determines if these meet the criteria for inpatient admission.

If a Medicare patient is denied admission to the hospital, he or she can still appeal that decision by having his or her physician contact the FHCE physician to review the case.

Patients still receive quality care

"It's important to note that the hospital is not refusing care for Medicare patients," Buhl emphasized. "Nor do we want physicians to prematurely discharge patients just to keep them within suggested Medicare guidelines for length-of-stay." Instead, she said, the hospital encourages physicians to manage patients as efficiently as possible.

To assist the physicians, the hospital's Quality Assurance and Medical Records Departments are serving as resource centers by helping physicians document information to support the appropriate DRG categories for their Medicare patients, and by determining reimbursement amounts for each DRG. In addition, the Quality Assurance and Continuing Education Departments have worked together to produce brochures and educational programs for Medicare patients which outline their rights under the new Medicare law.

Story by John Krueger

Statement of Financial Activity

	1983-84	1982-83
OPERATING REVENUE		
Inpatient services	\$ 45,975,013	\$ 41,337,811
Outpatient services	6,076,004	4,421,280
TOTAL	\$ 52,051,017	\$ 45,759,091
Less allowances to third party payors	6,071,716	4,172,461
Subtotal	\$ 45,979,301	\$ 41,586,630
Other income	1,399,656	1,386,587
TOTAL INCOME	\$ 47,378,957	\$ 42,973,217
OPERATING EXPENSE		
Salaries	\$ 23,417,763	\$ 22,671,681
Employee benefits	3,751,539	4,180,013
Supplies	5,300,054	4,941,758
Depreciation	2,656,083	2,305,150
Interest	3,592,563	3,298,612
Other	5,079,434	5,185,469
TOTAL EXPENSES	\$ 43,797,436	\$ 42,582,683
Net-Operating Income	\$ 3,581,521	\$ 390,534
Non-Operating Income	513,321	686,808
Net income for investment in		
NEW SERVICES AND EQUIPMENT	\$ 4,094,842	1,007,342

Statement of Financial Condition

	1983-84	1982-83
ASSETS		
Patient accounts receivable (net)	\$ 8,083,343	\$ 6,013,718
Property, plant equipment and construction (net)	38,104,680	38,388,193
Inventories	1,216,844	1,130,944
Other	8,737,760	6,325,967
TOTAL ASSETS	\$ 56,142,627	\$ 51,858,822
LIABILITIES AND FUND BALANCES		
Liabilites	\$ 6,600,276	\$ 6,197,045
Long term debt	25,468,982	25,699,538
Fund balance	24,073,369	19,962,239
TOTAL LIABILITIES	\$ 56,142,627	\$51,858,822

Summary of Services

	1983-84	1982-83
PATIENT CARE HIGHLIGHTS		
Admissions		
Inpatient	16,015	17,153
Outpatient	34,934	31,256
TOTAL	50,949	48,409
Patient Days		
Adults and children	104,793	117,518
Average daily census	286	322
Percentage of occupancy	68%	70%
Average stay in days	6.2	7.0
GENERAL STATISTICS		
Employees, full and part time	1,514	1,630
Wages and salaries paid	\$ 23,417,763	\$ 22,671,681
Medical Staff		
Active	133	131
Associate	20	13
Courtesy	94	79
Honorary	3	4
TOTAL	250	227
Volunteers		
Adult	350	300
Junior	80	100
Volunteer Hours		
Adults	44,753	43,824
Juniors	19,490	17,822
TOTAL	64,243	61,646
Auxiliary Contributions	\$ 43,800	\$ 39,150
TREATMENTS AND SERVICES		
Surgical procedures		
Inpatient	5,468	6,446
Outpatient	1,883	1,161
TOTAL	7,351	7,607
Clinical laboratory tests	227,964	251,590
X-ray examinations	46,969	49,090
Emergency-Outpatient patients		
(emergency and scheduled)	22,044	22,236
Respiratory therapy modalities	191,735	198,564
Physical therapy treatments	57,236	59,542
Speech and Occupational therapy treatments	29,618	31,999
Recreational therapy treatment units	122,217	139,875

Where does all the money go?

How have the operating expenses at Saint Cloud Hospital changed over the past five years?

In fiscal year 1979-80, the hospital's operating expenses totaled \$27,506,130. The projected operating budget for fiscal year 1984-85 is \$44,746,736, an increase of 62.7 percent. Changes in where these dollars are spent to operate the hospital reflect nationwide changes in the demand for hospital services, increased costs of specialized medical technology, inflation and other factors.

In terms of percentages, the charts below compare the operating budget of fiscal year 1979-80 and the projected budget for fiscal year 1984-85. (Please note that although a percentage may appear to go down, the total expense in dollars may have actually risen due to the increase in total dollars budgeted for operating expenses.)

- Salaries** Decreased 4.2%

This percentage has been affected by a decrease in hospital staffing due to the lower demand for in-patient services.
- Supplies** Increased .4%

This expense was affected by the higher cost for specialized supplies such as intraocular lens implants, cardiac pacemakers, and supplies used in orthopedic surgery.
- Utilities** Increased .2%

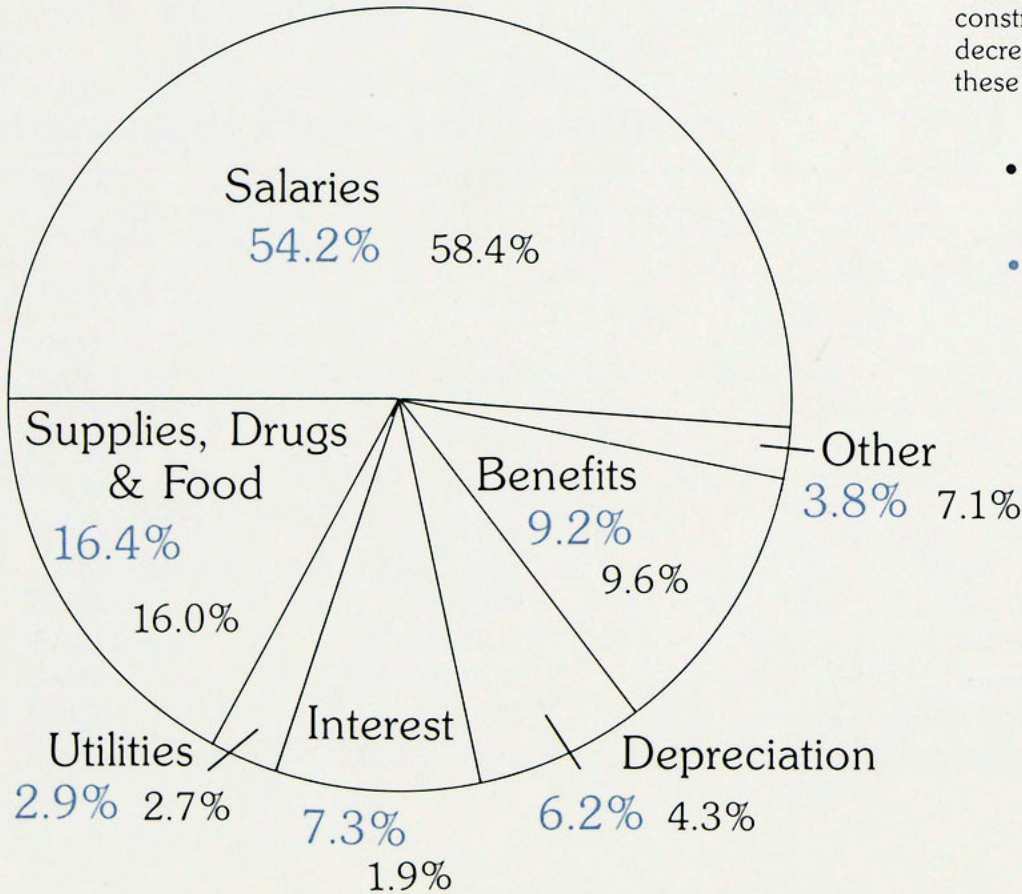
The higher cost of energy has caused an increase in utility expenses.
- Other** Decreased 3.3%

Lower ratio of maintenance costs on the hospital building due to the new facilities constructed during the hospital's recent expansion-renovation program are a factor in decreasing this expense.
- Depreciation** Increased 1.9%

This increase reflects the cost of the hospital's recent expansion-renovation program.
- Benefits** Decreased .4%

Again, this expense has been affected by a decrease in hospital staffing.
- Interest** Increased 5.4%

Most of this expense results from money borrowed to finance the hospital's recent expansion-renovation program. In fiscal year 1979-80 the hospital had just begun to borrow through the issuance of bonds to finance construction. This expense should decrease as the hospital repays these loans.



SCH's prices reflect commitment to quality care

For the second consecutive year, Saint Cloud Hospital has voluntarily released pricing information to the Council of Community Hospitals (COCH) for their use in promoting "price awareness" among health care consumers.

The hospital released the figures "because we believe the public has the right to be informed about hospital prices," said John Seckinger, vice president for fiscal and general services.

Again this year, the figures confirm that Saint Cloud Hospital provides services from the most routine to the most complex procedures at prices competitive with other large outstate hospitals in its peer group. These include

hospitals in Little Falls, Alexandria, Mankato, Willmar, Moorhead, Virginia and Hibbing.

Saint Cloud Hospital reported its prices for 25 different medical diagnoses ranging from appendicitis to normal childbirth. Each diagnosis was further broken down into sub-categories to reflect different levels of patient severity, or how ill patients were within each of the diagnosis. This is called "case mix grouping".

"Our hospital charges were below the group average in 41 of the 60 case mix groups we reported," Seckinger said. "This demonstrates that it costs less for patients to receive a broader range of services at Saint Cloud Hospital than at other comparable hospitals." (The chart below compares average hospital costs for 15 common medical procedures.)

The 19 case mix groups where the hospital's prices exceeded the group average "can be attributed to the specialized services offered by the hospital," Seckinger noted. For

"... it costs less for patients to receive a broader range of services at Saint Cloud Hospital than at other comparable hospitals."

John Seckinger
Vice president, fiscal and general services

Diagnosis	Saint Cloud Hospital	Group Average
Acute Myocardial Infarction	\$ 7,516	\$14,743
Angina Pectoris	1,980	2,144
Congestive Heart Failure	3,116	8,095
Acute Cerebrovascular Disease	5,977	12,724
Pneumonia	1,697	1,909
Asthma, Unspecified	1,864	2,113
Acute Appendicitis Without Peritonitis	1,642	3,071
Inguinal Hernia, Without Obstruction or Gangrene	880	1,038
Gastroenteritis and Colitis	843	874
Gallstones and Inflammation of the Gall Bladder	1,609	2,196
Enlargement of Prostate	2,258	2,695
Normal Delivery	894	1,038
Chest Pain, Unspecified	1,110	1,534
Abdominal Pain	1,182	1,709
Chronic Tonsillitis	818	917

example, a neurosurgeon who practices at Saint Cloud Hospital is able to order such sophisticated diagnostic tests as a cerebral angiogram and CT scan because the hospital possesses the expensive equipment and skilled personnel to perform them. Also, because Saint Cloud Hospital serves as a Regional Referral Center it receives the more complicated and expensive medical cases.

"Although health care can't be judged on cost alone," Seckinger said, "our prices reflect the hospital's commitment to provide high quality care at a reasonable cost."

Story by John Krueger

Tel-Med health-tape library increased



Can medicines in the home poison your child? What is a pap test? Why is breakfast important? Is tension helpful or harmful? Are you really pregnant?

These are just a few of the questions that you can find answers to by calling Tel-Med.

What is Tel-Med? It is a library of tape-recorded health messages which have been carefully selected to help you remain healthy, help you recognize early signs of illness and help you adjust to a serious

illness. The tapes are three to five minutes long and are presented in a straightforward easy to understand language.

Saint Cloud Hospital started providing this free public service program in February of this year, according to Jim Painter, director of the Continuing Education Department which coordinates the Tel-Med program. Since that time 8191 calls have been received.

The most popular tapes have been "I'm just tired doctor"; "Am I really pregnant?"; "Premenstrual Syndrome"; "No, no — what does it mean to a toddler"; and "Leg cramps and aches", Painter said.

Though the system presently has 133 tapes, people have been calling in and asking for topics that aren't covered. "Every time that happens, the person answering the phone writes down the request, so we can see what tapes people would like to have available," Painter said. These requests have resulted in the purchase of an additional 25 tapes. Money donated by the hospital auxiliary will be used to pay for the new tapes. "The

new tapes will cover a wide range of topics," according to Painter, ranging from strokes to inoculations for newborns.

In addition, Midsota Plastic Surgeons, Inc. is donating about 14 other tapes which will deal specifically with issues concerning plastic surgery. All the new tapes should be available in December, according to Painter.

To use Tel-Med, simply call 255-5660 and request the number of the tape you wish to hear. For a complete listing of the tapes available, call 255-5642 and a brochure will be sent to you.

Remember, Tel-Med is *not* an emergency number. The services is not meant to be one of diagnosis or to instruct in a certain procedure. It should not substitute for a visit to your physician if you have a medical problem.

The Tel-Med health tape library is a free service of the Saint Cloud Hospital.

BEACON LIGHT

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