

Summer 1993

Beacon Light: Summer 1993

St. Cloud Hospital

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BEACON

Light

A QUARTERLY PUBLICATION OF ST. CLOUD HOSPITAL



Cody **UNIQUE PROBLEMS, SPECIAL CARE**

Like any other family, the Reinkes want their child at home. But Cody Jonathan Reinke isn't like other children. In fact, as far as his doctors can determine, there never has been another child like him. His health problems and the care they require kept him in St. Cloud Hospital's (SCH) Neonatal Intensive Care Unit for the first eight months of his life, and in and out of the hospital thereafter. Even at home, he still receives SCH Home Care nursing services.

Cody is visibly a child with problems. He breathes with the assistance of a machine and an air pipe connected to an opening in his throat. He takes his feedings through a little tube in his abdomen.

"We know we can't have the same expectations for Cody that other people have for their children. At first it was easy to feel jealous of other families," says Rita Reinke, Cody's mother. "And people don't really understand what you're living through."

What for other people would be a simple trip outside the home becomes a labor for the Reinkes. Cody requires a special wheelchair, and the ventilator which helps him breathe weighs about 30 pounds. It's very difficult to get anyplace that doesn't have a ramp. And where they go, the nurse goes.

A child like Cody puts into focus the human aspect of arguments about health care and financial resources. Cody has generated enormous medical bills to which more bills will be added for a long time to come. His care is a strain for his family. As Rita says, "There's a lot of work to Cody." But Cody came the way Cody came, and the Reinkes take the same pride as any other family showing baby photographs.

"You really try to take everything one day at a time," Rita says. "You don't look at

the next day, because looking at the next day would make you depressed."

Apart from three weeks in the Twin Cities for a surgery, Cody has received all his care at St. Cloud Hospital, something the Reinkes are thankful for. Their work schedules would make seeing Cody regularly a problem if he couldn't get his care in St. Cloud.

Rita and her husband, Keith Reinke, have learned a lot about Cody's care. Even so, Cody requires 24-hour nursing care. So when the Reinkes got Cody, they also got a lodger and lost the privacy that most families take for granted. Although he cannot yet crawl, Cody has the energy level of any other 16-month-old, and is constantly rolling around and pulling on whatever comes to hand. As a consequence, he frequently pulls the air pipe from the tracheal plug through which air enters his lungs. Without someone there to reconnect it, Cody would die.

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Cody's birth was induced a month early. Even premature, Cody weighed 9 pounds, 13 ounces. Because of breathing difficulties, he immediately had a tube inserted providing a passageway to his lungs and was put on a ventilator. It was obvious that Cody had some unusual characteristics. His abdomen was large and, because of a lack of muscular development, floppy. He had a very large tongue.

Dr. Greg Franklin, the neonatologist assigned to care for Cody, had seen similar abdominal problems before in a syndrome called "prune belly." But additional factors, such as the enlarged tongue, suggested something else. Within hours, Dr. Franklin determined that Cody had Beckwith-Wiedemann Syndrome, a condition so rare most doctors will never see it. In addition, Cody had some further

complicating factors, such as an unusually under-developed chest, which made him medically unique.

The principal characteristic of Beckwith-Wiedemann is unusually large body organs. In Cody's case, those over-

grown organs included the liver, kidneys, tongue, and pancreas. The large pancreas produced more insulin than Cody needed,

adversely affecting his blood sugar. His overgrown organs and under-developed chest had restricted his lung development.

It is expected that Cody will grow into his organs the way other children grow into clothing that is too big for them. His abdominal development should improve. He is likely to have some mental deficiency. Nothing is for certain. Nobody knows how far Cody can go. But everybody involved with his care has the same plan: helping him achieve what he can.

"His disease isn't lethal; the greatest threat to him at this point would be from ordinary respiratory illness. He will always have some kinds of problems, but we don't really know what we can expect," says Dr. Franklin. "The bottom line on Cody is that surrounded by all the high-tech and nursing care he needs, with all his problems, he is truly loved by his family."



The Reinke family, LaVonne, Heidi, Rita, Cody and Keith, have become very familiar with hospital rooms.

SHORT STAY

Surgical Service Starts

St. Cloud Hospital recently announced a new short-stay surgical service to meet the needs of surgical patients who require less than 48 hours of post-operative nursing care.

Recovery care centers, offering short-stay surgical services, are a recent development in health care delivery. In free-standing settings, they provide surgeries which are performed frequently, have a low incidence of complications and short post-operative stay. Recovery care centers keep their patients for a limited time, avoid the regulation and overhead of a complete hospital service, and thereby provide pricing which is attractive to insurance companies and other payers.

Free-standing short stay services have a major difference in that they lack the resources and security of a fully staffed and equipped hospital. If complications occur, they may have to transport their patient to the nearest full service hospital. SCH established a team to see if it could offer a service having the benefit of a recovery care center within the hospital. After examining a number of options the team planned a short-stay service which began operation in May, 1993. The service does not put all short-stay patients on one unit. Instead, it organizes patients by the type of procedure they have received, and places the patients on nursing units familiar with the care of that procedure.

"Our records proved that we were providing excellent care already, and we didn't think that moving patients around was going to improve that. So instead, we looked for innovations to bring the prices down," said Kathy Parsons, the hospital's director of managed care. Those innovations include changing nursing billing to reflect actual care received rather than apply a standard figure. Consequently, a number of frequently performed surgeries with short post-operative stays have been bundled together in a pricing package that makes the hospital highly competitive for short-stay service. That package is now available to insurers.

The surgeon can request a short stay bed when the procedure is scheduled and include it in the regular post-operative transfer instructions. Any patient receiving a procedure that requires less than a 48-hour stay is eligible for a short stay bed.

"We provide outstanding nursing care, and we have the complete resources of the hospital in the case of any complication occurring, which makes us a safer option for the patient than a free standing service," said Beth Honkomp, care center director of surgical services. "If pricing was a reason for patients not to come to St. Cloud Hospital we've taken care of that."

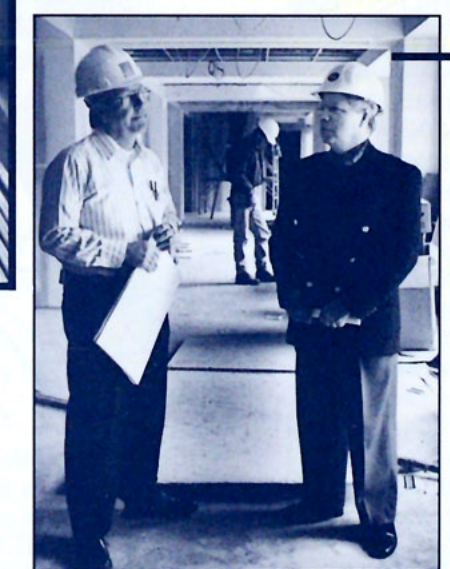
HOSPITAL CONSTRUCTION ON TARGET



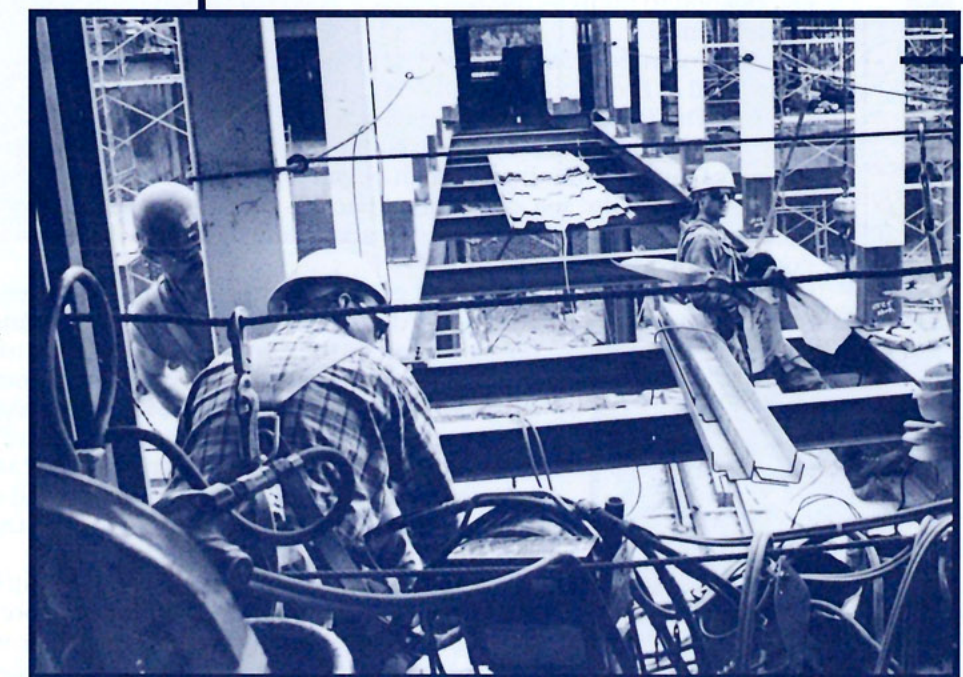
Steel studs line the corridors of what will be the Central Minnesota Heart Center in the South Building being added to the St. Cloud Hospital.

Everything is right on schedule for the October move-in date and within its budgeted dollar limits, according to Dick Armstrong, director of facility services. Armstrong is referring to the outpatient addition to the south end of St. Cloud Hospital (SCH) and the story and a half being added to the St. Cloud Clinic of Internal Medicine. Four floors above ground, two below ground and a heliport comprise the south end addition which is designated for outpatient services. Departments scheduled to move into the South Building include Laboratory, Same Day Surgery, Emergency Trauma Center, Endoscopy, Central Minnesota Heart Center and Dialysis. The building is designed to accommodate future additions of three more stories.

The addition of 1 1/2 stories to the St. Cloud Clinic of Internal Medicine will allow for the expansion of clinic services.



Gary Kraft, Facility Services, and Jim Davis, Network Development, take a moment to discuss the progress of the hospital's South Building expansion project.



Construction workers perch themselves on open girders that will support the skywalk linking St. Cloud Hospital to the St. Cloud Clinic of Internal Medicine.

SUMMER SAFETY TIPS

CLIP & SAVE

IN THE GARDEN/IN THE YARD

- Don't use your garden tiller too close to a metal fence or concrete slab. The tines can chip off pieces of metal or concrete that could become wedged in unprotected parts of the body.
- Wear long pants and hard shoes with traction soles when using lawn and garden equipment to protect yourself from flying debris and sharp blades.
- Trim lower tree branches that can poke an eye.

NEAR THE WATER

- Never swim alone or during electrical storms and high winds.
- Do not leave children unattended in the tub, swimming pool, or any other type of water.
- Learn how to swim.
- Wear a life jacket when in a boat or water skiing.

FROM A BEE STING

- If the stinger is visible, carefully remove it with the edge of a knife or fingernail with a scraping motion. Do not squeeze the stinger. Wash the sting site with soap and water and put ice or cold compress on the sting.

IN THE SUN

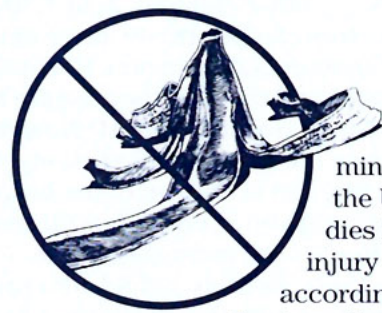
- Protect your skin from sunburn. Wear protective clothing. Limit exposure and wear sunscreen.
- Avoid heat exhaustion and heat stroke by adequate water and mineral intake. A diet of fresh fruit and vegetables can help prevent potassium and sodium shortage.

ON A BICYCLE

- Drive on the right with traffic.
- Obey traffic signs, signals and pavement markings. Stop at stop signs.
- Make sure you are seen by motorists. Wear brightly colored clothing. Fasten a "day-glo" safety flag to your bike.
- Avoid driving at night.
- Use bike paths and lightly traveled streets when you can.

ABOUT FIRST AID

- Have a First Aid Kit and an emergency care guide available for quick access.
- Take a First Aid course. Get the whole family involved.



Prevention is the Key



Every six minutes someone in the United States dies from physical injury or trauma. But, according to former Surgeon General C. Everett Koop, "Most injuries to people, and nearly all injuries to children, can be predicted and can be prevented."

Through the Trauma Prevention Program at St. Cloud Hospital (SCH), Kirstie Bingham, Emergency Trauma Center (ETC) outreach coordinator, is working to save lives and prevent injuries. The program was established primarily to serve rural hospitals by offering education to staff and first responders in the care of trauma patients.

During Emergency Medical Services Week educational seminars were offered to emergency medical technicians and other emergency services personnel on topic areas including environmental accidents such as lightning strikes, heat exhaustion, burns, and farm injury rescues such as tractor rollovers, grain bin accidents, and situations where someone is caught in farm machinery. Providing safety education to community groups is another way Bingham,

an R.N. and Certified Emergency Nurse, along with other ETC staff work to save lives. Participants in the program include nurses, physicians, paramedics, firefighters, schools, farm organizations, rape crisis center workers and other groups. The leading causes of unintentional trauma are motor-vehicle crashes, falls, fires and burns, drownings, poisons, sports and occupational hazards; however, steps can be taken to prevent injury. Safety measures such as keeping firearms away from children, installing smoke detectors, and not drinking and driving are just a few ways to save lives and prevent debilitating injuries.

Bingham is encouraged by Minnesota Department of Education data which indicates that children who have received trauma education are making choices that are safer for them and their friends.

"MOST INJURIES TO PEOPLE, AND NEARLY ALL INJURIES TO CHILDREN, CAN BE PREDICTED AND CAN BE PREVENTED."

Anyone interested in more information about the Trauma Prevention Program may call (612) 251-2700, ext. 4389.

BEACON BITS

HELMET PROJECT GROWS

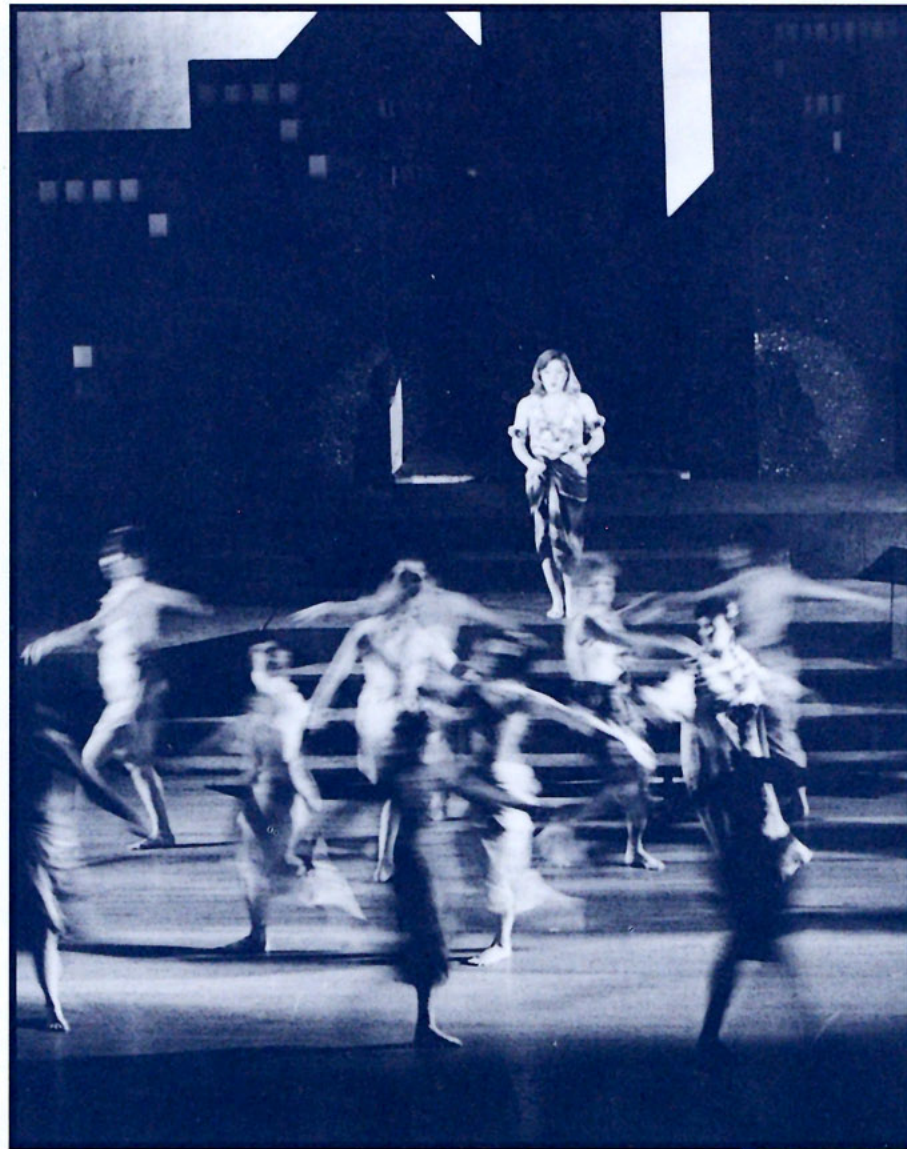
The 1993 Head Smart Bicycle Helmet Project was open to the entire St. Cloud community. Approximately 1,300 helmets were sold to children and their families in the St. Cloud area. The project is sponsored by St. Cloud Hospital and the Minnesota Head Injury Association with the goal of reducing head injuries locally. Apart from the helmet sale, the project includes classroom education and displays. The financial contribution of the hospital makes child size helmets available at \$10, and an adult size at \$20. In Rockville and Pearl Lake elementary schools the project was able to offer the same helmets for \$5 and \$15, thanks to a \$5 per helmet donation from the Rockville Lions Club.

Child size helmets are still available at the hospital's Communications office. Call 255-5652 for details.

NURSING SCHOLARSHIPS

St. Cloud Hospital and the SCH Auxiliary recently provided six \$500 scholarships to students pursuing careers in nursing. Three of the scholarships were for high school students about to enter a nursing program, and three were for college students to help them continue their nursing education. Scholarship recipients were Kristi Nicole Bahn, Kimball High School, to attend St. Olaf College; Kristen Ann Havard, Albany High School, to attend the University of Minnesota; Michelle Marie Weisman, Rocori High School, to attend the College of St. Benedict (CSB); Alisse Michele Huls, attending CSB; Carol Lynn Schmidt, attending CSB; Cheryl M. Spanier, attending North Hennepin Community College.

Scholarship recipients
Kristen Havard,
Cheryl Spanier and
Alisse Huls
with Kay Haley, SCH
Auxiliary president.



WAY-OFF BROADWAY REVUE BENEFIT A HIT

MONIES RAISED MAKE HEALTH CARE AVAILABLE TO THOSE IN NEED.

It was a fun-filled evening of entertainment, glamour and sequins for those on stage and those in the audience. But those who will benefit the most were probably not there at all.

Over \$47,000 raised from Way-Off Broadway Revue will go to support the Mid-Minnesota Health Clinic (MMHC) which was established to address the health care needs of the uninsured and underinsured.

A volunteer cast and crew of 90 performed before a near sell-out crowd at Stewart Hall on the St. Cloud State University campus. The Revue, created and directed by Krista Scott and produced by Brian Martinson of The New Tradition Theater, wove a thread of musical numbers which began in the heart of the U.S.A., traveled across the sea, and landed back in the Big Apple. The event raised \$10,000 more than last year, according to Marge Parry, revue coordinator.

"I'm grateful for the success of this year's show. It's very rewarding to work for such a good cause and then see how generously the community responds to it," said Parry.

The clinic's existence depends on community involvement. Last year it cost \$490,000 to operate the clinic. Volunteers donated services valued at more than \$96,000. Way-Off Broadway Revue contributed \$37,000. Some money was received from individual, business and corporate contributions. St. Cloud Hospital covered the budgetary shortfall.

Without the clinic many who have little or no health insurance will end up in the emergency room. Fifty percent of the patients served by the clinic are below the age of six.

Area health and social service organizations including St. Cloud Hospital, pioneered the clinic ahead of the call for national health care reform. MMHC is the only one of its kind in Central Minnesota. In 1992 the Minnesota Hospital Association awarded the clinic its highest award for health care innovation.



Trisha Pierce and Bali Ha'i Dancers, upper left; Oklahoma Cast, center; Shelby Brunberg and 42nd Street Dancers, top right; Fran Murtley and Kansas City Cowboys, bottom center; Jessica Hendricks, center right; Mary Beth Cochran and Jim Davis, bottom left.



BEACON BITS

GOLDEN RULE AWARD

Two St. Cloud Hospital volunteers and a hospital sponsored community project were recipients of the J.C. Penney Golden Rule Award for outstanding volunteer service.

Junior volunteers Carey Kampa (standing) and Angie Birdsell (kneeling) received awards for their nominating agencies. Kampa, a senior at Apollo High School, received \$1,000. She was treasurer of the junior volunteer organization at SCH and a volunteer for Meals for the Homeless at her church. She was instrumental in establishing the school's first Multi-cultural Awareness Day, and was co-founder of Apollo's chapter of Amnesty International. She has been a junior volunteer at the hospital since June 1990 and has contributed over 500 hours of service.

Birdsell, a sophomore at Apollo High School, received \$500. She is a member of the Youth Service Group at her school and has participated in meals to the homeless at the Salvation Army. She was recipient of the 1992 Rosalie Timmers' Award which recognizes excellence and quality service to the hospital by a junior volunteer. She has been a junior volunteer since 1991 and has contributed over 700 hours of service.

The Head Smart Bicycle Helmet Campaign, which is co-sponsored by the hospital and the Minnesota Head Injury Association, was the volunteer group winner. The campaign works to educate the community on the prevention of head injuries and makes high quality bicycle helmets available to children and their families at low cost.



WANT A REASON TO STOP SMOKING?

The Minnesota Cancer Surveillance System recently completed a legislative report on the occurrence of cancer in Minnesota. The report is extensive and one of the conclusions that can be drawn from it is that smoking kills.

"Overall, cancer rates in Minnesota are quite similar to national rates for most types of cancers and for all cancers combined. A notable exception is the 25 percent lower rate of lung cancer in Minnesota males. The decreased risk of lung cancer in Minnesotans can be directly attributed to their favorable smoking habits. An analysis of cancers known to be smoking-related yielded an even more remarkable finding. If cancer incidence in Minnesota were the same as in the U.S., more than 13,200 oral, respiratory, and urinary cancers would have been expected in 1988-1990 — only 10,500 occurred! The favorable smoking histories of Minnesotans spared us thousands of cancers during the last three years."

For information about how to stop smoking through hypnosis, call St. Cloud Hospital's Counseling Center at 255-5777.

Artistic CHILDREN FIND TREATMENT AT REHAB CENTER

Picture children who flop their arms uncontrollably, make repetitive sounds, do not make eye contact, and appear to be off in a world of their own. That is the stereotype that exists for autism.

However, some autistic children have less severe symptoms. With treatment they are able to live fairly normal lives and become productive members of society.

"Early intervention is the best chance for becoming mainstreamed for autistic children," says Cindy Wyatt, speech/language pathologist at St. Cloud Hospital's Rehabilitation Center. SCH's treatment team is made up of pediatric rehab therapists including speech therapists, occupational therapists, physical therapists, psychologists, and social workers.

With treatment some autistic children largely overcome their autism. "We are not miracle workers," says Wyatt. "We do not cure autism. We build on children's strengths. We create experiences and learning activities to meet their needs." One child who receives treatment at SCH is functioning very well in a normal second grade class. Another will be in kindergarten in the fall.

Parents often sense early on that there is something different about babies who prove to be autistic.

Autistic infants are often extremely "good" babies, seldom cry, are not demanding, and seem very content to be alone; or they are very fussy, cry a lot, have sleep problems, and are not easily comforted. Parents often suspect their child cannot hear.

Sometimes when parents seek help, they are told the child's behavior is their fault. They are told they need to do something about their parenting skills—they are told they need to be stricter or more loving. "If parents hear this, they should seek another opinion," says Wyatt.

Although the definitive answer for what causes autism has not been determined, some research supports the theory that autism is caused by a physiological/neurological problem. Other research suggests toxins in the child's environment may cause it, but there is no proof.

If parents suspect autism, the first step is to see their family physician to get a referral for a special evaluation.

The second step is to call the school district because the law mandates all children be served.

Every autistic child is unique. Treatment must be tailored to each child.

Meet Emily

Emily is five. She has brown eyes, fair skin, and shiny brown hair stylishly cut just below her ears. She is wearing a white T-shirt and multi-colored vest, blue jeans and sneakers. She looks like any other five-year-old. Emily is autistic. She waves and says goodbye to Cindy Wyatt, who has been her speech/language pathologist for the past three and a half years.

Over the past five years Emily has seen a number of specialists as her mother sought an explanation for her behavior. It was first thought she was deaf, but her hearing tested normal. Other tests were done to determine if there were any physiological problems, but none were found. Emily was referred to the Rehab Center at SCH for speech/language therapy. She also received physical therapy to develop physical strength; it was there she learned how to ride her trike. In addition, she received occupational therapy to help her develop tastes and interest in other foods.

When Emily first came to the hospital for treatment, she had no attachment for mom, did not make eye contact, would use her index finger to pick at the surfaces of things in the room and did not speak, explains Wyatt. Emily is making progress. Now she is attached to mom, has spontaneous language, asks questions, knows her

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CHARACTERISTICS OF THE AUTISTIC CHILD

- excellent rote memory
- obsessive desire for routine and dread of change
- delayed or deviant language development
- prefers pictures and inanimate objects to people
- monotonous repetition of sounds
- prefers to be alone
- not responsive to cuddling
- may appear to be deaf, does not have a startle response
- lack of eye contact

ABCs and labels things. Emily will be in a regular kindergarten in the fall, although she will need extra help in the classroom.

Meet Emily's mother

Emily's mother, Colleen, says she knew something was different right away, "I thought she was autistic the day she was born." Emily didn't sit up until she was eight months old, didn't crawl until she was one and didn't walk until she was about two. Emily could sit in the baby swing for hours, says Colleen.

She became concerned when Emily wouldn't eat anything but carrots and squash. Emily's skin had turned orange and Colleen worried that her daughter was not getting enough nutrients. She took Emily to the family physician, but it wasn't until Emily was referred to Exceptional Children for an evaluation that Colleen was faced with Emily's clinical diagnosis of autism.

"I always knew," explained Emily's mother, "but the day they told me was devastating. I cried for a week. I cried and cried and cried. They told me she would always need to be taken care of. It was really hard. After a few weeks it was okay. I decided to deal with it."

But, Colleen needed support. "It is like perpetual mourning. I have my good days and my bad days. It helps to know I'm not the only one who is having problems."

Colleen attends support groups and workshops whenever she can. She believes the more knowledge you have about autism the better choices you are able to make for your child and your family.

Emily's needs are great and affect the whole family. "I think we're doing okay with it," says Colleen. "Sure, I wish she was normal, but I wouldn't trade her for anything."

GIFTS AND MEMORIALS

St. Cloud Hospital acknowledges the following individuals and organizations who have supported our mission of caring from January 1, 1993 through March 31, 1993. Contributors' names are listed following the name of the person to whom they pay tribute or purpose they support.

Gifts of Life

GREATEST NEED

LOUIS BANDAR
Mr. & Mrs. Herbert J. Price

WILBUR (WEBB) DANIEL
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ST. CLOUD HOSPITAL AUXILIARY

Remembrance Fund

January 1, 1993-
March 31, 1993

GREATEST NEED

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Sy & Corrine Janochoski
Wally & Marge Pattock

ARTHUR GERBER
Loren & Rosalie Timmers

CLARA LOESCH
Mr. & Mrs. Larry Raden
Catherine Fuchs
Bernice Fuchs

GEORGE HENKEMEYER
Sy & Corrine Janochoski

BEACON BITS

WASTE MANAGEMENT EFFORTS WIN AWARD



Kris Peterson accepted the award from Duane Walter, vice chair of the Tri-County Solid Waste Management Commission board.

The Tri-County Solid Waste Management Commission selected St. Cloud Hospital (SCH) to receive an award for its efforts in waste reduction, reuse and recycling. SCH was one of 11 organizations in the Tri-County Area to receive an award.

Kris Peterson, director of materials management and chair of the hospital's waste management task force, accepted the award on behalf of SCH.



RESEARCH REVEALS GENDER DIFFERENCES

Results of a research study done by the St. Cloud Hospital (SCH) Nursing Quality Improvement Committee reveals the need to treat post-operative patients differently based on gender.

The study shows that women respond more quickly to a warm air blanket or "Bair Hugger" as it is called, while men respond more quickly to infrared heat lamps, according to Dick Beastron, research director of the project.

During surgery the body is cooled to below normal temperatures. At these temperatures the risk of hypothermia increases; it is similar to the condition produced when a person falls through the ice in sub

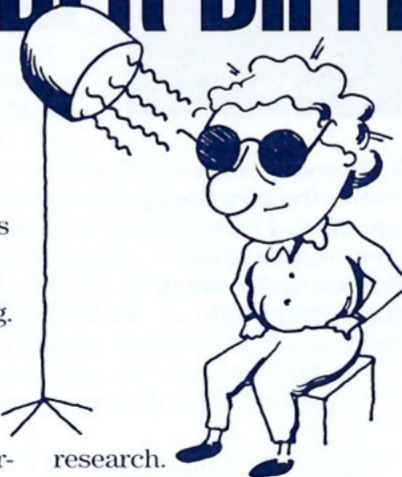


zero temperatures. It is a condition which must be closely monitored and quickly reversed.

In addition, some drugs administered to surgery patients may increase the risk of post-operative shivering, which looks similar to shivering. It is very important in the

recovery process not to let the patient get to the point of shaking/shivering. Shaking/Shivering drives the body's need for oxygen up by 300-400 percent. Patients need oxygen to rid their bodies of the drugs in their system and to begin healing.

Therefore, warming the body as quickly as possible reduces the risks associated with hypothermia and shaking/shivering, plus it facilitates a quicker recovery and greater comfort. The study showed women can be warmed more quickly using a warm air blanket; men can be warmed more quickly using infrared heat lamps. Why men and women respond differently has not been determined and could be the subject of further



research. Beastron says not only does using the information learned from the study improve patient care, it also saves both the patient and the hospital money in treatment costs. He appreciates the hospital's support in this project. "It shows concern for the welfare of the community. St. Cloud

Hospital can take pride in its role to improve patient care," he says.

Among the people who deserve credit for their participation in the project, which began six and a half years ago, are 23 nurses who recorded data on patients and anesthesiologist Dr. Gary Boeke who served as medical advisor.

The results of the study are being submitted for publication in the Journal of Post Anesthesia Nursing. The proposed article is co-authored by Dick Beastron, team leader of the Post-Anesthesia Care Unit at SCH; Dr. James Kepner, Ph.D., a statistician at St. Cloud State University; and Pam Rickbeil, rehabilitation educator at SCH.



ZONTA GIVES TO JOURNEY HOME

Zonta, an international service organization whose cause is the advancement of women, donated \$2,070 to Journey Home. Journey Home is a halfway house for women in recovery from chemical addiction. It was the first such halfway house in Minnesota at which women were allowed to have their children living with them. It is a branch of the St. Cloud Hospital chemical dependency program, Recovery Plus. The donation will be used to purchase furnishings to enhance the home-like atmosphere. Pat Christianson, Zonta President, Jean Osendorf, Zonta Treasurer, Jesseli Moen, Journey Home supervisor, Debra Thorton, Journey Home senior counselor, and Val Suppes, Journey Home senior counselor, were photographed at the check presentation.

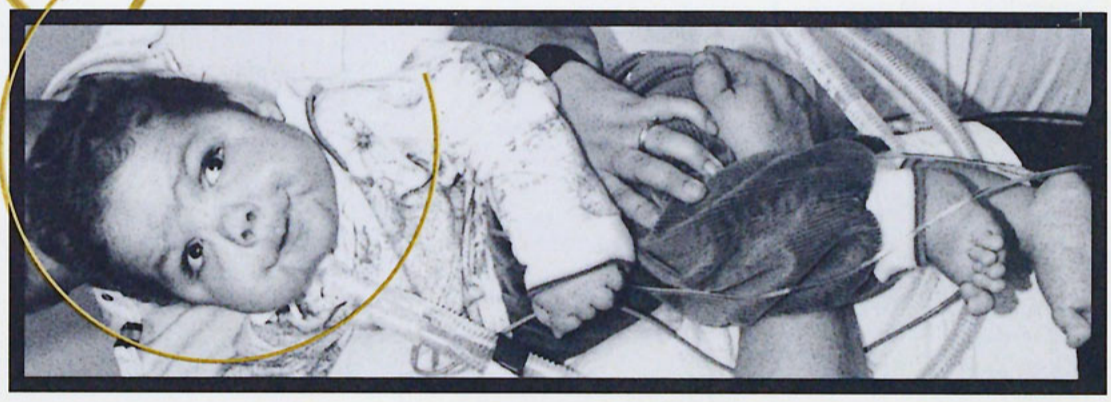
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