

2-1996

## Beacon Light: February 1996

St. Cloud Hospital

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# Beacon Light

February 1996

A publication of  
St. Cloud Hospital

## Violence in Central Minnesota:

In 1995, St. Cloud Hospital treated 379 people for injuries caused by violence. Although there were no gunshot injuries last year, there have been three already this year.

Last year's injuries were caused by:

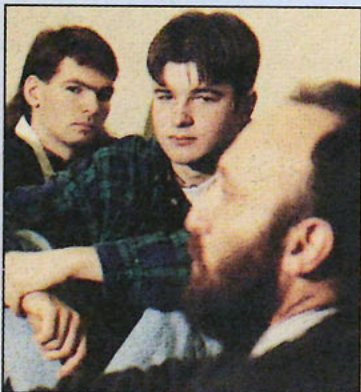
- *Altercations*: 245 cases.
- *Child abuse*: Three confirmed cases, but 66 suspected cases were reported.
- *Sexual assaults*: 16 cases during the last six months of the year.
- *Stab wounds*: 22 cases.
- *Struck by blunt/sharp object*: 27 cases.

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## Helping our youth

ON PAGES 4-5:



▲ St. Cloud Hospital's Recovery Plus program works with local schools to fight youth substance abuse.

## Hospital's anti-violence efforts focus on treatment, prevention

When St. Joseph police officer Brian Klinefelter was shot by a robbery suspect last month, he was rushed to St. Cloud Hospital, where the Emergency Trauma Center team worked to save him.

Despite the team's efforts, the young police officer died. His five gunshot wounds were too severe to sustain life.

Soon after the officer's death, the same trauma team faced a new situation: An ambulance was on its way with Thomas Kantor, who had been shot by police after refusing to surrender. He, too, did not survive.

Just a week before these shootings, a girl from Little Falls also was treated for a gunshot injury. She did survive — with a memory that will be with her for the rest of her life.

That makes three firearm victims treated at St. Cloud Hospital so far this year. In all of last year, there were none.

"We provide treatment for victims of violence at St. Cloud Hospital, but here, we only see the tip of the iceberg," said MJ Swanson, director of the hospital's Emergency Trauma Center. "What we see is the end result of violence. There's so much more that happens in the community."

That's why St. Cloud Hospital is focusing on both violence treatment in the Emergency Trauma Center and violence prevention in the community.

The trauma center staff receives special training on the care of violent injuries that includes physical and psychological issues. Spiritual care staff are brought in to assist with families of

those who are critically ill, including those affected by violence.

"Violence adds a dimension to a crisis that's very difficult for a caregiver," Swanson said. "It puts a twinge in your gut."

In the community, the hospital offers a speaker's bureau and participates in health fairs. But two of the most effective violence education programs target youth, said Kirstie Bingham, trauma outreach.

Think First is aimed at preventing head and spinal chord injuries, she said. It includes information on at-risk situations, such as being involved in gangs or a troubled relationship.

The ENCARE Program, which stands for Emergency Nurses Cancel Alcohol-Related Emergencies, receives financial support from the Hospital Auxiliary. It brings emergency nurses to area schools to talk about real-life stories of injuries involving alcohol. Many of these cases involve violence.

"Most of the kids say these programs really affect them," Bingham said. "They just don't realize all of the ramifications of violent acts. It makes them decide not to put themselves in those kinds of situations."

Changing the minds of individuals is key to solving the problem of violence, Swanson said.

"There's no way we, as a community emergency service, can address this alone," she said. "It's the responsibility of everyone to decide that, as a member of the community, you do make a difference." ■

# Modern medicine

## Computerized protocols go on-line at St. Cloud Hospital

In a matter of hours last summer at one of the Ination's top cancer treatment centers, two patients inadvertently received massive doses of chemotherapy — enough for three days of treatment.

One of the patients died, and the incident sparked concern at hospitals nationwide. *How could such a mistake have been prevented?*

The answer: better use of protocols.

Protocols are lengthy printed case studies designed by cancer treatment groups to examine how chemotherapy and other drug treatments have worked in the past and how they will work when combined in new ways and with new drugs. Doctors use the protocol study to know how to administer an investigative treatment to a patient. Because the studies are so large and there are so many of them, human error is bound to happen occasionally. But a better method for monitoring protocols is now right at pharmacists' fingertips in an on-line computer system.

"Any time an investigational drug combination is prescribed, the pharmacist recalculates the dosage for each patient based on his or her body weight," said Dr. Harold Windschitl, oncologist at St. Cloud Hospital. "This human chain of checks and balances is the only true form of overdose prevention we have. If a pharmacist questions the dosage, he or she will contact the physician to confirm the unusual amount or combination. At times a prescription could pass through

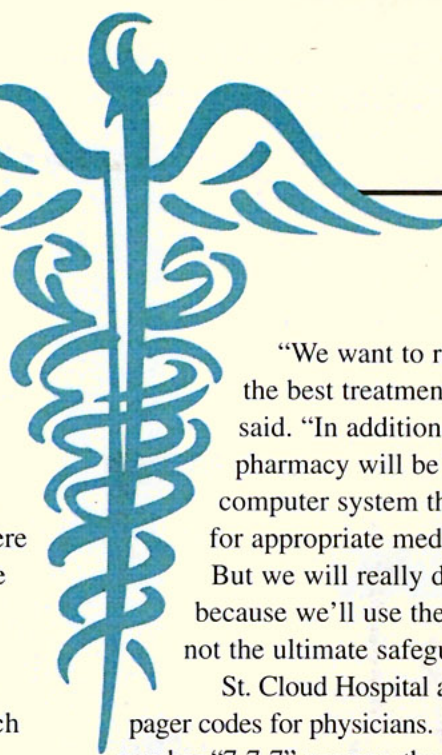
two or three or more hands without proper scrutiny. That's when mistakes can happen."

In the tragic case last summer, the instructions on how to administer the medication had not been clearly communicated, and the lethal dosage was administered without question. If there had been a faster, easier way to double-check the instructions with the protocol, the mistake may have been avoided.

That's how computers can help. Eastern Cooperative Oncology Group, a cancer research group that creates protocols, is installing its studies onto the Internet so that physicians and pharmacists can use the protocols more easily. Pharmacists at St. Cloud Hospital can now access protocol chemotherapy calculations with the touch of a few buttons.

"It all started with e-mail," Dr. Windschitl said. "We saw how we could get information back and forth much faster and clearer by avoiding physically writing and re-writing everything. Now, with the move to the Internet, we should greatly decrease the possibility for error."

Arne Tilleson, clinical coordinator, St. Cloud Hospital pharmacy, said doctors and pharmacists at the hospital have been developing ongoing human and technological solutions to monitoring how drugs are prescribed and administered for many years.



"We want to remain on the forefront of the best treatment for our patients," he said. "In addition to on-line services, the pharmacy will be implementing a computer system that will assist in checking for appropriate medication administration. But we will really depend on our staff, because we'll use the system as a backup and not the ultimate safeguard."

St. Cloud Hospital also will use designated pager codes for physicians. For instance, when the number "7-7-7" appears, the doctor will know the pharmacy has a question about a patient's chemotherapy calculations.

Another ongoing effort has been the work of the Continuous Quality Performance Board. This team includes representatives from the different departments who meet on a regular basis to discuss the quality of services patients receive from the hospital. Then they determine as a group where improvements can be made.

"The goal of all of these efforts is to treat the patient as quickly as possible without making mistakes," Tilleson said. "We want to always ensure that patients at St. Cloud Hospital don't have to worry about the treatments they receive. We are doing everything we can to try to find the quickest, most effective way to help them get better." ■

## Doerr named executive director of St. Benedict's Center

Linda Doerr has been named the new executive director of St. Benedict's Center, the senior services division of St. Cloud Hospital, effective March 4.

Doerr comes to the position with nearly 25 years of experience in not-for-profit, long-term care administration. She is a resident of Monticello, where she began her career as the administrator of the Monticello-Big Lake Community Nursing Home in 1971.

From 1982 to 1994, she was district manager for Good Neighbor Services, based in St. Paul, where she supervised the administrators of 15 care centers in Minnesota. In 1994, Good Neighbor was purchased by Evangelical Lutheran Good Samaritan Society, which is the nation's largest not-for-profit nursing home company with 250 facilities in 26 states. Presently, Doerr is director of managed care for Good Samaritan, where she develops relationships between skilled nursing facilities and health care systems.

"Linda Doerr will give us tremendous experience in both senior health care and not-for-profit, mission-driven service," said John Frobenius, president of



▲ Linda Doerr

St. Cloud Hospital. "Our search process brought forward a strong list of candidates, and we're confident Linda's leadership is an ideal match for the future of St. Benedict's Center."

Doerr has local ties, earning her bachelor's degree in management and finance and her master's degree in business administration

from St. Cloud State University. She is married and the mother of a 24-year-old son.

"I am really looking forward to this exciting opportunity," Doerr said. "It's going to be a challenge and a good direction for my career. St. Benedict's Center offers a full continuum of services and is positioned well for the future. It is a strong, mission-based organization and offers many options of care that are attractive to older adults." ■

## next issue

### Working together for a better community

**RIVER OAKS:** St. Cloud Hospital and the Stearns-Benton Medical Auxiliary are developing the River Oaks Hospitality House for family members of patients. The five-bedroom home located on the hospital grounds will offer lodging for a minimal charge, allowing families to stay in a comfortable environment, close to their hospitalized loved ones.

**SAFETY CAMP:** St. Cloud Hospital and several other businesses and community groups are organizing a one-day Safety Camp for 150 Central Minnesota children this summer. During Safety Camp, area professionals will teach children hands-on safety skills in a fun setting.

# Heartsmart

## Food class helps patients, families change eating habits



◀ *The food pyramid is an important part of any nutritional diet. Central Minnesota Heart Center registered dietitian Kay VanderStoep reviews the daily food requirements and how they apply to recipes prepared during a monthly food class for patients and families.*

foods that were easy to prepare and contained common ingredients that most people had at home," Giamb Bruno said. "We tried them at home on our families first before using them in the classes."

Because of the overwhelming response to these classes and the limited space available, the Heart Center has made arrangements with TCI Cable of Central Minnesota to regularly tape the classes and run them weekly on Channel 10. In the near future, St. Cloud Hospital also plans to broadcast the food classes on its internal television system for other patients and families.

In addition, the Heart Center has compiled all the heart-healthy recipes from the first year of classes into a recipe book. The book is on sale in the hospital Gift Shop for only \$7.50, and during February, 10 percent of all proceeds will be donated to the American Heart Association.

As for the Millards, they've compiled their own collection of recipes through their regular attendance of the Heart Center classes.

"The classes are wonderful and have helped us change our eating habits," Esther said. "They've introduced us to a few of our favorite recipes and many new friends." ■

Five years ago, Don and Esther Millard, St. Cloud, weren't too concerned about the fried and salty foods that were common in their daily meals.

But after Don was diagnosed with an aortic aneurysm and required surgery in April 1991, their eating habits changed for the better.

Now their favorite meals include unfried chicken and fish, as well as gourmet cucumber salad, thanks to the Heart to Heart food classes offered through the Central Minnesota Heart Center.

Once a month, cardiac rehabilitation patients, telemetry patients and their family members are invited to attend a class on heart-healthy food preparation presented by registered dietitians Diane Giamb Bruno and Kay VanderStoep. Each class carries a different theme and offers participants education, demonstrations and samples of tasteful and heart-healthy foods.

The classes were organized after Heart Center staff recognized the need for ongoing patient education.

"We knew our patients were receiving nutritional counseling and information while they were in the hospital," VanderStoep said. "But we realized that we needed to do something to help them after they returned home."

And that "something" has been a success. Since the first class in February 1995, the attendance has averaged 60 people per class and many of the topics have centered on requests from attendees. Participants have learned about desserts, eggless cooking, Mediterranean cuisine, Italian foods, American favorites, summer salads, holiday cooking and cold weather cooking.

"We also had to make sure we were demonstrating

29 DAYS  
FOR YOUR  
HEART

Celebrate Heart Month this February  
with the Central Minnesota Heart Center

### "ART FOR HEART"

The Legacy Gallery of Fine Art invites you to tour the first floor hallways of St. Cloud Hospital during February for an exceptional display of original works by local artists. The collection focuses on soothing, calming images, perfect for a heart-smart household. All the pieces are available for purchase in the hospital Gift Shop or through the Legacy Gallery in Midtown Square Shopping Center. Ten percent of the proceeds from the sales of the pieces will be donated to the American Heart Association.

### CHOLESTEROL TESTING

Central Minnesota Heart Center personnel will provide low cost cholesterol screenings and share information on keeping your heart healthy from 9 a.m. to 5 p.m. Saturday, Feb. 24, at Cash Wise Foods in Waite Park.

### GET COOKIN'

The Heart Center's new Heart to Heart cookbook is now available for only \$7.50 at the hospital Gift Shop. The cookbook contains hundreds of healthy, low fat recipes featured in the Heart Center's monthly food classes for patients. During Heart Month, 10 percent of the book's proceeds will be donated to the American Heart Association. Cookbooks will also be available at the Heart Center booth at Cash Wise on Feb. 24. ■



◀ *As regular attendees of Central Minnesota Heart Center food classes, Don and Esther Millard (center) have picked up a few new recipes and have become good friends with registered dietitians Kay VanderStoep (left) and Diane Giamb Bruno.*

# Helping our youth

## Recovery Plus consultants provide substance abuse counseling to area schools

In many ways, Jenna is just like any other high school student.

She goes to school during the week, works a part-time job and looks forward to someday going to college to become a nurse. But Jenna, who is currently a senior at Area Learning Center, is not just like any other student.

At 14, she drank every day. At 15, she attempted suicide and began treatment at the Women's Day Program at St. Cloud Hospital. Now at 17, she is a success story of the Recovery Plus Consultant Program.

"When I got out of treatment, the consultants were my support system," Jenna said. "I don't think I would have made it without them. I would probably be dead or strung out on drugs."

The Recovery Plus Consultant Program is a combined effort between area school districts and Recovery Plus, a chemical dependency program at St. Cloud Hospital. It was developed to assist schools in educating and intervening with students who are involved in substance

abuse. The program began with St. Cloud School District 742 in 1989 and has grown to include the Albany, Foley, Kimball and Sauk Rapids districts.

"The program is unique because, traditionally, large institutions like schools and health care systems have a tendency to operate as independent, closed systems," said Steve Lanz, program director and consultant for St. Cloud Tech and Apollo high schools. "The problem of substance abuse is much bigger and more pervasive than any one institution. It impacts health care, education, families, the workplace, law enforcement and community safety. In order to have an impact, meaningful prevention efforts need to be integrated community-wide and across all ages."

Before the Recovery Plus program, there was a dramatic void in services, support and comprehensive policy planning for students affected by substance abuse. School counselors had huge case loads and a wide range of duties that often left them little time to deal in-depth with substance abuse problems. As a result, students were often unidentified or untreated.

"Prevention and early intervention are the most cost-effective options and offer the greatest possibility for change in a student's behavior," Lanz said. "By

keeping youth involved in their own education, bringing services to the students and using qualified, committed professionals, everyone benefits."

When it first began, the cost for the Consultant Program was evenly shared by the school district and St. Cloud Hospital under the hospital's outreach services. As more funds have become available through the Federal Drug Free Schools Grant, the schools have been able to completely finance and expand the program to benefit a greater number of students — one of which was Jenna.

When she was 14 years old, Jenna began seeing Karen Burzette, a chemical health specialist, after her school's guidance counselor realized Jenna's problem was not with school but with alcohol. Before she began treatment, Jenna drank regularly but was convinced she did not have a problem.

"During our meetings, I used to get so mad at Karen because I didn't want to deal with the problems and issues I was facing," Jenna said.

Having gone through the program herself, Jenna was able to recognize when a friend needed help and referred her to the consultant.

"I had a friend who drank and did drugs," Jenna said. "Her mom was an alcoholic, and her dad died as a result of his drug addiction, so I brought her down to talk to Karen."

Because the consultant understood the specific problems related to substance abuse, their weekly meetings became an important part of the friend's life.

"She lived for going to that Thursday group," Jenna said. "That's why she came to school. That's what she had, and I know that's what I had, too. It was a place that I could go and talk about what was going on in my life."

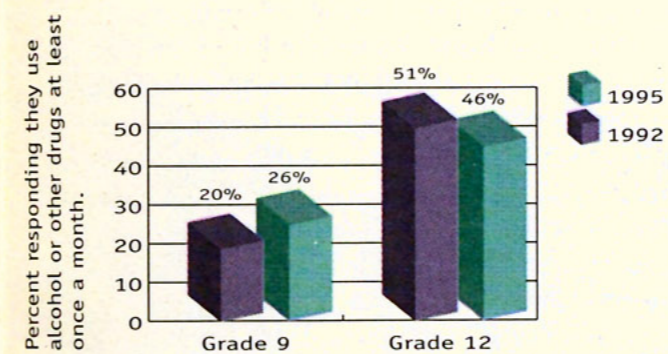
In addition to direct student assistance, as in Jenna's case, consultants also work to decrease the effects of negative peer pressure and to support those youth who have made healthy choices. Peer helpers and athlete and student leader groups, such as the Target Group, meet regularly with Recovery Plus consultants to develop ways to promote a chemically free lifestyle among other students in their schools.

Consultants also serve as a valuable resource to school administrators and staff who deal with students whose substance abuse is causing school-related problems. This unique collaboration helped District 742 obtain a three-year grant from the Minnesota Department of Education for a full-time consultant to work at Area Learning Center.

As the program has grown, it has encompassed not just senior high students but students at all grade levels.

Mary Jane Brewster, Recovery Plus consultant, coordinates Friendship Circles for elementary age children in St. Cloud. These groups meet for 12 weeks and are focused on developing good communication, social and problem-solving skills that the students can carry with them into adulthood.

### Alcohol/other drug use in District 742



Students invited to attend the Circles are identified by teachers and join the program once parents have given their consent.

"Teachers may refer students who have difficulty interacting with other kids," Brewster said. "They may be extremely withdrawn or overly aggressive, and they generally have poor concept of themselves. We bring them into the group, and we let them know that someone is concerned about them because they don't seem as happy as they should be."

Brewster is proud of the program because she sees noticeable improvements in the children she helps, and she believes it's because they are offered a place where they can just be themselves.

"Sometimes children have physical or emotional issues that are difficult to deal with in the regular classroom," Brewster said. "In our group, it doesn't matter if you are tall or short, if you have difficulty reading, if you wear glasses or if you are having



Jenna, 17, is one of the Recovery Plus Consultant Program's success stories. She is now committed to staying chemically free and helps organize groups for other students.

problems at home. You just need to be the best person you can be, and for many of them, that's a relief."

Building self confidence and developing a support system seem to be the overriding themes of the program, regardless of age.

"The consultants believed in me, and they showed me that I could believe in myself," Jenna said. "It didn't matter how many times I messed up — they still believed in me. And because of that, I found strength within myself."

Jenna is recovering and dreams of staying sober and happy.

"My goals are to continue to go to meetings and keep in touch with people I really care about and who care about me," she said. "Other than that, I try not to project too much because then I'm too hard on myself, and I just don't ever want to lose myself again."



Sharing emotions are a regular activity during Friendship Circles. Mary Jane Brewster, elementary school consultant, uses puppets to encourage students to discuss their feelings, such as anger, fear and joy.

### Recovery Plus at St. Cloud Hospital

Since 1971, the Recovery Plus program at St. Cloud Hospital has helped more than 12,000 Central Minnesotans recover from the physical and emotional problems associated with alcohol or drug abuse.

The program's staff has pioneered several innovative treatment programs that have gained national recognition. The counseling and nursing staff consists of professionals certified in alcohol and chemical dependency treatment.

Using a team approach, the program involves counselors, spiritual care counselors, psychologists, psychiatrists, recreation therapists and nutritionists. Treatment options include inpatient, outpatient, combination programming and extensive continuing care services.

### Programs available through Recovery Plus

**RECOVERY PLUS INPATIENT AND OUTPATIENT SERVICES** offers a wide range of chemical dependency programs designed specifically for the individual. They include:

- Adult Inpatient.
- Full Day Outpatient.
- Partial Day Outpatient.
- Adult Evening Outpatient.
- Services for Pregnant Women and Women with Children.
- Relapse Programs — Phase II and III.
- Continuing Care Programs.
- Free To Be — Special programs for children ages 3-14.
- Freedom of Choice — For women seeking a healthier approach to relationships.

**RECOVERY PLUS FAMILY RECOVERY SERVICES** helps family members of substance abusers. These services include education, treatment, counseling and continuing treatment. All family services are based on the 12 steps of Al-Anon, and most are eligible for health insurance reimbursement.

**YOUNG PEOPLE'S RECOVERY PROGRAMS** provide age-appropriate services for young people struggling with substance abuse. Programs include initial evaluation, inpatient and outpatient treatment and continuing care for those who have completed primary treatment. Other resources available include consultants and speakers' bureau for community organizations.

**SENIOR HELPING HANDS** is a community-based program for older adults who are experiencing chemical dependency or mental health problems. All therapy is specialized and conducted with senior peers on an inpatient and outpatient basis. The program can include family consultation, intervention assistance, patient and family education and referral to the most appropriate recovery resource.

For more information on Recovery Plus services, call St. Cloud Hospital at (612) 255-5612 or 1-800-742-HELP.



Steve Lanz, foreground, Recovery Plus director and consultant, meets weekly with the Target Group at Tech High School. This student group is committed to staying chemically free and acts as role models for other students. Target Group members include, from left, Mitch Seguin, Adam Schuldt and Dale Dingman.

### Tips for Parents

- Be a good listener.
- Give clear messages about not using drugs and alcohol.
- Help your child deal with peer pressure to use drugs.
- Get to know your child's friends and their parents.
- Monitor your child's whereabouts.
- Supervise teen activities.
- Maintain an open and honest dialogue with your child.

# Living Wills help families make tough health care decisions

Florence Schurman, Cold Spring, knew that if she became severely ill or injured, she wouldn't want to be kept alive through artificial feedings or mechanical respiration.

She didn't put her medical wishes in writing, but she did share them with her daughter, Char Lommel, a nurse at St. Cloud Hospital. Two years ago, when Schurman was diagnosed with lung cancer, Lommel encouraged her to develop a written Living Will to identify her beliefs about medical care as she neared the end of her life.

Like Schurman, most people have considered what their wishes would be if they are severely ill or injured, but they don't share these thoughts until they are diagnosed with a fatal disease or scheduled for major surgery. In cases of accidents or sudden illness, families often are faced with difficult decisions, without knowing their loved one's wishes.

"My brother and sister were surprised to hear what our mother's wishes actually were," Lommel said. "She had only voiced those wishes to me because I worked in the medical field, and she thought I would understand her desires a little better."

All health care institutions that receive Medicare funding, including St. Cloud Hospital, must ask patients who are being admitted whether they have

Living Wills or other advance health care directives, such as Durable Power of Attorney for Health Care. In most cases, the answer is no.

"By nature, people are procrastinators," said Karen Kleinschmidt, administrative nursing supervisor at St. Cloud Hospital. "But it is a fallacy that only older people need an advance health care directive. Everyone should have one, and if you don't, you should at least communicate your medical wishes to a relative, close friend or someone you can trust with your decisions."

Lommel said her mother's Living Will helped her siblings to understand what she wanted.

"The Living Will was a way for my mom to be in control of the situation," Lommel said. "That's what is most important about a Living Will."

Kleinschmidt agreed, saying a key part of a Living Will is the naming of an agent or proxy, usually a family member or close friend who will ensure the

individual's health care wishes are fulfilled.

"You want it to be someone you trust, someone who is not afraid to ask questions and someone who has your best interests in mind," she said.

There are many reasons to develop a Living Will,

Kleinschmidt said. Most people who do so are less concerned about dying than about living in an altered state of consciousness on life support and prolonging their death, she said. Others are concerned about medical expenses their families may incur, she said.

Lommel said one of her mother's main concerns was that medical treatment stop if she entered a vegetative state of consciousness. That happened 10 days after she had surgery — the day she was supposed to go home.

As directed in her Living Will, she wasn't kept alive by artificial means.

"She died comfortably without any complications," Lommel said. "Just the way she wanted it." ■

**"By nature, people are procrastinators. But it is a fallacy that only older people need an advance health care directive. Everyone should have one."**

*Karen Kleinschmidt, administrative nursing supervisor at St. Cloud Hospital*

## About advance health care directives

### LIVING WILL —

Applicable only when an individual is terminally ill and unable to make decisions, a Living Will provides detailed instructions for how health care decisions should be made. It can be revoked or changed by the patient at any time regardless of the patient's physical or mental condition.

### DURABLE POWER OF ATTORNEY FOR HEALTH CARE —

This advance directive is gaining in popularity and applies to patients who may not be terminally ill but are nevertheless unable to make decisions on their own. It typically authorizes an agent, such as a family member, to make decisions on behalf of the patient. This directive also can be revoked or changed by the patient at any time regardless of the patient's physical or mental condition.

The two other advance directives in Minnesota are:

### PSYCHIATRIC ADVANCE DIRECTIVE —

This is similar to a Living Will, but it applies specifically to patients admitted for mental health care. It can describe the type of psychiatric care patients wish to receive and name proxy decision-makers if they should become incompetent to make their own decisions.

### COURT-APPOINTED CONSERVATOR OR GUARDIAN —

In the event that an incompetent person has no legal next-of-kin, the court will appoint a guardian to make health care decisions.

All advance directives must be notarized. St. Cloud Hospital notarizes patients' directives for free. Banks also can notarize a directive, usually free of charge.

St. Cloud Hospital also provides a packet of free information on how to choose a directive that is right for you. The packet includes forms for designating a Living Will or a Durable Power of Attorney for Health Care. To receive this information, call St. Cloud Hospital's Medical Records department at (612) 255-5624.

Sessions to learn more about advance directives are open to the public from 11 a.m. to noon on the first and third Tuesdays of each month at the Whitney Senior Center, St. Cloud. Advance directive forms are available at the sessions. The sessions are free, and no registration is necessary.

For more information about advance health care directives, call Karen Kleinschmidt, administrative nursing supervisor at St. Cloud Hospital, (612) 251-2700, ext. 4208. ■

# Area Laboratory Service adjusts to meet customers' needs



Sarah Christman processes a laboratory test in St. Cloud Hospital's new laboratory facility. The increased space and high-tech equipment contribute to the efficiency of the staff.

laboratory profiles, improved reporting and billing procedures, expanded test selection and improved turnaround times.

"The entire staff, as well as other hospital departments, really pulled together to make these changes happen," Betts said.

In addition, ALS strengthened its relationship with Mayo Medical Laboratories to perform tests that are not done in the hospital laboratory or are infrequently ordered. Mayo picks up these specimens late in the evening, performs the tests and sends the test results over a teleprinter the next day. This relationship allows ALS to offer a full menu of laboratory tests to its customers at a reasonable cost and in a timely manner.

In response to these changes, ALS has experienced a 41.3 percent growth in the past year and now accounts for 25 percent of the laboratory testing performed at St. Cloud Hospital's laboratory. This substantial increase in business has allowed the laboratory to reduce fixed costs, use resources more efficiently, improve utilization capacity and improve turnaround time on specific tests that might not have been performed daily because of low volumes.

But, most importantly, the changes benefit patients by offering continuity in laboratory testing, Betts said.

For example, if a patient has tests performed at another laboratory and then comes to St. Cloud Hospital, the test may need to be repeated because of lack of access to the results. With ALS, the duplicate testing and costs associated with that testing can be avoided, benefitting both the patient and the community. In addition, because the hospital laboratory is local and always open, physicians can obtain laboratory results 24 hours a day, seven days a week.

The increased volumes also benefit the community by enabling the hospital laboratory to perform a larger menu of tests in a more cost-effective manner. One example of this benefit is in the Emergency Trauma Center, where results of tests that never before were performed at St. Cloud Hospital now can be provided to physicians within minutes. This allows physicians to incorporate test results into more prompt treatment decisions.

"The additional volume of testing at our local hospital laboratory has helped us to reduce overall health care costs while maintaining our high quality and reliable service," Dr. Hansen said. ■

Although St. Cloud Hospital may be the only acute care hospital in the St. Cloud area, several of its internal services face local competition.

The Area Laboratory Service is one example.

ALS began in the early '80s in response to requests from physicians for the hospital laboratory to perform medical tests for their clinic patients. Since then, ALS has grown to serve more than 40 clinics and nursing homes. A courier service picks up specimens from area clinics and promptly brings them to the hospital's laboratory for testing. In many cases, the laboratory tests are completed within three hours, and computerized reports are returned to the clinics.

In 1995 alone, ALS completed more than 100,000 lab tests, making it a major provider of laboratory services in this area.

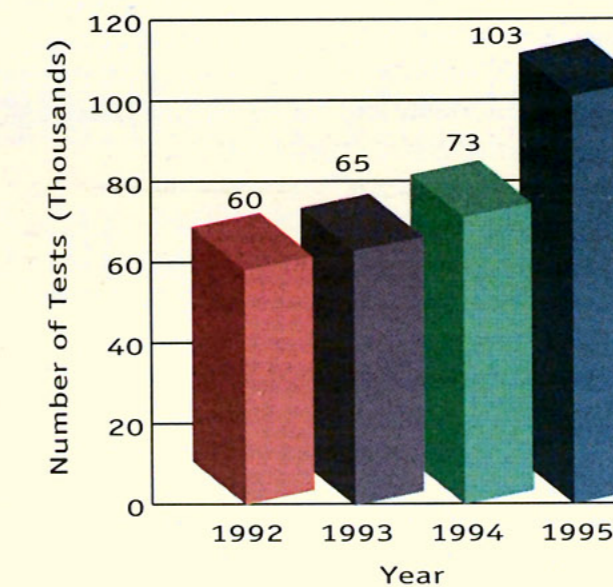


▲ James Hansen, M.D.

But this growth was far from fast and steady. The ALS success story is attributed to flexibility and persistence.

"With the growth in the commercial laboratory industry and shift toward outpatient care, a number of commercial laboratories have begun marketing in the Central Minnesota area," said James Hansen, M.D., medical director of St. Cloud Hospital's laboratory. "With this increased competition, we soon noticed a continuous decline in the number of laboratory tests we were receiving," said Yvonne Betts, ALS coordinator. "It really made us take a hard look at what we were doing and how we could change to meet our customer's needs better."

### ALS Test Volumes



ALS already had state-of-the-art instrumentation and an excellent technical staff composed of highly trained and certified medical technologists, Betts said.

To complement these strengths, she said, the clerical staff received special customer service training. ALS staff also made personal visits to many of the area clinics and nursing homes and became aware of the need for expanded services. Many of the customers' requests were put into place through specially designed



▲ Yvonne Betts

# Hospital expands sleep testing in response to increased demand

St. Cloud Hospital's Obstructive Sleep Apnea Program has recently expanded, meaning more Central Minnesotans will sleep easier at night.

Expansion was necessary because of growing demand for sleep testing due to an increased awareness of sleep apnea and the ease of treatment methods, said Roberta Basol, department director of Respiratory Care at St. Cloud Hospital.

"Sleep apnea testing has increased more than 200 percent in the last few years," Basol said.

The Obstructive Sleep Apnea Program, which monitors heart rate, breathing patterns and oxygen saturation during sleep, has moved into a new suite of three specially designed rooms on the first floor of the hospital. The program started in 1985 with testing and monitoring of infants. In 1990, equipment was added to test and monitor adults as well.

Researchers have found that one in 10 adults have obstructive sleep apnea, in which the sleeper's breathing stops momentarily, causing snoring, choking, awakening or loss of oxygen in the brain. Without knowing it, people with sleep apnea miss most of every night's productive sleep.

Through the Obstructive Sleep Apnea Program, adults can be tested for sleep apnea by spending the night at the hospital. If the test is positive, the patient can receive treatment immediately — and start spending restful nights again.

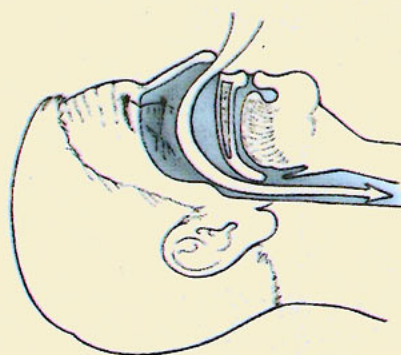
Peggy Lange, coordinator of Respiratory Care for the hospital, said untreated sleep apnea doesn't just make people grumpy in the mornings.

"It can mean real trouble on the roads, at work or even at home," she said. "When your alertness and attention span are affected, some everyday activities can become dangerous."

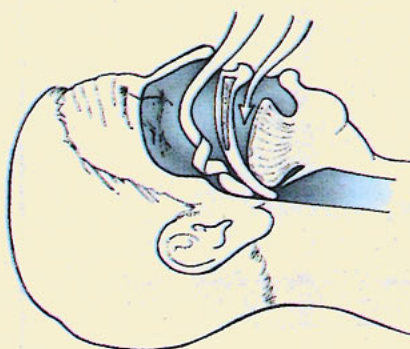
The condition is most common in overweight, middle-aged men, but it can happen to anyone. Todd Borgstrom, 34, Long Prairie, is an example.

In customer service for a print house, Borgstrom is a key player in the production of special interest magazines. At work, he fought his sleep condition with caffeine, forced activity or however he could. But he finally had to acknowledge it was a problem on a day off.

"I was with my dad, who's 68 and had two triple bypass surgeries, and we were building a retaining



Normal breathing.



Breathing obstructed by sleep apnea.

wall up at my brother's place on the lake," Borgstrom said. "When my father was still going strong and I was ready to quit at 1 p.m., it became pretty obvious there was a problem."

Borgstrom's wife, Kim, is a respiratory therapist, and she urged him to seek treatment.

"We could never watch TV together," she said. "I've seen him fall asleep sitting up with a pen in his hand."

Even their two sons — Brandon, 9, and Benjamin, 6 — couldn't keep Borgstrom awake. On deer hunting trips, his snoring was always good for a laugh, but it also meant isolation on the far side of the tent.

In 1994, Borgstrom had his first sleep study at St. Cloud Hospital. While he slept for eight hours, technicians measured more than 250 events characteristic of sleep apnea. In that entire night, he had only 20 minutes of good, dreaming sleep.

After the sleep study, Borgstrom had surgery, called uvulopalatopharyngoplasty or UPPP, to correct his breathing through his mouth and end morning sore throats, but UPPP only works in half of patients who have sleep apnea. It didn't help Borgstrom's sleep apnea, which gradually worsened.

Without treatment, Borgstrom risked heart failure, stroke and untimely death, so he began a sleep therapy program using continuous positive airway pressure, called CPAP. Now when he sleeps, he wears a soft plastic mask through which gentle air pressure constantly flows.

Today, Borgstrom no longer has obstructive sleep apnea. He is trim, fit, happy at home and at his job — and in search of a battery backup for his CPAP for those hunting trips.

"You have to take it one day at a time," he said, "but the results are worth it." ■

## About the program

St. Cloud Hospital's new sleep unit was designed for patient comfort and medical accuracy. It contains the most comfortable beds in the hospital and has state-of-the-art equipment, including video and audio monitoring and computer-recorded brain, heart, lung, eye, muscle movements and other measurements. Up to 10 patients a week can undergo sleep studies.

Peggy Lange, coordinator of Respiratory Care for the hospital, said most people who have sleep apnea don't know it. These questions can help to determine if sleep apnea is a possibility:

- Do you feel drowsy during the day?
- Do you nod off at inappropriate times, even after a full night's sleep?
- Do you usually snore or sometimes wake up gasping for breath, with a headache or feeling tired and groggy?
- Have your family or friends commented that you haven't seemed yourself lately?

If the answer to any of these questions is positive, Lange said, discuss your concerns with a physician, who can refer you to the hospital for a sleep test.

St. Cloud Hospital also sponsors a self-help group for people with sleep apnea called Alert, Well And Keeping Energetic (AWAKE). For more information on AWAKE, call 251-2700 ext. 4338. ■

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**Al Kremers,**  
Chair, Board of Directors,  
St. Cloud Hospital

**John Frobenius,**  
President,  
St. Cloud Hospital

For more information,  
call (612) 253-6392 or  
1-800-950-4943.



A CentraCare Corporation

1406 Sixth Avenue North  
St. Cloud, Minnesota 56303-1901  
(612) 251-2700

## St. Cloud Hospital Mission Statement

We are a Catholic, regional hospital whose mission is to improve the health and quality of life for the people of Central Minnesota in a manner that reflects the healing mission of Jesus and supports the dignity of those providing services and those being served.