

Summer 2001

# Beacon Light: Summer 2001

St. Cloud Hospital

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# Beacon

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Specialty care for kids -  
close to home, p. 4



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6 *13 years of intensive care for families*



7 *New hospitalist program improves response time*

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## ST. CLOUD HOSPITAL SCHOLARSHIP RECIPIENTS FOR 2001

### AIGNER

Melinda Aigner, Apollo High School, plans to pursue a career in pre-physical therapy at St. Cloud State University.



### KAETER

Elizabeth Kaeter, Technical High School, plans to pursue a career as a physical therapy assistant at Lake Superior College in Duluth.



### LUNDEEN

Andrea Lundeen, St. Cloud, is pursuing a career in health care at the University of Wisconsin-Madison.



### BLONIGEN

Beth Blonigen, Avon, is attending the College of St. Benedict and plans to become a pediatrician.



### KALKMAN

Michelle Kalkman, Sartell High School, plans to pursue a career in nursing at Winona State University.



### NAEGELI

Michele Naegeli, Cathedral High School, plans to pursue a career in nursing at North Dakota State University.



### FITZTHUM

Matthew Fitzthum, Sartell, is pursuing a bachelor's degree from Gustavus Adolphus College.



### KEMP

Sarah Kemp, Sauk Rapids/Rice High School, plans to pursue a career in nursing at University of Minnesota.



### PATEL

Shamoli Patel, Sartell High School, plans to attend the College of St. Benedict and pursue a career as a physician.



### FORSTING

Amanda Forsting, Rice, is pursuing a bachelor of science in nursing at the University of Minnesota.



### KLUG

Cassidy Klug, Technical High School, plans to pursue a career in nursing at University of Wisconsin-Eau Claire.



### PAULSON

Anne Paulson, St. Cloud, is a biology student at the University of St. Thomas.



### HOFFMAN

Katherine Hoffman, Sauk Rapids, is doing prepharmacy undergraduate work at Gustavus Adolphus College.



### LAUBACH

Jennifer Laubach, St. Cloud, is pursuing a bachelor of science in nursing from Creighton University of Omaha, Neb.



### PETERSON

Jared Peterson, Foley, is enrolled in a pre-physical therapy program at Southwest State University, Marshall.



## KYPHOPLASTY PROCEDURE PROVIDES RELIEF

For Mary Hamilton, 71, of Sauk Centre, helping others was second nature. As a nurse's aide for 18 years before retiring in 1992, she was always lending a hand. So when her neighbor fell in his apartment in December 1999, his wife called Hamilton for help. As she tried to help him up, she fractured a vertebra in her back and experienced severe pain for 13 months whenever she tried to walk even a short distance or stand for any length of time.



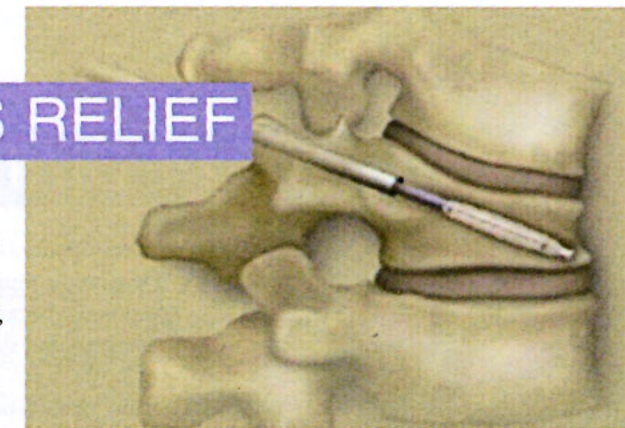
Mary Hamilton, 71, of Sauk Centre

Although Hamilton went to her chiropractor for the first two weeks after her injury, she did not experience any noticeable improvement. Her primary physician also tried several cortisone injections into her back but they did not seem to provide any pain relief either.

In July 2000, Hamilton had a Magnetic Resonance Imaging (MRI) taken prior to having vascular surgery on both legs for complications of her diabetes. While visiting with David Knighton, M.D., vascular surgeon, she asked for a second opinion for her back pain and was referred to Anthony Bottini, M.D., neurosurgeon with CentraCare Clinic in St. Cloud.

After reviewing her MRI and a subsequent bone scan, Bottini diagnosed Hamilton with a compressed vertebra and believed she would be a good candidate for a kyphoplasty procedure at St. Cloud Hospital.

Kyphoplasty is a minimally invasive surgical procedure in which the surgeon makes a narrow, one-eighth-inch incision in the back to place a needle into the fractured bone. The procedure is usually performed while the patient is asleep under a general anesthetic. A small balloon is placed through the needle into the fractured vertebra. Next, the surgeon carefully inflates the balloon to expand the collapsed vertebra in an attempt to restore its height. The balloon is then removed, leaving a space within the vertebra which is filled with an acrylic cement to support the bone and prevent

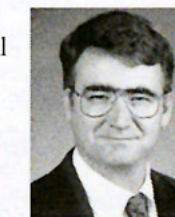


A needle is placed into the fractured bone to insert the acrylic cement to support the bone and prevent further collapse.

further collapse. In most cases, these steps are performed on both sides of the vertebra. Once the procedure is completed, the patient usually stays in the hospital overnight and is able to return to normal activities the next day.

"This is a remarkable procedure," Bottini said. "It has many positives for patients, including limited intervention, minimal risk and a high likelihood of success in reducing or eliminating pain."

Bottini added that it is a cost saver because there are minimal hospitalization costs and no need for ongoing therapy. In contrast, some people who are treated with conservative bed rest, narcotics and a brace may lose mobility during their confinement, exacerbate other medical conditions and suffer additional bone strength loss from osteoporosis while immobilized.



Anthony Bottini, M.D., neurosurgeon

Hamilton's procedure was performed on April 12, 2001, and definitely provided relief.

"I felt noticeable improvement right away and didn't need to take anything for pain," said Hamilton. "I went home from the hospital the following day, and my husband and I drove to North Dakota the next day."

"When appropriate for the patient's condition, kyphoplasty is more than 90 percent effective for pain relief from vertebral fractures," Bottini said. "And it can prevent later complications, such as breathing difficulties caused by a patient's hunched back (from pain). Anyone with clinical osteoporosis should continue in a medical program to control this condition."

"Dr. Bottini has done wonders for me," said Hamilton. "He provided me with relief from my constant back pain."

"I now tell people that if your doctor says to live with your pain, don't accept that — ask for a second opinion," Hamilton said.

### CENTRACARE Health Foundation

You can make a difference in the communities of Central Minnesota by giving to CentraCare Health Foundation.

Now you can give online at [www.centracare.com](http://www.centracare.com). Consider giving a Tribute Gift to honor and remember special people and significant occasions in life, or join the Legacy Society by remembering the Foundation in your will. You can also purchase tickets online for Oktoberfest, which is Oct. 14 at the Holiday Inn Hotel and Suites.

If you would like more information about giving to CentraCare Health Foundation, or if you would like a copy of our "Guide to Your Estate Planning Options," please call (320) 240-2810 or 800-835-6652, ext. 52810, or e-mail [foundation@centracare.com](mailto:foundation@centracare.com).

### SANNER

Desiree Sanner, St. Cloud, is pursuing a bachelor's degree in biology/pre-medicine at the College of St. Benedict.



### SCHEUER

Rebecca Scheuer, Apollo High School, plans to pursue a career in nursing at Winona State University.

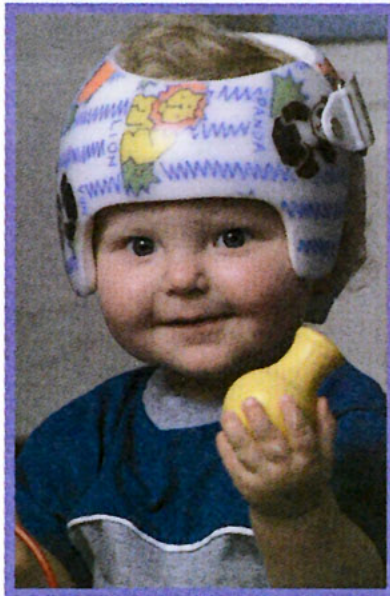


### SURMA

Jennifer Surma, Cathedral High School, plans to pursue a career as a physical therapist at the University of North Dakota.







## PEDIATRIC SPECIALTIES PROVIDE CONVENIENT, LOCAL CARE

When Spencer Neisen was born at St. Cloud Hospital on April 23, 2000, his parents, Kim and Greg, began asking many questions about the abnormal shape of their infant's head.

Many parents of infants find themselves asking the questions, "Is this normal?" "Will our baby's head round out on its own?" The abnormal head shape they are referring to and that baby Spencer was born with is a condition called plagiocephaly (from Latin: plagio = twisted and cephalo = head). The condition often results from external forces, such as a prolonged period of lying on his or her back or from the position of the baby in the uterus.

When Spencer was 4 months old, his pediatrician, Chris Brown, D.O., CentraCare Clinic - Women & Children's, referred him to John Ness, M.D., medical director of the Cleft & Craniofacial Center, an affiliate of CentraCare Health System. Ness specializes in cleft and craniofacial surgical care for children.



John Ness, M.D.

"Early intervention is key to correcting a misshapen head," said Ness. "We like to see children in the three-to six-month window, ideally."

Many factors have been associated with the

development of positional plagiocephaly such as congenital muscular torticollis, otherwise known as wryneck. With this condition, one or more of the neck muscles develops a tightness, causing the head to always tilt or turn in the same direction. Torticollis has been linked with plagiocephaly because it forces an infant to hold his or her head in the same position. When babies are placed on their backs to sleep they end up with prolonged pressure on one spot of their skull, resulting in the development of a "flat spot."

In cases where there is a muscle imbalance in the neck and strengthening is needed, the infant is referred to a physical therapist. Therapy visits involve stretching, range of motion and other mobilization techniques. The number of physical therapy visits is based on the severity.

Ness evaluated Spencer's head shape by measuring for appropriate bone growth.

"During the first year of life an infant's head size triples," said Ness. "We've known this information for a long time, but with increasingly better technology we are able to normalize many deformations."

Ness noted a full range of motion in Spencer's neck, concluding that torticollis was not a factor in Spencer's plagiocephaly.

"The right side of Spencer's head was getting bigger and his ears started to shift," said Kim Neisen. "Based on the information we received, we knew that a helmet was the next step to correcting the shape of his head."



At 4½ months old, Spencer was referred to Lisa Schoonmaker, certified prosthetist/orthotist, at Tandem Orthotics & Prosthetics, for casting of a hard helmet.

"The helmets are made to hold the high points of the skull and allow the flat part to grow in," said Schoonmaker. "The growth of an infant's skull will eventually hit a plateau. Helmets work to form a more uniform shape."

Younger children require frequent helmet adjustments, as their heads are growing rapidly. In the 12-county surrounding area, 28 children currently wear hard helmets.



"Spencer had 20 visits total through discharge," Schoonmaker noted. "But it makes me feel good that this service is offered in St. Cloud. I couldn't even imagine the added stress of traveling to have all the adjustments made."

In 1992, the American Academy of Pediatrics (AAP) recommended infants to sleep on their back to reduce the risk of SIDS. This resulted in an increase in flat heads and weaker neck muscles. Today, the AAP still states that babies should sleep on their backs.

"But, just because you lay your baby on its back to sleep does not mean that your baby will have a misshapen head," said Terri

McCaffrey, R.N. and coordinator for Cleft/Craniofacial Center.

Parents are encouraged to place their babies on their tummies during their awake hours. It also is important to encourage babies to change positions and turn their heads to look at people or objects.

"This being said, we need to emphasize 'back to sleep' and encourage lots of 'tummy

time," McCaffrey noted.

Tracy Arduser, pediatric physical therapist at St. Cloud Hospital, offers the following suggestions as prevention tips for new parents and also for parents to help their children with plagiocephaly or torticollis.

- Increase and encourage play on their tummies.
- Increase time in sitting position (even if supported).
- Place toys (or people) to

After nine months of wearing a helmet for 23 hours each day, Spencer was able to have his helmet removed on July 3.

"Spencer liked his helmet; it never bothered him," said Neisen. "Now he just has to remember that he doesn't have it on, so he needs to be more careful when bumping into things."

The Cleft & Craniofacial Center began one and a half years ago at St. Cloud Hospital with the hiring of a nurse coordinator.

The Cleft & Craniofacial Center offers a team approach. About 17 medical specialties make up the advisory team for the Cleft & Craniofacial Center. Each member plays a vital role in caring for these children. Recently, the center has been able to offer additional local options to help babies with misshapen heads

Terri McCaffrey, R.N., the center's coordinator, serves as the first point of contact for health care professionals and parents. She assesses the need and can refer to the appropriate person.



Terri McCaffrey, R.N.

"We are committed to getting the families the care they need right here in St. Cloud," said McCaffrey. "I often see a real comfort level in families knowing that there is a team of people ready and willing to help them."

Most children with misshapen heads are referred from their medical doctor or a nurse practitioner. The education of those medical professionals about plagiocephaly and torticollis has become increasingly important.

"Educating parents and medical staff about the important time frame for children with plagiocephaly and torticollis to benefit from helmet and/or physical therapy has been a top priority," McCaffrey said.

Each team member strives to keep the patient as the focus, meet the infant's individual needs and help parents adjust to the needs of their child.

encourage turning to both sides, emphasizing the "non-favorable" side.

- Carry the baby in different ways to facilitate/encourage the use of different neck muscles (switching from right to left, facing outward, etc.).
- When putting infants to sleep in their cribs, place them so that they must turn their heads in the "non-favorable" direction to see (they tend to look toward the door in

anticipation of Mom or Dad coming in to get them). Change the location of mobiles and toys so that they aren't always looking to one side.

If you have concerns talk to your family physician. For more information about the Cleft & Craniofacial Center, an affiliate of CentraCare Health System, please call Terri McCaffrey at (320) 251-2700, ext. 51695.



### Childbirth Preparation Monday Night Series

This six-session series is designed for parents in the sixth to eighth month of pregnancy. Classes meet from 6:30-8:30 p.m. in the Fireside Room - Level A at St. Cloud Hospital. \$15 per person/couple

- Sept. 24; Oct. 1, 8, 15, 22 and 29
- Nov. 5, 12, 19, 26; Dec. 3, 10

### Childbirth Preparation Weekend Series

This series is a condensed form of the six-session series. Classes meet from 6:30-9 p.m. Friday and 9 a.m. to 5 p.m. Saturday in the Fireside Room - Level A at St. Cloud Hospital. \$65 per person/couple

- Sept. 14 and 15
- Oct. 5 and 6
- Oct. 26 and 27
- Nov. 16 and 17

### Refresher Classes for Labor and Delivery

Expectant parents who have given birth before are encouraged to attend this class in the sixth to eighth month of pregnancy. Classes meet from 9 a.m. to 4 p.m. Saturday in the Fireside Room - Level A at St. Cloud Hospital. \$35 per person/couple

- Sept. 8
- Nov. 3

### Vaginal Birth After Caesarean (VBAC)

This class is intended to prepare expectant couples who are considering a vaginal birth after a previous Caesarean birth. Classes meet from 6:30-8:30 p.m. in Family Birthing Center Classroom (third floor) at St. Cloud Hospital. \$15 per person/couple

- Nov. 19

## UPCOMING EVENTS

### August - November 2001

For more information about the following classes, call St. Cloud Hospital's Education and Professional Development Department at (320) 255-5642.

#### Breastfeeding Class

For expectant or new parents, this class is presented by a local lactation consultant. Classes meet in Family Birthing Center Classroom (third floor) at St. Cloud Hospital. \$15 per person/couple

**6:30-8:30 p.m. Wednesday**

- Sept. 19
- Oct. 17
- Nov. 21

#### 1:30-3:30 p.m. Monday

- Sept. 24
- Nov. 26

#### Sibling Class

For siblings-to-be between 3 and 9 years old, this class will teach children about how to interact with a new baby and give parents insight into the siblings' reactions to the baby. Classes meet from 9-10:30 a.m. Saturday in the Fireside Room - Level A at St. Cloud Hospital. \$20 per family

- Sept. 22
- Oct. 20
- Nov. 10

#### Siblings Present at Birth

For couples who want their other children present during the birth, this class helps prepare the children for the birth experience. \$30 per family

Call the Education and Professional Development Department (320) 255-5642 to arrange a time with the instructor.

#### Menopause Class

This two-session class will cover a variety of important menopause-related topics. The classes are from 7-8:30 p.m. in the Birch Room at St. Cloud Hospital's Conference Center. To register, please call (320) 251-2700, ext. 53368. \$25 per person

- September 17 and 24

#### Women's Health Community Health Night Series

The Tuesday night series is from 7-8:30 p.m. in the Fireside Room at St. Cloud Hospital. To register, please call (320) 251-2700, ext. 53368.

- Sept. 18 Breast Cancer Prevention and Treatment Options
- Oct. 23 What's New in Hormone Replacement Therapy
- Nov. 13 Domestic Violence

#### Memory Walk 2001

St. Benedict's Senior Community is sponsoring "Memory Walk 2001" to raise money and awareness of Alzheimer's disease which affects more than four million Americans. The two-mile walk is scheduled for 9 a.m. Saturday, Sept. 29, beginning in the main parking lot of St. Benedict's Senior Community. Money raised will support local programs and services for people with the disease, their families and caregivers. For more information or a pledge sheet, call (320) 252-0010.

#### Roast & Toast

The 22<sup>nd</sup> Annual March of Dimes Celebrity Roast & Toast will begin at 5:30 p.m. Tuesday, Oct. 16, at Holiday Inn Hotel & Suites, St. Cloud. This year's roastee is Stephen Sommers, M.D.

The reception and silent auction begin at 5:30 p.m. followed by dinner at 7 p.m. The roast and toast will begin at 8 p.m. For more information call (320) 252-1156. Tickets are \$45 per person (\$30 tax deductible). Reserved tables of eight are available.

Presented by: CentraCare Health System, CentraCare Clinic - Women & Children's Center, St. Cloud Hospital's Family Birthing Center, St. Cloud Hospital's Neonatal Intensive Care Unit and St. Cloud Hospital's Pediatrics Unit.

Along with the Cleft & Craniofacial Center, CentraCare Health System offers the following pediatric specialties close to home:

- Adolescent medicine
- Chemical dependency
- Child & adolescent psychiatry
- Child & adolescent psychology
- Genetics
- Neonatology
- Neurology
- Neurosurgery
- Pediatric allergy & immunology
- Pediatric cardiology
- Pediatric intensive care
- Physical medicine & rehabilitation
- Physical, occupational & speech therapy
- Sports medicine



#### 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.



#### A PUBLICATION OF ST. CLOUD HOSPITAL

The Beacon Light gets its name from the warning beacon once located atop St. Cloud Hospital when St. Cloud's airport was at nearby Whitney Park.



The Beacon Light is produced by the Communications Department at St. Cloud Hospital.

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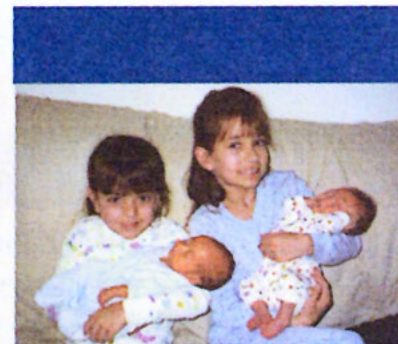
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Monday-Friday



Ellie and Brooke hold twins Logan and Maggie.

## NEONATAL INTENSIVE CARE UNIT

### 13 years of intensive care for families

In its 13 years, St. Cloud Hospital's Neonatal Intensive Care Unit (NICU), has seen many advancements in technology and patient care.

Clint and Kristi Schendzielos, St. Cloud, know firsthand what it's like to have a baby in the NICU. All four of their children, Brooke, 8; Ellie, 7; and twins Logan and Maggie, 4 months; have spent time in the unit.

From the beginning, neonatologist Norm Virnig, M.D. said one focus was to involve the parents in what was happening with their children.

"We encourage the parents to read their babies' chart," Virnig said. "That gives them a sense of ownership and what exactly is going on."

The Schendzielos are grateful for the staff's straightforwardness.

"They told us up-front what to expect and they talked on our level," Kristi Schendzielos said. "We were always told a plan."

"The doctors were to the point," Clint Schendzielos said. "If something with our baby was going wrong they'd tell us."

According to Virnig, there have been a number of new technologies used in labor and delivery, and in the NICU that have positively affected a baby's outcome.

The use of betamethasone helps to mature a baby's lungs before delivery, and artificial surfactant helps buy time for the babies lungs to produce surfactant on their own. Both betamethasone and artificial surfactant have been significant technological developments.

To the Schendzielos, having that technology and the staff in place gave them peace of mind.

"When I did have to leave and go home," Clint Schendzielos said. "There wasn't any other place I would rather our babies be."



Clint Schendzielos spends time with Logan in the NICU.

*"They told us up-front what to expect and they talked on our level," Kristi Schendzielos said.*

### 'Say cheese' to First Impressions at St. Cloud Hospital



Proud grandparents and relatives around the globe can see your baby's first photo with the click of a mouse.

St. Cloud Hospital has partnered with First Impressions Photography to take newborn baby pictures and make them available via the Internet.

Pictures are accessible through CentraCare Health System's Web site at [www.centracare.com](http://www.centracare.com). Parents receive photo proof sheets that list identification numbers for their babies and passwords that allow them access to their babies' pictures. With this in mind, parents are able to control access to the pictures by distributing the passwords to select friends and relatives. Photos will stay on the site for at least six months and will then be archived.

First Impressions Photography, from Golden Valley, takes photos at the Family Birthing Center and Neonatal Intensive Care Unit the day after babies are born. Parents will be able to observe the photo session and place orders on-site.

## NEW HOSPITALIST PROGRAM

### Improves response time, patient care

When Betty Young, 76, visited her daughter in Sauk Rapids, she didn't plan to make it a month-long visit, but treatment for a fall in her daughter's shower ended up uncovering more health problems than the broken ankle and dislocated knee that were a direct result of her fall.

Young received the first ambulance ride of her life to St. Cloud Hospital's Emergency Trauma Center (ETC) on July 17. After his initial evaluation and treatment in the ETC, Jeff Windschitl, M.D., emergency physician, called in Kim Schaap, M.D., orthopedic surgeon with St. Cloud Orthopedic Associates, to operate on

Young's ankle, and Stephen Reichl, M.D., hospitalist with CentraCare Clinic, to evaluate her overall medical condition prior to her surgery.

*"It's a real plus for patients, such as Betty, who need surgery right away," said Joseph Nessler, M.D.*

Thanks to the recent addition of hospitalists (hospital-only physicians) at St. Cloud Hospital, the response for these inpatient medical evaluations can happen more quickly. With at least one or two of these hospitalists in the hospital 24 hours a day, seven days a week, they can respond immediately to these consultation requests or to other emergency requests, such as a

hospital patient who may be experiencing a heart attack.

"It's a real plus for patients, such as Betty, who need surgery right away," said Joseph Nessler, orthopedic surgeon with St. Cloud Orthopedics Associates.

"Before this program started, we had to postpone the surgery until the patient was evaluated by a physician who may have been busy seeing patients in the clinic

and couldn't get away until later in the day."

Following her surgery, Young was admitted to the hospital and monitored very closely by Reichl for respiratory problems that were noted during his initial examination.

"I was never aware of this condition in the past," said Young. "But Dr. Reichl noticed the problem immediately."

On July 18, Reichl noticed her condition worsening and had her transferred to the Intensive Care Unit for further monitoring.

"Dr. Reichl came to check on her almost every hour that day and really pushed to get her tests done so that he could keep things moving along," said Young's daughter Barbara. "Dr. Reichl and the nurses were wonderful."

Once Young's medical condition improved, she was moved to St. Benedict's Senior Community for subacute care for several weeks.

Although Young would have preferred to be back at home in Wausau, she realized that the subacute care provided a good transition.

"I was missing my home, but I realized it was much better for me to be at St. Benedict's than at home," Young said. "Everyone has been as nice as can be."



Betty Young, 76, displays her cast.

Eric McFarling, M.D., hospitalist with CentraCare Clinic, has enjoyed the shift from internal medicine physician with clinic hours to a hospitalist who only sees patients in the hospital.

"It seems to be well received by patients, staff and referring physicians," said McFarling.

"Having the hospitalists available has enhanced patient care," said Kirsten Skillings R.N., B.S.N., Charge Nurse, Intensive Care Unit. "The collaboration with the hospitalists improves communication for the entire health care team which allows us to serve our patients more holistically."

"The hospitalists also respond to cardiopulmonary arrests, so it's great to have them in the hospital 24 hours a day, seven days a week," she added.

McFarling also has been involved with several patients who just needed to get test results back before being discharged.

"I was able to review the test results and discharge the patients in the evening so they could go home and sleep in their own bed," said McFarling. "In the past, most of those patients would have had to wait until morning for their physician to come into the hospital to be discharged."

Referring physicians also like the flexibility of being able to have one of the hospitalists admit their patients in the evening and then the referring physician is able to follow them during the rest of their stay as they choose.

"It really seems to give everyone involved the best of both worlds," McFarling said. "And with the overlap of the hospitalists' schedules, we are able to bounce ideas off of each other in an effort to standardize the care."

### Fun facts about St. Cloud Hospital

*Celebrating its 115th year, St. Cloud Hospital carries a wonderfully rich history. Thousands of employees work around the clock to keep St. Cloud Hospital running smoothly to provide high-quality health care and service. How much do you know about St. Cloud Hospital? Have you ever thought how many light bulbs are changed, how many X-rays are taken, or how many cookies are made? The following tidbits will give you a taste of what goes on behind the scenes at the hospital.*

**Births** (June 2000 to July 2001)  
• 2,459 births  
• 40 sets of twins

#### Blood Bank (per year)

- 5,163 units of blood received by patients
- 1,100 units of frozen plasma received by patients
- 470 platelet infusions

#### Engineering

- 945 maintenance work orders a month on average
- 5,707 pieces of medical equipment are maintained by Clinical Engineering
- 30,000 gallons of diesel fuel on-site
- \$76,000 is the average monthly electric bill
- 1.33 million gallons of water used on average per month
- 510 light bulbs consumed a month on average

#### Housekeeping and Laundry

- 3.4 million processed pounds of laundry per year
- 10,000 processed pounds of laundry a day
- 32 pounds of linen to accommodate one patient
- 43 housekeeping staff worked 83,368 hours in 2000

#### Imaging Services

- 25,323 X-rays a year, 69 a day
- 140 toe X-rays a year
- 704 foot X-rays a year
- 681 hand X-rays a year
- 879 finger X-rays a year
- 12,356 portable X-rays, (where machine had to be taken to other departments of St. Cloud Hospital)

#### Information Services

- 2,000 computers in St. Cloud Hospital
- 1980 was the first year that a computer was used at St. Cloud Hospital

#### Nutrition Services

- 300,000 cookies are made a year
- 5,489 gallons of milk are used a year
- 276,094 patient meals are made a year



## VOLUNTEER SPOTLIGHT

This column highlights St. Cloud Hospital employees who volunteer in the community.

LINDA LINDBERG



Linda Lindberg, R.N., providing medical care for a girl in Honduras.

Whether she is working with 4-H kids in Wright County or providing medical care for children in Honduras, Linda Lindberg's enthusiasm is contagious.

Lindberg, R.N., the case coordinator in Dialysis, has worked at St. Cloud Hospital for 21 years. Before joining the dialysis team 12 years ago, she worked for the Family Birthing Center. As the Dialysis case coordinator, Lindberg travels to all seven dialysis units to act as a resource for the charge nurses and provide one-on-one education for home dialysis patients.

"It gives me an opportunity to do some intense patient care," Lindberg said. "And, build nice relationships with patients."

When her three children became involved with 4-H, Lindberg joined as an adult volunteer.

"I like it because it gives me an opportunity to do stuff with my kids in a family-focused environment," Lindberg said. She also enjoys meeting others with similar interests and networking with parents.

Lindberg feels that the non-competitive atmosphere is a healthy alternative to school and sports-related events. As a community project, their 4-H group maintain the lawn at the Mount Hope Cemetery in Clearwater.

"It builds their self-esteem," Lindberg said.

In February, Lindberg traveled to Honduras for the third time as part of International Health Service. For her first two trips, Lindberg worked in the hemodialysis unit. On the last trip, she was a nurse on a medical team that went to a different village each day in the mountains.

"It's a wonderful opportunity to do something you don't get to do in your job," Lindberg said. "I think it is the opportunity to bring some small comfort to these beautiful people that brings people from all over America to Honduras. What we take back in memory and life perspective enriches us beyond words."

*"It's exhausting,  
but rewarding,"*

*said Linda Lindberg, R.N.*

## Diabetes Q & A

by Bev Wiehoff, R.N., C.D.E.



Bev Wiehoff, R.N., C.D.E.

Diabetes is a lifelong disease, but we now live in an exciting new age with important strides being made to help us manage the disease with better information and self-management tools.

### What is type 1 diabetes?

Patients with type 1 diabetes are unable to produce insulin and their survival depends on insulin injections.

### What is type 2 diabetes?

Patients with type 2 diabetes have defects in insulin secretion and/or insulin action. Approximately 90-95 percent of diagnosed cases of diabetes are type 2 and a large number of these patients will eventually require insulin for appropriate management of their disease.

### How does a person without diabetes produce insulin?

The pancreas secretes the hormone insulin, which regulates blood sugar. The non-diabetic pancreas normally secretes insulin at continuous low levels between meals and at night.

### What are basal and bolus doses of insulin?

A basal, or background, insulin should have a slow constant absorption with no pronounced peak that makes it possible to dose every 24 hours. Administration of this insulin needs to be accompanied by a short-acting insulin at meal times. A bolus dose of insulin is the amount secreted or taken when food is eaten.

### What are the recent advances for people with diabetes?

Recently, research studies demonstrate that intensive glucose control decreased the risks of diabetes-related complications. Unfortunately, the attempt to achieve near normal glucose is accompanied by an increased risk of hypoglycemia, which can have negative effects on the brain.

In addition to the release of a new insulin "Lantis" (a basal insulin), significant strides have been made in the area of home blood glucose monitoring. We now have the ability to use a smaller blood sample size and the ability to test in as little as five seconds. We also have the ability to take blood from the forearm and allow fingertips a rest.

## Central Minnesota Heart Center at St. Cloud Hospital ranks in top 100



For the third year in a row, the Central Minnesota Heart Center at St. Cloud Hospital has been named one of the Solucient 100 Top Cardiovascular Hospitals in the United States.

Solucient is the nation's largest health care data company. The Heart Center has made the top 100 in each of the three years since the ranking's inception.

"The Central Minnesota Heart Center at St. Cloud Hospital has surely proven to be a significant asset for the people of the city and the entire region," said Bob Johnson, executive director for the Central Minnesota Heart Center.

The study identifies those hospitals that have achieved excellence in care, efficiency of operations and sustainability of cardiovascular performance. The study focused on hospitals that treat high volumes of heart attack patients and perform large numbers of specific cardiac-related procedures — bypass grafts and angioplasties.

The Solucient study found that the hospitals that rank in the top 100 consistently outperform their peers, particularly in terms of mortality and complication rates.

"This recognition as one of the 100 Top Cardiovascular Hospitals is a true testament to the high quality of care provided at the Central Minnesota Heart Center," said John Frobenius, president of St. Cloud Hospital. "The Heart Center staff and all St. Cloud Hospital employees share in this honor."

Also this summer, St. Cloud Mayor Larry Meyer recognized the importance of the Heart Center's services by proclaiming Aug. 6 Central Minnesota Heart Center Day in St. Cloud.