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Beacon Light: October 1986

St. Cloud Hospital

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Saint Cloud Hospital Beacon Light



Corrine Janochoski is one of five volunteers participating in the hospital's new Volunteer Patient Representative program.



Since 1979 Gerri Happe has volunteered her time in Same Day Surgery. In September she took on new responsibilities as one of the hospital's volunteer patient representatives.

New program establishes liaison between hospital, patients

A new program is being started at Saint Cloud Hospital to help personalize patient care.

Called the Volunteer Patient Representative program, the goal is to establish a liaison between the hospital and the patients it serves, according to Barbara Brown, manager of volunteer services. "We want to make each patient's stay as comfortable as possible and we want to do it on a personal basis."

After learning about similar programs at other hospitals, Brown contacted Saint Cloud Hospital's (SCH) director of quality assurance and risk management Mary Buhl, to see if the two departments could develop a Volunteer Patient Representative program at SCH. "The Quality Assurance staff felt the program would help in guest relations," Buhl said. "We recognize a need to be proactive rather than reactive to patients' concerns."

Ida Bohm, Gerri Happe, Kathleen Henning, Corrine Janochoski, and Gloria Schramm were the five volunteers chosen to

start the program, which began in September, according to Brown. "They are all volunteers who have worked at the hospital for awhile, are familiar with many of the policies and procedures and are very comfortable with meeting new people, which is particularly important because they need to be able to establish good rapport with the patients in a short amount of time."

The volunteers received special training which included information on confidentiality, the role and purpose of the Quality Assurance/Risk Management department, and a training session on active listening. "Listening is going to be so important," Brown said. "People often say one thing, but what they're saying is actually a symptom of another problem. The volunteers are going to have to be alert to these signals of deeper problems."

Each day the volunteer patient representative will report to the coordinating staff member in Quality Assurance. At that time the volunteer will receive a computer list of all the patients newly admitted to the hospital. She will then go to the nursing unit, check in with the head nurse, and start visiting patients, leaving a card with the Quality Assurance phone number on it with each patient. When the volunteer has visited all the new patients, she

will check out with the head nurse and report any problems, compliments or feedback from the patients.

Before leaving the hospital, the volunteer will report to the Quality Assurance department again. "We will keep records of what problems, concerns, and questions come up, how many were handled by the volunteer, how many were handled by the head nurse and how many required outside intervention," Buhl said. "This will not only provide us with trends over the long run, but it will also provide us with a means to follow-up on patients' comments. If one volunteer learns about a problem and promises a response the next day, we can pass that information along the next day to the volunteer who is working and she can report back to the patient."

"Our goal is for every patient to receive at least one visit during their stay in the hospital," Brown said. "We want to show through that one-to-one contact that we, the hospital staff, do care about the well-being and satisfaction of each patient."

"It's important that people realize we're trying to enhance patient care," Brown emphasized.

"We are hoping that patients will

feel comfortable talking with the volunteers and asking questions they might not ask a staff person, for whatever reason. The patient may have already asked twice and not want to ask the nurse again or maybe they think the question is too unimportant to bother the nurse," Buhl said.

Brown and Buhl are not expecting that the volunteers will receive a lot of complaints. "Other hospitals that have this program tell us their volunteers mostly answer questions and provide helpful information, they don't get a lot of complaints," Brown said.

"But if there is a problem we want the patient to tell us about it," Buhl stressed. "The volunteers may be able to intervene immediately or alert the head nurse before a problem becomes an angry complaint. If someone has a problem now, let's take care of it now. After they've gone home it's often too late to do anything."

"Our patient questionnaires show that most patients think we are doing a good job," she continued. (See story on page 7.) "We want to find out what those things are that we can do to take us beyond good, and move us to excellent."

ON THE COVER: Staff occupational therapist Wanda Geyen fits a patient with a splint. Technical expertise and a caring attitude go hand-in-hand when treating patients at Saint Cloud Hospital.

Written by Gail Ivers

Education sessions stress compassionate care



Concentrating and listening to patients and using words that express respect and understanding are all part of guest relations.

Getting back to the basics. That's what Saint Cloud Hospital's guest relations program is all about.

Back in 1886 when hospital care began in St. Cloud, no one had ever heard of lasers, linear accelerators, or even indoor plumbing. Most of the remedies used by the physician and four Benedictine sisters providing hospital care included a very large dose of tender loving care.

While hospital employees today have all the advantages of the most advanced technology, hospitals around the country are encouraging their employees to brush up on their interpersonal skills.

“... our patients and visitors are going to remember those employees who treated them in a caring manner.”

Sister Paul Revier
senior vice president

“The Benedictine sisters have traditionally stressed hospitality in their work. We recognize that good interpersonal skills should be practiced in any work environment. Nowadays, hospitals are in a competitive environment where technical skills are assumed, but our patients and visitors are going to remember those employees who treated them in a caring manner,” said Sister Paul Revier, senior vice president and coordinator of the program.

That opinion was echoed by Renea Barclay, one of 19 hospital employees who teach the guest relations training courses. “We try to emphasize to the employees that they need to be aware of our customers’ — patients, visitors, and other staff members’ — needs. Every action counts, from helping ‘lost’ people to calming down distraught patients.”

The hospital had been using a program called “Building Bridges” to teach employees about guest relations, but decided to pursue a different avenue. “Guest relations has really come to the forefront during the last two years, Barclay said. “But these types of programs have been used in places like hotels and Disney World for years.” So in the spring of 1985 a task force was formed to examine Saint Cloud Hospital's guest relations activities.

A number of changes took place as a result of that task force's

recommendations. A policy on guest relations was implemented, signage was improved, more discharge parking spots were added, follow-up calls to patients began in certain areas, and employees' evaluations were changed to place more emphasis on guest relations.

Another task force recommendation resulted in the purchase of the guest relations training series called *Competitive Edge* from Mediatec, a California-based company. From September 1985 to May 1986, about 1300 hospital employees and volunteers participated in two sessions called “Quality Guest Relations” and “Creating a Positive Telephone Image.”

The sessions include group discussions, audio-visual presentations, and role-playing. In the “Quality Guest Relations” session, the video tapes zero in on a number of key points such as acknowledging patients promptly; using words that express respect and understanding; enhancing patients' self-esteem; concentrating and listening; offering assistance; giving information clearly and calmly; and promoting pride in the employees and the hospital.

These points are dramatized by first showing how *not* to handle a worried patient. One video shows a patient who comes to a hospital for tests and is treated coldly and insensitively by the receptionist in the department. The scene is then played over with an emphasis on the key points. Discussion, exercises and role-playing follow.

“What we've found is that some good ideas are generated within the groups — employees find that they can learn from each other how to handle difficult situations,” Barclay said. “We feel that's one of the biggest advantages of this



Renea Barclay
education coordinator

program. Employees like the fact that they can meet other employees.”

“The sessions help employees gain insight into problems of other departments. It also makes them realize that they are, in a sense, customers to each other,” Sister Paul added.

“We're hearing feedback from

Guest relations, page 3 →

In today's competitive health-care environment, strong interpersonal skills and guest relations are almost as important as technical expertise.

CAUGHT CARING
Something to Cheer About!

It's been said that a little bit of praise can go a long way. Saint Cloud Hospital is taking that piece of advice to heart.

During the last year, a heavy emphasis has been placed on guest relations. (See story on p. 2) “We've been encouraging our employees to brush up on their interpersonal skills. It's so important right now — with the medical field becoming so technical — that hospital employees show the caring side of their work,” said Sr. Paul Revier, senior vice president and coordinator of the guest relations program. “All of our equipment may be working right, but we're judged on the basis of how we treat people.”

To reward those employees who practice positive guest relations, Saint Cloud Hospital developed a program called CAUGHT CARING. “This began as a way to highlight personal examples of what good guest relations really looks like,” Sr. Paul said. “The concept of guest relations is so hard to describe. It's really something to watch!”

CAUGHT CARING began in May 1986, close to the end of the first phase of the Competitive Edge guest relations program. “Practicing positive guest relations is a continuous process. We want our employees to be thinking

about it constantly,” Sr. Paul said. Patients, visitors, physicians, students, volunteers and employees can nominate other employees, volunteers, physicians or students for a CAUGHT CARING award by filling out a form and turning it in to Sr. Paul. “In these nominations, we're looking for specific examples of caring actions — giving directions, spending extra time with an upset patient, helping out fellow employees. Something that would be considered above-and-beyond-the-call-of-duty.”

The following examples are just a small sample of the individuals who were CAUGHT CARING during the first few months of the program:

- Kate Theisen, a medical technologist in the Lab, was nominated by her supervisor, Claude Przybilla, for cancelling an important trip so all the work wasn't left for two others to do.
- Housekeeping aide Mary Bemboom was nominated by the Business Office staff for escorting an older woman to the Business Office and waiting for her to complete her business. Mary then took the woman back to the main floor because the woman was afraid she would get lost.
- Dick Armstrong, director of plant and environmental services, was nominated by head nurse

Rose Laudenbach because he went out of his way to help Rose get her car towed.

These employees received a congratulatory letter from hospital president John Frobenius (via their supervisor) along with a \$1 coupon from the personnel dining room. Their names and the reasons they were nominated were prominently displayed in a listing in the personnel dining room. “It's our way of encouraging the employees to practice positive guest relations and showing our appreciation to them for their actions,” Sr. Paul said.

Feedback from employees has been positive. Rich Schwegel, director of nutrition services and Corporate Health Systems, said the employees have enjoyed receiving the awards. “They like it and are appreciative of receiving it. It's prestigious for them and there seems to be competition between employees to be nominated.”

“We're constantly searching for creative, innovative ways to recognize employees,” Sr. Paul said. “We want them to know we think they're great!”

Written by Diane Hageman

Guest relations

Continued from page 2

patients and workers, including the supervisors, that the program has made a difference in the atmosphere of the hospital. Many of our employees are already practicing guest relations. They felt the course was a good reminder,” Barclay said.

“I hope that the participants feel good about the program and themselves. I also think they're finding that it really doesn't take

more time to make the extra efforts,” Sister Paul said.

Positive results are also showing up in the patient questionnaires. On the average, the percentage of good and excellent responses in the areas of courtesy, promptness, professionalism and concern have increased by roughly two percentage points. “Many of these areas already showed that 90 percent or more of our patients rated us good or excellent, so

we're really happy to see even more satisfied consumers,” Sister Paul noted.

This fall about two-thirds of the hospital's employees are taking two more sessions called “Creating a Supportive Climate” and “Therapeutic Interaction.” Both of these sessions emphasize dealing with certain types — such as hostile and depressed — patients.

“We believe that our caring climate will be the hallmark of

service at Saint Cloud Hospital. We want our patients to know that our employees have the highest quality interpersonal skills as well as technical skills,” Sister Paul said. “Our employees know that our expectations are that these skills should be a way of life. This is not a crash course — it's forever!”

Written by Diane Hageman

Local cancer research group receives international acclaim

When traveling throughout the United States, few people recognize the name when you say you're from St. Cloud, Minn. But in the medical community, St. Cloud is becoming synonymous with high quality, innovative health care.

This reputation is due, in part, to an organization called the North Central Cancer Treatment Group (NCCTG).

NCCTG includes physicians from Minnesota, North Dakota, South Dakota, Montana, Illinois, Iowa, and just recently Louisiana, Pennsylvania and Canada. This



Dr. Harry Windschitl, oncologist

cancer treatment network brings patients in participating states many of the National Cancer Program's new approaches to cancer therapy.

Through NCCTG, medical groups in this region work with the Mayo Comprehensive Cancer Center to bring research treatment to clinics that are close to home. NCCTG research is funded through a grant from the National Cancer Institute and through individual and business contributions.

NCCTG was started locally in 1977 by Dr. Harry Windschitl, an oncologist on the hospital's medical staff. The local group is now comprised of surgeons, urologists, gynecologists, pathologists, medical oncologists, a radiation therapist and a neurosurgeon, all practicing in the St. Cloud area.

"The first meeting was in 1977 at the Mayo Clinic," Windschitl said. "There were seven of us from the larger cities in the Midwest who got together to discuss whether or not it would be feasible to do clinical cancer research from our home bases."

Since that time, between 25-30 cancer studies by NCCTG have been published in medical journals.

Particularly noteworthy was a study done from 1978-1983 on stomach and pancreatic cancer. "Our question was 'Could we treat patients with just one drug and have the same results as when we treated them with the previously approved therapy using three drugs?'"

The results of the study showed that in this case one drug was as

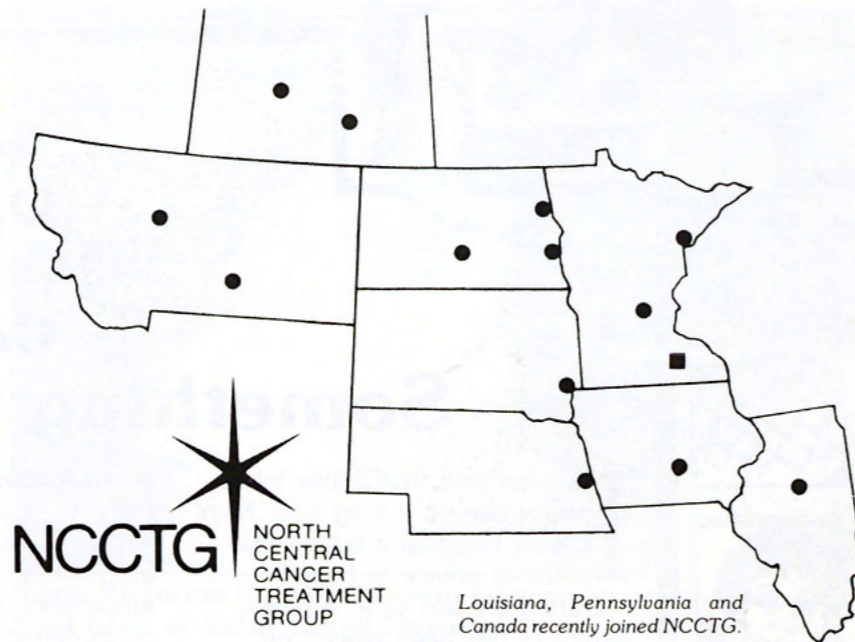
effective as the other treatment, it was less expensive, and it caused fewer side effects.

"We presented our findings to 4000 physicians at a meeting of the American Society of Clinical Oncology in 1984," Windschitl said. "There was a lot of controversy initially, but our data was solid and the study has been accepted world wide." The study was printed in the Journal of the American Medical Association and has been translated into Japanese and Chinese. "It's exciting to think that we in St. Cloud have had some influence on the way cancer patients are treated world wide," Windschitl said.

Currently, NCCTG is evaluating a new test used to check for blood in the stool, one of the signs of colon cancer.

Of course, in order to study new treatments, there must be patients who are willing to participate in the studies. "The St. Cloud physicians really cooperate with NCCTG and encourage their patients to join the studies," Windschitl said. "The reason we know something about cancer treatment in 1986 is because other patients in the past have been willing to participate in other studies. We constantly try to build on what we've learned."

Only about 10 to 15 percent of cancer patients are eligible to participate in the studies. "We have



Louisiana, Pennsylvania and Canada recently joined NCCTG.

strict guidelines we have to follow to make sure there aren't any complications to invalidate the study," Windschitl said. For instance, patients can't have a second cancer, they can't have any complicating infections, and their blood counts must be acceptable. "After eligibility is determined we ask the patient if he or she is willing to join the study, we explain what it involves, and then the patient decides whether or not to participate."

For those who do join, being part of a study can really be a benefit, according to Windschitl. "We put them on a strict treatment schedule and they are very closely followed." Very detailed and accurate data must be kept on patients who participate in the studies. From that information,

statistical data is developed and used to determine whether the benefits of the treatment outweigh the risks.

Having a group like NCCTG in the area not only benefits the patients, but the entire community. "We're on the cutting edge of cancer treatment," Windschitl said. "We're able to bring new drugs and new procedures to the area long before they are available in most communities. We can offer patients here the best, most innovative cancer treatment available, without their having to go to Rochester or some of the larger institutions. NCCTG really gives us the ability to provide better cancer treatment for patients in central Minnesota."

Written by Gail Ivers

Area groups help cancer patients, families

Finding out you or a family member has cancer can be devastating. St. Cloud has a number of resources available to cancer patients to help them learn about, and deal with, their disease.

Saint Cloud Hospital has a Living Cancer Support Group which meets the fourth

Wednesday of each month from September through June at Saint Cloud Hospital. The group discusses a wide variety of topics including types, treatment, detection and prevention of cancer. "Sometimes we simply talk about surviving cancer — the fears and isolation that accompany the diagnosis," according to Kay Hanson, coordinator of the group. "Mostly, we try to share knowledge because knowledge gives us back

some of the control in our lives that cancer seems to take away."

Anyone who is interested in, or has questions about, the Living Cancer Support Group can call the Education Department at 255-5642. Anyone is welcome to attend the meetings.

"I Can Cope," a national program sponsored by the American Cancer Society, is another resource available to people dealing with cancer.

Originated in 1977 by two registered nurses at North Memorial Hospital in Minneapolis, "I Can Cope" was developed as a response to the educational needs of cancer patients, their families and friends. "What we try to do is provide information to these

people on a variety of topics including medical terminology, treatments, symptoms, nutrition, exercise and feelings and fears about cancer," said Judy Loch, a Saint Cloud Hospital registered nurse who organizes St. Cloud's programs. "We also look at practical issues such as lawyers, taxes and finances."

The course, which is presented by volunteer health professionals, is divided into eight two-hour sessions conducted on a weekly basis. It is generally offered once in the spring and once in the fall. However, a class has not been set up yet for this fall. The sessions are offered free of charge. For more information on "I Can Cope" call the American Cancer Society at 255-0220.

Clinician works with cancer, ostomy patients



In addition to administering medication, Sue Omann, oncology clinician, spends time talking with and listening to cancer patients.

When Sue Omann goes to work, she finds that her ears are practically her most valuable tools.

Sue Omann is Saint Cloud Hospital's oncology clinician. So what do ears have to do with treating cancer patients? Omann believes that good listening skills are a prerequisite for her job. "I really like working with cancer patients. I feel like they really need someone who will listen to them," Omann said.

Omann is in charge of administering chemotherapy to cancer patients. Chemotherapy is the treatment of cancer with medications. At Saint Cloud Hospital, these treatments are done on an outpatient basis.

"Generally, patients come in from one to five days per month and each treatment takes from 15 minutes to two hours, depending on the medication," Omann explained. Omann, who works with oncologists John Weitz and Harry Windschitl, generally treats 20-30 patients per month.

"When patients come in for their first treatment the first thing we do is talk — about their disease and about the medications they'll be taking and the side effects of the medications. I also give them a general booklet on chemotherapy."

"You know, it used to be that you didn't talk to patients about their cancer. Now, we deal with it very openly. I think that it's good for the patients," Omann said. "It's also nice to work with two physicians who feel the same way. Dr. Windschitl and Dr. Weitz are very concerned about their patients and deal honestly with them."

Once Omann has fully explained to the patient how chemotherapy works, she administers the medication. The dosage is determined by the patient's height and weight. "All medications are given through the vein," she said. "All our patients are monitored each time they come, but they are watched especially close the first time in case they develop allergic reactions." Side effects vary with each type of medication. "A myth many people believe is that every person on chemotherapy is going to lose their hair and be nauseated. That only occurs with certain drugs. Nausea and vomiting can be relieved by pretreatment medications," Omann explained. Omann stressed that she hopes a person's quality of life is improved with chemotherapy.

"We're never sure of getting the cancer cells, but we feel we're succeeding if a tumor shrinks or stays the same size — at least we're keeping it in check," she said.

Omann also serves as the hospital's enterostomal clinician. "I work with patients who have surgically created openings for the elimination of excreta," she said. Usually the openings, called stomas, are created by one of three types of surgery: a colostomy which is an opening into the large intestine; an ileostomy which is an opening into the small intestine; and a urostomy which is a urinary diversion that reroutes the ureters into a segment of the colon. "I teach these patients good stoma and skin care, help them select the proper appliances and review a new diet regimen," she explained. As an enterostomal nurse Omann

also deals with incontinent patients, teaching them how to use collection devices, how to use appropriate skin care products, and how to do intermittent self-catheterizations.

Omann also classifies herself as a "troubleshooter. I am available to start IVs and help out in other nursing areas when needed."

Sometimes working with cancer and enterostomal patients can be emotionally draining. Omann deals with it by "keeping a positive frame of mind. When I go home, I have to leave those worries here," she said.

Written by Diane Hageman



Eating healthier. That's the goal of a new program called "Dining ala Heart" which will begin at Saint Cloud Hospital later this month.

The hospital has joined the program, developed by the University of Minnesota, American Heart Association and Minnesota Heart Association. The program is designed to promote the serving of healthier food in hospitals, restaurants and other institutions.

"The goal of Dining ala Heart is to contribute to the reduction of premature death and disability due to heart and blood vessel disease



Laurie Perry registered dietitian

fat levels," Perry said. "If they (the participating restaurant or institution) serve food items which pass inspection, these items are awarded a 'heart' which can be displayed alongside the items in the menu." All menu items are re-inspected annually to assure they continue to meet program standards.

Saint Cloud Hospital will be inspected later this month and food items meeting the program's criteria will be identified on the menu listings and in the hospital cafeteria with a heart. The heart symbol will also appear on the patient menus as these menus are updated. "We will probably need to change some recipes here so they qualify," Perry said. "Usually oriental foods are too salty to meet our criteria, and nothing deep-fried ever qualifies."

Perry expects other area restaurants and institutions to follow the hospital's lead and enroll in the program. "Those which have enrolled have experienced a good response from the public," Perry observed. "That's because the program is not just for older people or those with health problems. It's for anyone who wants to eat healthier."

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Written by John Krueger

Patient satisfaction is goal of guest relations program

Much of this issue of the *Beacon Light* focuses on the activities and efforts Saint Cloud Hospital has been putting forth in the area of guest relations.

We have gone through a period of years where the entire emphasis in hospitals has been on cost and cost reduction. Elaborate utilization review system controls have reduced hospital lengths of stay and eliminated many hospital admissions. While the emphasis on



John Frobenius,
executive
vice-president

cost continues, there is a renewed emphasis from the public on the quality of care provided by our institutions.

Saint Cloud Hospital has historically been blessed with very caring employees who feel strongly about meeting the needs of their patients and supporting the mission of the hospital.

Quality of care is really composed of two elements. First, the technical elements, include ensuring the right procedure is done, the right laboratory test is ordered, the proper amount of blood is transfused, that no unnecessary complications occurred, etc. The second element of quality has to do with how we provide our services. Even if all care is technically accurate, the

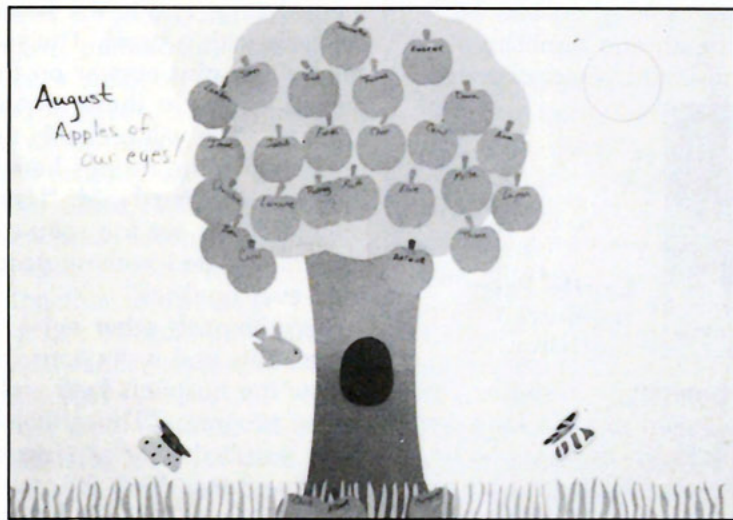
patient may be dissatisfied if the manner in which the care is provided is not of the highest quality.

In today's competitive environment, we must provide our services in a way that is totally satisfactory to our patients. Anything less will cause us to lose our "competitive edge." During the past year, we have spent many hours on guest relations, building on our employees' existing skills to assure that our services are not only technically correct, but are provided in an outstanding caring way.

Our employees have really risen to this task. They have used the knowledge gained from the special guest relations training sessions provided throughout the year, to assure the highest quality service possible is provided in a caring manner. These positive results have shown up in the patient questionnaires we use, with 96-98 percent of the patients we have surveyed rating our care as good or excellent.

We will continue to work to meet the challenge of maintaining a strong hospital, but we will not lose sight of our basic commitment to care for people in a way that is satisfactory to the patient. The patients of this institution are our customers, and we are pleased to treat them with dignity, with support and with care so they are totally satisfied with our services.

By John Frobenius,
executive vice-president
Saint Cloud Hospital



Guest relations at work

Hats off to the staff of Radiation Therapy for coming up with a super idea. In April they began developing a patient-emphasized bulletin board which is changed monthly. For example, the August bulletin board (above) held apples with each apple containing a patient's name. When the patient is done with treatment, he or she is given the apple with the starting and ending dates of treatment, and a special saying. "We wanted to do something that would personalize our area for the patients," said Beverly Luebesmier, medical secretary. "They have really enjoyed it — they even bring their families in to see it!"



Sister Victorine Houde has spent 50 years in health care, 38 of which have been at Saint Cloud Hospital.

Sister recalls early years at Saint Cloud Hospital

Recalling the early days of Saint Cloud Hospital isn't difficult for Sister Victorine Houde, health data entry clerk in Medical Records. She's been associated with the hospital since 1934 and, at age 72, is the oldest Sister on the hospital's payroll.

Sister Victorine was born in Minneapolis on October 25, 1913 and moved with her family to Canada in 1917. After her father died that same year, her family moved back to Benson, Minnesota. When Sister Victorine was ready for high school, her mother decided that her daughter should enroll in a private school and selected St. Benedict's in St. Joseph, Minnesota.

"I was a boarder there for two years before I joined the Order in the late 1920s," Sister Victorine recalls. "The Sisters at the school were good examples, and I decided this was the life I wanted to lead."

An early interest in nursing as a profession led her to enroll in the Saint Cloud Hospital School of Nursing in 1934 — only six years after the "new" hospital building was built. "The Sisters had chosen a beautiful location on the banks of the Mississippi River for the new hospital," Sister Victorine said. "However, the Sisters succeeded in obtaining the site only after storming heaven with their prayers and planting innumerable Benedictine medals in the soil of the desired land."

During the Depression years (from 1929 to 1938) 94 Sisters worked in the hospital, including Sister Victorine who worked as a nurse and, later, as an aide and manager in Pharmacy. "At this time, the Sisters worked for their room and board, and we had very few lay employees because money

was scarce," Sister Victorine said.

To save the hospital money, the Sisters planted a large garden on the hospital grounds and harvested and canned the vegetables to serve later to patients. However, storing the canned vegetables in a cool area presented a problem. "We had to excavate a storage room under the main lobby," Sister Victorine said. "The older Sisters were worried the lobby would cave in, but it didn't."

In 1932, a cottage was built down by the river for the Sisters. "We Sisters went down to the river for supper every Tuesday night," Sister Victorine said. "I remember one night when Sister Ethelbert Krenik, our administrator, told us, 'Don't anyone go down there until we cut the hay for St. Benedict's cows.' She didn't want it trampled down."

The cottage was used year 'round... fishing and boating in the summer and skating on the river in the winter. "In the winter, people from town came and cut ice down by the Sauk Rapids bridge. When we Sisters saw the horses out on the river hauling the ice blocks, we knew the river was safe for us to skate on," Sister Victorine recalls.

Sister Victorine has spent a total of 50 years in health care, 38 of these years at Saint Cloud Hospital. She divided the 12 remaining years at other Benedictine hospitals in Wisconsin, Utah and Minnesota. Today, Sister Victorine is one of 19 Sisters on the hospital's payroll. Ten other Sisters volunteer in the Spiritual Care Department, one in Medical Records, and one in the Kiwanis Patient Library.

Written by John Krueger

Patient questionnaires provide feedback on care

“R”esponding to complaints and comments about patient care and letting people know they've been heard is all part of guest relations,” according to Mary Buhl, director of quality assurance and risk management.

Saint Cloud Hospital has a formal system for encouraging patients to comment on their care. “We send out about 3,200 questionnaires every quarter.



Mary Buhl
director, quality
assurance/risk
management

Everyone who is a patient at Saint Cloud Hospital receives one,” Buhl said. The average rate of return is 32 percent.

The questionnaires cover such things as the lighting, ventilation and cleanliness of the room; the courtesy, promptness and professionalism of the nursing staff; the quality of treatment by other hospital personnel; and the quality of the food and other hospital services. There is also space on the questionnaire for any other

comments a patient might wish to make.

“We keep track of all the comments,” Buhl said. “Those that require a response are investigated and we send a letter to the person with the inquiry.”

When Quality Assurance receives a comment that requires follow-up, a member of the Quality Assurance staff notifies the supervisor of the area involved. The supervisor in turn investigates the problem and reports back to Quality Assurance. Patients can usually expect a response in four to eight working days, according to Buhl.

For instance, a few months ago, the Quality Assurance department received a questionnaire from a patient who questioned why she had not had to sign any insurance forms. One of the staff contacted the business office, located a copy of the signed insurance form, (completed by another family member) and sent the copy and a letter of explanation to the patient.

“That's just one example of the kinds of questions we respond to,” Buhl said. “Basically we have the philosophy that if people take the time to write, we will take the time to respond so they know they've been heard.”

Not all comments on

questionnaires receive a personal follow-up. “Some of the comments are just general statements like the food was cold, there was too much noise in the hallways, the room was too hot, or the visiting hours are too long or short.” Those comments are compiled quarterly and sent to the supervisors of the areas concerned.

Compliments

“We don't just pass on the complaints,” Buhl was quick to add. “We get a lot of compliments on the staff and the quality of the treatment which we also keep track of and pass along to nursing units and other services on a quarterly basis.” Occasionally someone writes a letter of praise which is circulated to the appropriate people. “If we get a letter from a patient praising their care, we respond thanking them for taking the time to write,” Buhl said.

Patient benefit

Why should people fill out the questionnaire? “It gives patients an opportunity to impact change at the hospital,” Buhl said. “If we get consistent complaints about a service or our facility, we, as the facility take steps to relieve the problem. Sometimes after we've

changed something and get a lot of positive comments that it was an improvement, we know the right decision was made by the department involved.”

For example, consistent complaints about the lack of privacy in Outpatient Services led to a decision to separate Outpatient Services from Endoscopy Services, alleviating the overcrowding which was causing the privacy problem.

Some complaints draw attention to problems that are easily corrected. “We put a mirror in the patient dressing room in Outpatient Services because someone complained about it on a questionnaire,” according to Trish Theisen, head nurse in outpatient services. “It wasn't that we didn't want to put up a mirror, we just never thought of it until a patient pointed out the problem.”

If you have a comment about your care at the Saint Cloud Hospital, call the Quality Assurance department at 251-2700, ext. 4492.

Written by Gail Ivers

Beacon Bits

Outpatient area expands

Because of the increasing demand to provide patient care on an outpatient basis, the Outpatient Unit has been expanded into the old Business Office area (near the main lobby) on first floor. The old Outpatient Unit near the Emergency Trauma Unit is now known as Endoscopy Services and provides only endoscopic procedures, for outpatients as well as inpatients. The new Outpatient Unit, now located near the main lobby, provides a variety of services such as bone marrow biopsy, home IV therapy and blood transfusions. For more information, call Endoscopy Services at 255-5659.

Congrats Dr. Samson

Congratulations to Dr. Bruce Samson, family practice, and his fishing partner Jerry Anderson who took first place in the Manufacturer's Walleye Council Fishing Tournament in August.

Fligge on state board

Ron Fligge, chief therapist in respiratory care has been elected to the Board of Directors of the American Lung Association of Minnesota for a three year term.

Holly Ball to raise money for Hospice

Well before anyone started thinking about a winter of snow flurries, long before

temperatures dipped below freezing, even before the stores put out their Christmas decorations, plans for this year's Holly Ball were underway. And what more appropriate theme for the 12th Annual Holly Ball than the 12 Days of Christmas!

While you probably won't see maids a'milking or swans a'swimming, it won't be hard to pick out the ladies dancing. And with a little imagination you'll notice French hens, gold rings, and pears — without partridges. Those last items are all part of the menu which consists of cheese soup, fresh fruit salad with honey dressing, assorted rolls, chicken coq au vin (French hens) served on a bed of wild rice, branded carrots (gold rings), and a pear with chocolate sauce.

The Holly Ball is planned for Saturday, Dec. 6 at the Holiday Inn, St. Cloud. The schedule of activities will stay the same as in past years with cocktails at 6:30 p.m. and dinner served at 7 p.m. and 8:30 p.m. Dinner music will

be provided by the Larson/Wick Duo, and dance music by the Nocturnes.

There have been some changes, according to Barbara Brown, manager of volunteer services. “We had to raise the price of the tickets this year. It hasn't changed for a couple of years, but prices for everything have been going up and we just couldn't absorb the extra costs anymore.” Tickets are \$30 per person with \$15 tax deductible.

Another change is the creation of categories for “Friends of the Hospital” donations. This year a contribution of \$100 will qualify you as a “Silver Friend of the Hospital” and entitle you to two tickets and a \$70 tax deduction. Those who contribute \$200 will qualify as “Gold Friends of the Hospital” and will receive four tickets and a \$140 tax deduction.

The most significant change is that instead of using the money



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Saint Cloud Hospital

Beacon Light

October 1986



*Making every action count — guest relations
Stories begin on page 1.*



Entry deadline for photo contest — October 31

There is still time to enter the Saint Cloud Hospital second annual photo contest. If you are a SCH employee, volunteer, intern, student, or member of the medical staff, you are encouraged to put your photography skills to work. Three prizes will be awarded in each of the following two categories: People/Animals and Scenery/General Interest. Entering the contest is simple, just follow these guidelines: photos can be

color or black and white, but they must be 8 x 10 or 8 x 12 photos, unmounted. Put your name, department, an extension number where you can be reached, and the name of the the category the picture is entered in on the back of the photo.

You can enter as many photos as you like, but you can only win one prize.

Photos which have won a prize in any other photo contest are not eligible.

All entries must be turned in to the Public Relations Department, on or before October 31, 1986. For more information, call Public Relations at ext. 5652.

Beacon Light

1406 Sixth Avenue N. St. Cloud, MN 56301

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Address Correction Requested

Saint Cloud Hospital, founded in 1928, is a 489-bed hospital sponsored by the Sisters of the Order of St. Benedict and the Diocese of St. Cloud. Saint Cloud Hospital adheres to the Ethical and Religious Directives of the Catholic Church in providing health care services to the community it serves.

Saint Cloud Hospital is fully accredited by the Joint Commission on the Accreditation of Hospitals (JCAH).

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