

CentraCare Health

DigitalCommons@CentraCare Health

Center Scan

10-1988

Center Scan: October 1988

St. Cloud Hospital

Follow this and additional works at: <https://digitalcommons.centracare.com/center-scan>



Part of the [Organizational Communication Commons](#)

Published for the
employees, medical
staff and volunteers
of Saint Cloud
Hospital.

October 1988

Center Scan

ETC assistant moonlights as county EMS manager

You have your two career families, and in Linnea Barron you have your two career person.

At Saint Cloud Hospital Barron is an emergency trauma center (ETC) assistant, assisting with nursing activities under the direction of registered nurses and physicians.

Plus she moonlights as the Stearns County Community Health Emergency Medical Services Manager, which offers an interesting contrast. The two positions are very different, yet have a lot in common.

At the hospital, where she has worked since 1979, Barron has a lot of patient contact, helping deal with whatever emergency or non-emergency comes through the door. Her responsibilities include assisting RN's in assessing patients, assisting orthopedics, pediatrics and surgeons with procedures performed in the ETC, drawing blood for lab, transporting patients, and helping x-ray obtain films on ETC patients.

Her new position requires her to provide for planning, development and coordination of emergency medical services in Stearns County, and to promote emergency medical services through public education. She works closely with all of Stearns County's first responders, police and fire/rescue, the sheriff and ambulance services, the agencies summoned by the 911 system to respond to emergencies in our community. Barron's position was created by Stearns County Community Health Services Board of Health in 1979 to help first responders upgrade training, reduce emergency response time and develop more public awareness of emergency medical services.

Linnea oversees training for emergency medical services personnel, co-



Linnea Barron moves easily from scrubs to skirts as she switches from emergency trauma center assistant to Stearns County Community Health Emergency Medical Services manager.

ordinates training with various emergency medical services training institutions, and assists in providing new equipment for emergency medical service agencies. She staffs the county emergency medical services task force and has also been appointed by the county Board of Health to the Central Minnesota EMS Regional Council to act as a liaison between the region and the county.

Barron believes that the two positions complement each other. People who respond to emergency situations sometimes have to deal with very troubling circumstances. Death, abuse, loss of a loved one, and other tragedies have a disturbing and lingering effect

on those who work with them. Having been a part of that in her work at the hospital helps her relate to the people she works with in the county, and also provides a level of mutual respect and understanding between Barron and emergency medical service personnel.

For the county Barron has moved into an emergency services managerial position, but she insists that she doesn't want to separate herself from the emergency trauma center staff and patient care. "I'm still a hard working emergency trauma center assistant," she said. "I enjoy working in both aspects of emergency medical services and they complement each other well."

Nurses step up to clinical ladder

During September Saint Cloud Hospital was the first hospital in Minnesota to institute a clinical laddering program for registered nurses.

It was the culmination of almost two years of planning. A committee consisting of RNs spent many hours investigating the system, calling other hospitals who have a clinical laddering program and implementing SCH's program.

During the next year, all RNs will be placed on a clinical laddering level. SCH's clinical ladder has four levels: Clinical Nurse 1, 2, 3 and 4.

The first level will be primarily nurses who are recent nursing school graduates or who have not practiced in an acute care setting for an extended period of time.

Level 2 is the level which is the standard of practice for an RN at SCH. Studies have shown that the majority of RNs will be at this level of practice. They must maintain standards of performance to remain at this level and will be evaluated annually. They have the option of obtaining a specialty certification.

Level 3 nurses will be those who work with increasing independence to set criteria for the quality of patient care. They will also use specialized knowledge and skills when assessing the health needs of patients. Again, specialty certification is optional.

To advance to Level 4, nurses will be required to have a master's degree in nursing or certification in a specialty. They will establish standards and criteria for measuring the quality of patient care; apply research to their clinical practice; and serve as a resource person for clinical problems in their areas of specialization. When necessary, Level 4 nurses will also assume leadership roles.



After almost two years of planning by an RN committee and others, SCH introduced the state's first clinical laddering program.

The RNs will be placed on clinical ladder level by a Peer Review Committee consisting of staff RNs who are also members of the larger Clinical Laddering Committee. This group will rotate members on an annual basis.

Jackie Peterschick, manager of same day surgery and outpatient services was one of the individuals who "got the ball rolling" with this program.

She's excited to see it finally be implemented. "I think the nurses are looking forward to being professionally recognized and financially rewarded for their efforts. It's an opportunity nurses have never had before."

"The implementation of this program has been a positive experience for all the staff involved and the response has been favorable," she added.

A & C finally finds way into H.E.A.R.T.

We've all heard the saying, "If at first you don't succeed, then try, try again."

After trying for six years, Saint Cloud Hospital's Alcohol and Chemical Dependency (A & C) Center was finally accepted in August as an affiliated Treatment Center of H.E.A.R.T. — short for Help Enable Alcoholics Receive Treatment.

Through H.E.A.R.T., SCH will be able to "help some people who fall through the system's cracks receive treatment," said Jim Forsting, manager of the A & C Center. "These may be people who don't have insurance and don't qualify for government assistance. And we can help those who may have barriers during treatment."

SCH's A & C Center has a fund set

up to help people through financial difficulties. For example, if a person's car breaks down or if they can't afford a babysitter, it can help pay for a cab ride or to hire a babysitter. If paying the bills becomes an overriding concern during treatment, H.E.A.R.T. can help pay the rent or mortgage, utilities — whatever it takes to ease patients' worries so they can concentrate on treatment.

"They don't take new people too often, it just depends on their supply of funds," Forsting, manager of A & C Center, said. "Now that we're in, we're in forever."

Established in 1971, H.E.A.R.T. is based in St. Paul, MN and has 50-60 affiliated centers which distribute about \$400,000 a year to those in need.



Sister Victorine Houde revisits the Bishop's House. She continues to work in medical records but she has moved to St. Raphael's Convent.

Sisters move; presence remains

When people heard that the Bishop's House was to be used for a day care center, eyebrows raised. What about the Sisters?

Some people suspected that the Sisters had been pushed out. Some, it seems, wondered if this wasn't just part of a steady process to minimize the effect and presence of the religious community. You don't see them around here like you used to, people said.

In the past, the Benedictine Sisters were Saint Cloud Hospital. Since the hospital began, through its moves and changes, their guidance and work has enriched the atmosphere for patients and staff alike.

Some of the Sisters moving have been at SCH for a long time. Sister Victorine Houde, for example, has been associated with the hospital since 1934 and currently works in medical records. It isn't easy to leave, and she is a little sad. "But the hospital isn't putting us out," she said. "We're moving because of a number of reasons. Maybe we could have stayed there a year or two longer, but that's all."

Sister Victorine, at 74, is the only

Sister from the Bishop's House currently employed at the hospital. Several others held part-time jobs until recently, and many of the Sisters there gave generously of their time in volunteer positions over the years. Recently some of them had been ill or were becoming frail. Plus, evaluations had determined that the Bishop's House was the hospital owned property most suited for conversion to a day care, a fact the Sisters were well aware of. The communities at St. Raphael's, St. Scholastica and St. Benedict's all had space, meaning the Sisters could have choices if they elected to leave. The timing was right.

"All of the Sisters have been fully aware of this for well over a year," said Sister Boniface Salm, nutrition services. Sister Boniface lives in one of the houses that border the north parking lot. "An evaluating team had looked at all of the houses. It just happened that the Bishop's House was the one most suited to be a day care."

The reason for a reduced visibility of Sisters in the hospital has been an actual reduction in their numbers.

"There are less vocations to religious life today. When I entered the religious community in 1948 there were 20 of us making our first vows," Sister Boniface said. "Now the classes are two or three, and it's a national trend. At that time the peace corps and other opportunities for service weren't present. Now they are." About seventy Sisters worked and volunteered at SCH when Sister Boniface began in 1961. Today there are 14. "And we're not as visible as we used to be because some of us are not in the traditional garb."

Unless there is a swing back toward religious vocations there will be fewer Sisters in the future than there were in the past, and it's unlikely that their presence will ever be as prominent as it once was. However, SCH is a strong hospital community because of the collaboration of the women religious and dedicated lay persons throughout its history. This involvement will continue, and the Sisters' legacy will remain. It's one of the things that makes SCH special.



Careful selection from the Riverfront menu produced this nutritious meal for HSI's Jane Henneman. It contains skim milk, a turkey sandwich, fresh vegetables, and a banana.

they need to start a healthy weight loss program," said Bernie Maus, HSI nutrition clinic coordinator.

"We help them set a goal weight, outline a meal plan and give them basic nutrition information," added Jane Henneman, HSI dietitian. The next set of core classes will begin in November.

Once participants have completed the core sessions, they can use the rest of their punch card on elective classes which meet their individual needs. These sessions are conducted weekly from 12-12:30 p.m. at the hospital. A variety of subjects will be offered including proper snacking, the importance of exercising, and recipe modification. Henneman stressed that people can buy more punch cards if they would like to attend more classes.

Maus stressed that this program is geared to healthy weight loss. "There are no gimmicks, no promises," she said. Henneman added, "We want to educate employees about good choices for healthy eating so they lose the weight and keep it off."

All sessions are taught by registered dietitians or the appropriate professionals, depending on the session's topic.

At this point, the program discount is only for employees but employees' spouses and hospital volunteers can attend for full price. Punch cards are available at HSI.

For more information about SCH's Weight Management Program call Jane Henneman at ext. 4262.

Benefit package grows with weight management option

How many times have you said to yourself, "I'd just like to lose 10 pounds!"

Then you try to lose that weight by skipping breakfast and lunch only to pork out at suppertime. Or you eat three square meals a day along with three not-so-square snacks a day. Need help?

Saint Cloud Hospital's Weight Management Program to the rescue! As of Sept. 20, SCH began this program as a benefit to its employees. The hospital has contracted with Health Systems Institute to administer the program.

The program is based on a punch

card system. Employees can purchase a 6 or 10 punch card. Each punch costs \$8 and is worth one class. The employee pays \$5 and the hospital pays \$3. The 6 and 10 punch cards cost the employees \$30 and \$50 respectively. Employees can use four of the punches on a core program and use the rest of the punches on elective classes. Or they can use their entire punch card on elective classes.

Every two months the core program, consisting of four half-hour classes over a three-week period, is offered. "During these sessions, we're giving the participants the information

New patient menu eases, improves, food selection

Starting this month, Saint Cloud Hospital's patients will be able to select their food choices from a new menu which offers a better selection and is more accurate for their specific diet.

In the past, there were seven different preprinted menus. Depending on their condition and diet, patients could order low sodium, low calorie, low fat, pureed, clear/full liquid, renal dialysis or regular food items. These menus were not very flexible. They did not allow for diet combinations. For

example, if a patient was on a low sodium and low fat diet, there was not a menu printed with the proper foods that fit both of these categories.

"Our new menu will be computer generated daily and will allow for more than 25 different diet types. Each menu will be personalized for all the patients in the hospital," said Holly Van Heel, assistant director of nutrition services. "It will also allow for additions and deletions of seasonal food items."

Because there are more menu types,

nursing units will be educated on the new system. Transcribers will be able to select the diet order by multiple choice on the computer screen.

The new menus will be used throughout the entire hospital. "Looking at it from the patients' perspective, their food selection will be much easier. They will also be able to use the new menus as an educational tool. They'll be able to learn what foods they can eat on a restricted diet," Van Heel added.

Survey coming: chance for all to improve workplace

It's a little like politics.

If you don't vote, you don't have a say in your government. If you don't fill in your Employee Attitude Survey (EAS), you won't get to help improve your workplace.

Sometime in early October each employee will receive a 1988 EAS. The 893 employees who completed last year's survey will find it similar, but not the same.

Input from last year's survey led to several changes at the hospital.

Fifty percent of employees expressed an interest in seeing child care at the hospital, and a day care center will be in operation this fall.

Some said that the hospital doesn't provide opportunities for promotions. *Center Scan* now lists promotions, to let people know that folk are in fact being promoted. Bob Messersmith, director of human resources, said that his department has a heightened awareness that policies regarding promotion and hiring need to be enforced more consistently than in the past.

Some departments did not score well as regards positive attitude. So, through a confidential meeting process, managers were provided with blunt feedback on what their employees thought of them. (Sometimes it wasn't pretty.)

Less than 10 percent of respondents felt that extra work energy was rewarded, while 74 percent felt that hard workers should receive extra rewards. This indicated that the move to pay for performance was well directed.

Comparisons will be made between last year's survey and this year's to see if there has been any significant change. Because of this, Messersmith said, it's essential that employees answer the survey based on how things are now, not on how they were last year or before.

The survey is entirely confidential. It is coordinated by an out of state consultant in such a way that management never sees the individual responses. The consultant's report groups responses so that individuals cannot be identified. The original surveys are never returned.

This year, when follow up inter-

views are conducted in departments where employee morale appears to be low, Messersmith will bring in an outsider to help gather information from employees. Last year, he admits, in some areas he got a little too involved with what people were telling him, and he didn't maintain the kind of professional distance he wanted to.

This year's survey will probably include questions on the effectiveness of the Personnel Advisory & Activities Committee, on the dispute resolution system, on staff perception of how

HTO was handled, on whether people consider salaries to be competitive, on whether people feel the hospital is handling seniority appropriately, and on whether publications like *Center Scan* and the *Beacon Light* are useful.

The survey response data should be organized and returned early in November, and sometime after that it will be relayed to employees. "It costs a lot of money and time to do this," Messersmith said, "but it can make the quality of life better for our employees."

BENEFIT WISE

This Benefit Wise column will appear regularly and will provide information and answer questions about SCH benefits, policies, and procedures. This first column will address the question of changes in employee status.

QUESTION: What do I need to do about my benefits when I get married?

ANSWER: A new benefit enrollment card needs to be completed indicating any change of name, change in medical or dental coverage, and change in beneficiary for life insurance. This card must be completed within 30 days of marriage to ensure coverage effective the date of your marriage. If changing from single to family coverage under medical, a "Group Coverage Change" form must also be completed. If you do not complete the proper forms within 30 days of marriage, health histories will be necessary to add your spouse to your medical and/or dental insurance.

Other items to consider changing are beneficiary for the Tax Deferred Annuities and election amounts for the Medical Expense/Dependent Care Reimbursement Accounts.

QUESTION: What do I need to do about my benefits when I get a divorce?

ANSWER: If your divorce affects your name, medical or dental coverage, or life insurance beneficiary, you need to complete a new benefit enrollment card. If you are taking your ex-spouse off your medical or dental coverage, he/she is eligible to continue coverage on an individual basis under our group for up to 36 months by paying full premium.

Again, other items to consider changing are beneficiary for the Tax Deferred Annuities and election amounts for the Medical Expense/Dependent Care Reimbursement Accounts.

QUESTION: What do I need to do when adding a dependent due to a birth or adoption?

ANSWER: A new benefit enrollment card adding the dependent's name needs to be completed within 30 days. You may also want to change your beneficiary for life insurance. If you have AWARE Gold Limited medical coverage, a "Dependent Information Form" also needs to be completed. If enrolled in the Tax Deferred Annuities, you may want to change your beneficiary.

If enrolled in the Medical Expense/Dependent Care Reimbursement Accounts, you may make a change in your election amount by completing a new enrollment form within 30 days of date of birth or adoption. If you are not enrolled in the Medical Expense/Dependent Care Reimbursement Accounts, you may now do so within 30 days of the birth or adoption.

QUESTION: How long are dependents covered under the medical and dental policies?

ANSWER: Dependents are covered until age 19 under both the medical and dental policies. If they are full time students, they are covered until age 23. Dependents no longer eligible to be covered under your policy due to age restrictions may continue coverage on an individual basis under our group for up to 36 months by paying full premium.

Suggestions for future Benefit Wise columns will be accepted by the Center Scan Editor, Public Relations.

Hospital Picnic

1) Local magician Gerry Mertens entertains the crowd with his tricks.
2) Orderly Daryl Henneman takes aim on the horseshoe court. 3) Surgery's Marcia O'Konek and her son, Don, try for bingo.
4) The clown brings smiles to little faces. 5) Sack races provide youngsters with the chance to work off some energy. 6) Ione Jacobs, laboratory, accompanies her son, Danny, around the pony track.



1)



2)



3)



4)



5)



6)



Karen Peterson, RN, BSN, became the new assistant manager of the Neonatal Intensive Care Unit. Peterson was previously employed as the maternal child educator.



Mickie Schreiber, RN, BSN, became the new assistant manager of maternal child services. Schreiber was previously employed as a staff nurse in critical care.



Janice Springer, RN, BSN, became the new assistant manager of the emergency trauma center. Springer returns to the ETC from a nurse clinician position on 4 south.

Promotions

Patrice Ellering, nurse intern, ETU, to ETU assistant.

***Doris McCarley**, endoscopy cleaner, endoscopy, to ETU assistant.

Bruce Stellmach, A & C counselor, A & C, to A & C senior counselor.

Laurie Tverstol, ECG trainee technician, to ECG technician.

Betty Weisen, housekeeping aide, environmental services, to porter.

Marlene Wenderski, trainee transcriber, 4 south, to transcriber.

* Will work both positions.

Achievements

Colleen Ketter, cardiac rehab, passed her certification for exercise testing through the American College of Sports Medicine.

Lori Kurowski, RN, Family Birthing Center, completed the process leading to certification by the Nurses Association of the American College of Obstetricians and Gynecologists in low risk neonatal nursing.

Alice Frechette, manager of medical records, was elected president-elect of the Minnesota State Medical Record Association for 1988-89.

Judy Linderholm, 6 south, passed her national orthopedic certification in nursing.

Pam Ruhland, RN, 6 south, received a Bachelor of Arts in Nursing from the College of St. Catherine.

Pam Schnettler, supervisor of medical data quality, was elected president of Region D Minnesota Medical Record Association.

Mary Stiles, M.D., has been elected as a fellow of the American College of Physicians.

center scan

October 1988 Volume 1, Number 5

Center Scan is published bimonthly by the public relations and development department. Any comments or questions should be addressed to the editor.

Editor:
John L. Pepper

Contributing Writer:
Diane Hageman

© 1988 Saint Cloud Hospital

We are looking for employees to feature in each issue of *Center Scan*. If you have any suggestions please fill out the form below and return it to the public relations and development department.

FEATURED EMPLOYEE

Name _____ Department _____

Reason for nomination _____

Your name _____ Extension _____