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# center scan



## Nursing education follows trends for the 1990s

An RN is an RN is an RN. Well... There's your ADN RN, with an associate degree in nursing. There's your Diploma RN, out of a nursing school three-year program. And there's your BSN RN, with a baccalaureate degree in nursing. For now, all RNs are treated equally. So why get the four-year degree?

"For me," said Paulette Como, RN (BSN), endoscopy, "it was a personal goal. I see that the four-year degree is the future for nursing. For nursing to be a valued profession, and for one to advance, higher education is the only way to go."

Como received her degree in May 1989, from the College of St. Benedict. For Como and others with the Diploma from a school of nursing, obtaining the degree was a triumph over frustration with the system. She graduated from a School of Nursing program that didn't provide college credits. Although she had proven herself as a nurse, her three years of school didn't transfer college credits to CSB. This left her starting toward the degree behind Licensed Practical Nurses (LPNs). Their one year of classes do count toward the ADN program, which can be used as a stepping stone toward the BSN.

Como studied for her degree alongside nursing supervisor Karen Kleinschmidt, and they graduated together. "What we were able to do was pay money and test out of class-

es," Kleinschmidt said. "I'd have to say that the College of St. Benedict was very helpful. No, they didn't allow us to transfer any credits, but no program is going to transfer credits from 17 or 25 years ago. They can't lower their academic standards and risk having sub-standard graduates."

Jo Zwilling, 4 south nurse manager, is pursuing a BAN (comparable with the BSN) through Metropolitan State University, which has a small campus in St. Paul and offers classes at various locations in the Twin Cities. It's a program geared to adult learners who may not be looking for a traditional program, Zwilling said. "There's a little more freedom, and it offers more evening and weekend classes."

For Mary Bukowski, RN, 6 south, the route from LPN to RN (ADN) has been well worthwhile from several perspectives. She earns more, she has gained leadership and decision making authority, and she is now halfway to her BSN. Bukowski attended the North Hennepin Community College ADN program which has been coordinated through Saint Cloud Hospital. Classes were offered at Saint Cloud State University, and tuition expenses were reimbursed by the hospital. "The hospital really helped and encouraged us (LPNs) to go back to school and become RNs," Bukowski said. "I had always wanted to go back to school, but financially I couldn't handle St. Ben's. The ADN program made it fea-

sible for me to become an RN while I continued to work and earn a salary. If I decide to go on for a BSN some day, I'm that much closer."

According to Sister Kara Hennes, vice president of nursing, the future of nursing will include changes in how nurses' responsibilities are divided. Differentiation among RNs, in terms of responsibilities and earnings, will happen. The Twin Cities hospitals pay higher salaries to nurses with a baccalaureate degree in nursing, and graduates of baccalaureate programs are attracted to hospitals who recognize the degree with a salary differential. This puts pressure on SCH, which wants to remain competitive with the Twin Cities labor market and recruit new graduates to SCH.

SCH currently has a RN mix of 75% ADN and Diploma graduates, and 25% BSN/BAN graduates. "We are working toward a 50/50 mix by the year 2000. Discussions will take place with staff nurses over the next several months to gain their understanding and support of a two track salary system. A task force on differentiated practice will start later this year to delineate two levels of responsibility within the RN job description," Hennes said.

These changes are taking place because the nursing profession is becoming increasingly complex, Zwilling said, making more academic training a necessity for RNs.

# Increase in use of swallowing therapy dramatic

Swallowing therapy is a relatively new therapy but statistics prove that it's growing quickly at Saint Cloud Hospital (SCH).

In 1985-86, the rehabilitation department spent just 2.75 hours on swallowing therapy. Compare that to the 73 hours spent on swallowing therapy in the first six months of this fiscal year, an increase of more than 5,000 percent.

Why the dramatic increase? Jerry Carlson, chief, speech pathology, said it's because doctors are starting to see swallowing therapy as a means to reduce incidence of aspiration and pneumonia and improve nutrition. Swallowing therapy helps shorten a patient's stay at SCH.

When you swallow, the vocal cords close and the epiglottis unfolds over the vocal cords. This ensures that food goes from the pharynx to the esophagus rather than down the trachea to the lungs.

But for many patients who suffer from stroke, head injury or muscle disease, the swallowing mechanism is impaired. Partial paralysis of the throat mechanism causes the vocal cords to be less sensitive to food. These patients will gag or

choke if food enters the larynx. When the throat mechanism is totally paralyzed, food can enter the larynx and the patient won't even know it.

When a swallowing problem is suspected, a

tion will help determine if, in fact, there is a problem, what therapy is most appropriate, and what consistencies of food are easiest and safest for the patient to swallow...liquids, pureed, soft or regular.

But how do you help someone swallow? When you hold your breath your lungs are closed off so no air (or foreign particles) can enter.

According to Carlson, speech pathologists instruct some patients to hold their breath while swallowing. A cough immediately after swallowing ensures that any food particles that may have settled on top of the patient's airway are loosened. A second method, thermal stimulation, involves stroking an area in the mouth with a cold object. This process stimulates the swallowing reflex to occur more quickly.

"Speech pathology and radiology team up two to three times to check the patient's progress," Carlson said. "And as therapy progresses, we add more foods to their menu. We really try to help patients get back to their normal diet," he added.

—Lori Hilger

## Barium cookies...mmm good?

Well, they're definitely not the latest taste treat. But they do serve a useful purpose here at SCH. To make an accurate swallowing evaluation, a speech pathologist needs to see the patient swallow several types of food on X-ray—a liquid, a pudding, and a cookie. The cookie posed a particular problem. The barium that was poured on top of it separated from the cookie while the patient was chewing. So the speech therapy department called Mary Sundell, clinical dietitian, to see if she could help. Sundell consulted with nutrition services and Sharon Kluempke, bakery manager. Together, they developed a barium sugar cookie that can be viewed on X-ray. According to Kluempke all she had to do was add barium to the SCH sugar cookie recipe. And, as with all bakery products, the staff taste-tested the cookie. "It has a slightly different consistency and taste, but it's not a bad tasting cookie,"

Kluempke said.

speech pathologist conducts a bed-side exam and sometimes makes X-ray observations of the patient's swallowing process. This swallowing evalua-

# Leisure counseling: balance for a happier life

Never enough time in the day for fun? Look at these statistics.

There are 168 hours in a week. Subtract 40 hours for a normal work week and there's 128 hours left for yourself. Subtract 56 hours for sleep. Subtract 40 hours for odd jobs (house cleaning, shopping, yard work, car repairs, etc.). That leaves you with 32 hours every week or 4 1/2 hours a day for leisure.

Dan Baumgartner, chief, therapeutic recreation, and his staff counsel patients on how to achieve a better balance in their lives with more time for leisure.

According to Baumgartner, candidates for leisure counseling come

primarily from the mental health unit and Recovery Plus, chemical dependency services. The patients meet individually with a therapeutic recreation staff member who helps them discover, plan and then make time for leisure activities. The goal is to help patients lead happier, more productive lives through greater awareness of the benefits of recreation.

Eliminating leisure activities is often the first step in the withdrawal process associated with depression, Baumgartner said. He and his staff try to reintroduce leisure to help break the depression cycle.

"We don't tell them what to do,

we simply help them through the process of decision-making and planning," Baumgartner said.

"People need to make a commitment. Without thought, planning and initiative, the depression cycle will continue. We help patients realize that there is a way out," he said.

"With the fast pace of today's society, all of us need to learn to slow down and appreciate what we have...our health, our family and friends, our natural environment. We need to change our values and priorities or we may die without ever really living," Baumgartner said.

—Lori Hilger

# Massage: restoration, relaxation, revitalization



Is tension getting to be a pain in the neck? Letting the hands of a professional massage practitioner soothe you is one way to eliminate that accumulated stress.

Rich Schwegel, manager Health Systems Institute (HSI), started the massage program at Saint Cloud Hospital (SCH) in December 1989. Kendra Flanagan, RN, a certified massage practitioner, was hired. The HSI program offers a variety of massage services. During the 15-minute on-site massage, the massage practitioner brings a specially designed portable chair to the individual's workplace and performs a structured, patterned massage over the client's clothes. It involves the head, neck, shoulders, arms, hands, upper and lower back. It relaxes and soothes, doesn't interfere with the flow of the office or work schedule, and can be programmed for part of a person's break time. "Massage helps create a productive climate in the work place. You do a good job because you feel good," Flanagan said. "There tends to be less absen-

teeism and employee problems when your employees are feeling well and at their optimum."

Other types of massage currently offered are the sports massage, 30-minute and hour-long massage. The massage is tailored to the individual's needs with the assessment of the massage practitioner. "With the stress of the holidays, I loved being able to relax (with the hour-long massage)," said Joyce Halstrom, social worker, Hospice. "I'd plan it so that when I was finished, I could go home and crawl into a warm water bed with a good book."

Many people find a relaxing massage is "absolutely necessary to their mental health, to their sense of well-being and wholeness," Flanagan said. People have a massage prior to and following an athletic event to help prepare the muscles and lessen the possibility of injury. The massage also enhances muscle restoration by helping rid the body of excess waste produced by muscle activity. Some find the stress relief of massage helps them maintain a balance in their

lives...an overall sense of well-being, Flanagan said. "Massage doesn't cure any condition. It makes you feel better, releases muscle tension and spasms and helps your body restore itself to a state of balance so that you can be at your best," she said.

"The pleasant experience of massage is a good way to loosen up your muscles and relax. It feels good both physically and psychologically," Halstrom said.

As massage gains recognition in Central Minnesota, Schwegel said, he sees it expanding into many other areas of practice including on-site massage in community businesses, personal massage, sports massage, massage in hospital settings, and eventually nursing home and senior citizens apartment complexes.

"We've made tremendous strides in St. Cloud in educating the public that therapeutic professional massage is an acceptable way of taking good care of ourselves," Flanagan said.

—Dawn Peterson

## Second neurosurgeon joins medical staff

Any hospital that wants to be a regional referral center needs to provide neurosurgery, according to Paul Gray, senior vice president.

Dr. Reginald Watts of Central Minnesota Neurosciences, Ltd., has been Saint Cloud Hospital's neurosurgeon since he joined the medical staff in 1983.

But ideally a regional medical center has more than one neurosurgeon. One neurosurgeon cannot operate on two patients at once.

One neurosurgeon cannot be on call at all times. Having only one neurosurgeon leaves a hospital short of the coverage necessary for comprehensive care of a regional population. Therefore SCH and Watts have been recruiting a second neurosurgeon for some time.

The search ended when Dr. Tom Rigsby decided to move to St. Cloud from San Diego. Rigsby, who began practice in St. Cloud in December, 1989, had numerous opportunities available to him when he decided to move. He chose St. Cloud, he said, because he was impressed by the facilities and the commitment of the hospital and medical staffs to

provide a top quality service.

Gray anticipates that with the arrival of Rigsby, neurosurgery and neurology will grow at SCH. Some physicians who have been sending patients elsewhere may possibly send their patients to SCH, Gray said, "and the addition of a second neurosurgeon may catalyze the addition of more neurologists. We are not meeting the needs of our total service area at this point."

In addition, Gray said, there may well be benefits to having two neurosurgeons in town. "When you have colleagues working in an environment, it is enriching to both physicians."



## New

# Management



**Jamie L. Schleuder** became the new manager of education & professional development. Before arriving at SCH, Schleuder was manager of training and development at Fingerhut Corporation.

# center scan

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

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## Promotions

**Janet Ahlstrand**, LPN, 3 south, to graduate nurse.

**Lisa Aman**, trainee transcriber, telemetry, to transcriber.

**Vicki Baston**, LPN, float pool, to graduate nurse.

**Guy Baumann**, trainee transcriber, 6 south, to transcriber.

**James Boom**, security & safety officer, security, to staff radiographer, radiology.

**Mary Bukowski**, LPN, 6 south, to graduate nurse.

**Linda Clark**, receptionist/ secretary, Recovery Plus, to secretarial coordinator.

**Andrea Devinck**, computer support spec., information services, to programmer I.

**Wanda Doering**, trainee surgery control clerk, surgery, to surgery control clerk.

**Noel Engelmeyer**, bio med elect tech II, plant services, to bio med elect tech I.

**Rose Feneis**, data entry operator, information services, to trainee computer support specialist.

**Jolene Goodrich**, trainee surgery control clerk, O.R., to surgery control clerk.

**Brenda Hansen**, rehab secretary, rehab, to secretarial supervisor.

**Marcia Hanson**, RN level III, MHU, to intake coordinator/educator.

**Jean Kimmes**, cashier/CMMS, billing & collections, to senior office cashier/CMMS.

**Kathy Klaustermeier**, LPN, float pool, to graduate nurse.

**Michelle Koopmeiners**, trainee pharmacy tech, to pharmacy tech.

**Wanda Lamprecht**, recruiter, employment, to senior employment representative.

**Linda Lindberg**, transcriber/KDU technician, kidney dialysis unit, to graduate nurse.

**Warren Lommel**, maintenance worker II, plant services, to maintenance worker I.

**Teddy Ludivig**, bacteriology aide, laboratory, to medical technician I.

**Theresa Murtley**, nutrition assistant, nutrition services, to trainee pharmacy tech, pharmacy.

**Sheila Probach**, LPN, 4 northwest, to graduate nurse.

**David Schlumpberger**, maintenance worker II, plant services, to maintenance worker I.

**Doris Schwegman**, LPN, 3 south, to graduate nurse.

**Sharon Spanier**, LPN, 4 northwest, to graduate nurse.

**Florianna Theisen**, office clerk, billing & collections, to general office cashier.

**Judy Trafas**, LPN, 4 northwest, to graduate nurse.

**Carol Ann Zika**, LPN, float pool, to graduate nurse.

## Achievements

ETU RN's **Rose Kunkel, Pam Stellmach** and **Carri Wilder** passed a 16-hour course on trauma nursing.

Junior Volunteer **Karin Reichensperger**, nutrition assistant, nutrition services, received a Community Involvement Achievement Award from the St. Cloud Area Optimist International chapter.

**Brenda Linn**, RN, nursing floats, passes the ANA national exam to become certified in medical/surgical nursing.

**Barb McConnell** and **Val Robinson**, employee health service, passed examinations to become certified adult nurse practitioners.

Medical Records supervisor **Cathy Andrick**, became a registered record administrator. **Michelle Wright**, technician, became an

accredited record technician.

Nurse clinician **Shirley Roth**, same day surgery/outpatient services RNs **Carleen Janey, Colleen Layne**, and **Mary Rennie**, and 4 south RNs **Vicki Dahl, Mary Goering, Karen Neis, Leanne Troxel**, and **Michelle Vossen**, passed national medical/surgical nursing certification examinations to become certified medical nurses.

**Sister Joyce Iten**, chaplain, hospice and spiritual care, was granted certification in the National Catholic Chaplain's Association.

**Susan Seep** and **Jackie Voigt**, Recovery Plus counselors, became certified chemical dependency counselors by the Institute for Chemical Dependency Professionals of Minnesota.