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INSIDE THIS ISSUE:

Northway Drive Day Surgery2
 Construction Changes2
 Continuous Quality Improvement3
 Problem Solved by CQI3
 Benefits4
 Promotions4
 Achievements4

center scan

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

New Career Opportunities System Helps Employment Focus Efforts

Career Opportunities

As of August 1, 1992, applications for health care support positions at Saint Cloud Hospital will be processed through Job Service, the state's employment listing and placement offices. More than 200 positions are included in the health care support category.

Previously, the hospital's employment office had processed all job applications. It will continue to accept applications for management, professional and technical positions. "I don't really like to divide the job categories in this way, because many of the health care support positions require specialized skills," said Wanda Lamprecht, senior employment representative. "But generally speaking, these are positions for which there is an adequate local workforce, and which tend to have a higher turnover than the professional and technical positions."

That turnover has created a problem for the employment office. Its time has been spent

processing the many applications for positions which could be easily filled, and it has had limited time to devote to positions which are difficult to fill. Relieving the workload relating to health care support positions should make the department more effective in hiring for those other, hard to fill positions.

The Job Service offices have computer systems which make it easy for potential employees to find out about openings, and which can keep track of applicants' data. Job Service staff will screen applicants, but the final interviewing and hiring decisions will continue to be made by hospital management.

Current Saint Cloud Hospital employees will still be able to apply for all career opportunities through the employment department. And, the health care support positions will continue to be listed outside the employment office for one week prior to listing by Job Service.

Picnic

Hospital employees, physicians, volunteers, board of directors and families!

Be sure to attend the hospital picnic, Saturday, August 8, 1992, 12 noon - 6 p.m., Wilson Park.

Schedule of Events

- 12-2 p.m. Lunch
- 12:30-6 p.m. Pillow Jumper
- 1-2 p.m.; 4-5 p.m. Fish Pond
- 1-3 p.m. Grandpa Jim (Balloon Art)
- 1:30-2:30 p.m. Children's Bingo
- 1:30-5:30 p.m. Pony Ring
- 2-4 p.m. Merlin the Magician
- 2:30-4:30 p.m. Face Painting
- 2:30-3:30 p.m. Adult Bingo
- 4-6 p.m. Dinner

Activities include volleyball, mshball, horseshoes, tennis and an egg toss for willing volunteers.

Radiologists Volunteer

Due to an unfortunate oversight, the SCH radiologists were not listed as Mid-Minnesota Health Clinic volunteers in the last Center Scan about the JCPenney Golden Rule award. Apologies to radiologists Stephen Crawford, Ralph Fedor, John Lacika, Robert Low, Philip VanderStoep, and Cheryl Walczak.

Northway Drive Day Surgery

If you think about outpatient surgery at Saint Cloud Hospital only in terms of A-level and the building's south end, you are missing part of the picture. The hospital also owns the day surgery in the St. Cloud Orthopedics building on Northway Drive.

The Northway Drive surgery was acquired from St. Cloud Orthopedics Associates in 1990. "Ambulatory surgery is going to become a bigger part of hospital business with

new procedures and medical advances. A very important part of the hospital's long-range vision is to have a strong regional presence in outpatient surgery," said Sharon Hovde, manager of the day surgery program and Northway facility. "We bought the Northway business to help us develop that presence. The

orthopedic surgeons want to develop this space for other purposes, so when the hospital's new day surgery facility is built, this day surgery will close."

The hospital's main surgery rooms currently provide three

kinds of service: inpatient surgery; early morning admit surgery, for patients who are admitted early in the morning, have surgery, and then remain in the hospital overnight or longer; and day surgery, for patients who are admitted and go home the same day.

Completion of the new day surgery—part of the hospital's south end construction—is scheduled for October 1993. Until then, the day surgery on Northway Drive will continue to provide surgery in its own two operating rooms. It provides mostly orthopedic surgery and some urology, Hovde said. It is quite self-contained, with a staff of 12 hospital employees.

"Our new facility is planned to be convenient for our patients, their families, and physicians. I'm excited about that," Hovde said. "Until then, we will continue to provide excellent care both at the hospital and right here."



Above: B inserts at
Left: The operating

Construction Change

PARKING TIGHTENS AGAIN

Because of construction work, entrances to the emergency area at the south end of the hospital will be closed as of Aug. 3, 1992.

The back door of the ambulance garage will close, as will the southeast entrance to endoscopy and the Emergency Trauma Center. The garage will be demolished Sept. 1. Parking will not be available at the south end of the hospital near the emergency entrance, either in front of the hospital or behind it, after Aug. 3.

As of Aug. 3, an attendant will be on duty 24 hours a day at the corner of Sixth Avenue North and the driveway to the hospital's main entrance. The attendant will provide parking direction and other assistance to hospital visitors.

Because of this situation, there will be additional demand for parking space in the north parking lot and the south parking ramp. Employees are encouraged not only to park in the ramp, but also to consider other measures, such as ride sharing, to reduce parking pressure until the north ramp is completed in late January, 1993.

The tunnel connecting the south ramp to the hospital will close in September. At that time, employees will enter the hospital from the ramp by using the loading dock entrance at the back of the hospital.

It will also be appreciated if employees who receive a ride to or from work use Sixth Avenue as their drop-off/pick-up point, rather than the driveway through to the main entrance. The hospital needs to keep that space driveway as clear as possible for emergency vehicles.

EMERGENCY ENTRANCE, WOR

On Aug. 3, the hospital's southeast entrance of the building. The rear exit from the emergency area will be closed.

Ambulances will continue to enter the emergency area by backing out. An attendant will be available to assist patients who are unable to enter the emergency area through the entrance.

An opening will be cut into the hospital's emergency trauma center through what is now the garage entrance to the new entrance, and at the same time, ambulances will use the parking space adjacent to the admitting entrance.

"The entrance relocation is necessary as planned for October 1993. "We've completely renovated the emergency area this year, and there are times when we are just crowded in the emergency rooms, but in the new trauma center we'll have a better service, in line with our regional responsibility."

The change in patient entrance is triggered by the construction. "We have a different type of work here that isn't enough will be one less. But we will do our best to receive excellent care. It's going to be stressful around the hospital will understand that."

CONTINUOUS QUALITY IMPROVEMENT TAKING HOLD

Continuous Quality Improvement, or CQI, has become an incantation on the lips of American business and is fast becoming a buzzword at Saint Cloud Hospital.

CQI represents a commitment to providing a quality service or product to the customer. In a hospital setting that customer may be the patient, but it may also be the other departments or individuals that interact and depend upon one another. At its simplest level CQI involves making a flowchart to illustrate the steps of a process, then using the flowchart to identify measures which will make the process more efficient. But simple problem solving alone isn't necessarily CQI.

"CQI is more than just flowcharts; it's a work culture that focuses on satisfying the customer," said Mary Buhl, director, quality assurance and risk management. "It may take 5 to 10 years to get that culture really integrated into the way people think about their work, and the way you do things is to constantly examine how you work. You could describe people here to be working in vertical pathways of their own specialty—lab, nursing, or whatever. We tend to look at how we are doing our job within the pathway. But our patients move horizontally across the pathways, and we have to be able to provide quality across departments the same way. CQI encourages people to do that collaboratively."

CQI represents a commitment to providing a quality service or product to the customer.

The thrust for CQI comes from administration and is supported by management, Buhl said, but one of the keys to its success will be the empowering of employees to participate in the CQI process. "For managers to change their role to facilitating decision-making at the employee level, and for other employees to accept it, is the cultural change that sometimes takes a long time to achieve."

The hospital is currently four months into testing the CQI team process with two pilot CQI projects. One is focused on improving lab turnaround for emergency patients; the other is concerned with management of certain problems in rehabilitation patients. "We are actively working with these teams and will look at how the team process worked for us, and then move on to improve it," Buhl said.

CQI APPROACH SHORTENS ACCOUNTS RECEIVED TIME

As the hospital was developing its strategy to introduce CQI, CQI was already going on. One example of a situation not actually designated a CQI project which used a CQI approach has been the reduction in time delay between patients being admitted and receipt of payment.

The situation as of July 1, 1991, was this: the average time between a patient being admitted and paying for treatment was 87.3 days: too long. By June 30, 1992, the timespan was reduced to 57.6 days. This produced an increased cash flow of \$6,200,000, and \$310,000 per year interest earned on earlier payment.

The original lengthy delay was caused by inefficiencies in the process from admitting to medical records to billing & collections.

"It took a real team effort by all the parties involved to improve the system. We had clearly defined objectives and goals, which helped us, but it was the commitment by each department to view this as a team which allowed us to accomplish the objective of reducing accounts receivable days," said Alice Frechette, manager of medical records. "To make something like this work you need to understand how an action on your part may have an impact on somebody else, and develop an empathy for that person," she said.

Problem solving was facilitated by outside consultants, but the real heroes of the process were staff who worked patiently and cooperatively despite some skepticism, said Willie White, admitting manager. Admitting is now accomplished twice as fast, and a number of delays have been reduced by the addition of an insurance pre-verification process.

For billing and collection manager Wayne Lauermann it was an enjoyable process, but one that triggered a few fears. "There was the fear of not being able to handle change, the question of 'Can I do it?' My own fear was whether I could change and adapt to a new management style," Lauermann said.

The bottom line is that the three areas have created an improved process that works better for everybody. "We replaced redundant habits with good working habits. We don't work harder; we work smarter," Lauermann said.

Information about this project has been submitted to the Voluntary Hospitals of America (VHA) and may be presented at their national conference in Atlanta, Georgia, later this year.



raatz, R.N.,
rior to surgery.
Surgery at Northway Drive
s are large and well equipped.

HOW CHANGING

will be closed due to construction at the south
ncy garage will also close.
ency garage from Sixth Avenue, but they will
le to assist with the process. Walk-in emergency
through the door by the emergency garage

at wall on Aug. 10 to allow patients to enter the
C Room 1. Automatic doors will be moved from
the garage will close and be demolished. At that
ntly reserved for outpatients outside the

of the new trauma center construction,"
olution of construction on the new ETC is
grown our space. We are seeing 27,000 patients a
; apart at the seams. Right now we have 13
. The new facility will help us provide better

reorganization of how ETC space will be used.
redictable, and the number of beds that already
e can to ensure that our patients continue to
und here for a while and I hope other people

Benefits

SAINT CLOUD HOSPITAL'S RETIREMENT PLAN

Saint Cloud Hospital's employees are covered under a retirement program called "Sisters of the Order of St. Benedict Retirement Plan." This plan is known as a defined benefit plan which means that the plan provides benefits related to service and salary based on a formula that determines how much an employee or beneficiary will receive.

The hospital pays the entire cost of the plan, which last year was \$1,760,858 or 12.7% of all benefit dollars spent.

Employees become participants in the plan if they are at least 21 years of age and work at least 1,000 hours in the fiscal year which begins on July 1 and concludes June 30.

In order to be eligible for benefits an employee must first be vested. Employees receive a vesting credit each year if they work at least 1,000 hours in that fiscal year. Employees need five years of 1,000 hours to be fully vested. Vacation, on and off premise call, hospital time off, sick, and holiday hours are counted towards pension hours.

Retirement benefits are calculated on a percentage of final average salary multiplied by your benefit credits.

Normal retirement age is 65. However, if an employee's age is at least 60 and he/she has 25 years of service (with 1,000 hours or more) that employee is eligible to retire with no reduction to his/her monthly pension benefit (rule of 85). If an employee retires before age 65 and does not meet the Rule of 85 (age plus credited service), but is at least 55 years of age and has at least 15 years of credited service, the employee is eligible for pension benefits at a reduced rate.

PENSION PLAN COMMUNICATION FOCUS GROUPS

In the next six weeks, special focus groups made up of hospital employees will be discussing the best and most effective ways to communicate the value of the pension plan. Each participant has been randomly selected and a broad demographic group is represented.

If you are within two months of retirement or are nearing retirement and wish to have an estimated pension calculation prepared for you, please contact Lola Brysz, ext. 3626 or Laura Burns, ext. 4612 in the Compensation and Benefits Department.

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A RECYCLED AND RECYCLABLE PAPER

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PROMOTIONS

Julie Bukowski, staff radiographer, radiology, to vasc. imaging tech.

Wanda Borchardt, transcriber, ETC, to graduate nurse.

*Walter Gribas, chemical dep. specialist, Recovery Plus, to Recovery Plus counselor.

Patricia V. Hemmesch, licensed practical nurse, 4 South, to graduate nurse.

Debby Herbst, food service aide, nutrition services, to telecomm attendant, telecommunications.

Delores M. Jonas, food service aide, patient nutrition, to nutrition assistant.

Mary Justin, medical transcriptionist, physician supp., to superv. medical transcription.

Bradley Kuhlman, licensed consulting psychologist, Pain Rehabilitation, to staff psychologist.

Lois Lenzmeier, nurse intern, telemetry, to graduate nurse.

Karen S. Lucey, neurodiagnostic technologist, neurology, to supervisor, neurodiagnostics.

*Steven Manderfeld, chemical dep. specialist, Recovery Plus, to Recovery Plus counselor.

Michelle Mohr, nursing assistant, float pool, to graduate nurse, 4 Northwest.

Carolyn Neubauer, ETC assistant, ETC, to graduate nurse, float pool.

Susan A. Pundsack, licensed practical nurse, 5 South, to graduate nurse.

Pamela Rakke, cytotechnologist I, laboratory, to cytotechnologist II.

Sandra Roske, staff radiographer, radiation therapy, to radiation therapy tech.

Robin Schlabsz, medical technologist I, laboratory, to medical technologist II.

Melissa Schmidt, medical technologist I, laboratory, to medical technologist II.

Chad Spaulding, nursing assistant, float pool, to transcriber/receptionist, endoscopy.

Michael Travers, chemical dependency specialist, Recovery Plus, to Recovery Plus counselor.

* Will work both positions.

ACHIEVEMENTS

Dick Beastron, manager, Post Anesthesia Care Unit, was elected by the board of directors of the American society of Post Anesthesia Nurses to the nominating committee.

Mary Court, RN, 5 South, passed her national certification for oncology nursing.

Eay Chawla, manager, occupational health service, passed the American Board of Occupational Health Nurse certification examination.

John Frobenius, president, was elected to the St. Cloud Area Chamber of Commerce board of directors.

Joyce Halstrom, home care and hospice social worker, was recertified as a Certified Chemical Dependency Practitioner by the Institute for Chemical Dependency Professionals of Minnesota.

Kathy Murphy, manager, home care services, has been elected chair of the Reimbursement Committee and chair of Region 4 of the Minnesota Home Care Association.

Jim Forsting, manager, Recovery Plus, was selected to participate in the St. Cloud Area Leadership Program.