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1960

### Annual Report: 1960

St. Cloud Hospital

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# *Annual Report*

## *1960*



*Saint Cloud Hospital*  
*Saint Cloud, Minnesota*

Conducted by Sisters of the order of Saint Benedict



*St. Cloud Hospital*

*St. Cloud, Minnesota*

*July 1, 1959 to June 30, 1960*

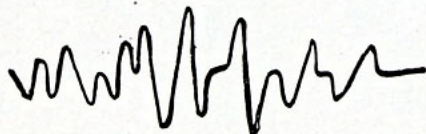


Accredited by the  
Joint Commission on Accreditation of Hospitals

Licensed by the  
State of Minnesota

Member of

American Hospital Association  
Catholic Hospital Association  
Minnesota Conference of Catholic Hospitals  
Minnesota Hospital Association  
Minnesota Hospital Service Association  
National Conference of Catholic Charities  
St. Cloud Chamber of Commerce



Governing Boards:

Mother Richarda, O.S.B.  
Sister Mary Patrick, O.S.B.  
Sister Enid, O.S.B.  
Sister Jeremy, O.S.B.  
Sister Nora, O.S.B.  
Sister Inez, O.S.B.  
Sister Jameen, O.S.B.

ANNUAL DEPARTMENTAL REPORT

The Governing Board  
The Administrator  
Chief of Staff  
Report of the Secretary  
Statistics on Discharged Patients  
Occupancy Data  
Medical Audit  
Department of Medicine  
Department of Surgery  
Department of Anesthesia  
Department of Obstetrics  
Department of Eye, Ear, Nose and Throat  
Department of Orthopedics  
Department of Pediatrics  
Clinical and Pathological Laboratories  
Department of Radiology  
Department of Nursing Service  
Pharmacy  
Occupational and Physical Therapy  
Dietary Department  
Medical Reference Library  
Medical Records Department  
A Note on Finance  
School of Nursing  
"Hospital Happenings"

## *The Chairman of the Governing Board*

About thirty years ago the Sisters of the Order of Saint Benedict undertook a project which seemed both timely and wise. A new Saint Cloud Hospital was built, the third of a series of hospitals by which we sought to serve the sick of this area. Built according to the standards of the time, this hospital was ultra modern in every detail. Progress has been made through the years under the careful administration of those in charge and through the unselfish labor of lay and religious personnel and the professional contributions of its excellent medical staff.

The building, now grown obsolete in some areas because of the rapid advances made in science and medicine, presents needs which must be provided for in the coming years; wise planning must make care of the sick possible while these changes are being effected. Although the physical plant needs renovation to overcome the advance of obsolescence, the hospital family spirit has not diminished since the days of its first beginnings. Instead, it has that spirit which it knew in its early days, and happily presents a picture of a devoted and united body working together toward a common goal.

As president of the governing board of the Saint Cloud Hospital and as prioress of the Sisters of the Order of Saint Benedict, I thank God most sincerely for the Sisters, medical staff, and personnel who have helped make real in this area Saint Benedict's injunction: "Before and above all things care must be taken of the sick that they be served in very truth as Christ is served." I thank God in a special way for the doctors who make this service possible, for without doctors a hospital cannot exist. I thank God that we are blessed with the assistance of men who are not only called doctors but whose lives and work deserve this reverent title. I am grateful to them for their collaboration with us in this work of mercy and I am grateful to them for the generous and careful care they render to the sick members of our religious community. I trust that the high standards which they have set and maintained will continue to be characteristic of Saint Cloud Hospital in the future.

*Mother Richarda, O.S.B.*

Chairman

# The Administrator

In reviewing the accomplishments of our hospital for the past year it is noted that the year 1959-1960 has been a busy and fruitful period. While the statistics and data in the succeeding pages indicate that the percentage of occupancy has remained almost constant for the past two years, it also indicates that the medical staff has relied more heavily on the diagnostic and therapeutic services of the hospital to speed the recovery of patients.

The fiscal year has been a very challenging one. Because there have been no economic miracles by which our institution has escaped the current trends of higher hospital costs caused by increases in the costs of supplies, equipment and equitable terms of employment for the hospital personnel, a rate adjustment was mandatory. The continued efforts in cooperation on the part of the medical staff and the personnel to follow our fundamental policy of providing the best possible patient care at the most conservative rate is deeply appreciated.

The past year has been marked by a program of evaluation of procedures and equipment in several areas. The installation of the McBee Key Sort System in the Accounting Department and the X-Omat in the X-Ray Department were important contributions in control and automation. The replacement of obsolete equipment or the installation of additional items of equipment to facilitate and improve patient care occurred in almost all hospital areas.

I wish to indicate my gratitude to Dr. O'Keefe, Chief of Staff, to the committee members, and to the entire staff for their generosity, their services, and their loyal support. I would like also to express my sincere appreciation to all the members of the hospital family who have devoted their untiring efforts to the compassionate care due to the suffering members of Christ. May the Lord reward you richly.

*Sister James O.R.B.*

Administrator

## The Chief of Staff

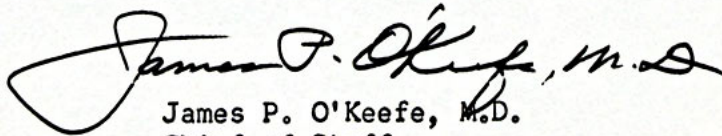
A number of worthwhile accomplishments have been effected through the efforts of each and every member of the hospital staff during the past eighteen months. I should like to review briefly with you the progress made during this period.

Perhaps the major accomplishment of our staff has been the decentralization of authority which had resided primarily in the executive committee and the chief of staff to committees and chiefs of service who now have a broader authority in self-government. A second important accomplishment has been the revision of the bylaws by the Bylaws Committee. Two new committees, namely, the Infections Committee and the Committee on Ethical Practices, were created, and both of them are functioning in a highly satisfactory manner. In addition, the staff has made itself responsible for an emergency call plan; changes have been made in visiting hours; and the rulings regarding narcotics, antibiotics, and their administration have been revised and clarified.

As your president, I have noted an increasingly better understanding and unity of purpose being manifested between the staff and the hospital administration. It has been a unique pleasure to work with an administrator who possesses a keen understanding of the problems of medical practice in their relation to hospital work. We are singularly fortunate in having Sister Jameen as our administrator, a person devoted through her vocation to the care of the sick, for she possesses the qualities of justice, an understanding of people and their problems, an awareness of the dignity of man plus a keen sense of humor to see her through her many problems.

A resume of a past year must include sad events. We note with regret the loss of some fine colleagues through somewhat untimely deaths. We are saddened by the loss of men who were esteemed both as professional men and as good friends.

In conclusion, I wish to extend my sincere personal thanks to each and every member of the staff for having served as your president. I trust that this privilege has been merited. To Dr. Petersen, our new president, I pledge my continued interest and cooperation.

  
James P. O'Keefe, M.D.  
Chief of Staff

## REPORT OF THE SECRETARY

A survey by Dr. E. Weir in July for the Joint Commission on Accreditation of hospitals followed shortly by the staphylococcus "crisis" that caused the entire 4 North to be isolated for a short time were the prelude to a year of Medical Staff activity that reached its climax in March when the revised bylaws were finished and adopted. Dr. James O'Keefe as Chief of Staff successfully led the group through both calm and turbulent times.

The responsibility of the Medical Staff for the care given to patients, a responsibility delegated to it by the Governing Board, was shouldered by many committees, standing and special, which reported to the Executive Committee. The Executive Committee was Dr. O'Keefe; Dr. R. Cesnik, Vice Chief of Staff; Dr. C. Donaldson, Secretary; Dr. L. Veranth; Dr. C. Luckemeyer as President-elect, replaced by Dr. R. Petersen; Dr. C. Brigham and Dr. W. Davidson. Membership of other committees was as follows: (Chairmen are shown by asterisks.)

### Medical Record Committee

Dr. H. Sisk -Chief of Medicine  
Dr. E. Schmitz -Chief of Surgery  
Dr. J. O'Keefe -Chief of Obstetrics  
Dr. T. Murn -Chief of Pediatrics  
Dr. E. Milhaupt -Chief of E E N T\*  
Dr. E. LaFond -Chief of Orthopedics  
Dr. H. Broker -Chief of Anesthesia  
Dr. A. Davis -Chief of Laboratories  
Dr. C. Nessa -Chief of Radiology  
Dr. D. Udem

### Credentials Committee

Dr. L. Veranth\*  
Dr. E. LaFond  
Dr. J. Gaida

### Program

Dr. H. Broker  
Dr. R. Salk\*  
Dr. E. Schmitz  
Dr. C. Luckemeyer  
Dr. O. Phares  
Dr. A. Davis

### Tissue Committee

Dr. J. Beuning  
Dr. H. Sisk  
Dr. P. Halenbeck\*  
Dr. L. Loes  
Dr. V. Neils  
Dr. E. Schmitz  
Dr. A. Davis, ex officio  
Dr. J. O'Keefe, ex officio

### Joint Conference Committee

Dr. J. O'Keefe  
Dr. W. Wenner  
Dr. L. Evans

### Surgical Privileges Committee

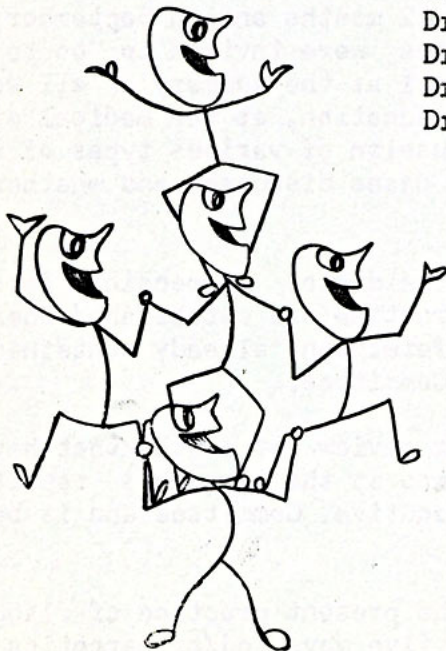
Dr. R. Jones\*  
Dr. K. Walfred  
Dr. C. Donaldson  
Dr. H. Clark - Dr. S. Raetz  
Dr. J. Beuning  
Dr. L. Veranth  
Dr. E. Schmitz  
Dr. L. Evans  
Dr. C. Brigham

### Instrument Pool

Dr. G. Goehrs\*  
Dr. C. Donaldson  
Dr. E. LaFond  
Dr. W. Autrey  
Dr. H. Broker

### Infections

Dr. N. Fidelman  
Dr. John Kelly  
Dr. R. Kline  
Dr. J. Olinger\*  
Dr. H. Reif





Pharmacy Committee

Dr. K. Walfred  
Dr. James Kelly\*  
Dr. C. Thuringer  
Dr. N. Fidelman  
Dr. R. Petersen

Ethical Practices Committee

Dr. W. Autrey\*  
Dr. J. Beuning  
Dr. G. Goehrs  
Dr. J. Olinger

Special committees appointed for the task indicated by the committee name were:  
Emergency Call Committee : Dr. H. Reif\*, Dr. E. LaFond and Dr. R. Petersen

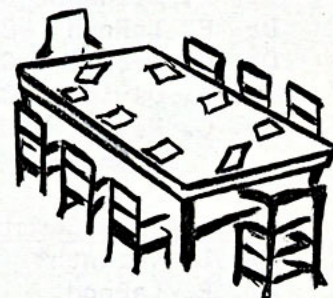
Bylaws Committee: Dr. C. Thuringer\*, Dr. H. Broker, Dr. L. Wittrock

Intern Committees: Dr. J. Beuning\*, Dr. L. Veranth, Dr. S. Koop

Disaster Plan Committee: Dr. C. Donaldson\*, Dr. R. Cesnik, Dr. W. Davidson

The Disaster Plan Committee is still working on a plan for handling a large number of patients who would arrive almost simultaneously should a major disaster occur in the area served by this hospital.

The Medical Record Committee met monthly and reviewed 1734 charts. A cumulative prothrombin time record was adopted to replace the individual reports. The committee approved a procedure for earmarking the charts of allergy patients who are in the hospital. Doctors were asked to pay special attention to progress notes and family histories, and to make formal written request for consultations. The new bylaws expand the scope of this committee's functions and also make the Vice President the ex officio Chairman.



The Tissue Committee also met monthly and reported that the summary of surgery reviewed for the 12 months ending September 30, 1959, showed that very good work was done. The doctors were invited to go to the Record Room to review their individual records as well as the summary of all work. As a means of meeting this committee's objective of education, at the medical staff meetings the Tissue Committee's report includes discussion of various types of surgery as well as a statistical report on the number of cases discussed and whether or not they are approved.

A standard procedure was adopted for informing the doctor responsible for the case whenever the surgery done is questioned and a routine was established whereby the doctor who receives the report may add to the information already contained in the chart and have it considered again by the Tissue Committee.

This committee recommended that a procedure for review of deaths that have a definite educational value should be established, and at the time this report is written, the suggestion has been sanctioned by the Executive Committee and is being readied for presentation to the entire medical staff.

The Pharmacy Committee laid the foundation for the present practice of flagging the charts of patients who have had antibiotics for five days and/or narcotics for

three days. The Instrument Pool Committee revised the policies of the Pool which were adopted at the April, 1959, medical staff meeting.

The Surgical Privileges Committee acted to allow several doctors to begin their period of trial for surgical privileges. The Infections Committee had a busy time in 1959. As a result, 1 South is being used as an Isolation Ward and the personnel for this floor were given special concentrated training to enable them to carry out safe isolation technic. Nursery procedures were reviewed and some revisions made.

Review of deaths and analysis of statistics continue to be done chiefly by means of reports distributed at medical staff meetings. Since there was no meeting in April or May, a cumulative report for March, April and May was given in June. The monthly autopsy rate varied between a low of 31% in September and a high of 62% in November. Although permission was obtained for 13 more autopsies than in 1958, the ratio of autopsies to deaths is 4% less.

The following programs were presented at medical staff meetings:

July	"Treatment of Plantar Warts", Dr. R. Cesnik
August	"Some Cases of Congenital Deformity", Program Committee
September	Description of Mental Health Clinic organization and procedures, Dr. J. McNamara
October	Report on national pediatricians' meeting, Dr. L. Timp
November	"Herpes Zoster and Complications", Dr. W. Rice
December	"Chemotherapy for Malignant Tumors", Dr. R. Kline
January	"Rectal Fistula", Dr. L. Evans
February	"Deaths Due to Respiratory Difficulty", Program Committee
March	"Pediatric Eczema", Dr. N. Fidelman
June	Annual Department Reports

There was 94% Active Staff attendance at medical staff meetings. This includes excused absences. Three doctors achieved a rating of 100% actual attendance -- Dr. L. Loes, Dr. R. Petersen and Dr. J. Olinger.

The Executive Committee recommended reappointment of all doctors for another year. Affirmative action was taken by the governing board and membership cards were issued. There are now two doctors on the Honorary Medical Staff, 47 on the Active Staff, one on the Consultant Staff, four on the Courtesy Staff and nine on the Associate Medical Staff.

Honorary Medical Staff

Dr. Harry Clark  
Dr. Henry Goehrs

Active Medical Staff

Dr. William Alden  
Dr. William Autrey  
Dr. Florian Baumgartner  
Dr. Lester Bendix  
Dr. John Beuning  
Dr. Charles Brigham  
Dr. Henry Broker  
Dr. Robert Cesnik  
Dr. William Davidson  
Dr. Arthur Davis  
Dr. Charles Donaldson  
Dr. Leslie Evans  
Dr. Joseph Gaida  
Dr. Gilman Goehrs  
Dr. Philip Halenbeck  
Dr. Richard Jones  
Dr. James Kelly  
Dr. John Kelly  
Dr. Richard Kline  
Dr. Herman Koop  
Dr. Severin Koop  
Dr. Edward LaFond  
Dr. Louis Loes  
Dr. John McDowell

Dr. Emmet Milhaupt  
Dr. Rudolph Mueller  
Dr. Thomas Murn  
Dr. Nicholas Musachio  
Dr. Vernon Neils  
Dr. James O'Keefe  
Dr. John Olinger  
Dr. Robert Petersen  
Dr. Otto Phares  
Dr. Sylvester Raetz  
Dr. Henry Reif  
Dr. William Richards  
Dr. Anthony Rozycki  
Dr. Richard Salk  
Dr. Everett Schmitz  
Dr. Harvey Sisk  
Dr. Clifford Stiles  
Dr. Carl Thuringer  
Dr. Leo Timp  
Dr. Dale Udem  
Dr. Leonard Veranth  
Dr. Waldemar Wenner  
Dr. Louis Wittrock

Consultant Staff

Dr. Theodore Dedolph

Courtesy Staff


Dr. Clifford Myre  
Dr. Nels Sandven

Dr. Philip Stangl  
Dr. Daniel O'Connor

Associate Medical Staff

Dr. Albert Lenarz  
Dr. Milton Bozanich  
Dr. John McNamara  
Dr. William Rice  
Dr. Virgil Zarling

Dr. Joseph Zeleny  
Dr. Robert Koenig  
Dr. Karel Absolon  
Dr. Charles Greenwald



Secretary

STATISTICAL ANALYSIS OF DISCHARGED PATIENTS

Service	Patients	Inf.		Deaths		P.O.	Autopsies		Consultations		Hosp. Days	Avg. Stay
		No.	%	No.	%		No.	%	No.	%		
Medicine	2788	6	.2%	216	7.7%		97	45%	318	11%	28201	10
Surgery	1905	28	1.4%	30	1.6%	17	15	50%	341	18%	14945	8
Obstetrics:												
Delivered	2376	11	.5%	1	.04%				78	3%	9740	4
Aborted	237	-		-					148	62%	633	3
Not Delivered	388	-		-					15	4%	936	2
Gynecology	665	3	.5%	5	.8%	2	2	40%	301	45%	3951	6
Ophthalmology	371	-		-					20	5%	2033	6
E. N. T.	1129	-		3	.27%		2	67%	46	4%	2893	3
Urology	544	1	.2%	4	.7%		2	50%	112	21%	4117	8
Orthopedics	1055	11	1.0%	15	1.4%	3	3	20%	181	17%	13217	13
Dermatology	103	-		-					8	8%	767	7
Pediatrics	943	-		13	1.4%		8	62%	38	4%	5590	6
Communicable disease	68	-		3	4.4%		2	67%	5	7%	702	10
Neurology	190	-		5	2.6%	1	5	100%	33	17%	1224	6
Psychiatry	167	-		-					39	23%	1146	7
Tuberculosis	14	-		1	7.1%		1	100%	3	21%	102	7
-----												
Total excluding NB	12943	60	.5%	296	2.3%	23	137	46%	1686	13%	90197	7
Newborn	2383	5	.2%	46	1.8%		21	46%	30	1%	10815	5
ALL PATIENTS	15326	65	.4%	342	2.2%	23	158	46%	1716	11%	101,012	

"Outside" consultations reported: 2 at University of Minnesota

RESULTS

Recovered	7245
Improved	6333
Not Improved	370
Not Treated	75
Diagnosis Only	961
Deaths Under 48 Hr.	117
Deaths Over 48 Hr.	225
Stillborn Infants	24

AGE DISTRIBUTION OF PATIENTS  
(excluding newborn)

0 - 2	707
2 - 14	1717
14 - 30	3326
30 - 40	2034
40 - 50	1388
50 - 60	1310
60 - 70	1184
70+	1277

PATIENTS WITH CARCINOMA DISCHARGED

Male Patients	6016
Female Patients	9310
St. Cloud Patients	7376
Rural St. Cloud and other towns	7950
Catholic Patients	11,115
Others	4,211

Medicine	45
Gynecology	21
Neurology	2
Orthopedics	6
Eye	7
Surgery (general)	113
Urology	39
E.N.T.	10
Pediatrics	1

Each patient is recorded only once.


OCCUPANCY DATA

Patients at midnight, June 30, 1959 . . . . .		253
Inpatient admissions . . . . .		12,963
Newborn . . . . .		<u>2,390</u>
Total number of patients given care . . . . .		15,606
Deaths . . . . .	342	
Discharges . . . . .	<u>14,984</u>	<u>15,326</u>
Patients at midnight June 30, 1960 . . . . .		280

\*\*\*\*\*

Daily average number of discharges and deaths . . . . .		42
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\*\*\*\*\*



**CARE** must  
be taken of  
the sick, that  
they be served  
in very truth  
as **CHRIST**  
is served ✝

Chapter 36  
Holy Rule of  
St. Benedict

Adults and Children

Patient days	88,643
Average daily census	242
% of occupancy	81%
Average stay (days)	7

Newborn

Patient days	10,568
Daily average census	29
% of occupancy	64%
Average stay (days)	5

Adult and pediatric bed complements	300
Newborn bassinet complements	45

\*\*\*\*\*

Outpatients

Emergency outpatient visits	1,122
Other outpatient visits	<u>12,531</u>
Total outpatient visits	13,653

MEDICAL AUDIT

St. Cloud Hospital  
1959-1960

Minimum Standards for  
Hospital Accreditation\*

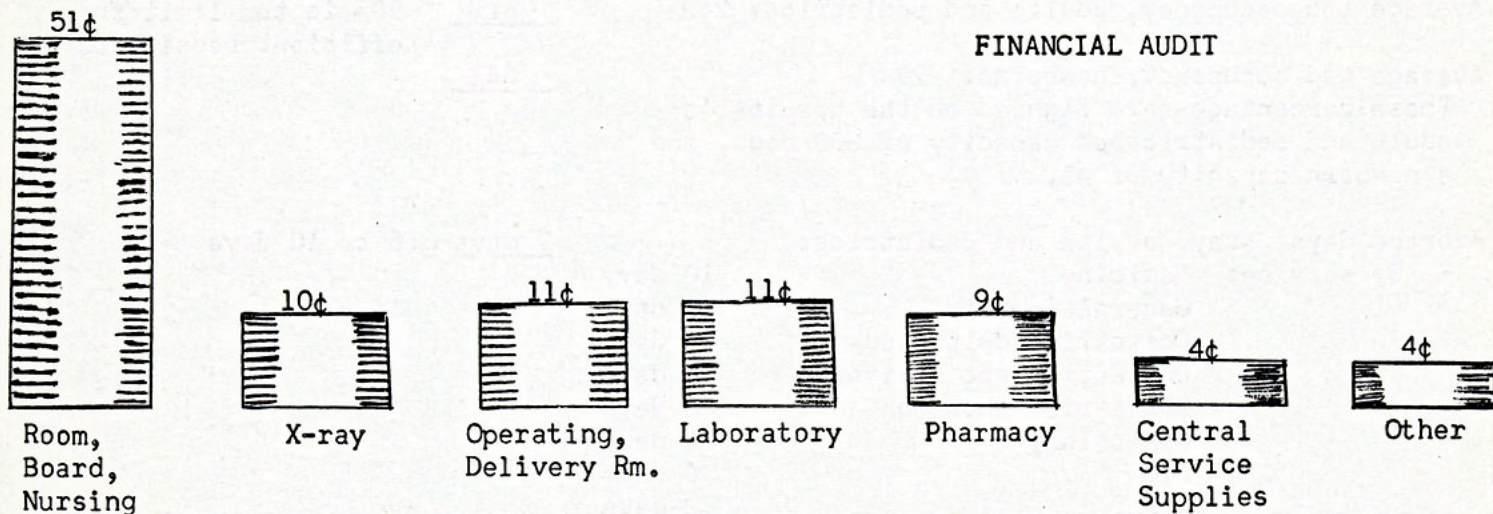
Average bed occupancy, adults and pediatrics: 242	<u>81%</u>	80% is top limit for efficient bedside care
Average bed occupancy, newborns: 29	<u>64%</u>	
These percentages are figured on the hospital's adult and pediatric bed capacity of 300 beds, and a newborn capacity of 45.		
Average days' stay, adults and pediatrics:	<u>7 days</u>	6 to 10 days
By service:		
Medicine	10 days	
General Surgery	8 days	
Obstetrics delivered	4 days	
Obstetrics not delivered	2 days	
Obstetrics aborted	3 days	
Gynecology	6 days	
Eye	6 days	
E N T	3 days	
Urology	8 days	
Orthopedics	13 days	
Dermatology	7 days	
Communicable	10 days	
Neurology	6 days	
Psychiatry	7 days	
Tuberculosis	7 days	
Pediatrics (children medical)	6 days	
Average days' stay, newborns:	<u>5 days</u>	
Percentage of all deaths to all discharges:	<u>2.2%</u>	4% is maximum
Percentage of autopsies: (158)	<u>46%</u>	20% is minimum; 25% if we wish interns
Postoperative death rate (within 10 days of surgery): (This is the number of deaths compared to all surgery done on inpatients: 4511 operations, 23 deaths)	<u>.5%</u>	1% considered excessive
Anesthetic deaths:	<u>none</u>	Expected mortality--about 1 to 5000 anesthetics
Maternal deaths:	<u>1</u>	.25% considered high
Ratio of instances of puerperal morbidity to total number of deliveries:	<u>.5%</u>	2% is maximum
Cesarean sections: (2404 deliveries, 80 C. sections)	<u>3.3%</u>	not over 3% to 4%
Ratio of deaths of newborns over 1000 grams to all newborns over 1000 grams: (2374 viable births, 37 deaths)	<u>1.6%</u>	not over 2%
Consultations:	<u>11%</u>	15% to 20% desirable

\* These are the standards used by the Joint Commission on Accreditation of Hospitals in its program of surveying and accrediting hospitals. They are based on national averages for hospitals in the United States.

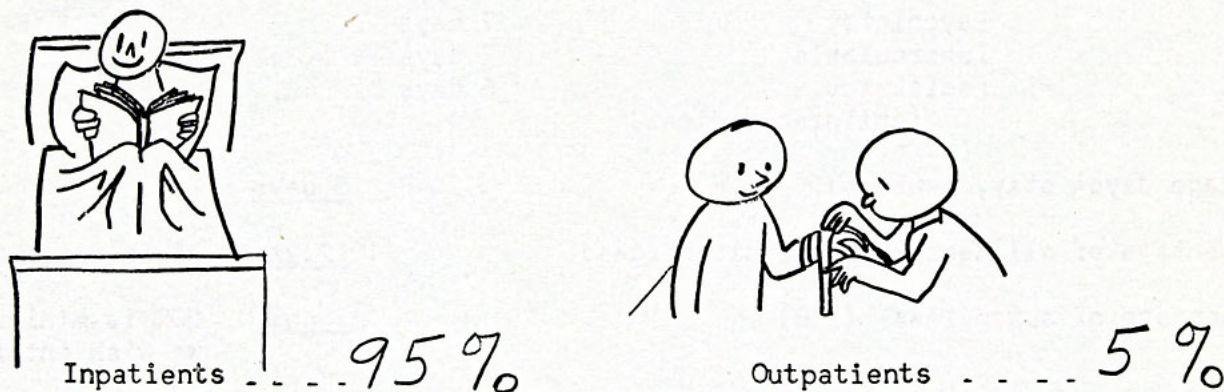
# the hospital dollar

where it came from . . . .

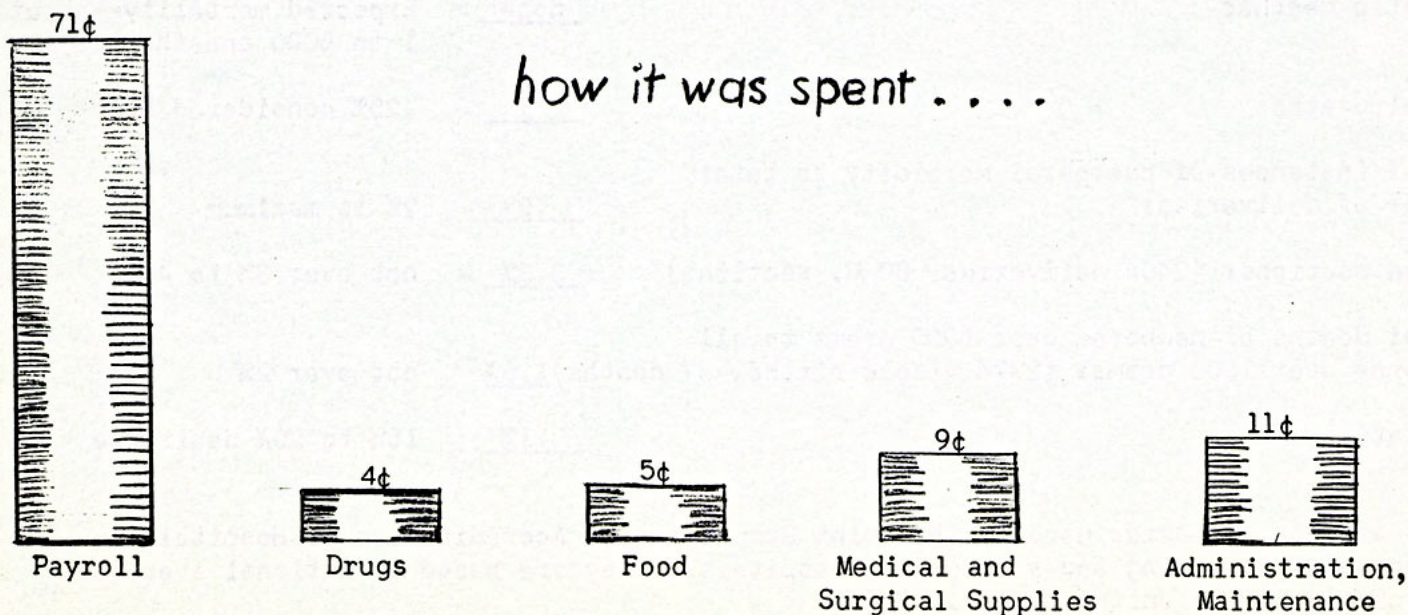
## FINANCIAL AUDIT

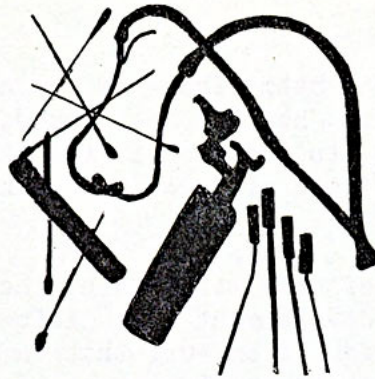


who it came from . . . .



how it was spent . . . .





## DEPARTMENT OF MEDICINE

The preparation of a report for the Department of Medicine becomes more difficult each year because it is impossible to consider this department as an autonomous unit. There is a close relationship between this department and all the other departments in the hospital. No one department can function or even exist without the cooperation of the other departments, and the departmental reports reflect the relationship. I should like to refer briefly to some of these relationships more directly and in doing so, if some of the departments are omitted, it is not with any special intent.

The problem of staphylococcic infections in hospitals has become universal and in all hospitals great effort has been, and is being, expended in trying to control these infections. One of the medical wards was designated as the ward where all such infections would be treated. Through the excellent work of the Nursing Service and the Infections Committee the problem has been met successfully in this hospital.

The Department of Medicine and the Pharmacy have and must continue to work in close harmony. If problems arise in the pharmacy, they may very well be our problems, and whenever possible we should do everything we can to correct them. We can, I believe, be of some help to the Pharmacy Department if we order drugs by their non-proprietary names whenever possible.

The Clinical Laboratory and the Pathology Department are of great assistance to the Department of Medicine. More and more laboratory tests are offered to aid us in making more accurate diagnoses and to assist in more scientific and definitive treatment of disease. Just a few examples of these are the introduction of new procedures in bone marrow studies, determination of electrolytes, and changes in sensitivity tests. The X-ray Department, too, is indispensable to the proper functioning of the Department of Medicine.

The Dietetic Department is also of utmost importance to us. Without their help we would not be able to treat many of our patients adequately. Some mention was made during the past year that perhaps a new diet manual could be prepared. The last manual was drawn up a number of years ago and should be modified or replaced. This could be a project for the future and will require the cooperation of all departments, again indicating that no department is an entity sufficient in itself.

As part of the treatment of many medical cases, including neurologic cases, occupational therapy and physical therapy have become more and more important. This is particularly true of the increasing number of patients suffering from cerebrovascular accidents and the degenerative diseases.



A matter of importance has been discussed on a number of occasions at various meetings, but a solution has not been found. This matter concerns the establishment of a committee to function in the field of medicine as the Tissue Committee functions in the field of surgery. I believe that in time this type of committee will be formed.

Several years ago a brief note was made by the Department of Medicine in an annual report regarding the development of a radio-isotope department. Although this has not yet been achieved, I am sure that in due time this, too, will be available to aid in the diagnosis and treatment of a number of diseases.

It seems that a report is not complete without some statistics. The following chart compares certain statistics of the Department of Medicine for 1958 and 1959-1960. The change from a calendar year to a fiscal year might be reflected in this chart, but any variation due to this will probably not be significant. The chart shows an increase in every category except the percentage of autopsies, and this, of course, reflects on us, the physicians. Even though 45% is a respectable percentage we can make it better.

	<u>1958</u>	<u>Fiscal year 1959-60</u>
Patients discharged	2,687	2,788
Hospital days, discharged pts.	22,639	28,201
Average stay	8 days	10 days
Deaths	195	216
Death rate	7%	8%
Consultations	264 (10%)	318 (11%)
Autopsies	91 (47%)	97 (45%)

As Chief of this department for a number of years, I have observed the continued good care and treatment received by the patients as well as the progress made from year to year. Credit is due not only to the Medical Staff but to all the members of every department in the hospital. I am sure that the future years will show the same progress.

I wish to thank the members of all departments and especially the Administrator and the Medical Records Department for their cooperation and help.

*Harvey E. Sisk*  
Chief of Medicine

DEPARTMENT OF SURGERY

During the summer of 1959 two of the major operating rooms were closed to permit removal of the large plate glass windows. This increased the supply space in each of the rooms and also caused a decrease in sun-produced heat. Two air-conditioning units were installed to help control the temperature in the four major rooms . . . installation is still in process.

A major operating table was purchased to replace an old table in one of the major rooms. Two large instrument tables were obtained for use primarily during head and neck surgery. Because it did not seem feasible to have wall suction installed at the present time, an additional suction machine was purchased and a new motor unit installed in one of the suction machines. To provide an emergency line, a second telephone was installed. The sterile tank was abandoned gradually in favor of sterile, distilled water and saline in flasks for all uses in surgery.

During the past eighteen months the total amount spent by the Pool for instrument purchase was \$3,075.44, and for instrument sharpening and repair, \$170.89. The total income for the Pool was \$4,203.00. There was \$1,344.68 in the Pool treasury on May 31, 1960. The policies of the Pool were revised and the revision accepted in April, 1959.

By progressive steps limitations on pediatric surgery were removed and it is hoped that in the future even greater freedom of scheduling will be possible. By gradually increasing the use of the operating rooms, experimenting with the schedule and increasing the personnel, it became possible on January 1, 1960, to have all four major rooms free for the use of general anesthesia during the morning hours. We still have a shortage of 8 o'clock hours. However, it is possible to schedule cases in the afternoon.

The needs for the future in the Operating Room area are centered around the need for an emergency room outside of the operating suite and for general remodeling within the department. Construction and renovation are indicated primarily to make better use of the space provided for minor operating rooms, storage space and clean-up areas.

The incidence of postoperative wound infection continues to be low.

  
Chief of Surgery

SUMMARY OF OPERATIONS PERFORMED  
1959-1960

	<u>Inpatients</u>	<u>Outpatients</u>	<u>Total</u>
<u>In the Operating Suite</u>			
General Surgery	2037	879	2916
Gynecology	655	8	663
Urology	394	2	396
Orthopedic	229	24	253
Ophthalmology	313	24	337
Ear, Nose, and Throat	1507	46	1553
Obstetrical	293	--	293
<u>In the Nursery</u>			
Circumcisions . . . . .			1094
<u>In the X-ray Department</u>			
Closed reduction with fixation. . . . .			460
Application of splints and casts without reduction. . . . .			515
Casts removed, no other treatment . . . . .			580
Miscellaneous emergency service . . . . .			<u>5</u>
Total number of surgical procedures. . . . .			9065

\* \* \* \* \*

Postoperative deaths (deaths within 10 days of surgery) . . . . .	23
Postoperative infections of clean surgical wounds, all services. . . . .	25
Other infections incurred by patients who underwent surgery . . . . .	18
Operations on discharged inpatients . . . . .	4511

DEPARTMENT OF ANESTHESIA

Anesthetics Given

In the Operating Rooms:

Ether and vinethene	283
Pentothal sodium (balanced anesthesia)	3217
Fluothane	9
Others (cyclopropane, spinals observed, etc.)	339

In the Delivery Rooms

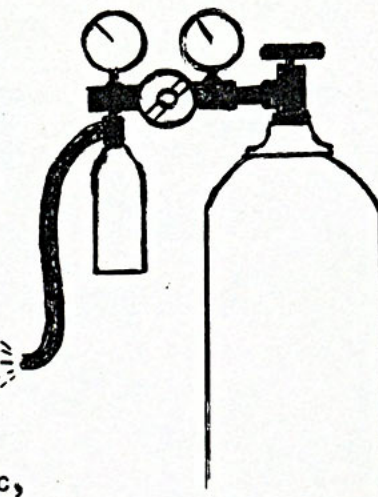
2255

Intubations

1446

Cylinders of oxygen used

4271

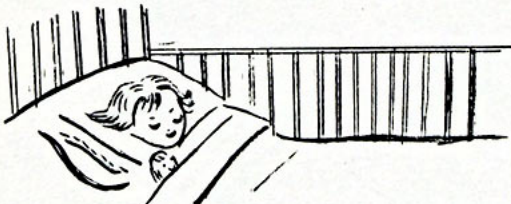


A new non-explosive inhalation anesthetic, Fluothane, is being used. So far it shows great possibilities.

Four hydrojettes were added to inhalation therapy equipment. An automatic respirator, a portable respirator and four carts for transporting patients were added to equipment for the department.

There is a shortage of nurse anesthetists. Because of the shortage, coverage of the needs of the Obstetrical Department was taken care of in part by people trained in the delivery room by members of the Department of Anesthesia.

There are now four nurse anesthetists in training. It is interesting to know how many hours the staff gives in training students. Two hundred hours of classroom instruction are required but the group in training has already received 275 hours and they are not near completion. They also need 325 hours of clinical experience, and most of the students get twice that many. Since the school started, 100% of the students were certified on their first examination which is a tremendous record.



Sister Virgene and Sister Judith wish to thank the doctors for helping them instruct the students, and we wish to thank everyone who cooperated in the teaching program.

*Am. Broker*

Chief of Anesthesia

DEPARTMENT OF OBSTETRICS

1. Data on Discharged Patients



Deliveries . . . . .	2404
Spontaneous	1961
Forceps	266
Breech and manual	97
Cesarean section	80 (3.3%)

Maternal deaths. . . . . 1

Puerperal morbidity . . . . . 11

These patients had a temperature of 100.4 degrees on two or more days postpartum exclusive of the first 24 hours after delivery, but an infection etiology is not established for all of them.

II. DATA ON NEWBORN BABIES DISCHARGED FROM HOSPITAL

Total live births	2383
Viable--over 1000 gm.	2374
Non-viable by weight	9

All newborn deaths	46 (1.8%)
Deaths of babies who weighed over 1000 grams	37 (1.6%)

Stillbirths 23

Twin births 26  
Triplet births 1

Male infants born 1222  
Female infants born 1161

In February visiting hours were restricted because of the flu epidemic, and because of the improved situation in regard to patient care, it was felt that this would be a desirable thing to continue, and such has been done.

Seven hundred eighty-nine anesthetics were given by members of the Obstetrical Department who were trained by nurse anesthetists.

A Gordon Armstrong isolette rocker was purchased for the nursery and also an isolette. Plans are now underway for reconstruction of the nursery and for enlargement of the delivery room area so that there will be three large delivery rooms. With the slow increase in the number of babies born each year, it is felt that it is expedient to make such plans.

As far as advice that one might leave for those who are to continue in the capacity of advising in this department, I would like to emphasize the need for the objective of keeping obstetrical patients on the obstetrical floor whenever possible. In the past it has been necessary because of the physical setup to do Cesarean sections and take care of patients with postpartum bleeding in the Operating Room; likewise we have had to take erythroblastotic children to the Operating Room for exchange transfusion. With the enlargement of the Delivery Room section and with the acquiescence of the staff, I think it would be a step forward in obstetric patient care to be able to handle all these patients on the fifth floor. It would speed up the care of the patient and obviate some of the dangers of delay that are necessary when doing unscheduled work in another department.

*James P. O'Keefe, M.D.*  
Chief of Obstetrics

EYE, EAR, NOSE AND THROAT DEPARTMENT

I mention lens extractions because we have been using Alpha Chymar. In the year ending May 31 there were 92 lens extractions, and of the 92, 80 were performed with the help of Alpha Chymar and 12 without. Complications were few, and as far as we can see have no relation to the Alpha Chymar.

In the E N T department everyone is particularly interested in T & A's. An analysis was made of all T & A patients in the past two years according to age groups. Most of them were performed at age 5 and 6 years. There was criticism about T & A's being done at too early an age. We found that in the year ending May 31, 1960, there was only one T & A performed on a patient under age 2; and in the year ending May 31, 1960, there were two. Almost all of the T & A's were done with intratracheal intubation.

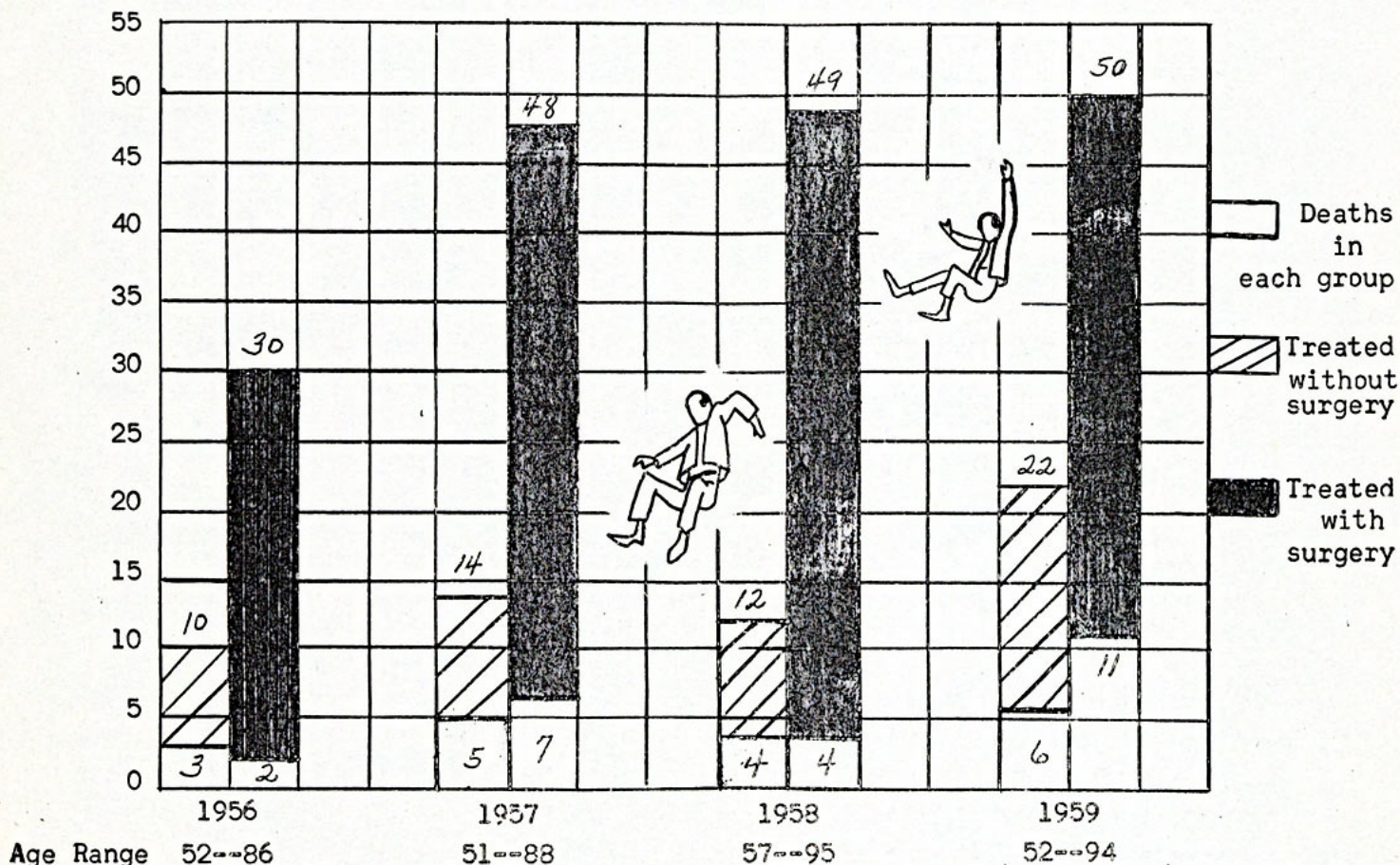
A change was made from the use of oxycyanide of mercury solution to sterile, flaked normal saline for preoperative ophthalmic preparation. In conjunction with this change we also adopted a policy of emptying the saline and distilled water flasks after each use. If any solution remains in the flask at the close of surgery, it is discarded instead of being saved for future use.

*E. Umthaupt*

Chief of Eye, Ear, Nose and Throat Department

## DEPARTMENT OF ORTHOPEDICS

A continuing review of the incidence of the most common operative fracture, fracture of the femur, showed that in the past year there were almost twice as many as in 1956. This demonstrates well how the number of patients in this department has increased in the past few years. The following graph shows the number of patients over 50 years of age who were treated each year for this type of injury, method of treatment, and the number of deaths in each category.

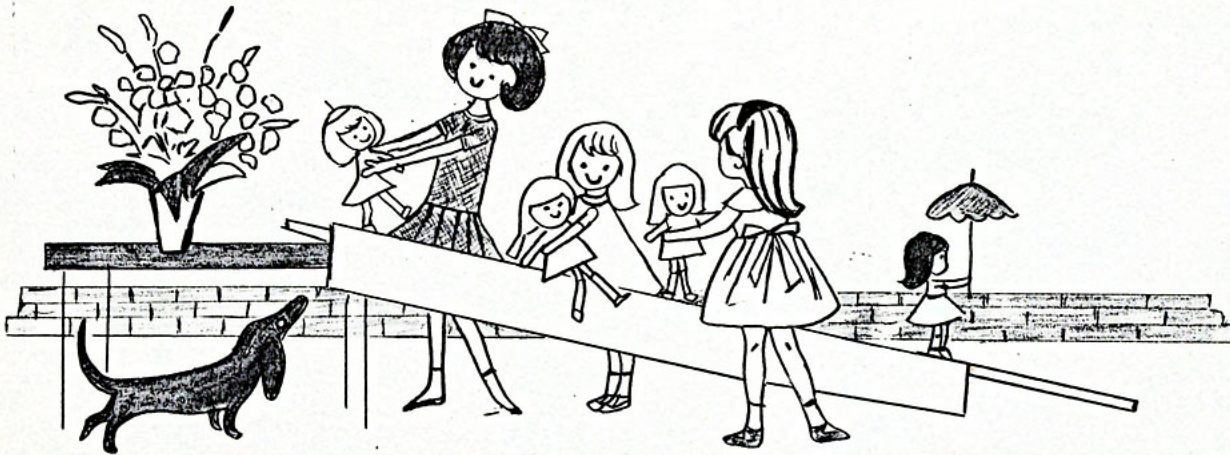


An estimated 37 open fractures were treated in 1959 and the first half of 1960. Four became infected during admission.

The incidence of pressure sores, the best criterion of nursing care in an orthopedic department, remains low. This problem is now fairly well controlled with our present excellent facilities and nurses' training.

The orthopedic equipment has been refurbished and reorganized. It is now all under the care of Central Service. In general, good service, fast and efficient, is available in setting up some of the complicated traction apparatus. Two plaster rooms are now in operation with a special attendant to assist during usual working hours. New major equipment obtained during the year includes a circ-electric bed, alternating air pressure mattresses, and a well-equipped orthopedic cart available on call from Central Service.

  
 Chief of Orthopedics



### DEPARTMENT OF PEDIATRICS

Seven hundred seven patients under two years of age and 1717 over two years of age were admitted to the pediatrics department. The average length of hospitalization was five days.

The patients were classified as follows:

General medical	943	Eye	117
General surgery	310	E N T	709
Gynecology	11	Communicable	47
Orthopedics	138	Psychiatry	4
Urology	44	Neurology	65
Dermatology	36	Tuberculosis	None

An attempt was made to improve isolation techniques and to prevent spread of infection by immediately discharging uncomplicated cases of measles or chicken pox that were admitted previously under a different diagnosis.

Our main continuing problem is shortage of beds during periods of heavy admissions for febrile illness and upper respiratory infections. After discussion with the hospital staff, a policy was established that cancellation of T & A patients would not be requested because of bed shortages. T & A patients are treated in this respect as patients for any other elective surgery. This plan proved satisfactory through the rest of the year.

The nurses and supervisory staff are preparing a pamphlet for presentation to parents after admission of a child to the hospital. This pamphlet will explain the general nursing care and presurgical care given children, the reasons for various procedures, and it will include some of the information commonly requested by parents.

A new consent form for pediatric patients is being considered which would list specific procedures such as IV's, lumbar punctures and IM medications. The admissions office and floor staff have had difficulties in the past with parents refusing consent until they have discussed the subject with their physician.

*DeMun*

Chief of Pediatrics



CLINICAL AND PATHOLOGICAL LABORATORIES

HEMATOLOGY . . . . .	68,549	CHEMISTRY . . . . .	104,481
R.B.C. . . . .	319	Blood . . . . .	8,454
W.B.C. . . . .	13,456	A/G Ratio . . . . .	146
Hemoglobin . . . . .	18,606	Alcohol . . . . .	19
Differential . . . . .	12,692	Amylase . . . . .	131
Hematocrit . . . . .	14,520	Bilirubin . . . . .	437
Sedimentation Rate . . . . .	2,921	B.S.P. Test . . . . .	131
Bleeding Time . . . . .	725	Calcium . . . . .	75
Capillary Clotting Time . . . . .	721	Cephalin Flocculation . . . . .	241
Venous Clotting Time . . . . .	161	Cholesterol . . . . .	408
Prothrombin Time . . . . .	4,106	Chlorides . . . . .	324
Platelet Count . . . . .	134	CO <sub>2</sub> Combining Power . . . . .	369
Reticulocyte Count . . . . .	86	Creatinine . . . . .	3
Capillary Fragility . . . . .	3	Glucose . . . . .	2,942
L. E. Clot Test . . . . .	50	Glucose Tolerance . . . . .	140
Eosinophil Count . . . . .	14	Icterus Index . . . . .	114
Clot Retraction . . . . .	8	Non-Protein Nitrogen . . . . .	39
Thoracentesis Fluid . . . . .		Phosphatase, Alkaline . . . . .	223
Differential . . . . .	1	Phosphatase, Acid . . . . .	52
Thoracentesis Fluid Cell . . . . .		Prostatic Acid . . . . .	
Count . . . . .	3	Phosphatase . . . . .	15
Thorne Test . . . . .	3	Phosphorus . . . . .	38
Ivy Bleeding Time . . . . .	2	Protein Bound Iodine . . . . .	320
Chest Fluid for Differential . . . . .	1	Thymol Turbidity . . . . .	115
Differential by Pathologist . . . . .	3	Transaminase . . . . .	437
R.B.C. Fragility . . . . .	6	Urea Nitrogen . . . . .	940
Buffy Smear . . . . .	7	Uric Acid . . . . .	110
Delangen Test . . . . .	1	Potassium . . . . .	310
		Sodium . . . . .	299
SEROLOGY . . . . .	3,959	Protein . . . . .	37
Agglutinations . . . . .	325	Electrophoresis . . . . .	18
Coomb's Test . . . . .	534	Fibrinogen . . . . .	9
Rh Antibody Titer . . . . .	54	Blood Lipids . . . . .	1
Heterophile Antibody Titer . . . . .	112	Lipase . . . . .	3
V.D.R.L. . . . .	2,561	Carbon Monoxide . . . . .	4
A.S.O. Titer . . . . .	190	Methemoglobin . . . . .	1
M & N Factor . . . . .	6	Magnesium . . . . .	1
Cold Agglutinins . . . . .	24	Bromide . . . . .	2
Mantoux . . . . .	8	Urine . . . . .	94,970
Histoplasmosis Skin Test . . . . .	39	Specific Gravity . . . . .	14,448
Coccidiomycosis Skin Test . . . . .	14	Sugar . . . . .	14,447
Blastomycosis Skin Test . . . . .	22	Acetone . . . . .	14,447
Genotype . . . . .	10	Diacetic Acid . . . . .	4,085
Kell . . . . .	12	Albumin . . . . .	14,461
Phenol & Cresol Test . . . . .	1	Color & Character . . . . .	14,446
Latex Fixation Test . . . . .	13	Microscopic . . . . .	14,471
Anti-B Antibody Titer . . . . .	1	Bile . . . . .	228
Phenotype . . . . .	1	Cystoscopic . . . . .	170
Mazzini . . . . .	1	P.S.P. . . . .	24
Toxoplasmosis Skin Test . . . . .	6	Sulkowitch . . . . .	19
C-Reactive Protein . . . . .	19	Amylase . . . . .	17
Skin Chlorides . . . . .	2	5-Hydroxyindole Acetic . . . . .	
Rheumatoid Arthritis Test . . . . .	1	Acid . . . . .	12
Hemantigen . . . . .	2	Reaction . . . . .	3,535
Agglutinogen . . . . .	1	Urobilinogen . . . . .	35

Chemistry . . . urine, continued	
Porphobilinogen . . . . .	27
Coproporphyrin . . . . .	4
Catecholamine . . . . .	14
17-Ketosteroids . . . . .	5
17-Ketogenic Steroids . . . . .	7
Bence-Jones Protein . . . . .	11
Pregnancy Tests . . . . .	31
Hemoglobin from Urine . . . . .	1
Hydroxycorticosteroids . . . . .	3
Urine Concentration . . . . .	1
3-Glass Urine Test . . . . .	1
24-Albumin . . . . .	2
Phenylketonuria . . . . .	3
Uroporphyrin . . . . .	2
Benzidine Base Test . . . . .	1
Urea Clearance . . . . .	1
Estrogens . . . . .	1
Pituitary Gonadotropin . . . . .	1
Phenyl Pyruvic Acid . . . . .	1
R.B.C. . . . .	1
Ketones . . . . .	1
Sperm Test for Motility . . . . .	1
Semen Analysis . . . . .	2
Myoglobin . . . . .	1
Alcohol . . . . .	1
Porphyrins . . . . .	1
Other . . . . .	1,057
Fecal Urobilinogen . . . . .	17
Gastric Analysis . . . . .	267
Occult Blood . . . . .	282
Concentration of Hemoglobin in Irrigating Fluid . . . . .	74
Diagnex Test . . . . .	30
Pregnancy Test . . . . .	356
Fecal Trypsin Activity . . . . .	1
Stone Analysis . . . . .	9
Sweat Electrolytes . . . . .	14
Vital Capacity . . . . .	6
Total Fecal Fat . . . . .	1

PARASITOLOGY . . . . .	98
Stool for Parasites . . . . .	45
Anal Swab for Pinworms . . . . .	49
Malarial Slides . . . . .	1
Stool for Food Parasites . . . . .	1
Vaginal Smear for Trich. Study	1
Stool for Fat, Muscle Fibers	1

BACTERIOLOGY . . . . . 10,723

Cultures:	<u>Routine</u>	<u>Gram's</u>	<u>Procedures</u>
Spinal Fluid	40	50	168
Blood	84	52	446
Urine	315	485	1,437
Cystoscopic	146	200	335
Feces	63	64	392
Milk			198
Fungus	61	44	90
Tuberculosis	221	297	1,108
Miscellaneous	460	812	2,125

BLOOD BANK . . . . .	17,199
A.B.O. Grouping . . . . .	4,429
Rh Grouping . . . . .	5,397
Compatibility . . . . .	3,556
Blood Transfusion . . . . .	1,759
Plasma Transfusion . . . . .	21
Packed Cells . . . . .	189
Donors . . . . .	1,757
Dextran Transfusion . . . . .	34
Phlebotomy . . . . .	41
Fibrinogen Transfusion	3
Serum Albumin Transfusion	11

CEREBROSPINAL FLUID TESTS . . . . .	573
Specimens submitted . . . . .	209
Protein . . . . .	163
Glucose . . . . .	97
Cell Count . . . . .	151
Mazzini . . . . .	12
Chlorides . . . . .	28
Colloidal Gold . . . . .	67
V.D.R.L. . . . .	32
Differential . . . . .	23

HISTOLOGY . . . . .	4,499
Gross Examinations . . . . .	1,642
Microscopic Examinations:	
Papanicolaou Smears . . . . .	254
Bone Marrow . . . . .	72
Frozen Sections . . . . .	170
Special Stains . . . . .	23
All others . . . . .	2,338
Total sections taken, 9,555	

Autopsies on hospital patients . . . . .	158
Coroner's autopsies (all D.O.A.) . . . . .	21
Emergency room deaths . . . . .	3
Autopsies on former patients (D.O.A.) . . . . .	6
Autopsies on stillbirths . . . . .	8

ELECTROCARDIOGRAM . . . . .	2,478
BASAL METABOLISM . . . . .	305
VITAL CAPACITY . . . . .	14
E.E.G. . . . .	96

Dr. M. Bozanich was appointed Associate Pathologist and Sister Bridget replaced Sister Michael as Laboratory Supervisor.

New Procedures and Changes in Technique

Latex fixation test

Test for phenylketonuria: series of new tests for identification of rare pigments in urine, also of sugars other than glucose

Sweat electrolytes (sodium and chloride)

Sensitivity tests now follow a new procedure:

Sensitivity tests performed by this laboratory have involved the use of many different antibiotics, many of which were unnecessary. This type of testing was expensive, time consuming and unproductive.

In order to provide more direct information to the physician and to utilize the bacteriology department more efficiently, the following changes were made.

- a. Specific antibiotics are used for specific groups of organisms. Sensitivities for gram positive cocci are penicillin, TAO, tetracycline, erythromycin and declamycin.  
  
Sensitivities for gram negative bacilli are chloramphenicol, tetracycline, furadantin, gantrisin and declamycin.
- b. Special studies for organisms that prove resistant to the above profiles are made automatically.
- c. Special studies for urine, sputum and other specific processes are performed automatically.
- d. Each antibiotic is studied with two different concentration discs.
- e. The cost of sensitivity studies was reduced from \$10 to \$5.

Pregnancy tests: Rabbits are used for all routine pregnancy tests and require 48 hours before results can be obtained. A frog test is done only when results must be obtained in a shorter period of time. (At least 6 hours is required for a frog test.)

A Coombs crossmatch is now done on all routine crossmatch procedures.

Improved techniques in bacteriology. Introduction of Brewer's jar for anaerobic cultures; hormone-agar medium for deep fungi. More elaborate study of tuberculosis material.

Use of plastic bag for collection and administration of blood.

Changes and improvements in histologic technique, staining procedures, etc.

Improvement in bone marrow processing and isolation of bone marrow units.

New Equipment

Incubator and Brewer anaerobic jar for Bacteriology

Two centrifuges for Blood Bank and Chemistry departments

Upright freezer

Electric typewriter

Desiccating cabinet and seroutility water bath for Clinical Chemistry

Cambridge electrocardiogram machine

New fluorescent lighting and acoustic ceilings

Additional working area in the main chemistry laboratory with the addition of a chemistry bench, cupboards, drawer space, etc.

Students

Currently there are six students in Medical Technology. Two will graduate in July and four will graduate in August. Three students graduated in 1959, and one graduated in March, 1960. Four students are scheduled to begin training on September 5, 1960; one student began on June 13, 1960.

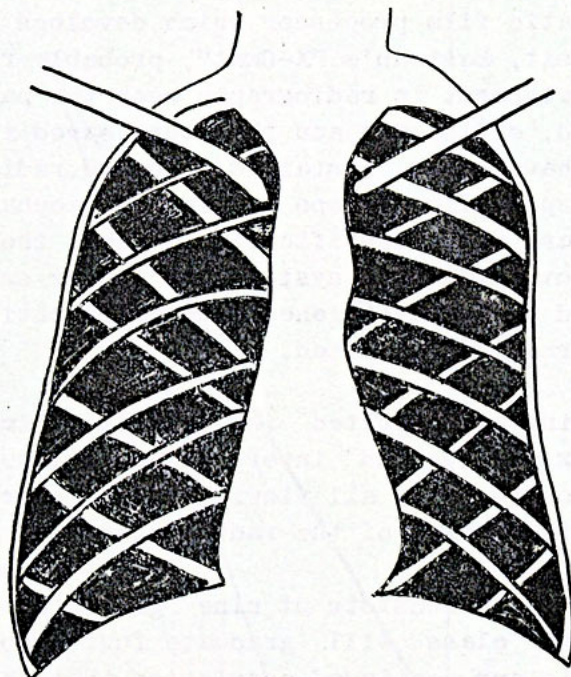
Effective January 1, 1962, the pretechnical educational requirements for admission to an approved school of Medical Technology will be three years (90 semester hours or 135 quarter hours) of collegiate training in any college or university approved by a recognized regional accrediting agency.

If preparatory training is properly integrated with professional training in a hospital school that is affiliated with a college or university, such training could lead to a baccalaureate degree in Medical Technology from the affiliated college or university.



*Arthur C. Davis, Jr., M.D.*  
Pathologist

# DEPARTMENT of Radiology



The Department of Radiology presents the following statistics for the year beginning July 1, 1959 and ending June 30, 1960:

Patient Visits	25,343
Diagnostic Examinations	30,102
Fluoroscopic Examinations	2,902
Therapy: Deep	1,694
Superficial	343

During the past year extensive technical changes have been made to help us cope with the gradually increasing work load. Foremost has been the installation of an automatic film processor which develops and dries films in seven minutes. This unit, Eastman's "X-Omat", probably represents the outstanding technical development in radiography over the past quarter century and the resultant speed, efficiency and the hours saved in a busy department are remarkable. We have also installed a fourth radiographic unit which provides an important spare fluoroscope in times of mechanical failure. The introduction of the flash film identification method, the installation of a multiple line intercommunication system and other smaller but important developments have added to the efficiency with which patients can be handled and examinations performed and reported.

Extensive remodeling has resulted in two full-time cast rooms and improved facilities for viewing and interpreting films. This includes a second diagnostic office in which all viewing and interpreting facilities are literally at the finger tips of the radiologist.

The technical staff now consists of nine graduates and nine student technicians. The 1960 class will graduate four members of the two year training program. It is our continued conviction that the qualifications of the graduates of this school are unexcelled.

It was with deep regret that we watched Dr. C. B. Nessa leave St. Cloud earlier this year after nearly twenty years of practice in this community. My personal association with him over the past two years has been most gratifying and he is missed both as a good friend and as an associate of unique professional ability.

My sincere thanks to the medical staff for the courtesy and patience extended to the department personnel and me, to Sister Jameen for her support and cooperation and especially to Sister Jonathan and Sister Sandra whose efforts and accomplishments can be only appreciated by those of us who have the pleasure of working with them each day.

*Dale Gundersen*  
Chief of Radiology

## DEPARTMENT OF NURSING SERVICE

The year 1959-1960 saw the introduction of several changes in techniques which enable us in Nursing Service to give safer and better patient-centered care -- the use of disposable syringes and needles and the use of plastic "linens".



One of our major changes took place on 1 South where we have established our Isolation Ward. Personnel on 1 South were given extensive, concentrated training in carrying out the isolation procedures. Additional staffing was required and three full-time persons were employed, making a total of 14 persons on the nursing staff: five registered nurses, two licensed practical nurses, six nurse aides and one orderly. Four students are assigned to this ward each month for their clinical experience.



Staffing of both professional and non-professional personnel is one of the functions of our department. In the past 18 months we have had 260 resignations and leaves of absence. The largest number was in August, 1959, when there were 32, and the smallest in December when there were five.



Sister Mary Dominic completed her studies at Catholic University in Washington, D.C., and returned to the Pediatric Department as Head Nurse and Clinical Instructor. Sister Joel who replaced her in Pediatrics is again Supervisor on the Obstetrical floor. Sister Leo, Head Nurse on 3 North, was transferred to the hospital at New Prague.



In September the Head Nurses and Clinical Instructors held a one-day workshop. Standardization of procedures and the philosophy and objectives of the Nursing Service Department were discussed and accepted. Sister Jameen spoke to the group pointing out the responsibility of the Head Nurse as the main link between the patient, doctors and administration.



New equipment was installed in each utility room. Compact Sanitizers that are easily and safely operated have replaced the old bedpan sterilizers and automatic utensil washers. The new medicine room on 2 South is a joy to work in and a credit to the members of our department who designed it and the hospital craftsmen who built it.



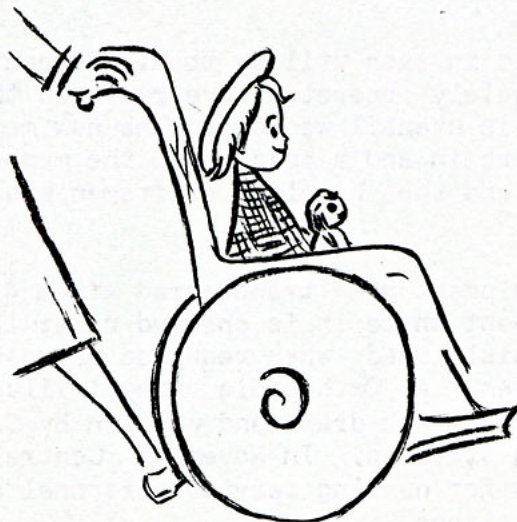
Custody of orthopedic equipment was transferred from 4 North to the Central Service Department where it is checked carefully and repaired as needed. It is requisitioned when required for patients in the same way as other supplies. An Orthopedic Manual illustrating the use of orthopedic equipment was drawn and written by Central Service for use on the nursing stations. In November Central Service began a series of lectures for nursing service personnel on the subject of Central Service operations.



The daily average number of nursing care hours for each patient and the daily average number of patients for each month are shown in the following table. Head Nurses, Assistant Head Nurses and Ward Secretaries are not included.

<u>MONTH</u>	<u>HOURS</u>	<u>PATIENTS</u>
July	1.93	125
August	1.79	132
September	2.01	126
October	2.08	123
November	1.92	128
December	1.68	138
January	1.67	146
February	1.68	119
March	1.84	133
April	1.89	121
May	2.01	126
June	2.01	122

*Mrs. Lena Hagen R.N.*  
Director of Nursing Service





## THE PHARMACY

A topic which has become quite a controversial issue during the past year is the use of proprietary and nonproprietary names for drugs. Hospital pharmacy in general has advocated the use of nonproprietary names and because of this we have been accused of being opposed to the use of trade name drugs in filling prescriptions. We do not oppose the use of trade names. Anyone looking over the sales to hospitals by the large pharmaceutical firms would admit that this is true. Actually there is a definite place for both proprietary and nonproprietary names.

What most pharmacists are convinced of, and I believe most of the medical profession, is that the question is not of name, but of quality of drug. To say that because a product is dispensed under its generic name it is an inferior product can be readily disproved by consulting the catalogs of any of the major pharmaceutical firms. Many of their products are sold under generic name as well as trade name.

Agreed then that it is not the name of the drug which determines the quality, but the integrity of its producer, how can we in the pharmacy assure the quality of the product we dispense. There are a number of methods:

1. Buying from pharmaceutical houses with integrity. Knowing which pharmaceutical houses are credited with integrity is part of the specialized knowledge of a pharmacist.
2. Maintaining rigid specifications as to the quality of drug and personally inspecting the product before it is accepted
3. Assay and control procedures.

We assure you therefore that whether trade name or generic name is used, it is quality of product that will be considered and in no instance will quality be sacrificed for price.

### INCREASE IN STAFF

Mr. James Stommes, R. Ph., joined our staff on August 7, 1959. Mr. Stommes is a graduate of Creighton University in Omaha, Nebraska, and became registered in Minnesota in January of this year.

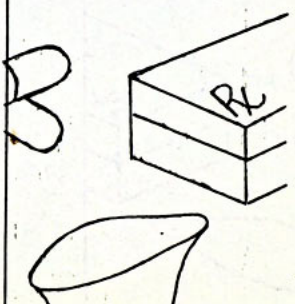
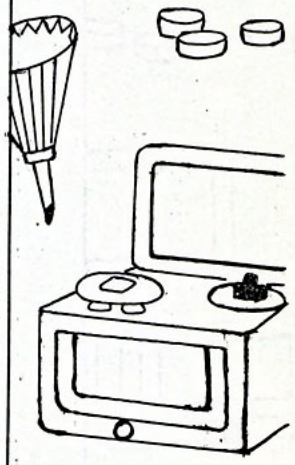
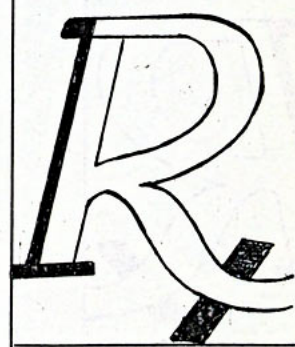
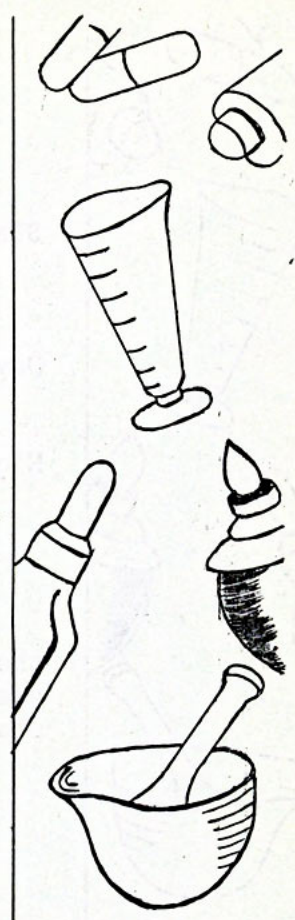
### PROJECTS COMPLETED

A more complete set of emergency drugs has been set up at each of the nursing stations. We have found that since the initiation of this service, the number of emergency calls received by the pharmacy has decreased markedly. Also, the time lapse before the patient receives the ordered medication is decreased. We feel that this has been a definite step toward more efficient patient care.

### LOOKING TO THE FUTURE

With the initiation of the American Hospital Formulary Service we hope to complete our own hospital formulary.

We are also working toward a more complete literature file of new drugs for each nursing station.



STATISTICS (July 1, 1959 to June 20, 1960)

<u>Type of Rx</u>	<u>Number Filled</u>		<u>Percentage</u>	
	Inpatient	Outpatient	Inpt.	Outpt.
Daytime: Hypnotics and sedatives	15,969	370	97.7	2.3
Regular	126,108	2,134	98.3	1.7
Refills		2,469		
Night Calls (All drugs)	138	33	80.7	19.3*

\*Indicates that most of our outpatient work is done during the night. Can something be done about this?

Again we wish to take this opportunity to thank the Administrator, the Medical Staff and nursing personnel for their cooperation and assistance. During 1960-1961 we will make every effort to give the best in pharmaceutical service to you and the patients we serve.

*Sister M. Danile, O.S.B.*

Sister Danile, O.S.B., R. Ph.  
Pharmacist

R



DEPARTMENT OF PHYSICAL THERAPY

Total number of patient visits 9901

Total number of patients 1197

Inpatients 903

Outpatients 294

New patients 919

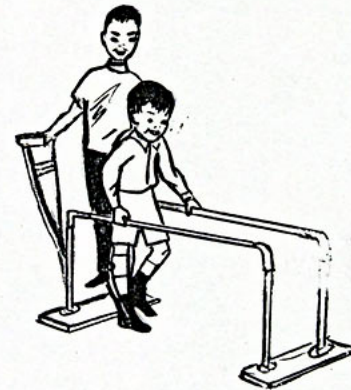
Monthly average number of patients 99

Monthly average number of visits 825

Monthly average number of visits  
by each patient 8

Modalities Used

Exercises	1585
Massage	188
Infra Red	76
Whirlpool	1177
Diathermy	2753
Hot packs	4466
Muscle reeducation	437
Ultra Violet	36
Gait training	801
Electrical stimulation	19
Muscle test	18
Paraffin bath	69
Ultra sound	1399



During the past twelve months the Physical Therapy Department has enjoyed working in newly remodeled quarters. We find that we can handle a greater patient load with more efficiency and with greater comfort to the patient.

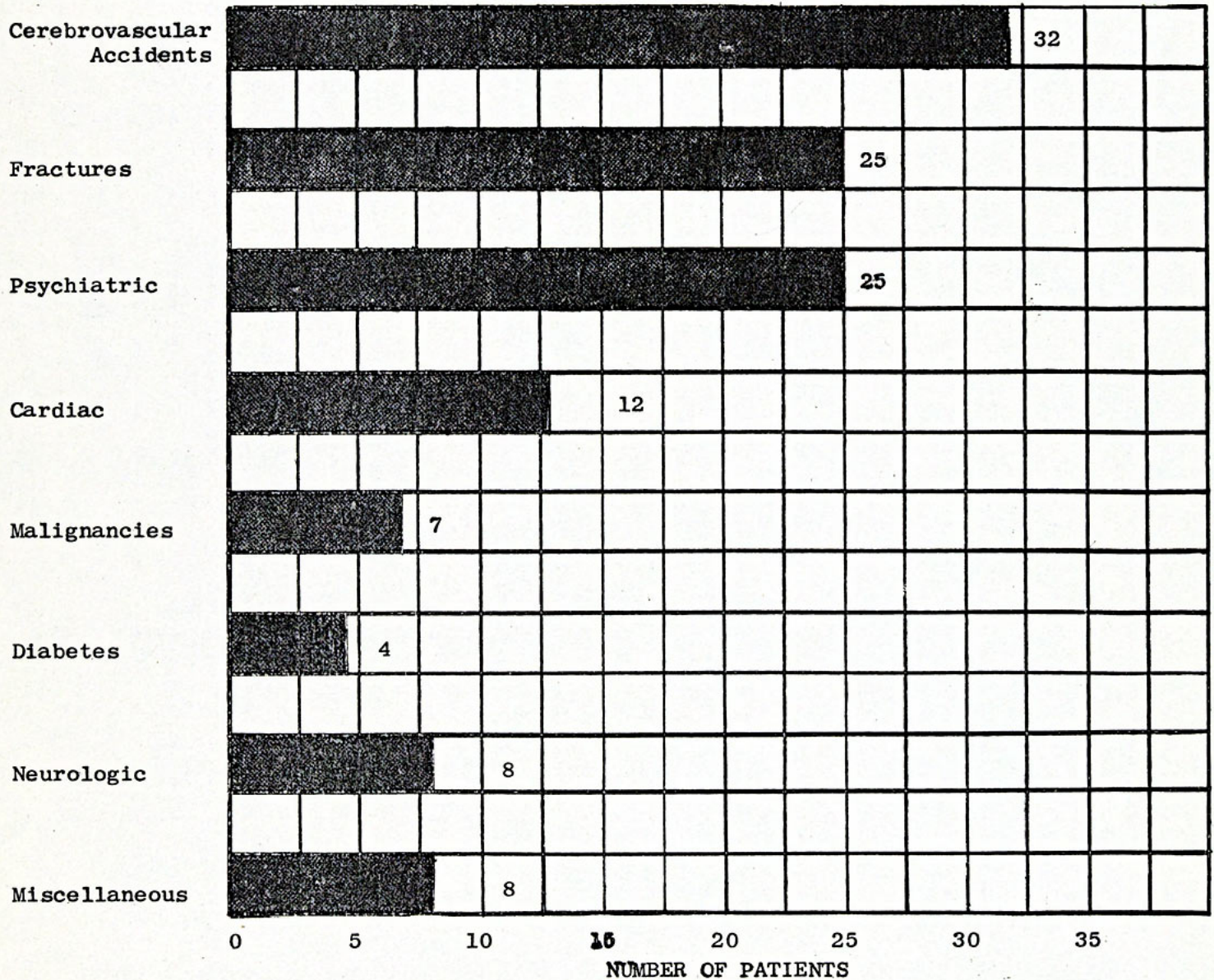
New equipment this past year consists of replacement of a diathermy machine and a new and much larger hot pack unit. The latter was badly needed because we more than doubled our massive hot pack treatments.

*Ernest A. Shaughnessy*  
Physical Therapist

OCCUPATIONAL THERAPY DEPARTMENT

The largest group of patients who were treated with occupational therapy are those who suffered paralysis or paresis due to a cerebrovascular accident. The graph shows all patients in their diagnostic group.

DIAGNOSTIC GROUP

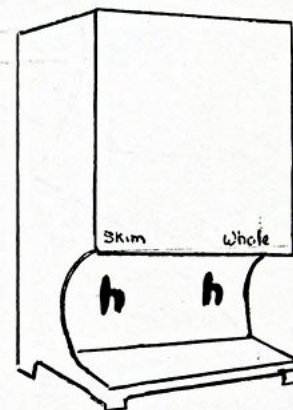


A total of 122 patients visited the Occupational Therapy Department 1,587 times and received 3,556 units of treatment. A unit of treatment is one-half hour.

*Sister M. Maureen, OSB*  
Occupational Therapist

THE DIETARY DEPARTMENT

	<u>Total Meals</u>	<u>Daily Average</u>
Patients. . . . .	251,984	690
Others. . . . .	<u>365,172</u>	1000
TOTAL . . . . .	617,156	



Trays served from the Modified Diet Kitchens:

Total number served. . . . .	73346
Average number served each meal. . . . .	66.9
% of total patient meals . . . . .	29.1

The number of modified diets actually is higher than here indicated because the bland, the lo-sodium soft, the hi-calorie, and the hi-protein diets are served from the floor pantries with supplement from the Diet Kitchen, if needed. Our doctors are conscious of the therapeutic value of diet.

Trays served from the Modified diet kitchens:

<u>Diet</u>	<u>Number</u>
Allergy	1686
Bland	2151
Diabetic	9870
Dry	30
Fat restriction	1014
Gall Bladder	2406
Gastric Surgery	483
Hi-calorie	186
Hi-protein	138
Hyperinsulinism	738
Lo-cholesterol	1914
Lo-protein	258
Lo-purine	117
Lo-residue	3474
Lo-sodium	9291
Mechanical soft	99
Miscellaneous	312
Non-residue	168
Puree	936
Reduction	12885
Selective	12900
Sodium-poor	4605
Special	1170
Ulcer	6738

Instructions given:

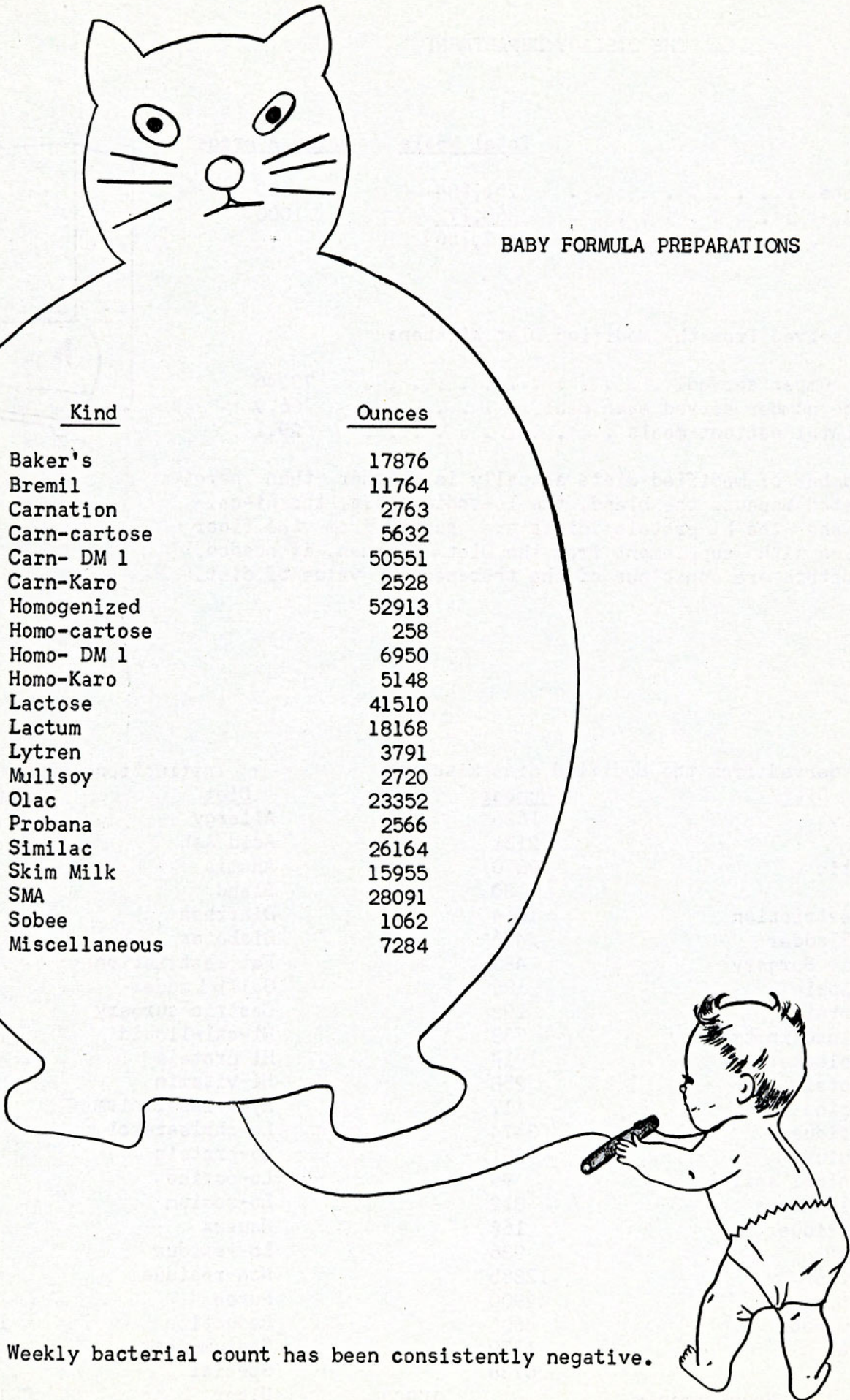
<u>Diet</u>	<u>Number</u>
Allergy	11
Acid Ash	1
Anemia	2
Bland	37
Diarrhea	9
Diabetes	165
Fat restriction	55
Gallbladder	57
Gastric surgery	6
Hi-cal-liquid	2
Hi-protein	1
Hi-vitamin	1
Hyperinsulinism	7
Lo-cholesterol	27
Lo-protein	3
Lo-purine	1
Lo-sodium	52
Nausea	2
Lo-residue	36
Non-residue	2
Puree	2
Reduction	127
Sodium-poor	30
Special	4
Ulcer	<u>153</u>

Nourishments. . . . .	10900
Fat-free meals. . . . .	661
Tube feedings . . . . .	170

795

BABY FORMULA PREPARATIONS

<u>Kind</u>	<u>Ounces</u>
Baker's	17876
Bremil	11764
Carnation	2763
Carn-cartose	5632
Carn- DM 1	50551
Carn-Karo	2528
Homogenized	52913
Homo-cartose	258
Homo- DM 1	6950
Homo-Karo	5148
Lactose	41510
Lactum	18168
Lytren	3791
Mullsoy	2720
Olac	23352
Probana	2566
Similac	26164
Skim Milk	15955
SMA	28091
Sobee	1062
Miscellaneous	7284



Weekly bacterial count has been consistently negative.

In addition to the main interest or purpose of the dietary department (namely, the good care of the patient and not neglecting those who give care to the patient) considerable time, effort, and money were expended on improving facilities to better the working conditions of the personnel. Installation of new sinks and waste food disposals in the main kitchen and modified diet kitchen with complete renovation of the garbage room has proved very worth while. The air-conditioner in the diet kitchen is as welcome during the summer months as is the steam exhaust in the cafeteria dish-room during the winter months. The conveyor-belt dishwasher will insure cleaner dishes for patients in an easier and quicker fashion. The vegetable dicer, the bread slicer, the milk dispenser in the cafeteria as well as the mobile food cabinets have lightened the work load. Phones replacing the obsolete speak tubes have added greatly to the ease of communication with the floor pantries and have relieved the desk nurses who heretofore needed to convey the message.

Festive touches through the menu or on the tray enhanced the day for the patient. The Women's Auxiliary again faithfully sent favors for Thanksgiving Day, Christmas, Valentine's Day, St. Patrick's Day and for Easter. We are thankful to them for their genuine help in bringing cheer to the patients.

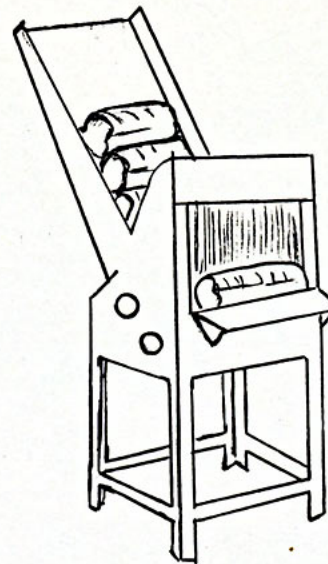
It has been possible to hold classes for employees of one section of the department and it is hoped that classes can also be arranged for the other sections.

Appreciation is extended to the doctors for their cooperation with the dietary staff in giving care to the patients. Specifically we appreciate their accordance with the request "No diet instructions on week ends."

Our dearest project for the new year is revision of the diet manual and we are counting on the cooperation of the Medical Staff in getting this accomplished.

Thank you for everything.

*Sister Glenore, O.S.B.*  
Dietitian

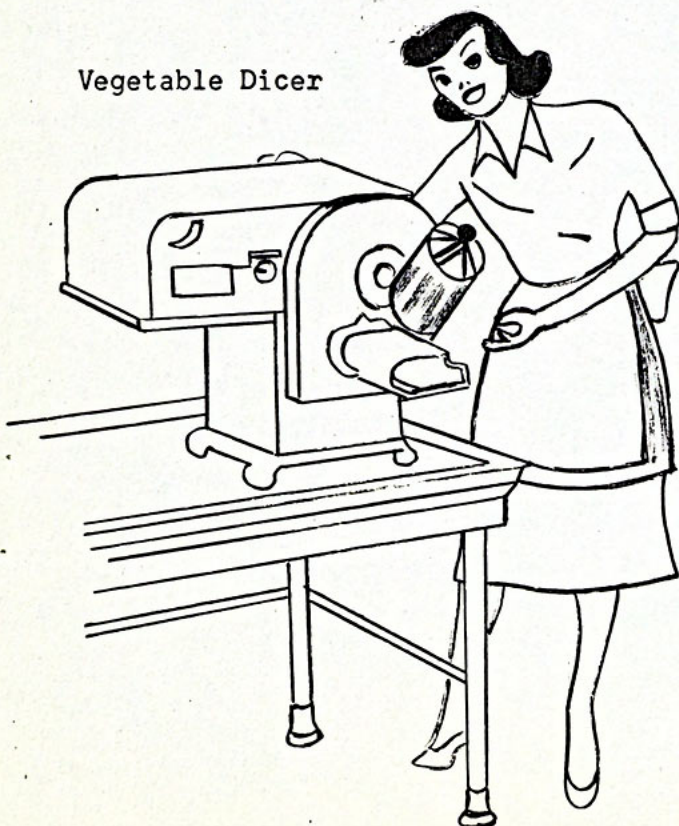


Bread Slicer

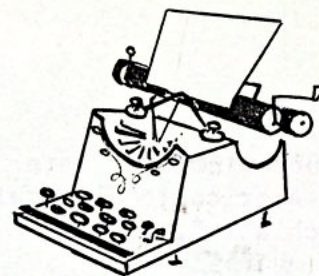


Garbage Disposal

Vegetable Dicer



MEDICAL RECORD DEPARTMENT  
AND  
MEDICAL REFERENCE LIBRARY



Elsewhere in these pages it is reported that there were over 15,000 patients discharged from the hospital during the past 12 months. Each of these patients has a card in our index that lists his name, case number, address, doctor and the date of his admission to the hospital. Each patient has a medical record which meets or surpasses the basic requirements of the Joint Commission on Accreditation of Hospitals. Each patient has a line on his physician's index card, a line in the statistical analysis record, an entry in the census record for each day he was in the hospital, and one or more lines in the disease index. Finally, each one has a place in the file room. The human activity that accomplishes the processing of all records is the core of record room activity.

The secretarial and release of information phase of the work demands an equal if not greater amount of attention. In order to assist our staff as well as the clerical staff of other departments, we conducted a formal weekly class in anatomy and medical terminology during the first half of 1960. Five students "graduated" from the course. A collection of reference material on anatomy and terminology is maintained in the Record Room for use by the employees.

More space, furniture and machines have been added to the department since the last report. An "electronic secretary" enables the doctors to dictate from wherever there is a telephone. This machine is not entirely foolproof, however, and we have spent some time untangling wire that springs from the recording device when a break occurs.

The new Thermofax makes duplication of printed material quick and easy. Additional shelves in the file room provide much-needed space for charts. We are told that availability of electronic machines that will hold the information now in the records and produce it with amazing speed when it is wanted, and priced within reach, are not too far away.

A special project was a report to the Stearns County public health nurses on diagnoses for all residents of Stearns County who were discharged from the hospital in February. The purpose of this survey was to provide material that the nurses can use in making an estimate of how many people there are who would benefit from visits by a public health nurse.

With the cooperation of the Nursing Service Department a procedure for ear-marking the records of patients who have an allergy was established.

Several new books were purchased for the medical library and cataloged for us by the librarian in the School of Nursing:

TRAUMA, by McLaughlin  
DIFFICULT DIAGNOSIS, by Roberts  
SURGICAL ANATOMY, by Anson and Maddock  
CURRENT THERAPY, 1959  
CURRENT THERAPY, 1960  
FRACTURES, by de Palma, Volumes I and II



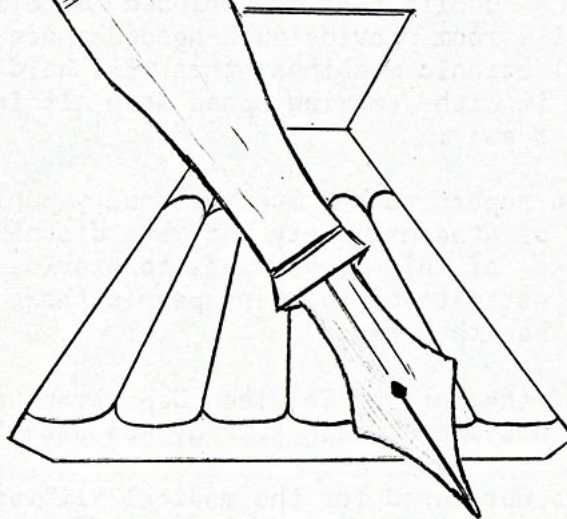
Subscriptions were entered for three periodicals--"Medical Clinics of North America"; "Clinical Obstetrics & Gynecology"; and "The American Journal of Psychiatry".

About 25 requests were sent to the National Library of Medicine for photocopies of magazine articles not in our library. We would like to bring it to your attention that photocopies of any medical articles not in our library may be obtained from the National Library of Medicine free of charge. Request forms are available in the Record Room and must be signed by the librarian.

We wish to thank all the doctors who contributed magazines or other material to the library, and also to thank everyone for his cooperation in taking care of his medical record work.

We hope that during the next year we will be able to work with ward secretaries so that they will be able to assist more with the assembly and processing of medical records, and we also hope to be able to assist the Nursing Service Department with an audit of nurses' notes.

*Sister Sebastiane O.S.B.*  
Medical Record Librarian



SCHOOL OF NURSING  
1959-1960

STUDENTS

The enrollment September 1, 1959, was 176 students: 45 seniors, 64 juniors, and 67 freshmen. Of this total 12 have discontinued the program for the following reasons: 4, scholastic failure; 3, marriage; 1, health; 1, personality unsuited to nursing; 1, dislike for nursing; 1 entered the field of social work, 1 dismissal for conduct.

Forty-two students graduated in August and wrote the state board qualifying examinations in September. The passing score in each test was 350. The school mean for each of the five tests is as follows:

<u>Test</u>	<u>School Mean</u>	<u>Number Above Mean</u>	<u>Number Below Mean</u>
Medical	557.01	19	23
Surgical	552.81	22	20
Obstetrics	507.81	24	18
Pediatrics	515.26	20	22
Psychiatry	553.74	21	21

SCHOLARSHIPS AND FINANCIAL AID

Of the students presently enrolled, the following have been recipients of:

Grace Weiss Halenbeck scholarships (\$200 each)	-	10 students
40 & 8 scholarships	-	4 students
Marian scholarships (\$100 each)	-	2 students
Sister Elizabeth memorial scholarships (\$75 each)	-	4 students
Minnesota State Scholarships	-	52 students
Others	-	4 students

71 students availed themselves of the loan fund.

FACULTY

The faculty numbered a total of 23 during the academic year. This includes 10 full-time and 13 part-time faculty members. Six doctors participated in the educational program as guest lecturers. Two master of education students from the University of Minnesota obtained their educational field experience during the spring quarter -- one in Obstetrics and one in Medical Nursing.

Sister Keith replaced S. Carmen as the assistant director of the school and instructor in Fundamentals of Nursing. S. Carmen was assigned as Clinical Instructor on 3 South. Mrs. Hackett was assigned to Orthopedics as Clinical Instructor and replaced Janice Linn. S. Joel assumed the position of Supervisor/Clinical instructor in Obstetrics upon the return of S. Mary Dominic to Pediatrics in February. S. Danile taught Metrology and Pharmacology. Ann Williamson replaced Mrs. Mondor on 2 North-Medical. S. Marion

replaced Marion Town on 2 South-Medical until January when she started work on her master's degree at St. Louis University; Nora Kelly replaced S. Marion. Sister Mercedes from the College of St. Benedict replaced S. Linda.

The faculty actively participated in the in-service program conducted during the year. Attention was primarily directed to a study of integration of public health in the curriculum, trends in nursing education and evaluation.

#### Curriculum

A pre-psychiatric orientation of 7 hours was introduced for all students going on affiliation.

A special committee has been appointed to evaluate and study the freshman curriculum. The faculty has accepted the recommendation of changing from a quarter to a semester basis for the first year in order to provide for a more equitable distribution of curriculum hours and for a more positive correlation between the art and the science of nursing.

#### Library

348 new books were added to the library.

#### Tuition

The cost of the educational program was evaluated during the past year. Effective September, 1960, the tuition will be \$1,200, an increase of \$450.

*Sister Cassian, O.S.B.*

Director of School of Nursing

## HOSPITAL HAPPENINGS

### JULY

The hospital was surveyed by Dr. E. F. Weir of Chicago on July 16, 1959 and on August 19, Dr. Kenneth E. Babcock, Director of the Joint Commission on Accreditation, sent a letter of reapproval, giving the hospital the highest rating possible.

### AUGUST

The St. Cloud Hospital School of Nursing graduated 42 seniors and admitted 67 freshmen.

The Summer School of Catholic Action in Chicago was attended by Sister Roger and Sister Paul. Sister DeLellis and Sister Luke attended the meeting of the Minnesota Chapter of the American Association of Hospital Accountants at Methodist Hospital, Minneapolis.

### SEPTEMBER

The annual meeting of the Diocesan Council of Catholic Nurses was held in Sauk Centre, Minnesota. Those who attended from our hospital were: Sisters Cunegund, Keith, Cassian, Carmen, Dolorata, Maureen, Josella, Jonathan and Misses J. Kotsmith, C. Zabinski, H. McLane, Mrs. V. Rieder, Mrs. Catherine Boden and Mrs. C. Moline.

Sister Michael, Allan Schmid, Mrs. Helen Fairfield and Paz Dichypa attended the Northwest Central District of the Minnesota Society of Medical Technologists meeting at Breckenridge.

The fall meeting of the Minnesota Association of Medical Record Librarians was held at Mount Sinai Hospital in Minneapolis. Sister Sebastine and Sister Anthony attended the meeting.

### OCTOBER

Sister Glenore and Sister Colleen attended the fall meeting of the Minnesota Dietetic Association at the University of Minnesota.

Sister Raphael and Sister Consilia attended the Minnesota Library Association Meeting at the Pick-Nicollet Hotel in Minneapolis.

Sister Jonathan, Sister Sandra, Mrs. S. Gebhardt, Mr. E. Smith, Mrs. E. Wenner and Mrs. B. Chirhart attended the annual convention of the Minnesota Society of X-Ray Technicians in Rochester. Sister Sandra was elected one of the State Counselors for 1960.

A new National Cash Register bookkeeping machine was installed in the business office in the Accounts Receivable Department.

A new high humidity oxygen tent and another new hydrojette were purchased for the Inhalation Therapy Department.

Sister Sebastine, Judith Johnson and Helen Scheibel attended the national convention of the American Association of Medical Record Librarians at the Radisson Hotel in Minneapolis.

The Directors of Hospitals and Homes for the Aged of the Diocese of St. Cloud met with Father Riley in the Nurses' Home.

Directors and representatives of the hospitals of District III of the Minnesota Hospital Association held their quarterly meeting at the Nurses Home. Robert C. Engelhard, CPA from St. Paul, addressed the group on business practices for the small hospital. In conjunction with the District III M.H.A., members from hospital auxiliaries of District III held a discussion session with Mrs. Moeglein as moderator. Fund raising projects and membership were discussed along with the primary work of Public Relations between the hospital and the community.

The Joint Committee Meeting on Affiliation for Psychiatric Nursing at Veterans' Hospital was attended by Sisters Leonarda, Keith, Mercedes, Cassian and Miss A. Williamson.

An Institute on Supervision was held at the Veterans' Hospital and was attended by Sisters Marion, Leonelle and Paul. The workshop was conducted by Cecilia Porrocin, R.N., M.S., who is author of the book, SUPERVISION OF NURSING PERSONNEL. Also attending this workshop were Mrs. L. Kray, Mrs. R. Mohs, Misses R. Weihs, A. Domeier, P. Burgmeier and C. Zabinski.

The Minnesota Nurses Association held its annual convention at the Radisson Hotel in Minneapolis. Attending this convention were Miss T. Karn, and Sisters Joel, Cassian, Leonarda and Dolorata.

"Sister-Lay Personnel Relationships in the Hospital Apostolate" was the topic of the discussion at the semi-annual meeting of Minnesota Conference of Catholic Hospitals held at St. Mary's Hospital, Minneapolis. Sister Keith presented a paper on the influence of the Sister Supervisor in engendering in her help a Christ-like attitude towards the sick. Sister Keith was accompanied by Sisters Jameen, Cunigund, Jonathan, Joel, Sandra, Colleen and Danile.

The annual White Mass, followed by dinner, was sponsored by the Saint Mary's Physicians' Guild at the St. Cloud Hospital. His Excellency, Bishop Peter W. Bartholome, was guest speaker at the dinner.

#### NOVEMBER

Allan Schmid, M.T., attended the annual meeting of the American Association of Blood Banks at the Edgewater Beach Hotel, Chicago.

The District Nurses Meeting held in Little Falls was attended by Miss T. Karn. Other School of Nursing Faculty members who attended meetings were Sister Marion, Miss A. Williamson and Mrs. Hackett who went to a Guidance Workshop in Minneapolis. Sister Raphael attended the Twenty-Fourth Annual Meeting of the Catholic Library Association held at the College of St. Catherine in St. Paul. Sisters Cassian, Keith and Leonarda went to Fergus Falls State Hospital to visit the Nursing Education Program.

The Central Minnesota Dietetics Association held its meeting at the School of Nursing.

Miss A. Pallansch and Sister Jonathan attended a refresher course in radiographic technique at St. Mary's Hospital, Minneapolis, sponsored by the General Electric Company.

The District III quarterly meeting of the Minnesota Society of X-Ray

Technicians was held here.

Mrs. Agatha Caylor, M.T., Margaret Albrecht and Sister Bridget spent two days at the Continuation Center of the University of Minnesota where they attended the continuation course in Clinical Chemistry and Teaching Methods for Medical Technologists.

An advisory committee for the Women's Auxiliary was set up to provide better coordination between the auxiliary and the hospital. Members of this committee are Sister Jonathan, Chairman, Sister Maureen, Sister Joel and Sister Goretti. Mrs. A. Moeglein was appointed coordinator between the Sister Committee and Women's Auxiliary.

#### DECEMBER

The annual DEACON'S DAY was held on December 10. It is an event which is eagerly anticipated by both the young "priests-to-be" and the Sisters.

December marked the fifth anniversary of our Nursery Photo Service. During these five years some 11,000 newborn babies have been photographed by the hospital nursery staff, usually within 24 hours after birth.

#### 1960

#### JANUARY

Both the Main Kitchen and Modified Diet Kitchen have been repainted; new lighting has been installed as well as new conduits and a fan.

The hospital employees were guests of the Sisters at a party held in the lounge of the nurses' home on the Feast of the Epiphany.

Dr. Dale Udem succeeded Dr. Curtis Nessa as Chief Radiologist.

The Sisters were hostesses to the students of the three schools of Anesthesia, Medical Technology and X-Ray at a Christmas dinner on January 12.

#### FEBRUARY

An institute on the "Administration of Nursing Homes, Homes for the Aged and other Long-term Facilities" was held here in February. It was the first one of its kind ever held, and was sponsored by the Catholic Hospital Association at the invitation of Bishop Bartholome. Over 160 persons from 14 states and Canada attended.

The McBee imprinter and requisition system was installed throughout the hospital. Among the reasons for the change were: the use of the imprinter to reduce the amount of handwriting required on a requisition for services, the use of multiple part charge tickets which are designed to the specific requirements of each department and the little round holes around the edge of the requisition which will serve to speed the processing of the requisitions and data thereon to supply administration with necessary information to provide better patient care.

Sister Bridget and June Przybilla attended the Workshop for the Improvement of Catholic Schools of Medical Technology at St. Louis sponsored by the Catholic Hospital Association.

Sister Jonathan and Claude Przybilla were among the participants in the Career Day Program held at Technical High School. They represented

their respective vocations, X-ray and Medical Technology.

Capping ceremony for freshman nurses on Sunday, February 21.

#### MARCH

Emmet Shaughnessy, Chief Physical Therapist, attended an Institute on Physical Therapy sponsored by the Catholic Hospital Association and St. Louis University at St. Louis, Missouri.

An Institute on Canon Law and Financial Management held in Omaha, Nebraska, and sponsored by the C.H.A. was attended by Sister Jameen and Sister Mary Patrick, a member of our Governing Board.

A large group of our registered nurses attended the Catholic Hospital Institute for Nursing Service Personnel at the Leamington Hotel in Minneapolis.

Allan Schmid, M.T.(ASCP) attended a specialized Blood Bank Workshop in Immunoserology sponsored by the Catholic Hospital Association in St. Louis, Missouri. The fifteen participants were selected from ten states.

#### APRIL

Sister Dolorata and Miss Joan Skwira attended a workshop on "Progress in Maternity Nursing" at the Center for Continuation Study of the University of Minnesota.

The Standard Nomenclature Institute sponsored by the American Medical Association at the Nicollet Hotel in Minneapolis was attended by Helen Scheibel of the Medical Records Department.

Sisters Glenore, Leonarda, Judith, Joel, Goretti and Virgene attended a lecture and demonstration on "Fire and Explosion Hazards in Hospitals and Their Control" conducted by George J. Thomas, M.D., at the Mayo Auditorium of the University of Minnesota Medical Center.

The Women's Auxiliary of the hospital started a gift service in the lobby on April 11.

The Minnesota League for Nursing Convention at the Nicollet Hotel in Minneapolis was attended by Teckla Karn, Ann Williamson, Mrs. Margaret Hackett and Sisters Cassian, Paul, Keith and Joel.

The District III Hospital Meeting was held at the School of Nursing. Taking part in a panel discussion on "Providing a Safe Environment in Surgery" were the surgical supervisors from St. Gabriel's Hospital in Little Falls, Lake Region Hospital in Fergus Falls and Sister Leonarda of St. Cloud Hospital.

Personnel from fifteen hospitals in this area attended a meeting at the nurses' home at which the new Blue Cross Manual was discussed.

#### MAY

Sister Leo, Sister Judith, Miss T. Karn and Miss A. Williamson attended the Second Annual Conclave of the Minnesota Rescue and First Aid Association at St. John's University in Collegeville.

The Upper Midwest Convention held in Minneapolis was attended by 21

Sisters and 26 of our lay personnel.

Exterior renovation of the entire hospital was started--this tuckpointing is a noisy, dusty job, but necessary for the safety of the walls and to insure no damage to interior decoration from outside moisture seeping through.

The Spring Meeting of the Minnesota Conference of Catholic Hospitals held at St. Mary's Hospital in Duluth was attended by Mother Richarda, and Sisters Jameen, Glenore, Cassian, Sebastine and Anthony.

Ervin Smith, Mrs. S. Gebhardt, Mrs. B. Chirhart, Sisters Jonathan and Sandra and six x-ray students attended a meeting of the Centeray District of the Minnesota Society of X-Ray Technicians at St. Joseph's Hospital in Brainerd.

The maternity floor was brightened by contributions of pink and blue telephones from Doctors P. L. Halenbeck, L. A. Loes, J. Olinger and H. J. Reif.

National Hospital Week this year was unique in many respects: Daily BEACON FLASHES served to keep the hospital family posted on coming events and interesting hospital facts; a formal reception honoring long term employees gave tangible proof of gratitude for devoted service; the Medical Staff and their wives were entertained at a dinner served in the hospital dining room; movies were shown twice a day during morning and afternoon coffee break for all interested employees; posters and displays lined the halls and main lobby to remind everyone that a good hospital needs "many hands with many skills" to operate successfully; the new orthopedic room and the improved x-ray department opened their doors for tours of inspection; a poster contest was sponsored for high school students in the hospital area.

## JUNE

The National Catholic Hospital Convention in Milwaukee, Wisconsin, was attended by Sisters Glenore, Jameen, Cassian, Keith, Roger and Sebastine.

Demonstrations on static electricity for new personnel and students were conducted by the Department of Mines.

The Mrs. Jaycees contributed an Aquamatic Thermia Unit to the hospital for use by critically ill patients.

Sister Sandra attended the National Convention of the American Society of X-Ray Technicians at the Netherland-Hilton Hotel in Cincinnati, Ohio.

Corpus Christi Mass was offered on the lawn on the Nurses' Home.

Replastering and painting in the O.R. Suite was begun this month.

\* \* \*\*\* \* \* \*\*\* \* \*

The personnel department reports that on June 30 the hospital family included 2 chaplains, 72 Sisters and 502 lay employees.



## HOSPITAL DEPARTMENT DIRECTORY

DEPARTMENT		HEAD
Administrative Assistant	.....	Harold Knevel
Anesthesia	.....	S. Virgene, C.N.A.
Business Office	.....	S. Rosalinda, O.S.B.
Central Service	.....	S. Roger, R. N.
Dietary	.....	S. Glenore, M.S.
Engineering & Maintenance	.....	Herman Schneider
Housekeeping	.....	S. Laurentine, O.S.B.
Laboratory	.....	S. Bridget, M.T.
Laundry	.....	S. Quidella, O.S.B.
Medical Records	.....	S. Sebastine, R.R.L.
Nursing Service	.....	Mrs. L. Hagen, R.N.
Occupational Therapy	.....	S. Maureen, O.T.R.
Operating Room	.....	S. Leonarda, R.N.
Personnel	.....	Mrs. E. Merkring
Pharmacy	.....	S. Danile, R. Ph.
Physical Therapy	.....	E. Shaughnessy, R.P.T.
Purchasing	.....	Harold Knevel
School of Nursing	.....	S. Cassian, R.N.
X-Ray	.....	S. Jonathan, R.T.

