

3-1983

## Beacon Light: Spring 1983

St. Cloud Hospital

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# BEACON LIGHT

Saint Cloud Hospital

Spring 1983



Radiation therapy



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# BEACON LIGHT

Saint Cloud Hospital

Spring 1983



*Bernard Rogers, M.D., positions a patient on the simulator in preparation for radiation therapy treatment with the linear accelerator. A beam will be directed to her head. Stories begin on page 2.*

### **Treating Cancer**

A physician discusses cancer and how he decides on a specific patient's treatment plan.

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### **Physicist's Role**

A physicist plays a vital role in the accuracy of a patient's radiation therapy treatment.

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### **New Equipment**

The functions of a CAT Scanner and linear accelerator are explained.

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### **Resource People**

A hospital support group provides help for cancer patients, their families and friends.

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### **TEFRA Act**

Federal legislation will change the method of Medicare reimbursement to hospitals.

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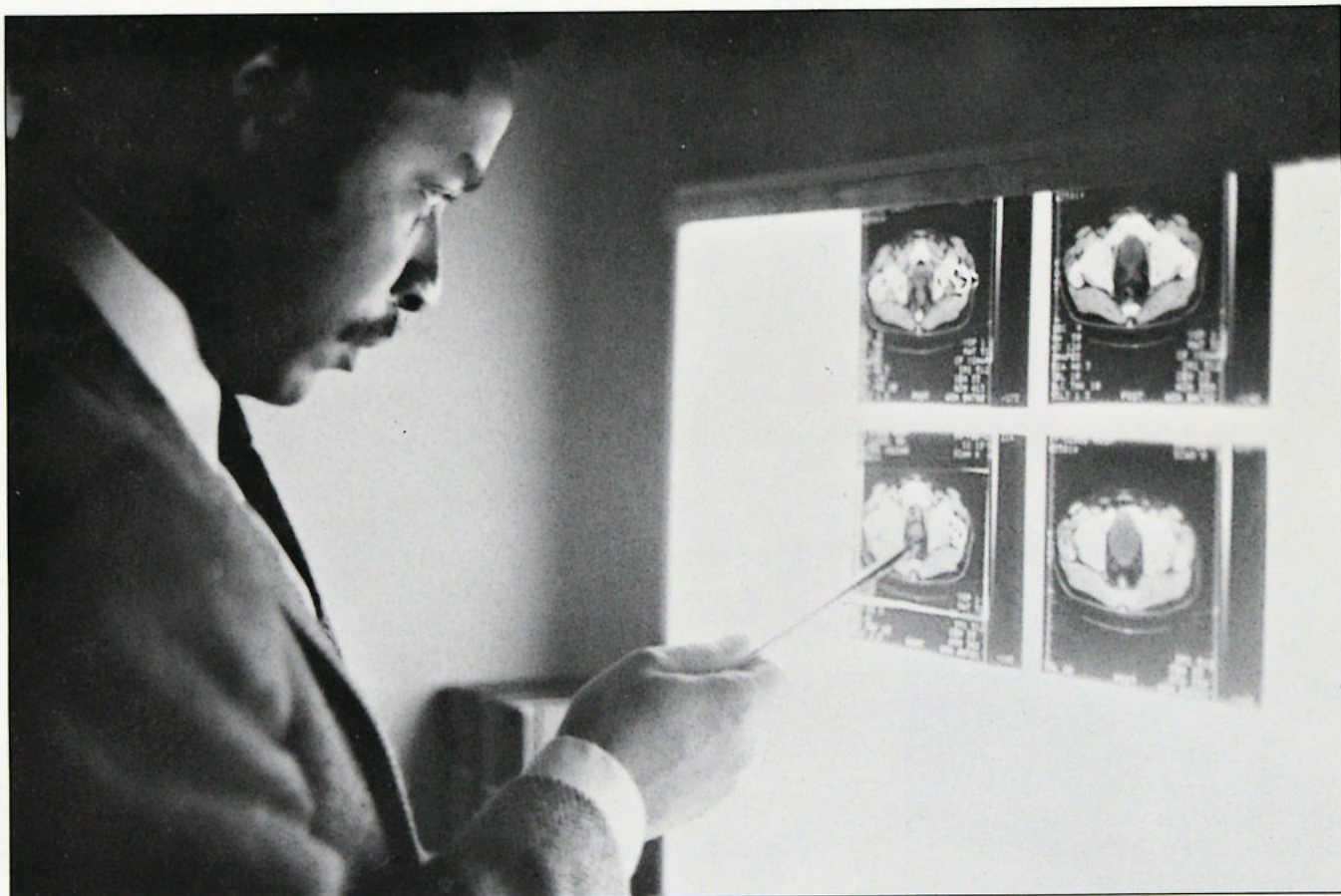
### **Neurosurgeon**

A second neurosurgeon, Dr. Reg Watts, joins the staff of Saint Cloud Hospital.

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# The diagnosis of cancer:



Bernard Rogers, M.D., studies a patient's CAT scan in preparation for treatment.

**C**ancer can affect any tissue that is growing. Any body part — the eyes, bones, skin or other organ — can become cancerous, anything except the fingernails, toenails or hair, which are non-living tissue.

Cancer is an abnormal cell growth. It may be treated by surgical removal, chemotherapy, radiation therapy, or some combination of those methods. The method used depends on factors such as the type of cancer the patient has, the extent of the cancer, the cell type and its location.

The clinical condition of the patient and the patient's "will" also must be considered, said Bernard Rogers, M.D., radiation oncologist at Saint Cloud Hospital. Dr. Rogers is one of only two Minnesota physicians outside the Twin Cities and Rochester who specializes in radiation oncology. Oncology refers to the study and treatment of cancer.

"There is no blanket statement that can be made," Dr. Rogers said about which treatment method is used. "I look at each individual case. Sometimes a combination (of treatments) looks best," he said.

Radiation therapy can be given in several ways: internally or externally. With external radiation therapy, high-energy X-rays are used to stop the cancer cells from growing and/or multiplying. Most people undergoing radiation therapy have this kind of treatment — usually, on a daily outpatient basis.

Sometimes, internal radiation therapy is a better choice. A woman with cervical cancer, for example, may be given small amounts of radioactive material in the form of an implant. The implant would be placed inside the uterus. This form of radiation therapy would require hospitalization. A person does not become radioactive, however, when receiving radiation treatment.

# A physician discusses how he develops a patient's treatment plan

Both types of radiation therapy apply the same principle: radiation destroys the ability of all cells within its reach to grow and reproduce. Cancer cells are more sensitive to radiation than normal cells.

To explain — rapidly dividing cells are more sensitive to radiation than those dividing less quickly. Since many cancer cells grow more rapidly than normal cells, more are in the process of dividing, and therefore are more susceptible to being killed by radiation than the normal surrounding tissue. This is one mechanism that allows radiation to be effective.

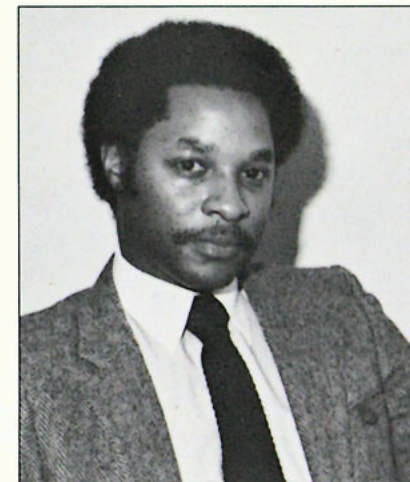
Radiation is packets of energy — invisible energy — that bombard a tumor and destroy it. A tumor is not necessarily a lump. It may be a diffuse mass of cancerous tissue, Dr. Rogers said. And all tumors are not cancerous. They can be benign, meaning harmless.

## Can be curative

Radiation can be used for almost any type of cancer. And it very often can be curative, Dr. Rogers said. "It depends on the extent of the tumor when treatment was begun," he said. If treatment is started when the tumor is relatively small, there is a greater chance to be successful.

Ninety percent of Dr. Rogers' patients receiving radiation therapy are seen on an outpatient basis. An average length of treatment is about four weeks, he said, but can range from a few days to several months. Some patients are best helped by daily doses of radiation, some every other day, some just once a week for several weeks.

Why couldn't 5,000 rads (units of radiation) be given at one time instead of coming in for partial amounts once a week for months? Dr. Rogers compared that to drinking "a month's worth of water" or a week's amount of food in one day, or staying in the sun to get a tan for eight hours the first day, instead of pacing it in 15-minute intervals once or twice a day.



Dr. Rogers

Most patients come to the hospital for daily treatment. Patients with skin cancers may come less frequently.

Dr. Rogers said that there are no immediate after-effects with radiation therapy, but that some may develop later. He did say that many myths persist about radiation therapy — that everyone receiving the therapy loses hair, no matter what part of the body is being treated. This is not true.

## Side effects

The side effect depends on the body part being treated, he said. If a tumor on the hand or leg is being treated, no side effect may be felt. If radiation is directed at the stomach, the patient is more likely to experience nausea or diarrhea. If the patient has a throat cancer, the radiation treatment may leave a sore throat. These effects usually subside when treatment is completed. But the most common side effect, according to Dr. Rogers, is tiredness.

The site of the tumor and the patient's attitude are the two factors determining whether a side effect will occur. "The better the patient's emotional and mental condition, the better the treatment will be tolerated," Dr. Rogers explained. The patient's attitude can actually affect whether the patient will experience side effects, or their severity.

Another misconception is that cancer is a very painful disease. "Cancer is a painless disease, a painless growth," said Dr. Rogers. "That's why it's so elusive. This is what often makes it difficult to detect early." Many times, by the time the cancer is found, it has spread to other areas of the body.

**"If it were a simple matter of cutting out the cancer, everyone would be cured. But it's what you don't see that is the problem."**

Dr. Bernard Rogers

"If it were a simple matter of cutting out the cancer, everyone would be cured," he said. "But it's what you don't see that is the problem." Cancer cells may spread to other parts of the body and the person will not know because it does not hurt. Cancer itself does not hurt, Dr. Rogers said. "What you don't see is the problem," he said.





Dr. Rogers said that he deals honestly with any question from a patient.

The pain associated with cancer results from a couple of reasons. As the cancer grows, its size may begin to press more and more against nerves, sometimes growing around the nerves. The larger the tumor becomes, the more pressure is exerted. This pressure causes pain. Radiation relieves this pain since it shrinks the cancerous mass. Since the pressure is relieved, the pain is gone.

Another example of cancer causing pain is when a cancer grows in a bone. The bone has a natural covering. As the cancer grows, this covering is stretched and causes pain.

### Not contagious

Another misconception is that a person can "catch" cancer from body contact with a cancer patient. "It is not a contagious disease," Dr. Rogers explained.

People react differently to the diagnosis of cancer, he said. Some ask many questions, some do not want to know anything about it, others deny having it. Usually, cancer patients are initially shocked and depressed, and gradually ask more questions about their particular situation as their treatment continues.

Dr. Rogers said that he deals with any question honestly, but finds it difficult to tell a patient exactly how long he or she has to live. "Statistics are guidelines," he said. "If patients with a particular type of cancer have a 30 percent chance of surviving it, is this patient in the 30 percent or the 70 percent? For this one patient, it's either zero or 100 percent."

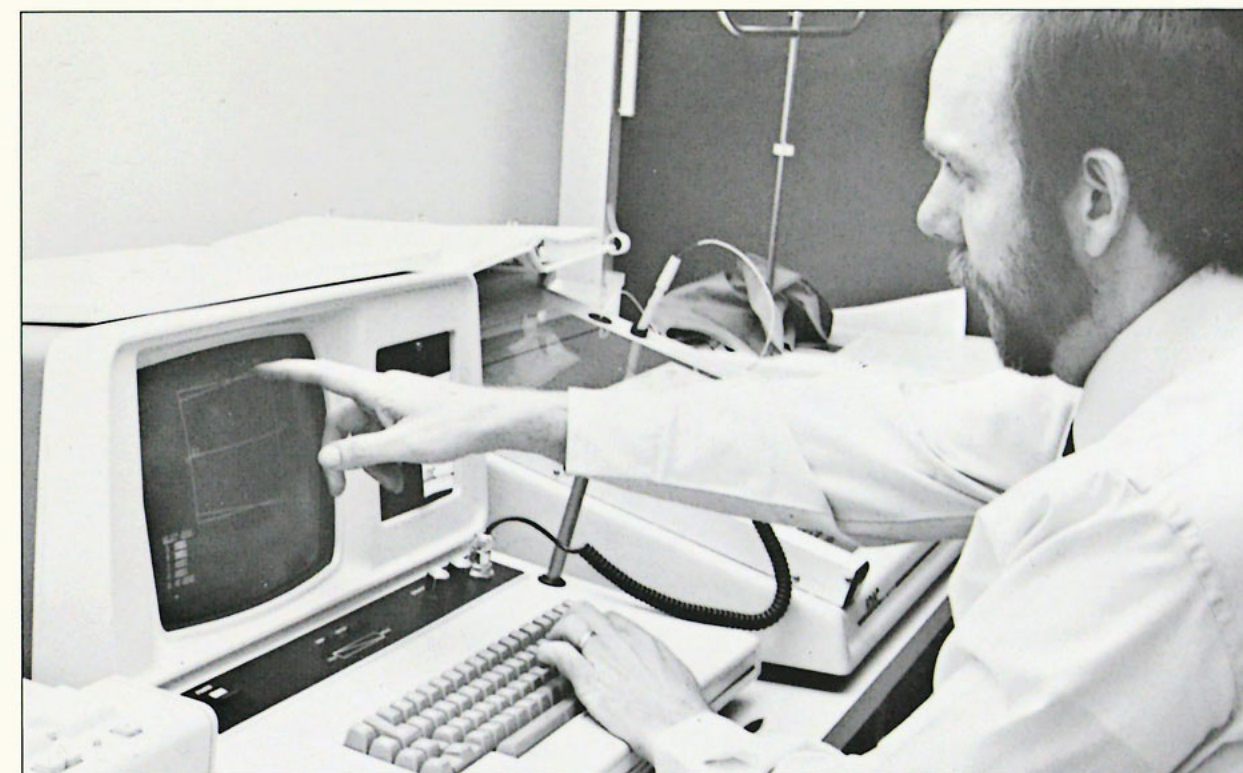
**"Statistics are guidelines. If patients with a particular type of cancer have a 30 percent chance of surviving it, is this patient in the 30 percent or the 70 percent? For this one patient, it's either zero or 100 percent."**

Dr. Bernard Rogers

Determining prognosis depends on a number of factors: the exact type of cancer, how far it has spread, the cell type, the patient's clinical condition. The patient's attitude also plays an important role.

"It's an individual thing," Dr. Rogers said. "It depends on the type of cancer that the person has." Any two persons with the same lung cancer may have different symptoms, may experience different side effects, and may have a different overall prognosis.

"Each person's cancer is his or her own," he said.



Physicist Rich Geise assists Dr. Rogers in calculating dosages for complex treatments. Geise uses a computer in his work.

## Physicist plays important role in accuracy of patient's treatment

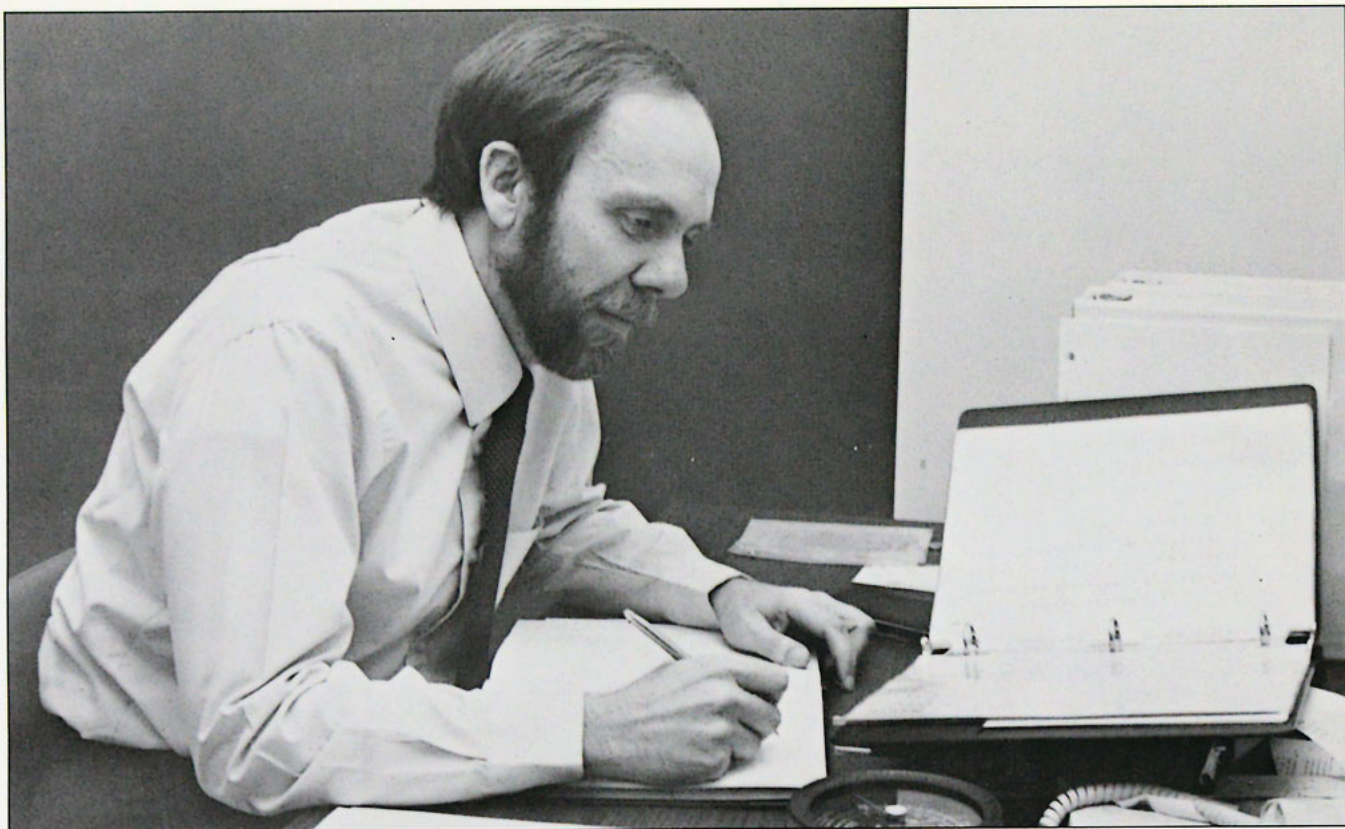
Precision is a key word in planning and implementing a radiation therapy treatment plan. One type of radiation therapy treats cancer patients with high-energy X-ray beams that are projected into a patient's body, aimed at the cancerous tumor.

Rich Geise, a consulting physicist at Saint Cloud Hospital, has a vital role in the accuracy of the patient's treatment.

The treatment plans that Geise designs consist of combinations of X-ray beams aimed at the tumor. Precision is needed in positioning the beams to treat the disease while avoiding normal tissues and organs.

"We want to get the highest dose (of radiation) to the tumor and the lowest dose to the normal tissue," Geise said. "At the same time, the dose to the tumor should be as uniform as possible with no 'cold spots' (areas of low radiation dose)."





There is absolutely no pain involved when the patient receives the radiation treatment. The X-ray beam is visible as a ray of light directed to a spot on the patient's body.

### Responsibilities

Many people may not be aware of the presence of a physicist in the hospital community, or know exactly what his responsibilities are. Geise, a private consultant working with Midwest Radiation Consultants, Inc., is at Saint Cloud Hospital two days a week.

He has two masters degrees — in physics, and in radiological science, from the University of Wisconsin-Madison. In the past, Geise has been head of radiation therapy at Methodist Hospital in Minneapolis, and worked as a consulting physicist in Denver, CO.

His work at Saint Cloud Hospital is primarily in radiation therapy, and the balance in radiation safety and trying to improve image quality in the X-ray and Nuclear Medicine areas. He also is the hospital's Radiation Safety Officer.

Much of his time recently has been spent callibrating and testing new equipment — the Radiotherapy Simulator, CAT Scanner and Linear Accelerator. These pieces of equipment have only been operational for a few weeks. The CAT Scanner is a replacement unit. Its advantages over an earlier unit at the hospital include procedures of the spine and inner ear. Weeks of "acceptance testing" were completed on the accelerator before clinical use could begin.

Most of the equipment Geise works with are the accelerator and its simulator, the Cobalt unit, and a "superficial" treatment machine, all used in cancer treatment. The characteristics of the X-ray beam are unique to each machine's design, but the direction and intensity of the beam can be altered.

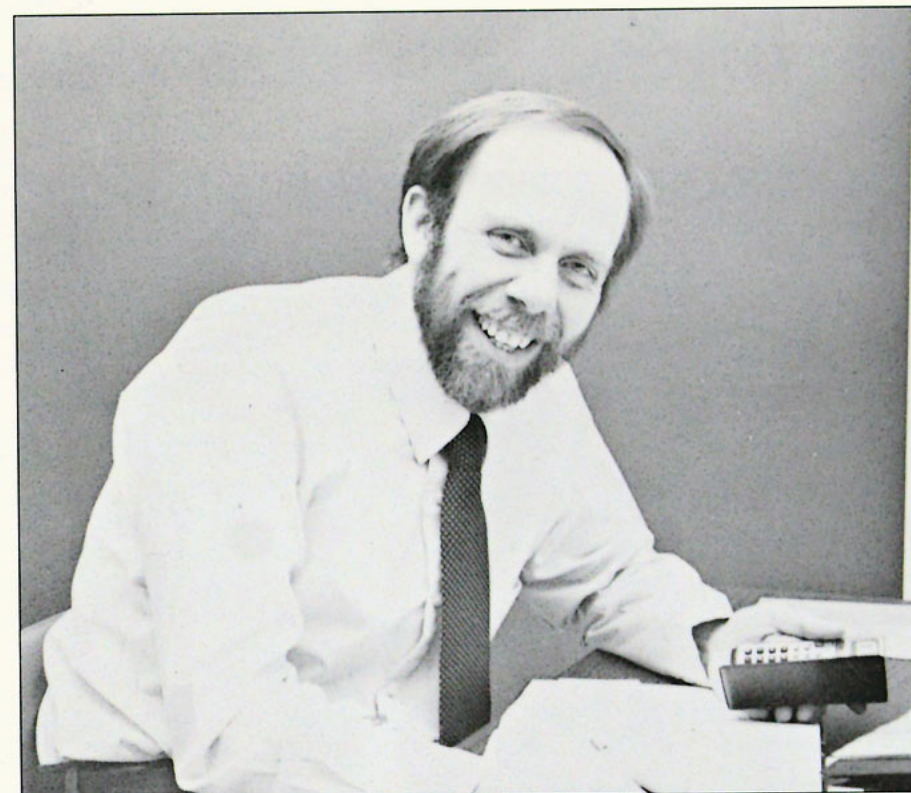
### The 'ideal patient'

The beams need to be altered for a number of reasons: patients' bodies are not all the same size and shape; some tumors may be closer to the surface than others; some body organs are more sensitive to radiation, such as the kidneys. These are some of the factors which necessitate a specific treatment plan be drawn up for each patient.

Initial testing is done on "the ideal patient," a tank of water. These tests provide valuable information — with the results plotted on graph paper and then put into a computer.

Then, specific "patient information" is achieved — noting body contours, specific location of the tumor, the curvature of the skin, and structures of different density. Tissue such as the lungs would be more easily penetrated by radiation, for example, than bones, which are more dense. All of these details can be mapped out using a treatment-planning computer.

The "patient information" can be obtained in a number of ways — by using a CAT scan, for example, or an X-ray, or a contour using solder wire. The CAT scan works best, Geise said, since it shows the high- and low-density tissues, as well as body contours. Ultrasound is another method sometimes used to get this information.



Rich Geise

Body curves, such as that from the head to the neck, may be compensated for to allow an even dose of radiation. If the same dose of radiation is directed to the entire area, the area closer to the machine would receive more radiation than that farther away.

In this case, a metal wedge might be placed over this area, providing a uniform radiation dose to the entire area. Various positioning devices are used in radiation treatment to ensure accuracy and safety, Geise said. A "bite-block," which positions the head, might be used for patients with certain cancers of the head and neck.

### Finding proper settings

The preparation work on the treatment plan is not equally elaborate for all patients, Geise said. What is important, he said, is finding the proper settings to use.

Regarding treatment with the linear accelerator, the settings often are decided by use of a simulator. The simulator is another X-ray unit that simulates the motions and positions of the accelerator. "In many cases, we use the simulator to look at the different angles," Geise said.

The accelerator's settings are duplicated on this smaller unit. The exact "field size" and beam angles can be determined on it, as well as the dose calculation.

All information from working with the simulator and the patient information is fed into a computer. This allows adjustments to be made in the treatment plan and provides the final dose distribution, called an "isodope map."

Geise said that treatment planning is a team effort — the radiation therapist, physicist and therapy technicians are all involved.

With the input and care involved, by being as complete as possible, the exact location where the beam will be directed can be pinpointed, Geise said. "We can be quite accurate," he said, "within a couple of millimeters."



# Hospital adds linear accelerator



**T**wo new pieces of equipment reflecting state-of-the-art in both diagnostic and therapeutic areas have recently been added to the Radiology Department.

## LINEAR ACCELERATOR AND SIMULATOR

Installation of the new linear accelerator and its companion simulator this year means that Saint Cloud Hospital is now able to provide even more sophisticated radiation therapy than previously, according to Dr. Bernard Rogers, Radiation Therapist.

"The simulator allows us to see precisely how treatment is to be given before we give it," Dr. Rogers said. "It shows the actual size of the area being treated on the patient's body, then goes one step farther and actually simulates that treatment. This enables us to give treatments much faster and easier," Dr. Rogers noted.

Once the simulator has done its work, the linear accelerator is ready to provide the actual therapy treatments. It can be used to treat almost any tumor, similar to the cobalt unit.

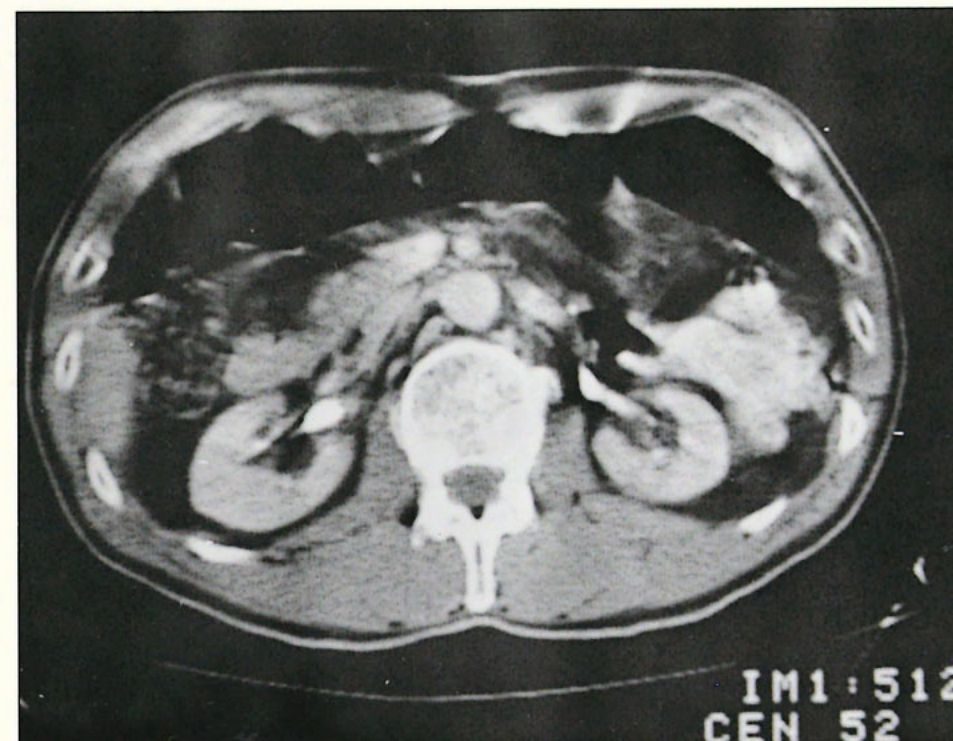
The linear accelerator generates high-speed electrons which produce high-energy X-rays. These X-rays are stronger and more uniform than that provided by the cobalt and orthovoltage equipment. Patients thus need shorter treatments.

*Tours of Radiation Therapy  
will be held during  
National Hospital Week.*

*See the tour schedule on page 17.*

The linear accelerator is capable of producing six million volts of peak energy, although the average energy generated is about two million volts. The Hospital has housed the accelerator in a specially-built room with four-foot-thick concrete walls to contain this additional energy generated by the new therapeutic device.

# and new 'CAT' Scanner



The photo at left shows a patient on the simulator near Dr. Rogers and radiation therapy technicians Sue Iten (middle) and Mary Bye. The above photo pictures a CAT Scan of a patient's abdomen.

## A NEW 'CAT' SCANNER

Last February, a new 'CAT' scanner began operating at the Hospital. The CAT scanner (CAT is an acronym for Computerized Axial Tomography) is a diagnostic tool used to produce vivid, detailed cross-section images of the body. The Hospital has had a CAT scanner since 1978 — this updated version of the scanner provides four times more detail than its predecessor, and is particularly useful in the diagnosis of conditions involving smaller body parts like eyes, ears, and the spine.

It is also helpful in distinguishing between benign and malignant tumors deep within the body, thus, in some cases, eliminating the need for major exploratory surgery.

This model is quicker than the old one, too, which means patients do not have to lie still so long. Many scan examinations take only 20 to 25 minutes, according to Harry Affeldt, Director of the Radiology Department.

Diagnosis on a CAT scanner can be compared to cutting a loaf of bread into slices and then closely examining the individual slices. The loaf of bread in this case is a series of images of the body produced by a computer.

To get those images, a large mechanical ring beams a circle of pencil-thin X-rays at the head or other part of the body being examined. The data picked up by the X-rays is fed to the computer, which, in turn, generates pictures which are stored on magnetic tape.

"What you get is a cross-section of the body. For all intents and purposes, it's three-dimensional," said Dr. Phil Vander Stoep, Chief of Service, Radiology Department. When the images are examined on a television screen, bone turns up as white, air as black and soft tissues as shades of gray.

With the new CAT scanner, otherwise undetectable internal disorders can be pinpointed with greater precision, making treatment procedures easier, surer and quicker.

**“What’s so neat is that you can see subtle densities and find greater detail. It allows us to do things we couldn’t do before . . .**

**Dr. Phil Vander Stoep**

**”**  
“What’s so neat is that you can see subtle densities and find greater detail,” Vander Stoep said. “It allows us to do things we couldn’t do before, such as look at the tiny bone structures in the ear, or sort out the very subtle differences in the spine.”



# Support group assists patients and



Mary Kovell (right) coordinates the support group at Saint Cloud Hospital for persons affected by cancer. She is pictured with Pat Davis, a member of the group.

**P**at Davis' father was afflicted with a type of cancer called multiple myeloma. Multiple myeloma is a malignant cancer located in the bone marrow. Pat's father subsequently died from his disease, but thanks to a cancer support group at the Saint Cloud Hospital, Pat and other people affected by cancer have and will be able to cope with it.

The cancer support group was formed in 1980 by Drs. Bernard Rogers, Nicholas Reuter, Harry Windschitl, Everett Schmitz, and other concerned hospital employees. It has a current mailing list of 30 persons.

The support group meets the fourth Wednesday of every month, except July and August, from 7-8 p.m. at Saint Cloud Hospital. Contrary to many people's beliefs, the group is

not only for cancer patients, but also for friends and relatives of patients. Pat explained, "It was easier for our family to accept the fact that Dad had cancer because he openly talked about it."

**"People just will not accept the fact that they have cancer, or that someone they love has it. One of the main functions of the group is communicating feelings to others, as well as themselves."**

Mary Kovell

**"**

"Many times this is not the case with the family though," explained Mary Kovell, Patient Education Coordinator at Saint Cloud Hospital. "People just will not accept the fact that they have cancer, or that someone they love has it. One of the main functions of the group is communicating feelings to others, as well as themselves."

Group meetings consist of about six to 10 persons who share ideas and get to know one another. "If they feel the need, the group meetings are a time for laughter and a time for tears. Members are not forced to talk about specific things if they don't feel like it but are encouraged to get their feelings out in the open. The group is a give-and-take experience," said Kovell.

## families

Group discussions are planned in advance. One week the group might focus on guilt feelings, the next week's topic might be communicating with a cancer patient.

Besides group discussions, guest speakers are often scheduled to speak to the group. Past speakers have included staff members of the hospital's Hospice Program, former cancer patients, and doctors.

Other group activities include films and education programs designed to meet the needs of patient and family.

### Live a normal life

"One main idea that should be stressed about cancer patients is that they would like to live as normal a life as possible," stated Kovell. By encouraging patients and relatives to communicate, the cancer support group helps persons afflicted with cancer to fulfill this need.

Pat Davis can attest to the support given her from the group. In return, Pat is now giving of herself to the group in hopes of making it easier for others who are now in the position she once occupied.

Anyone interested in obtaining more information on the cancer support group should contact the Continuing Education Department, Saint Cloud Hospital, 255-5642.

## American Cancer Society is another resource

Last year, the American Cancer Society (ACS) spent more than \$45,000 on behalf of the St. Cloud/Sauk Rapids Unit. The money was spent in a number of areas including: services for cancer patients; public education programs; professional education programs; research; fundraising; management; national programs.

The ACS offered information and referral, transportation assistance, sickroom equipment, dressings, and programs such as the "I Can Cope" patient education course to the 89 cancer patients of the St. Cloud/Sauk Rapids Unit last year.

ACS Public Education programs teach cancer prevention and ways to detect cancer early enough for cure. Last year 5,868 adults and young people in the St. Cloud area were reached with important cancer education.

Among the programs the ACS sponsors and or is affiliated with include: the Laryngectomy Support Group, that deals with patients who have cancer of the throat area; the Ostomy Support Group, for people who have or have had cancer of the colon or rectum; the Reach to Recovery program, which deals with women who have had mastectomies; Candlelighters, which also deals with mastectomy patients; and education programs such as Freshstart, a quit smoking program. If you would like any information concerning these local programs, call 255-0220.

The 1982-83 Unit Volunteer Leaders are Bernard Rogers, M.D., President; Mrs. Lois Fredrickson, Secretary; Miss Marie Hennen, Treasurer; Dorothea Doerner, R.N., Crusade Chairman; Amy Burgett, R.N., Public Education Chairman; Mrs. Arlene Omlid, R.N., Service Chairman; Rita Danzl, Memorial Chairman.

If you have questions about cancer, call this toll-free number: 1-800-582-5262.



# Medicare reimbursement

Federal legislation passed last fall will change the way Medicare/Medicaid reimbursement is determined for all hospitals. It will take effect at Saint Cloud Hospital the beginning of its next fiscal year, July 1, 1983.

The Tax Equity and Fiscal Responsibility Act was passed by Congress on September 28, 1982. What it means is that instead of being reimbursed for each patient day, hospitals are paid per Medicare/Medicaid case.

## DRG codes

A standard billing amount has been established for each of 467 different illness classifications. It was drawn up by using a 1980 billing sample of hospitals from across the country. The illness codes, called Diagnosis Related Groups (DRG), were put together at Yale University.

These standard billing amounts are then adjusted for each individual hospital, based on its history of "heavy" or "light" cases. The premise is that some hospitals treat patients who are more seriously ill than those generally treated at other hospitals. If, in comparison, a hospital treats more seriously ill patients on average than most hospitals, its billing amount would be increased.

## The 'formula'

Using 1.0 as a midpoint, each hospital is given a number; Saint Cloud Hospital's is 1.0486. The number here is higher because Saint Cloud Hospital sees more seriously ill patients than more than half of the other hospitals in the country. Those treating less seriously ill patients would be issued a number less than 1.0 — .95, for example.

Reimbursable charges for a particular surgery, for example, might be \$2,000 at one hospital, while at a hospital with a higher ratio, \$2,200 might be the reimbursement limit, no more or no less.

The change will affect the total final amount the hospital receives at the end of the year. According to John Seckinger, Assistant Administrator, Fiscal and General Services at Saint Cloud Hospital, it will take one year after the end of the hospital's fiscal year before the exact amount of reimbursement from Medicare will be known.

"If we can operate within their total guidelines and if the average length of stay at the hospital does not increase, then we can operate with it," he said. "If the average length of stay increases, then we'd have to adjust the fixed cost."

## Limits to become tighter

According to a recent article in "Hospital Progress" magazine, Congress declared that no hospital would be paid at a per case rate less than its average 1982 rate. The limits, however, will become considerably tighter in subsequent years.



John Seckinger, Assistant Administrator, Fiscal and General Services at Saint Cloud Hospital

# to hospitals is changing

The limits will not apply to children's hospitals, long-term care hospitals, or rural hospitals with fewer than 50 beds. Other costs will continue to be exempt from the reimbursement restrictions: outpatient service cost, capital-related cost, malpractice insurance premiums, and costs that hospitals attribute to training interns and residents or affiliated nursing schools.

An impact of the act, Seckinger said, is that the hospital may not be able to offer important services requiring longer lengths of stay. "It will hurt us in adding cases requiring longer stays, making it harder for us to admit those patients. As improvements in care are made, it will be harder for us to add those patients needing longer hospital stays," he said.

The American Hospital Association also recognized that fact, being critical that the regulations do not specify severity of illness changes as a ground for exception. The AHA noted that there was no provision to recognize changes in hospital case mix resulting from a range of circumstances, such as changes in the specialty composition of the hospital medical staff, the addition of services midway through the base year, the expansion of services, changes in the composition of the population, or changes in the incidence of disease prevalence within the community served.

"The whole idea behind this (the reimbursement procedure change)," Seckinger said, "is to cut federal spending." The federal government hopes to save \$480 million in fiscal 1983, \$1,419,000,000 in fiscal 1984 and \$3,050,000,000 in fiscal 1985 — a grand total of \$5 billion, 20 million during the course of the three-year program.

**"As improvements in care are made, it will be harder for us to add those patients needing longer hospital stays."**

John Seckinger

The TEFRA Act is part of a "retrospective" program — where costs are figured at the end of the hospital's fiscal year. Beginning three years down the road, the government plans to begin a "prospective" payment system, where cost per case will be known before the year begins, Seckinger said, using a different payment rate. The use of DRGs would establish in advance how much Medicare will pay a hospital for each diagnosis.

## Slower improvement

The Reagan administration hopes that the prospective payment system will make Medicare more cost-efficient. Seckinger said, "I think it will result in a slowing-down of improvements in technology. When hospitals are rewarded for providing low-technology, low-cost, short-stay cases, the result will be slower improvements in technology offered by hospitals."



# GIFTS & MEMORIALS

Throughout the year Saint Cloud Hospital receives financial support from many people. We are grateful for your continued confidence and support of Saint Cloud Hospital as expressed by your generous contributions.

The Saint Cloud Hospital Development Council gratefully acknowledges contributions to the Development Fund from the following individuals, families, and businesses, received between October 1, 1982 and March 1, 1983.

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#### LAURA DIETMAN

by Mr. Victor Dietman

#### PEGGY LARSON

by Mildred Zenner  
by Mary Ellen Gilloley  
by Pauline Egan  
by Tom Thueringer  
by Lloyd Peterson

#### ETHEL DAVIDSON

by George Dalton  
by Gladys Bergstrom  
by Doris Burton  
by Bev Seene  
by Gerald Dalton  
by Richard Dalton

#### FRANK C. KOSEL

by Mrs. Louis Schneider

#### GEORGE PACKERT

by Mrs. Elizabeth Packert

#### ARNE CARLSON

by Ms. Harriet Lies

#### CECILIA SCHWINGHAMMER

by Ms. Marlene Schwinghammer\*  
by Mr. and Mrs. Robert Scheuerell  
by Ms. Molly Renslow  
by Mr. and Mrs. Allan Schwinghammer  
by Mr. Edwin Schwinghammer\*

#### ANGELINE SAVIG

by Mr. Oscar Savig  
by Mrs. Barbara Pappenfus

#### FRANCIS KING

by Mr. and Mrs. Chuck Storkamp  
by Mr. and Mrs. J.C. Bednark  
by Mr. and Mrs. Glen Pike  
by Mr. and Mrs. William Olson  
by Dairy Craft Incorporated  
by Mr. Don King\*

#### DORIS HANSON

by Mr. and Mrs. Donald Hanson

#### VERN SOLTOW

by Ms. Merrilee Soltow

#### THANE SHINKLE

by Mrs. Flora Shinkle  
by Mr. and Mrs. M.A. Hewitt  
by Mr. and Mrs. Fred Town

#### ELEANORE RAYMOND

by Mrs. Ione Etzell\*  
by George Koch\*

Mr. and Mrs. Robert Witte, Sr.

Mrs. Elmer Herzberg

Ms. Jeannette Nagel

St. Paul's Catholic Aid Society\*

#### MARY LINN KNEVEL MEMORIAL

Mrs. Esther Reischl  
Mr. and Mrs. Harry Knevel  
In memory of Susan Buttweiler  
In memory of Robert Viehausen

#### GENERAL DEVELOPMENT

### In Memory of:

#### ARCHIE BISENIUS

by Faculty and Staff of School of Nursing

#### HELEN GOENNER

Mr. and Mrs. Andrew Imholte  
A & C Alumni Association  
Mr. and Mrs. John Carpenter  
Mr. and Mrs. Robert Witte

#### KIWANIS PATIENT LIBRARY

Ken Kuebelbeck

#### AUXILIARY REMEMBRANCE FUND

### TRAINING EDUCATION

### In Memory of:

#### SALLY WEYER

by Herb and Darlene Bechtold

#### PETER SCHUMER

by Mr. and Mrs. Alfred Seifert

#### SHARON AND SHARI HANNON

by Glen and Mary Listul

by Shirley Lahr and families

#### VAL RAUSCH

by Clara Loesch

#### CARDIAC CARE

### In Memory of:

#### JAMES LAUERMAN

by Mrs. Joe Strack

#### PETER SCHUMER

by Agnes Kosel

#### WILLIAM LAUDENBACH

by Herb Bechtold

#### ELMER WESENBERG

by Val and Kathleen Henning

#### ROSE BRINKMAN

by Mr. and Mrs. Arthur Habstritt

#### DAVID HASTINGS

by Diane Weber



The Saint Cloud Hospital Credit Union recently donated three cribbage boards to the Critical Care Unit for its waiting lounges, and another board to the Volunteer Department for use in the Surgery Lounge. Pictured are Linda Chmielewski, Critical Care Coordinator, and Clayton Skretvedt, the credit union's chairman of the board.



#### CANCER TREATMENT

##### In Memory of:

FLORENCE KENNING  
by Ann M. Koopmeiners  
FRANK STOCKINGER  
by Mr. and Mrs. Arthur Habstritt  
by Agnes Kosel  
VIRGIL LODERMEIER  
by Agnes Kosel  
ALPHONSE STEUVE  
by Agnes Kosel  
BESS MEGARRY  
by Mary Lou Jameson  
RALPH REVENIG  
by Val and Kathleen Henning  
RITA SCHWEDAN  
by Clara Loesch  
VICTOR AHLES  
by Val and Kathleen Henning  
WALTER SCOTT  
by Dorothy Norden  
ELEANOR RAYMOND  
by St. Cloud Hospital Auxiliary  
MARY TRAUT  
by Agnes Kosel

#### GREATEST NEED

##### In Memory of:

FLORENCE KENNING  
by Helen Buerkle and Kathleen Henning  
VIRGIL LODERMEIER  
by Brian and Bruce Bechtold  
by Herb and Darlene Bechtold  
ARTHUR BECKER  
by Alice Latzka  
THEO BORMES  
by Mrs. Joyce Friebe  
by Mr. and Mrs. Lyle Morris  
JOSEPHINE BECHTOLD  
by Church of St. Augustine  
ELIZABETH MOLITOR  
by Agnes Kosel  
MRS. LUDMELLA OMANN  
by Mrs. Lawrence Gregory  
CLARA WALTZING  
by LaVerne Johnson  
IN GRATITUDE TO NURSE ON 3 SOUTH  
by Mr. and Mrs. John Schaefer  
GERTRUDE LOMMEL  
by Mrs. Kenneth Blattner  
MARY WENNER  
by Mrs. Kenneth Blattner  
ELEANOR RAYMOND  
by Barbara Brown  
ANNA KERN  
by Monica O Connor  
IDA VIEHAUSER  
by St. Joseph Parishoners  
AMELIA HOWELL  
by Mrs. Kenneth Blattner

#### HOSPICE

##### In Memory of:

IDA KARISH  
by Catherine Strack  
ROSE STRACK  
by Carl and Ardelle Mueller  
by Renee and Catherine Strack  
MRS. CHESTER MUSGRAVE  
by Renee Strack  
ARTHUR BECKER  
by Renee and Catherine Strack

## Second neurosurgeon joins hospital staff



Dr. Reg Watts

A new neurosurgeon has joined the staff at Saint Cloud Hospital. He is Reg Watts, M.D., a fellow in the Royal College of Surgeons (Canada), originally from Regina, Saskatchewan, Canada. Dr. Watts is the second neurosurgeon on the medical staff, joining Dr. John Brix.

Dr. Watts attended school in Edmonton, Alberta, and did his residency training at the University of Alberta. He interned at Calgary General Hospital in Calgary, Alberta.

During an interim, Dr. Watts was employed as a hydro-electric operator, and also ran an electric repair business. Upon returning to medicine, he entered the Royal Canadian Air Force and served as a medical officer. Dr. Watts has spent the last 10 years as a neurosurgeon in Regina, with a major emphasis on neurovascular disease.

Having practiced in Canada, Dr. Watts is accustomed to a socialized system of medicine. In Canada, hospitals are operated on government funding. Hospitals are allowed only the money the government provides for capital purchases and for improv-

ing facilities, Dr. Watts explained. Meanwhile, in the United States there is the willingness, and ability, to invest more in capital equipment, with less dependance on government funding.

Another difference between the medical systems of the two countries lies in the way patients' medical bills are paid. In Saskatchewan, Dr. Watts' home province, a governmental agency called the Medical Care Insurance Commission pays patients' medical bills. There are no bad debts in Canada and, thus, a very small number of accounts receivable. In the United States, most medical services are paid through the "third party" payment system. A third party (a commercial insurance company, Blue Cross/Blue Shield, or the government) pays on the patients' behalf.

Having a second neurosurgeon at Saint Cloud Hospital will expand the medical staff's ability to handle patients with spinal cord, brain, and nervous system difficulties.

Dr. Watts moved to Minnesota with his wife, Anna, and their two sons, Charles and David.

## National Hospital Week: May 8-14



## Think of us as family.

Saint Cloud Hospital joins with hospitals all across the country in celebrating National Hospital Week, May 8-14. This special observance is built around the theme, "We treat you like family."

Among activities planned for that week, tours have been scheduled for the public in the hospital's Radiation Therapy Department. Guests will be able to view two pieces of new equipment — a Linear Accelerator and a Simulator. The Linear Accelerator makes and uses high-energy X-rays to treat cancer. The Simulator assists in defining the treatment area.

The layout and functions of the Radiation Therapy Department will be explained, handouts will be available and refreshments will be served during the public tours.

### Tours of Radiation Therapy Scheduled

Tours for the public are scheduled for Thursday, May 12 from 6:30 to 9:00 p.m., and on Saturday, May 14 from 1:00 to 4:00 p.m. Directional signs will be posted. Saint Cloud Hospital employees will have a chance to tour the area on Friday, May 13 from 1:00 to 5:00 p.m.



## HELP US UPDATE

Please indicate changes in boxes and make any corrections needed next to your name and address. Clip the information and the entire address label and send it in an envelope to:

Saint Cloud Hospital  
Public Relations Department  
1406 - 6th Avenue N.  
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