

56-5514-DPW  
State Inst. Gen. - Sup. Mngs, State Inst. by Inst. - Sandstone

HOSPITAL SUPERINTENDENTS' MEETING  
10:00 a.m., November 1, 1956  
Sandstone State Hospital  
Sandstone, Minnesota

1. Consideration of Minutes of July 27, August 17, and September 28, 1956 Meetings.

The minutes of the three meetings were approved.

2. Case Report--Transverse Myelitis with Reserpine.

Dr. Douglas, Superintendent, Sandstone State Hospital, presented the history of a patient at that hospital who had previously been at the St. Cloud Reformatory and the St. Peter State Hospital with diagnoses of psychopathic personality and mental deficiency with psychosis. He was admitted to the Sandstone State Hospital by transfer in 1954 with a diagnosis of psychopathic personality with psychosis.

At the time of his admission to the Sandstone State Hospital it was noticed that he had a peculiar gait, a slight "flapping" of his feet. Neurological examination revealed no abnormalities. He was placed on Thorazine for 53 days, which medication was discontinued on 4 5 55 because he had developed a Parkinsonian Syndrome. He recovered in 15 days. At that time there was no jaundice and the spinal tap was negative. On 4 29 55 he was placed on Serpasil, 1 miligram b.i.d. until 7 16 55 when this medication was discontinued in favor of shock therapy. There were no untoward effects from Serpasil or shock therapy. Neither was there marked improvement. On 9 7 55 Serpasil, 1 miligram, t.i.d. was reinstated. On 10 9 55 he became rapidly paraplegic with a complete sensory loss in the legs and lower trunk. The medication was discontinued. There was no disorder of the upper trunk, arms, and facial muscles. Blood studies were negative and x-rays showed no bony pathology. During the next few months he improved and by 5 7 56 the patient had recovered completely and was able to walk. He continues in satisfactory physical condition, but is still psychotic.

3. Tour of Sandstone State Hospital.

The group toured Sandstone State Hospital which had been taken over by the State of Minnesota in 1950 on a long-term loan basis from the Federal Bureau of Prisons. This facility had originally been built as a medium security institution for federal prisoners. Because of the physical lay-out of the plant, only male ambulatory patients can be cared for there.

4. Medical Records

A tentative form labeled "A" and another tentative form labeled "B" concerning an outline for reporting the psychiatric examination was presented to the group. There were minor differences in the two forms. No final action was taken and further consideration is to be given to this form by Drs. Lazarte and Hutchinson.

It was decided that the registration sheet should be located in the social service section which will contain the history and social work questionnaire.

Progress report forms for the various professional disciplines were approved. All notes on rehabilitation therapies are to be recorded on a single sheet, however, it was recommended that work sheets on individual patients be kept in the rehabilitation therapy department and a brief summary be made of the progress of the patient on the hospital chart form approved. It was also recommended that the chaplaincy report should be separate.

Laboratory sheets should have the separate laboratory reports gummed completely and not staggered on the sheet. It was further recommended that they should be kept apart from those reports received from the State Board of Health.

It was suggested that different colored paper be used for laboratory and x-ray reports and various other special services. The cost of this will be checked. It was recommended also that the x-ray report should be initiated by the person doing the reading.

The proposed form for consultants was accepted and it was suggested that each be filed near the physician's progress note.

In the surgical section of the record it was decided that three consents would be necessary, one for surgery, one for shock therapy and one for consent for release of information.

5. Preliminary Budget Statement on Mental Hospital Buildings.

The preliminary budget statement is in the process of preparation and was not available for discussion.

6. Other Business

A. Publicity on mental health program.

Dr. Cameron read the memorandum which he prepared in answer to Mr. Ancher Nelson's charges against the mental health program. There was one newspaper article that stated that there would be an investigation made of Hastings State Hospital and the members of the investigating committee were named. However, it was found in two instances that the person named to the committee had never been notified of his appointment and was not in the mood to accept such an assignment and have his name used in this manner. The superintendents were asked to welcome all visitors who might come to their institutions for investigative purposes and notify the central office that such an investigation was being made.

It was brought out that the Minnesota Association for Mental Health is considering the development of a hospital visiting committee much on the same pattern as that now used in the field of mental retardation.

Dr. Donald Peterson mentioned that in his recent experience there were two points that might be elaborated on:

(1) No minor injuries and accidents are reported to relatives and that only major changes were reported to relatives and to central office. This matter of not reporting minor accidents or injuries was the subject of some recent criticism. The present policy of reporting only major changes in a patient's condition or major injuries was reaffirmed.

(2) The other question that might arise has to do with the use of consultants to individual patients in the hospital. If there is a medico-legal, or other problem and the relative wishes to employ a consultant to examine the patient and report to the relatives or court that is perfectly proper, if clearance is made through the superintendent of the hospital. If a relative wishes to employ a consultant to advise the hospital staff concerning the treatment of a patient this too is proper and desirable provided the consultant is acceptable to the hospital superintendent. In such cases it must be clearly understood by the relative and consultant that his recommendations are to the hospital staff and that the hospital staff will have to make the final determination as to whether or not the recommendations can be accepted in the light of the available services at the hospital and in light of the fact that the hospital staff must retain ultimate responsibility for the treatment of the patient so long as the patient remains at the hospital. It is not considered practical to have a consultant undertake individual treatment of a patient unless he be an employee of the hospital since, as indicated above, the hospital must retain ultimate responsibility for any treatment program carried out.

B. Newspaper articles on severely disturbed children.

Victor Cohn of the Minneapolis Star wishes to write a series of articles on the severely disturbed child and would like to visit hospitals where children under 20 are cared for. The superintendents were asked to cooperate with Mr. Cohn if he visited their hospital for case histories and pictures. Any picture taken will not show the face of the patient.

C. Availability of radiological instruments and detection devices for training and educational purposes.

Dr. Cameron read a bulletin from the Director of Civil Defense of this state concerning the need to establish and train local

qualified radiological defense teams to obtain "fall-out" data in the event of an enemy attack. The Federal Civil Defense Administration will provide, on a grant basis, one set of radiological detection equipment for training and operations during an emergency. Questions were raised as to:

(1) The retention of hospital trained teams for hospital monitoring vs. sending the team into the community and,

(2) Who would calibrate and maintain the equipment made available. Answers to these questions will be sought from Colonel Schon.

D. Social work coverage over week-ends.

The question was raised if it were feasible where more than one social worker was employed in the hospital that a schedule could be arranged so that there would be coverage, particularly Saturday morning and Sunday afternoons and this time could be taken off later. Fergus Falls State Hospital has such a system and the schedule is set up for many months in advance so that everyone concerned will know how to plan his time.

E. Availability of federal funds.

An announcement was made on this subject, but it is not reported here since a subsequent memorandum will outline the material in detail.

7. Selection of Next Meeting Place and Date.

The next meeting will be held at St. Peter State Hospital on November 30, 1956.

8. Adjournment.

The meeting adjourned at 5:30 p.m.