

STAFFING IN  
MINNESOTA  
INSTITUTIONS  
FOR THE

Mentally  
Retarded



*A SPECIAL STUDY*

**ABSTRACT**

MINNESOTA ASSOCIATION FOR RETARDED CHILDREN

2742 HENNEPIN AVENUE

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## STAFFING IN MINNESOTA INSTITUTIONS FOR THE MENTALLY RETARDED

### ABSTRACT

#### INTRODUCTION

Within institutions for the mentally retarded there should be sufficient numbers of personnel assigned to the direct care of patients to maintain standards for a safe, healthful and constructive environment, There should be adequate numbers of patient care personnel to promote the psychological and social growth, as well as the physical well-being of patients within the environment of their living unit. The number of patient care personnel necessary to accomplish these goals will vary according to the age, physical condition, degree of retardation, and emotional stability of the patients in the living units. Assessment of existing staffing ratios and prediction of future staffing needs must be in terms of individual patient living units.

During the 24-hour period of September 9 and 10, 1964, the Minnesota Association for Retarded Children conducted a study of the actual, on-duty staffing ratios at the three major institutions for the mentally retarded in Minnesota. The institutions included in this study were Brainerd State School and Hospital, Brainerd, Minnesota; Faribault State School and Hospital, Faribault, Minnesota; and Cambridge State School and Hospital, Cambridge, Minnesota.

#### DESIGN OF THE STUDY

A questionnaire was constructed by the Minnesota Association for Retarded Children. This questionnaire was designed to be completed only by the Charge-Technician of each building or ward housing patients at the three institutions included in this study.

The questionnaire was designed to gather the following information:

1. The total number of patients on the books in each building or ward included in this study.
2. The actual number of patients in each building or ward during each shift.
3. The physical and emotional characteristics of the patients living in each building or ward included in this study.
4. The degree of retardation of the patients living in these units.
5. The number of personnel on duty in each ward or building during each shift.
6. The number of personnel usually on duty in each building or ward during each shift.
7. The opinion of the Charge-Technician as to the number of personnel who should be on duty during his shift.
8. The main problems encountered in each building or ward and the Charge-Technician's suggestion as to how these problems could be solved.

The questionnaire was administered to each Charge-Technician in each building or ward at each of the three major institutions for the mentally retarded in Minnesota. The questionnaires were administered to each shift at each institution during the same 24-hour, September 9 and 10, 1964. The questionnaire was personally delivered to each Charge-Technician and picked up by when completed by a staff member of the Minnesota Association for Retarded Children. Administrative personnel at the institutions involved were not involved in the administration of these questionnaires. The completed questionnaires were immediately returned to the Program Analyst of the Minnesota Association for Retarded Children for analysis. All but one questionnaire were completed and returned,

RESULTS

FARIBAULT STATE SCHOOL AND HOSPITAL

All buildings housing patients with the exception of Glen, Haven, Huron, Lynd, and Linden were included in this study. These buildings were excluded because they were either closed, in the process of being vacated, or not yet in use. The data which was gathered from the hospital was also excluded from this analysis due to the atypical operation of this building. There was a total of 2066 patients actually reported as being in these buildings during the morning shift. During the afternoon shift, 2539 patients were reported as actually being in these buildings and 2554 during the night shift.

The number of patient care personnel and the staffing ratios found at this institution are depicted in the table below.

	<u>Number of Patients</u>	<u>Patient Care Personnel on Duty</u>	<u>Staffing Ratio</u>
<b>Morning Shift</b>	2066	88	1:23.5
<b>Afternoon Shift</b>	2539	79	1:32.1
<b>Night Shift</b>	2554	31	1:82.4
<b>TOTAL</b>		198	

It was found that there were many variations in the staffing ratios in individual buildings. These variations, in most instances, were not related to the degree of retardation or the physical or emotional characteristics of the patients in the buildings. The variations in the staffing ratios generally indicated that a certain degree of basic minimal care and supervision was necessary in each building and that this was about all that was being provided.

As one aspect of this study, the Charge-Technicians were asked to indicate the number of personnel "you feel should be on duty during *this* shift".

The following table shows the number of patient care personnel and staffing ratios which these individuals felt were necessary to provide adequate care, treatment, and training for the patients for whom they are responsible.

	Number of Patients	Patient Care Personnel Presently on Duty	Number of Patient Care Workers that should be on Duty	Staffing Ratio
Morning Shift	2066	88	154	1:13.4
Afternoon Shift	2539	79	123	1:20.6
Night Shift	2554	31	52	1:49.1
<b>TOTAL</b>		<b>198</b>	<b>329</b>	

These Charge-Technicians indicated that they felt an additional 131 patient care personnel should be on duty to provide adequate care for the patients living in the buildings included in this study. They also indicated that additional food service and custodial personnel are needed so the Psychiatric Technician can devote more time to patient care.

The number of additional patient care workers which the institution is requesting from the legislature to staff the buildings included in this study was obtained from the administration of the institution. They indicated they were requesting an additional 113.5 patient care personnel to be assigned to these buildings. The following table shows the number of additional patient care workers requested, the total number of patient care workers who would be on duty each shift, and the staffing ratios which would exist if these requests were to be granted in full. These figures do not include relief personnel.

	Number of Patients	Number of Patient Care Workers Requested	Total Number of Patient Care Workers on Duty if Request is Granted	Staffing Ratio
Morning Shift	2066	39.5	127.5	1:16.2
Afternoon Shift	2539	46.5	125.5	1:20.2
Night Shift	2554	27.5	58.5	1:43.7
<b>TOTAL</b>		<b>113.5</b>	<b>311.5</b>	

To keep an employee on duty in each position seven days a week, 365 days a year, requires 1.6 employees. Thus the basic complement must be multiplied by 1.6 to arrive at the appropriate number of employees. To maintain the present staffing ratios seven days a week, 365 days a year, requires 119 patient care personnel on relief. Presently there are only 108 patient care workers on relief. Therefore, it is impossible for this institution to maintain these present staffing ratios. This institution is requesting 62.5 additional patient care workers for the relief shift. However, to maintain the staffing ratios which the institution is requesting, it is necessary that there be 188, or 80 additional patient care personnel on relief. Therefore, even if this institution's request for additional staff were granted in full, it would be impossible to maintain the staffing ratios which they are requesting due to the shortage of relief personnel.

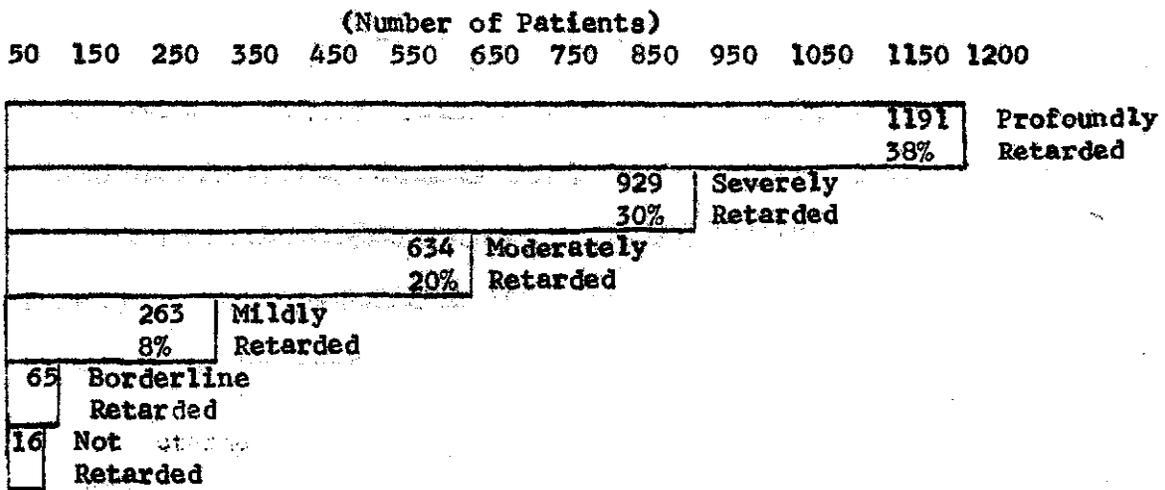
The American Association for Mental Deficiency (AAMD) has established staffing ratios which are considered necessary to maintain adequate standards in an institution such as this. The following table shows the number of patient care personnel and the staffing ratios which should exist in this institution in terms of these standards.

	Number of Patients	Patient Care Personnel Presently on Duty	Number of Patient Care Workers that should be on Duty	Staffing Ratio
Morning Shift	2066	88	286.5	1:7.2
Afternoon Shift	2539	79	253	1:10
Night Shift	2554	31	124.5	1:20.5
<b>TOTAL</b>		<b>198</b>	<b>664</b>	

To achieve AAMD staffing ratios would require an additional 466 patient care workers to be on duty. To maintain these ratios seven days a week, 365 days a year, would require 398.5 patient care workers on relief. Therefore, to constantly maintain AAMD standards at this institution would require 756.5 additional patient care personnel.

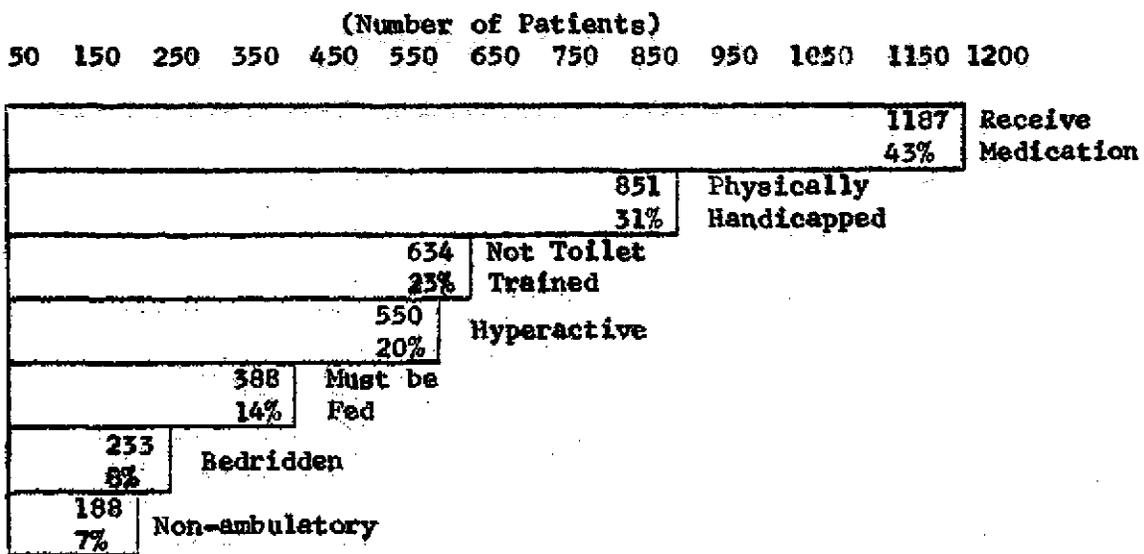
The staffing ratios necessary to accomplish the goal of promoting the maximum amount of patient development varies in regard to the physical condition, intellectual level, and emotional stability of the patients concerned. The administration provided this data concerning the patients living in the buildings included in this study.

The following graphs depict this data.



DISTRIBUTION OF PATIENT POPULATION IN TERMS OF DEGREE OF RETARDATION

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PHYSICAL AND EMOTIONAL CHARACTERISTICS OF PATIENT POPULATION

It was found that 68% of the patients included in this study at this institution were classified as being either severely or profoundly retarded. Twenty per cent of the patients were classified as being moderately retarded, eight per cent mildly retarded, and only three per cent as "borderline" or not mentally retarded. Nearly one-fourth of the patients were not toilet trained, 388 had to be fed by someone else, and 188 were non-ambulatory. Thirty-one per cent (851) of these patients were physically handicapped. Twenty per cent were classified as being hyperactive and 233 were confined to beds. Forty-three per cent (1187) were reported as regularly receiving medications.

CAMBRIDGE STATE SCHOOL AND HOSPITAL

All buildings housing patients at this institution were included in this study with the exception of wards in the Administration Building, the Treatment Unit, and the Infirmary. These living units were not included due to the atypical scope of their operations.

A total of 1576 patients were reported as actually being in these buildings included in this study during the morning shift. There were 1603 patients in these buildings during the afternoon shift, and 1627 during the night shift.

The following table depicts the staffing ratios which were found to exist at this institution.

	<u>Number of Patients</u>	<u>Number of Patient Care Workers on Duty</u>	<u>Staffing Ratio</u>
Morning Shift	1576	85	1:18.5
Afternoon Shift	1603	72	1:22.3
Night Shift	1627	26	1:62.6
<b>TOTAL</b>		<b>183</b>	

There were wide variations in the on-duty staffing ratios in individual buildings. These individual building staffing ratios did not always reflect the age, physical characteristics, intellectual level,

or emotional stability of the patients in the building. This indicates that at the present time only minimal, custodial type care is being given to the patients in this institution.

The following table depicts the analysis of the opinions of the Charge-Technicians as to the number of patient care personnel they felt should be on duty to give adequate care to the patients in their buildings.

	Number of Patients	Patient Care Workers Presently on Duty	Number of Patient Care Workers that should be on Duty	Staffing Ratio
Morning Shift	1576	85	117	1:13.5
Afternoon Shift	1603	72	107	1:15
Night Shift	1627	26	35	1:46.4
TOTAL		183	259	

The Charge-Technicians indicated that they felt there should be an additional 76 patient care personnel assigned to the buildings included in this study. In addition to additional patient care personnel, these Charge-Technicians indicated that additional food service and custodial personnel were also needed.

The administration at this institution indicated that they were requesting a total of 82 additional patient care personnel to be assigned to the buildings included in this study. The following table shows the additional number of patient care workers requested for each shift, the total number of patient care personnel who would be on duty during each shift, and the staffing ratios which would exist if the institutions request were to be granted in full. Relief personnel are not included in this table.

	Number of Patients	Number of Add'l Patient Care Workers Req'd	Number of Patient Care Workers on Duty if Req. were Granted	Staffing Ratios
Morning Shift	1576	41	126	1:12.5
Afternoon Shift	1603	37	109	1:14.7
Night Shift	1627	4	30	1:54.2
TOTAL		82	265	

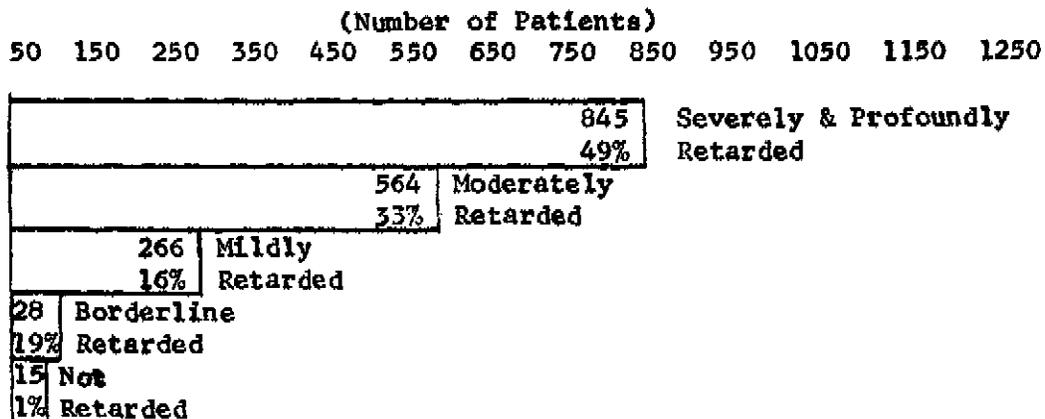
To maintain the staffing ratios shown requires an adequate number of relief personnel. If this institution is to maintain the present staffing ratios based on a basic complement of 183 patient care workers, 109 relief personnel are needed. However, at the present time, there are only 80 patient care workers on relief. Therefore, this institution cannot continuously maintain the present staffing ratios. This institution is requesting 82 additional patient care workers to staff the buildings included in this study. If this request was granted in full, there would be a total of 265 patient care workers on duty during a 24-hour period. To maintain this number of workers on duty seven days a week, 365 days a year, would require 159 relief personnel. However, the institution requested only 30 additional relief personnel for these buildings. If this request were granted in full, there would be only 110 patient care workers on relief, an inadequate number to maintain the staffing ratios they are requesting.

The following table depicts the number of patient care personnel who should be on duty and the staffing ratios which should exist in terms of AAMD standards.

	Number of Patients	Patient Care Workers Presently on Duty	Number of Patient Care Workers that should be on Duty	Staffing Ratio
Morning Shift	1576	85	245.5	1:6.4
Afternoon Shift	1603	72	185	1:8.7
Night Shift	1627	26	82.5	1:19.7
<b>Total</b>		<b>183</b>	<b>513</b>	

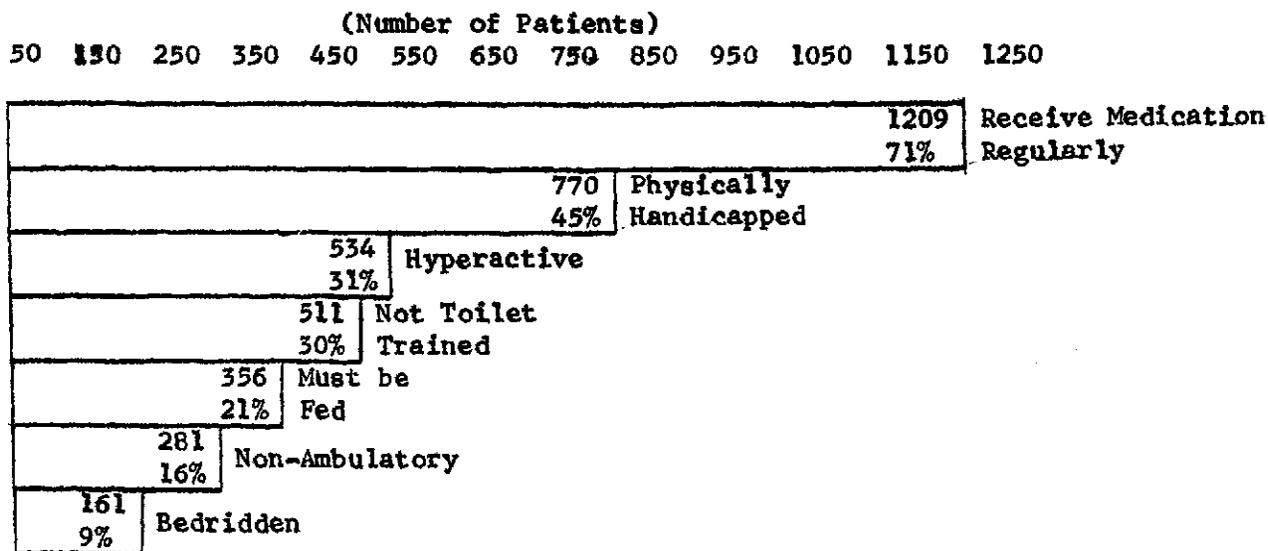
To achieve AAMD standards would require an additional 330 patient care personnel on duty, To maintain these staffing ratios seven days a week, 365 days a year, would require 308 patient care personnel on relief. To achieve AAMD standards in the buildings included in this study would require 458 more patient care workers than are now employed to staff these buildings.

The following graphs illustrate the degree of retardation and the physical and emotional characteristics of the patients living in the buildings included in this study.



DISTRIBUTION OF PATIENT POPULATION IN TERMS OF DEGREE OF RETARDATION

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PHYSICAL AND EMOTIONAL CHARACTERISTICS OF PATIENT POPULATION

At this institution, 49% (845) of the patients living in the buildings included in this study were classified as being severely (including profoundly) retarded. Thirty-three per cent (564) of these patients were classified as moderately retarded, 16% were classified as mildly retarded and only about two per cent were classified as being "borderline" or not mentally retarded. Thirty per cent (511) of these patients were not toilet trained, 356 were unable to feed themselves, and 770 (45%) were physically handicapped. Sixteen per cent (281) of these patients were non-ambulatory, 534 were hyperactive, and 161 were bedridden. Seventy-one per cent were reported as receiving medications regularly.

BRAINERD STATE SCHOOL AND HOSPITAL

All of the buildings housing patients at this institution were included in this study. It was found that during the morning shift there were 1044 patients actually in these buildings. During the afternoon shift there were 1061 and during the night shift there were 1067 patients in these buildings. The following table depicts the number of patient care personnel found to be on duty and the staffing ratios existing at this institution.

	Number of Patients	Number of Patient Care Personnel on Duty	Staffing Ratio
Morning Shift	1044	37	1:28.2
Afternoon Shift	1061	32	1:33.1
Night Shift	1067	23	1:46.4
TOTAL		92	

The table below depicts an analysis of the responses of the Charge-Technicians in regard to the number of patient care workers which they felt should be on duty during a 24-hour period.

	Number of Patients	Patient Care Workers Presently on Duty	Number of Patient Care Workers that should be on Duty	Staffing Ratio
Morning Shift	1044	37	69	1:15.1
Afternoon Shift	1061	32	63	1:16.8
Night Shift	1067	23	37	1:28.8
<b>TOTAL</b>		<b>92</b>	<b>169</b>	

These Charge-Technicians indicated that they felt there should be 77 more patient care workers than are presently on duty during the course of these three shifts. They also indicated that they felt there should be additional food service and custodial personnel on duty.

The administration at this institution indicated that they were requesting a total of 79 additional patient care workers to be assigned to the buildings included in this study. The following table shows the additional number of patient care workers requested for each shift, the total number of patient care personnel who would be on duty during each shift, and the staffing ratios which would exist if the institution's request were to be granted in full. This table does not include patient care personnel on relief.

	Number of Patients	Number of Add'l Patient Care Workers Requested	Number of Patient Care Workers on Duty if Req. were Granted	Staffing Ratios
Morning Shift	1044	23	60	1:17.4
Afternoon Shift	1061	47	79	1:13.4
Night Shift	1067	9	32	1:33.3
<b>TOTAL</b>		<b>79</b>	<b>171</b>	

An adequate number of patient care personnel on relief are required to maintain the staffing ratios shown on the preceding page. In order to maintain the present staffing ratios would require 55 patient care personnel on relief. At the time this study was conducted, there were only 45 patient care personnel on relief. Therefore, it is not possible to maintain the present staffing ratios due to the shortage of relief personnel. This institution is requesting an additional 59 patient care personnel for relief duty. This would give them a total of 104 patient care personnel on relief which would be adequate to maintain the staffing ratios which they are requesting.

The following table shows the number of patient care personnel that should be on duty and the staffing ratios which should exist in terms of AAMD standards.

	Number of Patients	Patient Care Workers Presently on Duty	Number of Patient Care Workers that should be on Duty	Staffing Ratio
Morning Shift	1044	37	140.5	1:7.4
Afternoon Shift	1061	32	105.5	1:10
Night Shift	1067	23	60.5	1:17.6
TOTAL		92	306.5	

To achieve AAMD staffing ratios would require an additional 214.5 patient care workers on duty. To maintain these AAMD staffing ratios seven days a week, 365 days a year, would require 184 patient care personnel on relief. To achieve and constantly maintain AAMD staffing ratios in the buildings included in this study would require a total of 490.5 patient care workers, or 353.5 additional patient care workers.

The following graphs illustrate the physical and emotional characteristics and the degree of retardation of the patients living in the buildings included in this study.

(Number of Patients)

25 75 125 175 225 275 325 375 425 475 525 575 600

	472 43%	Moderately Retarded
	436 40%	Severely & Profoundly Retarded
148 14%		Mildly Retarded
18 2%		Borderline Retarded
13 1%		Not Retarded

DISTRIBUTION OF PATIENT POPULATION IN TERMS OF DEGREE OF RETARDATION

(Number of Patients)

25 75 125 175 225 275 325 375 425 475 525 575 600

	600 53%	Receive Medication Regularly
	382 34%	Physically Handicapped
314 28%		Hyperactive
290 25%		Not Toilet Trained
217 19%		Must be Fed
109 9%		Non-ambulatory
53 5%		Bedridden

PHYSICAL AND EMOTIONAL CHARACTERISTICS OF PATIENT POPULATION

The administration at this institution classified 436 (40%) patients as being severely (including profoundly) retarded. Forty-three per cent (472) of the patients were classified as moderately retarded, 148 (14%) mildly retarded, and only about three per cent were classified as "borderline" or not mentally retarded. Twenty-five per cent (280) of these patients were not toilet trained, and 217 (19%) were not able to feed themselves. Thirty-four per cent (382) of these patients had some physical handicap, 109 were non-ambulatory, and 53 were bedridden. Twenty-eight per cent (314) were classified as being hyperactive and 600 (53%) were regularly receiving medications.

#### CONCLUSIONS

1. The present patient care personnel in these institutions are doing an excellent job. They are concerned with providing better patient care, are very aware of existing problems, and suggested very practical and workable solutions to these problems.

2. These Psychiatric Technicians indicate that they feel they are capable of providing better patient care and establishing a more constructive and satisfying social milieu in the living units. However, they are unable to do this because, due to the shortage of personnel in these institutions, they are forced to perform many other duties such as housekeeping and sorting linen which are not related to patient care. They indicate that additional staff is a solution to many existing problems.

3. The present patient care personnel-patient ratios at the three institutions included in this study are grossly inadequate. These ratios indicate that at the present time only the most basic physical needs of the patients are being met.

4. With the present numbers of personnel assigned to direct care of patients, it is impossible for these institutions to maintain acceptable standards for a safe, healthful, and constructive environment for resident patients.

5. It is also impossible for these inadequate and overworked staffs to promote any semblance of psychological and social growth of the patients in the environment of their living unit.

6, Physical capacity, degree of retardation, and emotional stability of the patients are criteria which should determine the extent of care and supervision which patients require. Through the analysis of these data, it became evident that these criteria played a very small role in the determination of staffing ratios in individual living units.

7. With the present number of staff, it is possible to provide only a minimal custodial type of care in each of the individual living units during each of the three shifts.