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STATE OF MINNESOTA

DEPARTMENT Public Welfare

# Office Memorandum

TO : Dr. E. J. Engberg, Supt.  
Faribault State School and Hospital

FROM : David J. Vail, M. D. *DV*  
Medical Director

SUBJECT: Accreditation Survey

DATE: Jan.17,1967

For this purpose I visited Faribault State School and Hospital on December 9, 1966. At that time I reviewed the records of medical staff and other meetings, including death and autopsy summaries. I reviewed records of six patients who are currently in the Hospital building, looking both at records on the wards and in the central record room in the Hospital building. I reviewed two records in the East Grove unit office, one in the Sunnyside unit office, two final discharge cases, and one death case. All the case records were selected at random.

## A. Medical staff.

### 1. Roster

The list of medical staff, as of July 1, 1966, is as follows, taken from the official rosters (changes as of December 9, 1966, would be of a very minor nature).

#### ACTIVE STAFF

Engberg, E. J., M. D.	Superintendent
Bruhl, Heinz, M.D.	Chief of Service
Bryant, Emmett, M. D.	Staff Physician
Fedders, Gerhard, M. D.	Sr. Staff Physician
Kennedy, George L., M. D.	Staff Physician
Lende, Norman, M. D.	Sr. Staff Physician
Lightbourn, Edgar, M. D.	Staff Physician
Shannon, W. Ray, M. D.	Chief of Service
Smith, Thorsten, M. D.	Clinical Director
Watts, George, M. D.	Chief of Service
Weaver, Paul H., M. D.	Staff Physician

#### CONSULTING STAFF

Adams, John	Podiatry
Alter, Milton	Neurology
Anderson, R. E.	Radiology
Arnesen, John	Internal Medicine
Beaton, J. Gordon	Internal Medicine
Hillesheim, Richard M.	Optometry
Merner, Thomas	Radiology
Minsky, Armen A.	Ophthalmology
Olfelt, Paul C.	Radiology
Orr, Burton A.	Surgery

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2. Organization

- (a) Medical and Dental Staff are combined.
- (b) Dr. Thorsten Smith (Clinical Director) has been appointed by Dr. Engberg as the Chief of the Medical Staff and thus acts as Chairman of the Medical and Dental Staff meetings; Dr. Norman Lende has been appointed as Secretary. The appointments are annual. I am not clear how long Drs. T. Smith and Lende have occupied their present positions in the medical staff.
- (c) Documents go back to the By-laws, taking effect in 1958 (the oldest I have seen in the Minnesota state hospital system) revised and brought up to date July 1, 1963. Committees include Medical Records, Laboratory, Tissue, Utilization, etc. Recorded medical staff meetings are held monthly, and include a review of deaths and autopsies for the previous month, review of committee reports, old and new business, and statistical reports (infectious cases, clinic visits, dental examinations, laboratories, etc.) Compared to many hospitals I have seen, the reports are unusually complete. Autopsies are performed by Dr. H. Bruhl of the active medical staff.
- (d) Critique (major and minor points listed not in priority order):
  - (1) The hospital is reminded that the J.C.A.H. now stresses certain functions (e.g., review of records, pharmacy operations, etc.) rather than committees as such; and for the hospital with a small staff the J.C.A.H. recommends that the staff perform the various functions according to a well-organized and systematic format, acting as a Committee of the Whole.
  - (2) Appointments of medical and dental staff must reflect review and approval by the Governing Body (i.e., central office) and the Department of Civil Service.
  - (3) Attendance at Medical and Dental Staff meetings should probably record all present by name, rather than, e.g., "all present except Dr. Jones," etc.
  - (4) One gets the impression that the Medical and Dental staff, at its official monthly meetings, is not really reviewing the work done as such nor (except for autopsies) the mistakes and misfortunes of the medical staff operation in a way that will contribute dynamically to an improvement of the medical staff operation.

3. Medical records

My main criticism about the medical records is that the system is fragmented and confusing. The stipulation of the Medical Services Division Medical Records and Accreditation Committee, as spelled out in the Institutions Manual, should be followed, thus establishing a single record that stays on the patient's ward and follows him wherever he goes.

*Organization of single record has been in process.*

At the present time the system produces as many as three separate records: (1) That maintained in the Hospital building, (2) that on the ward on "grades" (i.e., buildings other than Hospital), and (3) that in the Social Service Department. As a member of the Medical Records and Accreditation Committee, as Director of the Medical Services Division, and currently as consultant on accreditation, I can only say this system has got to go.

Once one is able to piece together the various components of the medical record, they are found to be in reasonable shape. Past history, family history, present illness, and "chief complaint" (i.e., immediate precipitating cause for institutional admission) tend to be weakly developed, but this is a deficiency noted in all the MD/E institutions, stemming from previous days of Central Office control over case histories and decision-making. Otherwise one notes that physical examinations are complete and are done promptly, lab work is done on time; etc. Nursing and medical notes during the Hospital building portions of stay are frequent and current. Medical progress notes and doctor's orders are properly signed to a greater extent than one would find in a community general hospital.

Two specific criticisms are (1) Present stop order on drugs (as I understand it they are allowed to run for three months without review) is not strict enough (I may have this wrong): the 48-hour stop order on dangerous drugs should be established and enforced; and (2) X-ray reports in the chart should be signed.

*review monthly  
yes on narcotics - 24 hrs  
antibiotics  
Corticoids - 4 days  
Vit K - 2 days*

B. Other

I paid hasty visits to the laboratory, pharmacy and X-ray departments but had little chance for more than the most cursory observation that they seem to be well run under professional management.

Dr. E. J. Engberg - #4

Jan. 17, 1967

General Comments

As the rules governing Accreditation of institutions for the mentally retarded are much in the air at the moment, it is hard to be precise. This confusion might be alleviated by changing the name to Faribault State Hospital, thus resolving the ambiguities of the "school-hospital" status in favor of "hospital" status.

The big problem for Faribault, as for all mental retardation hospitals in Minnesota, is the crushing burden of understaffing, overcrowding, and poor facilities. The medical records system and the dynamic quality of medical staff functioning as reflected in the official minutes should be improved; even so, these aspects of the program and the organization of the medical staff are relatively advanced as compared to what can be found in many state mental hospitals.

DJV:rcj

cc - Mr. Melville Krafve

**FARIBAUT STATE SCHOOL AND HOSPITAL**

Faribault State Hospital

David J. Vail, M.D., Medical Director  
Department of Public Welfare

April 4, 1967

E. J. Engberg, M.D., Superintendent

Your report January 17, 1967, of your Accreditation Survey December 9, 1966

During my telephone conversation with you on February 10 relative to your accreditation survey report, I promised to provide some additional information.

After I had reviewed it carefully with Dr. Smith he took it up at his February Medical Department Conference at which were present all of the full-time staff physicians except for Dr. Lighthourn who was on sick leave. He also reviewed it with Dr. Weaver who serves part-time and ordinarily does not attend the Hospital Staff Meeting nor the Medical Department Conference. As is customary Drs. Wayne Smith and Alan Ferguson of the dental staff were also present. On March 20 after Mr. Kravie had reviewed it, he arranged for a meeting of the members of our nursing staff at which I presented each of your observations and recommendations. Therefore I believe we have gone into the matters involved in accreditation fully and submit the following for your information and consideration, in the same order as in your memorandum.

- A. 1. - Dr. Bryant was promoted to Senior Staff Physician on December 7, 1966, and on March 9, 1967, submitted his resignation effective April 11, 1967. Dr. Wayne Smith and Dr. Alan Ferguson could properly be included as members of the active staff. If the Rochester consultants should be included, at present they are:

General surgery - Dr. J. C. Flores and Dr. Benjamin  
Orthopedics - Dr. M. C. Jackson  
Urology - Dr. K. T. O'Donnell  
Proctology - Dr. T. M. Collantes  
Physical therapy - Mrs. J. Vielhaber

These consultants change every three months and are expected to be replaced on April 5. None of them are paid by us directly, though the orthopedic consultant is paid from federal funds through Dr. Norval.

2. (b) - Dr. Lunde joined our staff August 14, 1945, and has served continually as secretary of the Hospital Staff since July, 1958. Dr. Thorsten Smith (the Clinical Director) was appointed Chief of Medical Staff June 7, 1966, when department meetings of the combined medical and dental staffs were started on the first Wednesday of each month, in addition to the monthly Hospital Staff meeting which continues to be held on the third Wednesday of each month.
2. ( ) - Since the last superintendents' meeting we have made another intensive, unsuccessful search for the model constitution that had been approved for all institutions in 1963, and neither my secretary, Dr. Smith, Mrs. Brandvig, nor I remember having seen it. We should like to have one on file if available. Revisions of our present constitution will be deferred until we receive the new one being prepared for all institutions.

**FARMHALL STATE SCHOOL AND HOSPITAL**

Dr. Vail

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April 4, 1967

- (d) (1) - I believe the Hospital Staff Meeting and Medical Department Conferences are performing the various functions recommended by the J.B.A.H., but that our minutes should be more complete in order to show that actions taken on reports of standing committees involved (many of which consist of a single physician) have been acted on as by a Committee of the Whole.
- (d) (2) - In the future new appointments to the medical or dental staff, and of consultants under contract, will include in the minutes some such statement as "Dr. \_\_\_\_\_ attended this as his first meeting after appointment to the staff, having been reviewed and approved by the Departments of Public Welfare and of Civil Service. The minutes could include names of Mayo staff consultants if you wish, though these have served without prior approval by the central office in the past. We do not know of changes in advance of their arrival.
- (d) (3) - This suggestion is now in effect.
- (d) (4) - Your impression that the medical and dental staff, at its official monthly meetings, is not really reviewing the work done as such, nor discussing mistakes and misfortunes of the medical staff operation in order to improve the medical staff operations is, I believe, due to failure to include the report of such discussions in the minutes. An effort will be made to include such material.
3. - At the time of your visit a start had been made but apparently had not yet occurred in the buildings you visited, but now the new system is in effect in the following units:
- Skinner Unit - Completed
  - Green Acres - Completed
  - Sunnyvale - Chippewa East and West and Sioux completed; part of West Cottage completed
  - Grandview - Dairy, Elm and one-half of Hickory completed
  - Center - Osage, Mohawk and Pine completed
  - East Grove - Poppy and Fern East and West completed
  - Newly created Hospital Unit - Completed, except for the occasional patient admitted from a building in one of the Units where the new system has not yet been installed.

We anticipate that the new system will be in effect throughout the institution not later than July 1, 1967.

I was surprised at the first of your two specific criticisms in the fourth paragraph under "3". I believe that you must have been misinformed about stop orders on drugs as you will see from the attached memo of 11-30-66 from Dr. Leeds to Nursing Units that these should have been observed. I asked Dr. Smith to go into this matter carefully and completely at the Medical Department Meeting February 8. The physicians reported they are observing the following procedures: All ordinary drugs must be reviewed

monthly including those for epileptics on anti-convulsant drugs and all ordinary prescriptions rewritten every three months. The following stop orders are in effect for special drugs: narcotics, 24 hours; anti-biotics and cortisone, 4 days; and for vitamin K, 48 hours.

Criticism (2) requiring that x-ray reports in the chart should be signed is one which may not be a problem elsewhere, but our radiologists will sign only the list of all interpretations made during any particular visit. This problem should come up for discussion when your Medical Records Committee is reviewing present procedures.

EJE:ja  
Enc.

c: Mr. Krafve  
Dr. Smith ✓  
Mrs. Brandvig

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