

FARIBAULT STATE SCHOOL AND HOSPITAL
December 29, 1959

(Meeting in preparation for Legislative Interim Commission meeting)

Present were - Dr. E. J. Engberg, John Rolahan, Mel. Heckt, Frank Monson
Irene Leibel, Mrs. Hugh Johnston, Jerry Walsh, Mr. Krave, Administrative
Director, Dr. Smith, Clinical Director.

John H. Purpose of visit: To discuss problems of Faribault State School
and list problems and areas for Interim Commission to study.
We are here to discuss an agenda for commission.

* (Study of Legislative requests from Cambridge and Faribault for a
number of years).

When budgets are related to past experience, Institutions worse off
continue to be worse off (the reverse is also true).

We would like to have the institution budget come to the attention of
the legislature.

John Holahan listed points to committee

1. Staffing
2. Buildings
3. Food Handling
4. Maintenance
5. Hospital accreditation
6. School program

7. Degree of overcrowding

(Bed space to be planned)

(Engberg feels Faribault should be cut back to not over 2,500 patients)

HOSPITAL ACCREDITATION (not now accredited)

Dr. Engberg

1. Inspected not as hospital alone; hospital itself meets
all of standards - but on basis of overcrowding and
understaffing for entire hospital.

Joint committee of Hospital accreditation, made up of
representatives of the American Hospital Association.
Psychiatric Association, Medical Association.

(Dr. Engberg- New Buildings are not overcrowded)

New Buildings at Faribault - one story Building best because it gives maximum flexibility for types of patients (four times space for bed patients as compared to ten years ago).

Present new Buildings - 1/3 bed patient
1/3 cardiac or diabetic
1/3 Wheel chair

(Possible use of two story building? Could be used for ambulatory or working patient)

\$8,500.00 per bed for one story building. (Not too much more than two story building with elevators or ramps)

At the present time the greatest need is for one story buildings

Faribault will be transferring ambulatory patients to Brainerd.

(Hospital Inspection for accreditation December 9, 1958)

Institution - November 19, 1953 by field representative of committee.

1. Criticized old buildings, not modern, not good.
2. Overcrowded (Grossely)
3. Gross understaffing of professional help.

1961 legislative budget
Equipment part due April 1, 1960

Dr. Smith. - Information on transfers to be made to Brainerd.

Brainerd to receive patients from region it serves.

Already have sent fifty adult females, 1/2 ambulatory for two story buildings.

Faribault now receiving from waiting list
3/4 of present list little, under ten.
1/2 of these unable to walk

210 more to be sent to Brainerd. Start February. (More males than females.)

Three to two on waiting list (more males)

152 males
58 females to Brainerd

Sending good workers will effect staffing problem

When Brainerd can take care of its entire thirty-seven counties - be another 300 to go to brainerd

Faribault to Cambridge even exchange.

Most of transfers will come from older buildings - newer patients can not be put in these older buildings: They are wheel chair cases, non-ambulatory.

Building Priorities

1. 2 new 125 beds to replace (male)
Grandview, Lind Glen (all men) Huron Building.
2. 1 new 120 to replace Iris and Daisy and Ivy
3. 1 new for 200 to replace part of Sunnyside.

For Chippewa and Ivy study is definitely needed

Problem dining room space and kitchens.

Study of food handling needed

Funds for Wing on hospital \$528,000.000

Need for state policy on staff residence(who is entitled to staff residence.)

STAFFING

Copy from Krave on personnel requests of Faribault - 1959 legislature

(list of adequate staffing)

(Institution vacation schedule high)
some get up to 21 days a year)

1. Institution newsletter lists vacancies
2. Quarterly conference of Deptment heads
3. Want ads in local papers
Faribault, Northfield, Morristown
4. Minnesota Employment locally - sends people who are not good

(Seems institution could be more aggressive in its recruitment)

Latest report on vacancies at Faribault December 16 shows 19 vacancies, three of these are to be filled in January 1960 by people now being interviewed.

Suggested that institution advertise in Minneapolis papers - institution plans to advertise in local papers again in January.

Miss Boyes - Food Distribution

2 large cafeterias for 1,100
18 other points
20 food from central kitchen

Grandview own kitchen

(Mixture overground and underground}
(not able to get advice on what to do)

9 D.rooms use tunnel - tunnel 11 by truck

need expert on food handling
Avery report helpful

Kitchen itself not built for 3,500 people

1. Nesting pens not good
2. Air voids not answer
3. 12 X 20 Pans used for cooking and serving - special carts
There are heated cabinets
Three methods of sending food out -

Almost \$.04 per day to serve butter lost \$.01 since before because of
butter loss.

Surpluses are deducted from \$.63 daily allowance
some of surpluses do not fit into proper diet.

Diet plan built around surpluses and farm

.49 for purchase
.14 Farm and surplus

.68 might be adequate amount to serve palatable diet

Now serve 3,000 calories per day

could serve more fruit - canned is as good as fresh

Low on pork and green vegetables

One standard diet - rigidly adhered to
1954 - separate cooks for employees and patients - same number
cooked for 300 employees as for 3,000 patients.

Study was made to department for food study - study never made refused
because we had state dietician

Avery report sat up by state dietician

Harstich and Lundgren
Some poorly planned kitchen in new buildings because of unavailability
of kitchen Eng.

Mono - rail and containers are very poor
New kitchen greatest need
Should there be one kitchen or several?

Problem with trucks involves more personnel (two trucks, now)

Tunnel under kitchen narrow - hard to clean

26 employees

100 patients (8 going to Brainerd)

Getting Milk dispensers - money to buy cans, holding it up.