

JOINT COMMISSION ON ACCREDITATION OF HOSPITALSSURVEY REPORT

(Part II - Completed by the Hospital)

Please complete this questionnaire before the field representative visits you and hold for his arrival. He needs this to complete the survey report. The extra copy is for your files.

In addition, the following material should be available for the review of the field representative:

1. Constitution and by-laws of the hospital.
2. By-laws, rules and regulations of the medical staff.
3. Minutes of medical staff conferences, with record of attendance.
4. Minutes of regular departmental meetings and clinico-pathologic conferences, with records of attendance.
5. Applications of physicians and surgeons appointed to the medical staff.
6. A copy of the annual and monthly report of the hospital and its departments, if available.
7. Most recent report of state agency licensing or approving the hospital, if available.
8. Minutes of the governing board.

Report all information and statistics for a 12 month period. Statistics are reported for the year ending 6 30 61.
(Month - Day - Year)

GENERAL INFORMATION

Name of Hospital Faribault State School & Hospital Year Established 1879

Address Box A,

City Faribault Zone _____ State or Province Minnesota

Telephone Number Wilson 4-6411

Owned by State
(Corporation, Association, Church, etc.)

Operated by State
(Trustees, Sisters, etc.)

Incorporated _____ For Profit _____ Not for Profit _____

Name of Chief Administrative Officer H. J. Engberg, M.D.

Title of Chief Administrative Officer Superintendent

Chairman of the Governing Board _____

Address _____

Chief of Medical Staff Thorsten Smith, M.D. Address Faribault, Minn.
~~Clinical Director~~

a Are there other hospitals over which this hospital has control to be included in this survey? _____

b If "Yes", list the name and address of the other hospital (s) and include their statistics in this report:

Name Lake Owasso Children's Home Location 210 N. Owasso Blvd., St. Paul
(Until July 1, 1961)

Name _____ Location _____

ESSENTIAL DIVISIONS

Physical Plant

- 1. Give dates buildings were constructed:
- 2. There are facilities for:
 - a. Segregation of patients by service Yes No _____
(at least separate Obstetrics and Nursery)
 - b. Isolation by ward or private room Yes No _____
(if the latter, must have separate toilet facilities and written procedures)
- 3. Percentage of occupancy: $\frac{\text{average daily census } 3201}{\text{bed complement } 3451} \times 100 = 92.7\%$
(bed complement = actual number of beds available for use at present time)

ADMINISTRATION

July 1, 1961 complement - 3321
 Less transient beds - 126
 Complement of resident beds 3195

- 1. Give method for selection of the governing board.
- 2. The governing board has the following committees, or a working combination of these committees: Check: Executive _____ Joint Conference _____
Finance _____ Bldg. & Maintenance _____
- 3. Give the percentage of attendance of members of the governing board at the last twelve meetings _____%.
- 4. State briefly the training and experience of the hospital administrator:
**M.D., Diplomate American Boards Neurology and Psychiatry, M.H.A.
 Superintendent of Faribault State School & Hospital since 1937.**

MEDICAL STAFF ORGANIZATION

- 1. Indicate if the membership of the medical staff is restricted to:
 - a. Graduates of recognized medical schools? Yes No _____
 - b. Licensees of state or province in good standing? Yes No _____
 - c. Members of, or eligible for, the local medical society? Yes No _____
 - d. Staff privileges limited strictly to qualified physicians having a Doctor of Medicine (M.D.) degree? Yes No _____
If "no", give other groups of practitioners granted staff privileges.
- 2. Medical staff appointments are made annually. Yes _____ No
Give the procedure re renewal.
**Regular staff by Civil Service appointment.
Consulting staff annually by contract approved by Central Office.**
- 3. There is a chief or president of the staff. Yes _____ No _____
 - a. There is active departmentalization with duly appointed heads. Yes No _____
These are, check: Medicine _____ Surgery _____ Obstetrics _____ Others _____
 - b. The medical staff has the following committees or a working combination of these essential committees, check:
Executive _____ Credentials _____ Joint Conference _____ Medical Records Tissue
Lab Program

4. Check the methods for accomplishing a thorough review and analysis of the clinical work of the hospital:

	Number Held Annually	Duration	% Attendance Active Staff	% Attendance Committee Membership
a. General staff meeting.....	4	2 hrs.	100	
b. Departmental meetings				
Medicine				
Surgery				
Obstetrics				
Other	48	3 hrs.		
c. Committee meetings				
Record committee				
Tissue Committee				
Executive Committee				
5. Clinicopathologic conferences.....	12	2 - 3 hrs.		
6. The medical staff maintains satisfactory liaison with the governing board.				
	Yes		No	

State the method of liaison.

7. The net death rate is: $\frac{\text{deaths } 59}{\text{discharges}} \times 100 = 131\%$
 (Subtract deaths under 48 hours from both numerator and denominator)
8. There is a medical library of current texts and periodicals available in the building. Yes No

MEDICAL RECORD DEPARTMENT

1. Head of the Medical Record Department
 Name Mrs. Margaret Brandvig
 Qualifications Civil Service Rating
 Title Medical Records Librarian I
2. Number of assistants 2 (one vacancy)
3. The staff is adequate for the volume of work. Yes No
4. Check the methods by which the Record Committee controls the quality of records:
 a. Spot check b. Checks all records c. Checks patient records on the wards
5. Check method for filing medical records:
 a. Serial number system b. Unit number system c. Modified system
6. The records are indexed according to:
 a. Disease Yes No b. Operation Yes No c. Physician Yes No
7. The indexing is up-to-date. Yes No (not over 6 months)
8. The filing is up-to-date. Yes No (no unfiled records older than 30 days)
9. Check the nomenclature used: a. Standard b. Other
10. The medical records contain the following information:

	Current Records	Filed Records		Current Records	Filed Records
Identification data	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Provisional diagnosis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Complaint	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Tissue report: Gross	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Present illness	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Microscopic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Past history	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Treatment: Medical & Surgical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Family history	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Progress Notes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Physical Examination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Final Diagnosis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Consultations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Summary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Clinical Lab. Reports	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Autopsy findings	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
X-ray reports	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			

PATHOLOGY

5. 1. Check the facilities available in the laboratory or by arrangement with other institution for the following types of examinations:
 a. Chemical b. Bacteriological c. Serological d. Pathological
 Facilities are readily available at night, weekends, and holidays. Yes No _____
 2. There is a blood bank. Yes No _____ (St. Paul Chapter A.R.C.)
 There is a donor list for transfusions. Yes _____ No
 3. The hospital has the services of a pathologist. Yes _____ No
 (Tissues sent to University and Anoka State Hospital)

Name: _____

Qualifications _____

Full time _____ Part time _____ Time Spent _____

The pathologist participates in staff, departmental and clinicopathologic conferences. Yes _____ No _____

4. Give the number of technicians to handle all the pathological and clinical laboratory work.

	Full Time	Equivalent FullTime	Total Full Time
Registered (ASCP).....	_____	_____	_____
Equivalently qualified.....	1	_____	1
Trained.....	_____	1	1
In-training.....	_____	_____	_____
Other.....	_____	1	1

5. All tissues removed at operation are examined, reported on in writing, and the report signed by the pathologist. Yes No _____
 Gross examinations Yes _____ No _____ Microscopic examinations Yes No _____
 6. The filing and reporting procedures for tissue reports include the following:
 a. A copy signed by the pathologist is filed with the patient's record. Yes No _____
 b. A duplicate is filed in the laboratory. Yes No _____
 c. Tissue reports are indexed according to pathological diagnosis. Yes _____ No _____
 7. Check the routine laboratory examinations required on all patients on admission:
 a. Urinalysis b. Hemoglobin
 (Serology tests for syphilis need not be repeated on readmission provided that such tests have been done within six months and are recorded at time of admission)

X-RAY DEPARTMENT

1. Facilities are available in the department for:
 a. Radiography Yes No _____ b. Fluoroscopy Yes No _____
 c. Portable radiography Yes No _____ d. Therapy facilities (present or available) Yes _____ No
 Facilities are available at night, weekends, and holidays Yes No _____
 2. Department is free from hazards:
 a. The equipment is shock-proof Yes No _____
 b. The department is protected by the usual safety measures. Yes No _____
 c. The personnel is checked periodically by blood counts and exposure tests. Yes No _____
 3. The hospital has the services of a radiologist. Yes No _____

Name: T. B. Merner, M.D. and Paul Olfelt, M.D.

Qualifications Both American Boards Radiology

Full time _____ Part time Time spent 3 hrs./week

4. The filing and reporting procedures for x-ray reports include the following:
 a. A copy signed by the radiologist is filed with the patient's record. Yes No _____
 b. A duplicate is filed in the department. Yes No _____
 c. Reports are indexed according to radiological diagnosis. Yes _____ No _____

6.

5. Give the number of technicians:

	Full Time	Equivalent Full Time	Total Full Time
Registered (ARXT).....	1		1
Equivalently qualified.....			
Trained.....			
In-Training.....			
Other.....			

Nursing Department

1. Director of Nursing

- a. Name Valeria M. Blomquist, R.N.
 b. Title Director of Nursing
 c. Qualifications 36 months nursing course and post-graduate work

2. Total number of nursing personnel:

	Full Time	Equivalent Full Time	Total Full Time
Graduate Registered Nurses			
a. Director of Nursing	1		1
b. Assistant directors	0		0
c. Supervisors	6		6
d. Head nurses	20		20
e. Assistant head and general duty (grad)	0		0
f. Private duty			
Other			
g. Student nurses			
h. Practical nurses (graduate)			
i. Nurses' aides or attendants and student practical nurses	381		381
j. Orderlies			
3. Average daily patient census exclusive of newborns	3200		3200

4. Give Nurse-Patient ratio:

$$\frac{d + e + g + h}{\text{average daily census minus } 1/3 \text{ patient for each private duty nurse}} = \frac{1}{160}$$

5. Give Supervisor-Patient ratio:

$$\frac{b + c}{\text{average daily census}} = \frac{1}{540}$$

6. Give Nurse- Auxiliary ratio:

$$\frac{b + c + d + e + g}{i + j} = \frac{1}{14.6}$$

7. Each nursing station is under competent registered nurse supervision.

Day	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Evening	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Night	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

8. Give number of graduate nurses assigned on full time or equivalent full time basis to: Operating room and delivery room 1 Outpatient Dept.
 Central supply room supervised by Operating room

9. Graduate nursing staff holds regular conferences. Yes No
 If Yes check frequency: Monthly Weekly
 Minutes of proceedings are recorded: Yes No

7.

DIETARY DEPARTMENT

- 1. Department is organized under a dietitian. Yes No _____
- 2. Name of Chief Dietitian Mrs. Knid Torell
 Title Dietitian II
 Qualifications University of Minnesota graduate - B.S. degree
- 3. Give number of assistant dietitians:
 Graduate Dietitian I Other _____

PHARMACY AND DRUG CONTROL

- 1. There is a pharmacy committee of the medical staff. Yes No _____
- 2. A Formulary or drug list is kept current. Yes No _____

COMPLEMENTARY DIVISIONS

Department of Medicine

- 1. Number of members of the active staff in the Department of Medicine:
 Total membership _____
 F.A.C.P. or F.R.C.P. only..... _____ Equivalent qualifications _____
 Diplomates of Boards only. _____ Equivalent qualifications 1
 College Fellow and Board Diplomate.... _____
 Academy of General Practice..... _____
 Other..... _____
- 2. Check the following active divisions of the medical department:
 General medicine 1 Cardiology _____ Communicable Diseases _____ Dermatology _____
 Endocrinology _____ Metabolic Diseases _____ Gastroenterology _____ Psychiatry 3
 Pediatrics 1 Tuberculosis _____ Other _____
- 3. Heads are appointed to each division. Yes No _____
- 4. State who interprets electrocardiographic examinations and how selected:

Consulting Internist - John Arneson, M.D.

Qualifications of each Diplomate

DEPARTMENT OF SURGERY

- 1. Number of members of the active staff in the Department of Surgery:
 Total membership _____
 F.A.C.S. or F.R.C.S. only..... _____ Equivalent qualifications _____
 Diplomates of Boards only..... _____ Equivalent qualifications _____
 College Fellow and Board Diplomate _____
 Academy of General Practice _____
 Other..... _____
- 2. Check the following active divisions of the surgical department:
 General surgery _____ Fractures and other trauma _____ Neurosurgery _____
 Ophthalmology _____ Otorhinolaryngology _____ Orthopedic _____ Plastic _____
 Proctology _____ Thoracic _____ Tumor _____ Urology _____ Other _____
- 3. State number of operating rooms:
 Total..... 2 Minor _____
 Major 2 Emergency _____
 Fracture..... _____ Other _____
 Cystoscopic . _____

- 8.
4. State number of personnel assigned to the operating rooms:
 Total..... 1 Practical Nurses.....
 Experienced graduate nurse supervisors 1 Orderlies or nursing
 Other graduate nurses..... aides.....
 Student nurses Other.....
5. Check methods of control in sterilization of supplies and water:
 a. Automatic autoclave controls..... c. Color indicators x
 b. Fusion tubes d. Periodic cultures x Frequency Monthly
6. There is a central supply room. Yes x No _____
 If yes, under whose supervision? Operating Room Supervisor
7. Give the post-operative death rate:
 $\frac{\text{number of deaths within 10 days of surgery}}{\text{number of operations}} \times 100 = \underline{0} \%$
8. All infections of clean surgical cases are recorded and reported to the administration. Yes _____ No _____
 a. Give the post-operative infection rate for clean surgical cases for the past year:
 $\frac{\text{number of infections in clean cases}}{\text{number of operations}} \times 100 = \underline{0} \%$
 b. Infections of clean cases are investigated. Yes x No _____
 If yes, by whom? _____

DEPARTMENT OF OBSTETRICS

1. Number of members of the active staff in the Department of Obstetrics:
 Total membership _____
 F.A.C.S. or F.R.C.S. only..... Equivalent qualifications _____
 Diplomates of Boards only..... Equivalent qualifications _____
 College Fellow and Board Diplomate.....
 Academy of General Practice.....
 Other.....
2. Obstetrical patients are completely segregated from other patients in the hospital.
 Yes _____ No x
 There are isolation facilities within the obstetrical department. Yes x No _____
 There are isolation facilities for the newborn. Yes x No _____
3. Give the number of delivery rooms 1 Labor rooms 1
4. The department is under the supervision of a competent experienced graduate nurse.
 Yes x No _____
 The nursing service is completely separate from the rest of the nursing staff.
 Yes _____ No x
5. The newborn nursery is under the supervision of a qualified physician.
 Yes x No _____
6. Give the following statistics:
 a. Caesarean section rate: $\frac{\text{Number of sections } \underline{2}}{\text{Number of deliveries } \underline{10}} \times 100 = \underline{20} \%$
 b. Maternal mortality rate: $\frac{\text{Maternal deaths } \underline{0}}{\text{Obstetrical discharges}} \times 100 = \underline{0} \%$
 c. Infant mortality rate: $\frac{\text{Newborn deaths } \underline{1}}{\text{Live births } \underline{9}} \times 100 = \underline{11.1} \%$
- Number of tubal ligations: 3 Number of therapeutic abortions 0
 Number of stillbirths: 1 (one of twin births)

DEPARTMENT OF ANESTHESIA

1. There is a department of anesthesia. Yes _____ No
- If yes, under whose direction?

Name _____

Qualifications _____

Full Time _____ Part time _____ Time spent: _____

2. Check the following who administer anesthetics:
- a. Qualified medical anesthesiologists _____ c. Residents & Interns _____
- b. Registered nurse anesthetists..... Under whose supervision Surgeon
- d. Other (state qualifications) _____
3. Check precautions taken against explosion and fire hazards in the operating suite:
- a. Equipment shock-proof and spark-proof
- b. Humidity control No
- c. Proper grounding
- d. Electro-cautery ever used in the presence of explosive gases. Yes No _____
- e. Personnel governed by regulations. Yes No _____
- f. Safety regulations posted. Yes No _____
4. There is a post-anesthesia recovery room. Yes _____ No _____
- a. The recovery room is under the supervision of the director of the department.
Yes _____ No _____
- b. If no, under whose supervision _____

EMERGENCY DEPARTMENT

1. Facilities for the care of emergencies are provided. Yes No _____
2. The facilities are separate and independent of the operating rooms.
Yes No _____
3. Give the average number of emergencies per day 4; per week 28
4. Check the following:
- a. Physician service is provided by: House officers _____, members of the active visiting staff , courtesy staff _____, full time staff , other _____.
- b. Doctor is on duty in the department days , evenings _____, nights _____
- c. Doctor is on call days _____, evenings , nights
- d. Nurse is on duty in the department days , evenings , nights
- e. Nurse is on call days _____, evenings _____, nights _____.
5. Check the type of emergency routinely treated:
Surgical , medical , pediatric , other psychiatric
6. There is a written plan for the care of mass casualties. Yes No _____

OUTPATIENT DEPARTMENT

1. Facilities for the care of outpatients are provided. Yes No _____
2. Outpatient clinics are maintained independent of emergency facilities.
Yes _____ No
3. Give average number of clinic visits per day 25.
4. Check if clinics are maintained for the following purposes:
 - a. Follow-up of patients discharged from the hospital
 - b. Study of patients prior to admission to the hospital
 - c. Care of ambulatory patients not related to hospital admission or discharge
 - d. Health maintenance clinics such as well-baby clinics, pre-employment examinations, etc.
5. Check the following:
Physician service is provided by: house officers _____, members of the acting visiting staff _____, courtesy staff _____, full time staff , other _____
6. The Administrative Director is a physician. Yes No _____
If no, check if the administrative officer is a lay person _____, nurse _____, social worker _____, admitting officer _____, other _____.
7. Indicate the number of personnel assigned to the department:

	<u>Full Time</u>	<u>Equivalent Full Time</u>	<u>Total Full Time</u>
Director.....	_____	_____	_____
Assistant Director.....	_____	_____	_____
Nursing Department Head.....	_____	_____	_____
Supervisor.....	_____	_____	_____
Head nurse.....	_____	_____	_____
General staff nurse.....	_____	<u>1</u>	_____
Practical nurse, nursing aide, orderly	_____	_____	_____
Social Worker.....	_____	_____	_____
Admitting officer	_____	<u>1</u>	_____
Clinic Secretary (<u>assigned to Med. Records</u>)	_____	_____	_____

8. Clinic visits are arranged by appointment. Yes No _____
9. Check the method of maintaining medical records:
 - a. Outpatient medical record is entirely separate: Yes _____ No
 - b. Outpatient medical record is incorporated within the hospital record:
Yes No _____
10. Check the method of filing outpatient records:
 - a. In the department b. In the central record room _____
11. Check if cooperative arrangements for the care of patients are maintained with the following:
 - a. Public Health nursing agencies b. Department of Health agencies
 - c. Community Welfare agencies

DEPARTMENT OF PHYSICAL MEDICINE

1. There is a department of physical medicine. Yes _____ No

If yes, under whose supervision _____

Name: _____

Qualifications: _____

PHYSICAL THERAPY

1. Give number of physical therapy technicians:

	<u>Full Time</u>	<u>Equivalent Full Time</u>	<u>Total Full Time</u>
a. Registered (A.R.P.T.).....	_____	_____	_____
b. Qualified.....	_____	_____	_____
c. Trained.....	_____	_____	_____
d. In-training.....	_____	_____	_____
e. Other.....	_____	<u>1/2</u>	_____

2. Check the facilities for the following:

a. Hydrotherapy No c. Electrotherapy... No e. Massage No
 b. Ultraviolet..... Yes d. Exercise..... Yes f. Heat... Yes

3. All prescriptions for treatment are written by the referring physician.
 Yes x No _____

4. Check the method of filing records of treatment:

a. On the patient's record x b. In the department _____

OCCUPATIONAL THERAPY

1. Give number of occupational therapy technicians:

	<u>Full Time</u>	<u>Equivalent Full Time</u>	<u>Total Full Time</u>
a. Registered (OTR).....	<u>x</u>	_____	<u>1</u>
b. Qualified.....	_____	_____	_____
c. Trained.....	_____	_____	_____
d. In-training.....	<u>x</u>	_____	<u>1</u>
e. Other.....	_____	_____	_____

2. Occupational therapy facilities and equipment available for:

a. All patients x b. Special patients (Specify) _____

3. All prescriptions for treatment are written by the referring physician.
 Yes x No _____

4. Check the method of filing records of treatment.

a. On the patient's record _____ b. In the department x

REHABILITATION

1. Rehabilitation services are provided. Yes x No _____

SOCIAL SERVICE DEPARTMENT

1. Director of the department:

Name Caroline M. Perkins

Title Hospital Social Service Supervisor

Qualifications MA in Social Work

2. Number of Personnel:	Full Time	Equivalent Full Time	Total Full Time
Qualified medical social workers.....	1		1
Qualified social workers.....	2		2
In-training.....	2		2
Casework aides.....			
Other.....	<u>1 social worker employed during the summer while on stipend. 2 student trainees employed during the summer in connection with college program.</u>		

3. Check the functions of the department:

- Medico-social study of patients
- Evaluation of financial status of patient _____
- Follow-up of discharged patients _____
- Social therapy and rehabilitation of patients
- Environmental investigations for the attending physicians
- Cooperative casework with community agencies

4. Check the types of conferences in which caseworkers participate:

Ward rounds _____ Medical staff seminars Nursing staff conferences
 Individual physician Individual nurse

DENTAL DEPARTMENT

- Dentists are appointed to the hospital staff. Yes Civil No _____
- Indicate if membership to the hospital staff is restricted to:
 - Graduates of recognized dental schools. Yes No _____
 - Licenses of state or province in good standing. Yes No _____
 - Members of, or eligible for, the local dental society: Yes No _____
- Appointments to the dental staff are made annually. Yes _____ No _____
- Privileges and duties of the dental staff are delineated in bylaws of the staff. Yes No _____

SPECIAL SERVICES

- The hospital maintains an intern and/or resident program. Yes _____ No
 The training programs are approved by the American Medical Association.
 Yes _____ No _____
- The hospital maintains a cancer control program. Yes _____ No _____
 The program is approved by the American College of Surgeons. Yes _____ No _____
- The hospital maintains a School of Nursing. Yes _____ No
 The School of Nursing is accredited by the National League for Nursing.
 Yes _____ No _____
- The hospital takes routine chest x-rays on all patients. Yes No _____
and employees.