

62-MPC-AMW
State Inst Gen

Mr. Roubicek rec'd. a copy.
A.J.

MEMORANDUM

June 20, 1962

TO: Superintendents at:

Anoka	Fergus Falls
Hastings	Moose Lake
Rochester	St. Peter
Willmar	Cambridge
Paribault	Brainord
Owatonna	Oak Terrace Nursing Home
Ah-Gwah-Ching	Children's Treatment Center

ATTENTION: Rehabilitation Therapies Supervisor

FROM: Ardo M. Wrobel, Consultant
Rehabilitation Therapies

SUBJECT: Agenda for next meeting - 10 August 1962 - Centennial Building, Room 548-549

9:30 - 10:00

Coffee

10:00

Business Meeting

Rehab Therapies Conference Planning
Current program reports: have them
prepared and condensed into one or
two paragraphs

Lunch

1:00

Review and discussion on vacancies,
problems of recruitment, salary survey
and proposals for the next legislative
session

Other items

3:15

Adjourn

NOTES OF MEETING - 15 June 1962 in the Central Office

- 1) Minutes were reviewed and approved.
- 2) The summer students: RSH - four plus one volunteer
SPSH - six plus two in OT
HSH - three plus five volunteers
CSSH - one volunteer
- 3) Scholarship student Mary Judith Olson will be available in December and has not been committed yet.
- 4) Comments about Dr. Fueyo's Workshop at HSH on Rehab Therapies Programs for Children Patients were all favorable.
- 5) Tom Crowe reported on Salary Survey Committee. They have been meeting - proposals will be developed and discussed at the next Rehab Supervisors Meeting.
- 6) Mr. James Hean, Rehab Therapies Coordinator, HSH, is leaving his present position to accept a Coordinator's position in the St. Elizabeth's Hospital in Washington, D.C. This is one of the largest hospitals - around 7,000 patients. We are all sorry to see him go because he has made a real contribution to the program at Hastings. We want to wish him well on his new job. Hope to see you back in Minnesota some day, Jim.
- 7) Remainder of the meeting was devoted to a general discussion about the Patient Councils in the institutions. Several guests augmented this meeting. Notes taken during the discussion presents a rather clear and up-to-date picture with regard to the conduct and the structure of Patient Councils:

FFSH - There are 22 wards in the hospital, 18 of which have organized ward councils. The representatives from the ward council to the institution wide Patient Council are appointed now by ward personnel. The four wards not represented are made up of bed patients, senile, etc. The individual ward councils usually meet every other week and the representatives to the institution wide council from the various ward councils, in effect, represent the entire patient population at the rate of 1 to 88 patients.

The institution wide council meets regularly every two weeks and the meetings are conducted entirely by the patients; electing their own officers and practicing parliamentary procedure. They do not have a staff advisory committee. A supervising nurse and the recreation therapy supervisor currently act as advisors and attend meetings of the institution wide council. Focus is being placed on involving the patients in complete follow through on questions, problems and suggestions that are raised by the patients. For example, Bob Hoffmann, Administrator, attending the last meeting suggested that the patients map out plans and study problems involving ramps for wheel chair patients and elderly patients. The question was brought up by the patients.

They are currently establishing a staff advisory group with regard to organizing a new ward council. Mr. Stepp, recreation supervisor, is working on getting the patients involved in planning and conducting some of their own recreational activities.

SPSH - Formerly the Patients Industrial Relations Council, the "Patients Council" now represents the total patient population. The ward councils currently are organized and operating on all wards except the sick room and geriatrics wards. The nursing service personnel are involved in leading the ward councils.

The institution wide Patients Council has been instrumental in helping to open some of the wards. Meetings are held in the evening, twice a month, and occasionally members of the staff are asked to speak to the Council. Attendance varies from 60 to 100, not as official representatives of the ward councils because attendance at the institution wide council is open. They are considered members after they have attended three concurrent meetings.

There is no staff advisory committee, however, the Rehab Therapies Coordinator and the industrial therapist act as advisers and attend the meetings. Minutes of the meetings are sent to Dr. Grines who in turn sees the department heads with regard to carrying out the recommendations of the council. The Patients Council is quite active in some of the activities in the institution. They help with certain employee activities, help organize some programs and have periodic parties planned by themselves.

IISH - During the past 18 months two ward councils were started on the female wards as a result of ward management meetings. A third ward council was started on the male side but it didn't work out. There are some attempts to get another male ward council started now. They do not have an institution wide council. However, the ward councils that are now operating sponsor ward activities and use kitchen facilities in the basement. They've had several ward parties involving other wards. Mr. Hean spoke of another council that is less active called the "Progressive Club" with leadership by the physician. The Rehab Therapies people assist in planning. Direct leadership on the ward is by the nursing service personnel.

FSSH - They have 15 ward councils and their program seems to be progressing quite well. The nursing service people have direct responsibility for these councils. A staff advisory "Program Planning Committee" includes the various department and service heads. The councils are now developing a constitution. The Program Planning Committee is developing guide lines for aide personnel in order to assist them in leading the ward councils. Some of the aides have said that "this is the best thing that has ever happened to the patients" and there seems to be a great deal of enthusiasm by the staff. Mrs. Gates, Division Supervisor, reports that the Patients Council is involved in matters pertaining to the ward and activities and that their requests and suggestions are "simple requests but often overlooked by the staff."

MLSH - Two representatives from each ward make up the institution wide council. Patient representatives are appointed by the ward charge for 15 weeks and if the patient transfers from that ward to another ward he becomes a "member at large." In the early days of the council this was headed up by the psychology department, then it went to a committee and now the Rehab Therapies Supervisor acts as liaison and heads up the council. Whenever possible patient committees are formed to make direct contact with the employees with regard to working through problems and planning activities. The institution wide council sponsors talent programs and other programs and are responsible for an expanding fishing program and the like.

MLSH (cont.)

On the ward council 1 vel 4 f the 6 wards have councils and 4 out of 4 cottages have councils. They are involved in some ward management problems and planning activities. The nursing service brings some problems to the Patients Council for them to discuss and act on. The ward councils plan some activities and invite other wards and vice versa. The hospital wide council meets once a week and attendance takes precedence over all other activities except some special medical appointments.

CSSH - About 4 years ago they started a Student Council which didn't function very well. About a year and a half ago they started the institution wide council which is still in operation and doing very well. There are no individual ward councils. The patients make recommendations and contribute ideas with regard to making CSSH an open hospital. A staff advisory committee is composed of the medical staff, the superintendent, social service, psychology, nursing service, Rehab, and Psych aides. The staff do not attend meetings except on invitation. Representatives from the cottages are appointed. One of the first things brought up was "whether the boys and girls could have an area they could meet." Instead of the staff following through on it they involved the patients by getting them to draw up a map and in general discuss behavior responsibility. The council asked for "privilege cards" which were instrumental in opening the hospital - are no longer necessary now but have been continued because the patients consider them quite "valuable." The council set up rules governing behavior in order to keep their privilege cards. The council has generated critical interest in how the patients dress for activities. Rules on hand-holding are followed quite well. Members of the council alternate as "monitors" of the outdoor recreation areas.

The council minutes are approved by the staff advisory committee and posted on the bulletin board for all patients.

WSH - No hospital wide council - 4 wards have "on again off again" councils. Two or three years ago they tried an "Honor Club" and this didn't work out. They report that the patients don't go for clubs and some of the staff feel that "if patients can participate in a Patients Council they can be discharged."

RSH - About 80% of the wards have ward councils. Three representatives from each ward council make up the institution wide council.

The institution wide council is entirely democratic and completely involved in the selection and election of its officers and members. They, in turn, help to organize the ward councils and the Rehab Therapies Department assists and encourages this. The purpose is to accept responsibility. Three copies of the minutes are prepared - one for the ward physician, one for the superintendent and one for the ward personnel.

There are some problems in keeping the ward councils going because of turnover of patients. However, Ray Beacon holds regular discussions for the patients on "How to Organize a Ward Council." He feels this is very helpful.

RSH - (cont)

The Patients Council is involved in providing escort service (they have a telephone and an office and from here they operate a service of escorting patients to their various appointments.) The council has also been involved in getting a tennis court, cement platform for recreational activities, have raised questions about starting a new Canteen, suggested one dance instead of two per week which means that they would mix the better patients with the more regressed patients. The ward councils plan some ward activities.

ASH - In the past they have had councils, and both times they were started they failed. Feel that they were too highly organized. At the present time they have two clubs: Fellowship Club - about half the male patients on one ward are members. This is organized similar to a "community service" club. Admission to membership is on recommendation of the ward doctor, then voted on by the members. The members are on IT assignment and therefore meet in the evening. They have their own constitution, elect their own officers, but have no disciplinary responsibility except as involving the privilege of membership. The "services" they provide involve policing the cafeteria line, they take turns drying the trays, and are involved in setting up the rules and procedures involving "car washing." Their accounts are credited in the business office instead of being paid directly and arrangements to have "car washing" done are made with the industrial therapist.

The patients can go off grounds without supervision for ballgames and bowling, etc. They emphasize proper dress and behavior within their own group.

Hi-Five Club: Half the members of a female ward make up this club and it is somewhat similar to a "womens afternoon club." They are excused from their IT job to attend their meetings. Their staff advisor is Pat Babcock, OT Supervisor, and a social worker is the advisor of the Fellowship Club.

Members are involved in discussing fashions, fads, and have home demonstration agents come in to talk to them. They like to socialize and once a month they go out to dinner. They have been concerned about lack of facilities on the wards to keep personal articles. They raised money to buy lockers to hang over their beds by selling candy, etc. They plan dances for their own group and invite the Fellowship Club. They are now working on getting lockers for all the patients on their ward.

BSSH - They have two active ward councils completely organized by the patients. Before the council got organized a few patients were sent to the library to learn something about parliamentary procedure." The patients elected their own advisors and officers. At first the meetings involved a "lot of gripes" but there is less of this now. Joint meetings between the two (on male and one female council) is forming the basis for an institution wide council.

BSSH -(cont)

A staff advisory committee made up of department and service supervisors help guide the development of the council.

The council is involved in planning activities and some of their plans and ideas are turned back to the patients for better planning.

OSS - Their first council which failed, started as a school council in which the students had little to say. The newly organized council is the institution wide council with cottage councils on all cottages. The council system involves the total population and was organized in January 1962. They decided that representation would be based on a 1 to 12 ratio. They elect their own officers, conduct meetings according to parliamentary procedure and in general have functioned very well. The individual cottage councils elect their own advisors and questions and problems involving more than one cottage are referred to the institution wide council.

The various sub-committees of the institution wide council are involved in planning and conducting dances. They make decisions with regard to decoration and another committee is currently working on a constitution. Three or four school classes have a "project" of writing a constitution. The council will decide which one will be accepted. Other examples of student involvement are: the boys want haircuts similar to the kids in town and "work breaks" are now universal throughout the institution. The cottages have dances once a month - boys invite the girls and vice versa. The council members ask "what can be done about the students who stutter." (A speech therapist may be added to the staff.) Some of the students in the council thought that "some employees do not have very good eating habits" which raised a bit of a fuss.

General Comments:

In the matter of communicating the business of the council with the staff and with the other patients, four institutions post minutes of the council meetings on all of the wards. One institution includes minutes of the council meetings with the regular distribution of staff meeting minutes. Others report that some portions of the council minutes are included in their institution newspaper. All report good communication between the Patients Council and the superintendent and five institutions report minutes circulated with the staff.

AMW/rmk

6-29-62.

