

M E M O R A N D U M

11-4-65

TO: Dr. Engberg Mrs. Hunt Mrs. Blomquist Mr. Thurber
Dr. Smith & medical staff Mrs. Gates Miss Dobner Mr. Saufferer
Miss Perkins & staff Mrs. Haugh Mr. Roach Mr. D. Nelson
Mr. Madow & staff Mrs. Goodwin Mr. Knack Rev. Streufert
Dr. Hugunin & staff Mrs. Myers Mr. Larson Rev. Nelson
Mrs. Amberg - Miss Erickson Miss Sundin Mr. Sanders Father Kenny
Mrs. Rappe Mr. Pavsek Mr. Palmer Mr. DeRosier
Mrs. Stabbert Mrs. Brandvig Mrs. Anderson Mr. Welsandt
Mrs. Nethery & staff Mr. Novotny Mr. Aase Mrs. Finstuen
Local 607 Mr. Miller

FROM: M. E. Krafve, Assistant Superintendent

SUBJECT: Unit System

During the past several months a Task Force Committee has met on many occasions to develop a program of total care, treatment, and training for the residents of our institution. This program is known as the Unit System. The Task Force chairmen have made their recommendations to the Superintendent who has accepted the recommendations made to this date.

The resident areas have been assigned to Units as listed on Schedule "B" which is attached. This listing indicates the Unit Headquarters as well as the personnel who have been assigned to this date, together with a listing of disciplines to be assigned. The staff members indicated by a star will be the Unit Program Directors.

All personnel assigned to a Unit will comprise the Unit Team. The professional staff assigned to the Unit, the Unit Services Coordinator, and the Unit clerical staff will normally work an 8:00 a.m. to 4:30 p.m. schedule Monday through Friday, although the Unit team members may be on duty at other times as needed.

In order to maintain minimal nursing service and provide desirable overlap, the other shifts will be 4:00 p.m. to 12:30 a.m. and 12:00 midnight to 8:00 a.m. seven days per week, as well as to cover the day shift of Saturdays, Sundays, and holidays, there will be a Nurse Supervisor position to cover the male cottages and another to cover the female cottages. The Nurse Supervisors in these positions will be responsible for patient welfare, employee staff, and facilities. She will follow the program established by each Unit Team.

Attached hereto are the following schedules:

Schedule "A" - Unit System Definition

Schedule "B" - Unit Building and Personnel Assignments

Schedule "C" - Unit Organization, Typical Unit, Typical Ward Coverage

Schedule "D" - Nursing Personnel Complement

Schedule "E" - Duties and Responsibilities of Unit Program Director

Schedule "F" - Duties and Responsibilities of Unit Nursing Services Supervisor

Schedule "G" - Duties and Responsibilities of Unit Services Coordinator

Schedule "H" - Duties and Responsibilities of Nurse Supervisor (Off-Shift)

Schedule "I" - Task Force Committee on Unit System

Our total plan will be submitted to the Department of Public Welfare for their approval; following approval we are planning to put this system into effect on January 10, 1966. Starting immediately Mr. Thurber, chairman of the Sub-Committee on Equipment and Space Needs will contact the unit program director of each Unit to determine their needs. Likewise Mr. Dean Nelson, chairman of the Sub-Committee on Records will be in contact with the unit program director and the unit teams to determine needs in this area.

The members of the Task Force Committee will welcome your comments and suggestions.

SCHEDULE "A"

UNIT SYSTEM

The unit system of institutional organization is designed to provide a physical and organizational arrangement that will encourage optimal utilization of professional and technical staff in treatment programs.

An effective unit system would involve:

1. Specification of sub-groups of the patient population as constituting treatment units.
2. Assignment of specific professional and technical staff to each unit, in kinds and numbers consistent with the needs of the unit.
3. Locating the staff in close proximity to the **patients** and to each other in order to encourage:
 - a. Close observation of patients' welfare, development, behavior, personal relationships, adjustment, etc. by each of the staff members of the unit.
 - b. Concerted evaluation and definition of the treatment needs of each patient, individually and as a group member.
 - c. Development of a treatment program for each patient in which the roles of various staff members, the techniques, and the goals are clearly defined.
 - d. Regular and frequent review of each patient's treatment, its goals, methods, and progress.
4. Giving the unit team a large degree of autonomy in defining and carrying out patient treatment programs. This is necessary for the following reasons:
 - a. Unit personnel will have the best knowledge of individual patients and their circumstances, and must therefore have immediate responsibility for program development.
 - b. It permits the unit team to take timely action in accordance with developments in the patient or in the building.
 - c. It will give professional staff members greater freedom to use their talents and ingenuity to serve the patients.
 - d. It makes members of the unit team accountable for the quality of their services to those who utilize those services; other members of the unit staff and patients.

5. Organizing each unit to make optimal use of the varying viewpoints, training, and skills of the staff, yet coordinating the team's efforts in behalf of the patient. This implies that:
 - a. Team members with specialized treatment skills should be as free as possible from routine administrative and clerical duties.
 - b. All staff members who have contact with a patient should participate in group considerations of the patient, consult with other members of the team, and play a role in treatment.
 - c. Direction of the program should be by a professional staff member qualified to weigh all information and to reach effective decisions regarding program management and treatment.
 - d. The director of the unit program is accountable for its operation and success.
 - e. Members of the unit team should be largely accountable to the unit program director for the quality of their services.
6. Providing effective leadership and advisory and supportive services to the unit team.
 - a. Responsibility for the total institution program rests with the superintendent, assisted by the clinical director and director of administrative services in consultation with the chiefs of the various therapy and support services.
 - b. It is the responsibility of this group to provide broad policy guidelines to the units and to evaluate unit functioning.
 - c. It is the responsibility of the various service chiefs to select, train, and assign unit personnel of their discipline, and to assist unit program directors to achieve the units' program goals.
 - d. It is the responsibility of the service chiefs to consult with unit personnel of their discipline and to evaluate and maintain the quality of work being done.

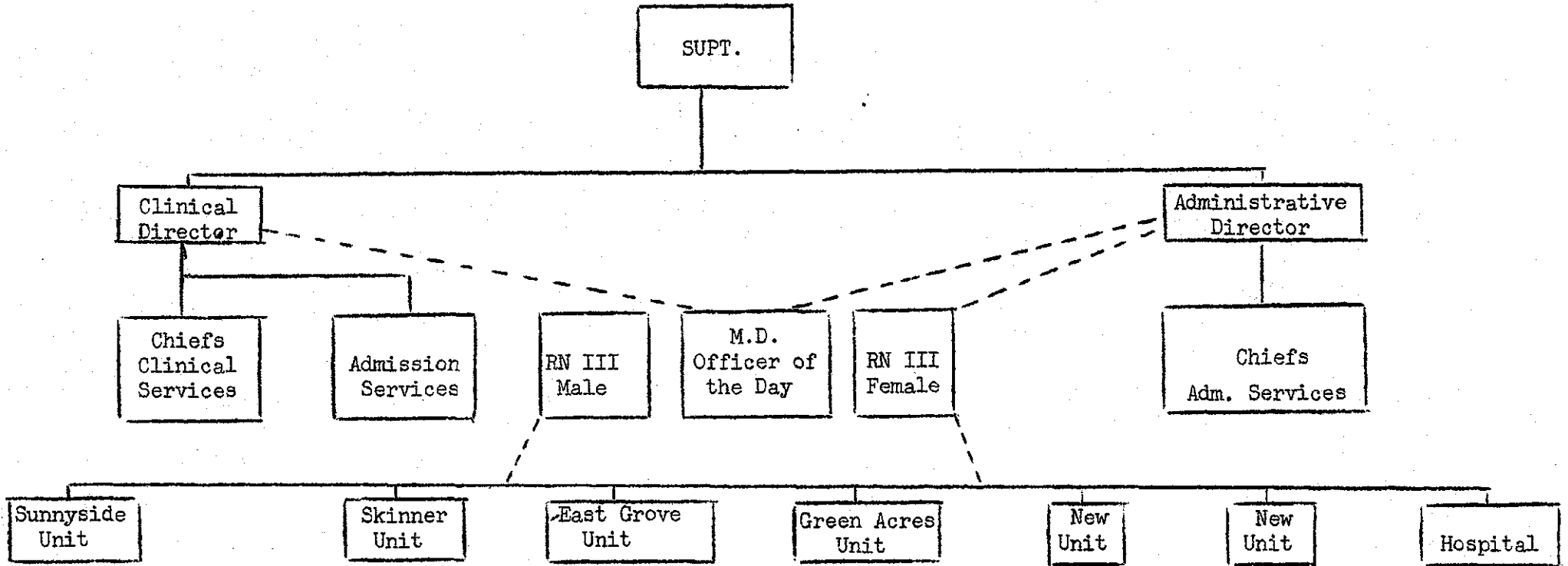
SCHEDULE "B"

UNIT ASSIGNMENTS

	SKINNER UNIT	EAST GROVE UNIT	GREEN ACRES UNIT	SUNNYSIDE UNIT	NEW INFIRMARY	NEW SCHOOL	HOSPITAL
Unit Hdqtrs.	Ivy Holly Iris Oaks	Fern Poppy Willow Daisy	Linden Cedar Maple Birch	Chippewa Pawnee Hillcrest West Sioux	Elm Dakota Hickory Seneca Dairy Springdale	Pine Mohawk Osage Rose Laurel Spruce	
Physician	Dr. Thomson	Dr. Lende*	Dr. Fedders*	Dr. Watts*	Dr. Kennedy Dr. Lightbourne	Dr. Shannon Dr. Lightbourne	Dr. Bruhl
Nurse	Mrs. Myers*	Mrs. Finstuen	Mrs. Haugh	Mrs. Goodwin	Mrs. Anderson*	Mrs. Gates*	Mrs. Hunt
Psychologist	Dr. Koh			1		1	
Social Worker	Miss Fjetland	Mrs. Stoos	Mrs. Achterkirch	Mr. Hormel Mr. Prax	Mr. Wente	Mrs. Kading	New
Rehab. - PAL	Mrs. Paquette	Miss Steeg	Miss Manning	Mr. G. Johnson	Mr. Finck	Mr. Ferguson	
PAA	Mrs. Reuvers	Mrs. Knutson	Mr. Kraska	Mr. Parkos	Mr. K. Johnson	Mrs. Fay	
OT	Miss Rapacz	Miss Warpeha	Miss Rapacz	Miss Baltes	Miss Baltes	Miss Warpeha	
HAND.	Mrs. Good	Mrs. Sterling	Mrs. Good	Mrs. Sveiven	Mrs. Sveiven	Mrs. Sterling	
School							
Chaplain							
Coordinator	1	1	1	1	1	1	1
Clerk Steno II	1	1	1	1	1	1	1
Clerk Typist I	1	1	1	1	1	1	1

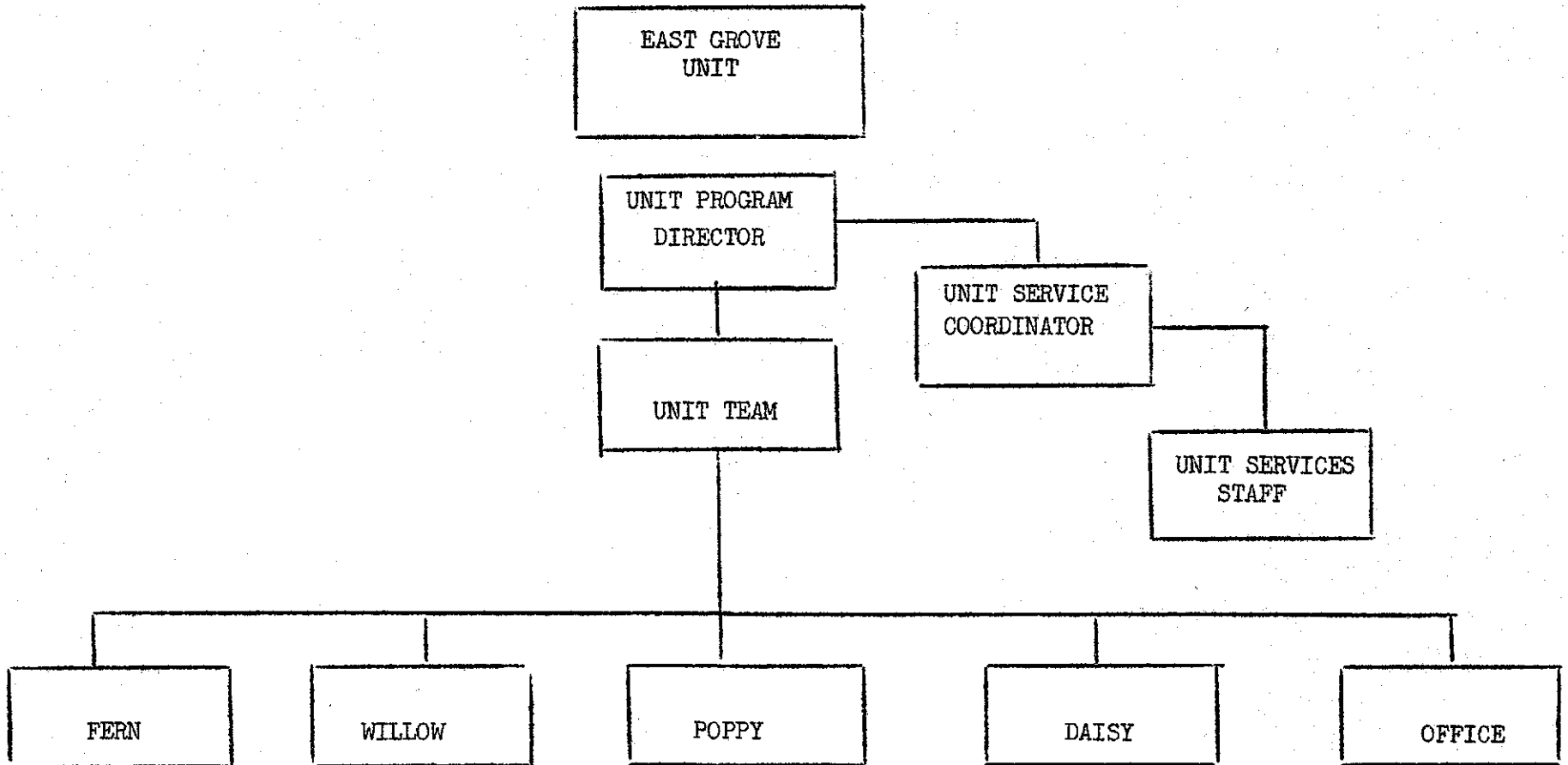
*Program Director

SCHEDULE "C"



Typical Unit

SCHEDULE "C"



Staffing according to Schedule "D"

Typical Ward Coverage - SCHEDULE "C"

East Grove
Unit

Office

Poppy

Willow

Fern

Daisy

RN III	A.M.	1				
USC	A.M.	1				
C.S. II	A.M.	1				
C.T. I	A.M.	1				
PT II	A.M.		1	1	2	1
	P.M.		1	1	2	1
	N.		1	1	1	1
	R.		1½	1½	2	1
PT I	A.M.		4	6	5	1
	P.M.		4	6	5	2
	N.		2	2	2	1
	R.		5	7	6	2
Food Serv. Supv.			1	1	1	
Custodial Worker I			1	1	1	

SCHEDULE "D"

NURSING PERSONNEL COMPLEMENT, OCTOBER 26, 1965

	Office	Hospital	Skinner	East Grove	Greenacres	Sunnyside	Granview	Center	Total
Registered Nurse V	1								1
Registered Nurse IV	1								1
Registered Nurse III	8	1	1	1	1	1	1	1	15
Unit Services Coord.			1	1	1	1	1	1	6
Clerk Steno II			1	1	1	1	1	1	6
Clerk Typist I		1	1	1	1	1	1	1	7
Registered Nurse II		17							17
L.P.N. II		3							3
L.P.N. I		10							10
Psychiatric Tech. II			18	18	18	21	19	21	115
Psychiatric Tech. I		50	48	60	93	45	82	68	446
Food Service Supervisor		3	4½	3	10	3	7½	5	36
Cook II		2							
Cook I		3							5
Custodial Worker I		3	2	3	8	2	5	6	29
	10	93	76½	88	133	75	117½	104	697

Schedule "E"

UNIT PROGRAM DIRECTOR

Responsibility: The Unit Program Director is a professionally trained and qualified person who administers the total treatment program of a unit in accordance with institution policy. He is assisted by a unit team consisting of representatives of the various professional disciplines necessary to the planning and accomplishment of the unit objectives.

Duties:

- 1) Hold, and preside at, regular team meetings.
- 2) Determine unit objectives, policies and programs.
- 3) Assigns unit personnel and their duties to implement unit programs.
- 4) Consult with administrative officers, service chiefs and team members as necessary.
- 5) Directs the evaluation of unit programs and progress in obtaining unit objectives.
- 6) Supervise the general administration of the unit.
- 7) Promote the effective utilization of unit staff and evaluate performance.
- 8) Make recommendations to administrative officers concerning changes or additions in staff complement.
- 9) Participate with other Unit Program Directors in short and long term planning.
- 10) Direct a program of general staff development.

Schedule "F"

UNIT NURSING SERVICE SUPERVISOR

Responsibility: The Unit Nursing Service Supervisor is a member of the unit team and prescribes and reviews the types, levels and methods of nursing care to be used with each patient in the unit in accordance with institution policy and direction of the Unit Program Director. The Unit Nursing Service Supervisor supervises the nursing service of the unit under authority of the Unit Program Director.

Duties:

- 1) Attend regularly scheduled unit meetings.
- 2) Consult with other disciplines represented on the team to integrate nursing programs as well as other programs with the total program of the unit.
- 3) Establish level of nursing care and procedure to be used to carry out unit decisions affecting her area of responsibility.
- 4) Instruct and demonstrate nursing skills including Psychiatric and Rehabilitative Nursing to Psychiatric Technicians.
- 5) Assist building personnel to establish a therapeutic atmosphere in the building.
- 6) Check and review regularly all nursing care and procedures, consulting with building personnel.
- 7) Evaluate quality and quantity of nursing care furnished each patient to maintain a proper level.
- 8) In the absence of a unit clinical nurse the unit nursing service supervisor will assist the physician in the examination and treatment of patients and see that the physician's orders are carried out.

Schedule "G"

UNIT SERVICES COORDINATOR

Responsibility: The Unit Services Coordinator is a member of the unit team and is responsible for providing and directing those service functions essential to the unit's operation including housekeeping, food service, patient clothing, records, administrative services, maintenance and personnel scheduling. The Unit Services Coordinator supervises these various services under the authority of the Unit Program Director, communicating needs and standards to the Building Charge. Supervision of the unit clerical staff and the unit building charges is provided by the Unit Program Director.

Duties:

- 1) Attend regularly scheduled unit meetings.
- 2) Carry out unit decisions affecting his area of responsibility.
- 3) Develop and implement systems and procedures to carry out unit objectives.
- 4) Implement standards of housekeeping prescribed by the housekeeper. Coordinate ordering of supplies and equipment necessary to maintain these standards.
- 5) Implement standards of food service prescribed by the Dietitian. Check procedures, supplies, food quality and quantity.
- 6) Insure that each patient is provided an adequate wardrobe in accordance with institution standards and that proper records are maintained of clothing to facilitate proper ordering, fitting and use.
- 7) Provide for the proper recording and storage of patient personal effects.
- 8) Provide administrative service to all unit personnel including equipment, supplies, space, storage and necessary procedures.
- 9) Implement standards for the proper maintenance of buildings and equipment in the unit as prescribed by the Building Foreman and Chief Power Plant Engineer. Review and coordinate maintenance and service requests.
- 10) Assist the Unit Program Director and Building Charges in coordinating schedules of unit personnel.

Schedule "H"

NURSE SUPERVISOR (Off-Shift)

Responsibility: The Nurse Supervisor assumes overall responsibility for a portion of the Nursing Service on a shift when the Unit Team is not on duty. This nurse is responsible for patient welfare, employee staff and facilities. The Nurse Supervisor follows the program established by the Unit Team concerning the Unit Program, Building program and individual patient program. The Nurse Supervisor consults with UPD's for daily briefings in the Units she is to supervise and gives verbal and/or written reports to the UPD's on important or unusual incidents. The Nurse Supervisor is responsible to the Director of Nursing.

Duties:

- 1) Make rounds of units and buildings assigned.
- 2) Assist building personnel as necessary in handling nursing problems.
- 3) Coordinate building requests for medical service, determine need and contact Medical Officer of the Day as necessary.
- 4) Assist buildings with group and individual patient programs.
- 5) Maintain shift coverage. Shortages of personnel should be handled by first transferring between buildings or units to cover the shift or second, contacting off-duty personnel when necessary.
- 6) Supervise nursing service personnel.
- 7) Other related duties as assigned.

TASK FORCE COMMITTEE ON UNIT SYSTEM

Clinical

Dr. Smith, Chairman
Mrs. Blomquist
Mrs. Gates
Mrs. Goodwin
Mrs. Hunt
Dr. Hugunin

Professional

Mr. Madow, Chairman
Mr. Dean Nelson
Mr. Roach
Mr. Knack

Administrative

Mr. Thurber, Chairman
Mrs. Amberg
Mrs. Myers
Mrs. Brandvig
Mrs. Haugh

General

Mr. Krafve
Mr. Saufferer
Chaplain Streufert