

DEPARTMENT of Public Welfare

Office Memorandum

TO : M.L. Kraft, Assistant Superintendent
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 Faribault State School and Hospital

DATE: May 2, 1966

FROM : Vi Hiltz, Chief
 Nursing Programs

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SUBJECT: Evaluation of Hospital Unit at Faribault State School and Hospital

The following is a composite of problem areas identified by the Nursing Education Department and myself on a recent visit to Faribault State School and Hospital. The problems are identified below, as well as possible approaches to the problems.

I. Personnel:

Approaches

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| <ol style="list-style-type: none"> 1. Too much confusion and no organization (2 flr). 2. Staff urged to use short cuts in procedures. 3. Disorganization of ward management (4 flr). 4. One staff member feels that housekeeping is job of trainees (4 flr). Older techs aren't given house-keeping chores. 5. Front office has several nursing desks with RN's - No patient care areas on main floor. 6. Resignation of LPN's recently. 7. Hospital nursing staff don't accept trainees and won't work with them. 8. Orientations 3 - 4 days after on ward. 9. No written assignments of patient. | <ol style="list-style-type: none"> 1. Definition of roles and responsibilities at each level of nursing. 2. Assignment of authority and responsibility to Nursing supervisor to work with staff on the problems in hospital. 3. In-service Education on ward administration. 4. Re-deployment of staff of front office. 5. Improvement of staff morale and cohesiveness. 6. In-service Education on Nursing case plans and use of Kardex. |
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Evaluation of Hospital Unit at Faribault State School and Hospital

II. Isolation Unit (types of patients)

Dermatitis, Boils, Infected Decubeti

Cellulitis, Draining ear, Hepatitis

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|---|--|
| 1. No masks and head wraps utilized | 1. In-Service Education on Isolation |
| 2. Dirty dishes standing around | 2. Placement and Utilization of DPW Manual on Infectious and Communicable Diseases |
| 3. Patients not confined to rooms | 3. Utilization of masks and head wraps |
| 4. All patients except Hepatitis cases are bathed in same tubs and bathrooms | 4. Control of contaminated linen |
| 5. Same isolation gown utilized for all patients except Hepatitis cases and hung up on clothes rack | 5. Use of paper cups and plates |
| 6. Staff don't wash hands between patients | 6. Install scrub sinks with foot control of water supply |
| 7. Dirty linens and laundry bags laying on floor | 7. Utilize clean isolation for each case and disposal after each use |
| 8. Employees walk to other floors of Hospital in isolation gown | 8. Decontamination procedures utilized |
| 9. Medication tray on food cart | 9. Use of disposable paper bags |
| 10. Handwashing technique carried on by use of two wash basins | 10. Use of water soluble plastic bags for linen |
| 11. Beds not scrubbed between patients. | |

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III Patient Care

1. Patients in restraints -- utilize leather cuffs and anklets without padding
 2. Plastic bottles on 4th floor, bathroom, door open, with hilex, G-11 soap, detergent and microphen.
 3. Remodeling of kitchen going on. Food carts outside door with cake on trays but uncovered.
 4. Toothbrushes hanging in rack in bathroom (SoII) some marked, others not.
 5. Stoching restraints hanging from racks in open bath room.
 6. Patient naked in seclusion room with rags given to patient to tear up.
 7. Observed childwith rectal thermometer inserted, unescorted
1. Utilize flannel restraints, according to sample I brought
 2. Locked cupboards for solutions
 3. Food coverage
 4. Utilization of electric tooth brushes and after use.
 5. Locked cupboards for restraint storage
 6. Programmed activity
 7. Procedure review

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IV Procedures

1. Cathartics on 4th floor given without Doctor's orders
 2. Notes at patients bedside on wall, not recorded at kardex
 3. 4th Floor — baths given to patients while on toilets
 4. Some areas, medications put up by one individual but passed by another
 5. Oral Hygiene rarely done.
 6. Medication cards are reused, not dated, etc.
 7. One area medications were not initialed or crossed off
 8. Urinary drainage bottles dirty
1. Charting and medical order review
 2. Greater utilization of Kardex
 3. Utilization of tubs, etc.
 4. Review of medication procedure
 5. — Needed oral hygiene
 6. — Review of medication
 7. — procedure
 8. Utilization of disposable drainage containers

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V EQUIPMENT

1. Helter, skelter storage of equipment
2. Thermometers not set up on tray
3. No emergency trays for wards
4. Disposable cath trays, Catheters and drainage bottles not utilized
5. On SII enema tray had two dirty rectal tubes on it with clean rectal tubes
6. CSR equipment and apparatus found in 3 areas of hospital

1. Inventory of equipment
Requisition slips to be utilized
2. Establish thermometer tray
3. Installation of emergency trays on each unit
4. Greater utilization of disposables
5. Workshop on care of trays and CSR equipment
6. Centralized storage and control

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VI House keeping

1. Odor in most areas of hospital
2. Chart rooms cluttered and messy
3. Many notes hanging on walls
4. Bathrooms cluttered and dirty
5. Orthopedic area disorganized and untidy

1. Greater employment of custodial workers in hospital

VII CSR

1. Some equipment sterilized but not cleaned
2. Very few disposables utilized
3. Location an out of way place
4. No check on whether not up-to-date sterilized supplies in cottages
5. No inventory control

1. Movement of CSR to OR
2. Vacant one OR -- S.W. one
3. Utilization of empty room across hall for storage
4. Install additional cupboards in vacated OR
5. Messenger pick up of supplies to CSR and pick up for CSR who would also check CSR supplies in cottages

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Other suggested approaches

1. Employment of more LPN's for Ward charges.
2. One Main Nursing station on each floor with one R.N. head nurse responsible for floor, with substations at each end.
3. Regular orientation program for each new employee and trainee to be conducted by R.N. Head Nurse.
4. Assignment of patients from Kardex
5. Installation of P.T. department — Location needs assessment. Possible movement of orthopedic patients to area close to P.T. Department.
6. Greater expansion of isolation unit
7. Admission unit for new patients
8. Nursing Supervisor and Member of Nursing Education began weekly In-service Education for Hospital staff.