

**THIS DOCUMENT IS A REPLY TO VI HILTS EVALUATION OF  
FARIBAULT HOSPITAL MAY 2, 1966**

**RETYPE FROM HAND WRITTEN ORIGINAL  
66-REH-MNH**

**Personnel**

1. Nursing assignment sheets are made out daily by R.N. on ward-number of pts. Assigned-Drs rounds-orders treatments assigned-medications etc assigned to employees and trainees on this sheet. One nurse assigned so each ward instead of one nurse covering entire floor. I don't know why 2<sup>nd</sup> floor was specifically pointed out-perhaps because I feel this most active floor.
2. Nurses on wards are there to see that employees do not use short cuts in procedures-all necessary working material are available.
3. Ortho-now moved to East II 2<sup>nd</sup> - daily observations are made to improve this.
4. At present time while we have no housekeepers this is duty of entire staff after pt care is done.
5. For some time there has been a clerk to answer telephone etc so Hospital supervisory nurse can go to wards on rounds, be with pts - take care of personnel matters with RN on floor. Has never had 2 RN on duty for office use. (at same time)
6. Resignation of LPN or other staff has not been due to morale - use of Kardex has been in use for some time. Some nurses have attended workshops on nursing care plans - are used when possible on wards.
7. This is not true at present - In past a few felt this way but these are no longer employed.
8. One employee is assigned to be sure this is done on first day on ward.
9. Written assignment forms have been mimeographed and put into use daily for all employees. In service education has been finished as first program was carried out.

**Isolation**

1. Masks and head wraps are used in contagious and infectious disease. Not necessary to use in staff and cellulitis cases
2. Dirty dishes were observed because they were to be washed and sterilized before sending to kitchen. Shortage of help this day and pt care was given before dishes were cared for. Dishes are not sterilized now before sending to kit unless it is an infectious case.
3. Pts out of Isolation and are considered clean case before they are discharged can go to day area on this ward after they are de-isolated by procedure used.
4. This is true when pt has a tub bath ordered by the Dr. but then the tub is disinfected with a effective solution - All rooms have sinks in them and other bathing is done in rooms - No stools except portable in rooms.

5. I can't believe this – Our techs have had more experience then to do a thing like this. RN and LPN on duty to enforce these procedures.
6. No excuse for dirty linens on floor – Linen bags may have been on floor as there is no direct clothes chute – A cart is used to take quite a few bags to basement through elevator after they have been double bagged – Outside bag is put on just before they are taken down.
7. This is not permitted. Employees have been told this.
8. Medication cart on wheels was made available and these are passed out before meals (On all floors)
9. This was set up because of only 2 hall sinks with running water and the distance from the rooms to the sinks.
10. These basins were not only method for washing hands – Just for rooms far away from sink. One sink – out of order for a while and never fixed although requested (water runs badly) It finally was fixed. No matter how far employees have to walk – halls sink are used and basins are not used now.
11. R.N. on floor sees that this is done – Techs understand this is important Microphren disinfectant is used also. DPW Manual is in use on Infectious and C. diseases left on 4<sup>th</sup> floor. Paper cup and plates have been ordered. Water soluble plastic bags would work out but many many would have to be used as they dissolve when wet and the bags lay a while before they are picked up. Since Isolation was on 4<sup>th</sup> – R.N. supervisor was not available on 4<sup>th</sup> at start.

#### Patient Care

1. Restraints – flannel restraints have been ordered and are made – put into use – try to use mostly or else pad other ones (leather)
2. Lock cupboards are in both bathrooms now and the utility room will have a lock as soon as the men issue it.
3. Kitchen is out of my department by naturally I am still interested in the cleanliness of food.
4. Toothbrushes – electric toothbrushes are being used. Pts may have pulled tape off as this could have been down – these would not have been used. Perm black markers are used now.
5. Supervisors and other employees stressed to also not leave these hang on beds when not in use
6. This pt. has no business in hosp – She will not leave clothes on – tears up things – she is not sick. She should go out to building.
7. Tech called away from child by Dr. tech should have removed temp stick.

#### Answer to 5

Stocking restraints are not locked up but are kept in box in linen room.

#### Answer to 6

As for programmed activity – It's hard to care for 16 pts under isolation tech by 2 employees and still work with pt as a program. Should be out of hosp. –Program would have to be set up outside of hosp. –Has program but our employees as people are afraid of her. She has not been in restraints. – Just be on guard so she may not strike you at times.

### Procedures

1. How was this determined – Some Drs have standing orders for hospitalized pts.
2. Notes removed when possible – Kardex put into use.
3. No practice – soiled pt with cast on legs was bathed on toilet. – No slab available to put pt on to bath – This will never be done again – to bad it was showed to trainees.
4. Medications stressed to be passed out only by those whom sets them up.
5. R.N. assigned to all areas to see that this is done.
6. Cards are reused on other side – are dated when made out and/or recopied.
7. Medications are not crossed off on open hospital charts – the hour is written this means they are given. The hours are just crossed off on the med sheets of pts charts that are discontinued when the med is given.
8. Disposable bags are being used – as they become dirty they are thrown.

### Equipment

1. No utility room for cleaning or maid services on 3<sup>rd</sup> floor North or 2<sup>nd</sup> floor North. Not much storage space available we try to make it look as best as possible.
2. I do not understand this – thermometers have always been on trays along with a soap pan – clean water dish – baseline dish wipes – aq zerpherian Sol. – It was discovered that using a gauze square in the bottom of the aq zerpherian made the zerpherian ineffective so this was stopped but the trays have always been in use.
3. EMG stimulant trays are on the adult wards no need for on other ward.
4. I did not know drainage bottles were available at this time – Central Supply will keep me posted and all disposable materials have been ordered.
5. No excuse for this.
6. No around the clock C.R.R. employee on duty so this equipment has to be available when people need it and close to the wards – when they need it. How would people get this equip unless relief nurse would bring it to the people C.S.R. is in basement – not near the floors. Maybe if requisitions steps were used for this a employee would have to be on duty at all times or else slips left in C.S.R.

### Housekeeping

1. Use of air wicks
2. Employees clean
3. Notes removed – put into message book.
4. Really are cluttered in some areas – we have no treatment rooms or linen rooms in some area – they are made to look as best as possible after bathing.
5. Orthopedic area is more organized and tidy. Hospital really needs more custodial help to keep it a clean area.

### C.S.R.

1. This has been reviewed and each article is re cleaned as it enters C.S.R.
2. Disposables are being used.
- 3.
4. Nurses in units asked to check these by C.S.R. tech.

5. Messenger service is now under way.

**Other Suggestions**

1. L.P.N. not applying
2. R.N. responsible for each station on each floor now.
3. R.N. works with new employee for 1 week days and 2 - 10:30 shift - trainees are orientated by R.N. on each station.
4. This is being done - they refer to them after they know who they are to care for from the written assignment sheets.
- 5.
6. Toilets needed in rooms, sterilizer for utensils, linen chute drop from 4<sup>th</sup> floor, more sinks in hall, hooks for gowns.
7. This being studied - they are admitted to medical hosp wards now.
8. In service classes have been completed for hospital - will again be reviewed when other units are completed.

Mrs. Hunt

**RETYPE FROM HAND WRITTEN ORIGINAL  
66-REH-MNH**