

TO: David J. Vail, M.D.
 Medical Director

FROM: Dr. Russell Barton
 Visiting Consultant Psychiatrist

SUBJECT: Confidential Report on Visit to Brainerd State Hospital 8/23/67

Mr. Lucero and Dr. Russell Barton visited Brainerd State Hospital on Wednesday, August 23, 1967. Their objectives were:

1. For Dr. Barton to make independent ratings of a sample of ward living conditions to test consistency of ratings made by Dr. Vail and Joe Lucero in April, 1967.
2. To compare 1967 ratings with those made in 1965, the principal instrument for ward rating being the ward rating scale developed by Vail, Barton, and Lucero in 1965. This consists of a questionnaire which is filled in by ward staff. From the completed questionnaire, the wards are rated and then a sample of wards visited to check reliability of answers.
3. To discuss the implications of the changes noted in Ward Living Conditions with principal officers: Mr. Peterson (Administrator), Mrs. Eckstrom (Director of Nursing), Father Tyson (Chaplain), Mr. Russ Burton (Maintenance Engineer), Dr. David Willenson (Psychologist) and Mrs. Alvira Hiltz (Chief, Nursing Programs); and to formulate the nature and content of an afternoon meeting with selected hospital staff which they consider would be most helpful in furthering the aims of the institution and Central Office.

We were received with cordiality and kindness at Brainerd State Hospital, and every help and facility was given us.

Buildings #5,6,7,8,19 (Cafeteria) were inspected and the rating scale found to be consistent and reliable. Improvement has occurred both in ward living conditions and in some groups of patients. Unfortunately, we were not able to see the operant conditioning program in action, since our tour of the wards began at 10:45 A.M. and the programs were suspended for lunch. The large amount of solicitous importuning encountered "Do you know my name" or "Look (admire what I've got)" suggests the programs still fall short of individual care directed at improving social adaptation.

A particularly ingenious incentive was the itemized chart of patient behavior, publicly displayed in Ward #10. Bedmaking, Good Grooming, Behavior, and Meals were the headings across the top and stars awarded to each patient according to performance. A further notable achievement was the arrangement of tables in the cafeteria (Building 19) so that, as patients improve in their eating habits, they move to better tables. Incentive to move to tables with more prestige is provided by enthusiasm of staff.

The Foster Grandparents scheme and college students activities were witnessed in action. Discussions with foster grandparents and students reveal the obvious that success and satisfaction or failure and frustration

are functions of the personality of individual foster grandparent or student. The initial orientation course is appreciated. Maybe brief refresher periods and inclusion in one or two pertinent, purposive discussions by program leaders would be worth considering.

In the afternoon, we met with heads of departments, program leaders, nurses, psychiatric technicians, and Mr. Peterson (Administrator). The purpose of the meeting: To enable staff to scrutinize their practices, to examine their objectives and discuss ways and means of achieving them.

The meeting was dominated by Mr. Peterson who acted as spokesman. Presumably he felt a personal responsibility to prevent silences but in acting as spokesman reduced the role of others present to passive onlookers rather than active participants. However, there was general agreement with most of the points made.

The afternoon discussion group was rather too large to allow usual group techniques.

PROCEDURES AND DISCUSSION

Scores from the 1965 and 1967 ward rating scales with graphs to show raw scores and gradient of changes were distributed and the significance of these changes was discussed. The importance of alignment of goals for all members of staff was emphasized.

It was generally felt that improvements at Brainerd had been achieved by:

1. The introduction of programs.
2. Increase of number of staff.
3. Staff were getting incentive and reward from feedback from improvements in patients' behavior.
4. The reorganization of social workers.
5. The decentralization of medical records.
6. Weekly meetings of a "cabinet of supportive services" to discuss patient care.
7. Increasing exercise of ingenuity and effort to overcome obstacles by psychiatric technicians.

In discussing Patient-Staff ratio it became apparent that the general feeling was that the reduction of number of patients per ward was preferred to increasing numbers of staff -- but both reduction of patients and increase of staff were deemed necessary.

Opportunity was taken to congratulate staff on their achievement.

CONCLUSIONS

Improvements indicated on the scales were confirmed by this visit.

OBSERVATIONS

The contribution (success or failure) of the Operant Conditioning program requires further evaluation.

Unconscious obstructions to programs need identifying, wherever possible, and correcting, e.g., Foster Grandparent Program may be obstructed by poor matching of patient and grandparent -- e.g., assigning a frail arthritic foster grandparent to an overactive child.

The level of psychiatric and medical skill with the present consultant or call system may present problems from time to time.

One gets the impression at times of an uneasy equilibrium between senior staff. Psychiatric technicians and nursing staff impressed us with their dedication and devotion.

More planned activities so that each child has as full a program of interests and occupations as possible seem desirable.

Appendix I: Details of changes in Ward Living Conditions at Brainerd State Hospital, 1965-1967.

Appendix II: List of suggested improvements made by staff.

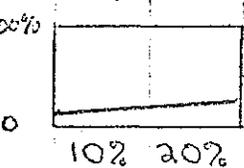
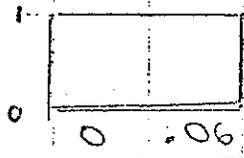
BRAINERD

- 15 -

<p>NUMBER OF DORMS LOCKED ALL DAY.</p> <p style="text-align: right;">10A</p>	<p style="text-align: center;">1965 1967</p> <p style="text-align: center;">.80 .67</p>
<p>NUMBER OF PATIENTS IN SECLUSION PAST MONTH.</p> <p style="text-align: right;">11F</p>	<p style="text-align: center;">3.8 1.1</p>
<p>PERCENT OF PATIENTS ALLOWED A NAP.</p> <p style="text-align: right;">12</p>	<p style="text-align: center;">50% 78%</p>
<p>PERCENT OF PATIENTS ALLOWED TO WATCH TV AFTER 10:00PM</p> <p style="text-align: right;">15</p>	<p style="text-align: center;">1% 7%</p>
<p>NUMBER OF PLANTS ON WARD.</p> <p style="text-align: right;">17AB</p>	<p style="text-align: center;">9. 20.</p>
<p>WHEN IS BEDTIME?</p> <p style="text-align: right;">20</p>	<p style="text-align: center;">9 PM 11 PM</p> <p style="text-align: center;">9:10 9:45</p>
<p>PERCENT OF PATIENTS ALLOWED UP AFTER BEDTIME.</p> <p style="text-align: right;">21</p>	<p style="text-align: center;">52 50%</p>
<p>WHAT TIME ARE PATIENTS UP IN THE MORNING?</p> <p style="text-align: right;">22</p>	<p style="text-align: center;">9 AM 6 AM</p> <p style="text-align: center;">6:45 6:58</p>
<p>WHAT TIME IS BREAKFAST?</p> <p style="text-align: right;">23A</p>	<p style="text-align: center;">8 AM 7 AM</p> <p style="text-align: center;">7:28 7:37</p>

B

NUMBER OF PICTURES. 24AB	
PERCENT OF PATIENTS WITH PLACE FOR POSSESSIONS. 27A	
PERCENT OF PATIENTS WITH LOCK. 27B	
NUMBER OF WINDOWS WITHOUT CURTAINS. 28	
NUMBER OF SNACK ROOMS 29	
NUMBER OF IRONS. 31	
NUMBER OF WASHERS AND DRYERS. 32	
NUMBER OF POP MACHINES 37	
NUMBER OF WATER COOLERS. 38	

PERCENT OF PATIENTS WITH ACCESS TO TOILETRIES.	
NUMBER OF FULL LENGTH MIRRORS.	

CHANGES IN WARD

LIVING CONDITIONS

1965-1967

APPENDIX II. LIST OF SUGGESTIONS FOR IMPROVEMENTS MADE BY WARD STAFF
IN ANSWER TO QUESTION #47 IN APRIL, 1967.

QUESTION 47: WHAT THINGS WOULD YOU LIKE TO SEE IMPROVED ON YOUR WARD?
(Listed in the Order of Frequency)

More staff to train patients in table manners, personal grooming, bed making,
housekeeping in bed area, social graces, personal hygiene, less
tension and aggression
More soft furniture: benches, sofas, chairs
Fewer patients per ward
Cabinets and shelving for storage space for storage of clothing
Volunteers to activate patients
Lawn swings, slides, picnic tables and chairs
Furniture to fit the type of residents using it
Clothing marked with residents' names and in proper sizes
More supplies for general care of patients
More remotivation equipment
Minimum two technicians on each ward for first and second shifts
More recreational items in building
Need of a constant source of toys
Smaller units for small group therapy
Place near dining area for washing hands before meals
Recreation time indoors and outdoors
Curtains and drapes
Hassocks for geriatric wards
More basic clothing: underwear, socks, trousers, shirts
Games, phonograph records, chairs, tables, TV for basement
Non-disciplinary places for privacy
Seats on toilets
Custodial clothing-room lady
Shopping tours, fishing trips, picnics, etc.
Three full-length mirrors for good grooming classes
Fenced area for boys to play in
Building re-designed for youngsters