

RETYPE FROM THE ORIGINAL

PROGRAM COMMITTEE

November 30, 1967

Present: Mr. Madow, presiding; Rev. Streufert; Mr. Knack; Mrs. Nethery; Dr. Smith

Excused: Mr. Nelson

This meeting was devoted mainly to a discussion of disciplinary measure used on patients in this hospital.

Skinner

The Committee discussed the Skinner Team minutes of 10-4-67, which Rev. Streufert brought up their attention, in which was the following excerpt:

A discussion was held regarding the statement of patient seclusion compiled and submitted to the team for its reviewal. It has been discussed and reviewed with Dr. T. Smith. His statement reads as follows:

Placing a patient in seclusion as a form of treatment is a serious matter. It must not be done unless the physician believes it is for the benefit of the patient and/or for the benefit of the group of which the patient is a part.

Reasons for seclusion should be stated on the Progress Notes.

The physician is fully responsible for ordering seclusion and for terminating it.

It is his responsibility to see the patient each day he makes rounds.

It is in most cases not advisable for visitors to see the patient until after his period of seclusion is terminated. A multiplicity of visitors tends to confuse the patient and nullify whatever value seclusion might have.

If the physician wishes some member of the staff to visit the patient while he is in seclusion, he will request the person to do so.

Anyone of the staff who feels he can benefit the patient by visiting him in seclusion should first consult the physician.

The Unit Director should be consulted on all matters concerning seclusion and her opinions should be given high priority.

The Committee decided there should be a way to appeal a doctor's order for seclusion if they feel it is necessary. Mr. Madow reported this can be done by any team member through the Clinical director and the Superintendent.

Mrs. Nethery stated her point of view that seclusion beyond and emergency measure is punishment, not discipline.

There are no seclusion rooms in Skinner except in Holly, which are used for short-term seclusion.

Mr. Madow asked if a doctor's order was needed to transfer a patient from one building to another. Mr. Smith stated one is not needed.

Mrs. Nethery stated that we should have some place in this institution to handle severely mentally disturbed patients. In the hospital there are no people trained to help these patients. We also have no facilities to care for them.

The Committee decided there is an indication that we need to in some way rewrite the policy for seclusion so that in some way it might reflect a little more group decision. If not more group decision, there should be more use of channels for appeal.

In Skinner when patients have done something wrong, there are restrictions placed their privileges and there is counseling with that individual. Holly seclusion rooms are used for seclusion for one day to three weeks. Poppy is used seldom. Rev. Streufert stated that Poppy is used maybe twice in six month. The hospital is usually used for disturbed patients.

East Grove

In most areas disciplining is handled right in the building. Most of the time they are controlled by medication. It is rare when a patient is placed in Poppy for disciplining. Mrs. Nethery stated that she thought the people at Poppy are very well qualified for seclusion of patients. Dr. Smith stated that he thought there was hardly any dehumanization at Poppy.

Sunnyside

Dr. Smith reported there has been a great improvement in Sunnyside for disciplining patients. The seclusion rooms are two rooms in West Cottage. They are used very seldom for disciplining. Discipline is usually just loss of privileges.

Grandview

Mr. Madow reported on his discussion of discipline with Mrs. Anderson. She stated there are warnings given and sometimes privileges are suspended for three days. After three days, there is an order written. Usually they do not have to use restrictions. A

warning is often sufficient or speaking sharply to some patients helps. Seclusion is used only for those who are severely disturbed; it may be for one day to an indefinite time. The kinds of problems they have to handle re being disciplined very well. Dakota is rarely being used for other units now. Mr. Madow stated he got the feeling from some technicians that they are being treated as second class persons because they are being threatened by the patients.

At the conclusion of the meeting the Committee decided the following should be discussed at a later date:

1. The revision of the statement of policies on seclusion.
2. When is it appropriate and who will decide to transfer patients to other residences, such as mental hospitals?
3. Uses of the hospital for seclusion.
4. Reports on the use of seclusion and discipline in the Green Acres and Center Units by Mr. Nelson and Mr. Knack.

Recorder,

cc: Dr. Engberg
Mr. Krafve
Unit Program Directors

Marilyn Meese

67-PRC-FSH

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