

Faribault State Hospital

Mrs. Dorothy Goodwin, Unit P r o g r a m Director August 26 , 1969

Eric Errickson, Inst , Prog. Coordinator

Sunnyside Program Goals

On a brodd scale there have been tremendous improvements in programming for residents in Sunnyside during the past year. There has been an overall reduction in number of residents, in the hospital there is less overcrowding, there are more human kinds of facilities in which people live, there has been a greater involvement in nursing staff in self-care and training programs, as well as enthusiastic development of vocational training, day activity centers, and numerous other kinds of things which go about making Sunnyside a better place to live now than it was previously.

A brief discussion of program developments in Sioux West and Hillcrests:

It was felt that these programs are very adequately preparing male residents for community placement as well as doing vocational training, social and personal hygiene training within the institution. To be particularly commended I think are Mr. Meili for his rather outstanding development of the ability to handle clothes in his residence. He has developed this futher than any other staff group on the hospital grounds and he does an exceptional job in many areas; Mr. Donaldson's star arrangement in terms of scheduling and involvement in resident programs has been picked up and is being used in many other areas of the hospital. The development of this is an administrative coup, as are the very outstanding programs which are being run by his technicians; and Mr. Van Lear at Hillcrest continues to develop special resources which allow for appropriate training and treatment, care and recreation of his residents • The Crestview Park is an outstanding example of his endeavors in this particular area, as is the upstairs recreation room.

Essentially the programs that would seem to be in most difficulty would be those in Chippewa buildings and Pawnee. It is well known that these buildings require development of self-help skills, motor training, sensory training, and require excellent staff-patient ratios in order to be successful. The DAC's this summer wore fine. There is every indication that the staff has developed skills in working with residents; the big problem seems to be, will they have the time. The partial answer was given by Mrs. Nethery in that she is going to try to schedule some trainees in those areas, and she will also try to supplement the staffing which is poor. However, it is also recognised that the Sunnyside staff itself must expand ways in which staff can be utilised to also establish DACs and continue these programs.

The Program Coordinator for the institution made a number of suggestions which may or may not be relevant, but would point to some possibilities and also some solutions which other areas have utilized in meeting this problem.

1. Staggered staffing: It may be possible by starting one man early, one man at 8:00 a.m., another man at 1:00 p.m., and another man at 2:30 p.m., to gain some periods during the day when DAC's could be staffed.
2. Mrs. Goodwin has already acted on this one. It would seem that a great many of the duties that involve the technicians involve getting people to and from areas for clinic visits, etc. I think within the Unit office a strong escort service could be established which would alleviate the ward staff of many of these needed trips. I think you can pull any resident workers that you have that are capable of doing the job, and to do this I think that might ease the ward staff responsibilities greatly.
3. I think a look should be taken at what, in fact, technicians are doing. On-going in this area are some very outstanding looks at how staff members are using their time, as being done in Green Acres. I think it behooves all staff to look at the way they are starting to meet some of their staffing problems. Essentially I do not see large amounts of staff being added to Sunnyside so that if we are to continue to develop needed self-care training programs for residents, we can find ways in which to use staff that we currently have.
4. Another alternative is community placement. The more residents that are put in the community, the less residents you have in the buildings to take care of, and the more staff time can be devoted to the residents who remain. Sunnyside Unit is going to attempt to place 35 residents in the community this next year. X would like to see them hit 50 or 60 and I would suggest that this is a very real possibility as you're a very discharge-oriented group. On an overall basis I think we've got to continue to develop vocational programs which will be of benefit to your residents, and we've got to develop a relationship with DVR which will assist in vocational training both in and out of the hospital.

Thank you

EE:1b

CC: Dr. Johnson

Mrs. Nethery

Mr. Sanborn

Mrs. Jacobson