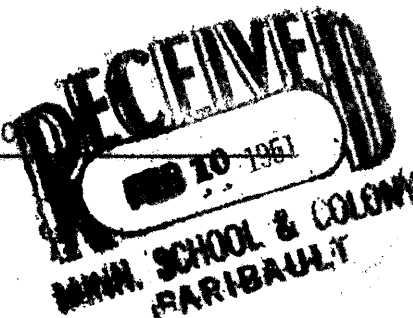


minutes of

SUPERINTENDENTS' MEETING * * ADMINISTRATIVE SESSION



Thursday, January 18, 1951

Hotel Radisson, Minneapolis

Present: Dr. Edmund Miller Dr. Burton Grimes Dr. James Garvey
 Dr. Milton Brown Dr. Henry Hutchinson Mr. Arthur Smith
 Dr. Nelson Bradley Dr. R. J. Gully Mrs. Constance
 Dr. W. L. Patterson Dr. John Reitzmann Carlgren
 Dr. Magnus Petersen Dr. Richard Anderson

Absent: Dr. Ralph Rossen
 Mr. Carl Jackson
 ✓ Dr. E. J. Engberg

The meeting was called to order by Dr. Magnus Petersen, who presided in the absence of Dr. Rossen.

Dr. Petersen asked for the reports on the population figures which each superintendent had been requested to bring to the meeting.

Dr. Patterson reported that Fergus Falls State Hospital has an average population of 1864. On July 1 their patient load was 1950, and on that day 1943 patients were hospitalized. During the last year 350 beds were added. Dr. Patterson said that the correct ratio of square feet per patient was 60, and he estimated that they have 30 square feet in use.

Dr. Petersen reported that every night they had to place 99 cots in the corridors as well as having 114 beds in day rooms and hallways.

Dr. Miller reported that they have 54 beds in day rooms, and that in some wards they had 24½ square feet per patient and in other instances it was as low as 14 square feet with no room between the beds.

Dr. Hutchinson said that they had had to place patients on the service floor without supervision.

Dr. Grimes reported that they had a population as of that date of 2376, which figure includes 246 patients in ADI. He estimated that they were 50% overcrowded, and stated that each two bed room contains 3 beds.

Dr. Brown reported that at Hastings State Hospital the two women's wards were overcrowded.

It was reported that Minnesota School and Colony was overcrowded by over 400 patients.

Dr. Reitmann reported vacancies at Sandstone State Hospital.

Dr. Miller reported that they are accepting patients with tuberculosis from Fergus Falls State Hospital as rapidly as possible, and that nine or ten patients would be received by transfer within a week, completing the transfer of patients with tuberculosis from Fergus Falls.

Dr. Patterson reported that the two wards that will be empty as the result of this transfer will be used for the total push program. Transfer of patients with tuberculosis has reduced his population from 2005 to 1943.

Dr. Miller announced that ambulance service would be available to all the hospitals through Anoka State Hospital. That institution has a new ambulance which contains one stretcher and two seats. The hospital using the ambulance will furnish the attendants needed when the ambulance is in use.

Dr. Petersen reviewed the number of existing vacancies in the institutions.

Dr. Reitmann reported that he would have approximately 60 vacancies but has no personnel available to take care of 60 additional patients.

Dr. Miller reported that he had vacancies for tuberculosis patients only.

Dr. Bradley said they would have vacancies if 99 women and 104 men with tuberculosis could be transferred.

Dr. Grimes has 64 men and 68 women patients with tuberculosis to be transferred.

Dr. Bradley reported that when his new building was opened he would have a capacity for 60 patients.

Dr. Brown stated that he would have a capacity for 40 patients when his receiving building is opened.

Dr. Miller said that Anoka State Hospital would be able to take 100 more tuberculosis patients at a rate of 10 a week.

There was discussion as to the matter of redistricting for the additional receiving hospitals which will be reflected in a change of the total population at Fergus Falls State Hospital.

Dr. Reitmann discussed the problem of mass transfer to Sandstone State Hospital, as it involves a personnel transfer which presents many difficulties. If the hospital transferring patients transfers personnel, the personnel, in many instances, are not anxious to change because of family situations and a desire to remain in their present location.

Dr. Garvey raised the question of the value of the affiliate student nurse programs. The student nurses receive maintenance and a small stipend. Civil Service and some legislators would like to have an expression as to what each hospital gets in return for the training of student nurses. One question that was asked was, "Do the student nurses return to the state mental hospital when they complete their training?"

Dr. Hutchinson said that the hospitals received more than an adequate return from the student nurses during their period of affiliation in terms of direct services to the patients. The affiliate nurse program relieves the personnel work load, and Dr. Hutchinson felt that it was good public relations to carry on such training programs. He mentioned that in the future the State Board of Nurses would require psychiatric nurse training before the State Board examinations were given. The superintendents of the other three receiving hospitals who maintain an affiliate nursing program were in agreement with Dr. Hutchinson's views and were in favor of extending the program provided that trained personnel for adequate training could be obtained and housing could be provided.

Dr. Anderson mentioned the possible availability of two trained psychiatric nurses to be placed on the Central Office staff.

The matter of the administrative assistant classification was brought up. It was felt that the qualifications might have been set up too high and might overlap the business manager functions. It was decided that this matter could be held for further review and consideration. However, Mr. Smith said that the classification has been established and Dr. Petersen felt that on a functional basis there should be no conflict between the two positions.

The question was raised as to whether or not the budget requests had been mailed to the superintendents. Mr. Smith will check and see if this has been done and if these are ready will see that each superintendent receives his copy.

Dr. Grimes asked if copies of the Attorney General's opinion on cases from YCG and voluntary admittances of minors could be sent to all superintendents.

The matter of the sharp rise in the budget for drugs and biologicals was discussed. The increase in these items is due to the increased therapy and the use of new drugs and biologicals in specialized care and research. It was decided that if relatives would request experimental treatment such as cortisone, the relative could be asked to pay for the material.

The matter of the payment for consultation services on a fee basis or part time basis was discussed.

Dr. Miller said that there was some feeling on the part of consultants who had been on a fee per day basis and then were shifted to a fractional basis, which meant that they were spending more time for less money.

Dr. Gully and Dr. Miller discussed some of the problems they encountered in setting up consultation services. Contracts would be drawn in specialties and when the need arose the men were not available and consequently before a substitute could be called it was necessary to make out another contract for the substitute consultant. This delays services which are needed on an emergency basis.

The equalization of the salary range of the psychiatric social worker I with that of the psychologist was the next item on the agenda. Equalization was asked for because each classification requires a Master of Science degree.

It was brought out that there were similar responsibilities on a functional level in each worker's job performance. There was unanimous consent for equalization of salaries of the psychiatric social worker I with that of the psychologist in the hospital.

Dr. Miller raised the question if it was necessary for the clinical psychologist to have a Ph.D. It was pointed out that the psychologist with the Master's degree was not qualified to give therapy, and that that was the function of the clinical psychologist, and the feeling was that the qualifications as set up, which contain the Ph.D. requirement, should prevail.

Dr. Anderson discussed the subject of specialization in the recreational field. It was pointed out that the classification of recreational leader I or II would not have the qualifications that personnel in the specialties would have, such as art and music. It was thought that if special titles were used, such as Art Therapist and Music Therapist, it would raise the level of recruitment. It was also stated that all types of functions of patient activity programs should come under the supervision of the Patient Program Supervisor, but the specialties such as art and music should be separate and on a Recreational Therapist II level, as there has been too much tendency to place such classifications in the category of Recreational Therapist I. It was mentioned that there were classifications set up at present for art and music therapists. However, the salary range was too low. The final recommendation of the group was that there should be specialty classifications set up as auxiliary services and adjunctive to Recreational Therapy. The salary and qualifications should be comparable to those of an Occupational Therapist I and II.

The item of electric shock treatment at Minnesota School and Colony was not discussed because of Dr. Engberg's absence.

Dr. Anderson said that Dr. Rossen was meeting with Dr. Kolb on lobotomy research. He mentioned a plan to use a rating scale for follow-up and the measurement of improvement.

Dr. Grimes said that Fergus Falls State Hospital has developed a rating scale which he felt was excellent. Dr. Anderson thought that this same scale could be used by a psychiatric aide. Dr. Petersen brought out the importance of differentiation of the various types of lobotomy in any study.

Dr. Anderson will obtain a supply of the rating scales and send copies to each superintendent before the next meeting for their evaluation.

There was a general discussion as to the problem of furnishing the University of Minnesota with cadavers in those instances of death where the patient has no relatives. It was brought out that the superintendent was not absolved of responsibility if he is unable to find the relatives and they later turn up, even though the law says that a "reasonable" effort has to be made. A dead body is considered real property and belongs to its heirs. It was felt that it would be a good plan to have the University either revise the law so that the superintendents would be protected or provide a blanket bond for them.

The meeting adjourned at 5:00 p.m.