

PATIENT ACTIVITIES SURVEY
DIVISION OF PUBLIC INSTITUTIONS
STATE OF MINNESOTA

March, 1953

Introduction

During the summer of 1951 the Sub-Committee on Recreation of the Governor's Advisory Council on Mental Health proposed that a survey be conducted of the Patients Activities programs in ten Minnesota state hospitals. In August of 1951 the Council recommended that such a survey be conducted through resources of the Division of Public Institutions central office. This proposal was made before the Mental Health Operating Committee (in lieu of a Commissioner of Mental Health) in June, 1952. The project was approved and a sum of \$350 subsequently set up for expenses so involved.

In accordance with the Minnesota State Department of Administration Contract Number E-1866, Mr. Albert L. Meuli was commissioned as Analyst to assist in the compilation of data for the survey. Mr. Meuli at that time was a graduate student in hospital recreation at the University of Minnesota. He also has had previous recreation leadership experiences in the Washington State Hospitals.

Procedure

Mr. Albert Meuli, Analyst and Mr. Fred M. Chapman, Patient Program Supervisor II visited together each of the ten state hospitals. So that an unprejudiced viewpoint would be assured, special precautions were taken so that Mr. Meuli was not informed, advised or oriented in advance regarding particular hospital programs. The two raters (Mr. Chapman and Mr. Meuli) observed each hospitals's activity program and facilities. The two ratings (A and B) were secured by interviews with the Patient Program Supervisor and the Patient Activities Leader II.

Through this questionnaire procedure it was felt that accurate estimates were made of the individual programs, since both raters were experienced and skilled in the field of hospital recreation with one being employed in the Division of Public Institutions and the other pursuing graduate study at the University of Minnesota.

There was a high inter-rater reliability in nearly all of the 102 items investigated. In the ranking of the ten hospitals according to total points earned, there was complete rater agreement in the ranking of two hospitals, a one point discrepancy in the case of seven hospitals and a five point discrepancy in the case of a remaining hospital.

The check list form was originally compiled through resources of the Sub-Committee on Recreation of the Governor's Advisory Council on Mental Health. The original list was slightly revised for more appropriate use with the Minnesota State Hospitals.

Appreciation and recognition is hereby extended to Mr. John Hawkinson, Supervisor of Psychological Services, Division of Public Institutions and Mr. John Pearson, Clinical Psychologist, for their advisement and counsel in the makeup and computation of data. Hospital superintendents also assisted in reviewing of the check list form.

After the original observational and interviewing activities, data ~~was~~ computed and translated to readily readable work sheet forms. Some items on the check list were considered to be more meaningful and valuable (by the raters) than others with consequent numerical weights being assigned. The weight times the individual rating on a one to five point scale constituted "points earned" by each hospital on an item. Items were then analyzed and reassigned into pertinent areas with grades on A, B, C or D bases being assigned to the performance with each of the sixteen areas. The total possible points earnable represented the "ideal" hospital recreation program and amount to 1155 points. Grand totals earned by individual hospitals ranged from 727 through 942 points.

All areas covered in the check list could be appropriately applied to practical use in any of the ten Minnesota state hospitals. However, due to differences in types of patients, a few factors in the check-list would not apply ordinarily to the Cambridge State School and Hospital and the Minnesota School and Colony at Faribault. In an itemized review of the questions this fact should be borne in mind.

Conclusions

A ready means of comparison may be derived from a brief study of Form A which is specially computed for each hospital. The comparative scores indicated near the termination of each of the sixteen areas indicates a grade standing for the hospital in question. Scores received by other hospitals are also briefly summarized. In most cases, there is near agreement in the points specified by each rater for any one item.

In all cases, the statements and questions are addressed in regard to Patient Activities departments only.

Some general conclusions that may be derived from the project are as follows:

1. The meaningful comparability and rating of progress might be achieved if all hospitals were again queried with the same check list in another year or specified period of time.
2. None of the hospitals as yet have secured an "ideal" hospital recreation program for patients. Various weaknesses and strengths exist that need appropriate attention.
3. The strengths and weaknesses in the Patient Activities programs reflect efficiency and effectiveness of the Patient Activities personnel in both the local hospitals and central office. In

certain ways, progress of the program is tied up with other personnel factors and resulting need for closer medical supervision.

4. Maximum coordination of services and higher ratings were obtained by those hospitals that now have Patient Program Supervisors responsible for program direction.
5. The major areas in need of more attention and improvement at all hospitals are:
 - a. Program Evaluation
 - b. In-service Training
 - c. Basic Plans, Policies and Goals
6. The major areas that earned the higher general ratings are:
 - a. Utilization of Work Schedules and Organizational Charts
 - b. Program Balance Regarding Wards and Patients
 - c. Supervision

Form A

MARCH, 1953

A - Outstanding C - **Fair**
B - Good D - **Poor**

I. BASIC PLANS, POLICIES AND GOALS							
A1	Does the Patient Activities program operate with written policy?	+	8	6	3.6	2.8	10
A2	Is there effective machinery for policy compliance ?	+	15	15	10.5	12.3	15
D1	Is there an overall basic hospital recreation plan ?	+	5	4	3.7	3.6	5
D2	Do these plans establish specific goals to be met ?	-	4	2	7.0	6.8	10
D3	Does the plan provide a chart for operation and realistic goals?	-	1	1	2.3	2.0	5
D4	Have the needs for service been established on a long range basis?	A	3	5	3.7	4.7	5
D5	Have areas of priority been assigned for guidance of Patient Activities personnel	-	8	8	9.4	9.0	10
TOTALS		+	44	41	40.2	41.2	60
Comparative Score: _____ C _____							
Distribution of Scores obtained by other Hospitals:							
A _____; B _____; C 7 ; D 2							
II. COORDINATION AND COOPERATION WITH DISCIPLINES							
C1	Is the medical program known and understood?	-	12	12	11.7	12.3	15
C2	Is recreation program coordinated with medical program?	-	12	16	15.6	18.4	20
C3a	Is there program coordination with nurses?	+	20	20	19.2	19.2	20
C3b	Is there program coordination with psychiatric aides?	+	12	12	10.8	12.0	20

PATIENT ACTIVITIES SURVEY
DIVISION OF PUBLIC INSTITUTIONS
STATE OF MINNESOTA

Page 2

INSTITUTION MINNESOTA SCHOOL AND COLONY

MARCH, 1953

II. COORDINATION AND COOPERATION WITH DISCIPLINES (Cont.)

C3c Is there program coordination with occupational therapists? ?

C3d Is there program coordination with other personnel?

TOTALS

Comparative Score: C

Distribution of Scores obtained by other Hospitals:

A 3 ; B 2 ; C 3 ; D 1

III. SUPERVISION

G2 Is action taken on suggestions made by appropriate authority?

F6 Does head patient activities leader discuss with staff the performance of duty in terms of shortcomings and contributions?

G1a Is there supervision plan of staff in performance of daily duty?

G1c Is there supervision plan of conduct of recreational activities?

TOTALS

Comparative Score: A

Distribution of Scores obtained by other Hospitals:

A 5 ; B 1 ; C 3 ; D

IV. IN-SERVICE TRAINING

C3 Does the staff utilize pertinent incoming publications?

G6c Is literature brought to attention of staff members?

G7 Are books and journals available for staff use?

G7a Is system of assigned reading for staff use practiced?

G7b Is staff library of resources kept up to date?

POINTS EARNED		AVERAGE OF ALL HOSPS.		Total Possible Points
Rater		Rater		
A	B	A	B	
3	6	11.1	11.4	15
8	6	7.2	8.8	10
67	72	75.6	82.1	100
8	8	8.0	8.6	10
8	10	8.2	9.4	10
8	8	7.6	8.4	10
5	5	3.8	4.2	10
29	31	27.6	30.6	35
4	10	6.0	7.8	10
8	10	7.4	8.8	10
8	10	8.4	9.0	10
3	6	4.2	5.4	15
8	10	7.0	7.4	10

PATIENT ACTIVITIES SURVEY
DIVISION OF PUBLIC INSTITUTIONS
STATE OF MINNESOTA

Page 3

INSTITUTION MINNESOTA SCHOOL-AND COLONY

MARCH, 1953

IV. IN-SERVICE TRAINING

- G4 Are regular Patient Activities staff meetings held?
- G5 Have clinical meetings been attended by personnel in last month?
- G6b Is effort made for staff to attend professional meetings?
- G6a Is in-service training designed to broaden technical fields?
- G6d Are activity demonstrations held for Patient Activities staff?

TOTALS

Comparative Score: __, __ B;

Distribution of Scores obtained by other Hospitals:

A ; B 1 ; C 6 ; D 1

V. UTILIZATION OF WORK SCHEDULES AND ORGANIZATIONAL CHARTS

- B1 Are organizational charts and staff assignments in use?
- B2 Are time schedules developed and used?
- D6 Are plans specific to permit establishment of work schedules?
- F3 Are daily assignment schedules prepared in advance?

TOTALS

Comparative Score: A

Distribution of Scores obtained by other Hospitals:

A 7 ; B 2 ; C ; D .

VI. STATISTICAL RECORDS,, REPORTS AND FILES

- B3 Are accurate statistical records maintained?
- B4 Are statistical records forwarded to proper offices?

POINTS. EARNED		AVERAGE OF ALL HOSPS.		Total Possible Points
Rater		Rater		
A	B	A	B	
20	20	16.0	15.6	20
15	12	12.3	9.3	15
15	15	12.6	13.8	15
16	16	10.4	9.6	20
6	3	6.9	5.1	15
103	112	91.2	91.8	140
15	15	11.5	12.0	15
10	10	9.2	10.0	10
5	5	4.6	4.6	5
10	10	9.8	10.0	10
40	40	35.1	36.6	40
6	6	10.5	10.8	15
4	10	6.8	7.8	10

PATIENT ACTIVITIES SURVEY
DIVISION OF PUBLIC INSTITUTIONS
STATE OF MINNESOTA

Page 4

INSTITUTION MINNESOTA SCHOOL AND COLONY

MARCH, 1953

VI. STATISTICAL RECORDS, REPORTS AND FILES (Cont.)

- B5 Are records on patients' progress maintained?
B6a Are files current covering administrative materials?
B6b Are files current covering technical program materials?
D11a Are records maintained regarding patient response?

TOTALS

Comparative Score: B _____
Distribution of Scores obtained by other Hospitals:
A 3 ; B 5 ; C 1 ; D _____.

VII. VOLUNTEERS

- G1b Is there an effective plan of supervision of volunteers?
C4 Is the activities program in which volunteers participate planned and supervised by Patient Activities personnel?
E1 Are Patient Activities staff relationships with volunteers satisfactory?
E2 Are volunteers utilized to best advantage of program?
E3 Can additional volunteers be effectively used in program?
E4 Are volunteers kept to minimum so supervision can be provided?
E5 Have guides to improve volunteer services been developed?
E6a Are volunteers reliable?
E6b Are volunteers efficient?
E6c Are volunteers on time?

TOTALS

Comparative Score: _____ C _____
Distribution of Scores obtained by other Hospitals:
A 2 ; B 1 ; C 2 ; D _____.

POINTS EARNED		AVERAGE OF ALL HOSPS.		Total Possible Points
Rater		Rater		
A	B	A	B	
2	2	5.8	4.4	10
10	10	9.2	9.4	10
15	15	12.7	13.5	15
1	1	2.2	1.5	5
38	44	47.2	47.4	65
4	5	3.7	4.0	5
8	6	8.0	9.0	10
10	6	8.2	8.4	10
2	2	7.4	8.0	10
5	4	4.7	4.9	5
5	4	4.2	4.8	5
10	8	7.0	7.6	10
2	2	4.3	4.2	5
4	4	4.5	4.0	5
2	2	4.0	4.2	5
52	43	52.0	59.1	70

PATIENT ACTIVITIES SURVEY
DIVISION OF PUBLIC INSTITUTIONS
STATE OF MINNESOTA

Page 5

INSTITUTION MINNESOTA SCHOOL A COLONY

MARCH, 1953

VIII. PROGRAM COVERAGE

- Iln Is relative emphasis by types of patients given to day and night program?
- IIIi Is relative emphasis by types of patients given to holiday program?
- Ilj Is relative emphasis by types of patients given to seven-day week scheduling?
- Ilk Is relative emphasis by types of patients given to inside and outside of hospital grounds events?
- Ill Is relative emphasis by types of patients given to seasonal activities?
- D8a Are activities provided during mornings?
- D8b Are activities provided during afternoons?
- D8c Are activities provided during evenings?
- D8d Are activities provided during weekends?
- D8e Are activities provided during holidays?

TOTALS

Comparative Score: A _____

Distribution of Scores obtained by other Hospitals:

A 1 ; B 4 ; C 2 ; D 2

IX. PROGRAM INFORMATION

- D9a1 Is a hospital newspaper used to inform patients?
- D9a2 Are bulletin boards used to inform patients?
- D9a3 Are oral announcements used to inform patients?
- D9b Does program show that staff has used imagination?

TOTALS

Comparative Score: _____ B _____

Distribution of Scores obtained by other Hospitals:

A 3 ; B 5 ; C _____ ; D 1

	POINTS EARNED		AVERAGE OF ALL HOSPS.		Total Possible Points
	Rater		Rater		
	A	B	A	B	
+	15	15	12.0	9.6	15
+	20	20	14.8	13.6	20
+	16	16	10.0	10.4	20
+	10	10	9.6	8.4	10
+	10	10	7.6	9.4	10
+	10	10	10.0	9.6	10
+	10	10	9.6	10.0	10
+	12	15	12.0	11.7	15
+	16	16	11.0	12.0	20
+	20	20	16.8	14.4	20
	139	142	113.4	109.1	150
+	15	15	13.5	11.7	15
+	2	2	7.0	6.4	10
+	8	8	6.0	6.6	10
+	8	8	5.8	6.0	10
	33	33	32.3	30.7	45

INSTITUTION MINNESOTA SCHOOL HID COLONY

MARCH, 1953

X. PROGRAM EVALUATION

- DlOa Has plan been established for evaluating activities?
- DlOb Are checks made to insure that patients receive suitable service, consistent with medical policy?
- DIOc Are activities analyzed to determine objectives?
- DIOd Is evaluation of emphasis placed upon activities to determine whether or not emphasis should be shifted?
- DIOf Does evaluation produce true picture of program adequacy?

TOTALS

Comparative Score: D _____
 Distribution of Scores obtained by other Hospitals:

A _____; B _____; C 2 : D 7

XI. PROGRAM BALANCE REGARDING WARDS AND PATIENTS

- Il1a Is relative emphasis by types of patients given to on-ward services?
- Il1b Is relative emphasis by types of patients given to off-ward services? _
- Il1c Is relative emphasis by types of patients given to Individuals?
- Il1d Is relative emphasis by types of patients given to groups?
- Il1e Is relative emphasis by types of patients given to active phases?
- Il1f Is relative emphasis by types of patients given to spectator phases?
- Il1g Is relative emphasis by types of patients given to a variety of activities within the capabilities of patients?
- D7 Is patient participation stressed in the Patient Activities program?

TOTALS

Comparative Score: B _____
 Distribution of Scores obtained by other Hospitals:

A 1 ; B 7 : C 1 : D _____.

POINTS EARNED		AVERAGE OF ALL HOSPS.		Total Possible Points
Rater		Rater		
A	B	A	B	
4	6	3.4	4.6	10
2	2	6.2	7.4	10
6	6	6.4	6.8	10
10	8	8.4	7.8	10
3	5	2.5	3.0	5
25	27	26.8	29.6	45
15	12	11.4	12.0	15
10	10	9.0	8.8	10
10	6	7.8	6.8	10
10	10	8.8	9.6	10
9	15	12.3	13.2	15
6	8	8.8	8.2	10
8	10	7.8	9.2	10
9	9	14.1	13.8	15
77	80	80.0	81.6	95

Page 7

MARCH, 1953

POINTS EARNED		AVERAGE OF ALL HOSPS.		Total Possible Points
Rater		Rater		
A	B	A	B	
2	2	7.0	6.7	10
3	3	4.1	3.5	5
3	3	6.9	6.9	15
8	10	7.8	8.8	10
10	10	8.4	9.8	10
4	5	4.5	4.9	5
30	33	38.7	40.6	55
15	15	10.5	11.5	15
15	15	7.8	10.2	15
10	10	9.6	9.8	10
5	5	4.7	4.7	5
45	45	32.6	36.2	45

TOTALS

Distribution of Scores obtained by other Hospitals:

A_3 : B_4 ; C _ ; D _____

TOTALS

Distribution of Scores obtained by other Hospitals:

A 1 : B 2 ; C 2 ; B 3

PATIENT ACTIVITIES SURVEY
DIVISION OF PUBLIC INSTITUTIONS
STATE OF MINNESOTA

Page 8

INSTITUTION MINNESOTA SCHOOL AND COLONY

MARCH, 1953

XIV. USES AM) ACQUISITION OF SUPPLIES, EQUIPMENT, ETC.

B8 Are major needs reported with appropriate justifications?

H1 Are supplies and equipment on hand to satisfy minimum needs?

H2 Is maintenance of facilities adequate to needs?

H3 Is maintenance of facilities in accordance with established policies?

H4 Is equipment repaired promptly?

H5 Is equipment repair effectively done?

H6a Is there an effective method for distribution of supplies?

H6b Is there an effective method for checking in and out of equipment?

H6c IS there an effective method for storage of equipment?

H6d Is there an effective method for maintaining records of equipment?

H8 IS equipment used so that there is not a surplus on hand?

H9 Are supplies requisitioned in advance of program needs?

H10 Does head patient activities leader have knowledge of funds available?

H11 Does head patient activites leader participate in preparation of budget?

TOTALS

POINTS EARNED		AVERAGE OF ALL HOSPS.		Total Possible Points
Rater		Rater		
A	B	A	B	
5	5	4.6	4.4	5
15	15	13.5	14.4	15
8	10	8.0	8.8	10
4	5	4.1	4.8	5
5	4	4.1	4.0	5
5	5	4.6	4.9	5
12	12	12.0	11.4	15
10	8	6.8	7.4	10
15	15	10.5	10.5	15
6	6	6.8	7.0	10
15	15	13.5	13.8	15
5	5	4.5	4.8	5
10	10	7.4	7.6	10
15	15	12.3	12.6	15
130	130	112.7	115.4	140

Comparative Score: A _____

Distribution of Scores obtained by other Hospitals:

A 2 : B 3 ; C 4 : D _____

PATIENT ACTIVITIES SURVEY
DIVISION OF PUBLIC INSTITUTIONS
STATE OF MINNESOTA

Page 9

INSTITUTION MINNESOTA SCHOOL AND COLONY

MARCH, 1953

XV. ENVIRONMENTAL FACTORS

- B7 Are periodic surveys made to determine major needs?
H7a Is proper emphasis placed upon safety and fire measures?
H7b Is proper emphasis placed upon sanitation precautions?

TOTALS

Comparative Score: B _____
Distribution of Scores obtained by other Hospitals:
A _____; B 9; C _____; D _____.

XVI. PROFESSIONAL TRAINING AND RATIOS

- J1 Do members of Patient Activities staff possess college degrees in recreation or related fields?
J2 Is Patient Activities staff ratio in accordance with recommended psychiatric personnel ratios?

TOTALS

Comparative Score: _____
Distribution of Scores obtained by other Hospitals:
A 1 ; B 3 ; C 5; D _____.

POINTS EARNED		AVERAGE OF ALL HOSPS.		Total Possible Points
Rater		Rater		
A	B	A	B	
4	5	3.2	3.0	5
5	5	4.8	4.5	5
4	4	4.3	4.5	5
13	14	12.3	12.0	5
6	6	10.8	10.8	30
8	8	12.0	12.0	20
14	14	22.8	22.8	50