54 - PMD - DPW
State Inst Gen - Supt. Mtng

Faribault

MINUTES OF HOSPITAL SUPERINTENDENTS' MEETING

January 5, 1954

117 University Avenue
St. Paul, Minnesota

Mr. Leirfallom opened the meeting, asking for the opinions of the superintendents as to the type of meeting they would like to have.

Mention was made of the quarterly meetings that have been held in the past where the meetings were divided into two parts; administrative and medical, and the transactions of each meeting were published.

It was suggested that it would be a good idea to have a superintendents' council and it was proposed that there would be an equal number of superintendents and psychiatrists outside of the system. In the discussion, several reactions of the hospital personnel to central office policies, procedures, and personnel were noted:

a. Central office personnel seemed not to have enough contacts directly with the institutions, in the institutions, and there, thus, was a lack of familiarity on the part of central office personnel with the day-to-day problems of the institutions.

b. There is a lack of information about central office organization and personnel in relation to function.

c. Agendas are prepared for meetings but they are seldom completely run through.

d. Minutes or some record of transactions should go out to the participants after each group meeting.

ORGANIZATIONAL MATTERS

Charts and Personnel Planning

The superintendents were requested to make their organizational charts for the coming fiscal year. They will be revised by individual and collective conferences to establish the pattern.

The legislative budget should be ready to be presented before July 1, 1954. Personnel planning should be based on appropriated population for the next fiscal year and the biennial request follow this same pattern with the additions of what is needed and justification for the additions.

The first presentation of the organizational chart will be made at the next superintendents' meeting which will be held on Monday, February 1, 1954 at 117 University, first floor conference room, beginning at 10:00 a.m. Following this meeting Mr. Lappegaard will schedule the various superintendents for individual conferences regarding their organizational pattern.

Assistant Hospital Superintendent Positions

Mr. Leirfallom said that there had been some criticism of the fact that there was an eligible list of persons qualifying for this position.

At the present time there are only two hospitals who have these positions filled. There was discussion as to the functions and role of the assistant hospital superintendent in relation to the superintendent and clinical director. It was agreed that the terminology of the title was misleading because when the superintendent is away from duty the clinical director acts in his place.

It was suggested that a letter be sent to Dr. Chambers asking him for his ideas as to the functions of the position.

Dr. Patterson explained the various responsibilities and functions of Dr. Freeman, clinical director, and Mr. Hoffman, assistant hospital superintendent. It was decided that Dr. Freeman and Mr. Hoffman be invited to attend the meeting to be held on February 1, 1954 and present to the superintendents their views on this team approach.

Medical Director

Mr. Leirfallom said that it looked very hopeful that we would be able to obtain the services of Dr. Dale Cameron of the United States Public Health Service in the near future. The only deterrent so far in negotiations was the matter of Dr. Cameron obtaining licensure in this state.

Legislative Planning

Mr. Nichols said that the consolidated budget is $100,000,000.00 and that the department has more than one-half of the state employees. He commented that the grant-in-aid program budget would not increase and possibly would show a decrease. However, he felt that the mental health program needs should be stressed. He asked the superintendents to show their ultimate gains on a long term plan in relation to their biennial request. He stated that in our requests we should be in a position to substantiate and clearly explain the needs.

Policy Regarding Living on the Grounds

It was brought out that there was no set rule as to who should live on the grounds. The usual criterial used in determining this is whether or not the person is subject to call when they are off duty. In any event, the superintendent is the person who makes the decision in this regard.

Mr. Leirfallom mentioned that the President would recommend in his message, that State and Federal employees be covered by Social Security. Thirty-eight states have Social Security for their state employees. Minnesota does not.

Every two years the State Retirement Association has an election. Mr. G. Warren Peterson has consented to be a write-in candidate from the Department of Public Welfare. Many state employees have voiced their opinion that they would like to be covered by Social Security, and Mr. Peterson represented this viewpoint. This will not have any effect on the retirement system. The total rate, if it goes through, will be greater.

The Commissioner said that there will be a conference on mental health research, called by the Council of State Governments to be held in Detroit, Michigan, February 8 and 9. Governor Anderson will attend and has asked the Commissioner to go as well. The Governor would like to have a hospital superintendent and several others attend with him. The group was asked for suggestions and Dr. Magnus Peterson's name was proposed and there was assent to the suggestion. Dr. Burton Grimes was named as alternate.

Plans for the Mentally Deficient

Dr. Douglas and Mr. Angster reported on their recent survey of the facilities at Sandstone State Hospital in relation to its possible use as a hospital for the mentally deficient. They reported that it would involve a great deal of reconstruction with attendant loss of space for about 100 beds.

Dr. Douglas reported on the physical renovations and the fact that such use of the institution would permit handling of fewer patients than can now be accommodated. Both he and Mr. Angster commented on the problem of patient help in the institution that would inevitably follow if the patients were selected from the waiting list.

Mr. Angster reported that the latter policy was the only one he could advocate under any circumstances because the difficulties attendant upon any transfers from Cambridge or Faribault are not only administratively difficult, but are very damaging to the patients. The degeneration of the mentally deficient patients now at Sandstone was cited as an example in this latter connection.

As of the present, there are 648 mentally deficient on the waiting list with 200 of them low grade under the age of 5. Another, approximately, 200 are low grade over 5 and under 16. Mr. Angster was requested to figure the cost of remodelling and the cost of the personnel increase which will be absolutely necessary for this type of patient.

Dr. Grimes of St. Peter State Hospital asked when the mobile unit would be scheduled for St. Peter State Hospital. It was brought out that at the present time the technician was making a survey of the x-ray facilities and techniques. They are using one unit at the present time, but when they obtain a better unit which is expected, the present one will be dismantled. The use of the better unit is dependent upon obtaining a truck from the Minnesota State Sanitorium. As soon as these two things have been accomplished, a schedule will be drawn and each institution will be notified as to what time the mobile unit will be at their institution.

NEW COLLECTION AND COMMITMENT LAWS

Mr. Chapado said that all voluntary patients in the hospital on December 31, 1953 are in the process of review as to their ability to pay, in view of the fact that some determination has to be made within 10 days from the first of January.

There was a discussion as to the definition of the receiving unit as to whether it was a process or a place. The various superintendents gave the capacity of their receiving unit and in most instances the money was appropriated and earmarked for a receiving unit. The following is the bed capacity in the various receiving units:

Moose Lake	128
Anoka	60
Hastings	30
St. Peter	110
Fergus Falls	101
Rochester	108
Willmar	60
Sandstone	16

It was pointed out that the capacities at each institution could be reduced by designating either a floor or a unit as the receiving unit and use the rest of the building for the patients in the general population. This could be done if it could be determined that a patient admitted to a receiving unit went through a process instead of the patient being placed physically in a designated unit. Many patients from the general population are placed on the receiving unit for the following reasons:

1. Maximum security
2. Lack of space
3. Transfer for labor
4. Escape
5. Medical or surgical treatment
6. Return of the provisionally discharged patient.
7. Transfer from surgery to another hospital.
8. Acceptance of the mentally retarded for surgery.

Mr. Leirfallom asked that an attorney general's opinion should be asked as to whether admittance to the receiving unit would be defined as a process or a place.

There was discussion of the fee schedule which is similar to that of the University of Minnesota Hospital. It was pointed out that the item shock therapy, $7.00, was not defined as to whether it was electric or insulin shock. It was mentioned that they do not use insulin therapy at the University of Minnesota on Station 60. It was also brought out that insulin shock therapy is an expensive process and should be billed at a higher rate than the $7.00.

Dr. Petersen asked if an examination prior to admission of a voluntary patient would be considered as an outpatient clinic charge. It was decided that there would be no charge fixed for this service. If the voluntary patient seeks admission it might be well to have the county welfare board obtain the information and the financial background before admittance.

Several of the superintendents discussed the need for malpractice insurance because it was felt that under the collection laws they would be more liable than they were before. No decision was arrived at in this regard.

Payment for Prosthetic Appliances

Payment for prosthetic appliances will be billed to either the relative or the county welfare board after the appliance has been purchased.

Census Questionnaire

Mr. Feider pointed out that there were two replies, Moose Lake and Sandstone. Moose Lake has 200 patients that can be placed under ideal circumstances. Dr. Hutchinson pointed out that the list would shrink over a period of time. The purpose of the census is to see how many patients can be placed on the outside in order to make room for Sandstone patients in the planning of the facility for mentally deficient patients. However, it was brought out that the nursing homes in this state will only accept a clean, tidy, person in good condition. If the patient does become momentarily disturbed they are returned to the institution. It was decided that superintendents should make their own referrals and plan with the counties on a selective case basis.

Referrals to counties

Mr. Brown said that the guide sent out would be used a little longer to test its usability. Some of the counties have reported that they have received no referrals so far and some counties are reporting that patients who have been released to relatives later come to the welfare board office and the office has no previous information on that. They would like to receive information on the patients who are being released. It was mentioned that they could have this same information if they worked with the judge of probate who receives the names of all patients on provisional discharge for that county. However, some county welfare boards do not work well with the judge of probate and other methods would have to be devised.

The last attorney general's opinion, dated November 20th, concerning Chapter 732 was sent to the superintendents who feel that the law still needs clarification. This clarification will be asked of the attorney general.

Dr. Hutchinson wanted to know if it was the right of the FBI to check on patients. Mr. Leirfallom mentioned that there had been a precedent established for such investigation. However, in cases that required investigation, the District Attorney clears with the Commissioner before he makes the visit to the institution.