

Attachment #1

SUPERINTENDENTS' MEETING HELD AT MINNESOTA STATE SANATORIUM  
Ag-gwah-ching  
June 24, 1954

1. Opening Remarks

Dr. Cameron opened the meeting and gave a brief report of his recent visit to several of the mental hospitals and Gillette State Hospital.

He commented on his observance of the excellent attitudes of the staff shown to the patients at Gillette State Hospital and noted that each child was treated as an individual. He also mentioned his amazement at the remarkable job the staff in the various mental hospitals were doing in face of serious staff limitations.

He felt that it was a good idea for the superintendents to meet each month to exchange information and bring together their ideas and suggestions for the further improvement of the hospital program. The superintendents may also wish to suggest items that should be brought to the attention of the Mental Health Medical Policy Committee.

Mr. Leirfallom expressed his gratification that the agency now has the services of Dr. Cameron as Medical Director. He indicated his belief that under Dr. Cameron's direction, the mental health program as well as the other medical service programs would be greatly strengthened and expanded.

Mr. Leirfallom then introduced Dr. Donald Hastings and thanked him for the valuable assistance that he has given to this agency in the execution of the mental health program. Mr. Leirfallom said that Dr. Hastings had given freely of his time to assist with problems in this program.

2. Reports

a. Mental Health Medical Policy Committee

Dr. Hastings reported on the two meetings of the above Committee and enumerated the membership as follows: Dr. Donald Hastings, Minneapolis, representing psychiatry, Dr. F. J. Hirschboeck, Duluth, representing internal medicine, Dr. J. L. Bollman, Rochester, representing physiology, Dr. L. R. Critchfield, St. Paul, representing pediatrics and Dr. A. B. Baker, Minneapolis, representing neurology.

Dr. Hastings stated that the first meeting was devoted to organization of the group, at which time he was elected Chairman and Dr. Cameron was made an ex-officio member and Secretary. The group defined their functions as being purely advisory to Mr. Leirfallom and to Dr. Cameron.

They asked that the preparation of the agenda be done by Dr. Cameron.

Mr. Leirfallom told the group that they should feel free to visit the hospitals in order that they become aware of their problems as well as their on-going programs.

Dr. Hastings reported that the second meeting was devoted to a review of the various research project requests for studies to be carried out in the fiscal year 1954-55. The Committee established three criteria as a basis for its recommendations:

- (a) Relation of the problem to the mentally ill.
- (b) Scientific merits of the project.
- (c) The quality and competency of the investigator.

The recommendations on the various projects with assigned priorities were submitted to Mr. Leirfallom and Dr. Cameron

It was brought out that the Mental Health Medical Policy Committee strongly favors expanded research in the state mental hospitals and hopes to obtain a larger budget for this purpose.

Dr. Hastings, speaking as a member of the University of Minnesota faculty, stated that he was tremendously interested in developing a residency training program. He would like to see, in addition some short, post-graduate courses initiated in the various specialties for the staff of the state mental hospitals.

He extended an invitation to the group for July 13 at 8:00 a.m. at Station 60 at University of Minnesota Hospitals to hear a discussion on new drugs used in psychiatry.

b. Meeting on State and Interstate Mental Health Programs

Dr. Hutchinson reported on this meeting which was called by the Councils of State Governments and held May 24, 1954, at French Lick, Indiana. Eleven states were represented and several legislators attended. It was concluded that emphasis should be placed on training and consultation so that proper materials may be provided for legislators. He read a resolution which was unanimously indorsed recommending a survey on training and research in order that this information might be placed before the various governors.

c. Midwestern Conference on Mental Health

Dr. Reitmann reported on the above meeting held June 7 and 8, 1954, at Indianapolis, Indiana. He read Dr. Blaine's letter which outlined the development of interstate relationships for the midwestern states.

Each governor in the midwestern states will be requested to appoint a committee to survey the training and research needs in the mental health programs. The information collected will be presented at a Governors' Conference in the fall called by the Council of State Governments so that the Governors of the Midwestern area will be informed as to the facilities that are available and the needs that are still to be met.

It was also brought out at this meeting that plans for an interchange of training might well be arranged between states. The training could be done for several states by one state which excels in a particular program.

### 3. Survey of State Mental Hospitals

The superintendents were unanimous in their belief that a survey of state mental hospitals would be very worth while at this time. Two possible mechanisms were discussed: 1) inviting the A.P.A. to make the survey, or 2) establishing a "Governor's Committee" composed of recognized professional personnel and key legislators to carry out this activity. It was brought out that if an inspection were made by the A.P.A. it was most likely that the Minnesota hospitals would not receive "approval." Further, it was considered unlikely that the A.P.A. could undertake a survey within the next year.

The possibility of a Governor's Committee was next discussed and Dr. Cameron presented the following names for consideration by the superintendents:

Dr. Hastings	-	University of Minnesota
Dr. Rome	-	Mayo Foundation
Dr. Guthrie	-	U. S. Public Health Service
Miss Hester Crutcher	-	Psychiatric Social Worker, New York State
Dr. David Shakow	-	Clinical Psychologist, Public Health Service
Mrs. Shield	-	Nursing Consultant, California
Rev. Frederick Norstad	-	Minneapolis
and		
two Minnesota legislators		

It was indicated that if such a committee were formed they might meet in the latter part of July or early August to formulate their objectives and outline the methods to be used. Dr. Guthrie would be available to collect detailed information during the months of October and November. The Committee might then be reconvened in early December to review Dr. Guthrie's findings and to draw the major conclusions and recommendations. This material would be useful in connection with the coming biennial budget requests. The final report would probably be available several months later in time to be useful in developing the biennial budget request for the years 1957-59.

Dr. Petersen recommended the addition of a neurologist and internist to the above information. Dr. Engberg recommended a person from the field of mental deficiency.

It was the consensus of the group that this was the preferable mechanism though this was not a unanimous opinion. Dr. Hastings indicated that if such a committee were formed it might well operate under the aegis of the Mental Health Medical Policy Committee. This item is to be placed on the agenda for the next meeting of the Policy Committee.

#### 4. Patient Funds

The Superintendent of each hospital submitted data on the number of patients with sufficient funds to assist in paying for hospitalization.

Attached is a compilation by hospital of these data.

#### 5. Miscellaneous Administrative Questions

##### a. Discharge of Special Category Mental Patients

It was recently reported that some Y.C.C. wards, prison parolees and mental deficiency wards of the state have been released without notification to the agency having cognizance of these patients.

Various hospital superintendents mentioned the way they "ticket" their face sheet and index card on these cases. Dr. Hutchinson, Dr. Grimes and Dr. Bradley were asked to draft a suggested uniform plan to assure proper handling of these cases for consideration at the next meeting.

##### b. Immunization of National Guard Personnel

Several months ago the National Guard requested that the state hospitals give immunizations to their personnel. This request was presented at a previous superintendents' meeting and the various superintendents were asked to check with their local medical societies and their own staff to see what their thinking was in this regard. The superintendents reported on the local practices in this regard and it was their consensus that no major problem exists. In some areas, the medical company of the National Guard does the work. It was the opinion of the group that it would be well for us not to become involved in this program.

##### c. Release of Medical Information by Hospitals and Clinics

The hospitals are required by law to furnish information to the county welfare boards prior to the discharge of patients. The question of the amount of information that should be released was the matter for discussion. A year ago last August, Dr. Kamman, Mr. Bjornstad, Mrs. Carlgren

and Mr. Hawkinson met to arrive at a policy as to the release of confidential information. Mr. Brown sat in on the discussion and following this meeting drafted a directive to his field representatives and the county welfare boards as to the type of information they would receive. (This has not been released.) A form was prepared for use in releasing information to welfare boards concerning discharged patients or those about to be discharged. No diagnosis is given but there is a place in which behavior may be described. It is necessary to obtain the permission of the patient or a relative of the patient in order to release any confidential information. Such permission is obtained routinely on admission at Gillette State Hospital and Walker. It should be obtained in similar fashion at all mental hospitals and clinics.

d. St. Paul Family Center Project

The group was informed that the St. Paul Family Center Project had arrived at a hard core of cases which have been known to multiple agencies and who have been in a constant period of dependency of one kind or another. It is probable that a substantial number of these families may have or may have had a member in the mental hospitals. Since the Project is designed to make an all-out effort to reduce the number of cases in this "hard core" it is likely that some of our hospitals may be asked to furnish information on some of the clients within this group. The superintendents were asked for their cooperation in connection with this Project.

e. Narcotics Record Inspection

Dr. Cameron, in his recent visits to the hospitals, noted that the narcotic and barbiturate control systems appeared to be good. He asked the group whether or not Federal personnel should be called in to inspect the narcotic and barbiturate control carried on in the various state hospitals to the end that a spot check be made and recommendations obtained for any improvements in the control systems.

The group felt that this might not be considered as a "must" as far as the Federal Narcotics Agency is concerned. They were agreed, however, it would be desirable to request that agency to make such an inspection.

f. Out-of-State Travel Requests

Mr. Leirfallom said that we had as a budget for out-of-state travel for the coming fiscal year the following amounts:

Administrative travel	\$2,000
Institution elective travel	\$6,000
Central office travel	\$3,000

Mr. Angster will allocate these funds to institutions on an equitable level after reviewing their requests. The travel requests will be given a priority rating and after acceptance by the Department of Administration, Mr. Angster will notify the hospitals as to the approved out-of-state travel.

Mr. Leirfallom mentioned that he would see the governor in an effort to make available to this agency more funds for trips where personnel have been invited to speak at National Conferences. It was advocated that each professional person be allowed one trip to attend a professional meeting each year. Present funds will not permit such a policy.

It was also mentioned that the Sixth Mental Hospital Institute will be held in the fall at Minneapolis and blanket approval for the registration will be requested by the Central Office. The registration amounts to \$50.00 for the first person in an institution and \$25.00 for each additional person from that institution. In other words, each superintendent need only notify the Central Office as to the people he wishes to attend and the latter will consolidate the requests and seek blanket approval.

g. Malpractice Insurance

The question of malpractice insurance for superintendents and staff was discussed. Previously, Mr. Bjornstad told the superintendents and staff that they were acting as agents of the State and as such could not be sued in the field of malpractice. Realistically, however, this has not held true. It was brought out that Minnesota has the second highest malpractice insurance rate in the country which was due to the liberality of the verdicts of the courts.

Dr. Cameron will attempt to obtain information from the United States Public Health Service as to their group policy and will explore the question of such insurance with American Psychiatric Association and the data obtained will be presented the Minnesota Medical Society at a future meeting.

h. Medical Staff Hours

In the discussion, there were various opinions expressed as to how the forty-hour week might be carried on. Each hospital has its own practice designed to fit the needs of available staff. Most physicians are spending well over forty hours per week without complaint. The discussion then turned to the question of availability of housing and furniture for staff members. It was apparent from the discussion that the question of overtime spent by physicians was not a matter of dissension, but that the other two factors mentioned above were of greater importance.

i. Conflict in Meeting Dates

It was brought out that there were several types of meetings on a national, regional and local level which should be a matter of notification to the central office so that plans for local or regional meetings would not be in conflict with other previously scheduled meetings. The superintendents were asked to inform the central office of any meetings they might be planning in order that conflicts in scheduling may be reduced to the minimum.

j. Budget Control of Payroll

Concern was expressed by some of the superintendents that they would have to dismiss a few employees on July 1 in order to bring their projected personnel budgets within the appropriation and without taking account of anticipated savings. Mr. Chapado indicated they could carry forward on July 1 all personnel that could be covered by the personnel appropriations after making a reasonable estimate on anticipated savings. In other words, an unequal quarterly apportionment is acceptable if not too extreme.

The superintendents asked that the hospitals be given this policy in writing. It was also suggested that all business managers meet with Mr. Holtan prior to the submission of budgets.

Mr. Chapado mentioned that he had sent out instructions to all business managers concerning budget control of payroll and that the hospitals will have to anticipate their needs well in advance of their occurrence. He brought out the fact that the legislators expect a 5 percent return of unexpended funds in the payroll item. He predicts that this Department will return less than 2 percent.

k. Waiting List

Should committed patients over 65 years of age be assigned to hospitals by the Central Office on the basis of bed vacancies throughout the State, or should the present policy of assignment be continued?

The question posed above was discussed freely by the superintendents who felt that the assignment of senile patients could not be on the basis of bed vacancies throughout the State due to many complicating factors. It was the consensus that seniles should be assigned to the hospitals that are designated as their receiving district. However, the practice of notifying all hospitals as to the patients on the waiting list should be continued in order that a few may be assigned to hospitals outside the patients' receiving district when beds are available.

1. Uniform Discharge Report

The Central Office recently sent to the hospitals a suggested form for making reports to the Probate Court, etc. This form was scheduled for discussion, but the item was passed over in view of the time limitations. Each superintendent was asked to submit his views to the Central Office.

6. Planning for the Care of Senile Patients

Where is the best place to provide the basic care needed by senile patients at the minimum cost? State Mental Hospital? Nursing Home? Chronic Disease Hospital? Special Ward of a General Hospital? Other? In comparing costs of care in a mental hospital with other facilities, should the general per diem be used for senile patients or should a separate per diem be calculated?

There was a general discussion of these questions. One superintendent felt that most seniles, particularly those who are disturbed, should pass through the State Hospital for a work-up and an evaluation following which he could be recommended for placement in a Nursing Home if appropriate. It was also brought out that the cost of care for bed patients is substantially higher than for ambulant patients. Further, larger institutions have a cost advantage in that fixed overhead charges may be distributed over a greater number of patients.

St. Peter State Hospital reported that they had considered 379 cases coming from 42 counties for possible placement. Of that number, 284 are really suitable for placements. Of these, 3 have died during period of consideration and 12 patients were released. Fergus Falls presented more favorable figures on the number released. There seemed to be a high correlation between success with discharging patients and the number of social workers in the hospitals.

7. Meetings for Legislators, etc., at Hospitals

There was a discussion on the desirability of inviting legislators along with other key people of the communities to attend meetings at the various hospitals at which a specific theme would be stressed. The purpose of these meetings would be informational. Hastings State Hospital has had two large meetings of this type. Moose Lake State Hospital had a large meeting of 350 people at which time only two legislators were present. They could, however, contact the other legislators in their receiving district and have a small group meeting. Rochester State Hospital has had two meetings of this type.

It was suggested that St. Peter, Willmar, Gillette and Rochester State Hospitals have meetings of this kind on a scheduled basis in the late summer and early fall. It was further suggested that the meeting at Willmar should stress the problems and program for alcoholics. The emphasis at Rochester State Hospital could be to show the general medical and surgical treatment which is available to all state hospital patients through the assistance of the Mayo Foundation. Gillette State Hospital might well develop a program stressing their professional training activities and with some emphasis on the physical therapy and occupational therapy program which prevails for children up to 21 years of age. St. Peter State Hospital could emphasize the over-crowded conditions in their aged and other populations and the need for constant preventive maintenance of facilities.



The following tentative schedule was adopted:

Willmar State Hospital	Late August
Rochester State Hospital	Early September
St. Peter State Hospital	Late September
Gillette State Hospital	Early October

The superintendents of these hospitals are to present their plans for these programs at the next meeting.

#### 8. Psychiatric Residency Program

Dr. Cameron discussed "a five-year package" residency program for the state mental hospitals. This proposal was supported by Dr. Donald Hastings, Head, Department of Psychiatry of the University of Minnesota Medical School. The proposal was that a resident be given three years of academic training, one of which would be in an American Board approved state hospital and two years at either the University of Minnesota or the Mayo Foundation, plus two years of experience in a non-accredited hospital. The first two and fifth years would be "academic" or training years and the third and fourth years would be devoted to obtaining experience.

It was suggested that the resident be paid a higher rate than he would receive as a University resident, and less than he would get through the V.A. "package program." It was also suggested that the residents should be in the unclassified service and if he should leave before the end of his five year period, he would reimburse the State for his training costs.

This whole matter will be discussed and presented to the Mental Health Medical Policy Committee at their meeting July 15 and the recommendations of that Committee will be reported to the superintendents at their meeting on July 30.

#### 9. Key Appointments to Hospital Staff - Coordination with Central Office

Dr. Cameron mentioned that while it was up to the superintendent to select their top-level personnel, that he still would like to be consulted and know about appointments on this level. He illustrated this interest by stating that choice of clinical directors has a state-wide implication for these men are potential candidates for future superintendencies as such vacancies occur.

#### 10. Legislative Recommendations

The superintendents were asked to submit their ideas and recommendations for legislative changes. Such lists should identify the areas to be changed and give priority. These lists should be brought to the next superintendents' meeting, July 30. Dr. Cameron felt that in the next legislative session the Department should ask for needed substantive changes and that codification might be undertaken the following biennium.

11. Biennial Personnel Request - Staffing Ratios

a. Classification of patients

Last year's staffing ratios and classification of patients was discussed.

The categories established last year were:

Receiving  
Geriatrics  
Infirm  
Medical and Surgical  
Disturbed  
Continue Treatment  
Open

It was felt by the group that last year's categorization of patients was not definitive enough to arrive at practical staffing ratios. Consequently, the following categories were developed:

Receiving  
Geriatric ambulant  
Feeble  
Chronic bed patient  
Acute bed patient (medical and surgical)  
Disturbed  
Regressed - clean  
Regressed - untidy  
Continue treatment - open  
Continue treatment - closed

Special Units

TB ADI etc.

It was requested that the superintendents, using the above classification system, survey their institutions and bring back to the next superintendents' meeting the count of patient and the number of personnel taking care of these classifications. This listing of patients and staff personnel should be done on the basis of category of patients and the availability of employees in Psychiatric Nurse I and II and Psychiatric Aide I and II classifications.

12. Other Business

None - too much already.

It was decided that the next meeting will be held at Moose Lake State Hospital on Friday, July 30, starting at 10:00 a.m. Dr. Hutchinson very graciously told the group he would make arrangements at Hart's Resort but asked that he be given ample time to make such arrangements.

13. Determination of Next Meeting Place and Date

Moose Lake State Hospital, 10:00 a.m., July 30, 1954.

14. Adjournment

10:00 p.m.