

56-DVS-DPW

State Inst. Gen. Sup. Mngt.

HOSPITAL SUPERINTENDENTS' MEETING  
O'Brien Room, Mayo Memorial Building  
University Hospital  
Minneapolis, Minnesota  
10:00 A.M. March 9, 1956

1. Consideration of Minutes of the February 3, 1956 Meeting.

The consideration and approval of the minutes was tabled until the next meeting because the superintendents had not received copies of the minutes in time to read them carefully.

2. Nutritional Accounting, an Appraisal of Adequacy of Institution Diets.

Miss Ethel Heaberlin, chief dietitian of the central office staff introduced the hospital dietitians present and Dr. Paul E. Howe, Nutrition Consultant, Bureau of Animal Husbandry, U.S.D.A. who came as a consultant for the Department of Public Welfare during the week of March 5 to 9. Dr. Howe was asked to advise us on establishing a program of nutritional accounting.

Dr. Howe stated that the hospital dietitian should participate in all conferences on the practical side of feeding in order to attain realistic planning. Food service involves the procurement of quality raw food, its proper preparation and serving. He stated that patients placed in institutions are a feeding responsibility and as public servants we cannot feed these patients in our care in an unlimited fashion. We must account for what we do with the appropriations and also show whether or not we are feeding an adequate diet or an inadequate diet.

Nutritional accounting is a method designed to determine the adequacy or inadequacy of the diet served. It is less costly than the periodic careful evaluation of the nutritional status of patients.

Good personnel in the dietetic department are essential to a good program. Nutritional accounting assists such personnel in carrying out a nutritionally sound program. He stressed the importance of keeping records to show what has been accomplished. Records and inventories should be done at least once a quarter. Records should be alphabetically kept by food categories. Farm production and purchase of food should be correlated. Maintenance given to employees should be kept separate from the kitchen accounts.

Legislators often think in terms of money and not what kind of food. The science of food and nutrition has developed sufficiently to allow sound nutritional accounting.

In addition to nutritional adequacy, it is important to know what people do in preparation of food, also the food habits of the patients being served. Good supervisory personnel are all important in order to handle the question of "good" and "bad" cooks.

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Dr. Howe mentioned that there should be close coordination between the dietician and the medical staff and that the head dietician should have enough help so that she could be free to move around the institution to see how things are going, particularly at meal time.

The matter of withdrawing patients from kitchen duty on short notice was also discussed. Ample notice should be given to the head cook or dietician when it is planned to withdraw any patients for other duties or therapy.

Dr. Howe discussed the philosophy of the farm as to whether it is a necessity. Dr. Howe felt that basically the farm was there to supply patients with food. The farm account should not be subtracted from the food account. The farm should produce the things patients need and the dietician should be consulted relative to these needs when farm production is planned.

There was a brief discussion on palatability as well as variety.

Dr. Howe described his compilation and computation of food served at the Anoka State Hospital for 92 days. There was general discussion of various feeding problems because of age differential. There was discussion as to whether or not patients should be given a choice of meat or fish on Friday and the practice varied from hospital to hospital, depending upon, in the main, the serving facilities.

There was also a question as to whether or not to use a master menu. Dr. Howe said that it did not work in the Army and he felt that the dieticians should be given a basic menu and let their own judgment prevail. The nutritional accounting records will show whether or not there has been an adequate diet.

Mrs. Swan of the Veterans Administration next discussed the nutritional accounting system that has been in use in the Veterans Administration since 1946. The ration plan is divided into the food categories mentioned by Dr. Howe. Within these categories the foods listed can be interchangeable. (Copies of material prepared by Mrs. Swan were distributed at the meeting, thus making it unnecessary to record her discussion on nutritional accounting in detail).

There was a discussion of the nutritional adequacy of diets in the Veterans Administration vs. the nutritional adequacy of the mental hospitals diets. Mrs. Swan felt that a nutritionally adequate diet could be furnished at the cost figure used in the mental hospitals, but was concerned about its variety. There was also discussion of the lack of personnel in the dietary departments in mental hospitals as compared to the situation in the veterans institutions.

3. Report of Volunteer Services Advisory Committee, Miss Baker, Chairman.

Miss Baker listed the composition of the group which is made up of people from the various disciplines and organizations. The primary purpose of the Voluntary Services Advisory Committee is to advise the

volunteer coordinator on present and future activities.

Miss Baker said that during the past year they expanded their functions and extended their considerations to various studies and thus became more aware of the problems that exist. At this moment the Committee is focusing attention on mentally ill patients after discharge and making plans for them to return to community life.

Mrs. Miriam Karlins, the volunteer coordinator, expressed her appreciation at having the opportunity of having her Committee meet with the superintendents and make their annual report to them.

Mrs. Karlins reported that before 1949 small groups acted as volunteers in the various hospitals. This program was scattered and sporadic. In 1952, State-wide coverage was given by creating a position of State Volunteer Coordinator. At the present moment there are three full-time volunteer coordinators in three hospitals. In the other hospitals a person who has the responsibility for another job acts in this capacity as well.

Mrs. Karlins emphasized three points that were important to the program; that is 1) screening of the volunteers, 2) training and assignment, (a. direct services and b. indirect services)  
3) receipt of gifts.

At the beginning of the program, it was mostly geared to recreational activities. Now volunteers offer library, vesper, social, and nursing services, as well as administrative assistance with such things as stuffing envelopes, helping with clerical work and in the housekeeping areas.

Mrs. Purrington reported that recruitment, screening, and orientation are the first three essential steps. Placing of the volunteer in the correct area and recognition later of the services given are of great importance. The question was raised as to the motivation of the volunteer giving services. This motivation will come out in the screening process. The questionnaire form should be filled out during the interview and hospital staffs should have a screening committee composed of a doctor, psychologist, social worker, the hospital coordinator and a department head. There should be three types of orientation:

- 1) before being placed on the ward,
- 2) on the ward, and
- 3) a continuing orientation.

The volunteer coordinator should interview each new volunteer and the hospital should have drafted a job specification for the volunteer which outlines his functions in various areas. Mrs. Purrington mentioned that there was a need for a Volunteer Manual and that is part of the unfinished business of this Committee. Mr. Clough of the American Red Cross spoke on the volunteer program in his organization. The volunteer program in the Red Cross started in 1918 in Walter Reed Hospital. The Red Cross provides two services, Grey Lady Services and

Medical Services, which consist of volunteers working in the social services, library, chaplaincy, and recreational programs. There is a very definite training curricula for the volunteer in the Red Cross Program. The Red Cross also provides a home nursing course of twelve hours under supervision.

Mr. Sanderson of the St. Cloud Veterans Administration discussed the need for recreational emphasis and the use of volunteers in such activities. He also stated that before the patient's discharge, the community should be prepared for the patient's return. He reported that the committee had sent a questionnaire to program directors of agencies providing Leisure Time Activities so a list of resources would be available to patients, county welfare boards and hospitals on the type of facilities that are available.

Mrs. Karlins reported on a meeting with the Leisure Time Committee of the Greater St. Paul Health Council and their offer of cooperation.

There is a tentative letter being drafted which will inform the community director of the patient's return and his interests.

Dr. Harriet Blodgett of Sheltering Arms reported on the fact that one of the concerns of the Committee was developing an educational program for patients in the hospitals. They were disappointed when they realized that some of their plans could not be carried out because the mentally ill patient is not included in the definition of "handicapped children". Further, there will be an effort made to find out the number of such patients requiring education in the various hospitals in order to develop further plans in this area.

Dr. Blodgett spoke about the work being done at Sheltering Arms. They plan to take between 30 and 80 mentally retarded children in a day care facility for an educational program as well as research. Dr. Blodgett reported they have about 20 volunteers in the program. The aim of the volunteer is to socialize the patient and in this capacity the volunteer serves as an assistant to the teacher. During the lunch hour the volunteers are indispensable for they free the staff for that period.

Mr. Tangen of the Veterans Administration Hospital stated that ten years ago a program existed in that hospital, but that it was not well defined. It has now been "shaped up" so that all staff members participate in the volunteer program there. It is felt at the Veterans Administration that the community should share the responsibility for the patient in the Veterans Administration Hospital and that equal opportunity for volunteer services should be open for all organizations and that they should come in under their own identification.

There is an advisory committee composed of representatives of organizations which meet once a month. All inquiries concerning volunteer services are channeled through the representative who brings it to the Advisory Committee. All volunteers work through the Special Services Department. The volunteer services consist of 1) individual services, 2) group services, 3) gifts to patients, and 4) gifts to governmental agencies.

Dr. Wilson reported on the value of volunteer services in the Chaplaincy Programs in the various institutions. Letters are now being sent to the pastors of the home congregations urging them to visit the patients in the institutions and to assist with the preparations for the patient's return to the community. It was recognized that if the pastor's visit was disturbing to the patient, there would be a restriction of the visit. Dr. Wilson also said that the hospital chaplains have met with the pastors in their area, an arrangement that has been mutually satisfactory. Mention was made of the pastoral training of a one months period that is carried on annually at Willmar State Hospital.

#### 4. Other Business

- a. Dr. Cameron said that the Civil Service Department had approved the medical student trainee position at a stipend of \$250 per month and the usual charge for maintenance. The proposal will be presented to the junior and senior medical classes and it was estimated that possibly 25 medical students might accept the training positions. The medical student trainee can take histories, assist in physical examinations and be of general help under the supervision of the clinical director. This position will not be counted in the complement of the hospital. The superintendents were polled as to available quarters and the following list shows the hospitals, location, population, and quarters available:

<u>Hospital</u>	<u>Location</u>	<u>Population</u>	<u>Quarters Available</u>
Hastings State Hospital	Hastings	1,930	5 single students 1 married couple
Willmar State Hospital	Willmar	Mentally Ill 1,244 Inebriates 211	1 married couple
Fergus Falls State Hospital	Fergus Falls	1,930	4 or 5 single students 2 married couples
Rochester State Hospital	Rochester	1,745	3 or 4 single students
St. Peter State Hospital	St. Peter	2,468	10 single students
St. Peter State Hospital ADI	St. Peter	246	2 or 3 married couples
Moose Lake State Hospital	Moose Lake	1,287	2 or 3 married couples
Sandstone State Hospital	Sandstone	Mentally Ill 416 Inebriates 40	8 single students 3 married couples
Faribault School & Hospital	Faribault	3,216	1 or 2 single students 1 or 2 married couples
Cambridge School & Hospital	Cambridge	1,238	1 married couple
Owatonna State School	Owatonna	382	1 or 2 married couples
Gillette State Hospital	St. Paul	144	1 single student
State Sanatorium	Ah-gwah-ching	170	2 or 3 single students

- b. The matter of vacation time for chaplains was discussed. On March 5th, Mr. Gardner sent a memorandum concerning the necessity of including money in the next budget for payment of relief for the

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chaplains when they go on vacation. In some instances the chaplain has to pay for his own relief substitute. The superintendents were asked to provide in future budgets for vacation relief for chaplains if they are not now doing so.

- c. Soldier's Home. It was mentioned that the Soldier's Home, which is a State organization, but not supported by the State of Minnesota, will not accept parolees or discharged patients.

5. Selection of Next Meeting Place and Date.

If it is agreeable with Dr. Bradley, the next meeting will be at Willmar State Hospital on April 6, 1956.

6. Adjournment

The meeting adjourned at 5 p.m.