

SB-055-DPLW  
State Inst Gen - Super Mtg; State Inst Gen - Oatonna

HOSPITAL SUPERINTENDENTS' MEETING  
10:00 A.M., December 28, 1956  
Owatonna State School  
Owatonna, Minnesota

1. Consideration of Minutes of November 30, 1956 Meeting.

The following corrections were made: Under item 2 of Medical Records in the third paragraph EKG should be substituted for EEG wherever it appears in the paragraph. On page 4 in item (4) under Other Business - Radiological Defense, the first sentence should read - A report was made on the courses planned on radiological defense in the following cities, instead of "given".

2. Owatonna State School, Mr. Henderson and Staff.

Mr. Henderson explained that Owatonna State School was originally a residential school for neglected and dependent children who were cared for there while plans were being made for placement. However, in 1945 the concept of child welfare personnel was changed to that of individual foster home placements for these children and the Owatonna State School subsequently converted to a school for the educable mentally retarded. In 1947 the Legislature made it a permanent facility and defined the type of child who could be admitted. Essentially Owatonna State School fits in the mentally retarded program as the School Department for vocationally trainable mentally retarded children who do not have other serious physical or emotional problems. The per capita cost is \$1800 per year. This School is unique in the United States and recently New Jersey has started a similar facility.

Miss Mary Mercer, psychologist at the Owatonna State School, presented the results of several studies on the types of patients cared for and the presence of mental retardation and psychoses among the parents of their patients. She also listed a variety of physical illnesses and behavior problems from which the Owatonna patients suffer. Two patients whose apparent IQ increased from 50 or 60 to 100 and 109 respectively were singled out for more detailed consideration.

Mr. Francis Stevens, Child Care Supervisor, discussed the admission procedure. The material concerning the child is sent from Miss Thomson's office and is screened regularly. The case material is examined by the staff at Owatonna to determine whether or not the school might be beneficial to the child. Only committed patients are accepted. They are admitted as early as eight years. The school plan is that they have one-half day of school and one-half day of planned activity. After age 16 the child is one-half day in school and one-half day in a work training program.

There is a faculty of 22 teachers and 148 employees. Each employee is assigned to his own group of children for daily supervision as part of

the total program of child care. The staffing pattern consists of two house parents on duty during the peak period. Later in the day there is only one. There is no supervision during the night except for three watchmen making rounds in the buildings and the grounds. House parents sleep in the cottages but are not necessarily on duty unless an emergency arises.

Last March a program was started sending two or three children downtown unsupervised. These children were chosen on a selected basis. They go to Church downtown and to the movies. There have been 300 experiences since last March and there have been no incidences of any disturbance or community reaction. Instead the community has been extremely helpful.

Mr. Stevens spoke on the volunteer program which is in effect at the school. There are different services including tutoring offered by volunteers of the town.

### 3. OASI Disability Freeze.

Mr. Palmer Elder, District Manager, Bureau of Old Age and Survivors Insurance, and Mr. Ben Brainerd, Office of Vocational Rehabilitation, were present to discuss a proposed method of handling applications for disability freeze and disability benefits for patients under the care of the Department of Public Welfare. Mr. John and Miss Heise, staff members, were present with Mr. Elder as was Mr. Engelbart, staff member in Mr. Brainerd's office.

There had been two previous meetings to consider simplification of the method of handling applications. The general procedure previously proposed was that the St. Paul OASI office would be supplied with a monthly list of all new admissions and discharges alphabetically by name which they would hold for six months. As each list became six months old it would be checked against subsequent lists to determine the patients remaining in hospitals for six months. Application for disability freeze would be sent by OASI to the Commissioner on those patients who appeared to be eligible and the Commissioner's office would mail out forms to the superintendents for medical information which would then be sent by the superintendents directly to the Bureau of Old Age and Survivors Insurance. After a trial run on the above basis OASI has determined that the method is not feasible because of (1) Difficulties in getting Social Security numbers and other identifying data, (2) Staff shortage in the OASI office, and (3) Questions of policy raised by the Baltimore office. No decision was reached as to a feasible new plan.

Mr. Brainerd stated that his office was under contract with OASI to pass on disability. Standard criteria are used for this purpose throughout the entire country. In this official capacity, the Office of Vocational Rehabilitation needs to pass on the medical form submitted. That office accepts only recent cases. The Baltimore office has already processed the back log. The 1956 amendment provides cash payment for disability at 50 years of age as of July 1, 1957. It also provides that certain children over 18 are covered if parents were covered and the child's disability occurred before the age of 18.

It is necessary to determine the onset of the illness, as well as disability, and have medical evidence as to the type of illness when work terminated. There has to be 20 quarters of covered employment to be eligible. They need a diagnosis (broad categories only) by a physician. The relation of work stoppage to disability is also necessary.

If the basic problems of our patients are personality disorders or sex deviates, no benefits will be paid nor will any benefits be paid to a person under criminal commitment.

To summarize, the necessary information required by the Division of Vocational Rehabilitation is:

- 1) Onset of illness. (Duration of illness must be at least 6 months)
- 2) Board diagnostic category (Patients suffering from alcoholism not resulting in psychosis, sex deviation, sociopathic personality and those under criminal commitment are not eligible).
- 3) If the patient has been continuously hospitalized for one year or more, minimal medical data is acceptable.

The problems of the handling of lists will be discussed later with the St. Paul office personnel. The consideration of the method of handling mentally retarded will be discussed also in the near future.

4. Follow-up Treatment of Tuberculous Patients Returned to Parent Hospital from Anoka.

Dr. Textor, Head of the Burns Memorial Unit at Anoka State Hospital, spoke on the follow-up treatment of tuberculous patients returning from that unit to the parent hospital. He stated because of the fact that tuberculosis is a chronic relapsing disease (now 2 - 3%) provision should be made for continued chemotherapy of certain patients when they return to their parent hospital. The present criteria for discharge or transfer to the parent institution are that the x-ray be stable for six months and the gastric findings negative for that period. He proposed that these criteria be continued and that in addition, when indicated, a schedule for drug therapy be put on the discharge summary for the guidance of the medical staff in the parent institution.

In response to questions about the cost of anti-tuberculosis drugs it was indicated that this would be minimal for the number of patients involved. Such drugs may be safely used with tranquilizing drugs.

It was agreed to implement the use of anti-tuberculosis drugs for patients returned to their parent hospital when indicated. The Faribault State School and Hospital will continue its present program for tuberculous patients.

5. Mental Hospital Service Achievement Award 1957.

The December 1956 issue of Mental Hospitals announced the annual hospital service achievement award for 1957. The superintendents were asked to submit any entries which they thought would be worthy of consideration in this competition.

6. Reporting "Fall-Out" Data to Civil Defense.

Mr. Curtiss Johnson reported on the advisability of linking state institutions which have radiological detection teams into the highway patrol radio net. Civil Defense personnel feel that this is not practical in view of the number of detection teams throughout the state. Currently there are 176 sets of instruments that have been distributed with a goal of 400 in the future. If each detection team reported directly to the highway radio net, there would be little time for other important messages which would have to be transmitted and would probably result in greater confusion. Information procured by the hospital radiological detection teams should be transmitted to each county director who in turn will transmit it to their Mobile Support Unit Headquarters which will relay it to the State Control Center. This then will give the precise "fall-out" pattern. This information will be broadcast to the public by means of Connelrad.

7. Committee Report on Laboratory Procedures Standardization and Quality Control.

Dr. Kimball, chairman of the committee, submitted a report concerning the recommendations of the committee on laboratory procedures standardization and quality control. This was distributed to the superintendents and they were asked to read it and be prepared to discuss it at the next superintendents' meeting.

Technologists of the State Health Department will visit the hospitals to see the procedures in operation and give any consultation that is necessary. They have already visited Anoka State Hospital.

8. Pins for Volunteers.

Mrs. Karlins stated that it would be a matter of good public relations and recognition of volunteer services if a pin could be given to the volunteer who has given five years of continuous service. The master die will be made by the central office if the hospitals are willing to purchase the pins for their five year service volunteers. There was a question as to which account this should come from in the hospital budget. Mr. Gardner will issue a memorandum on this point.

9. County Medical Society Meeting.

The feasibility of an annual meeting of at least the local county medical societies at each of the hospitals was discussed. Several of the hospitals have been doing this as a matter of routine. However, in other instances it was pointed out that there was the difficulty of serving meals to some of the societies whose group membership was quite large and in other instances some of the societies preferred to have their meetings at other places. The superintendents were encouraged to foster such meetings at their hospitals.

10. Transportation of Discharged and Readmitted Patients.

There was a question as to the responsibility of returning discharged patients who were in need of readmittance to the hospital and the current practice of the various hospitals was reviewed. Uniformly relatives sign

when the patient is discharged to them on provisional discharge that they will be responsible for the return of the patient if he should need readmittance. However, in some instances where the relatives do not wish to return the patient to the hospital when he is found to be in need of further hospitalization, the hospital will send an employee to bring the patient back or in other instances will ask the sheriff to bring the patient back if the relative has deposited funds to cover such return.

It was brought out that the county welfare boards do not have the funds to return discharged patients to the hospitals when they do require further hospitalization. It was also brought out that the 11th month provisional discharge inquiry to the county welfare boards comes back too late in some instances for the superintendent to act upon the recommendations from the county welfare board.

11. Stenorette

It has been arranged that a representative of the Company handling the Stenorette, which is an instrument produced in West Germany which sells for \$169, would be available at the meeting to give a demonstration of the advantages of this tape dictating equipment over that of others on the market. However, the salesman did not appear and the superintendents were told that when they were in the central office they could view the machine in Mr. Herbert Gardner's office and see whether or not they would like it.

12. Other Business

(1) Psychiatric aid award.

Each superintendent has been informed of the pending psychiatric aid award and were asked to submit their names to the American Psychiatric Association.

(2) Surplus x-ray equipment.

There is some surplus x-ray equipment stored in Stillwater State Prison. One unit went to Fergus Falls and there is one assembled 200 amp. unit still there. Sandstone, Anoka, and Hastings could use this assembled unit. Sandstone has at the present a 100 milli-ampere unit, Hastings has a 200 MA rotating anode machine and Anoka has a 100 milliampere machine with housing in poor condition. The unit could be used at Hastings for the new cancer detection program that is planned at that hospital. It was suggested that each superintendent should write in concerning his needs for tubes so that we can plan for the account which is set up for that purpose.

It was brought out that Stillwater needs the storage space that we have been using for surplus equipment and Hastings State Hospital offered storage space.

(3) Dr. Vik.

The fact that Dr. Vik is available to practice on a limited license

under supervision was called to the superintendents attention in case they have an opening for a person with his qualifications.

(4) Sister Kenny Institute

Sister Kenny Institute has more physical therapists at the present time than needed in terms of the present patient load. They are setting up courses for professional persons. The courses to be given at Sister Kenny Institute will include the care of the crippled patient in the home, problems of gait, and integration of various therapies in crippling conditions. It was suggested that the hospital superintendents inform their staff of this opportunity and make arrangements for any interested staff member to attend. It was also brought out that we should ask Dr. Hunekens if a team from Sister Kenny Institute can go to Faribault and Cambridge on an in-service training basis for the personnel in residence at those two facilities.

(5) Retinal camera.

Dr. Shoeley said that Hastings State Hospital has a surplus retinal camera. It was felt that the best use of this camera could be made at Rochester State Hospital. Dr. Shoeley will transfer this property to Rochester, notifying the proper authorities of such transfer if requested by Dr. Petersen.

(6) Movie camera.

It was mentioned that central office has a 16 mm. movie camera which is available for loan to the institutions for various programs that they might wish to film.

(7) Leisure time directory.

Mrs. Karlins stated that the leisure time directory had been prepared and was in the process of being mimeographed and would be ready for distribution to institutions in the very near future so that they would know what leisure time activities were available to the patients in their county of residence when they were discharged.

13. Selection of Next Meeting Place and Date.

It was decided to hold the next meeting at Anoka State Hospital on February 1, 1957 at 10:00 A.M.

14. Adjournment.

The meeting adjourned at 5:30 P.M.