

57-HCD-DPW

A G E N D A

HOSPITAL SUPERINTENDENTS' MEETING
10 a.m., December 16, 1957
Gillette State Hospital
St. Paul, Minnesota

1. Consideration of Minutes of October 11, and November 15, 1957, Meetings. (attached)
2. Hospital-Central Office Relationships.

At the November 15, 1957, meeting the nature of the policies and methods of implementing them were discussed. The several consultants were not included in this discussion since it was felt wise for the superintendents and selected central office personnel first to arrive at a mutual understanding of the policies involved. It is planned at this meeting to review these policies and to discuss further the methods of implementing them with all personnel directly concerned. All consultants in the Medical Services and Administrative Divisions are thus encouraged to attend as well as those present at the last meeting.

3. Staffing Ratios for Next Biennial Request

Attached is a table showing the 1955-57 approved complement, the original request for new positions, the revised or Governor's request, the Legislative intent for 1957-59, the approved complement for 1957-59 and the increase over 1955-57. You will recall that the initial requests were based on a ward staffing of 1-3 for Group I patients, 1-8 or 10 for Group II patients and 1-20 for Group III. In addition the request was based on including certain key professional personnel on a semi-ratio basis and other personnel such as clerks, maintenance etc. on an individual justification basis.

It is hoped that we can, at this meeting, determine the basis for our next biennial request. While we need far more than was included in our original 1957-59 request we all felt it impractical to request more at that time. To reach that original request we would need 357 additional employees in mental hospitals and 123 in the facilities for the retarded or 480 new employees to improve services in existing facilities. Our approved increases for improving existing services was 93.5 for mental hospitals and 65 in the facilities for the retarded. We obtained essentially what we requested to staff new facilities.

4. Women's Security Unit

There are scattered throughout the system several women who are "dangerous" or otherwise present security problems. Presumably this scattering causes several hospitals to "tie up" personnel for a relatively few patients, a situation that might be improved if all such patients were cared for in one unit. On the other hand

to collect them in one place would be to concentrate the problems that accompany the care of such patients. Discussion of the need for such a unit. If so, where and when? Could each of you be prepared to indicate the number you have who, if men, would be transferred to the Minnesota Security Hospital?

5. Legislative Suggestions.

The time is perhaps past due for this item. I would like to collect at least a listing of the subjects you believe should be considered so that we may soon decide which we actually wish to propose and start drafting them.

6. Disposition of Patients from the Minnesota Security Hospital.

All hospitals occasionally transfer patients to the Security Hospital. Others are admitted directly who would have gone to the hospital in their receiving district had they not gone to the M.S.H. (I am referring to district court commitments) Some of these patients improve to the point that they can be cared for in one of the regular hospitals for the mentally ill or mentally retarded. Discussion of a policy on the transfer out of the M.S.H. of such patients. Perhaps the policy could be comparable to that developed for TB patients from the Burns Unit.

7. V.A. Annual Survey Scheduled for February 17-21, 1958.

Mr. Quigley, chief attorney for the VA at Fort Snelling, has asked your help in completing the annual survey of veterans in your hospitals receiving VA benefits at the above time.

8. Other Business.

9. Selection of Next Meeting Place and Date.

(January 31 is suggested)

10. Adjournment.

HOSPITAL SUPERINTENDENTS' MEETING
10 a.m., November 15, 1957
Hastings State Hospital
Hastings, Minnesota

I. Consideration of Minutes of October 11, 1957 Meeting.

The minutes of October 11, 1957 meeting were not ready, they will be sent later with the minutes of the November 15 meeting.

II. Hospital--Central Office Relationships.

In the past there has been considerable discussion of this subject which seems to revolve about two principal problem areas:

1. The overall policies governing Central Office--hospital relationships, the responsibilities of each, and the organizational structure of the Central Office, and
2. The methods by which the policies are carried out.

We would like to discuss the overall policies and the organizational structure of the Central Office before considering the method by which the policies are implemented since some policies are mandatory because they are established by statute. If these are not workable they can be changed only by legislative action. Other policies are not legislative requirements and can be more readily modified if necessary. It would be fruitless to discuss methods until we are sure that all of us have the same understanding of the basic policies.

After making the above comments, Dr. Cameron called on Mr. Hursh who stated that by law the Commissioner has the responsibility for the proper management of the institutions in the state and is answerable to the Governor and the legislators. There is a definite law stating the powers of the Commissioner in regard to the institutions. Another section provides that within the limits of appropriation, the Commissioner shall set standards of care and a single standard of diet.

Mr. Hursh pointed out that the unified approach to the legislators in asking for appropriations last biennium was very successful. He further stated there should be no argument as to the powers of the Commissioner, but that there should be two avenues of discussion; 1) The responsibilities of Central Office personnel as indicated on chart, and 2) Whether or not the persons occupying various positions are operating within the authority delegated to them.

The discussion then proceeded with Mr. Lappegaard as chairman, with attention being first directed to the organizational chart that was displayed on the blackboard (a more detailed version of which will be attached to the agenda for the next meeting). The question as to the need for consultants in the various disciplines was raised and all were agreed that consultative services were needed and in some instances it was

felt that more services were needed in other areas, particularly in the fields of education, laundry and housekeeping.

There was general discussion as to the philosophy of the role of the consultant, that is whether or not they should give advice only (staff function), or direction (line function). It was agreed that they should work in a staff capacity.

It was then pointed out that there are four operating (line) divisions in the Department of Public Welfare (Public Assistance, Corrections, Child Welfare and Medical) and two facilitative or staff divisions (Administrative Services and Field Services). While the last two are facilitative and not operative, the Commissioner has the authority to delegate certain of his operative responsibilities to them.

A review was made of the functions of the consultants in the Medical Services Division and the superintendents approved these positions and the way in which the incumbents have been carrying out their staff functions. There was discussion as to the consultants in the Administrative Services Division, their role and function. There was general agreement as to the need for their services but several questions were raised as to whether these consultants did not sometimes function as though they had line responsibility.

Before pursuing this latter point there was further discussion as to origin of Central Office policies. All such major policies are promulgated by the Commissioner or his designated representative. However, the ideas which eventually may become policy are developed or originate at several levels: By the Commissioner himself; by the Mental Health Medical Policy Committee; by the Medical Director; by the superintendents individually or jointly; and by the several consultants individually or jointly. Regardless of the level at which the idea originates, it does not become policy unless approved by the Commissioner or by his designated representative. When it involves the institutions which are a part of the Medical Division, the designated representative should be the head of that Division. This does not mean that personnel in other divisions such as Administration or Personnel may not correspond with the institutions relative to the implementation of existing policies.

It was further suggested that consideration be given to adopting the phrase "by direction of the Commissioner" on memoranda having to do with policy questions.

It was decided that : 1) The methods of executing policies should be unified, 2) the nature of the work performed should be defined, 3) programs should be related to appropriations already made except for emergencies.

There was general acceptance of the chart presented by Mr. Gardner and further elaborated at the meeting.

The afternoon session was devoted to questions around the methods used by various consultants in carrying out their functions.

St. Peter State Hospital reported that they had learned from a returning dietitian that a statement had been made that the chief dietitian in the Central Office appointed the dietitians. Mr. Chapado pointed out that the Central Office dietitian only helps in recruiting and does not appoint.

Dr. Grimes read a memorandum from Mr. Hawkins, who stated that Miss Heaberlin had told him that utility beef could be ordered and the choice cuts be saved for the superintendent as they do at Rochester. Dr. Grimes objected to having the superintendent use utility beef when U.S. Good is ordered for the rest of the institution. Dr. Magnus Petersen objected to the inference that this was the practice at Rochester.

Anoka State Hospital reported that flour was deleted from the budget request with the result that they had to borrow from another institution. Rochester State Hospital brought up the question of china vs. plastic dishes in a recent order. Anoka State Hospital stated that their request for shortening which only involves an increased cost of \$18 more per quarter is always changed to pastry shortening. Anoka State Hospital stated that Miss Heaberlin, in planning with them on the new food service plant promised an automatic bread slicing and wrapping machine like the one at Rochester State Hospital. Dr. Donald Peterson then read a letter from her to Administration stating that a manual bread slicer would be satisfactory, which would only cost \$600 against a \$5,300 cost for an automatic slicer and wrapper. Anoka State Hospital had a requisition for 1,000 pounds of corn starch and they put through an ALP because they were running short. The auditor wouldn't honor the ALP because of the requisition on hand. It was felt that it should be up to the Central Office to apprise the Department of Administration of the need in situations of this kind. Dr. Donald Peterson made the remark that Cambridge State School and Hospital is "stuck" with 36 inch tables because Miss Heaberlin likes them. (Later not verified.)

At this point Mr. Lappegaard observed that we were apparently dealing with the problem of communications among other things and pointed out that where communication difficulties occur at least two people are involved. He stressed the importance of obtaining information on the other side of these problems.

Dr. Sheeley indicated that in running a dietary department at least three functions are involved: menu planning, purchasing, and budgeting. In carrying out these or any other function there must be a clear understanding as to who is responsible for them and who has the authority to carry them out. Where there is responsibility there must be parallel authority. It was his impression that the way the program is now operating the hospital has the responsibility but only part of the

authority. In order to implement these functions he proposed that either of the two following solutions be adopted: 1) Centralize both responsibility and authority in the Central Office, or 2) Centralize both responsibility and authority at the hospital, and limit Central Office participation to an advisory role. In making this statement he recognized that the Commissioner has the ultimate responsibility to the Governor and Legislature and that through the Central Office must perform a review function. If operations are centralized in the Central Office the review could go forward simultaneously. If operations are centralized at the hospital the review would still be carried on at the Central Office but changes should be made only after consultation with the hospital and any changes should flow through the regular channel of line responsibility.

Dr. Grimes raised the question of the single standard diet and indicated that it was his impression that when the law was originally passed it was the legislative intent that the diet for the patient be brought up to the then existing standard utilized by personnel. If sufficient funds were not available to accomplish this objective it was his impression that the Legislature intended that the personnel standard not be depressed to the patient level. However, it was brought out that as the law had been operating for several years no differentiation between patient and employee standard was permissible.

A question was then raised as to the responsibility for buildings. Mr. Lappegaard pointed out that the Department of Administration is responsible by law for developing building plans and we are fortunate that they have of late been consulting us in the developing of plans. Dr. Magnus Petersen pointed out that he was eminently pleased with the relationship of the Department of Administration in this area in the past years.

Mr. Henderson gave an example where one Central Office consultant gave a directive on milk handling which was later rescinded after another Central Office consultant learned of the problem. He suggested that better communication between consultants in the Central Office was desirable so that a clearer policy could be developed from the outset, taking account of all of the factors involved.

Other superintendents were then asked to offer comments in this general area and Dr. Engberg indicated that there appeared to be more problems in handling surplus foods when this function is performed by the Central Office than when it was done by the institution. Miss Conklin indicated that her relations with the Central Office personnel and consultants were very good. (Dr. Cameron observed that the relatively adequate budget at Gillette as compared to the other hospitals might well account at least in part for this smooth functioning.) Dr. Wadsworth reported "fairly good relations" with the Central

Office. Dr. Williams reported several instances of changes in food requisitions, the reasons for which he did not understand and also the substitution of "angel food mix" which he did not need. Mr. Hoffmann reported that he had repeatedly invited Miss Heaberlin to consult with them in the preparation of their quarterly food requisitions and that she had done so twice. After the first consultation no changes were made in the quarterly budget, however, after the second consultation and the submission of a requisition which he thought was agreed upon, changes were still made.

The superintendents indicated that the letters of explanation relative to deletions of food requests often did not reach them in time to allow them to offer an explanation or enter a protest since the revised budgets frequently had already gone forward to the Department of Administration.

It was suggested that Miss Heaberlin consult with each of the institutions during the period of preparation of quarterly requests. This, it was felt, would lead to better understanding between Central Office and the institution and reduce the number of changes necessary which in turn would result in marked reduction in work at both the institution and Central Office levels.

Mr. Lappegaard pointed out that there were many positive points as to the value of a consultant and the only points brought out at the meeting were the negative ones. It is felt these problems can be solved. It is agreed that if the chart is correct and it is acceptable, then there should be another session with the consultants so that they can understand the chart and their role. The superintendents would like to have a copy of the chart outlined by Mr. Gardner, and asked that copies be brought to the next meeting.

III. Need for Additional Drug and Food Funds.

There was an early meeting before the general session which was held for those superintendents and assistant superintendents of institutions which have indicated shortages in their drug and food accounts. Mr. Hursh stressed the fact that every patient should get what they need.

Mr. Hursh explained the function of the LAC and the use of the contingent fund. These monies are to be used for unforeseen emergencies. The lack of drugs of course could be considered as emergency from the point of view of effect on patients, but the legislators knew of the needs as presented but did not give sufficient appropriation to cover the needs. Four hospitals are now short in their drug, food and/or clothing accounts. Some savings in other current expense accounts may be made at some of the hospitals but no money is available for transfer to other hospitals at this point. He pointed out that money within the hospital can't be transferred to current expense from other accounts. It was explained that we could go to the LAC on an emergency basis if there were a crop failure at an individual institution over which we had no control, or

if the surplus commodities were short of the amount anticipated, or if the fuel costs rise over the planned cost. All of these constitute an emergency. It was pointed out that there is a definite state law which states we can't spend more than the appropriation.

It was pointed out that we were budgeted for a population of 375 patients more than we are serving at the present time. There is a possibility that in the last quarter we may be able to pick up savings. It was also mentioned that the lower population is due in part to ^{drugs and} intensified social services. However, the intake is higher than it has been in the past. There was a question of asking the county welfare boards to buy the drugs and this avenue should be explored. There was also a suggestion made of asking relatives to pay for the drugs for their patient. This should not be done until we know for certain that sufficient drugs can not be purchased from state resources.

The superintendents were asked to send in additional detailed material as to their revised budget needs and the extent of their deficit.

Mr. Hursh stated that he was willing to present informally the situation at the December meeting of the LAC to see if it wished to take any action.

IV. Chlorpromazine Dermatitis.

15 cases have been reported, some with time losses from work of up to six weeks. Suggestions were asked for preventing this occupational disease.

The general consensus was that, with the drugs coming in capsules now and the aids not crushing them, good personal hygiene plus the wearing of rubber gloves would do much to prevent any outbreak of dermatitis.

V. Storage of Civil Defense Emergency Hospitals.

It was emphasized again that the packages received should not be opened. The question was raised as to the x-ray films and other items which are now outdated. The superintendents were asked to notify Colonel Schon of any outdated items so they can be replaced.

VI. APA Civil Defense Committee Report.

Due to lack of time Dr. Cameron did not report on his attendance at this meeting.

VII. Selection of Hospital Physicians for Laboratory Committee.

Dr. Kimball, Chairman of the Laboratory Committee, suggested that it might be helpful to have some physicians from the

various hospitals as members of the committee. The superintendent were asked to send in at least one name as a possible candidate for the committee.

VIII. Pre-employment Examination.

There was discussion of the need for pre-employment examination and also the question as to who would pay for such an examination. A survey was made of the various types of pre-employment examination and Mr. Gardner and Dr. Cameron will study the results to see whether or not uniformity can be achieved.

IX. Other Business.

1. Statistics

Dr. Cameron reported that for the first time statistics were current and up-to-date.

2. Epidemic of "Echo 9"

Dr. Engberg reported an "Echo 9" outbreak among patients at the Faribault State School and Hospital. The report is as follows:

"On October 14, 1957, the Minnesota Department of Health issued a memorandum regarding aseptic meningitis (viral meningo-encephalitis with rash) which supplemented the memorandum dated August 30, 1957. The memorandum includes 'an institutional outbreak of ECHO 9 infection', which is the description of the outbreak which occurred among patients of the Faribault State School and Hospital."

"In the last week of August, 1957, we experienced an outbreak of what seemed to be influenza surpassing the magnitude and explosiveness any similar occurrences in previous years. Within a week's time, 51 of 105 boys in 'Maple' (ages 10-19 years), 44 of 106 boys in 'Pine' dormitory (ages 5-14 years), and a week later 24 of 110 girls in 'Cedar' dormitory (ages 10-35) were affected. These buildings are grouped in what is called the East Grove Division. Most of these children ran a temperature between 101 and 103 degrees for two to five days, but had hardly any clinical signs. A few had emesis but very few had a sore throat. Some of the patients appeared to be lethargic during the first day, but in most cases the general condition was hardly affected. In a good number of cases a biphasic character of the fever was observed. The entire outbreak in these buildings lasted between 14 and 19 days.

"A similar outbreak occurred during the first week in September in what is called the Center Division. In dormitory 'A' 20 of 30 boys (ages 5-14) and dormitory 'K' 26 of 30 girls (ages 10-14) developed on the third to fifth day a rash very similar to German measles. Most of the children had had typical German measles in April of this year. The rash in this outbreak was finer than that with German measles and mixed in

many cases with typical petechiae. The posterior cervical glands typical in cases of German measles were not found in a single instance. Dr. Bruhl of our medical staff, therefore, suspected this epidemic might be due to ECHO 9 (enteric cytopathogenic human orphan 9) virus.

"No cases occurred in the dormitory at the Dairy having a population of about 25 young adults, nor at the Grandview building housing about 70 elderly men about five miles from the main campus, nor at two of the large divisions on the campus but in the Skinner Hall Division, there was an isolated epidemic of 17 cases among 115 crippled adults in Holly dormitory and of these 14 had rashes resembling German measles with a few showing some enlarged cervical glands.

"On September 11, the Minnesota State Board of Health was contacted in regard to this situation and on September 13, Dr. H. Kleinman and Dr. Eggert of the Board of Health visited the institution. They examined about 20 patients both in the wards and in the hospital, examined blood smears and reviewed charts and statistical material. They suspected strongly that all of the patients were cases of ECHO 9 virus epidemic.

"The State Board of Health received stool specimens for virus studies from 15 early cases with fever and rash. From the same cases 2 blood specimens were taken at an interval of 14 days and sent to the State Board of Health. In a 16th case only stool specimens were obtained. In one case spinal fluid was obtained in addition to stool and blood specimens and sent to the Department of Health for virus studies. The spinal fluid of this patient was normal in regard to cell count, sugar and protein content. The patient, an elderly Mongoloid, with fever and a pronounced rubelliform rash, had no clinical signs of meningeal irritation. Up to the present time the State Board of Health reported in 7 stools 'no polio virus found', but 3 stools 'positive for ECHO 9 virus'. These specimens were from three girls in Center K dormitory and who had the full clinical picture with fever, rash and emesis.

"In total we had 190 cases in a population of 554 inmates living in 7 dormitories involved in this epidemic. 39 cases developed a German measles like rash, 7 headaches, 1 stiff neck, 10 sore throats, 1 nausea, 32 emesis, 49 biphasic fever. Dr. Kleinman was particularly interested in the absence of meningeal signs and of no evidence of involvement of the cerebral nerves and peripheral paralysis. Patients in the 'Hillcrest' building and in the Center 'A' and Center 'K' dormitories come into contact with each other in that they use a common dining hall but the rest of the dormitories are far apart and have no connection with each other. The final evaluation of this epidemic, especially of the adult cases in Holly dormitory will be done when the results of the virus studies on all blood and stool specimens have been completed by the Minnesota Department of Health. Dr. Bruhl will be collaborating with Dr. Kleinman in preparing a paper for publication describing this outbreak. Colored photographs of one of the patients

show the eruption very clearly.

"We believe the first case occurred on August 14 in the 'Hillcrest' building where only 6 of 85 boys were ill with this disease and that the last case occurred in 'Holly' dormitory on September 18. Dr. Kleinman stated that the incubation period for ECHO 9 virus infection is estimated to vary from five to eleven days."

3. Membership in the Minnesota Hospital Association.

The group was told that they could continue their hospital membership in the Minnesota Hospital Association and they are welcome to belong and the fee remains the same for state membership. This can be done even though we did not elect to belong to the American Hospital Association.

4. Polio Shots.

Dr. Engberg would like to include the age group 21 to 40 in the polio vaccine program. The superintendents were encouraged to include this in their budget estimate for the next biennium.

5. Promotional Ratings.

Mr. Gardner mentioned that in the recent promotional rating sent out that there was some misunderstanding as to the rating. It is felt that the appointing authorities should continue to rate the person who is in line for a promotion but he would like to have the ratings channeled through the personnel office before they go to Civil Service. Dr. Williams thinks that the wording should be changed because it can be misinterpreted.

X. Selection of Next Meeting Place and Date.

The next Superintendents' Meeting will be held at Gillette State Hospital on December 16.

XI. Adjournment.

The meeting adjourned at 5 p.m.