

MINUTES

HOSPITAL SUPERINTENDENTS' MEETING

July 2, 1959

St. Peter State Hospital

St. Peter, Minnesota

1. Consideration of Minutes of May 28, 1959 meeting

The minutes of the May 28, 1959 meeting were approved without addition or correction.

2. Report on Meeting of the Public Education Committee Personnel, May 15, 1959

Mrs. Kjenaas gave a very complete account of this meeting, the focus of which was a report and analysis by Mrs. Dorothy Bishop, Public Information Officer of the Osawatimie State Hospital in Kansas, of the reasons for that hospital's having received the 1958 A.P.A. Achievement Award in recognition of its outstanding public relations program.

The main features of the Osawatimie program have been detailed in the report of the previous meeting. Briefly, they include a vigorous and continuing employee relations program, a district-wide community relations program, and participation in statewide public education. The employee relations portion is viewed by the hospital as basic. Many of the elements are familiar. Innovations include a system of "visiting rounds" by staff members to all hospital areas and the use of the "You, the Ambassador" series originally designed for community hospitals. The only other truly novel feature of the program is the telecommunication conference which enables the hospitals and various educational centers to hold discussions via telephone at intervals. The crucial elements in the success of this program at Osawatimie appear to be (1) the wholehearted support of the hospital and state administration, and (2) the employment of a full-time staff person as Public Information Officer.

Mrs. Kjenaas made the following specific recommendations for the Minnesota program:

1. Develop two or three themes or points of emphasis to be stressed at every possible opportunity by institution and central office personnel (in talks, on radio or TV, in newspaper articles, in interpreting statistical reports, in annual or biennial reports, etc.). These themes might differ somewhat for the mentally ill and mentally retarded.
2. Develop visual aid materials to illustrate these themes (posters, flip charts, slides, etc.)
3. Develop a Speakers' Kit and other materials for staff and volunteers making public presentations.
4. Present above materials along with explanation of "themes" and reasons for embarking on a more intensive program to: employees,

volunteers, relatives, other key community figures (including legislators?)

5. Pursue a more aggressive policy of obtaining speaking engagements, perhaps using the State Volunteer Council as the entree.
6. Expand the number of persons prepared to speak for the institution at public meetings.
7. Consider the possibility of a statewide publication on volunteer services and public education as a means of continuing contact with State Volunteer Council groups at local level and with other groups. (This could not be done with existing staff.)
8. Examine our internal employee relations programs to determine where improvements could be made to the end that each employee would think of himself as the "ambassador" of his institution in the community. Basic to this is a system for frequent and candid communication in both directions and good employee morale.

Considerable discussion ensued as to ways and means of establishing an effective public relations program for all of the institutions, and what the content of such a program should be. The general aim is to maximize gains in the next legislative session. To this end we must devote attention and effort during the next eighteen months.

The following points were generally agreed upon:

- (1) There should be concentration on a limited number of principles (three or less) which should be stressed and repeated for public consumption. Among these should be this idea: while significant advances have been made in the state hospital program, we still have a long way to go and continue to need people and money for further necessary improvements of the program.
- (2) Individual hospital biennial reports should be revived and sharpened in order to provide not only public relations media but also historical reference sources. An overall summary report by the Department of Public Welfare may also be needed.
- (3) The regular monthly statistical report should include not only the usual type of summary, but an additional interpretive summary that could be construed in effect as a press release and will connote not only achievements but continuing needs.
- (4) On the basis of material submitted to her from the hospitals Mrs. Kjenaas should write a draft statement for consideration at the next Superintendents' meeting, so that all parties concerned can give their full attention to it. This should contain a proposal for two or three major points or foci of a public relations campaign (including that mentioned in paragraph (1) above). The material otherwise in general should be organized according to four major headings:

- (a) Methods of improving internal relationships within hospitals.
- (b) Individual hospital-community relations, including
 - (1) the general points agreed upon,
 - (2) special items for each hospital, and
 - (3) suggested methods of improving hospital-community relations.
- (c) Suggestions for the role of Central Office in aiding the public relations of the Department and the individual hospitals.
- (d) Hospitals should include lists of local organizations whose interest and continuing support will be of strategic importance in aiding the mental health program; consideration will be given to methods of approaching and utilizing these organizations. Similar compilation will be carried out by Central Office with respect to state organizations.

An unsolved question is whether it is necessarily wise to go "straight to the people" or whether the campaign should deliberately include the legislature. There is some reason to believe that a factor in the success of the Kansas program has been the inclusion of the legislature as the first focus of educational effort.

3. Review of Sandstone Situation

Dr. Adkins gave a brief final report of the Sandstone closure. As of July 1, 1959, 61 patients, or some 19% of the mentally ill population have been discharged to nursing and rest homes. A number of other patients have been referred for placement but were transferred before plans had materialized; they may be released from other hospitals as counties are able to process their cases.

Reference is made to the list "Hospitalized Patients Eligible for Release to Community Facilities as of December 1, 1958". At that time a total of 2,365 mentally ill patients were considered eligible for release, or 22% of the mentally ill population. The Sandstone experience suggests that with suitable cooperation from the counties, this potential release rate might be approached.

Dr. Adkins and the other superintendents were commended for the remarkable efficiency of this entire operation.

4. Modification of Program at Hastings Children's Unit

The thirty-six positions authorized during 1958-59 will be cut to twenty-two positions in 1959-60 and thirty in 1960-61.

This obviously means that the program will have to be curtailed, especially during 1959-60. Present population of nineteen children will be gradually reduced to a census of approximately ten ("the sickest and the youngest") by the following general procedure:

- (1) Those who can go to foster homes will be discharged. (Note: Another arrangement through DFW may allow psychiatric follow-up of a number of emotionally disturbed children in foster placement.)
- (2) Those who can go to Children's Center will be transferred there.
- (3) Others (no more than two or three as now visualized) will be referred back to hospitals from which transferred into Children's Unit.

Henceforth children requiring psychiatric hospitalization will be handled as follows: with the exception of a few highly selected cases for the Children's Center and Children's Unit, they will be treated with the adult population of the normal hospital for that receiving area.

5. Discussion of 1959-61 Biennial Budget

Except insofar as covered by other discussions, this item for time reasons was not specifically dealt with.

6. Other Business

A. Announcements

Dr. Wadsworth's resignation was announced. The appointment of Dr. Adkins as Superintendent of the Cambridge State School and Hospital was announced. Mr. Ove Wangensteen, new Deputy Commissioner, was introduced.

B. Maintenance

The draft of Maintenance Policy of 6-25-59 (Attachment A) was introduced for consideration by the group. Various elements were thoroughly discussed. Modifications made are indicated in revised draft (Attachment B) of 7-6-59. These revisions, when compared with original draft, are self-explanatory.

Revised draft of 7-6-59 will be reviewed by DFW and if necessary by the Department of Administration. It is understood that the final policy statement, as approved by the Commissioner of Public Welfare and the Department of Administration, may differ from Attachment B. Pending approval, hospitals will operate in accordance with the policies agreed upon at the meeting which are those of the 7-6-59 draft (Attachment B).

Dr. Engberg raised a problem which must be resolved: that of the need to determine essential and non-essential (for emergency purposes) categories of staff living on grounds and the need for some uniform policy as to relative proportions of fair rental value (or none) to be charged for each category. This will be more critical as (presumably) "suitable quarters" will become vacant more often.

C. Overtime Policy

The attached policy statement (Attachment C) was approved. The principle of overtime payment was first approved; a discussion ensued as to the proper basis for establishing compensable overtime. The seven-man base was generally approved as being reasonable. This proposal must be approved by Civil Service before it becomes operative. (Note: The principles of this document may well need to be applied to Owatonna, where there is a non-medical duty roster rotated among four people. No decision was reached on this point at the meeting.)

D. Building Program

The State Architect's office has requested that institutions review their preliminary plans for building in 1959-61. This should include review of general topographical layouts, functions desired, type of patients to be served, etc. Architects will not be assigned until this preparatory phase has been completed. There was no mention by the Architect's Office of instructions concerning building jobs remaining from previous biennium.

E. Transportation Costs

The point was clarified that transportation costs of returning P.D. patients to hospital will be borne by the individual hospital, not Central Office. (The new Subdivision 6 of Section 525.753 of Minnesota Statutes 1959, which states the amendment, indicates as implicit that the amendment applies only when the superintendent orders or approves revocation of provisional discharge).

F. Over Complement Positions

LAC policy has been changed to exclude the previous blanket approval for hiring of aides and nurses over complement. Henceforth, any approval for hiring over complement in any category, will have to be obtained on a one-for-one basis. The LAC has indicated that it will insist on sound and ample justification for such requests.

Project labor is not considered as over-complement work.

G. Coffee Shortage

Institutions are advised that because of bidding problems there may be approximately a one-month delay in obtaining the current quarterly coffee order.

7. Selection of Next Meeting Place and Date

The next meeting will be held at the Moose Lake State Hospital on Friday, August 7, at 10 A.M.

8. Adjournment

The meeting adjourned at 5:45 P.M.