

54-PEP-DPW

M I N U T E S

HOSPITAL SUPERINTENDENTS' MEETING  
Moose Lake State Hospital  
Moose Lake, Minnesota  
August 7, 1959

PRESENT: Anoka Willmar  
Fergus Falls Brainerd  
Hastings Cambridge  
Moose Lake Faribault  
Rochester Gillette  
St. Peter State San.  
DPW : Mr. Hursh.....  
Dr. Cameron  
Dr. Vail  
Mrs. Karlins  
Mrs. Kjensaa.....

Guest : Dr. Bernard Glueck, Jr., Chairman, Mental Health Medical  
Policy Committee

1. Consideration of the Minutes of the June 9, June 15 and July 2, 1959 Meetings.

The minutes of the above mentioned meetings were approved without additions or corrections.

2. Purchase of Laundry Equipment for Quarters.

After prolonged discussion, agreement was reached concerning issue of linens, laundering of hospital linens vs. laundering of private linens, installation of washing machines in quarters, etc. Because of the complexities involved, it was decided that the outcome of the discussion should be put in the form of a separate memorandum, to be issued independently over the signature of Mr. Hursh.

The main points of agreement, from this discussion, were as follows:

- a. Hospitals may furnish linens to housekeeping quarters;
- b. Linens furnished by hospitals may continue to be laundered in the institution laundry;
- c. Privately owned clothing or uniforms which are subject to bacterial contamination may be laundered in the institution laundry.
- d. Concerning installation of washing machines; first priority goes to housekeeping apartments. As money becomes available and need occurs, provision may be made to houses.

An additional item of information pertaining to Miss Heaberlin is included under "Other Business".

### 3. Public Education Program

The test prepared by Mrs. Kjernaas, entitled Progress: Limited or Unlimited? was discussed at some length. Points of particular emphasis:

- need for communication channels among employees to allow communication to proceed from below upwards;
- each employee as an ambassador of the hospital;
- employees' advisory committee(Item 9);
- visiting rounds(Item 10).

The next major topic within this category was that of effecting the public relations program. Mrs. Kjernaas and Mrs. Karlins described a plan which has been worked out with 12 organizations represented on the State Volunteer Council to provide one day educational program in selected non-hospital communities throughout the state. The objective of these programs would be to "bring the hospital to the community", with emphasis on the mission of the hospital, its accomplishments and its problems, and on what citizens can do to help. The ultimate objective, which should be spelled out quite specifically, is formation of local legislative committees or other action groups which will be prepared to give support on a continuing basis to the mental health program and its institutions. It is expected that a number of organizations represented on the State Volunteer Council, in addition to the 12 on the planning committee, will be active in this series of programs. Mrs. Kjernaas presented a tentative division of the state into "regions" with one city in each region suggested as the site of a one-day meeting. The specific groups that would cooperate to sponsor each regional program would be determined by the planning committee. In all these programs, state institution personnel would serve as faculty, perhaps with a brief assist from the county welfare board or local mental health center staff.

Content of these programs would center around: Who is the mentally ill patient and what does he need to recover or improve? Who is the mentally retarded person and what are his needs? How do institutions, counties, mental health centers and the Department of Public Welfare attempt to work together? How does the budget process work from the institution to the legislative level; what restrictions are placed by the legislature? What are the accomplishments, goals and deficiencies of the present program? How can citizens help, specifically in organizing action groups and in sponsoring further educational programs in their individual communities patterned on the regional meetings?

A "trial run" program will be held in the Twin Cities area on Tuesday, October 6. Faculty will be several members of the Anoka State Hospital staff, Dr. Engberg from Faribault, a county welfare representative and central office staff. Each organization on the State Volunteer Council has been asked to send its representative and two additional members who can later serve as consultants to their local organizations in setting up the regional programs. Representatives of the hospital volunteer councils and

the volunteer coordinators are also asked to attend.

The State Volunteer Council will hold a joint meeting with the hospital superintendents at their next meeting to review this plan.

The final major point was a discussion of themes. These will be used in determining content of the regional programs and all other speaking engagements. Under Hospitals for the Mentally Ill, it was suggested that items two and three could be profitably combined. Mrs. Kjenaas suggested a third theme: One-fifth of our hospital patients could be discharged if appropriate arrangements could be made in the community. Dr. Peterson suggested that there be a fourth point: It is our belief that people are willing to pay for a worthwhile cause.

Superintendents were asked to write up any suggestions they have, particularly with respect to rewording or re-emphasis of themes, and send them to the Central Office. These are to be discussed at the Brainerd meeting of August 14, and will be reviewed and made final by the Policy Committee prior to October.

4. Medical Records Forms

There was no particular comment in this connection. Suggestions for revisions, additions, corrections, etc. were turned over to Dr. Hutchinson as Chairman of the Medical Records Committee.

5. Report of Department Heads Meeting.

Dr. Vail reported on a meeting held in St. Paul on July 16, 1959. This was for Department Heads and Division Chiefs. (Dr. Cameron was not able to attend.) The meeting was conducted by Commissioner Naftalin of the Department of Administration. Although there were a few questions from the floor and a closing inspirational-type address by Governor Freeman, the meeting was essentially a report by Mr. Naftalin in which policies or "mandates" emanating from the recent legislative session were presented. The principal items of interest for state institutions were as follows:

- a. Revival of task forces and self-surveys of past years. This will be a continuation and a re-evaluation of work done previously by these committees. The principal change will be in the composition of the groups, with greater representation of local legislators and interested members of the lay public. The value of such activity for public education and public relations purposes is recognized. The task forces are to begin operation hopefully by August. (Memorandum on this subject subsequently released by Mr. Hursh.)
- b. Overall financial situation. This subject needs no particular reiteration. The agenda of the July 16 meeting for this item is self-explanatory:
  - 1) Restricted use of contingency funds;
  - 2) Prepare spending plans carefully;
  - 3) Keep overtime at a minimum;
  - 4) Controlled use of long distance calls.

- c. Personnel policies. The "legislative mandate" in this instance is construed as allowing the Department of Administration and Civil Service authority to control program developments by the rigid application of regulations, and serves furthermore to create an atmosphere of unceasing vigilance and suspicion. Results: appointments above the minimum will be controlled (physicians are excepted from this); promotions intended to provide an increase in salary without other justification will be frowned upon; Civil Service will be "firm" with regard to reclassifications, particularly where these can be interpreted and devices for raising salaries of individuals; employees re-hired will go back to their previous position and level; no routine merit increases after the termination of the probation period will be allowed (this is complicated by considerations of the time of year in which an employee starts).

Questions were later posed to Mr. Hursh on this subject:

- 1) Is the Governor aware of the hardships which Civil Service regulations and procedures pose for program development?
- 2) Does the Department have any organized plan for opposing these policies?

No definite answer to these questions is recorded.

- d. Out-of-state travel. Following the time of the July 16 meeting there was a revision of the previous Department of Administration policy in this connection. Therefore the revisions were discussed in this instance, rather than the original contents. In effect the lump-sum arrangement is allowed and the travel plans submitted by the Department of Public Welfare have been approved in principle. The Department of Public Welfare is faced with a 35.5% cut. By means of readjustments within the Medical Division share (chiefly by cuts in research and training items) it is hoped that the institutions' needs will take on the average (for regular travel) only a 15% cut. The overall plan and detail is prepared and distributed in a separate communication.

#### 6. Emergency Admissions

The main object of the discussion was to ascertain or develop a more or less uniform policy for the acceptance of emergency admissions. It was generally agreed that patients whose behavior could be realistically evaluated as being dangerous to themselves or others, who are suicidal or homicidal, who are excessively pugnacious or for other reasons really require restraint or seclusion that cannot be provided under community auspices--all such cases are considered legitimate emergency admissions. Cases hastily done up as a matter of convenience to the family, physician, or court are not considered suitable in this context.

In the course of the discussion a number of interesting points were raised:

- Emergency Orders and Hold Orders are both accepted at the discretion of the superintendent.
- Relatively few patients are committed under the Emergency Order.
- Stipulation concerning subsequent petition to the committing court is included as part of the procedure on Emergency Orders.
- Problems of providing due notice in Emergency Order cases will tend to make them increasingly unpopular with judges.
- Hold Orders will correspondingly probably tend to become more popular.
- Hold Orders allow superintendent to indicate conditions under which he will accept patient and allow for a tight mechanism whereby patients will have to be removed from hospital after the stipulated period of time. Therefore it has usefulness (in addition to the 60-day clause in the regular commitment law) in helping to avoid unnecessary final commitments.
- Hold Orders do not, strictly speaking, allow for the institution of any treatment, including therapeutic trial as part of the evaluation. This question needs further study and resolution. Can emergency treatment be given? Can authorization to provide treatment be included as part of the condition of acceptance (some superintendents do this)? Who has authority to grant permission for treatment in such an instance?

#### 7. Disposal of X-Rays

The procedure proposed by Dr. Vail in the memorandum of July 20, 1959 entitled, "Disposal of X-ray Films" was acceptable. The importance of retaining chest films (in view of statute-of-limitation problems) is emphasized. It was also emphasized that this procedure was worked up for the convenience of the superintendents as a result of problems which had been presented by them. The procedure is entirely optional locally.

#### 8. Other Business

These items are presented pretty much as they occurred; therefore the order has no implications for priority or importance.

##### a. Research

Dr. Glueck presented the results of a research project at Anoka involving a comparative study under controlled conditions of Thorazine, Marsalid, and Mellaril. The net result was a favorable evaluation of Mellaril, which produced significant improvement among a group of chronic schizophrenic and organic psychotics at the 2% level of confidence. Mellaril was noted to be relatively

free of side effects. Marsalid dosages were controlled as a safety measure; even so, a small number of agitated, paranoidal chronic schizophrenics improved strikingly on Marsalid. It is not clear whether the use of Mellaril on a large scale would provide a significant financial advantage. It was decided on the basis of the promising nature of this study that it would be unwise for the Department to bind itself by entering into a larger contract with SKF than the one now in effect. (Mellaril, a phenothiazine with an alleged energizing effect, is produced by Sandoz.)

b. Dr. Faucett

The tragic and untimely death of Dr. Robert Faucett, of Rochester, formerly Chairman of the Community Mental Health Review Committee for the Department, was announced. Memorial contributions will be relayed to the appropriate funds by Dr. Cameron.

c. Dr. Seager

Dr. Charles Philip Seager of Bristol, England, is available for purposes of consultation and lectures. Necessary expenses will be paid from D.P.W. training funds. Dr. Seager is currently at the State Psychopathic Hospital of the University of Iowa. Dr. Seager is able to speak on a variety of subjects, particularly having to do with aspects of British psychiatry and of his own researches in sedative and anti-depressant drugs and affective illness in old age. A number of superintendents expressed interest; further arrangements will be made by D.P.W. Institutions requesting a visit are Anoka, St. Peter, Hastings, Moose Lake and Willmar.

d. Overtime for Physicians

The policy as previously worked out has been approved in principle by the Department of Administration and Civil Service. A revised schedule will provide a flat rate of \$5 per hour for overtime, the amount of overtime allowed (i.e. number of hours) depending on the number of staff physicians available. The revision gives both advantages and disadvantages with respect to the previous schedule. More complete clarification will follow separately.

e. Procurement of drugs and other medical supplies.

Despite revisions on purchasing procedures, in particular the annual contract arrangement, hospitals are still not getting quality products. This applies both to drugs and to other supplies. Gillette, Anoka, and Rochester are particularly irritated by present procedures. Hopes of a happy relationship with the Procurement Division have not been fulfilled.

f. Prostheses

Gillette announced that it cannot continue to provide braces and other prosthetic appliances for the other hospitals. Henceforth the individual hospitals or, in an extremity, the Working Capital Fund, will have to provide these. Hospitals are asked to increase their efforts to obtain the necessary money from families if at all possible.

g. Transfers

Transfers of patients within the state system should be primarily for the benefit of the patient, and not for the convenience of relatives unless the issue can be decided on the former basis; e.g. closer proximity allowing more frequent visits which will be therapeutic for patient.

h. Exterminator

Here again complete cooperation on the part of the Department of Administration is not in evidence. In this instance Smith, known from repeated experience to do unsatisfactory work, is still on the bid list. The question is raised concerning the possibility of failures of communication within the D.P.W. Mr. Hursh promised that he would investigate this matter more thoroughly by consultation with the D.P.W. Administrative Division. It is suggested that justification concerning specifications be written directly on the requisition so that there can be no possibility of the contents being "lost".

i. Other

Dr. Donald Peterson, as spokesman for the medical superintendents, presented some matters of interest and concern to the superintendents. Dr. Peterson has submitted documentation in support of these points.

- 1) It is noted that two superintendents have submitted their resignation in recent months.
- 2) Mr. Hursh is reminded that the testimony of Ethel Heaberlin before the Senate Finance Committee in May, 1959 has still not been made available to the group as requested at the meetings of May 28 and June 9. Nor has any authoritative statement concerning the contents of that testimony yet been made available. Nor has the courtesy of an official reply or explanation yet been given by Mr. Hursh. (Note: Distortions as to salary levels for physicians and insulting allegations concerning alleged abuse of commissary privileges, released in statements to the press by Mr. Hursh have never been corrected nor have suitable official apologies or explanations ever been made.)

The matter of Miss Heaberlin's testimony continues to be of some importance since, from the discussions concerning laundry arrangements, there is authenticated evidence of distorted and false declaration on other matters on the part of Miss Heaberlin. To wit: Miss Heaberlin has declared that every housekeeping unit at Rochester (prior to July 1, 1959) was provided with state-owned washing machines and dryers. There is no truth in this statement. Dr. Hutchinson was witness to this remark. The more general issue is also raised as to the validity of reports concerning the institutions made by the D.P.W. staff to Mr. Hursh, this being the principal source of his information concerning the operations of the institutions.

- 3) The matter of the error in calculation of Current Expense shortages as originally compiled by Mr. Chapado was again brought up for consideration. This was referred to in the minutes of the meeting of June 9. The original problem was that the Chapado estimates included as an offset to the shortage, the maintenance deduction of \$85 which on paper would give the impression of additional revenue. The question raised at this juncture is: What effect did this error in calculation have to do with the basic legislative appropriations for current expense? Also: What effect did it have in later dissuading the legislators (at the time protests were made) that this was a real issue? And: What efforts, if any, have been made to retract and correct this error and the possible misunderstandings emanating from it, and to try to undo the damage that was done?
- 4) Overtime pay for physicians and travel are recognized as important areas of concern for the institutions and acknowledgement is made of some progress in these areas.
- 5) The superintendents express concern about purchasing and procurement problems (see above) with emphasis on apparent problems whereby the actual experience of the field officers is somehow not relayed to the proper purchasing authorities, the net effect of which is that this experience is ignored.
- 6) The superintendents express concern about the usual concept of application for the LAC Contingency Fund as applying to purchase of drugs: whereas said Fund is traditionally used for meeting "unforeseen emergencies", the emergency concerning drugs is not unforeseen. Therefore the need for a specific interpretation concerning drugs is stressed.

- 7) Anoka and Faribault in particular raise the issue concerning proper classification of the Personnel Officer in mental institutions. Whereas the Civil Service Department has persistently maintained this at the Personnel Officer I level, it is stressed that the complexities and importance of the job demand a higher classification. Superintendents were asked to submit further material on this issue, with the hope that we will be able to mount a real attack in order to rectify this situation.
- 8) The matter of over complement positions was again raised. Mr. Hursh repeated that, except for summer trainees, all trainees, including psychiatric aide trainees, would be counted as complement jobs. He stressed that in accordance with the recent meeting of the LAC resulting from problems with the psychiatric aide class at Moose Lake, LAC will not give blanket approval for going over complement even in the instance of psychiatric aide trainees, and that each and every such instance will have to be approached afresh on an individual basis.

It is pointed out in rebuttal that the Governor has the power to overrule the LAC. Questions are raised as to the Governor's awareness of the severity of our problems, not only with respect to LAC but also Civil Service (the opinion is further offered that it is the clear responsibility of the Commissioner to inform the Governor of our problems). Mr. Hursh expressed anxiety and discomfort at the idea of the Governor attempting to overrule the LAC. Mr. Hursh indicated that he would renew our request to the LAC to allow us to hire over the complement and to grant blanket approval in the instance of trainees. Mr. Hursh indicated that he would do this at the next meeting of the LAC in late September or early October.

Dr. Cameron expressed urgency of need to sit down in conference with the Governor with respect to Civil Service problems, to advise the Governor as to the real extent that "roadblocks" are placed in our way by Civil Service. The question is again raised: To what extent has the Governor really been made aware or allowed to become aware of the seriousness of our problems?

9. Selection of Next Meeting Place and Date.

It was agreed that the next Superintendents' Meeting would be held at Gillette State Hospital, St. Paul, on Friday, September 18, 1959.