

a. Comparative state medical salary survey to date. Information was obtained from the Council of State Governments, APA and through a direct survey. Data from the first two sources is two years old. The direct survey material is being collected now and about half the states have replied. A summary sheet (preliminary review) was prepared comparing salaries for superintendents and clinical directors in several midwestern states, and five sample states from other regions. Values were assigned to housing and food, where provided, to permit comparisons of approximate cash value. In 1958, Minnesota ranked very low in relation to other midwest states; in the present year, payment to superintendents is very low, and for clinical director, we rank lowest. It is clear that a

raise will be needed to make Minnesota competitive with other states.

b. Turnover Among Physicians.

Since July 1, 1958, the hospitals have gained 39 physicians and lost 39, with 21 of these losses occurring since July 1, 1959. Common reasons given for seeking state employment are related to temporary conditions ("spouse at Mayo Clinic, awaiting residency," etc.) or to retirement from general practice. No more than 11 of the 39 gains sought employment because of interest in the system, possibility for career advancement, additional salary, etc.

Most common reasons for leaving were opportunity for professional advancement, or to seek further training. More provision for advanced training and for teaching activities appears crucial to turnover improvement.

c. Six Months of Recruitment.

Dr. Vail summarized the enormous effort and discouraging results of recruitment activities during this period. For example, correspondence (amounting to a total of around 700 letters) with 37 likely candidates produced 3 acceptances and 12 remotely interested physicians. Recruitment for superintendents seems somewhat more successful than for other physicians.

Dr. Donald Peterson recommends some effort be made to extend reciprocity on basic science examinations with other states for persons entering state employment or to waive Basic Science certification for individuals restricted to state hospital work with approval to be given individually by the Board of Medical Examiners. (There seems little hope of any change, however, in present basic science and medical licensing procedures.) The problem of recruitment is scheduled for discussion at a forthcoming joint meeting of the Medical Policy Committee and the committee chaired by Dr. Gardner.

Current correspondence, largely from foreign-trained physicians, was circulated for any desired action by the hospitals directly.

d. Proposed Salary Ranges.

Proposals have been prepared, or are being drafted, by central office consultants to improve the classification system and salary levels where needed. Under the present system Ph.D. psychologists and MSW social workers, for example, have no opportunity for advancement to supervisory responsibility except as department heads. Proposals are being discussed and formulated to remedy this situation by providing an additional supervisory level.

In the rehabilitation therapy area, similar problems exist, plus a bewildering array of job titles. Mr. Wrobel is working with the hospitals on a major revision of job titles. Several superintendents would like to see these revisions considered as "re-allocations" by Civil Service, rather than as a simple change of title. Mr. Gardner would like to have this material, along with other proposed salary and classification changes, before July 1.

Other positions which should be included in this re-evaluation are: dentist, pharmacist, dietitian, personnel officer, physical and speech therapists, x-ray and laboratory technician, alcoholic counselors and stenographers. It was suggested that the Minnesota Nurses Association committee may be helpful in providing information on which to base revisions in nursing department salaries.

e. Staff Housing.

There was further discussion of this issue with agreement that present policies concerning staff housing should continue in force and with the wish expressed that superintendents' request for additional staff housing before the legislature be supported in full by D.P.W. personnel. Staff housing has implications beyond the recruitment of physicians, as it affects not only the recruitment but in many instances the retention of valuable key personnel of other types. Because substantial agreement has been reached, the issue is closed and further discussion unnecessary.

4. Spansules.

A large number of drugs are available in this form from SK&F. Of principal interest to the psychiatric institutions are Thorazine & Compazine spansules. Mr. Grussing reports we save 16-18% in quantity purchase of spansules in comparison to equivalent amounts of single dosage preparations. Fergus Falls has experimented extensively with use of spansules and finds cash savings of 20% on its trial wards. They have also experimented with "interrupted dosage", originally tried at Anoka and still being studied there. This may produce further savings, but Anoka has not yet discovered any means of predicting which patients can be maintained on interrupted dosage. They find 70% can be removed from the drug for one month without noticeable change; others relapse at varying times.

Several hospitals insist that one spansule does not give 24-hour coverage, especially in larger doses. Anoka finds it necessary to give two spansules a day to many patients, which becomes more expensive than equivalent q.i.d. doses. Generally, a higher dose of spansules is needed to produce comparable results. For example, a patient who has been receiving three 50mg. doses will need a 200 mg. spansule for similar results. Effectiveness of spansules varies widely, perhaps related to differential absorption rate and other unknown factors. The consensus was that there is not sufficient evidence to warrant a general changeover to spansule medication. The issue of use of spansules resolves in the final

analysis to medical judgment.

5. Consultant fee schedules.

Question here centers around surgery fee schedules which currently provide \$50 for a major procedure; \$25 for minor surgery, and \$5 for consultation. One possibility is adjustment to bring the amounts nearer to those provided by Blue Shield. Action is deferred for the present.

6. Schedule "C" Commitments.

Miss Coakley, supervisor of the Section for Mentally Deficient and Epileptic, reviewed the procedure for commitments in mental deficiency, noting that committed wards of the Commissioner may, according to law, be supervised in the community or placed in boarding homes, hospitals or any state institution. On March 1 there were 1283 on the waiting list. Emergency admissions may be made to Brainerd, Cambridge and Faribault only when a satisfactory community plan cannot possibly be made. Several types of problem situations arise:

- a. Some mentally retarded wards are admitted directly by the counties to mental hospitals without commitment in mental illness under the above mentioned authority of the Commissioner (this appears to be the most common situation). Any of these patients who do not need mental hospital treatment should immediately be called to the attention of the county welfare department and Miss Coakley's section. If patients in this category appear to have recovered from their mental disturbance, they should be referred to the county for discharge plans, with notification to Miss Coakley's section. Where any problem arises, hospitals should pressure both the county and central office, since great emphasis is being given to outside placement of mentally retarded persons.
- b. Mentally retarded patients are transferred from institutions for the retarded to a mental hospital because of psychiatric difficulties. Many of these disturbances are transient, and they are often related to the basic condition of mental retardation, rather than being superimposed psychoses. Adequate staff and facilities should be made available as soon as possible to permit institutions for the retarded (Brainerd, Cambridge and Faribault) to deal with such problems directly and present staff should be oriented to this responsibility.
- c. Mentally retarded persons, who may or may not be under guardianship, are sometimes committed as mentally ill when they become disturbed in the community. If they are under guardianship and the disturbance appears to be related to the basic condition of mental retardation, the county and central office, should be notified that other plans are necessary. If the patient is not under guardianship, the county should be asked to institute such action promptly or to make other plans. Some counties have objected to instituting commitment to guardianship proceedings while a patient is in a mental hospital or on provisional discharge. This attitude should be

corrected as soon as possible in the best interests of these patients. Such instances should also be brought to the attention of Miss Coakley and her staff so that appropriate educational corrective measures may be taken.

7. Report on Questionnaires.

a. Research

Some confusion may have resulted from a request by the LRC for similar data. Hospitals are asked to send copies of their report to the LRC and to send in information requested by Dr. Vail if they have not already done so.

b. Dietary Allowance.

Some hospitals suggest a raise to VA levels (\$.85-\$.90 a day); others suggest varying improvements. In general, the present \$.63 probably meets basic nutritional standards, but it provides a dreary diet, lacking in fresh fruits and vegetables and in variety.

c. Summer Medical Students.

To date 35 U.S. and Canadian students have responded. Fourteen are entering their junior year in the fall; 21 will enter senior year. About \$5000 is available from the stipend fund. Hospitals will need to finance the remainder. The following hospitals would like students (most prefer seniors):

Anoka.....	2 or 3
Cambridge.....	3
Faribault.....	3
Fergus Falls...	6
Hastings.....	6
Moose Lake.....	2
Rochester.....	4
St. Peter.....	2 or 3
State San.....	1
Willmar.....	2

Institutions should obtain authorization through Mr. Chapado to spend anticipated savings to reimburse these students.

8. Photographs of Patients.

Mrs. Kjensaas reviewed the policy of newspaper photographs of mentally retarded persons and displayed several clippings containing "blacked-out" faces of mentally ill patients from recent newspaper stories. It was agreed that pictures are permissible at the discretion of the superintendent, provided photographers exercise good judgment; that names should not be included; and that placing blocks over the faces is to be actively discouraged.

9. Social Security Procedures.

Material now being prepared for revision of the Institutions' Manual was distributed. These changes appear to have little or no relation to problems previously discussed. Superintendents are asked to send any comments on the proposed revisions within two weeks.

10. Other Business.

a. Out-of-State Travel.

Institutions should begin submitting these requests for 1960-61, being sure to specify title of meeting and correct date and place.

b. Drivers License.

The following note from Mr. Hursh, addressed to Dr. Vahl on March 14, 1960 is read into the minutes and is self-explanatory:

"I discussed this matter with Mr. Hatfield of the Highway Department and he seems to feel that until the law is changed, he has no authority to change, substantially, his present policy on the cancellation of drivers' licenses held by persons committed as mentally ill. He feels that actually we have very little difficulty with the present law and policies. He is willing to reinstate a license anytime the superintendent informs him that the individual (in the superintendent's opinion) is competent to drive."

c. APA Achievement Awards.

Hospitals are urged to consider making application for these awards. Further information will be sent on procedures, final date for submission, etc.

d. Census.

A representative of the Census Bureau will call on the superintendents shortly. The usual procedure is to deputize a staff member to supply information from the records. They are reimbursed by the Bureau for this service.

e. Mental Health Week.

It was agreed that institutions for the retarded should plan public programs to coincide with activities of the association for retarded children or independently, but not necessarily in connection with Mental Health Week. The latter is geared almost exclusively to mental illness.

f. Association of Medical Superintendents.

Dr. Peterson reports that the Association is developing a series of definitions of categories of "nursing home" patients. Mr. Hursh suggests contacting Dr. Park of the Minneapolis Health Department, who has been working on classification of nursing homes and may have pertinent information.

Several other administrative problems were discussed. Mr. Hursh will investigate and report to Dr. Vail and Dr. Peterson.

11. Next Meeting.

The next Hospital Superintendents' Meeting will be held on April 29, 1960 in the Centennial Building, St. Paul.