

Dr. E. J. Murphy
(Copy given to
Mr. Murphy & Dr. Smith)

M I N U T E S
Hospital Superintendent's Meeting
Wednesday, September 5, 1962
Centennial Building
St. Paul

Present:

Anoka
Fergus Falls
Hastings
Moose Lake
Rochester
St. Peter
Willmar

Owatonna
Brainerd
Cambridge
Faribault
Glen Lake Sanatorium
Oak Terrace Nursing Home

DPW:

Ove Wangensteen
Dr. David J. Vail
Herbert Gardner
Gloria George

Mary LeRoux
Miriam Karlins
Ardo Wrobel

1. Minutes of the June 15, 1962 meeting were approved as written.
2. MEDICAL SALARY RANGE CLASSIFICATION

Mr. Ed Lane, of Civil Service, discussed the proposed 1963 salary ranges for physicians (see attached to June 15th meeting minutes). He reported that the 1959 Legislature passed H.F. #58 as written except for reducing the proposed maximum salary of \$25,000 to \$22,500 and corresponding changes within the A-B-C ranges. It was felt that this H.F. passage would tend to provide prestige in our Medical Staffs; supply the hospitals with boarded physicians and tend to attract more qualified staff.

There was extensive discussion covering the employment of Staff Physicians in range (civil service) 39. The examinations for Staff Physician will consist of an evaluation by the process as advised by the Mental Health Medical Policy Committee in accordance with procedures adopted by the Civil Service Board.

Mr. Lane announced that the three levels of Registered Nurses I, II and III are being raised.

3. Out-of-State Travel

Dr. Vail explained the department allocations covering out-of-state travel for the period 1962-1963. He stated that there may be available funds from the research and training programs which could cover some necessary travel, for example, employees should be encouraged to attend training programs and with full explanation the expenses may be underwritten from the research-training sinking fund. Dr. Vail feels that attendance at workshops and smaller meeting rather than attendance at large national meetings offer staff members greater gain in mental health knowledge. He also stated that if staff members present papers at small meetings - funds may be available to cover expenses from training research credits. (Copy of memo attached).

4. Recruitment Procedures

Dr. Vail explained the recruitment procedures to be used by the hospital chiefs in their attendance at the Mental Hospitals meeting to be held in Miami, Florida. He explained that at the present time, recruitment is progressing for the openings at Anoka State Hospital, Willmar State Hospital and Central Office. He requested that all medical recruitment possibilities be advised to write directly to him, giving full qualifications for possible employment.

Dr. Vail further stated that applications are now being taken for the stipend residency program beginning as of July, 1963. There is a limit for these students based on the lack of finances, however, the Mayo Clinic and University actually have no set limit on the number of students they will accept. The ECFMG will do the screening of doctors thus giving insurance that the properly qualified doctor will receive a license.

Dr. Tyce reported that at his meeting with the State Board of Medical Examiners, the fact was brought out that "foreign born physicians should be expected to gain ECFMG certification as soon as possible". He further stated that we have an obligation in seeing that foreign physicians gain citizenship in the allotted time. Too, Civil Service requires a declaration of citizenship which takes over a period of five years to gain. Attached you will find a copy of the recruitment for institutions and Central Office covering the periods January 1, 1962 to June 30, 1962.

5. Addressograph Installation

Mr. Edward Stokes, salesman for the Addressograph Corporation, 530 North Robert Street, St. Paul, discussed the use of the addressograph in admissions of patients to hospitals. He reported that statistics show that time may be saved and efficiency increased as well as having almost 100% accuracy and legibility in admitting patients when using this machine. It also reduces clerical writing and labor costs as well as giving positive identification to a patient. Packets with complete information covering the addressograph machine were given to each superintendent.

Dr. Vail suggested that this information be studied and also suggested that a purchase of one of the machines be made for experimental purposes. Dr. Vail also suggested that the article appearing on page 462 of the September 1962 Mental Hospitals be read. This covers the use of the addressograph at the Camarillo State Hospital, California.

6. Domestic Service Assignments for Patients

Dr. Vail discussed the report as formulated by Mr. Wrobel, Consultant, Rehabilitation Therapies, covering domestic service assignments in the hospitals. He referred to a memo sent to all hospitals under date of June 1, 1961 and urged that it be complied with. (Copy attached). Dr. Vail reported that he approves a contract service with limitations. Dr. Vail and Mr. Wrobel plan to formulate a new memo covering these services which will be

forwarded to all of the hospitals within a short period of time; this will, in all likelihood, require discontinuance of present staff-house domestic service arrangements.

7. Regional Mental Health Coordinating Committee

Dr. Vail gave a report covering the first meeting of the Regional Mental Health Coordinating Committee which was recently held in Fergus Fall, Minnesota. He explained that there was some amount of expressed apprehension on the part of the Mental Health Center Staffs. Dr. Vail has now rewritten the guide lines for these committees (a copy of the revised draft was provided each hospital). He also hopes that these committees will include not only mental health and mental retardation services, but also those having to do with corrections.

8. Policy on Patient's Mail

There was discussion regarding the policies of the handling of patient's mail in the hospitals. Each hospital has its own method of handling. Within limits of principles of confidentiality, assurance of constitutional rights, attendance to federal postal department legalities and preservation of essential information for medical records, it remains largely a matter of local determination, individualized, as to the filing and/or disposal of letters, notes, etc. of particular patients.

9. Communication with Local Physicians

There was discussion regarding the possibility of the hospitals corresponding with the private physicians of patients perhaps on a basis of 3 or 4 days following the patient's admission to the state hospital. It was felt that such correspondence should ideally acknowledge the referral to the state hospital by the private physician. It was suggested that follow-up letters should be sent to the private physician at the time of the patient's discharge or provisional discharge from the hospital. The majority of the hospitals are already doing this as well as sending a complete letter of referral covering the recommended medication plan.

Dr. Tyce reported that Rochester State Hospital follows this plan as well as including an invitation for the private physician to visit at the hospital. He concluded this remark with the fact that to date no private physician has accepted the invitation.

10. Public Health Nursing Project

Dr. Vail reported on the pilot study under the guidance of the State Health Department. It has been taking place at the Hastings State Hospital and in Dakota County. This project provides follow up care as well as gradually providing more resources for the provisional discharge planning of the patient. He further reported that this project is now being enlarged to include Rochester State Hospital. Dr. Tyce expressed his agreement in cooperating with this project.

11. Other Business

A. A More Fully Coordinated Program

Dr. Vail explained the criticism leveled by members of the Governor's Citizens Mental Health Survey Committee in their report which was published under date of July, 1962. He stated that this committee report is a mandate to him to do something about it -- the specific point made reference to is found in Recommendation A-8. This calls for a more fully coordinated program with the recommendation "that every effort be directed toward the development of a clearly spelled out, overall program for the state as a whole, into which each institution is carefully coordinated. All state hospitals should move as rapidly as possible toward accreditation by the Joint Commission on Accreditation of Hospitals, working under hospital regulations and constitutions reviewed and coordinated by the Director of Medical Services".

Dr. Vail announced that he plans to set up meetings of the hospital personnel to discuss and define goals. He feels that some of these problems will be minor and some major but that they will assist the hospitals in moving into a clear coordinated state program. They will also be helpful for use during the 1963 Legislative Session.

The first meeting of the hospital for mentally ill personnel which will include the hospital chiefs and hospital administrators will be held at the Anoka State Hospital on Friday, October 19. It is the plan that these meetings will be held at the hospitals in alphabetical order. Such meetings are already being held under the direction of Dr. Bartman with the medical chiefs and hospital administrators for the schools and hospitals for the mentally retarded.

B. Minnesota Security Hospital

Dr. Vail announced that Dr. Grimes, Superintendent, Minnesota Security Hospital, is now screening the security patients with the hope that a number of these long time cases may be scheduled for restoration to capacity hearings in the coming months. Too, the senile security patients will be screened for the possibility of transferring them back to their home hospitals. It is hoped that in this way the Minnesota Security Hospital population may be gradually reduced.

Dr. Vail suggested that following the transfer of a patient from a state hospital to Minnesota Security Hospital, that the home hospital staff offer follow-up services by visiting the patient at the Security Hospital. Dr. Grimes reports that the prison sends the assistant warden on such visits from time to time.

Dr. Vail now plans to review all requests for transfer of patients into Minnesota Security Hospital. Such requests may be made by telephone directly to Dr. Vail and followed up by the routine transfer papers to be signed by the Commissioner.

Miss Coakley, Supervisor, Section for Mentally Retarded and Epileptic, reported that the Department of Corrections has now requested that the A.D.D. at the St. Cloud Reformatory be completely closed out by June 1963. They are requesting repeal of the law covering A.D.D. in Legislature 1963.

C. Surgery

Dr. Vail read the report of surgery done in state facilities. This does not include surgery performed in community or University hospitals. The report reads as follows:

SURGERY DONE IN STATE FACILITIES

(Does not include community and University hospitals)

	<u>1959-60</u>		<u>1960-61</u>		<u>7/1-12/31/61</u>	
	Major	Minor	Major	Minor	Major	Minor
ANOKA						
Anoka State Hospital Patients	139	86	97	100	21	42
Transfer Patients	167	171	176	83	87	54
BRAINERD	0	3	0	30	1	19
CAMBRIDGE	11	1	14	2	1	0
FARIBAULT	63	11	45	2	19	0
FERGUS FALLS	105	35	114	27	40	11
GLEN LAKE	117	281	96	190	53	77
HASTINGS	92	10	100	10	29	5
MOOSE LAKE	0	21	0	7	0	2
ROCHESTER						
Rochester State Hospital Patients	879	45	761	54	386	41
Transfer Patients	202	3	233	25	109	32
ST. PETER	26	9	48	7	25	14
WILLMAR	<u>19</u>	<u>44</u>	<u>1</u>	<u>43</u>	<u>0</u>	<u>59</u>
T O T A L S	1820	720	1685	580	771	356

He reported that this study was gathered for use in the Legislative requests for surgery costs plus fully equipped surgical facilities in each of the hospitals. It was discussed as to whether or not all necessary and required surgery should be accomplished either at the Anoka State Hospital and the Rochester State Hospital. Dr. Vail reported that Anoka State Hospital has excellent surgical affiliations with the University of Minnesota. Rochester State Hospital has the same working arrangements with the Mayo Clinic. Dr. Tyce reported that he is able to assume many surgery referrals but lacks nursing staff to provide the necessary follow-up care.

Dr. Vail feels that a study for surgical programs should be made to support using only the Anoka State Hospital and Rochester State Hospital for elective surgery plus increased Working Capital Funds.

A committee was set up to study these plans. The committee members are: Dr. Ivan Sletten, Chairman; Dr. Norman Smith and John Malban from the Hastings State Hospital; Dr. Tyce and Mr. Charles Swint, Rochester State Hospital; Dr. Textor and Mr. Fischer, Anoka State Hospital.

12. Next Meeting

There will be no Superintendent's Meeting held during the month of October. The next scheduled meeting will be on Friday, November 9, 1962, Room #500, Department of Public Welfare.

June 2, 1961

TO: SUPERINTENDENTS -- Attention: Rehab Therapy Supervisors

Anoka State Hospital	Brainerd State School & Hospital
Fergus Falls State Hospital	Cambridge State School & Hospital
Hastings State Hospital	Faribault State School & Hospital
Moose Lake State Hospital	Gillette State Hospital
Rochester State Hospital	Owatonna State School
St. Peter State Hospital	Minnesota State Sanatorium
Willmar State Hospital	
MENTAL HEALTH EXECUTIVE COUNCIL	

FROM: David J. Vail, M.D.
Medical Director

RE: Patients employed as domestics

I hate to bring this up immediately after the recent House provision banning maid service, as I do not wish to confuse issues. I think there should be some clarification, however, and I would be writing this in any event.

It should be clear that patients are not to be assigned as domestics in any staff house or apartment simply as a matter of convenience to the officer or his family, or as a fringe benefit.

This type of assignment is permissible under certain very definitely controlled conditions:

- (1) It is done on a prescription basis as an industrial therapy assignment.
- (2) The assignment of domestic service trainee is part of the organized overall industrial therapy program.
- (3) There are definite commencement and termination dates, in other words an organized tour or course of training. This implies turnover, with "graduates" thereby re-trained to handle their own home economies responsibilities in the community or trained to obtain employment as domestics.
- (4) The supervisor, like any other supervisor in a hospital industry, furnishes evaluations to the I.T. department at regular intervals, and real supervision and on-the-job training are provided. This inevitably places the staff officer's family in the role of a state employee.

Whereas the idea of a domestic service training program is valid, the idea of providing help as a fringe benefit for staff is not. It should be apparent that I am decidedly opposed to the latter as a perpetuation of old-style state hospital plantation colonialism at its worst. It has a degenerating effect on patients and fundamentally on the staff as well. Unfortunately, even at the level of an organized I.T. program, it has been my experience that unless very careful controls are maintained it is very difficult to keep it from deteriorating into a cheap labor system.

I am asking Mr. Wrobel to prepare a report on such activities. I trust that you and your rehab people will give him every assistance in this.