

M I N U T E S

Hospital Superintendents' Meeting
Friday, December 13, 1963
Room 500 -- Centennial Building
St. Paul, Minnesota
55101

Present:	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	Owatonna State School
	Rochester State Hospital	Oak Terrace Nursing Home
	St. Peter State Hospital	Glen Lake State Sanatorium
	Willmar State Hospital	Lino Lakes

D.P.W.	Dr. David J. Vail	Mr. John Poor
	Mr. Ove Wangenstein	Mr. Clarence Terpstra
	Mr. Herbert Gardner	Mr. Don Wujcik
	Mr. C. G. Chapado	Miss Frances Coakley

1. Minutes of the September 18, 1963, Meeting were approved except for comments on #10, page 4, regarding Consultation Fees. Item 10 of September 18, 1963, refers only to surgical fees. It should read:

"A. Major \$50 Minor \$25 or
B. Blue Shield Schedule M Series 42"

2. Public Telephones

Dr. Vail advised that all hospitals install public pay phones conveniently located for use of the patients. It is felt this will tend to reduce the barrier between the hospital and the community. See attached memo as sent by Dr. Vail December 27, 1963.

3. Visiting Hours

There was discussion covering the variance in visiting hours in our hospitals. Dr. Vail stated that there should be a general standard of visiting hours. This would cover daily visiting plus one evening visiting period. Attention was called to the State Health Department rule that children under 12-14 years of age are not allowed to visit in any hospital. It was the general expressed feeling that within reason children should be allowed visitation privileges.

Discussion regarding the allowance of visitation on the wards showed that such permission solves more problems than it creates. Relatives are always anxious to see where the patient will be living. Too, it was agreed that there will be exceptions to all rules and regulations--depending on the individual patient--but restrictions should be minimal. (See Dr. Vail's memo December 27, 1963).

4. Staff Housing Policy

There was discussion on the "Proposed Policy on Staff Housing" as submitted by the Administrators Study Group. (See copy attached). A recommendation to the 1965 Legislature will be "all physicians and administrators will be given the option of living on/off the hospital grounds--not based on available groundshousing."

Mr. Wangenstein suggested that this Policy be further discussed by the Administrators Study Group at their January 17, 1964, Meeting scheduled to be held at Gillette State School and Hospital. He stated that the Legislative Building Commission has raised questions regarding the \$35 charged to employees living on the hospital grounds.

5. 5% Cut

Mr. Stephen Quigley, Commissioner of Administration, explained the seriousness of the financial situation of the State and the need for the 5% cut. He stated that it may not be possible for DPW to actually make the complete 5% cut--but an effort must be made to do so. However, this is not to be done by employee lay-offs or salary cuts. If 5% savings can be achieved from July 1963 - July 1964, there will be available monies for the merit increases (July 1964) as recommended by the 1963 Legislature. Too, if tax refunds become more favorable than anticipated-- the 5% cut will be decreased accordingly (to 4% - 3% - 2%). Mr. Quigley advised the Superintendents that they were at liberty to discuss his remarks with their respective staff members.

Mr. Chapado, Director of Administrative Services, DPW, discussed the number of current net job vacancies and the number of positions to be saved by July 1, 1964. (See complete compilation attached).

There was discussion regarding the "how" in regards to the savings of positions. It was agreed that there should be a common approach to reducing for the 5% cut. The following suggestions were made for presentation to the Department of Administration by Mr. Hursh and Mr. Wangenstein:

1. Restrict Admissions
2. Restrict Services
3. Restrict New Personnel
4. Brief Probate Courts:
 - A. No Pre-sentence Evaluations
 - B. No Hold Order Admissions
5. By Accomplishing 1, 2, 3, and 4, - Maintain Present Standards for Both Mentally Ill and Surgical Cases
6. Restrict Surgical Transfers
7. Move Patients Into Concentrated Areas Under Fewer Aides

SUGGESTIONS:

1. Do Not Open Buildings at Brainerd
2. Do Not Employ New Employees
3. Do Not Give Merit Increases
4. Be Allowed Lay-off Privileges
5. Cut Back Surgical Programs at Anoka State Hospital, Using Only Rochester State Hospital Surgical Programs

Mr. Chapado reported that in addition to requested staff reductions that there is also an equipment cut back. In February, 1964, the hospitals will be requested for current budget figures for presentation at the L. R. C., March 1964 Meeting.

A possible "quota" system was also discussed (see attachment). This was not adopted; further study will be given.

6. Bus Trips

Dr. Vail announced the schedule for the bus tours which are set-up to acquaint the members taking the tours with the new programs, philosophies and facilities in the area of mental health and mental retardation; to focus on people and programs, not buildings and budgets; and to provide a method of communication among key people relative to Minnesota's Mental Health Program. The participants of the tours will include: Members of the State Legislature, the Governor and Assistants, Association representatives (Minnesota Association for Mental Health, Medical Mental Health Policy Committee, Minnesota Medical Association); DFW (Mr. Hursh, Dr. Vail, Dr. Bartman, Dr. Pfeiler and Miriam Karlins); Twin City Press; Radio and TV representatives; possible other state agencies as: Commissioner of Administration, etc.

The itinerary is as follows:

1st Trip - January 15, 1964

Fergus Falls State Hospital
Lake Region Sheltered Workshop

January 16, 1964

Brainerd State School and Hospital

2nd Trip - February 4, 1964

Moose Lake State Hospital
Duluth Mental Health Center
Duluth Vocational Program
Duluth Day Care Center

February 5, 1964

Cambridge State School and Hospital

3rd Trip - March 11, 1964

St. Peter State Hospital
Faribault State School and Hospital

March 12, 1964

Rochester State Hospital
Rochester Mental Health Center
Day Activity Center
Hastings State Hospital

4th Trip - April 1, 1964

Anoka State Hospital
Willmar State Hospital
West Central Mental Health Center - Willmar

April 2, 1964

Oak Terrace Nursing Home
Minnesota Residential Treatment Center - Lino Lakes
Hennepin County Mental Health Center
-Hennepin County General Hospital
Day Care Center - Minneapolis

7. Federal Programs

Dr. Vail announced that all applications submitted by the hospitals for the N.I.M.H. 1) Hospital Improvement Program Grants and 2) In-service Training Program Grants were mailed from Central Office "on time." Central Office made no comments as to the merits of individual applications. It was felt that the uniformity and contents of the applications were very favorable.

Dr. Vail reported that the N.I.M.H. representatives who are responsible for drawing up guidelines for the recently passed Community Mental Health legislation came to Minnesota on December 12-13, 1963. A review was made in general of DFW community mental health programs as well as the programs of four centers in detail. An "interpretation covering the construction applications was given-- but at the present time 'management' plans are not clearly defined."

8. Research Meeting

Dr. Vail announced the Fifth Annual Research Conference scheduled for December 16 and 17 in the Veteran's Building, St. Paul. This Conference is planned and sponsored by the Research Section, Division of Medical Services, DFW. Dr. Vail urged all hospital personnel to attend both days, stating that Dr. Peter Beckett, Lafayette Clinic and Wayne State University, will give a paper on "Research in Schizophrenia Mechanisms" which promises to be extremely interesting and perhaps the best research being carried on in mental illness at this time. Dr. Vail extended a special invitation to Hospital Administrators to attend the session on December 17 when he will give a report covering his recent tour of England.

9. Other Business

- A. Dr. Vail read the following information as taken from "Minutes of DFW Field Staff Meeting, November 12-15, 1963."

"III. PUBLIC ASSISTANCE

5. General Relief Burials: Mr. Johnson discussed the question concerning the right of a patient at a state hospital to be buried in his home community with such burial paid for out of general relief.

Mr. Johnson pointed out that the remains of an MI patient are

presumably either to be sent to the University Hospitals, or buried at the institutional burial plot if there is no request by relatives to return the remains to the patient's home community. If, in a given instance, however, a request were made for the remains to be returned to the home community with burial to be paid out of GR funds, there is nothing to prohibit the CWD from approving such a request. However, in considering such a request, a CWD would first want to ascertain if OAA, OASDI, veterans benefits, etc., could first be used to pay for the burial, before authorizing the use of GR funds."

- B. It was announced that Oak Terrace Nursing Home would open twenty-five (25) beds within the next week. Hospitals were requested to refer patients as soon as possible.
- C. The next Superintendents' Meeting is scheduled for Friday, March 13th, at 10 a.m., Room #500, Centennial Building.

December 27, 1963

TO: All Directors and Administrators, ARI Institutions

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

SUBJECT: Public Telephones

In accordance with the policy laid down at the December 13, 1963, meeting, I am requesting that all institutions see to it immediately, that, as a standard item, there be in some central and convenient location on the grounds at least one public pay telephone freely available to patients. The object: to make available the opportunity of easy communication with the extramural community, to reduce de-socialization.

Some related issues are:

1. Exception: Because of newness, special circumstances, etc., this does not apply for the time being to Lino Lakes or the Minnesota Security Hospital.
2. The above rule applies in principle to institutions for the retarded. However, the potential usage here may be so limited that it will be commercially unfeasible for the telephone company to install a booth.
3. The telephone company is expected to take its chances concerning crank calls, etc., and the establishment of a public telephone should not lead to restrictions on any patient with an actual or supposed tendency to "telephonitis" other than those which would otherwise obtain. Thus the institution or the staff cannot be held responsible for mischief caused as the result of having a public telephone available, assuming that the usual standards of community protection are in operation.
4. The phone must be in fact freely available, just as would be the case with a booth on any street corner or public building, and there should be no restrictions, rules, time limitations, monitoring, surveillance, etc., which would tend to inhibit or negate free use of the telephone.

DJV:rej

January 17, 1964

Medical Services

Subject: Minimum Standards for visiting hours

In confirmation of the discussion at the Dec. 13, 1963, meeting, I am approving the following minimum standards pertaining to visiting hours. This report to all hospitals under the Medical Services Division. (Exception: Because of its special circumstances, Lino Lakes has individualized visiting arrangements.) Should I hear from you, or elsewhere, comments causing me to alter this, it will go into effect as of Sunday, January 12, 1964.

The standards are:

1. At least a total of 37 hours per week, including at least one 2-hour evening period.
2. There should be no waiting period, unless there are clear reasons for it in individual instances.
3. Health Department rule on children under 12 refers only to infirmary or medical-surgical (i.e., hospital) wards. Visiting by children should be permitted unless there are clear reasons against it in individual instances.
4. Relatives should be allowed to accompany the patient to the ward at the time of admission, talk to personnel, inspect the premises, etc., or do other things that will tend to ease separation anxiety for the patient and family and reassure them about the hospital experience.
5. Visiting areas should be as pleasant as possible and there should be as much privacy as circumstances will allow. Some limitation of privacy may be required in individual cases. The Minnesota Security Hospital has special security needs which must be met, but the same general principle applies.

DWV:raj