

Mr. Engberg
cc Mr. Kraft
D. P. Smith ✓
L. P. ✓

HOSPITAL SUPERINTENDENTS' MEETING
Friday, June 12, 1964
R - 500 - C - t - i - l B - i - l - d - i -
St. Paul - Minnesota
55101

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|----------|-----------------------------|-------------------------------------|
| Present: | Anoka State Hospital | Brainerd State School and Hospital |
| | Fergus Falls State Hospital | Cambridge State School and Hospital |
| | Hastings State Hospital | Faribault State School and Hospital |
| | Moose Lake State Hospital | Braille and Sight-Saving School |
| | Rochester State Hospital | School for the Deaf |
| | St. Peter State Hospital | Ah Gwah Ching Nursing Home |
| | Willmar State Hospital | Oak Terrace Nursing Home |
| | Lino Lakes Treatment Center | Glen Lake State Sanatorium |
| | Owatonna State School | |

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|------|------------------------|-----------------|
| DPW: | Mr. Hursh | Mrs. J. Bernard |
| | Mr. Wangensteen | Mr. Jacobson |
| | Dr. Vail | Mrs. Hiltz |
| | Dr. Bartman | Miss Coakley |
| | Dr. Kane | Miss Butler |
| | Mr. Gardner | Mr. Wrobel |
| | Mr. Chapado | Mr. Terpstra |
| | Mr. L. Irving Peterson | Mrs. Karlins |

1. Minutes of the March 13, 1964 meeting were approved as written.
2. Introduction of Dr. Humphrey Kidd, Psychiatrist, Towers Hospital, Leicester, England was introduced to the group. Dr. Kidd is a leading exponent of the team staff structure. He is based at the Anoka State Hospital for a three month period as (June, July, August) a Consultant. He plans to visit other hospitals (M.I. and M.D./E.) and the Community Mental Health Centers for evaluation purposes. (copies of Towers Hospital Team System sent to all Institutions, April 8, 1964).
3. Housing and laundry policies

a. Housing Policies

The changes (as recommended on March 13, 1964) made in the re-written Housing Policy were discussed and explained by Mr. Hursh and Mr. Wangensteen. (copy attached to March 13th meeting minutes). Further changes were recommended and the policy re-written under date of June 29, 1964 (copy attached).

The question of a possible change in the current monthly rate charges for board and room for employees in non-housekeeping quarters was referred to the Administrators Study Group for re-evaluation.

b. Laundry Policies

There was discussion covering the proposed changes in laundry policies which have been made to comply with the new interpretation of the Statutes. (Laws of 1963, Chap. 764, Section 18). Effective immediately, there will be no further issuance of linens, towels, blankets, etc., for residences and apartments nor will there be laundry service.

4. Children's Mental Health Services

Dr. Fred Kane, newly appointed Medical Director at the Children's Treatment Center, Iino Lakes, and John Jacobson, newly appointed Social Worker who will screen applications for admission to the Center were introduced to the group by Dr. Vail.

Dr. Vail gave a complete description and explanation of the physical facilities of both the Welfare and Corrections Sections at the Center. The lack of staff — with attention focused on R.N.'s was discussed. There are only four R.N.'s covering the 24 hour day — which — at times, necessitates using Day Care Counselors for nursing services. There are not adequate security facilities for either Section with the result that children must be transferred to State hospitals when such measures are advisable. It has been agreed that the young male transfers will be sent directly to Minnesota Security Hospital and the young female transfer to the State hospital of their Receiving District. There was discussion covering the possibility of eventually developing and designating a security program for women in one of the hospitals.

Dr. Kane will act as a Consultant to the Corrections facility and will recommend transfers to the State hospitals for those children who require security. Dr. Vail advised that all hospitals support transfer requests received from the Department of Corrections. He plans to request that Corrections place a paragraph on the transfer form stating that the youth will not be discharged from custody during the hospitalization. Such a statement will eliminate the hospitals responsibility when the patient is ready for discharge from the hospital.

A separate policy statement covering this matter will be released later.

Mr. Hursh reported that when plans for the Center were being formulated it was the agreement between Welfare and Corrections that "inter-campus" transfers would be appropriate.

Dr. Kane plans within the near future to invite all Hospital Staffs to an "Open House" which will be a full day's orientation of the Center.

5. Dehumanization

a. Rising, bedtime

Dr. Vail reviewed the report compiled from material submitted by hospital personnel on "Rising and Bedtime" (copies passed out at the meeting and also mailed to hospitals 6-24-64 and memo 7-1-64). It was advised that the report be thoroughly studied, and discussed (thru staff meetings) with hospital personnel. Thus, policies with some basic standard may be developed. It is realistic that each hospital will have exceptions to basic standards; such as: standards involving surgery/medical patients, etc. It was agreed that patients in some hospitals — to some extent — make their own rules; for example, the introduction of Patient Councils is assisting in making gradual changes in policies. There were some expressions regarding the possibility of synchronizing the patients', the physicians' and the nurses' day; for example, could activities of all start at 6:30 A.M. conclude at 3:30 P.M.; start at 8:30 A.M., conclude at 5:30 P.M.? Emphasis was placed on flexibility of meal services; examples: meals served at designated hours with patients free to eat at any period during these hours. This, in preference to the patient being forced out of bed at 5:30 A.M.; eating promptly at 6:30 A.M., etc. If policies are flexible—giving freedom— it will follow that responsibility will be greater —actually, the patient will be encouraged rather than 'made' to adjust. On the basis of the discussion, Dr. Vail will issue a brief policy statement which will be in the form of a general recommendation or suggestion.

b. Personal items

Discussion covering the positive and negative issues involved in the patients' role and the administration's role covering personal items brought up many valid questions— as well as the question: to what degree does the staff attempt to provide normal living for the patient?

c. Other areas of exploration

There was discussion concerning the factors involved in patients being given an explanation covering recommended treatment or recommended changes in treatment plans.

d. Institution Assemblies:

Dr. Vail reported that six Institutional Assemblies are in the planning stage. He will present these institutes which are being planned to expose as many employees as possible to the concept of Dehumanization. It is planned also to include as participants members of the Patient Council.

Dr. Vail reports that plans are under consideration for the printing of two cartoon type pamphlets showing situations in pictorial form (example: having a handkerchief when you need one) -- which will be sent to the hospitals for comments before being published.

Too, plans are being formulated for the publication by institutional employees of a Newsletter relating to "Patient Care" which it is hoped will become a medium of information.

6. Surgical Programs

Dr. Vail discussed the possibility of enlarging the surgical facilities at the Anoka State Hospital based on the case findings. He also raised the question of the advisability of establishing a tumor clinic based on the increase in the number of radiation treatment cases during the past three years.

The State Medical Association is now in the process of appointing visiting committees (voluntary) from counties (in Receiving Districts) to serve as advisors to our State hospitals for the Mentally Ill and Hospitals and Schools for Mentally Retarded. It is felt that such committees will assist in the improvement of our present medical programs as well as improving communications between hospital medical staff and physicians in the community. Dr. Walter Gardner (former Anoka State Hospital Superintendent) is chairman of the Committee. (see memo dated 6-11-64.)

7. RED TAPE Surrounding Home Visits

Dr. Vail discussed the form presently in use for signature when a patient is placed on "visit" from a State hospital. It is felt that in some instances relatives are discouraged from taking the patient home when they are confronted with this piece of paper.

It was suggested that new forms be drawn up for considerations.

8. Transferred patients: responsibility for burial

The responsibility for burial plans is to be assumed by the hospital in which the patient dies -- or the "home" hospital if previous (to death) plans had been formulated. In every situation the State laws must be followed.

When a question of "return" of patient arises between hospitals, the "parent" hospital must be prepared to accept the patient.

9. Trading Patients

It was agreed that in "questionable" transfer on a "trade" basis -- Dr. Vail will make the decision. Transfers (in some cases, trades) on the

basis of convenience in visitation on the part of relatives or friends will not be too acceptable.

10. Tours of Hospitals by Visiting Groups

Mrs. Karlins reported that following the recent Governor's Bus Tours to all of the Hospitals and Schools requests have been received from the counties and private groups regarding the formulation of plans for the same type of trip. Mrs. Karlins will discuss these plans in detail individually with the Hospital Administrators.

11. Training Funds:

Dr. Vail announced that Mental Health Training Funds amount to \$175,000 for the year 1964-65. These monies have all been allocated for Stipends.

Workshops which will be held throughout the year will be financed from Federal Funds.

12. Consultation on Hospital Organization: Dr. Humphrey Kidd

Dr. Vail announced that Dr. Kidd's paper "The Use of Work in the Rehabilitation and Resettlement of the Psychiatric Patient" will be sent to all hospitals. He advised that the Medical Directors formulate plans directly with Dr. Kidd for Consultative Services.

13. FEDERAL PROGRAMS

- A. Dr. Vail advised the Medical Directors that requests for Hospital Improvements Programs and In-Service Training Grants must be submitted to DPW by June 15th for approval by him and the Department of Administration in order to meet the July 1st deadline. He plans to check regarding the HIP monies which to date have not been received with the result that hospital planning is being held up.
- B. Dr. Vail announced the details of our proposed use of federal mental health monies. These monies amount to \$114,000. There are no major changes, other than the employment of four new personnel.

(1) Public Health Nurse

The primary function of this person will be to provide consultative, coordinating and advisory services as they relate to the community mental health services within the framework of the State of Minnesota's legal structure. She will develop firm working relationships with various persons engaged in or interested in after-care; hospitals, community mental health centers, nursing homes, county welfare departments and field staffs of the Department of Health and Department of Public Welfare.

(2) Patient Employment Coordinator

In order to improve the possibilities that patients will be employed following discharge, a Central Office position of Patient Employment Coordinator is being included. Through his services, it is hoped to increase community agency resources, improve community employer reception and advise on better methods of preparations to meet the needs of changing labor conditions. This person will serve as a liaison person with the Division of Vocational Rehabilitation.

(3) Mental Retardation Day Centers Coordinator

This person will carry major responsibility for assisting communities in the development of new day care centers, for the development of standards and programming, and for providing consultation. These centers have proved to be catalysts for bringing together community professionals and agencies on individual cases and program developments relative to the retarded at the community level. They have also stimulated interest and action for classes for the trainable. Because of the growth of day care centers throughout the state and with continuing interest in the further development of such centers, the need for a full time staff person has become increasingly evident.

(4) Children's Mental Health Community Consultant

This person under supervision of Dr. Bartman, Director, Children's Mental Health Services, has responsibility for screening referrals to Lino Lakes and completing and forwarding appropriate ones to that institution. He also handles the rerouting of these referrals which are not appropriate or for which there is no space available, and consults with community agencies regarding alternate plans. In addition, this person offers consultation to children's programs in adult mental hospitals.

1A. In-Service Training Workshop

Dr. Vail announced that plans had been completed for an In-Service training workshop to be held July 22-23 at Breezy Point Lodge, Pequot Lakes, Minn. Funds for this Workshop have been approved by NIMH which will cover expenses of Medical Directors, Hospital Administrators, Superintendents, Assistant Superintendents plus one or two other hospital personnel having training responsibility.

On July 22nd, Dr. Vail and Dr. Ralph Tyler, of the Center for Advanced Study in Behavioral Sciences, Stanford University, California, will be the speaker.

Dr. Adkins, Medical Director, Cambridge State School and Hospital; Robert Hoffmann, Administrator, Fergus Falls State Hospital; Mrs. Shirley, Nursing Supervisor, Moose Lake State Hospital; Arnie McFarlane, Nursing Supervisor, Moose Lake State Hospital and Dr. Kidd, Psychiatrist, will comprise a panel discussion.

On July 23rd there will be discussion groups. Mrs. Karlins will send detailed information to the hospitals as soon as plans are formulated. (Note: the above program was subsequently modified slightly)

15. Other

- a. Dr. Vail announced that the Goals Seminar will be held on June 25, 1964 at the Hastings State Hospital.
- b. Dr. Vail advised that the Institutions Manual contained full information pertaining to "Hold order" admitted patients.
- c. The next meeting is scheduled for Friday, September 18, 1964, Room 500, DPW, Centennial Building, St. Paul, Minnesota.

HOUSING PROJECT

In the early days of hospitals or institutions, employees were required to live on the grounds because they were on duty practically continuously. For example, in 1900 a rule and regulation of the Board of Trustees for the insane asylums stated, "Attendants may be allowed for their own use one evening a week, to be designated by the Superintendent; one Sunday out of every three." Physicians other than the superintendents were required to be single and were provided quarters. "All employees shall awaken at the sound of the morning bell," read an early rule. Gradually houses and nurses' dormitories were built in order that employees could be separated from the patients in their off-duty hours. Because the institutions were located away from the edge of town and transportation and communication was difficult, employees had to live at their place of work. Later, as the hours of work declined, these houses, apartments, and quarters became recruitment devices and fringe benefits.

Everybody will agree that the towns have built up to the hospital grounds in most cases. It is agreed that transportation and communication systems have improved. Certainly everybody must agree that hours of employment have declined from the 15 hours per day in 1911 to the present 40-hour week in 1964.

The necessity for houses and apartments on institution grounds and for employees to live on the grounds has largely disappeared. In recognition of this fact and to provide for an orderly withdrawal from state-supported housing, the Department of Public Welfare declares as its goals to:

1. Cease the building of houses and/or apartments for employees on any hospital or institutional grounds.
2. Eliminate residences on institutional grounds within the next 20 years, with legislative approval, by either sale or demolition.
3. Utilize fully present houses and apartments until all are either sold or demolished or utilized in patient programs.
4. Strive for a competitive salary scale for employees in order that "off-the-grounds maintenance allowances" will be eliminated as existing houses are sold or demolished.

To accomplish the above-stated goals, the following policies are adopted:

1. In the assignment of housing, priority shall be given first to physicians and chief executive officers who request housing, and these will not be charged rent. Second priority shall be given to employees who are currently hard to recruit and who request housing. Third priority will be given to all other employees, who also will be charged rent.
2. Every physician, other than the medical superintendent or those in ABC salary ranges, occupying house-keeping quarters, staff house, or apartment, will receive \$25 per month maintenance allowance in addition to his regular pay. All physicians including the medical superintendent, may occupy such quarters without charge.
3. Every full-time physician and chief executive officer may receive up to \$150 per month quarters allowance in lieu of free housing on institutional grounds.
4. As of July 1, 1965, physicians now employed who work less than full time at a hospital or institution are ineligible for free housing and/or a housing allowance. Effective immediately, new physicians employed part time are not entitled to housing or a housing allowance.
5. In order to facilitate recruitment, the chief executive officer may designate one house or apartment that may be held available for temporary occupancy for limited periods of time. Basic furnishings may be provided.
6. In the event that housing becomes vacant as a result of personnel turnover, no change need be made in the housing allowance payment to other physicians already living off the grounds for a period up to six months while recruiting efforts are carried out to obtain a physician. When suitable quarters are available and physicians receiving a quarters allowance prefer not to occupy them, the total value of the unoccupied quarters (established rent per month) will be deducted on a pro rata from the quarters allowance of every physician

living off the grounds and for whom the quarters would be suitable. (Note: This continues existing policy, and it is hoped that it can be eliminated by modification of the basic legislation.)

7. Every medical student or physician fellow receiving no other stipend or salary from the state may occupy housekeeping quarters at no charge and receive up to \$75 per month maintenance allowance notwithstanding any previous condition to the contrary.
8. Every employee ineligible for housing and presently occupying houses and/or apartment will be charged rent beginning July 1, 1965. The rental charge will be developed by the Department of Public Welfare, taking into consideration, among other things, the location of the residence on the institution's grounds, the age of the residence, the prevailing rental rates in the community, and the value of the utilities furnished (heat, water, electricity, etc.). The rental charge will be reviewed annually.
9. Henceforth, houses and apartments for employees receiving free quarters or paying rent will be provided "unfurnished". Unless furnishings are already in the house or apartment on the date this policy is issued, occupants will furnish their own stoves, refrigerators, drapes, linens, consumable household supplies, etc. The institution will furnish adequate heat, electricity, and water and will keep the house or apartment in good condition, making any necessary repairs, telephone usage for private purposes is not to be subsidized.
10. These provisions are subject to change and will be reviewed periodically to insure their fairness, appropriateness, and effectiveness.