STUDY OF STAFFING IN MINNESOTA INSTITUTIONS FOR THE MENTALLY RETARDED

THE MINNESOTA ASSOCIATION FOR RETARDED CHILDREN
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INTRODUCTION

The following information and data are the results of a study of the on-duty staffing ratios at the three major institutions for the mentally retarded in Minnesota. The institutions included in this study were Brainerd State School and Hospital, Brainerd, Minnesota; Faribault State School and Hospital, Faribault, Minnesota; and Cambridge State School and Hospital, Cambridge, Minnesota. This study was conducted by the Minnesota Association for Retarded Children during the 24-hour period of September 9 and 10, 1964.

In this study we have evaluated the staffing in the institutions for the mentally retarded in terms of patient care workers to patients. Patient care workers are those personnel (Psychiatric Technicians, Registered Nurses, Practical Nurses, and Psychiatric Technician Trainees) who are trained and assigned to the direct care of resident patients. In considering these staffing ratios, it becomes apparent that these institutions are functioning primarily as custodial centers rather than centers for treatment and rehabilitation. With the present staffing ratios, it is questionable whether anything more than the basic physical needs of most of the patients are being met. The American Association on Mental Deficiency (AAMD) states that "there shall be sufficient numbers of personnel assigned to direct care of resident patients to maintain standards for a safe, healthful, and constructive environment and to promote the physical, psychological, and social growth of the residents in the setting of the living unit and its environs." (Standards for State Residential Institutions for the Mentally Retarded, American Journal of Mental Deficiency, Vol. 68, No. 4, January, 1964). With the present staffing ratios, the accomplishment of these goals is impossible.

The data gathered through this study have been analyzed and tabulated. The major findings are as follows:

FARIBAULT STATE SCHOOL AND HOSPITAL

1. The patient care worker—patient staffing ratio during the morning shift was 1:23.5. The ratio during the afternoon shift was 1:32.1 and during the night shift, it was 1:82.4.

2. Over two-thirds of the patients living in the building included in this study were classified by the administration as being severely or profoundly retarded.

3. Only about three percent of the patients living in the buildings included in this study were classified as "borderline" or not mentally retarded.

4. Nearly one-fourth of these patients were not toilet trained.

5. Nearly 400 *(14%)* were unable to feed themselves.

6. 851 (31%) had some sort of physical handicap.

7. One out of every five of these patients was classified as being hyperactive.

8. Almost 1,200 *(43%)* of these patients were receiving medications regularly.

CAMBRIDGE STATE SCHOOL AND HOSPITAL

1. The ratio between patient care workers and patients was 1:18.5 during the morning shift. During the afternoon shift, the ratio was 1:22.5, and during the night shift, the ratio was 1:62.6.

2. Approximately one-half of the patients living in the buildings included in this study were classified by the administration as being severely retarded. About one-third of the patients were classified as being moderately retarded. Less than two percent of the patients were classified as being "borderline" or not mentally retarded.

3. Thirty percent (511) of these patients were reported as not toilet trained.

4. One out of every five of these patients is unable to feed himself.

5. Nearly half of these patients are physically handicapped.

6. Almost one-third of these patients were classified as being hyperactive.

7. 161 patients are bedridden and 281 are non-ambulatory.

8. 1,209 patients (71%) receive medications regularly.

BRAINERD STATE SCHOOL AND HOSPITAL

1. The staffing ratio in terms of patient care workers to patients was 1: 28.2 during the morning shift, 1: 33. 1 during the afternoon shift, and 1: 1: 46. 4 during the night shift.

2. Forty percent of these patients were classified as being severely retarded. Forty-three percent were classified as moderately retarded.

3. Only 31 patients were classified as "borderline" or not retarded.

4. 162 patients were non-ambulatory or bedridden.

5. 217 patients *(19%)* were unable to feed themselves.

6. One out of every three patients was physically handicapped.

7. 314 *(28%)* of these patients were classified as being hyperactive.

8. 600 *(53%)* patients receive medications regularly.

PURPOSE

The primary purpose of this study was to determine the actual on-duty ratio between patient care workers and patients on the wards of the three major institutions for the mentally retarded in Minnesota during the course of one 24-hour period. Other objectives of this study were to determine the following:

1. The staffing ratio in each building in each of the institutions.

2. The staffing ratio in relation to the degree of retardation and physical characteristics of the patients in the living unit.

3. The staffing during each shift.

4. The opinions of the Charge-Technicians as to the number of personnel who should be on duty during each shift.

5. The major problems encountered on each shift and suggestions as to the solution of these problems.

DESIGN

A questionnaire was constructed by the Minnesota Association for Retarded Children. This questionnaire was completed only by the Charge-Technician of each building or ward at each of the three institutions. The questionnaire was administered to the Charge-Technicians on all three shifts. (Appendix I contains a sample questionnaire.)

This questionnaire was administered at each of the three major institutions for the mentally retarded in Minnesota during the same 24-hour period, September 9 and 10, 1961. The questionnaire was personally delivered to each Charge-Technician and picked up when completed by a staff member of the Minnesota Association for Retarded Children. Institution administrative personnel were not involved in the administration of these questionnaires. The completed questionnaires were immediately returned to the Program Analyst of the Minnesota Association for Retarded Children for analysis and tabulation.

A second questionnaire was constructed and sent to the administration of each of the three institutions. The purpose of this questionnaire was to obtain information concerning the physical characteristics of the buildings included in this study and to obtain the "official" classification of the mental and physical characteristics of the patients included in this study. (See Appendix II for an example of this questionnaire.) Through this questionnaire, data concerning the number and type of workers assigned to each building was obtained.

RESULTS

Faribault State School and Hospital

The following information and data are the results of the analysis and tabulation of the data from Faribault State School and Hospital. In the following analysis Glen, Haven, Huron, Lynd, and Linden were not included as these buildings were either closed, in the process of being vacated, or not

yet in use. The Hospital, although surveyed, was also excluded from this analysis due to the atypical nature of its operation.

Table I represents a compilation of the staffing data concerning this institution.

Table I

STAFFING INFORMATION--FARIBAULT STATE SCHOOL AND HOSPITAL

	AM	PM	Night	Total	To maintain ratio 7 days per week
Number of patients in buildings	2066	2539	2554		
Number of patient care workers on duty	88	79	31	198	317 (119)*
Number of patient care workers that should be on duty in opinion of Charge-Technicians	154	123	52	329	526.5 (197.5)
Number of patient care workers requested by institution	39.5	46.5	27.5	113.5	
Total number of patient care workers if institution received entire request	127.5	125.5	58.5	311.5	499.5 (188)
Present staffing ratios	1:23.5	1:32.1	1:82.4		
Staffing ratio which Charge-Technicians believe should exist	1:13.4	1:20.6	1:49.1		
Staffing ratio which would exist if entire request was granted	1:16.2	1:20.2	1:43.7		
Number of patient care workers that should be on duty. AAMD	286.5	253	124.5	664	1062.5 (398.5)
AAMD staffing ratio	1:7.2	1:10	1:20.5		

Present number of relief personnel 108. Should be 119 to maintain present ratio.

Number of relief personnel 62.5 requested by institution.

Total number of relief personnel 170.5. Should be 188 to maintain staffing ratio which institution is requesting.

*The number in ( ) represents number of relief personnel (patient care) to maintain the number of employees on duty shown in this row 7 days per week, 365 days per year.

TOTAL PATIENTS IN BUILDINGS

The total number of patients reported as actually being in the buildings surveyed on the morning shift was 2,066. There were 2,539 patients actually in these buildings during the afternoon shift and 2,554 during the night shift.

STAFFING

There were a total of 88 patient care workers in these buildings during the morning shift, 79 during the afternoon shift, and 31 during the night shift. During this 24-hour period, there were a total of 198 patient care workers on duty. The staffing ratio during the morning shift was one patient care worker to each 23.5 patients. During the afternoon shift, the ratio was 1:32.1; and during the night shift, the ratio was 1:82.4. However, there was found to be many variations in individual building staffing ratios. During the morning shift some buildings housing working patients such as Iris had a staffing ratio of 1:7. During the afternoon and night shift, the staffing ratio in this building was 1:39. Other buildings such as Dakota, where there was 103 patients in the building, 100 of which were classified as either severely or profoundly retarded, 46 were hyperactive, l4 non-ambulatory, 65 not toilet trained, 26 unable to feed themselves, and 33 with physical handicaps, had a staffing ratio of 1:26 during the morning shift, 1:34 during the afternoon shift, and 1:103 during the night shift. Holly, a building which houses 112 girls, of which 88 are severely or profoundly retarded, 76 are hyperactive, 56 are not toilet trained, 49 have physical handicaps, 21 are non-ambulatory, and 42 who must be fed by someone else, had a staffing of 1:22 during the morning shift, 1:28 during the afternoon shift and 1:113 during the night shift.

CHARGE-TECHNICIANS' OPINIONS

On the questionnaire, the Charge-Technicians were asked to indicate the number of personnel "you feel should be on duty during this shift." They indicated that they felt that there should be 154 patient care personnel on

duty during the morning shift, 123 during the afternoon shift, and 52 during the night shift, or a total of 329 patient care workers during a 24-hour period. With this number of patient care workers on duty, the staffing ratio on the morning shift would be one patient care worker to each 13.4 patients, during the afternoon shift the ratio would be 1:20.6, and during the night shift the ratio would be l:49.1. To maintain these ratios seven days per week, 365 days per year would require a total of 526.5 patient care workers. This means that it would be necessary to have 197.5 patient care workers as relief personnel.

LEGISUTIVE REQUEST

As another aspect of this study, the number of patient care workers which this institution is requesting from the legislature was obtained. This institution requested 39.5 additional patient care workers for the morning shift, 46.5 for the afternoon shift, and 27.5 for the night shift. A total of 113.5 patient care workers were requested. This figure does not include relief personnel. If the institution was to receive the total number of patient care workers requested, there would be 127.5 patient care workers on the morning shift, 125.5 on the afternoon shift, and 58.5 on the night shift. If this institution were to receive its entire request, there would be a total of 311.5 patient care workers on duty during a 24-hour period. The patient care worker-patient ratio during the morning shift would then be one patient care worker to each 16.2 patients, during the afternoon shift the ratio would be 1:20.2, and during the night shift the ratio would be 1:43.5.

RELIEF PERSONNEL

To keep an employee on duty in each position seven days a week requires 1.6 employees. Thus the basic complement of 311.5 must be multiplied by 1.6 to get the appropriate number of employees. (Monograph Supplement to American Journal of Mental Deficiency, January, 1964, Vol. 68, No. H, p. 71)

To maintain these ratios which this institution is requesting seven days per week, 365 days per year, would require a total of 499-5 patient care

workers, including 188 patient care personnel on relief. At the present time, there are only 108 patient care personnel on a relief shift. The institution has requested an additional 62.5 personnel for relief. If this request were granted, there would be a total of 170.5 patient care personnel on relief. This is not enough to maintain the staffing ratios the institution is requesting. In order to maintain the ratios which are requested, 18 more relief personnel or a total of 188 would be necessary.

AMERICAN ASSOCIATION ON MENTAL DEFICIENCY STANDARDS

The American Association on Mental Deficiency has suggested staffing ratios which are considered necessary to maintain adequate standards in an institution such as this. According to these standards, there should be 286.5 patient care workers on. duty during the morning shift, 253 during the afternoon shift, and 1214.5 during the night shift. In terms of these standard there should be a total of 664 patient care personnel on duty during each 24-hour period. If these standards were met, the patient care worker-patient ratio would be 1:7.2 during the morning shift, 1:10 during the afternoon shift, and 1:20.5 during the night shift. To maintain these ratios seven days per week, 365 days per year, would require 1062.5 patient care workers.

CHARACTERISTICS OF PATIENT POPULATION

The staffing ratios necessary to accomplish the goal of promoting the maximum amount of patient development vary according to the age, physical condition, intellectual level, and emotional stability of the patients. In the course of this study, the administration at each institution provided information concerning the patients living in the buildings included in this study. Table II, page 9 depicts this data.

CHARACTERISTICS OF PATIENT POPULATION

Table II

	Profoundly retarded	Severely retarded	Moderately retarded	Mildly retarded	Borderline	Not mentally retarded	Not toilet trained	Must be fed	Physically handicapped	Non-ambulatory	Hyperactive	Bedridden	Receive medications regularly
Faribault	1191 38%	929 30%	634 20%	263 8%	65 2%	16 1%	634 23%	388 14%	851 31%	188 7%	550 20%	233 8%	1187 43%
Cambridge		845 49%	564 33%	266 16%	28 1%	15 1%	511 30%	356 21%	770 45%	281 16%	534 31%	161 9%	1209 71%
Brainerd		436 40%	472 43%	148 14%	18 2%	13 1%	280 25%	217 19%	382 34%	109 9%	314 28%	53 5%	600 53%

At Faribault State School and Hospital, 68% (2,120) of the patients included in this study were classified as being profoundly or severely retarded. Twenty percent of these patients were classified as moderately retarded, eight percent were classified as mildly retarded, and only three percent were classified as "borderline" or not being mentally retarded.

Nearly one-fourth *(23%)* of these patients were not toilet trained, 388 had to be fed by someone else, and 188 were non-ambulatory. Thirty-one percent of these patients (851) had some sort of physical handicap. Twenty percent were classified as being hyperactive and 233 were confined to beds. Forty-three percent (1187) patients received medications regularly.

CAMBRIDGE STATE SCHOOL AND HOSPITAL

The following is an analysis of the data gathered at Cambridge State School and Hospital, Cambridge, Minnesota. Wards in the Administration Building, the Treatment Unit, and the Infirmary were not included in this study due to the atypical scope of their operations. Table II, page 9, and Table III. page 11, depict- this data.

Table III

STAFFING INFORMATION--CAMBRIDGE STATE SCHOOL AND HOSPITAL

	AM	PM	Night	Total	To maintain ratio 7 days per week
Number of patients in buildings	1576	1603	1627		
Number of patient care workers on duty	85	72	26	183	292 (109)*
Number of patient care workers that should be on duty in opinion of Charge-Technician	117	107	35	259	414 (155)
Number of patient care workers requested by institution	41	37	4	82	
Total number of patient care workers if institution received entire request	126	109	30	265	424 (159)
Present staffing ratios	1:18.5	1:22.3	1:62.6		
Staffing ratio which Charge-Technicians believe should exist	1:13.5	1:15	1:46.4		
Staffing ratio which would exist if entire request was granted	1:12.5	1:14.7	1:54.2		
Number of patient care workers that should be on duty, AAMD	245.5	185	82.5	513	821 (308)
AAMD staffing ratio	1:6.4	1:8.7	1:19.7		

Present number of relief personnel 80. Should have 109 to maintain present ratio.

Number of relief personnel 30 requested by institution.

Total number of relief personnel 108. Should have 159 to maintain staffing ratio which institution is requesting.

*The number in ( ) represents number of relief personnel (patient care) to maintain the number of employees on duty shown in this row 7 days per week, 365 days per year.

TOTAL PATIENTS IN BUILDINGS

A total of 1,576 patients were reported as being in the buildings included in this study during the morning shift. There were 1,603 patients in these buildings during the afternoon shift, and 1,627 during the night shift.

STAFFING

During the morning shift, there was a total of 85 patient care workers on duty in these buildings. During the afternoon shift, there were 72 patient care workers on duty and during the night shift there were only 26. The staffing ratio during the morning shift was found to be one patient care worker to each 18.5 patients. The staffing ratios in the buildings during this shift ranged from 1:12 in Cottage 2, which is a two-story building housing 6l patients of which 16 are severely retarded and 1*8 have physical handicaps, to 1:25 in Cottage 12, in which there were 102 severely retarded patients of which 100 are hyperactive, 21* cannot feed themselves, and 80 are not toilet trained.

The staffing ratio during the afternoon was one patient care worker to each 22.3 patients. These ratios ranged from 1:18 in McBroom Hall in which there were 275 patients of which 130 are severely retarded, 97 are non-ambulatory, 51 are bedridden, 138 are not toilet trained, 250 are physically handicapped, and 112 must be fed; to 1:31 in Cottage 14 which houses 118 patients of which 10 are severely retarded, 12 are hyperactive, 60 have physical handicaps, and 93 receive medications regularly.

The staffing ratio during the night shift was 1:62.6. The building ratios ranged from 1:30 in Cottage 2, in which there were 6l patients of which 16 were severely retarded, 48 with physical handicaps, and 57 who regularly received medications; to 1:98 in Cottage *9,* in which there were 98 patients of which 88 were severely retarded, 32 hyperactive, 24 not toilet trained, and 70 regularly receiving medications.

CHARGE-TECHNICIANS OPINIONS

The Charge-Technicians were asked to give their opinion as to the number of patient care personnel which they felt necessary to give adequate care to the patients in their buildings. These responses indicate that there should be a total of 117 patient care personnel on duty during the morning shift, 107 during the afternoon shift, and 35 during the night shift. This represents a total increase of 76 patient care personnel—32 on the morning shift, 35 on the afternoon shift, and nine on the night shift. With these increases, the staffing ratio during the morning shift would be one patient care worker to each 13.5 patients. During the afternoon shift, the ratio would be 1:15, and during the night shift it would be 1:46.4.

LEGISLATIVE REQUEST

The institution administration indicated that they were requesting a total of 82 patient care personnel to be assigned to the buildings included in this study. They requested 41 additional patient care personnel for the morning shift, 37 for the afternoon shift, and four for the night shift. If these requests were granted, the staffing ratio during the morning shift would be 1:12.5, during the afternoon shift it would be 1:14.7, and during the night shift it would be 1:54.2.

AAMD STANDARDS

In terms of AAMD staffing requirements, there should be a total of 821 patient care personnel on duty during any 22-hour period. According to these standards, there should be 245.5 patient care workers on duty during the morning shift, 165 during the afternoon shift, and 82.5 during the night shift. These would be the numbers of personnel required to achieve the staffing ratios which the AAMD feels to be necessary to provide proper patient care. These staffing ratios would be 1:6.4. during the morning shift, 1:8.7 during the afternoon shift, and 1:19-7 during the night shift.

RELIEF PERSONNEL

To maintain the staffing ratios discussed above requires an adequate number of relief personnel. If this institution is to maintain the present staffing ratios in the buildings included in this study based on a basic complement of 183 patient care workers, 109 relief personnel are needed. However, at the present time, there are only 80 patient care workers on relief. Therefore, this institution cannot continuously maintain the present staffing ratios discussed above. This institution is requesting 82 additional patient care workers to staff the buildings included in this study. If this request was granted in full, there would be a total of 265 patient care workers on duty during a 24-hour period. To maintain this number of workers on duty seven days per week, 365 days per year, would require 159 relief personnel. However, the institution requested only 30 additional relief personnel for these buildings. To maintain the staffing ratios which this institution is requesting would require 5l more relief personnel.

CHARACTERISTICS OF PATIENT POPULATION

At this institution, 49% (8145) of the patients living in the building included in this study were classified as being severely retarded. Thirty-three percent (5614) of these patients were classified as moderately retarded, 16% were classified as mildly retarded and only about two percent were classified as being "borderline" or not mentally retarded. Thirty percent (511) were not toilet trained, 356 were unable to feed themselves, and 770 (45%) were physically handicapped. Sixteen percent of these patients were non-ambulatory, 534 were hyperactive, and 161 were bedridden. Seventy-one percent (1209) were reported as receiving medications, regularly. (Refer to Table II, page 9.)

BRAINERD STATE SCHOOL AND HOSPITAL

The following are the results of the analysis of the data gathered at Brainerd State School and Hospital, Brainerd Minnesota. Table II, page 9, and Table IV, page 16, depict these findings. When interpreting these findings, it must be kept in mind that this is a new institution and is in the process of rapid expansion and growth. New buildings will soon be opening and the administration has requested personnel to staff these buildings. When discussing administrative requests for additional patient care personnel, the requests for these new buildings are not included.

Table IV

STAFFING INFORMATION--BRAINERD STATE SCHOOL AND HOSPITAL

	AM	PM	Night	Total	To maintain ratio 7 days per week
Number of patients in buildings	1044	1061	1067		
Number of patient care workers on duty	37	32	23	92	147 (55) *
Number of patient care workers that should be on duty in opinion of Charge-Technicians	69	63	37	169	270.5 (101.5)
Number of patient care workers requested by institution	23	47	9	79	
Total number of patient care workers if institution received entire request	60	79	32	171	273.5 (102.5)
Present staffing ratios	1:28.2	1:33.1	1:46.4		
Staffing ratio which Charge-Technicians believe should exist.	1:15.1	1:16.8	1:28.8		
Staffing ratio which would exist if entire request was granted	1:17.4	1:13.4	1:33.3		
Number of patient care workers that should be on duty. AAMD	140.5	105.5	60.5	306.5	490.5 (184)
AAMD staffing ratio	1:7.4	1:10	1:17.6		

Present number of relief personnel 45. Should have 55 to maintain present ratio

Number of relief personnel 59 requested by institution.

Total number of relief personnel 104. Need only 102.5 to maintain staffing ratio which institution is requesting.

*The number in ( ) represents number of relief personnel (patient care) to maintain the number of employees on duty shown in this row 7 days per week, 365 days per year.

TOTAL PATIENTS IN BUILDINGS

It was found that during the morning shift in the buildings surveyed there were 1,044 patients actually in these buildings. During the afternoon shift there were l,06l patients in these buildings and during the night shift there were 1,067 patients in these buildings.

STAFFING

There was a total of 92 patient care workers on duty during the 24-hour period during which the study was carried out. There were 37 patient care workers on duty during the morning shift, 32 during the afternoon shift, and 23 during the night shift. The existing staffing ratio, in terms of patient care workers to patients, was found to be 1:28.2 during the morning shift, 1:33.1 during the afternoon shift, and 1:46.4 during the night shift. In order to maintain these ratios seven days a week would require 55 patient care personnel on relief. At that time there were only 45 patient care personnel on relief indicating that these ratios are not being maintained every day.

CHARGE-TECHNICIANS OPINIONS

The Charge-Technicians of each shift were asked to give their opinion as to the number of patient care workers they felt should be on duty in their ward during that shift. In the analysis of their responses, it was found that they felt that there should be a total of 169 patient care workers on duty to give adequate care to the patients. They felt that there should be 69 patient care workers on duty during the morning shift, 63 during the afternoon shift, and 37 during the night shift. In terms of this staffing, the ratio between patient care workers and patients would be 1:15.1 during the morning shift, 1:16.8 during the afternoon shift, and 1:23.8 during the night shift. To maintain these ratios seven days a week, 365 days a year, would require 101.5 patient care workers on relief.

LEGISLATIVE REQUESTS

The administration at this institution requested *a* total of 79 patient care workers for the buildings included in this study. Twenty-three patient care workers were requested for the morning shift, 47 for the afternoon shift, and 9 for the night shift. If these requests were granted in full, there would be 171 patient care workers on duty during the course of any 24-hour period. There would be 60 on duty during the morning shift, 79 on duty during the afternoon shift, and 32 on duty during the night shift. *The* patient **care worker** to patient staffing ratio would then be 1:17.4 during the morning shift, 1:13.4 during the afternoon shift, and 1:33.3 during the night shift. To maintain these staffing ratios seven days per week would require 102.5 patient care personnel on relief. There are presently 45 patient care personnel on relief. The institution is requesting an additional 59, which if granted, would give a total of 104 patient care personnel on relief, 2.5 more persons than actually needed.

AAMD STANDARDS

According to AAMD staffing standards, there should be a total of 306.5 patient care workers on duty during each 24-hour period. According to these standards, there should be 140.5 patient are workers on duty during the morning shift, 105.5 during the afternoon shift, and 60.5 during the night shift. The patient care worker-patient staffing ratio would then be 1:7.4 during the morning shift, 1:10 during the afternoon shift, and 1:17.6 during the night shift. To maintain these ratios seven days per week would require 184 relief personnel.

CHARACTERISTICS OF PATIENT POPULATION

The administration at this institution classified 40% *(436*) of the patients living in the buildings included in this study as being severely retarded. Forty-three percent were classified as being moderately retarded, 14% were classified as being mildly retarded, and only about three percent were

classified as "borderline" or not mentally retarded. (See Table II).

Twenty-five percent of these patients were not toilet trained and 217 *(19%)* were unable to feed themselves. Thirty-four percent of these patients had some physical handicap, 109 were non-ambulatory, and 53 were bedridden. Twenty-eight percent of these patients were classified as being hyperactive and 53% (600) were regularly receiving medications.

DISCUSSION

CLASSIFICATION OF PATIENT POPULATIONS IN TERMS OF DEGREE OF RETARDATION

A total of 5,903 patients at the three institutions were classified by the administrations in terms of degree of retardation. (See Table V, page 20). Of this number, 3,401 patients (57%) were classified as being either severely or profoundly retarded. Twenty-eight percent (1,670) were classified as moderately retarded, 677 *(11%)* mildly retarded, *2%* (111) borderline, and *1% (44)* were classified as not being retarded. Sixty-eight percent (2,120) of the patients included in this study at Faribault were classified as being severely or profoundly retarded. About half *(49%)* of the patients at Cambridge and 40% of the patients at Brainerd were included in this classification.

It is interesting to note that over 2,000 (68%) of the patients in Faribault were classified as being profoundly or severely retarded. Cambridge classifies only 49% as severely retarded and Brainerd classifies only 40% as such. When other characteristics of the patient populations are considered, such as the number of patients not toilet trained and the number of patients who are unable to feed themselves, the differences among institution populations become less. In fact, if these two characteristics were used as criteria of degree of retardation, it appears that the patient population at Faribault is of "higher caliber" than in either of the other institutions. This is indicative of the problem encountered in the classification of patients in institutions for the mentally retarded.

Table V

CLASSIFICATION OF PATIENTS IN MINNESOTA INSTITUTIONS FOR THE MENTALLY RETARDED IN TERMS OF DEGREE OF RETARDATION

	Profoundly Retarded	Severely Retarded	Moderately Retarded	Mildly Retarded	Borderline	Not Retarded	Total
Faribault	1191 38%	929 30%	634 20%	263 8%	65 2%	16 1%	3098
Cambridge		845 49%	564 33%	266 16%	28 1%	15 1%	1718
Brainerd		436 40%	472 43%	148 14%	18 2%	13 1%	1087
Total	1191 20%	2210 37%	1670 28%	677 11%	111 2%	44 1%	5903

PHYSICAL CHARACTERISTICS OF PATIENT POPULATIONS

Table VI, page 21, depicts the physical characteristics of the patients included in this study. Twenty-four percent (1,425) of the patients were not toilet trained, 961 (16%) are unable to feed themselves, and over 2,000 (34%) have some type of physical handicap. A total of 578 patients were classified as non-ambulatory and nearly 1,400 (24%) were hyperactive. Over 50% of the patients regularly receive medication and 447 are bedridden. It is interesting to note that 71% of the patients at Cambridge regularly receive medications, while only 43% of the patients at Faribault and 51% at Brainerd are reported as regularly receiving medications.

Table VI

CLASSIFICATION OF PATIENTS IN MINNESOTA INSTITUTIONS FOR THE MENTALLY RETARDED IN TERMS OF PHYSICAL CHARACTERISTICS

	Not Toilet Trained	Must be Fed	Physically Handicapped	Non-Ambulatory	Hyper-active	Bedridden	Receive Medication Regularily
Faribault	634 23%	388 14%	851 31%	188 7%	550 20%	233 8%	1187 43%
Cambridge	511 30%	356 21%	770 45%	281 16%	534 31%	161 9%	1209 71%
Brainerd	280 25%	217 19%	382 34%	109 9%	314 28%	53 5%	600 53%
Total	1425 24%	961 16%	2003 34%	578 10%	1398 24%	447 8%	2996 51%

AGE GROUPINGS OF PATIENT POPULATIONS

Table VII, page 22, depicts the age groupings of patient populations on June 31, 1964. It is interesting to note that at Brainerd 217 (22%) of the patients were under 19 years of age. At Cambridge, 778 (37%), and at Faribault, 836 (28%) of the patients were under 19 years of age.

Table VII

AGE GROUPINGS OF PATIENT POPULATIONS IN MINNESOTA INSTITUTIONS FOR THE MENTALLY RETARDED, JUNE 30, 1964

	Total # On Waiting List	Total # On Institution Books	Total on Books		
			Brainerd	Cambridge	Faribault
Total	676	6469	981	2107	3030
Age Group					
Under 5	220	31	3	13	15
5-9	239	415	57	151	189
10-14	96	796	100	311	294
15-19	43	962	112	303	338
20-24	11	719	114	259	313
25-29	9	537	97	177	263
30-39	19	993	187	307	499
40-64	37	1757	295	532	930
65	2	258	16	54	188
Median Age	7.5	27.9	30.4	25.5	32.1

ADMISSIONS TO MINNESOTA INSTITUTIONS FOR THE MENTALLY RETARDED

Table VIII, page 23, illustrates admissions to Minnesota institutions for the mentally retarded in 1962-63. During that year there were a total of 309 admissions to these institutions. Fifty-six percent (174) of these admissions were children under the age of 15. Seventy-five percent of the total admissions were individuals under the age of 19.

Forty-two percent (129) of the total number of people admitted to Minnesota institutions for the mentally retarded were classified as profoundly or severely retarded. However, 63% of the children under the age of ten who were admitted to these institutions were classified as being profoundly or severely retarded, and 21% of the children in this age group were unclassified as to the degree of retardation. Sixty-nine percent of the individuals over ten years of age who were admitted to these institutions were classified as being other than severely or profoundly retarded. These figures are indicative of the population trend in Minnesota's institutions for the mentally retarded. The populations in institutions for the mentally retarded in Minnesota are becoming younger, more severely retarded, and contain more individuals with physical handicaps. Table IX, page 24, further illustrates this trend.

Table VIII

1962-3 ADMISSIONS TO MINNESOTA INSTITUTIONS FOR MENTALLY DEFICIENT AND EPILEPTIC

	Total Admissions	Under 5	5-9	10-14	15-19	20-39	40
Total Admissions	309	28 9%	78 25%	68 22%	58 19%	53 17%	24 8%
Degree of Retardation							
Profound.	.62 20%	18	24	4	5	6	5
Severe.	.67 22%	1	24	12	15	10	5
Moderate.	.62 20%	2	9	18	8	15	10
Mild.	.60 19%	--	4	19	22	13	2
Borderline.	.22 7%	--	2	12	5	3	--
Unclassified.	.30 9%	7	15	2	--	5	1
Not Mentally Retarded.	6 2%	--	--	1	3	1	1

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Moderate. 62 20%	2	9	18	8	15	10
Mild. 60 19%	--	4	19	22	13	2
Borderline. 22 7%	--	2	12	5	3	--
Unclassified. 30 9%	7	15	2	--	5	1
Not Mentally Retarded. 6 2%	--	--	1	3	1	1

mentally retarded. These data indicate the existance of a trend toward younger and more severely retarded institution population. Institutional personnel report that this trend is continuing. They also report that due to these changes in their populations there are fewer patients who are able to work. When determining the patient care worker-patient staffing ratio, the characteristics of the patient population must be considered. More patient care workers are required to provide the same level of care for this younger, more severely retarded population as was given to a population composed of older and less retarded patients.

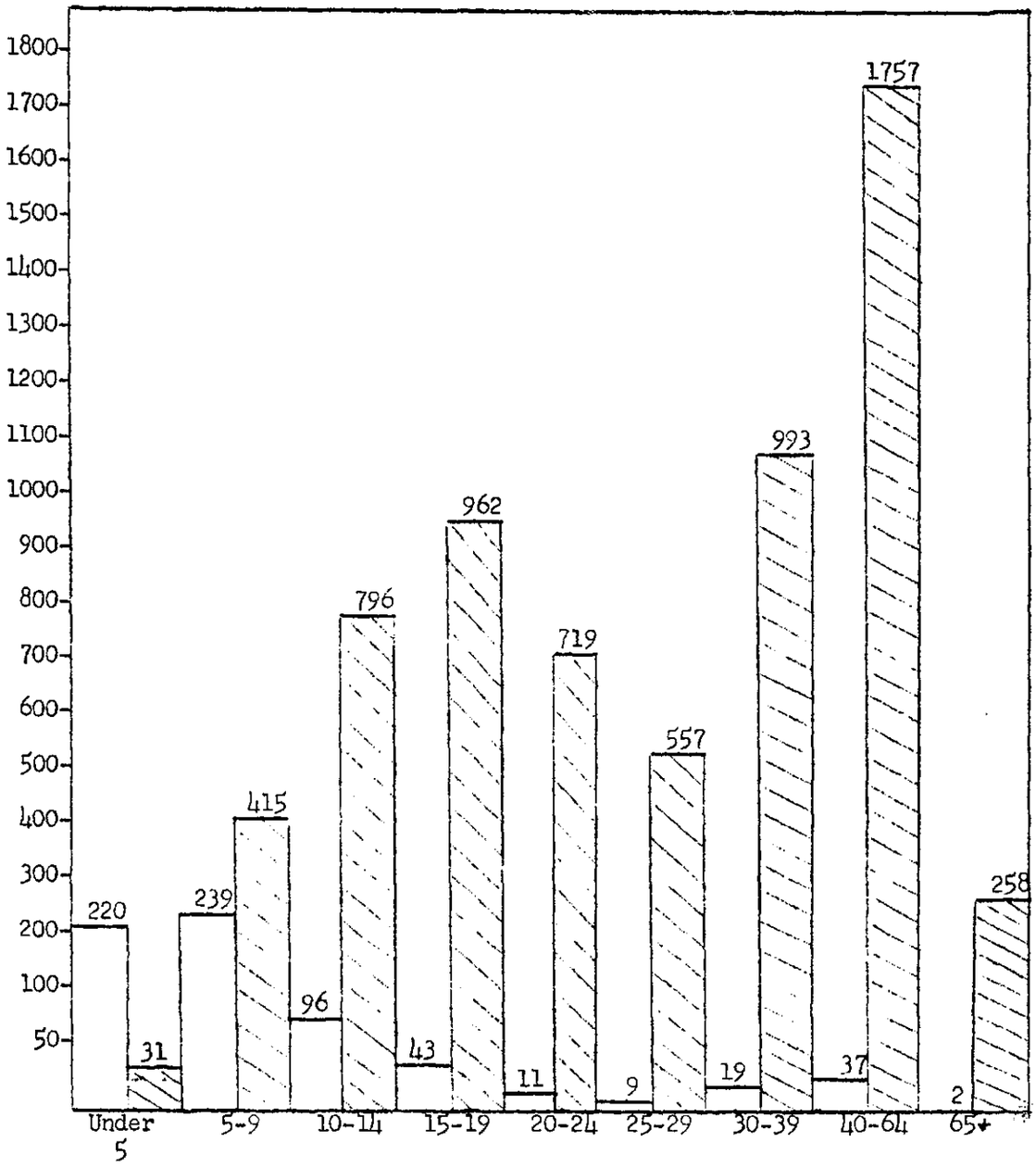
At the last census, the population of Minnesota was about 3,426,000. Approximately three percent of these people (102,000) were mentally retarded. On June 30, 1964, about seven percent (6,469) of the total number of retarded individuals in the state were on institution books. The projected population of Minnesota in 1970 will be 3,963,000 (U.S. Department of Health, Education, and Welfare). There will then be approximately 117,000 menially retarded individuals, an increase of about 15,000. Institution populations will have increased over 1,700 from 1963 to about 8,200. By 1976, the projected population of Minnesota will be 4,191,000 (Outdoor Recreation Resources Commission). There will be about 126,000 mentally retarded individuals of which about 8,800 will be on institution books.

WAITING LIST

As of June 30, 1963, there were 676 people on a waiting list awaiting admission to institutions for the mentally retarded in Minnesota. (See appendix III for a county breakdown of composition of waiting list.) Table X, page 26, depicts the age distribution of the people on the institution books and on the waiting list. There are 220 children under five years of age and 239 between the ages of five and nine on the waiting list for admission to institutions for the mentally retarded. These 459 children represent 68% of the entire waiting list. On the institution books, there are 2,204 (34%) people under the age of 19 and 2,015 (31%) over the age of 40.

Table X

AGE DISTRIBUTION OF MENTALLY RETARDED INDIVIDUALS ON INSTITUTION BOOKS AND WAITING LIST, JUNE 30, 1963



On Institution Books

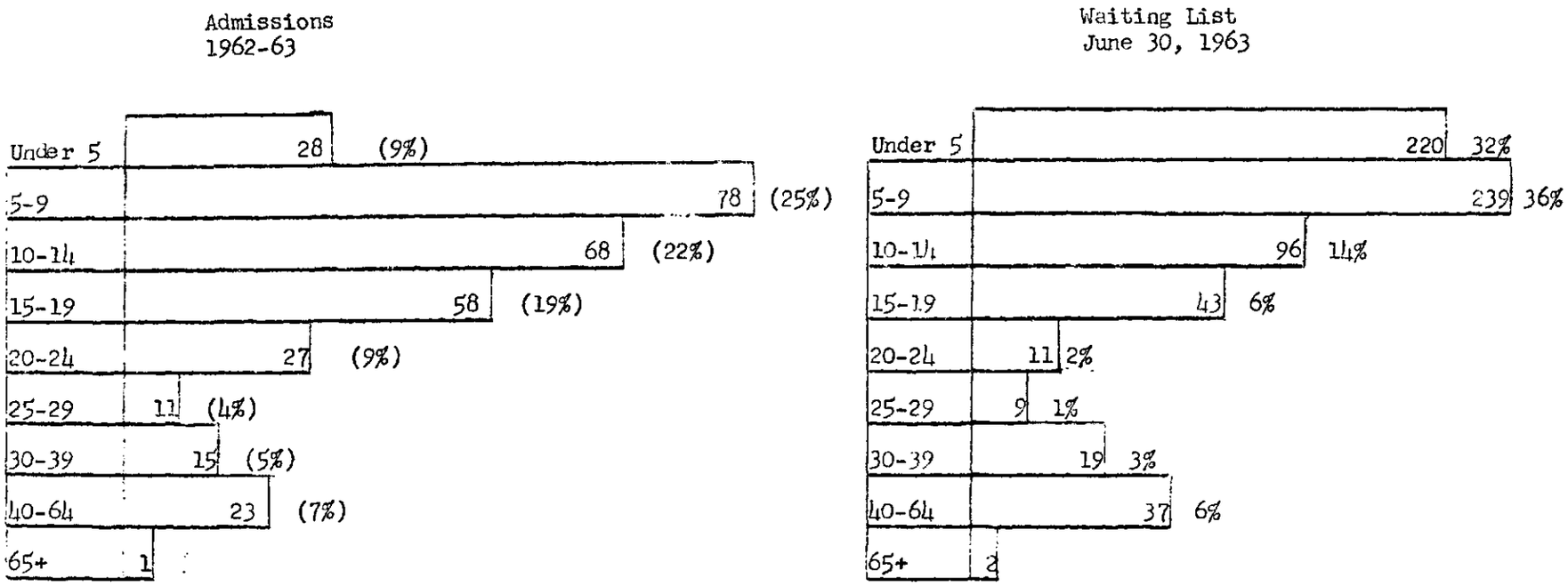
June 30, 1963

On Waiting List

Table XI, page 28, shows the ages of individuals being admitted to institutions for the mentally retarded and the age levels of the individuals on the waiting list. It is interesting to note that *68%* of the waiting list is made up of children under ten years of age, but only *34%* of the total admissions are children in this age range. Only 22% of the people on the waiting list are between the ages of ten and *24,* however, 5*0%* of the total admissions are people in this age range. This discrepancy may indicate that more older children are being admitted to institutions because of the lack of community facilities and institutional space.

Table XI

AGE DISTRIBUTION OF INDIVIDUALS ON THE WAITING LIST AND ADMITTED TO MINNESOTA INSTITUTIONS FOR THE MENTALLY RETARDED



PROBLEMS ENCOUNTERED BY PATIENT CARE PERSONNEL

As part of this study, the Charge-Technicians in each of the institutions were asked what main problems were encountered on the ward during the shift which they were working. They were also asked to suggest solutions to these problems. The problem most frequently mentioned was the lack of patient care personnel to give adequate care to the patients for whom they were responsible. The next most frequent problem mentioned was concerned with the numerous duties which Psychiatric Technicians must perform which are not related to care of the patients (housekeeping, folding linen, maintaining records, conducting tours and visitors, etc.). In general, the responses made by the Charge-Technicians were excellent and indicated an awareness and a concern on their part regarding the care and treatment of the patients in their charge. Appendix IV contains a text of the responses of the Charge-Technicians at the three institutions for the mentally retarded included in this study. All responses are not included due to the fact that many of them are repetitious.

CONCLUSIONS

1. The present patient care personnel in these institutions are doing an excellent job. They are concerned with providing better patient care, are very aware of existing problems, and suggested very practical and workable solutions to these problems.

2. These Psychiatric Technicians indicate that they feel that they are capable of providing better patient care and establishing a more constructive and satisfying social mileau in the living units. However, they are unable to do this because due to the shortage of personnel in these institutions, they are forced to perform many other duties such as housekeeping and sorting linen which are not related to patient care. They indicate that additional staff is a solution to many existing problems.

3. The present patient care personnel-patient ratios at the three institutions included in this study are grossly inadequate. These ratios indicate that at the present time only the most basic physical needs of the patients are being met.

4. With the present numbers of personnel assigned to direct care of patients, it is impossible for these institutions to maintain acceptable standards for a safe, healthful, and constructive environment for resident patients.

5. It is also impossible for these inadequate and overworked staffs to promote any semblance of psychological and social growth of the patients in the environment of their living unit.

6. Physical capacity, degree of retardation, and emotional stability of the patients are criteria which should determine the extent of care and supervision which patients require. Through the analysis of these data, it became evident that these criteria played a very small role in the determination of staffing ratios in individual living units.

7. With the present number of staff, it is possible to provide only a minimal custodial type of care in each of the individual living units during each of the three shifts.

This survey is being conducted by the Minnesota Association for Retarded Children. The primary purpose is to determine the staffing needs in institutions for the mentally retarded.

This questionnaire is being administered by staff members of the Minnesota Association for Retarded Children in each of the three major institutions for the mentally retarded. The information which you give us on this questionnaire is confidential. These questionnaires will be analyzed by Sheldon C. Schneider, Program Analyst of the Minnesota Association for Retarded Children. The questionnaires and the information on them are not available to the administration of the institutions.

To insure the confidentiality of your replies,an envelope will be given to you with your questionnaire. When you have completed your questionnaire, place it in the envelope and seal it. The envelope will then be picked up by the staff member of the Minnesota Association for Retarded Children and returned directly to our office in Minneapolis.

Please complete the entire questionnaire answering each question as carefully and completely as you can. Do not put your name on it.

Thank you very much for your cooperation,

Melvin D. Heckt
President
Minnesota Association for Retarded Children

9/9/64

MINNESOTA ASSOCIATION FOR RETARDED CHILDREN

Shift_____

Name of Building_____

Total Number of Patients on the books in this Building_____

Number of Patients actually in the Building on This Shift_____

Type of Patients

Number of severely retarded_____ Number of borderline cases_____

Number of moderately retarded_____ Number not mentally retarded_____

Number of mildly retarded_____

Number of ambulatory patients_____ Non-ambulatory_____

Number of hyperactive patients_____ Number of bedridden patients_____

Number of patients not toilet trained_____

Number of patients with physical handicaps_____

Number of patients receiving medications regularly on this shift_____

Number of patients who must be fed by technicians or patient workers on this shift_____

Number of Personnel on Duty in This Building During This Shift

Registered Nurses_____ Custodial Workers_____

Psychiatric Technicians III_____ Patient Workers_____

Psychiatric Technicians II_____ Food Service Workers_____

Psychiatric Technicians I_____ Other Workers (describe)_____

_____

_____

_____

Number of Personnel Usually on Duty During This Shift in This Building

Registered Nurses_____ Custodial Workers_____

Psychiatric Technicians III_____ Patient Workers_____

Psychiatric Technicians II_____ Food Service Workers_____

Psychiatric Technicians I_____ Other Workers (describe)_____

_____

_____

Number of Personnel You Feel Should Be on Duty During This Shift

Registered Nurses_____ Custodial Workers_____

Psychiatric Technicians III_____ Patient Workers_____

Psychiatric Technicians II_____ Food Service Workers_____

Psychiatric Technicians I_____ Other Workers_____

What are the main problems encountered on this shift?_____

How would you suggest these problems be solved?_____

MINNESOTA ASSOCIATION FOR RETARDED CHILDREN

Name of building_____ When built_____
Number of stories_____ Number of dayrooms_____ Number of wards_____
Total number patients on books in this building_____

Type of patients

Number of severely retarded_____ Number of borderline cases_____
Number of moderately retarded_____ Number not mentally retarded_____
Number of mildly retarded_____

Number of ambulatory patients_____ Number of non-ambulatory patients_____

Number of hyperactive patients_____ Number of bedridden patients_____

Number of patients not toilet trained_____

Number of patients with physical handicaps_____

Number of patients receiving medications regularly_____

Number of patients who must be fed by Psychiatric Technicians or patient workers____

Number of personnel on duty in this building (If less than full-time please indicate)

	Morning Shift	Afternoon Shift	Evening Shift
Registered Nurses			
Psych. Tech. III			
Psych. Tech. II			
Psych. Tech. I			
Custodial Workers			
Patient Workers			
Food Service Workers (employees)			

Other workers (describe)_____

Number of personnel you have requested for next bienium for this building (If less than full-time please indicate.)

	Morning Shift	Afternoon Shift	Evening Shift
Psych. Tech. III			
Psych. Tech. II			
Psych. Tech. I			
Custodial Workers			
Patient Workers			
Food Service Workers (employees)			
Registered Nurses			

Other workers (describe)_____

Comments

APPENDIX III

MENTALLY RETARDED AND EPILEPTIC PATIENTS ON INSTITUTION BOOKS AND ON WAITING LIST

	On Inst. Books 6-30-61	On Inst. Books 6-30-63	Waiting List 6-30-61	Waiting List 6-30-62	Waiting List 6-30-63
Total	6,321	6,469	910	692	676
COUNTY					
Aitkin	49	52	6	10	7
Anoka	70	80	22	12	20
Becker	61	57	4	4	8
Beltrami	73	79	9	2	1
Benton	64	59	7	4	4
Big Stone	30	28	2	2	2
Blue Earth	91	98	7	4	4
Brown	67	67	8	7	7
Carlton	48	48	8	6	6
Carver	36	43	14	11	5
Cass	77	74	3	5	8
Chippewa	43	42	4	3	3
Chisago	31	34	6	2	1
Clay	48	54	8	6	8
Clearwater	15	17	5	1	-
Cook	8	8	1	1	1
Cottonwood	40	40	2	3	2
Crow Wing	75	76	4	3	4
Dakota	113	119	14	16	23
Dodge	32	35	7	9	8
Douglas	40	37	2	2	5
Faribault	53	52	8	9	9
Fillmore	42	38	5	2	3
Freeborn	60	66	13	8	5
Goodhue	67	74	4	4	5
Grant	23	22	1	1	1
Hennepin	1,212	1,247	214	202	182
Houston	22	21	2	4	3
Hubbard	35	36	5	2	2
Isanti	28	29	1	1	3
Itasca	66	67	6	3	5
Jackson	29	26	7	6	5
Kanabec	23	21	-	2	2
Kandiyohi	43	47	4	2	1
Kittson	24	27	4	2	3
Koochiching	53	59	9	2	3

COUNTY	On Inst. Books 6-30-61	On Inst. Books 6-30-63	Waiting List 6-30-61	Waiting List 6-30-62	Waiting List 6-30-63
Lac Qui Parle	22	23	4	1	1
Lake	17	14	-	1	2
Lk. of the Woods	7	7	-	-	-
Le Sueur	42	43	2	3	2
Lincoln	25	28	3	1	-
Lyon	48	40	5	4	2
McLeod	47	47	2	2	2
Mahnomen	25	26	3	1	2
Marshall	40	38	3	1	1
Martin	52	43	6	9	9
Meeker	28	31	4	1	5
Mille Lacs	29	29	5	2	1
Morrison	76	76	8	3	5
Mower	76	77	9	7	8
Murray	23	23	5	4	4
Nicollet	24	23	5	6	4
Nobles	48	48	4	5	1
Norman	35	54	5	2	3
Olmsted	93	104	8	12	12
Otter Tail	96	100	17	5	7
Pennington	20	21	2	-	1
Pine	55	49	7	8	6
Pipestone	26	25	1	1	2
Polk	77	84	14	7	7
Pope	24	24	4	2	4
Ramsey	824	838	129	90	98
Red Lake	23	23	2	-	-
Redwood	49	48	6	6	4
Renville	60	65	8	4	6
Rice	83	90	17	14	11
Rock	16	18	1	1	-
Roseau	34	33	6	3	3
St. Louis	446	454	55	38	44
Scott	48	53	9	5	3
Sherburne	29	26	7	5	5
Sibley	23	22	6	5	5
Stearns	173	184	26	8	5
Steele	26	31	7	7	5
Stevens	18	20	5	2	3
Swift	33	32	7	6	3
Todd	68	61	-	1	2
Traverse	25	25	3	1	1

COUNTY	On Inst. Books 6-30-61	On Inst. Books 6-30-63	Waiting List 6-30-61	Waiting List 6-30-62	Waiting List 6-30-63
Wabasha	34	36	6	3	3
Wadena	23	29	6	5	3
Waseca	41	39	2	2	1
Washington	69	77	18	11	9
Watonwan	34	34	7	8	3
Wilkin	28	29	6	3	2
Winona	78	70	5	1	1
Wright	52	55	6	3	5
Yellow Medicine	33	37	7	5	2
Out of State	1	1	-	2	-

APPENDIX IV

PROBLEMS AMD SOLUTIONS CITED BY CHARGE-TECHNICIANS

CAMBRIDGE STATE SCHOOL AND HOSPITAL

Boswell Hall 289 Patients on Books Staffing Ratios: A.M. 1:20
P.M. 1:22
Morning Shift: Night 1:56

Problem:
Today was a good day, but when working a shift with 8 or 9 Technician I and one Technician II (myself), the patients are getting only minimum care. There is always this hurry-hurry attitude to get the work done. All employees feel we are not doing enough for patients, but we must try to give care and treatment to ail patients assigned to us.

Suggested Solution:
More help — If more custodial help was employed, Pschiatric Technicians could do more nursing and rehabilitation for patients.

McBroom 279 Patients on Books Staffing Ratios: A.M. 1:17
P.M, 1:18
Morning Shift; Night 1:53

Problem:
Confusion — too many of each type of patient seeking attention. Congestion — too many packed together making them relinguish some of the former niceties they enjoyed. Many temperamental personalities to cope with. Cleaning and mending.

Suggested Solution:
More Psychiatric Technicians for nursing care. More custodial workers to take care of more cleaning areas that Psychiatric Technicians must do. Having a part-time seamstress.

Problem:
Getting residents bathed, dressed, fed, and to appointments, supervise dining room, keeping peace. Residents crowded together irritate each other.

Suggested Solution:
Reduce population. Increase personnel.

Afternoon Shift:

Problem:
Overcrowded in the dining room. Not enough toilets. Crowded in the dormitories so wheel chairs cannot be left by the beds.

Suggested Solution:
Cut the quota of residents for this building, seeing most of them are not ambulant and require various conveniences.

Night Shift:

Problem:

We are usually working short of two Psychiatric Technician I. With more help we could do more clothesroom work, extra chores to help the day shifts, and more supervision of patients in the morning.

Suggested Solution:

More help.

Cottage 1 66 Patients on Books Staffing Ratios: A.M. 1:17
P.M. 1:25
Morning Shift: Night 1:50

Problem:

We work so short handed that we cannot spend any time with residents while supervising building and doing all food service and housekeeping.

Suggested Solution:

More hired help, Psychiatric Technicians, and counselors.

Cottage 2 64 Patients on Books Staffing Ratios: A.M. 1:12
P.M. 1:20
Afternoon Shift: Night 1:30

Problem:

Not enough personnel to give good care for our type of patient. We have 35 psychiatric patients that need a lot of attention that cannot be given to them.

Suggested Solution:

One more Psychiatric Technician I, plus one food service worker.

Cottage 3 86 Patients on Books Staffing Ratios: A.M. 1:16 P.M. 1:22

Afternoon Shift: Night 1:82

Problem:

For the type of patients we have, we should not have such a large group. We need more toilet stool facilities and bath tubs on main floor.

Suggested Solution:

Smaller groups. More toilet stools and bath tubs. We are in need of a laundry room with all these untidy patients.

Cottage 5 82 Patients on Books Staffing Ratios: A.M. It 15
P.M. 1.26
Afternoon Shift: Night 1:79

Problem:

With only three aides on this shift, one for medication, one for food service; leaves only one for bathing supervision to give out clean clothes, clip toe and finger nails, check for cuts, bruises, rash, etc.

Suggested Solution:

More aides on duty so all things are adequately covered for the well being of all residents. Also one for food service.

Cottage 6 68 Patients on Books Staffing Ratios: A.M. 1:22
P.M. 1:27
Morning Shift: Night 1:55

Problem:
Emotionally disturbed girls need counseling. The telephone rings constantly. Work areas in cottage need to be checked — requisitioning of supplies and drugs, supervising of serving of meals.

Suggested Solution:
Relief in dietary and custodial duties would give each Psychiatric Technician I and II time to work and counsel with girls.

Afternoon Shift:

Problem:
Not enough technicians to accomplish the work you would like to or are expected to with the residents, like group meetings, counseling, hobbies, outside entertainment. More time should be spent with vocational residents individually and in groups rather than with psychiatric or emotionally disturbed ones.

Suggested Solution:
More technicians on late shift (2-10:30 p.m.)—most girls in building at that time. Same types of residents should be in building together.

Cottage 7 85 Patients on Books Staffing Ratios: A.M. 1:20
P.M. 1:20
Morning Shift: Night 1:80

Problem:
Getting patients up, fed dressed, and just plain keeping them fairly clean.

Suggested Solution:
All we need is more help.

Cottage 8 137 Patients on Books Staffing Ratios: A.M. 1:18
P.M. 1:26
Morning Shift: Night 1:53

Problem:
Lack of Psychiatric Technicians I. There should be two technicians on each ward to protect patients from injuries. Need more cleaning supplies. Need custodial workers.

Suggested Solution:
Wish the legislature would appropriate enough money so we could have enough help and supplies to care for the patients properly.

Cottage 9 107 Patients on Books Staffing Ratios; A.M. 1:20
P.M. 1:25
Afternoon Shift: Night 1:98

Problem:
We do not have enough time to devote *o the patients and their problems. There is always cleaning, laundry to sort, charting to do, small errands to do, such as getting paper, pencils, cigarettes, lighting pipes, shaving to do at least twice a week, clothes boxes to keep straight, locker room to clean, etc.

Suggested Solution:
If we had more help — if we had a full-time housekeeper. There are too many patients in our cottage. You just can't possibly do justice to each one. Some demand so much while the ones that sit quietly on the bench are usually left to sit there when they should be activated in some way, even if we had the time to just sit by them and talk or listen for a while.

Cottage 11 136 Patients on Books Staffing Ratios: A.M. 1:20
P.M. 1:21
Afternoon Shift: Night 1:64

Problem:
Due to lack of personnel, we are unable to do more than care for patients daily needs (food-clothing-health, etc.)

Suggested Solution:
Need more personnel so as to be able to work more closely and individually with patients, thereby teaching them to learn to live with one another and to help prepare them for the possibility of living outside of the institution. Also teaching them to care for more of their own needs, such as caring for their own clothes, and general teaching them to live as normal people do as much as possible.

Night Shift:

Problem:
Patients with temperatures and those that can't sleep keeping the rest of the ward awake.

Suggested Solution:
By having two technicians on at night, we would be able to spend more time with patients when arising in the morning, getting them on toilets, etc. Also could lighten the load for the day shift in many areas where they are not able to get book work etc. done.

FARIBAULT STATE SCHOOL AND HOSPITAL

Birch 100 Patients on Books Staffing Ratios: A.M. 1:16
P.M. 1:19

Morning Shift: Night 1:47

Problem:

Unable to give enough individual care and training to individual patients or properly clean and care for building and equipment. Patient helpers not as capable as they formerly were.

Suggested Solution:

More staff members—technicians for nursing care and therapy, custodial workers and patient helpers for cleaning, bed making, etc. There should be a plan where the more capable residents who were trained here be allowed to continue to work in an employee capacity.

Night Shift:

Problem:

Having to start dressing patients at 4:30 and start putting them in wheel chairs at 5 a.m. so that entire dorm is up at 6 a.m. Why is it necessary to do cleaning at night. Each night this shift has certain areas of cleaning and also washing of wheel chairs which we feel is disturbing to the patients sleep.

Suggested Solution:

We feel the cleaning and washing of wheel chairs should be done during the day shift. If there were more Psychiatric Technicians and patient help during the day, this should be done during the day. Also, I feel real concerned about getting these girls up so early in the a.m.

Cedar 92 Patients on Books Staffing Ratios: A.M. 1:23
P.M. 1:30

Morning Shift; Night 1:88

Problem:

Patients isolated on second floor—one technician has to leave her ward to care for these and this often leaves patients alone. Toilet training, etc. cannot be kept in routine order because of help shortage at these times. Patients are severely disturbed and are all sizes d ages.

Suggested Solution:

If the older, hyperactive, aggressive patients were in a different area from the toddlers. There are patients from 6 years to 32 years of age here now.

Chippewa West 109 Patients on Books Staffing Ratios: A.M. 1:35
P.M. 1:50
Morning Shift: Night 1:183

Problem:

There isn't enough help to provide supervision for training those who might be trained. There isn't sufficient help to see that the patient gets proper hygiene, brushing teeth, bathing, protection of epileptics, proper treatment for nursing care, care of clothing. Motivating patients and cleanliness of ward is much neglected. Crowded conditions enlarges sanitation problems and privacy in toileting, bathing, etc. Individual care is neglected because of being burdened with heavy load of paper work in keeping records, charting, etc. At present, they are in the process of shifting patients from one area to another and transferring patients to other wards. This ward will be involved with absorbing the change when Grandview is moved. The last several patients involved in the transfer has resulted in the exchange of patients of a much lower level which has increased our problem greatly. It is quite probable that another 30 or 40 patients are to be exchanged and very possibly that they will be of a still lower level which would increase our work load tremendously. If this occurs, we would need still more employees than the present request.

Suggested Solution:

Increase the staff with more Psychiatric Technicians and not such crowded conditions. Also, better equipment to work with, larger bathrooms, better facilities for bathing and treating patients.

Daisy 71 Patients on Books Staffing Ratios: A.M. 1:30
P.M. 1:35
Afternoon Shift: Night 1:71

Problem:

Inadequate facilities. Three-story building with two play rooms on separate floors with only seven toilets, one shower, and one tub for (71) patients.

Suggested Solution:

More help - Technicians - Improve facilities

Night Shift:

Problem:

Large amount of mending and marking. There is a great deal of mending and marking which could be handled if a custodial worker was employed in this building during the day.

Suggested Solution:

Custodial worker needed in this building. One Psychiatric Technician is adequate to care for patients during the night.

Dakota 103 Patients on Books Staffing Ratios: A.M. 1:26
P.M. 1:34
Night 1:101

Morning Shift;

Problem:
Quality of patient workers has gone down and not enough employee help to give good patient care. Most patients are severely retarded men that need more attention than what they are getting.

Suggested Solution:

More staffing of employee personnel.

Afternoon Shift:

Problem:
Too many casualties and lack of patient care.

Suggested Solution:
Having more personnel.

Fern 181 Patients on Books Staffing Ratios: A.M. 1:37
P.M. 1:44

Morning Shift: Night 1:177

Problem:
Unable to care for patients adequately—group therapy, motivation, clothing care, dining room supervision when Food Service Supervision is off duty, cleaning of wards, patient worker supervision, etc.

Suggested Solution:
Custodial help. Food Service Supervisors for dining area so technicians can be on wards. More patient workers. More technicians. Eliminate training program except to learn what is actually useful in regard to ward work so trainee can work on ward areas instead of spending a year in class (at the end of that period they usually resign). Hire less professional help and more essential personnel which are technicians, Food Service workers, and custodial workers.

Night Shift:

Problem:
The building is large and spread out. We have many patients with heart conditions and physical handicaps. A lot of the patients get up at night and a number of them have slipped and fallen, resulting in severe casualties.

Suggested Solution:
I think if we could have a second Psychiatric Technician I on duty, the patients could be watched more and it would be easier to detect illnesses, accidents, and deaths, as we have many very old patients too.

Hillcrest 84 Patients on Books Staffing Ratios: A.M. 1:32
P.M. 1:38
Morning Shift: Night 1:78

Problem:

Lack of sufficient personnel at outset of shift—6 a.m. Patients are scheduled for breakfast at Chippewa cafeteria at 6:30 a.m. They have to be awakened, checked for any signs of illness, clothing checked, cleaned up, washed, medications given. It is not humanly possible for one employee to do this in approximately 25 minutes, at least not well.

Suggested Solution:

Adequate trained personnel (Psychiatric Technicians) is the only answer to better patient care. A Psychiatric Technician III, as building or ward charge, could assign and coordinate procedures to synchronize duties of employees, eliminating hurried, hazardous, and, at times, harmful reaction to patients. A Technician III in charge of ward, and having adequate employees staffing ward, could coordinate the efforts of all personnel on ward. This would not only eliminate the present haphazard routines, but by properly assigning duties to ail personnel, we could and would be able to carry out a better mental health program simply because we would then be able to deal more adequately with such programs as group therapy, individual patient therapy, remotivation, counseling, and a host of others. At the present time, this is sadly lacking at the ward level due primarily to a work overload because of the serious staffing problem which also tends to lower employee morale.

Holly 115 Patients on Books Staffing Ratios: A.M. 1:22
P.M. 1:28

Night Shift: Night 1:113

Problem:

When being alone, it is quite a responsibility to watch 113 patients in two dormitories besides having reports, etc. to make out.

Suggested Solution:

By having one Psychiatric Technician II in the office to take care of reports, etc, and a Psychiatric Technician I on each grade with one detail to a grade, it would be better for the patients protection (from injuries) and health (such as a patient having a seizure or choking).

Iris 39 Patients on Books Staffing Ratios: A.M. 1:7
P.M. 1:39

Afternoon Shift: Night 1:39

Problem:

(1) Inadequate bathing facilities. (2) Not enough time to spend with the patients because of the office work.

Suggested Solution:

More and better bathing facilities. Technician I to help with the therapy and personal problemse of our type of patient.

Mohawk 61 Patients on Books Staffing Ratios: A.M 1:20
P.M. 1:30

Wight Shift: Night 1:61

Problem:

One bathroom in dormitory for (60) patients. No ventilation in bathroom.

Suggested Solution:

Bigger bathroom with at least two stools and three urinals.

Oaks 104 Patients on Books Staffing Ratios: A.M. 1:16
P.M. 1:48

Afternoon Shift: Night 1:104

Problem:

Behavior problems, quarreling among patients, open building, supervising girls in yard, not enough help for proper supervision along with patient care, bathing and regular health care, and custodial work.

Suggested Solution:

Additional help.

Osage 80 Patients on Books Staffing Ratios: A.M. 1:19
P.M. 1:19

Morning Shift: Night 1:39

Problem:

Just getting ail of the necessary things done (feeding, dressing, bathing, etc.) for the patients.

Suggested Solution:

More help on wards. Not necessarily professional persons. Less dependence on patient helpers, at least in the areas of total care patients.

Pawnee 120 Patients on Books Staffing Ratios: A.M. 1:29
P.M. 1:29
Morning Shift: Night 1:117

Problem:

Duties of the Psychiatric Technicians are too numerous to enable him to give proper care to patients. Wards are necessarily left uncovered when patients require escort to hospital, dental clinic, activities, etc., and during employee's lunch periods.

Suggested Solution:

Adjust salaries to present day cost of living and make it unnecessary for a Psychiatric Technician to seek other means of income to augment present salaries, creating better interest and incentive. Secure more Psychiatric Technicians to work directly with the patients to provide better care and closer supervision.

Night Shift:

Problem:
Keeping disturbed patients in bed and sleeping.

Suggested Solution:
Have side rooms so that disturbed patients can be cared for so as not to disturb the better ones.

Pine 110 Patients on Books Staffing Ratios: A.M. 1:21
P.M. 1:27

Morning Shift: Night 1:107

Problem:
Feeding problems, grooming of patients, toilet training, patient activities, house cleaning.

Suggested Solution:
If we had more help, it would eliminate a lot of our problems. There would be more time spent in teaching, training, activities, and general nursing care of the patients.

Afternoon Shift:

Problem:
Feeding problems. Many spastic patients who are very difficult to feed. Toilet training and getting them all to bed and settled for the night.

Suggested Solution:
We should have more aides to help, as the capability of patient helpers is so low. We cannot do a proper cleaning job or give the patients T.L.C., which they need so badly, especially when going to bed. The little ones need lots of loving care which we give as much as we can.

Rose 37 Patients on Books Staffing Ratios: A.M. 1:10
P.M, l:l8

Night Shift: Night1:42

Problem:
Not enough toilet stools, only (4) for (42) patients. Light switches not handy or where they should be half of the time. There is not even a decent flashlight.

Suggested Solution:
By putting more light switches in and improving the bathroom and toilet facilities.

Seneca 100 Patients on Books Staffing Ratios: A.M. 1:24
P.M. 1:31

Night Shift: Night 1:93

Problem:

On hot summer nights, the building is often too hot for the comfort of the patients (90 degrees). In the winter, it is many times too cold. The windows do not open enough for proper ventilation.

Suggested Solution:

An air-conditioning unit for the summer and better heating for the winter.

Spruce 97 Patients on Books Staffing Ratios: A.M. 1:24
P.M. 1:23

Night Shift: Night 1:92

Problem:

Making the patients comfortable and kept dry, to look after their needs, to report ilnesses which may come, and get orders as to what to do and carry them out. Could use two technicians.

Suggested Solution:

I suggest we have two Technicians I on this shift, as we haven't enough help in case of serious illnesses or fire outbreak with so many patients who are helpless.

Willow 72 Patients on Books Staffing Ratios: A.M. 1:30
P.M. 1:33

Night Shift: Night 1:67

Problem:

We need need more help. If more than one patient becomes disturbed or ill during the nite, I cannot do justice to these patients for I am here alone. In case one became very violent, it is very dangerous. We do have some mentally disturbed types.

Suggested Solution:

Our help would stay after being trained if wages were higher. We are doing everything a registered nurse does while they do paper work in the offices. Our help are wonderful people who really work to keep these patients clean and happy, I have been here 15 years. The Technicians I are told to give the shots, and we give all the care and help.

BRAINERD STATE SCHOOL AND HOSPITAL

Building I (A) 9 Patients on Book Staffing Ratios: A.M. 1:9 P.M.1:3

1st Shift: Night 1:18

Problem:

This is the hospital ward. We have very ill patients—broken bones, etc. They have to be fed, bathed, and all have treatments. This ward holds 20. I have from 9 to 20 on different days. There is just one aide on 1st shift to do all this work.

Suggested Solution:

There is a shortage of aides. At least two aides should be on the morning shift. If salaries were increased, maybe we would get more help.

Building I (B) 25 Patients on Books Staffing Ratios: A.M. 1:12 P.M.1:23

2nd Shift: Night 1:18

Problem:

Feeding and caring for patients properly and patient activation. Relieving other aides for meals, etc, thus leaving own ward alone. This is usually when the majority of our accidents occur,

Suggested Solution:

Higher wages for the technicians and trainees, thus more people would be encouraged toward working here for a longer period of time, and there wouldn't be the large turnover of aides as there is now. With more aides at higher wages, probably the majority of problems could be solved.

Building I (C) 21 Patients on Books staffing Ratios A.M. 1:10 P.M. 1:10

1st Shift: Night 1:18

Problem:

Hot enough help, barely time enough to take care of patients physical needs, no time to act and give them the tender loving care that every human being needs so much.

Suggested Solution:

Rv hiring more Psychiatric Technicians. These are the people that take care of the bulk of the patient's needs, physical and spiritual, and whatever other needs ardse. They are held responsible for the well being of every patient under their care. The accident *toll* would be much less if we were properly staffed, When we are Understaffed, the patients sense our rush, rush, rush to get the necessities dene, and this makes them unhappy which sometimes even-leads to illness of patient as well as technician. An increase in wages would automatically lure better workers and scneen out the more undesirables.

3rd Shift: (Entire Building I) Staffing Ratio 1:18
107 Patients on Books

Problem:

Answering of telephone from 9 p.m. on. Only two aides on, and I feel there should be three on for each ward to give closer supervision.

Suggested Solution:

(1) Put on night telephone operator (2) Hire enough aides so if one, two, or three call in sick, they wouldn't have to pull aides from Building I.

Building I (D) 22 Patients on Books Staffing Ratios A.M. 1:10
P.M. 1:21
1st Shift: Night 1:18

Problem:

Lack of help. Relieving other wards while aides on these other wards get their coffee and dinner breaks. No time to play or activate the patients. No up-to-date ward procedure so there are continual changes (upsetting to patients and industrial patients).

Suggested Solution:

By hiring more Technicians I, much of the above would straighten out. Technicians I would feel better and do better work if they weren't pushed so all day to get things done. Many days one technician only handles a patient at bathing time and the rest of the time the industrial workers do the rest. Technicians I do the bathing, feed the most difficult ones, give treatments, and relieve on other wards so no time is left for TLC. Accident toll is increasing each month. Technicians I cannot get things done and keep a watch on the patients as they should. Even the sick leaves would drop if Technicians I were not pushed to such a degree as they are at our hospital now. An increase of selary would draw more people to work at our hospital and a better class of workers.

Building #5 190 Patients on Books Staffing Ratios A.M. 1:51
P.M. 1:53

Morning Shift: Night 1:82

Problem:

Lack of staff. Many times there are only two technicians. When this happens, only the most pressing things get done as giving medications, treatments, checking the roster, and also getting patients to doctor or dentist. Other needs of the patients then seem like interruptions.

Suggested Solution:

Have enough staff so that often these minimum essentials are taken care of. We can circulate with the patients, talk with them, and become better acquainted with their problems and their needs. Some of the figures are estimates due to lack of time to check the records. Building facilities lack separate rooms with toilets. Morale of employees is low due to lack of stable policies and the seeming disinterest of administration in employee morale. Turnover of help is too great. Older help is being lost and too much time is lost in training new help.

Afternoon Shift:

Problem:

This being a work patient building, we have more patients in the building than during the 1st shift. Consequently, there is more bathing, more patients wanting favors, more fights, and more runaways. At the present time, we have a total of 12 technicians (3 shifts).

Suggested Solution:

Whenever there are too few people working, there is usually more trouble on the wards. There should be at least 15 technicians to cover the three shifts and 17 or 18 would be better.

Building *#6* **77 Patients on Books Staffing Ratios A.M. 1:19**
P.M. **1:25**
Morning Shift: **Night 1:37**

Problem:

We have six youngsters in isolation with shigella, two in another isolation area with mumps. It is impossible to give proper care on three wards and two isolation areas with three technicians. Wards must be left in the hands of patient helpers while other areas of isolation are being cared for. The Charge Technician works on a ward which means both charge duties and ward patient care suffers. The trainee must attend class for an hour which leaves two technicians taking care of five areas. Because our isolation area is in our "all purpose room", our sensory training, music appreciation, and special tra5.ning groups have had to be discontinued.

Suggested Solution;

Our building has a capacity of 90 and are mostly of the trainable type. Many of them could be taught self help, toilet training, sensory training, etc. This is impossible with the number of technicians on duty. Many days there are only three technicians in the building, including the Charge Technician. With two technicians per ward, all the extra things could be done. The extra training, attention, and TIC that the majority of technicians want to give, could be given. Accidents could be prevented with more technicians on duty as well.

Afternoon Shift:

Problem:

Lack of help at mealtime. We now have five areas to feed, three wards and two isolation areas. There are no technicians to cover wards during employees' mealtime. Not enough help to toilet train patients that could be trained.

Suggested Solution;

More technicians so patients can be cared for on ward and in play area. Also to toilet train patients that are trainable.

Night Shift;

Problem:

Two people are taking care of three wards of very hyperactive patients and have two isolation areas to cover. These children should have someone on duty at all times. Children are being needlessly injured and property destroyed.

Suggested Solution:

If three technicians are not available for the complete shift, we should at least have an extra one for the last two hours. We are not allowed to use restraints or put in seclusion without doctor's orders, and when we have so many in isolation, we have no seclusion area. Also, technicians should not be shifted from building to building as the children need the security of familiar people.

Building #7 107 Patients on Books Staffing Ratios A.M. 1:33
P.M. 1:34
Afternoon Shift: Night 1:53

Problem:

Getting the boys washed and ready for supper. Getting everyone bathed and their teeth brushed. One of our biggest problems is to find activities to keep the boys occupied from supper till bed time, especially now when it gets dark so early. Getting the boys ready and to activities when there are any.

Suggested Solution:

Adequate staffing would solve most of our problems . With enough help, we could plan activities for the evenings and spend more time with the boys. It would also cut down the number of accidents, because the boys would never have to be left alone like they do now during feeding time, etc. We have a large playground that is equipped with the best of equipment, but we cannot take full advantage because of short staffing, both in nursing and recreation. Adequate staff in the building would also free the Charge Technicians so they could tend to their duties and not have to work a ward along with the other duties. There also seems to be a lack of communications between the different departments in the institution. At the present time, steps are being taken to remedy this.

Night Shift:

Problem:

No patient help to help dress when we get the patients bp in the morning.

Suggested Solution:

By having one technician on each ward, and have the patient help come early enough to help dress the patients as 80 per cent can't dress themselves.

Building #19 82 Patients on Books Staffing Ratios A.M. 1:20
P.M. 1:27
Afternoon Shift: Night 1:40

Problem:
Technicians do not get to supper until 7:30 as patient workers leave at 7:00 and bathing must be done. Feeding takes 1 hour and 15 minutes. Most patients are very difficult to feed. No food supervisor and technicians too busy to be in all necessary spots at once.

Suggested Solution:
By having two technicians on each ward, each shift, supper could be had at normal hours. Should have food supervisor. The rush of getting custodial care done would be eliminated so some TLC could be given to patients. More employees would enable patients to get outdoors. None do at present.

Building #20 97 Patients on Books Staffing Ratios A.M. 1:31
P.M. 1:31
Morning Shift: Night 1:46

Problem:
Not enough help to even give minium nursing care. Time has to be tpent sorting laundry, keeping wards clean, as floors are mopped only once a day by custodial workers. It's rush and hurried all day.

Suggested Solution:
More technicians alloted from state.

Building #21 104 Patients on Books Staffing Ratios A.M. 1:25
P.M. 1:25
Afternoon Shift: Night 1:51

Problem:
Everything must be hurried so that there is no time to give individual attention to the patients. We just have barely time to give custodial care. Also, wards are left uncovered quite often. It cannot be avoided.

Suggested Solution:
The only way this problem can be solved is with more help. There should be two aides on duty in ward so that when one must leave or is busy with medications, etc. there is always someone covering the ward. When only one aide is on duty and must come to dining room to help there, etc. then the vard is not covered.