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DEPARTMENT OF PUBLIC WELFARE

September 30, 1965

TO: All Institutions -- Attention: Medical Directors  
Administrators

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

SUBJECT: Summary of Discussions on Institutional Living Conditions

On the basis of the work done by Dr. Barton, Mr. Lucero, and myself during May - July, 1965, and most importantly from the direct discussions held between Dr. Barton and hospital personnel, we have prepared the following summary:

These points are made as generally as possible and most of them apply to more than one installation. The majority of the comments pertain strictly to improvement of patient care, reduction of institutional neurosis, and eradication of dehumanizing practices. The breakdowns are arbitrary and some points might logically fall better in another area while other points might well belong under several headings.

I. PERSONNEL

A. Doctors

- (1) There is not enough doctor time on many wards.

B. Rotation of ward personnel

- (1) If you have a good working team you should leave it intact
  - (a) arbitrary reassignment is bad
- (2) Personnel should work shift they like best
- (3) Various
  - (a) all personnel should be rotated from time to time
  - (b) good personnel should never be rotated
  - (c) some few good personnel should never be rotated

C. "We are understaffed, overworked and underpaid."

D. Skillful matching of personalities and ages of employees to those of patients would appear desirable.

E. "Barnyard" nursing takes up almost all of the time of personnel on severely retarded wards.

F. There are no staff toilets for women employees working on men's wards

G. More (carefully selected) male technicians should work on female patient wards

II. REGULATIONS

A. Blanket going-to-bed time is bad

B. Blanket getting-up-time is bad

- C. In one hospital it is reported that patients are forbidden to wave to other patients, visitors or staff
- D. If supervisory personnel insist on well-made beds, it becomes impossible to train patients to make their own

### III. FOOD, COFFEE, ETC.

- A. Second helpings are frowned upon
- B. Evening lunches much desired by patients are difficult to get
- C. A ward snack room containing stove, refrigerator and supplies is highly desirable.
- D. It is hard on very young patients to go outside to a central cafeteria in sub-zero weather.

### IV. WARD PROVISIONS FOR PATIENTS

- A. There are more wardrobes needed
- B. Dayroom space is severely limited
  - (1) Some wards have none at all, i.e., most geriatric buildings
- C. Rugs are not used consistently -- at times they are condemned as "hazard"
- D. Supplies for on-the-ward activities are severely limited
- E. Disturbed, severely regressed, severely retarded and geriatric patients get almost no activities
- F. Drinking fountains are sometimes unavailable and there are very few water coolers
- G. Curtailing of state tobacco hurts indigent patients
- H. Washers and dryers for personal clothing are very desirable and very few
- I. Though improving, there are still too few places for personal possessions
- J. There is little privacy in toilets and showers
- K. Flies get on some wards because of the lack of screen doors
- L. Some buildings serve as thoroughfares for patients from other buildings going to meals
- M. There are bars on some windows of open buildings
- N. Seclusion rooms generally have no lavatories

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- O. Herding patients from place to place is dehumanizing
- P. Patients feeding or bathing other patients can lead to maltreatment
- Q. Some small patients are gotten up at 6:00 A.M. and sit shivering on the floor until they can be dressed

V. GENERAL PROVISIONS FOR PATIENTS

- A. Hospital industry should be made more interesting
- B. Hospitals "die" on weekends and in the evenings
- C. When patients who could do so are not allowed to carry matches, too much time is spent by ward personnel simply lighting cigarettes
- D. More intensive training of severely retarded patients could result in positive behavior changes
- E. Patients should be paid for their work
- F. If doctors and social workers would pay more attention to ward personnel's opinions about patients, better discharge planning could result

VI. WARD PROVISIONS - GENERAL

- A. More cleaning supplies such as vacuum cleaners are needed
- B. The following changes would result in more nursing time available to patients:
  - (1) Having ward secretaries
  - (2) Having ward housekeepers
  - (3) Cutting down on escorting, chauffeuring and switchboard duties
  - (4) When temporary vacancies occur, ward personnel should not be called upon to fill them

VII. SUPPLIES, REPAIRS AND EQUIPMENT

- A. Requisitions are often not filled and no explanation is given
  - (1) Consistent "nagging" results in better getting of supplies
- B. There is a long wait for non-emergency repairs
  - (1) Hospital maintenance and construction personnel are almost exclusively engaged in major projects
- C. Almost universally orders for drapes and curtains encounter many delays and outright denial

D. Electrical outlets are few and usually not where needed. This means that:

- (1) Radios are limited
- (2) Electric razors are limited

#### VIII. TRAINING OF WARD PERSONNEL

- A. General. Too much time is spent in training for physical nursing and not enough in training personnel to interact with patients
- B. Having textbooks and journals on the wards would help in self-education
  - (1) Hospital "professional" libraries are just that -- ward personnel are subtly discouraged from making use of them
- C. Training of personnel directed at sound technique in getting patients to do simple things would be highly desirable in the MR hospitals
- D. In-service training is conspicuous by its paucity or absence

#### IX. HOSPITAL IN GENERAL

- A. So much time is spent in completely open hospitals tracking down run-aways that little time is left for positive interaction with patients
- B. Over-channeling and too much red tape paralyze programming
  - (1) Example: if sets of volunteers could be assigned to wards and their efforts coordinated within the ward without constant going through a "third person," the volunteers' work would be more effective
- C. Some wards get all the "good" patients, others serve as repositories for patients nobody else wants
- D. Medical and feeble geriatric patient wards should be on ground floors to make it easier to get these patients outside
- E. Communication is usually downward, and even then not always
- F. Having bed patients in receiving areas reduces effective psychiatric nursing
- G. Patients going to surgical hospitals are often sicker emotionally on their return
- H. Geriatric patients generally get the least treatment
- I. Mixed male and female wards are felt to be highly desirable

X. TYPES OF PATIENTS ON WARDS

- A. Young aggressive patients are a tremendous problem when on wards with older or feeble patients, indulging in stealing, domineering, bullying, and beating up
- B. Personnel who felt that different types of patients should be placed according to types of patients felt that random placement of patients foul things up
- C. If the hospital is unwilling to lock a receiving ward, some patients get transferred before they can receive any treatment
- D. Aggressive patients monopolize staff time and quieter patients get very little

XI. WARD THERAPY

- A. Generally speaking, having patients help other patients is good in mental illness hospitals and bad in mental retardation hospitals
- B. Many, many more volunteers and activities needed
- C. There is a need for men's self-care programs

XII. ARCHITECTURE

- A. Ventilation uniformly poor
  - (1) Serious consideration should be given to air conditioning of wards
- B. Provisions are often not made for correct toilets for wheelchair and/or feeble patients
- C. There are few ramps
- D. Some showers in newer buildings cannot be regulated temperature-wise
- E. Many dormitories are oppressively hot in the summer
- F. Some newer buildings are designed in ways that make hanging of drapes and curtains almost impossible
- G. Construction departments seem to object to modifying walls so that pictures can be hung
- H. Clothes poles are practically on the floor in new geriatrics buildings
- I. Wards with non-ambulatory patients could use two entrances to lavatories

DJV:rcj

cc - Mental Health Medical Policy Committee  
Citizens Mental Health Review Committee

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cc (Continued)

Children's Mental Health Committee

DPW Cabinet

Hon. Karl F. Rolvaag -- Attention: Mrs. Sally Luther

Mental Health Executive Council

Humane Practices Committee