

Mrs. Karlens
C O P Y

STATE OF MINNESOTA

DEPARTMENT Faribault State School & Hospital

Office Memorandum

TO : Richard Bartman, M.D.
Director Children's Mental Health Services

DATE: November 15, 1965

FROM : M. E. Krafve *MEK*
Assistant Superintendent

SUBJECT: Unit System

We are submitting a plan for a Unit System within our institution setting up six units of care, treatment and training for the residents of our institution. This plan has been developed over the past several months by a task force comprising representatives of all disciplines within the institution.

The resident areas have been assigned to Units as listed on Schedule "B" which is attached. This listing indicates the Unit Headquarters as well as the personnel who have been assigned to this date, together with a listing of disciplines to be assigned. The staff members indicated by a star will be the Unit Program Directors.

All personnel assigned to a Unit will comprise the Unit Team. The professional staff assigned to the Unit, the Unit Services Coordinator, and the Unit clerical staff will normally work an 8:00 a.m. to 4:30 p.m. schedule Monday through Friday, although the Unit team members may be on duty at other times as needed.

In order to maintain minimal nursing service and provide desirable overlap, the other shifts will be 4:00 p.m. to 12:30 a.m. and 12:00 midnight to 8:00 a.m. seven days per week, as well as to cover the day shift of Saturdays, Sundays, and holidays, there will be a Nurse Supervisor position to cover the male cottages and another to cover the female cottages. The Nurse Supervisors in these positions will be responsible for patient welfare, employee staff, and facilities. She will follow the program established by each Unit Team.

Attached hereto are the following schedules:

Schedule "A" - Unit System Definition

Schedule "B" - Unit Building and Personnel Assignments

Schedule "C" - Unit Organization, Typical Unit, Typical Ward Coverage

Schedule "D" - Nursing Personnel Complement

Schedule "E" - Duties and Responsibilities of Unit Program Director

Schedule "F" - Duties and Responsibilities of Unit Nursing Services Supervisor

Schedule "G" - Duties and Responsibilities of Unit Services Coordinator

Schedule "H" - Duties and Responsibilities of Nurse Supervisor (Off-Shift)

Schedule "I" - Task Force Committee on Unit System

Schedule "J" - Personnel

65-MVS-MEK
Faribault

November 15, 1965

The six programs developed by the Medical Directors and Administrators of the MR/E institutions will be implemented into each unit. At this time because of wide geographical disbursement of buildings on our campus, all Units will have more than one program. We expect to remedy this condition as population changes can be made and as replacement of obsolete facilities is provided for.

In order to implement this program certain changes are required in personnel. Substitutions of certain classifications will be needed to provide the staff and service positions to implement an efficient workable program. These changes are reflected in Schedule "J".

The development of this system requires that professional and service staff will headquarter in an area within the unit complex. We are exploring space needs, equipment needs, record keeping, etc., at this time. The budgeting needs for this phase will be submitted when the study is completed.

We shall appreciate your review of this proposal. Should questions arise, we will be glad to answer them. If this plan is approved we plan to implement it on January 10, 1966.

MEK:jn

cc: Dr. Engberg
Dr. Smith
Dr. Vail ✓
Mr. Gardner
Mr. Wangenstein

SCHEDULE "A"

UNIT SYSTEM

The unit system of institutional organization is designed to provide a physical and organizational arrangement that will encourage optimal utilization of professional and technical staff in treatment programs.

An effective unit system would involve:

1. Specification of sub-groups of the patient population as constituting treatment units.
2. Assignment of specific professional and technical staff to each unit, in kinds and numbers consistent with the needs of the unit.
3. Locating the staff in close proximity to the patients and to each other in order to encourage:
 - a. Close observation of patients' welfare, development, behavior, personal relationships, adjustment, etc. by each of the staff members of the unit.
 - b. Concerted evaluation and definition of the treatment needs of each patient, individually and as a group member.
 - c. Development of a treatment program for each patient in which the roles of various staff members, the techniques, and the goals are clearly defined.
 - d. Regular and frequent review of each patient's treatment, its goals, methods, and progress.
4. Giving the unit team a large degree of autonomy in defining and carrying out patient treatment programs. This is necessary for the following reasons:
 - a. Unit personnel will have the best knowledge of individual patients and their circumstances, and must therefore have immediate responsibility for program development.
 - b. It permits the unit team to take timely action in accordance with developments in the patient or in the building.
 - c. It will give professional staff members greater freedom to use their talents and ingenuity to serve the patients.
 - d. It makes members of the unit team accountable for the quality of their services to those who utilize those services; other members of the unit staff and patients.

5. Organizing each unit to make optimal use of the varying viewpoints, training, and skills of the staff, yet coordinating the team's efforts in behalf of the patient. This implies that:
 - a. Team members with specialized treatment skills should be as free as possible from routine administrative and clerical duties.
 - b. All staff members who have contact with a patient should participate in group considerations of the patient, consult with other members of the team, and play a role in treatment.
 - c. Direction of the program should be by a professional staff member qualified to weigh all information and to reach effective decisions regarding program management and treatment.
 - d. The director of the unit program is accountable for its operation and success.
 - e. Members of the unit team should be largely accountable to the unit program director for the quality of their services.
6. Providing effective leadership and advisory and supportive services to the unit team.
 - a. Responsibility for the total institution program rests with the superintendent, assisted by the clinical director and director of administrative services in consultation with the chiefs of the various therapy and support services.
 - b. It is the responsibility of this group to provide broad policy guidelines to the units and to evaluate unit functioning.
 - c. It is the responsibility of the various service chiefs to select, train, and assign unit personnel of their discipline, and to assist unit program directors to achieve the units' program goals.
 - d. It is the responsibility of the service chiefs to consult with unit personnel of their discipline and to evaluate and maintain the quality of work being done.

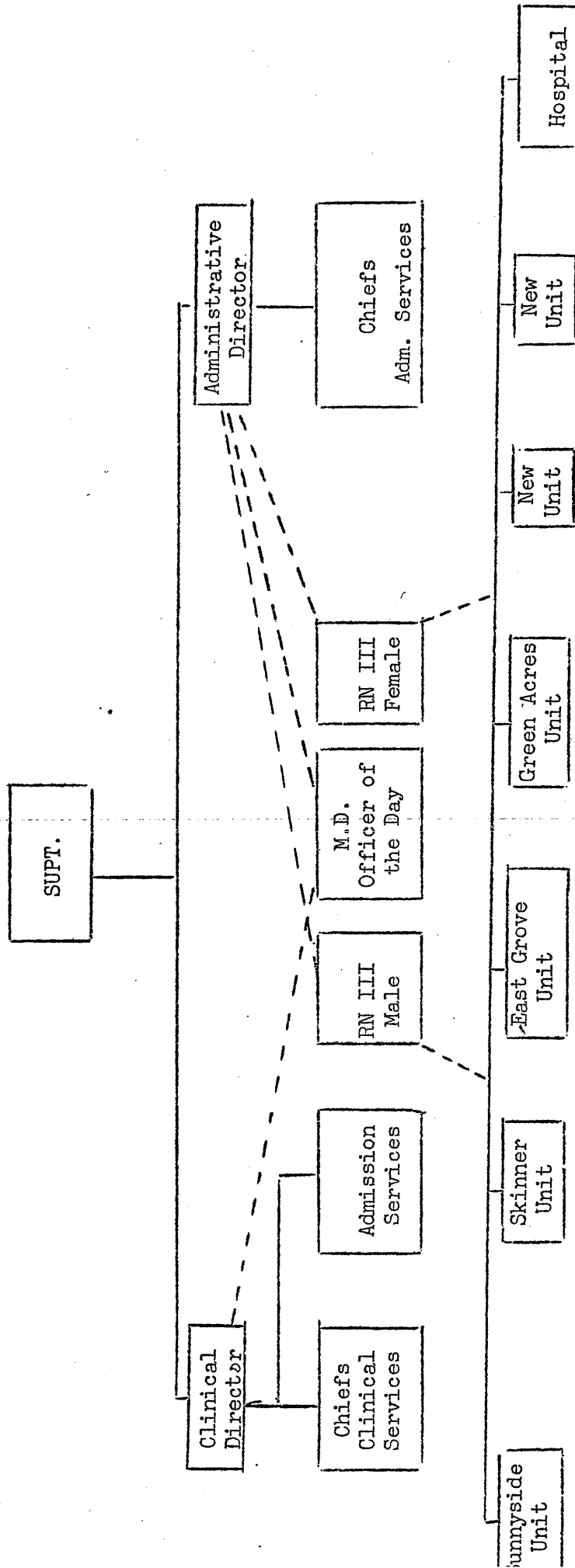
SCHEDULE "B"

UNIT ASSIGNMENTS

	SKINNER UNIT	EAST GROVE UNIT	GREEN ACRES UNIT	SUNNYSIDE UNIT	NEW INFIRMARY	NEW SCHOOL	HOSPITAL
Unit Hdqtrs.	Ivy Holly Iris Oaks	Fern Poppy Willow Daisy	Linden Cedar Maple Birch	Chippewa Pawnee Hillcrest West Sioux	Elm Dakota Hickory Seneca Dairy Springdale	Pine Mohawk Osage Rose Laurel Spruce	
Physician	Dr. Thomson	Dr. Lende*	Dr. Fedders*	Dr. Watts*	Dr. Kennedy Dr. Lightbourne	Dr. Shannon Dr. Lightbourne	Dr. Br
Nurse	Mrs. Myers*	Mrs. Finstuen	Mrs. Haugh	Mrs. Goodwin	Mrs. Anderson*	Mrs. Gates*	Mrs. H
Psychologist	Dr. Koh			1		1	
Social Worker	Miss Fjetland	Mrs. Stoos	Mrs. Achterkirch	Mr. Hormel Mr. Prax	Mr. Wente	Mrs. Kading	New
Rehab. - PAL	Mrs. Paquette	Miss Steeg	Miss Manning	Mr. G. Johnson	Mr. Finck	Mr. Ferguson	
PAA	Mrs. Reuvers	Mrs. Knutson	Mr. Kroska	Mr. Parkos	Mr. K. Johnson	Mrs. Fay	
OT	Miss Rapacz	Miss Warpeha	Miss Rapacz	Miss Baltes	Miss Baltes	Miss Warpeha	
HAND.	Mrs. Good	Mrs. Sterling	Mrs. Good	Mrs. Sveiven	Mrs. Sveiven	Mrs. Sterling	
School							
Chaplain							
Coordinator	1	1	1	1	1	1	1
Clerk Steno II	1	1	1	1	1	1	1
Clerk Typist I	1	1	1	1	1	1	1

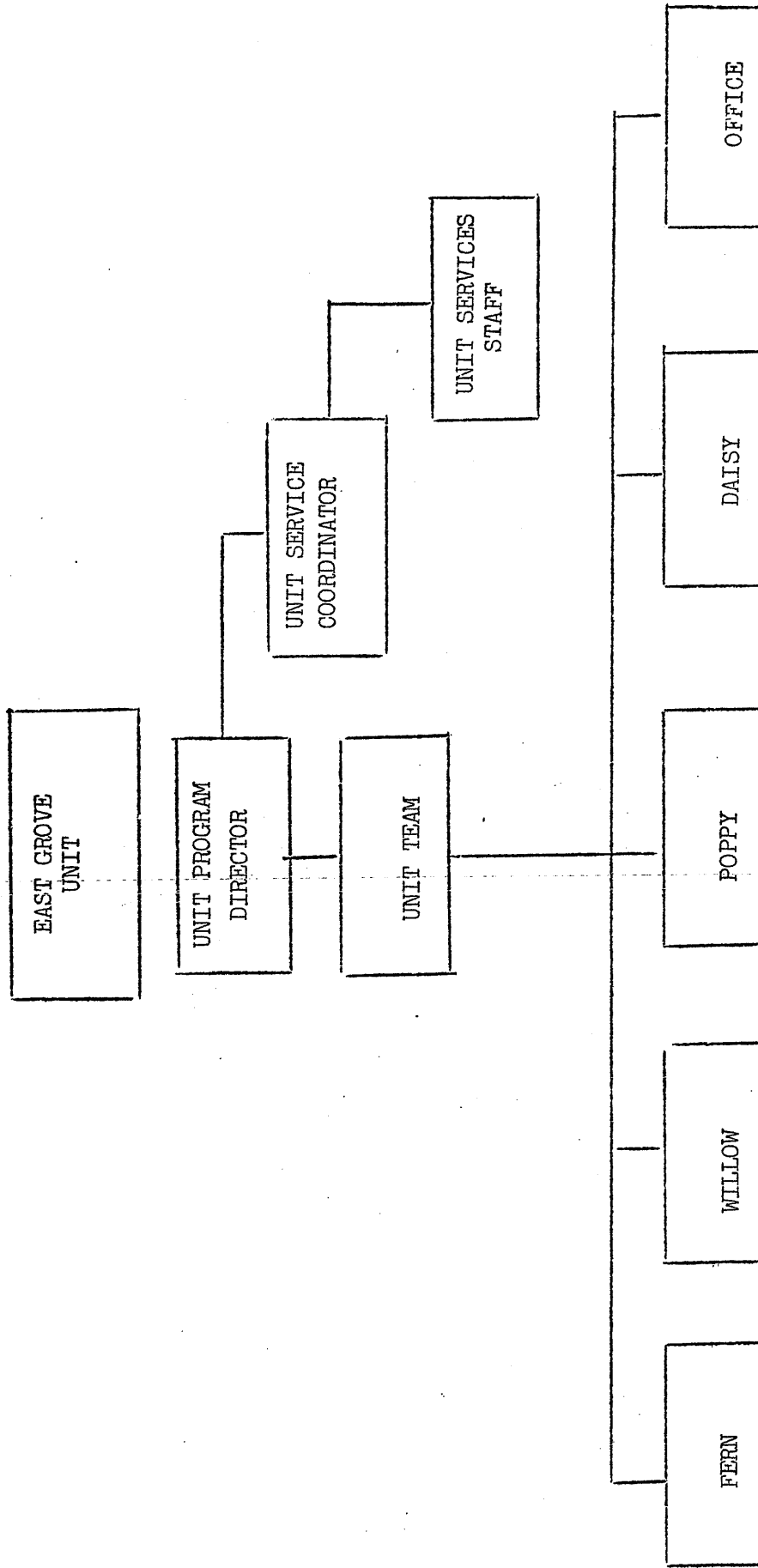
*Program Director

SCHEDULE "C"



Typical Unit

SCHEDULE "C"



Staffing according to Schedule "D"

SCHEDULE "C" - Typical Ward Coverage

EAST GROVE UNIT

		Unit					Total	
		Office	Daisy	Willow	Poppy	Fern A & B	Fern C	
Registered Nurse III	1							1
Unit Services Coordinator	1							1
Clerk Steno II	1							1
Clerk Typist I	1							1
<hr/>								
Psychiatric Tech. II	AM	1	1	1	1	1	1	1
	PM	1	1	1	1	1	1	1
	N							18
	R	1	1½	1½	1½	1	1	1
<hr/>								
Psychiatric Tech. I	AM	1	6	4	4	4	1	1
	PM	2	6	4	4	4	1	1
	N	1	2	2	2	1	1	60
	R	2	7	5	5	4½	1½	1½
<hr/>								
Food Service Supervisor	AM		1	1	1	1		
	PM							3
	R							
<hr/>								
Custodial Worker I	AM							3
	PM		1	1	1	1		

SCHEDULE "D"

NURSING PERSONNEL COMPLEMENT, OCTOBER 26, 1965

	Office	Hospital	Skinner	East Grove	Greenacres	Sunnyside	Graniview	Center	Total
Registered Nurse V	1								1
Registered Nurse IV	1								1
Registered Nurse III	8	1	1	1	1	1	1	1	15
Unit Services Coord.			1	1	1	1	1	1	6
Clerk Stero II			1	1	1	1	1	1	6
Clerk Typist I		1	1	1	1	1	1	1	7
Registered Nurse II		17							17
L.P.N. II		3							3
L.P.N. I		10							10
Psychiatric Tech. II			18	18	18	21	19	21	115
Psychiatric Tech. I		52	48	60	93	45	82	68	448
Food Service Supervisor		3	4 $\frac{1}{2}$	3	10	3	7 $\frac{1}{2}$	5	36
Cook II		2							2
Cook I		3							3
Custodial Worker I		3	2	3	8	2	5	6	29
	10	95	76 $\frac{1}{2}$	88	133	75	117 $\frac{1}{2}$	104	697

Schedule "E"

UNIT PROGRAM DIRECTOR

Responsibility: The Unit Program Director is a professionally trained and qualified person who administers the total treatment program of a unit in accordance with institution policy. He is assisted by a unit team consisting of representatives of the various professional disciplines necessary to the planning and accomplishment of the unit objectives.

Duties:

- 1) Hold, and preside at, regular team meetings.
 - 2) Determine unit objectives, policies and programs.
 - 3) Assigns unit personnel and their duties to implement unit programs.
 - 4) Consult with administrative officers, service chiefs and team members as necessary.
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- 5) Directs the evaluation of unit programs and progress in obtaining unit objectives.
 - 6) Supervise the general administration of the unit.
 - 7) Promote the effective utilization of unit staff and evaluate performance.
 - 8) Make recommendations to administrative officers concerning changes or additions in staff complement.
 - 9) Participate with other Unit Program Directors in short and long term planning.
 - 10) Direct a program of general staff development.

Schedule "F"

UNIT NURSING SERVICE SUPERVISOR

Responsibility: The Unit Nursing Service Supervisor is a member of the unit team and prescribes and reviews the types, levels and methods of nursing care to be used with each patient in the unit in accordance with institution policy and direction of the Unit Program Director. The Unit Nursing Service Supervisor supervises the nursing service of the unit under authority of the Unit Program Director.

Duties:

- 1) Attend regularly scheduled unit meetings.
- 2) Consult with other disciplines represented on the team to integrate nursing programs as well as other programs with the total program of the unit.
- 3) Establish level of nursing care and procedure to be used to carry out unit decisions affecting her area of responsibility.
- 4) Instruct and demonstrate nursing skills including Psychiatric and Rehabilitative Nursing to Psychiatric Technicians.
- 5) Assist building personnel to establish a therapeutic atmosphere in the building.
- 6) Check and review regularly all nursing care and procedures, consulting with building personnel.
- 7) Evaluate quality and quantity of nursing care furnished each patient to maintain a proper level.
- 8) In the absence of a unit clinical nurse the unit nursing service supervisor will assist the physician in the examination and treatment of patients and see that the physician's orders are carried out.

UNIT SERVICES COORDINATOR

Responsibility: The Unit Services Coordinator is a member of the unit team and is responsible for providing and directing those service functions essential to the unit's operation including housekeeping, food service, patient clothing, records, administrative services, maintenance and personnel scheduling. The Unit Services Coordinator supervises these various services under the authority of the Unit Program Director, communicating needs and standards to the Building Charge. Supervision of the unit clerical staff and the unit building charges is provided by the Unit Program Director.

Duties:

- 1) Attend regularly scheduled unit meetings.
- 2) Carry out unit decisions affecting his area of responsibility.
- 3) Develop and implement systems and procedures to carry out unit objectives.
- 4) Implement standards of housekeeping prescribed by the housekeeper. Coordinate ordering of supplies and equipment necessary to maintain these standards.
- 5) Implement standards of food service prescribed by the Dietitian. Check procedures, supplies, food quality and quantity.
- 6) Insure that each patient is provided an adequate wardrobe in accordance with institution standards and that proper records are maintained of clothing to facilitate proper ordering, fitting and use.
- 7) Provide for the proper recording and storage of patient personal effects.
- 8) Provide administrative service to all unit personnel including equipment, supplies, space, storage and necessary procedures.
- 9) Implement standards for the proper maintenance of buildings and equipment in the unit as prescribed by the Building Foreman and Chief Power Plant Engineer. Review and coordinate maintenance and service requests.
- 10) Assist the Unit Program Director and Building Charges in coordinating schedules of unit personnel.

Schedule "H"

NURSE SUPERVISOR (Off-Shift)

Responsibility: The Nurse Supervisor assumes overall responsibility for a portion of the Nursing Service on a shift when the Unit Team is not on duty. This nurse is responsible for patient welfare, employee staff and facilities. The Nurse Supervisor follows the program established by the Unit Team concerning the Unit Program, Building program and individual patient program. The Nurse Supervisor consults with UPD's for daily briefings in the Units she is to supervise and gives verbal and/or written reports to the UPD's on important or unusual incidents. The Nurse Supervisor is responsible to the Director of Nursing.

Duties:

- 1) Make rounds of units and buildings assigned.
- 2) Assist building personnel as necessary in handling nursing problems.
- 3) Coordinate building requests for medical service, determine need and contact Medical Officer of the Day as necessary.
- 4) Assist buildings with group and individual patient programs.
- 5) Maintain shift coverage. Shortages of personnel should be handled by first transferring between buildings or units to cover the shift or second, contacting off-duty personnel when necessary.
- 6) Supervise nursing service personnel.
- 7) Other related duties as assigned.

TASK FORCE COMMITTEE ON UNIT SYSTEM

Clinical

Dr. Smith, Chairman, Clinical Director
Mrs. Blomquist, R.N., Director of Nursing Services
Mrs. Gates, R.N. III
Mrs. Goodwin, R.N. III
Mrs. Hunt, R.N. III
Dr. Hugunin, Senior Dentist

Professional

Mr. Madow, Chairman, Chief Psychologist
Mr. Dean Nelson, Hospital Social Worker
Mr. Roach, Director Rehabilitative Therapies
Mr. Knack, School Principal

Administrative

Mr. Thurber, Chairman, Business Manager
Mrs. Amberg, Dietitian I
Mrs. Myers, R.N. III
Mrs. Brandvig, Medical Records Clerk
Mrs. Haugh, R.N. III

General

Mr. Krafve, Assistant Superintendent
Mr. Saufferer, Personnel Director
Chaplain Streufert, Senior Chaplain

SCHEDULE "J"

Unit System Staffing Requirements

Positions Available *(Present complement)		Positions Needed (New complement for units)
Custodial Worker I	25	29
Clerk Typist I	1	7
Cook I	3	3
Food Service Supv.	36	36
Practical Nurse I	6	10
Psych. Tech. I	474	448
Cook II	2	2
Psych. Tech. II	119	115
Psych. Tech. III	7	--
Registered Nurse II	23	17
Surgical Nurse II	1	--
Registered Nurse III	5	15
Registered Nurse IV	1	1
Registered Nurse V	1	1
Unit Services Coord. (HSA)-	--	6
Clerk Steno II	--	6
Practical Nurse II	--	3
	<u>704</u>	<u>699</u>

*A line item count may not necessarily agree with this complement as departments other than Nursing may use some of these positions. This complement reflects positions available to Nursing.

Changes Required to Implement Plan

New Substitutions Required		Positions Available for Substitution	
Custodial Worker I	4	Psych. Tech. I	26
Clerk Typist I	6	Psych. Tech. II	4
Practical Nurse I	4	Psych. Tech. III	7
Registered Nurse III	10	Registered Nurse II	6
Unit Services Coord.	6	Surgical Nurse II	1
Clerk Steno II	6		<u>44</u>
Practical Nurse II	3		
	<u>39</u>		

The excess 5 positions constitute a reserve pool for unexpected changes or developments. Positions listed as available are, or will be, vacant with the exception of four Psychiatric Technician III. These persons may be transferred to Hospital Service Assistant; if not, they will be used in lieu of Registered Nurse III Off Shift Supervisors to decrease correspondingly the number of Registered Nurse III positions required. Other positions necessary to the Unit System such as physicians, social workers, etc, will be carried over complement.