

M I N U T E SHOSPITAL SUPERINTENDENTS' MEETING

Friday, June 18, 1965

Room 500 -- Centennial Building

St. Paul, Minnesota 55101

<p>Present:</p> <p>Anoka State Hospital          Fergus Falls State Hospital          Hastings State Hospital          Moose Lake State Hospital          Rochester State Hospital          St. Peter State Hospital          Willmar State Hospital</p> <p>DPW:</p> <p>Dr. David J. Vail          Mr. Morris Hursh          Dr. Arthur Gallese          Mr. Ove Wangenstein          Mr. Earl Evenson          Dr. Russell Barton          Dr. Ralph Hirschowitz</p>	<p>Minnesota Security Hospital          Brainerd State School and Hospital          Cambridge State School and Hospital          Faribault State School and Hospital          Owatonna State School          Minnesota Residential Treatment Center</p> <p>Mr. Herbert Gardner          Mr. Joseph Lucero          Mr. Ardo Wrobel          Mrs. Alvira Hiltz          Miss Marlis Butler          Mrs. Bonnie Blackmore</p>
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1. Minutes of the March 26, 1965, meeting were approved as written.
2. Introduction of Drs. Hirschowitz and Barton. Dr. Vail introduced Dr. Ralph Hirschowitz, psychiatry resident at the University of Minnesota who goes to Fergus Falls July 1, and Dr. Russell Barton, physician superintendent at Severalls Hospital, Clochester, Essex England, a 3-month consultant to the Medical Services Division and institutions on humane practices and methods for combating institutional neurosis among patients.
3. Research. Dr. Vail described policies and procedures in awarding state research grants to institutions.
  - A.) The state research program. Dr. Vail said that three priorities have been set up in awarding state funds for research projects. The big question is, "Who will benefit from this research?" The first priority, then, is that a project would have an Operations Research emphasis -- that it would investigate better methods of patient care, and more efficient methods of hospital operation. There is a basic distinction between this kind of research, which hopefully has a practical outcome, and research aimed at unearthing knowledge only for its own sake.

The second priority in fund-granting is special research -- the kinds of on-going projects in which the state has money invested and has an interest (eg. E.E.G., P.K.U.).

The third priority is research done in the personal or professional interest of the researcher, for instance research for Ph.D. papers.

There are three types of research structures in the state institutions, Dr. Vail said, so research funds would be used by the institutions in three different ways. In the institutions with a research director and auxiliary staff, fund grants will be designed to improve quality of research. In institutions with no research director, staff or activity, the state research plan can help them build in a program. If there is a staff and some equipment but no director, the state program is to convert the local operation to a research program with a clearly-identified director.

Major emphasis of the first-priority research -- that which is aimed specifically at assisting the organization in doing a better job -- will be to have each unit focus on these six questions:

1. Why was the patient admitted to the institution?
2. How could the admission have been prevented?
3. Why was the patient re-admitted to the institution?
4. How could the readmission have been prevented?
5. How can the duration of hospital stay be made more appropriate?
6. How can the quality of the hospital experience be improved?

Dr. Vail said that state funds this biennium will be used mostly to continue existing staff.

There will be exceptions at Hastings and Faribault and in central office. In central office it is hoped to use new research personnel to make comprehensive surveys of the research literature because of the difficulty encountered in finding out and applying what has been done elsewhere.

- B.) Administrative procedures (state.) Dr. Vail explained that research requests are reviewed in the Department of Public Welfare and by the State Department of Administration. Delays and difficulties may arise at either point.

Technically, by state law the Department of Administration has the power to change the content of research applications, but has never exercised this power. All research applications including those going outside the state system are reviewed by the Department of Administration.

The Department of Public Welfare budget examiner in the Department of Administration, Earl Evenson, answered questions. He emphasized that all research applications should be written with a paragraph summary so he can understand the outline and purpose of the project without reading through pages of detail.

Q. We have a real problem when our renewals of federal grants come up. Sometimes we are only notified a month in advance.

A.) That problem has been working itself out as the federal people become more acquainted with our local problems and are allowing more time for grant renewal. You will notice, however, that in no case has an application not been renewed because our office held the application up.

Q.) Our projects are altered, not by the Department of Administration, but by Civil Service when they do not approve our classifications of people. Maybe we should have Civil Service approval before submission of application.

A.) Because the Civil Service step might tie up grant applications for additional weeks, the step should be optional. However, it might be possible to arrange with Civil Service a step called classification determination before submission of the grant to either the Medical Services Division or Administration. Some institutions hire all personnel on a grant under present civil service classifications.

Mr. Evenson also said he wants out-of-state travel clearly marked on a research application.

C.) Federal Research Program. Mrs. Alvira Hiltz said that federal representatives have indicated to her their willingness to come to Minnesota to advise HIP and IST grant applicants. It was suggested that a workshop be set up sometime this summer which would include representatives from each hospital such as the accountant, medical director, administrator and project directors.

4. Medical Staff salary matters. Dr. Vail announced that new Civil Service pay rates for institution personnel go into effect July 1, but that physicians on the ABC pay plan will not be eligible for these raises. Institutions that want to grant these physicians raises should do so before June 23, the last pay period before the beginning of the fiscal year.

Dr. Vail suggested that institutions hiring personnel from the stipend group make certain they are hired and have clearance before July 1.

5. Employee physical examinations and health. Dr. Vail said three forms have been recommended by the Committee on Employee Health: an employee health history, medical examination record, and immunization and X-ray record. It was explained that under the recommended system every new institution employee would fill out a health history prior to hiring but after his final interview. Someone in the institution would review the forms and determine whether the person needs an examination, and if so, whether the exam should be given in or outside the institution. If outside, the exam would be at the institution's expense. The institution would also begin an immunization and X-ray record for employees.

In discussion of this procedure it was pointed out that institutions do not have the money to pay for outside examinations, and cannot spare

physicians from patient treatment for examinations in the hospital. The matter was held over until another time pending committee investigation of stated problems.

6. Barton -- Minnesota Project. Dr. Barton explained his 3-month visit in Minnesota and asked for the advice of the group regarding his July schedule. He said that the last month of his visit should be devoted to utilizing and validating statistics and impressions obtained by Joseph Lucero in his survey of wards and patients.

Discussion brought out that each institution would like to have Barton return to work with staff in pointing out particular problems and methods of overcoming the problems. Other discussants felt Barton should set up a demonstration project at a given institution or institutions which either would be closely observed by or reported to other institutions, or would be assigned personnel from other institutions.

Dr. Barton said he would try to work out a satisfactory system using these suggestions as a base.

7. Summary of 1965 mental health legislation. Dr. Vail summarized major legislative decisions:

- a.) Patients in mental or TB hospitals eligible for categorical aid (chap. 799.)
- b.) Use of children's building at Glen Lake for retarded (chap. 769.)
- c.) Authority to accept federal funds for construction of facilities for mentally retarded or mentally ill granted to Commissioner of Department of Public Welfare (chap. 626.)
- d.) Political subdivisions may levy taxes to establish and operate daytime activity centers for the retarded (chap. 480.)
- e.) State aid for community mental health centers increased 10 per cent per capita (chap. 389.)
- f.) Function of Owatonna State School expanded (chap. 293.)
- g.) PKU test required to detect mental retardation (chap. 205.)

8. Family relations workshop. Dr. Vail announced that four representatives from each hospital will attend a workshop September 15-17 at the Holiday Inn in Duluth. They will discuss methods of better utilizing families of hospital patients in treatment.

A committee has been set up under Miss Marlis Butler, chief of social services, to arrange the workshop, which is being financed through a federal Technical Assistance Project Grant, and to determine which hospital personnel will attend.

9. Institutional Assembly with patients' councils. Dr. Vail said it has been suggested that dehumanization material be reviewed with representatives of patient councils at institutional assemblies. The Humane Practices Committee would work out the details of these assemblies.
10. Record forms and procedures. Dr. Vail reported progress of the Medical Records and Accreditation Committee. He said that they are not ready for a final report but that when they are finished they will call a meeting of all institutional personnel who work with records.

He said that one of the big problems of the committee has been records that request useless or dehumanizing information. An example is a chart requiring a record of women patient's menstrual cycle and flow and a monthly weight chart.

11. Planning retreat. Dr. Vail summarized major points from the State Planning Conference held May 25-27 near Brainerd.
  - 1.) Considerable support was given to the hospital position that a line of responsibility for acting-out sociopaths can be drawn, and that this responsibility falls to the correctional people do a better, more confident job in dealing with these people.
  - 2.) A major recommendation now in the works is the closely-watched, scientific, gradual and careful integration of certain mental retardates into an institution for the mentally ill.
12. Bodies to University. Dr. Vail said that there is a law that requires mental institutions to furnish unclaimed bodies to the University Anatomy Department, unless a patient has requested otherwise (Minn. Stat. (Public Health) 145.14).

He said that this information should be made available to families and patients.

13. Egg nog powder. Dr. Vail restated the contents of an earlier memo in which he announced that no uncooked egg powder was to be used by institutions, for instance in egg nog. If such egg powder has not been carefully processed, salmonella may be transmitted from the shells to the powder.
14. Next meeting. The next meeting will be held at 11:00 a.m. Wednesday, September 15 at Moose Lake State Hospital.