

Nursing Meeting
12-5-66

File 7554
Eval.

Present: Mrs. Hiltz, Mrs. Hunt, Mrs. Blomquist, Miss Dohner, Mrs. Myers, Mrs. Goodwin, Mrs. Finstuen, Mrs. Gates, Mrs. Anderson, Mrs. Nethery

Mrs. Hiltz explained that her purpose for calling the meeting was to explain the system of staff evaluation studies which are to be done at Faribault in the next few weeks, and how the nurses would be involved with these evaluations.

Over the past few years a procedure has been developed, whereby with the request of the Mental Health Medical Policy Committee an analysis of the various service departments and programs of an institution has been done by Dr. Vail and his staff.

So far they have reviewed the state institutions at Cambridge, Rochester, Hastings, and Willmar and currently are in the process of reviewing Shakopee and Faribault.

This means that each state service chief will be working with his counterpart here at Faribault. Mr. Wrobel will be evaluating the Rehabilitation Department; Mrs. Karlins will be evaluating Volunteer Services; Mrs. Butler will evaluate Social Service Department; and Dr. Callese will evaluate Psychology Department and I'll be doing the Nursing Departments. Dr. Vail with Mr. Hawkins help will be doing an analysis of the overall administration and the medical staff.

When the various reports are combined they will go to the Medical Policy Committee who will review them and make evaluations which will then be discussed with the staff.

Since Faribault is so large I feel that the most fair way for me to evaluate the nursing department here is for it to be a joint effort with each of you doing an evaluation of your own unit.

There was a general consensus of opinion that this would be best. The group felt their reports should be sent to Mr. Krafve by Thursday December 15 so he would have an opportunity to review them before forwarding them to Mrs. Hiltz.

A discussion of areas which should be considered and use as guide lines in writing the report followed. It was felt that the report should be 3-4 pages (double-spaced) but may be longer if necessary. In addition to the evaluation report as report on needed supplies, furniture and remodeling projects in the ward areas will be made and sent in after Christmas.

General guides which might be used in preparing the report are:

- Purposes and objectives
- Geographic areas
- Type of patients

Meetings held - how often, who attends, what is discussed, do you keep minutes (may send sample)

Staffing - how is the ward covered - problems encountered

Communications - how do you let people know what is going on?

- Psy. Technicians
- Nursing Service office
- Nursing Education Office
- other units
- Other departments
- administration

(sample nursing supervisors minutes would be helpful)

General Questions reviewed:

What problems do you think can be improved by suggestions?
How do you work with your Psychiatric Technicians II?
How do you visualize the co-ordinator's role?
~~How are nursing problems brought to attention of the Doctor? how to improve?~~
What happens to ward reports?
How are accidents handled?
How are contacts with parents and friends made?
What kind of supplies do you need?
Physical exams - how are they handled?
Do you think physio-therapy is needed? How many patients could benefit from P.T.?
What are your feelings about a nursing policy manual?
What improvements do you think could be made in architectural planning for new buildings? in remodeling old buildings?

What are some of the problems you encounter in:

Feeding, bathing, toileting
infection and communicable disease control
Housekeeping
laundry, clothing supply
charting and Kardex and ward reports
medications
Medical Records

What kind of programs are there in your area?

Training programs
Remotivation
Ward classes (building meetings)

Ideally what are your expectations of an In-Service program?

What kinds of programs and for whom?

What are your expectations of:

- Nursing Education Department
- Nursing Service Office
- Administration
- Medical Director
- Social Service Department
- Personnel
- Rehabilitation Department
- Psychology
- Volunteer Services

What could they be doing to help you?

What are your recommendations for the Nursing Department as a whole?

Mrs. Nethery will enclose copies of four articles on accreditation from Mrs. Hiltz.

cc: Mr. Krafve

Memorandum

From : Mrs. Audrey Nethery

Date: December 6, 1966

Subject: Nursing Meeting, December 5, 1966

Mrs. Hilts called regarding additions she would like to be included in the minutes of the December 5th meeting. She would like each of us to include a list of all committees we are involved in and to give their composition and purposes. She would like these to be committees within the unit within the Nursing Department and those including other disciplines.

She also verified the schedule of dates she will be here as December 7, 12, and 19. The following is the schedule of the times on those dates.

December 7	-	9-12	Mrs. Myers
		1-4	Mrs. Finstuen
December 12	-	9-12	Mrs. Gates
		1-4	Mrs. Goodwin
December 19	-	9-12	Mrs. Anderson

AN:AM

Report on
Faribault State School
and Hospital

Prepared by
Mrs. Alvira Hiltz, R.N.
Chief, Nursing Programs
December, 1966

OVERALL SUMMARY OF NURSING DEPARTMENT AT FARIBAULT STATE SCHOOL AND HOSPITAL

Introduction:

In the past three weeks I have visited 30 buildings and 55 Nursing Stations at Faribault State School and Hospital. As part of the nursing department evaluation I also met with:

- (1) Director and Assistant Director of Nurses.
- (2) Director of Nursing Education and Nurse Instructors.
- (3) Nursing Supervisors.
- (4) Program Directors.
- (5) Personnel Director.
- (6) Administrator.
- (7) Medical Director.

In mutual discussion with the above personnel, the following areas of concern should be noted with Recommendations:

Concerns:

- I. Estimate of approximately 700 patients with physical handicaps by Nursing Staff.

II. Physical Plant

1. 2/3 of buildings need replacement or remodeling.
2. Large Dormitories, Day Rooms and Dining Rooms.
3. Interiors barren in some areas.

Recommendations:

1. Grouping of physically handicapped in buildings with proximity to one another.
 2. Establishment of Physiotherapy Department.
 3. Training Program instituted in Kenny Techniques.
-
- 1a. Reduction of patient population through transfer to community and other institutions.
 - 1b. Consideration of transfer of geriatric patients on selected basis from Fern Building to Nursing Homes.
 - 2a. Need to break down large areas by cubicles and/or movable divider walls.
 - 2b. Conversion of available side rooms into activity rooms and visitor rooms wherever possible.
 - 3a. Curtains, pictures and storage areas for toys, etc.

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III. Staffing

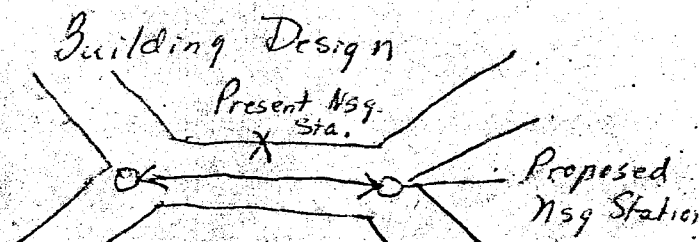
1. Filling of Psychiatric Technician positions is acute - down 30 positions besides those allocated in last session of legislature (200+)
 2. R.N. staff needed at the cottage and unit level to a greater degree.
- 1a. Utilization of Institutional Trainees.
 - 1b. Hospital Aid classification be utilized on a permanent basis.
 - 1c. Utilization of "Operation Teach" design, hiring part-time staff.
 - 2a. Recruitment of R.N.'s through involvement of the Nurse Program Director, in addition through usual procedures of recruitment.
 - 2b. Assignment of a clinical instructor to each unit for I.S.T.
 - 2c. Assignment of a supervisor to each unit on the a.m. shift.
 - 2d. Recruitment of R.N.'s for R.N.II position as head nurse in cottages of greatest need, to begin with.
 - 2e. P.M. and night nursing supervision carrying no more than 2 units.
 - 2f. Employment of clothing clerks, custodial workers and food service workers or utilization of part-time employees.

IV. Supplies and Equipment

1. Cottages in need of supplies and equipment to provide patient care.
- 1a. Utilization of non-pinless diapers, contour sheets, linen carts, etc.
 - 1b. Exploration of equipment, e.g. beds, mattresses from other institutions for Faribault State School and Hospital.
 - 1c. Need for feeding tables, walkers, playpens, contoured baby chairs, childrens tables - chairs, washers and dryers for buildings.

V. Nursing Care

1. Stepped-up programming, particularly in Holly, Poppy, Pine, Maples, Dakota and Pawnee buildings.
- 1a. Establish Project-Teach Program under 89-10, similar to one being utilized at Cambridge State School & Hospital. Reduction of patient population. Provide 2 nursing stations instead of one for Hickory, Elm and Willow, instead of 1 nursing station near patient care areas rather than at the main entrance of the building.



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2. Supplies and equipment utilization needs stepping up.

3. The Unit Supervisors, Program Directors and Nursing Office indicate a need for a Psychiatric Treatment Unit for emotionally disturbed patients.

VI. Nursing Department

1. Nursing Department needs increased communication and understanding of the services of the nursing office, nursing units, and Nursing Education.

- 2a. Greater utilization of disposables for patient care.
- 2b. Wardrobes, bedside tables, bulletin boards for patients and pictures in patient living areas in a greater degree.
- 2c. "Project Teach" Program for children with Rehab. Department. The nursing staff of Faribault State School and Hospital will be sending their concerns in this area to me after January 1st.

- 3a. Utilization of a cottag with 2 wings for emotionally disturbed females and males on the order of a Mental Health Treatment Unit.

- 1a. Establishment of Nursing Manual on job descriptions of nursing employees, description of units and its services, philosophy and objectives of nursing department as well as guidelines for programming in patient care.
- 1b. Unit Program Directors, Nursing office staff and Nursing Education staff should meet regularly with minutes being kept of meetings.
- 1c. A written shift report should be sent in from each cottag to unit office - the unit office will then summarize these reports into a written unit report of the shift - a written report then would go to the nursing office, Chief of Social Services, Medical Director and Administrator on a shift basis.
- 1d. Representation of Nursing on Medical Records Committee.
- 1e. Nursing books and manual at cottag level for ward staff use - expanded funding for a Nursing Library.
- 1f. Nursing Procedure Committee re-activated with representatives from Nursing Service and Nursing Education, meeting on a regular basis and co-chaired by the Director of Nursing and Director of Nursing Education.
- 1g. Nursing Kardex and Nursing Care plans for each patient at the cottag level.

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- 1h. Orientation of Nursing Shift Supervisors to the Program Units and vice-versa.
- 1i. A patient-centered In-Service Education for R.N.'s be instituted on regular basis, utilizing USPHS funds for institutes.

In my assessment of the Faribault State School and Hospital, the concerns and recommendations were done with the collaborative effort of the R.N. staff and myself. The Nursing Department is well aware of its problems, and we will be utilizing the summary to explore ways and means of working through the major areas of concern. The Nursing Department has been exceedingly helpful and willing to be of assistance to me.

Summary of
Nursing Service

Submitted by:
Miss Dobner, R.N. IV

The objective of the hospital is to give each patient the best possible care in the most humane manner. Each patient has his program planned trying to individualize the treatment and care as much as is possible with the staffing on the ward.

There are 30 buildings, housing patients, spread over a campus approximately two miles in diameter. The 30 buildings are divided into a total of 55 wards with from 20 to 96 patients on a ward. The type of patient cared for here are all ranges of the mentally retarded, and a few non-retarded epileptics.

Registered nurses staff meeting held once a month, notified of any new programs, reports from workshops and seminars, and any problems of patient care anyone brings to attention.

Team nurses or unit nurses monthly meetings, suggestions are offered to improve and coordinate programs, suggestions on methods of doing record keeping to avoid as much duplication as possible, minutes are kept in a book on both meetings. Team or unit nurses get written minutes of the meetings.

Communications - by minutes, memos, telephone or verbal reports on rounds, consultations with some areas, attend meetings in the units and hospital area, as often as can be managed, besides receiving minutes. Unit or team nurses report any unusual occurrences, whether staff or patient, usually by telephone as soon as is possible after occurrence.

Many methods of doing general work could be improved, by eliminating many unnecessary motions or steps. Work simplification methods could be utilized in many of the work situations.

Work with - Psychiatric Technician through the unit or team nurse.

Coordinator - administrative functions that do not require nursing knowledge.

Physician - during day is usually available in unit, after 4:30 p.m. there is a physician assigned to take calls, this is also the case on Saturday and Sunday.

Ward reports - each ward makes a report daily, these are coordinated into a unit report and sent to nursing office, reviewed by nursing office and unusual occurrences are brought to the attention of the clinical director. They are then used by the admittance clerk to fill out a population report for Home Office and then stored.

Accidents - are handled by ward personnel and unit team during week days. They are reported to nursing office as soon as possible if they are serious, otherwise when calling about other things they are reported. If a major casualty, a written report is made out, otherwise it is written on the nurses progress notes only. The other exceptions are: where parents are questioning any marks or occurrences or on patients who receive injuries frequently and a fracture may come to attention, later, these are all written up so the clinical director and social service supervisor are aware of any incident that has occurred to these patients. Parents and friends contact is usually in ward areas.

Supplies - if delivered on time we have no problem, but some quarters they are very late.

Physical examinations - to be done yearly. This year we were fortunate in obtaining two part-time physicians to help with physicals and bring them up to date. A nurse was assigned to assist when one was available, otherwise a Psychiatric Technician II was used to assist physician.

We have had a position for a physical therapist for many years, but so far have been unsuccessful in filling the position. Possibly between 600 - 700 patients could be benefitted.

Architectural planning - small dayrooms areas or dividers in large dayrooms making it possible to separate aggressive patients from the less aggressive patients. Also making it possible to have small group activities, without interference. Dining areas should be smaller and I would prefer serving

"family style". Tables should seat 4-6 patients and for training purposes tables seating two would facilitate the training, with advancement to the larger group when able to feed themselves in an acceptable manner. Many patients become upset by too much stimulation from the group, and must be separated from the group, which points up the need of separation rooms near the dayrooms. The patients could be watched more closely and released when they quiet down. We are defeating our purpose of separation from the group if they are not released as soon as they quiet and are ready to rejoin the group. Most of our siderooms are on another floor.

Nursing Policy manual, I feel, should be apart from the employee manual, which is large and it is very difficult to locate specific policies. ³ A nursing policy manual should specifically spell out procedures to follow in meeting any situation which may arise. Nursing policies should be in a separate section if they are to be incorporated in the hospitals employees manual. Each department should have a section, and if workers are assigned to the department they should have in their section a policy covering any situation in which a patient worker might be involved.

Feeding-Bathing-Toileting. Lack of staffing hinders these programs in self-help, the programs can not be carried out continuously as shortage of staff on certain days make it necessary to drop programs. This not only frustrates the patients in the programs, but has a deleterious effect on the technicians attitude towards starting new programs.

Infections and communicable disease control. Very difficult to improve conditions when staffing is inadequate. I think the technicians we have do very well.

Housekeeping - need more housekeeping personnel to clean all buildings and care for clothing and linen.

Laundry - I'm certain the laundry is doing the best work it can, they need more employed help.

Charting and Kardex and ward reports - charting is improving, but is not readily available to Psychiatric Technician I's. Kardex files are on order.

Technicians are striving to complete nursing care plan cards. They need much guidance for this work. Medication orders are in process of review. Medical records - areas are starting work on combining charts. Many programs are in progress; such as, feeding, toilet training, dressing, washing, etc.

Remotivation has slowed considerably because of staff shortages. Ward classes or small informative meetings are encouraged, but because of a "never did this before attitude", it is a slow process.

In-service-expectations - to assist the technician in feeling less uncomfortable in working with the patients. Programs should be for all personnel.

I feel all departments should be striving cooperatively towards the same goal - The best possible care and training we can give each patient enabling him to reach his highest potential.

V. Blomquist

DEPARTMENT Faribault State School and Hospital*Office Memorandum*

TO : Mrs. Alvira Hiltz
Chief of Nursing Services

DATE: December 14, 1966

FROM : Justine Dobner, R.N.
Asst. Director of Nursing

SUBJECT: Information on Nursing Service at Faribault State School and Hospital

We feel that the Unit System has improved nursing care for patients.

I schedule nurses for the "off shift" service when the nurses regularly assigned to units are not on duty.

These nurses cover the 3 - 11:30 shift with one nurse for three units. They make rounds to all buildings and take care of any emergencies and supervise the Technicians and help them carry out the programs for patients planned by the Team. Administration furnishes two cars for each shift.

These nurses also cover the night shift 11 p.m., - 7 a.m., with the same division of units.

This of course is a lot of territory to cover and our aim is to have at least one nurse for two units especially on the 3 - 11:30 shift.

As often as possible or at least 3 days a week, sometimes more, I furnish a nurse 8 - 4:30 in the units where the nurse is Program Director. She makes rounds with the Doctor and reviews charts and performs any other duty that the Program Director wants her to do. The Program Director assigned the work of this nurse all I do is supply the person. There really should be a nurse available 5 days a week in these units.

The nurses working out of this office also cover for the weekend and holidays. They are scheduled 7 - 3:30, 3 - 11:30, and 11 - 7 and one nurse again covers 3 units.

The nurses out of this office have been invited to the team meetings and I always keep the meeting schedule available. I'm not sure that they take advantage of these but I know of no other or better way for them to have closer contact and this is the time they can offer suggestions and ask questions. These nurses have

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asked for more meetings with the unit nurses and we will try and arrange this but
~~too many meetings are not always advisable--it takes too much valuable time.~~

I think this program is good and I'm sure with more help and revising of
work plans as we run into problems this will be a very fine plan.

/rm

Summary of

Nursing Education

Department

Submitted by:
Audrey Nethery, R.N.

DEPARTMENT Nursing Education

Office Memorandum

TO : Alvira Hiltz(Mrs.), Chief
Nursing Programs

DATE: Dec. 22, 1966

FROM : Audrey Nethery, Faribault
Director of Nursing Education

SUBJECT: Institution Staff Evaluation - Faribault
Nursing Education Department

Nursing Education Evaluation:

Purpose:

To provide comprehensive nursing care for the patient through education preparation of all personnel in nursing service.

Objectives:

1. To provide a basic training program for the beginning psychiatric technician in order to prepare him to assume his role as a contributing member of the health team so that he may function more effectively.
2. To instill within the nursing personnel the values of interpersonal relationships in order to insure optimum nursing care.
3. To motivate interest in continued learning and to provide opportunities for the personal growth and development of the nursing staff.

Meetings:

1. Cabinet - The Cabinet is composed of Service Chiefs and is the main channel of administrative communications. It meets weekly for approximately one hour with Mr. Krafve acting as chairman. The Director of Nursing Education attends this meeting, she communicates its activities to the department verbally and by circulating the minutes to all nurse instructors. (sample minutes enclosed)
2. Humane Practices Committee. This committee's chairman is Mrs. Gates, who is the institutions representative on the state committee. It meets once a month for approximately one hour, minutes are printed and sent to committee members. The Director of Nursing Education is a member of this committee and communicates its actions to the staff verbally and by circulation of the minutes to all nurse instructors. (sample minutes enclosed)
3. Nursing Education Committee. This committee is chaired by Mr. Saufferer, Personnel Director, other members are: Mr. Krafve, Hospital Administrator, the Director and Assistant Director of Nurses, all staff members of Nursing Education Department. It meets monthly and minutes are kept. (sample minutes enclosed)
4. Informal Nursing Education Meeting. The Nursing Education staff usually meets daily for approximately $\frac{1}{2}$ hour at which time any problems, changes in programs, student progress and general information is exchanged by the staff. Minutes are not kept of these meetings.

Nursing Education Evaluation continued:

5. MDTA - The Director of Nursing Education acted as Institution co-ordinator for this program. Setting up meetings of the vocational school and institutional personnel, and planning of the orientation of the M.D.T.A. instructors.
6. Ad Hoc Committees - The Director of Nursing Education has served on various Ad Hoc committees such as the one on medical records. This committee worked on the adaptation of the new Medical Record. A copy of sample minutes is enclosed.

Communications:

General communications with units are usually through written memos. Conferences are occasionally had with the unit co-ordinators and/or unit nurse concerning the progress of specific trainees, or new approaches in the training program. Presentation of changes or new training programs are frequently given at the unit co-ordinators monthly meeting.

Communications with other departments occur chiefly through interchange of ideas at the cabinet meeting.

Communications with the Registered Nurse staff is very difficult and must be done through direct contact with specific nurses. There is no meeting at which it is possible for Nursing Education to communicate with the unit nurses as a group to present new ideas or bring up and discuss problem areas.

Communications with the psychiatric technicians is limited to direct contact with the individual technicians or to the group which is in In-Service training program. There is no channel for communications with the Licensed Practical Nurses.

Problems in area of Nursing Practice:

Our greatest problem here is to define and establish the correct and accepted method of doing any procedure. It is extremely difficult to determine what means or approach to any procedure is to be taught since at present there seem in many cases to be as many ways as units. A definite method acceptable to the nursing staff, taught by nursing education and practiced by nursing service must be written and available for all nursing procedures. The present nursing procedure manual is out-dated and incomplete.

Present Programs:

Psychiatric Technician Trainee Program

Basic course breakdown:

General Orientation	24hours
Unit I Basic Nursing Skills	50hours
Unit II Medications	28hours
Unit III Communicable Diseases	10hours
Unit IV Red Cross First Aid	16hours
Unit V Body Systems	48hours
Unit VI Psychiatric Nursing	84hours
	<u>260hours</u>

Clinical Experience:

Acute Hospital 8 weeks
 Hyperactive patient area 5 weeks
 Pediatric patient area 5 weeks
 Industrial patient area 2 weeks
 Rehabilitation Department 2 weeks

Nursing Education Evaluation continued:

The training course is given over a 22 week period during which time the "trainee" is assigned to the nursing education department. The initial eight weeks of clinical experience is in the acute hospital area under the direct supervision of the Registered Nurse staff. During this period four hours are spent in the clinical area and four hours in class, Monday through Thursday and the entire eight hours is spent in the clinical area on Friday. The remaining fourteen weeks are divided as indicated above with only 2 hours in class four days a week. By having class from 1-3 P.M. it is possible to rotate the "trainee's" shift (6:30-3 or 1-9:30) and provide for clinical experience in both A.M. and P.M. care. A written evaluation is made at the end of each clinical experience as well as a conference at these times. Daily quizzes are frequent as well as unit tests on each unit. Throughout the entire course the effect of the "trainee's" attitude on the patient is stressed. Above all, we hope to convey to the "trainee" the right of the mentally retarded individual to develop to his fullest potential.

This program is providing a basic foundation for the beginning Psychiatric Technician to work from. It is still very heavily orientated to physical nursing care but progress has been made in decreasing this in the past year. Our major problem is in assisting the "trainee" cope with the frustration which he frequently feels when he is unable to practice the skills he has learned.

Federal In-Service Program:

The curriculum is presented in 2½ hour classes which meets twice a week for a period of 14 weeks. We are including only 9 or 10 Technicians in each class grouping and are meeting with 4 of these groups each week. The small group allows for active participation by all class members in group discussion. In addition, all group members are from the same work area in hopes that the more concentrated effort would have a greater impact. This also allows the instructors to spend approximately 20-24 hours per week in this ward area, working directly with the Technicians who are enrolled in the course. By bringing in guest speakers from the various departments and giving the Psychiatric Technician the opportunity to learn their objectives and to ask questions inter-departmental relations have improved.

The two nurse instructors on this program have spent a great deal of time in the clinical areas and have conferred with the unit nurse frequently throughout the program. They have found that relations between the Psychiatric Technician and the Registered Nurse has been greatly enhanced by their becoming involved in direct patient care. It seems that verbal supervision alone by some nurse supervisors without involvement in direct patient care had resulted in a resentful attitude which had to be overcome before they could be accepted by the technician staff in the area.

Our greatest problem with this program has been in gaining the support on the nursing service office. Frequently this department or the unit has been placed in a position which was not in tune with the nursing service office and was comparable to the traditional lover's triangle.

Nursing Education Evaluation continued:

Remotivation:

Remotivation classes were first begun under Nursing Education in April of 1966. Classes are held 2 hours a week for 15 weeks with four classes of approximately 10 Psychiatric Technicians running concurrently. At present there are approximately 40 active remotivators which are followed by the nurse instructor who is acting as remotivation co-ordinator. Interest in this program is high and expansion is to be expected in the near future. It is hoped that a remotivation council can be established soon.

Expectations of an In-Service Program:

I feel that there is a definite need for an in-service program for Registered Nurse personnel. This in-service program must be an integral part of nursing service, and should be aimed at assisting the R.N. in developing better nurse-patient relationships and improving relationships between other members of the health team.

In addition, I feel an in-service program should be developed for the Licensed Practical Nurse staff and her role clarified for her and other members of the nursing team.

Before these programs can be started nursing service must define its philosophy and objectives as well as the various roles of the nursing team members. Leadership must be given in establishing nursing procedures and a means of communication between the nursing staff. Consensus must be sought for among staff members, but also decisions must be made and procedures implemented with progress followed and evaluation by the Director of Nurses, or whomever she delegates.

cc: Dr. Engberg
Mr. Krafve

NURSING EDUCATION COMMITTEE

Present: Mr. Saufferer
Mrs. Lee
Mr. Krafve

Mrs. Nethery
Mrs. Wangshess
Mrs. Blomquist

Mrs. Kenney
Mr. Freier

Absent: Miss Dobner, Mrs. McIntyre, Mrs. Pommeranz (vacation)

Mr. Saufferer reported that we have 50 Psychiatric Technician vacancies and 50 more positions to phase in on January 1, 1967. Discussion was had of what we have to do in recruiting for these positions and what the reasons are for not being able to retain employees. It is felt that the Otis examination is not the ideal type of test to use in screening applicants for the Psychiatric Technician positions and that the Wechsler Bellevue would be a better test. We are working on salary which is a major part of our problem and possibly in the near future we may be able to offer the Technicians a higher salary. Rotations in the training program were discussed. The present schedule includes 5 weeks in Pine or Spruce, 7 weeks in the Hospital and Birch, 2 weeks in Rehab, 5 weeks in Holly, Poppy and Cedar, 2 weeks in Ivy (1 week late) and 1 week in School. Every building which has trainees has a schedule of what is being presented. Mr. Saufferer stated that the Unit Coordinators felt that if the trainees were assigned to the Units they would feel more secure in their job. It was decided that applicants for the Psychiatric Technician positions will be taken on a tour at the time of interview as we have done in the past so that they are aware of the kind of work they will be doing. The men would tour Seneca, Pine and Fern and women would tour Birch, Spruce and Sioux.

It was suggested that the building charges be retrained. If a building charge is not performing his work as he should be, it is the Unit's responsibility that the problem is discussed with him and if it is felt that a change should be made, the matter should be brought to the attention of Personnel. Discussion was had of the morale of employees. Shortage of help at times may make the trainees frustrated. They should not be left alone on a ward. We have to be considerate of them and try to make pleasant working conditions. Mrs. Nethery felt meetings with the building charges who have trainees in their areas and Nursing Education would be beneficial. The Coordinators should be present at the first meeting. Retraining of building charges should be in small groups.

It was agreed that the duties of a Hospital Aide should include: 1) Change diapers of patients and 2) Assist with bathing of patients under direct supervision of a Psychiatric Technician.

We will not start a class of Psychiatric Technician trainees in September until we have enough people. Mrs. Nethery felt an article in the paper might be more helpful in recruiting than an ad.

The testing date for the Psychiatric Technician I examination has been changed to Thursday at 1:00 p.m.

An orientation panel of MDTA is scheduled to meet here on Friday, August 19. Final selection of patients will be made on the following Monday. MDTA wants their people oriented to our way of doing things and we will assist with orienting the people to the buildings. The MDTA program will require 33 weeks.

Mrs. Nethery announced that a Teacher Training class is being held at the Senior High

School on August 15, 16 and 17 and again on August 31, September 1 and 2. As many as possible should take advantage of this course.

Arlene Janovsky
Recorder

/aj

cc: Dr. Engberg
Dr. Smith

Mrs. Nethery

CABINET MEETING: DECEMBER 7 9:30 - 10:30 a.m.

Present: Mr. Krafve, chm., Dr. Engberg, Mr. Madov, Mr. Roach, Mr. Saufferer, Mr. Nelson, Mr. Knack, Miss Perkins, Mr. Thurber, Mrs. Nethery, Mrs. Blomquist, Rev. Streufert, Miss Dobner, Dr. Smith.

Absent: Mr. Sidinger, excused

Guest: Miss Katherine Brooks

Mr. Krafve announced that beginning December 12 the hours of the employees' cafeteria will be from 11 a.m. to 1 p.m. and from 4:00 p.m. to 6:00 p.m. This will accommodate those employees coming to work at 6:00 a.m.; those coming on duty at a later hour may still eat at 11:30. It was decided that a definite lunch period should be observed in the Administration Building and that it will be from 12:00 to 12:30. It is essential that lunch hours are not staggered since we do deal with the public and definite office hours are necessary.

Miss Brooks, Field Representative of the Foster Grandparent Program was introduced by Mr. Krafve. She passed out literature on this new program and described it stating that it is supported by a government grant under the Office of Economic Opportunity. This is a one year grant, with a possibility of getting it extended for two more years. It is hoped to hire 40 foster grandparents 60 years and over, with an income not to exceed \$1,500 a year. They will work 5 days a week, 4 hours a day, at \$1.50 an hour. Each Foster Grandparent will work with a child 16 years or under for 2 hours in the morning and with another child two hours in the afternoon. These children will be chosen from Green Acres, Center, and the Hospital, and those selected will be reviewed by the Program Committee. Orientation of Foster Grandparents will begin Wednesday, December 14, in the Canteen with 10-15 people involved, and will continue for 2 weeks, 4 hours a day. Eventually we hope to have these people come in on week-ends and holidays. The institution staff will become involved in the beginning of this program to orientate these new people in the buildings on the wards, but after the program gets underway it is hoped that our involvement will be at a minimum. Miss Brooks will coordinate the use of equipment, seeing that it will be available for their use if needed. This may involve some adjustment of schedules on the part of those using equipment such as phonographs, but this eventually will be worked out. The Program will provide records.

Mr. Saufferer then reported on his summary of Unit conferences. He has visited the Units and talked with the staff to find out the strength, weaknesses, and problems in the Units, thus giving them an opportunity to release their pressures and make them aware of accomplishments. Copies of this summary were passed out, after which a discussion followed. One subject discussed was the statement by the Units that "mandatory orders from Administrative personnel to transfer specific patients without consulting Unit teams are disappointing." Dr. Smith objected to this stating that each Unit has a list of patients needing to be moved so that we do always look forward to this movement in a long range program, and that the Unit functions are thereby constantly being improved.

Mr. Nelson reported that there is considerable confusion in the Units as to what each person's goal is, who does have authority, and what the lines of authority are. Mr. Madov explained that in going to the Unit System we have not examined the rolls people formerly carried and clearly delineated new changes in roles and this is where the problem lies. We need new job descriptions and procedures in the past should be looked into to see if they should be modified.

Dr. Engberg stated that it should be known that in each Unit the Program Director has the

responsibility to see that things are running properly. On a good many matters, if thought is given to the total problem and approached step by step each situation can be solved as necessary at that time, and as soon as further decisions need to be made they should be taken. In any situations such as this the whole team should work toward the solution and if they can't reach a decision it should then be brought to the administrative level.

Study groups will be selected by Mr. Krafve to review each of the areas under question as stated in the summary because the purpose of this review was to see that attention will be given these questionable areas. The first group developed to study the role and structure of the cabinet, which is not clear, is Mr. Madow, Mr. Saufferer, and Mr. Krafve.

Mr. Roach asked who should receive minutes of the various meetings. Any individual on a committee should let those normally working with him know of what has occurred and what decisions were made. If someone feels he should be receiving minutes of a certain committee in order to function properly, the chairman of that committee should be contacted.

Mr. Krafve stated that we are the only institution that has not submitted a request under the SWEAT Program. The question was asked, "Should we spend our time in recruitment to develop federally financed programs when our own programs are suffering because of lack of staff to fill positions?" It was felt that we wouldn't have to spend a great deal of time on recruitment for this particular program because many students who worked here last summer are now inquiring about work, and we do need a student program- either our own or SWEAT.

Recorder
June Nordhausen

lb
cc: Dr. Engberg
Dr. Smith
Unit Supervisors

*M. Metherly
file*

HUMANE PRACTICES COMMITTEE 7/28/66 1:40 p.m. - 2:40 p.m.

Present: Mrs. Gates, chm., Mr. Hornell, Mrs. Metherly, Miss Dobner, Mrs. Casey, Mrs. Finstuen, Mr. Plevke, Mr. Linsane, Mr. McKellip

Absent: Mr. Peterson (Green Acres rep.), Mrs. Rappe, Mr. Thirber, Mrs. Lien

Miss Dobner will be the contact person from our institution regarding the "Ward Living Conditions" scale used by Mr. Lucero in evaluating the wards.

It was again stressed that it is permissible for employees to take patients off campus for a visit (not over night) after first checking with their supervisor, social service, and signing up as a volunteer. This is encouraged. The matter of insurance was then brought up when taking a patient off campus in your own car. It has been recommended at times that a state car be used for this purpose, however since this is not always feasible those taking patients out should be able to show proof of coverage, and since almost everyone has basic coverage this would present no problem.

Mrs. Gates talked with Mrs. Rappe regarding obtaining lighter weight clothing for the men in the summertime rather than the usual heavyweight Karoll clothing. It was explained that Karoll clothing is to be used for those men who would be apt to tear their clothing. It is more expensive, and certainly anyone who would not tear his clothing should not have to wear this heavier clothing. Miss Dobner will talk to Mrs. Rappe to find out what other clothes are available as there is some question in the Units as to clothing descriptions and ordering procedures.

Mrs. Rappe also explained that the institution is aware of the fact that patients' clothing is not always pressed because of the heavy ironing load the laundry has in taking care of the Deaf and Braille schools besides our own, and that this will be remedied as soon as possible. If there were more baskets available instead of laundry bags, this would help the situation. There seems to be a better standard of service given the Deaf and Braille schools at the expense of our residents. Mrs. Gates will bring this matter to the attention of the state committee on which Dr. Vail serves as a consultant.

Mrs. Finstuen and Mr. McKellip reported that they attended their unit team meetings instead of holding monthly Humane Practices meetings in their respective units.

Mrs. Gates asked that we circulate the minutes of the state Humane Practices meeting to as many buildings as possible.

The remainder of the meeting was used to discuss disciplinary measures practiced in our institution and whether any of these are inhumane. Mrs. Gates said girls are sent to Cedar for punishment but they are told they are being put there because the doors are locked--not because the building is dirty or the girls there are "bad". Mr. McKellip felt that sometimes when a patient is sent to a strange building for punishment purposes the technicians there do not know the patient and aren't aware of the proper approach to make to that particular patient. Patients in his building (Seneca) are kept right in the building and are allowed to continue on with their regular work with perhaps a few added tasks as punishment.

Mrs. Metherly was of the opinion that if a withdrawn person is sent to a building such as Poppy or Iskota they will become more withdrawn; however Mrs. Finstuen has seen the opposite occur. The group agreed that with the majority of patients it would do no good to send them to a "bad" building. It would be much more effective if there were one or two seclusion rooms in each building. These not only would serve as punishment quarters, but also as a place for the patients to go when they felt the need to be alone.

Perhaps taking away privileges would be a better answer in disciplining patients. Some were of the opinion that if a patient helper misbehaves in his work area he should be punished in this area instead of in his building. He would probably receive pressure from his peers if they had to carry his work load while he is being punished; however this is not always a good method. An effective punishment is to deny the patient coffee breaks in his work area. Taking away smoking privileges would not be a good idea as this would tend to antagonize a patient. (There is no one formula for disciplining as each person is an individual and no two people will respond the same to the same type of treatment. We must always remember that it isn't that we do but how soon it is done that counts. This is very important. If disciplining can't be carried out immediately, it shouldn't be done at all.)

In the brighter buildings disciplinary problems are taken care of at patient council meetings. They set their own disciplinary actions.

The matter of making out a misconduct report for every minor incident was discussed. At buildings such as West Cottage, Ivy, and Sycamore it would be well to eliminate this and record the incident in the nurses' notes, restricting the patient from certain activities.

The following conclusions were drawn from the above discussion:

1. We need more seclusion rooms in each building.
2. The work areas should have the means to handle minor discipline problems at the time of the offense without making out a formal misconduct report (this is to be done by communicating first with the building). Most effective punishments that could be handled at this level would be seclusion, forfeit of coffee breaks, temporary reassignment of work, or a request from the work area to the building that the patient should be denied privileges for a certain length of time.

In disciplining and handling of patients we should be very careful not to do things that are dehumanizing--that we are not treating our residents as less than human beings. We must remember that we are doing this for the benefit of the patient and that discipline should serve a purpose. We all recognize the fact that discipline is therapeutic.

The meeting was closed with a short discussion on Syntha detergent which is used in the buildings for floor cleaning. Mrs. Casey felt that it is dehumanizing for the patients to have to rinse the floors four times every time this detergent is used in order to prevent the floors from retaining a slippery film. Mrs. Cates will talk to Mrs. Rappe about obtaining a different product.

Recorder
June Nordhausen

/jn
Dr. Engberg
Mr. Krafve
Dr. Smith

Summary of

Hospital Services

Submitted by:
Mrs. Hunt, R.N.

REPORT OF FARIBAULT STATE HOSPITAL
DECEMBER 13, 1966

PURPOSES AND OBJECTIVES--The Faribault State Hospital has a capacity of 141 beds. The hospital receives most patients who become ill in the building in which they reside. Pt's who have been transferred to other hospitals for surgery and other treatment are also cared for in the hospital before they are sent back to the building at which they are assigned.

It is our objective to give the best supervised care possible to restore the patients back to their health.

Clinics are held in the hospital at which the patients are brought in to be seen by consulting Dr's. PKU pt's are brought in for research programs and testing. They remain hospitalized for a period. New admits are brought to hospital when they are admitted. They remain in the hospital until they are examined and are studied to see what building they are best suited for. Some disturbed patients are admitted for treatment.

GEORGRAPHIC AREAS AND TYPE OF PATIENTS--The hospital consists of 3 patient care floors.

4th floor--Isolation--18 beds--any type of patient.

3rd.floor--South-----29 beds--boarder patients who stay, problems feeders.
tube feeding, delicate spastic bed patients.

3rd.floor--North-----26 beds--some boarders: This is where pediatrics are put
when they become ill from the cottages.

2nd.floor--Orthopedics 15 beds--male and female--post corrective surgery and
fractures.

2nd.floor--South-----26 beds--male:medical.

2nd.floor--North-----27 beds--female:medical.

1st.floor---Clinics-Conference Room-Coffee Room-Dressing Room- Offices-EEG.
School Room,Library.

Basement----Xray Lab. Kitchen,Drug Room-CSR.-Linen-Hip Lab-Research Lab.

MEETING--I have meeting with the techs. and nurses every other month--6 times a year. The meetings are held for one hour at a time alternating on 3 different days a week. The tech meetings are held seperately from the nurses. The LPN'S meeting are at times conducted along with the nurses meeting. New rules to follow are discussed as well as new programs that have occurred on hospital routine. Other matters are also reviewed.

Rounds are made daily to relay communications to supervisors.

Any new system that should be carried out are posted on each ward as they occur and it is the responsibility of the nurse on the ward to see that all personnel read the message. This takes care of communication as it occurs between meetings.

Minutes are recorded on tech. meetings and kept in the office for those that could not attend the meeting. Up to this time minutes have not been kept on nurses meetings; but I plan to have this done in the future. Techs. prefer minutes not be posted.

STAFFING—The six wards are covered 5 days a week by a RN.

4th floor—I RN (charge) 2 LPN'S and 5 techs.

3rd floor South—I RN (charge) 1 LPN and 8 techs.

3rd floor North—I RN (charge) 1 part time LPN and 7 techs. I 2-10-30 pm. RN 5 days a week and I part time RN 2-10:30 pm. The 2-10³⁰ RN covers all of 3rd + 4

Orthopedic—I RN (charge) 1 LPN and 6 techs.

2nd floor South—I RN (charge) 1 RN 2-10:30 and 1 part time RN. 1 LPN and 6 techs.

2nd floor North—I RN (charge) 1 RN relief—I RN 2-10:30—2 LPN'S and 5 techs.

All floors are not covered by a RN at all times.

RN'S that have Psychiatric Training Program on their wards have Sat. and Sun. off.

Supervisory Nurse of hospital works 6-2:30 Monday-Friday and Saturday and Sunday off.

Three part time RN'S work night duty. 1 RN on duty for hospital at night.

Clinic is staffed by RN clinic nurse 5 days a week. After hours and days off floor nurses or supervisory nurse takes clinic. Complete campus immunizations are done by clinic nurse on all patients and employees, including employee physical done by doctor.

Clerk Typist works 5 days a week in hospital office.

Only one custodial is assigned to cleaning entire hospital. Custodial assigned to linens assists her and other cleaning is left to ward personnel and patient helpers. Positions for this have not been filled for the hospital cleaning.

Manpower Development students in housekeeping and patient care have worked in this area under supervision. Trainees under the direction of one instructor and RN floor charge work part time hours in the hospital.

The main problem is keeping trained staff and having to try to keep wards clean as well as giving patient care. If enough housekeepers were available the more time we would have to work with patients.

COMMUNICATIONS—I let employees know what is going on by:

1—Posted notices

2—Meetings every other month

3—Supervisors are instructed to relay important changes

NURSING SERVICE OFFICE—Daily population reports- using telephone- conferring with them when rounds are made and when meeting at meetings.

NURSING EDUCATION OFFICE—Verbal and telephone messages when trainees are on duty- written report on trainees- observation of inservice training when nurses that teach this are present.

OTHER UNITS—Notify unit co-ordinator by telephone- run message in bell-ringer newspaper.

OTHER DEPARTMENT AND ADMINISTRATION—Same as notifying units and meetings.

GENERAL QUESTION REVIEWED-- Some problems-- can be improved by suggestions at times because others can see possible solutions to problems when it can be overlooked when the person who works with them sees them all the time.

Nurses as well as LPN'S work along with the Techs as well as giving them supervision. Much better relations felt this way instead of only supervision given by nurses.

There are no Tech Two's in the hospital at present.

Co-ordinators role is to take care of nursing problems that they can take care of to relieve the nurse of management responsibilities.

Nursing problems are brought to the attention of the doctor. When rounds are made to the ward by the doctor, the nurse makes rounds with the doctor. If problems arise after doctor has visited he is contacted by telephone. Doctor then visits again if necessary.

Ward reports are written in books and kept for a period of time. Population and daily reports are sent to nursing office.

Accidents in hospital are recorded on chart and the doctor notified. Patients are examined by doctor. Reports are made out on incident record if major when patient is in the hospital or hospitalized.

Parents and friends may visit 9-11 am and 1-4 pm daily. and 6:30 to 8:30 pm on Fridays. Critical and seriously ill patients may be visited any time. Social Service sends a letter to relatives when patients are admitted with the diagnosis. Family also receives letter on discharge. Visitors are met by nurse in hospital and taken to ward or else visit with relatives in visiting room. Any questions they might have are answered at that time either by nurse or doctor. Telephone messages are also given.

Supplies are not a real problem at this time. Many articles are ordered for use. More of big furniture articles are a need right now.

Physical therapy is indeed needed. Many bed -spastic and post orthopedic surgical patients benefit by this.

Physical exams of patients--new admits-- are done on each patients after admission by doctor. Routine exams are done on patients by doctors on ward. Boarder patients in hospital are visited daily by the doctor. Routine blood, urines and chest x-rays are done.

I think a nursing policy manual should be included in regular manual.

Hospital improvements or remodeling--enclosed chart room areas on So. and No. II wards-- treatment rooms added to wards--showers stalls removed in pediatric bathrooms to make room for linens--more hand washing sinks in isolation and more toilets in rooms in isolation-- laundry chute to outside of building for some areas in hospital.

PROBLEMS—Feeding—Not enough help to train to feed self.

Bathing—None special except shortage of wash cloths.

Toileting—Not always enough help to continue training.

Infection and Communicable Disease Control—Toilet in rooms—more hand washing—sinks—direct linen chutes.

Housekeeping—Only two employees for this and linens for 5 ^{wards} ~~wards~~. Nursing care ^{floors} employees and residents now have to do housekeeping.

Laundry—No ventilation on soiled linen chute—soiled linen chute smells bad—has to be taken outside or taken directly to basement from four areas in hospital. Only two areas have chutes—soiled linen stands till next morning for pick up.

Clothing Supply—Hospital is always short of diapers and wash cloths.

Charting and use of kardex—Ward reports are given off kardex and then rounds are made at change of shift. All appears to be doing well and the use of kardex is stressed.

Medication—No problem in medication and medical records.

Programs—Building meetings are held every other month.

Lack of help hinders in toileting and feeding program.

Program No I is used for Perm. Hosp pts.

In Service Training—Started in hospital first at Faribault—(More than one trainee instructors observing psychiatric trainees would help for psychiatric trainee observation.) At times I felt instructors ^{for in service} could have worked more closely with me as to their observations. RN coverage was not possible at this time and not all observations that was made by In Service were not related to me in the proper manner. These observations were made while working with the employees. This is a wonderful program although. Review all procedures and new ideas on work are good for all employees.

EXPECTATIONS—The expectations of listed departments are fulfilled as far as I feel. I feel Personnel helps me and Nursing Service assists in advice and patient observation.

COMMITTEES—I am involved in:

HOSPITAL REVIEW AND UTILIZATION—Surveillance of the quality of service provided. Review and clinical evaluation of quality medical care. Review admissions-discharge practices—evaluation of service ordered and provided.

MEDICAL AND HOSPITAL SUPPLIES COMMITTEE—To provide surveillance of pharmacy and therapeutic policies and practices within the institution.

Attend Case Conference weekly.

Phyllis Hunt R.M.
Hospital

TECHNICIAN MEETING
NOV. 17, 1966

Mrs Hunt presiding:

If you want to work O.T. and get paid for it, let the office know. You will not be promised any amount of O.T. Will be expected to work any ward, and will have to be needed in order to work. Can hold O.T. 8-16 hrs. nothing more. Your name will be written in green on the schedule and will be paid every pay period. They do not want you to start and then stop. This applies only to technicians.

Any one that has not applied for the tech. two test should do so. Personal is working on promoting two's in the hospital. Thus you should take it.

Instead of hospital numbers, we are using DPN numbers. All patients that have been in Rochester should have pink slips and operative reports on their charts. These should all be taken out and put in the hospital file on the ward.

When sending slips down with drug basket, be sure and send duplicate slip and it will be sent back to you. Do not throw any thing away. It should be saved and sent down to drug room. Keep empty tubex on your ward and send down to drug room on drug days. Do not bring them down to the first floor diet kitchen.

We have two kinds of Bycillin. C.R. and L.A. L.A. is the long acting. Drs. will specify which one they want.

Mrs Hunt passed a small eye drop bottle to have every one check the reading of the label. Be sure and read labels carefully.

Shampoo refills are available in the orthopedic supply room on first floor. Shampoo comes in powder form and has to be diluted.

You do not have to call the kitchen to order diet. Use the diet slips. Fill them out and take them to the kitchen. After 6:30 pm. put them in the kitchen mail box in the office.

If patients from other buildings are admitted to the hospital and are not clean; notify the office so we can call and report this.

On discharging patients, do not let employees wait so long.

Maintenance slips should be brought to the office to be signed. This is so the office knows where the trouble is and where to send the men.

Mrs Hunt stated that the technicians are doing better with handling keys. Be sure and keep them in your pocket and do not slide them along the floor.

Be sure and check restraints. Change position every hour. We should never abuse a patient by slapping etc. Even slapping hands is not permitted. It is not up to us to decide if the patient needs punishment.

If articles from surgery are unwrapped: do not put them back in the drawer.

It has been reported that the batteries had been taken out of the otoscope. This is not necessary. We have plenty of batteries in the gray cuboard.

On using oxygen; record on top of tag as to how much is in the tank when you started using it. This is one way of checking the amount of oxygen in the tank.

Con't

Dr. Bruhl had stated you can take urine spec down to the lab up till 7:30 am. If hard to get you can take it down up till 2 pm.

All x-rays should be ordered in the mornings. The lab will be working for a short time on Saturday mornings for emergency use only.

We are not to use Hilex on terasia floors.

Do not tare diapers for rags. We do not get a replacement if old ones are not turned in. On

On making out medication cards; be sure and put date made out. This should be the same date ordered. Recopied cards; be sure and put date made out and the date recopied. Thus two dates should be on recopied cards.

When charting; be sure and check the doctors orders after charting nurses notes. That way no orders will be missed.

It is the duty of the right people to check the kardex cards with the med cards.

Be sure and use correct spelling of drugs when charting. Chart BM's, temperature and diet

Progress notes should be written up at least every three months by the doctor. Also they should order drugs every three months.

P.H.P.'s program should be on kardex. Also problems, nursing care plans on all hospitalized pt's. and the approach you are using.

Be sure and send current medication sheet with patient when he goes T.M.T. Koch. No need if patient goes O.P.D.

If a doctor asks you to go off of the ward to help him and no else is there to watch the patient you can refuse him.

You can take W/C patients to the canteen. Canteen lady has the key to the elevator.

Mrs Hunt asked if any one had questions as to M.T.D.A. students. They can do bed making and errands. Will be starting bed bathes soon and are to be constantly supervised by Mrs Fleckenstein

Some discussion on Christmas and New Years. The decision that was made is campus wide. Friday and Saturday persons will have to work both Christmas and New Years.

Mrs Hunt announced that Mr. Pritchett has had surgery in Rochester.

Mrs Esther Johnson and Mrs Germundson are now serving on the flower committee.

After some discussion on a Christmas party; it was voted to have a party some place and to invite either husbands or wives or friends.

Meeting adjourned.

Marcella Petersen
CLERK TYPIST I

Summary of

East Grove Unit

Submitted by:
Mrs. Fenstuen, R.N.
Program Director

EAST GROVE UNIT

Five buildings, housing 414 adult female residents, majority profound to moderate retardation, a few mild and borderline. All but 39 are ambulant.

Employees

<u>Unit Team</u>	<u>Employees in Buildings</u>
1 Physician - Unit Program Director	18 Psychiatric Technician II's
1 Nurse	31 Psychiatric Technician I's
1 Service Coordinator	5 Food Service Supervisors
1 Social Service Worker	1 Custodial Worker
1 Clerk Steno	
1 Clerk Typist	
1 Handicraft Teacher	
2 Pt. Activities Workers	
2 O.T. Workers, Assigned to 2 Units	
1 Chaplain, Assigned to 3 Units	
1/3 - Total	56 - Total

Daisy - Sixty-four adult, ambulant female, profound and severely retarded. They have been trained to go everywhere as a group. They go to all activities, dances, movies, play-parties, etc. They take their meals in Ivy Cafeteria and carry their own trays.

They are tidy, have very few accidents.

The residents are divided among the employees in the building for groupwork, clothing, and letter writing. There is not much time for teaching and training, but the techs. are encouraged to have some of the girls with them when cleaning, sewing, etc., and to talk with them, ask questions, and try to get them interested. This way they have learned to tell colors, time, days, months, etc. Some have learned to talk while in this building.

Tooth-brushing has been one of their programs for the last couple years. The building received electric toothbrushes last spring, but they found it would be too much of a job to re-train.

blem: Too many residents for space available. There is no custodial worker, so techs. have to spend too much time cleaning and taking care of clothing.

Poppy - Two story building with dining room in basement, dayrooms on first floor, and dormitories and three single rooms on second floor. The single rooms are used for sickroom, isolation, and seclusion - as needed.

The building houses ninety-two adult female, profound to mild retardation, ages 15 to 70.

Several are hyperactive, others have psychotic and schizophrenic disorders.

The building is divided in two wards - north and south. The north side has locked doors. This used to be a place to send residents for discipline after U.A. and other misbehaviors. This kind of discipline is not used much anymore, but there are still several residents who cannot be trusted to go outside. Some of the patients can be very difficult at times, and new employees are afraid to start working in this building, but most of them get to like it after they get used to it.

South is "open" and many of these girls are well-behaved and could do more for themselves and others if they were in a different building or if we had better facilities for training in this building.

Of the ninety-two women in the building, fifty attend church, forty attend movies and other events, thirty-five go to play-parties, eight to O.T. and twelve to Handicraft. This leaves forty-two patients who never get out of the building.

The only activities in the building are: Handicraft and O.T. come 4 times a week, to work with a group of six, teaching grooming. Two techs. are doing remotivation with 14 patients, seven in each group.

The patients are divided among the techs. for group therapy, but it is very difficult to find the time for it.

Fern West - Ward A - 63, ward B - 40 ambulant female. These patients are either older women, are unsteady on their feet, or for some other reason have "slowed down" so they need to be in a one story building with a dining room in it. Up to 75 of them go to church when weather is nice, but only 18-20 attend dances, twelve to library, and eight to Handicraft.

The Unit Recreation Workers work with these patients in the building 4 times a week when time permits. One volunteer group visits B Ward occasionally.

Most of these patients like to sit and watch television or listen to the radio. They are very set in their ways and do not want to be bothered.

All the patients have gone through a program of table manners, all have learned to eat with a fork, and most of them are doing well.

Program is now "Grooming", working with small groups at a time until everyone has had their chance to learn.

Needed: Two single rooms for sickrooms and isolation.

One room for group work, remotivation, conferences, and for patients to sit when they need to get away from the crowd.

Two rooms on the first floor for patient's clothing - one for each ward.

Fern East - This building used to be a part of Fern and is attached to Fern West by a breezeway, (it used to be Fern C). It houses 55 older women, thirty-five are over 60 years old.

Thirty-four attend church when weather permits, seven go to play-party, fifteen to dances, twenty to patient store and to movies.

Fifteen to twenty of the 55 women go out of the building regularly, the others stay pretty much "at home", watch television, listen to the radio, knit, crochet, embroider, and work puzzles.

Most of these women have been in the institution for several years and seem satisfied here.

However, several have been transferred to the community to nursing homes and seem to get along very well there.

For group activities in the building, two volunteers come once a month to entertain, one tech. does remotivation with one group when she can find time, Patient Council Meetings are held once a month, and there is as much informal groupwork with the patients as possible.

Have started teaching a group to brush teeth with electric toothbrushes.

We are trying to teach these ladies to do as much as possible for themselves and get them ready to go out in the community.

This building does not have a Nurses Station or office, only a desk by a wall on the ward with 55 residents and the television in action. The charts are kept in a drawer in the desk and we have not been able to get a lock for the drawer yet. The residents are permitted to spend

as much time as they want in the dorm when they feel like getting away from the crowd, but there is no place for the techs., nurse, doctor, or social worker for conferences without the patients listening in. There is no sickroom or isolation room, no place for employees (toilet, dressing room or lunch room). ~~The employees have to use the rooms upstairs on Fern West.~~

Willow - One-hundred residents, adult female. Sixty-one are ambulant, thirty-nine non-ambulant. All the non-ambulant except one get up in wheelchairs every day.

Age 18-73, nineteen are over 60 years old. Majority are profoundly or severely retarded.

Twenty residents walk to church, twenty are taken in wheelchairs when weather permits (girls from Poppy help push wheelchairs), eight ladies go to wheelchair activities with recreation every week, one is taken to O.T. in a wheelchair.

Patients are divided among the employees for group work, clothing, letters, etc. There are 10 residents to each employee. One tech. is doing remotivation with one group (average - once a month), one Patient Council Meeting a month.

Working with individual residents according to their needs: Training to feed and dress self, toilet training, training non-ambulant to walk, and others to do simple chores in the building. All buildings, except Daisy, have a large percentage of residents who cannot get out of the building to central activities. We should have more activities in the buildings conducted by Recreation, Handicraft, O.T. and volunteers. We are working on getting this changed. We are also trying to do more remotivation. Six Psych. Tech's. from East Grove Unit are attending classes.

All buildings are so crowded in the dorms. There is not room for a bedside table or chair.

Unit Team Meetings are conducted by the Unit Physician, who is also the Unit Program Director. The Unit Team members and building charges attend. Speakers from other departments have been invited to these meetings to tell about their work, what they are doing, and what they can do for our residents. We also have discussion of problems and transfers of patients. One meeting per month.

Building Team Meetings are conducted by the Unit Nurse with team members and all Psych. Techs. in the building. One meeting per building per month. At each meeting, four residents are

discussed, taken in alphabetical order. We read her history, and have her in for an interview, then try to find out what we can do for this person that we are not already doing. After we have discussed the 4 residents, there may be a discussion of problems in the building.

~~Tech. II meetings are held about once every other month as needed, conducted by Unit Nurse. This~~ is to let employees know what is going on in the institution, new procedures and review of old, discussion of problems and how to solve them.

Meetings with the building charges are held more often, every one or two weeks and always shortly after Unit Nurses Meeting and Coordinators Meeting in order to get information to them as soon as possible. These are informal meetings, and nurse and coordinator give information and discuss it with the techs. They, in turn, are expected to give information and orders to the other employees in their buildings. Minutes from Unit Team, Building Team, and Tech. II Meetings are sent to anyone it may concern (to other Units if it concerns one or more of their residents).

Unit Nurses Meetings are held once per month, also R.N. Staff Meetings. The East Grove Unit nurse is a member of the Self Survey Committee.

The physician and nurse make rounds to all buildings Monday, Wednesday, and Friday morning, and the Tech. II in charge informs them of any problems and illnesses. Tuesday and Thursday the nurse makes rounds alone, spends more time in the building, sees all residents, checks charts, and talks things over with the Tech. II and the Tech I's. Any illness or anything unusual seen on rounds is brought to the physician's attention. The doctor and nurse usually see each other several times a day and always keep each other informed.

Minor accidents, scratches, and bruises are taken care of by the techs. in building; the nurse is notified and the incident described on Nurses Notes. Anything unusual or of a more serious nature is brought to the nurse's attention, she goes to the building, and if necessary, calls the physician, who then sees the patient. An Incident Report is made out.

Annual Physical Examination, Cancer Detection, is at present done by a physician from Faribault, employed part-time for this. He comes here on Saturdays, when there is no nurse on duty. Techs. bring the patients either to Fern Clinic or Willow, and they assist the doctor with the examination. About 20 patients are examined per Saturday.