

DR. NUERNBERGER'S COMMENTS ON HIS SURVEY OF FARIBAULT STATE HOSPITAL

May 26, 1967

Present: Dr. Engberg, Mr. Krafve, Dr. Smith, Dr. Watts, Mr. Madow, Mr. Nelson, Mrs. Brandvig, Dr. Lende, Mr. Thurber, Miss Dobner, Mrs. Blomquist, Mr. Knack, Mrs. Rappe, Mrs. Harkins, Rev. Nelson, Dr. Nuernberger

Dr. Engberg opened the meeting by stating that our institution Hospital was originally accredited by the American College of Surgeons. At that time the hospital conducted major surgery and all other hospital services. The Joint Commission on Accreditation of Hospitals replaced the College of Surgeons as the accrediting agency, and after our inspection in 1958 accreditation was lost, but only for two reasons--overcrowding and und staffing. Since then overcrowding has been materially reduced and we will transfer over period of time about 600 patients to hospitals for the mentally ill and will bring us down to our rated capacity. Authorized staffing has been increased but because of abnormal employment conditions there are many vacancies. We hope to materially reduce or fill all of them because of the increased pay scale adopted by the legislature effective July 1st.

Dr. Nuernberger explained that the object of the Joint Commission on Hospital Accreditation is to establish a safe place for a physician to admit his patient. There are many ways in obtaining that objective and the Joint Commission has the model by-laws, rules, and regulations which we can follow, but he hoped that we would go even beyond these recommendations. Basically the Joint Commission's main emphasis is on thorough functioning by the medical staff and an adequate medical records organization. He felt that we have made many adjustments since our last survey, but he recommended that we review Bulletin #40 stating the medical staff functions required and specifically stating that careful surveillance of the quality of patient care should be provided in the hospital by keeping currently maintained medical records describing the condition and progress of the patient, therapy provided, results of therapy, and the placement of responsibility for all actions recorded in sufficient completeness as to assure transferable comprehension of the case at any time by the staff physician then responsible for care and treatment. Dr. Nuernberger stated that if another physician can step in and continue treatment by reading the chart to see what has been accomplished and what is yet to be done, the record is a good one. Progress notes should be meaningful showing what was done for the patient and why.

Dr. Nuernberger stated he had not seen a record of a utilization plan in use but was informed that a Utilization and Review Committee has been appointed and is in the process of implementing a working plan. He stated that in reviewing death cases it is much better to have a committee review and present only the interesting ones to the staff instead of the staff trying to review them all as has been our procedure in the Hospital Staff meetings.

After a patient has been admitted to a dormitory in the institution he is regarded as receiving care in the out-patient area but once admitted to the institution's hospital he becomes distinctly a hospital patient and an adequate record should be made in the hospital which is different and which he recommended should be kept separately from the one that is followed in the dormitory building. When discharged a discharge summary should be made according to Bulletin #43. Dr. Nuernberger said that a classical history and medical record is not expected while a patient is in the hospital but it should be noted why the patient was admitted, the physical examination, progress notes, and discharge notes. He did not find such a distinct hospital record in reviewing the hospital records here. In some cases nothing was written as to why they were admitted and nothing relevant to what had happened immediately prior to the admission. The first pages in the record order should be the doctor's provisional diagnosis, reason for admission, doctor's orders, temperature chart, physician's progress and nurses notes. At present the progress notes are underneath several other pages so the physician is likely to forget these notations. This was just a suggestion on the part of Dr. Nuernberger and not required by the Joint Commission on Hospital Accreditation.

Dr. Lende said that because of our Unit System our hospital records are an integrated part of the patient's record, but it was Dr. Nuernberger's opinion that it would be easier if we would designate a complete hospital record to be kept separately from the remainder of the record in the hospital. Dr. Engberg said that the single record system was developed by our statewide Medical Records Committee that Dr. Vail had appointed and that we are following it exactly as directed, but we have been requested to call to the attention of Dr. Vail's Committee any matters which we feel can be improved and these suggestions will be presented by Mrs. Brandvig who is a member of the committee.

The matter of discharge summaries, he stated, should be a simple statement of reason for admission to the hospital, the findings, what we did for him in the hospital, condition on discharge, and specific follow-up instructions.

Our present policy relative to annual physicals is to be commended, however he felt it would be more meaningful if the stamp was not continued in use.

When staffing a patient, whether it is done at a building meeting, team meeting, or any other meeting, that part of the minutes concerning the patient should be cut out and included in the chart. This is not done routinely now but this plan could be adopted. The Medical Records Clerk should have the help necessary for her to assist the medical staff to maintain hospital and all other patients' records while a person is a resident in the institution.

He found some buildings to be fire hazards. The newer ones were not overcrowded, but some of the older ones still are overcrowded. Dr. Nuernberger talked to a representative of the Maintenance Department and was assured that the fire extinguishers are going to be completely checked. Some had tags stating they were last checked in 1962. Following Dr. Nuernberger's visit Dr. Engberg discussed this matter with Mr. DeRosier and he stated that this was a failure to have noted the date of the last check on the tag but will proceed to recheck all and see that tags are correctly dated and attached.

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Understaffing from the nursing standpoint is a handicap. Our present system, ideas, and manner in which we are progressing was commended, but we should be provided with the resource to carry them out, he emphasized.

The radiologists should sign their reports, as do all other consultants as otherwise they are not assuming their responsibility.

The diet kitchen and modern central kitchen are tremendous improvements; however they should have a sprinkler system.

He saw no written policies for prevention, investigation, and control of infections. Dr. Thorsten Smith stated that we follow the State Infection Committee regulations through a Committee on Infections and Control of Communicable Diseases, but he had not been informed of this committee and could have seen minutes of their meetings.

Dr. Nuernberger feels that every patient upon first admission or re-admission to our institution should be admitted to the hospital and receive a complete work-up from the standpoint of findings, diagnosis, where he will be going, what the treatment should be, and whether he needs consultation immediately or later instead of some of them going directly to the Units as has been the plan recently. He believed that this is specially necessary in view of our shortage of physicians where one man takes care of many patients in his buildings and they probably do not get the attention they could receive in the hospital. The patient in the end would profit from hospital admission he believed. Dr. Engberg stated that formerly this plan was followed but recently the Admissions Committee has reviewed the record of each patient in advance of arrival and determined whether to go to a Unit or be admitted immediately to the hospital.

Recorder
June Nordhausen