DEPARTMENT OF PUBLIC WELFARE

TO: Mr, Morris Hursb January 5, 1967

Mental Health Medical Policy Committee

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

SUBJECT: Evaluation survey of Faribault State School and Hospital and Shakopee Home for Children

This report is written in four parts:

I. General administration, organisation and overall program of the Faribault State School and Hospital.

II. Comments on aspects of the Faribault State School and Hospital relating to Accreditation by the Joint Commission on Accreditation of Hospitals, in particular medical staff and medical records,

III. Comments on the program at the Shakopee Home for Children.

IV. Summary and Recommendations

Part II will be reproduced and submitted to Dr. Engberg and his staff for such assistance as it may offer in preparing for Accreditation; it will no doubt repeat some contents of Part I. Part III on the Shakopee Home for Children will be quite brief.

I.. General comments on the Faribault State School and Hospital

1. Overview

Faribault, Mother of Institutions," is the largest of all the stats mental institutions and one of the oldest, dating back to 1875 *or* thereabouts. At the present time it is a sprawling complex of 2700 beds, with patients of all ages, sizes, degrees of physical and mental impairment; and all kinds, degrees, and *mix*tures of emotlonal-behavioral-social dysfunctions. Like most institutions of its kind, it began as a special school for the retarded, later for epileptics in addition (until Cambridge State School and Hospital was founded around 1920); during part of its history, prior to its name being legally changed to Faribault State School and Hospital, it was known as the "State School and Colony." Now it is essantially a hospital and extended care services, with the academic school a relatively minor part of the program. Despite this, the colony idea is still prevalent in the culture of the institution* Faribault achieved national and even international. status during its heyday from 1885-1916 under the superintendency of Br* Arthur E. Rogers (see the booklet, Dr. Arthur C. Rogers which I will have sent to you). It would not be fair to say that the program has declined since those days, but there has occurred a massive shift to younger, more disabled, and difficult patients, a problem which the public has not yet really acknowledged.

The Superintendent during the past three decades has been Edward Engberg, M..D,; he is the last of the medical superintendents in the state system, now in his late 70's. During his tenure the institution has developed (no doubt from preceding conditions) a culture of front-office mastery of all situations, in which problems are packed and stored away, the ugly facts glossed over; when this does not suffice, bland though to a certain extent realistic explanations are laid to inadequate staff and generally inferior legislative support. Though surface compliance to the Department of Public Welfare is abundant, the institution is now in its way the most insubordinate of them all. Like a ship at sea, , it sails on its own course obeying its own dogma and practice in great things as well as small, concealing them when possible, and when this is not, modifying them only so little as is necessary to avoid Departmental reprimand. Its performance in home rule and evasion of central direction has been superb, as flawless as the sincere front which it presents to the legislative and general public (examples which I can relate: the accidental death sequence; the funeral sequence; the domestic employment sequence). The mode of operation is not so much artful dodging but a massive, glutinous envelopment of the opponent, relative and syncytial.

Here is a topsy-turvy world: the public relations and information programs are handled by the chief psychologist; patients are committed to guardianship as mentally retarded when the presenting problem is actually hemophilia; aged volunteer workers are required to have smallpox vaccinations; though it is twice as large as the other mental retardation hospitals, it is the one which has the most difficulty finding suitable patients for a rehabilitation programs the process of severely retarded patients being fed by other patients is ascribed to "therapy"; nursing trainees on wards should be "busy" and not cuddling patients or playing with them; etc.

With some addition in staff in 1965 (though hiring has been seriously delayed because of salary problems) there has been a perceptible improvement of programs in some parts of the institution. More significantly, a change to a unit-type structure in early 1966 has had the effect of breaking down the massiveness and centralization of the institution and releasing creative energy and leadership qualities in a multitude of previously buried staff members. The unit system was masterminded,one surmises, by the chief psychologist Arnold Madow and executed by the Assistant Hospital Superintendent Mel Krafve (though it may be the other way around). The change-over was achieved without rippling the surface calm of the institution — no mean feat. It may succeed in breaking up the old culture; this remains to be seen.

Principal persons in the interaction are:

(1) Supt. Edward Engberg, M.D.: Is he the progenitor or the product of the Faribault culture? The master or the servant? Sitting in the center of this great web, is he the spider or the fly?

(2) Assistant Supt. Mel Krafve: He is quiet, self-effacing, able; probably not forceful enough to perform eventually as administrator and presumably not legally qualified.

(3) Clinical Director Thorsten Smith, M.D.: Erudite, certified in many specialties, but extremely weak in administrative capability.

(4) Chief pediatrician Heinz Bruhl, M.D.: Very capable, germanic in style, interested in research.

(5) Chief psychologist Arnold Madow: Quietly exercises great influence in the affairs of the institution.

(6) Several young and energetic persons, especially in nursing and social service departments, able to operate in the unit system out from under old-guard figurehead department directors.

Administration

Administration structure tends to be traditional, with a medical superintendent, non-medical assistant superintendent, and clinical director; nursing and rehab departments report to the Assistant Superintendent (see chart, Attachment A).

Program organisation

The simplest way to describe this is by table (refer also to map, Attachment B). Note by the map that one important factor in unit designation is the topography of the institution.

Name of Unit	Cottages	Bed Capacity[2]	Resident pop. 11-23-66	Program Dir.	Physician	Program
Center	Osage, Pine, Mohawk, Rose, Laurel, Spruce, Hospital ped. unit[5]	421	409	Gates (RN)	Fedders	I, II, III
Sunnyside	Chippewa E & W, Pwanee, Hillcrest, West Cottage, Sioux	484	472	Watts(MD)[3]	Watts	V, VI
Skinner	Ivy N & S, Oaks, Holly, Iris	409	393	Myers (RN)	Bryant	V, VI
East Grove	Daisy, Poppy, Fern E & W, Willow	414	411	Lende(MD)[3]	Lende	IV, V, VI
Green Acres	Maple, Cedar, Birch, Linden	388	378	Haugh(RN)	Lightbourn[4]	I, II, III, IV, V
Grandview	Dakota, Elm, Hickory, Seneca, Daisy, Springdale	521	513	Anderson (RN)	Kennedy	IV, V, VI
Hospital	All but ped. wing[5]	ca.150	53 resident[5]	Bruhl(MD)	Bruhl (children)	Admissions,[6] Intercurrent illnesses;
			88 transient		Lende (adults)	Residential ped. unit[5]
	TOTALS	2788	2680			

#6

Notes

1
Programs are based on Bartman categories, briefly as follows (see also Attachment C):

I	Bed, semi-bed small children
II	Ambulatory children
I I I	Teen-age
IV	Bed, semi-bed adults
V	Ambulatory, severely retarded, often disturbed (protophrenic) adults

2
The institution is on the average 18% overcrowded, with greatest over-crowding in the most difficult areas (small children, disturbed adults, the infirm). Many facilities are old and inadequate.

3
On the regular (i.e other than Hospital) units the MD's remaining as program directors will turn over these duties to non-MD'S.

4
Dr. Lightboum has been replaced as Program Director for the Green Acres unit,

5
One wing of the Hospital, a long-term residential unit for infants and small children, is part of the Center Unit.

Study is now underway to have most patients admitted directly to the appropriate units, rather than undergo a routine sojourn in the Hospital.

Other observations

A. Work of the institution (See Attachment D)

The team and unit meetings (I have a large stock of assorted minutes) reflect an impressive degree of attention to the patients and an attempt to understand them and. work out programs for them. Despite this there are readily evident huge gaps in the overall program. One must commend the unit program directors and the ward staff especially for their fantastic; devotion to the patients and their ability to work and keep trying under heartbreaking and sometimes wretched conditions.

B. Committees (See Attachment E)

As Attachment *E* shows, the committee structure is extremely complex. One must wonder about the effectiveness of all the committees, as the problems seem to have gone on and on. The real impetus for improvement seems to cose *mm* from the unit and team meetings.

It appears that there should be some organized means of communication between the department heads (Cabinet: see below) and the unit program directors.

In elaboration of and in addition to the groups mentioned in Attachment *E,* one should mentions:

(1) The **Cabinet** which is the top management group {Engberg, T. Smith, Krafve, personnel officer, major department heads, etc.; (chaired by Krafve).

(2) The Medical,. Department meeting is to be distinguished from the formal meeting of the Medical and Dental Staff. The former used to be known as Therapy Meeting. This was discontinued as such at the time of the conversion to the unit system in February , 1966. Functions of the old Therapy Meeting have bean in effect decentraliged to the unit and team meetings. The Therapy Meeting was pared down to MD's *ONLY* and renamed Medical Department Meeting when it reconvened in **July,**1966; at that time the distribution of minutes was curtailed to an extent I am unable to determine, I believe to MD's only. *Dr.* Thorsten Smith has been appointed by Dr. Engberg as Chief of the Medical Staff and presides at both the Medical Department Meetings and the Medical and Dental Staff Meeting. Dr. Engberg never attends the former and sometimes the latter. One gets the distinct impression that the Medical Department Meeting now functions as a medium for the medical staff to wash its dirty linen away from the watchful eye of the Superintendent or the rest of the hospital, relieved from making any permanent record in the

official minutes of the Medical and Dental staff; a preview for the Medical and Dental staff meeting, so to speak, *where* potentially embarrassing incidents or problems can be dealt with in various ways.

Comments on Accreditation status of Faribault State School and Hospital

For this purpose I visited Faribault State School and Hospital on December 9, 1966. At that time I reviewed the records of medical staff and other meetings, including death and autopsy summaries. I reviewed records of six patients who are currently in the Hospital building. looking both at records on the wards and in the central record room in the Hospital building. I reviewed two records in the East Grove unit office, one in the Sunnyside unit office, two final discharge eases, and one death case. All the case records were selected at Random.

A. Medical staff.

1. Roster

The list of medical staff, as of July l, 1966, is as follows, taken from the official rosters (changes as of December 9, 1966, would be of a very minor nature).

TABULATION OF ACTIVE MEDICAL STAFF

FARIBAULT STATE SCHOOL AND HOSPITAL — July 1, 1966

Name of Physician	Date Employed	Working Title	CS Class	Time Proportion (e.g., FT, ½T, etc.)	Minn. License Full	Minn. License Citation	Temp. Cert.*	ECFMG Yes	ECFMG No
ACTIVE STAFF									
Engberg, E. J., M. D.	7-1-37	Superintendent		FT					
Bruhl, Heinz, M. D.	7-1-50	Chief of Service	Same	FT					
Bryant, Emmett, M. D.	4-18-66	Staff Physician	Same	FT					
Fedders, Gerhard, M. D.	1-4-65	Sr. Staff Phys.	Same	FT					
Kennedy, George L., M.D.	12-1-42	Staff Physician	Same	FT					
Lende, Norman, M. D.	8-14-45	Sr. Staff Phys.	Same	FT					
Lightbourn, Edgar, M. D.	9-15-65	Staff Physician	Same	FT					
Shannon, W. Ray, M. D.	6-18-62	Chief of Service	Same	FT					
Smith, Thorsten, M. D.	12-28-55	Clinical Dir.	Chief of Service	FT					
Watts, George, M. D.	4-19-61	Chief of Service	Same	FT					
Weaver, Paul H., M. D.	2-9-63	Staff Physician	Same	½T					

CONSULTING STAFF*

Adams, John	Podiatry
Alter, Milton	Neurology
Anderson, R. E.	Radiology
Arnesen, John	Internal Medicine
Beaton, J. Gordon	Internal Medicine
Hillesheim, Richard M.	Optometry
Merner, Thomas	Radiology
Minsky, Armen A.	Ophthalmology
Olfelt, Paul C.	Radiology
Orr, Burton A.	Surgery

*The bulk of consultations are carried out by residentd and their supervisory staff seniors from the Mayo Clinic.

Organisation

(a) Medical and Dental Staff are combined.

(b) Dr. Thorsten Smith (Clinical Director) has been appointed by Dr. Engberg as the Chief of the Medical Staff and thus acts as Chairman of the Medical and Dental Staff meetings; Dr. Norman Lende has been appointed as Secretary. The appointments are annual. I am *not* clear how long Drs. T. Smith and Lende have occupied their present positions in the medical staff.

(c) Documents go back to the By-laws, taking effect in 1958 (the oldest I have seen in the Minnesota state hospital system) revised and brought up to date July 1,1963. Committees include Medical Records, Laboratory, Tissue, Utilisation, etc. (see Attachment E). Recorded medical staff meetings are held monthly, and include a review of deaths and autopsies for the previous month, review of committee reports, old and new business, and statistical reports (infectious cases, clinic visits, dental examinations, laboratories, etc.) Compared to many hospitals I have seen, the reports are unusually complete. Autopsies are performed by Dr. H. Bruhl of the active medical staff.

(d) Critique (major and minor points listed, not in priority order):

(l) The hospital is reminded that the J.C.A.H. now stresses certain functions (e.g., review of records, pharmacy operations, etc.) rather than committees as such; and for the hospital with a small staff the J.C.A.H recommends that the staff perform the various functions according to a well-organised and systematic format, acting as a Committee of the Whole.

(2) Appointments of medical and dental staff must relfect review and approval by the Governing *Body* (i.e., central office) and the Department of Civil Service.

(3) Attendance at Medical and Dental Staff meetings should probably record all present by name, rather than, e.g., "all present except Dr. Jones," etc.

(4) One gets the impression that the Medical and Dental staff, at its official monthly meetings, is not really reviewing the work done as such nor (except for autopsies) the mistakes and misfortunes of the medical staff operation in a way that will contribute dynamically to an improvement of the medical staff operation.

3. Medical records

My main criticism about the medical records is that the system is fragmented and confusing. The stipulation of the Medical Services Division Medical Records and Accreditation Committee, as spelled out in the Institutions Manual, should be followed, thus establishing a single record that stays on the patient's ward and follows him wherever he goes.

At the present time the system produces as many as three separate records: (l) That maintained in the Hospital building, (2) that on the ward on "grades" (i.e., buildings other than Hospital), and (3) that in the Social Service Department. As a member of the Medical Records and Accreditation Committee, as Director of the Medical Services Division, *and* currently as consultant on accreditation, I can only say this system has got to go.

Once one is able to piece together the various components of the medical record, they are found to *be* in reasonable shape. Past history, family history present illness, and "chief complaint" (i.e., immediate precipitating cause for institutional admission) tend to be weakly developed, but this is a deficiency noted in ell the MD/E institutions, stemming from previous days of Central Office control over case histories and decision-making. Otherwise one notes that physical examinations are complete and are done promptly, lab work is done on time; etc. Nursing and medical notes during the Hospital building portions of stay are frequent and current. Medical progress notes and doctor's orders are properly signed to a greater extent than one would find in a community general hospital.

Two specific criticisms are (l) Present stop order on drugs (as I understand it they are allowed to run for three months without review) is not strict enough (I may have this wrong): the 48-hour stop order on dangerous drugs should be established and enforced; and (2) X-ray reports in the chart should be signed.

B. Other

I paid hasty visits to the laboratory, pharmacy and X-ray departments but had l i t t l e chance for more than the most cursory observation that they seem to be well run under professional management,,

General Comments

As the rules governing Accreditation of institutions for the mentally retarded are much in the a i r at t h e moment, it is hard to *he* precise. This confusion might be alleviated by changing the n a m e to Faribault S t a t e Hospital, thus resolving the ambiguities of the "school-hospital" status in favor of "hospital" status.

#12

The big problem for Faribault, as for all mental retardation hospitals in Minnesota, is the crushing burden of understaffing, overcrowding, and *poor* facilities. The medical records system and the dynamic quality of medical staff functioning as reflected in the official minutes should be improved; even so, these aspects of the program and the organisation of the medical staff are relatively advanced as compared to what can be found in many state mental hospitals.

#13

III. Shakopee Home for Children

I think the favorable and unfavorable features of this program have been adequately brought out in other reports, I did not have the opportunity to examine the administrative relationship between the Faribault State School and Hospital and. the Shakopee Home for Children. The deficiencies of the program at the Shakopee Home for Children are probably a result of poor supervision stemming from its ambiguous relationship with the Medical Services Division, of many years standing. Despite the problems, one is impressed with the relative absence of signs of emotional neglect among this institutional population.

IV. Summary and recommendations

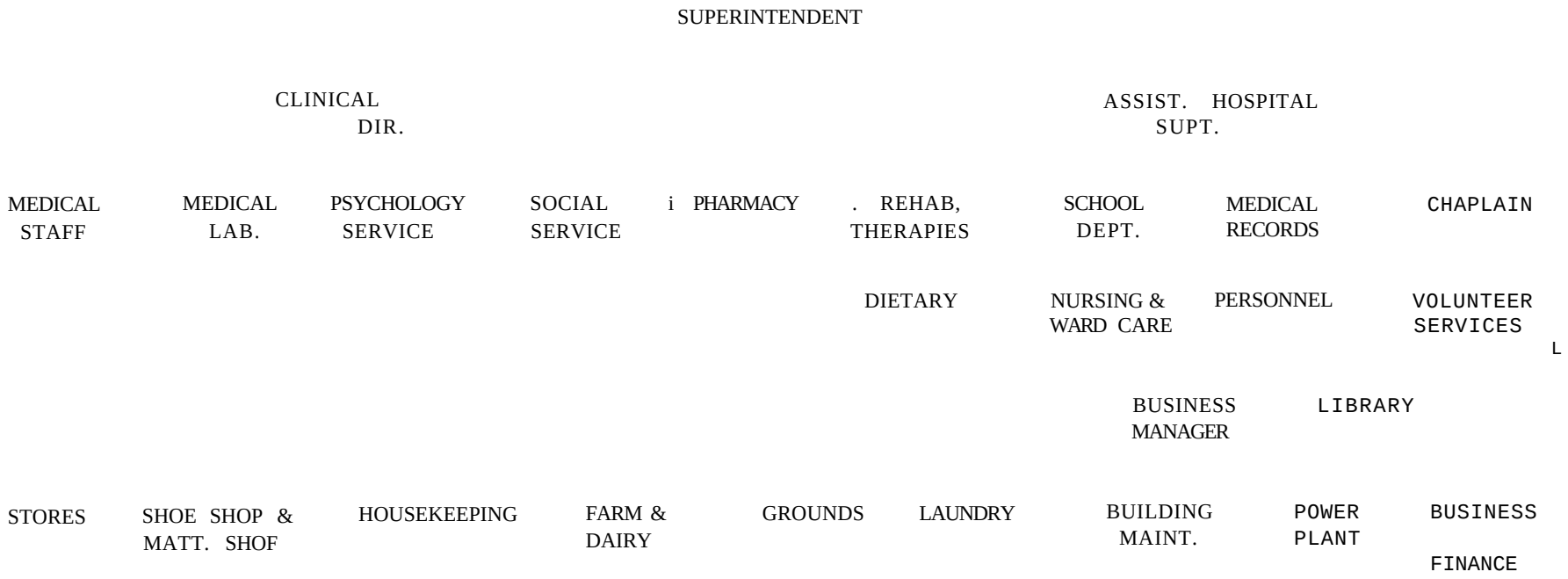
1. Possibly it is time to push for a reorganisation of the top medical and administrative positions at the Faribault State School, and Hospital, along the lines of so-called dual administration. However, in addition to the strains involved in Dr. Engberg's conversion to Medical Director, such a reorganisation would require clarification and resolution of the status of Mr. Krafve, who lacks specific training in hospital administration and thus does not strict!/ speaking qualify as hospital administrator according to the terms of M.S. 246.0251.

2. A legal change of the designation "state school and hospital" to "state hospital" might clarify the position of the institution with respect to Accreditation by the Joint Commission on Accreditation of Hospitals.

3. The present unit system of organisation is to be encouraged and commended.

4. The institution should install the medical records system laid *down* in the Institutions Manual.

DJV:rcj
Enclosures

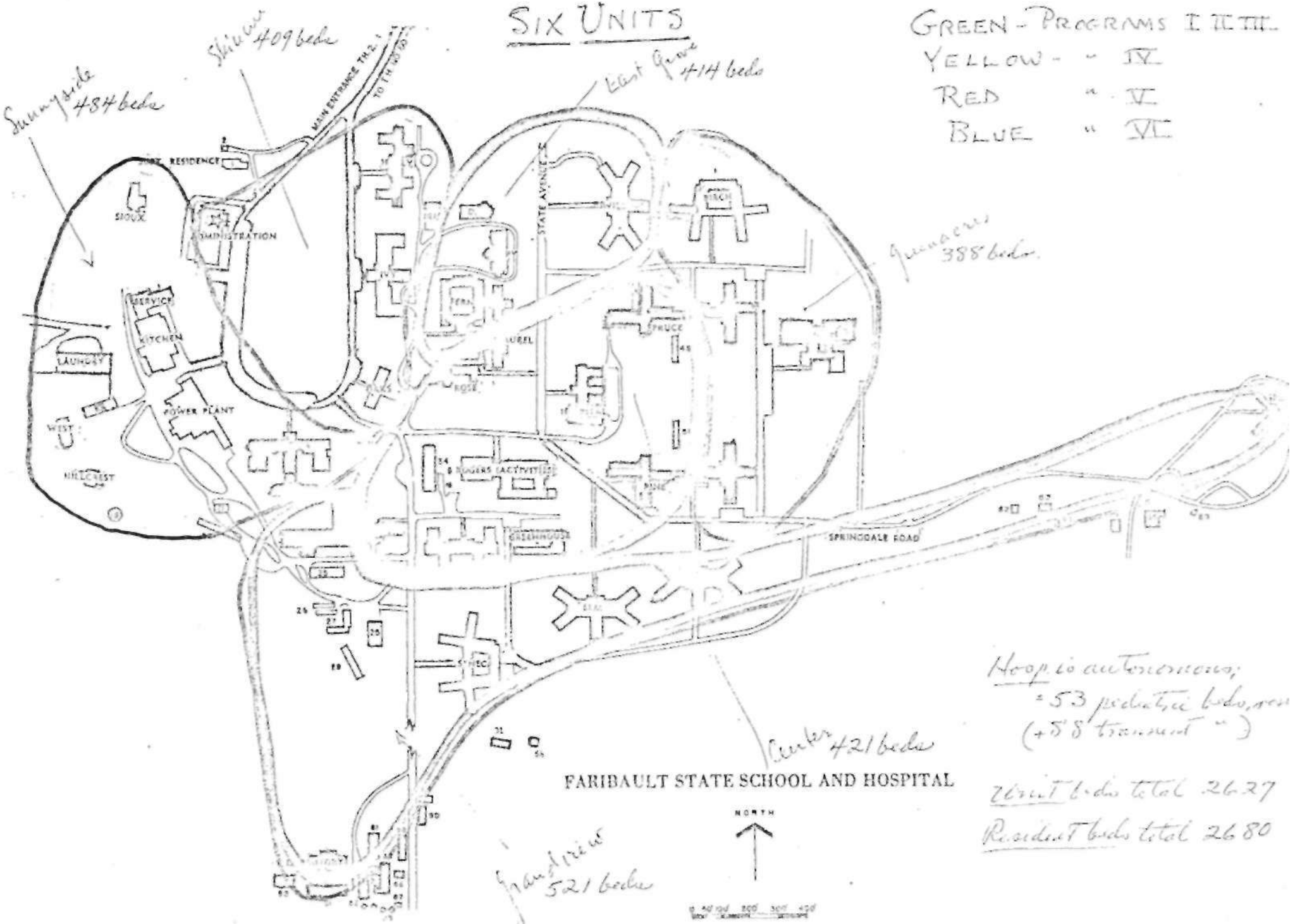


FARIBAULT STATE SCHOOL AND HOSPITAL

Attachment B

SIX UNITS

GREEN - PROGRAMS I II III
YELLOW - " IV
RED " V
BLUE " VI



FARIBAULT STATE SCHOOL AND HOSPITAL

Hosp. & auxiliaries: 53 pediatric beds, non-ambulatory
(+58 treatment ")

Unit beds total 2627

Resident beds total 2680

PROGRAMMING AT FARIBAULT STATE SCHOOL AND HOSPITAL

I. Child Activation Program (For the Bed-fast and Non-Ambulant Child)- 222-142

Hospital Pediatrics (male and female)
½ Linden East- male
1 Pine - male
½ Spruce - female

II. Child Development Program (For the Ambulent child age 3 to Puberty)- 142

½ Linden East - male
3/4 Pine - male
½ Spruce - female

III. Teen Age Program (For the Ambulant, Active- "Normal" - Adolescent of age -237
Puberty to 16 years)

Rose -female
Laurel- female
Osage - male
Mohawk-male

IV. Adult Activation Program (For the Bedfast and Non-Ambulent Adolescent, -280
Adult and Geriatric)

½ Willow - female
Birch -female
Seneca - male
½ Linden West - male

V. Adult Motivation Program (For the Ambulant, Non-working Adolescent, -1007
Adult and Geriatric)

½ Daisy - female
Fern - female
½ Willow -female
Poppy - female
Holly -female
Cedar - female
½ Chippewa West- male
Pawnee - male
Hickory - male
½ Linden West - male
Dakota - male
Maple - male

VI. Adult Social Achievement Program (For the Active Adolescent and Adult)-869

Oaks - female
Ivy - female
Iris- female
½ Daisy - female
Sioux - male
West - male
Hillcrest - male
Springdale - male
Dairy - male
½ Chippewa West - male
Chippewa East -male
Elm - male

2677
+80
2757

Faribault State School and Hospital
November 1, 1965 to November 1, 1966

Total Admissions	
	105
Females	49
Males	56
Age Levels	
5-9	33
10-14	24
15-20	21
21-35	16
36-65	11
65+	
Degree of Retardation	
Profound	17
Severe	37
Moderate	20
Mild	21
Borderline	10
Normal	
Ambulation	
Bedfast	13
Partially Ambulant	6
Ambulatory	86
Reason for Admission	
Intensive Nursing care, Hosp. cases	25
Delinq. & Sociopath	11
Emotional disturb. & St. Hosp. Transf.	37
Summer Placements	10
Transf. from Boarding Homes	15
Inadequate for Boarding Homes	7

Total Discharges	
	82
	41
	41
	8
	2
	4
	26
	24
	18
	12
	25
	27
	15
	1
Disposition of Discharge	
Work Placements	34
Congregate facility (includes some tasks)	3
Boarding home	4
Congregate care	21
Family home	20

Transfers to other institutions	
	23
	19
	4
Shakopee	
Lino Lakes	
Camb. St. Sch. and Hosp.	
Rochester St. Hosp.	
Oak Terrace St. Nurs. Home	
Ah Gwah Ching St. Nurs. Home	
Minnesota Security Hosp.	
Cantonna State School	
Deaths	49
Males	29
Females	20

MEMORANDUM

Dr. Vail

December 9, 1966

TO: : M.L. Krafve, Assistant Hospital Superintendent
Dr. Thorsten Smith, Clinical Director

FROM : E.J. Engberg, M.D., Superintendent

SUBJECT: Committee Appointments

To prepare for an early inspection for accreditation by the Joint Commission on Accreditation of Hospitals the following appointments effective January 1, 1967, will be made in standing committees for the remainder of the fiscal year to June 30, 1967, revising the earlier appointments made June 27, 1966. The resident physicians, and resident dentists, or a representative from the dental staff, will be expected to attend a monthly Medical Staff meeting to be conducted by Dr. Thorsten Smith, Clinical Director, as Chief of Medical Staff, and also the monthly Medical Department meeting chaired by him.

Accreditation Committee: Dr. Thorsten Smith, chairman; Dr. Lunde, secretary; Dr. Fogerson

This committee is responsible for keeping the entire medical staff informed concerning the accreditation program, the current accreditation status of the hospital, and the factors influencing that status.

Laboratory Committee: Dr. Bruhl

Tissue Committee: Dr. Bruhl

Medical Records Committee: Dr. Lunde, chairman; Mrs. Frandvig, secretary; Mrs. Blomquist, Mr. Hadow, Mrs. Nelson, Mrs. Thurlen. Minutes are kept in Secretary's office by chairman's secretary & sent to him.

This committee is responsible for the surveillance of the quality of patient care provided in the institution by the promotion and maintenance of the following elements:

Currently maintained and available medical records describing the condition and progress of the patient, the therapy provided, the results thereof, and the place of responsibility for all actions taken in sufficient completeness as to assure transferable comprehension of the case at any time.

The Sub-Committee on Review and Utilization is replaced by:

(a) Hospital Review and Utilization Committee: Dr. Shannon, chairman; Dr. Bruhl, co-chairman; Dr. Kennedy, Dr. Lightbourn, Mrs. Hunt — Clinical for hosp. only.

and

(b) Expanded Long Term Activities Review and Utilization Committee: Dr. Watts, chairman; Mrs. Krafve, Miss Kathryn Schneider, Miss Myers, Miss Goodwin (Committee to designate someone to act as secretary)

Each Review and Utilization Committee will have surveillance of the quality of services provided in their respective areas by the promotion and maintenance of the following elements as required by the Joint Commission on Accreditation of Hospitals: Review and clinical evaluation of the quality of medical care provided to all categories of patients on the basis of the documented evidence, and review of hospital admissions with respect to need for admission, length of stay, discharge practices and evaluation of the services ordered and provided, including the laboratory and tissue reports as well as the final medical audit before closing a medical record.

Medical and Hospital Supplies Committee: Dr. Lende, chairman; Mrs. Peterson, secretary; Mr. Novotny, Mr. Thurber, Dr. Fogerson, Mrs. Blomquist, Mrs. Hunt, Mrs. Melchert

To provide surveillance of pharmacy and therapeutic policies and practices within the institution to assure optimum utilization with a minumum potential for hazard. These functions shall be carried out with sufficient periodicity to assure their objectives being achieved. Reports shall be submitted by the chairman of the committee at the monthly hospital staff meetings and as required by the business office.

Sanitation and Control of Infection and of Communicable Diseases: Dr. Watts, chairman; Mrs. Rappe, secretary; Mrs. Blomquist, Mrs. Haugh, Mr. Miller, Mrs. Hawkins, Dr. Feddors.

To provide surveillance of inadvertent hospital infection potentials and cases and the promotion of a preventive and corrective program designed to minimize these hazards throughout the institution.

Admissions Committee: Dr. Thorsten Smith, chairman; Mr. Nelson, secretary; Miss Perkins, Mrs. Blomquist, Mr. Sidinger

Patients Program Committee: Dr. Thorsten Smith, chairman, Mr. Kroske, secretary, Mr. Nelson, Mr. Meadow, Mrs. Cates, Mr. Ruehling.

Discharge Committee: Dr. Thorsten Smith, chairman; Mr. Nelson, secretary; Dr. Koh

Research: Mr. Meadow, chairman; Dr. Fogerson, secretary; Dr. Bruhl, Dr. Thorsten Smith, Miss Perkins, Mrs. Blomquist, Mr. Rosch, Mr. Knack.

Nursing Education: including Orientation, In-Service Training and Remotivation: Mr. Saufferer, chairman; Miss Dohner, secretary; Mr. Kraft, Mrs. Blomquist, Mrs. Kenney, Mrs. McIntyre, Mrs. Hedges, Mrs. Pommerenz, Mrs. Nethery, Mrs. Lee, Mrs. Wangaard

Nursing Practices: Mrs. Cates, chairman; Mrs. Rappe, secretary; Mr. Thurber, Mr. Hommel, Miss Dohner, Mrs. Lien, Mrs. Nethery, Unit Representatives to be selected by Program Directors.

Industrial Training: Mr. Knack, chairman; Mr. Walsandt, secretary; Mr. Buthenbeck, Mr. Thurber, Mr. Hommel, Mrs. Blomquist, Mr. Meadow, Mr. Sidinger, Mr. Rosch.

Civil Defense and Disaster: Mr. Rosch, chairman; Mrs. Blomquist, secretary; Mr. Thurber, Mr. Kraft, Mr. Meadow, Mrs. Amberg, Mr. DeRosier, Dr. Smith, Mr. Larson.

Safety Committee: Mr. Sanders, chairman; Mrs. Amberg, secretary, Mr. DeRosier, Mr. Thurber, Mr. Larson, Mr. Watts, Mr. Walsandt, Mrs. Myers, Unit representatives to be selected by Program Directors.

Sub-Committees on Industrial Accidents, Safety Improvements, and Fire Prevention and Investigation to be selected by committees.

Library Committee: Miss Sundin, chairman; Mrs. Maling, secretary; Dr. Thorsten Smith, Mr. Meadow, Mr. Knack, Mrs. Kenney, Mrs. Blomquist

Self-Survey: Mr. Saufferer, chairman; Miss Dobner, secretary; Mr. Thurber, Mr. Nelson, Mr. Krafve, Mrs. Finstuen

Special Events: Mr. Madow, chairman; Mrs. Harkins, secretary; Mr. Roach, Mr. Knack, Mr. Saufferer, Mr. Krafve, Mrs. Goodwin, Dr. Wayne Smith

Will be responsible for all special events including: Employees' picnic, Independence Day observance, Memorial Day observance, Christmas program, closing program for school, awards ceremonies, and other special events that may be observed including participation in community observances. Committee shall appoint sub-committees within institution personnel to organize and supervise special events as needed. Sub-Committees to be discharged when events have been completed.

Community Information: Chaplain Streufert, chairman; Mrs. Stabbert, secretary; Mr. Madow, Mr. Krafve, Mr. Knack, Mr. Nelson, Mrs. Nancy Williams representing Rice County ARC.

Cabinet: Service Chiefs, Mr. Krafve, chairman; Dr. Thorsten Smith, vice-chairman

Executive Committee: Dr. Engberg, chairman, Mr. Krafve, Dr. Thorsten Smith

MINUTES OF ALL COMMITTEE MEETINGS SHOULD BE SENT TO SUPERINTENDENT, ASSISTANT HOSPITAL SUPERINTENDENT, AND CLINICAL DIRECTOR.

cc: Dr. Lightbourn, Dr. Shannon, Dr. Bryant, Dr. Kennedy, Dr. Peddero, Dr. Wayne Smith, Dr. Fogerson, Dr. Buhl, Dr. Kugunin, Dr. Lende, Dr. Watts, Mr. Novotny, Mrs. Blomquist, Mrs. Hiat, Mr. Thurber, Mr. Sidinger, Mrs. Melchert, Mrs. Peterson, Mr. Nelson, Mr. Madow, Mrs. Gates, Mr. Rechling, Mr. Kroska, Miss Perkins, Dr. Koh, Mrs. Haugh, Mr. Miller, Mrs. Harkins, Mrs. Hoppe, Mr. DeRosier, Mr. Larson, Mr. Welsandt, Mrs. Myers, Mrs. Anberg, Mr. Sanders, Mr. Knack, Mrs. Stabbert, Chaplain Streufert, Mrs. Finstuen, Miss Dobner, Mr. Saufferer, Mr. Roach, Mr. Pommel, Mrs. Iden, Mrs. Nethery, Mrs. Kenney, Mrs. McIntyre, Mrs. Hodges, Mrs. Lee, Mrs. Wangensee, Mr. Rathenbeck, Mrs. Keding, Miss Sundin, Mrs. Goodwin, Mrs. Pommerenke