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

FROM: Dr. Russell Barton
Visiting Consultant Psychiatrist

SUBJECT: Confidential Report on Visit to Faribault State Hospital 8/24/67

Mr. Lucero and Dr. Russell Barton visited Faribault State Hospital on Thursday, August 24, 1967. Their objectives were:

1. For Dr. Barton to make independent ratings of a sample of ward living conditions to test consistency of ratings made by Dr. Vail and Joe Lucero in April,1967.

2. To compare 1967 ratings with those made in 1965, the principal instrument for ward rating being the ward rating scale developed by Vail, Barton, and Lucero in 1965. This consists of a questionnaire which is filled in by ward staff. From the completed questionnaire, the wards are rated and then a sample of wards visited to check reliability of answers.

3. To discuss the implications of the changes noted in Ward Living Conditions with principal officers: Dr. Engberg (Medical Director), Mrs. Audrey Lethebridge (Director of Nursing), and Mr. Dean Nelson (Chief of Social Service) and Mrs. Alvira Hiltz (Chief of Nursing Programs); and to formulate the nature and content of an afternoon meeting with selected hospital staff which they consider would be most helpful in furthering the aims of the institution and Central Office.

Cottages: Ivy North; Holly; Oaks; Poppy North; Poppy South; Dakota North; East Birch; West Birch; Spruce; Linden East and Linden West were inspected and the rating scale found to be consistent and reliable.

Considerable improvement in the care of patients has occurred over the last two years. Ward living conditions have improved and staff seem more generally conscious of their goals and their own personal contributions. The improvement is not uniform and one or two areas will probably not improve until more resources in the way of staff are made available — and the number of severely and profoundly retarded patients in any If building reduced.

It was pointed out to us that removing patients with mild and moderate retardation will not basically assist Faribault service. Patients who can dress and feed themselves do not command too much time — indeed by having certain ward or hospital tasks assigned they may assist staffing v problems "Patient Paeonage". Some patients doing a useful job in cafeteria are being paid only one dollar a month.

The suggestion that removal of a number of profoundly retarded, patients would give staff elbow room and breathing space to intensify their programs is worth noting.

The system of reviewing medical records to decide whether admission

was necessary, whether investigation and treatment was adequate and whether discharge was too soon or too late seems a most useful exercise. This type of scrutiny of professional care and concern coming from within the I hospital could well serve as a model for other institutions.

Scrutiny of admissions with increased emphasis on need for community care has resulted in only the more difficult, destructive or demanding patients coming into hospital. This, in turn, may increase the stigma of admission to Faribault which exists in the mind of the general public.

With the programs at present being energized and the results being obtained, it is difficult to understand the goals of the commissioners for accreditation. Presumably more stress has been paid to standards of building, medical records, overcrowding, and general medical and nursing care than on the standards of care and service directed at making the most, utmost, of the limited abilities of mentally retarded patients.

The suggestion that new patients be admitted directly to the cottage on which they would subsequently live seems worth pursuing. This enables the patient and his family to relate to one set of staff and reduces the confusion caused by moving from admission hospital ward to a cottage after rapport has been established with relatives and friends have been made by the patient,

The learning experiment (picnic and circus) for August 26 appeared to have been well organized and communications adequate.

The Foster Grandparents scheme and college student activities seem to be well integrated and providing invaluable assistance to patients. Continuing instruction and encouragement to foster grandparents by staff seems desirable.

The cardex system in some wards with a card giving details of each patient and objectives of good nursing care was most impressive. It orientates nursing staff, new to a ward, right away and gives them essential cues for action. It would be worth introducing in other hospitals and schools.

In the afternoon we met with departmental heads, program leaders, medical staff, nurses and psychiatric technicians and maintenance engineer — about 30 people were present.

The purpose of the afternoon meeting: to enable staff to scrutinize their practices, to examine their objectives and discuss ways and means of achieving them.

PROCEDURES AND DISCUSSION

Scores taken from the 1965 and 1967 ward rating scales, with graphs to show raw scores and gradient of change were distributed and the significance of these changes was discussed.

The importance of alignment of goals of program leaders, psychiatric technicians and other staff was discussed and examples of non-alignment of goals given.

The reasons behind the improvement of Faribault's services to M.R. patients was discussed and the nature of commitment, responsibility and morale discussed.

The meeting was too large to allow usual group techniques, but Dr. Engberg acted as a permissive chairman and useful comments were made. An interesting discussion between psychiatric technicians, the housekeeper and maintenance engineers occurred, enabling each to appreciate the problems (and prejudices) of the others.

CONCLUSIONS

Faribault State Hospital is carrying a heavy load and disappointment occurred with failure to obtain accreditation when everyone appreciates the service is good in spite of overcrowding, staff shortage and some poor buildings.

OBSERVATIONS

There is a great deal of anxiety that with the removal of the most rewarding M.R. patients the staff will be left with a surfeit of chronic, regressed, demanding and difficult patients who will not respond to treatment programs sufficiently to motivate staff to sustain their efforts.

Continuing education of staff is necessary and perhaps further clarification of the roles of program leaders, nurses, psychiatric technicians, and so forth, would help. "Discontinuity" of Personnel is worth scrutinizing. The lines of authority and sources of advice may have become abfuscated. Psychiatric technicians did not always seem to know to whom they should take their problems. Problems did not always seem to be dealt with expeditiously — according to several workers.

It seems probable that some of the hostility and dissension noted at times results from the threat to the sense of responsibility of department heads by the authority of the program leaders and the programs themselves. It seems important that the requests for supplies, staffing, population changes, recommended in the six month program assessments are manifestly seen to be noticed by the appropriate authorities — maintenance staff, business manager, Central Office, and so forth. Maybe the comparatively minor recommendations could be implemented without great cost or delay. Arrangements of requests under priorities such as "Urgencies", "Necessities and "Niceties" by the staff could be helpful to the executive in deciding priorities.

The need for all staff to define and accept the objectives of the service for mentally retarded patients persists. Perhaps it would make a useful, albeit implicit, theme for further workshops.

Medical records appear to need scrutiny and simplification.

In spite of the above observations we came away with a lasting impression that a lot of programs and first class work is being done at Faribault.

FARIBAULT

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Item	Code	Chart scale	1965	1967
NUMBER OF DORMS LOCKED ALL DAY.	10A	0 – 1.00	.24	.30
NUMBER OF PATIENTS IN SECLUSION PAST MONTH.	11F	0 – 10	1.4	1.0
PERCENT OF PATIENTS ALLOWED A NAP.	12	0 – 100%	53%	95%
PERCENT OF PATIENTS ALLOWED TO WATCH TV AFTER 10:00PM.	15	0 – 30%	4%	4%
NUMBER OF PLANTS ON WARD.	17AB	0 – 20	3.4	8.4
WHEN IS BEDTIME?	20	8PM – 11PM	8:30	9:10
PERCENT OF PATIENTS ALLOWED UP AFTER BEDTIME.	21	0 – 100%	31%	55%
WHAT TIME ARE PATIENTS UP IN THE MORNING?	22	6AM – 8AM	6:15	6:20
WHAT TIME IS BREAKFAST?	23A	7AM – 8AM	7:00	7:10

Measure	Item	Scale (max)	Scale (min)	Value 1	Value 2
NUMBER OF PICTURES.	24AB	100	0	12	30
PERCENT OF PATIENTS WITH PLACE FOR POSSESSIONS.	27A	100%	0	33%	60%
PERCENT OF PATIENTS WITH LOCK.	27B	100%	0	8%	38%
NUMBER OF WINDOWS WITHOUT CURTAINS.	28	50	0	8	7
NUMBER OF SNACK ROOMS	29	1	0	.2	.4
NUMBER OF IRONS.	31	2	0	1.3	1.7
NUMBER OF WASHERS AND DRYERS.	32	2	0	.03	.10
NUMBER OF POP MACHINES	37	1	0	.03	.06
NUMBER OF WATER COOLERS.	38	1	0	0	.06

APPENDIX II. LIST OF SUGGESTIONS FOR IMPROVEMENTS MADE BY WARD STAFF IN ANSWER TO QUESTION #47 IN APRIL, 1967.

QUESTION 47: WHAT THINGS WOULD YOU LIKE TO SEE IMPROVED ON YOUR WARD?
(Listed in the Order of Frequency)

More technicians
More toilets
Fans for toilet rooms, sleeping rooms, day rooms
Drapes and curtains
Fewer patients
More showers
More curtains for showers
Water coolers
Full length mirrors
Partitions with doors between toilets
Wardrobes in dormitories (to provide 'personal territory')
Rumpus rooms with equipment
New beds and mattresses
New furniture: davenports, chairs, tables
Appliances: washers, dryers, vacuum cleaners, refrigerators, clocks, scrubbers
Better lighting
Electrical outlets in bathrooms for shaving and better shaving facilities
Re-painting walls in color (I think white or off-white walls are more elegant. Color can be provided by curtains, carpets, furniture, and flowers. Comment by Dr. Russell Barton inserted.
More tubs and better bathing facilities
Bed-stands and lockers
Wash bowls off wards and day rooms
TV in bedfast dorms
Replacements for broken TV sets
More custodial help
Empty rooms off dorms for sick patients on short-term basis
Stoves and cooking facilities for group therapy
More supplies for patient care
Newer equipment
New building
Better exits
Better ventilation
Better, more modern and lighter wheelchairs
Better salaries
New files located near wards
Humidifiers
Lunch room in building
Stereo for therapy
Seat covers for stools
Larger clothing room and more individually-marked clothing
Coffee tables in coffee room
Pop machine
Telephone on wards
Tile on bathroom walls
Pictures and planters
Lounges with carpeting
Dressing tables on wards with mirrors and drawers
Treatment office on ward for giving medications
Protective screens on windows to prevent window breakage