

MINUTES

COMBINED JOINT CONFERENCE (SUPERINTENDENTS' MEETING)

Friday, March 17, 1967
Room 500 - Centennial Building
St. Paul, Minnesota

*Mr. Engberg ✓
cc: M. EK
Copy's copy being sent to
Dr. Thorsten Smith for his
information
after which to be returned
to Mr. Engberg
5-10-67, LPH*

PRESENT: Anoka State Hospital
Fergus Falls State Hospital
Hastings State Hospital
Moose Lake State Hospital
Rochester State Hospital
St. Peter State Hospital
Willmar State Hospital
Minnesota Security Hospital

Brainerd State Hospital
Cambridge State Hospital
Faribault State Hospital
Owatonna State School
Minnesota Residential Treatment
Center
Shakopee Home for Children

DPW: Dr. David J. Vail
Mr. Morris Hursh
Mrs. Miriam Karlins
Mr. Kent Hawkins
Mrs. Alvira Hiltz
Miss Marlis Butler

Mr. Ove Wangensteen
Miss Jo Anne Haas
Mr. Herb Gardner
Mr. Conrad Peterson
Mr. Joe Lucero
Miss Naomi Quinnell

1. Legislative Report

Dr. Vail reviewed the status of DFW legislation concerning the division. Laws recently signed by the governor: names of the state facilities for the retarded changed to "state hospitals;" eliminating names of hospitals on buses; patients now in the Anoka tuberculosis unit may be transferred to other DFW facilities. Dr. Vail said the governor's office will present a bill for salaries of administrative positions (commissioners, hospital administrators, etc.). Regarding the compulsory retirement section of the employees salary bill, a rider will hopefully be added to the appropriation bill so that the requirement would not apply to hospital physicians, subject to an annual certification by the commissioner upon the recommendation of the Mental Health Medical Policy Committee for physicians over 70 years of age.

2. Name of "Superintendents' Meeting"

It was agreed to change the name to: "Combined Joint Conference (Superintendents' Meeting)."

3. Easter-Driver Hill Decisions

Dr. Vail noted that as a result of recent decisions in federal courts, the problem of chronic alcoholism ("public drunkenness") will no longer be treated as a crime, but viewed as a health problem and remedied through health institutions. Willmar and Moose Lake, possibly other hospitals, should be prepared for an influx in the future. The proposed Minnesota Commission on Alcohol Problems, if established, would study the problem and the need for services.

4. Confidential Remarks by Patients to Employees

It was agreed that employees should refuse confidentiality and must report comments of a serious nature made to them by patients. Employees should be informed of this principle through education. The matter will be considered again when the policy manual is discussed and developed.

5. Renal Dialysis

Dr. Vail reviewed a report from a recent meeting of a group of interested physicians and others at which it was decided to refer the criteria to the State Medical Association for study. The outlook is for very few if any of our patients suffering from chronic renal disease to be eligible for these scarce and expensive treatments. For patients needing treatment, hospitals should contact directly either Dr. Clarence Hitchcock, chief of surgery or Dr. Fred L. Shapiro, chief of the hemodialysis unit, Hennepin County general hospital.

6. JCAH Standards

Dr. Vail said reports indicate that the commission is re-evaluating its standards with new requirements expected this summer although there have not been any official announcements. He may check into this further when in Chicago next month.

7. Medical and other Summer Students

Dr. Vail said that the use of central office training funds to employ medical students would not be adequate because the demand and appropriations are not known at this time. Although the central office may be able to provide some funds, hospitals should finance employment. Dr. Vail will circulate to the hospitals letters of inquiry which he may receive.

Mr. Gardner reported that colleges are encouraging students to look for employment in state and federal agencies during the summer months. While the Department of Public Welfare does not have a specific program, the personnel department has asked the Civil Service Department for approval up to \$400 monthly for students in areas other than medicine - social work, psychology, nursing, etc.

Cambridge and St. Peter representatives reported that they are negotiating with local OEO offices for summer employees.

8. Central DFW Laboratory

Dr. Vail reported that a central laboratory is under study. The laboratory would handle unusual procedures not performed in the hospitals and given to commercial laboratories. The state Health Department has suggested Rochester as the location. Federal funds would be available. The matter of qualifications of personnel and quality control was referred to the Administrative Study Group.

9. Surgery Procedures

The question of maintaining two surgery programs has been referred to the Governor's Commission on Health and Rehabilitation. As the commission's status has not been determined with the change of administration, Dr. Vail said he may have to make recommendations to the legislature if necessary.

Co-Educational Facilities

Dr. Vail referred to a letter of complaint sent to the governor regarding housing of male and female patients in the same building. Hospitals maintaining "co-educational" programs are asked to take reasonable precautions against the possibility of untoward incidents developing.

11. Consultant on Half-Way House Facilities

Dr. Vail reported on a letter received regarding the availability of Miss Elly Jensen from England for consultation during a visit to the U. S. Mrs. Hiltz will coordinate arrangements.

12. Single Dose Administration of Ataraxics

Copies of the clinical research report from Anoka were distributed. Dr. Vail suggested that the report be discussed by the medical staffs.

13. Operant Conditioning Guidelines Meeting

Recommendations from the medical directors' session:

1. New treatment programs which are different from generally accepted procedures in Minnesota state hospitals should be carefully designed, spelled out in writing, approved in advance by the hospital medical director and submitted in advance to the Mental Health Medical Policy Committee.
2. Existent operant conditioning projects should be so written up and submitted.
3. In the meantime (until approval of the specific proposal), a general policy against using aversive stimuli should be promulgated.
4. There should be regular state-wide meetings of hospital medical directors to discuss treatment methods.
5. There should be regular state-wide meetings of medical staffs of state hospitals.

After a discussion of recommendations 4 and 5, a meeting of the medical directors was set for 3:00 p.m., Friday, April 14 at the Centennial Building. The group will serve as a steering committee to organize a general meeting of hospital physicians scheduled for Friday, August 4.

Guidelines from the workshop sessions in preliminary draft form are as follows:

Operant Conditioning

1. Aversive Reinforcement

- a) Aversive reinforcement is never to be used in a general program of operant conditioning.
- b) In very exceptional individual cases, aversive reinforcement may be used, but such reinforcement must be cleared with the Medical Director of the

Medical Services Division and with the Mental Health Medical Policy Committee, and must be administered only by a professional.

2. Deprivation

- a) No patient is to be deprived of anything he had before the program started. (This includes freedom of movement of body limbs.)
- b) Deficit rewarding must be avoided, i.e. giving back as rewards things that we have previously taken away or things which the person should have had to start with, or giving as rewards tokens or what have you which will allow the person to "buy" such items.

3. Positive Reinforcement

With the exception of 1 b) above, positive reinforcement is the only reinforcement to be used in Minnesota state hospitals.

- 4. There should be at the local level an advisory committee process whereby the operant conditioning program is reviewed from time to time, not less than quarterly by a committee or group not directly involved in the operant conditioning program. Such committee function shall be carried out by the hospital Humane Practices Committee, or if not, by a committee on which the Humane Practices Committee shall have substantial representation.
- 5. All present ongoing operant conditioning programs are to be submitted to the Mental Health Medical Policy Committee in the same manner as research.
- 6. All future operant conditioning programs must be approved by the Mental Health Medical Policy Committee in the same manner as research.
- 7. There are to be periodic inter-institutional meetings of the operant conditioners.
- 8. There must be an intensive training course preceding the start of local operant conditioning programs for all employees directly involved.
- 9. Each institution should, for all employees, carry out an orientation about operant conditioning programs.
- 10. Operant Conditioning should not be connected in any way with practices that are intrinsically undesirable even if necessary, such as restraint or seclusion.

General Proposals

- 1. All future treatment programs that are different from those already approved in the Minnesota State Hospital system must be clearly written up, submitted to the Medical Director of the institution, and then submitted to the Mental Health Medical Policy Committee in the same manner as research.
- 2. The medical directors of the institutions and the Medical Director of the Medical Services Division should meet periodically to discuss ongoing therapeutic programs.

3. There should be periodic state-wide meetings of line-duty physicians to discuss ongoing therapeutic programs.
4. Whenever possible, and for all treatment modalities, consent of the patient or responsible people close to him should be obtained.

Following a discussion, two suggestions were made:

1. Local guidance committee be formed to include representatives of the hospital Humane Practices committee.
2. State-wide meetings of hospital operant conditioners be held during the experimental stage.

14. Cancer Detection Program

Dr. Vail introduced Dr. Grant Mason, state Health Department, who reviewed the Public Health Service's grant program. Financial assistance is now available to hospitals with 100 beds or more; those hospitals screening all female patients on admission or during annual exams are ineligible. Hospitals were instructed to apply individually; Dr. Mason will assist in preparing the grant requests, starting with the hospitals for the mentally retarded. Dr. Mason will check with the Kansas City office to determine if funds are available to hire medical and other staff to coordinate and follow-up on the program state-wide.

Dr. Mason will also work on an agreement with the University of Minnesota hospitals, the pathology or gynecology departments, or commercial laboratories to get a set rate for "Pap" smear readings.

15. Other Business

Dr. Vail said a draft of the "constitutional" statement regarding general policies and statutes for the institutional policy manual will be sent to the hospitals.

He noted that Moose Lake had begun a series of field trips to other hospitals involving one representative from each department. Observations later were sent to the administrators of hospitals visited.

On the matter of the 68 cents per day food allowance, Kent Hawkins said that following the upcoming meeting of the state dietician's group, a letter will be sent to the Department of Administration regarding their recommended rate. He also will check with the procurement division regarding use of food funds as available rather than the per day basis.

Dr. Docherty announced that patients now in Anoka's tuberculosis section will be transferred to the Glen Lake sanatorium; those with negative findings will be transferred back to their home hospitals.

Next meeting will be held at 10:00 a.m., Friday, June 30 in the Centennial Building, St. Paul.