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STATE OF MINNESOTA

Office Memorandum

DEPARTMENT of Public Welfare

TO : Medical Directors
Administrators
Chairman, Humane Practices Committee
Chairman, Research Committee
Institution Program Coordinators

DATE: September 13, 1971

FROM : J. Terence Sarazin
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Medical Services Division

SUBJECT: Ward Living Conditions Questionnaire (WLCQ)

I. BACKGROUND

Since May 1965, the living conditions of each ward in every Minnesota state hospital has been evaluated annually by its ward personnel, using the Ward Living Conditions Questionnaire as the rating instrument. As you know, current ratings and comparisons with previous ratings have been discussed with personnel from each ward and with the governing administrative and clinical personnel. These meetings, held with each group separately to facilitate open discussion, were conducted by Dr. Vail and a member of the MSD Research Section, until last year, when Mrs. Miriam Karlins, as chairman of the state Humane Practices Committee, replaced Dr. Vail in these sessions. At these meetings hospital personnel not only learned of their progress in the areas measured by the WLCQ, but had an opportunity to bring up special problems and needs faced by their wards and their hospital.

It has been quite well documented that the use of WLCQ, together with the two-way feed-back sessions, has been a strong positive force in the continuing hospital and central office efforts to improve the conditions in which our patients live and participate in treatment. The WLCQ evaluations helped to define problems, to set expectations and guidelines for appropriate ward conditions, to give each ward an index of its progress in these areas, and to provide a unique forum for discussion of related problems and needs; it has also provided valuable documentation for legislative requests by the Division Director and the state Humane Practices Committee. It is also gratifying to note that these contributions of WLCQ have attracted considerable attention and interest in other states.

II. PROBLEMS AND CONCERNS

Of course, there have been inevitable problems, though fewer than might be expected. Occasionally feelings have been ruffled by specific findings or by the idea of being rated, but most wards and hospitals have seemed pleased to have their accomplishments and problems measured and communicated. The potential problem of systematically biased ratings seldom developed; random spot checks (part of the feed-back procedure) have showed only a few instances where this has occurred to a significant degree. Some complaints were received about the time spent in doing the ratings, but these have been few, probably because the actual time spent in rating was small, because all of the tabulations were performed by the Research Section, or because of the compensation of hearing the results.

Most criticism has had to do with the instrument itself and the fact that ward progress caused parts of it to become outgrown. Some have questioned the relevance or importance of specific items, though recognizing that their primary significance was their contributions to the total score. As ward conditions improved, some items regularly received maximum scores and hence lost their ability to show improvement. As the need diminished for assessing some of the more basic physical attributes of the ward (now taken for granted) there was a correspondingly increasing need for the inclusion of other ward characteristics which also influence ward living and treatment atmosphere, i.e., a need to broaden the areas covered by WLCQ.

III. REVISION OF WLCQ, 1971

A committee was therefore established to broaden the range of WLCQ items while keeping or revising those items which were still important, at least in some locations. A secondary goal was to change the format so the results could be computerized, thus saving tabulation time and making more rapid reporting possible. This committee, all volunteers, was chaired by Dr. Roland M. Peek (as Director of the Research Section) and consisted of five institution psychologists (Dr. Helmut Hoffmann, Robert Kratz, Dr. Bruce Libby, Dr. Robert Ravensborg, Dr. John Vancini), and Miss Jeanne Sulem (Research Analyst for the MSD Research Section, who has been responsible for tabulation and reporting of WLCQ results).

This committee has worked closely with Dr. Vail, who considers an annual ward evaluation to be extremely important, and with Mrs. Miriam Karlins. Mrs. Karlins' close involvement is a function of two factors: (1) her chairmanship of the state Humane Practices Committee, which has found WLCQ especially valuable in its efforts to assess, resist, and prevent institutionalization and dehumanization, and (2) her responsibility, assisted by Miss Sulem, to represent Dr. Vail in reporting and discussing results to hospital ward and administrative staff. In addition, valuable suggestions for the item pool were solicited and received from state and local Humane Practices Committee members, from institution psychologists, central office service chiefs, and from the Computer Services Division and E.D.P. Systems Section; many of these same people (particularly Dr. Vail, Mrs. Karlins, and the computer experts) also reviewed successive drafts of the revision. In addition, a trial run was performed on sample wards in two hospitals.

Although the revised WLCQ is therefore ready to be applied, the committee still considers its present form to be at least partly experimental until more extensive item analyses and studies of rater reliability and validity are performed. It will be possible to do these studies with the data provided by the 1971 ward survey using the revised WLCQ.

IV. DIRECTIONS FOR THE 1971 WARD SURVEY

Copies of the revised WLCQ will be delivered to the Chairman of each institution Research Committee, who will be responsible for seeing that at least two raters are selected for each ward -- raters who best know the ward and its patients, regardless of occupational or job classification. These raters are to independently rate their own ward without consultation with each other except possibly for the basic information in items 1-9.

The date selected for all ratings is November 1, 1971; all ratings should reflect conditions as of that date. Spaces are provided on the WLCQ for additional comment or explanation if conditions on that date are not typical or representative of the ward, or for other appropriate comments.

The Chairman of the Research Committee or his designee will see that all completed forms are returned by November 15 to Miss Jeanne Sulem in the MSD Research Section.

The Chairman of the institution research committee has been selected to coordinate those ratings because his committee represents a cross section of persons who are concerned with the results of the survey and who may be involved in seeing that the survey is properly completed. The Research Committee is also selected because there are methodological questions in such questionnaires which have research implications; for this reason it is suggested that the Chairman may wish to delegate this responsibility to the psychologist member of the committee if the chairman is not a psychologist himself. In addition, the Humane Practices Committee member of your Research Committee similarly has a stake in the success of the survey and might be helpful, if necessary, as a resource person to explain the background and purpose of the survey.

Except for seeing that the WLCQ's are completed on November 1, for each ward, by at least two appropriate persons on each ward, and for seeing that the forms are sent or delivered to Miss Sulem, no other requirements are made except to do all that is possible to assure that each rating is done individually and that the privacy of each rater's responses is protected; i.e., that the completed WLCQ's are collected and delivered to Miss Sulem without scrutiny by anyone else; the raters should be made aware of this protection.

If you have any questions concerning the WLCQ or the survey, please do not hesitate to call Miss Jeanne Sulem (phone: 221-2673).

We hope the new form will provide all of us with more complete and relevant information about ward conditions than previous surveys, and we hope the computerized format will make possible more rapid feedback to you and the wards. We recognize the added work involved in these annual surveys, and are most appreciative of your continued support and assistance in this important task.

JTS/bjk

CC to: Mr. Morris Hursh
Mr. Ove Wangenstein
Mental Health Medical Policy Committee
Ad hoc Committee on WLCQ
MSD Staff
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