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PURPOSE OF THE VISIT

Since its incorporation in 1950, the Minnesota Association for Retarded Children has worked closely with the Department of Public Welfare, with the various institutions which care for retarded people and with various legislative committees. The objectives of these groups has been the same, to provide training and an adequate level of care for the retarded who must spend their lives in our institutions, as well as for those who after a period of training can return to the community.

The 1959 Minnesota Legislature appointed an Interim Commission to study the problems of the Mentally Retarded, Handicapped and Gifted Children. Representatives of the Minnesota Association for Retarded Children (Gerald Walsh and John Holehan) were privileged to appear before this Commission on December 9, 1959, to suggest areas of study for the commission to consider,

The Association suggested a study of our present institutions, especially the Faribault State School & Hospital, and commented specifically on each problem as:

1. Inadequate staffing
2. Overcrowding
3. Need for a long term building program
4. Food preparation and handling
5. A "Needs" budget as contrasted with a "Fiscal" budget.

The Commission was most attentive, and indicated a desire to visit both the Faribault and Cambridge institutions for retarded. They asked the Association to submit a list of specific items which we would like to have them observe when they visit the institution.

The purpose of the December 29th visitation, therefore, was to meet with the Faribault Administration, and discuss the problems which merit the critical attention of the Interim Commission.

Our present institutions, such as Faribault, are a fact in being. The State of Minnesota has the equivalent replacement cost of \$32,000,000 invested in Faribault. This hard fact alone demands that we must look at Faribault for what it is today and what must be done with it tomorrow. This grand old institution will be in business for many years to come,

Today the Institution is a heterogeneous mixture of the old and the new, the good and the bad. Like most human institutions, it is in a continual state of change. It is a difficult place to describe or talk about. It cannot be reduced to a few simple statements or sweeping generalities. It is a complicated organization comprised of 3,250 patients, 684 employees, over 100 buildings, and 1,189 acres of ground.

The best we can do is to classify its needs on the basis of "Short Term" needs and "Long Term" needs. The short term needs are those which must be met in the very near future, hopefully during the next legislative session. The long terms needs are those which can await the results of a study program and an orderly, in time, plan of action for meeting the needs.

Obviously, there is a relation between the two.

RECOMMENDATIONS

SHORT TERM NEEDS

1. Adequate Staffing

At the present time this is the single most serious need existing in the Faribault institution.

Considerable discussion and documentation of this condition is given in the body of the report and in Appendix B.

2. A Comprehensive Study of the Many Problems Relating to Food Preparation and Food Distribution.

The fact that there are serious problems in these areas is well known to the institution and the Department of Welfare. Unfortunately, neither the institution nor the Department of Welfare has a staff person technically competent to resolve the problems.

An independent study is clearly indicated, and funds for this study must be forthcoming. The study should be directed towards supplying the following information:

- a. A detailed plan and cost estimate for modernizing existing facilities.
- b. A detailed plan and cost estimate for new facilities.

3. Two New 125 Bed Dormitories to Replace Old Buildings.

These will cost approximately \$1,100,000 each. They should be of the single-story construction type.

Twenty-one (21) Other Smaller Items

There are also twenty-one other smaller items, involving small buildings, and building: repairs, and utility needs. These items are estimated to total \$1,146,400.

4. A Consideration of the School Program.

The school program at Faribault has shown much progress since 1956. The new school building and the revised standards for teachers have done wonders for the program. The number of children in school has risen from 120 to 210. Another 60-80 children could be accommodated in school if there was room, and teachers.

The Association is not prepared to make specific recommendations on the school program. Such recommendations undoubtedly could best come from a study of the matter by the Minnesota Department of Education and the University of Minnesota School of Education assisted by the staff of the institution. Teacher members of the Interim Commission will also have ideas. Civil service standards for special teachers in the institutions should be reviewed with the idea of determining whether these are adequate and whether salaries are commensurate with the salaries of teachers of retarded in the community. This recommendation would affect all institutions for the retarded.

5. A system whereby the Actual Budgets Prepared by the Institutions are Given Formal Legislative Appraisal

As matters now stand, the institutions budgets are funneled through the Department of Welfare, then to the Department of Administration, and finally to the legislators as part of the so-called Governor's budget. The present system makes sense from an administrative point of view, but has the inherent weakness of tending to perpetuate inequities. This practice tends to reduce the budget to more of an exercise in mathematics than to a serious consideration of the actual needs of each institution. Each institution's budget, as revised by the legislators, tends to resemble closely the proceeding session's budget, adjusted by some standard and inevitable cost-of-living percentage, and the increased staffing required by the addition of new buildings.

LONG TERM NEEDS

1. A Study of Long Term Building Needs

Today Faribault is housing some 700 patients in inadequate buildings. This is one of the reasons why Faribault lost its standing as an "accredited Hospital" in December, 1958.

Even though the Association has brought this matter to the attention of the Governor, the Department of Welfare, and the Legislature, neither the 1957 nor 1959 Legislature included these buildings in their 10 year building programs. They caught fire in the spring of 1959 and had to be evacuated in the dead of night. Fortunately, none of the patients were injured or killed.

The Association asked the 1959 legislators for funds to make a study of this situation. The legislators indicated an interest in providing funds for such a study, The Commissioner of the Department of Public welfare agreed that such a study was needed.

It is our understanding that later on the legislators were told that such a study was not needed, so the funds were not appropriated.

The Association and the Faribault administrators still feel that such a study is urgently needed, and that without it, it will be extremely difficult to decide what to do about the inadequate buildings at Faribault.

The Association and the Faribault administrators strongly recommend that 020,000 be appropriated for this study.

It is important to bear in mind that the overcrowding at Faribault is occurring in the older buildings. For example, in the Sunnyside group, the Dakota building is overcrowded by at least thirty beds. The Chippewa building is overcrowded by at least fifty beds. In the Skinner Hall group there is similar overcrowding.

Two new dormitories (125 beds, \$1,100,000 each) could be built just to alleviate the overcrowding in the large male and female building groups.

Included in this report is a new priority schedule for a Faribault building program as seen by the Faribault staff. (See Appendix C).

2. Long-Term State-Wide Planning

The long-term building plans for Faribault must also be coordinated with an over-all plan which embraces all state institutions for the mentally retarded.

At present there is no such over-all plan in existence. The need for it is urgent, with Brainerd in a state of partial completion, with talk of another institution "up on the range" being widely circulated, and with the long-term plans for Faribault still to be evolved.

3. Expanding the Concept of State Institutions

During the past ten years considerable interest in mental retardation has been generated. Every facet of existing programs is being examined and debated. Many exciting proposals for changes and new programs are being made. The role and function of the large state institutions figure prominently in these deliberations.

For example, it has been pointed out that the staffs of the institutions are the state's prime authorities on mental retardation. Here are ready made, coordinated teams --doctors, psychologists, nurses, social workers, educators, recreational workers, chaplains, and psychiatric aides. These teams daily handle every conceivable problem dealing with the retarded. Wouldn't they, if they had time, make an ideal teaching and training nucleus? What better classroom and demonstration unit could a University or a medical center want than a state institution?

In the final analysis any plan, to reach fruition, must make its way through the state legislature.

Therefore, it would seem that long term planning must include more than institution building plans.

The facts would indicate the need for a long-term planning unit (even one person) within some department of state government, probably the Department of Welfare.

DISCUSSION - PRESENTATION OF FACTS

The Loss of Accreditation Status, Faribault State School and Hospital

In Appendix A is included four enclosures which give the essential correspondence between Dr. Engberg and Dr. Kenneth Babcock, director of the Joint Commission on Accreditation of Hospitals. This correspondence gives in chronological order the events and facts which led to the Faribault-State School, and Hospital losing its Accredited Status.

The member organizations of The Joint Commission on Accreditation of Hospitals are:

American College of Physicians
American College of Surgeons
American Hospital Association
American Medical Association
Canadian Medical Association

Any Hospital which meets the standards of the Commission on Accreditation is designated as an Accredited Hospital.

It has always been a source of deep satisfaction and comfort to the Parents' Associations to know that the Faribault State School and Hospital was an accredited hospital.

The fact that the Faribault Institution has now lost that extremely desirable status is very disturbing. During the 1959 legislative session we built our case on the fact that although the Association was grateful for the care being given the retarded at Faribault, we none-the-less felt that the level of care was slowly declining, due to

Inadequate staffing
Overcrowding
The housing of 700 patients in inadequate buildings.

We now learn, somewhat belatedly, and report that the Faribault Institution has lost its accredited rating for these same three reasons (see Appendix A, enclosure 4).

Enclosure 2 includes this significant paragraph:

"After.....you think the standards for accreditation have been met, we will be pleased to arrange for another survey upon your written request."

Obviously the Faribault Institution cannot be accredited until the inadequate staffing, the overcrowding, and the inadequate buildings are remedied.

As things now stand, this might stretch at least three legislative sessions into the future, say eight to ten years, provided we begin now to remedy the deficiencies in question.

II. Inadequate Staffing

There is general agreement amongst the Faribault administrators and Dr. Dale Cameron and Mr. Morris Hursh of the Department of Welfare that the Faribault institution is understaffed.

At the present time this is the a single, most serious deficiency existing in the Faribault institution.

In Table I below is given the staff positions asked for by Faribault in 1955, 1957 and 1959. The treatment given to this request as it passed from Faribault, to the Department, to the Governor, and to the legislature is also tabulated.

TABLE I			
SPOTLIGHTING HISTORY OF FARIBAULT STAFF REQUESTS			
	1955	1957	1959
Institution Request	106	153	136
Dept. of Welfare Request	(-11)*	86	70
Governor's Budget Request	(-11)	24	30
Legislature Allowance	(-11)	16	29
*-11 from complement for previous biennium			

It was stated in I above how the gross understaffing of Faribault contributed to the loss of its "Accredited" rating.

In Appendix B is given a detailed analysis of the Faribault staffing problem. This analysis is taken from the Report

STUDY OF THE NEEDS OF INSTITUTIONS FOR MENTALLY RETARDED IN MINNESOTA

LEGISLATIVE COMMITTEE
and
INSTITUTIONS COMMITTEE

OF THE
MINNESOTA ASSOCIATION FOR RETARDED CHILDREN

Prepared for the 1959
Legislative Session

December, 1958

Table I, Appendix B, shows that:

63 per cent of U. S. Institutions have a lighter patient load for the psychiatric aides, the employees who directly watch over the retarded patients. Faribault very keenly feels the need for more aides.

50.7 per cent of U. S. Institutions have a lighter patient load for their doctors*

25.7 per cent have a lighter patient load for their nurses.

53 per cent of U. S. Institutions have a lighter patient load for their social workers.

71 per cent have a lighter patient load for their psychologists.

Appendix B also contains excerpts from letters written by parents to the Association, complaining about the shortage of aides, and the affect this has on the patients in the wards.

The following paragraphs, taken from page three of the above report, may shed further light on the Faribault staffing problem.

"In this section, the under staffing of the Faribault State School and Hospital will be spotlighted.

"This will be done by the use of a number of tables and comparisons. This approach greatly oversimplifies the problem because the needs of 3,250 patients cannot be neatly reduced to all encompassing numbers and tables.

"Indeed, the inadequate staffing problem at Faribault has been brought about by looking at its needs strictly in terms of numbers. For at least ten-years now, Faribault has simply been regarded as a cost unit in the State of Minnesota's total cost picture. It has been receiving its proportionate share of the governmental dollar; not according to its needs, but according to how much it received during the preceding biennium.

"Such a system continues to penalize a facility which has never been adequately provided for. It continues to reward any facility which has been adequately provided for. It doesn't properly adjust to changing times and conditions.

"Obviously, neither the Department of Public Welfare, the Governor, nor the legislators have the time or the facilities to scrutinize in detail the needs of the hundreds of individual units which add up to our State Government. It is easy for a facility such as the Faribault State School and Hospital to get lost in the shuffle. Indeed, even the Minnesota Association for Retarded Children should be criticized for not waking up sooner than it has to this staffing problem*

have reviewed our analysis of the Faribault staffing inadequacies with Dr. Dale Cameron, Director, Medical Division, Mr. Ray Lappegard, Deputy Commissioner of Welfare, and Dr. E. J. Engberg, Superintendent of the Faribault Institution. Dr. Engberg, of course, has known this for years and has had to live with the problem year in and year out. These gentlemen all agree that Faribault is alarmingly understaffed and that the problem has to be spotlighted' sooner or later. They feel that it is our duty to present our analysis to the legislature. They will be glad to voice their own opinions to the legislators as requested,

We submit the following explanation for the present condition of inadequate staffing, and why it has never been picked up by the overall budgetary procedure of establishing costs (and, hence, needs).

1. Faribault came into the post-war era understaffed. During the war years it was not always possible to fill out authorized positions.
2. Up through 1957, seven new dormitories, housing approximately 700 patients, were added. These have not been staffed according to standards established by the Department of Welfare in 1956 and which now apply to all new buildings added at other institutions. Thus Faribault fell further behind in staffing needs.
3. Because of an increasing desire on the part of parents not to institutionalize their children if there is some other more desirable alternative, there are somewhat fewer mildly retarded patients at Faribault than formerly. These are the patients requiring the least attention. Conversely, there are more patients now in attendance who require a great deal of attention."

As will be seen by reading the section on the long and short term building needs, the shift in the population composition at Faribault is going to place even heavier demands on the Faribault staff and make it even more mandatory that something be done to alleviate the staff shortage. Even at this time recruiting is made more difficult because of the fact that the inadequate staffing places an undue burden on the employees, especially aides. The number of children that must be assigned: to each aide is so great that he cannot give the adequate level of care that he deems necessary. A final word on the staffing problem relates to recruiting.

At the present time the town of Faribault has a labor shortage. This has been occasioned by a fairly significant expansion of industry in the Faribault area.

Since the town of Faribault is a nice place to live, and since employment at the institution does have some attractive aspects, the association is offering to assist Faribault in its recruiting program.

III The Faribault Building Program

Enclosed as Appendix C is the Faribault Building Program recommended by the Faribault administrators, This program has been thoroughly studied by the Association.

The Association fully endorses this Building Program.

We wish to emphasize several aspects of this program:

- a. The program recommended for the 1961 legislative session should be implemented by the 1961 legislature
- b. The \$20,000 request for a Building and Site Study is intended to clarify many of the recommendations for subsequent legislatures. Since 1956, the Association and Faribault administration have taken the position that the building program for Faribault should be related to:
 1. Plans for relieving the overcrowding which exists, mainly in the old, inadequate buildings.
 2. A decision as to what ought to be the patient capacity of Faribault.

In considering the 1961 recommendation, it can be seen that the requests total \$3,146,400. \$2,000,000 of this request is for two new 125 bed male dormitories.

The following is the justification for this request.

With the new Brainerd Institution opening up, patients are being transferred from Faribault to Brainerd. It will be noted that Faribault is transferring a greater percentage of patients requiring a minimum amount of care than it will receive from the waiting list. That is, the mildly mentally retarded person is being re-placed to quite an extent by the severely mentally retarded person. Appendix D gives an analysis of these patients. Tables II and III following, were compiled from Appendix D. Table III shows that 55% of the males being transferred are the types requiring the least amount of care and supervision. Only 32.5% of those on the waiting list are of this type. 67.5% of the males on the waiting list are low IQ types, non-ambulatory, or small children—all types requiring a maximum amount of care. 81% of the females going to Brainerd is from the group requiring a minimum amount of care; 65% of the females on the waiting list are those requiring the maximum amount of care.

The patients going to Brainerd are those whose families live in the counties to be served by the Brainerd institution. No patients from the Brainerd counties on the current waiting list are being admitted to Faribault.

Presently there are approximately 500 patients from the Brainerd counties in the Faribault Institution. All of these will ultimately be transferred to Brainerd. Their replacements at Faribault will be drawn from the waiting list.

The net effect of these transfers is to cause a shift in the composition of the Faribault population. The shift is towards fewer older, ambulatory, working patients to the younger, non-ambulatory, low level patients, which is characteristic of today's waiting list.

Those on the waiting list require much more care and contribute almost nothing to-ward their own care when compared to the working patient.

The change at Mohawk Cottage illustrates the point. Mohawk previously housed 78 patients and required 5 aides. Today it houses 72 patients and requires 11 aides.

The problem is further compounded when one realizes that 4.75 people are required to fill a single aide position. This is the number of people required to fill a 8 hour par day, seven day per week position, also allowing for vacations and other employee benefits given to the modern American worker.

TABLE II

ANALYSIS OF 147 MALES
SCHEDULED TO BE TRANSFERRED TO BRAINERD
May, 1960

No. who ambulatory and have IQ over 20, and are over 10 years in age:	81	55%
No. who are not ambulatory, IQ under 20, and are under 10 years in age:	<u>66</u>	<u>45%</u>
	147	100%

ANALYSIS OF 59 FEMALES
SCHEDULED TO BE TRANSFERRED TO BRAINERD
MAY 1960

No, who are ambulatory, IQ over 20 and are over 10 years in age:	<u>48</u>	81%
No, who are not ambulatory, IQ under 20 and are under 10 years in age:	<u>11</u>	<u>19%</u>
	59	100%

TABLE II

ANALYSIS OF 179 MALES
AWAITING ADMISSION TO FARIBAULT FOLLOWING
TRANSFER TO BRAINERD

No. who are ambulatory, IQ over 20, and under 10 years in age:	58	32.5%
No. who are not ambulatory, IQ over 20, and over 10 years in age:	<u>121</u>	<u>67.5%</u>
	179	100%

ANALYSIS OF 79 FEMALES
AWAITING ADMISSION TO FARIBAULT FOLLOWING
TRANSFERS TO BRAINERD

No. who are ambulatory, IQ over 20, and over 10 years in age	28	35%
No. who are not ambulatory, IQ under 20, and are under 10 years in age	<u>51</u>	<u>65%</u>
	79	100%

The above considerations have a major bearing on what must be done immediately at Faribault.

Many of the male patients being transferred are from the Grandview, Sunnyside, and Colony buildings. These buildings, while inadequate even for the older, ambulatory males (See Section I, loss of Accredited Rating) cannot be used for the new admission patients from the waiting list since they require a maximum amount of care. Thus, an immediate and critical need for Faribault is two new, 125 bed dormitory units for male patients. These will, in effect, replace 250 beds in the Grandview, Colony, and Sunnyside buildings.

This need is so urgent that it must be done regardless of any long-term plan. It is further recommended that these new buildings be of the one-story-type construction. This is recommended because:

1. The one story building is versatile. Over the years it can accommodate any kind of patient. Thus it can be used for one type this year, another type five years from now. It eliminates the risk of accumulating non-functional buildings.
2. It is ideal for non-ambulatory patients, for wheelchair patients, and for small children. It is also suitable for ambulatory patients. In short, it is suitable for all types of patients.
3. The prototype design, already used in the latest Cambridge buildings, enables an aide to keep track of the maximum number of patients.
4. The design will not adapt to gross overcrowding.
5. The cost is about \$8,500 per bed, or \$1,062,500 per dormitory.
6. The two story, 250 bed dormitory design costs about the same amount per bed, if elevators and ramps are included. The prototype design for such buildings has been used in some of the buildings erected at Rochester and Faribault in the early 1950's.

Such buildings are perfectly suitable for ambulatory patients.

The long term building needs can be visualized by inspecting the recommendations given in Appendix C for the 1963, 1965, 1967, and 1969 legislatures.

The Association and the Faribault administration emphasize that these recommendations hold today in the absence of any other plan. Our fond hope is that the "Buildings and Site Study" being requested will give the institution a long-term building and modernization plan which will be embraced" by one and all.

The Association's concern about the lack of an acceptable long term building plan is given below:

We quote from page 12 of the Association's Report

Study of the Needs of Institutions for
the Mentally Retarded in Minnesota

Prepared for the 1959 Legislative Session

"In 1955, the Legislature passed a bill creating a Legislative Building Commission to study the long-term building needs of the state. Behind the act was the deeply felt conviction on the part of several of the bill's sponsors that we must not allow such going concerns as the Faribault State School and Hospital to deteriorate or become antiquated. One of the bill's authors, for example, felt that this might very well happen if building funds were used almost exclusively for new buildings and new institutions.

"The Minnesota Association now feels that these fears were well founded. It is ironical that the Long Term Building Needs of the Faribault State School and Hospital are not currently being presented to the State Legislature even though this was one of the reasons for wanting a Legislative Building Study Interim Commission.

"In 1956, Association members studied the building needs of Faribault and inspected many of the buildings. It was concluded, with agreement from the Faribault administrators that dormitories housing some 700 patients were badly in need of replacement. It was further concluded that this could be done on a priority basis over a ten year period. We have been negligent in assuming that this plan would be submitted to the Minnesota Legislature. We find no mention of these needs in the Long Term Building Plans now before the 1959 legislature.

"It is bad enough to inspect these ancient dormitories and know that we must put up with them for up to another decade. But it would be truly disheartening if one had to think of putting up with these dreary places far, far into the future.

"Table VII gives the Dormitory replacement schedule worked out in 1956. In the 1957 State buildings need study, only the three colony buildings have been scheduled for replacement...these in 1965. They are to be replaced by a single dormitory.

"In the 1959 schedule, as outlined in the Report of the Legislative Building Commission to the 1959 Legislature, even the 1957 report was drastically cut. The replacement of the colony buildings is not mentioned, and many maintenance items have also been eliminated."

TABLE VIII

NEEDED DORMITORY REPLACEMENTS FOR THE
FARIBOLT STATE SCHOOL AND HOSPITAL

1956 Schedule

<u>REPLACEMENT SCHEDULE</u>	<u>BUILDING</u>	<u>NO. INMATES</u>
FIRST	Grandview - old men's dormitory (5 miles out - isolated - not fireproof, food supplies trucked out - a separate kitchen is maintained)	70 old men
SECOND	Three "Colony" buildings (very poor shape - in need of repair - not fireproof - day area and dining rooms in basement)	150 men
THIRD	Two buildings - Skinner Hall group (Daisy and Iris) - (old - very crowded, not fireproof)	120 girls
FOURTH	Hillcrest (old - not fireproof, frame building - dayroom in basement)	60 boys
FIFTH	Sunnyside (old - very crowded - very limited day space - very inadequate yard space)	300 boys and men
		<hr/> 700 Total

IV FOOD PREPARATION AND FOOD HANDLING

In 1956, the Faribault institution expressed its concern over the shortcomings of its kitchen and food distribution system.

In January, 1958, at the invitation of the state dietitian, the Faribault kitchen and food distribution system was inspected by a Mr. A. C. Avery, an expert on food preparation, employed by the U.S. Navy. Appendix E is a copy of his report.

The report points out many of the shortcomings of the Faribault food system without going into details of corrective measures. Avery's report recommends changes in facilities for the most part requiring appropriations of funds. The Faribault dietitian feels that the solutions to the Faribault problems must be based on recommendations which would be forthcoming from a further expert study of the problem. A further study is needed in the areas of material flow in and out of the kitchen, the engineering design of the foods preparation processes, and the engineering considerations involved in food distribution.

One of the authors of this report, John Holahan, himself a food engineer, agrees with the dietitian.

Mr. Holahan has the following impressions of the Faribault kitchens:

1. A satisfactory job is being done with the equipment, space and help available.
2. No offensive odors were detected, and a superficial level of cleanliness and sanitation prevailed.
3. Because of innumerable cracks in floors, walls, and equipment, it would appear that adequate protection against insect, rodent, and bacterial contamination would be very difficult to maintain.
4. It is easy to visualize how the material flow in and out of the kitchen area constitutes a major problem. As the institution grew piecemeal, so did the kitchen. When one considers that 10,500 meals per day are prepared in the kitchen, the material handling problems are staggering.

In the author's opinion, a study of the kitchen problems by outside experts is clearly indicated. The study should be directed towards supplying the following information:

- A, A detailed plan and cost estimate for modernizing the existing facilities.
- B. A detailed plan and cost estimate for building new facilities,

The Association will attempt to estimate how much this study might cost. If it is a modest amount of money, say under \$10,000, steps should be taken to get the money immediately from the Legislative Advisory Committee.

If appreciably greater amounts are involved, then a special legislative appropriation will be required.

APPENDIX A

ENCLOSURE I

C O P Y
- - - -

JOINT COMMISSION OR
ACCREDITATION OF HOSPITALS

660 North Rush Street, Chicago 11, Illinois
Kenneth B. Babcock, M. D. Director

October 27, 1958

Field Representative: Stephen Manheimer, M.D.

Date of Visit November 18, 1958

Administrator
Faribault State School and Hospital
Faribault, Minnesota

Dear Sir:

We are pleased to inform you that a field representative will visit your hospital to conduct a survey for the Joint Commission on Accreditation of Hospitals. His name and date of arrival are shown above. He should arrive sometime between 9 and 10 a.m.

The report of this survey will be forwarded by the field representative to us in Chicago where an appraisal and evaluation of the findings will be made by the staff of the Joint Commission. After the Board of Commissioners has acted upon it, you will be sent the results.

To help the Doctor with this report from your hospital, will you please complete the enclosed questionnaire and hold it, together with the other general material requested, for his arrival? This will save time and facilitate the fact-gathering aspects of the survey.

The Joint Commission desires to offer all possible assistance to you in the program of hospital accreditation. We suggest that you take advantage of the presence of our surveyor. Time permitting, he will be pleased to meet during the day with the members of your medical staff, governing board, or any others you may wish to see him, to discuss phases of the program, particularly as it relates to your hospital. Travel schedules to not permit dinner or evening meetings.

Please let us know if we can be of any further assistance to
you. Sincerely yours,

Kenneth B. Babcock, M. D.
Director k
encl/2

JOINT COMMISSION ON
ACCREDITATION OF HOSPITALS

660 North Rush Street, Chicago 11, Illinois
Kenneth B. Babcock, M. D., Director

December 9, 1958

Dr. E. J. Engberg
Superintendent
Faribault State School and Hospital
Station A
Faribault, Minnesota

Dear Doctor Engberg:

The Board of Commissioners of the Joint Commission on Accreditation of Hospitals has approved the recommendation that Faribault State School and Hospital be non-accredited. This is the result of the evaluation of the hospital survey conducted on November 19, 1958 by Stephen Manheimer, M. D., and a field representative of the Commission.

Attached are the recommendations for the improvement of the quality of patient care based on the findings of the survey. These warrant your attention and should be put into effect before another survey is requested.

In the event you question the findings which were reported on this survey and would like to appeal the decision, the bylaws of the Commission provide the following: "Hospitals which fail to receive initial accreditation or re* accreditation, or whose accreditation is revoked shall, upon written request, be entitled to a hearing thereon before the Board of Commissioners or sub-committee thereof designated by the Board for that purpose."

After the recommendations have been implemented and you think the standards for Accreditation have been met, we will be pleased to arrange for another survey upon your written request.

Be assured of our interest in your hospital and of our willingness to be of all possible help to you.

Sincerely yours,

Kenneth B. Babcock, M. D.
Director

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cc: Commissioner, State of Minnesota, President of the Governing Board

RECOMMENDATIONS AND COMMENTS

Faribault State School and Hospital
Faribault, Minnesota

1. The older non-fire resistant buildings should be replaced with modern construction, or adequate automatic sprinkler systems installed through-out.
2. Over-crowding in patient areas should be corrected.
3. There should be additional qualified staff physicians, to carry the present patient load.
4. The bylaws, rules and regulations of the medical staff should be revised and brought up to date, to conform to the principles of the Joint Commission on Accreditation of Hospitals, and be thoroughly enforced. (IIC 2).
5. Medical staff meetings to assure a thorough review and analysis of the clinical work done in the hospital should be held monthly, (not less than twelve a year) with an accurately recorded attendance of at least 50 percent of the active staff. (II C 4 a 1).
6. Minutes of discussions at medical staff meetings should be concisely recorded and reveal a thorough review and analysis of the clinical work done in the hospital. The minutes should include a brief clinical abstract of cases presented and pertinent discussions on selected deaths, unimproved cases, infections, complications, errors in diagnosis and results of treatment, both on patients in the hospital at the time of the meeting and on cases recently discharged, (II C 4).
7. Additional qualified personnel adequate to supervise and conduct the department of medical records should be provided. (I C a 3).
8. The medical records should contain more clinical information, especially in history and physical examination. (I C 2 c).
9. "Check off" systems should not be used in medical records, but positive and negative information recorded.
10. Current records should be completed promptly, i.e., within 24 to 48 hours. (I C 2 b 3).
11. Records on discharged patients should be completed within 10 to 15 days. (I C 2 b 3).
12. The medical records should be indexed according to disease, operation and should be kept up to date. (I C 2 a 5).
13. A single index according to pathological diagnosis or body area should be maintained on all tissue reports. (I C 4 b 4).
14. The pathologist should regularly and frequently visit the hospital to more adequately supervise the clinical laboratory and to assist in Staff organization.

Reference is made to the enclosed "Standards for Hospital Accreditation."

Faribault State School and Hospital - 2
Faribault, Minnesota

15. Technicians in the clinical laboratory should be encouraged to become registered.
16. Reports of x-ray examinations should be signed by the Radiologist.
17. A simple index of x-ray reports, according to radiological diagnosis or body area should be maintained in the department in the hospital, (IC5e).
18. Precautions should be taken to keep the radiological department free of hazards for patients and personnel. There should be at least a blood test and an exposure test twice a year on all personnel. (I C 5 b).
19. Technicians in the x-ray department should be encouraged to become registered.
20. There should be additional graduate Registered Nurses.
21. Modernization of the Dietary Department is
22. Supplies of narcotics and sedative drugs should be more adequately safeguarded in pre-operative diagnosis, postoperative diagnosis and complications.
23. The operating room register should, in addition, record pre-operative diagnosis, post-operative diagnosis and complications.
24. The surgical records should always show sufficient recorded evidence of pre-operative study and a signed record of the surgeon's a pre-operative diagnosis, prior to surgery. (I C 2 b 1).
25. The operative report should describe in detail technique, findings and organs removed by the operative surgeon, and should be promptly attached to the patient's chart. (I C 2 b1).
26. Cultures should be run on autoclaves and water sterilizers, at least monthly.
27. The anesthetist should record and sign a post-anesthetic follow-up, (II E 1c).
28. All grounding precautions should be taken in all anesthetic areas.

J. C. A. H.

SURVEY: NOVEMBER 19, 1958

SURVEYOR: Stephen Manheimer, M.D.

RATING: NO ACCREDITATION k

APPENDIX A
ENCLOSURES 3

February 13, 1959

Kenneth B. Babcock, M D., Director
Joint Commission on Accreditation of Hospitals
660 North Rush Street
Chicago 11, Illinois

Dear Dr, Babcock:

We wish to submit the following information and comments in regard to each of the recommendations submitted for our consideration in your letter of December 9, 1958:

1. "The older non-fire resistant buildings should be replaced with modern construction, or adequate automatic sprinkler systems installed throughout."

This program is in effect but will take time to complete. The 1955 legislative session authorized the creation of an Interim Commission on State Building Needs which has set up a ten-year program for replacement of obsolete buildings. This Commission is still functioning and is made up of members appointed during each session of the legislature with representation from the House of Representatives and State Senate. The 1955 legislature appropriated money providing for the razing of the old administration here with the replacement of the units in it by the construction of two new dormitories each for 100 patients; a new administration buildings a new activities building which contains an auditorium-gymnasium, rooms for school classes and for occupational therapy classes, a patient's store and a central dining room for employees; and a new service building or warehouse with adequate refrigeration, and which is connected to the central kitchen.

In 1952, the state entered into a contract with Kline & Clark Engineering Company to make a survey of the entire institution with reference to fire hazards and fire protection. Since the completion of that survey, the legislature has appropriated money each session to carry out the most urgent changes recommended and we hope successive sessions will continue to do so until this project has been completed. Bids have been called for to provide sprinkler systems in five of our oldest buildings housing patients and for which money has been appropriated. Our administrative staff, that of the Department of Public Welfare responsible for the institutional programs and the Department of Administration are working together closely to see that all older, non-fire resistant buildings be replaced with modern construction and that, until this can be done, adequate automatic sprinkler systems be installed as rapidly as the legislature provides necessary funds.

2. "Over-crowding in patient areas should be corrected."

This is a matter of serious concern to us as this condition exists except in the five newest buildings, three of which were opened in 1952 and two of them opened in the fall of 1958.

3. "There should be additional qualified staff physicians, to carry the present patient load."

We agree with this statement, as does the Department of Public Welfare. We have requested and are hoping the legislature now in session will authorize additional staff positions including those for resident physicians. We are fortunate to have seven consultants, board certified or qualified to take the boards, in various specialties, under yearly contracts who are subject to call in emergencies in addition to making regularly scheduled visits and who are of great help to our resident physicians. We are in the process of filling the temporarily vacant consultant position of ophthalmologist.

4. "The bylaws, rules and regulations of the medical staff should be revised and brought up to date, to conform with the principles of the Joint Commission on Accreditation of Hospitals, and be thoroughly enforced." (IIC 2).

We are enclosing a copy of the last revision of our by-laws. These had not been signed by the individual staff physicians at the time Dr. Manheimer made his inspection but he mentioned that this should be done so signatures were secured immediately after his visit. I explained to Dr. Manheimer that these had all been carefully reviewed through submitting copies of proposed revisions to the members of the medical staff in advance of the date they were approved. We have complete control over our medical staff as they are full time employees and are not permitted to engage in private practice. Our consultants are either Board certified or eligible for Board certification in their specialties, are members of recognized hospital staffs in their own communities and are required to meet the same ethical standards in the treatment of patients as do our resident physicians.

5. "Medical staff meetings to assure a thorough review and analysis of the clinical work done in the hospital should be held monthly, (not less than twelve a year) with an accurately recorded attendance of at least 50 per cent of the active staff, (II C 4 a.)."

6. "Minutes of discussions at medical staff meetings should be concisely, recorded and reveal a thorough review and analysis of the clinical work done in the hospital. The minutes should include a brief clinical abstract of cases presented and pertinent discussions on selected deaths, unimproved cases, infections, complications, errors in diagnosis and results of treatment, both on patients in the hospital at the time of the meeting and on cases recently discharged. (II C 4)".

For years we have held our medical staff meetings each month. I preside at these meetings or designate Dr. Thorsten Smith, Clinical Director, to act in my absence. The first meeting in the past year was on January 22, 1958, with all resident physicians present but Dr. Smith presiding in my absence. For your information, I am enclosing a copy of the minutes of the December 17, 1957 meeting, including reports of fatal cases, which were read and approved at the January meeting in accordance with our regular procedure. Copies of fatal cases are distributed to each member of the medical staff in advance of each meeting in order to prepare them for full discussion. The minutes of succeeding meetings were kept in a manner similar to those enclosed with the addition in recent months of filing with the minutes a copy of the monthly medical report of the superintendent to the Commissioner of Public Welfare. At the time of the staff meeting the superintendent calls attention to important matters contained in the report that should be brought to the attention of the entire medical staff and recorded in the minutes. For your information, I shall give the dates of the medical staff meetings we held during the year 1958 and mention unusual items recorded in the minutes.

At the staff meeting held February 19, all staff physicians were present except Dr. Lende who was absent because of a recent fracture of his left arm.

At the March 19, meeting I presided. All staff physicians were present except DR. who had not yet recovered from the fracture. Ordinarily, our three staff dentists do not attend staff meeting. However, they receive notices and may attend and do whenever they have some matter they wish to bring to the attention of the staff physicians. On occasion they are asked by the super-intendent to attend as was the case in the March meeting when they reported on a meeting held at the St. Cloud Reformatory of dentists on institutional staffs. They had met there with Dr. Dale Cameron, Director of Medical Services for the Department of Public Welfare, and his Dental Advisory Committee.

The April staff meeting was held on the 30th. I presided with all members present. The minutes mention that we continued to be included on the accredited list of the Joint Commission. The minutes also state that proposed revisions of the by-laws had been circulated among the staff with the intention of making them effective July 1.

The May meeting was held on the 21st. I presided and all five staff physicians were present. The minutes contain the statement "The staff by-laws have had a general distribution to all concerned."

The June staff meeting was held on the 18th. I presided and all members were present except Dr. Kennedy who was vacation. The minutes contain the statement: "By-laws. These have been circulated among all concerned. Some suggested changes or additions have been made. They will again be reviewed by Dr. Engberg Dr. Smith and Dr. Lende before given final approval. Committee appointments for the coming year: Medical Records-Dr. Lende, Program-Dr. Smith Laboratory-DR. Bruhl, Tissue-Dr. Bruhl, Pharmacy and Therapeutics-Dr. Lende, Chairman, Mr. Thompson (Pharmacist), Business Manager; Committee on Sanitation and Control of Infectious Diseases-Dr. Kennedy, Chairman, Dr. Ozolins, Mrs. Pofah (Housekeeper), Mrs. Gates, R.N., (Division Supervisor), Miss Dobner, R.N. (Hospital Supervisor), I should explain that in former years we have had several members on all committees but this year I thought it desirable to have one man committees except where the duties required others in addition to staff physicians.

The July meeting was held on the 16th. I presided and all members were present except Dr. Ozolins, who was absent because of illness. The minutes of the meeting state that the by-laws were approved as revised

The August meeting was held on the 27th, the September meeting the 17th and the October meeting on the 15th. I presided at these meetings and all members were present except for the October meeting when Dr. Ozolins was absent because she was on vacation. The November meeting was deferred to December 3. I presided and all staff members were present.

The December meeting was held December 31. I presided and all staff physicians were in attendance. The January staff meeting was held the 21st at which time the enclosed report of the Medical Department for the month of December was presented in association with the procedure in recent months, as previously stated.

7. "Additional qualified personnel adequate to supervise and conduct the department of medical records should be provided. (I C a 3)" We recognize this need and hope that efforts we have made to that ending the past may soon succeed.

8. "The medical records should contain more clinical information, especially in history and physical examination. (I C 2 c),"

Our clinical records are more complete and detailed than those in a general hospital since our patients have life-long histories and their average length of stay in our institution is eight years. The usual history from patients and families is never sufficient and must always be supplemented by information from before birth from physicians and many agencies in order that we may compile a complete summarized history. Our physical examinations are much broader in scope than usual since we expect and do find many of the rarer anomalies, often overlooked in our patients prior to admission. In addition to this, neurological, psychiatric and psychological evaluations are made so that a most comprehensive examinations record is presented at our case conference shortly after admission. (The listing of our complete Medical Records file is attached).

9. "Check off" systems should not be used in medical records, but positive and negative information recorded."

Positive and negative information is recorded in the physical. Our physical form contains an extensive neurological section which often cannot be completed in detail (e.g... finger to finger, visual fields, in uncooperative or handicapped patients) and that portion of the record is marked "not done".

10. "Curreant records should be completed promptly, i.e., within 24 to 48 hours. (I C 2 b 3)."

Our current records are completed usually within 24 hours, always within 2 days.

11. "Records on discharged patients should be completed within 10 to 15 days. (I C 2 b 3)."

Our records on discharged patients are usually completed within a week, always within 2 weeks.

12. "The medical records should be indexed according to disease, operation and should be kept up to date. (I C 2 a 5)."

Diseases and operations have been coded for many years and with the introduction of a new records system on 1-1-59 a cross-index is being set up.

13. "A simple index according to pathological diagnosis or body area should be maintained on all tissue reports. (I C 4 b 4)."

A chronological record has been maintained for many years and with the introduction of a new records system on 1-1-59 a cross-index is being set up.

14. "The pathologist should regularly and frequently visit the hospital to more adequately supervise the clinical laboratory and to assist in Staff organization."

We have endeavored to arrange for such services but to date no qualified pathologist has been available. A neuropathological laboratory for all Institutions in the Department of Public Welfare was established at the Anoka State Hospital a few years ago and all such specimens are sent there and reports of findings recorded on the patient's record here. All other specimens are sent to the laboratories of the University of Minnesota as well as all surgical specimens removed at operations performed here and the reports recorded upon patient's chart.

We had 46 patient deaths with 24 autopsies in 1957, 44 in 1958 with 21 autopsied. Members of our resident medical staff performed the autopsies except that the bodies of patients who have no known relatives are delivered to the Department of Anatomy of the University of Minnesota, and we receive and record the pathological findings reported by the University. These bodies average less than one a year.

15. "Technicians in the clinical laboratory should be encouraged to become registered."

Our chief technician is qualified for registration except that she has not been working under a pathologist. Our other technicians are fully qualified under State Civil Service regulations.

16. "Reports of x-ray examinations should be signed by the Radiologist."

The radiologist signs a transcribed copy of his readings which is kept in a separate file in the medical records department.

17. "A simple index of x-ray reports, according to radiological diagnosis or body area should be maintained in the department in the hospital. (IC5e)".

With the introduction of a new records system on 1/1/59, a cross-index is being set up.

18. "Precautions should be taken to keep the radiological department free of hazards for patients and personnel. There should be at least a blood test and an exposure test twice a year on all personnel. (1 C 5 b)."

Our X-ray Department was completely remodeled a few years ago following which a very thorough survey was made by the Medical Physics Department of the University of Minnesota followed by its approval. Patients and personnel are protected by heavy leaded aprons. All personnel will have blood and exposure tests twice yearly.

19. "Technicians in the x-ray department should be encouraged to become registered." Our chief technician is a member of the Minnesota Society of X-ray Technicians.

20. "There should be additional graduate Registered Nurses."

We agree with this comment and are making every possible effort to increase the number of authorized positions in this class as well as efforts to fill the authorized positions we have and which are proving to be difficult. We have found that at times it has been necessary to substitute temporarily a position for a psychiatric aide until a registered nurse could be found to fill the vacancy.

21. "Modernization of the Dietary Department is recommended."

We concur in this comment and are making every possible effort to improve the central kitchen which furnishes food throughout the institution. The Departments of Public Welfare and Administration are thoroughly in agreement with us as to these needs, The improvements that have been made in recent years make it possible to maintain reasonably satisfactory standards but space is so limited that further improvements will be difficult or impossible until such time as an entirely new unit can replace the present one.

The Dietary Department is headed by a highly qualified, experienced dietitian with a competent dietitian as her assistant.

22. "Study should be made by your hospital of the storage of narcotics and dangerous drugs on the floors, especially."

Our regular non-dispensed supply of narcotics is kept in a locked box which is itself in a locked cupboard in our Pharmacy. A registered pharmacist is the only person who has the keys for narcotics with the exception of the Director of Administrative Services who has a set for emergency use only. Only small supplies (10 tablets each of M.S. gr. 1/6. M.S. gr. 1/4, Cod. 3. gr. 1/ RMC #1, Meperidine 50 mg.) are issued to Hospital Supervisor for ward use. These were kept in a locked metal box at the time of the inspection. Since then we have chained this to a shelf in the locked cupboard on the first floor of the hospital where the only supply of narcotics for dispensing within the institution is kept. This supply is replenished by the pharmacist as needed and the record of narcotics issued then is checked so those used are properly accounted for as to the physician's orders, name of patient and nurse administering each narcotic. There is only one set of keys for the ward supply and it is kept by the Hospital Supervisor on duty.

23. "The operating room register should record pre-operative diagnosis, post-operative diagnosis and complications."

This is always done.

24. "The surgical records should always show sufficient recorded evidence of pre-operative study and a signed record of the surgeon's pre-operative diagnosis, prior to surgery. (I C 2 b 1)."

Our consultant surgeons and staff physicians always record their impressions and advice on proper note sheets and consultation sheets in the records,

25. "The operative report should describe in detail technique, findings and organs removed by the operative surgeon, and should be promptly attached to the patient's chart. (I C 2 b1)."

This is always done.

26. "Cultures should be run on autoclaves and water sterilizers, at least monthly."

Cultures are run on our autoclaved supplies every month and we will now run monthly cultures on the autoclaves and water sterilizers.

27. "The anesthetist should record and sign a post-anesthetic follow-up, (II E 1c)."

Our anesthetist is on contract as needed (on call) but a designated staff physician remains with the patient for post-anesthetic follow-up and is responsible for post-operative care.

28. "All grounding precautions should be taken in all anesthetic areas."

Our chief engineer has regularly checked and approved facilities and equipment as being safe against all hazards as has the representative of the State Fire Marshal who visits this institution at least annually.

February 13, 1959

We have a population of about 3,250 in the main institution. They all are mentally defective but vary in age from the infants to senile persons, in physical condition from totally helpless persons to those in good physical state and health, and in mentality from idiocy to those in the borderline range. They are grouped in accordance with their needs from those in the institution hospital, which has 186 beds and 3 cribs, to those in dormitories ranging from those providing the facilities of an average home to infirmaries.

In addition we operate as an annex of the main institution the Late Owasso Children's Home, formerly the Ramsey County Preventorium. This is operated as a temporary program on lease from Ramsey County by the Department of Welfare. 109 custodial type young women reside there. No one is admitted there directly but is transferred from the main institution in order to select patients of a suitable type.

Because of the varying types of patients the procedures and records vary depending upon whether treated and cared for in the institution hospital or in the various dormitories. We believe we are meeting these needs in an adequate manner and a continuous and serious effort is made to improve wherever possible.

We hope in the light of additional information submitted by us there may be a reconsideration by your Board of their action in approving the recommendation that this institution be non-accredited. Further information will be furnished gladly if requested.

Very truly yours,

E. J. Engberg, M. D.
Superintendent

EJE:aj
encls.

cc: Dr. Cameron

APPENDIX A
ENCLOSURE 4

JOINT COMMISSION ON
ACCREDITATION OF HOSPITALS

660 North Rush Street, Chicago 11, Illinois
Kenneth B. Babcock, M. D., Director

February 18, 1959

E. J. Engberg, M. D., Superintendent
Faribault State School and Hospital
Faribault, Minnesota

Dear Doctor Engberg:

Thank you for your very comprehensive and gracious report concerning your institution. It was very worthwhile reading and I congratulate you on what has been done and what is being done,

There is no question but what your hospital and medical staff is doing an excellent job with what it has, and is literally making bricks without straw. Objectively, however, two points stand out and it was on these that the Commissioners felt they could not accredit the hospital. The American Psychiatric Association in their standards says the same thing. They are:

- #1 - The institution is badly overcrowded.
- #2 - There is facilities which are not modern and are not good.
- #3 - There is gross under-staffing as far as professional help is concerned.

The Joint Commission acknowledges the splendid effort that is being made but it still does not feel that quality care can be given under circumstances such as are present.

Thank you for writing. Please be assured of our interest.

Sincerely yours,

Kenneth B. Babcock, M.
D. Director

APPENDIX B

An Analysis of the Under-staffing of the Faribault State School & Hospital

In Table I is listed the authorized staff for Faribault, the number of patients served per employee, and the percentage of U. S. Institutions answering a questionnaire and which ask its employees to handle a lighter patient load than obtains at Faribault.

The under staffing at Faribault is dramatically spotlighted.

63 per cent of U. S. Institutions have a lighter patient load for the psychiatric aides, the employees who directly watch over the retarded patients. Faribault very keenly feels the need for more aides.

50.7 per cent of U. S. institutions have a lighter patient load for their doctors.

25.7 per cent have a lighter patient load for their nurses.

53 per cent of U. S. Institutions have a lighter patient load for their social workers.

71 per cent have a lighter patient load for their psychologists. There is no category in which Faribault comes in the first grouping.

We have no figures for comparing the "other" employees. These are the office, supervisory, other professional, and maintenance employees.

In Table II, the under staffing of Faribault is shown another way. Here we show the number of patients handled by the designated kind of employee and compare the Faribault numbers with the U. S. average. We show the number of employees required to bring Faribault up to the U. S. averages. We also cite another set of figures, which are the number of patients which Institution superintendents themselves think they ought to handle.

Table II shows that just to bring Faribault staffing up to U. S. averages for all institutions would require the addition of 531 less 419, or 119 people exclusive of the "other" employees. This seems to be a realistic figure and agrees, in order of magnitude, with what Dr. Engberg has been requesting. Table VI shows that Dr. Engberg, Superintendent, requested 153 new employees in 1957, and 136 in the fall of 1958. Twenty-nine were granted by the 1959 legislature.

Table III spotlights the under staffing problem as it pertains to the psychiatric aides. In dealing with gross shortages, it may not be quite fair to single out one area of need and say it is the most acute. But certainly, Faribault suffers most keenly because of its shortage of aides.

The Department of Welfare has asked the institutions to classify the patients into three groups, according to how much staff attention each type of patient requires. Further, the department has established staffing standards for these groups.

In Column B is given the number of patients in each classification. In Column D is given the number of aides attending these patients. In column A is given department standards. In column C is given the number of aides required to meet

these standards. Thus we can calculate that Faribault needs 529 less 384, or 145 aides to come up to the Department of Welfare standards.

Table III also shows that the Department Standards are slightly more than met for the Group II and Group III patient classifications. The explanation for this is that Faribault, with its buildings spread over 1,200 acres, has to give each ward minimum coverage regardless of any other consideration.

Table IV establishes a cost relationship between staff salaries and total costs on a cost per year per patient basis. In the Faribault budget request, staff salaries account for approximately 75 per cent of the total expense budget. It can be seen that the Governor's budget differs largely in the reduced allowance for staff salaries.

Table VI shows how the Faribault requests for staffing have been handled currently and in 1957. This is typical of the ten year period we are familiar with.

This typical handling of the Faribault requests has been dictated by fiscal and budgetary considerations, not from an analysis of Faribault needs.

We strongly urge, therefore, that the actual needs of Faribault now be strongly considered.

TABLE I
AUTHORIZED STAFF FOR FARLEBAULT (3250 PATIENTS) 1959-60

	<u>NUMBER</u>	<u>NUMBER OF PATIENTS SERVED PER EMPLOYEE</u>	<u>% OF U.S. INSTITUTIONS WITH BETTER STAFFING RATIOS**</u>
AIDES	384	8.4 ($\frac{3250}{384} = 8.4$)**	63%
DOCTORS	8	406	50.7%
NURSES	22	148	25.7%
SOCIAL WORKERS	3	1083	53%
PSYCHOLOGISTS	2	1625	71%
	<u>419</u>		
OTHERS	265	123	
TOTAL	<u>684</u>		

*With a 40 hour work week, vacations, paid holidays and sick leave, it requires 4.75 employees to fill one position around the clock. The "aides" positions are the 24 hours per day, 7 days per week, positions.

**The staffing of Institutions for Mental Defectives, Fact Sheet #7, September, 1958, pp 6-11, Joint Information Service, American Psychiatric Association, National Association for Mental Health.

SPOTLIGHT COMPARISONS PERTAINING TO FARIBAULT STAFFING

(3250 PATIENTS - 684 EMPLOYEES)

	A	B	C	D	E	F
	AUTHORIZED POSITIONS AT FARIBAULT	NUMBER OF PATIENTS PER EMPLOYEE At Faribault	U.S. (1) Average	(2) Recommended	TOTAL EMPLOYEES NEEDED To Meet (3) U.S. Average	To Meet (4) Recommended level
AIDES	384	8.4* (x4.75=41)	6.5* (x4.75=31)	4.8* (x4.75=23)	494	669
DOCTORS	8	406	354	193	7	15
NURSES	22	148	149	69	19	44
SOCIAL WORKERS	3	1,083	495	207	6	6
PSYCHOLOGISTS	2	1,625	792	344	5	10
TOTAL	419				531	744

*With a 40 hour work week, vacations, paid holidays, and sick leave, it requires 4.75 employees to fill around the clock position (aides, nurses)

(1) The Staffing of Institutions for Mental Defectives, Fact Sheet #7, September 1958, p.p. 2, Joint Information Service, American Psychiatric Association and National Association for Mental Health, 22,274 employees, caring for 145,000 patients covered in the survey.

(2) *ibid*: These are the ratios recommended by the institutions' staffs

(3) Calculated by dividing column "C" into number of Faribault patients (3250)

(4) Calculated by dividing column "D" into number of Faribault patients (3250)

TABLE III

SPOTLIGHTING DEPARTMENT OF WELFARE STAFFING STANDARDS
AND
APPLYING THEM TO THE PARIBAULT STATE
SCHOOL AND HOSPITAL

Patient category on the basis of personnel needs	(A) Standards: (1) patients per aide	(B) Total patients in each category	(C) Total aides (2) Needed to meet standards	(n) Actual aides in attendance
Group I	14	1126	375	149
Group II	43	538	60	86
Group III	81	1587 <u>3251</u>	94 <u>529</u>	143 <u>378*</u>

(1) Established, for reference purposes, by Dr. Dale Cameron, Department of Public Welfare.

(2) Calculated by dividing Department Standards column A - into Patients, column B

**Group I Chronic bed, acute bed, disturbed bed patients.

Group II Feeble, regressed, untidy, and confined treatment closed-ward patients.

Group III General ambulatory, regressed, clean, continued treatment open-ward patients.

* 1958 figures. The total number is now 384.

** It is our understanding that the Department is giving consideration to changing phraseology to better describe the mentally retarded. It is probable that this will have little effect on the number of aides recommended.

TABLE IV

FARIBAULT PER PATIENT OPERATING COSTS (1)

	<u>FARIBAULT'S REQUEST</u>		<u>GOVERNOR'S BUDGET</u>	
	<u>1959-60</u>	<u>1960-61</u>	<u>1959-60</u>	<u>1960-61</u>
Staff Salaries	\$1,000.00 (75%)	\$1,020.00	\$ 910.00	\$ 930.00
Expenses	297.00 (22%)	297.00	290.00	289.00
Special Equipment	13.50 (1%)	12.10	10.00	8.90
Repairs	14.80 (1%)	14.80	14.80	14.80
TOTAL PER PATIENT EXPENSE	\$1,325.30	\$1,343.90	\$1,224.80	\$1,242.70

(1) Obtained by dividing total cost figures by 3250, the number of patients.

TABLE VI

SPOTLIGHTING HISTORY OF FARIBAULT STAFF REQUESTS

	<u>1955</u>	<u>1957</u>	<u>1959</u>
Institution Request	106	153	136
Dept. of Welfare Request	(-11)	86	70
Governor Budget Request	(-11)	24	30
Legislative Allowance	(-4)	16	29

EXAMPLES OF THE PRIVATION CAUSED BY UNDER STAFFING

(Paragraphs from unsolicited letters sent to the Minnesota Association for Retarded Children)

Letter No. 1

The only thing I have against the place at all is the shortage of help in the cottages. I've been wondering since I wrote you, if all the cottages are that short or if it just happened to Mohawk because it was converted from a working boys' cottage to a school boys' cottage."

"There are about 65 boys in this cottage and only one woman on a shift to care for that many boys. About 3/4 of the boys are severely retarded, I'd say. They are not able to help with any work there. About 12 or 14 are even unable to dress themselves. Ronnie is dressing some of these and he sweeps the floor and tries to help. I don't object to his working at all, but the difference in this place and the one at Owatonna is showing on him a great deal. He used to always have a big smile and talked a lot and was always excited about everything that was going on around him. Now he doesn't talk much, only answers what we ask, seems depressed; he is pale and has lost weight. We were there Friday afternoon and had a chance to talk to two of the matrons, the one going off at 3:00 p.m. and the one coming on duty. Both are very discouraged and said that if they didn't need the work so badly they would quit."

Letter Ho, 2

"It now appears that they have less patient help and no more aides are being put on. How can we expect to get the help they need when they are so over-burdened? In my daughter Elaine's cottage much of the time one person is left to supervise and do the other necessary duties for 71 people. The Aides are not complaining, but simply state that they would like to do more of the necessary things, if possible. (They can't complain.)"

"The clothes are grimy, un-ironed, torn) the hair is cut so short it makes them look hideous, branded I would say, like convicts. This no doubt is done for convenience sake, but how can these girls take any pride in themselves. They know how they look* They all like nice looking clothes and hair. They do not get the exercise they need. Most of the winter days are spent inside, no doubt for the reason that clothing them for outdoors is a chore and the shortage of help does not permit this activity."

APPENDIX C

January 8, 1960

Representative Roger F. Noreen, Chairman
Legislative Building Commission State
Capitol St. Paul, Minnesota

Dear Mr. Noreen:

Personally and on behalf of the Staff of the Faribault State School and Hospital, I extend to you and to the members of this Commission a cordial welcome upon your official visit.

A brochure has been prepared for each member of the Commission which contains information in regard to bur buildings which we hope can serve as a basis for your study. We shall be glad to supplement it to whatever extent you nay find necessary.

Sincerely yours,

E. J. Engberg, M. D.
Superintendent

EJE:MEK:pc

Founded in 1879 as an experimental department of the Minnesota School for the Deaf, Faribault State School and Hospital was established as a separate institution for the care and training of the mentally retarded in 1887. It is now the largest institution in the Department of Public Welfare, with 3308 patients here and at Lake Owasso.

The trend of recent years generally in institutions for Mentally Retarded is for a relatively larger number of severely retarded, younger patients to be admitted. With the transfer of patients to Brainerd and replacements from the waiting list, the work load in care of patients will be further Increased as well as with the diminishing number of patient helpers available necessitating an increased number of aides and nurses to provide the necessary care and treatment.

The long range program should be for an orderly replacement of obsolete buildings, and in doing so correct overcrowding where it exists.

Only those mentally retarded or epileptic who have been committed in the probate court of the county of their residence are eligible for admission. Commitment establishes the Commissioner of Public Welfare as guardian of the retarded Individual. The person may remain in the community under supervision of his county welfare board or, if special care or training is required, may be listed for entrance to this or another state institution.

The program is designed to meet the special needs of the mentally retarded. It ranges from humane nursing care for the most severely retarded to social and vocational training for those who might be returned to their communities.

In general the maintenance in our buildings is good even though many buildings are very old. Much of the plumbing is obsolete and frequent replacements are necessary especially as replacement parts are no longer available for many of the old fixtures. There is a considerable backlog in painting. To meet this need we have obtained one additional painter on our permanent staff and have three additional painters hired on a project-labor basis. It is hoped that we can continue the project-labor until we can get caught up with our painting.

We wish to express appreciation to the Legislative Interim Commission to Study State Building Needs appointed in the 1955 session which submitted recommendations to the Legislature in January of 1957 and to the Legislative Building Commission appointed in the 1957 session which reported to the 1959 Legislature. Both did an excellent job in studying the needs of the institution with the result that we gained much in acquiring new and improving old facilities.

FARIBAULT STATE SCHOOL AND HOSPITAL

REPORT ON BUILDING CONSTRUCTION

January 8, 1960

1. Demolition of entire Main building and construction and equipment of Administration Building, activities building, two dormitories, and Warehouse building.	1955 appropriation	2,150,000.00
	<u>Supplemental</u> appropriation, 1957	1,586,639.00
	Total	3,736,639.00

Construction of the two dormitories was started in the fall of 1956, with both dormitories occupied in the summer of 1958.

Demolition of the North wing of the Main building was started in January of 1957, with construction of the Administration building started in the spring of 1957. This building was occupied in the fall of 1958.

Construction of the activities building started in August of 1957, with the building being occupied and dedicated in April of 1959.

Demolition of the West wing of the Main building was started in August of 1957, with construction of the Warehouse building starting in the fall of the same year. This building was occupied in December of 1958.

Demolition of the remaining South wing of the Main building was completed in the summer of 1959.

- | | | |
|--|--------------------|------------|
| 2. Construction and Equipment, New Paint Shop. | 1957 appropriation | 25,750.00 |
| Construction was started in the summer of 1959. Plumbing and heating is now being installed and the building will be occupied early in January of this year. | | |
| 3. Construction of two Farrowing Houses | 1957 appropriation | 4, 000.00 |
| One unit has been completed, we obtained a Quonset-type building from Federal Government surplus source and this was used in construction. The second unit was started in the fall of 1959, but because of inclement weather through October and November, together with an early freeze-up, completion of this unit will be postponed until spring. This work is being done by institution maintenance staff. | | |
| 3. Providing Dining-Room Facilities, Chippewa and Ivy Cottages | 1957 appropriation | 200,000.00 |
| Construction of these units was started in the spring of 1958. Both units were occupied in May of 1959. Because of cost, the planned new entry-way and cloakroom for the Ivy Cottage had to be dropped, but this unit is included in our 1961 recommendations. | | |
| 5. Maintaining and Fire proofing Seven Cottages. | 1957 appropriation | 140,000.00 |
| Installation of sprinkler systems have been completed in Glen, Lind, Iris, and Daisy cottages, as well as re-installing exit doors to swing outward. Work is progressing on Sioux and Grandview cottages, but some delay has been experienced because of certain steel not being available | | |

6. Enlarging Laundry 1957 appropriation 55,000.00
The 1959 Legislature appropriated funds for a new laundry; thus this appropriation has not been used.

7. Re-wiring and Replacing Fixtures 1957 appropriation 50,000.00
Work has been completed in the Women Employees' building. Plans for extension of this project into other building areas are in the planning stage.

8. Providing Separation Rooms, Dakota Cottage 1957 appropriation 46,400.00 This project has been completed and rooms were occupied in December of 1958.

9. Installing Sidewalks 1957 appropriation 18,480.00
This project was delayed because of other construction; bids have been let and a contract let for the work, but because of inclement weather in the fall, the project will be completed in the spring of 1960.

10. Lining Bins in Root Cellar 1957 appropriation 14,850.00
This project was completed in the summer of 1958.

11. Installing Air Equipment, Holly Building 1957 appropriation 14,000.00 This work was completed in 1958.

12. Installing Air Equipment, Osage Building 1957 appropriation 14,000.00 This work was completed in 1958.

13. Installing Heating and Ventilating Equipment, Dakota Building 1957 appropriation 11,700.00
Bids for this project exceeded the funds available. It is planned to complete this project as soon as other existing projects in process of completion are finished so that balances may be transferred to supplement available funds.

14. Rebuilding Storm Sewer 1957 appropriation 9,740.00
This project was completed in 1958.

15. Installing Street Lighting 1957 appropriation 9,680.00
This project was completed in 1958.

16. Installing Heating Units, Cedar and Maple Buildings. 1957 appropriation 7,800.00
This work was completed in 1958.

17. Installing Duct Work, Service Building 1957 appropriation 5,200.00 This project was completed in 1958.

18. Replacing Plumbing in Fern and Dakota Building, Moving Garage, Enlarging Lumber Shed, Eliminating Overload Transformers, 1957 appropriation 14,300.00
Enlarging of the lumber shed has been completed by institution staff. Overload transformers have been purchased and will be installed by contractor on re-wiring project; contract has been let for plumbing project at Fern and Dakota buildings and completion is expected shortly. A requisition has been processed for moving an existing garage) this project is being studied to determine if the building warrants the cost of moving.

19. Installing Fire-doors and Providing Outside Fire Escapes 1959 appropriation 59,000.00
This project has not been started.

20. Water Storage Tower	1959 appropriation	100,000.00
Engineering firm has been appointed to develop plans and specifications.		
21. Rewiring and Replacing Fixtures	1959 appropriation	50,000.00
Plans are being developed at the present time.		
22. Hot Process Lime Water softener, Condensate Transfer Pump	1959 appropriation	50,000.00
Engineer has been selected and plans are being developed.		
23. Laundry Building and Equipping	1959 appropriation	700,000.00
Architect has been appointed; Meetings have been held developing preliminary plans.		
24. Extending Kitchen Loading Platform, Curb, Gutter, Grading Surface	1959 appropriation	20,000.00
Roads and Driveways Plans and specifications have not been developed on these projects.		
25. Freshening Barn to be Built by Institution Personnel	1959 appropriation	6,000.00
Meeting has been held with Farm Consultant Department of Public Welfare. Definite plans have not been developed.		
26. Demolition of Fire-Damaged Portion of Haven Cottage, Including Necessary Repair to Remaining Portion of Structure	1959 appropriation	7,000.00
Damaged portion of structure was demolished in December, 1959. Remaining portion to be used as a dining room and plans are being developed for this project by the State Architect's Office.		

FARIBAULT STATE SCHOOL AND HOSPITAL

SPECIAL REPAIRS AND NEW FACILITIES

1961

1. ONE 1600 KW TURBINE GENERATOR S 175,000.00

To provide adequate standby equipment in the power plant. At present we have one 1000 KW turbine generator, one 625 KW turbine generator, and one Murray Steam Engine with generating capacity of 400 KW. When it is necessary to shut down the large generating unit for service, the small turbine and the Murray engine are operated together, and because of dissimilarity in equipment it is difficult to synchronize these units for dependable service. Because of its age the Murray engine is undependable and we could be left with only a 625 KW capacity standby. At present our peak demand is in excess of 900 KW, with additional load expected when the old laundry is replaced and as improvement in lighting and electrical service is accomplished.

2. GARAGE FOR STORING TRUCKS AND CARS \$ 25,000.00

Building of fireproof construction to accommodate 12 trucks and car with wash rack, office space for the Grounds Supervisor, grease rack, and toilet facilities. Cars and trucks are presently stored in basement areas of dormitory buildings. The State Fire Marshal has requested that this practice be discontinued.

3. COMPLETING WATER MAIN LOOP \$ 60,000.00

Extension of water mains to Springdale, Piggery, Elm, Hickory, and loop around East Grove Division. The extension to start at the new activities building east to Pine, Maple, and Springdale cottages. From Willow cottage through play yard to Elm and Hickory, and from Seneca Cottage to Springdale to complete loop. New water main to Piggery is urgently needed as it is now served by a 1" line, with nearest hydrant 1,500 feet away. At present we have a new water-main loop around the center group of buildings, around Skinner Division, around Sunnyside Division, and an extension of the 8" line to the Dairy. This request will complete the recommendation made by Kline & Clark, consulting engineers. About 75% of the original water main recommendation has been completed.

4. REWIRE AND REPLACE FIXTURES \$ 50,000.00

Renew obsolete wiring and lighting fixtures in Hillcrest, Dakota, Osage, Oaks, Rose, Glen, Lind, and Springdale cottages. This is a continuation of a program started by appropriation of 050,000.00 in 1957. This program will eliminate overloading of inadequate circuits, thus eliminating a serious fire hazard. It will provide adequate convenience outlets eliminating the use of extension cords, and will eliminate inadequate lighting fixtures. The original request in 1957 was \$150,000 for this project, with \$50,000.00 appropriated in 1957, and \$50,000.00 appropriated in 1959.

5, ADDITIONAL FACILITIES - CAFETERIA, IVI COTTAGE \$ 10,000.00

Construction of an outside entrance to the existing cafeteria in Ivy Cottage to accommodate a cloak room, toilet facilities, and waiting area for patients coming from other cottages to Ivy Cafeteria for their meals. Presently these patients are entering through an existing day room and have no place but a congested corridor to hang their wraps and wait their turn to enter the dining room. This addition was originally planned in conjunction with the new cafeteria but was deleted because there were not sufficient funds to cover the cost.

6. REPLACEMENT OF FLOORS - PINE AND SPRUCE COTTAGES \$ 14,000.00

To replace the present existing asphalt tile floors in Pine and Spruce cottages including the dormitory, day room, and corridors, area of replacement consisting of 8,250 square feet. It is necessary to replace the existing floors in these cottages with terrazzo, as the present floors present a serious maintenance problem in that urine and excreta from incontinent patients find its way under the asphalt tile, creating a very serious sanitary and odor problem.

7. AUTOMATIC HEATING CONTROLS \$ 109,000.00

Provide thermostatic control of all heating which is now on manual control in Ivy, Poppy, Huron, Sioux, Hillcrest, Chippewa, Oaks, Rose, Glen, Lind, Daisy, Fern, Iris, and Mohawk cottages. To conserve heat and add to comfort of patients by eliminating fluctuation in temperature, especially to avoid overheating. Survey made by Minneapolis Honeywell Regulator Co.

8. PROTECTIVE SCREENS - MOHAWK COTTAGE \$ 7,000.00

To provide detention screens for 49 windows 3'6" by 5" and 12 windows 2'6" by 5', a total of 61 windows. This cottage accommodates 72 active, destructive boys who are causing considerable damage to windows and screens in the cottage. These screens will not obstruct the outside view nor reduce the amount of light or ventilation in the building; however, they do have the strength to withstand severe shock and will prevent damage to the building and eliminate the danger of serious accidents to the patients because of broken glass.

\$5,000.00

9. RENEW PLUMBING - WOMEN EMPLOYEES' BUILDING

Replacement of obsolete plumbing fixtures in this building which was erected in 1920. Present fixtures are obsolete and replacement parts are no longer available. This building contains 34 rooms for female employees.

\$ 5,000.00

10. SEWAGE DISPOSAL - DORMITORY AND RESIDENCE, DAIRY

Construct and develop an absorption field for outflow from the septic tank with capacity for population of 30 persons. Two thousand four hundred lineal feet of laterals consisting of rock, gravel, and drainage tile is required. It will be necessary to fill adjacent area to septic tank, and provide drainage of back water to the Straight river. This project is necessary to improve sanitary conditions at this unit.

11. GRADING AND BLACK TOPPING SERVICE ROADS

\$ 11,800.00

Starting at east service entrance of Seneca Cottage, east to Cemetery road, then north to intersection at Maple Cottage, a distance of approximately 1,385' x 20', south from Mohawk Cottage to spur track including parking area at Seneca Cottage, approximately 27,600 sq. ft., west and north from intersection at Kitchen and Carpenter shop to meet blacktop at Warehouse building, 420' x 24', and including a section 75' x 15' at Kitchen loading dock, south from Kitchen area to spur track at Power Plant 100' x 24', provide parking area at Activities Building 75' x 365', scarify and blacktop parking area at Hickory and Elm buildings approximately 3,475 sq. yds. Total project approx. 11,000 sq. yds. This request is to stabilize and widen present service roads, provide dust-free roads in Kitchen area, and provide parking areas at new building locations.

12. ENCLOSE THE WEST PORCH - DAKOTA BUILDING

\$ 30,000.00

To enclose an unheated porch area on the west side of Dakota Building; the size is 11'3" by 70'. It is planned to use this area to expand the day room facilities in this cottage and to provide an area where an activities program can be carried out for those patients who cannot attend the regularly scheduled activities in the new activities building. This cottage accommodates approximately 145 severely retarded, hyperactive boys.

13. RENEWING PLUMBING - HURON AND SIOUX COTTAGES

\$ 4,800.00

Replace obsolete plumbing fixtures by removing a bathtub and shower stall and replace with a new shower and remove two lavatories on the first floor and install two urinals in Huron Cottage. Remove two obsolete bathtubs and one shower and replace with five shower heads and replace one gang wash-sink with three lavatories, and install three urinals and one lavatory in each of first and second floors of Sioux Cottage.

14. REPLACE PORCH ROOF - HILLCREST COTTAGE

\$ 10,000.00

Remove existing parapet wall, rebuild roof similar to existing building. Present construction permits ice to form between roof and parapet wall, frost action forcing parapet wall out from roof. Construction of parapet wall is poured concrete.

15. LOADING DOCKS, GARBAGE ROOMS - NINE COTTAGES

\$ 27,000.00

Provide docks for over ground food delivery to Maple, Cedar, Pine, Spruce, Osage, Holly, Fern, and Poppy cottages, and to the Hospital, including refrigerated garbage storage areas. At present food delivery to these units is through an underground tunnel system which is unsatisfactory because of maintaining acceptable sanitary conditions and supervision in loading and unloading areas. Enclosed garbage storage areas are needed to eliminate storage which attracts flies and rodents.

16... REPAIR TO GRANDVIEW WELLS

\$ 8,000.00

The water supplies from two wells at Grandview have shown traces of contamination. It is planned to install an outer casing through the St. Peter stone strata and to seal the space between casings with concrete. Both wells have a capacity of 75 gallons per minute each, and it is necessary to maintain this rated capacity. Tests made by the Minnesota State Board of Health indicate that there is a source of contamination entering the walls through the St. Peter stone strata and it will be necessary to go beyond this strata to obtain our water supply. This request is contingent upon the plans for replacement of this

17. CONCRETE FEEDING AREAS - DAIRY

\$ 6,800.00

Increase the present concrete feeding area at the main loose housing barn by 80' x 100' to provide room for herd expansion, and provide a concrete feeding area for young stock, an area consisting of approximately 14,800 sq. ft. The loose housing barn was recently enlarged to accommodate an increase in our herd, and the feeding area should be similarly increased to accommodate additional animals. The young stock feeding area has no hard surfacing resulting in the area becoming knee deep in mud during the spring break-up and in wet weather and to prevent animals from contracting hoof rot.

18. TWO REPLACEMENT DORMITORIES

\$2,000,000.0

0

For male patients, each dormitory to accommodate 125 patients, with central dining room accommodating both dormitories. These units to replace Grandview, Glen, Lind, and Huron (Lilacs) cottages.

Grandview is located five miles from the campus in a rural area and

19. REPLACEMENT OF DAIRY HERDSMAN'S COTTAGE AND GARAGE

\$ 20,000.00

To replace the present Herdsman's cottage with a new cottage. The present cottage dates back to the period well in advance of the 1900's; in fact, it has been stated that the original part of the cottage is approximately 100 years old.

The present cottage has no insulation, it is very hard to heat, and the floors are continuously cold during the winter months; the sills are rotting away, and a considerable amount of money would have to be spent to correct this situation.

The cottage is very badly located, being adjacent to one of our barns, and should be moved to another area in order to eliminate objectionable odors and to make it suitable for family occupancy.

20. ONE STAFF RESIDENCE AND GARAGE

\$ 20,000.00

To provide an additional staff residence for medical staff. At the present time we have three vacancies for medical staff, with one physician (female) occupying a small apartment in Ivy Building. It is felt that it will be an aid to recruitment of medical staff if we are able to provide suitable family quarters on the grounds.

21. NEW WING - EXISTING HOSPITAL

\$ 528,000.00

To provide for an isolation ward now contained in the basement of the Hospital and to provide for an out-clinic department and dental department. The purpose of the out-patient unit is to centralize clinical services of the Hospital at street level and to provide efficient traffic flow and use of personnel.

An out-patient department of an institution Hospital not only provides diagnostic and treatment services for patients not needing hospital beds, but also for emergencies, admissions, in-patient and hospital health hygiene procedures. For these reasons and to avoid duplication of facilities and personnel, the out-patient department is an integral part of the Hospital.

The proposed ground-floor extension of the Hospital for the dental department contributes to solving the problem of providing space for all out-patient facilities and a common waiting room for clinic services, consultation services, laboratory services, examinations and interviews • by medical and non-medical departments, and out-patient services for general population. This development will result in elimination of patient traffic and waiting in corridors on the main floor of the Hospital, release of most of the employees waiting with the patients to regular duties, efficient scheduling of patients and staff, improving communications and records.

The 1957 Commission recommended a sum of \$17,500.00 for a study of our Hospital needs. Funds for this study however, were not included in the appropriation.

22. ARCHITECTURAL ENGINEERING SERVICE

\$ 20,000.00

It is recommended that an appropriation be made for architectural and engineering service to set up a long-range plan for location of buildings and services as it becomes necessary to replace older, obsolete buildings at the institution. As it is necessary to maintain older buildings until they are replaced with new construction, it appears that a long-range plan of building location be considered. This study is to include replacement of Ivy and Chippewa cottages and replacement of the Central Kitchen and improvement in food distribution. An architectural and engineering study of our needs is requested in 1961.

26. INDUSTRIAL BUILDING

\$ 140,000.00

To provide space for Tailor Shop, Shoe Repair Shop, and Mattress Shop. At the present time the Tailor Shop is located in the basement of the Women Employees' Building, the Shoe Repair Shop is in the basement of West Cottage, and the Mattress Shop in a frame building at the rear of the Kitchen. The State Fire Marshal has recommended that these facilities be provided for in a new industrial building which should include fitting rooms for patients' clothing and shoes.

27. CHAPEL

\$ 92,000.00

A chapel to seat 300 persons, of ecclesiastical design including a working sacristy, storage room for denomination altar appointments, visiting clergymen's room, counseling room, and volunteer assembly room.

At present we have no facilities for smaller confessional and communion services for denominational services, held on an average of once each month. Likewise, we have no suitable area for worship services for the deaf and hard of hearing; usually 35 patients attend these services. Services for the Jewish population, conducted once each month, have been conducted in various rooms not conducive to worship services. This lack of facilities has caused the rabbi and volunteers considerable concern.

The volunteers who conduct Bible story hours and denominational worship services on Monday evenings each week also need an assembly room and a counseling room. Instruction at classes conducted by the Chap-lain daily would be more effective with the proper facilities.

The present funeral chapel is a converted basement room in the Hospital, It is located near the Hospital kitchen and the resulting noise is distracting. One hundred twenty funerals have been conducted in this chapel during the past five years.

28. ONE STAFF RESIDENCE AND GARAGE

\$ 20,000.00

To provide an additional staff residence for medical staff. At the present time we have three vacancies for medical staff, with one physician (female) occupying a small apartment in Ivy building. It is felt that it will be an aid to recruitment of medical staff if we are able to provide suitable family quarters on the grounds.

1965

29. REPLACEMENT OF CHIPPEWA COTTAGE

\$1,700,000.00

Replacement of Chippewa Cottage erected in 1894. Brick exterior, first floor terrazzo, second floor wood. Replacement to accommodate 200 male patients, with a central dining room. Present building is not of fireproof construction, is overcrowded both in dormitory and day room areas. Wiring needs to be replaced and much of the plumbing needs replacement. A request for architectural study for placement of a replacement building is listed less than 1961.

1967

30. REPLACEMENT OF IVY COTTAGE

\$1,700,000.00

Replacement of Ivy Cottage erected in 1896. Brick exterior, first floor fireproof construction, second floor frame. Replacement is to accommodate 200 female patients, with a central dining room area. Present building is not of fireproof construction, is overcrowded in dormitory and day room areas. Wiring needs to be replaced and obsolete plumbing needs to be replaced. A request for an architectural study for placement of a replacement building is listed less than 1961.

1969

31. REPLACEMENT OF SUPERINTENDENT'S RESIDENCE

\$ 45,000.00

The original construction of this residence dates back to the early 1900's; since then it has been rebuilt and enlarged. Because of plans for rebuilding the present State highway into the institution grounds, consideration should be given to either replace this residence or relocate it in another area. Because of the age of the residence and its design, it may be difficult to relocate it satisfactorily. Highway construction plans bring the relocated road close to the present location of the residence. This, together with heavy truck and car traffic, detracts from its present location.

SUMMARY

1961

1. One 1600 KW Turbine Generator	\$ 175,000.00	
2. Garage for Trucks and Cars	25,000.00	
3. Completing Water Main Loop	60,000.00	
4. Rewire and Replace Fixtures	50,000.00	
5. Addition Dining Area - Ivy Cottage	10,000.00	
6. Replacement of Floors - Pine and Spruce	14,000.00	
7. Automatic Heating Controls	109,000.00	
8. Protective Screens - Mohawk Cottage	7,000.00	
9. Renew Plumbing - Women Employees' Building	5,000.00	
10. Sewage Disposal - Dairy	5,000.00	
11. Grading and Blacktopping Service Roads	11,800.00	
12. Enclose West Porch - Dakota Cottage	30,000.00	
13. Renew Plumbing - Huron and Sioux Cottages	4,800.00	
14. Replace Porch Roof - Hillcrest Cottage	10,000.00	
15. Loading Docks, Garbage Rooms - Nine Cottages	27,000.00	
16. Repair Grandview Wells	8,000.00	
17. Concrete Feeding Areas -Dairy	6,800.00	
18. Two Dormitories	2,000,000.00	
19. Replacement of Dairy Herdsman's Cottage	20,000.00	
20. One Staff Residence and Garage	20,000.00	
21. New Wing - Existing Hospital	528,000.00	
22. Architectural and Engineering Service	<u>20,000.00</u>	
Sub Total		\$3,146,400.00

1963

23. Ventilating - Sand Bock Cellar	25,000.00	
24. One Dormitory	1,000,000.00	
25. New Central Kitchen	1,250,000.00	
26. Industrial Building	140,000.00	
27. New Chapel	92,000.00	
28. One Staff Residence	<u>20,000.00</u>	
Sub Total		2,527,000.00

1965

29. Replacement - Chippewa Cottage	1,700,000.00	1,700,000.00
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1967

30. Replacement - Ivy Cottage	1,700,000.00	1,700,000.00
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1969

31. Replacement of Superintendent's Residence	45,000.00	<u>45,000.00</u>
Grand Total		\$9,118,400.00

APPENDIX D

FARIBAULT STATE SCHOOL AND HOSPITAL (1-7-60)

59 Female Transfers to Brainerd SSH June-Aug., 1960

	<u>IQ: 20</u>	<u>20-49</u>	<u>50+</u>	<u>Totals</u>
<u>Bedfast</u>				
CA 0-10				
10-19	3		1	4
20-39		1		1
40+		2		2
<u>Wheel Chair</u>				
0-10				
10-19		2		2
20-39				
40+	1	1		2
<u>Part. Ambulant</u>				
0-10				
10-19				
20-39				
40+				
<u>Ambulant</u>				
0-10				
10-19		4		4
20-39		16	9	25
40+		14	5	19
<u>Totals</u>	<u>4</u>	<u>40</u>	<u>15</u>	<u>59</u>

79 (59 + 33%) Female Admissions to FSSH July-Sept. 1960
(From Waiting List Feb. '56 to Mar. '58)

	<u>IQ: 20</u>	<u>20-49</u>	<u>50+</u>	<u>Totals</u>
<u>Bedfast</u>				
CA 0-10	11	6	1	18
10-19	2	1		3
20-39	1	2	1	4
40+	2			2
<u>Wheel Chair</u>				
0-10	1	1		2
10-19				
20-39				
40+	2			2
<u>Part. Ambulant</u>				
0-10				
10-19				
20-39				
40+				
<u>Ambulant</u>				
0-10	5	15		20*
10-19	2	7	3	12
20-39	1	1	2	4
40+		7	5	12
<u>Totals</u>	<u>27</u>	<u>40</u>	<u>12</u>	<u>79</u>

*Most of 33% female refusals have occurred here

APPENDIX D

FARIBAULT STATE SCHOOL AND HOSPITAL(1-7-60)

147 Male Transfers to Brainerd SSH Feb. - May 1960

	<u>IQ: 20</u>	<u>20-49</u>	<u>50+</u>	<u>Totals</u>
<u>Bedfast</u>				
CA 0-10				
10-19	5			5
20-39		2	2	4
40+	1	1		2
<u>Wheel Chair</u>				
0-10				
10-19				
20-39	1	1		2
40+	1	1		2
<u>Part. Ambulant</u>				
0-10				
10-19	1	3		4
20-39		1	1	2
40+	3	2	2	7
<u>Ambulant</u>				
0-10	3	2		5
10-19	6	8	3	17
20-39	13	33	8	54
40+	14	24	5	43
<u>Totals</u>	<u>48</u>	<u>78</u>	<u>21</u>	<u>147</u>

179 (147+22%) Male Admissions to FSSH Mar.-June 1960 (From Waiting List Sept. '56 to July '58)

	<u>IQ: 20</u>	<u>20-49</u>	<u>50+</u>	<u>Totals</u>
<u>Bedfast</u>				
CA 0-10	31	3	1	35
10-19	6	1		7
20-39				
40+				
<u>Wheel Chair</u>				
0-10				
10-19				
20-39				
40+				
<u>Part. Ambulant</u>				
0-10	2	1		3
10-19				
20-39				
40+				
<u>Ambulant</u>				
0-10	18	36	16	70*
10-19	3	25	12	40
20-39		8	6	14
40+	3	2	5	10
<u>Totals</u>	<u>63</u>	<u>76</u>	<u>40</u>	<u>179</u>

*Most of 22% male refusals have occurred here

APPENDIX E

A. C. AVERY REPORT

FARIBAULT STATE SCHOOL AND HOSPITAL SURVEY A.

C. Avery

The school has a population of about 3,200 equally divided between girls and boys. In general the population consists of the fairly severely retarded children. Many have such physical defects as deafness, blindness, and severe mental disturbance.

Miss Boyes took us on a tour through the following food service facilities:

1. A food service setup for severely retarded small boys.
2. Two buildings where adults were fed.
3. Employees' dining room. (temporary setup.)
4. One facility for girls of an adult age.
5. The food service central building.
6. The milking barn, the pasteurizing plant, and ice cream making facility.

The following comments, observations and recommendations are made:

1. As the Faribault plant grows the food Service Building appears to gravitate farther and farther from the center of population. This means that cooked food must travel farther and farther to be served with a resulting loss of food palatability and food value. This brings to light 3 possibilities: (a) the situation be allowed to continue with further decline of food quality, (b) the more remote food service kitchens be turned into food preparation facilities complete with cookers, grill, fryer ovens and cook. The preparation might be done at the central commissary to cut down on unskilled labor required at each facility. (c) the recommended alternative is that the Central Commissary Facility be reestablished in the center of population and that it be a one story building sunk in the ground to be on the same level as the tunnel system without the use of elevators,
2. The mono-rail underground system is grossly outmoded, unsanitary and unsatisfactory in maintaining prepared food in good condition during transport. The food is transported in not insulated, unheated and uncovered battered receptacles. The grease and dirt from the mono-rail truck can drop down into the food. This is the worst food transport ever observed by the writer.

Recommendation: The mono-rail trucks are equipped with insulated, wheeled carts, together with a heat bank system that will keep food hot from preparation to service without further reheating. I think someone like Crescent Metals or Blickmans could build a cart that can be loaded in the kitchen, rolled onto the mono-rail truck and then rolled to the dining area where the food could be served directly from the cart.

3. Most meats are kettle-cooked; I recommend that more oven cookery be accomplished. Also it would decrease labor and give more uniform slicing and portion control if the meat was sliced on mechanical meat slicers.

4. Steam kettle cookery is time consuming, extremely laborious and causes food deterioration. I recommend the following changes as pertain to steam - jacketed kettles.
 - A. Each batter of kettles is equipped with a mechanical automatic water-meter which will allow for accurate recipe production, less labor spent in measuring and allowing the cook to spend his time in tasks requiring skill, (Neptune Meter Co., Long Island City, N.Y.)
 - B. At least one kettle is equipped with a cooling system in addition to the steam heating system so that products that require both cooking and cooling can be prepared without laborious handling and re-handling. It can be cooled by either water or mechanical refrigeration. New York State uses this system quite well.
 - C. Kettles be equipped with automatic temperature regulator based on a milk-Pasteurizer type thermometer connected into a steam regulator.
 - D. At least one or two kettles be equipped with scraper mixer to make preparation of cereals, puddings and mashed potatoes easier. (possible manufacturer Groen).
 - E. Kettles be equipped with one piece counter-balanced covers (no vents in covers) and a basket or chain hoist so that entire contents can be lifted out at one time.
5. Wooden paddles be replaced with aluminum paddles that have cast aluminum blade with beaded edge, wooden plug handle the length of the anodized aluminum handle and down into the blade.
6. Mechanical (electric) doughnut cutter be provided with double-hinged bracket so that doughnuts can be dropped all over deep fat fryer surface. Single hinge presently used is not flexible enough. Similar bracket can be placed over griddle so that doughnut cutter can be used to drop griddle cakes. (Hole in Doughnut Corp.)
7. Deep fat fryers and griddles be equipped with inexpensive dial type thermometers. (Autelite Corp.)
8. Deck type steamers should be purchased with automatic timers.
9. Bread proofing room should be insulated and equipped with proper temperature and humidity controls. Present room is almost completely useless.
10. Mixing equipment in bakery be decreased to one brand horizontal mixer and one large vertical mixer. Bread making equipment should be placed close together to form a continuous assembly line.
11. Bake and sheet pans be made of heavy gauge aluminum without the present rolled closed seams.
12. Bakery and ingredients assembly be accomplished with fan type and dial scales without laborious weight handling.

13. Do away with galvanized metal in sinks, steam table and other locations where it must be washed.
14. Double the shelving in the real type rotary ovens.
15. Set up regional distribution points to speed distribution of food materials.
16. Use central ingredient assembly area for recipe formulation.
17. Replace present potato peeler with one that does more efficient peeling job. Peeling losses are at least double what they should be.
18. Set up potato or vegetable trimming table at close to proper work height and arrange so that peeler will open out onto table and table will lead into tub.
19. All racks in refrigerators should be on wheels and removable.
20. Bins are too large, too low, and lack mobility.
21. Kitchen work should be arranged to provide straight-line food production and reduce cross-traffic. Provide special line for making up serving carts.
22. Wherever trays are used, there should be provided a rack on wheels so that each tray may be separated from its brother after it comes from the washer. Then at serving time it may be wheeled to the serving line where each person can help himself.