

RESIDENTIAL ENVIRONMENT SURVEY (RES)

1974

OFFICE OF RESEARCH AND EVALUATION
DEPARTMENT OF PUBLIC WELFARE

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RESIDENTIAL ENVIRONMENT SURVEY

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INTRODUCTION

This report summarizes the results of the 1974 Residential Environment Survey (RES) which was conducted in August 1974 for all wards on all Minnesota state hospital campuses.

Results were obtained from (1) confidential ratings by one knowledgeable ward staff person for each ward, selected by the local Research Committee in cooperation with the Training Coordinator, and from (2) confidential ratings by residents (patients). For MI and CD wards, every fourth resident was selected from an alphabetical ward roster; if that person was unavailable, unwilling to participate, or judged locally to be incapable of understanding and answering the questions, the next person(s) on the roster was selected. For MR wards, resident raters were chosen according to local judgment of their capability. Residents' opinions were obtained and recorded by volunteers on a one-to-one basis.

As soon as the results were analyzed, visits were made to each institution (March and early April 1975) to interpret specific findings, to leave graphic summaries of the results for each ward, and to visit selected wards for spot-checks for validity and for changes which may have occurred since the August survey. Results were reported and discussed at separate meetings of ward staff and hospital administrative staff. This present final summary, omitting results for individual wards, will also be distributed to each facility and a further report will be made to the Executive Staff of the Department of Public Welfare.

THE SCALE: The form used is the latest version of a series used over a period of years, which has previously been shown to have generally satisfactory rater reliability. To simplify interpretation, items are categorized in four major scales corresponding to four areas of DPW concern:

1. Self-determination: the extent to which clients are reported to be encouraged in self-determination, freedom of movement, and individual responsibility in the areas studied, as opposed to regimentation or paternalism (30 staff items, 28 resident items).
2. Communication: the extent to which the institution informs the client, his family, or other representative about significant events and procedures affecting his treatment program or hospitalization (15 staff items, 8 resident items).
3. Treatment Program: the presence and characteristics of certain treatment plans, or services and policies related to treatment or hospitalization (30 staff items, 13 resident items).
4. Normalized Environment: the extent to which the principle of "normalization" has been maintained (43 staff items, 37 resident items). This area is further subdivided into (a) physical structure and conditions (12 staff items, 8 resident items).

(b) appliances (9 staff items, 9 resident items), (c) general amenities (15 staff items, 15 resident items), and (d) privacy (7 staff items, 5 resident items).

Ratings are in terms of the percentage of the maximum attainable item scores (See Table 1 for items on each scale).

RESULTS

THE TABLES: Tables 2, 3, and 4 (one table for each disability group) summarize the results statewide (bottom of each table) and for each institution or major program. Both staff and residents' ratings are indicated, together with the number of raters and number of wards rated. Shown for each facility, for each of the four scales and the four sub-scales, are three scores: (1) average score, (2) range of scores across wards, and (3) the facility's rank among programs for that disability group.

Table 5 includes a brief summary statement for each facility, plus additional observations or comments by the visiting team which modify, supplement, or update the original ratings.

INTERPRETATION:

1. A few of the ratings (and therefore possibly the rankings) were influenced by special circumstances or would be different at the present time. These conditions are noted in Table 5.
2. Although ratings are compared only within the appropriate disability group, and although most facilities contain a cross-section of the population for a given disability, the populations for some facilities cannot be compared directly with others. These differences in populations can in turn influence the ratings to some extent on at least two scales. (Where relevant, these influences in specific instances are mentioned in the summaries in Table 5.) This is especially true for the mentally retarded. For example, MLC residents are generally less seriously handicapped than those of other MR facilities, and higher scores on "Communication" and "Self-determination", at least, would ordinarily be expected there than at CSH and FSH, where many profoundly and multiply-handicapped residents are present.

Since all ratings for a given disability group were averaged, large programs (many wards and many raters) have a greater effect on the statewide average than small programs; the averages for CSH and FSH therefore appear closer to the state average than the range of ward scores and the rankings would suggest.

The influence of population differences is of course also present for MI and CD programs, but to a much lesser degree. An example of an exception, however, is the ASH CD program which includes a high proportion of treatment failures and recidivists from other metropolitan CD treatment programs.

3. In spite of the instructions, there are suspected differences in the criteria by which some resident raters were selected, particularly in MR programs. In most instances there seems to be little cause to question whether the residents understood the items as explained by the volunteers (this was also evidenced by the consistency of residents' responses); however, in a few wards the validity of at least some of the residents' responses was questioned by the survey team and occasionally by the staff.

Differences in selection procedures, when they occurred, produced differences in numbers and types of resident raters. For example, if a strict standard of selection was used, fewer raters were selected and fewer wards rated. Thus one would have better-functioning residents rating "better" wards; wards with profoundly handicapped residents did not have resident raters. The residents' ratings therefore are generally for "better" wards, which makes even more significant the commonly found discrepancy (lower ratings by residents) between their average ratings and the average ratings of staff, who rated all wards.

To help assess this factor, therefore, the number of raters and wards rated in each facility are listed in columns A and B of Tables 2, 3, and 4. Statewide, there were 176 resident raters for 49 wards, or an average of 3.6 resident raters per ward rated. There were 199 wards rated by staff, each rated by one rater.

4. The desirable score for a given ward or facility is of course a value judgment which must take into account the desired objective (as reflected in the scales), priorities between objectives, the extent to which the attainment of the objectives can be reasonably expected for the type of residents in a given program, and the resources allocated to that program. For example, a rating of 50% on the items making up the "Self-determination" scale would ordinarily be considered quite low for wards whose residents are usually capable of learning responsibility for their own actions and for whom regimentation or paternalism is unnecessary or inappropriate; on the other hand, the same score might be quite suitable, or even high, for a different ward with seriously dysfunctioning residents.

GENERAL FINDINGS:

1. In almost all facilities the conditions surveyed by RES and the survey team were improved over last year.
2. As can be seen in Tables 2, 3, and 4, the ward ranges are extremely wide, even within a given disability group. As stated earlier, much of this variation is related to differences in ward populations; however, in most facilities the range in scores is greater

than would be expected from population differences alone, and seem to be related also to differences or inconsistencies in ward management and policies.

As one might expect, the most ward variation occurred in MR wards and the least in CD.

Also as one might expect, the widest ranges occurred for "Self-determination" and "Communication", which were most affected by population differences but which represented areas in which there were also the greatest differences in facility attitudes and policies. The narrowest ranges tended to be in "Treatment Program" and "Normalized Environment", which are less influenced by population differences and which measure areas where institution and department standards and expectations are perhaps clearer and of longer standing.

3. CD wards generally obtained the highest scores, from both staff and residents, with MI close behind. MR ratings were generally lower than MI and CD.
4. "Self-determination": This scale was usually rated as one of the two lowest by both staff and residents in MR and MI facilities, and presumably represents one of the areas most needing improvement. It was rated considerably higher by staff than by residents, except in MR, where the staff rated their wards very low (47%) and lower than did the select MR resident raters (64%). Institution ranges were from 36% to 93%; ward ranges were from 0 to 97%.

The objectives embodied in this scale were verbally embraced by almost all facilities, but with an apparently greater variation in commitment than for most of the other scales.

5. "Communication": This scale received the highest ratings by MI and CD staff raters and the second highest by MR staff (average scores were 89%, 87%, and 68%, respectively). Institution ranges were relatively narrow, with ward ranges varying according to disability group (most for MR, least for CD). It is clear from these ratings and other observations that in most facilities and most wards the staff is making a sincere effort at the objectives incorporated in this scale. However, the ratings by residents of all disabilities on this scale were the lowest of all scales (56%, 61%, and 58% respectively for MI, CD, and the select MR raters, with wide hospital and ward ranges). It is therefore clear that in spite of staff efforts, residents still feel that our two-way communication is only partially adequate.

It is likely that there will always be an irreducible communication gap between administration and functional levels in any organization; however, it was interesting to note that several facilities have considered this particular gap (between staff and residents) to be excessive and a challenge to their ingenuity at devising ways to see that the communication is received as well as given.

6. "Treatment Program": Average statewide ratings by staff ranged from 73% for MR to 78% for CD, with wards ranging between 40% and 97%. Average ratings by residents were ranged from 61% for MI to 71% for CD, with ward ranges between 15% and 94%. At their best, hospital programs (at least as reflected in their records and this RES scale) are first-rate, while the poorest are in need of much change.
7. "Normalized Environment": On a statewide basis, residents of all disabilities rated their wards higher on this scale than on any of the other three, while the staff tended to rate this scale the lowest or next to lowest. In terms of actual percentages, however, perceptions of staff and residents were very similar. For raters of MI and CD programs the average ratings by staff and residents were an identical 74% and 78% respectively; the MR staff average was 58% and the select MR residents' average was 71%.

The ratings for the subscales of "Normalized Environment" were as follows:

- a. "Physical Structure": Both staff and residents tended to rate this subscale as the lowest of the four, with the staff consistently rating it lower than the residents (state institution averages were between 52% and 55% for staff, and between 66% and 71% for residents). Ward ranges were wide (19-85% for staff ratings, 38-91% for residents). It should be noted that this subscale, together with "Appliances", is among those most directly affected by budgetary restrictions.
- b. "Appliances": The average scores for both staff and residents' ratings tended to be second highest or better of the four subscales. Residents' ratings averaged about six percentage points higher than staff, but followed the same pattern -- highest for CD wards (88% and 72%), next highest for MI (79% and 84%), and lowest for MR (72% and 63%). As with "Physical Structure", ward differences were wide (22%-100% for staff, 33-100% for residents' ratings).
- c. "Amenities": Average staff ratings in all disabilities placed this second lowest of the four "Normalized Environment" subscale (56% for MR, 78% for MI, and 83% for CD). The averages for residents of all disabilities were very much alike (between 72% and 76%) -- which for MI and CD was the second lowest of the subscales (as was true for the staff ratings), while for the wards rated by the select MR raters it tied for top subscale.
- d. "Privacy": Of the four subscales under "Normalized Environment", this averaged the best or second best for all disabilities and for both staff and resident raters, except that MR residents rated this the lowest. Average ratings by staff were 65% (MR), 89% (MI), and 91% (CD), with similar average ratings by residents (70%, 81%, and 90%, respectively). As in the other subscales, ward ranges were wide (14-100%).

SUMMARY OF GENERAL FINDINGS:

Considerable improvement is noted over last year, and many wards are in excellent condition in the areas measured by RES. However, there is a great deal of variation between wards (and sometimes between facilities) which is not accounted for solely by variation in populations; this variation suggests that in a number of wards continued efforts are needed toward the objectives reflected by the scales. Most effort, however, seems to be needed in the areas measured by "Self-determination" and "Communication".

Staff and residents tend to follow the same rating patterns except that the staff tended to rate their wards about 12 or 13 percentage points higher overall than did the residents. The greatest discrepancies between staff and residents occurred on "Communication" (an average difference of around 25 percentage points), the next greatest on "Self-determination" (around 14 percentage points), and the third greatest on "Treatment Program" (around 8 percentage points). Except in MR, staff and residents tended to rate alike on "Normalized Environment". Overall, staff and residents disagreed slightly more in MI wards than in the other two disabilities.

See Table 5 for comments on individual facilities.

TABLE 1

SCALES KEY

Staff and Patient/Resident Items included in Scales*:

1. Self Determination
2. Communication
3. Program
4. Normalized Environment
 - a. structure
 - b. appliances
 - c. amenities
 - d. privacy

* (includes Staff Items, as listed; Resident Items, identified with an (R); and direction of scoring, if point is given for a positive response, then, "+", if point is given for a negative response, then "-".)

Self Determination

Is there a self-government organization (council) for residents on the area? (+) (R)

Are residents asked for suggestions or opinions concerning their program or treatment? (+)

Are residents given the opportunity to express their dissatisfactions? (+)

Are the feelings and wishes of residents taken into consideration in making decisions about transferring them? (+) (R)

Is the resident given an opportunity to explain his actions prior to the decision to use of seclusion? (+) (R)

Are residents asked about what activities they would like to engage in or how they want to spend their free time each day? (+) (R)

Do residents have the opportunity to start activities themselves? (+) (R)

Are male and female residents allowed to socialize during leisure time? (+) (R)

May residents on your area move freely about the facility without supervision? (+) (R)

Are residents on your area permitted to visit other residents in other areas within the facility? (+) (R)

Are residents who are capable allowed to go to the canteen by themselves? (+) (R)

Are residents who eat at a central dining room or cafeteria allowed to choose the time they eat -- within the hours that meals are served? (+) (R)

Are capable residents permitted to go by themselves on trips (picnics, walks, visits, etc.) outside of the facility? (+) (R)

Are residents on this area allowed to shop in town? (+) (R)

May residents put up pictures of their own choice? (+) (R)

Are residents encouraged to make changes in the ward which they think will increase its attractiveness or convenience? (+) (R)

Are all residents required to go to bed by the same time? (-) (R)

Are all residents required to get up in the morning by a set time? (-) (R)

Is there any day or two during the week when residents may sleep late? (+) (R)

Are sleeping rooms left unlocked at all times? (+) (R)

Do residents have free access to their own toiletries (lipstick, shaving lotion, toothpaste, etc.)? (+) (R)

Are residents given or taught responsibility for maintaining their own clothing? (+) (R)

Do residents choose their own hair styles? (+) (R)

Do residents have an opportunity to participate in religious activities of their own choosing? (+) (R)

When a resident is admitted, is he allowed to keep a certain amount of his money with him (with the rest put in safekeeping)? (+) (R)

Does the facility and/or area determine the amount of money a resident may keep with him? (-) (R)

Radio:

Are the normal listening hours (up to bedtime) determined by residents? (+) (R)

Is the choice of programs determined by residents? (+) (R)

Television:

Are the normal listening hours (up to bedtime) determined by the residents? (+) (R)

Is the choice of programs determined by residents? (+) (R)

Communication

Are residents on this area maximally informed about the hospital Review Board? (+) (R)

Are residents on this area knowledgeable about the local Humane Practices Committee? (+) (R)

Are residents routinely provided information and explanations regarding rules and regulations that they are expected to follow? ((+) (R)

Are residents informed about significant events or occurrences on the area and in the facility (staff changes, transfers, or closing of units, policy changes, etc.)? (+) (R)

Does the area have a bulletin board easily seen by all residents? (+) (R)

Most of the time, is the resident informed of his individualized plan and goals? (+)

When a resident is transferred from one area of the facility to another, or from one facility to another, are the reasons for making the change always explained to him in advance? (+) (R)

Is the resident told why he is being secluded? (+) (R)

If freedom of the grounds is sometimes withheld, are the reasons discussed with the residents? (+) (R)

In other than minor accidents (e.g., skinned knee) or mild illness (e.g., colds, stomach disorders), are families routinely notified in case of:

Sickness? (+)

Accident? (+)

Death? (+)

Transfer to another ward? (+)

Transfer to another facility? (+)

Discharge? (+)

Program

How many residents have a written individual treatment or case plan, including goals in their charts?

Have you read the record of each resident you supervise? (+)

Have you re-read any of the records in the last month? (+)

Does each resident's record contain a developmental (individualized) plan? (+)

Have you had instructions on how to use the plan? (+)

Does your plan contain specific goals for the resident? (+)

Is there a projected time for accomplishing the goals? (+)

Is there a procedure by which residents can look through their records? (+)

Check all who participate in the making of a plan for a resident:

County Welfare personnel (+)

Family or guardian of the resident (+)

Institution personnel (+)

The resident himself (+) (R)

Other professional personnel (+)

Are you provided with a fairly complete schedule (plan) of activities, conferences and other events intended to improve your skills, develop interests or help you with your problems? (+) (R, only)

Most of the time, are residents informed of their own program plan and its purposes? (+) (R, only)

Are relatives routinely invited and encouraged to participate in the ongoing planning for residents? (+) (R)

Are they (relatives) notified of the planning sessions sufficiently in advance so that they can make arrangements to attend? (+)

Are residents maximally included in the planning sessions relating to their program? (+)

Do staff receive orientation/training regarding how to respond to residents' sexual behavior (e.g., masturbation, sexual intercourse, homosexual behavior)? (+)

Is counseling or education regarding sexual behavior available for those residents who need or could benefit by it? (+) (R)

If they wish, do female residents receive contraceptive counseling and prescriptions? (+)

Are any residents involved in scheduled co-educational activities? (+)

Are residents occasionally taken on trips outside of the facility either individually or in groups? (+) (R)

Is freedom of the grounds a privilege which is sometimes withheld? (-) (R)

Can residents work in the community for pay? (+) (R)

Can residents work for pay within the facility? (+) (R)

Are residents taught how to use money, how to protect it and to know the value? (+) (R)

Is most of area staff time spent indirect contact with residents? (+) (R)

Are Volunteer Services utilized on your area? (+) (R)

Are orders made up for those residents who are not capable of going to the canteen? (+)

Is any meal or part of it ever withheld for disciplinary reasons? (-) (R)

How many residents participated in regularly scheduled group or work activities this past week?

Normalized Environment

Structure

How many toilet bowls are on the area?

How many have seats?

How many showers?

How many bathtubs?

Is there nonskid stripping or flooring in bath and shower areas? (+) (R)

Do residents have a personal storage place for clothing? (+) (P)

Do residents have a place near their bed to keep personal possessions? (+) (R)

Do these places have a lock to which the resident has a key? (+) (R)

Do residents have comfortable chairs and sofas in the dayroom? (+) (P)

Is the temperature in living and sleeping areas reasonably comfortable in extreme weather, both winter and summer? (+) (R)

For residents who require supervision, is there an enclosed area outside which permits them to be out-of-doors? (+) (R)

Does it offer shade and appropriate equipment? (+) (R)

Appliances

Is there a clock easily seen by all residents? (+) (R)

Is there a radio on the area for residents who do not have their own? (+) (R)

Is there a record player on the area? (+) (R)

Is there a television set on the area? (+) (R)

Is there a stove or a hot plate on the area available for use by residents? (+) (R)

Is there a refrigerator on the area? (+) (R)

Are there irons and ironing boards on the area available to residents? (+) (R)

Is there a clothes washer available to residents who live on the area? (+) (R)

Is there a clothes dryer or place to dry clothes available to residents who live on the area? (+) (R)

Amenities

Are snacks, other than coffee, available and free on the area? (+) (R)

Is coffee available and free on the area? (+) (R)

Is there cool drinking water freely accessible to residents on the area? (+) (R)

Is there a full length mirror on the area (other than in the bathroom)? (+) (R)

Are mirrors freely available where residents can apply makeup, shave, etc.? (+) (R)

Are there pictures in dayrooms, halls, residents' rooms and dormitories? (+) (R)

Do all windows on the area have curtains? (+) (R)

Is there a free phone on the area? (+) (R)

Are residents allowed to use it? (+) (R)

Is there a pay phone on the area? (+) (R)

Are residents allowed to use it? (+) (R)

Do residents on the area have access to materials necessary for letter writing (stationery, pens and pencils, stamps? (+) (R)

Is there a current daily newspaper on the area available for residents who do not have their own? (+) (R)

Are there current magazines on the area? (+) (R)

Are there games, or play equipment on hand? (+) (R)

Privacy

How many toilet bowls have partitions?

How many toilet bowls have doors to partitions?

Is there privacy in bathing? (+) (R)

Are physical examinations conducted in privacy? (+) (R)

Is there an area available for residents to have private conversations with their guests? (+) (R)

Is residents' mail read by staff before it is sent out? (-) (R)

Is residents' incoming mail read before they receive it? (-) (R)

A = Number of Wards Rated, for all scales
 B = Number of Wards Rated, for all scales
 C = Range across wards in percent scores, for indicated scale
 D = Hospital average for that scale, expressed as per cent score
 E = Hospital rank among facilities

S = Staff Ratings
 R = Residents' Ratings

Institution and Statewide Ratings: Mentally Ill

SUBSCALES OF "NORMALIZED ENVIRONMENT"

	SELF DETERMINATION					COMMUNICATION			TREATMENT PROGRAM			NORMALIZED ENVIRONMENT			PHYSICAL STRUCTURE			APPLIENCES			AMENITIES			PRIVACY			
	A	B	C	D	E	C	D	E	C	D	E	C	D	E	C	D	E	C	D	E	C	D	E	C	D	E	
ASH	S:		7	77-90	83	2	73-100	89	5	66-93	77	5	63-78	70	8	38-53	49	8	67-100	83	7	53-73	67	9	87-100	97	3
	R:	34	7	51-78	74	4.5	50-75	59	5	44-67	60	6.5	59-82	69	8	54-75	65	6	67-91	76	8	62-76	66	9	45-96	74	9
FTSH	S:		1	—	93	1	—	95	3	—	73	7	—	83	3	—	54	6	—	100	1.5	—	87	2.5	—	100	1.5
	R:	7	1	—	75	1	—	71	1	—	74	1.5	—	82	1	—	50	9	—	92	1	—	90	1	—	89	2
HSH	S:		5	57-77	64	9	73-100	91	4	56-90	69	8	58-87	71	7	38-69	50	7	56-100	82	8	53-87	75	7.5	57-100	83	8
	R:	34	5	39-56	52	9	25-64	47	8	15-72	50	9	48-81	70	7	42-76	63	7	44-87	78	6.5	25-80	67	8	64-85	78	7
MLSH	S:		6	47-97	81	3	93-100	97	2	73-90	81	3	66-91	82	4	53-77	64	2	67-100	89	6	60-93	84	4	100-100	100	1.5
	R:	50	5	63-83	67	2	47-90	66	2	57-76	67	3	75-89	80	2	71-85	78	1.5	72-100	82	4.5	66-84	78	2	84-93	87	3
RSH	S:		14	13-93	65	8	53-100	88	6.5	40-90	68	9	39-87	68	9	26-56	44	9	22-100	68	9	40-100	77	6	43-100	88	5
	R:	73	13	28-70	55	8	31-57	42	9	31-74	53	8	46-85	68	9	50-73	58	8	42-87	70	9	50-88	69	6.5	35-97	77	8
SPSH	S:		6	30-93	76	6	47-100	83	9	69-90	81	3	69-88	77	5	45-71	61	3	78-100	91	5	67-100	81	5	71-96	79	9
	R:	29	1	—	65	3	—	58	6.5	—	63	4	—	77	4.5	—	78	1.5	—	82	4.5	—	72	5	—	79	6
MSH	S:		4	63-90	73	7	80-93	88	6.5	67-80	74	6	83-87	85	1.5	64-80	73	1	78-100	95	3	80-100	87	2.5	65-100	88	5
	R:	26	4	47-71	60	7	55-75	64	3	54-67	60	6.5	61-81	74	6	52-82	71	4.5	68-93	83	3	58-78	69	6.5	74-89	81	5
WSH	S:		9	53-93	77	5	60-100	86	8	51-97	81	3	69-84	76	6	45-71	60	4	56-100	93	4	67-87	75	7.5	68-100	88	5
	R:	48	8	35-79	64	4.5	13-78	61	4	36-87	74	1.5	58-84	79	3	50-90	71	4.5	44-100	89	2	64-81	75	3.5	73-100	90	1
BSH	S:		1	—	80	4	—	100	1	—	93	1	—	85	1.5	—	56	5	—	100	1.5	—	100	1	—	84	7
	R:	9	1	—	61	6	—	58	6.5	—	62	5	—	77	4.5	—	75	3	—	78	6.5	—	75	3.5	—	84	4
STATE WIDE	S:		53	13-97	74	—	47-100	89	—	40-97	75	—	39-91	74	—	26-80	55	—	22-100	84	—	40-100	78	—	43-100	89	—
	R:	310	45	28-83	61	—	13-90	56	—	15-87	61	—	46-89	74	—	42-90	68	—	42-100	79	—	25-88	72	—	35-100	81	—

B = Number of wards rated, for all scales
 C = Range across wards in per cent scores, for indicated scale
 D = Hospital average for that scale, expressed as per cent score
 E = Hospital rank among facilities

Institution and Statewide Ratings: Mentally Retarded

S = Staff Ratings
 R = Residents' Ratings

SUBSCALES OF "NORMALIZED ENVIRONMENT"

		R = Residents' Ratings																									
		SELF DETERMINATION			COMMUNICATION			TREATMENT PROGRAM			NORMALIZED ENVIRONMENT			PHYSICAL STRUCTURE			APPLIENCES			AMENITIES			PRIVACY				
		A	B	C	D	E	C	D	E	C	D	E	C	D	E	C	D	E	C	D	E	C	D	E	C	D	E
BSH	S:		23	13-83	53	6	33-100	72	7	60-93	81	3	36-80	59	7.5	28-78	59	5	22-100	56	9	27-87	59	6	29-86	59	9
	R:	23	6	50-72	62	5.5	38-63	52	7	57-85	70	5	59-78	68	7.5	47-88	67	6.5	56-78	65	7.5	55-83	71	7	40-76	63	8
CSH	S:		35	0-90	36	10	27-100	58	10	50-87	66	10	29-85	53	10	21-80	50	8.5	22-100	60	8	20-87	47	10	34-83	60	8
	R:	16	6	63-79	73	1.5	75-88	80	1	73-88	75	2	72-86	78	2	50-83	71	4	56-100	85	2	76-87	77	2	50-100	84	2
FSH	S:		35	3-87	38	9	27-93	62	9	50-90	67	9	20-79	54	9	20-78	52	7	22-89	54	10	13-87	54	8	14-96	57	10
	R:	22	11	41-71	61	7	13-71	49	8	38-85	65	8	46-81	68	7.5	44-88	68	5	33-100	72	5	27-87	66	8	30-87	65	6.5
FFSH	S:		10	10-83	50	7	40-100	74	5	57-93	76	7	45-85	67	5	44-81	63	3	44-89	72	5	27-80	60	5	50-100	83	4
	R:	11	2	70-77	73	1.5	70-75	72	3	73-81	76	1	71-75	72	5	64-72	67	6.5	66-72	70	6	71-72	72	5.5	86-95	89	1
BSH	S:		2	70-77	74	2	93-93	93	2	93-97	95	1	80-89	85	1	62-70	66	1	100-100	100	1	80-93	87	1	84-100	92	2
	R:	9	2	53-66	62	5.5	75-78	76	2	69-73	71	4	78-84	80	1	65-84	74	2.5	82-89	85	2	77-85	81	1	68-95	80	3
MLC	S:		5	63-90	71	3	93-100	99	1	76-93	86	2	64-83	72	2	51-67	60	4	33-100	82	3	47-87	68	3	81-97	85	3
	R:	12	5	—	51	9	—	65	4	—	61	9	—	70	6	—	58	10	—	77	4	—	72	5.5	—	72	5
MLSH	S:		3	73-83	80	1	87-100	91	3	77-83	80	4.5	66-70	68	4	62-69	65	2	67-78	71	6.5	53-60	58	7	84-100	94	1
	R:	36	3	63-73	67	4	57-67	60	5	66-67	67	6	66-81	71	4	80-85	83	1	52-75	65	7.5	72-81	75	3	54-87	65	6.5
MVSAC	S:		8	43-93	68	4.5	40-100	81	4	54-93	77	6	54-80	70	3	44-69	58	6	56-100	88	2	47-87	65	4	52-100	76	7
	R:	29	7	60-76	69	3	31-88	58	6	58-85	73	3	67-86	77	3	50-91	74	2.5	67-100	86	2	60-87	73	4	60-100	75	4
RSAC	S:		4	17-80	47	8	43-100	73	6	67-83	73	8	43-77	59	7.5	19-61	44	10	44-100	75	4	27-73	52	9	74-99	80	6
	R:	11	4	39-80	49	10	39-63	43	9	54-74	66	7	41-67	61	9	38-67	64	8	56-63	61	9	40-76	62	9	20-63	58	9
WSH	S:		5	50-80	68	4.5	40-87	67	8	67-97	80	4.5	56-73	66	6	31-62	50	8.5	67-78	71	6.5	53-87	69	2	71-96	82	5
	R:	7	3	50-64	56	8	13-38	18	10	46-62	56	10	49-73	55	10	63-63	63	9	33-67	44	10	53-87	60	10	40-60	49	10
STATE WIDE	R:	130		0-93	47	—	27-100	68	—	50-97	73	—	20-89	58	—	19-81	54	—	22-100	63	—	13-93	56	—	14-100	65	—
	S:	176	49	39-80	64	—	13-88	58	—	38-88	69	—	41-86	71	—	38-91	71	—	33-100	72	—	27-87	72	—	20-100	70	—

A = Number of Raters (for Residents' line only), for all scales
 B = Number of Wards Rated, for all scales
 C = Range across wards in per cent scores, for indicated scale
 D = Hospital average for that scale, expressed as per cent score
 E = Hospital rank among facilities

S = Staff Ratings
 R = Residents' Ratings

TABLE 4

Institution and Statewide Ratings: Chemically Dependent

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SUBSCALES OF "NORMALIZED ENVIRONMENT"

		SELF DETERMINATION			COMMUNICATION			TREATMENT PROGRAM			NORMALIZED ENVIRONMENT			PHYSICAL STRUCTURE			APPLIANCES			AMENITIES			PRIVACY				
		A	B	C	D	E	C	D	E	C	D	E	C	D	E	C	D	E	C	D	E	C	D	E			
ASH	S:		4	53-90	74	6	67-100	80	7	50-76	68	7	67-78	73	7	35-53	47	5.5	67-100	86	7	67-80	73	7	91-100	98	3
	R:	22	4	47-71	59	7	47-75	52	6	55-73	64	7	69-74	71	7	49-63	53	6	83-87	86	5	63-71	68	7	80-90	83	7
FFSH	S:		2	83-87	85	2.5	87-93	90	3.5	73-77	75	5	70-82	76	5.5	33-61	47	5.5	89-100	95	5	87-87	87	3.5	57-100	79	7
	R:	11	2	71-81	75	2	65-73	69	2	64-82	72	3	80-89	84	2	65-67	66	4	89-98	93	2.5	79-93	85	2	93-100	96	2
HSH	S:		1	—	67	7	—	93	1.5	—	73	6	—	80	4	—	46	7	—	100	2.5	—	87	3.5	—	100	1.5
	R:	13	1	—	63	5.5	—	65	3	—	72	3	—	83	3	—	60	5	—	91	4	—	88	1	—	89	4.5
MLSH	S:		2	77-97	87	1	87-93	90	3.5	80-83	82	2.5	77-85	81	3	61-62	62	2	100-100	100	2.5	80-87	84	5	64-100	83	6
	R:	19	2	75-90	78	1	72-76	75	1	79-94	83	1	84-90	85	1	81-82	82	1	91-100	93	2.5	77-85	79	3	97-100	98	1
RSH	S:		2	83-87	85	2.5	87-87	87	5.5	87-94	91	1	80-90	85	2	49-63	56	3	100-100	100	2.5	93-100	97	2	79-100	90	4.5
	R:	8	2	70-75	71	3	59-75	61	4	65-85	67	6	75-84	76	6	46-88	52	7	94-100	94	1	67-75	74	5	89-100	90	3
SPSH	S:		1	—	80	5	—	93	1.5	—	80	4	—	86	1	—	49	4	—	100	2.5	—	100	1	—	100	1.5
	R:	9	1	—	63	5.5	—	51	7	—	68	5	—	77	4.5	—	69	2.5	—	84	6.5	—	76	4	—	84	6
WSH	S:		4	70-90	84	4	73-93	87	5.5	63-93	82	2.5	68-80	76	5.5	45-62	54	1	78-100	92	6	73-80	77	6	81-100	90	4.5
	R:	39	4	64-71	67	4	50-59	58	5	49-77	72	3	70-82	77	4.5	63-73	69	2.5	70-92	84	6.5	67-77	72	6	80-91	89	4.5
STATE WIDE	S:		16	53-97	81	—	67-100	87	—	50-94	78	—	67-90	78	—	33-63	52	—	67-100	94	—	67-100	83	—	57-100	91	—
	R:	121	16	47-90	68	—	47-76	61	—	49-94	71	—	69-90	78	—	46-88	66	—	70-100	88	—	63-93	76	—	80-100	90	—

TABLE 5

Summary Comments and Anecdotal Notes

This section contains very general summary comments for each campus together with qualifying or additional comments based on the survey team's observations and conversations with staff. The summary comments are not intended to substitute for the more specific information in Tables 2, 3, and 4 or for the ward by ward data given to each institution.

Not included here are references to general trends which apply statewide and which are discussed elsewhere; also not included are those comments about specific wards which were discussed with institution staff by the survey team.

All references to statewide averages or differences between percentages must be interpreted with the cautions described in the text of this report.

All of these comments were discussed with local ward and administrative staff.

SH Generally improved since last year in the areas measured by RES.

Fairly wide range between wards on all scales; this was also noted by surveyor, and included wide ranges in the quality and methods of program planning.

Staff and residents agreed there are difficulties in providing "Amenities" and in the "Physical Structure", causing "Normalized Environment" to be one of the low scales for ASH and one of the lowest in the state.

Except for "Normalized Environment", MI staff and residents' ratings were around average. CD staff and residents' ratings were generally quite low, at least partially because of the nature of the residents (failures and recidivists from metropolitan CD treatment centers).

MI and CD staff rate "Privacy" high (97% & 98%) but residents rate it lowest in state for their respective groups (74% & 83%).

Brainerd Campus:

SH (Ratings available only for MR and MI; CD ratings made but are missing. BSH staff and ORE surveyors agree that CD ratings would be very similar to those for MI unit).

As expected from the nature of the Brainerd residents, MI ratings tended to be highest, MR ratings lowest, with MLC ratings intermediate.

MI and MR wards showed improvement over last year's ratings.

Staff seemed energetic, involved, and interested.

MI: Staff rated all the major scales very high (highest or tied for highest in the state) except for "Self-determination" which was around average or slightly above. Residents from six wards having less disabled residents rated all scales around the same as the statewide average for MI. Surveyors would have rated all scales intermediate between staff and residents' ratings.

MR: Staff and residents rated most major scales around average or a little above. On subscales "Privacy" and "Appliances" ratings of both staff and residents were low, partially reflecting the nature of residents on some of the wards (though the residents' ratings came from "better" wards).

Considerable variation between wards on most scales, partially reflecting variations in types of residents.

Brainerd Campus:

MLC: Staff ratings were considerably above statewide average for MR on all the major scales, as one would expect from the types of residents served. Residents' ratings were around average for MR residents, except they were lower than average on "Self-determination" and "Treatment Program". Current review by survey team indicated that the staff ratings most accurately reflected the present situation.

CSH Improved from previous years in all aspects measured, and noticeably in staff morale.

Wide range between wards on all scales, partially but not entirely accounted for by severity of residents' disability.

Staff ratings were lowest in state for MR -- 36% to 66% on the four major scales; this may to some extent reflect the large number of severely disabled residents at CSH. On the six wards having resident raters -- wards with better environment and facilities, according to staff raters -- the residents' ratings for their wards were among the highest for MR residents (73% to 80% on the major scales). The survey team was impressed with staff efforts to brighten the wards and would not have rated "Normalized Environment" as low as did the the CSH staff.

Seclusion rooms were dismal (are apparently scheduled for repair); though used only for court-authorized residents, procedures for individual episodes may need review if the instance observed is typical.

s. SH Somewhat improved from last year in most aspects measured by RES.

r Wide range between wards on all scales, partially but not entirely accounted for by severity of residents' disability.

a Staff ratings on all four major scales were next to lowest
ad in state for MR -- 38% to 67% on the four major scales (FSH also has a large share of severely disabled residents). Residents' ratings tended to be somewhat lower than the state average for MR residents. Survey team's observations were consistent with staff ratings.

Ward staff morale generally very low (though there were notable exceptions on certain wards), and this was freely acknowledged by some administrative staff.

At least some of the low ratings on "Normalized Environment", and the low morale, were seemingly related to impending structural and organizational changes which make it impractical or discouraging to maintain or decorate some wards.

SH Improved from last year in all respects measured by RES.

Staff ratings for all disabilities generally around statewide average or above; residents' ratings generally high average or above. In MI wards, ratings by both staff and residents were particularly high (compared to statewide) on "Self-determination" and "Communication"; the survey team would have rated "Normalized Environment" higher at this time than the staff did at the time of the survey. The low rating by CD staff on "Privacy" was a result of a special problem at the time of the ratings -- a problem which is no longer applicable, so the current rating on this scale would be very high, as was true on this scale for both staff and residents' ratings for MI and MR wards.

Staff and residents' perceptions, as reflected in their ratings, are in greater agreement than in most facilities. This may be partially a function of the particular wards from which resident raters came, but the survey team felt it was also partially a function of the general involvement of residents and the general openness of staff and residents.

A large portion of ward and living areas were locked; the hospital advocate states this is usual, though the situation is expected to change somewhat when warm weather arrives.

Seclusion rooms are imaginatively and effectively designed and decorated.

HSB

Considerable improvement since last year on the variables measured by RES.

MR units rated higher than MI and CD (a reversal of the usual trend). MR staff and residents' ratings tended to be among the highest in the state for that disability group.

There was a wider range between individual wards (15%-100%) than would ordinarily be expected on the basis of differences in residents. The greatest differences occurred between MI units (statewide, the widest ranges usually occur for MR wards).

Ratings by MI staff and residents were lowest in state in "Self-determination" and lowest or next to lowest for "Treatment Program"; observations of survey team and discussions with staff were consistent with these low ratings. Staff ratings for "Communication" were around average but residents' ratings were next to lowest in state (during the visit, ward staff also described internal communication problems for staff). Few MI treatment plans showed behavioral goals -- most of those sampled were very general, or emphasized the prescription of medications.

The survey team questioned the appropriateness of procedures and conditions under which EST was administered and whether DPW policy was being followed.

Ratings by CD staff and residents were proportionately higher than for MI wards, except that CD staff ratings for "Self-determination" were lowest in state for CD programs.

MLSH

Staff ratings in all disability areas were higher than statewide average; residents' ratings were from average to very high compared with statewide average for residents. Survey team generally agreed with staff ratings.

Wards were fairly consistent throughout hospital in environment, attitudes, and records. Staff and resident morale appeared good.

Improved from last year in all aspects measured by RES.

RSH

Improved in most aspects as compared with previous years.

CD: Staff tended to rate RSH around average or above in the major scales; residents rated RSH around the statewide average for CD residents.

MR: Staff rated RSAC around the statewide average for MR programs; residents rated it much lower than average. Surveyors' observations agreed with staff ratings except that the present program efforts on MR wards visited were impressive and would therefore be rated much higher.

MI: MI staff rated RSH somewhat lower than state average in all scales. Residents' ratings were lowest or next to the lowest for MI programs in the state on all four scales. Although surveyors agreed with the overall MI ratings, they observed that physical changes on MI wards since the ratings would clearly have called for a much higher rating at present for the scale "Normalized Environment".

t. Peter Campus:

PSH Improved in most respects since previous surveys.

Rated generally average or slightly above by staff, and average or slightly below by residents. Residents and staff on CD unit disagree markedly (more than is the case statewide) on "Communication", with the staff rating this much higher than residents.

Appliances and other amenities in good supply and repair.

Treatment goals usually stated but tended to be general and nonbehavioral.

t. Peter Campus:

VSAC Much improved since last year in most of the aspects measured.

Staff ratings somewhat above average except for "Treatment Program" which was rated around average (survey team noted that program goals and reviews were apparently not recent). Residents' ratings were around average or slightly above.

Wide range between wards for both staff and residents' ratings, but not as wide as for other MR programs.

Appliances and amenities in good supply and repair.

t. Peter Campus:

SH Much improved in most respects since previous surveys.

Staff and residents' ratings similar to those for MI at SPSH. Staff ratings were around statewide average for MI except much higher in "Normalized Environment" (appliances and amenities were in good supply and repair, and staff and residents showed

much imagination in trying to brighten and personalize most areas, in spite of the inherent structural disadvantages). Residents' ratings on "Communication" were above average for the state for MI programs.

Some wards had limited bathing facilities; there is reported difficulty replacing and maintaining toilet seats in some areas.

Records on some wards did not reflect goals except in general or medical terms.

WSH

For all three disability groups, staff ratings were generally at or above the state averages for those groups. Residents' ratings for MI and CD wards were generally at or above the state average, but MR residents rated their wards much lower than statewide average. However, conditions at the time of the visit would have caused the survey team to agree with the higher MR staff ratings (wards were comfortable, treatment records and attempts at communication were good), and to rate the visited CD wards somewhat lower than average on "Normalized Environment".

Improved in most respects as compared with previous years.

Except as noted, there was a general consistency of conditions between wards and between disabilities; staff at all levels appeared consistently interested, concerned, and with good morale.

Staff sometimes had difficulty programming for long-term patients formerly kept busy in jobs which are no longer available.