CAMBRIDGE STATE SCHOOL AND HOSPITAL

July 7, 1964

The Administrative Staff Conference was held at 8:15 a.m., June 23, 1964, with Division Representatives, Nurses, and Aides present.

Bob Ochs, Insurance Representative for our group insurance, spoke to the group. They will be contacting all cottages and work areas very soon to review everyone's group insurance. Everyone should make it a point to see these men as there are usually some minor changes that you might be interested in.

The increase in some of the checks today is due to overtime payments and do not reflect any of the merit increases. The merit increases will not be on checks until July 21, 1964.

Mr. Don Bartlette announced that this is his last day of employment here. He thanked everyone for the picnic party at Rush Lake, and for the party the Vocational Unit had for him last night. He also gave a very complete report on the Summer Festival which included the following thank you:

To: All Cottage Area Personnel
From: Festival Committee and Lake Owasso
Re: 1964 Midsummer Festival Parade

It is with the highest regard that we compliment the cottage personnel for their tremendous efforts in making our parade such a success. We can't find words enough to express our appreciation to those cottage employees who spent hours working on floats and costumes, giving of their own time, and in demonstrating enthusiasm in spite of staff shortages and work demands placed on you. Mr. Morris Hursh, Commissioner of Public Welfare, stated it well when he said... "The parade was unbelievable." We feel that this goes to show what can be done when we have cottage personnel like we do at Cambridge State School and Hospital. I personally say "thank you" for one of the finest memories I'll ever have at Cambridge. Donald Bartlette, Chairman.

The following thank you from Dr. Adkins, Medical Director, and John Stocking, Administrator:

It is difficult to express in words our feeling of appreciation and gratitude to those employees who devoted so much of their time and efforts to accomplish the most successful Mid-Summer Festival in the history of Cambridge State School and Hospital. You are all to be congratulated for an outstanding job.

Mrs. Taylor, Nursing Instructor, will be away for approximately 6 weeks attending an Institute on the Care of the Mentally Retarded in San Francisco.

Shirley Peterson announced that our camping program this summer won't be as good as it has been. There will be a few residents going to Camp Courage at Annandale again. These will be mostly repeaters. There will be only 9 adults attending Indian Chief Camp in Hennepin County in August. There will be no one going to Rolling Acres (Minnesota A.R.C. Camp) this year as their reservations have been filled up for many weeks already. It is hoped that it will be better next year as the Minnesota A.R.C. is expanding its facilities for next year. We have been offered a few spaces for day camps in Ramsey County and this is being checked.

Mrs. Scheele told of the nice farewell party the Vocational Unit held for Donald Bartlette last evening in the McBroom Hall Recreation Room.

Mr. Stocking asked that if the Charge Aides or Nurse Supervisors have any questions or problems to be brought before the Charge Aide-Nurse Supervisors meeting, please check ahead of time with Mrs. Lofboom or Miss Anderson.

As of July 1, 1964, Cambridge State School and Hospital goes under the new organizational set-up of Administrator-Medical Director. In effect, Dr. Adkins becomes the Chief Medical Officer of the institution, and Mr. Stocking becomes the Chief Executive Officer. The goals, relative duties, and responsibilities under the new plan are outlined on the attached sheet.

No further business, the meeting adjourned.

POLICY STATEMENT ON RELATIVE POWERS AND DUTIES OF CHIEF MEDICAL AND ADMINISTRATIVE OFFICERS

Issued on June 10, 1963 from Medical Director Dr. David J. Vail to all Medical Services Division Institutions

(This represents the culmination of many hours' deliveration on the part of the Constitutional Committee, which was convened March 22, 1963, and adjourned on June 6, 1963. This statement is adopted as official Division of Medical Services policy, subject to (1) subsequent refinements or modifications of goals statements in section 1, and (2) radification by the Mental Health Medical Policy Committee.)

I. PREAMBLE

1. The state mental institution, for a variety of reasons, must address itself to the problem of the career of the Mental Patient. Although there may be hereditary or constitutional factors of greater or lesser prominence in a given individual instance, it is postulated here that the Mental Patient is made, not born. Forces shaping his destiny include early life experience, vicissitudes of growing up, alienation from his community, and relatively late but nonetheless critical pressures exerted by institutional existence. The beginning point of the Career of the Mental Patient is the raw clay of the newborn infant. The end point is demise within an institution following some period of time as a "chronic patient" with late manifestations of specific bodily deterioration.

   If we adopt Preventing Mental Patient Careers as an aim, then we must consider stages of intervention. Simplified, these are:
   (1) Prevention of the disorder initially.
   (2) Prevention of alienation from the community or loss of citizenship.
   (3) Prevention of institutionalism, or late changes of dehumanization brought about by conditions stemming from institutional life itself.

The mental hospital has generally no perceptible role in the first zone, which is primarily the responsibility of basic research and public health programs.

The mental hospital has a legitimate but as yet poorly developed role in the second zone. Programs here might include consultations with courts and other referring agencies, short-term evaluation services, emergency service, day-care programs and the like, all aimed at maintaining the individual in the community so that he never achieves the status of "Mental Patient". Rapid intensive treatment within the hospital with early return, and, at another level, improved aftercare programs would ideally be included in this second zone.

The mental hospital has its special role in the third zone. Here are included all those activities designated as supportive care, therapy, casework, group-work, rehabilitation, remotivation, education, etc., which are aimed at enhancing social restoration, at preventing dehumanization, and at shortening or reversing the Career of the Mental Patient to the extent that this may be possible.

I. Preamble (continued)

Every resource of the institution, and all personnel whether as individuals or departments, must strain to accomplish this. This is the basis of all logic of organization within the institution.

2. The above principles apply with appropriate modifications to all classes of Mental Patients whether "mentally ill", "mentally retarded", "senile", etc., and to the institutions which serve them.

II. RULE

The basic rule of organization is that adopted by the Constitutional Committee at the meeting of April 18-19, 1963. This states:

"In accordance with M.S. 246.02, Subd. 1, which requires the Commissioner of Public Welfare to prescribe the duties of a chief executive officer of the institutions enumerated in M.S. 246.02, Subd. 2, it is hereby provided that the director of administrative services (Hospital Administrator) shall be responsible for the operation of the hospital in accordance with the treatment program established by the Director of Medical Services of the hospital (the chief of the medical staff as described in M.S. 246.025). Said Director of Medical Services shall define and have the authority to implement what is a medical responsibility in full recognition of his final accountability to the commissioner."

III. SPECIFICS OF ORGANIZATION

A. Functions:

The following functions are within the purview of the Medical Director:

1. Total program direction.
   The Medical Director is charged with responsibility for charting the course whereby the hospital gains the ends stated in Section I. This includes the final determination of service divisions whether done qualitatively (e.g., "admissions", "Intensive treatment", "medical-surgical", etc.) or originally (e.g., "Duluth Service", "Tri-County Service", "Iron Range", etc.) or in some combination, or other fashion.

2. Determination of priorities.
   The medical director is charged with responsibility for broad designations of priorities in allocations of personnel and resources, stemming from #1 immediately above.

3. Program evaluation.
   The medical director is responsible for surveillance of the course of the total program of the hospital in achieving its ends.

4. Training and education: the content and emphasis of training and education programs of all kinds within and outside of the hospital.

5. Supervision of medical staff: the proper organization, in-service training, professional development and professional discipline of the medical staff.

6. Research

7. Admission and discharge policies (subject to DPW policies) and decisions on admission, release, or discharge of any given patient as governed by law.

8. Specific medical decisions, as governed by law.

9. Approval and veto authority concerning selection, assignment, discipline, and discharge of personnel. (see below).

10. Communications; release of information concerning specific patients and medical programs.

The following functions, subject to the provisions stated in the Rule (Section II) are within the purview of the Administrator.

1. Public accountability.
   The administrator is responsible and accountable to the executive and legislative branch of government and the general public for the smooth and efficient management of the hospital, its cleanliness and safety, the maintenance of general standards of excellence of performance, and the deportment of the hospital employees.

2. Budget control and management.

3. Personnel Management.
   (a) The authority of hiring, firing, and assignments, granting or withholding of leave; and assignment of staff appurtenances such as housing, office space, parking privileges, etc., are given to the administrator, subject to the approval and veto power of the medical director should the issue involve medical judgment or responsibility.

   (b) Discipline, or envorcement of obedience to state and hospital laws, rules, and regulations are deemed as administrative functions subject to variations of judgment in given individual instances, especially those involving "non-professional" conduct. In all cases, the administrator must pursue the matter to its just conclusion -- this may include the possibility that actual disciplinary measures or absolution are carried out by the medical director.

   (c) Represents the state in actions against employees under Civil Service regulations.
   Note: Medical staff personnel functions referred to in (b) and (c) above are in the jurisdiction of the medical director.

   (d) Represents management in local negotiations with employee representatives and union groups.

4. Architecture and planning of facilities in cooperation with the medical director.

5. Communications, including spokesmanship for the hospital, press releases, and "public information", in ordinary matters.

6. Ceremonial, in ordinary matters.

B. Departments

The Medical and Dental Staff is viewed as a Department, whose head reports directly to the Governing Body. Within the scope of the professional disciplines, other Departments, especially those representing the clinical professions, are viewed as having relative autonomy subject to supervision by the administrator in administrative matters and the direction of the medical director in matters pertaining to the treatment and rehabilitation program of the hospital.

There is freedom of arrangement as to lines of report of the hospital department at the mutual pleasure of the medical director and the administrator, subject to review by the Governing Body.

Reproduced by the Minnesota Association for Retarded Children
July 10, 1964