MINUTES OF THE SPECIAL STUDY COMMITTEE ON SOCIAL AND REHABILITATIVE INSTITUTIONS

Held in Room 254-E, at the Statehouse at 12:30 p.m., on January 31, 1980.

Members present were:

Senator Robert Talkington, Chairman
Representative Joe Hoagland, Vice Chairman
Senator Mike Johnston
Representative Phil Martin
Representative David Heinemann

Staff present were:

Fred Carman, Revisor's Office
Marlin Rein, Legislative Research Department
Ray Hauke, Legislative Research Department
Robert A. Coldsnow, Legislative Counsel

Conferees appearing before the committee were:

Representative Richard Cameron, Atchison
Senator Edward F. Reilly, Jr., Leavenworth
Secretary Robert C. Harder, Department of Social and Rehabilitation Services

The Chairman called the meeting to order.

Representative Cameron appeared to summarize for the committee some of the problems and incidents relating to activities at and the administration of the Youth Center at Atchison as outlined in his report furnished to committee members. In his opinion, the procedures and tactics employed by SRS management to effect the release of a superintendent and the subsequent appointment of the present superintendent were questionable. Representative Cameron felt the program, training, and rehabilitation at the Atchison Youth Center had deteriorated as a result.

The Chairman asked Representative Cameron if the people whose names appear in the report were willing to appear before the committee and if there were others who would do so. Representative Cameron replied those persons mentioned would appear, and he furnished the Chairman with a list of additional names.

Representative Hoagland asked Representative Cameron to clarify the "career ladder" concept as mentioned in his report. He replied that it referred to SB 24 introduced in the 1979 session of the legislature which set up pay levels for employees. He said the concept was overwhelmingly desired by employees, but it failed due, in part, to difficulty in implementing existing employees into the "ladder" system.

Senator Reilly testified before the committee. He expressed regret that problems and abuses had occurred in state institutions necessitating his appearance before this or any committee. He felt very strongly the legislature had a moral obligation to try to correct matters of this nature which were called to its attention.

Senator Reilly stated that problems in state institutions came to his attention when he received phone calls and letters after the story of the molestation, on August 10, 1979, of a 14-year old girl from Leavenworth, a patient at Osawatomie State Hospital, surfaced. He said the committee probably would hear from the persons who contacted him and whose names are also included in the interim KBI report on the incidents. It disturbed him that it took the hospital management 13 days after the molestation to notify the girl's parents. The Senator stated this casts a bad light on officials in charge, and he wanted it corrected. Other alleged incidents of molestation, two other patients at Osawatomie and four boys and two girls at the Rainbow Mental Health Facility, were noted by the Senator. In the case of the Leavenworth girl, he reported that, as a result of the incident, she is now a patient at the Menninger Foundation, the father is bankrupt, and the mother is receiving treatment at the Shawnee Mission Mental Health Center.

After learning of the problems involving the Leavenworth girl, Senator Reilly stated he contacted the President of the Senate, told him of the case, and that he was getting in touch with the Attorney General to determine if he thought the matter was serious enough to conduct a KBI inquiry which was done. After the Legislative Coordinating Council read the KBI report, it decided there were problems needing the legislature's attention.

Senator Reilly assured the committee the study with which it had been charged was not a "witch hunt", nor was he merely seeking publicity in bringing these problems to the attention of the legislature. He had furnished to the committee the same information the KBI, Legislative Coordinating Council, and legislative leaders all received. He also recommended that members read the Task Force Report to the Governor of August 3, 1979, a review of SRS. Senator Reilly told the committee he would assist it in every way and furnish names if necessary.

Representative Martin asked Senator Reilly what his recommendations were to alleviate the problems in these institutions. He replied that Secretary Harder had issued memos to them with guidelines and rules which might help but would not cure the problems. He felt there were definite problems with lack of training and education, and sometimes there were problems with the person in charge of the institution. He added it was unacceptable to shrug these incidents off as signs of the times. His recommendations to correct them would follow those recommended in the Task Force report.

Secretary Harder presented a statement outlining his position regarding the state institutions under his department (Attachment A). He added that being responsible for the hospital institutions is a serious and humbling task, a stewardship given him by citizens of Kansas, and he assured the committee his efforts in working with it would reflect this responsibility.

Secretary Harder read from a report of the Legislative Post Audit Committee of October, 1979, which showed state hospital controls to be adequate, expenditures satisfactory, requirements of the law being met, with no recommendations being made for improvement. Further information furnished the committee included: a copy of the state's patients' rights law (Attachment B) which sets the tone for hospitals and institutions. The Secretary pointed out that, in an effort to insure patients' rights, there are patients' rights committees or councils in all institutions, and his department is in the process of establishing citizens' rights committees in all institutions; a Secretary's Letter regarding mandatory reporting of child or management abuse (Attachment C); a Secretary's Letter regarding acceptable behavior of SRS employees (Attachment D); a Secretary's Letter regarding policy relating to law enforcement background procedures (Attachment E). The Secretary noted the importance of this document and said situations formerly handled individually are now centralized; a Secretary's Letter regarding "prohibited" crimes and "covered" positions (Attachment F). The Secretary noted this had been circulated not only in SRS institutions but also to the field offices; a sample of the special incident report form (Attachment G); statistics relating to employee turnover at state hospitals (Attachment H) which the Secretary felt amplified some of his remarks made in his statement (Attachment A); a handbook (Attachment I) given to patients concerning their rights; a personnel handbook for nursing service (Attachment J); and a nursing service orientation booklet (Attachment K). Secretary Harder said additional information would be given the committee at a future time.

Secretary Harder was asked to return for further discussion with the committee at its next meeting which was scheduled for February 4, 1980, at 12:30 p.m.

The meeting adjourned at 1:30 p.m.

Chairman

ATTENDANCE SHEET
JANUARY 31, 1980

NAME	REPRESENTING	TOWN
Al Nemec	MH&RS. SRS	Topeka
J Keller	MH&RS SRS	Topeka
D Smith	SRS	TOPEKA
Charles V. Hamm	SRS	Topeka
HAL DESJARDINT	SRS	Topeka
Robert Harder	SRS	Topeka
WAYNE JACKMAN	BUDGET	"
Rich Greene	Sen. Winter	"
Jerry Levy	KTLA	Topeka
Marg Beatty		Topeka
Dennis M. Feighny	NASW	Topeka
Ethel May Miller	Kansas C&C	Topeka
Betty Stowers	MHAK	"

REMARKS FOR HOSPITAL AND INSTITUTION

INVESTIGATIVE COMMITTEE

January 31, 1980

Mr. Chairman and members of the Committee, I appreciate the opportunity to appear before the committee to discuss the administration of Kansas' hospitals and institutions under the supervision of the Department of Social and Rehabilitation Services. The Department appreciates the positive interest of the committee and other members of the Legislature in Kansas' hospitals and institutions as evidenced by their continued financial support which has made possible the improvement in the state's program through the years. I am here to offer you my complete cooperation and the support and services of the Department of SRS.

As Secretary of the Department, I can only regret incidents of inappropriate or improper behavior at our hospitals and institutions. I can say that the staffs of these facilities are constantly vigilant and try their hardest to provide safe care and treatment for all the patients and residents at the facilities. The bad acts of a few unfortunately reflect on all the rest obscuring the day to day hard work, concern, and effort that make Kansas' hospitals and institutions still among the best in the nation. The anger of good, dedicated staff is like yours. These staff pride themselves on the compassionate, caring treatment provided to patients of our state hospitals. They recognize that anything other than the highest standard of care is unacceptable. The care of the mentally ill, deprived and delinquent is a trust which they renew every day.

The legislative review of Kansas' hospitals and institutions, like the review of any other state program or facility, is always in order. After all, the Legislature must finally answer to the people for the functioning of these institutions. Your review of the facilities is not only an opportunity to talk about the current status of Kansas' hospitals and institutions but will, I hope, allow us to clear the air of many half heard and half understood charges about these facilities.

The Kansas Legislature has expressed its concern throughout the history of the state in the efficient and proper running of these important state facilities. You are a panel of knowledgeable people who can review the current status of these institutions with objectivity and then help to guide me and the Department of Social and Rehabilitation Services toward better patient care and an improved hospital administration.

I am happy and think it wise that you have decided not to look at specific case histories at the institutions. I believe that probing into specific cases or allegations of wrongdoing would not only be highly unfortunate for the patients who might be directly involved and who are after all in these facilities to try and get well again but really would not serve the more important aim of the committee to discuss the efficient and proper running of the hospitals and institutions.

Any incidents are regrettable and unfortunate. If I knew of a way to prevent totally incidents which occur at the hospitals and institutions I would certainly be the first to propose it. But when problems of one sort or another do occur I can promise that the staffs of Kansas' hospitals and institutions will act promptly, professionally, and in compliance with both Department policy and state statute.

I would also highlight for the Committee that the KBI investigative reports furnished to this Committee note repeatedly the rarity of the kinds of problems we

are discussing here today at Kansas' state hospitals and that the institutions appear to be doing everything they can under the circumstances to prevent abuses.

While we can't help but regret bad incidents, especially because of their immense negative impact not only on the patients and residents of Kansas' state facilities but on their dedicated and hardworking staffs as well - it behooves us to compare today's problems with those of thirty years ago when headlines about the same state hospitals used the words "brutality," "Bedlam," and "murder" with regularity.

In 1948 a Kansas City Times Reporter could write of Osawatomie State Hospital:

> "Three hundred and three men live (in one building) under an iron discipline not usually found today even in prisons. They are dressed in drab gray overalls and shirts, and the heads of many have been shorn with clippers. An attendant explained, with unconscious irony, that they were easier to keep clean that way.
>
> They sit for endless hours upon long, pew-like benches with arm rests between the seats. They are afraid to move. Except for prescribed periods of exercise and for housekeeping chores, they have nothing whatever to do. They are silent, but the silence is imposed.
>
> This reporter watched an attendant strike three jarring blows with the heel of his hand against the forepart of the shoulder of a patient cussing because the man was not clean. That kind of blow leaves no mark for a doctor to see . . .
>
> For two hours I watched the scene. I heard hard-voiced attendants shout orders, and saw patients jerk and start, and watched their eyes show fear . . ."

This description of Osawatomie State Hospital was written not 100 years ago, but 30 - within living memory for most of us. We have come a long way since 1948 when the newspapers could talk about patients dying of neglect, injured by brutal aides, and left to live out their lives in institutions of hopelessness. The problems

which Kansas' hospitals and institutions face today are problems common to any organized community of people and relate directly to the problems of our society at large.

Let me underline the fact that I am not trying to condone or excuse any bad behavior. But I must say that as far as I am aware there simply is no system anywhere that is going to prevent human beings from tripping over their own weaknesses and frailties and occasionally falling down. We can only do our best to channel people into more socially accepted patterns of behavior.

Kansas' hospitals and institutions endeavor to make people whole again so they can once more assume responsible and productive lives in the community. And they undertake this monumental task relying on workers whom we must hire at $595 to $645 a month and to whom we still can pay only $621 to $673 a month after a year and a half on the job. The turnover rate among these front line staff is anywhere from 75% to 129% for health service workers and anywhere from 12% to 51% for psychiatric aides, which considering the hassles and pressures they must deal with daily is really not surprising.

Topeka, Osawatomie and Larned State Hospitals are now all accredited by the Joint Commission on Hospital Accreditation while the Rainbow Mental Health Facility is in the process of site visits which will lead to eventual accreditation - an honor extended to less than 30% of the public hospitals in the United States. Kansas' successful efforts to meet the high standards of the Joint Commission is tangible evidence of SRS' abiding interest in humane care and treatment. And I can add that Kansas' hospitals and institutions must also pass inspection by Kansas' Department of Health and Environment before they qualify

for reimbursement under Medicaid (Title XIX) and Medicare (Title XVIII) or other third party payors.

As you all know, Kansas' hospitals and institutions operate in an open environment. There are no high walls or locked doors. Department policy and state statute formalize this open, voluntary aspect of the institutions - and this is as it should be. The law today reads that we may not restrain a person against his will in a state institution unless we can prove by medical expert testimony in front of a judge that he is a danger to himself or others. I would not change this policy of openness and yet I think we need to recognize that a formalized policy of openness and the emphasis on the rights of patients severely limits the control our institutions have over the people in their care.

There is no real prospect of ever fully controlling and guaranteeing all aspects of the behavior of either patients or employees. The question becomes, what are realistic controls and guarantees.

Let me finish by saying that I can give you no guarantees that there will be no mistakes, no errors, and no problems at Kansas' hospitals and institutions. It would be wonderful to be able to give you a guarantee like this - in fact it would be wonderful to have a guarantee like this for any Social and Rehabilitation Services' program - but it would also be inhuman. We are an agency that deals with people who have problems, people who are too sick, too poor, too old, or too young to deal with things themselves. We are an agency with many employees who are also human and thus prone to occasional mistakes and errors themselves. What I can promise you is a good effort, compassionate and caring treatment, and continued efforts to make the administration of SRS's programs responsive and efficient.

I cannot give you a 100% guarantee that there will be no problems, but I can give you a 100% guarantee that when there are problems we will work at them with diligence, attention, and concern until we have them worked out. Our interest is your interest. We want the best hospitals and institutions and the best treatment and the most caring staff that we can find. And we are delighted to work with you toward these goals. We look for your guidance and support and await your recommendations.

59-2928. Restraints and seclusion. Restraints or seclusion shall not be applied to a patient unless it is determined by the head of the treatment facility or a member of the medical staff to be required to prevent substantial bodily injury to such patient or others. The extent of the restraint or seclusion applied to the patient shall be the least restrictive measure necessary to prevent injury to the patient or others, and the use of restraint or seclusion shall not exceed three (3) hours without medical re-evaluation, except that such medical re-evaluation shall not be required, unless necessary, between the hours of 12 o'clock midnight and 8:00 o'clock a. m. The head of the treatment facility or a member of the medical staff shall sign a statement explaining the medical necessity for the use of any restraint and seclusion and shall make such statement a part of the medical record of such patient. [L. 1965, ch. 348, § 28; L. 1976, ch. 243, § 31; July 1.]

59-2929. Rights of patients. (*a*) Every patient being treated in any treatment facility, in addition to all other rights preserved by the provisions of this act, shall have the following rights:

(1) To wear his or her own clothes, keep and use his or her own personal possessions including toilet articles and keep and be allowed to spend his or her own money;

(2) to communicate by telephone, both to make and receive confidential calls, and by letter, both to mail and receive unopened correspondence, except that if the head of the treatment facility should deny a patient's right to mail or to receive unopened correspondence under the provisions of subsection (*b*) of this section, such correspondence shall be opened and examined in the presence of the patient;

(3) to conjugal visits if facilities are available for such visits;

(4) to receive visitors each day;

(5) to refuse involuntary labor and to be paid for any work performed other than the housekeeping of his or her own bedroom and bathroom;

(6) not to be subject to such procedures as psychosurgery, electroshock therapy, experimental medication, aversion therapy or hazardous treatment procedures without the written consent of the patient and the written consent of a parent, guardian or other person *in loco parentis*, if such patient has a living parent or a guardian or other person *in loco parentis;*

(7) to have explained, if requested, the nature of all medications and treatments prescribed, the reason for the prescription and the most common side effects;

(8) to communicate by letter with the secretary of social and rehabilitation services, the head of the treatment facility and any court, physician or attorney, and all such communications shall be forwarded at once to the addressee without examination and communications from such persons shall be delivered to the patient without examination;

(9) to be visited by his or her physician or attorney at all times; and

(10) to be informed orally and in writing of his or her rights under this section upon admission to a treatment facility.

(*b*) The head of the treatment facility may, for good cause only, restrict a patient's rights under this section, except that the rights enumerated in subsection (*a*) (5) through (*a*) (10) of this section, and the right to mail any correspondence which does not violate postal regulations, shall not be restricted by the head of the treatment facility under any circumstances. Each treatment facility shall adopt regulations governing the conduct of all patients being treated in such treatment facility, which regulations shall be consistent with the provisions of this section. A statement explaining the reasons for any restriction of a patient's rights shall be immediately entered on such patient's medical record and copies of such statement shall be available to the patient and the parent, guardian or person *in loco parentis*, if such patient is less than eighteen (18) years of age, and the patient's attorney.

(*c*) Any person willfully depriving any patient of the rights protected by this section, except for the restriction of such rights in accordance with the provisions of subsection (*b*) of this section, shall be guilty of a class C misdemeanor. [L. 1965, ch. 348, § 29; L. 1976, ch. 243, § 32; July 1.]

Law Review and Bar Journal References:

Mentioned; patient's rights discussed in an article on involuntary civil commitment, Gary D. Taylor, 10 W. L. J. 237, 255 (1971).

Cited in note concerning treatment for involuntarily committed mental patients, 14 W. L. J. 291, 301 (1975).

59-2930. Civil rights of patients. Except as limited by this act, a person shall not lose rights as a citizen, property rights or legal capacity by reason of being a patient, except that the head of the treatment facility may make reasonable rules and regulations concerning the exercise of such rights by the

STATE DEPARTMENT OF SOCIAL
AND REHABILITATION SERVICES
Services to Children, Youth, and Adults
2700 West Sixth Street
Topeka, KS 66606

Secretary's L-289

November 7, 1979

To: Institution Superintendents
Division Directors
Area Offices

(Code 1)

Re: Mandatory reporting of child abuse and/or neglect in an institutional setting

PURPOSE OF LETTER

This letter will enlarge and expand upon Secretary's Letter 57, dated March 28, 1975, and reiterate existing reporting requirements found in the Kansas Child Protection Act, KSA 38-716, et seq., and procedures found in Kansas Manual of Services to Children, Youth, and Adults, 50101, et seq., effective November 1978. This also supercedes any and all internal instructions and rules issued by institutions which are or may be inconsistent herewith.

I. For a full understanding of all the provisions of the Child Protection Act, see previously supplied copies of the full text, as well as Kansas Manual of Services to Children, Youth, and Adults.

II. REPORTERS

All employees of institutions operated by the Department of Social and Rehabilitation Services are required to report all instances of suspected abuse or neglect immediately as outlined in IV below.

III. ABUSE OR NEGLECT

Physical or mental abuse or neglect means the infliction of physical or mental injury or the causing of deterioration of a child and shall include failing to maintain reasonable care and treatment, sexual abuse, negligent treatment, or maltreatment or exploiting a child to such an extent that the child's health, morals or emotional well-being is in danger.

IV. REPORTING PROCEDURES

A. Reporters. All institution staff having reason to suspect child abuse or neglect and all supervisory personnel who receive a report from a staff member or a child, shall make a report immediately to the superintendent of the institution, who shall proceed as outlined in B below.

B. Superintendent. Upon receipt of a report of suspected child abuse or neglect, the superintendent or his designee, shall immediately determine the names, dates of birth, addresses of child(ren) and alleged perpetrators involved in the suspected incident, and the addresses of parents or guardians of any children who may be involved. In addition, the Superintendent shall obtain a brief statement of the events alleged to have occurred and the date or dates thereof.

NOTE: Inability to obtain all of the information mentioned above shall not excuse delay in reporting the incident as required in V below; however, the report shall designate the information that is unavailable and the reasons therefor.

V. SUPERINTENDENT'S RESPONSIBILITY

A. Oral Report. In all instances, a report of all information available shall immediately be made orally to Children, Youth, and Adults Legal, or Central Office Legal, and the District Court.

B. Written Record. In all cases, a report shall be made in writing by the end of the next working day to the district court of the county in which the incident is alleged to have taken place with a copy thereof to the county or district attorney, the Division of Services to Children, Youth, and Adults in Topeka, and the parent or guardian of the child.

C. Maintain Record. The superintendent shall maintain a permanent file on all reports of incidents of suspected abuse, neglect, which shall contain all relevant information pertaining to such incidents.

VI. IMMUNITY

KSA 38-718 provides as follows: "Anyone participating without malice in the making of an oral or written report to the district court or the Department of Social and Rehabilitation Services, relating to an injury or injuries inflicted upon a child under 18 or in any follow-up activity to such a report, shall have immunity from any liability, civil or criminal, that might otherwise be incurred or imposed. Any such participant shall have the same immunity with respect to any judicial proceeding resulting from such report."

VII. PENALTY

Anyone knowingly and willfully violating the provisions of the Kansas Child Protection Act shall be guilty of a Class B misdemeanor.

VIII. CONFIDENTIALITY

It is not a violation of the rules of confidentiality to disclose any and all information concerning a report of suspected abuse or neglect to the court, district or county attorney or law enforcement officer. Every effort should be made to cooperate with these agencies or individuals.

IX. PERSONNEL INVESTIGATIONS

All investigations to determine appropriate disciplinary measures to be taken concerning personnel, should be performed as expeditiously as possible. Any such investigation shall not interfere with, or hinder,

official investigations by law enforcement officials or other authorities into the suspected child abuse or neglect. Employees who are suspected perpetrators of child abuse or neglect, shall be relieved of all duties involving contact with children pending a personnel investigation.

Sincerely yours,

Robert C. Harder
Secretary

RCH:ch

STATE DEPARTMENT OF SOCIAL
AND REHABILITATION SERVICES
Office of the Secretary
State Office Building
Topeka, Kansas 66612

Secretary's L-294

TO: All S.R.S. Employees

RE: Acceptable Behavior of S.R.S. Employees

PURPOSE OF LETTER

The State Department of Social and Rehabilitation Services views itself as a unique agency with a personal responsibility to provide services to handicapped persons within the State.

The Department has a history of providing compassionate and humane treatment to handicapped persons. We have assumed responsibility for quality control by having our hospitals, institutions, facilities and centers reviewed by outside parties such as the Joint Commission on Accreditation, the State Department of Health and Environment, medical review teams, legislative oversight committees, advisory committees and commissions.

This letter is a re-affirmation of a long-standing tradition to work kindly and constructively with persons who are served by this agency. Our mission is to conserve, to help, to teach, to train and to rehabilitate.

SPECIFIC POLICY INSTRUCTIONS AND PROCEDURES

I. S.R.S. Policy

All employees of S.R.S. shall have a clear understanding of unacceptable behavior in the areas of alcohol and other drug use; abuse of children and adults; and unlawful and/or inappropriate sexual conduct. It is the purpose of this letter to specify policy on these subjects.

Appropriate behavior of the employee touches on both physical and mental involvement with the client, patient, resident or student. Verbal abuse, as well as combative physical force, are unacceptable.

Appropriate action by employees on duty is essential whenever it is apparent that the behavior of a person served by S.R.S. could result in physical or mental injury to that person, others served by S.R.S. or employees. S.R.S. employees shall use only those controls and constraints which are taught in employee training programs. Ignorance of appropriate control methods is unacceptable if the failure by an employee to use proper procedures results in cruel or abusive treatment. An employee needing training in the proper techniques of control and constraint should contact his/her supervisor immediately.

There are certain kinds of behavior which will not be tolerated. S.R.S. employees and persons served by S.R.S. shall not engage in unlawful and/or inappropriate sexual conduct. They shall not sell, distribute, or use unauthorized drugs. Furthermore, the illegal or inappropriate use, sale or distribution of alcoholic beverages by an employee or person served by S.R.S. will not be tolerated.

Neglecting to perform duties appropriately may be viewed as seriously as overt abusive acts. Sleeping on duty is an example of serious omission. A person sleeping on duty is neglecting those served by S.R.S. and subjecting them to possible harm. Failure to appropriately carry out job functions may be considered neglect.

The above is suggestive, but not all inclusive. The Department's emphasis is on positive actions and interactions with clients, patients, residents and students. Any behavior which does not meet these criteria will be subject to immediate review and questioning.

II. REPORTING

We recognize that for the great majority of you who read this policy for the first time, your response may well be, "Yes, I know that. This is the way I perform on the job." We recognize and applaud that good work. For the new employee, we ask that you assimilate into your thinking and acting the proud tradition of this agency in providing kind and caring treatment to the handicapped.

From time-to-time there will be employees who fall down on the job; they break faith with fellow employees, residents, patients, clients and/or students. For those persons, the following reporting mechanism is to be used.

Any employee who witnesses violoations relating to unacceptable behavior has a responsibility to report such violations immediately to his/her supervisor. Following this oral report, a written report of the incident shall be given to the supervisor. Failure of any employee to make such reports of unacceptable behavior may result in disciplinary action. Failure at any supervisory level to immediately forward such reports to the appointing authority may result in disciplinary action.

A chronological log of all incidents that are covered by this policy shall be maintained in the office of the appointing authority. This log shall include the following: Date of Incident, Nature of the Charge, Investigation Body, Findings and Action Taken. In addition to the log, the appointing authority shall maintain a permanent file containing all written reports, letters and memorandums pertaining to each reported incident.

Reports of unacceptable behavior received from parents, legal guardians, advocates or any citizen (including anonymous reports) shall be processed in the same manner as reports made by an S.R.S. employee.

The head of the facility (appointing authority) shall bear the ultimate responsibility of reporting all allegations of abuse to the appropriate authorities.

In addition, the appointing authority of the S.R.S. facility is responsible for prompt and appropriate notification to parents and guardians of persons committed to S.R.S. that abuse of their kin has been alleged, that an investigation will be conducted, and that they will be kept informed. They will also be notified that the appropriate public officials have been informed of the incident. The names and titles of the public officials that have been notified will be listed in the letter.

An addendum shall be attached to this policy outlining specific procedures to be followed within the individual office or facility including the responsible persons and the actions which each will take in carrying out the step-by-step procedure from knowledge of a possible violation of policy, to notification of the chief administrative officer on duty (not more than two hours after incident is witnessed), to final action taken on the matter.

In addition to the explicit incidents covered in this policy, good judgment should be used in relating any incidents to a general code of good conduct and applicable state and federal laws and regulations so that other significant incidents, not specifically outlined herein, will also be promptly reported when they are witnessed by an employee.

III. Disciplinary Procedures

When it is alleged that an employee has been involved in a questionable practice, the appointing authority shall take appropriate action concerning the employee. Such action shall be based on prevailing civil service statutes, rules and regulations. When the investigation of the alleged questionable practice is initiated, the appointing authority shall provide written notification to the employee of the proposed action, pursuant to Kansas Personnel Regulation 1-10-2. The written notification shall state whether the employee is to be reassigned to other duties, placed on leave with pay, or on leave without pay, pending final action.

When the appointing authority receives a report of a serious breach of acceptable behavior, (which can be readily substantiated) he/she should immediately suspend without notice the employee in question. (See Kansas Personnel Regulation 1-10-3).

IV. Implementing

The Department has a continuing commitment to train new and permanent employees. That training includes the essential work of the task at hand as well as outlining the importance of kindly care to the handicapped. This re-affirmation of policy should be woven into existing training programs.

1. This Secretary's Letter shall be included in all S.R.S. policy manuals. This letter shall be available for review by the general public, and by persons served by S.R.S. Parents, legal guardians or interested citizens may be given a copy of this Secretary's letter upon request.

2. A copy of this Secretary's Letter shall be made available to every employee of each S.R.S. facility and each employee shall certify in writing that he/she has read, understands and will follow the policy.

3. The agency shall include a review of this policy as a required component of orientation for all new employees. It shall also be covered as a component of inservice training programs for all direct care and treatment staff and for all security officers.

4. Every effort will be made to keep incident reports confidential so that the alleged violators of this policy will not necessarily learn of the identity of persons reporting. KSA 38-718 provides as follows:

   > Anyone participating without malice in the making of an oral or written report to the district court or the Department of Social and Rehabilitation Services, relating to any injury or injuries inflicted upon a child under 18 or in any follow-up activity to such a report, shall have immunity from any liability, civil or criminal, that might otherwise be incurred or imposed. Any such participant shall have the same immunity with respect to any judicial proceeding resulting from such report.

5. In order to be certain that there is periodic management review of this policy and that appropriate revisions are recommended to the Secretary, a review of this policy shall be made a standing agenda item for each S.R.S. facility's management audits, which are to be conducted as needed, but not less often than annually.

Sincerely yours,

Robert C. Harder

Robert C. Harder
Secretary

RCH/ss

Attachment E

STATE DEPARTMENT OF SOCIAL
AND REHABILITATION SERVICES
State Office Building
Topeka, Kansas 66612

Secretary's L-295

January 22, 1980

To: All SRS Offices
All SRS Institutions (Code 1)

Re: Law Enforcement Background Clearance Procedures

I. Purpose

The purpose of this letter is to establish appropriate employment procedures with regard to law enforcement background checks.

II. Mission of SRS

The primary mission of SRS is to provide the best possible services, care and treatment to handicapped and vulnerable children and adults. The abilities, qualifications, and background of persons making application for employment is of paramount concern when making decisions related to employment matters.

III. Policy

Because of the nature of their responsibilities, certain departmental positions require that either (1) the position may not be filled with a person charged in a criminal proceeding with certain crimes if the final outcome of the court action results in conviction, reduced charges, plea bargaining, or diversion; or (2) that the job qualifications of a person committing a prohibited crime be carefully reviewed in relationship to the pertinent facts of the crime and any evidence of rehabilitative efforts.

Therefore, the State Department of Social and Rehabilitation Services reserves the right to conduct law enforcement background clearance of all employees (including CETA workers, work project participants, and volunteers).

No clearance may be requested unless authorized by the Secretary or his designee.

IV. Clearance Procedures

A. Routine

1. Requests for background clearances are not to be initiated until a person is employed by the Department. For classified and unclassified employees, the Employment Security Clearance form will be submitted with Appointment Form DA-216 to the Personnel Management Section. The top portion of the form, including the employee information section, is to be completed by the office or institution requesting information.

2. Upon receipt by the Personnel Management Section, the DA-216 will be forwarded to the Division of Personnel Services, and the Employment Security Clearance form will immediately be forwarded to a designated Personnel Officer in the SRS Personnel Management Section. The Personnel Officer will contact the KBI (Kansas Bureau of Investigation) to request clearance information.

3. For work project participants and volunteers, the office or institution should fill in the top portion of the form including all information requested (except position number) in the employee information section. The form should be attached to a cover letter addressed to the Personnel Management Section, in which the employee's duties are briefly described, and the work site is specified. The letter should include information regarding whether or not the work project participant/volunteer will have (or could have) in person contact with persons served by SRS. The letter and clearance form will be referred to the Secretary of SRS or his designee, who will determine whether or not a security clearance should be requested. Security clearances for volunteers/work project participants will be processed in the same manner as for classified and unclassified employees.

4. If the KBI report shows no prior criminal record, the personnel officer will check the clearance granted box. A copy of page 1 of the clearance form will be returned to the office or institution which requested the clearance. The form will be filed in the employee's personnel file in the local office or institution.

5. If the KBI report shows the employee has a prior criminal record, the Personnel Management Section will immediately obtain a copy of the specific duties required for the position, and schedule a meeting of an SRS Clearance Committee to review the report.

B. Special Review, SRS Clearance Committee

1. The Clearance Committee is to be composed of one representative from the office of the Chief Legal Counsel, one representative from the division requesting the security clearance, and one or more representatives to be selected by the other two representatives.

2. If the Clearance Committee recommends that a clearance not be granted for the position the employee holds, the following steps are necessary:

   a. The Clearance Committee will state in the "Recommendations" section of the clearance form the specific action(s) that they are recommending. For example, the committee may not approve the employee for the position that he/she holds, but may recommend that the employee be transferred (if possible) to another type of position.

   b. The Personnel Management Section will advise the requesting administrator that a clearance is not being granted to the employee for the position in which he/she is employed. The administrator will also be informed of the recommendations made by the Clearance Committee.

   c. The administrator will take prompt action, following the recommendations given by the Clearance Committee. Secretary's Letter 296 gives additional information regarding the procedures that are to be followed.

V. Safeguards

1. The employee is not to be advised of the specific details of the report from the KBI. For this information the employee must contact KBI directly.

2. All action and information relative to a security clearance check is to be handled in a STRICTLY CONFIDENTIAL MANNER.

3. ANY UNAUTHORIZED RELEASE OF INFORMATION SHALL SUBJECT THE PERSON RELEASING SUCH INFORMATION TO CRIMINAL FINES AND PENALTIES.

4. Any SRS employee having knowledge of a conviction which occurs during the employment of another SRS employee shall immediately report such information to the office or agency administrator. The administrator shall submit an Employee Clearance Form with a cover letter outlining the circumstances and requesting a clearance.

The completion of the Employment Security Clearance Form, PM-6620, with the appointment form, Personnel Requisition and Appointment Record, DA-216, is to begin effective March 3, 1980. A copy of this form PM-6620 is attached to this letter. When the forms have been printed, a supply will automatically be sent to each institution, facility or S.R.S. office. Future supplies can be obtained from the Personnel Management Section.

Sincerely yours,

Robert C. Harder

Robert C. Harder
Secretary

RCH:jw
Attachment

STATE OF KANSAS
DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
DIVISION OF ADMINISTRATIVE SERVICES

PM-6620
1-80

EMPLOYMENT SECURITY CLEARANCE FORM

Name of Office or Institution: _____

Contact Person: _____ Telephone Number: _____

Employee Information:

Position Number: _____ Classification Title: _____

Full Name (or any name the employee has ever used): (last, first, middle)

_____

Current Address: (street, city, state, zip)

_____

Birthdate: _____ Sex: _____

Social Security Number: _____ Race: _____

Driver's License Number: _____ State of Issuance: _____

Date of Security Clearance Reply: _____

Personnel Officer Replying to Contact Person: _____

_____ Security Clearance Granted _____ Security Clearance Not Granted

Security Clearance Committee Members: (minimum of three)

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

Security Clearance Committee's Determination of Facts:

Security Clearance Committee's Recommendations:

Attachment F

"PLEASE POST ON ALL BULLETIN BOARDS"

STATE DEPARTMENT OF SOCIAL
AND REHABILITATION SERVICES
Office of the Secretary
State Office Building
Topeka, Kansas 66612

Secretary's L-296

January 23, 1980

TO: S.R.S. Institutions
S.R.S. Offices (Code 1)

RE: Identification of "prohibited" crimes, "covered" positions and implementation of S.R.S. policy regarding certain crimes.

I. PURPOSE OF LETTER

The purpose of this letter is to identify "prohibited" crimes and "covered" S.R.S. positions relating to such crimes and to implement the S.R.S. policy relating to personnel actions to be taken if security clearance is not granted.

II. MISSION OF S.R.S.

The primary mission of the State Department of Social and Rehabilitation Services is to provide the best possible services, care and treatment to handicapped and vulnerable children and adults. An important aspect of this mission is to insure that all children and adults who are receiving services from the Department (institutional, protective, and other services) are protected from abuse.

III. LIMITATIONS

As a part of the Department's ongoing effort to protect the rights of our clients, S.R.S. will not employ a person (including CETA workers, work project participants, or volunteers) in the covered positions listed in part IV who have been charged in a criminal proceeding (including attempts), if the outcome of the court action results in conviction, reduced charges, plea bargaining, or diversion in the following crimes (later referred to as "prohibited crimes"): child abuse, indecent liberties with a child or ward, incest or aggravated incest involving a minor child, enticement of a child, indecent solicitation of a child, aggravated indecent solicitation of a child, endangering a child, rape, sodomy or aggravated sodomy, mistreatment of a confined patient, sexual exploitation of a child, person/persons involved in illegal drug trafficking, or any other related crime.

Furthermore, the Department will investigate carefully, other criminal convictions when the crime specifically relates to the duties and responsibilities of the employee's position. (No clearance will be requested unless authorized by the Secretary or his designee.)

IV. COVERED POSITIONS

1. All positions at state institutions.

2. Other positions that are responsible (even occasionally) for providing direct services (in person contact) to clients. This includes but is not limited to: Protective Service Workers, Social Service Workers, VR Counselors, IM Workers, etc.

3. Other positions which are identified by the Secretary as positions which require an employee to be free from certain kinds of criminal charges/convictions in order to effectively perform the duties and responsibilities of the position.

V. APPLICATION OF POLICY

This policy applies to: (1) new employees (including CETA workers, work project participants, and volunteers); (2) transfers; (3) promotions; and (4) demotions.

The Department reserves the right to request a security clearance for any employee currently employed in a covered position.

VI. IMPLEMENTATION OF POLICY

NOTE: All of the following personnel actions require the observance of due process procedure under Kansas personnel laws, rules, and regulations. See Articles 6; 7; 10; 11; and 1-9-18 of the Kansas Personnel Rules and Regulations.

A law enforcement background clearance is to be run on each employee (including CETA workers, work project participants, and volunteers), appointed to a covered position. Please refer to Secretary's L-295 for procedures relating to background clearances.

The following alternatives may be recommended when a security clearance is denied a permanent employee in a covered position:

1. Discuss possibility of resignation,

2. Proposed action for dismissal or demotion,

3. Examine possibility of a lateral transfer to a non-covered position,

4. Discussion of any vacant non-covered positions within the department.

The following alternatives may be recommended when a security clearance is denied a probationary or conditional employee in a covered position:

1. Acceptance of resignation,

2. Letter of dismissal,

3. Examine possibility of transfer,

4. Opportunity to apply for any currently open non-covered position.

When the appointing authority learns that an employee has been arrested for or charged with a prohibited crime, the appointing authority shall immediately notify the following for recommendations on appropriate action:

1. The appointing authority's division director, and

2. S.R.S. Legal Division.

Any employee who is convicted of a prohibited crime while holding a covered position is to be:

1. Subject to disciplinary action under the Civil Service Act, rules, and regulations,

2. Offered an opportunity to resign,

3. Referred to the State Division of Personnel Services for available positions elsewhere in state service.

The policy set forth in this letter is to be distributed to each person making initial application for employment with the Department through the use of the attached Employee Information form. Questions concerning the use of the Employee Information form are to be directed to the Personnel Management Section.

A copy of the Employment Information form, PM-6621, is attached to this letter. When the forms have been printed, a supply will automatically be sent to each institution, facility or S.R.S. office. Future supplies can be obtained from the Personnel Management Section.

Sincerely yours,

Robert C. Harder

Robert C. Harder
Secretary

RCH:ss
Enclosures

EMPLOYMENT INFORMATION

Equal Opportunity Employer

The policy of the State of Kansas is to provide equal opportunity to all employees and applicants for employment without regard to race, color, sex, age, religion, national origin, ancestry, handicaps, or political affiliation.

robation

A new employee is on probation for at least the first six months of employment. During this probationary period, on-the-job training will be provided and carefully directed by the employee's supervisor. Ongoing evaluation continues during this period to assess work performance and progress in learning assigned tasks.

Law Enforcement Background Clearances

Because of the nature of their responsibilities, certain Departmental positions require that either (1) the position may not be filled with a person charged in a criminal proceeding with certain crimes if the final outcome of the court action results in conviction, reduced charges, plea bargaining, or diversion; (2) that the job qualifications of a person committing a prohibited crime be carefully reviewed in relationship to the pertinent facts of the crime; or (3) such other crimes which can be determined to specifically relate to the duties and responsibilities of such person's position. Therefore, the State Department of Social and Rehabilitation Services reserves the right to conduct a law enforcement background clearance on each employee appointed to certain positions.

Restrictions Placed Upon Direct Service Positions or Positions at State Institutions

Direct service positions which have at least occasional in-person contact with departmental clients or positions at State Institutions may not be filled with a person charged in a criminal proceeding with the following crimes if the final outcome of the court action results in conviction, reduced charges, plea bargaining, or diversion: child abuse, indecent liberties with a child or ward, incest or aggravated incest involving a minor child, enticement of a child, indecent solicitation of a child, aggravated indecent solicitation of a child, endangering a child, rape, sodomy or aggravated sodomy, mistreatment of a confined patient, sexual exploitation of a child, person/persons involved in illegal drug trafficking or any other related crime including attempts.

Salary

The salary range for _____ (Classification) is _____. The usual starting salary for this classification is _____ (monthly or hourly rate) with merit increases to _____ (monthly or hourly rate). Employees are paid on the first day of the month unless the first falls on a weekend. When the first falls on a weekend employees are paid the last working day of the month. Both federal and state taxes and social security are withheld from the employee's check. Additional withholdings, such as Savings Bond purchases, United Way, and Union Dues, may be authorized by the employee.

Annual Leave, Sick Leave, and Holidays

New employees paid at a monthly rate earn one day of vacation leave and one day of sick leave each payroll period. Hourly paid employees earn leave according to hours paid during a payroll period. Except for CETA employees, vacation leave is not

available for use during the first six months of employment. Sick leave can be used as needed after it has been accrued. Employees are given several paid holidays a year which are designated by the governor. They usually are New Year's Day, Memorial Day, Fourth of July, Labor Day, Veteran's Day, Thanksgiving Day and the day after, and Christmas Day.

Health Insurance

The State pays for health insurance coverage for employees who are on positions requiring at least 1000 hours per year. If an employee wants coverage for other family members, the premium for family coverage will be a payroll deduction.

Worker's Compensation

All state employees are covered by Worker's Compensation.

Retirement

The state has a mandatory retirement plan (KPERS) for employees on positions requiring at least 1000 hours per year. After these employees have been with the State for 12 full months, 4% of their salary will be deducted and put in the retirement system. Employees eligible for this are covered by a group life and disability insurance plan paid for by the state. In addition to this insurance coverage, these employees are offered a chance to purchase an Optional Group Life Insurance through a payroll deduction.

If an employee leaves State employment, the amount contributed to the system plus interest may be withdrawn.

Overtime

Employees not exempt from overtime and who are required to work overtime may be granted time off or additional pay for work in excess of 40 hours per week. No employee shall work overtime without prior approval from their supervisor.

Grievance Procedure

The agency has a procedure for handling the complaints and grievances of employees. Your supervisor can advise you of this procedure.

Personnel Manuals

A manual of Personnel Regulations is available in each supervisor's office for use by employees as necessary.

This information is intended for new state employees. New employees with prior state service may have some variances in their benefits.

(EACH OFFICE OR INSTITUTION SHOULD ATTACH A PAGE SETTING OUT LOCAL RULES AND POLICIES. THESE SHOULD AT LEAST INCLUDE THE FOLLOWING: OFFICE HOURS, FLEX TIME, AND TRAVEL. OTHER ITEMS SHOULD BE ADDED AS NECESSARY.)

Attachment G

TOPEKA STATE HOSPITAL

DESCRIPTION OF INCIDENT IN DETAIL: (Use back if necessary) DATE OF INCIDENT_____

Signature of employee witnesses:

_____ _____
Signature of person making report

_____

_____ _____
NURSE IN CHARGE OF SECTION

Ward Administrator's Report: _____
Date and Hour Patient Seen

FILE GUIDE: SECTION V

Reviewed by: _____ _____
Superintendent or Clin. Dir Signature of Ward Administrator

NOTE: In event of bodily injury, please fill out "Report of Injury"

TSH-007 (Rev. 5/77) SPECIAL INCIDENT REPORT

Attachment H

Dr. Robert Harder

J. Charles Stevenson

Employee Turnover at the State Hospitals

October 19, 1979

Attached are copies of employee turnover data secured from the seven state hospitals. There are now efforts underway to begin upgrading positions in the hospitals in an attempt to reduce the turnover rates. While I am certain that turnover causes a critical problem in the hospitals, it would appear at least from some correspondence that the primary reason for the request for increases comes from the fact that we upgraded the Youth Service Workers at the Youth Centers. Inasmuch as I felt there would be rather large fiscal effect to some of the changes, I requested Art Lewerenz to give me estimates of the cost of providing 5, 10, or 15 percent increases for the various non-professional classes at the hospitals. I feel it is well to know what the potential costs are before we send any request to Personnel for possible upgrade of salary ranges. If you have any questions, please let me know.

JCS:jmw
Attachments
cc: Wanda Kimbrell
Ken Keller
Van Alexander
Art Schumann

Cost of Possible Range Changes
Selected Institutional Classes
Increases of 5, 10, or 15 Percent
(Costs in Thousands)

	Larned			Topeka			Osawatomie			Rainbow			Total		
	5%	10%	15%	5%	10%	15%	5%	10%	15%	5%	10%	15%	5%	10%	15%
Psychiatric Aides	22	44	66	41	81	122	41	83	125	14	27	41	118	235	354
Licensed MHT	33	66	100	17	33	50	16	33	49				66	132	199
MHT I	29	57	86	77	153	230	55	110	166	11	21	32	172	341	514
Food Service Worker	15	31	46	13	25	38	10	19	29				38	75	113
Cook I	7	13	20	3	6	9	4	8	12				14	27	41
Cook II	2	3	5	6	12	17	5	11	16				13	26	38
ATA I							1	2	3	*	1	1	1	3	4
ATA II	11	21	32	4	8	12	6	11	17	2	5	7	23	45	68

	Parsons			Winfield			KNI			Norton			Total		
	5%	10%	15%	5%	10%	15%	5%	10%	15%	5%	10%	15%	5%	10%	15%
Psychiatric Aides	40	81	121	49	98	147				32	64	97	121	243	365
Licensed MHT				37	75	113	16	32	48				53	107	161
MHT I	36	73	109	89	179	268				22	43	65	147	295	442
Food Service Worker	2	4	5	15	31	46	11	21	32	8	15	23	34	71	106
Cook I	9	18	27	6	12	18	3	7	10	1	3	4	19	40	59
Cook II	2	4	6	2	3	5	2	3	5	3	6	10	9	16	26
ATA I	3	5	8							2	3	5	5	8	13
ATA II	2	4	6	13	26	39	17	34	51	3	6	9	35	70	105
Dev. & Training Spec.							47	95	142				47	95	142

OSAWATOMIE STATE HOSPITAL

EMPLOYEE TURNOVER

July 1, 1978 - June 30, 1979

	Other Employment	Health Reasons	Moving Away	Abandonment of Position	No Reason/ Personal	School	Family Problems	Retirement	Dismissed	Stay at Home	Unable to Complete Training	Unable to Work Assigned Shift	CETA Terminated	Total No. of Terminations	Total No. of Positions	Annual % Turnover
Health Service Wkr.	12	11	4	22	14	5	5				7			80	62	129.0
Psychiatric Aids	8	3	1	10	8	2			1			2		35)	95	50.5
L.M.H.T.	3	2	2	1	2	2		1						13)		
M.H.T. I	3	6	1		1	2	1	1		1				16	94	17.0
M.H.T. II								3						3	11	27.3
Grad. Nurse II	3	1	1							1				6	14	42.9
Psychiatric Nurse I					1					2				3	34	8.8
Food Serv. Wkr. I	8	4		3	11	1	1							28	17.5	160.0
Food Serv. Wkr. II					1									1	7	14.3
Cook I	1	1						1						3	9	33.3
Cook II								1						1	10	10.0
Dietitian II			1											1	1	100.0
Act. Ther. Aide I													1	1	2*	50.0
Act. Ther. Aide II	6	1				1			1	1				10	11	90.9
Activity Therapist I	1													1	5	20.0
Clerk Steno. II	1													1	5	20.0
Clerk Typist II	2													2	16	12.5
Clerk III	1			1	1		1							4	21	19.0
Switchboard Op. I					1									1	5	20.0
Social Worker I	2													2	2*	100.0
Social Worker II	3		1					2						6	12	50.0
Social Worker IV	1													1	2	50.0
Social Worker V		1						1						1	1	100.0
Physician Specialist	8					4		1						13	18	72.2
Seamstress I										1				1	1	100.0
Radiol. Tech. I, Diag. X-Ray		1												1	1	100.0
Psychologist II							1							1	5.5	18.2
Patrol Officer	3		1										2	6	13	46.2
Patrol Sergeant	1													1	4	25.0
Power Plant Op. II								1						1	5	20.0
Cosmetologist		1												1	2	50.0
Laborer I	2	2												4	** 4	100.0
Laborer II	1							1						2	4	50.0
Laundry Worker	1						1							2	14	14.3
Laundry Manager I								1						1	1	100.0
Custodial Worker						1		1						2	13	15.4
Storekeeper I	2													2	6	33.3
Storekeeper II								1						1	4	25.0
Maintenance Painter													1	1	2*	50.0
Maintenance Welder													1	1	1*	100.0
Maintenance Elect.		1											1	2	5*	40.0
Maintenance Plumber	1				1									2	4	50.0
Gen. Maint. & Rpr.T.					1									1	1	100.0
Psychometric Tech.													1	1	2*	50.0
Secretary I								1						1	7	14.3
Drug Clerk										1				1	3	33.3
Hospital Adm. Clerk					1									1	5	20.0
TOTALS:	74	34	12	37	43	18	10	17	2	7	7	2	7	270	711	38.0

Total Budgeted Positions: 633

Positions Not Counted Against Inventory:

Health Service Workers: 62

CETA Positions: 12

Seasonal Positions: 4

711

* Includes some CETA positions.

** Includes some Seasonal positions.

Rainbow Mental Health Facility (555)

EMPLOYEE TURNOVER

July 1, 1978 - June 30, 1979

	Other Employment	Health Reasons	Moving Out Of Town	Abandonment of Position	No Reason/ or Personal	School	Family Problems	Retirement	Dismissed	Stay at Home	Total Terminations	Total No. of Positions	Annual % Turnover
Health Serv. Wkr.	4			1	4	4					13	15	87%
Psych. Aide	6		1		1	3					11	20	37%
M.H.T. I	3	1			1	2					7	18	39%
M.H.T. II	1										1	1	100%
Grad. Nurse II	5											5	71%
Psych. Nurse I												3	
Psych. Nurse II												1	
Food Sv. Supv. II												1	
A.T.A. I	1											1	100%
A.T.A. II					1	1					2	5	40%
Act. Ther. I												4	
Auto-Driver				1							1	2	50%
Aloc. Counselor												2	
AT Supv.												1	
Clk. Typist II	3		1		1	1					6	7	86%
Clerk III												1	
Clerk IV												1	
Sect. I												2	
Sect. II												2	
Soc. Wkr. IV												1	
Soc. Soc. Wkr. II												4	
Phys. Spec.				1							1	5	20%
Med. Rec. Tech.												1	
Reimb. Officer I												1	
Psychol. II												3	
Psychol. III												1	
Patrol Officer	1								1		2	5	40%
GM & RT	2										2	2	100%
PPS I												1	
Superintendent												1	
Inst. Bus. Adm. I												1	
TOTAL :	26	1	2	3	7	10			1	2	52	130	

Total Authorized Positions 115

Positions not counted against Inventory:

Health Service Workers 15

CETA Positions

Total 130

Gross Turnover for Period = 45%

Topeka State Hospital

EMPLOYEE TURNOVER

July 1, 1978 - June 30, 1979

	Other Employment	Health Reasons	Moving Out Of Town	Abandonment of Position	No Reason/ or Personal	School	Family Problems	Retirement	Dismissed	Stay at Home	Total Terminations	Total No. of Positions	Annual % Turnover
Health Serv. Wkr.	11		5	5	18	13	1				53	53	92%
Psych. Aide	7	2	2	1	5	5				1	23		
L.M.H.T.	1		1				1				3	41	7%
M.H.T. I	4	2	1		1	3		4		1	16	119	13%
M.H.T. II										1	1	11	9%
Grad. Nurse II			1								1	6	17%
Psych. Nurse I	1		1		3					1	6	25	24%
Food Sv. Wkr. I	2			1	2						5	23	22%
Food Sv. Wkr. II													
Cook I													
Cook II					1						1	10	10%
Dietitian II													
A.T.A. I													
A.T.A. II	1					1					2	9	22%
Act. Ther. I	2							1			3	8	38%
Shel. Wkshp T I													
Clk. Steno. II		1				1					2	10	20%
Clk. Typist II	2				3						6	19	32%
Clerk III	2	1			1					1	4	22	18%
Switchbd. Op. I													
Soc. Wkr. I													
Soc. Wkr. II													
Soc. Wkr. IV													
Soc. Wkr. V													
Phys. Spec.	2	1	1			2					6	19	32%
Med. Tech. I	1										1	2	50%
Library Clerk													
Seamstress I													
Radiol. Tech; Diag. X-Ray													
Psychologist II	2										2	14	14%
Patrol Officer	1				3						4	8	50%
Patrol Sergeant													
Power Plnt Op II					1				1		2	4	50%
Ref-AC Supvr.													
Cosmetologist													
Laborer I													
Laborer II													
Laundry Wkr.	3	2		1	1						7	20	35%
Laundry Mgr. I													
Custodial Wkr.	2	2	2	3	3		2				14	42	33%
Storekeeper I													
Storekeeper II	1				1						2	4	50%
Maint. Painter	1		1	1							3	5	60%
TOTAL:	46	11	15	12	43	25	4	5	1	5	167	504	33%

Total Budgeted Positions - 504
Positions not counted against Inventory:
Health Service Workers - 53
CETA Positions

Total
Gross Turnover for Period = 33%

EMPLOYEE TURNOVER

July 1, 1978 - June 30, 1979

Classification	Other Employment	Health Reasons	Moving Out of Town	Abandonment of Position	No Reason/ Personal	School	Family Problems	Retire-ment	Dis-missed	Stay at Home	Trans-fer	Total Term.	Total # Positions	Annual % Turnover
Health Serv. Wkr.	4	4	4	13	17	5			1	1		49	65	75%
Psych. Aide	2	4	4		5					1		16	74	22%
L.M.H.T.	1	1	4					1		2	3	16	69	23%
M.H.T. I	1			2				4			2	9	68	13%
M.H.T. II			1									1	1	100%
Psych. Aide (Sec.)	7	4	4	7	14	2		1			1	40	147	27%
M.H.T. (Sec.)	1							1				2	46	4%
Grad.Nurse II	1											1	10	10%
Grad.Nurse III	2				1							3	2	150%
Psych. Nurse I	1		2					2			1	6	39	15%
Power Plt. Opr. II					1							1	6.5	15%
Food Serv. Wkr. I	1	6	3	17	25	4						56	26.5	211%
Food Serv. Wkr. II		1	1		2	1			1			6	13	46%
Cook I				4	3							7	15	47%
Cook II					1							1	3	34%
A.T.A. II					3			1			1	5	20	25%
A.T. II	1											1	4	25%
Clerk-Steno II	1					3					1	5	18	28%
Clerk-Typist II			1		1	1						3	13	23%
Clerk III								1				1	4	25%
Secretary II			1									1	4	25%
Soc. Wkr. I	1		1		1							3	10	30%
Soc. Wkr. II					1						1	2	6	34%
Phy. Spec.	4		3		1	1			1			10	25	40%
Library Clerk					1							1	1	100%
Rad.Techno/Diag.X-Ray			1									1	1	100%
Psychologist I	1											1	7	14%

Lamed Dtt Hospital

July 1, 1978 - June 30, 1979

Classification	Other Employment	Health Reasons	Moving Out of Town	Abandonment of Position	No Reason/ Personal	School	Family Problems	Retire-ment	Dis-missed	Stay at Home	Trans-fer	Total Term.	Total # Positions	Annual % Turnover
Laborer II	3	5	2	11	12	3			1			37	24	154%
Laundry Wkr.	3	1	2	1					1			8	16	50%
Laundry Mgr. II	1		1									2	1	200%
Data Entry Opr. II						1						1	1	100%
Superintendent	1											1	1	100%
Sheet Metal Wkr.								1				1	1	100%
Fire & Safety Officer	2								1			3	11	27%
Reimb. Officer I			1									1	2	50%
Auto Mech. II								1				1	1	100%
Auto Driver					1							1	8	13%
TOTALS	39	26	37	55	94	21	0	13	6	4	10	305	764	40%

Employee Turnover Fiscal Year 1979 7-1-78 to 6-30-79		
Total Budgeted Positions		835
Positions not counted against inventory:		
C.E.T.A. Positions	3	
Training Positions	9	
		12
Total		847
Gross Turnover for Period:		36%

Norton State Hospital

EMPLOYEE TURNOVER
July 1, 1978 - June 30, 1979

	OTHER EMPLOYMENT	HEALTH REASONS	MOVING OUT OF TOWN	ABANDONMENT OF POSITION	NO REASON/ OR PERSONAL	SCHOOL	FAMILY PROBLEMS	RETIREMENT	DISMISSED	STAY AT HOME	TOTAL TERMINATIONS	TOTAL NO. OF POSITIONS	ANNUAL % TURNOVER
Reimburse Offr II												1	
Seamstress II												1	
Secretary I												2	
Secretary II												1	
Security Offr I												3	
Shelt Work Manager												1	
Shelt Work Tech I			1								1	1	100%
Shelt Work Tech II												1	
Social Worker II												2	
Social Worker V												1	
Social Worker Trainee												1	
Speech Path I												2	
Speech Path II												1	
Storekeeper I								1			1	1	100%
Storekeeper II												1	
Superintendent												1	
Switch Operator I												3	
Switch Operator II												1	
Vocational Instruc												1	
Volunteer Coord												1	
Program Workers						2					2	2	100%

Total Budgeted Positions 268
Positions not counted against inventory
HSW 7
CETA 10
TOTAL 285
Gross turnover for period 25.6%

EMPLOYEE TURNOVER
July 1, 1978 - June 30, 1979

	OTHER EMPLOYMENT	HEALTH REASONS	MOVING OUT OF TOWN	ABANDONMENT OF POSITION	NO REASON/ OR PERSONAL	SCHOOL	FAMILY PROBLEMS	RETIREMENT	DISMISSED	STAY AT HOME	TOTAL TERMINATIONS	TOTAL NO. OF POSITIONS	ANNUAL % TURNOVER
Accountant II												1	
Account Clerk I												1	
Account Clerk II												2	
Activity Therapist I												2	
Act Therapy Aide I	12				4	2			1		19	12	158.3%
Act Therp Aide II	1										1	6	16.7%
Act Therp Aide III												1	
Adm. Officer II												1	
Automotive Driver												1	
Barber												1	
Clerk III												1	
Clerk IV													
Clerk-Steno II					1	1					2	4	50%
Clerk-Typist II			1								1	41	2.5%
Clinical Chaplain													
Cook I										1	1	3	33.3%
Cook II												1	
Cosmetologist													
Custodial Suprv II													
Custodial Worker												2	
Dental Asst												1	
Dentist												1	
Dietitian II												1	
Drug Clerk												1	
Equip Operator II												2	
Fire & Safety Offr												4	
Food Serv Worker I	2		1		2			1	1		7	14	48.8%
Food Serv Worker II								1			1	3	33.3%
Graduate Nurse II	1		1		1						3	6	50%
Graduate Nurse III												2	
Inst. Fire Chief												1	
Inst. Educator I												1	
Lab Tech II												1	
Laborer II												2	
Labor Suprv I												1	
Laundry Manager													
Laundry Suprv												1	
Laundry Worker												2	
Maint Carpenter												2	
Maint Electrician												1	
Maint Painter													
Maint Painter Suprv													
Maint Plumber													
Med Records Tech												1	
Medical Tech II												1	
MHT I								1			1	89	2.2%
MHT II												10	
LMHT	1		3		1						4	24	16.7%
HSW	2	2	1	1	3	1			1		15	21	85.7%
Personnel Officer I												1	
Pharmacist I												1	
Phys Plnt Suprv I												1	
Phys Plnt Suprv II													
Physician Specl II												2	
Power Plnt Oprt I	1										1	5	20%
Psych Aide	2				2						4	20	20%
Psych Nurse I													
Psychologist I												1	
Psychologist II													
Psychologist III													
Rad Tech, x-ray													
Ref and Air Con Mech													

KNI

EMPLOYEE TURNOVER
July 1, 1978 - June 30, 1979

	Other Employment	Health Reasons	Moving Out Of Town	Abandonment of Position	No Reason/ or Personal	School	Family Problems	Retirement	Dismissed	Stay at Home	Total Terminations	Total No. of Positions	Annual % Turnover
D&TS Aides	11	8	10	7	59	7	5	0	3	0	110	100	110%*
D&TS I	8	4	5	0	6	1	1	0	1	0	26	133.5	19
L.M.H.T.	3	0	0	0	0	0	0	1	0	0	4	31	12
D&TS II	4	0	1	0	8	0	0	1	0	0	14	93	15
D&TS III	0	0	0	0	0	0	0	0	0	1	1	18	5
Grad. Nurse II	1	0	0	1	2	0	0	0	0	0	4	12	33
Psych. Nurse I	0	0	0	0	0	0	0	0	0	0	0	4	0
Food Sv. Wkr. I	11	1	1	4	12	3	0	0	1	0	33	25.5	129
Food Sv. Wkr. II	0	0	0	0	0	0	0	0	0	0	0	2	0
Cook I	0	0	0	0	0	0	0	0	0	0	0	7	0
Cook II	0	0	0	0	0	0	0	0	0	0	0	3	0
Dietitian II	0	0	0	0	0	0	0	0	0	0	0	1	0
A.T.A. I	0	0	0	0	0	0	0	0	0	0	0	1	0
A.T.A. II	4	0	5	0	1	2	0	0	0	0	12	40	30
Act. Ther. I	1	0	0	0	1	0	0	1	0	0	3	10	30
Shel. Wkshp T I	1	0	0	0	0	0	0	0	0	0	1	3	33
Clk. Steno. II	2	0	0	0	0	0	0	0	0	0	2	6	33
Clk. Typist II	2	0	0	1	1	1	0	0	0	0	5	11	45
Clerk III	0	0	0	0	0	0	0	0	0	0	0	4	0
Soc. Wkr. II	0	0	1	0	0	0	0	0	0	0	1	6	16
Soc. Wkr. IV	0	0	0	0	0	0	0	0	0	0	0	1	0
Soc. Wkr. V	0	0	0	0	0	0	0	0	0	0	0	1	0
Phys. Spec.	1	0	3	0	4	0	0	0	1	0	9	8	112
Radiol. Tech; Diag. X-Ray	0	1	0	0	0	0	0	0	0	0	1	2	50
Psychologist II	1	0	0	0	0	0	0	0	0	0	1	5	20
Patrol Officer	0	0	0	0	0	0	0	0	0	0	0	3	0
Patrol Sergeant	2	0	0	0	0	0	0	0	0	0	2	1	200
Power Plnt Op II	0	1	0	0	1	0	0	0	0	0	2	5	40
Cosmetologist	0	0	0	0	0	0	0	0	0	0	0	1	0
Laborer I	1	0	0	0	1	1	0	0	0	0	3	3	100
Laborer II	0	0	0	0	0	0	0	0	0	0	0	2	0
Custodial Wkr.	4	0	1	2	5	2	1	0	1	0	16	24	66
Storekeeper I	1	1	0	0	1	0	0	0	0	0	3	2	150**
Storekeeper II	1	0	0	0	0	0	0	0	0	0	1	3	33
Maint. Painter	1	0	0	0	0	0	0	0	0	0	1	3	33
TOTAL:	60	16	27	15	102	17	7	3	7	1	255	575	44%

Total Budgeted Positions 625
Positions not counted against Inventory:
* D&TS Aide Trainees: 100 (shown above)
CETA Positions 2
Total 729

Gross Turnover for Period =

**One position deleted December 1978.

Parsons State Hospital & Training Center

EMPLOYEE TURNOVER
July 1, 1972 - June 30, 1973

	Other Employment	Health Reasons	Moving Out Of Town	Abandonment of Position	No Reason/ or Personal	School	Family Problems	Retirement	Dismissed	Stay at Home	Total Terminations	Total No. of Positions	Annual %
Health Serv. Wkr.	3	1	5	1	4	9	1	-	-	-	25		
Psych. Aide	4	-	2	2	1	-	1	-	1	-	11	90	12
L.M.H.T.	3	1	1	-	-	1	1	-	-	-	7		
M.H.T. I	-	1	1	-	-	1	1	2	-	-	6	60	10
M.H.T. II	-	-	-	-	-	-	-	-	-	-	-	-	-
Prac. Nurse	1	-	-	-	-	-	-	-	-	-	1	9	11
Psych. Nurse I	-	-	-	-	-	-	-	1	1	-	2	14	14
Food Sv. Wkr. I	-	-	-	1	3	-	-	-	-	-	4	5	80
Food Sv. Wkr. II	-	-	1	-	-	-	-	-	-	-	-	-	-
Cook I	-	-	-	-	-	-	-	1	-	-	2	19	11
Cook II	-	-	-	-	-	-	-	-	-	1	1	4	25
Dietitian II	-	-	1	-	-	-	-	-	-	-	-	-	-
A.T.A. I	-	-	-	-	-	1	-	-	-	-	2	6	33
A.T.A. II	-	-	3	-	1	-	-	-	-	-	1	4	25
Act. Ther. I	-	-	-	-	-	1	-	-	-	1	5	9	56
Shel. Wkshp T I	-	-	-	-	-	-	-	-	-	-	-	-	-
Clk. Steno. I	1	-	-	-	-	-	-	-	-	-	1	3	33
Clk. Typist II	-	-	2	-	-	1	-	-	-	-	3	12	25
Sec. III	-	-	1	-	-	-	-	-	-	-	1	1	100
Switchbd. Op. I	-	-	-	-	-	-	-	-	-	-	-	-	-
Soc. Wkr. I	-	-	-	-	-	-	-	-	-	-	-	-	-
Soc. Wkr. II	-	-	-	-	-	-	-	-	-	-	-	-	-
Soc. Wkr. IV	-	-	-	-	-	-	-	-	-	-	-	-	-
Soc. Wkr. V	-	-	-	-	-	-	-	-	-	-	-	-	-
Phys. Spec.	-	-	-	-	-	-	-	-	-	-	-	-	-
Med. Rec. Tech.I	-	-	1	-	-	-	-	-	-	-	1	1	100
Library Clerk	-	-	-	-	-	-	-	-	-	-	-	-	-
Seamstress I	-	-	-	-	-	-	-	-	-	-	-	-	-
Radiol. Tech; Diag. X-Ray	-	-	-	-	-	-	-	-	-	-	-	-	-
Psychologist II	-	-	-	-	-	-	-	-	-	-	-	-	-
Patrol Officer	-	-	-	-	-	-	-	-	-	-	-	-	-
Patrol Sergeant	-	-	-	-	-	-	-	-	-	-	-	-	-
Power Plnt Op II	-	-	-	-	-	-	-	-	-	-	-	-	-
Ref-AC Supvr.	-	-	-	-	-	-	-	-	-	-	-	-	-
Cosmetologist	-	-	-	-	-	-	-	-	-	-	-	-	-
Laborer I	-	-	-	-	-	-	-	-	-	-	-	-	-
Laborer II	1	-	-	-	-	-	-	-	-	-	-	-	-
Laundry Wkr.	-	-	-	-	1	-	-	-	-	-	1	2	50
Laundry Mgr. I	-	-	-	-	-	-	-	-	-	-	1	12	8
Custodial Wkr.	-	4	-	-	1	-	-	-	-	-	5	10.5	48
Storekeeper I	-	-	-	-	-	-	-	-	-	-	-	-	-
Storekeeper II	-	-	-	-	-	-	-	-	-	-	-	-	-
Maint. Carp. Supvr.	-	-	-	-	-	-	-	1	-	-	1	1	100
Speech Path. I	-	-	2	-	-	-	-	-	-	-	2	4	50
Speech Path.Spec.	-	-	1	-	-	-	-	-	-	-	1	1	100
TOTAL	13	7	22	4	11	14	4	5	2	2	84		

Total Budgeted Positions		390.5
Positions not counted against Turnover:		
Health Service Workers	60	
CETA Positions	0	
	Total	450.5
Gross Turnover for Period =		18.6

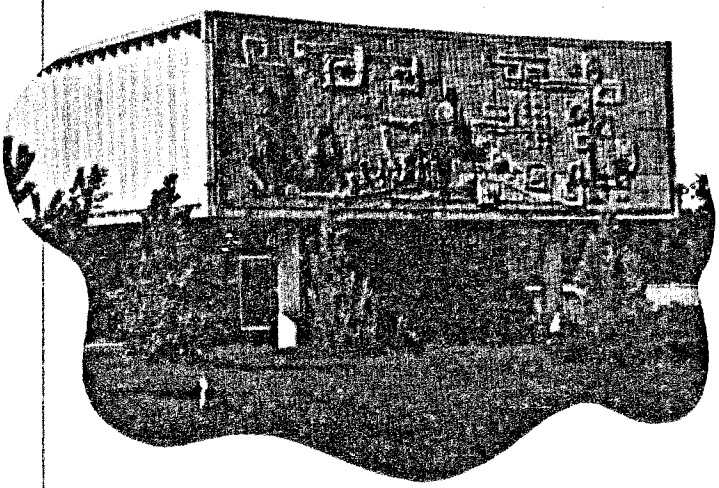
Winfield State Hospital

EMPLOYEE TURNOVER
July 1, 1978 - June 30, 1979

	Other Employment	Health Reasons	Moving Out Of Town	Abandonment of Position	No Reason/ or Personal	School	Family Problems	Retirement	Dismissed	Stay at Home	Total Terminations	Total No. of Positions	Annual % Turnover
Health Serv. Wkr.	12	3	10	13	10	15	6				69	60	115
Psych. Aide	7	5	2	3	6	5	1				29	196	15
L.M.H.T.	2	3	2		2						9	71	13
M.H.T. I	3	3	1		1		3	4			15	158	09
M.H.T. II													
Grad. Nurse II								2			2	18	11
Psych. Nurse I													
Food Sv. Wkr. I	8	2	3	4	7	4		1	1		30	37	81
Food Sv. Wkr. II													
Cook I	1	1		1							3	13	23
Cook II													
Dietitian II													
A.T.A. I													
A.T.A. II	4			1							5	22	23
Act. Ther. I	2										2	8	25
Shel. Wkshp T I													
Clk. Steno. II	1										1	6	17
Clk. Typist II	1										1	7	14
Clerk III	1										1	2	50
Switchbd. Op. I	1				1						2	5	40
Soc. Wkr. I													
Soc. Wkr. II		2									2	5	40
Soc. Wkr. IV													
Soc. Wkr. V													
Phys. Spec.						3					3	6	50
Med. Tech. I													
Library Clerk													
Seamstress I													
Radiol. Tech; Diag. X-Ray													
Psychologist II													
Patrol Officer													
Patrol Sergeant													
Power Plnt Op II													
Ref-AC Supvr.													
Cosmetologist													
Laborer I													
Laborer II	3	1		1	1						6	9	67
Laundry Wkr.	3	2	3			1	1				10	18	56
Laundry Mgr. I													
Custodial Wkr.	4	1		1	1	1					8	17	47
Storekeeper I													
Storekeeper II													
Maint. Painter													
TOTAL	53	23	21	24	29	29	11	7	1		198	658	30

Total Budgeted Positions 729
Positions not counted against Inventory:
Health Service Workers 60
CETA Positions 18 (Not Reflected Above)
Total 78
Gross Turnover for Period = 30%

ATTACHMENT I



WHILE YOU'RE HERE . . .

A Guide for Patients

TOPEKA STATE HOSPITAL
2700 WEST SIXTH
TOPEKA, KANSAS 66606

TABLE OF CONTENTS

TOPEKA STATE HOSPITAL

Topeka State Hospital is a place where people care about you and your family. We want to help you with the painful problems that brought you here. Over 1,000 people a year enter our treatment programs. The current patient population is approximately 350 and there are about 680 staff members here.

This hospital was opened in 1879 and has been serving the people of Kansas almost 100 years. It is one of three state psychiatric hospitals in Kansas and it receives patients from the 31 counties in the northeast part of the state. The grounds are large and there are over 35 hospital buildings here. The hospital is accreditated by the Joint Commission on the Accreditation of Hospitals.

The hospital functions under the Division of Mental Health and Retardation Services, which is part of the Department of Social and Rehabilitation Services of the State of Kansas.

Secretary of Social and Rehabilitation Services - Dr. Robert Harder
Director of the Div. of Mental Health & Retardation Services - Dr. Robert Haines
Superintendent of the Topeka State Hospital - Dr. Eberhard Burdzik
Assistant Superintendent (Clinical Director) - Dr. W. Walter Menninger
Assistant Superintendent (Business Manager) - Mr. Mack Schwein

WHILE YOU'RE HERE

As a newcomer to _____ Ward, the treatment Team realizes that you probably feel lost, frightened, and confused by your new surroundings.

We hope that this guidebook to the hospital will answer some of your questions. If you have other questions they should be referred to your treatment team.

It is our purpose to assist you in regaining your physical and mental health so that you may return to your family and community as a productive and functioning person.

Your activity therapies program, medication and treatment are each individually arranged with this goal in mind.

THE TREATMENT TEAM

Topeka State Hospital uses the team approach in treating patients. Various staff members will be contributing to your care in different ways.

Your ward treatment team consists of:

_____ Ward Unit Administrator

_____ Charge Aide (A.M.)

_____ Charge Aide (P.M.)

_____ Charge Aide (Nite)

_____ Doctor

_____ Nurse

_____ Social Worker (or ATU Couns.)

_____ Activity Therapist

_____ Psychologist

The UNIT ADMINISTRATOR may be a physician, nurse, psychologist or other mental health professional who has the administrative responsibility for supervision of the treatment programs on the unit.

PSYCHIATRIC AIDES. The psychiatric aide is the basic member of the treatment team. There is always a psychiatric aide on the ward available to help you. Some wards have aides assigned to specific patients. Aides use the consultation and direction of many disciplines such as nursing, psychiatry, social work and activity therapies in order to be of the most help to you and your family.

PSYCHIATRIC NURSES use their skills and experience to provide a wide range of services in the hospital. They are primarily responsible for the establishment and maintenance of a safe and therapeutic environment. They participate in planning, implementing and evaluating patient care. They work to assure that you receive the care you need.

PSYCHIATRISTS, or the psychologists, usually head the treatment team. They are responsible for your evaluation and treatment. They lead group therapy and/or have patients in individual psychotherapy. But, primarily, they work with each patient through the other members of the treatment team.

It may be a PSYCHOLOGIST who heads your treatment team. Usually psychologists also give you a personal interview and a battery of tests soon after admission to help the team understand your needs and plan your treatment program. They also treat patients in individual, group psychotherapy and family therapy.

SOCIAL WORKERS provide counseling (casework) and a variety of social work services to you and your

family, depending on your particular needs. They may gather information and provide a social work evaluation to the ward team to help them more quickly understand you and provide you with treatment. Often they meet regularly with members of your family to tell them how you can be helped. Social workers can assist family members in making changes within themselves and in other helpful ways. A social worker may see you and your family in family treatment when you need to work on problems together. When you are ready to leave the hospital, the social worker can help you make living and work arrangements. She also may consult with other individuals in your community if it will be helpful to you and your family.

The ACTIVITY THERAPIST is responsible for helping you discover the activities that will help you identify and solve some of your problems that brought you into the hospital. Your activities are a part of your total treatment program and include self-care, work (service to others) and leisure activities (gratifying to you).

The ALCOHOLISM COUNSELOR is a member of the treatment team in the Alcoholism Treatment Program. The counselor is responsible for individual counseling and group therapy sessions aimed at helping the alcoholic person accept his illness, understand himself and his problems, learn his responsibilities and limitations, and find out about the resources available to help him recover. If you are an alcoholic person, your counselor will also help your family, your employer, and your community in understanding you and alcoholism so they can support you in your rehabilitation.

Education and vocational planning continue with patients in the hospital. On admission or shortly thereafter, the hospital needs a school transcript for you if your education has been interrupted. School and work needs are considered in planning treatment programs. SPECIAL EDUCATION TEACHERS at the hospital can help you continue

with your education. The teacher works closely with other members of the team so that learning becomes not only educational but therapeutic. You may work with your teacher individually or in small classes.

The VOCATIONAL REHABILITATION COUNSELOR works with the team to assess job aptitudes and interests and to determine whether you need job training or placement. The counselor makes the community contacts which lead to on-the-job training; technical, vocational or business schooling; college education or a satisfactory job placement. The overall goal is your successful personal and vocational adjustment back in the community.

Roman Catholic and Protestant worship services are held every Sunday at the hospital. CHAPLAINS are available to the patient for pastoral visitation and counseling. They are also available to your minister for consultation.

The GENERAL PHYSICIAN sees each patient within 24 hours after admission. At this time, you will have a complete physical and neurological examination which may be repeated yearly. When ever a medical problem develops, the psychiatrist will refer you to the general physician. If necessary, you may be transferred to the Medical Services Unit. Laboratory tests and dental work are done at the hospital, too. Major surgery for our patients is done in the Topeka city hospitals. Specialists in Topeka are consulted whenever necessary.

DIETARY WORKERS form a very important department in the hospital. They are deeply involved in your total well-being and are integral members of the treatment team. They see that you get three nourishing, well-balanced meals daily. They attend to special deitary needs and help provide a pleasant

atmosphere for dining. If you are on a special diet a dietician will talk with you about it.

VOLUNTEERS are people from the community who find it rewarding to devote their time to helping people who are hospitalized. They are not formal members of the treatment team, but they provide many of the extras which brighten your life on the wards. Volunteers keep the patient library open. They come as friendly visitors. They also organize social activities and give parties on the wards.

OTHER STAFF: Many other staff members make it possible for Topeka State Hospital to be a treatment community. Those who work in the supply, reimbursement, business and medical records offices are vitally concerned with your stay. Our hospital post office keeps the mail moving. The laundry supplies clean linens. Bus service for patients to community activities--to swim, bowl, or attend a show--is provided by the transportation department. The grounds crew keeps up our 307-acre grounds. The maintenance department keeps the hospital comfortable and in repair.

The cooperation of many people is involved in making your stay in the hospital as helpful as possible to you.

Treatment at the Topeka State Hospital includes medical care for conditions which are primarily physical in origin, including adjusted diets, as necessary; psychological therapies - individual, group, family; the use of appropriate medication, including tranquilizers, antidepressants, or other suitable drugs; activity therapies - occupational, recreational, music, industrial; educational-vocational programs; social work with relatives; and a range of other services, including religious counseling, contact with volunteers, attendance at self-help groups like Alcoholics Anonymous.

Overall, the professional staff work to create a therapeutic milieu through the interaction of employees, patients, and the physical environment. For further discussion of what treatment is like, see Page 14.

SELF CARE

Part of becoming and remaining well consists in learning health attitudes toward yourself and taking some responsibility for self care. We would encourage you to question and learn about your evaluation and treatment both while you are here and after you leave the hospital. If medication is prescribed for you, ask the name of the drug, what you can expect it to do for you and what possible side-effects it could have. If you are sent to see a consultant, ask for a report of the findings and if you do not understand completely, ask some of the personnel to explain them to you. Special diets are sometimes prescribed by our dietary department, you should be aware of the reason for your diet and participate in following it. The personnel here are working for you and your deserve to know and understand what they are doing--cultivate this attitude and maintain it after you leave our care!

TREATMENT PHILOSOPHY

The staff of this hospital believes that you have the right to humane, up-to-date, economically sound, and readily available treatment.

We believe that you have the right to freedom according to your ability to handle it. You will be encouraged to be self-reliant and to make your own decisions, including participation in making treatment plans. You will be encouraged to do as much for yourself as you are able.

We believe that you have a right to normal social contacts with other patients here. Most wards have a mixed population that is old and young, male and female. We generally encourage family visits, telephone calls and letters. You may also be encouraged to call home, to make frequent visits home, and to go on outings and trips.

We believe that you have the right to express and accent abilities and strengths, rather than to emphasize disabilities and weaknesses.

WHAT DOES THE HOSPITAL EXPECT OF YOU?

You have your own responsibilities in the treatment community. You are expected to participate with the staff in treatment programs and to work with the treatment team. You will be encouraged to show or develop your social skills and practice your hobbies and to relate to others in work and play.

You are expected to take the usual care of yourself--paying attention to your personal appearance, diet, and cleanliness.

You are expected to conduct yourself with regard and respect for the rights and feelings of others with whom you live and work.

You are expected to care for your environment, helping keep your room neat and clean, and the bathroom.

You are expected to work with the treatment team and the Reimbursement Office in arranging to pay for your hospitalization.

Your ability to engage in personal and group activities, to accept rules and regulation, and to get along with others is an important indication of how well you are getting along. You can help in your own progress.

WHAT ARE YOUR RIGHTS?

RIGHTS WHICH MUST BE ABSOLUTELY SAFEGUARDED:

1. Full citizenship (except as excluded by law)
2. Application for a Writ of Habeas Corpus
3. Petition for Judicial Release
4. Access to legal counsel
5. Explanation of status including medications to the individual and family
6. Ready access to information about all applicable statutes, rights, responsibilities, regulations and any appeal procedures
7. Multiple-entrance appeal procedures and mechanisms so the individual, his family or other concerned persons may initiate an appeal regarding supposed abrogation of rights.
8. To refuse involuntary labor and to be paid for any work performed other than the housekeeping of his or her own bedroom and bathroom.

9. Not to be subject to such procedures as psychosurgery, electroshock therapy, experimental medication, aversion therapy or hazardous treatment procedures without the written consent of the patient and the written consent of a parent, guardian or other person in loco parentis, if such patient has a living parent or a guardian or other person in loco parentis.
10. To have explained, if requested, the nature of all medications and treatments prescribed, the reason for the prescription and the most common side effects.
11. To communicate by letter with the secretary of social and rehabilitation services, the head of the treatment facility and any court, physician or attorney, and all such communications shall be forwarded at once to the addressee without examination and communications from such persons shall be delivered to the patient without examination.
12. To be visited by his or her physician or attorney at all times.
13. To be informed orally and in writing of his or her rights under this section upon admission to a treatment facility.

RIGHTS OF TREATMENT WHICH MUST BE GUARANTEED:

1. Admission assessment within twenty-four hours after admission.
2. Prompt and adequate medical attention for physical illness.
3. Care and treatment provided by a qualified staff.
4. Proper and adequate medication.
5. The least restrictive conditions necessary to achieve adequate care and treatment.
6. A treatment/training program planned to meet individual needs.

7. To know (and/or for the family to know) the names and titles of all staff persons concerned with treatment provided, and who is legally responsible for such care.
8. Proper, safe and sanitary shelter, appealing and nutritious food, and security in self and personal possessions, in so far as it is consistent with the needs of treatment.
9. Adequate opportunities of an ongoing nature to work with professional and paraprofessional staff members, and with parents/guardians, in treatment planning and decision-making.

RIGHTS WHICH MAY BE WITHHELD OR SUSPENDED FOR THERAPEUTIC REASONS OR UNDER EXCEPTIONAL CIRCUMSTANCES WHEN PROPERLY DOCUMENTED IN THE RECORD:

1. To send and receive sealed mail.
2. To wear his or her own clothes, keep and use his or her own personal possessions including toilet articles which should be kept in plastic containers, and keep and be allowed to spend his or her own money.
3. To communicate by telephone, both to make and receive confidential calls, and by letter, both to mail and receive unopened correspondence. Letters are not opened or censored by staff members. On rare occasions, and then only on the order of the doctor, letters may be examined before you mail or receive them. If your physician feels this is necessary, such correspondence shall be opened and examined before you.
   Relatives are ordinarily encouraged to write. The hospital will supply postage for two letters from you per week if you do not have the money to buy stamps.
4. To conjugal visits if facilities are available for such visits.
5. To receive visitors each day.

RIGHTS IF YOU ARE A "PROPOSED PATIENT"

1. Upon admission you should be given a copy of the application of the peace officer, or individual, or the copy of the order of protective custody.

2. You will be allowed to communicate by all reasonable means with a reasonable number of persons at reasonable hours of the day and night.

3. You may consult with an attorney, personal physician and at least one member of your family.

WHAT HAPPENS WHEN YOU ARE ADMITTED?

When you are admitted to the hospital, a member of the staff will talk with you. You will meet your ward aide. A social worker or other staff may be involved later and get in touch with you. You will have a physical exam by a physician.

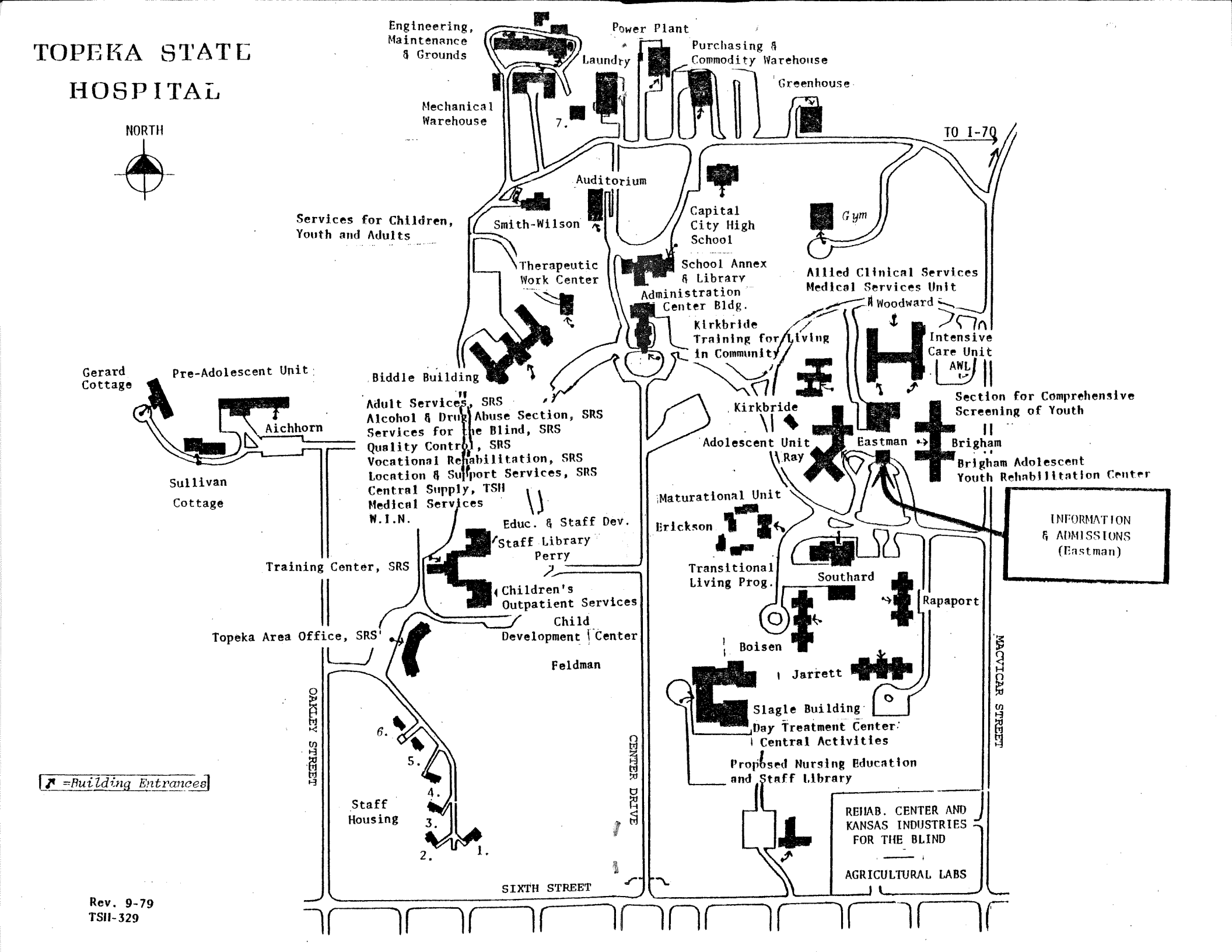
In the first few days after admission, you will receive the following tests or examinations:

1. Blood examination
2. Urinalysis
3. Chest X-ray
4. EKG or heart tracing (if you are over 40 or if the doctor so orders)
5. You may be asked to complete a biographical questionnaire which aids the treatment team in planning your program.
6. You, with the help of your group leader, will complete a schedule which will aide you in following your program.

These various examinations and tests are part of the treatment program and are essential to give you the highest quality of treatment and to assist the staff in helping you.

Shortly after arrival, your clothes may be taken to the marking room so that they can be labeled with your name to ensure their identification and to protect them from loss.

TOPEKA STATE HOSPITAL



Rev. 9-79
TSH-329

WHAT ABOUT YOUR FAMILY AND RELATIVES?

After you are admitted, a letter is sent or a phone call is made to your immediate family asking them to come to the hospital to talk with the social worker, doctor or some other designated staff member.

Information about the hospital is given your family, including visiting hours, clothing needs, and hospital rules about which they should know. If you have specific concerns about your family, you should talk with your doctor or ward staff. They may decide with you that the social worker should be involved.

MAY YOU HAVE VISITORS?

Regular visiting hours are 2:00 to 4:00 p.m. and 7:00 to 8:00 p.m. every day. Any restrictions on visitors will be discussed with you.

WHAT IS TREATMENT LIKE?

The basic treatment used at Topeka State Hospital is called milieu therapy. This means that everything that goes on in your environment is planned to contribute to your getting well. Recreation activities suggested, privileges granted, restrictions on what you can do, kinds of ward job assigned, responsibilities given--all are used in your treatment.

Some patients need and get individual psychotherapy. Everyone receives treatment as part of a group on the ward, in various activities, or in special groups.

After leaving the hospital, some patients may continue as outpatients in individual or group treatment. Everyone involved in your treatment is working together as a team.

The team will evaluate your problems, needs and assets, and will then treat you according to the evaluation. Treatment is different for each patient. While one needs firm limits and controls, another needs encouragement to express himself more freely. Your treatment will be re-evaluated by your team throughout hospitalization so that your treatment can change as your needs change.

It is quite a job for the patient to give up the old patterns of thinking, feeling, and behaving that have contributed to his troubles. Each change may be hard work, even painful. For some, treatment moves fast; for others, slowly. It begins when you walk in the door, and often continues with follow-up care after your discharge.

HOW CAN YOUR BUSINESS AFFAIRS BE HANDLED WHILE YOU ARE HERE?

Most of your business affairs can be handled by your family. If this is not possible or practical, please ask for assistance from the hospital staff, and/or your attorney.

WHAT ABOUT THE HOSPITAL BILL?

All bills are handled through the hospital Reimbursement Office. It is located in the Administration Building. A member of your family should talk with someone in this office as soon as your are admitted. All patients are billed for the full cost of hospitalization regardless of their income. However, the reimbursement staff can be helpful to you in

obtaining insurance payments and in working out payment plans with your family based on ability to pay. The hospital staff wants to help and not add to the worries about the cost and how to pay for this stay in the hospital.

WHAT ABOUT SOCIAL SECURITY, SUPPLEMENTAL SECURITY INCOME, VETERANS' PENSION, MEDICARE, MEDICAID AND OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE?

If you are eligible for such benefits, the Reimbursement Office will apply for them for you. A Social Security representative comes to the hospital regularly to assist in the filing of claims. The Reimbursement staff files Veteran's claims for patients. If you have questions about being entitled to benefits, ask someone on your team to get in touch with the Reimbursement Office for an answer.

MAY YOU HAVE MONEY?

Most patients can have between one and two dollars in their possession. If you are given other money or have other money to spend, it should be deposited in your personal spending account in the Chief Clerk's Office in the Administration Building, or left with the nursing service secretary or chief aide, who will see that it is desposited. You will then be able to draw it out as you need spending money.

WHAT ABOUT MAIL?

Your address here at the hospital is:

_____ Ward
Topeka State Hospital
2700 W. Sixth Street
Topeka, Kansas 66606

Letters are not opened or censored by staff members. On rare occasions, and then only on the orders of the doctor, letters may be examined before you mail or receive them. If your physician feels this is necessary, such correspondence shall be opened and examined before you.

Relatives are ordinarily encouraged to write. The hospital will supply postage for two letters from you per week if you do not have the money to buy stamps.

WHAT ARE WARD ROUTINES?

(A) GENERAL: Because each patient's treatment program is planned by the treatment team to meet the special treatment needs of the individuals, the routine of each ward is designed to meet and fulfill these many and varying needs. Therefore, each ward differs regarding such routines as mealtime, bed time, activities, etc. If you have any questions regarding any aspect of the routines on your treatment ward, do not hesitate to bring your questions to the attention of the ward staff.

(B) FIRE AND SAFETY:

1. Smoking is permitted in designated areas.
2. Sharp instruments, aerosol cans and other combustible materials are retained by the staff for proper storing. Plastic containers, rather than glass, are encouraged.
3. Electric razors are permitted.

WHAT CLOTHING WILL YOU NEED?

There is limited storage space on the wards, so it is recommended that only 5 complete changes of clothing be brought with you. Luggage is to be returned with relatives or the person who brings you to the hospital.

We recommend that you bring easy care, casual, washable clothing. Later, when you are ready to participate in special activities that require you to dress up, you may request a member of your family to bring a dressy dress or suit.

Please don't feel that you must purchase new clothing. Some female patients were pantsuits or slacks, but we suggest that you also bring some dresses or skirts and blouses.

Here is a list of suggested clothing:

FOR WOMEN

5 dresses, skirts and blouses, and/or pantsuits
5 sets of underwear
3 slips
2 pair pajamas or nightgowns
1 robe
2 pair shoes
1 pair house slippers
1 coat or jacket
1 sweater
1 raincoat
Hose and/or socks
Swimming suit (optional)
Sanitary napkins and belt)
Hair curlers (if used)

FOR MEN

5 pair slacks
5 shirts
5 sets underwear
1 pair pajamas
1 robe
2 pair shoes
5 pair socks
1 pair house slippers
1 coat or jacket
1 raincoat
Swimming trunks (optional)
Shaving cream & lotion
Electric razor

WHAT OTHER PERSONAL ITEMS WILL YOU NEED?

Comb and Brush
Toothbrush
Toothpaste
Deodorant
Shampoo
Hand Lotion
Toilet Soap
Facial Tissue
Ball point pen or pencil
Stationery
Stamps
Magazines or books

For your protection and the protection of others, nothing can be brought in a glass container and nothing with a sharp edge or point can be brought to the ward.

WHAT ABOUT LAUNDRY AND DRY CLEANING?

There is a washer and dryer available on the ward for you to do your laundry. Detergent furnished by the hospital is available. Dry cleaning must be sent off grounds to be done and also is returned in about one week. You must pay for your own dry cleaning.

UNACCEPTABLE ITEMS

All cosmetics and toilet articles should be in plastic or unbreakable containers. No aerosal containers.

No safety razors, scissors, knives or other sharp articles are acceptable. Electric razors are acceptable but not required.

Other items which should be left at home include valuable papers, expensive jewlry, matches, lighters, and any personal items which are not suitable for hospital use.

HOW LONG WILL YOU BE HERE?

This depends on the kind and degree of your emotional difficulties. Our aim is to return you to your home and your community as soon as possible. We encourage you to discuss your treatment program and progress with your treatment team.

LEAVING THE HOSPITAL

As you begin to get well, your team will help you prepare to return to the community. A visit home, a weekend pass, going back to school, getting a job - all are steps along the way.

It is possible for you to return to the community without being discharged immediately. On LIMITED LEAVE, you may leave the hospital for a specified length of time. On CONVALESCENT LEAVE, you return to the community for an indefinite period. You may go back to your local doctor or mental health center. You may return to the hospital for follow-up care.

The procedures of your discharge, in part, depend on the arrangement by which you are in the hospital. If you are here as an INFORMAL patient, you have come without making formal or written application for admission and have been accepted because there were available accommodations, and in the judgment of the hospital staff, you needed treatment. As an informal patient, you are free to leave the hospital on any day between the hours of 9:00 a.m. and 5:00 p.m., and at such other times as the hospital staff determine.

If you are here as a VOLUNTARY patient, you have made a written application for admission and you have been accepted with the understanding that you would abide by hospital rules and regulations. Should you desire to leave the hospital before you and the treatment staff agree that you are fully ready, you must request to be discharged in writing, and that request must be granted within a reasonable time, which shall not exceed three days after receipt of the request, excluding Sundays and legal holidays. Voluntary patients are generally discharged directly to the community to be followed by your physician or your Community Mental Health Center.

If you are here as an INVOLUNTARY patient on an emergency hospitalization request, you can not be held longer than 72 hours following admission, excluding Sundays and legal holidays, without a hearing by a Probate Court.

If you are here under an ORDER OF PROTECTIVE CUSTODY, the hospital cannot discharge you until the court so orders, or the application for your involuntary hospitalization is dismissed.

If you are here under a REFERRAL FOR SHORT-TERM TREATMENT, or because the court, after a hearing, has found you mentally ill and in need of treatment, you may be discharged when the hospital staff believes you are no longer in need of treatment and your discharge is in your best interest, or when the court, after further review or hearing, determines you

should be discharged and so orders. If an involuntary patient leaves the hospital without approval, the hospital may authorize and request that you be taken into custody and transported back to the hospital.

If the court decides you should stay for treatment, then you and your treatment team will work together in making plans for your future discharge.

Community attitudes toward mental illness are changing. Employers are now willing to hire patients and former patients. Many schools have counselors who can help you and they can provide special learning programs if needed. Mental Health Associations are helping provide aftercare for patients who return home. Professional help is available through the Mental Health Centers which serve the 31 counties in the Topeka State Hospital area.

For some patients, returning to the community means going home again. For others, it means starting a new life on their own. For all, it offers a mixture of hope and fear. Before you return to your community, the hospital will confer with your family or the agency which referred you here. Working with you, we will do what we can to make your re-entry smooth and successful.

INDEX

Subject - Page

INDEX (continued)...

INDEX (continued)...

INDEX (continued)...

ATTACHMENT J

PERSONNEL HANDBOOK

TOPEKA STATE HOSPITAL

NURSING SERVICE

1979

INTRODUCTION

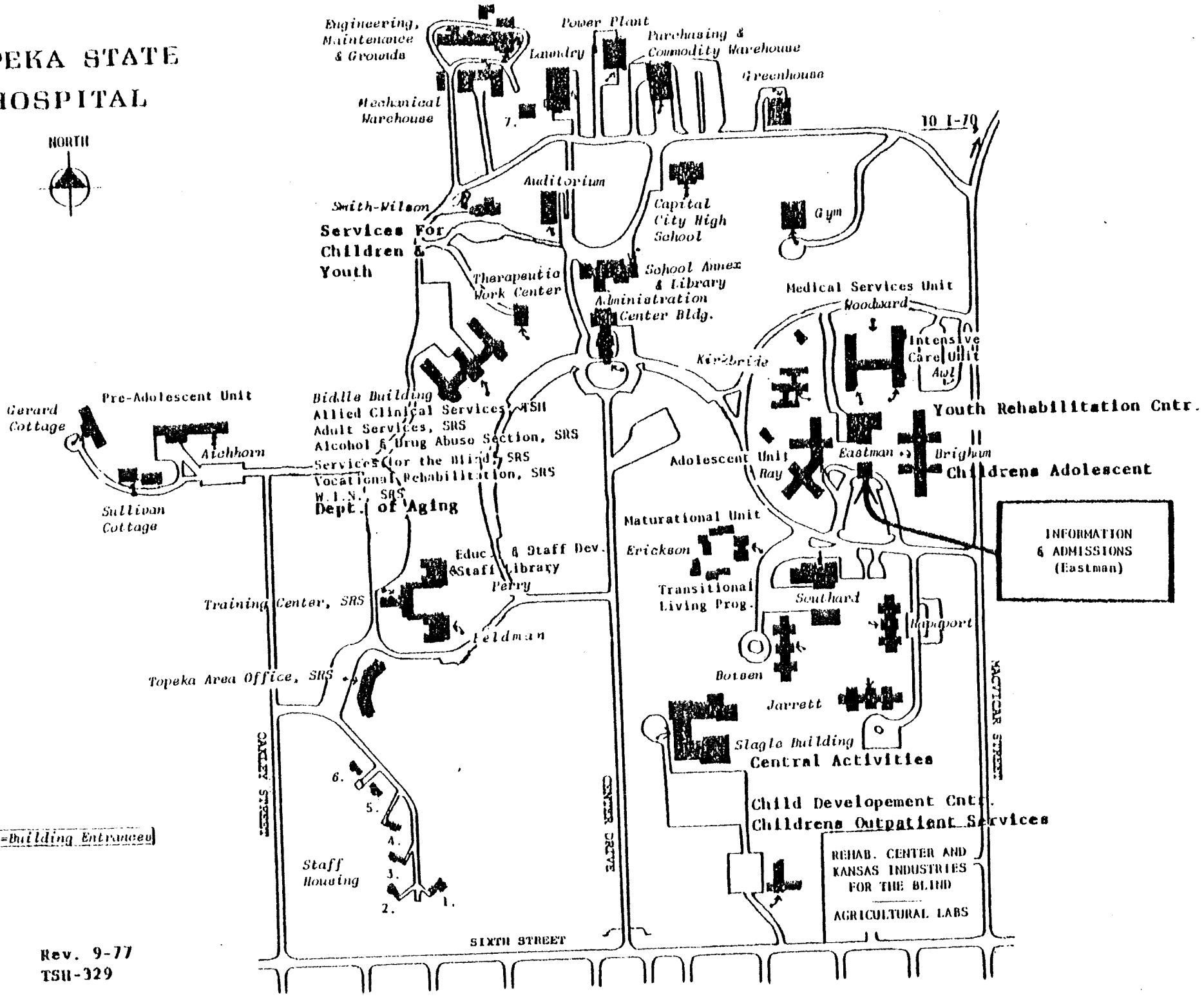
This handbook is designed to help all nursing personnel become aware of the various policies governing our work at Topeka State Hospital.

Nursing Service is a very integral part of the care of the patient at Topeka State Hospital. We hope a thorough knowledge of the contents of this book will avoid many questions and give all nursing personnel a much better understanding of the policies which regulate our work.

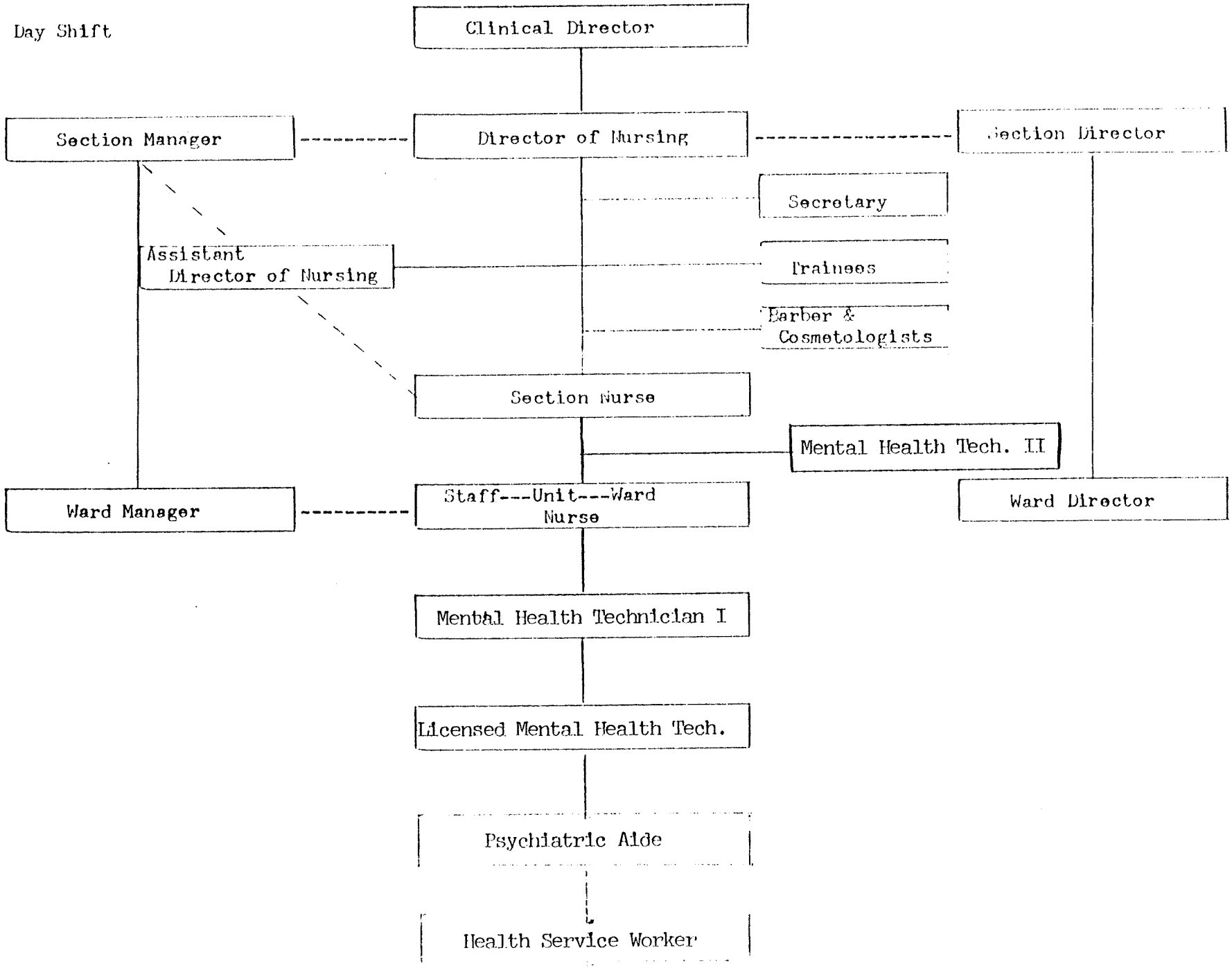
Beverly Anderson R.N.
Director of Nursing

TABLE OF CONTENTS

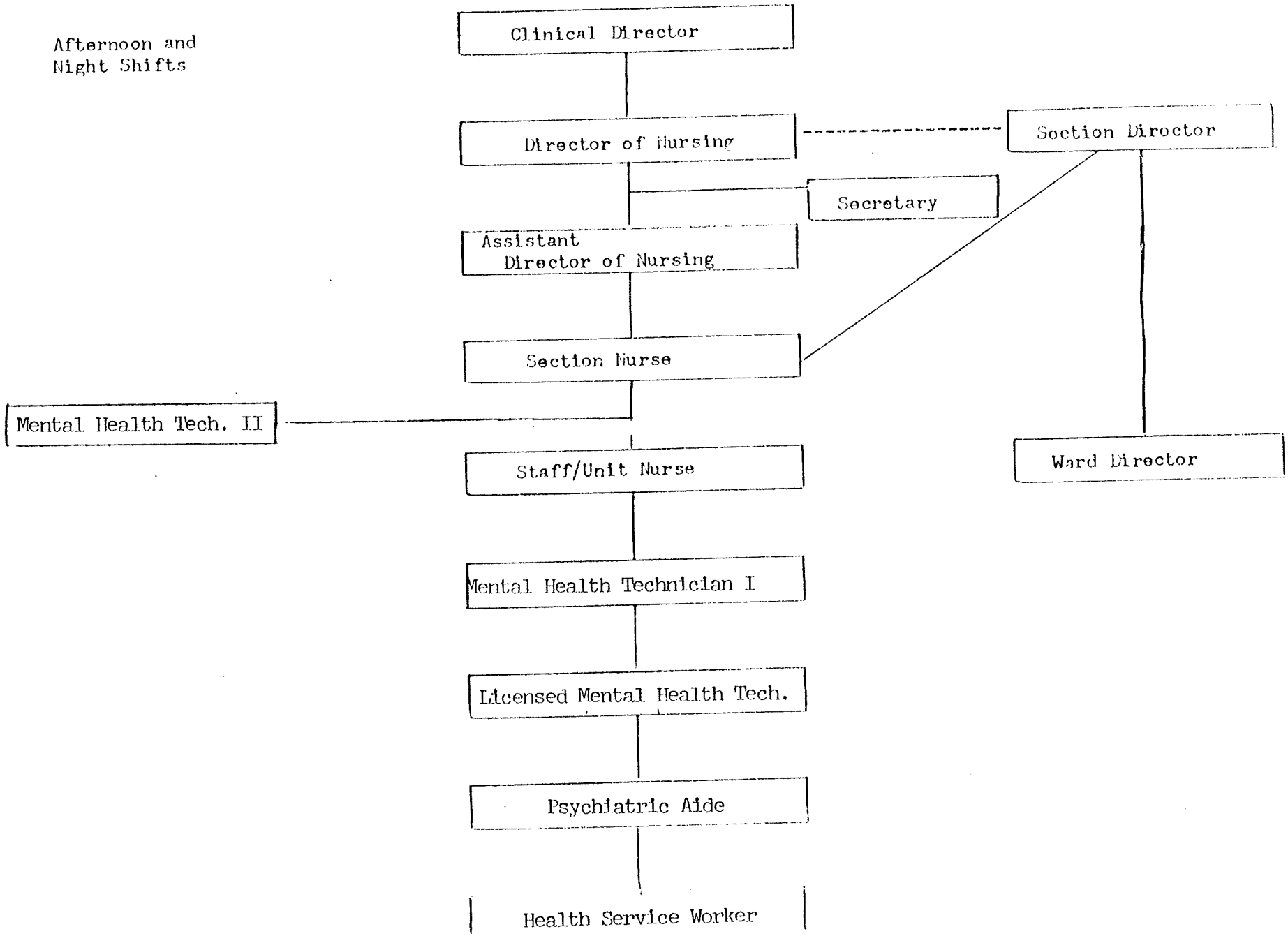
TOPEKA STATE HOSPITAL

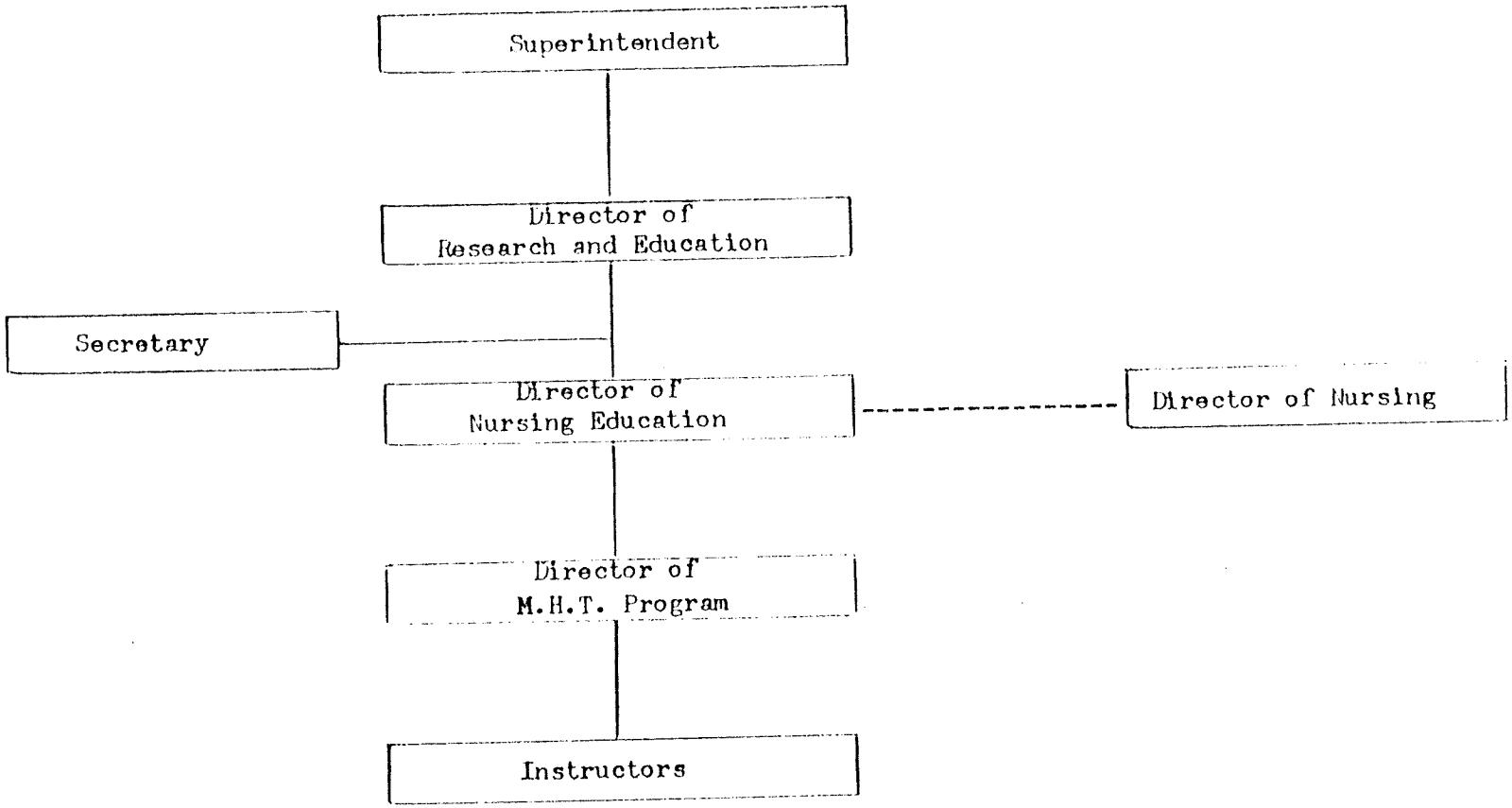


Rev. 9-77
TSH-329


Day Shift
Clinical Director
Section Manager
Director of Nursing
Section Director
Secretary
Assistant
Director of Nursing
Trainees
Barber &
Cosmetologists
Section Nurse
Mental Health Tech. II
Ward Manager
Staff---Unit---Ward
Nurse
Ward Director
Mental Health Technician I
Licensed Mental Health Tech.
Psychiatric Aide
Health Service Worker

Afternoon and
Night Shifts




Superintendent
Director of
Research and Education
Secretary
Director of
Nursing Education
Director of Nursing
Director of
M.H.T. Program
Instructors

TIME SCHEDULE

Welcome to Topeka State Hospital Nursing Service. You have been employed for a particular shift on a particular section.

The MHT II is responsible for scheduling and will shortly be giving you your assigned work schedule. You will find your work schedule posted monthly in the nursing office of the unit you are assigned to. Requests for time off must be planned in advance with the MHT II. To request time off, you record the time off desired in the request book which is located in the supervisor's office. Time is granted if coverage is adequate. As a courtesy to the staff you are working with we ask that you talk over planned time off with them also. In this way if several want time off for the same time you may be able to settle on a unit level who will request the time. Any questions regarding your time or time schedule should be directed to the MHT II.

REPORTING ABSENCES

In the event of illness or inability to report to duty, it is your responsibility to notify the Chief Nurse's Office (CNO):

Monday thru Friday	8 a.m. to 5 p.m.	296-4576
Weekends, holidays, and after 5 p.m.		296-4807

Only if unable to contact CNO, you may call the hospital operator, 296-4596 and leave a message for the CNO nurse.

CLOCKING IN - OUT

Personnel are responsible for clocking themselves in and out. Under no circumstances are you to clock in or out for anyone else. If there are problems with the clock, only the person acting as MHT supervisor is authorized to sign in or out for staff. They must then initial the time card.

LATE TIME DOCKING

Late time is docked in 15 minute increments beginning at 6 minutes after the scheduled time for reporting on duty. Late time is docked using holiday, vacation or "without pay" time. Repeated late time will result in counseling of the involved staff.

Example of docking:	2:51 to 3:00	15 minutes
	3:00 to 3:16	30 minutes and so on

MEAL PERIODS

Meal time of 30 minutes is allotted. There is provision for staff to purchase meal tickets at the Chief Clerk's Office and eat at the Southard Cafeteria during the hours it is open.

During hours when the cafeteria is closed, it is suggested that the staff arrange to either bring their lunch or to go off grounds to eat. Other staff prefer to have someone bring them something to eat. Under no circumstances are staff to eat from patients' trays.

RETURNING TO UNIT ON OFF TIME

Staff are to have prior approval from the Director of Nursing to return to the unit after their scheduled tour of duty.

TRANSPORTING PATIENTS IN PRIVATE CARS

Staff are to have written confirmation from their insurance company that they have liability insurance in their personnel file prior to transporting patients in their private vehicles. It is preferred that this be in the form of a "Certificate of Insurance".

REQUEST FOR TRANSFER

When an employee finds it necessary to request a transfer of shift or ward, he submits a written request through channels, detailing the reasons for the request as well as any other pertinent information. It is not always possible to grant the transfer as rapidly as the employee desires, but consideration will be given to all requests. Transfers may not be re requested more often than every six months, unless a promotion will be obtained by the transfer.

RELIEVING

Even though you are assigned to a specific unit, at times it will be necessary for you to work on other units of the section or of the hospital. We know that working on an unfamiliar unit produces anxiety and frequently some resentment, but if you will remember that we are here to serve the best interests of all of the patients cared for by this hospital, hopefully you will be able to put aside these feelings and work to the best of your ability with whichever patients are entrusted to your care. Remember, whenever possible, you will work on your regularly assigned unit. However, if you are pulled, please cooperate with the aide supervisor, nurse, or unit staff with whom you are working as they too are vitally interested in providing safe, effective, consistent, and therapeutic nursing care for the total patient population.

COMMUNICATIONS

Administrative Communications - Response to:

It is the responsibility of the employee to respond promptly to requests for signatures, information, appointments, etc., for the Payroll, Personnel Office, Supervisors and the Director's Office. Failure to respond may affect your pay status or delay your check.

HOSPITAL-WIDE COMMUNICATIONS

Employees are responsible for reading the Daily Bulletin for announcements such as vacant or promotional positions, special information, etc.

Bulletin boards by time clocks and on units also contain current informational items.

CHANNELS

COMMUNICATION

There is a definite chain of command and communication which must be strictly adhered to so that undistorted communication continues. Beginning with your level and working upward through nursing administration the chain is:

HSW - Health Service Worker
PA - Psychiatric Aide
LMHT - Licensed Mental Health Technician
MHT I - Charge Aide or Assistant Charge Aide (Mental Health Technician I)
Unit or Ward Nurse
Section Aide Supervisor (MHT II)
Section Nurse
Evening or Night Assistant Director of Nursing
Director of Nursing

When the charge aide is on the unit, communication begins at that level. In the absence of the charge aide communication begins with the LMHT. In the LMHT's absence communication begins with the PA. Any written communication from you should be submitted (single copy) and initialed by each person in the chain of command extending up to the most appropriate level - section or administration. Communication coming to you will reciprocate this chain of command, which means that in most situations the charge aide will be the one to communicate administrative and clinical matters to you.

KEYS

One responsibility accepted by you upon your employment was the possession and control of hospital keys. Obviously, careful control of the whereabouts of your keys is essential. If it were not important to secure areas by locking them, then either the areas would be unlocked or everyone - staff and patients - would have the keys. Your keys will open many areas on the hospital grounds:

Awl	RF481137	TLC	RF481137	
Fire box	AHC283A	TLP	RF481137	
Maturation Unit		YRC	RF481137	
Cottage #3	RF685151	Adult Services	RF481137	(Woodsview)
Cottage #4	RF685153	All Wards	RF481137	
Outside door	RF436000	Children's Services		
Medical Unit	RF481137	Sullivan	RO2332	
Restraint key	no number	Gerard	RO2332	
Section Office	RF481137	All other units	RF481137	

If your keys are lost or misplaced report this IMMEDIATELY to your supervisor who will notify security and the Chief Nurse so that appropriate action may be taken. You will also need to complete a lost key form and receive counseling from your supervisor. Take the responsibility of possessing hospital keys seriously and act accordingly.

BROKEN KEYS

Keys are not to be left in a lock. If a key becomes wedged, stay there until help is available. If it is broken off in a lock, report it immediately. The employee must complete the TSH, "Broken Keys Form", in triplicate and take it to the persons or office indicated for comments and signatures before the key is replaced.

Preferably, keys are to be carried in a pocket. Attaching keys on belt clasps or around the neck can be hazardous and is strongly discouraged.

Always carry your keys on your person in a secure area. Never lend your keys. Do not give your keys to a patient unless a life threatening situation exists.

LEAVE

Sanctioned time off duty is called "Leave." All leaves must be arranged with the timekeeper and supervisor for your area. Time will not be granted if coverage is not adequate.

A. Vacation Leave	At Rate Of	Maximum Accumulation
Up to 5 years	1 day a month	18 days
5 to 10 years	1 day a month	20 days
10 to 15 years	1¼ days a month	22 days
Over 15 years	1½ days a month	24 days

No day is given for the month unless you have worked a minimum of 25 days for that month.

You cannot take vacation time, with pay, until you have worked six (6) full calendar months.

Vacation time is to be requested at least three (3) days in advance through the section aide supervisor or section nurse.

Granting of vacation days, not requested in advance, is permissible in case of an emergency situation. If it becomes obvious that the privilege of requesting emergency leave is being abused, the supervisor may recommend the employee be charged WP (without pay) to cover his absence from duty.

B. Sick Leave:

Sick leave is accrued at the rate of one day per month.
Personnel who become ill while on duty may see the O.D. if:
a. They wish to see the O.D.
b. If the supervisor feels they are able to complete their shift.

If personnel are sent off duty ill, the supervisor is to make out a leave slip charging them with the time taken. If time taken is less than six (6) minutes, no time is charged. If more than six (6) minutes is taken, sick leave will be charged in fifteen (15) minute increments.

Extended sick leave is to be requested under provisions of Section H, "Leave of Absence."

Civil Service rules and regulations, 19-9-7.4, do permit an appointing authority (the Superintendent) to grant leave, with pay, to an employee, in the classified service, who has been continuously employed on a full time basis for more than six months. The number of days granted are determined by factors of the responsibility and necessary travel time. Such leaves shall not exceed six working days. It is the responsibility of the appointing authority to determine what portion of time is to be granted in each individual case.

Funeral leave is granted for immediate next of kin, i.e., parents, surrogate parents, children, spouse, mother or fathers-in-law, spouse's sister and brother, grandparents and grandchildren.

The Personnel Office determines the amount of time for funeral leave.

E. Military Leave

Military leave, without pay, will be granted for the time of one enlistment period.

State or National Guard Duty

An employee who is a member of the state or national guard shall be granted leave of absence, with pay, for the duration of any official call to emergency duty or to the annual training period. This leave shall be limited to fifteen (15) days.

F. Official Leave

You may be granted such leave, with pay, it it is in the interest of the hospital.

G. Jury Duty

Leave is granted with pay. After court fees are received, the monthly salary must be adjusted so that only a full salary amount is received by the juror.

H. Leave of Absence (without pay)

Other leaves may be granted for good and valid reasons if the granting of such is in the best interests of the hospital or agency. The Superintendent has authority to grant such leaves.

When pregnancy is the reason for such a requested leave, consult the hospital procedure manual, "Maternity Leave", for additional information.

The employee submits a written request through the department head requesting leave, the length of time desired and the reasons needed.

In cases of medical leave, a physician's statement should be attached along with the request.

TELEPHONES

A. Usage

Hospital phones are business phones, therefore, it is requested that calls of a personal nature be kept to a minimum. Personnel who abuse the use of phones will be counselled on an individual basis.

B. Emergency Calls

Calls of an emergency nature will be relayed to personnel immediately.

C. Official Calls

Staff may place official long distance calls by using KANS - A - N lines.

D. Answering

When answering phones, please give your location and name. Example: Boisen North, Miss Smith.

E. Billable Calls - Personal

In the event an employee needs to make a billable call for personal business, the hospital operator is to be notified and will give directions how to complete the procedure. UNDER NO CIRCUMSTANCES ARE PERSONAL CALLS TO BE BILLED TO THE HOSPITAL.

CAUSES FOR DISCIPLINARY ACTION

Differentiation is made between disciplinary action regarding performance of duties and disciplinary action regarding personal conduct.

Seven examples of employee actions which would be reason for disciplinary action regarding performance of duties are:

1. Inefficiency or incompetency in the performance of duties.
2. Negligence in the performance of duties.
3. Careless, negligent or improper use of state property.
4. Failure to maintain satisfactory and harmonious relationships with the public and fellow employees.
5. Habitual improper use of sick leave privileges.
6. Habitual pattern of failure to report for duty at the assigned time and place.
7. Failure to obtain or maintain a current license or certificate or other authorization required to practice a trade, conduct a business or practice a profession.

Sixteen examples of employee actions which would be reason for disciplinary action regarding personal conduct are:

1. Was found guilty of gross misconduct unbecoming a state officer or employee.
2. Was convicted of a felony.
3. Was guilty of immoral conduct or a criminal act.
4. Willfully abused or misappropriated state funds, materials, property or equipment.
5. Filed false statements of material fact in his or her employment application.
6. Participated in any action that would in any way seriously disrupt or disturb the normal operation of the agency, institution, department or any other segment of state government.
7. Trespassed on the property of any state official or employee for the purpose of harassing or forcing dialogue or discussion from the occupants or owners of such property.
8. Willfully damaged or destroyed property.
9. Willfully endangered the lives and property of others.
10. Possessed unauthorized firearms or lethal weapons while on the job unless the possession of such firearms or lethal weapons was necessary for the performance of such employee's work-related duties.
11. Was brutal in the performance of duties.
12. Refused to accept a reasonable and proper assignment from an authorized supervisor (insubordination).
13. Was under the influence of alcohol or drugs while on the job.
14. Knowingly released confidential information from official records.
15. Took part in political campaigns in a place or manner prohibited by law.
16. Exhibited other personal conduct detrimental to state service which could cause undue disruption of work or endanger the safety of persons or property of others as may be determined by the appointing authority.

PROFESSIONAL IMAGE, APPEARANCE

It is assumed that nursing personnel will project a professional image at all times. It is the responsibility of the charge aide, ward nurse, aide supervisor and section nurse to counsel personnel whose appearance is inappropriate.

A. General Policy

1. Staff are to be neat and clean.
2. The wearing of street clothing is optional.

The following factors in dress are to be adhered to:

1. Safety
2. Modesty
3. Not offensive to patients and co-workers.
4. Does not interfere with the job to be performed
5. Clean and neat

PROFESSIONAL IMAGE, APPEARANCE (Cont.)

B. Medical Services Personnel

Medical Services Personnel must wear uniforms. White skirts or trousers may be combined with pastel colored tops. Shoes may be duty shoes or white tennis shoes. Hose are to be worn.

C. Violations of Code

If an employee's appearance is extremely inappropriate, he may be sent home to change clothes and is charged vacation or holiday time.

In less extreme cases, the employee is to be counselled, prior to his lunch hour, if at all possible, so he may go home to change during his lunch hour.

Repeated difficulties are to be documented with counselling memorandums, and if no improvement is shown, the performance evaluation is to be marked down in the following areas:

1. Appearance
2. Cooperativeness
3. Judgement

D. Smoking and Gum Chewing

It is considered unprofessional for members of the nursing staff to chew gum or to walk around with a cigarette in their mouths.

In an effort to encourage professionalism, we request that the following guifelines be observed.

1. You are requested to smoke in ward offices or conference rooms.
2. Smoking is prohibited while preparing or administering medications.
3. Smoking in linen rooms, clothing rooms, and oxygen storage areas is prohibited. THIS IS A FIRE HAZARD.
4. There is to be no smoking while walking about the ward or while supervising patient activities.
5. Smoking with patients is permissible if the patient wants to smoke and it is an appropriate situation. Example: playing cards or games; sitting with a disturbed patient or smoking with patients on the patio.
6. Chewing gum on duty is discouraged.

PROFESSIONAL EQUIPMENT

In carrying out your day-to-day responsibilities, the following items are needed, and must be furnished by the employee.

1. A watch with a second hand for taking temperature, pulse and respiration.
2. A lighter to light patients' cigarettes (NO MATCHES)
3. Pens, black and red ink, for record keeping.

EMPLOYMENT EXAM & INOCULATIONS

A. Physical Exam

Employment physicals will be arranged by the nurse in the Consultants' Office. This physical examination will include a urinalysis, fasting blood sugar, complete blood count, serology, and an electrocardiogram (EKG) if prospective employee is over 40 years of age.

NOTE: Employees failing to complete the examination will be subject to action by the Personnel Office.

B. Inoculations

Immunizations for influenza are available for a nominal fee.

Tetanus immunizations are administered to employees who sustain injury while on duty. These are available in the Public Health Office.

EMPLOYEE RECORDS, POLICY

Each employee must keep the Personnel Office informed of current address, telephone number, and family status.

You must notify the Personnel Office within 7 days of changes in any of the following:

1. Change of address
2. Change of phone number
3. Marriage, divorce, or legal
4. Birth or death in the immediate family
5. Legal change of name
6. Beneficiary change

In addition, staff will keep a current phone number in the Central Nursing Office.

Telephone numbers designated as "Unlisted" will not be given to callers, nor will the hospital relay messages to those personnel who desire that degree of privacy while off duty.

It will be the employee's responsibility if he does not receive communication vital to him.

INFECTIOUS DISEASE CONTROL

Employees should report to the personnel physician (Allied Clinical Services) if they suspect or know they have an infection or communicable disease.

1. Symptoms of hepatitis
2. Symptoms of tuberculosis
3. Symptoms of measles
4. Symptoms of mumps
5. Any draining skin lesion:
   a. Clean area and cover with dressing.
   b. See physician promptly.

NOTE: Frequent, thorough hand washing is the most effective protection against infections.

PERSONNEL INJURY

All nursing personnel are covered by Workers Compensation. This is a benefit for personnel and it is your duty to follow the routine reporting procedure. Failure to report an injury can result in compensation being denied.

Injuries occurring on duty are to be reported immediately to the O.D. or personnel physician. All injuries should be reported, no matter how minor. This is protection in case of later developments.

The O.D. or personnel physician will fill out the appropriate forms.

The injured person is to report to the Personnel Office within 24 hours and fill out required forms.

Special incident or injury forms are not filled out on personnel injuries.

Appointments with the personnel physician are made through the Consultants' Office.

SAFETY AT WORK ASSIGNMENT

According to the mutual agreement and the hospital union, the following statement applies to safety:

> "Working alone: No employee shall be assigned to work alone on a patient ward where patients are confined who have recently demonstrated violent tendencies toward others or who are predictably violent or dangerous. If any employee feels subjected to these working conditions, then that employee shall immediately bring the matter to the attention of his/her supervisor. If the issue is not immediately settled to the satisfaction of the employee and supervisor, the Ward Physician (Section Director, O.D. Physician) shall evaluate the situation and render judgment which will be final."
>
> "In non-patient areas employees will immediately bring unsafe conditions to the attention of their supervisor and to the Fire and Safety Officer who will inspect the alleged unsafe condition and make certain that the situation is safe before the employee is ordered to proceed."

ETHICS

A. Confidentiality

By the nature of duty, nursing personnel have access to highly confidential material concerning patients and their relatives.

Any questions regarding diagnosis, prognosis, history, or other personal and confidential matters pertaining to the care and treatment of the patient are to be directed to the patient's physician or social worker.

Unauthorized disclosure of confidential information places the agency in a difficult moral and legal situation.

B. Legal Responsibilities

Nursing personnel are now finding themselves involved in litigation in which malpractice is alleged.

In order to lessen the likelihood of such action, resulting in judgement against the employee, it is advisable to be familiar with both the Hospital Procedure manual and the Nursing Service Procedure Manual.

In all instances, good nursing practice should be apparent and documented.

It is further advisable for all nursing personnel (nurses and aides) to carry Professional Liability Insurance.

ETHICS

C. Relationships with Patients & Families
Transactions Between Employees & Families

The hospital is a public, psychiatric care agency. This means that more courtesy and understanding is required here than in many other types of business. Poor relationships within the hospital or away from the hospital subjects both the hospital and its employees to criticism.

Members of Nursing Service will be expected to observe the following guidelines at all times.

1. Patients and families will be treated with the same respect you yourself expect.
2. They will be addressed by title and last name, ie., Mr. Jones, Miss Smith, Doctor Brown. If a patient requests that he be called by his first name, it is permissible to do so unless psychiatrically contraindicated.
3. When greeting patients, say, "Good Morning, Good Afternoon, or or Good Evening" in conjunction with their title and name. Families are greeted in the same manner and names are used if you know them.
4. If you are greeting someone whose name you don't know, say, "Good Morning, I am (your name). I assume you are _____," or you may say, "Good Morning, I am (your name). I'm sorry, but I don't believe I know your name."
5. It is poor taste to yell a patient's name in order to attract his attention.
6. It is improper to discuss personal affairs or problems with patients.
7. It is improper to carry on personal conversations with co-workers in the presence of patients or visitors.
8. Religious and political beliefs of patients will be respected.
9. Employees do not expect to receive gratuities from patients or their families.
10. Personal involvement with patients or their families is considered improper.
11. Privacy of patients will be respected. It is desirable to knock on the door before entering a patient's room.

D. Business Transactions Between Employees and Patients

1. Borrowing any article or money from patients is not permitted.
2. Lending money to patients (even bus fare for job hunting) is discouraged. Arrangements for money should be made through the Patients Benefit Fund or the Stach Fund.
3. Buying handcrafts from an individual patient may be done only with written permission from the patient's physician.
4. Employment of patients by personnel should occur only after the patient's physician, the employee, and patient have a complete understanding of the type of work, hours of duty, and salary. A written permission (doctor's order) must be on the patient's chart before employment may start.

ETHICS (Cont.)

E. Abuse of Patients

Personnel who relate to patients in an abusive, untherapeutic manner do not possess the essential qualities to work with psychiatric patients.

Immediate disciplinary action will be taken for an abusive action toward patients.

Physical Abuse: Patients are not to be physically abused or threatened with physical punishment.

Mental Abuse: Mental abuse of patients will not be tolerated. This includes laughing, cursing, ridiculing or any other form of mental torment.

ATTACHMENT K

T O P E K A S T A T E H O S P I T A L

NURSING SERVICE ORIENTATION BOOKLET

Superintendent - Dr. Eberhard Burdzik
Asst. Superintendent, Clinical - Dr. Walter Menninger
Director of Nursing - Mrs. Beverly Anderson, R.N., M.S.
Asst. Director of Nursing - Mrs. Geraldine Fouts, R.N. - Days
Asst. Director of Nursing - Mrs. Evelyn Stous, R.N. - Evenings
Asst. Director of Nursing - Mrs. Aletha Anschutz, R.N. - Nights

O R I E N T A T I O N B O O K L E T

SPECIAL SERVICES

Awl	4581
Maturation Unit	4368, 4888
Training For Living In The Community(TLC)	4289
Transitional Living Program(TLP)	4868
Youth Rehabilitation Unit(YRC) (non-psychiatric)	2561

Section Director		Dr. McNaught	4821
Section Nurse	Days	Mrs. K. Thompson	4421, 4821
	Evenings	Miss House	4421, 3049
	Nights	Mrs. Bradley	4421
Section MHT II	Days	Mrs. E. Thompson	4421
	Evenings	Mrs. Herron	4421, 3049
	Nights	Mrs. Patton	4421
Section Manager - Timekeeper		Mr. E. D. Nelson	4643

SECTION FOR ADULT SERVICES

Boisen Southeast	4469
Boisen Southwest	4469
Boisen North	4475
Jarrett North	
Jarrett South	
Jarrett West	4563
Rapaport North	4505
Rapaport South	4503

Section Director		Dr. Montano	4521
Section Nurse	Days	Mrs. Gehr	4467 - 4846
	Evenings	Mrs. O'Brien	4467
	Nights	Mrs. Blankenship	4467
Section MHT II	Days	Mrs. Flinn	4467
	Evenings	Mrs. Girton	4467
	Nights	Mr. Powell	4467
Section Manager - Timekeeper		Mrs. Stremming	4735

CHILDREN'S SERVICES

Pre-Adolescent	2531
Sullivan	2531
Gerard	2530
Adolescent	
Simmel Boys	4261
Simmel Girls	4446
Klein I (Boys)	4364
Klein II (	4837
Brigham Adolescent	4870
Children's Evaluation Unit	5117

Section Director		Dr. Luna	4531
Section Nurse	Days	Mrs. Metz	4335
	Evenings	Mrs. Stous(acting)	4807
	Nights	Mrs. Anschutz(acting)	4807
Section MHT II	Days	Mr. Scott	4335
	Evenings	Mrs. Freeman	4335
	Nights	Miss Flickinger	4335
Section Manager - Timekeeper		Mrs. Wilson	4748

ALLIED CLINICAL SERVICES SECTION

Medical Services Section	4881
Consultant's Office	4348
Public-Personnel Health	4347

Section Director	Dr. Bertone	4346
Section Nurse	Mrs. Counihan	4881
Section Manager - Timekeeper	Mr. E. D. Nelson	4643

Services for Adults

Boisen North)
" Southwest)
" Southeast)
Rapaport North)
" South)
Jarrett North)
" South)
" West)

All units serve adult patients aged 18 and older, providing both evaluation and treatment. Each unit is managed according the philosophy of the treatment team. Capacities range from 15 to 38 patients.

Children's Services Section

Pre-Adolescent Services

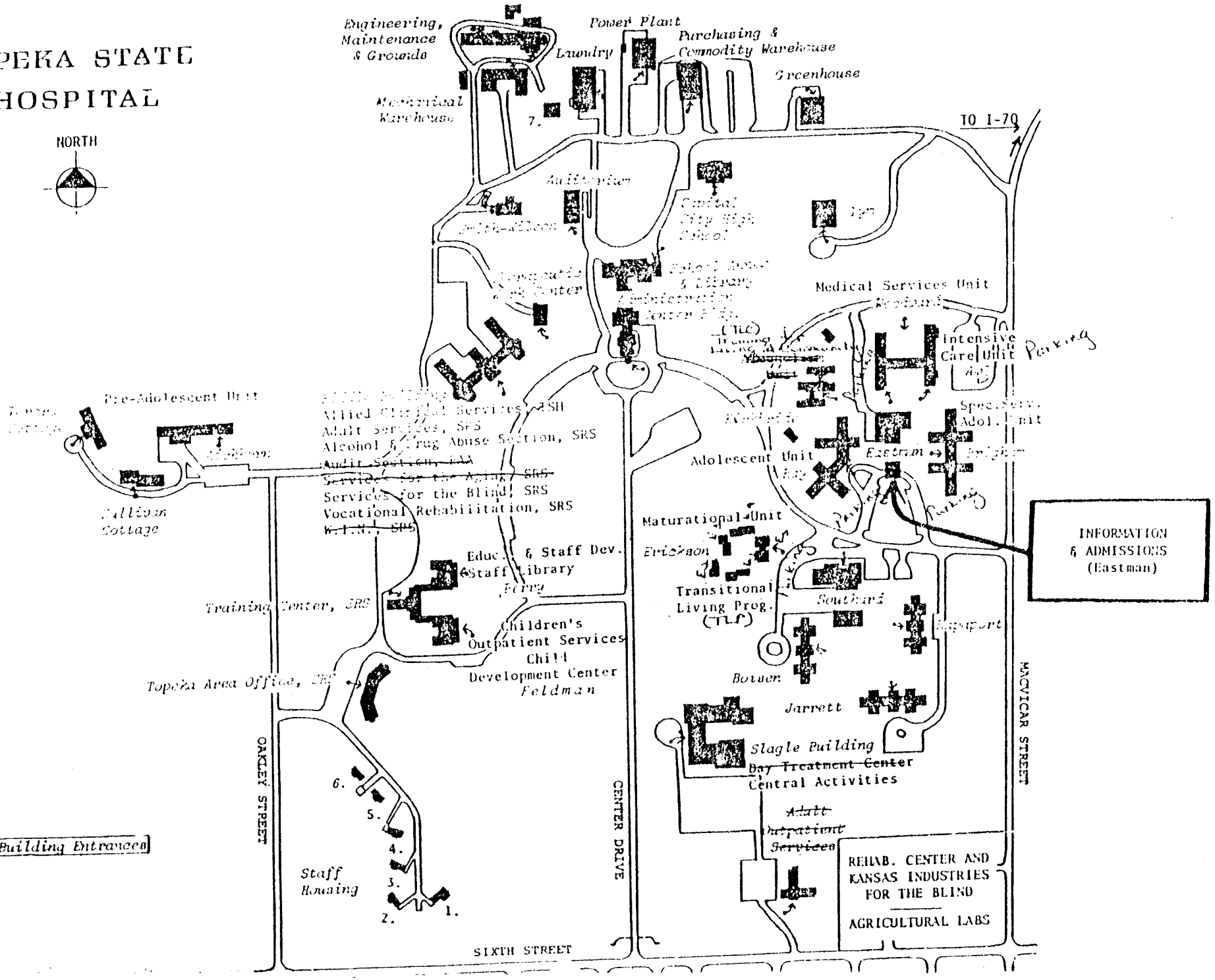
Gerard - A 14-bed co-educational unit for youngsters aged 4 to 12 requiring long-term intensive treatment.
Sullivan - A 14-bed unit for males to age 14 requiring long-term intensive treatment.

Adolescent Services

Simmel Boys) 16-bed units for acutely disturbed patients requiring long-
Simmel Girls) term treatment. Age range is 11 to 16.
Klein Boys) A 12-bed unit semi-open for patients in transition to community.
Klein Co-ed) A 12-bed co-educational unit for patients in transition to community.
Brigham Adolescent) A 15-bed unit for patients who are acutely disturbed requiring long-term treatment.
Children's Evaluation) A 15-bed short-term unit for complete physical-psychological evaluation. Recommendations for placement are then made to patent, guardian or court as appropriate.

All children have an individually prescribed treatment program according to their psychological, educational, physiological and spiritual needs. These programs are highly structured, which can foster independence and return to community.

TOPEKA STATE HOSPITAL



Each of the units is highly individualized, therefore, what is expected of you will be somewhat different for each area. Your Charge Aide and other unit staff will assume responsibility for orienting you as to what expectations that unit has for your interactions with the patients, and what your special job responsibilities are to be.

Special Services

Awl — Co-ed (14-21 year olds) locked environment for treatment of high risk behaviors and feelings. Capacity for 10 males and 10 females.

Maturation Unit — Co-ed (14-21 year olds) family centered program stressing individual internal control. Capacity for 13 males and 5 females.

TLC — Co-ed (18 and older) five-week supportive transitional program for patients who will return to their community of origin or to self-care. Capacity for 10 males and 10 females.

TLP — Co-ed (18 and older) intermediate (3-6 months) transitional program for patients who will find homes within the Shawnee County area either on their own or in groups. Capacity for 5 males and 4 females.

YRC — Male (14 to 18) for juvenile offenders. Focus is rehabilitation and return to community. Capacity is 15.

Medical Services Section

MSU — Co-ed (all ages) Unit for more individualized, specialized medical and nursing care for the physically ill psychiatric patient. Also provides convalescent care for patients after surgery. Provides medical care for non-psychiatric units on grounds as well as the Youth Center at Topeka.

Welcome to Topeka State Hospital Nursing Service. You have been employed for the_____shift on _____ + _____ Section. I am _____, the Aide Supervisor (MHT II) and this is _____, the Section Nurse. You are in the_____ _____ where you will clock in and out. This shift runs from _____to _____. You are expected to be here on time on the days you are scheduled.

Late time is docked in 15 minute increments beginning at 6 minutes after the scheduled time for reporting on duty. Late time is docked using holiday, vacation or "without pay" time. Repeated late time will result in counseling of the involved staff.

Example of docking: 2:51 to 3:00 15 minutes
3:00 to 3:16 30 minutes and so on

Personnel are responsible for clocking themselves in and out. Under no circumstances are you to clock in or out for anyone else. If there are problems with the clock, only the person acting as MHT supervisor is authorized to sign in or out for staff. They must then initial the time card.

In the event of illness or inability to report to duty as scheduled, it is your responsibility to notify the Chief Nurse's Office (CNO):

Monday thru Friday	8 a.m. to 5 p.m.	296-4576
Weekends, holidays, and after 5 p.m.		296-4807

Only if unable to contact CNO, you may call the hospital operator, 296-4596, and leave a message for the CNO nurse.

_____ is responsible for scheduling and will shortly be giving you your assigned work schedule. You will find your work schedule posted monthly in the nursing office of the unit you are assigned to. Requests for time off must be planned in advance with _____. To request time off, you record the time off desired in the request book which is located in the supervisor's office. Time is granted if coverage is adequate. As a courtesy to the staff you are working with we ask that you talk over planned time off with them also. In this way if several want time off for the same time you may be able to settle on a unit level who will request the time. Any questions regarding your time or time schedule should be directed to_____.

MEAL PERIODS

Meal time of 30 minutes is allotted. There is provision for staff to purchase meal tickets at the Chief Clerk's Office and eat at the Southard Cafeteria during the hours it is open.

During hours when the cafeteria is closed, it is suggested that the staff arrange to either bring their lunch or to go off grounds to eat. Other staff prefer to have someone bring them something to eat. Under no circumstances are staff to eat from patients' trays.

RETURNING TO UNIT ON OFF TIME:

Staff are to have prior approval from the Director of Nursing to return to the unit after their scheduled tour of duty.

TRANSPORTING PATIENTS IN PRIVATE CARS:

Staff are to have written confirmation from their insurance company that they have liability insurance in their personnel file prior to transporting patients in their private vehicles. It is preferred that this be in the form of a "Certificate of Insurance".

REQUEST FOR TRANSFER:

When an employee finds it necessary to request a transfer of shift or ward, he submits a written request through channels, detailing the reasons for the request as well as any other pertinent information. It is not always possible to grant the transfer as rapidly as the employee desires, but consideration will be given to all requests. Transfers may not be requested more often than every six months, unless a promotion will be obtained by the transfer.

In the event that more than one person is requesting transfer to the same area and shift, it may be necessary to follow the procedure utilized in promotions to select the person for the position.

COMMUNICATIONS:

Administrative Communications - Response to:

It is the responsibility of the employee to respond promptly to requests for signatures, information, appointments, etc., for the Payroll, Personnel Office, supervisors and the Director's Office. Failure to respond may affect your pay status or delay your check.

COMMUNICATION CHANNELS:

There is a definite chain of command and communication which must be strictly adhered to so that undistorted communication continues. Beginning with your level and working upward through nursing administration the chain is: HSW - Health Service Worker
PA - Psychiatric Aide
LMHT - Licensed Mental Health Technician
MHT I - (Charge Aide or Assistant Charge Aide) Mental Health Technician I
Unit or Ward Nurse
Section Aide Supervisor (MHT II)
Section Nurse
Evening or Night Assistant Director of Nursing
Director of Nursing

When the charge aide is on the unit, communication begins at that level. In the absence of the charge aide communication begins with the LMHT. In the LMHT's absence communication begins with the PA. Any written communication from you should be submitted (single copy) and initialed by each person in the chain of command extending up to the most appropriate level - section or administration. Communication coming to you will reciprocate this chain of command, which means that in most situations the charge aide will be the one to communicate administrative and clinical matters to you.

One responsibility accepted by you upon your employment was the possession and control of hospital keys. Obviously, careful control of the whereabouts of your keys is essential. If it were not important to secure areas by locking them, then either the areas would be unlocked or everyone - staff and patients - would have the keys. Your keys will open many areas on the hospital grounds:

Awl	RF 481137
Fire box	AH, C283 A
Maturation Unit	
Cottage #3	RF 685151
Cottage #4	RF 685153
Outside door	RF 436000
Medical Unit	RF 481137
Restraint key	no number
Section Office	RF 481137
TLC	RF 481137
ELP	RF 481137
UTL	RF 481137
YRC	RF 481137
Services for Adults	(Woodsview)
All Wards	RF 481137
Children's Services	
Sullivan	RO 2332
Gerard	RO 2332
All other units	RF 481137

If your keys are lost or misplaced report this IMMEDIATELY to your supervisor who will notify security and the Chief Nurse so that appropriate action may be taken. You will also need to complete a lost key form and receive counseling from your supervisor. Take the responsibility of possessing hospital keys seriously and act accordingly. Always carry your keys on your person or place them in a secure area. Never loan your keys. Do not give your keys to a patient unless a life threatening situation exists.

Even though you are assigned to a specific unit, at times it will be necessary for you to work on other units of thissection or of the hospital. We know that working on an unfamiliar unit produces anxiety and frequently some resentment, but if you will remember that we are here to serve the best interests of all of the patients cared for by this hospital, hopefully you will be able to put aside these feelings and work to the best of your ability with whichever patients are entrusted to your care. Remember, whenever possible, you will work on your regularly assigned unit. However, if you are pulled, please cooperate with the aide supervisor, nurse, or unit staff with whom you are working as they too are vitally interested in providing safe, effective, consistent, and therapeutic nursing care for the total patient population.

Each of the units is highly individualized, therefore, what is expected of you will be somewhat different for each area. Your charge aide and other unit staff will assume responsibility for orienting you as to what expectations that unit has for your interactions with the patients, and what your special job responsibilities are to be.

Special Services

Awl	Co-ed (14-21 year olds) locked environment for treatment of high risk behaviors and feelings. Capacity for 10 males and 10 females.
Maturation Unit	Co-ed (14-21 year olds)family centered program stressing individual internal control. Capacity for 13 males and 5 5 females.
TLC	Co-ed (18 and older) five-week supportive transitional program for patients who will return to their community of origin or to self-care. Capacity for 10 makes and 10 females.
TLP	Co-ed (18 and older) intermediate (3-6 months) transitional program for patients who will find homes within the Shawnee County area either on their own or in groups. Capacity for 5 males and 4 females.
YRC	Male (14 to 18) for juvenile offenders. Focus is rehabilitation and return to community. Capacity is 15.

Medical Services Section

MSU	Co-ed (all ages) Unit for more individualized, specialized medical and nursing care for the physically ill psychiatric patient. Also provides convalescent care for patients after surgery. Provides medical care fon non-psychiatric units on grounds as well as the Youth Center at Topeka.

You do have access to a wealth of information about your patient's most personal and private feelings and affairs so that we as treating staff can really know the person that we are attempting to help. All information to which you have access is confidential and must be treated as such. Perhaps this can best be understood in terms of establishing and maintaining trust. Our patients came to us in various stages of personal crises which may or may not be characteristic to their usual coping patterns. At least initially, they trust us to care enough about them to keep their confidences just that. If and when this trust is destroyed the basis to intervene, to make what in some cases may be life supporting changes, is also destroyed, maybe irrevocably.

As you work you will observe the team concept in action. It is the aim of each treating staff to provide a therapeutic environment which meets their patient's needs, patient's family's needs, and community's needs within the framework of that treating team's philosophy.

We work to help patients acceptaand deal with their thoughts and actions which are often translated into behavioral disturbances, therefore,,much of our work involved providing and/or helping the patient and significant others to provide behavioral constraints. Such constraint may take the form of specific area or activity restriction, restriction of privileges, physical restraint, chemical restraint, seclusion, or any combination of the above.

Each patient has an individualized treatment plan which the team has developed to administer to that patient's specific needs. Information about this individualized plan is communicated in a number of ways: change of shift reports, progress notes, D&A's, team meetings, nursing care plans, therapy and family therapy notes, and various discipline oriented reports. Particularly important in directing your work are the nursing care plan and assessment which will be shown to you by your charge aide and unit nurse.

The registered professional is responsible, through the Nursing Process for all nursing careand all nursing personnel.

As a part of Nursing Service, your main responsibility will be the giving of nursing care to patients (implementation of the Nursing Care Plan). To begin the Nursing Process, the nurse interviews the patient to assess the patients strengths, nursing needs and primary problems.

She notes such things as handicaps, physical illness, personal hygiene, dietary and sleeping habits. Determination will be made to see if the patient is aware of who he is, where he is and what day, time and year it is. She will be alert to see if the patient indicates seeing or hearing things others are not aware of or expresses ideas or thoughts that do not appear to be based on reality.

In addition to the patient's contribution, the family members' social and medical history, developmental records, progress notes, change of shift reports, nursing rounds, etc., provide data.

After the baseline assessment, the nurse is able to make a nursing diagnosis, a statement of a conclusion based on scientific principles and indicating the pat patient's need for nursing care. It ends the assessment phase and begins the planning phase of the nursing process.

Planning Phase

Identification of patient's needs, establishment of goals, and selection of appropriate nursing action is the planning phase of the nursing process. After the patient's needs have been identified, the nurse and nursing staff should rank them in order of priority to establish a preferential order for the delivery of nursing care. By dealing only with the problems with which the patient is having difficulty, the number of problems with which he must work is reduced. With an awareness of potential problems, the nurse and nursing staff can take preventive action. They can decide which problems the patient can handle by himself, with which he will need help and what kind, and the relative urgency of the patient's needs. Nursing care plans, whether simple or complex, offer the potential of more individualized care and, in addition, provide valuable means of growth to the nursing staff.

Implementation

Implementation is the actual giving of nursing care and involves carrying out physician's orders, following hospital policies, and implementing nursing orders. The nursing orders are the nursing activities identified on the nursing care plan.

DAILY REFERENCE MUST BE MADE TO EACH PATIENT"S CHART TO BE AWARE OF THESE ORDERS, DCCUMENTATION OF THE PATIENT"S PROGRESS AND DELIVERY OF CARE ORDERED.

Implementation of a nursing care plan facilitates continuity of care by identifying terminal behavior in the long and short term goals, listing patient's preferences and expectations and propcsing approaches for care.

Purposeful communication that contributes to the patient's recovery may encourage the patient's participation in the problem solving process. Through such purposeful communication, the patient can be helped to identify, explore possible solutions to, and resolve his problems. Teaching is a type of communication that helps the patient learn, and learning produces changes in an individual's responses to his environment. Counseling and guidance are related to teaching and the nursing staff's approach may need to fluctuate between teaching and counseling as the situations and topics change. The nursing staff may use both the informal and formal methods of teaching and should be familiar with the various teaching tools. The tool that will do the most good in a given situation is selected and necessary arrangements are made for its use. The presentation is made and an opportunity is given the student/patient to apply this new learning. The nursing staff should evaluate the teaching methods employed and seek needed improvements in those methods.

Evaluation Phase

Evaluation is the process of assessing the patient's progress toward health goals, the quality of patient care being given in an institution through the nursing audit (review of records) the quality of individual nursing care through self-evaluation, and the overall performance of nursing personnel. The effects of intervention must be evaluated periodically and the nursing implementation changed accordingly. The nursing staff is constantly reevaluating the patient's progress toward the patient's and staff's mutually defined goals. The patient's behavior is compared with the terminal behavior described in the goals of the nursing care plan and with the baseline data on the nursing assessment to determine the patient's progress. The nursing audit provides a formal, systematic method of evaluating the quality of nursing care by comparing the care records of patients to the selected criterion standards. Nursing staff should evaluate their own performance, determine their strengths and weaknesses, consider how a task might have been done better and use it for future reference, and seek needed help to improve their performance. Evaluation of the overall performance of nursing personnel is critically important because the quality of patient care is dependent upon the quality of those giving care and their effective use of the nursing process.

It is vital that <u>each</u> member of the nursing staff be thoroughly familiar with the Nursing Process as outlined above.

The patients you are working with may often be disturbed, distrustful, rebellious, and physically and/or emotionally challenging. Their inability to relate in a positive manner may become very discouraging to the staff working with them. When it becomes difficult to view progress the staff's morale sometimes suffers. Your charge aide is experienced in handling these feelings, helping to explain what is happening, and offering support. If you become discouraged, angry, depressed, etc., please talk these feelings over with your charge aide. Remember that you were hired to help patients deal with their feelings. If you are unable to utilize the available support system to assist you in dealing with your feelings it will be most difficult, if not impossible, for you to deal with your patients in an empathetic, supportive, and therapeutic manner. Many staff who resign or abandon their positions do so because they are unable to utilize this support system to understand the dynamics of human relationships and particularly of pathological relationships.

Please check with your charge aide before granting patient requests or intervening on feelings and/or behavior. Each patient's treatment program is individualized and a number of people are involved in setting up the expectations for behavior and restrictive measures employed for breaches of acceptable behavior. Your interactive input is important and will best be conveyed and utilized when directed through the charge aide. Report all interactions, even those which may seem insignificant to you.

The following is a brief article which outlines danger signals in relationships which are indicative that the relationship is not therapeutic. We advise you to read this article carefully and refer to it frequently.

Staff are encouraged not to place themselves in a situation where they are isolated or alone with a patient of the opposite sex for extended lengths of time.

Danger Signals in Staff/Patient Relationships in the Therapeutic Milieu

Frances Coltrane, R.N. Direct Care Coordinator/Director of Nursing, Northern Virginia Mental Health Institute, Falls Church, Virginia.

***Carol Derr Pugh, R.N., M.Ed.** is Guidance Counselor, Public School System, Collier County, Florida. She was formerly a nursing instructor at Northern Virginia Mental Health Institute.*

Nursing personnel with direct care responsibility in the psychiatric setting are the prime initiators of the effectiveness of the milieu on the unit. Their relationships with patients have a major impact on the total hospital experience of the patient. Hoflinger and Keys in their text, *Basic Psychiatric Concepts In Nursing*, go as far as to say: "The interpersonal environment in which a patient lives may be therapeutic or nontherapeutic depending almost entirely on the intent and ability of the (nursing) staff."[1]

How is this therapeutic intent and ability defined for and developed in nursing personnel working in the psychiatric mental health setting? Unfortunately, there appears to be confusion and disagreement over what is thought to be therapeutic staff/patient relationships. In an attempt to clarify this issue, the nursing staff at the Northern Virginia Mental Health Institute have identified what they have found to be nontherapeutic while working with acutely ill psychiatric patients.

The Northern Virginia Mental Health Institute in Falls Church, Virginia, is a 120-bed facility for acutely ill psychiatric patients functioning under the therapeutic community, group approach. "Danger Signals in Staff/Patient Relationships" is the result of the observations and experiences of supervising nurses in the Institute over a five-year period. The situations inherent in the "Danger Signals" were observed in professional and paraprofessional, male and female direct care personnel. A slightly higher incidence of occurrence was observed in collegiate paraprofessionals with limited clinical experience. In view of this, the terms "staff" and "personnel," as used in the article, will indicate professional and paraprofessional direct care employees. Forms of the pronoun "he" will be used to indicate the male and female gender.

The list of danger signals is given to and reviewed with all new nursing personnel during their orientation period. The list is referred to frequently by the employee and supervising nurse as the employee progresses in the development of his interpersonal relationships. It is important from the beginning for the staff to establish a professional rather than social relationship. Having established the professional relationship, he must abide by this, guiding the patient to do the same.

The "Danger Signals" have been found to be both a reliable index, noting the emergence of a nontherapeutic staff/patient relationship, as well as an effective teaching tool. As a teaching tool there have been several benefits. First, familiarity with the "Danger Signals" early in

employment has reduced the defensiveness on the part of nursing staff in dealing with their nontherapeutic relationships with patients when identified by the supervising nurse. The "Danger Signals" are presented as vulnerabilities of all staff working closely with patients, not just those of new staff. Second, the list of danger signals affords employees an opportunity for self-evaluation without supervision. The process of utilizing the list increases awareness of the factors which contribute to a therapeutic staff/patient relationship.

The list provided here is not intended to be an all inclusive one; additionally, it may not apply in its entirety to all settings. However, it does provide a framework and a process for use in examining the staff/patient relationship. As Peplau points out: "The professional nurse should be aware of her intentions and expectations as these govern her behavior toward a patient and she must also observe to find out how her behavior is received and interpreted by a patient."[2]

DANGER SIGNALS IN STAFF/PATIENT RELATIONSHIPS

1. *You are spending a disproportionate amount of time with a patient:* Use investigation to determine your responsibility to the total unit as well as to assess the therapeutic value of the relationship to the patient. Examine your motives for the relationship and use feedback from other staff as guidelines in evaluating the type, therapeutic or social, of relationship you are developing with the patient.

2. *You are with the patient when you are "off duty":* Since the patient must learn, as everyone must, how and when to appropriately meet needs, seeing patients during your mealtime, before or after duty, is destructive to this learning process. Ask yourself, "Why is this particular patient so important?"

3. *Your patient remains up to see you when you are on the night shift. He dresses in a particular fashion prior to your arrival on duty:* These are indicators that the patient may be perceiving a relationship with you that is different than a therapeutic staff/patient relationship. Examine how you have encouraged its development.

4. *You feel that you are the only one who understands the patient, that other staff are too critical of the patient, others are jealous of your relationship with the patient, or that they are "acting out" and that their criticism of your relationship is "their own problem."* This is a sure sign that your objectivity and perception of the interpersonal process are defective and it is imperative that you evaluate your feelings and motives immediately. You must be willing to get feedback from other staff as well as from your immediate supervisor. You must also be willing to act constructively on the feedback. If this situation is not relieved, communication and teamwork will break down at the expense of the patient's therapy program and the therapeutic community.

5. *You tend to keep secrets with the patient.* Certain information is not charted or reported. Reporting and charting is screened differently than on other patients. The tendency to rationalize and subsequently "color" or delete from reporting or charting of patient behaviors because "it is not important," "people would not understand," "staff would exaggerate the importance," results in sabotaging the treatment program of the patient and the therapeutic community. You are unethically assuming full treatment of this patient when this occurs. Lack of value for the established treatment program is communicated by your behavior.

6. *You tend to report and communicate only negative or positive aspects of the patient's behavior:* Your perception and observation is being influenced by negative or positive feelings toward the patient, possibly resulting in your reinforcing selective and inappropriate behavior in the patient. Investigate how your reporting is censored and observations influenced.

7. *You "swap" patient assignments:* Teamwork, consistency and patient care is affected by "swapping" of patient assignments and it is essential to investigate your motives for "swapping." Do you exchange patients because it satisfies personal needs of yours, or is it done to meet the needs of the patients? No exchange of patients should be done without prior investigation and approval from immediate supervisor.

8. *You are guarded and defensive when someone questions your interaction or relationship with the patient:* Your reaction indicates some cause for concern. If all is well with the relationship, why the need for defensiveness? When other staff give you feedback regarding their perception of your relationship with the patient, do you play the "yes, but..." game? This implies "you are right but this situation is different." Ask yourself if you feel immune from errors in judgment.

9. *Your patient talks freely and spontaneously with you, especially in light, superficial conversation and perhaps even with sexual*

overtones but remains silent and defensive with other staff, or may avoid them altogether: Examine the relationship to determine if it is the result of a long working relationship between you and the patient or if it is a social/sexual relationship as perceived by your patient and unconsciously reinforced by you. Consider that you may be reinforcing the very problem that the patient deserves help in learning to recognize and work through. Examine your motives for the relationship to determine whose needs are being met.

10. *Your style of dress for work has changed since you started working with this patient:* Examine how your style of dress has changed. Are you becoming more aware of professional attire or are you dressing to impress the patient? Investigation is again important here to determine whose needs are being met.

11. *You receive visits, gifts, cards, letters or telephone calls fom the patient after the patient's discharge:* It is important to determine what the patient's perception of the relationship is, as well as to examine your own behavior to see if you are unconsciously reinforcing a nonprofessional relationship which may influence future therapeutic relationships the patient may require.

12. *You tend not to accept the fact that the patient is a patient:* By relating to the patient as only a "victim of circumstances" who is just as "normal as everyone else" denies the patient the care he rightly deserves. Determine what is interfering with your ability to remain objective regarding this patient.

13. *You view the patient as "your" patient in a possessive way:* Possessiveness inhibits the patient from learning to interact with others and inhibits your professional growth. Work on building self-confidence in your ability as a therapeutic team member so you will not need a tight one-to-one bond with this particular patient.

14. *You choose sides with your patient against wife, husband or children:* Ask yourself, "What value is there in taking sides?" Consider that you may be inhibiting the patient's opportunity to learn through the use of problem-solving skills while supporting the patient's possibly distorted perception of existing relationships.

15. *You answer your patient's personal questions of you in a vague manner or you give your patient "double messages":* Your patient asks if he will see you after discharge and you answer "maybe," or your patient indicates that he would like a physically close relationship with you and you answer, "It's against the rules of the hospital." On the other hand, you continually sit in two- and three-seat chairs which encourages the patient's close physical proximity. Not only does this type of answer and behavior give the patient a vague, double message but it also ignores further exploration of the patient's perceptions that prompted him to ask such questions or seek such a relationship.

16. *You respond to a request for medications, passes, and the like differently for different patients:* Investigate your motives if you find that when one patient requests medication you refuse or make him wait, yet you may respond to another patient even before he asks. Additionally, self-examination is in order when you are approaching team members, attempting to influence patient's pass, privileges, or the like, in a secretive manner rather than following the established routine for discussion and granting of such requests.

17. *The patient continues to return to you because "other staff members are all busy":* Unless this approach has been encouraged in the Nursing Care Plan, the patient may have discovered a staff member who will treat him differently. Examine the therapeutic value to the patient of this differential treatment.

18. *You tend to think that you are immune from fostering a nontherapeutic relationship:* "The above seventeen danger signs may apply to others but not to all. I know better." Inaccurate ideas regarding one's own ability is dangerous because they may foster destructiveness in the staff/patient relationship as well as inhibit the staff's professional and personal growth. Because direct care nursing personnel are the most accessible and potentially caring persons available to the patients on a 24-hour basis, they are most vulnerable to the stresses inherent in the maintenance of professional staff/patient relationships.

REFERENCES

1. Keys G, Hoflinger C: *Basic Psychiatric Concepts in Nursing*, 3rd Edition, Philadelphia, JB Lippincott Co, 1974, p 455.
2. Peplau H: *Therapeutic Concepts, Aspects of Psychiatric Nursing*, New York, National League for Nursing, 1957, p 11.

There are other administrative issues of which you need to be aware, some of them will be briefly mentioned now and more details given as need indicates.

1. All non-supervisory personnel have the opportunity to join NAGE, the hospital union, and utilize the advantaged offered by that union. Frequent announcements about the union's activities are placed in the hospital daily bulletin and sometimes attached to the time cards. You may obtain information concerning membership from these sources.

2. Each employee receives periodic evaluative statements concerning their work. These evaluations are based on your supervisor's daily observation of and interventions into your work behavior, including any necessary counseling. You are always free to include your own narrative with your supervisor's evaluative statement. The schedule for evaluations is:

Monthly	Probationary or Temporary employees
At Six Months	Probationary or Position Change
Yearly	Permanent employees
Special	For any level employees whenever need is demonstrated, at whatever intervals are appropriate to the circumstances.

   Should you disagree with your evaluation and are unable to reconcile your differences with your supervisor, there is an appeal procedure so that a fair evaluation is assured.

3. New employees first checks are sometimes received after the monthly pay date. If you need a salary advance before your first check can arrive, you may apply through personnel for 80% of your to date earned wage. Information to the effect contained in the packet of information given to you by the personnel officer.

4. Both patients and employees have rights and responsibilities. It is your responsibiltiy to acquaint yourself with these rights and responsibilities for patients given to you by the personnel officer. A tear sheet is attached to it for return to the Personnel Office and your file.

5. Every nursing service employee is covered by Worker's Compensation. All injuries, no matter how minute, must be reported to your supervisor and seen by the physician on duty. Failure to report may cause failure to receive compensation for injury.

We are presently engaged in some on-the-job orientation and education of new employees, particularly HSW's regarding their observations of and interventions on patient behavior and feelings. You will be participating as part of the fulfillment of your duties in observing, intervening on, and reporting patient behavior and feelings. Please become familiar with the attached Behavior Index and Behavior Report Form which are used to direct your observations and reporting. Suggestions for any additions or deletions which you might find applicable are welcomed.

In addition to your orientation on the unit and this section, an orientation to the hospital will be given. This orientation will come soon after your employment.

Any questions or feedback you have regarding the orientation process will be appreciated as we are attempting to make your orientation as comprehensive and meaningful as possible.

One additional word, the aide supervisor or Section Nurse will make themselves as available as possible to you for any problems or feelings which cannot be handled on the unit level. We do ask that you let your charge aide and ward/unit nurse know that you have talked with us, but you do not have to reveal the content of the conversation. If we are not in the section office we try to leave word with each of the unit charge aides and the hospital operator as to our whereabouts. If we are unable to talk with you at the time requested we will do so as soon as possible. Once again, welcome to Topeka State Hospital and _____ Section.

BEHAVIOR REPORT FORM

Special Report Initiated ___Yes ___No

Vital Signs or Weight Reported ___Yes ___No

Temp_____ BP___/____ Pulse_____ Weight_____

ACTIVITIES ON UNIT:

___On unit most of day
___Unoccupied in dayroom or hall
___Unoccupied in room
___Participated in games
___Busy with handiwork
___Played musical instrument
___Listened to radio or records
___Watched television
___Ate snacks
___Occupied in room
___Did personal chores
___Typed
___Studied
___Wrote letters
___Read
___See narrative

ACTIVITIES OFF UNIT:

___Off unit most of day
___Attended morning classes
___Attended afternoon classes
___To sports activities
___Barber or beauty shop
___On grounds
___On unit patio
___To patient staff meeting
___Attended religious service
___Attended evening entertainment
___None of above
___See narrative

PRIVILEGES OR RESPONSIBILITIES

___On visit
___Escorted off grounds
___Went to town
___Had visitors
___Off unit working
___Off unit recreational activities
___Received grounds pass
___Received off grounds pass
___Received mail or telegram
___Received gift(s)
___Received phone call
___Made phone call
___None of above
___See narrative

LABORATORY PROCEDURES:

___Lab work done
___Dental clinic
___EEG
___EKG
___X-ray
___Psychological testing
___

PATIENT REACTION REGARDING MEDICATION

___Taking medication as ordered
___Refused medication
___Unavailable to take medication
___Complained about taking or having to swallow medication
___Felt better since medication decreased
___Felt better since medication increased
___Requested prescribed medication
___Requested increase in medication
___Requested decrease in medication
___Requested medication other than prescribed
___Requested sedation
___Requested aspirin
___Instructed as to actions and side effects of medication
___Obvious side effects to medication
___Not on medication
___See narrative

TREATMENT PROCEDURES:

___Saw ward doctor
___Refused to see ward doctor
___Consultants' Office
___Eye clinic
___Dermatologist

SOMATIC DIFFICULTIES:

___Abdominal cramps
___Backache
___Chills
___Cold symptoms
___Constipation
___Coughing spell
___Diarrhea
___Dizziness
___Earache
___Fainted
___Felt jittery or shaky
___Felt weak
___Flushing
___Headache
___Heartburn
___Indigestion
___Itchiness
___Menstrual cramps
___Mouth dryness
___Muscular pains
___Nausea
___Neck pain
___Nose bleed
___Not feeling well
___Painful extremities
___Pain or discomfort in chest
___Pallor
___Rash
___Seizures
___Sore glands
___Sore throat
___Tired
___Toothache
___Tremulous
___Upset stomach
___Urinary disturbances
___Blurred vision
___Vomited
___None of above
___See narrative

___Podiatrist
___Routine physical
___Off grounds to see medical doctor
___Group therapy off grounds
___Individual therapy
___Family therapy
___Group therapy
___Multi-family therapy
___Saw social worker
___Saw probation officer
___Saw psychologist
___Saw activity therapist
___Saw music therapist
___Home
___Work
___Vocational rehabilitation contact

RESTRICTIONS IMPOSED:

___Ward
___Area
___Room, open door
___Room, closed door
___Dining room
___Chair
___Cigarette
___Loss of specific privilege _____
___Restraint
___Seclusion
___Medication

NARRATIVE: _____

_____

_____

_____

_____

_____

_____

_____

PERSONAL HABITS

___Withdrawn
___Has to be reminded what to do
___Annoys personnel by touching them
___Smokes incessantly
___Slow to follow routine
___Resents unit routine
___Follows routine acceptably
___Needs help with personal hygiene
___Refuses to do routine things expected of him
___Does odd, strange things
___See narrative
___Unable comment

APPEARANCE

___Fussy, fastidious
___Looks tired, worn out
___Inappropriately, informally dressed
___Sloppy, unkempt
___Overdressed for the occasion
___Dramatic, theatrical
___Bizarrely dressed
___Looks younger than is
___See narrative
___Unable comment

SLEEPING & EATING HABITS

___Sleeps during day
___Complained of not being able to sleep
___Skipped meal
___Retired early
___Not up for breakfast
___Slept well
___Eats well
___Sleeps restlessly during night
___Food intake inadequate
___Wakes early
___Food intake excessive
___See narrative
___Unable comment

UNIT RELATIONSHIPS

___Prefers company of personnel
___Enjoys sadistic humor
___Complains about being hospital
___Suspicious of actions or motives of personnel or other patients
___Spends great deal of time in room
___Adjusting well to unit
___Rarely goes off unit on his own initiative
___Must be reminded to attend classes
___Prankish
___Has to be told to come out of his room
___See narrative
___Unable comment

SOCIAL BEHAVIOR

___Seclusive
___Cannot tolerate delays or denial of his wishes
___Member of "clique"
___Formal, reserved
___Quiet
___Boisterous
___Maintains a close relationship with one other patient
___Friendly and cooperative
___Relaxed, at ease
___Restless, fidgety
___See narrative
___Unable comment

SOCIAL INTERACTION

___Excessively familiar with member or members of opposite sex
___Is seductive
___Converses only on approach
___Overly familiar with same sex
___Unpopular
___Impulsive
___Avoids opposite sex
___Teases
___Impolite
___Participates in group activity
___Instigates
___Constructive leader
___Destructive leader
___Follower
___See narrative
___Unable comment

MOOD

___Sad
___Irritable
___Moody, changeable
___Smooth, even disposition
___Shows little feeling
___Seems afraid of something
___Is pleased with himself
___Angry
___Tearful
___Preoccupied, often seems to be daydreaming
___Grandiose
___Depressed
___Euphoric
___See narrative
___Unable comment

ATTITUDE

___Seems pleasant, yet is obstructive
___Makes excuses for his actions
___Helpful
___Hostile to one person in particular
___Often demands attention or praise
___Demonstrates feelings of inadequacy
___Argumentative or uncooperative
___Can't make up mind, indecisive
___Manipulative
___Feels rejected
___See narrative
___Unable comment

VERBALIZATION

___Uses strange words, phrases
___Logical, clear
___Rambles
___Voice flat, monotonous
___Vulgar language
___Speaks slowly, hesitantly
___Says things are hopeless he is no good
___Sarcastic
___Talkative
___Repeats thoughts, words or phrases over and over
___See narrative
___Unable comment

INTELLECTUAL BEHAVIOR

___Expresses few thoughts
___Inappropriate laughter
___Confused
___Statements or thoughts inappropriate to mood or situation
___Mostly self-centered
___Forgetful
___Alert and responsive, concentrates well
___States people are unfair or mean to him
___Giddy, childish
___Doesn't profit from mistakes
___See narrative
___Unable comment

MISCELLANEOUS

___States need for leaving hospital
___Pleasant on approach
___Overactive
___Well mannered
___Tense
___Sluggish or drowsy
___Pacing
___Unrealistic ideas about himself, others or his surroundings
___Neglects responsibilities
___Unusual facial expressions, grimaces
___Becomes upset easily
___Engages in solitary activities on unit