

MINUTES OF THE SPECIAL STUDY COMMITTEE ON SOCIAL AND REHABILITATIVE  
INSTITUTIONS

Held in Room 313-S at the Statehouse, at 12:30 P.M., on March 19, 1980.

Members present were:

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

Staff present were:

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

Conferees appearing before the committee were:

Robert C. Harder, Secretary, Department of Social and Rehabilitation  
Services

The Chairman called the meeting to order.

Secretary Harder stated there were some observations he would make to update his previous testimony to the committee. He noted a site visit had been made March 10-12 to the Rainbow Mental Health Facility by representatives of the regional office of the National Institute of Mental Health. The staff notes concerning this visit are attached (Attachment A).

The Secretary furnished the committee with a copy of the results of a medicaid survey conducted March 12 and 13 at Osawatomie State Hospital (Attachment B). He pointed out, on page 2, the hospital was commended for the improvements it has made.

Secretary Harder noted that all three major mental hospitals are now accredited for the first time in history. Only 30% of all state hospitals nationwide are accredited. He said the site visit to Rainbow was in preparation for accreditation, and he hoped to be able to include that facility soon as an accredited institution along with the other three.

The legislation pending in a Senate committee concerning Rainbow being made into a state hospital rather than a facility for just two counties was mentioned. The Secretary supports this concept.

The Secretary said some concern had been expressed regarding the Secretary's Letter on acceptable behavior; not that people were against the concept, but they want to be sure reports are not made on just hearsay.

The Department is on line with its plan for each hospital to have a citizens' advisory committee, and some institutions for the retarded also have human rights groups. Each superintendent has been advised that citizens' advisory groups should meet at least six times a year, and it is recommended that these groups make visitations to other hospitals.

The Secretary is currently waiting for a confirmation from Jerry Hannah to accept the position of Director of Mental Health and Retardation Services. Mr. Hannah is employed with the state of Vermont. His experience in mental retardation and youth is not extensive, but he has some experience in this respect. The Department has tried for twelve months to find a suitable candidate, and it is hoped Mr. Hannah will be on the job in Kansas by the end of April. A committee of five, appointed by the Secretary and composed of a representative from a mental health association, a director of a youth center, a representative from the Kansas Association of Retarded Citizens, a parent, and a psychiatrist, developed a job description for a new director and was involved in all interviews. After three interviewing sessions, Mr. Hannah was the candidate all committee members agreed upon. The Secretary said he has informed Mr. Hannah of a number of things he is expected to do: he must be a strong supporter and advocate of mental health; it is imperative that he recognize his role in the agency by active participation; he must be vocal and articulate the needs of the institutions; and he must be competitive on the executive committee in setting forth his division's program. The Secretary did not think an agency could be run without strong leadership at the top which puts the agency in the best possible position to have a good program.

Secretary Harder said there is a new director, since December 1, 1979, of the Alcohol and Drug Abuse Division. Dr. Phillips has taken the position that the alcohol and drug abuse program should not be removed from SRS. He has a Ph.D. in psychology, is well-trained and qualified. The Secretary expects Mr. Hannah to be the same kind of individual and thinks, in three to six months, he will make a significant impact on programs for youth.

With respect to SB 677, amended by Senator Reilly to call for an SRS review commission, which was passed by the Senate, Secretary Harder stated the Department supports this bill.

Newspaper articles relating to critical personnel problems were mentioned by the Secretary. He said personnel problems were difficult to resolve, but he hopes when a new salary pay plan, performance evaluation standards, and contracts are implemented, it will ease some of the personnel problems. The Department supports the evaluation standards with or without the salary concept being included. If employees do not meet the standards set forth on a yearly basis, action will be taken to remove them from service.

The Secretary referred to another newspaper article concerning the role of the central SRS office in terms of hospital and institutions. He said he had attempted to establish greater uniformity in the administration and procedures, such as accounting and budget, of the institutions, but he has refrained from becoming involved in program and clinical direction. He has been questioned by other agencies that do business with SRS as to why institutions participate separately instead of going through one central office but feels his present policy is best.

The Secretary said he was committed to attempt to have 100% trouble-free institutions, but he could not guarantee incidents would not happen in the facilities under SRS. One reason for some incidents occurring is because the facilities are operated in an open setting which lends itself to problems with people coming on and off campus. Unless the De-

partment gets directions to the contrary, it will continue to operate in open settings in order to make the resident's and patient's environment similar to what it is when he leaves the institution.

The Chairman asked Secretary Harder what training Mr. Hannah had in institutional management. The Secretary replied that his experience had primarily been in the operation of one institution which is all the state of Vermont has. He pointed out, from the institutional management aspect, the director should be trained in hospital or public administration and/or be involved in community programs. The Secretary felt Mr. Hannah qualified in the latter and was willing to learn. Mr. Coldsnow noted that Mr. Keller, who retires May 17, was slated to become Director of Institutions when Mr. Hannah is hired, and he asked who would make the search for a new Director of Institutions. Secretary Harder said it would be Mr. Hannah's choice, but the Secretary will direct and supervise Mr. Hannah in this regard.

In further discussion regarding Mr. Hannah, Mr. Coldsnow noted Mr. Hannah's interests emphasize community mental health and retardation centers. He asked the Secretary if this agrees with his philosophy. Secretary Harder said he is oriented to hospitals and institutions, and Mr. Hannah may not be. He did not think this was a problem as Mr. Hannah is willing and eager to learn in areas where he may have some weaknesses. With respect to the Secretary's desire of a role of open advocacy for Mr. Hannah, Mr. Coldsnow asked if the superintendents of institutions have this right to be outspoken. Secretary Harder said they did in terms of the Department. Sometimes a point is reached where the Department and superintendents have to get their acts together to avoid everyone going in all different directions. With respect to budget and program, he expects key staff to support the recommendations of the Governor.

A statement of Secretary Harder's regarding a drop in administration costs last year because of the umbrella system was mentioned. Mr. Coldsnow asked how much of this reduction was due to vacant positions. The Secretary said the statement related to the old welfare agency and was not related to hospitals and institutions. It concerned a percentage of budget and turnover over the years.

There was discussion regarding an expanded role for Rainbow with Superintendent Southwick indicating courts and other public officials were asking how more services could be obtained from this facility. Mr. Coldsnow questioned how Rainbow could be expanded without also expanding its facilities and budget. The Secretary pointed out these requests were typical of all state institutions that do not receive voluntary commitments which results in private physicians and judges asking for more space. He said it was mandatory that Rainbow be the same as Osawatomie, Topeka, and Larned regarding voluntary commitments, but the expanded role would be that the Secretary could occasionally authorize Rainbow to admit someone from a mental health center outside of Johnson and Wyandotte Counties. The Secretary said it was not a policy that voluntary patients were not being admitted but is the result of not having space available due to the large number of involuntary patients.

Mr. Coldsnow asked what was being done to fill the assistant superintendent's position at Atchison. Secretary Harder said there has been one round of interviews, but Mr. Wilson felt no candidates were strong enough, and the position was being offered again. He did not know if

the position was currently being reclassified. He thought the job description may have been changed from two years ago. Mr. Coldsnow asked what type of person was being sought for the position. Secretary Harder said he was not involved in this and does not do much hiring in SRS. He has, however, been involved with hiring division heads and superintendents. There was only one superintendent for both Atchison and Topeka youth centers with an assistant superintendent staying at Atchison. He agreed that without an assistant superintendent there was no supervisory authority in Topeka when Mr. Wilson was in Atchison. The Secretary said, by combining the two centers, maximum use is made of management and facilities, and it facilitates moving difficult students back and forth. Knowledge has been provided to Atchison which was not the case before the merger. Maintenance, a personnel director, and business manager are shared. Although there are advantages, the Secretary said he was not opposed to separating the two centers.

In answer to further questions from Mr. Coldsnow, Secretary Harder said the YRC program at Topeka State Hospital presents logistic and program problems. In many instances, these youths may not need psychiatric treatment the same as a patient does. He thinks there would be advantages in moving the YRC off the hospital grounds. Mr. Coldsnow noted Dr. Burdzik's January report of this program indicated 75% of the average daily population spent 52% of a month in seclusion. He questioned if this was just a detention facility. Secretary Harder said he tries to stay out of program situations because he has told clinical staff they are in charge. Dr. Burdzik knows of his concerns with the YRC program, and he will continue to remind him of them.

Representative Martin noted Secretary Harder's statement that there must be strong leadership at the top. He asked the Secretary if he was comfortable with the various top management at the youth centers and hospitals. He replied he was becoming better satisfied, having made changes that have strengthened the program and outreach. Representative Martin asked if there were individuals in the system at this time that he would remove if it was not for civil service. The Secretary did not answer this directly but thought as the new system for employee performance evaluation standards is implemented and employees have yearly contracts, he could answer the question in a more defensible way. At that time, the performance standards will indicate employees who are not functioning, and they can be terminated. He said this new system would cover classified and unclassified employees, the only exemptions being physicians.

Representative Martin noted the problems that have been in existence at YCAA and stated "it does not appear anybody had taken the bull by the horns" to take the necessary action to correct them. He asked the Secretary what the agency intended to do at this point to take action and get on with a program for youth. The Secretary said it would be difficult to take action because employees from both youth centers appearing before the committee had been given immunity from losing their jobs. He felt the only thing that could be done was to wait for the performance evaluation standards. Representative Martin expressed his concern that the Atchison situation had been going on for a number of months. He questioned if the legislature had made the civil service guidelines so restrictive the Department cannot function and alleviate employee problems. Secretary Harder said any kind of personnel system has its problems and noted that before SRS goes to any kind of civil service

hearing its attorneys make sure there is a well-documented case. He did not know what Mr. Wilson had told the committee, but when the assistant superintendent left YCAA, Mr. Wilson sensed the problems there of staff not working together. On occasion, he has tried to set up functions such as a picnic just to get the staff together. Every move he made was scuttled by employees interested in keeping the friction alive rather than getting to the business at hand. The Secretary said Mr. Wilson feels very frustrated because he cannot function and thinks it will be difficult to do the formal work until this feeling among employees is alleviated.

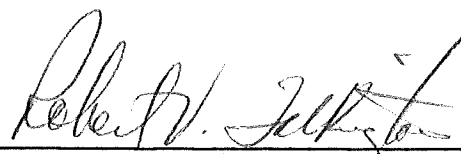
With respect to advisory committees for the two centers, Secretary Harder said the Topeka center has a group of about 25 people. Problems at Atchison have prevented the formation of an advisory committee there, but Mr. Wilson intends to instigate one.

The pay level for professional workers at the institutions was discussed. Representative Martin noted he had seldom known the Department of SRS to try and get the pay level raised for physicians in order to obtain better staff. He asked if there were any plans to do this. The Secretary said he has asked the top pay for physicians to be extended from \$45,000 to \$48,000. In order to stay competitive, these salaries should be upgraded every two or three years. Since the physicians' pay raise does not involve many employees, this request is approved by the Governor and does not go before a committee. Any new physician coming into the system has the potential to receive top pay; however, it is not automatically available to someone who is not licensed.

In further discussion, Secretary Harder said there were approximately 9000 employees in the Department of SRS. This does not include 500 to 700 homemakers whose work hours are flexible. Of the 9000, 5000 to 5500 employees are involved with hospitals and institutions, and 3000 to 3500 are in the social welfare division. The Chairman requested a breakdown of the number of employees in the social welfare division as compared to those in the institutions.

The Chairman requested Secretary Harder to return for further questioning at its March 20 meeting.

The meeting adjourned at 1:30 p.m.

  
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Chairman

ATTENDANCE SHEET

MARCH 19, 1980

NAME

REPRESENTING

TOWN

Pulliam

Conroy

Miller, Ethel m.

Paslay

KARC

Hanover HS

American Govt Class

Sacksman

Sowers + one

Barton

MAR 18 1980

RAINBOW MENTAL HEALTH FACILITY

MEMORANDUM

STATE DEPT. OF SOC. REHAB. SERV.

TO: Dr. Robert C. Harder, Secretary, Department of Social & Rehabilitation Services  
FROM: Jack L. Southwick, Superintendent *Jack L. Southwick*  
DATE: March 17, 1980  
RE: Special Site Visit at Rainbow Conducted March 10, 11, 12, 1980

A special site visit was conducted at Rainbow by six representatives of the Regional Office of National Institute of Mental Health on March 10, 11, 12, 1980. The site visit team was:

Dr. Stephanie Stoly  
Dr. Robert Waggener  
Mr. Morris Smith, R.N., NIMH Consultant  
Ms. Ellen Phipps  
Ms. Virginia Gross

Dr. Jack Wilder, Special Consultant to Region VII Site Visit Team.

Dr. Wilder is a nationally known psychiatrist specializing in community mental health treatment and administration. He is presently Professor of Psychiatry and Associate Dean for Planning and Operations at the Albert Einstein College of Medicine. He is the author of many articles, co-author of a book on organization and management and former Editor of Hospital and Community Psychiatry. Dr. Wilder was the founder of the Sound View-Throgs Neck Community Mental Health Center in New York, Director of Psychiatry at Bronx Municipal Hospital Center, and Acting Chairman of the Department of Psychiatry at the Albert Einstein College of Medicine.

The site visit team rated Rainbow on 20 areas of treatment and administration during the exit interview. Fourteen of the 20 areas were found to be in compliance with their standards. Six of the 20 areas were found to be exemplary among mental health programs in meeting their standards. Dr. Wilder had particularly high praise for Rainbow. He said it was a model facility which other states would be proud of. He also had praise for the arrangements designed for cooperation between Rainbow and the Community Mental Health Centers.

The site visit team also made recommendations in several areas where improvement could be made. These recommendations, along with other comments made by the team, are included in the detail notes kept of the comments made at the exit interview. These notes follow:

Organization and Administration

In compliance

Could work closer with centers by:

hire staff jointly

shared staff

joint staff orientation and inservice

joint quality assurance programs to review all programs

common inhouse newspaper

Competent, loyal staff who work well together--some high turnover and some "institutional" mentality noted.

Need to push forward on Advisory Board. Work hard to use Advisory Board as extension into community.

Coordinating committee should meet more frequently than monthly and should be fewer people.

#### Personnel

In compliance

Policies and procedures exceptionally well written

Personnel files good

Personnel knew policies and procedures

Good orientation and training program--exceptionally well written

Turnover--high

#### Volunteers

Exemplary

Excellent program with good morale

Highly dedicated link to community

Ready to take on more

#### Facilities

In compliance

A model for breaking down large institutions

Need more pictures, books, mirrors, etc.

Display patient art work

Lighting in bedrooms should be increased

Replace solid panel by door with unbreakable glass to open up cottages.

#### Quality Assurance

In compliance

Have people from centers on committee

Show more peer reviews being done in minutes of committee

#### Children's Service

In compliance

Integration of school with partial and inpatient treatment is a model for other programs

Need additional staffing in evening hours

Behavioral Modification Program could benefit from additional consultation

#### School

Exemplary

Good teacher/student ratio

Highly trained teachers

Good follow-up on kids returning to own school



Adult Service

In compliance

Works well with Center liaison

Good staff with good morale

Partial Hospital program is a tremendous plus and is a model for others

Travel is a problem to get patients to Partial Hospital program

Creative things could be done with aftercare if some patients seen at Rainbow rather than Centers.

Activity Therapy

In compliance

Good quantity and quality of staff

Lots of good therapeutic activities

Good use of community resources

Treatment plan should start with team comprehensive treatment plan

Emergency Service

In compliance

KUMC picks educational cases and those who can pay before referral to Rainbow

Some concern about 1st year resident making major treatment decisions

Not enough information about referrals is developed--a patient doesn't always follow up the next day on referral

Elderly

In compliance

Staff enjoy work in program--good to have one elderly person on treatment team

Good use of Partial Hospital as alternative to in-patient care

Length of Stay too long

Limited number of staff limits patient who can be treated

Get CMHC more involved in discharge plan

Transportation problem

Ask for NIMH regional office consultant to help with length of stay

Substance Abuse

Exemplary

Good staff with full program

Smooth continuity of care with centers and community

Good records

No in-patient capability for youth

Need program evaluation on treatment outcome

Treatment Plan

In compliance

Impressed that patients sign plan

Form very good

Work on stating goals in measurable terms

Continuity of Care

In compliance

By and large excellent but need improvement in children's service  
with Johnson County

Transportation of Johnson County Children to Partial Hospital a problem

Visability

In compliance

Much work to be done in P.R. to build confidence in the program  
Request public information staff at CMHC assist in improving P.R.  
Rainbow has hired a P.R. consultant

Coordination with other Agencies

Exemplary

Work with Schools and Vocational Rehabilitation outstanding  
Need more transitional living programs

Evaluation

Exemplary

Good clinical care studies  
Work with clinical staff to identify goal statement  
Need to work to tie in both centers  
Need full time person to do the job

In-Service Training

Exemplary

Good training program--lots going on  
Need to get more money for staff to attend outside meetings

Clinical Records

In compliance

Information hard to find in records system but generally there  
Drug profile needs expanded information

cc: Mr. K. G. Keller  
Al Nemeč

STATE OF KANSAS  
JOHN CARLIN, GOVERNOR



SOCIAL & REHABILITATION SERVICES  
STATE OFFICE BUILDING  
TOPEKA, KANSAS 66612  
ROBERT C. HARDER, SECRETARY

OSAWATOMIE STATE HOSPITAL  
OSAWATOMIE, KANSAS 66064  
J. RUSSELL MILLS, SUPERINTENDENT  
(913) 755-3151

March 14, 1980

DIVISION OF MENTAL HEALTH  
AND RETARDATION SERVICES

MAR 17 1980

Re: Medicare Survey STATE DEPT. OF SOC. REHAB. SERV.

Dr. Robert C. Harder, Secretary  
Social and Rehabilitation Services  
State Office Building  
Topeka, Kansas

Dear Dr. Harder:

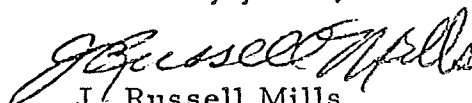
This hospital was surveyed for Medicare on March 12 and 13, 1980 by Robert Hewitt, M.D., Robert Strange, M.D. and Ms. Betty Hammock, R.N.

A copy of the summation conference is enclosed. We passed inspection in all areas except concerning registered nurses. Ms. Hammock reported us deficient in the number of nurses on duty on the afternoon and night and weekend shifts. Also we were deficient in not providing an on-going inservice continuing education program which focuses on supervision and provision of direct patient care. Direct care being preparing nurses to participate in individual, family, group therapy as other disciplines do.

An attempt was made to inform her of our present continuing education programs in which registered nurses participate. She would not accept this training as being in compliance with the standard. I told her that if we were deficient in training of nurses, we would appeal her decision.

I will let you know when we get the final report.

Sincerely yours,

  
J. Russell Mills  
Superintendent

JRM:gm  
enclosure  
cc: Mr. Keller  
Mr. Schumann

STATE DEPT. OF  
SOC. REHAB. SERV.

MAR 17 1980

RECEIVED  
SECRETARY'S OFF.

MEDICARE SURVEY - SUMMATION CONFERENCE  
Osawatomie State Hospital  
March 12 & 13, 1980

Present

Surveyors: Dr. Robert Hewitt  
Dr. Robert Strange  
Miss Betty Hammack, R.N.

J. Russell Mills, Superintendent  
Royce Collins, Dietitian  
Martha Martin, Chief Social Worker  
Larry McCourt, Section Adm., Adult Ser.  
Otto Morales, M.D., Prog. Dir., Sen. Cit.  
Ed Corales, M.D., Chief, Adult Services  
Harold Nye, Business Manager  
Jennie Chambers, Reimbursement Officer  
Narendra Bora, M.D., Chief, Medical Ser.  
Billie Brownlee, Section Adm., Spec. Ser.

Mary Lou Chappelle, Chief Dietitian  
Maxine Bowman, Activity Therapies  
Lee Garton, Activity Therapies Super.  
Gigi Wilhoite, R.N., Dir. of Nsg. Educ.  
Dorothy Dalton, R.N., Util. Review Coord.  
Jean Brown, R.N., Director of Nursing  
John Yoger, Chief Engineer  
Eladio Quinones, M.D., Prog. Dir., Alc. U.  
Norma Stephens Registrar

Dr. Hewitt: I want to thank you all for your hospitality during our survey. Everyone has been very helpful and we've enjoyed our stay very much. We'll all comment as we go along, and I'll start it out.

MEDICAL RECORDS

On medical records, we had some problems. We know that you've been working on problems with regard to the medical records, particularly in the development of the treatment plan in relation to progress notes, etc. Last year, of course, the statement was made that short and long-term goals are broad and generalized and attention needs to be directed to individualization and specificity. And this seems still to be a problem with regard to the records, and a problem for you folks and one that you're working on.

Treatment outcomes are poorly defined - that was another statement last year. So that our problem is whether or not to find this in compliance. Because things seem to be improving and you have a definite plan for taking care of some of these things, we're not going to find a deficiency in medical records. We're going to approve it but we're going to make comments and recommendations with regard to the things which we have found. We hope that next year (and we probably won't be here next year) that this plan will have taken place - your plan would have been implemented for changing the records.

Dr. Strange: I want to emphasize what Dr. Hewitt said. The medical records are in compliance, that's a fact. So the couple of comments I have definitely fall into the realm of recommendations and ideas and I would like them to be taken that way. To the physicians, I would like to say that I'm acutely aware they will be interpreted as nitpicking. As a practicing psychiatrist myself I'm aware of my own feelings about this.

On the psychiatric evaluation, it really would be desirable to have a little more psychiatric history and a little less sketchy than the status exam recorded on that.

In the progress notes, the progress notes are timely, they're written in compliance with the regulations. It would be nice to see a few more notes by other than technicians and aides. The professionals writing a little more would be desirable. It's difficult sometimes to pick out from the progress notes what actually is the course of therapy. This is an age-old problem in all hospitals. A lot of discussion of what the patient is like and what's going on at that time but kind of hard sometimes to put together how the actual therapeutic process is working out for that particular patient.

Finally, the discharge summaries. Better than most, I might add. The only comment I would have about those is that in some of them it was a little hard to put together exactly what the aftercare plan was in any detail. It's hard for us physicians to remember to put that in the discharge summaries and just a reminder there that that should be there - really what the aftercare plan is.

[Out of context] One other thing about the progress notes which I neglected to mention was that frequently there had been changes in medication in the orders and yet the reasons for those changes were not apparent from the progress notes. Again, I'm aware of how easily this happens, but when the medication is changed it should be traceable in the chart as to what motivated that change and what was going on.

Miss Hammack: I think probably this is a recapitulation of things we've brought up a number of times about the treatment plan in terms of the fact that the treatment plan needs to be responded to in your progress notes. They need to be tied together.

You're learning to write behavioral objectives, and I assume in your training program you'll continue that, but there is a deficiency. You're not out of compliance, but we suggest that you attempt to make your objectives more in behavioral terms and that you make your interventions specific so that the person who is responsible for them is named and the time and frequency of that intervention is specified, so that when evaluation time comes it's much easier to qualify what you're trying to do.

#### MEDICAL

Dr. Hewitt: I'll go on to the medical. The standard for the medical is met. The requirement is that the clinical director be board certified or else have consultation. The clinical director does have consultation from a certified psychiatrist. In addition, I understand, is taking the boards herself in April. There's no problem with regard to that.

I think it's just amazing that you've been able to improve the staffing of psychiatrists as much as you have in the last year. It's just very unusual. You should be congratulated in making such an independent and unique effort to do this. I think it's a very good thing that we'll pass on to other people. I hope it doesn't interfere with your process.

#### PSYCHOLOGY

They seem to be satisfactory in numbers and in participation in the program.

Evaluation and Training: One thing you have here - the evaluation and training service, Dr. Francis, is a very excellent program to have on your staff. I think this can be a very great help to you in training people with regard to changes in the medical record.

#### SOCIAL WORK

There's a feeling that you might be able to get more patients out if you had more social workers. It's our feeling that, although the staffing is adequate to take care of the patients while they're in the hospital, that an increase in social workers - even one - would make a big difference possibly in discharging patients and relieving some of the congestion, especially in the adult unit. I'm not recommending any number (you know the numbers game) but I say at least one.

#### ACTIVITY THERAPIES

Dr. Strange; Well, certainly activities therapy here ranks as one of the best programs I've seen in regard to both staffing, activities and plans. It's an excellent program. Obviously in compliance and way above.

#### PHYSICAL THERAPY

Physical Therapy is satisfactory.

#### VOLUNTEER SERVICES

Miss Hammack; We have an area for volunteer services. It appears that you have an excellent volunteer program with a paid director and tremendous involvement of people on a regular basis. It's unusual for us to see a person in this capacity have a bachelor's degree in this area. One of the programs that stands out in my own mind is the foster grandparents program for volunteers. It's really an outstanding one I think.

#### NURSING

The other area of professionals is the area of registered nurses - their coverage in terms of 24 hours a day, seven days a week, which is the requirement by NIMH.

You have in the past year hired 7 nurses, but you've lost 4. You are still deficient in numbers of nurses. Just looking at one of your schedules it looks like it's definitely evenings, nights, and weekends where, at any one time, one nurse may be responsible for 300 patients and that sometimes may be 120-190 on night shift. All of us recognize that that's not enough people to do direct care and supervision. You do have 8 nursing vacancies. You had 6 vacancies last year and it was recommended that you have 9 more nurses. We have been asked not to say exactly how many nurses you need, but to point out where the deficient areas are. I think that any of you who would look at the schedule for evenings, nights and weekends can see exactly where your deficiencies are. Your day shift is well covered.

Your director of nurses is a well qualified, highly motivated person and is getting supervision from Ruth Lewis who's a very outstanding consultant and works with us as well as the Joint Commission. Since she's been with this group since July it's obvious from her reports and from notes that have been taken that she's made a great input into the nursing department.

We also require that there be a continuing inservice education which focuses on supervision and provision of direct care. Direct care being preparing nurses to participate in individual, family, group therapy as other disciplines do. We've had some discussion about this in terms of my interpretation of it and other's interpretation of it. It appears that there are not ongoing courses in which theory is given and supervision is given in providing direct care for psychiatric nurses. Your last course which was directed toward this was 2 or 3 years ago I think - the course in Peplau Theory. We discussed awhile ago the fact that your nurses do attend interdisciplinary education courses, but we recognize that if you're going to prepare a nurse to be involved in providing direct services, direct care to patients, there needs to be a more continuous ongoing course in this particular area. Since you do have Ruth Lewis on board and someone else is coming on in the next few months in this department, I would think that you would have some assistance in developing curriculum with this goal in mind.

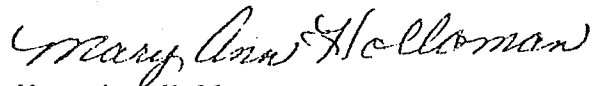
Miss Hammack: I'd like to say that I appreciate your generosity and helpfulness extended to us in the last two days. We've enjoyed seeing your hospital and you appear to be a very highly motivated group of people and it's nice to have been with you.

Mr. Mills: I think that the staff here have enjoyed having you and we thank you for your report.

Dr. Hewitt: We hope we'll be able to come back.

Convened: 12:30 p.m., 3/13/80

Adjourned: 12:50 p.m., 3/13/80



Mary Ann Holloman  
Recorder