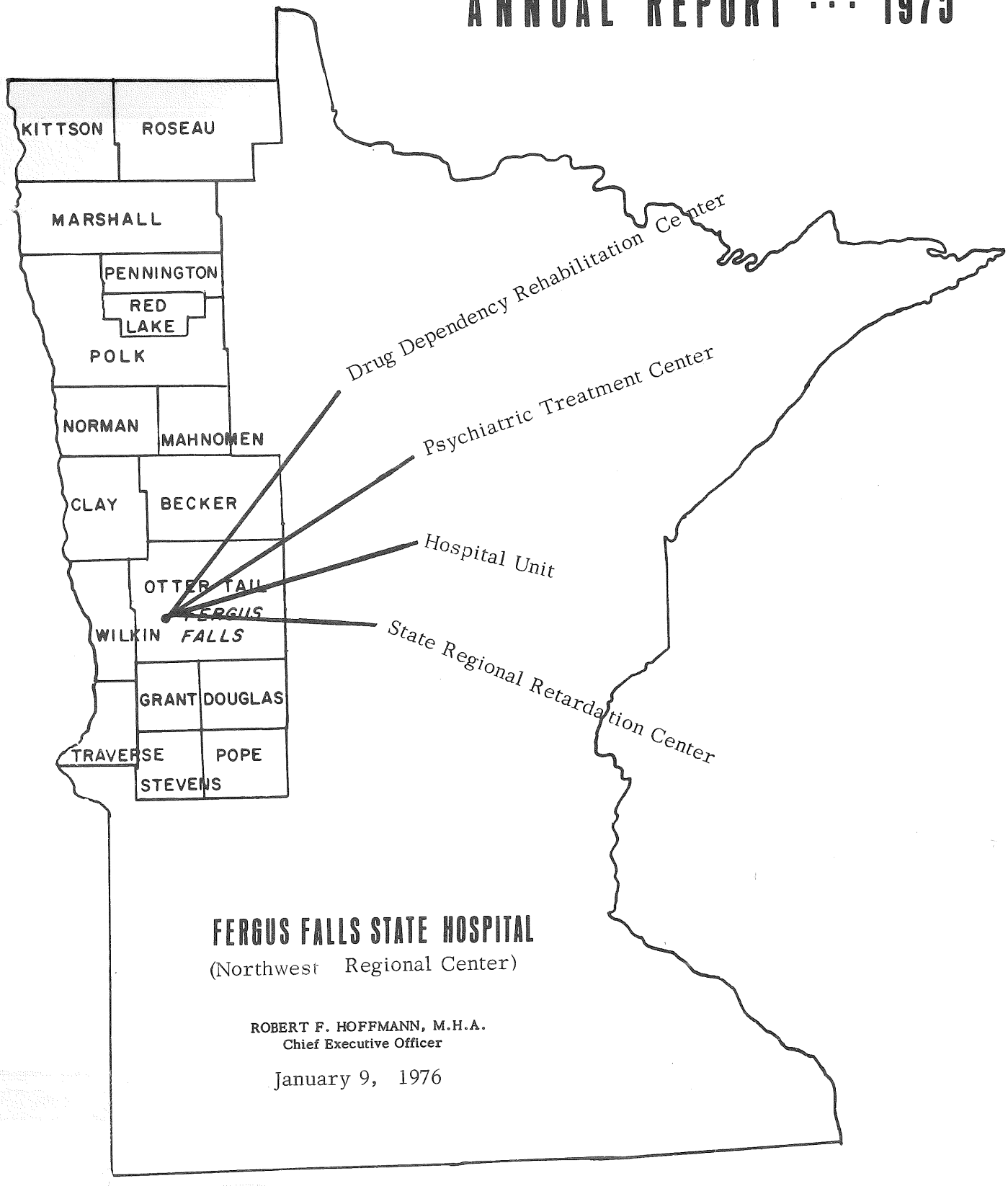
ANNUAL REPORT ... 1975



FERGUS FALLS STATE HOSPITAL

(Northwest Regional Center)

ROBERT F. HOFFMANN, M.H.A.
Chief Executive Officer

January 9, 1976

REFLECTIONS 1-9-76

In reviewing the many experiences of the past year, I feel the two most significant events relating to Fergus Falls State Hospital would be the following: 1. The Legislature established a Task Force for Region I and one for Region IV to study mental health needs and resources and to make a recommendation to the 1977 Legislature regarding the role of Fergus Falls State Hospital as a resource in meeting those needs.

The second event would be the tremendous increase in the number of agencies setting standards and conducting extensive on-site examinations to determine whether or not we conform to their interpretations of those standards.

For some years we have had an accreditation survey by the Joint Commission on Accreditation of Hospitals and a licensing process by the State Board of Health. But in the last several years there has been an inundation of additional standards and agencies. Presently we have the Joint Commission conducting three separate surveys - one for the psychiatric unit, one for chemical dependency and one for mental retardation. In addition, the Department of Public Welfare conducts three separate surveys to determine whether or not each of the three units shall be licensed under Rules 34, 35, and 36. Then the Federal Government has a team to determine whether we shall be certified for Medicare Funds and another on ICF-MR. Another set of standards relates to Life Safety Code, and the list of deficiencies cited in this survey have a price tag of over $800,000 to correct. OSHA has yet another set of standards relating to employee safety.

We are all for standards and a monitoring process, but there must be a better way that does not divert so much staff time to preparing for surveys instead of providing programs for residents. Secondly, it would be nice to have one set of standards that could be readily understood by the providers of service that would relate to the end result of a program process rather than the intricate process itself. Thirdly, I think it is significant that there are certain standards for facilities with four or less residents; another set for five through fifteen; and then the intricate set referred to above facilities with sixteen or more residents. Is the care process less important for Jane Doe if she is in a facility housing four than it would be if she were in a facility housing sixteen; or does this merely portend what is to come? Will these standards and costs soon be extended to include all residential facilities including foster homes and small group homes?

Robert F. Hoffmann
Chief Executive Officer
Fergus Falls State Hospital

FERGUS FALLS STATE HOSPITAL

A N N U A L R E P O R T

January 9, 1976

1. Accreditation - I am extremely proud of both our psychiatric and chemical dependency programs for obtaining the two-year accreditation from the Joint Commission on Accreditation of Hospitals. In the first place, standards from the Joint Commission have become much more stringent and reviews much more careful. The past year we got only one-year accreditation regarding our psychiatric program; and this year, due to some extra effort, we got the full two years with a compliment from the Joint Commission on the improving standards in a state residential facility.

The accreditation commendation regarding our chemical dependency unit is even more complimentary to this facility because essentially what they said was that our accreditation was so close to 100% compliance and was filled with new and innovative ideas and, therefore, could "serve as a model for other drug dependency treatment programs". In almost every area we were in 100% compliance. Only in the area relating to our governing authority (that is, the system by which the Department of Public Welfare supervises this program) did we have any items out of compliance and in that area we had 97.98% compliance. I think there are very few programs with that kind of compliance level in the nation.

We now have had an accreditation survey for the retardation unit and I am quite sure that the survey team has found our unit very much up to date. The only area that makes me somewhat uncomfortable about that survey is the fact that we don't have the kinds of housing units that are required by many of the standards. We have the money to do some rather extensive remodeling to get our units to be up to standard and incidentally, in my opinion, of really excellent quality; but the process of getting that done through various approving agencies seems tediously slow and fraught with many pitfalls. We are presently licensed under Rule 34 and Rule 35.

The total facility is also licensed by the State Department of Health as a Hospital and certified for Medicare and ICF-MR.

2. Remodeling - I would like to list our status regarding the remodeling so that you know where we are. At the present time we have funds available to remodel two wards into essentially four 16-bed units. Those four units will have a front and back door and all of the living arrangements that a normal home would have,

while still being within a larger campus. It is our intent that those areas would be run much like a 14-16 person household while still being in proximity to physical therapy, speech and audiology, medical consultation, interdisciplinary team planning, and a very highly sophisticated school system. The remodeling is proceeding in those two areas and an area that will eventually be a much more sophisticated physical therapy unit. In addition, money has been set aside to remodel one of the geriatrics buildings also into 16-bed living units and preliminary plans have been drawn. The process of hiring staff to get those kinds of jobs done (together with our maintenance staff) is apparently a thing of the past, and future remodeling will be let on contract.

Along with the ward remodeling, we have approval now to put in the life safety required smoke detectors, heat sensors, and fire alarms throughout the institution. That contract is let now and the system should be installed sometime before spring. Getting that work done will make a tremendous difference in terms of our meeting standards as required by Life Safety.

It would be our plan to continue the remodeling as mentioned above throughout the ground floor of the institution and to the second geriatrics building so that we could have as up-to-date and modern a mental retardation grouping of 16-bed units as you could find anywhere. This institution at that point will offer the advantage of a grouping of units and, therefore, more efficient use of staff than you would have by having them spread throughout the area.

3. New Community Proposal - We have made a program proposal to Project New Hope of Alexandria that they set up and staff two or three group homes to serve the severely mentally retarded. It is our intention, in cooperating with this effort, to demonstrate whether or not it is practical to maintain small group homes (6 in a home) of the severely retarded where their service needs relate to a broad spectrum of services such as physical therapy, speech therapy, etc. It is hoped that through this process we can assist in determining the practicality of the oft-said statement that the severely mentally retarded can be maintained in properly run group homes. Also along with that, we hope that we can demonstrate for this region some of the capabilities that we might have in evaluating the adequacy of such programs to be certain that we are not degrading the level of services offered to mentally retarded in the State of Minnesota. It is very clear to us and to many others that the movement of mentally ill and retarded to some group homes and nursing homes in the Twin Cities, for example, is not a positive move in terms of the needs of those people.

4. Cooperative Youth Program - We are at this time proposing to some of our regional planning bodies a cooperative youth program with the Department of Corrections. We have had in this region many identifiers of need to serve youth in many different ways. If we were to maintain a youth program on this campus to serve all of those needs for residential services, we would indeed have a large program serving adolescents. The need for residential services locally rather than having to purchase them out of state and all over at a very high price includes such things as the need for younger youth, young adults, those with drug dependent problems, those with mental illness problems, those with acting out delinquent kinds of problems, and some need for a closely controlled unit that provides external controls. We have decided the one which has expressed the most immediate need and also that we can conceivably respond to, given our limitations in space and staff, is a need identified by the Probation & Parole Department of the Department of Corrections. This would be a regional facility of some fifteen residents (a number determined by the lack of additional space) where the admission to the unit would be controlled by probation officers in each county. It would serve a program in length of three days to five weeks and would retain the relationship with the probation officer all during that period.

This institution would, if it were approved by our area planning people, hire a director and provide five on-unit staff. The probation officer would not only admit and discharge clients and make all those decisions along with a team of other experts from the mental health center, county welfare department, and our staff, but would follow the client all during that period of his hospitalization for as long as he is here. This is a very innovative sort of concept in a place such as this because normally when someone comes in here, our staff takes over, takes full responsibility, does treatment plan, and involves the community in the planning process. In this case, the community - that is, the probation officer - would see to the progress in those contracts and would arrange to have the discharge conferences occur, thus keeping the community agent as a major participant in that treatment process. We would, of course, provide medical care, physical therapy, laboratory and x-ray services, recreation, camping programs, and all of the other things that are normally available to any resident on the grounds of this campus. The director also would be a coordinator to see that each person's program is up to standard and adequately documented. It would be our intent to provide, through the use of the probation and parole people and the mental health center staff, an evaluation of the program and of the individual treatment successes or failures as the case may be.

5. Region I and IV Task Force Groups - As I am sure you are all aware, the Region I and IV task force groups have hired professional staff and have begun their planning processes. Those processes seem to be going very well considering the tremendous breadth of subject that they must address. I am sure you are receiving reports from those planning groups and, therefore, I will not attempt to duplicate here.

6. Leadership Changes:

Mental Illness Program - We have recently completed a re-statement of the job description of Dr. Albert Kohlmeyer, a Board Certified Psychiatrist, whose services we purchase through the Lakeland Mental Health Center. Dr. Kohlmeyer is now the Director of our entire mental illness treatment services and provides planning responsibility, as well as direct treatment responsibility for all residents receiving care for mental illness. We have combined the administrative functions of the long term and short term units so that they can more efficiently share the use of staff and provide a higher level of program for both groups.

Chemical Dependency Program - We have obtained the services of Mr. John Hendrickson, a trained and highly experienced chemical dependency counselor, who will be the Director of our Drug Dependency Program. Mr. Hendrickson comes to us with some excellent recommendations from Hazelden, the place where he got most of his training and a background of experience in setting up and in problem solving in various programs that should add a considerable distinction to the Chemical Dependency Program at this facility. Given the Accreditation Commission's statements about our program and the addition of Mr. Hendrickson to our staff, there should be no reason but what the program here on this campus should be able to perform at a level equal to any program.

Mental Retardation Program - Under the directorship of George Bang, our mental retardation program director, we have hired some very high level, highly trained staff that should update our program considerably. We think we have one of the best school systems that one could imagine for a program such as this. Our program is based on the developmental model and designed in such a way that all teaching is programmed, planned for and evaluated as each segment of teaching occurs and is done by highly trained, highly specialized staff. An innovation just recently implemented is a process of having the mentally retarded person arise in the morning to a teaching program put on by the school system. This occurs at getting-up time and relates to personal care. The residents, after receiving the personal care training, go directly to the school with the school staff and spend their entire day under the direction of the school staff. This

includes their noon meals and training in table manners, eating habits, etc. The residential staff, or probably better understood as house parents, come on duty in the afternoon and will be on deck to serve the role of a parent when the residents return to the ward from school - 2:30 or 3:00 - until the night staff comes on duty. During that time the residential staff is expected to see that the residents have recreation, programs, group activities and all of those things that would normally be expected to be accomplished after school. We have changed the hours of the library and other such activities to coincide with being available afternoons, evenings, and weekends when school is not in session. This process has made excellent use of our staff and should now provide an excellence of program heretofore unequalled. We have also hired a parish assistant who will help the chaplains in religious instruction.

7. Advisory Committees - Each of the three units serving mentally ill, mentally retarded, and chemically dependent has an advisory committee composed of consumers, consumer representatives, and agency persons to advise us regarding present programs or contemplated programs. These groups are also most helpful in interpreting programs to the people they represent.

8. Laundry - The Legislature has determined that our laundry operations will be closed down and our laundry will be trucked to and from Brainerd State Hospital. This means some other line of work will have to be found for the fifteen sheltered workers presently assigned there by Lake Region Rehabilitation Industries.

9. Population Trends - Our mentally retarded population has decreased slightly from 320 to 300. The chemically dependent admissions have increased and presently the population is from 90 to 100. The mental illness unit cares for approximately 130 at any one time. The number of admissions remains quite constant although we seem to have an increase in persons sent by the courts with various criminal charges pending.

10. Space Utilization by Others - A number of state and community agencies are presently leasing space on our campus. This includes the Minnesota Department of Health, Regional Special Education Office, I.S.D. #544 TMR program, Alynon Inc., Lakeland Rehab Industries; and a number of others have indicated an interest as space becomes available. The remodeling program requires temporary placement of residents in other areas until completion. When this is completed, we hope to make an entire building available for state agencies presently leasing space elsewhere.

11. Staff Development - Last fiscal year we devoted 17,000 hours to staff development. From July, 1975 to the present we have already provided over 12,000 hours. Although there is a constant need for staff education to keep abreast of current trends, there has been a pronounced increase recently due to demands of the three licensing agencies, Life-Safety Standards, OSHA, Affirmative Action, Personnel Department requirements, DPW requirements, etc.

12. Cost - According to the November, 1975 report from DPW, our gross cost per patient day was $33.76. This includes salaries and current expense costs but does not include building amortization. The per diem charge is $41.00 which is the average of all costs of all ten state hospitals plus the special surgical program, Minnesota Learning Center and Security Hospital.

Our total expenditures for 1974-75 were $5,788,982. Receipts were as follows: Medical Assistance - $3,307,824; Medicare - $97,216; Private insurance and other sources - $695,811; and additional state funds - $1,688,131.

I am sure the reader will understand the preceding paragraphs cannot cover all facets of a year's operation in a facility such as this. It must be remembered that our mission, as assigned by the citizens of Minnesota, is a complex process of providing not only treatment and education but all of the life experiences necessary to approach maximum fulfillment to each individual. The complexities of that charge can only be touched upon or high-lighted here.

Robert F. Hoffmann
Chief Executive Officer
Fergus Falls State Hospital

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Annual report ...

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