

University of Pittsburgh

WESTERN PSYCHIATRIC INSTITUTE AND CLINIC

February 20, 1975

CONFIDENTIAL TASK FORCE REPORT

ON THE MEDICAL CARE AT WESTERN STATE SCHOOL AND HOSPITAL

THE TASK FORCE

At the request, and with the approval, of Mr. Charles Peters, Commissioner of Mental Retardation and Mr. Norman Taylor, Deputy Secretary of the Western Region, Dr. Thomas Detre, Chairman of the Psychiatric Department of the University of Pittsburgh School of Medicine, has appointed the following four members of the faculty to the Task Force:

Chair Person: Irene Jakab, M.D., Ph.D., Professor of Clinical Psychiatry

Members: Grace Gregg, M.D., Associate Professor of Pediatrics

Lynda Katz, M.S.W., Assistant Professor of Social Work

Meyer Sonis, M.D., Professor of Child Psychiatry

THE TASK

The following assignments were given to this Task Force:

1. To investigate the level and appropriateness of the Medical Care at the Western State School and Hospital (WSSH).
2. To prepare a confidential report on the committee's findings and recommendations.
3. To suggest methods of monitoring the implementation of these recommendations.

THE METHOD

Following the establishment of the Task Force, a meeting was called by the Chair Person to discuss and clarify the details of our goals and to design methods for the most efficient and economical use of the time spent on this assignment. (Exhibit I)

The methods were clearly defined and integrated with our planned day-to-day working schedule based on a subdivision of our task into four inter-dependent areas.

1. Fact Finding:

- a. Site visit at Western State School and Hospital.
- b. Review of previous reports generated by the investigation of formerly appointed Task Forces.
2. Categorization and interpretation of the relevance of the facts to the patient care.
3. Conclusions based on the emerging patterns of the facts, including the assets and the deficiencies in the present state of patient care.
4. Recommendations for the improvement of medical care, providing suggestions aimed at decreasing the deficiencies and increasing the assets of the present system of health care delivery.

DETAILED OUTLINE OF THE SITE VISIT

FACT FINDING

The members of this Task Force have spent three days at Western State School and Hospital to investigate the medical care and the role of the physician in the total program of the patients.

The site visit was conducted during the following three days in 1975:

Tuesday, the 7th of January,

Thursday, the 9th of January,

Friday, the 10th of January.

During the SITE VISIT the following tasks have been accomplished:

1. We have conducted personal interviews with:

- a. The Superintendent
- b. The Associate Superintendents of the clinical and educational programs
- c. Every member of the Medical Staff
- d. The Pharmacist
- e. The Chief Laboratory Technician
- f. The Director of Nursing Services, and several Staff Nurses
- g. The representatives of the Parent's Group
- h. The representatives of the Board of Trustees.

2. We have reviewed the following documents:

- a. All Medical Records of patients admitted to Clinic III during the second half of the calendar year of 1974. (Exhibit # 2).
- b. All cases of death which occurred during the calendar year of 1974 and 1975 up to the date of the Site Visit. (Exhibit # 3).
- c. Random samples of the Medical Records of patients admitted during the last five years to WSSH.

3. We have inspected:

- a. Clinic III
- b. All other buildings, housing retardates.

The plans for the Site Visit, as stated above, were conveyed to Mr. Charles Peters in our letter of December 30, 1974 (Exhibit # 4) and have been carried out in each and every detail.

Mr. Robert Hiltner, Superintendent of WSSH has been informed by Dr. Jakab of the dates and details of our site visit. He has been most cordial and cooperative, informing his staff and asking them to be ready for meeting with members of the Task Force. (Exhibit # 5).

We would like to express our thanks to Mr. Hiltner, to his clinical and medical staff, to the representatives of the Parent's Group and to the Members of the Board of Trustees for their helpful cooperation throughout our work at WSSH. Their joint efforts made our Site Visit a smooth and efficient operation.

THE FINDINGSData Collected During The Site VisitInterviews with Key Staff MembersJoint meeting with:

Mr. Robert Hiltner, Superintendent

Dr. Betty Bradley, Associate Superintendent of Medical Services

Dr. Ruth Scott, Associate Superintendent of Mental Retardation

Mrs. Rose Vacaro, R.N., Director of Nursing Services

The members of the Task Force have been very impressed by the most cordial reception and very positive attitude of all the members of this meeting, helping us to define the problems and find solutions to eliminate the difficulties in patient care.

During this meeting different areas relevant to patient care have been suggested to be reviewed by the Task Force in order to better understand the health care delivery at WSSH. As a result of these suggestions the Task Force has broadened the scope of the originally outlined site visit, including meetings with the chief laboratory technician and with the pharmacist as well as the review of emergency procedures.

We have been provided with the list of the physicians presently employed and of their full-time or part-time status.

Betty H. Bradley, M.D. - 37 1/2 hours per week

Sidney Kaplan, M.D. - 37 1/2 hours per week

Minnie M. Kaplan, M.D. - 37 1/2 hours per week

Gertrude Elterich, M.D. - 24 hours per week

Charles Elterich, M.D. - 28 hours per week

Sylvia Bartos, M.D. - 37 1/2 hours per week

The general outline of the physicians' duties, within the total care and management of the retarded residents, was presented by Dr. Bradley as follows:

Each staff physician is responsible for about 100 to 130 patients. They make daily rounds in their assigned buildings.

Evening and weekend calls are taken in rotation. In general the number of calls may be as high as 20 one night.

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On Saturdays and Sundays the physician on duty makes rounds between 9 A.M. and 3 P.M. on all wards.

Consultant physicians available on a regular basis:

Ophthalmology: two times a week

Orthopedics: four times a week

Neurology: once a week

Dentistry: once a week

It was felt by the Medical Staff and the Superintendent that the time spent by the regular consultants at WSSH is insufficient. Further difficulties are caused by the fact that some consultants would come only in the late evening hours. This decreases the utilization in full of the consultation by hindering communication between the consultant and the ward physician and decreasing the opportunity of the parents to meet with the consultant and to be informed firsthand about his findings.

Ms. Vocaro, Director of Nursing, has informed us that during the last year the nursing shortage has been somewhat alleviated by increasing the budget for nursing services and hiring new nurses. However, Ms. Vocaro felt that more inservice staff training is needed for the nurses. The neurological rounds just started by Dr. Samaha in January 1975 will be tape-recorded and presented as inservice training to all three shifts of nursing personnel.

We have been informed that the third floor of the Green building, known as Clinic III, (which is functioning presently as a hospital unit), has been approved, in 1970, by the Joint Commission for both the treatment of acute critically ill patients and of severe chronically ill patients. In 1972, WSSH has not reapplied for the Joint Commission's approval.

Dr. Ruth Scott has given a brief review of the educational programs at WSSH.

The patient flow and the characteristic changes in the population of WSSH were discussed in detail by the Superintendent and the other members of this meeting.

The following factors have been identified among the causes of the changes in the composition of the patient population:

1. Admissions to WSSH are virtually closed.

The problems of admission policy range from the lack of including tediously collected previous data into the medical records, to the fact that at the time of the admission the history is taken only by the social worker while the physician who admits the patient does not take the medical history from the parents or guardian. The lack of communication with the relatives at the time of admission may lead to missing important medical and developmental information.

Some recent time-saving advantages in the admission medical work-up have been mentioned. Most pre-admission work is performed presently at the Base Service Units, thus diminishing the demands on the medical staff of WSSH responsible for a complete evaluation at admission.

2. Capable and young patients are discharged as soon as possible to community facilities with more or lesser levels of supervision.

3. In the last two years admissions are requested only for retardates with one or more additional handicaps, such as severe physical impairment, blindness, deafness or emotional disturbance. However, such severely handicapped patients could not be admitted to WSSH because of the already existing crowded conditions of the floor providing full Medical Care for multiple handicapped retardates.

4. Residents presently housed at WSSH have relatively high need of medical care and assistance since they are not yet sufficiently rehabilitated for integration into the community. Many of them, in addition to the retardation, suffer from such severe irreversible handicaps that their discharge cannot be expected.

These changes in patient population have contributed to increase the already existing shortage of physicians, producing further a relative shortage of manpower by the increased number of residents who require more intensive medical care.

Interview with Betty Bradley, M.D.Associate Superintendent for Medical Services

Dr. Bradley has discussed with us the physician's job descriptions.

The physicians are expected to make rounds every day. Each physician is responsible in general for about 100 or more residents. Occasionally their load comprises up to 280 patients. The workload doubles for the staff physician each time one of the medical positions is vacant or at the times of illness or vacation of one of the doctors.

Dr. Bradley has informed us of the problems reported to her by the staff physicians. These include the following statements: At the time of medical rounds, between 8:00 A.M. and 2:00 P.M., the school age patients are out of the residential building. The physician usually gets his information from the nurse and from the nursing notes, instead of having direct contact with the patients. The physicians spend very much time on rewriting monthly orders, filling out accident reports and other reports for insurance and Medicare reimbursement purposes. The difficulty in coping with a large amount of paperwork is one of the reasons for decreased personal contact with the patients.

paperwork
Dr. Bradley feels that the physicians at this stage are involved in patient care only when they are called, while the orders, the insurance forms, and social security forms take up most of their time. There are only two secretaries covering the work of all physicians and the Medical Superintendent's office as well as the work of the X-ray department and the clinical and dental laboratory. It is impossible for two full-time secretaries to do all the work that would be necessary.

Interview with A. Axelson, M.D.Associate Superintendent for Psychiatric Services

Dr. Axelson provides only specialized services restricted to the psychiatric ward. He leads a complete team.

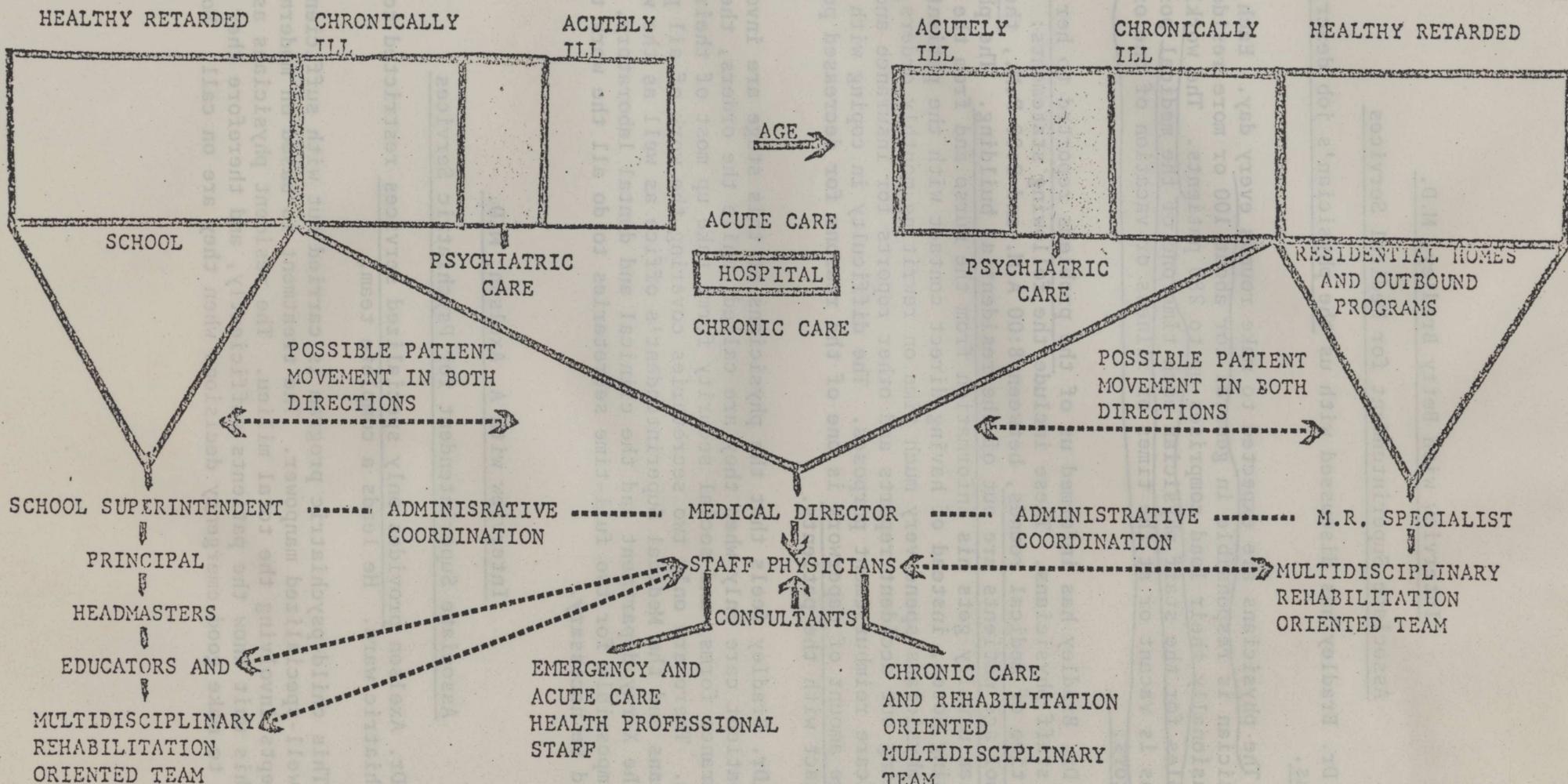
This child-psychiatric program is carried out with sufficient and well-specialized manpower. The treatment is based on modern team concepts involving the total milieu. The resident physicians assigned to this unit know the patients sufficiently, and therefore they are able to make good emergency decisions when they are on call. Most of

SUGGESTED RELOCATION OF RESIDENTS AT WSSH

RESIDENTS UNDER 21 YEARS OF AGE

RESIDENTS OVER 21 YEARS OF AGE

ONE WAY (AGE RELATED)
RESIDENT MOVEMENT



THE SCHOOL SUPERINTENDENT, MEDICAL DIRECTOR, AND M.R. SPECIALIST, WILL REPORT TO THE
SUPERINTENDENT OF WSSH

the time, however, they manage the program with sufficient foresight to prevent emergency calls for psychiatric problems, such as requests for tranquilizers or seclusion orders.

The night and weekend calls are covered by child psychiatry residents on the children's psychiatric service.

For other areas of the hospital the night calls are mostly requests for seclusion orders and for acute medical or surgical illnesses.

The pediatricians on the staff are too busy; they are not involved in the psychiatric management of child patients at Western State School and Hospital.

Dr. Axelson felt that on other units the nurses would rarely ask the attending physician about psychiatric management of their patients.

Dr. Axelson also feels that the physician's role is unclear. This is a consequence of the unclear philosophy of the administration of WSSH about being a school or a hospital. He wondered whether the physician's role is to be regarded as a consultant to prescribe medication only.

Interview with Ruth Scott

Associate Superintendent for Mental Retardation

This meeting has not been prescheduled as to the exact hour when it would take place. Dr. Scott appeared to be very busy with some paperwork at her desk at the time when the Superintendent had asked her to meet with the Task Force. While she was sitting at her desk with the door of her office kept open, the four members of the Task Force had to wait in the adjacent office for about 45 minutes before starting this meeting.

During our meeting with Ruth Scott, we have discussed the general philosophy of treatment and education of retardates.

Dr. Scott felt that the staff is lacking administrative authority and has expressed her need for basic changes in staff allocation and a need for redefinition of roles. She wants to "clean the schedules."

Dr. Scott made several comments about the medical care and the administration of medical duties.

She has emphasized very clearly and strongly that in her belief the unit team should not function under the "medical model" where the "doctor is always right." Her comments on the capacity in which she sees the physician's role are the following: "The physician should do the evaluation and make some statement about prognosis. In fact, at this point, his role would actually end until an emergency call might necessitate new involvement in the case."

She felt there should be a regular consultation schedule with more frequent visits from the orthopedist and the ophthalmologist. Dr. Scott deplored the lack of regular screening by speech pathologist. The inadequacy of speech programs has to be changed, according to her, through programs carried out by occupational therapists.

Dr. Scott also emphasized the lack of sexual education for the residents and advocated more freedom instead of the present segregation of the sexes.

Her comments encompassed many areas, illustrated by the following remarks:

"There is insufficient staffing of the individual residents."

"The staffing pattern is at the convenience of the staff and not at the residents' convenience."

"Patients are locked into the buildings and the activities are not carried over from school into a 24-hour program on the home unit."

"The intercommunication between disciplines is nonexistent."

"There should be more extensive involvement of the physician in the community, with the treatment of WSSH patients."

"The present rehabilitation counselor is not qualified since he is an industrial arts teacher."

"Child care aides will become the key persons, but they need redefinition of roles."

"Child care aides would need to become more education oriented than treatment oriented."

Psychological Services

During our meeting with the Associate Superintendent for Retardation we made inquiries about the psychological services at WSSH.

The head psychologist, Dr. Frisk, reports to Dr. Scott.

Psychological testing is not done in sufficient cases.

We were unable to determine the reason why more tests are not performed since WSSH has six psychologists. The psychologists are not members of the unit teams. The psychologists are not involved with the design of programs for the total care of the residents.

There are plans for two new programs of behavior modification for hyperactive females to be operated and supervised by a staff psychologist.

Before the end of our meeting, which lasted about one hour, Dr. Scott elaborated extensively on the due-process right to education and on the parents' role in securing such education for their children.

Meetings of the Task Force with the Physicians

On the Staff of WSSH

We have conducted personal interviews with each physician for a duration of at least one hour or longer. All four members of the Task Force were present throughout these meetings. An interview with Dr. Betty Bradley has been conducted in addition to our former meeting with her in the group of administrative personnel at the Superintendent's office.

Samples of statements from the transcript of the interviews with the medical staff are quoted below:

"The doctor is the low man on the totem-pole in the hospital."

"The duties of the physician are not spelled out clearly."

"There were no staffing reviews since July 1974."

"Unit team meetings have been used in the past for clinical staffing. Presently minimal or no clinical reports are discussed during unit team meetings."

"The physician is only a consultant to the team. Since last year no physician is in charge of any unit team."

behavior
modification
for
hyperactive
females?

"The unit team does not benefit from the medical knowledge."

"Accident reports are correct, and the patients are seen by the physician after every accident. In case of accident or illness it is the nurse's decision whether the patient should go to school and be seen later or wait for the physician."

"Regular staff meetings have been discontinued since August 1974 when the accreditation of the hospital has been lost."

"Since the Intermediate unit has taken over all other clinical programs have been discontinued, such as the regular staffing of the children and the yearly examination. Also the review of the children's program with the parents has been discontinued."

"I don't know how medical care is provided on the other units. I don't know what happens on the other units."

"I would be interested to know how other staff members evaluate the child, but I feel that the teachers don't want the physician in the classroom and do not want to communicate with us."

"Cooperation between teachers and clinical staff is missing."

"Presently the situation is aggravated further by the educators' request that the hospital attendants and aides leave the room, during teaching sessions."

"The residents under 21 are reviewed only as school pupils."

"The physicians' input is not perceived as important in the program planning."

"The physician's duties are hectic, for having to go from unit to unit in order to cover all patients. The inability to visit patients during school hours between 8:00 A.M. and 2:30 P.M. causes further problems in the administration of medical care."

"The minor physical problems are reported by the R.N. in the morning, but the physician can examine the patients only later."

"The paperwork is very time consuming."

"Information about the patients is received in most cases from the nurse. No time for direct patient care."

"Unit team meetings are held once a month, and only administrative decisions are made at such meetings. These are not a substitute for patient care or staffing-oriented meetings."

"On one unit team, the teacher, the psychologist and social worker are also present."

"Several of the residents have emotional disturbance in addition to mental retardation, but during the daytime the unit physician is called only to take care of physical problems and is not consulted on the emotional problems of the patients. At night it is nonetheless the physician's responsibility to deal with the disturbed behavior of those residents whom he doesn't know sufficiently and on whom there is no sufficient record from the nurses and educators who are with such patients during the day."

"Scheduled psychiatric consultation for the rest of the retarded patients (outside of the child psychiatric services) is available only for one half-day every two weeks. This is clearly insufficient."

"I always call the parents of a child if the child is sick and has to be transferred to the Clinic floor."

"The number of night calls averages about 15, and occasionally the number of calls is as high as 20; most of them are calls before 11:00 P.M. requesting seclusion orders."

"After performing the admission medical examination and establishing the diagnosis, the physician is called only to provide emergency care."

"Consultants frequently come late evening and do not contact the unit physician of the patient."

"Too large amount of paperwork."

Interview with the Pharmacist

Ms. Marie Shelton

The pharmacy at WSSH is licensed, and the recordkeeping of the pharmacist is excellent.

Once a month Ms. Shelton performs a personal inspection of medicines to be dispensed on the units. Dispensing of medicines for individual patients who must carry their drugs to the job or on home visit is done with the greatest care. A prescription is always joined to the medication taken out of the hospital grounds by the patient.

The pharmacist does spot-check the use of drugs on the wards.

The pharmacist has no knowledge of any policy governing the dispensing of medication during school hours. Her words: "The school plan is new."

On weekends and at night the pharmacist is not on duty. At such times the nurse on Clinic III has a supply of medications which she is allowed to dispense only if a prescription is presented.

The pharmacy has its own poison center, where up-to-date, informative literature is available for emergency cases. The pharmacist provides a regular, on-going training in emergency treatment of poisoning for the nurses.

Interview with the Chief Technician of the Laboratory

Mr. Paul Weir

The technician performs an average of 1500 tests per month. This is obviously too much for one person. The routine test battery provided to each resident at the time of admission and at regular intervals during their stay at WSSH (CBC and urinalysis every six months), the customary tests and the work-up schedule for tranquilizers and anti-convulsive drugs is adequately set up. However, these tests are not always carried out in time, due to lack of manpower and also due to lack of scheduled written orders from the physician to provide such services. Mr. Weir records the EKG's also.

In addition to the already too large workload this technician also handles the emergency calls above and beyond his full-time daily work. In the last year, however, there were only about four emergency night calls.

In one instance there were about 60 hepatitis cases which alone required ongoing work for several weeks equalling a full-time technician's load. Besides the routine lab work and EKG requirements the technician's time is further seriously taxed by the struggle with pinworms and trenchmouth.

The technician has no knowledge about procedures required and performed by the Department of Education for determining the health status of the educators assigned to WSSH. The lab technician is not aware of any laboratory screening to determine whether the educators suffer or not from any communicable diseases or to determine whether they may have contracted such communicable diseases from the patients with whom they work.

New employees of WSSH are properly screened, with lab work done according to state law. This screening procedure is not carried out

in the case of educators who are in direct contact with a large number of residents, but who are not employed by WSSH.

Interview with Ms. Vacaro

Director of Nursing and with Staff Nurses

We have been informed that nursing coverage has improved in 1974; however, it is still not sufficient for the number of patients with chronic and acute medical problems. The number of nurses is still insufficient on the evening shifts.

The efficiency of nursing service is hindered by the lack of sufficient housekeeping service. In all areas, with exception of the Clinic floor, housekeeping is performed by the nursing personnel. The separate housekeeping department established on the Clinic floor contributes to improved patient care by freeing the nurses and aides from housekeeping duties, thus allowing them to devote more time to the patients.

MEETING WITH THE REPRESENTATIVES OF THE PARENT'S GROUP

The representatives showed a very collaborative attitude and interest in spite of the short-term notice for this meeting. The brief and well organized presentation of the problems, as seen by the parents, has helped the Task Force in understanding their concern in several areas of care, especially in the area of medical treatment.

The parents' observation of the general changes in the delivery of medical care were pointing to an alleged sharp decline in medical services in the last half-year as revealed by the alleged decrease of the physicians' active participation in patient care. The areas and problems listed by the members of the Parent's Association can be summarized as follows:

1. Problems of availability of the medical director and of the medical staff in case of emergency, lack of coordination of medical coverage for the weekends and vacations.

2. Lack of communication between the physician and the parents regarding information about injury and illness necessitating transfer to Clinic III.
3. Unsatisfactory arrangements for consultations, scheduled at the parents' request.
4. It was felt that the diet is unsatisfactory and that very frequently substitutions are made without the control of the physician.
5. Lack of information about the prescribed medications, such as, not always being notified about changes in medication and not being advised of the need of special care in monitoring medication during home visits.
6. The lack of regular yearly physical examination. The lack of periodic staffing with review of the total care program.
7. The lack of regular staffing conferences has been mentioned repeatedly by the members of the Parents Group. Until 1974 periodical staffing has been performed regularly.

Parents feel they should be involved in the treatment program more intensively, and they should be informed by the physician of the findings of the yearly physical examination. They are missing the summaries of the staffing conferences which they have received regularly until July, 1974.

The parents felt that they should be given the autopsy report in case of death of their children.

The parents have complained about what they call "Business style administration" of the hospital where allegedly every activity is happening only from 8:00 A.M. to 5:00 P.M., Monday through Friday. They felt that the medical coverage at night and on weekends is insufficient. It appears to the parents that recreational opportunities are missing on evenings and on weekends. It was the impression of the parents that there is no clear policy and no guide-line available to the nurse on duty about instances when the medical doctors on call should be notified. Further grievance was that the doctors on call are not familiar with the patients; and, therefore they must rely on the report of the nurses.

Regarding the medical and surgical situations, the parents felt that the agreement with the local hospitals to admit WSSH patients on an emergency basis is a very valuable aspect of the treatment program.

The problems listed by the parents are detailed in a memo (December 10, 1974) from the parents to Mr. Hiltner, Superintendent. Further, these complaints are restated with suggestions for correcting them in a memo of December 12, 1974 from Mr. Peters, Commissioner for Mental Retardation, Western Region, Department of Public Welfare, to Mr. Hiltner, Superintendent.

An essay by Mr. Nelkin, entitled "Death, A Way Of Life" is joined to the parents' grievances (Exhibits 6).

In this essay, Mr. Nelkin deals with several accidental deaths occurring in different state schools and hospitals in the Commonwealth of Pennsylvania. There are two statements we would like to quote from Mr. Nelkin's paper. We feel that these very relevant statements reflect the parents' view of these unfortunate events:

{ "The patient is blamed for his own demise."----"Their disability was the reason to receive specialized care in a specialized school and hospital."

A procedure of grievances has been set up in 1973 in collaboration with the Superintendent, the representatives of the Parent's Association and the representatives of ACCS.

{ It is the impression of the Task Force that those procedures are not being consistently followed. }

MEETING WITH MEMBERS OF THE BOARD OF TRUSTEES OF WSSH

Two members have represented the Board of Trustees at this meeting with the Task Force.

Information about medical issues is channeled to the Board through the office of the Superintendent and through the Parent's Group. The Board members are open and interested, but there is no Board member knowledgeable in the medical field.

The Board members make occasional unannounced visits at WSSH.

At times of crises an ad hoc committee is set up to investigate the problems. In November, 1974 an ad hoc committee composed of three Board members had investigated the problems in the functioning of the Clinic floor. This committee, without including a medical member, has reviewed the operations of the medical floor.

TOUR OF THE FACILITIES HOUSING RETARDATES AT WSSH

The physical plant has been visited jointly by all members of the Task Force under the guidance of Mrs. Rose Vacaro, Director of Nursing.

The mentally retarded residents are housed in three lodges and in the Green building. These three lodges are not equipped to handle sick or physically handicapped patients.

We have walked through every building looking into all rooms as well as other patient areas. We have inspected storage areas, bathrooms, and nursing offices, to gain a first hand personal impression of the physical surroundings of the retarded residents.

We have talked with several staff nurses and aides and we have gained a first hand impression of the number and qualifications of personnel on the various units and of their attitude.

At the cottages one nurse has remarked the changes in the type of patients admitted before 1971, who were mostly diagnosed as mildly or moderately retarded, while after 1971 the diagnosis usually reflects emotional disturbance, and other physical handicaps in addition to mental retardation.

We have inspected a number of food trays while lunch has been served to the patients. We have observed the attitude and skills of the attendents while feeding the patients. We have seen different levels of patient care in these buildings according to the patient's need for more or less extensive medical and nursing care.

We have sampled several active medical records kept on the ward.

Inquiring into the administration of medication, this Task Force has been informed that basic medicines are available in each cottage. Narcotics are available on the third floor of the green building only. The telephone orders for medication are regularly countersigned by the physicians.

Medication orders are carried out as requested by state law. A Cardex system provides for the review of antibiotics every five days. Narcotics and other controlled drugs are rewritten as requested by the law.

REVIEW OF MEDICAL RECORDS OF PATIENTS ADMITTED TO

Inspection of the premises of Clinic III revealed that scales for weighing patients who are able to stand and special scales for small children are available. However, there are no scales for patients who are unable to stand. The lack of scales suited for weighing a patient in a wheelchair remains unexplained.

From information received from the Director of Nursing and from our own observation we have established, that on Clinic III, about half of the patients are chronically ill and incapacitated, requiring continuous monitoring and physical care, while the others are transferred for short-term treatment of acute conditions or for post-operative recuperation.

During the visit at the cottages we have observed several groups of patients in large Day Rooms, where they have been placed on mattresses on the floor and were attended by the teacher and teacher's aide. The educators have provided a most laudable effort of interacting with severely handicapped patients, helping them to achieve a certain amount of interaction by turning to each other or by passively accepting the teacher's trial of communicating with them through gestures or by holding them. Most of these patients are quadriplegic or severely paraplegic with other associated handicaps, such as visual or hearing deficits.

Information About Dietary Services

The patients are given one of the following five diets:
 (1) basic regular diet; (2) liquid diet; (3) bite-size diet;
 (4) mechanical diet; (5) special diet. The diet orders are rewritten every 30 days by the physician along with the other medical orders.

It was felt by the parents that the physicians should utilize better the available diets after evaluating the individual needs of the patients from time to time. The information received from the nurses was that the nurse on duty would call the attention of the physician to the need for change in diet, if the patient's condition has changed.