CITIZENS LEAGUE REPORT

No. 66

Glen Lake Sanatorium

Operational Review.

February 1957

A STUDY OF

GLEN LAKE SANATORIUM

No. 66

Citizens League
601 Syndicate Bldg.
Minneapolis 2, Minnesota

Approved by
Board of Directors
February 6, 1957

COUNTY GOVERNMENT OPERATIONS COMMITTEE

Report of Sub Committee on Glen Lake Sanatorium

GLEN LAKE SANATORIUM

Descriptive and Historical:

Glen Lake Sanatorium of Hennepin County was established with the opening of the first cottage in January, 1916, under the superintendency of Dr. E. S. Mariette, who remained in charge and was its Medical Director until 1948. The present Superintendent and Medical Director, Dr. Russell H. Frost, succeeded him in 1950. It consists today of a main group of attached buildings housing the administration, laboratory and surgical, educational, dining hall and auditorium and infirmary wings; a children's building; a nurses' building, a power house; a large residential building for male employees; three individual residences and about ten other subsidiary structures located upon a beautiful 165 acre tract about five miles Southwest of Hopkins. It has a presently maintained bed capacity of 376 (May), of which 30 are specifically for children.

The Sanatorium is administered under the direction of the Glen Lake Sanatorium Commission of three members appointed by and responsible to the Board of County Commissioners of Hennepin County under provisions of Chapter 376 of the State Statutes. The members are chosen for three year terms, one member must be a representative of the medical profession, the others being laymen. At this date, these are Dr. Thomas Lowry, Mr. Raymond Wright and Mrs. Eleanor Moen. The Sanatorium commissioners serve without compensation. The Commission chooses the Superintendent and Medical Director: and the remainder of the staff and employees are chosen by merit under procedures set by the Commission.

Sources of Income:

A property tax levy of five mills, maximum, for operation and maintenance and of five-tenths mill, maximum, for capital outlay is the principal source of revenue, seconded by state aids, followed by the income from full- or part-pay patients, and from other sources. The current (1956) levy totals 5.28 mills, 5 mills for operating and 0.28 mills for capital outlays. During the past four years the record has been:

Table I

Mill Rate:	1956	1955	1954	1953
Operating	5.00	4.75	4.96	4.93
Capital Outlay	0.28	0.15	0.50	0.50
Total	5.28	4.90	5.46	5.43
Amounts:				
Operating	$ 2,438,468	$2,169,220	$2,196,905	$2,136,294
Capital Outlay	132,332	68,502	199,171	182,157

From the above the actual amount realized will vary because of delinquency in tax payments, and by the additions of back taxes collected, penalties and interest, and by allocations from bank, grain and gross recipts taxes collected in lieu of property taxes.

The positions of the second and third largest items of revenue have switched in 1956 due to the beginning of more liberal state aids, effective after July first of this year, based on a formula adopted by the last legislature. Formerly this aid was $7.50 per patient-week; it is to be $2.50 per patient-day. (A tuberculosis facilities study commission had recommended in January 1955 that this be $3.50 per day.) This is coupled with the lesser ability to pay of the class of persons now being hospitalized to cause this reversal, and a new trend in finances. The change in patient situation is due to an increasing tendency for TB to be the problem of the aged, the poorly paid employees in service occupations such as cooks and waiters, and the alcoholics, whose means are usually nearly non-existent. It is, therefore, to be expected that the trend of free patients will be upwards as indicated by the change from 72 per cent free in 1953 to 77 per cent free in 1955.

Table II

Comparative Statement of Income, 1953-1956

For Operations and Capital Outlay:	1953	1954	1955	Estim. 1956	Per Cent 1956
Hennepin County, Taxes	$2,318,415	2,396,076	2,271,380	2,524,710	81.5
State of Minn., Aids	246,668	233,723	150,006	275,500	9.0
From Patients* (for care)	261,574	159,682	128,424	123,000	4.0
Departmental and Other Income	189,787	171,324	141,272	166,604	5.5
	$3,016,480	2,960,805	2,691,081	3,089,814	100.0
Available balances at beginning	208,088	202,598	88,205	46,162	-----

* Note: Patients also contribute part of the departmental income, such as for drugs, dental care, operating room and laboratory fees, educational materials cost, etc. which fact has been taken into account in making the previous statement.

Expenditures:

Comparative expenditures are set forth in the following table.

Table III
Comparative Statement of Expenditures

	1953	1954	1955	Estimated 1956
Administration	$ 148,694	151,719	146,594	154,208
Medical and Nursing	1230,487	1,231,113	1,124,460	1,282,928
Social Service	37,764	40,230	35,976	39,640
Education, Library Occup.Therapy, and Rehabilitation	95,824	98,773	94,402	108,572
Housekeeping	746,841	730,102	649,864	703,127
Engineering, Bldgs, and Grounds	339,394	359,959	324,970	361,691
Insurance	19,393	28,200	35,987	37,539
Total Hospital Operation	2,618,312	2,640,096	2,412,254	2,687,705
Outpatient Dept.	201,659	219,814	208,958	239,868
Miscellaneous(net)	68	18,030	12,851	71,614#
Subsidized Research	2,052	138	143	---
Capital Outlay	199,880	198,638	95,336	132,332
Total Expenditures	$3,021,971	3,075,198* (3,076,716)	2,729,542	3,131,519

*Published figure

Most of this will be distributed to other expenditure classifications during the year

Employees	651	624	561	540 (April 1)

Payroll costs are approximately 80 per cent of the total expenditures. Purchasing procedures appear, upon casual investigation, to be up-to-date and cost-keeping is maintained. The business office seems to be alert to good practices and to be using them diligently. It does not generally use the services of the budget and purchasing office of Hennepin County, because of State law.

The maintenance of buildings is very good and the evidence of excellence in program, management, personnel relations, and operations are on every hand. A tendency to overstaffing seems evident especially in some classes of employment. This the Sanitorium Commission is aware of and faces an annual dilemna in correcting it at the same time it is concerned with a fluctuating bed occupancy even for its type of institution. Bed occupancy is set forth in the table on the next page.

Table IV

Bed Occupancy Data, 1952-1956

Beds occupied:	1952	1953	1954	1955	1956
January 1	538	513	463	405	336
April 1	551	525	473	416	357
July 1	537	530	413	394	
October 1	535	492	396	371	
Highest	555	546	476	429	368 (3 mo)
Average	539	511	429	390	357 (" ")
Lowest	507	464	392	337	334 (" ")

Because the type of patient that is admitted to the sanatorium frequently cannot go back to the kind of job he had, or to his life as it was without risking a recurrence of the disease, rehabilitation is becoming increasingly important. The efforts made at the sanatorium before release and the continuation of re-training and placement through the rehabilitation facilities at the out-patient center at 607 Third avenue south, are increasing. The Hennepin County TB Association, while it does not contribute to costs of patient care, has pioneered this rehabilitation work.

The Problems of the Institution:

This institution faces four problems of broad implication, which are listed below in the order of increasing importance as viewed by this committee:

a. Superannuated employees.
b. Overstaffing that might be avoided.
c. The handling of the recalcitrant and incorrigible patients.
d. The foreshadowing drop of patient load each year of the future with an increasingly higher unit cost in consequence.

a. Superannuated employees

Superannuated, or over-age, employees are a moderate problem to the institution and a compulsory retirement age has been urged. This would require legislation, since an attempt by the commission to operate under existing law proved unworkable, chiefly because of the prohibitively high costs.
In line with increased information on the subject generally, it would appear that a discretionary retirement rule is best. Under such a rule, the institution would have the final decision as to whether to extend employment beyond a set age because of the benefit to the institution to be derived from the continued employment of those who remain alert and adequate for their positions, and in good physical condition.

b. Moderate overstaffing that might be avoided

Because some overstaffing seemed apparent on casual inspection and especially on the basis of the reported number of employees (540) related to the average number of patients (357), an analysis of 15 more institutions was attempted.

This is reported in appendix A. With qualifications, this shows that the staff ratio is substantially greater than the average of the other institutions. Chief qualification is the fact that Glen Lake has a pioneering program of outpatient checking and rehabilitation which has been accepted as over and above average. Thus the most valid comparisons are made not between totals, but between specific divisions of the staff. The chief points of overstaffing are in nursing, which runs about 70% above the average of the other institutions, and buildings and grounds other than heating plant, which is about 80% above the average.

However, the selection of regional institutions as well as outstanding sanatoria of national repute included some that are only "marking time", Therefore, it is felt that we should expect Glen Lake to be more nearly at the 3rd quartile in those services which make an institution more progressive and one that is accomplishing improvements in treatment. Thus, we find that at Glen Lake the nursing division runs 56% above the 3rd quartile and 23% above the maximum; and the buildings and grounds division, 38% above the 3rd quartile but not above the maximum. The other divisions are in between the average and 3rd quartile points excepting only the special situation in the out-patient and educational departments.

c. Handling of recalcitrant and incorrigible patients

Because case finding is most productive of cases from such places as the workhouse, city jail, and among the alcoholic drifters, there is always present the problem of some recalcitrant and incorrigible patients being at the institution. About three years ago there was a considerable number of disturbances from this source which prompted the grand jury of that year to recommend that, pending the construction of specific facilities at Anoka for this class of patients, the Sanatorium secure adequate authority in the form of employee deputization to enforce discipline on thses persons; that the legislature be urged the necessity for the Anoka unit, and that extreme cases be transferred to the state sanatorium at Walker. On the first point, the sheriff was unwilling to accept the responsibility for acts of persons not chosen and trained by him, so that now, when an incident requires it, a deputy sheriff is called to help place the recalcitrant in the small four-bed security ward at present available at the sanatorium. Attempts to shift extreme cases to Walker proved unsatisfactory. The problem thus remains present though not always acute. State authorities report that 20 beds of a 30-bed facility, part of the Burns unit at Anoka for this class of TB patients, is expected to be completed about this time next year. Because the Anoka arrangement is so nearly at hand the Sanatorium officials have not deemed it wise to expend the $15,000 or more for any expanded security facilities at Glen Lake.

d. Drop in patient load

The overshadowing question for the Glen Lake institution is the trend downward in bed occupancy. This is a result of the combination of the new arresting techniques which have in the past decade shortened the sanatorium stay from an average of over two years to approximately 13 months and of the Veterans Administration taking over the care of veterans with tuberculosis. Case finding, while still not wholly adequate, is being refined so that while the incidence of new cases is falling slowly as yet, state experts are quite certain that the cumulative effect will be that very little TB will be found after another ten or

twelve years. Then special institutions such as Glen Lake will disappear and isolation wards of our metropolitan hospitals will take over the small number of new cases.

Most significant of these three actions on the lower bed requirements is the almost miraculous effects of the new drug therapy followed by resection surgery which removes isolated infected tissue, thus taking the most potent reservoir of the disease from the body. Lung collapse therapy is no longer used. Instead, a selected two of the three TB-fighting drugs (streptomycin, isoniazide, P. A. S.) are used as dictated by individual tests on each patient. Though these new methods have helped to raise the per diem cost per patient from $11 to $17 since 1951, the cost per patient stay has fallen from $5,300 to less than $4,500 in the same period due to the shorter confinement period. The institution's discharge rate by death from TB has fallen from over 30% (common to TB institutions) annually, to less than 5%.

The other seven TB sanatoria in the state have lower costs but only the top five have any chance of surviving more than another year because of declining patient population. The Ramsey county unit at Ancker hospital in St. Paul will not survive rebuilding plans for Ancker and the Minnesota Sanatorium at Walker with a budget for 200 patients has only 120 now. It already has accepted 28 non-tuberculous patients as an inevitable step in the direction of a shift to new uses.

It seems apparent to this committee that other types of cases must be considered in order to avoid economic waste of this splendid institution's physical plant and staff. With 40 per cent of its full bed capactiy already closed down, and 5 per cent of the remainder unused a considerable portion of the time, the problem must be faced. A survey of possible unmet needs for children indicates no significant numbers possible since the Heart Hospital opened at the University (built and planned before the present trend became clear). The legislature must act in order that any other type of adult patients can be accepted. Even should an effort be made to bring the balance of the Ramsey County patients from Ancker, the legislature needs to act in order to bring about a planned, rather than a hasty, readjustment. It would appear prudent not to wait much longer on any decision for a joint county arrangement with Ramsey County. This might be just one more activity for a metropolitan district to assume. It would also keep the per diem cost down, or at least forestall a large increase in that figure.

RECOMMENDATIONS

1. That workable legislation be obtained making retirement compulsory, with practical exceptions, for over-aged employees.
2. That over-staffing be watched for by this committee each year, and the efforts on our first and fourth recommendations be pushed in order to help the commission meet this problem.
3. That the solution for recalcitrant patients lies in the opening of the additional facilities at Anoka. That the committee follow this to see that adequate backing from the legislature continues so that it fully meets the need.
4. That the Legislature be requested to take measures to open the use of this institution to a wider selection of patients, subject to the existing patient financial responsibility law governing the sanatorium, so that the commission can use some discretion in meeting its major problem. Also, a metropolitan arrangement might properly be sought.

Glen Lake Sanatorium Sub Committee,
County Government Committee
Edwin H. Allen Jr, sub committee

APPENDIX A

EMPLOYEE-PATIENT RATIOS

15 United States Tuberculosis Sanatoria Compared with Glen Lake * #

Activity	15 U. S. Sanatoria October 1956					Glen Lake
	Maximum	3rd quartile	Median	Average	Minimum	
Administration	.215	.085	.065	.072	.010	.11
Medical, surgical	.182	.104	.062	.073	.026	.10
Nursing	.48	.379	.340	.343	.240	.59
Housekeeping	.273	.200	.123	.137	.026	.17
Culinary	.312	.240	.190	.194	.120	.20
Heating plant	.075	.055	.027	.033	.009	.03
Other bldgs and grounds	.141	.087	.064	.066	.030	.12
Occup. therapy, education, library and in-sanatorium rehabilitation	.050	.035	.020	.023	.006	.06
Out patient	.112	.080	.012	.032	.011	.12

* The 15 sanatoria are Nopeming and Mineral Springs, Minn., Muirdale (Milwaukee, Wisc.), Illinois State (Chicago), Rochester (N.Y.), Norwich, Conn., Detroit (2), Pontiac, Mich., North Dakota State, Howell, Mich., Battle Creek, Mich., Kearney, Neb., Koch (St. Louis, Mo.) and Kansas City, Mo.

Based upon the budgeted number of employees for 1956.