A Review of Syracuse Developmental Services

A REPORT BY THE NEW YORK STATE COMMISSION ON QUALITY OF CARE FOR THE MENTALLY DISABLED

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CHAIRMAN

March 1980

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March 27, 1980

FROM: Clarence J. Sundram, Chairman

SUBJECT: Report on Review of Syracuse Developmental Center

Attached is an informational copy of the report by the State Commission on Quality of Care for the Mentally Disabled on its review of the Syracuse Developmental Center.

In addition to evaluating aspects of resident care and programming, Commission staff utilized site visits to review: staffing issues, including turnover and scheduling; personnel policies; the facility's philosophy of care; and staff morale. The report contains recommendations from the Commission to the State Office of Mental Retardation and Developmental Disabilities and to Syracuse Developmental Center related to findings in each of these areas. The contents of this report have been shared with the Office of Mental Retardation and Developmental Disabilities, the Director of the Developmental Center and the Developmental Center's Board of Visitors. Immediately following each report recommendation are the responses received from the Commissioner of the State Office of Mental Retardation and Developmental Disabilities.

The Director of Syracuse Developmental Center and the Commissioner of the State Office of Mental Retardation and Developmental Disabilities are required to report to this Commission within ninety days on action to be taken in response to our recommendations. The Commission will monitor such action.

Attachment

PREFACE

This Commission undertook the review of Syracuse Development Center in response to complaints by a nurse at the facility. Site visits were carried out by Commission staff during 1978. The purpose of these visits was to investigate the subject areas of the nurse's complaints regarding what was alleged to be the deteriorating quality of resident care and programming. The major issues which emerged were associated with staffing and philosophies of resident care. This report reflects conditions observed and evaluated by the Commission in December 1978.

A draft of the Commission's report was shared with the Director of Syracuse Developmental Center, the Board of Visitors and the Commissioner of the Office of Mental Retardation and Developmental Disabilities. Where appropriate, their comments have been included in the text of the report.

The findings, conclusions and recommendations contained in this report represent the unanimous opinion of the members of this Commission.

Clarence J. Sundram
Chairman

Mildred B. Shapiro
Commissioner

I. Joseph Harris
Commissioner

SUMMARY

This report is the result of visits to Syracuse Developmental Center (SDC) by several Commission staff members in response to complaints raised by a nurse at SDC. The purpose of the visits was to investigate the nurse's complaints regarding the allegedly deteriorating quality of resident care and programming. The major issues that emerged were associated with staffing and philosophies of resident care. This report reflects conditions as they existed in December 1978.

PURPOSE OF SITE VISIT

Commission staff members made a site visit to Syracuse Developmental Center (SDC) on December 5, 1978, in response to a letter dated October 30, 1978 from a nurse at SDC. The purpose of the visit was to investigate a nurse's complaints regarding:

1. The quality of resident care and programming;
2. Staff Morale;
3. Adequacy of Staff;
4. Staff Turnover;
5. Change to a 5 and 2 Scheduling;
6. Handling of Personnel Issues;
7. Conflict in Philosophy of Care.

ACTION TAKEN

1. Prior to Site Visit

Commission staff reviewed two letters and attachments from the nurse, past reports from the Board of Visitors and previous reports of site visits by staff of the Commission's Quality Assurance Bureau.

A Commission staff member spoke by telephone with the nurse and the President of the Board of Visitors (BOV).

Before the second visit, staff reviewed the BOV President's letter of December 5, 1978, addressed to Governor Carey. This letter identified seven concerns which had been described in the nurse's letter, and in a staff-circulated petition, also mentioning the low visibility of the Center's administrators as an additional factor affecting morale. The Board of Visitors, however, identified only the inadequate staffing at SDC as sufficiently documented.

2. Site Visits Made

The first visit on December 5, 1978, was made to interview various employees, administrators, and members of the Board of Visitors. Commission staff returned on December 19 and 20 to visit adult units and to interview a wider range of staff. The second visit extended over two shifts from 12:05 p.m. to 4:30 p.m., and 7:45 p.m. to 11:00 p.m. on December 20.

Areas visited: Adult units 2E-2, 2F-1, the Recreational Therapy area and the Prevocational Training Area. Commission staff visited the units during and after mealtimes and were unaccompanied during the visits.

3. Persons Interviewed

Director (until May 1979)

Deputy Director

Deputy Director, Administrative

Chief of Adult Services

Personnel Officer

Social Worker, Team B

Team B Leader

Team D Leader

Recreational Therapist

Nurse

Social Worker, Team C

President, Board of Visitors

3 Members of the Board of Visitors

Parent who is also a member of ARC-SDC Parents Task Force

Director, Center on Human Policy

Associate Commissioner, Office of Mental Retardation and Develomental Disabilities, Northern-Central Region

FINDINGS

1. Quality of Resident Care and Programming

A. Physical Care

The residents looked well groomed and were dressed with some attention to individuality. Most appeared alert and aware. On one unit, eight out of twenty required wheelchairs for mobility. Most of the residents required assistance in feeding and toileting, and while a few could talk, others had no language skills. A number of residents were described as having fairly severe behavioral problems. Some of the residents' aggressive behavior toward each other and toward staff was observed.

In our observation, the Mental Hygiene Therapy Aides (MHTAs) on duty exhibited care and affection while working with the residents and appeared to be discharging their responsibilities to the residents in a spirited manner.

A very telling scene ensued when one MHTA changed the clothing of a man who had soiled himself. This was clearly a resident with whom the MHTA had developed a close relationship, and yet the MHTA was moved to say in a sad, resigned way to the resident, "You know it is getting harder and harder to keep up with your changes."

Each adult unit in SDC includes a day room, a television area, a large group bathroom, with one- or two-bedded rooms branching off from this area. While the units are attractive and pleasantly decorated, most of the bedrooms in Unit 2E2 were untidy with unmade beds. Room 2E2-20 had a pile of dirty diapers and laundry on the floor and bed. The bathroom was messy and odorous, and there were several small puddles of what appeared to be saliva in the area. Commission staff inquired about these conditions and were informed that the housekeeping staff is small, so that direct care staff must fill in whenever they have time. On a previous visit to SDC, Commission staff were informed by the Chief of Childrens' Services that because the housekeeping staff is small MHTAs must do the laundry for their units.

B. Programming

The Program Coordinator is responsible for the off-living units' prevocational training program which includes three levels of programming allowing residents to progress through the levels to eventually reach vocational training. When we visited this program, the residents involved in this hierarchical program appeared to be interested and were attempting to develop skills which

would, indeed, be helpful and necessary in any vocational training. A total of about 50 residents were involved in this program, although only 30 residents participated for a full day. Four staff people were assigned to the training program which serviced residents from Team C only. There was a waiting list of approximately 20-30 residents, some of whom required more stimulation, basic skills training, and staff time than was currently available.

Team B was engaged in community programming for its residents. One hundred residents were being transported to the community for programming, including work, adult educational experiences, or self-help skills development.

There was no programming in the evenings for Unit 2E2. Dinner took approximately two hours, after which the men were expected to bathe and go to bed. Because most of the men were severely disabled, all of the activities required a substantial amount of staff time and attention. We did not observe any use of these activities to teach self-care skills.

2. Staff Morale

From our conversations with staff, we became aware of unrest among employees. Employees reported they were dissatisfied with level of care, the heavy workload, lack of support from top administrators--such as statements attributed to the Deputy Director to the effect that if staff did not like it at SDC, they could leave and could be replaced--low visibility of those administrators, lack of implementation of the normalization policy, the 5 and 2 scheduling and conflicts with the Personnel Office.

The staff circulated a petition stating their concerns and submitted it to the Center on Human Policy. A social worker at SDC, also wrote to the Center to discuss similar concerns.

The Center on Human Policy is a research and advocacy group which focuses on the deinstitutionalization of the mentally retarded and developmentally disabled population. It is supported by contracts, federal and State grants, and Syracuse University. The Center on Human Policy held a meeting at SDC. The meeting was not well announced, but approximately 75 staff people attended. Complaints voiced during the meeting were similar to the complaints described previously in this report.

On December 13 and 14, 1978, the Deputy Director held a general meeting with staff at which he gave a questionnaire to over 300 employees of the Center. Results indicated staff concern about the Center's functioning and abilities to meet clients' needs. For example, 169 out of 301 staff polled agreed with the statement made in the questionnaire, that "SDC is in an impending state of chaos."

Few professional-grade staff people were observed with residents. While such staff spoke at length about their concern for the residents' welfare, few were in evidence in the adult units visited. This "poor" visibility appears to be a significant factor affecting direct care staff morale.

The Director felt that the morale problem was due to the fact that the staff would like him to resist SDC's acceptance of the repatriated residents. Though he was aware that an increased number of lower functioning residents must affect the quality of care delivered if staff is not augmented, the Director believed that these residents and their families have the right to use services of SDC. The Associate Commissioner for the County Service Group believed their director's "lame duck" status, because of his announced resignation, aggravated the situation.

3. Adequacy of Staff

Although a major complaint of the employees was the high absenteeism, statistics provided by the Office of Mental Retardation and Developmental Disabilities (OMRDD) showed the overall absenteeism did not appear to be any more of a problem at SDC than anywhere else in the State.

We visited Unit 2E2, a unit housing twenty male residents, arriving at 12:05 p.m. and finding three MHTAs, one housekeeper, and one nurse helping to manage the group and helping with feeding during the lunch hour. Eighteen residents were in the dayroom. One resident was in the bathroom unattended from the moment Commission staff entered the unit until he was assisted out at 12:25 p.m. One resident was in a bedroom where the housekeeper was working and watching him, as he required one-to-one supervision because of aggressive behavior. Eight of the residents were in wheelchairs, and most residents required assistance in feeding.

The diets prepared varied from solid foods to pureed foods. Only four men were able to feed themselves. Little use was made of the opportunity to teach residents to develop greater independence in this area. Meals seemed to be long, lasting about two and one-half hours. At the time of the visit, it should be noted, the unit coordinator and one MHTA were out sick.

The staff attempted to position a few residents in bean-bag chairs, but the residents soon reverted to their original positions, because there were not enough staff to follow them and maintain the more therapeutic positions.

A maximum of two to three residents can leave the unit at one time, for the men require escorts to occupational therapy, off-unit workshops and other services, and there are not enough staff to accompany them. Off-unit programming is, therefore, limited.

We visited Unit 2E2 during the evening shift. Upon arrival at about 7:45 p.m., three MHTAs were on duty. Two were normally assigned to 2E2, while the third MHTA, a woman with several years' experience, had been called in from another unit to fill the minimum staff quota for this unit of severely disabled men. Each MHTA made emotional appeals for more assistance, so that more programming could occur to develop basic living skills. Presently they do not feel able to engage in even the limited programming required by the treatment plans for some residents.

The MHTAs helped the residents bathe and prepare for bed. Commission staff did not observe any effort to use these activities for skills-teaching purposes. Rather, the staff were preparing the residents without the residents participating in any way.

At about 10:30 p.m. Unit 2F1 for women, many of whom required almost total care, was visited. We viewed three MHTAs working diligently to get the residents ready for bed. The January schedule for 2F1 was reviewed, showing only one staff person on night duty for 16 days total between December 28, 1978 and January 24, 1979. From staff reports, it was apparent that this level of coverage was customary. However, there is a system of coverage utilizing identified workers who may be sent to other units if problems in coverage occur.

In the Childrens' Unit, where foster grandparents augment coverage, other problems were cited by nurses in the unit. A complaint was voiced about the number of nurses scheduled to cover units which are a quarter of a mile apart and serve the most disabled residents. The nurses expressed serious concerns about their ability to respond promptly to a resident in need, considering the great distance between units.

On one of our visits, a nurse covering several adult units was observed moving from unit to unit to observe clients and supervise staff. If two medical emergencies had occurred, it was obvious the nurse would have had great difficulty attending to both situations.

4. Staff Turnover

Staff interviewed expressed great concern about the high rate of staff (nursing and MHTAs) turnover, which leads to inexperienced staff shouldering increasingly greater responsibilities. The Deputy Director Clinical disputed the existence of an unusually high turnover rate. The Deputy Director Administrative confirmed that the rate reached a new high in July and stayed high through October.

At the Commission's request, records were obtained of staff separations from the Personnel Office of OMRDD. It was necessary for the office to compile and evaluate the information, expressly to meet the request, because OMRDD has not maintained any central file of such information.

Records of all separations for SDC for the fiscal years 1976-1979 indicate staff separations, including terminations, retirements and resignations, reached an all-time high of one in every seven employees during the July through September period of 1978. For the same months the rates were one in ten and one in eleven, in the years 1976 and 1977, respectively.

One administrator at SDC suggested that the separation rate remained stable over the three-year period. The reason given was that staff increased

substantially over this period so that the turnover appeared to be greater than it actually was. However, the facts do not support this interpretation. For the year 1978-79 separations increased by 29.0 percent over the 1976-77 level, while staff-size increased by only 12.3 percent over the 1976-1977 level.

It is important to note that in June 1978 SDC admitted 24 additional clients (transferred from other State facilities) without additional staff. SDC also opened several new units in the fall and winter with massive hirings in August, September, and October. Furthermore, in late May 1978, SDC was advised it was over-spending its overtime allocation. The administrators of SDC initiated strict overtime restrictions on all services, as well as altered the staffing schedule.

A personnel officer at SDC explained that when the facility opened early in 1972, the Center was known as a facility dealing with higher functioning residents. Gradually the resident population changed, requiring a different type of care. He felt that the high rate of turnover among employees might be related to the fact that the Center no longer deals with higher functioning clients as it once did, so that there are different job-related rewards. He also attributed the high turnover rate to the high qualifications of staff who have high aspirations as well.

The Personnel Officer said that every employee fills out an Exit Interview Questionnaire, but there is no systematic analysis of this data. Approximately 30-40 percent of the employees leaving are personally interviewed. He expressed concern about the communications being difficult in a large institution.

Team D has the lowest rate of employee turnover. The team leader attributed this in part to the fact that one MHTA was grandfathered into this staff as a Grade 13 in recognition of about 25 years of good service, and stated he is a good role-model for new workers. This team leader interprets the responsibilities of a team leader to include being a buffer between his staff and the administration. Team D's experience indicates that morale and leadership are positively correlated.

All administrators and staff interviewed agreed that the State has difficulty in recruiting physical therapy and occupational therapy staff. Many expressed the belief that a lack in parity of salaries between the State and private facilities is the cause for the problem.

Research by Commission staff indicates that New York State offers salaries which are at least comparable and in some cases higher than those in the

private sector for both disciplines. Interviews and some literature suggest that salary may be of only secondary importance to professionals seeking those positions. It appears that other factors such as working environment, job satisfaction, professional status, and clientele may be of greater importance to the professional evaluating a position.

5. Change to 5 and 2 Scheduling

In October the administrators ordered adult services to change the scheduling pattern from seven days on, two days off, three days on, two days off to a five days on and two days off schedule (5 and 2) to provide better coverage by distributing staff more evenly over the seven days of the week. The Deputy Director Clinical stated that he had been discussing the impending scheduling change since April, but most employees did not feel they had been prepared. He contends that the 5 and 2 scheduling is responsible for the complaints, but he felt it was necessary to provide better coverage evenings, nights, and weekends, because the welfare of the residents must be the Center's top priority.

According to direct care staff, the 5 and 2 scheduling does not allow for community programming

during days because of short staffing. The Team B Leader told us that his program for getting 100 clients out of the Center four days a week, five hours a day, to go to work, adult education courses, and self-help skills programs in the community, was being cut drastically because MHTAs are being pulled off day schedules to augment the staffing at night and on weekends. His program was cut back to function on only Thursdays and Fridays, due to the loss of direct care staff.

We were also told that the 5 and 2 scheduling may discourage newer staff, because weekends are assigned by seniority. This may make recruitment difficult. However, the Personnel Officer was not aware of any difficulties in recruiting MHTAs, though nurses, physical therapists and occupational therapists are becoming increasingly difficult to recruit. Staff also contend that this scheduling has contributed to the high turnover rate. A number of staff interviewed said the 5 and 2 scheduling has not improved coverage, because the rate of sick calls has increased and offsets any effects of the scheduling change. We were unable to verify this as statistics either supporting or refuting this contention were unavailable.

6. Handling of Personnel

Numerous staff members complained that jobs are not posted, that favoritism figures in the filling of positions as lists are not used, and that there are no rewards for good service. Many complaints concerned the grievance procedure--grievances were usually denied without full or fair hearings. Some employees complained of counseling memos being used for retribution, for rebellious action and as threats.*

A member of the Board of Visitors stated that the Advisory Council, a committee which includes staff, parents, community services representatives, a foster grandparent, and a client, whose function is to advocate for clients' rights, had attempted to investigate staff complaints enumerated above. The Advisory Council was not able to substantiate any of the complaints.

In an interview with the Director and Deputy Director Clinical it was stated that they did not believe the complaints were accurate. No explanation was given for these perceptions.

7. Conflict in Philosophy of Care

Many staff interviewed expressed strong feelings about the lack of implementation of SDC's Normalization

*The new contract with CSEA requires a six month moratorium on counseling memos, as well as a performance evaluation system to reward good service.

Policy. These employees spoke of a lack of a positive and humane ideological direction. Some staff, including security and food services staff, are not schooled in this philosophy at all. This has been described as a problem which interferes with efforts to ensure a normal environment for clients.

The proximity to Syracuse University and the Center on Human Policy, and the fact that a number of SDC staff have been trained in the normalization philosphy of the University and the Policy Center have created added pressures. The staff members trained in normalization concepts, have high expectations; many are deeply committed to these concepts, and view any deviation from the model, even though they may be realistic necessities, as improper and harmful. It must be noted, that while there was some evidence of efforts to implement normalization concepts, there was no major thrust in this direction. The OMRDD Commissioner for the County Service Group thinks the normalization influence may be taken to extremes by some staff members.

Team B's Leader expressed concern about the inactivity of the community services staff, which he maintained has managed to place only 23 residents from the entire facility since May 1978, despite the fact that this department has 110 percent of its labor

complement. Of those 23 residents placed, 15 have been reinstitutionalized. He seemed to feel that the problem was in follow-up efforts by community service staff to maintain these residents in their community placements. These residents returned to the Center needing haircuts, grooming, and appropriate and clean clothing.

RECOMMENDATIONS

1. QUALITY OF RESIDENT CARE AND PROGRAMMING

A. Physical care of residents appears to be adequate except in the area of housekeeping, where shortages in housekeeping staff require MHTAs to perform some of the maintenance functions on a sporadic basis, as they find the time.

Recommendation: The assignment of housekeeping staff needs to be examined by the Director of Syracuse Developmental Center to determine whether such staff can be better utilized or whether additional housekeeping staff is an essential prerequisite to reduce the need for MHTAs to perform housekeeping functions. The MHTAs believe that they have so much cleaning to do that it has lead to neglecting to basic client needs.

(In response, the Commissioner of the Office of Mental Retardation and Developmental Disabilities informs the Commission that the Director of SDC

has reviewed the need for additional housekeeping staff and that an increase of 15 housekeeping positions has been recommended in the Governor's 1980-81 Executive Budget. If approved, OMRDD indicated the new positions would increase housekeeping staff from the current 18 to 33 positions.)

B. Programming needs are not being adequately met. This deficiency is being aggravated by the lack of sufficient staff and funding required to provide transportation to community-based programs. Recommendation: The new Director should determine what gaps in program exist for each client, including transportation, and develop a plan and timetable for filling these gaps.

(In response, the Commissioner of the Office of Mental Retardation and Developmental Disabilities informs the Commission that a needs assessment, to identify any exisiting program gaps, is being carried out on each SDC resident, utilizing the individualized habilitation plans. OMRDD indicates the Director of SDC will develop program plans (including transportation), timetables and budget requests based upon the results of the assessment.)

2. STAFF MORALE

There are serious morale problems, caused by what staff and advocate bodies perceive as staff shortages, high staff turnover, change to a 5 plus 2 scheduling program, poor handling of personnel issues and conflicts regarding normalization concepts. Such morale problems inevitably affect the quality of patient care.

A major source of difficulty seems to derive from the transfer-in of more disabled residents from Rome Developmental Center. Staff participation in planning for the resolution of the problems associated with this transfer was inadequate, as viewed by staff and others we interviewed. This perception of being compelled to work with a more disabled population without additional staff support, has markedly affected staff morale. Recommendation: The Director and top administrative staff should give priority consideration to resolving the morale issues and also to examining the internal process which led to the deterioration of staff morale. The major objective of such an examination should be the development of plans for the avoidance of a repetition in the future. Staff should be fully informed regarding plans for the future (before actions take place); their input, as well as the input by others affected by changes at SDC should be sought on how to

deal with new and recurring problems, how best to utilize existing resources, and what additional resources are required, etc. While this should occur on an ongoing basis, staff must also be aware that final decisions rest with administration.

In addition, SDC administration should consider the possibility of developing a "hot line" phone number, as Letchworth Village Developmental Center has done, to provide employees with a direct line to administrators. This may prove helpful in improving access to the top administrators.

(In response, the Commissioner of the Office of Mental Retardation and Developmental Disabilities informs the Commission that the administration at SDC has taken steps to develop greater communications and visibility with various levels of staff at the Center through monthly labor/management meetings and bi-monthly open staff meetings. The administration believes these measures have resulted in a significant improvement of staff morale.)

3. ADEQUACY OF STAFF

From the evidence available to us it is clear that the staffing ratio at Syracuse Developmental Center is

lower than at other upstate facilities with similar populations.*

Recommendation: Staff ratios at SDC should be comparable, to other upstate facilities with similar populations. It is also recommended that architectural issues should be taken into account, in developing staffing patterns, i.e., building designs which may provide more privacy and independence for resident but also require more staff to supervise. The Commissioner of OMRDD should consider the possibility of developing a pool of sustitute workers to provide better staff coverage in the event of unscheduled leaves and staff shortages. Such a system is needed, not only at SDC and Broome Developmental Center (for which we have previously made the same recommendation), but at each developmental center. The problem that this recommendation attempts to deal with appears endemic to the system.

The Office of OMRDD and SDC administrators should consider developing a smaller, possibly part-time,

*On April 17, 1979, OMRDD's Director of Personnel reported that SDC had been granted 20 additional part-time items to provide additional coverage when needed at stress times, such as meals and to cover unscheduled leaves. During a visit on May 18, 1979, the Deputy Director Administrative of SDC informed Commission staff that SDC has been granted 40 part-time items to provide better coverage for clients for a 90-day period only.

model of Rome Developmental Center's Escort Service Program. This program, which allows off-unit appointments to be kept without drawing staff from the unit, seems to work successfully at Rome.

(In response, the Commissioner of the Office of Mental Retardation and Developmental Disabilities informs the Commission that the 1980-81 Budget request would put SDC at 100 percent of the Willowbrook standards. He asserts that 40 part-time positions estabished to cover long-term absences on the most difficult units have been absorbed into the work force as the fill level has increased, with most being picked up on a full-time basis.)

4. STAFF TURNOVER

The Personnel Office of OMRDD gathered and analyzed data concerning staff turnover at SDC in response to Commission staff requests. The agency has not maintained any central file of such information.

A comparative study of SDC's records of separations for the fiscal years 1976-77, 1977-78, and 1978-79, indicates that the percentage of employee separations did increase substantially over previous years.

There is agreement among all (administration and staff) that there is difficulty in recruiting occupational therapy and physical therapy staff.

Recommendation: The Office of Mental Retardation and Developmental Disabilities, as well as the facility itself, should collect and analyze data concerning staff turnover on an ongoing basis. Since Team D has the lowest rate of employee turnover, an analysis of the reasons should be undertaken.

OMRDD, the Division of the Budget, and the Department of Civil Service, as well as the facility, should develop a plan for dealing with high turnover among nursing staff and difficulty in recruiting occupational therapy and physical therapy staff which is a Statewide problem. The possibility of some kind of university affiliation to enhance professional staff and similar issues should be explored in planning for recruitment and better retention rate for such staff. In addition, the development of ongoing in-service training and retraining programs for all staff who have to work with a more severely disabled population should be undertaken.

(In response, the Commissioner of the Office of Mental Retardation and Developmental Disabilities states that the Office recognizes the value of turn-over information as a management tool and will continue to include such information in the development of its data system. The Commissioner also reports that SDC has completed a

staff turnover study and applied its findings to the recruitment and training processes. The Commissioner asserts that recruitment of physical therapists, occupational therapists, speech and hearing therapists, and audiologists is a problem Statewide, and that OMRDD will continue to explore with the Department of Civil Service and the Division of the Budget reallocations and minimum salary increases. He informs the Commission that OMRDD has appointed a committee to examine this and other areas of concern regarding professional needs and services. SDC has requested the lists of recent license applicants for these professions from the State Education Department, and will canvass the lists. The Director of SDC will also continue efforts to develop university affiliation agreements to meet service needs in these shortage areas.)

5. CHANGE TO 5 AND 2 SCHEDULING

Staff views this change as deleterious to community programming and to staff interests, whereas administration views this change as in the best interests of patient care. There has apparently been little effort to resolve this conflict of opinions.

Recommendation: Some of the complaints by staff appear to be reasonable and should be addressed by the administration. Every effort should be made to preserve the administrative benefits of the new scheduling,

while addressing and resolving reasonable staff grievances wherever possible. At a minimum, staff should be fully informed why the administration feels that a change in staffing schedules would be advantageous. Regularly scheduled staff meetings, during all three shifts, provide a means of accomplishing this type of dialogue.

(In response, the Commissioner of the Office of Mental Retardation and Developmental Disabilities informs the Commission that the 5 and 2 scheduling has become more accepted by employees with the passage of time. He indicates the improvements in communicaton between employees and management noted above should decrease problems in acceptance of future schedule changes.)

6. HANDLING OF PERSONNEL ISSUES

The Personnel Office seems to have engendered a significant amount of suspicion and distrust among some employees regarding the fairness of its procedures. There is no evidence that the Personnel Office has made any effort to resolve these problems. As a result of their low visibility, the professional and administrative staff members are not perceived as supportive of the direct care staff. This is a serious morale issue.

Recommendation: The Personnel Office should undertake a dialogue with staff representatives concerning the allegations of unfairness. If there is a basis for the allegations, staff should be assured that whatever unfairness may have existed in the past, will or has already been eliminated.

Top administrative staff should participate more fully, to the extent possible, in on-the-ward activities by providing supervision, training, and support. Greater "visibility" of administrative and professional staff members will have the effect of assuring direct care staff that their performances, as well as their problems, are being seen first-hand.

(In response, the Commissioner of the Office of Mental Retardation and Developmental Disabilities cites the monthly labor/management meetings, in which the Personnel and Director's offices participate, as an effective forum for resolving personnel issues. He indicates that the Director has ordered administrative staff to raise their visibility, become more accessible by increasing their visits to units and on-ward activities, and their participation in unit and staff meetings.)

7. CONFLICT IN PHILOSOPHY OF CARE

There seems to be a great deal of agitation about "normalization" but no clear commitment to the facility's philosophy and goals, nor any evidence of efforts to provide training in whatever philosophy the Center prefers or goals it strives toward.

Recommendation: Significant components of the orientation and in-service training programs should address Policy Center philosophy and goals, as well as with their implementation. If normalization is to receive major emphasis, training needs to be provided for all staff in the application of this concept for all residents, regardless of the severity of their handicap. The Center on Human Policy of Syracuse University should prove to be a valuable resource in this regard. (In response, the Commissioner of the Office of Mental Retardation and Developmental Disabilities affirms to the Commission the commitment of SDC's administration and staff to the philosphy of normalization. He indicates that each new employee at SDC receives six hours of staff development training in the area during the first year of employment. In addition, three workshops relating to normalization have been held.)