

# Winnebago State Hospital 1967-1968. 1967/1968

[s.l.]: [s.n.], 1967/1968

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WINNEBAGO STATE HOSPITAL 1967-1968

### WINNEBAGO STATE HOSPITAL

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## WINNEBAGO STATE HOSPITAL

#### ANNUAL REPORT

JULY 1, 1967 - JUNE 30, 1968

WINNEBAGO STATE HOSPITAL HAS A LONG HISTORY BUT A TIMELY ROLE. IT RECEIVED ITS FIRST PATIENTS IN APRIL, 1873.

BUT WINNEBAGO IS UNLIKE MOST STATE HOSPITALS. RATHER THAN OUTDATED FACILITIES, OVER-CROWDING AND UNDERSTAFFING, WINNEBAGO HAS A NEW PHYSICAL PLANT, AN 80% OCCUPANCY RATE, AND A BETTER THAN 1:1 STAFF-PATIENT RATIO. IT HAS ADMISSION AND DISCHARGE RATES FOUR TIMES ITS RESIDENT POPULATION, A SHORT LENGTH OF STAY, AND FEW LONG-TERM PATIENTS. ITS ROLE AS AN ACUTE PSYCHIATRIC TREATMENT CENTER IS MADE POSSIBLE BY WISCONSIN'S UNIQUE COUNTY MENTAL HOSPITAL SYSTEM THAT TAKES RESPONSIBILITY FOR THE LONG-TERM PATIENT, FREEING THE TWO STATE HOSPITALS FOR THEIR SPECIALIZED, INTENSIVE TREATMENT FUNCTION. CONSEQUENTLY, WHILE THE HOSPITAL SERVES GEOGRAPHICALLY ONE-HALF THE STATE OF WISCONSIN, IT HAS A RESIDENT POPULATION OF LESS THAN 700 PATIENTS.

THE HOSPITAL HAS FIVE ADULT PSYCHIATRIC SERVICES, A CHILD-ADOLESCENT UNIT, AN ALCOHOL AND DRUG ABUSE UNIT, AND A MEDICAL-SURGICAL-GERIATRIC UNIT. Two SPECIAL FUNCTIONS INCLUDE SERVING AS THE ACUTE IN-PATIENT UNIT OF THE WINNEBAGO COUNTY COMPREHENSIVE MENTAL HEALTH CENTER, AND SERVING THE ENTIRE STATE OF WISCONSIN AS THE FORENSIC UNIT FOR THE FEMALE MENTALLY ILL CRIMINAL OFFENDERS. MALE MENTALLY ILL CRIMINAL OFFENDERS ARE SERVED BY CENTRAL STATE HOSPITAL.

IN 1968 THERE WERE 2047 ADMISSIONS, AND 2139 DISCHARGES. AVERAGE DAILY POPULATION WAS 654. AVERAGE LENGTH OF STAY WAS APPROXIMATELY 52 DAYS. TOTAL BUDGET EXPENDITURE WAS \$6.5 MILLION, WHICH GAVE AN AVERAGE DAILY PER CAPITA COST OF \$26.75. PRESENT STAFF TOTALS 750 EMPLOYEES INCLUDING 14 FULL-TIME PSYCHIATRISTS, 9 OF WHOM ARE BOARD CERTIFIED.

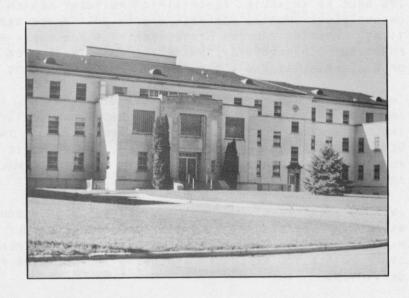
IN ADDITION TO ITS SERVICE FUNCTION THE HOSPITAL HAS A LARGE COMMITMENT TO RESEARCH, TRAINING AND EDUCATION. PROGRAMS ARE IN OPERATION FOR THE TRAINING OF PSYCHIATRISTS, PSYCHOLOGISTS, SOCIAL WORKERS, PROFESSIONAL AND PRACTICAL NURSES, TEACHERS, OCCUPATIONAL THERAPISTS, CHAPLAINS AND DIETITIANS. EXTENSIVE IN-SERVICE TRAINING PROGRAMS RUN CONTINUOUSLY FOR PSYCHIATRIC AIDES, NURSES AND ACTIVITY THERAPY PERSONNEL. RESEARCH AND ACTIVITIES HAVE BEEN CARRIED OUT IN MANY OF THE CLINICAL AREAS BUT HAVE BEEN PARTICULARLY FOCUSED IN THE AREAS OF DISTURBED CHILDREN AND ALCOHOLISM.

THE HOSPITAL IS ACCREDITED BY THE JOINT COMMISSION ON ACCREDITATION OF HOSPITALS AND IS CERTIFIED AS A PARTICIPATING HOSPITAL FOR HEALTH INSURANCE UNDER SOCIAL SECURITY. IT HAS A PSYCHIATRIC RESIDENCY PROGRAM APPROVED BY THE AMERICAN MEDICAL ASSOCIATION EDUCATIONAL COUNCIL IN CONJUNCTION WITH THE UNIVERSITY OF WISCONSIN MEDICAL SCHOOL DEPARTMENT OF PSYCHIATRY.

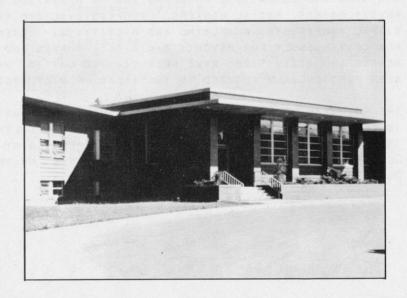


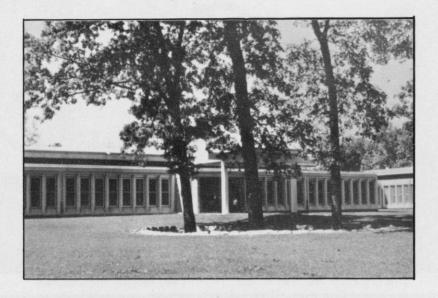
THE ADMINISTRATION BUILDING WAS COMPLETED IN DECEMBER, 1968. IT REPLACED ENTIRELY OLD MAIN, WHICH HAD BEEN IN SERVICE SINCE 1873. THE NEW ADMINISTRATION BUILDING CONTAINS ADMINISTRATIVE, BUSINESS AND PERSONNEL OFFICES, AN AUDITORIUM, A PROFESSIONAL LIBRARY, AND CONFERENCE ROOMS.

KEMPSTER HALL, CONSTRUCTED IN 1950, CONTAINS FOUR 50-BED UNITS FOR ADULT PSYCHIATRIC PATIENTS, A 38-BED MEDICAL-SURGICAL INFIRMARY, AN OPERATING SUITE, X-RAY UNIT, PHARMACY, LABORATORY AND EEG FACILITIES. A SPECIALLY EQUIPPED NEUROPSYCHOLOGY LABORATORY IS HOUSED ON THE GROUND FLOOR.

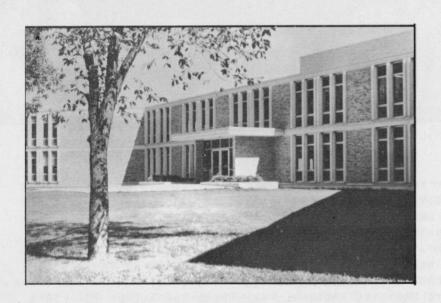


HUGHES HALL, COMPLETED IN 1955,
HOUSES THE CHILD-ADOLESCENT UNIT
AND SCHOOL FACILITIES (PRE-SCHOOL
THROUGH GRADE 12), IN-SERVICE
EDUCATION, MUSIC THERAPY, AND
NURSING EDUCATION DEPARTMENTS.
A FULLY EQUIPPED AUDITORIUMGYMNASIUM MAKES UP THE CENTER
SECTION OF THE BUILDING. THE
CHILDREN'S CONSULTATION SERVICE,
ESTABLISHED IN 1967, HAS ITS
OFFICES IN HUGHES HALL ALSO.



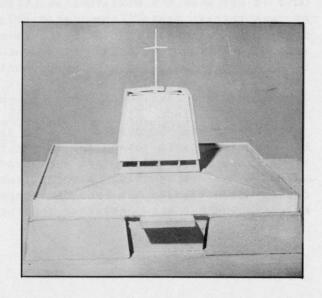


GORDON HALL, COMPLETED IN 1964,
HOUSES PRIMARILY GERIATRIC PATIENTS, ALTHOUGH SEVERAL SMALLER
AREAS ARE USED AS OPEN WARDS FOR
ADULT PSYCHIATRIC PATIENTS AND
SOME INEBRIATES. A COMPLETELY
FURNISHED DENTAL DEPARTMENT,
INCLUDING AN OPERATING SUITE,
AS WELL AS MEDICAL ISOLATION
AREAS, ARE ADDED FACILITIES OF
THIS BUILDING. PSYCHOLOGY HAS
ITS DEPARTMENTAL OFFICES IN THIS
BUILDING ALSO.



SHERMAN HALL, COMPLETED IN 1967, HOUSES 200 ADULT PSYCHIATRIC PATIENTS INCLUDING THOSE IN THE WINNEBAGO COUNTY COMPREHENSIVE MENTAL HEALTH CENTER. LIKE EACH OF THE OTHER PATIENT BUILDINGS, IT HAS ITS OWN DINING ROOM, ACTIVITY THERAPY AREAS, GROUP THERAPY ROOMS, CLASSROOMS, AND OFFICES FOR PROFESSIONAL STAFF. VOLUNTEER SERVICES HAS ITS HEAD-QUARTERS IN SHERMAN HALL.

THE ALL FAITHS CHAPEL WILL BE USED FOR SERVICES BEGINNING IN APRIL, 1969; SERVICES PREVIOUSLY WERE HELD IN A CHAPEL IN OLD MAIN. IN ADDITION TO THE NAVE, WHICH WILL SEAT 170 PERSONS, THERE ARE TWO SMALL SIDE CHAPELS WHICH WILL BE AVAILABLE AT ALL TIMES FOR PRIVATE MEDITATION. THE BASEMENT CONTAINS SEVERAL MEETING ROOMS OF VARIOUS SIZES. LIKE ALL BUILDINGS IN THE COMPLEX, THE CHAPEL IS TUNNEL-CONNECTED.









CHILDREN'S SERVICES

THE NUMBER OF ADULTS HOSPITALIZED FOR MENTAL ILLNESS IN THE UNITED STATES HAS DROPPED DRAMATICALLY IN THE PAST DECADE, BUT THE NUMBER OF CHILD-ADOLESCENT PATIENTS HAS RISEN SHARPLY. THERE ARE OVER 25,000 MENTALLY ILL CHILDREN NOW IN STATE, COUNTY, AND PRIVATE PSYCHIATRIC HOSPITALS AND THIS NUMBER IS EXPECTED TO DOUBLE BY 1973. THIS NATIONAL TREND HAS BEEN REFLECTED AT WINNEBAGO WHERE THE CHILD-ADOLESCENT SERVICE, WHICH BEGAN WITH 30 PATIENTS RESIDENT IN 1962, REACHED A HIGH OF 140 IN MAY, 1968; LIKEWISE, ADMISSIONS HAVE RISEN FROM 41 IN 1962-63 TO 133 IN 1967-68. ALMOST ONE-THIRD OF THE PATIENTS AT WINNEBAGO STATE HOSPITAL PRESENTLY ARE UNDER THE AGE OF 18. THUS THE CHILDREN'S UNIT HAS REPRESENTED THE GREATEST AREA OF CHANGE IN THE ENTIRE HOSPITAL IN THE PAST SEVERAL YEARS AND A WHOLE NEW PROGRAM HAS EVOLVED SINCE THE CHILDREN'S UNIT IS NOT SIMPLY A MINIATURE ADULT WARD, BUT RATHER IS GEARED TOWARD UNIQUE NEEDS OF THIS SPECIAL GROUP. FROM A STATISTICAL STANDPOINT, 1967-68 REPRESENTED A YEAR OF GROWTH AND CHALLENGE FOR THE CHILDREN'S UNIT. 133 PATIENTS WERE ADMITTED AND 152 WERE DISCHARGED. THE BEGINNING OF THE NEWLY ESTABLISHED CHILDREN'S CONSULTATION SERVICE ADDED 30 ADMISSIONS AND 84 ADDITIONAL OUT-PATIENTS.

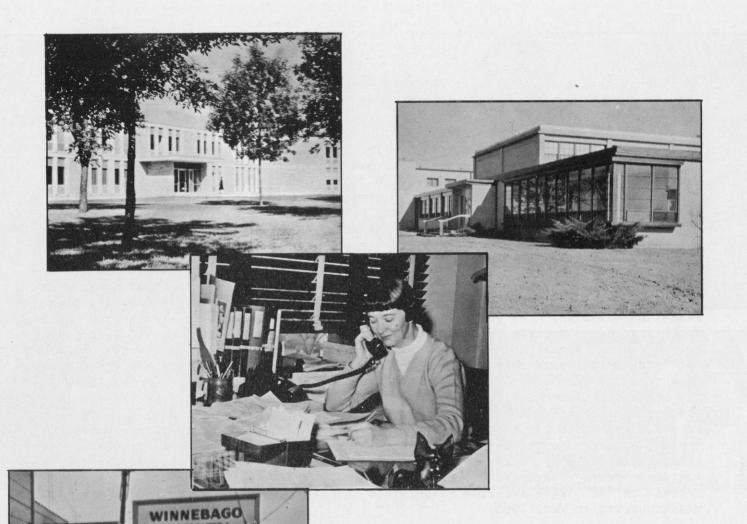
THE PROGRAM HAS CONTINUED TO BECOME MORE COMPLEX. THE SCHOOL, NOW SERVING 100 PATIENTS, HAS EXPANDED ITS CURRICULUM TO A TOTAL OF 35 DIFFERENT COURSES. PARTICULARLY INTERESTING, AND THE SUBJECT OF SOME NATIONAL INTEREST, HAS BEEN THE CHILD DEVELOPMENT PROGRAM GEARED TOWARD THE SEVERELY DISTURBED PSYCHOTIC YOUNGSTER. THIS EDUCATIONALLY ORIENTED PROGRAM FOR THE PSYCHOTIC CHILD HAS AS ITS UNIQUE FEATURE A GROUP APPROACH. THIS PROGRAM, BASED ON COMBINED PRINCIPLES OF MOVIGENIC CURRICULUM AND OPERANT CONDITIONING, HAS PRODUCED PROGRESS IN AN AMAZING NUMBER OF VERY ILL CHILDREN, CHILDREN WHO HAD BEEN RESISTANT TO OTHER TREATMENT APPROACHES.

IN 1968 AN ANALYSIS OF THE UNIT AFTER FIVE YEARS OF OPERATION WAS COMPLETED AND A COPY OF THAT STUDY IS ATTACHED TO THIS REPORT. IT SHOWS THAT ADMISSIONS HAVE GONE UP FOUR-FOLD, RESIDENT POPULATION HAS INCREASED FOUR-FOLD, AND THE AVERAGE AGE OF ADMISSIONS HAS BEEN 13 YEARS. THE READMISSION RATE OVER A FIVE-YEAR PERIOD WAS 13%. AN ADMISSION PROFILE SHOWS 80% WERE ADMITTED FROM THEIR OWN HOMES. ONE-FOURTH WERE DIAGNOSED AS PSYCHOTIC, ONE-FOURTH BRAIN DAMAGED OR MENTALLY RETARDED, AND ONE-HALF HAD NEUROTIC OR ADJUSTMENT REACTIONS. IN 1962-63, 40% WERE ADMITTED ON A VOLUNTARY BASIS, 60% COMMITTED; BY 1967-68, 97% WERE VOLUNTARY, ONLY 3% WERE COMMITTED. AVERAGE LENGTH OF STAY OF THE DISCHARGED PATIENT CURRENTLY IS APPROXIMATELY 10 MONTHS (COMPARED TO LESS THAN 2 MONTHS FOR ADULTS). 75% WERE DISCHARGED TO THEIR OWN HOMES, AND 25% WERE DISCHARGED TO OTHER SETTINGS.

87 PATIENTS, EACH OF WHOM HAD BEEN OUT OF THE HOSPITAL FROM ONE TO FOUR YEARS, WERE CONTACTED IN FOLLOW-UP BY INDIVIDUAL INTERVIEW, QUESTIONNAIRE AND INTERVIEW WITH THE PARENT OR GUARDIAN. AT THE TIME OF FOLLOW-UP, 21% HAD COMPLETED HIGH SCHOOL (6 OF THESE WENT ON TO COLLEGE); 45% WERE WORKING AT GRADE LEVEL, AND ONLY 34% WERE EITHER NOT IN SCHOOL OR WERE IN SPECIAL EDUCATION CLASSES. 75% OF THE PATIENTS AND 80% OF THE PARENTS FELT THAT HOSPITALIZATION HAD BEEN HELPFUL; 77% OF BOTH THE PATIENT AND PARENT GROUPS FELT THAT THE IMPROVEMENT HAD BEEN MAINTAINED; 65% OF THE PATIENTS AND 65% OF THE PARENTS FELT THAT THE FACT OF HAVING BEEN IN A MENTAL HOSPITAL WAS IN NO WAY STIGMATIZING TO THEM IN THEIR SUBSEQUENT ADJUSTMENT. IN SUMMARY, A FIVE-YEAR FOLLOW-UP OF THOSE PATIENTS (AND THEIR PARENTS) AVAILABLE WHO HAD BEEN ADMITTED TO AND DISCHARGED FROM THE WINNEBAGO CHILD-ADOLESCENT UNIT INDICATED A CLEAR MAJORITY IMPROVED, MAINTAINED THEIR IMPROVEMENT AFTER DISCHARGE, AND WERE NOT STIGMATIZED BY VIRTUE OF THEIR HOSPITALIZATION. THE RESULTS OF THIS STUDY WERE PRESENTED ON THE PROGRAM OF THE 124TH AMERICAN PSYCHIATRIC ASSOCIATION ANNUAL MEETING IN BOSTON, MASSACHUSETTS IN MAY, 1968.

WITH THE PHASING OUT OF THE DIAGNOSTIC CENTER IN JUNE, 1967, WINNEBAGO BECAME RESPONSIBLE FOR THE CHILDREN'S CONSULTATION SERVICE DESIGNED TO SERVE THE 35 COUNTIES IN THE WINNEBAGO ONE-HALF OF THE STATE WITH IN-PATIENT, OUT-PATIENT AND COMMUNITY CONSULTATION FOR CHILDREN. IN ITS FIRST YEAR OF ACTIVITY THE CCS ADMITTED 32 PATIENTS, COMPLETED 135 OUT-PATIENT EVALUATIONS, HAD 27 TRIPS TO COMMUNITY AGENCIES FOR CONSULTATION AND MAINTAINED A DAILY IN-PATIENT CENSUS OF 10 PATIENTS THROUGHOUT THE YEAR. MANY OF THE BUDGETED POSITIONS IN THE PROFESSIONAL CATEGORIES ARE AS YET UNFILLED BUT THE CASELOAD AND CONTACTS ACCOMPLISHED WITH THE LIMITED STAFF WERE INDEED REMARKABLE. IN THE EARLY MONTHS OF OPERATION THE EXISTING CAS STAFF CARRIED ON THE CASE LOAD OF THE CCS IN ADDITION TO THE REGULAR RESPONSIBILITIES. A FOLLOW-UP QUESTIONNAIRE SENT TO THE REFERRING AGENCIES WHO HAD USED THE SERVICE IN ITS FIRST YEAR SHOWED 67% WERE ABLE TO IMPLEMENT CCS PLANNING, 78% FELT THAT THE PATIENT WAS FUNCTIONING BETTER AT THE TIME OF FOLLOW-UP THAN BEFORE THE CONSULTATION, AND 94% FELT CCS DID PROVIDE THE SERVICE DESIRED.

OVERALL, THE CHILDREN'S UNIT PROVIDES A VERY ACCEPTABLE, SUCCESSFUL PROGRAM WITH GRATIFYING RESULTS PARTICULARLY WHENONE REALIZES THAT THE PROGRAM ADMITS ALL THOSE CHILDREN WHOSE NEEDS ARE SUCH AS TO REQUIRE ITS SERVICES WITHOUT EXCEPTION AND WITHOUT THE PRIVILEGE OF SELECTING A GOOD-RISK POPULATION.





AS THE HOSPITAL MOVES TOWARD SPECIALIZED SERVICES, THE ADULT UNITS HAVE BEEN HANDLING PARTICULARLY COMPLEX AND DIFFICULT CASES WHOSE DIAGNOSTIC AND TREATMENT DEMANDS EXCEED THE RESOURCES OF COMMUNITY PROGRAMS. THUS, WHILE FEWER PATIENTS ARE IN RESIDENCE COMPARED TO FORMER YEARS, THOSE PRESENT REQUIRE

MORE ATTENTION, MORE RESOURCES, AND MORE EXPERTISE THAN THE EARLIER POPULATION. ONE EXAMPLE OF A SPECIALIZED APPROACH IS THE USE OF LITHIUM CARBONATE FOR THE TREATMENT OF MANIC-DEPRESSIVE PSYCHOSIS. THIS AGENT HAS BEEN SHOWN IN OTHER COUNTRIES TO BE EFFECTIVE NOT ONLY IN TREATMENT BUT ALSO IN THE PROPHYLAXIS OF RECURRENCE IN MANIC-DEPRESSIVE PSYCHOSIS. DR. KELLEY MADE APPLICATION TO THE FEDERAL DRUG ADMINISTRATION FOR APPROVAL OF USAGE OF THIS AGENT AT WSH AND SUCH APPROVAL WAS GRANTED AND THE DRUG IS NOW BEING USED IN AN INVESTIGATIONAL STUDY. THIS AGENT REQUIRES A CLOSE MANAGEMENT OF THE PATIENT ON THE PART OF THE ATTENDING PHYSICIAN AND REQUIRES A GREAT DEAL OF SUPPORTIVE LABORATORY PROCEDURES.

The most striking change in adult services, in addition to specialization, has been the rapid growth of the Alcoholic Unit. In 1965, a separate unit for inebriates was established which was available to inebriates upon referral from the adult psychiatric services. Admissions of Alcoholics that year rose from 192 (10% of total) to 359 (18% of total). In 1967 inebriates began to be admitted directly to the alcoholic program without first passing through the psychiatric services. As a result, in 1967-68 admission of alcoholics rose to 558, or 27% of total admissions. Females were admitted directly to the Alcoholic Unit for the first time in May, 1968. Whereas, in previous years less than 10% of alcoholics in residence at the hospital were females, currently there are 16 females in residence at the hospital of the total 85 alcoholics, and the percentage has been as high as 30%.

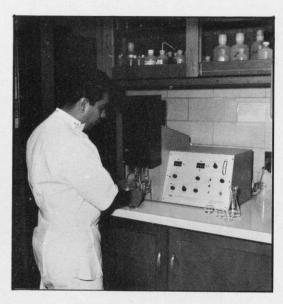
THE WINNEBAGO COUNTY COMPREHENSIVE MENTAL HEALTH CENTER IS NOW IN ITS SECOND YEAR OF OPERATION. WINNEBAGO STATE HOSPITAL PROVIDES THE ACUTE, IN-PATIENT TREATMENT ELEMENT OF THE CENTER AND WORKS IN AN AGREEMENT WITH THE WINNEBAGO COUNTY DEPARTMENT OF SOCIAL SERVICES, WINNEBAGO COUNTY HOSPITAL, AND THE WINNEBAGO COUNTY GUIDANCE CLINIC TO PROVIDE A FULL RANGE OF PSYCHIATRIC SERVICE TO RESIDENTS OF WINNEBAGO COUNTY. SOME UNIQUE PERSONNEL-SHARING ARRANGEMENTS HAVE BEEN CREATED TO PROVIDE CONTINUITY OF CARE FOR PATIENTS WHO HAVE RECEIVED OR WILL RECEIVE CARE IN ONE OF THE OTHER ELEMENTS OF SERVICE IN THE CENTER. THERE HAS BEEN CONSIDERABLE ACTIVITY IN PRE-CARE OR PRE-ADMISSION PLANNING EVEN BEFORE THE PATIENT COMES TO THE HOSPITAL AND SOMETIMES HOSPITALIZATION HAS BEEN AVOIDED. ESTABLISHING A FIXED POINT OF REFERRAL IN WINNEBAGO COUNTY WAS DONE BOTH TO IMPROVE SERVICES TO WINNEBAGO COUNTY PATIENTS, WHICH THE HOSPITAL HAS ALWAYS SERVED, BUT ALSO TO HAVE THE CENTER SERVE AS A MODEL TO OTHER COMMUNITIES AS TO HOW THEY MIGHT IMPROVE COMMUNICATION WITH THE STATE HOSPITAL TO INSURE BETTER CONTINUITY OF CARE.

TWO SPECIAL AWARDS WERE EARNED BY WINNEBAGO IN 1967-68. IN JUNE. 1968 WSH WAS GIVEN AN HONORABLE MENTION AWARD IN A NATIONAL COMPETITION CONDUCTED BY "PULSE ON PATIENT RELATIONS", A MONTHLY NEWSLETTER DISTRIBUTED TO EXECUTIVES AND ADMINISTRATIVE PER-SONNEL OF SOME 6.000 UNITED STATES HOSPITALS. THE HOSPITAL WAS CHOSEN FROM AMONG 435 HOSPITAL ENTRANTS FROM COAST TO COAST FOR ITS CONTRIBUTION TO IMPROVED PATIENT RELATIONS. THE PROJECT THAT EARNED THE AWARD WAS "PROJECT HUMANIZATION" WHICH UTILIZED THE TECHNIQUE OF BRAINSTORMING TO PRODUCE CREATIVE, INNOVATIVE IDEAS TO HELP SOLVE PROBLEMS CREATED BY THE TENDENCY OF ANY INSTITUTION TO DEPERSONALIZE ITS SERVICE. THE FORMAL, STRUCTURED APPROACH WAS USED TO CAPTURE THE MOST IMAGINATIVE THINKING OF A BROAD CROSS SECTION OF EMPLOYEES AND PRODUCED 1,100 IDEAS WORTHY OF SERIOUS CONSIDERATION. TWENTY-FOUR MONTHS AFTER THE COMPLETION OF THE PROJECT WORK. EACH IDEA WAS REVIEWED TO DETERMINE WHICH SUGGESTIONS HAD BEEN PUT INTO PRACTICE. 166. OR ABOUT 15%, WERE IN OPERATION AT THAT TIME. THE SECOND AWARD WENT TO VOLUNTEER SERVICES WHICH WAS SELECTED BY THE WISCONSIN MENTAL HEALTH ASSOCIATION FOR SPECIAL MONETARY AWARD FOR EXCELLENCE OF PROGRAM IN COMPETITION BETWEEN THE SEVERAL STATE INSTITUTIONS.

THE BOARD OF COMMISSIONERS OF THE JOINT COMMISSION ON ACCREDITATION OF HOSPITALS ACCREDITED WINNEBAGO FOR A FULL THREE-YEAR PERIOD EFFECTIVE 9-18-67 BASED ON A SURVEY IN AUGUST, 1967. THE HOSPITAL WAS COMPLIMENTED ON THE NEW AND SUBSTANTIAL CONSTRUCTION WHICH REPLACED HAZARDOUS PATIENT BUILDINGS, AND WAS COMMENDED FOR THE EVIDENCE FOUND OF THE MAINTENANCE OF QUALITY PATIENT CARE THROUGHOUT THE HOSPITAL. PSYCHIATRIC HOSPITALS ARE HELD TO THE SAME LEVELS OF STANDARDS AS GENERAL HOSPITALS.







EDUCATION, TRAINING AND RESEARCH

FROM ITS BEGINNING WINNEBAGO STATE HOSPITAL HAS HAD A RESEARCH VISION AND POTENTIAL. DR. WALTER KEMPSTER IN HIS FIRST ANNUAL REPORT OF WINNEBAGO STATE HOSPITAL (1874) STATED THE FOLLOWING: "THIS INSTITUTION WILL HAVE DONE A GREAT WORK IF IT SHALL SUCCEED IN SENDING TO THEIR HOMES, 'CLOTHED AND IN THEIR RIGHT MINDS', A LIBERAL PORTION OF THOSE WHO CAME TO IT SICK AND IN TROUBLE, BUT IT WILL HAVE DONE A MUCH GREATER SERVICE TO HUMANITY IF IT SHALL HAVE BROUGHT OUT NEW AND MORE DIRECT PATHS TO THE PREVENTION OF INSANITY". THROUGH THE YEARS THE HOSPITAL AND ITS STAFF HAVE BEEN SO BUSY, HOWEVER, FULFILLING THE TREATMENT OBLIGATION OF THE HOSPITAL THAT IT HAS HAD LITTLE TIME, AND INDEED LITTLE FUNDS, FOR RESEARCH. NOW AS COMMUNITY PRO-GRAMS BEGIN TO DO SOME OF THE WORK FORMERLY DONE BY THE STATE HOSPITAL. AND AS THE STATE HOSPITAL SPECIALIZES IN THE MORE DIFFICULT, COMPLEX CASES, IT BECOMES EVEN MORE POSSIBLE, NECESSARY AND APPROPRIATE FOR THE STATE HOSPITAL TO BE INVOLVED IN IT IS EVIDENT THAT THE ANSWER TO THE MASSIVE PROBLEM OF MENTAL ILLNESS IS NOT IN MORE BEDS OR BIGGER AND BETTER TREATMENT FACILITIES, BUT RATHER, IN KNOW-LEDGE. THIS KNOWLEDGE IN THE MAIN WILL NOT EMANATE FROM AN ISOLATED UNIVERSITY LABORATORY BUT RATHER, AS IT HAS ELSEWHERE IN MEDICINE, FROM WHERE THE PATIENTS ARE--IN CLINICAL TREATMENT FACILITIES. OF TOTAL EXPENDITURE OF \$6.5 MILLION, ONLY ABOUT \$40,000, OR LESS THAN .006%, IS DIRECTED TO TRYING TO FIND THE CAUSE OF THE FIRE WE SO DESPERATELY TRY TO PUT OUT.

RESEARCH, PARTICULARLY PROGRAM EVALUATION, IS AN INCREASINGLY NEEDED ACTIVITY PARTICULARLY WITH A SPECIALIZED POPULATION AND YOUNGER POPULATION, BOTH OF WHICH REQUIRE NOT ONLY THE CREATION AND DEMONSTRATION OF INNOVATIVE TREATMENT APPROACHES, BUT ALSO AN EVALUATION OF THEIR EFFECTIVENESS. FURTHER, THE RECRUITMENT AND RETENTION OF A QUALIFIED, CAPABLE AND INTERESTED PROFESSIONAL STAFF DEPENDS SIGNIFICANTLY ON THE AVAILABILITY OF RESEARCH OPPORTUNITIES IN ADDITION TO SERVICE RESPONSIBILITY. FROM THE EDUCATION AND TRAINING STANDPOINT, DEVELOPMENT OF LOCAL FACILITIES, WHICH IS AN EXTENSION IN PROGRAM BREADTH, BUT OFTEN NOT DEPTH, MEANS A SPECIALIZED FACILITY WITH DEPTH OF STAFF AND RESOURCES SUCH AS WINNEBAGO WILL BE CALLED UPON INCREASINGLY TO TRAIN STAFF FOR COMMUNITY PROGRAMS.

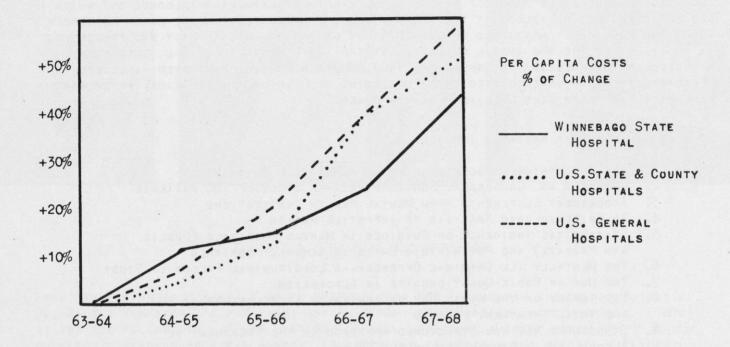
IN 1967-68 THERE HAS BEEN EXPANSION IN RESEARCH ACTIVITIES. STUDIES COMPLETED INCLUDED "A CONTROLLED STUDY OF METRONIDAZOLE IN THE TREATMENT OF ALCOHOLISM" WHICH WAS PRESENTED BY DR.LYSLOFF AT THE INTERNATIONAL CONGRESS ON ALCOHOLISM IN SEPTEMBER 1968. THE PREVIOUSLY MENTIONED FOLLOW-UP STUDY ON THE CHILDREN'S UNIT WAS PRESENTED, IN ADDITION TO THE APA ANNUAL MEETING, AT THE 19TH MENTAL HOSPITAL INSTITUTE IN MINNEAPOLIS, MINNESOTA IN SEPTEMBER, 1967. OTHER STUDIES COMPLETED INCLUDED A "FEASIBILITY STUDY ON AUTOMATED DATA PROCESSING OF CLINICAL INFORMATION", WHICH WAS DONE WITH THE DEPARTMENT SPECIAL RESEARCH FUNDS.

#### STUDIES CURRENTLY IN PROGRESS INCLUDE:

- 1. USE OF LITHIUM CARBONATE IN MANIC-DEPRESSIVE PSYCHOSIS
- 2. EMERGENT VS. CONVERGENT SCHIZOPHRENIA--A STUDY OF 100 PATIENTS
- 3. ADOLESCENT ELOPEMENTS FROM MENTAL HEALTH INSTITUTIONS
- 4. AN EPIDEMIOLOGIC ANALYSIS OF INFANTILE AUTISM
- 5. STATISTICAL INCIDENCE OF SUICIDES IN MENTAL HOSPITALS (PUBLIC AND PRIVATE) AND PSYCHIATRIC UNITS IN GENERAL HOSPITALS
- 6. THE MENTALLY ILL CRIMINAL OFFENDER -- A LONGITUDINAL FOLLOW-UP STUDY
- 7. THE USE OF RUDIE QUESTIONNAIRE IN ALCOHOLISM
- 8. THE IMPACT OF THE FIRST DAY OF ADMISSION IN RELATIONSHIP TO THE TOTAL TREATMENT PROGRAM
- 9. STRUCTURED VS. NON-STRUCTURED APPROACH IN THE TREATMENT OF ALCOHOLISM--A RANDOM ASSIGNMENT STUDY

EDUCATION ACTIVITIES CONTINUE TO BE AN INCREASING PART OF THE TOTAL RESPONSIBILITY OF THIS HOSPITAL. 325 STUDENTS COMPLETED FORMAL TRAINING PROGRAMS IN 11 DISCIPLINES IN 1967-68. BEGINNING 1-1-69 WISCONSIN STATE UNIVERSITY-OSHKOSH WILL BEGIN FORMAL AFFILIATION OF A 4-YEAR NURSING PROGRAM. ONE 4-YEAR PROGRAM, MARION COLLEGE, ALREADY AFFILIATES ALONG WITH SIX 3-YEAR PROGRAMS. AT WSU-OSHKOSH GRADUATE PROGRAMS ALREADY OR WILL SOON EXIST IN SPECIAL EDUCATION, PSYCHOLOGY, SOCIAL WORK AND MUSIC THERAPY. THE ONE-YEAR RESIDENCY PROGRAM IN PSYCHIATRY IS NOW APPROVED AND WE HAVE BEGUN TO SEEK APPROVAL FOR A THREE-YEAR PROGRAM.

SEVERAL HUNDRED CLERGYMEN PARTICIPATE IN THE ANNUAL CLERGY SEMINAR; OVER 50 PHYSICIANS ATTENDED A SYMPOSIUM CONDUCTED BY THE HOSPITAL STAFF IN OCTOBER, 1967 AND ANOTHER 50 IN OCTOBER, 1968. OVER 200 LAWYERS, JUDGES AND PSYCHIATRISTS ATTENDED THE POPULAR ANNUAL LAW DAY PROGRAM HELD IN MAY, 1968—"THE DANGEROUS OFFENDER, WHO CAN PREDICT?" THE LATTER PROGRAM COMPLETED AN IMPRESSIVE THREE-YEAR SERIES OF PROGRAMS JOINTLY SPONSORED BY CENTRAL STATE HOSPITAL, WINNEBAGO STAIL HOSPITAL AND THE DIVISION OF MENTAL HYGIENE WHICH HAVE LOOKED AT TRIABILITY, RESPONSIBILITY AND PREDICTABILITY WITH RESPECT TO THE MENTALLY ILL CRIMINAL OFFENDER. SUCH NATIONAL FIGURES AS DR. MANFRED GUTTMACHER, DR. HENRY DAVIDSON AND DR. JONAS RAPPAPORT HAVE BEEN PARTICIPANTS IN THIS SERIES.



Daily per capita cost at Winnebago was \$26.75 for 1967-68. Interestingly, as can be seen on the graph above, using 1963-64 as a base figure, by 1966-67 U. S. General Hospital costs rose 40.8%, State and County Psychiatric Hospitals rose 40.3%, and Winnebago costs rose 25.2%. By 1967-68 general hospital costs rose 52%, Winnebago costs 44%, and projected figures (actual not available) show State and County Psychiatric Hospitals rising as much as 58%. As has been pointed out in previous reports, per capita cost as a sole measure of hospital costs and effectiveness is indeed imperfect since per capita cost ignores the dynamic costs of admitting, treating and discharging-turnover-and treats static and dynamic populations as if they were equal.

FEDERAL FUNDS IN THE AMOUNT OF APPROXIMATELY \$16,000 WERE RECEIVED IN 1967-68 UNDER TITLE I APPROPRIATIONS FOR THE INSTRUCTION MATERIALS FOR THE SCHOOL. APPROXIMATELY \$25,000 WERE SPENT IN THE FEDERAL IN-SERVICE GRANT FUNDS FOR THE CONTINUING MANAGEMENT SKILLS FOR MIDDLE MANAGEMENT NURSING PERSONNEL. MEDICARE COLLECTIONS TOTALED \$645,324.12. THE FOLLOWING TABLES POINT UP SOME INTERESTING FACTS ABOUT REVENUE AS AGAINST TOTAL EXPENDITURE.

## TOTAL COLLECTIONS\*

## PATIENT ACCOUNTS

1961-62	\$632,192	15.8% OF TOTAL EXPENDITURE
1962-63	624,671	14.9%
1963-64	568,837	12.6%
1964-65	683,441	14.0%
1965-66	827,191	15.9%
1966-67	1,077,296	18.3%
1967-68	1,703,971	26.0%

<sup>\*</sup> FROM PATIENTS ONLY. DOES NOT INCLUDE COLLECTION OF COUNTY CHARGE BACKS.

## MEDICARE AND MEDICALD COLLECTIONS

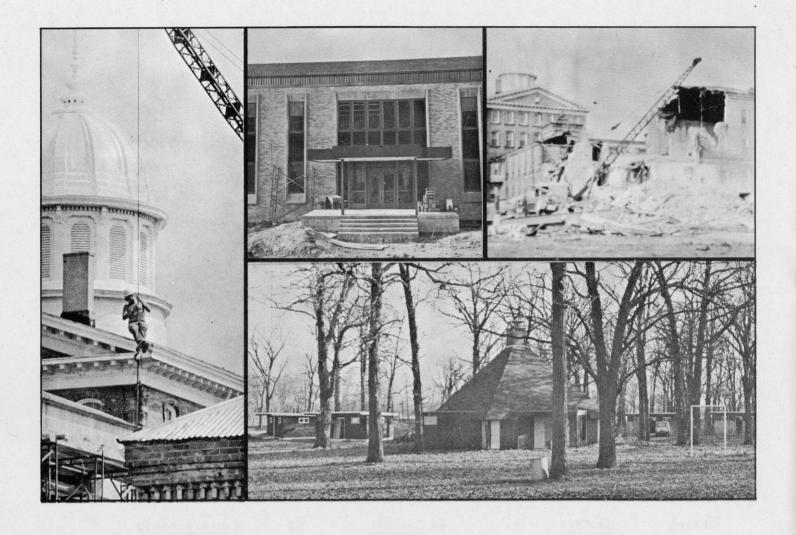
	1966-67	1967-68	TOTAL
PART A MEDICARE	\$192,258.66	\$213,574.91	
PART B MEDICARE	9,760.72	16,349.45	
TITLE XIX	83,351.83	415,399.76	
	\$285,371.21	\$645,324.12	\$930,695.33

# WINNEBAGO STATE HOSPITAL

## POPULATION MOVEMENT

ADDITIONS	1966-67		1967-68	
1ST ADMISSIONS	1008		1102	
RE-ADMISSIONS	580		637	
RET. FROM CONDITIONAL RELEASE	215		127	
RET. FROM FAMILY CARE	14		11	
RET. FROM COURT	14		10	
TRANSFERS IN	179		160	
	2010		2047	
RET. FROM UNAUTHORIZED ABSENCE	_97		166	
	2107		2213	
RET. FROM HOME VISIT	3339		3557	
			5770	
SEPARATIONS	1966-67	WHILE ON HV	1967-68	WHILE ON HV
<u>SEPARATIONS</u> DISCHARGES	<u>1966-67</u> 313	WHILE ON HV	<u>1967-68</u> 396	WHILE ON HV
THE RESERVE COMES AND ASSESSMENT OF THE PARTY OF THE PART				
DISCHARGES	313	514	396	717
DISCHARGES  CONDITIONAL RELEASE	313 135	514 357	396 100	717 311
DISCHARGES  CONDITIONAL RELEASE  DEATHS	313 135 62	514 357 1	396 100 72	717 311 2
DISCHARGES  CONDITIONAL RELEASE  DEATHS  TRANSFERS OUT	313 135 62 493	514 357 1	396 100 72 487	717 311 2
DISCHARGES  CONDITIONAL RELEASE  DEATHS  TRANSFERS OUT  RET. TO COURT	313 135 62 493 32	514 357 1	396 100 72 487 21	717 311 2
DISCHARGES  CONDITIONAL RELEASE  DEATHS  TRANSFERS OUT  RET. TO COURT  FAMILY CARE	313 135 62 493 32 23	514 357 1	396 100 72 487 21 16	717 311 2
DISCHARGES  CONDITIONAL RELEASE  DEATHS  TRANSFERS OUT  RET. TO COURT  FAMILY CARE	313 135 62 493 32 23 12	514 357 1 1	396 100 72 487 21 16 14	717 311 2 1
DISCHARGES  CONDITIONAL RELEASE  DEATHS  TRANSFERS OUT  RET. TO COURT  FAMILY CARE  DEPORTATIONS	313 135 62 493 32 23 <u>12</u> 1070	514 357 1 1 1	396 100 72 487 21 16 <u>14</u> 1106	717 311 2 1 1
DISCHARGES  CONDITIONAL RELEASE  DEATHS  TRANSFERS OUT  RET. TO COURT  FAMILY CARE  DEPORTATIONS	313 135 62 493 32 23 12 1070 122	514 357 1 1 1 874 6	396 100 72 487 21 16 14 1106 188	717 311 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
DISCHARGES  CONDITIONAL RELEASE  DEATHS  TRANSFERS OUT  RET. TO COURT  FAMILY CARE  DEPORTATIONS  UNAUTHORIZED ABSENCE	313 135 62 493 32 23 12 1070 122 1192	514 357 1 1 1 874 6	396 100 72 487 21 16 <u>14</u> 1106 <u>188</u> 1294	717 311 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

	AVERAGE 1961-62		
	то		
	1965-66	<u>1966-67</u>	1967-68
ADMISSIONS	1826	2010 (+10%)	2047 (+2%)
AGE 0-15	60	82	117
AGE 16-18	57	93	86
AGE 65 & OVER	214	241	228
INEBRIATES	269 (15%)	400 (20%)	558 (27%)
DRUG ADDICTS	10	7	10
SECT. 957 COMMITMENTS	9	2	7
MED-SURG. TRANSFERS	83	101	87
WHW TRANSFERS	6	2	4
VOLUNTARY	400 (22%)	538 (27%)	586 (29%)
VOL. INEBRIATES	*	236 (59%)	401 (72%)
DISCHARGES	1810	1944	2139
READMISSIONS			
INCLUDING RET. FROM CR	*	37.8%	34.5%
EXCLUDING RET. FROM CR	33%	27.5%	28.7%
DEATHS	62	62	72
AUTOPSIES	25 (40%)	27 (44%)	19 (26%)
CHILDREN'S CONSULTATION SERVI	CE		
OUT-PATIENTS			84
IN-PATIENTS			62
INTERSTATE TRANSFERS			
DEPORTATIONS IN	*	1	0
DEPORTATIONS OUT	24	11	11
COMPACT TRANSFERS IN	0	1	2
COMPACT TRANSFERS OUT	0		3
AVERAGE DAILY POPULATION	778	729	654
MEDIAN LENGTH OF STAY (DAYS) FOR DISCHARGED PATIENTS	75.2	58	*
* DATA NOT AVAILABLE			



#### CONSTRUCTION

Total replacement value of the physical plant is now 19 million dollars. With the completion of the New Administration Building and the Chapel, Old Main, which once housed nearly 1000 patients, will be replaced in its entirety and will be razed. All patients can then be housed in buildings constructed since 1950.

ONE URGENT NEED AT THE PRESENT TIME IS FOR TWO TREATMENT COTTAGES FOR THE YOUNG, SEVERELY DISTURBED CHILD. WHILE HUGHES HALL, WHERE THE CHILD-ADOLESCENT PROGRAM IS PRESENTLY HOUSED, IS IN SOME SENSE SUITABLE FOR ADOLESCENT PATIENTS WITH ITS DORMITORY-TYPE ATMOSPHERE, IT IS NOT SUITABLE FOR THE VERY YOUNG, VERY DISTURBED CHILD SINCE IT DOES NOT LEND ITSELF TO DIVIDING THE CHILDREN INTO GROUPS OF LESS THAN 25. NEW TREATMENT COTTAGES WOULD ALLOW GROUPINGS OF 8-10 CHILDREN IN A MORE HOME-LIKE ATMOSPHERE, WHICH IN ITSELF WILL BE CONDUCIVE TO RECOVERY.

THE ON-GROUNDS CAMPSITE AT PICNIC POINT, PICTURED ABOVE, NOW CONSISTS OF A LODGE AND FOUR BUNKHOUSES ACCOMMODATING 24 CAMPERS. BUILT ENTIRELY WITH PRIVATE MONIES THROUGH A FUND-RAISING EFFORT OF THE WINNEBAGO COUNTY MENTAL HEALTH ASSOCIATION, THE CAMP STANDS READY FOR USE NOT ONLY BY WINNEBAGO STATE HOSPITAL PATIENTS BUT ALSO BY THE MENTALLY HANDICAPPED FROM THROUGHOUT THE COMMUNITIES AND COUNTIES OF THE STATE. BEYOND THE BUILDINGS THEMSELVES, THE CAMPSITE IS A CONCRETE EXAMPLE OF THE COOPERATIVE SPIRIT AND MUTUAL INTEREST THAT EXISTS BETWEEN THE HOSPITAL AND COMMUNITY.

#### PLANS AND GOALS

OVERALL THE HOSPITAL WILL SEEK TO PROVIDE FULL-RANGE COMPREHENSIVE PSYCHIATRIC SER-VICES WHERE NECESSARY; SUPPORTIVE, BACK-UP SERVICES WHERE DESIRABLE; EDUCATIONAL AND RESEARCH SERVICES WHERE POSSIBLE. SPECIFICALLY IT IS HOPED THE FOLLOWING CAN BE ACCOMPLISHED IN THE COMING YEAR:

- 1. INTENSIFICATION OF STAFFING FOR THE CHILDREN'S CONSULTATION SERVICE.
- 2. Approval for the construction and staffing of Two Children's Treatment Cottages.
- 3. APPROVAL OF A THREE-YEAR PSYCHIATRIC RESIDENCY TRAINING PROGRAM.
- 4. ACTIVATION OF THE FEDERAL DEMONSTRATION GRANT "COMMUNICATION BY TELEVISION IN MENTAL HEALTH CENTERS" NOW APPROVED BY NIMH BUT AWAITING FUNDING.
- 5. INCREASE RESEARCH ACTIVITIES.
- 6. BEGIN FISCAL PORTION OF PROJECT IMPACT.
- 7. Work with the Department in establishment of Collective Bargaining and Contract Negotiations.
- 8. MOVE INTO THE NEW ADMINISTRATION BUILDING AND CHAPEL. RAZE OLD MAIN.
- 9. CONTINUE TO ANALYZE OUR OPERATIONS GENERALLY BOTH CLINICAL AND ADMINISTRATIVE WITH MORE SCRUTINY, DISCARDING THE INEFFECTIVE AND REDUNDANT, PRESERVING THE DEMONSTRATED AND USEFUL, AND DEVELOPING THE POSSIBLE AND POTENTIAL.



# PHOTO ACKNOWLEDGMENTS

COVER DIVISION OF MENTAL HYGIENE

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- 16 FOREST SCHAFER

