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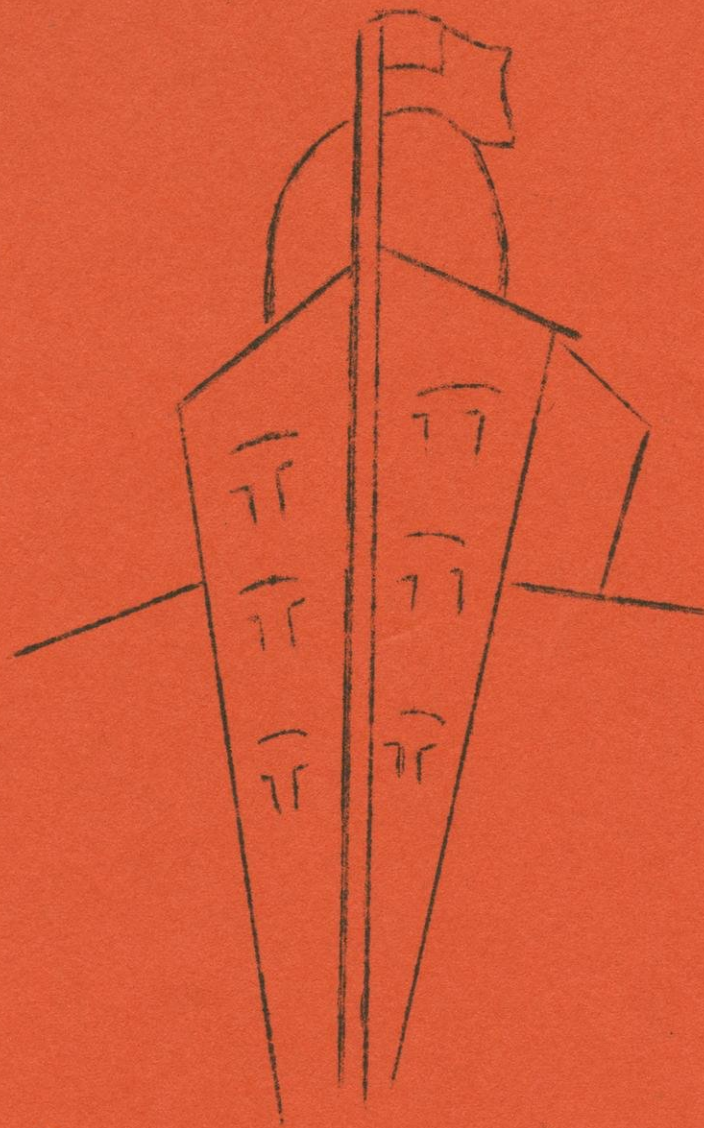
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Annual Report
of
Winnebago State Hospital
to
State Board of Public Welfare

October 13, 1965

WINNEBAGO STATE HOSPITAL

ANNUAL REPORT

July 1, 1964 to June 30, 1965

Presented to

The STATE BOARD OF PUBLIC WELFARE

October 13, 1965

"...competent, dedicated service to the
mentally ill--this above all"

Darold A. Treffert, M. D.
Superintendent

PURPOSE AND PROGRAM--AN OVERVIEW

The final report of the Mental Health Steering Committee of Wisconsin's Comprehensive Mental Health and Mental Retardation Planning Program clearly outlines goals and objectives for the State Hospitals in Wisconsin:

"State Hospitals should continue as a total treatment facility for those communities which are now unable to develop facilities for their own patients, and should provide special services not provided realistically on the local level.

"State Hospitals should assume the responsibility for development of new techniques of care for specialized types of patients and should maintain a training program for personnel from other hospitals to utilize these techniques in their own institutions. These hospitals should develop a research program to effectively evaluate the usefulness of the various programs and therapeutic procedures. Through the development of an effective clinical research program the state hospital should be better able to provide optimal care, service, therapy and rehabilitation for patients, remove obsolete and non-productive procedures and programs, better utilize all existing hospital resources and help provide an intellectually stimulating atmosphere for all staff concerned.

"State Hospitals should be available to county hospitals and others for short-term care of difficult patients, and easy means of transfer of patients from one institution to another should be effected."

Fortunately, these goals are very much in keeping with the objectives of Winnebago State Hospital as reflected in our last annual report and in the present one. We have continued to provide total resources where necessary, specialized programs where needed, and education and research efforts where possible. Our primary purpose has been, and will continue to be, competent, dedicated service to the mentally ill patient--this above all.

As time, personnel and budget allow additionally, however, we hope to expand those services of indirect benefit to patients-- education and research.

A 6% drop in resident population in 1964-65 contributed to an over-all 39% drop in resident population over the past four years. Average daily population last year was 662 with about 40-50 patients on home visit at any given time (not included in the 662 figure). While in-patient population has been dropping over these four years, the admission rate has fluctuated somewhat but generally stayed at about 1800. Thus, although the same number of patients continue to enter the hospital, they leave sooner. The average length of stay last year was 107 days. This has not been coupled with an increase in readmission rate, as had been expected might occur, but in fact the readmission rate has gradually declined in the past five years from 36.8% to 35.4%.

It can be seen then that patients are promptly and effectively treated and are released sooner. While this produces a smaller in-patient population, it in no way lessens the work-load on the institution. Such turnover in fact increases the work-load as compared to a static population. This fact must be borne in mind when interpreting per capita costs or staffing needs. Per capita does not take into account turnover of patients or admission and discharge figures; neither does it take into account patients on home visit, still a responsibility of the institution, or patients on Family Care. A more accurate figure might be cost per admission or cost per patient served. If a patient can by intensive treatment

be saved months of hospitalization the reduction in cost is considerable; added to that are the gains in making the patient again a productive and useful member of society.

In summary, while we have fewer patients in the hospital at any given time, the same number are receiving services as previously but this service is being rendered more promptly, efficiently and effectively. The hospital cannot take full credit for this. The establishment of community services that provide after-care, screen admissions, refer patients promptly, etc. has allowed us to function more closely to that which we would like and has allowed us to more nearly provide the patient the type of service he deserves. Closer cooperation between hospital and community, for which both the hospital and community are striving, can lead to still further improvement.

SIGNIFICANT DEVELOPMENTS

Administration

As of October 1, 1964 Dr. Treffert was appointed Superintendent after having served as Acting Superintendent since May 29, 1964.

Dr. Denzel, who had been Clinical Director since June 1, 1961, left Winnebago State Hospital to pursue a research fellowship. We were fortunate to obtain Dr. Thomas J. Kelley for the position of Clinical Director. Dr. Kelley is a Board-certified psychiatrist who had been Assistant Superintendent of Trenton State Hospital in Trenton, New Jersey. He has taken to his position with competence and enthusiasm.

Accreditation

The hospital was visited by a field representative of the Joint Commission of Accreditation of Hospitals on October 13 and 14, 1964. As a result of that visit Winnebago State Hospital was given accreditation for three years or until a subsequent survey is conducted. This accreditation acknowledges the fact that the hospital maintains standards deserving of accreditation and is making a constant effort to improve the quality of patient care. We were reminded again by the Commission that the old building represented an obvious hazard and it was recommended that new construction should be continued and expedited.

In January, 1965 the hospital Dental Department was inspected by the American Dental Association Council on Hospital Dental Services. As a result of that inspection our hospital Dental

Department was given accreditation in June, 1965. Thus, Winnebago State Hospital Dental Department becomes the first institution in the state to receive this honor, and one of the few mental hospitals nationally.

Medical Staff

Currently there are 14 full-time psychiatrists on the Medical Staff; additionally there is one full-time internist, 2 part-time internists, and a part-time surgeon. Staffing has improved over the past year but recruitment and retention of medical staff remains a constant, crucial, competitive task. Dr. Kelley and Dr. Treffert did meet with the Secretary of the Board of Medical Examiners to try to work out some of the licensure problems which have put Wisconsin at a competitive disadvantage with other states. We hope the matter will be brought to favorable action by the Board of Examiners.

Adult Psychiatric Services

The hospital continues to use a parallel service treatment plan, allowing the patient to have the same physician throughout hospitalization, regardless of the length of hospitalization. As the medical staff expands, specialized services are being developed allowing for particular emphasis and concentration in particular patient groups. Plans exist for the establishment of a separate forensic service, alcoholic service and geriatric service. We have also expanded the availability and utilization of specialized psychiatric services to the county hospitals. With a 30-day transfer arrangement, patients can be transferred to Winnebago for those

psychiatric or medical services needed not available realistically at the county hospital level.

Medical-Surgical Services

The Medical-Surgical service provides not only complete and adequate medical services to the psychiatric population of Winnebago State Hospital, but also renders service to some of the adjacent county hospitals. Last year, for example, there were 153 major and 247 minor operations; of these, 56 major and 13 minor operations were on County Medical-Surgical transfers. Within the limits of space and time, patients are admitted from county hospitals for surgery or intensive medical care. This service is valuable to those patients who might present a management problem in the general hospital setting. Further, this service can be provided economically and effectively.

While the service is economical for the state or county in the long-run and over-all, it is an expensive service for this hospital to offer in relation to some other services and it does raise per capita costs within the institution. The validity and usefulness of the service is such, however, to warrant its continuation and perhaps expansion. It would be more accurate, however, if the purely medical-surgical transfers would be taken out of per capita costs and reflected separately such as was done with the out-patient department.

Child-Adolescent Unit

This unit continues, and will continue, to grow in size. Started as a 30-bed unit in July, 1962 it now includes

approximately 90 patients. Last year 114 patients age 18 and under were admitted; this is a slight increase over 1963-64. There has been intensification and amplification of pre-admission studies and this has shown itself to be very useful and effective. Two psychiatrists now devote full-time to this service. Dr. Fliegel has continued to act as consultant to this program and has been most helpful.

Of the 80 patients on the Children's Unit, all but three are involved in school. Approximately 20 teen-age patients from other areas in the hospital also use the school, bringing the total load there to about 100 students. We have demonstrated to our satisfaction that group teaching and programmed learning can be used effectively with our patients and, in our opinion, are in fact preferable with some patients to costly, one-to-one techniques. Achievement scores on our children from semester to semester bear this out.

Parenthetically it might be added that the first patient admitted to the Children's Unit in July, 1962, was put into the Oshkosh School System while still a patient, and later was put into Family Care. He graduated from Oshkosh High School with honors and obtained a scholarship to Oshkosh State University which he now attends.

The need for a day-care facility for the severely emotionally disturbed child who requires a hospital program and school, yet who could live at home, is increasingly apparent. This perhaps may be an area that could put to good use a Federal Improvement Grant. This would not duplicate, but could complement, community services.

Nursing Service

We have not been successful in recruiting a Director of Nursing with the qualifications we require. These persons are very difficult to find.

We continue to move in the direction of relieving the aides of housekeeping and clerical duties by hiring persons to do these duties specifically. The aide can then concentrate more and more on direct patient care. To that end, 18 aide positions were replaced with housekeeping personnel. Ward Clerks have relieved the aides as well as nurses of ward clerical duties.

Application has been made for a Federal Grant for in-service training of the "middle management" group of nurses--head nurses and supervisors. This will later be extended to a comprehensive in-service training experience in both management and psychiatric skills for all nurses on the staff.

One hundred fifty-seven student nurses completed a psychiatric affiliation this past year. This is an excellent, well-rated program. We, like every other nursing school, have difficulty recruiting sufficiently trained nurses for use in our nursing education department. Several other schools have asked to affiliate their students here and we are exploring the possibility of having these schools take responsibility for furnishing an instructor. A report by the State Board of Nursing, who visited the hospital, pointed out the need for better quarters for these students since the structure they now are housed in was constructed in 1928 as a patient building.

Social Service

Staff shortage remains the chief problem. Case loads are from an active, as compared to a static, population and this means necessarily more time spent in both admission social evaluation and discharge planning. In addition, social workers are becoming more involved in hospital-community services coordination and planning.

A pre-graduate student Social Work Trainee program has been established and works quite satisfactorily. The trainees, while representing an investment in training on our part, do provide a valuable service, and hopefully this program can enhance the recruitment of graduate social workers.

We have used Family Care where indicated or useful; this program has been a responsibility of the Social Service department. This often represents a significant tool in the rehabilitation and treatment of patients and it is expected this program will grow.

We have continued our efforts, along with those of the community consultants, to convince counties of the usefulness of a primary referral agency in each county. This would make communication infinitely more available and useful. Some progress toward their establishment has been made and such agents are operative already in several counties.

Refinement and improvement of our Aftercare reporting has continued to be a responsibility of Social Service. The problem of to whom to send information and what information to send is a complex one because of the number of discharges with which we deal. Only experience can demonstrate how this can best be done.

Psychology

A problem in the recruitment of qualified psychologists remains. There may be an improvement in recruitment with the new salary schedule for psychologists. We have been establishing a better working relationship with the Psychology Department of Oshkosh State University. Aside from enriching the experience of persons in our Department, this may be of added help in recruitment.

Activity Therapy

At the suggestion of the Division Consultant we held a "fly-in" for Occupational Therapists. This was very successful and we were able to hire 4 of the 5 persons flown in. With the added trainee staff, the department can come nearer to reaching its potential.

Arrangements for affiliation with Lawrence University for training O. T. students are being made. Students in that program now come here on a part-time basis for lectures and seminars.

Chaplains

Emphasis has been not only on meeting the spiritual needs of the patients, but also our Chaplains have been active in helping their fellow clergymen gain familiarity with mental illness and how the clergy can be of help to the mentally ill. Several successful orientation meetings were held with sizeable numbers of area clergymen and several became interested enough to continue on a weekly basis in an on-going, dynamic group session. Our Catholic Chaplain took a year's leave of absence for a year of Clinical training at St. Elizabeths Hospital in Washington, D. C.

Volunteer Services

Volunteers contributed over 14,000 hours of time to the hospital, providing both direct and indirect services to the patient. The Red Cross Volunteers alone accounted for nearly 10,000 hours of this time and provided an average of 80 Volunteers per month. Contribution of money and materials, as well as services, has been most generous.

Public Relations responsibility generally has been assumed by the Volunteer Coordinator. Both tasks, however, have become so large that consideration should be given to establishing separate positions. Public Relations gestures on our part have included establishment of a Speakers Bureau, and hospital tours during the year to 1321 persons in addition to those visitors for Open House.

Vocational Rehabilitation

These services have expanded by the addition of a second full-time counselor and we anticipate the addition of a third. These counselors are on permanent, full-time assignment here through the Vocational Rehabilitation department of the State and have been doing an excellent job.

Out-Patient Department

There is no physician attached only to the Out-Patient Department, but doctors may follow in this department patients they had on an in-patient basis previously. There were 748 appointments in 1964-65. The fee schedule is not satisfactory from our standpoint and revision of it is being considered by the Division.

Business Administration and Personnel

More rapid turnover of patients and smaller in-patient census results in fewer patients being available for industrial therapy. One example of this is the laundry as can be seen on the accompanying chart:

	Hours Required	Hours Received	Hours Difference
1961-62	33,924	37,056	+ 3,132
1962-63	33,660	31,311	- 2,349
1963-64	33,732	23,745	- 9,987
1964-65	33,948	20,377	- 13,571

This difference must be made up in expanding the number of employees.

Food costs in 1964-65 were .2204 per meal compared to .2148 the previous year. Food Service continues to do an excellent job of providing a nutritionally adequate as well as pleasing menu within the budgetary allowance. In this department also the effect of less patient help is noticeable. In an effort to reduce labor costs, utilization of part-time personnel in the Service Section has begun. Consideration is being given to discontinuing those areas, such as the Creamery, which do not add to the Industrial Therapy program yet which remain a responsibility of the hospital. A well-run, Division-sponsored training program for Food Service personnel has been participated in by our staff and has been of benefit to our hospital.

Pharmacy cost presently is 34.1 cents per day per patient. This is a 2-cent increase over last year's figure.

This hospital was chosen as one of those utilizing Poverty Students under the Anti-Poverty Program. Aside from rendering valuable service, these students gained perspective in the mental health field and may well continue their studies with the thought in mind of a career in this field.

With expansion of employment opportunity in the near-by communities, we are experiencing more difficulty in recruiting personnel, particularly in aide, food service and housekeeping categories.

Physical Plant

Construction began on a 200-bed patient building--Sherman Hall. With the completion of that structure all patients can be housed in buildings constructed since 1951. Part of the Old Main Building was razed prior to the start of that building, and an additional section on the south end will be razed at the completion of the construction.

Monies have been allocated for drawings and planning of an Administration Building. When that building is completed the Old Building can be razed in its entirety. While that is desirable, it will leave the institution without a Chapel, Canteen or patient library, since these are housed in the Main Building. Also, considerable employee housing now in the Old Building will not be replaced.

A second wing of the School Wing in Hughes Hall was completed in May, 1965 and makes an attractive and useful addition to that Unit.

Education and Research

Education efforts in the areas of nursing, occupational therapy, chaplaincy, psychology, etc. have been mentioned in the paragraphs above. Expansion to a Psychiatric Residency Program is anticipated. In-service Training, hopefully supplemented by a Federal Grant, will continue to receive high priority and attention.

Research projects are being done. Several studies on phenothiazine in long-acting or repository form were completed. Likewise, a multiple variable study on patient characteristics was completed through the joint efforts of our staff and the State University in Oshkosh. Several other projects are now in the early stages.

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An overview of significant developments can only highlight progress, and problem, areas. Obviously other departments and persons, while not named in the report, continue to give conscientious, meaningful service to the hospital, and their service cannot be left unacknowledged.

PLANS AND GOALS

1. We are negotiating with University of Wisconsin Department of Psychiatry for establishment of a joint psychiatric residency program. Residents would spend the first year of their training at Winnebago State Hospital and the following two years at University Hospitals in Madison. If this program is to be successful there should be some consideration for housing or a housing allowance for residents.

2. Specialized programs will be developed with direct benefit to patient groups here in the hospital (alcoholics, geriatrics, forensic); these programs also will have demonstration value to county hospitals and community agencies.

3. We will continue to modify our programs as needs dictate to work smoothly and efficiently with local and county programs so that the best interest of the patient is always served. The availability and access to county hospitals of specialized services as needed and when needed will be increased.

4. We hope to establish a permanent campsite on Picnic Point which will be used as a therapeutic tool with both the adult and child patients. This project has the support of the Winnebago County Mental Health Association and through them this campsite can be used as well by county hospital patients, day care patients, etc.

5. We hope to expedite as best we can construction of facilities that will allow for abandonment of the Old Building. Thought should be given to construction priority for a new Chapel and perhaps some better arrangement for housing Student Nurses.

6. Research projects, both basic and applied, will be encouraged. Likewise, further expansion, as time and budget allows, will be made in our training and teaching functions. Hopefully some of our programs would be available to interested county hospital personnel.

7. We will continue our efforts to coordinate hospital-community, state-county planning so that efforts complement rather than duplicate. These programs cannot grow in isolation from each other. Neither is a substitute for the other but together can provide a broad-range, comprehensive, readily available resource to the mentally ill in Wisconsin.

Winnebago State Hospital
1964 - 1965

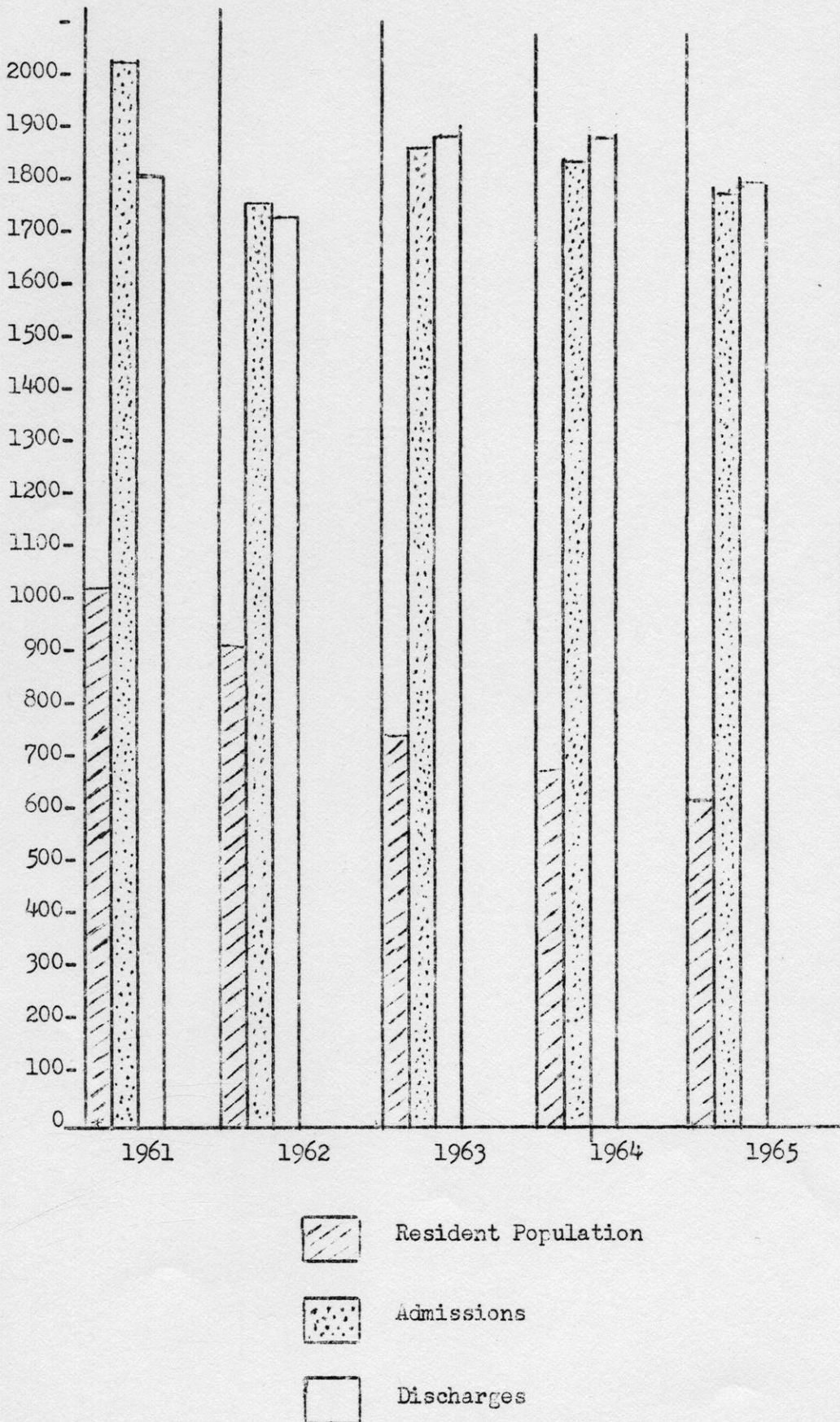
	<u>Rated Bed Capacity</u>	<u>Population June 30, 1964</u>	<u>Population June 30, 1965</u>
Main Building	140	161	94
Kempster Hall	230	196	165
Hughes Hall	196	150	176
Gordon Hall	206	144	160
North Cottage	<u>43</u> 815	<u>0</u> 651	<u>27</u> 622

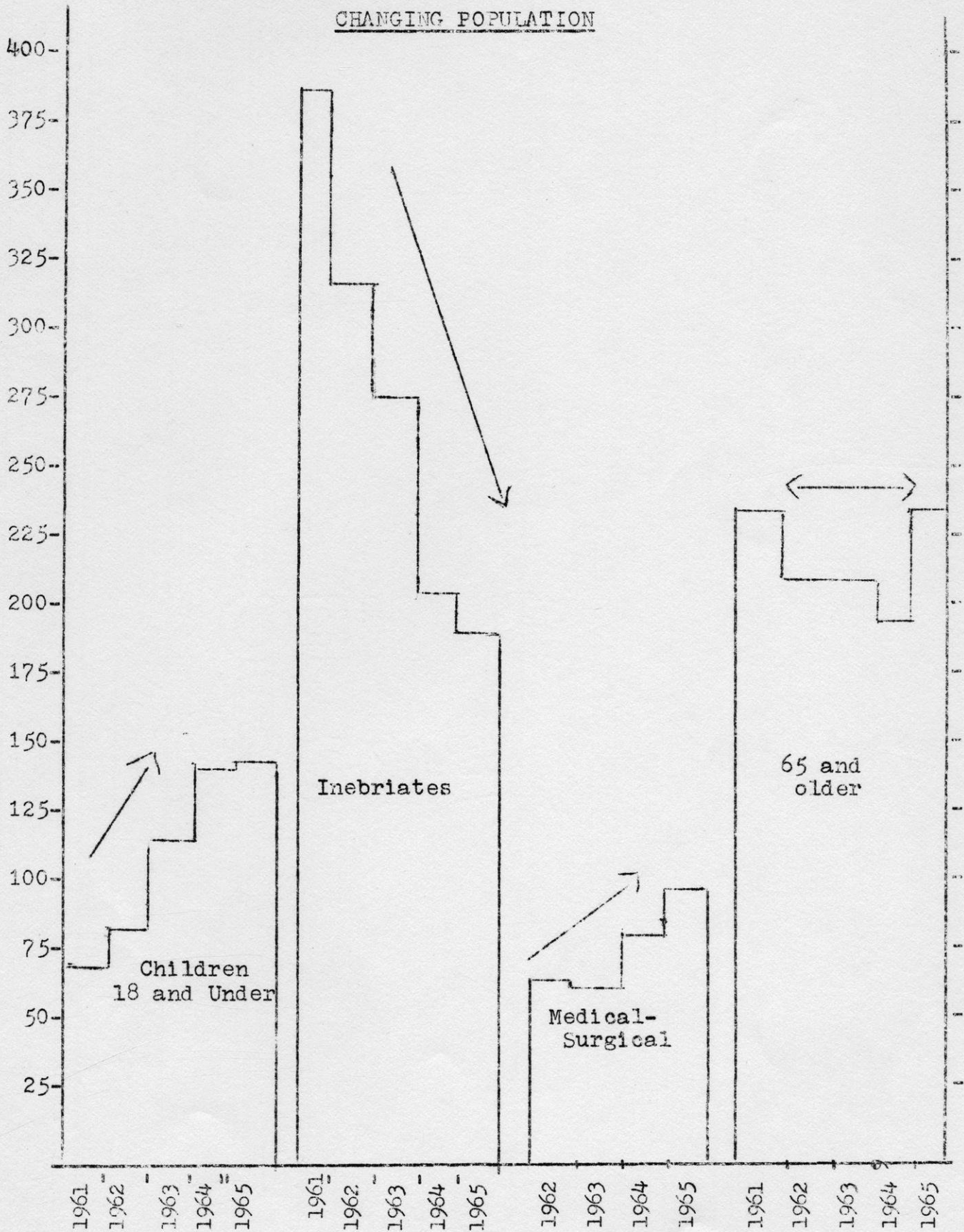
Population Movement

<u>Additions</u>		<u>Separations</u>		While on HV		
<u>1963-64</u>	<u>1964-65</u>	<u>1963-64</u>	<u>1964-65</u>			
First Admissions	973	904	Releases	671	555	90
Re-admissions	444	483	Con. Release	659	347	186
Ret. from C.R.	204	176	Deaths	62	56	1
Ret./Family Care	5	6	Transfers Out	402	477	1
Ret. from Court	8	12	Ret. to Court	35	26	
Ret./Gen. Hosp.	1	0	Deportations	31	24	
Transfers In	173	198	Family Care	12	15	2
	<u>1808</u>	<u>1779</u>		*1872	<u>1500</u>	<u>280</u>
Ret. from UA	58	79	UA	83	89	6
	<u>1866</u>	<u>1858</u>		<u>1955</u>	<u>1589</u>	<u>286</u>
					(1875)	
Ret. from HV	1032	1015	Home Visit	1271	1313	

* Includes 262 separated from hospital while on HV

	<u>1963-64</u>	<u>1964-65</u>
Average Daily Population	706	662
Decrease in Average Population	13.1%	6.2%
Percentage of Re-admissions	39.07%	35.4%
Decrease in Admissions Over Last Year	2.4%	1.6%
Medical-Surgical Transfers In	83	99
Transfers from Wisconsin Home for Women	6	13
Section 957 Commitments (Criminal)	8	14
Deaths	57	56
Percentage of Autopsies	49.2%	51.7%
Admissions Age 18 and Younger	142	144
Admissions Age 65 and Older	196	238
Inebriates Admitted	205	192 (10.79%)



CHANGING POPULATION

Personnel by Function on June 30, 1965

Administration		Chaplains	
Superintendent	1	Full-time	1
Business Office	5	Part-time	3
Clerical	34	Social Service	12
Telephone Operators	5	Laboratory	3
Storekeepers	2	X-ray	3
Registrar	1	Physicians	
L.T.E.	2	Full-time	13
Nursing Service		Part-time	3
Nurses		Clerical Asst. (L.T.E.)	1
Full-time	76	L.T.E.	7
Part-time	5	Engineering	
Lic. Practical Nurses	17	Power Plant	12
Aides	252	Craftsmen	25
Barber	1	Food Service	74
Beauticians	3	L.T.E.	2
Ward Clerks	7	Children's Unit	
Housemothers	2	Teachers	
Activity Therapy		Full-time	5
Therapists	14	Part-time	2
Therapy Assistants	8	L.T.E.	2
L.T.E.	5	Housekeeping	65
Industrial Therapy		Laundry	22
Industrial Therapist	0	Canteen	3
Therapy Assistant	1	Farm	5
Volunteer Coordinator	1	Pharmacy	2
Psychology		Watchmen	2
Psychologist	2	Motor Vehicle Operator	2
L. T. E.	4	Total	721
Dental			
Dentists	2		
Dental Assistants	2		

