REPORT ON THE GLENWOOD STATE SCHOOL

GLENWOOD, IOWA

MADE BY

THE CENTRAL INSPECTION BOARD

OF THE

AMERICAN PSYCHIATRIC ASSOCIATION



1960



AMERICAN PSYCHIATRIC ASSOCIATION

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TABLE OF CONTENTS

67	Oral Hygiene	56
55	Outpatient Department	24
54	Patient Education	27
55	Personal Hygiene, Fac. for	54
16	Personnel Policies	9
62	Personnel Quota	78
68	Pharmacy	38
74	Photography and Fingerprinting .	59
80	Physical Plant	13
2	Physical Therapy	44
42		
35		
57	Psychology Department	21
34	Psychotherapy	43
	Public Relations	10
37	Ratio, Staff to Patients	5
66		
70		
26	Research	31
33		
77	Sanitation	60
59	Shock Therapy	43
73	Special Services Department	12
44		
		1
45		
	55 54 55 16 62 68 74 80	Patient Department Patient Education Personal Hygiene, Fac. for Personnel Policies Personnel Quota Pharmacy Photography and Fingerprinting Physical Plant Physical Therapy Podiatry Population Movement Psychology Department Records, Medical Religion Research Restraint and Seclusion Sanitation Social Service Department Special Services Department Sach Assistant Resident Resident Resident Resident Resident Resident Rable I Table II Table II Tansportation Department Tuberculosis Volunteer Services Revices Department Tuberculosis Volunteer Services Revices R

GLENWOOD, IOWA

Superintendent

Peter Peffer, M.D.

MOVEMENT OF POPULATION	NUMBER	PERCENT
Average Number Patients, 1959	1,812	
First Admissions, 1959	64	3.5 <u>1</u> /
Readmissions, 1959	15	.8 <u>1</u> /
Discharges, 1959	72	4.0 <u>1</u> /
Deaths, 1959	38	2.1 <u>1</u> /
Number Patients on Convalescent Leave and in Family Care $\underline{2}/$	72	4.0 <u>3</u> /
Number Patients 60 and Over $2/$	145	8.1 <u>3</u> /
MEDICAL AND NURSING STAFFS	NUMBER 4/	RATIO TO PATIENTS
Medical		
Consulting and Visiting	7	
Resident	5 <u>5</u> /	1/356
Nursing		
Registered Nurses	5	1/356
Licensed Practical Nurses	4	1/445
Supervisor Hospital Attendants	18	1/98.9
Hospital Attendants (All Grades)	265	1/6.7
Total Nursing Service	292	1/6.1

Cost Per Patient Per Day for Fiscal Year 1959 - \$3.27

- 1/ Based on average number of patients
- 2/ As of May 9, 1960
- $\overline{3}$ / Based on number of patients, May 9, 1960 (1,780)
- 4/ Time of inspection
- 5/ Does not include Superintendent, does include one part-time physician

The Glenwood State School was inspected by a representative of the Central Inspection Board during the period of June 11-25, 1960. The school is located within the city limits of Glenwood, Iowa, a town of 3,500 population, in Mills County. Council Bluffs, Iowa, and Omaha, Nebraska, are cities with over 50,000 population located about 12 miles away. Railroad and bus service is available to Glenwood and taxis provide local transportation. The school buildings occupy the top of a promontory known as "The Hill".

The school operates under the jurisdiction of the Board of Control of State Institutions which is responsible to the Governor. The Board of Control functions with a staff of employees in the Central Office including a Director of Mental Institutions, Executive Secretary, and other department and services heads. Members of the Board visit the school at least monthly. In addition, the Budget and Legislative Finance Committee visits the school annually. Biennial reports are made by the Board to the Governor.

The Glenwood State School is located on the original site of the Western Branch of the Iowa Soldier's Orphans Home, which institution opened in 1866 and operated until 1874, when the children were transferred to the Iowa Soldier's Orphans Home at Davenport. The first patients were admitted to the institution, then known as the Asylum for Feeble Minded Children, in 1876. In 1941, the name was changed to its present one.

At the time of the inspection, the resident population was 1,780 patients; 993 male and 787 female. The rated capacity according to State standards was 1,790 beds and the rated capacity according to the American Psychiatric Association standards was 1,547 beds. There were 1,907 beds in the school at the time of the survey.

The nearest approved general hospitals, the Jenny Edmunson and Mercy Hospitals, are in Council Bluffs, about 14 miles away. The nearest medical schools, the University of Nebraska and Creighton University, are located in Omaha, Nebraska, about 18 miles away. The school was approved by the American Hospital Association. Patients are received from 51 counties located in the southern half of the State.

Only mentally retarded patients with or without psychosis are accepted. Approximately 80 per cent of patients are received on voluntary applications and the remainder on court commitments. Patients of both sexes from infancy to old age are accepted. Defective delinquents are not accepted as a rule and are usually transferred to other institutions. All applicants for admission to the school are screened by the preadmission committee who determine eligibility for admission. At the time of the survey, there was a waiting list of about 150 for admission, which is a reduction from the previous year, but still is discouraging since some applicants have been on the waiting list for two years.

There are several parent's organizations working with the school. Several organizations operate in the home areas of the district served by the hospital. They keep in touch with the school program, and the hospital quarterly publication is sent to all parents and sponsors. Representatives of the school staff frequently visit the various parent organizations and discuss subjects related to patients. The Southwest Iowa association for the retarded is an organization composed of parent groups who meet at the school occasionally. Another volunteer organization, representing 25 various groups, meets monthly with a dinner meeting at the hospital, under the guidance of the Director of Volunteers, for discussion of the school program. Members of the hospital staff participate.

At the time of the survey, there were 51 open wards, housing 1,752 patients. Patients in the Trainee-Employee Program and those in work placement are permitted to go into town and to carry cash. Most trainable, and all educable, patients are permitted to carry canteen credit cards. Patients are allowed to write as many letters as they wish. Outgoing mail is read by the nightwatch in each building. Incoming mail is opened by the Social Service Department. If any money is taken out, a notation of such is made on the envelope and the money deposited to the patient's account at the Business Office, and the letter is given directly to the patient.

Visiting is allowed any day, preferably between the hours of 10:00 a.m. and 4:00 p.m. Most visiting occurs on

weekends. Visitors are received on the wards, in the visiting rooms, and on the grounds during the summer. A record of all visits is kept. Physicians are available to talk to visitors.

The school maintains its own watchman service of three employees which provides a 24-hour coverage. The local police are called in, if necessary, to investigate crimes.

PERSONNEL POLICIES

The Personnel Officer keeps the personnel records, reviews all applications for employment and consults with department heads regarding hiring and discharging of employees. Final approval of hiring and firing rests with the Superintendent.

Employees are not under Civil Service but a modified merit system is in effect. Most recruiting is on the local level. Written applications and two or more references are required for all cases. Employees receive a physical examination, chest X-ray, and the usual battery of immunizations. Qualified persons are not rejected because of race or creed and there is no political pressure to secure employment.

The standard work day is eight hours and employees work five days a week. Physicians who are on call at night receive compensatory time off. All salaries are paid in cash and those employees who live at the hospital or take meals there have the maintenance charges deducted from their salaries. The Superintendent receives salary and maintenance, and physicians who reside off the grounds receive \$1,800 compensation in lieu of maintenance. At the time of the survey, 401 employees were living out and 143 lived in the hospital. Vacations, sick time, and holidays follow the pattern as in other State institutions. All employees are covered by the State Retirement Plan which is contributory.

Employees' complaints are handled first by department heads, then by the Personnel Officer, and finally by the Superintendent. Appeal can be made to a three-member grievance committee. This committee is appointed by the Superintendent to investigate the complaints and to make recommendations. The Superintendent makes the final decision. Rooms, apartments, and cottages are available for those who wish to live

PERSONNEL POLICIES CONT'D.

in and they are completely furnished. Garages are available for only a few employees living in. Employees' meals are well cooked and served. During the year preceding the survey, there were 68 male and 73 female voluntary separations, and five male and three female forced separations.

RECOMMENDATIONS

1. Adequate garage space for employees living Garage in should be provided. Space

PUBLIC RELATIONS

The Superintendent, assisted by the Director of Special Services and the Director of Volunteers, handles public relations. Relations with the press are excellent with routine and special releases about the school activities. Local papers print nothing without first checking with the school. The local radio and television stations are most cooperative and make time available for coverage of special events at the school and for programs dealing with mental health subjects pertaining to the retarded. Also, spot announcements are made of school and patient activities.

The Superintendent and members of the staff participate extensively in the community education program and give talks to various groups and organizations. Students from high schools, colleges, and other institutions come to the hospital for tours and lectures given by the various department heads.

The relationship with local churches has been good. Three part-time chaplains from the local community serve the religious needs of the patients. Members of the clergy serve on hospital committees.

Close association is maintained with medical schools at the University of Iowa and the University of Nebraska. The Superintendent recently was appointed Assistant Professor of Psychiatry at the University of Nebraska Medical School.

PUBLIC RELATIONS CONT'D.

Good relations are maintained with courts and the legal profession. At the time of the survey, a program was to be planned at the school with invitations to local judges and attorneys.

RECOMMENDATIONS

None.

VOLUNTEER SERVICES

This activity was formerly under the Department of Special Services, but in January, 1960, a separate Volunteer Service Department was established. The Director of Volunteers has had many years of experience in this field with the Veterans Administration and the American Legion Auxiliary. The Volunteer Service is composed of a committee of members of the hospital staff and representatives of 11 groups that serve the hospital. Monthly committee meetings are held to discuss the program. Volunteers are carefully selected. They receive an orientation course at the school with follow-up instructions, and semi-monthly tours of the school are conducted which include luncheons and programs.

Both men and women volunteers are used as members of the groups, and individual women volunteers come regularly to the hospital. At the time of the survey, there were 11 participating groups and 55 individual women volunteers serving in the school. Volunteers are assigned to the wards and the activities programs. They help the patients write letters, feed them, and read to them.

Groups of volunteers provide all types of sports activities, musicals, ward parties, birthday parties; take groups of patients to picnics, rodeos, the circus, etc. In addition, material of all types is donated for patients use. Volunteers receive recognition for their work with awards for performance and attendance. Special events include an annual Achievement Day Program held at the close

VOLUNTEER SERVICES CONT'D.

of the school year and parents are invited to attend. Open House is held every Sunday at the school for the citizens of the community with tours of the school. Volunteers act as guides and provide refreshments.

RECOMMENDATIONS

1. This excellent program should be encouraged and expanded.

Expand Program

SPECIAL SERVICES DEPARTMENT

The Director of Special Services is in charge of this department and had held her position three years at the time of the survey. She is assisted by two secretaries, four switchboard operators and a part-time librarian. The functions of this department are to assist the Superintendent in public relations and to maintain a liaison between the school and community, in collaboration with all departments of the hospital. The department organizes all special events for holidays, trips to the fair, horse shows, etc. It handles all gifts and donations made to patients and the school, handles all correspondence pertaining to these activities, serves as an information bureau, and sends out receipts for gifts and donations received. An average of 500 pieces of mail are handled monthly in this department.

Other events that are organized and supervised by this department include: monthly birthday parties held in the school cafeterias; arrangement of "come and see" tours for groups of visitors, students, and others; publication of a quarterly hospital paper, copies of which are sent to all parents and sponsors; and publication of a monthly news sheet for employees.

A program named "Forgotten Child Program" is supervised by this department and approximately 1,500 individual and group sponsors contribute regularly to the school for individual patient needs. Many other projects are in progress, including repair of radios and phonographs owned by patients, and a new project to solicit donations of special equipment for patients, such as furniture, lockers, television sets, and playground equipment.

SPECIAL SERVICES DEPARTMENT CONT'D.

This department handles all the preparation and distribution of Christmas packages. It supervises the school post office including incoming and outgoing mail which is handled by the telephone switchboard personnel.

RECOMMENDATIONS

None.

PHYSICAL PLANT

The school occupies approximately 1,500 acres and about 650 acres of this is tillable and was under cultivation. Most of the land is covered by woods and shrubbery and is mostly hilly.

The buildings are located on top of a hill which is the only fairly level area available. Due to the terrain, there is very little room for additional buildings. Six buildings, including the Administration Building, were constructed during the period 1896 to 1904 and have become obsolete and are difficult to maintain. They should be replaced with modern fire-resistant buildings. The remainder of the buildings, with the exception of Lacey Hall, were constructed during the period 1912 to 1930. Most of these present fire hazards and none are protected by automatic sprinkler systems. Since the construction of Lacey Hall in 1941, a period of 19 years, there have been no new buildings for patient housing.

Most of the buildings lack adequate nursing facilities and overcrowding has resulted in inadequate toilet and bathing facilities. Overcrowding in the different buildings varies but over-all it is 23 per cent (see Building Chart and Table II).

PHYSICAL PLANT CONT'D.

			Auto-	No.Flrs			
			matic	(Incl.	No.	No.	No.
	Year	Fire Re-	Sprink-	Base-	Stair-	Ele-	Fire Es-
Building	Erected	sistant	<u>lers</u>	ment	ways	vators	capes
Annex	1915	Partial	No	2	1	0	None
Dining Hall	1900	Partial	No	3	2	0	None
Mogridge Hall	1900	Partial	No	5	5	0	1 Outside Steel Ladder
Cottage A	1923	Yes	No	5	2	0	1 Outside Spiral
Cottage B	1904	Yes	No	4	2	0	1 Outside Spiral
Cottage C	1904	Yes	No	4	2	0	1 Outside Spiral
Juvenile Hall	1924	Yes	No	5	1	0	2 Inside Outside Steps
Lacey Hall	1941 R-1958	Yes	No	5	2	1	3 Outside Metal Spiral
Old Hospital	1900 R-1954	Partial	No	4	2	0	1 Outside Spiral
North Cottage	1924	No	No	3	1	0	1 Outside
Farm Cottage	1923	No	No	3	1	0	1 Outside
Girls' School D.	1914	No	No	6	1	0	4 Outside and Inside
Schcol	1953	Yes	No	4	2	0	Inside Only
Power Plant	1906 R-1933	Partial	.No	2	1	0	None
Storeroom	1930	Yes	No	2	1	1	None
Adminis-	1896	No	No	6	2	0	1 Inside 4 Outside
tration	R-1916 -1917						
Laundry	1912	Partial	No	2	1	1	None
Firestation	1904	No	No	2	1	0	None

R - Renovated

NOTE: In addition, there are: 7 miscellaneous buildings including shops, garages, greenhouse, cannery, etc.; 14 staff and employee family residences - cottages and duplexes; and 19 farm buildings including a dairy barn, hog houses, mule barn, and miscellaneous sheds.

PHYSICAL PLANT CONT'D.

Bldg.		Adeq.	Dining	Open	
Used	No.	Plumb -	Facil-	or	
For	Beds	ing	ities	Closed	Remarks
S	-,	-	-	-	Central Clothing and
					Storage
P-S	74	Yes	Yes	Open	Kitchen, Dining Hall, 2nd Floor Patients
P-S-Q	B-344 CR-13	No	Yes	Both	Barber Shop, Serving Room Obsolete
P - Q	100	Yes	No	Open	Barber Shop, Employee
		*			Quarters 2nd & 3rd Floors
P	90	Yes	No	Open	Barber Shop Obsolete
P	95	Yes	No	Open	Obsolete
P - Q	206	Yes	No	Open	Inadequate Fire Escapes,
		*			No Fire Extinguishers
P-S	B-295	Yes	Yes	Both	Medical-Surgical Wards,
	CR-193				Clinical Facilities
P	91	Yes	No	Open	No Fire Exit Signs, One Exit Blocked
P-Q	43	Yes	No	Open	Fair Condition, Employee
				•	Quarters 1st Floor
P-Q	59	No	No	Open	Poor Condition, Barber
					Shop
P - Q .	305	No	No	Open	No Standpipe and Hose, Fire Exit Not Marked
S		Yes	Yes	Open	Classrooms, Auditorium,
b		105	105	open	Gymnasium, Cafeteria
S		Yes	No		Power Plant, Shops and
3	-	ies	NO	-	
		W	N -		Storage Storage
S	_	Yes	No	_	Butcher Shop, Storage, Refrigeration
S-A-Q		Yes	Yes		Offices, Kitchen, Bakery,
,					Dining Rooms, Employee
					Quarters
S	· · · · _ ·	Yes	No		Laundry Equipment
S	· ·	Yes			Fire Equipment, Employee
					Quarters

A - Administration P - Patients S - Staff Q - Quarters B - Beds CR - Cribs

PHYSICAL PLANT CONT'D.

RECOMMENDATIONS

1. Old buildings housing patients which are not fire-resistant and not adequately protected by automatic sprinkler systems should either be abandoned or should be renovated, including the addition of automatic sprinkler systems, adequate fire escapes, and adequate plumbing facilities. (See Ratio of Sanitary Facilities at end of report.)

Old Buildings
Automatic Sprinkler
Systems
Plumbing Facilities
Fire Escapes

 New fire-resistant patient buildings should be constructed to contain sufficient space to eliminate overcrowding. Additional Buildings

3. The present program of renovation and modernization of buildings should be completed without delay.

Renovation and Modernization

4. The power house equipment should be increased to provide for present and contemplated needs.

Power House Equipment

5. The laundry should be expanded and modernized, and equipped to handle the school needs adequately.

Laundry

6. All main hospital roads, including the parking areas, should be surfaced to eliminate the present sanitary and dust hazards.

Roads

7. The need for additional employees' quarters should be studied in order to provide adequate and comfortable living quarters for all employees that wish to live on the grounds.

Additional Employees' Quarters

8. The building program recommended by the Superintendent for the 1961-1963 biennium should be implemented.

Building Program

CONSULTING AND VISITING STAFFS

There are seven specialists on the consulting staff representing five specialties. Information as to their qualifications was not obtainable at the time of the survey. A neurologist comes to the hospital as needed to read electroencaphalographs. Another neurologist and an internist come when called. Two psychiatrists alternate visits to the hospital, and each spends one-half day a week. A dermatologist comes once a month, and a radiologist comes weekly and reads X-ray films. Consultants who make regular visits to the hospital receive monthly stipends. The consulting and resident staffs have not been organized with officers, committees, and by-laws.

RECOMMENDATIONS

- 1. The consulting and resident staffs Rules and should be organized with officers and committees Regulations with by-laws, regulations, and regular meetings.
- 2. Additional consultants in other specialties should be appointed, including the Additional specialties of pediatrics, gynecology, pathology, Specialists and ophthalmology.

RESIDENT STAFF

The resident staff consists of the Superintendent, four full-time physicians, and one part-time physician (see Table I). Of these, two are members of the American Psychiatric Association and three are members of the American Medical Association and local societies. All are licensed to practice in Iowa.

Written applications and references are required for staff membership. Appointments are made by the Superintendent.

The duties of the different staffs are defined by department regulations. The following committees, composed of resident staff members, have been appointed: Records Committee; Sterilization Committee; Preadmission Committee; Disposition Committee; and Research Committee.

RESIDENT STAFF CONT'D.

Clinical conferences are held monthly. They are conducted by the Superintendent and attended by the medical staff and ancillary professional personnel. Selected cases are presented for discussion of diagnosis, treatment, and disposition. Administrative matters are also discussed at these meetings which last about one hour. Minutes of these meetings are recorded and those inspected are acceptable. Administrative meetings are held quarterly by the Superintendent, attended by the medical staff, and all department and sub-department heads.

Clinicopathological conferences have not been held since no autopsies have been performed for many years. The staff does not have a Journal Club.

The Superintendent serves as consultant to two general hospitals in Council Bluffs. Physicians are allowed to attend professional meetings as much as possible. There is a close relationship with other mental hospitals and the State Hospital and School at Woodward. Periodic meetings are held at one of the institutions. No residents, internes, or medical students are trained at the school.

RECOMMENDATIONS

- 1. The personnel quota of the medical staff should be increased. The addition of a full-time child psychiatrist should be seriously considered.
- Personnel Quota Child Psychiatrist
- 2. All new patients should be presented to the clinical conferences for diagnosis and suggested treatment.
- New Patients Clinical Conferences
- 3. A Journal Club should be organized and all professional personnel should attend. Pertinent current journal articles and books should be reviewed by participants.

Journal Club

NURSING SERVICE

At the time of the survey, five registered nurses were employed, including a director and assistant director of nursing, a director of nursing education, a public health nurse, and one nurse supervisor. In addition, the nursing service had four licensed practical nurses, 18 hospital attendant supervisors, 254 hospital attendants, two barbers, one beautician, and one clothing supervisor.

The registered nurses are used in the hospital and nursery wards and for supervision. Other wards are supervised by competent trained attendants. Staff conferences are held weekly for all nurses, supervisors, and charge attendants. An administrative manual is available and a procedure book is used. There are not enough registered nurses and other nursing personnel to get desirable programs underway.

Nursing facilities are inadequate except on the hospital and infirmary wards. Most wards to not have a nursing station equipped with toilet, lavatory, and cloak room. A desk in the dayroom or hallway is used as a nursing station. On most wards, employees share toilet facilities with patients. There has been no shortage of nursing supplies. Adequate clinical records are kept only on critically ill patients on the hospital wards and on patients when they become ill. Excerpts of the clinical record are filed in the patient's medical record. Ward reports covering a 24-hour period are submitted to the nursing office daily.

RECOMMENDATIONS

- 1. The quota for nursing personnel should Nursing be increased to meet the standards of the Personnel American Psychiatric Association (see Table I).
- 2. When sufficient graduate nurses are Graduate obtained, they should supervise all wards. Nurses
- 3. Adequate nursing stations with toilet, Nursing lavatory, and cloak storage facilities should be Stations provided on all wards.

SOCIAL SERVICE DEPARTMENT

The Social Service Director has a Master's Degree in Social Service, has over seven years of experience, and joined the hospital staff about six months prior to the survey. She is assisted by a psychiatric social worker in charge of the outpatient section who has a M.S.W. Degree, one senior psychiatric social worker who has a Master's Degree in Education, two junior social workers both with college degrees, and a full-time secretary. Another social worker had been employed and was to join the staff within a month.

The department has two offices on the second floor of the Administration Building and four single offices in four other buildings. The location of the offices is suitable but more space is needed. The lobby in the Administration Building serves as a waiting room. A car is assigned for the full-time use of the department staff.

A family and personal history are taken on all new admissions, and both the patient and family are oriented to the school. Liaison work is done for the resident population as time permits and patients are prepared for trial visit. It is not routine to prepare families before trial visits and this work is frequently done by outside agencies. Most patients on trial visit, all patients in family care, and those on work placement are supervised by the department.

Histories are taken on all outpatients, and workers participate in the treatment program of both outpatients and the resident population.

The department also participates in the training programs of attendants and attends admission, disposition, and committee meetings. The medical staff takes an active interest in this department.

Complete records are made of all transactions and they are filed in the patient's medical record. Monthly reports are not submitted to the Superintendent.

SOCIAL SERVICE DEPARTMENT CONT'D.

RECOMMENDATIONS

1. The quota for social workers should be increased, and when additional workers are obtained, the work of this department should be expanded.

Increase Quota

Expand

Adequate office and interviewing rooms should be provided for this department and there should be waiting room.

Additional Rooms

3. Copies of social service records should be kept in the department and adequate clerical help should be provided.

Records and Clerical Help

Additional transportation will be required for adequate coverage of field work.

Transportation

Monthly reports should be submitted to Reports the Superintendent.

PSYCHOLOGY DEPARTMENT

The Director of Psychology is in charge of this department (see Table I). He is assisted by: four clinical psychologists, two of whom have Ph.D. Degrees and two have M.A. Degrees; five full-time internes, one of whom has an M.A. Degree and four have college degrees; and two psychology summer students.

The department is located on the second and third floors of the Administration Building and occupies nine offices, including a conference room. The offices are scattered in one wing of the Administration Building, which is not suitable and space is not adequate for the number of staff personnel. Adequate equipment is available to carry out the tests needed in an institution of this type.

. The department uses the usual battery of tests, including objective, projective, concept-formation, personality inventory, and vocational tests. Diagnostic tests are used to determine

PSYCHOLOGY DEPARTMENT CONT'D.

whether or not the patient is mentally deficient or retarded, and the degree of such deficit. During the two years preceding the survey, over 1,000 patients were tested, and at the time of the survey, there was a backlog of approximately 700 patients scheduled for testing.

They are members of teams concerned with the total rehabilitation of the individual patient and are organized on a multidisciplinary approach. The staff also participates in the treatment program in both individual and group psychotherapy, play therapy, etc. The department utilizes psychological tests and techniques in the selection of all employees for the institution, and collaborates in the preadmission screening program.

Complete records are maintained of all work done and copies are filed in the medical record and in the department. All reports are handwritten by members of the staff, reviewed by the Director, and typed by the secretary. Additional clerical assistance is needed for the department. Monthly reports are not submitted to the Superintendent.

The school cooperates with several colleges in the training of internes and students. At the time of the survey, there were five internes and two summer students in training. The Director and his assistants supervise the training program and weekly seminars. Case discussions are held. The department also participates in the attendant training program, staff conferences, and committee meetings.

The Director coordinates research in the school and several projects were in progress. One of the physicians was collecting data on the relationship between the degree and type of mental deficiency and skull malformations as evidenced by X-ray findings. The Psychology Department was conducting a one-year project on the correlation between the Ammons and Peabody Picture Vocabulary Tests as measures of intelligence by running correlations on each against the Standford-Binet and the Wechsler Scales. Another project pertained to validating the Ohio Literacy Test against the

PSYCHOLOGY DEPARTMENT CONT'D.

Jastak School Achievement Test. Negotiations were under way for a joint research project with the Woodward State Hospital and School and Grinnel College on the "Conditioning Response in Learning of the Retarded." Due to lack of research funds, it was hoped a grant might be received from the National Institute of Mental Health for this purpose.

During the year preceding the survey, two articles were published in the "American Psychologist" by one member of the Psychology Department.

The medical staff takes an active interest in this department and coordinates the treatment program with consultant psychiatrists.

RECOMMENDATIONS

1. The personnel quota for psychologists should be increased to meet the standards of the Personnel American Psychiatric Association (see Table I). Every effort should be made to increase the staff.

- 2. More office space, examining rooms, Space and play therapy facilities, and a one-way screen Facilities for teaching purposes should be provided.
- 3. The backlog of psychological testing of the resident patient population should be Backlog completed as soon as possible.
- 4. Monthly reports should be submitted
 to the Superintendent.

 5. All psychotherapy should be under
 medical supervision and guidance.

 Monthly
 Reports
 Psychotherapy

OUTPATIENT DEPARTMENT

Outpatient service is an integral part of the hospital program, chiefly for the purpose of preadmission screening, and regular hospital facilities are used. A full-time Director of Extramural Psychiatry has not been appointed and the Super-intendent supervises this work in collaboration with the Director of Psychological Services and the Social Service Department.

The process of evaluation of applicants for admission is a continuous program and usually one case per day, for three to five days per week, is routed to the several departments. The departments participating in this program are: Social Service, Psychology, Vocational, Medical, Speech and Hearing, and Special Education. During the process of evaluation, the parents of the child receive orientation.

The Admissions Committee meets weekly to discuss each case evaluated and to determine disposition. The committee's functions are: to decide whether the child is admissable; to determine whether there are community facilities which can provide better or equal care, training, and education to that of the institution; to set a date of actual or probable admission to the institution if there is no room immediately available for the child; to place the child on the indefinite waiting list with a future date for restaffing; and to defer decision pending further information or evaluation.

After the meeting of the Admissions Committee, the Social Service Department notifies the parents and the County Welfare Department of the decision of the committee and makes suggestions to them for care, management, or education of the child during the waiting period. Since there are usually about 150 on the waiting list, this waiting period could be, and frequently is, over two years. During the fiscal year preceding the survey, approximately 150 children were evaluated by the hospital staff.

Child Development Centers in the hospital district are located in Iowa City and Des Moines. These centers are community activities supported by federal funds. Children who do not meet the requirements of admission to the institution may be referred to these clinics.

OUTPATIENT DEPARTMENT CONT'D.

Cases on the waiting list, and others that need supportive treatment or counseling, come to the school outpatient clinic. The school also conducts a modified day care program for children living in the vicinity of the school which is supervised by the Educational and Training Department.

A Family Care Program had recently been started under the supervision of the Social Service Department with the cooperation of the Vocational Rehabilitation Department. At the time of the survey, there were two male and three female patients in family care. The "family caretaker" is paid between \$80 and \$90 per month and some are paid as high as \$120. The Social Service Department selects and approves the home for family care. This program could be expanded if sufficient social service personnel were available and if the local community would provide more support.

At the time of the survey, there were a total of 116 patients on job placement or convalescent leave. Patients unable to come to the hospital are visited in their homes by a social worker. The period of trial visit is undetermined and varies in accordance with each individual case before discharge is recommended.

RECOMMENDATIONS

- 1. The splendid preadmission program Preadmission should be encouraged and expanded. Program
- 2. More adequate facilities for the Facilities outpatient clinic should be provided. for Clinic
- 3. A Director of Extramural
 Service or Outpatient Department should Child
 be appointed. The services of a qualified Psychiatrist
 child psychiatrist would best serve this
 purpose.

OUTPATIENT DEPARTMENT CONT'D.

RECOMMENDATIONS CONT'D.

4. The rate paid for the "family caretaker" should be at least equal to the cost per patient per day for inpatients. This program should be encouraged and expanded, and every effort made to obtain community support.

Family Caretaker

5. The Day Care Program should be under the direction and supervision of the Outpatient Department.

Day Care Program

EDUCATIONAL PROGRAM (EMPLOYEES)

The Attendant Training Program is under the supervision of the Director of Nursing Education, who is a registered nurse and has had experience in teaching nursing procedures. A basic course is given all newly employed attendants and is compulsory. It consists of 72 hours of didactic work with two classes a week for a period of 32 weeks. An advance elective course is given to attendants who have completed the basic course and covers a period of 30 weeks with weekly meetings. Approximately 237 attendants, of a total of 282, have completed the basic course, and about two-thirds of those who completed the basic course have completed the advanced course. Graduation exercises are held on the completion of these courses, and pins and certificates are issued. Members of the nursing staff and representatives of all professional departments assist in the training program for attendants.

The school cooperates with colleges in the training of students and internes in psychology (see Psychology Department). There are no other training programs for students. There are two classrooms in the Administration Building, an office for the Director of Nursing Education, and a library for student use. Individual records on students are kept.

EDUCATIONAL PROGRAM (EMPLOYEES) CONT'D.

RECOMMENDATIONS

The training program for attendants may well be increased to 100 hours or more and spread out over a longer period of time.

Training Program

2. Efforts should be made for rotation service of residents in psychiatry, pediatrics, physical medicine and possibly orthopedics, Rotation by negotiation with medical schools in the State or nearby Omaha, Nebraska. Such a program could be also arranged for internes and clerkships for medical students.

Similar programs should be considered for affiliate student nurses and for cooperative training courses with colleges and universities in occupational therapy, vocational rehabilitation, and social work.

Cooperative Training

4. In-staff courses for charge attendants, cooks, and other groups should be established In-staff when qualified teachers have been added to the Courses staff.

PATIENT EDUCATION

In addition to the Director of Special Education (see Table I), there are 12 rehabilitation therapists, six recreational therapists, 16 vocational therapists, a music instructor, two canteen employees, a janitor, and a fulltime secretary in the Educational Department. Of these, 17 are licensed teachers, five have had special training for work with the mentally retarded, and the remainder have had on-the-job training. Teachers are required to attend a three-day workshop annually in refresher courses.

The Educational Program encompasses academic training, occupational therapy, recreational therapy, and industrial and vocational training. The habilitation program is compared to a ladder with five rungs.

PATIENT EDUCATION CONT'D.

The first rung is a program for the low functional groups of trainables up to an I.Q. of 25.

The second rung is the middle functional group with an I.Q. of 25-50, who are trainable and may be educable.

The third rung is composed of the low-high functional group with an I.L.Q.L. from 50-60, who are educable and trainable.

The fourth rung is the middle-high functional group with an I.Q. of 60-70, who are actually habitable, receive special rehabilitation training, and are assigned to individual and specific programs with a minimum of supervision.

The fifth rung is composed of the high functional group with an I.Q. of 70 and over, who are called "trainee-employees" and are assigned to regular hospital jobs with emoluments in the form of salary averaging \$8 per week of work. These trainee-employees live and eat with regular employees, have the privilege of visiting in town, and receive special extramural training covering approximately 100 different training objectives.

The academic program consists of a nursery unit, a kindergarten, a trainable unit, a primary unit, an intermediate department, and a music department.

The nursery unit is composed of children between 3-8 years of age, regardless of intelligence quotient or mental age provided they are toilet trained, who may have mild physical disabilities, auditory impairments, visual deficiency, etc. This unit is divided, according to chronological age, into groups not to exceed 10 students per group.

The kindergarten unit is composed of children who have shown readiness for this stage of training and is limited to those with the upper chronological age of 11.

PATIENT EDUCATION CONT'D.

The trainable unit is composed of children who have reached the age of eight or over, but are not capable of going into the primary unit.

The primary unit is composed of children who are ready for this type of program and limited to the upper chronological age of 13. The core of curriculum for the primary group is self-realization, good human understanding, economic efficiency, civic responsibility, spiritual value, and use of leisure time.

The intermediate department is composed of children who have advanced beyond the primary unit and there is no chronological age limit. Its objectives are an extension of the primary unit.

The music program is organized to provide the most progressive creative medium through which the general objectives established for the girls and boys of the school can be attained, and to complement the social, academic, and nonacademic objectives. It consists of vocal music, instrumental playing, creative expression, rhythm activities, and instrument familiarization.

The school year is 188 days in duration, is supplemented with a summer school program, and there are five hours and 45 minutes of class work daily. Classes are graded in accordance with the five rungs of the ladder described above. The number of pupils in each class ranges from eight to ten in the trainable group and 12 or less in the educable group. At the time of the survey, a total of 512 were enrolled in the academic school.

The school building is a fairly new structure, built in 1953. It is located in the north-central section of the grounds near the Administration Building and adjacent to the boys' cottages. It is a three-story fire-resistant building.

The ground floor contains: the industrial shops, including the woodworking shop, print shop, shoe repair

PATIENT EDUCATION CONT'D.

shop, and crafts classroom; two occupational therapy classrooms equipped with looms, and wood working and furniture upholstering equipment; a chiropodist's clinic and dressing rooms with lockers for boys and girls; and a dining room.

The first floor contains the gymnasium, equipped with bleacher seats; a well-equipped home economics section with a completely furnished model apartment; a kindergarten classroom; an auditorium with stage equipment and two small dressing rooms; a music center, including a band room, practice rooms, and office; and offices for the Director of Education, chaplain, and secretary.

The second floor contains nine classrooms and toilet facilities.

The building has standpipe and hose and has adequate fire extinguishers. Regular monthly fire drills are held, and twice a year the city fire department participates in drills.

The building is well equipped and lighting is adequate. Ventilation is inadequate. The industrial shops need exhaust vents or hoods to eliminate dust and other noxious material, and air conditioning of the entire building would be desirable. Additional office space is needed for teachers. Necessary books and supplies are always available.

Both sexes are enrolled in the same classes and individual pupil training is provided when indicated. Pupils are regularly promoted according to their abilities. Graduation exercises are not held. Physical education is a part of the training program.

Day school pupils from neighboring areas are accepted in the school. Class instruction and activities are provided, including vocational training. Day school pupils attend the school from 8:30 a.m. to 3:00 p.m. daily, five days a week, and receive their noon meal in the school cafeteria.

PATIENT EDUCATION CONT'D.

RECOMMENDATIONS

1. This excellent program should be continued and encouraged.

Program

2. The addition of a part-time or full-time speech therapist would be beneficial.

Speech Therapist

3. Adequate ventilation should be provided in the industrial shops, and air conditioning of the entire school should be considered.

Ventilation and Air Conditioning

4. Additional office space for teachers should be provided.

Office Space

RESEARCH

There is no Department of Research at the school. Most of the research is done by the Psychology Department (see Psychology Department).

RECOMMENDATIONS

1. A research committee of the staff should be appointed to coordinate and encourage research by all professional personnel.

Research Committee

SURGICAL DEPARTMENT

The hospital is not equipped for major surgery and all patients in need of surgery are transferred to local general hospitals or the University of Iowa Hospital in Iowa City. There is a minor surgery room located on the third floor of Lacey Hall, which is used for examinations and as an emergency dressing room.

SURGICAL DEPARTMENT CONT'D.

A graduate nurse is in charge of the minor surgery room and other nursing personnel are available when needed. Minor surgery is performed by members of the resident medical staff.

The minor surgery room is well equipped for its purpose, and includes splints for fractures. Emergency lighting is not available. A waiting room with toilet facilities for patients is not provided. The supply room adjoins the minor surgery room and is equipped with sterilization equipment. A recording thermometer in the discharge line of the autoclave is available and color indicators are used to control sterilization. Periodic cultures of sterile supplies are not made.

A log book is kept of all minor surgery and emergency procedures which contains all necessary information. During the fiscal year preceding the survey, 24 patients were sent to the University Hospital for surgical care and five patients were sent to the local general hospital for emergency surgery.

RECOMMENDATIONS

l. Cultures of sterilized materials should be run at least monthly to check the efficiency Cultures of the sterilization.

MEDICAL SERVICE

Lacey Hall is used for the infirmary and for acutely ill patients. There are two hospital wards; one for male patients, located on the third floor, with 19 beds and six cribs; and one for female patients, on the second floor, with 13 beds and 11 cribs.

A staff physician is in charge of the medical wards and is responsible for the treatment of physically ill patients. A registered nurse is on duty at all times in the medical wards. Isolation wards or suites are not available. The day room or single rooms are used for isolating patients suspected of having tuberculosis or other infectious disease.

MEDICAL SERVICE CONT'D.

The medical wards are fairly well equipped. Facilities for EKG and BMR tests are not available at the hospital. An eight-channel electroencephalograph is available and the X-ray technician, who has had training in its operation, runs the machine. Tracings are read by the consultant specialist. Approximately 250 tracings were made during the year preceding the survey.

Clinical conferences are held in some specialties (see Resident Staff). Clinic facilities are inadequate. There is no standard procedure for regular annual physical examination of the resident patient population, but it is estimated physical check-ups are made at least annually.

Patients' medical records include all physical history, and laboratory tests are used to assist in the diagnoses. Consultations are required in critically ill cases and when the diagnosis is obscure. The clinical records checked were complete and up-to-date.

RECOMMENDATIONS

1. All patients should have an annual physical examination. This could easily be set up in a tickler file using the anniversary of the patient's admission to the hospital. Many hospitals have found it desirable to use part-time general practitioners from the community to make these examinations.

Annual Physical Examinations

2. Isolation wards or adequate isolation suites should be provided, and they should be equipped with separate toilet facilities as well as proper nursing utility equipment in order that proper isolation technique and procedures may be practiced.

Isolation Rooms

3. Adequate facilities for clinics, with the necessary equipment in the several specialties, should be provided. A waiting room with toilet facilities for patients should be included.

Clinics

CONTAGIOUS DISEASES

Since there are no isolation rooms or suites, single rooms or the day room are used on the hospital wards for patients with contagious diseases. Improvised isolation technique is used and commodes are placed in single rooms when required.

All new admissions receive the usual vaccinations and immunizations, including small pox, typhoid and poliomyelitis vaccines, and inoculations for small pox, diptheria and tetanus. No records of the actual number of contagious diseases are kept, but it is estimated, during the fiscal year preceding the survey, there were 20 cases of measles, eight cases of three-day measles, two cases of scarlet fever, five cases of chicken pox, and three cases of infectious hepatitis. In addition, there had been five episodes of diarrhea, involving 20 to 100 patients each time, which promptly responded to treatment. Since stool examinations were not done, the etiology of these gastrointestinal infections is unknown.

There were no fatalities attributed to a communicable disease during the year preceding the survey. Data regarding the incidence of cross-infection was not available.

RECOMMENDATIONS

1. Accurate statistics of all communicable and contagious diseases should be kept and monthly reports submitted to the Superintendent. Totals should be compiled for each year.

Statistics

2. All necessary diagnostic measures should be utilized to determine the etiology when outbreaks of gastro-intestinal infections occur.

Diagnostic Measures

3. Adequate isolation facilities should be provided and proper isolation techniques observed.

Isolation Facilities

CLINICAL AND PATHOLOGICAL LABORATORIES

The physician in charge of the Medical Service supervises the laboratory. The laboratory is located on the fourth floor of the Lacey Building. The location is suitable, but the space is inadequate.

The laboratory is equipped to do some bacteriological and chemical examinations. Special tests and all pathological and serological examinations are done by the State Hygienic Laboratory, or by the local hospital in an emergency. The facilities of the laboratory are adequate for the present needs and the equipment is modern.

There is one qualified, but not registered, full-time technician and a part-time practical assistant. These technicians work both in the X-ray and clinical laboratories.

An autopsy room, mortuary, and museum are not available. Autopsies have not been performed for several years. The pathologist at the University Hospital serves as consultant when needed, but does not come to the hospital.

There is no blood bank nor is a list of possible donors kept. All new patients receive a complete blood count, urinalysis, and serology. Routine stool examinations are not done.

Requests for laboratory work are made in writing on printed forms. Reports are signed by the technician. All reports are filed in the patient's record and copies are filed in the laboratory. A cross index of name and case number is kept for both male and female patients. Monthly reports are not submitted.

RECOMMENDATIONS

- 1. Adequate space for the laboratory Space should be provided.
- 2. The laboratory should have at least one registered technician, and additional technicians should be employed. Qualified Personnel technicians should be encouraged to become registered.

CLINICAL AND PATHOLOGICAL LABORATORIES CONT'D.

RECOMMENDATIONS CONT'D.

3. Consideration should be given to expanding the laboratory facilities to include pathological examinations. This would require the provision of an autopsy room with an adequate mortuary, and a consulting or part-time pathologist to supervise the laboratory and do autopsies.

Expansion

4. Most hospitals' autopsy rate is over 20 per cent. Every effort should be made to. perform as many autopsies as possible.

Autopsy Rate

5. Routine examinations of new patients and all food handlers should include a stool examination.

Stool Examinations

X-RAY DEPARTMENT

A consulting radiologist spends approximately three hours a week at the hospital, reading films and doing gastro-intestinal series. There is one qualified technician, who is not registered, and a part-time practical assistant, both of whom also work in the clinical laboratory.

The department is well located on the fourth floor of Lacey Hall and there is adequate space, but dressing rooms are not available. There is an office combined with the files and a dark room.

Stereoscopic equipment is not available. Radiography and fluoroscopy are done but there is no bedside unit. All other X-ray services, including therapy, are available at the University Hospital in Iowa City. Equipment is new and modern, is shock proof, and safety films are used. Dental films are periodically worn by technicians to detect radiation exposure. Dosimeters are not used. The filing system was satisfactory and a cross index card system is used listing name and hospital number.

X-RAY DEPARTMENT CONT'D.

Requests for X-rays are made in writing on printed forms. Reports are signed by the radiologist and are filed in the medical record, and a copy is kept in the department. Monthly reports are not submitted, but it is estimated between 100 and 125 films are taken and approximately two G.I. series examinations are made per month.

RECOMMENDATIONS

The qualified technician should be encouraged to become registered.

Registered Technician

Adequate safety precautions should be observed and technicians should wear some type of radiation detector at all times.

Safety Precautions

DENTAL DEPARTMENT

There is one full-time dentist and one dental assistant in this department. The dental clinic is located on the first floor of Lacey Hall. The location is suitable but the space is inadequate. There are one dental chair, one dental unit, anesthesia apparatus, a dental X-ray, two lavatories, two instrument cabinets, viewing boxes, and sterilizers. A small waiting room adjoins the clinic. A dental laboratory and dark room are not available. The facilities of the X-ray department are used for developing films.

All newly admitted patients are examined and charted, and all needed dental work is done. All patients' teeth are examined and cleaned twice a year. Dentures are made by outside laboratories. The department supervises oral hygiene on the wards and participates in the attendant training program.

Reports are filed in the department, but copies are not placed in the medical record. Dentures are not marked for identification and dentures not in use are stored on the wards. Monthly reports are not made.

DENTAL DEPARTMENT CONT'D.

RECOMMENDATIONS

1. The dental clinic needs a new operating unit as the present one is old and obsolete. Additional equipment that is needed should be provided.

Operating Unit for Dental Clinic

 Adequate space should be provided for the dental clinic, to include a dark room and small laboratory.

Space

3. The personnel quota for this department should be increased and, if possible, a dental hygienist should be employed.

Increase Personnel Quota

4. Portable dental equipment should be made available to the dentist or hygienist to use for patients who are physically unable to come to the dental clinic.

Portable Dental Equipment

5. A summary of dental findings and treatment given should be filed in the medical record.

Summary of Dental Findings

6. Dentures not in use should be stored in the dental office.

Storage of Dentures

7. Monthly reports should be made to the Superintendent.

Reports

THE PHARMACY

A half-time registered pharmacist is in charge of the pharmacy and in his absence a graduate nurse serves as relief. There are no assistants. The pharmacist belongs to the American Pharmaceutical Association and local societies in Nebraska and Iowa. A pharmacy committee has been appointed and consists of a physician, the business manager, and the pharmacist.

THE PHARMACY CONT'D.

The pharmacy is located on the fourth floor of Lacey Hall and consists of a combination dispensary and compounding room and two storage rooms which are adequate for the hospital's present needs. Refrigeration is adequate and narcotics and alcohol are being properly handled. The reference library is complete and up-to-date.

Only a limited amount of ointments and solutions are manufactured and approximately 97 per cent of preparations used are standard preparations. Staff members are informed of new drugs received.

Drugs are kept in locked cabinets on the wards. Ward drug cabinets are checked quarterly by the pharmacist. A hospital formulary has not been adopted.

The use of sedatives and ataractics is controlled by the medical staff, but there are no automatic stop orders on any drugs except narcotics.

A physician's signature is required on all orders for drugs but a nurse or charge attendant can sign orders for household remedies or supplies. One file is kept for narcotic prescriptions and another is kept for other prescriptions. An annual physical inventory is taken. Monthly reports are not made.

RECOMMENDATIONS

1. Automatic stop orders should be Automatic Stop adopted for sedatives, ataractic drugs, and Orders antibiotics.

MEDICAL RECORDS

A chief clerk is in charge of medical records, serves as registrar, supervises secretaries, and is the clothing supervisor. She is a high school graduate with business school training and, at the time of the survey, had served in her present position for five years. There are 13 employees under her supervision, which is considered adequate

MEDICAL RECORDS CONT'D.

for the hospital's present needs. A records committee has been appointed and they control the caliber of the records but do not examine records before filing. At the time of the survey, records were checked by the records clerk; however, it is planned to have the records committee examine all records before filing in the future.

There is a standard order in which material is filed in regular filing folders. Sheets in the record are not fastened together and were difficult to examine. Commitment papers are kept with the medical records and correspondence is kept in separate folders. Records examined contained all the essential information, most of it on printed forms. Special reports are filed with the Central Office on all suicides, sudden deaths, etc. The hospital is not required to report contagious diseases and no reports are made.

Medical records are written or dictated by physicians only and are recorded at the time of preadmission examination and promptly after a patient's admission. Reports are signed by the physician making the entry. Records are kept in regular metal files in a non-fire resistant building. Active and inactive records are filed by hospital number. A cross index of name and number is maintained. Microfilming has not been tried.

Two offices and a file room in the Administration Building are used for the Medical Records Department. All records, except records for patients on the hospital wards, are kept in the medical secretary's office in Lacey Hall. Sufficient space is available for active files and archives.

The Iowa State system of nomenclature was being used at the time of the survey; however, beginning July 1, 1960, the new nomenclature of the American Association on Mental Deficiency was to be adopted.

RECOMMENDATIONS

1. A registered medical records Registered Medical librarian should be obtained to head this important work.

MEDICAL RECORDS CONT'D.

RECOMMENDATIONS CONT'D.

2. Records should be kept in as near fireproof storage as possible. All record files should be labeled, "Priority in Case of Fire or Disaster".

Fireproof Storage

3. The microfilming of inactive records of deceased patients should be considered to reduce the amount of old records that have to be stored.

Microfilming

MEDICAL LIBRARY

A part-time librarian is in charge of the medical library. At the time of the survey, she had been on the hospital staff five months, and had received her training in the hospital. A library committee had been appointed and planned to hold regular meetings.

The library is located on the first floor of the Administration Building. The location is satisfactory and the space is adequate with room for stack expansion. The library is occasionally used for other purposes. It is well equipped and attractively furnished.

The contents of the library consist of about 800 books, many of which are new. Eight new books were added during the year preceding the survey. There are 28 journals and periodicals received on a subscription basis. The library is affiliated with the medical libraries at the State University and medical schools in Omaha, Nebraska. The library is open only part-time, but all physicians and professional staff members carry a key to it.

During the fiscal year preceding the survey, \$388.67 was expended for the library and the current fiscal year budget at that time was \$1,581.57. Books are indexed by author, subject, and title. Circulation records had recently been started. Monthly reports are not made.

MEDICAL LIBRARY CONT'D.

RECOMMENDATIONS

1. Journals which are worth keeping should be bound for future reference.

Bound Journals

2. Circulation figures should be compiled and a monthly report should be made to the Superintendent.

Circulation Figures

CHEMOTHERAPY

All physicians prescribe ataractic, anti-convulsant, and stimulating drugs, but the selection of patients, control of the program, and the follow-up on all patients is carried out by a team of staff consultants. Several drugs are used with preference for the use of Thorazine, Librium, Stelazine, and Compazine. Thorazine and Stelazine are also used in combination. Patients are carefully screened before treatment with drugs is initiated, and routine laboratory checks of patients on these drugs are made. No research on the use of these drugs is being conducted.

Adequate clinical records are kept on patients on drug therapy and progress notes are made which are entered in the medical record. Approximately 75 per cent of the patients in Lacey Hall and Mogridge Hall, 30 to 50 per cent in the Juvenile Girls' Hall, and 10 per cent in the boys' cottages receive chemotherapy with these drugs.

Approximately \$9,000 annually is expended for drugs. In the opinion of the medical staff, definite benefits are derived from the use of this form of treatment.

During the fiscal year preceding the survey, there had been no unusual reactions or fatalities from the use of the drugs. Monthly reports are not made.

RECOMMENDATIONS

1. Monthly reports should be submitted Reports to the Superintendent.

SHOCK THERAPIES

A limited amount of electroshock treatment is the only shock therapy used at this hospital. All patients selected for this form of treatment are carefully screened and discussed at a clinical conference attended by staff physicians and consulting psychiatrists.

Treatments are administered in the dispensary, located on the third floor of Lacey Hall, and patients recover on the hospital wards. Adequate facilities and equipment are provided and experienced nursing personnel assist.

During the fiscal year preceding the survey, 10 patients received a total of 163 electroshock treatments. There was one accident resulting in a fracture but there were no fatalities.

Individual records are kept and filed with the medical record. Monthly reports are not made.

RECOMMENDATIONS

1. Monthly reports of the number of patients treated and the number of treatments Reports given should be submitted to the Superintendent.

PSYCHOTHERAPY

There is no Department of Psychotherapy at the school. The Superintendent and two consulting psychiatrists are the only physicians trained in psychotherapy.

Group psychotherapy is conducted by psychologists under the supervision of the Superintendent and consulting psychiatrists (see Psychology Department).

The hospital conducts a form of therapeutic community program known as the "Therapeutic Team Program". The hospital is divided into four areas, each headed by a team with a physician in charge, assisted by a nurse, psychiatric social

PSYCHOTHERAPY CONT'D.

worker, clinical psychologist, a teacher, a vocational rehabilitation trainer, a recreational technician, the chaplain, and ward attendants. The assistant chief clinical psychologist acts as advisor and coordinator. Teams have daily meetings in the respective areas to discuss progress and coordinate treatment procedure.

RECOMMENDATIONS

None.

HYDROTHERAPY

This type of treatment is not used at the school.

RECOMMENDATIONS

None.

PHYSICAL THERAPY

Two registered physical therapists with many years of experience serve this department. A staff physician and the Superintendent supervise the department.

The Physiotherapy Department is located on the second floor of Lacey Hall and occupies a part of a ward which has been partially partitioned. The location is not suitable, space is inadequate, and the department encroaches on ward space which is badly needed to prevent overcrowding.

Equipment consists of one tile table, two stand-in tables, three treatment tables, two infra-red lights, one ultra-violet light, one electrical stimulator, one suspension-sling exercising apparatus, and one exercise mat. The department chiefly treats paralysis cases and fits braces for cerebral palsy patients.

PHYSICAL THERAPY CONT'D.

All requests for treatment are signed by a physician and progress notes are kept on file in the department but are not entered in the medical record. A record of the number of patients or number of treatments is not kept. but it is estimated that approximately 400 treatments are given weekly. At the time of the survey, 32 patients were under treatment. The staff feels this department is a valuable asset to the hospital.

RECOMMENDATIONS

Consideration should be given to moving this department into larger quarters.

Relocate Department

2. Additional equipment and assistants Equipment and will be needed when the department expands.

Assistants

OCCUPATIONAL AND RECREATIONAL THERAPY DEPARTMENT

Since these departments are combined into one department at the school, their activities will be covered together (see Patient Education).

The director of this department and most of the teachers have been trained in both occupational and recreational therapy. Two special therapists are assigned to occupational therapy and four instructors are assigned to the industrial shops. are 12 recreational instructors, five of whom are employed full-time, and seven of whom are college students employed during the summer months only. Most of the teachers combine occupational and recreational activities with the academic program.

There is an arts and crafts center located on the ground floor of Meyer Hall (school), and all classrooms have some crafts equipment. The classrooms and occupational therapy center are fairly well equipped; however, some additional items are needed. Toilet facilities for both patients and employees are available. Storage space is insufficient.

OCCUPATIONAL AND RECREATIONAL THERAPY DEPARTMENT CONT'D.

The usual arts and crafts are taught, depending on the type of craft work each child is adapted to, and projects are varied to stimulate interest. Weaving reed baskets interests many patients. Other crafts include ceramics, wood working, leather work, painting, drawing, etc. Other activities include home economics, industrial arts, a print shop, a shoe repair shop, etc. During the fiscal year preceding the survey, approximately 300 patients participated in this program.

Some articles made in occupational therapy are sold and the money, less the cost of material, is given to the patient. Some of the articles are used in the hospital.

The medical staff is very much interested in this department. Selection and referral of patients to occupational therapy is a part of the school curriculum under the guidance of the Director of Education. Progress records are included in educational reports and are filed in the department. Reports of the activities of this department are included in the monthly report of the Department of Special Education.

Recreational facilities, in addition to those mentioned under Patient Education, include extensive lawns and park areas, a number of open and enclosed playgrounds in close proximity to the buildings, a large athletic field with a ball diamond, basketball courts in the rear of most buildings, recreation rooms, picnic grounds, etc. Playgrounds are equipped with a variety of items including swings, merry-go-rounds, tricycles, wagons, a miniature train with rails, etc. The athletic field is located in a bowl which is not comfortable for summer activities for lack of adequate ventilation. Portable bleachers are available.

Most wards are equipped with radios and television sets, but there is no central radio system. Some patients have individual radio sets.

A recreational schedule is prepared monthly and special activities bulletins are published by the Special

OCCUPATIONAL AND RECREATIONAL THERAPY DEPARTMENT CONT'D.

Services Department. A variety of both indoor and outdoor games is available, although additional equipment is needed, including a swimming pool.

The auditorium is equipped with two 35 mm. stationary motion picture projectors, and there are three 16 mm. portable machines. Two shows are presented each week in the auditorium and weekly shows are presented on six wards.

Dances are held regularly, patients are taken on walks and shopping parties, and plays are presented with patient participation. Other activities include Boy Scouts, Girl Scouts, bowling, square dance classes, hikes, nature study, the Annual Achievement Day Program, picnics, song fests, and educational trips. Groups of patients are taken to wrestling matches, ball games, fishing parties, visits to fairs, automobile races, swimming parties, etc.

The program for the blind includes reading aloud and phonograph reading books.

A quarterly school paper entitled "The Hill Topic" is published by the Special Services Department.

The music center is located on the first floor of Meyer Hall. There is a 10-piece junior band and an 18-piece senior band. Individual music lessons are given. A senior and junior choir have been organized. The bands and choirs give many entertainment programs for the patients and make numerous trips to different towns to participate in parades and other civic functions. The choir provides music for religious services and has sung for many churches and other organizations throughout the surrounding areas.

Physical education is a part of the school curriculum and all children attending school receive physical education.

Reports of recreational activities are included in the monthly report of the Special Education Department. No progress notes are made on individual patients.

OCCUPATIONAL AND RECREATIONAL THERAPY DEPARTMENT CONT'D.

RECOMMENDATIONS

1. The number of occupational and recreational therapists should be increased and some registered or graduate therapists should be obtained. As much as possible, the therapists should be assigned to only one activity.

Personnel

2. A new modern activities building should be erected which should contain an auditorium, gymnasium, swimming pool, bowling alleys, library, occupational therapy classrooms, and a music center with individual practice rooms as well as adequate office and storage space.

Activities Building

3. All referrals to occupational therapy should be on a prescription signed by the R patient's physician.

Referrals

4. Progress notes should be made on all patients and should be entered in the medical record.

Progress Notes

5. The Physical Education Program should be expanded to reach the older patients.

Expand Program

6. If possible, the athletic field should be relocated on higher ground to provide maximum air circulation during the summer months.

Relocate Athletic Field

7. Needed additional equipment should be provided.

Equipment

INDUSTRIAL THERAPY DEPARTMENT

The Director of Vocational Rehabilitation is in charge of this department which includes rehabilitation, vocational

INDUSTRIAL THERAPY DEPARTMENT CONT'D.

training, industrial therapy, work placement of patients outside the hospital, and a Trainee-Employee Program. The director had been in charge of this department for three years at the time of the survey and, before that, had had one year's experience and had held the position of counselor. He is a high school graduate, has had special courses in the principles of rehabilitation at the University of Pennsylvania, and has attended workshops for counselors of the mentally disturbed at the University of Iowa.

There are four vocational trainers and counselors in the department, a full-time secretary, and three students employed during the summer. The Superintendent acts as medical advisor.

The department has one large office in the Administration Building which is used by the director and secretary, and one office in each of the following buildings: Mogridge Hall, the Boys' School, and the Girls' School.

The program of this department is coordinated with the Department of Special Education and the Therapeutic Team Program (see Patient Education, Psychology Department, and Psychotherapy). Patients who reach the fifth rung of the rehabilitation ladder are eligible for the Trainee-Employee Program under the direct supervision of the Vocational Rehabilitation Department. Trainee-employees receive salaries and live apart from patients, the males in the Industrial Building and the females in the Employees' Dining Room Building. They work a regular 40-hour schedule and have the same holidays as other employees. They are entitled to full medical and dental care and only in this respect do they differ from other employees.

Work assignments are made by this department on the basis of the ability, skill, and intelligence level of the patient. Assignments are changed if the patient requests it or does not adjust. Patients are supervised by trained employees in the departments concerned. Daily progress reports are made by the supervisor. Every six months a patient's work assignment appraisal is made by the counselor,

INDUSTRIAL THERAPY DEPARTMENT CONT'D.

and annual vocational surveys and job analyses are made for each patient. These reports are filed in the department but not in the medical record. Monthly reports are not made, but it was planned to start monthly payroll and progress (notes) reports to be submitted to the Superintendent.

Rehabilitation of the patient is the prime purpose of work assignments; however, patient work is necessary to maintain hospital functions and, in certain areas, patients are used as substitutes for employee work. At the time of the survey, a total of 778 patients were on work assignments (442 men and 336 women). Of these, 321 patients were assigned to ward housekeeping and assisting with patient care, and 457 patients were assigned to industrial therapy. Patients work in 24 different departments and areas and the greater number are assigned to the food service, laundry, industrial shops, farm, and grounds. Patients are paid a salary ranging from 25¢ to \$10 per month in canteen credit cards, except those patients on rehabilitation wards who receive cash. The hospital has a budget of \$1,600 for salaries of patient employees. The amount of salary is determined by the supervisor on the job and is prepared for each department and submitted to the director of the department for approval.

In addition to work assignments at the school, a Vocational Placement Program for job placement outside of the school is conducted under the supervision of this department. A counselor from the State Department of Vocational Rehabilitation comes to the school one-half day a week to work in liaison with the school program for placement of patients in outside employment. Outside placements are chiefly in the areas of Council Bluffs and Des Moines. From March of 1958 until June of 1960, a total of 65 patients were placed in jobs. There were 11 returnees and 53 were still working. Twenty patients on job placement were carried on the hospital roll at the time of the survey. Additional training, away from the school, is provided in some cases by the State Division of Vocational Rehabilitation before job placement.

INDUSTRIAL THERAPY DEPARTMENT CONT'D.

Working conditions are good in general except in the power house where the coal-handling facilities lack adequate ventilation and present a water hazard; in the farm area where toilet facilities for patients are lacking; and in the basement of the laundry.

RECOMMENDATIONS

- 1. This excellent program should be Expand encouraged and expanded. Program
- 2. Progress reports on individual Progress patients should be filed in the medical Notes report.
- 3. Working conditions in the areas Working mentioned above should be improved. Conditions

RELIGION

The school has four part-time chaplains; two are Protestant chaplains, one is a Roman Catholic chaplain, and one is a Jewish Rabbi. Two chaplains spend eight hours per week in the school, one spends 24 hours per week, and one eight hours per month.

There is no separate chapel building and services are conducted in the auditorium, the school, in the chaplains' offices, and on the wards. Protestant services are held twice on Sunday at 9:00 a.m. and 7:00 p.m. with an average attendance of 350 patients at each service. Catholic services are on Sundays for approximately 250 patients. Jewish services are held for seven Jewish children once a month.

The Catholic chaplain conducts classes in education and religious training in the auditorium and in other school rooms when they are available, with an average attendance of 50 patients. Protestant chaplains conduct religious training. A Sunday school type of religious class has been established

RELIGION CONT'D.

for those who attend school and for some of the wards in other buildings. These classes consist of Bible-story film strips and the teaching and singing of hymns. Five classes are held in the school building with an attendance ranging from eight to 125 pupils. Ward classes are held with groups of 20 to 40 patients. A visual education library of Bible-story film strips has been organized and includes such equipment as a projector and a record player donated by volunteer groups. A program of religious activities is published.

The chaplains visit newly admitted patients, the critically ill, do some religious counseling, make ward rounds, and perform burial services. They participate in the public relations program, the inservice training of attendants and staff, and, as members of the Therapeutic Team Program, assist in the rehabilitation program. They occasionally attend clinical conferences. The medical department has worked in close harmony with the clergy.

Records are kept of services and attendance, religious classes, ward visits, counseling sessions, and official acts. A copy of a monthly report is sent to the Superintendent.

RECOMMENDATIONS

 A separate chapel building which could be used by all faiths for religious services is Chapel desirable.

RESTRAINT AND SECLUSION

Mechanical restraint, in the form of bed harness, arm and leg ties, mittens, and nets over cribs, is used at the school. Patients in restraint are carefully protected. At the time of the survey, there were five patients in full restraint and 30 patients in partial restraint. Restraint is used to prevent self-abuse and to protect the patient from injury to himself and others.

Seclusion is used to a lesser extent for similar reasons as restraint. Single rooms and special seclusion

RESTRAINT AND SECLUSION CONT'D.

rooms are used. At the time of the survey, there were 11 patients in seclusion.

All orders of restraint and seclusion are written and signed by a physician and they are limited to a 24-hour period. Records are kept of all restraint and seclusion but this information is not entered in the medical record. Monthly reports are not made, but a 24-hour daily report is submitted to the office of the Director of Nurses. The staff is reluctant to use these measures and, in order to eliminate their use, additional nursing personnel and physicians are needed. Also, reduction of overcrowding and the increase of recreational activities and facilities would aid this program.

RECOMMENDATIONS

1. The doctor's order for restraint or seclusion should state the exact reason for restraint or seclusion. The nurse or attendant should note on the back of the order the exact number of hours of restraint Order Sheet or seclusion and the slip should then be forwarded to the medical records office to be entered in the composite record and filed in the patient's medical record.

Physician's

2. A composite record should be kept of all restraint and seclusion, giving the patient's name and the number of hours and minutes of such treatment. These records should be totaled monthly and a report sent Record to the Superintendent for comparison with previous months, and to the Board of Control for comparison with records from other institutions.

Composite

3. Every effort should be made to decrease the amount of restraint and seclusion used.

Reduce

TUBERCULOSIS

Patients with tuberculosis are no longer kept at the school but are transferred as soon as the diagnosis is confirmed. Patients under observation or awaiting transfer are kept in isolation on the hospital wards in Lacey Hall. Single rooms are used for isolation but they are not equipped with toilet facilities and commodes are used. Improvised isolation technique is used, including the wearing of gown and mask by nursing personnel. Patients are transferred usually within a week after the diagnosis is established.

Registered nurses are in charge of these patients and clinical records are kept. Arrested cases returned to the school are kept in isolation for 30 days. At the time of the survey, there were two patients isolated for suspected tuberculosis.

All new patients are given a chest X-ray and all patients and employees are checked for tuberculosis yearly.

RECOMMENDATIONS

 Adequate isolation suites should be provided and equipped with toilet facilities.

Isolation Suites

PERSONAL HYGIENE

Facilities for bathing are adequate on the wards, except in the Girls' School Division and Junior Cottage. More showers are needed in some buildings. Most wards have insufficient wash basins. Sufficient toilets are provided on most wards, except in the Girls' School Division. Plumbing on most wards is good to fair, but on some it is extremely poor. Odors prevailed on many wards and were extreme where poor sanitary conditions prevailed on some wards and toilets. Only a few wards have drinking fountains but several wards have electric refrigerated fountains. There is very little opportunity for privacy in any of the toilets and shower rooms.

Ambulatory patients are bathed twice a week, bed patients are bathed daily, and untidy patients as often as

PERSONAL HYGIENE CONT D.

necessary. Hair is washed usually at bath time and nails are cared for as necessary. A supervisor is present during the bath period. There is always plenty of soap and hand and bath towels, but, due to distribution problems, a shortage sometimes occurs. Wash cloths are not provided. Clean clothes are always available after a bath. Bath reports are made if anything unusual is noticed.

Rolls of toilet paper are usually present in the toilet rooms or distributed by nursing personnel. Sanitary napkins are furnished.

There are three barber shops and one beauty parlor. Two skilled barbers and one licensed beautician are employed. Most of the work is done by the barbers for male patients. Attendants provide this service on some wards.

Patients are shaved once a week and hair is cut every two weeks. Electric clippers and straight razors are used by the barbers. The common brush and cup are used for lathering with the patients doing the lathering and finishing. On the wards, safety razors are used and some patients shave themselves.

The beautician cuts all hair for female patients and about 10 per cent of the patients are served in the beauty parlor. The usual services are available including permanents, shampoos, etc.

The barber shops and beauty shop are suitably located but are not well equipped, and sufficient supplies are not available. Records are kept of the work done but monthly reports are not made.

A podiatrist spends one day a week at the school but this does not give him time enough to do all the necessary work. Attendants take care of much of the additional work. The podiatrist furnishes his own equipment. In addition to the care of the feet, he also does the fitting of shoes. Records are kept and monthly reports are made.

PERSONAL HYGIENE CONT'D.

Patients are furnished toothbrushes and toothpaste. Brushes are kept in a rack especially designed for this purpose and patients' names are on the brush handles. A toothbrush drill is practiced on all wards at least once a day.

Many of the beds were not in good condition and many of them needed painting. A number of mattresses were in poor condition and needed renovation or replacement. Some of the wards have bedroom furniture consisting of dressers and steel clothes lockers. On many wards, bedroom furniture was lacking. Most dayrooms were well furnished and attractive, but others had old wooden furniture in poor condition. Most dayrooms had television, radios, pictures on the walls, and draperies.

On many wards, the dayrooms were used for dining. Serving methods were not satisfactory on some wards.

RECOMMENDATIONS

1. Toilets, wash bowls, showers, tubs, and urinals should be of sufficient number to meet the standards of the American Psychiatric Facilities Association. (See Ratio of Sanitation Facilities at end of report).

Plumbing

2. There should always be sufficient towels for bathing, and paper towels should be supplied in the toilet rooms.

Supplies

3. Partitions should be erected between Partitions toilets and between showers so that patients for Privacy may have some degree of privacy.

4. Sanitation on many wards and toilets can be improved by the use of detergents and disinfectants to eliminate the odors that prevail.

Sanitation

5. Rubber matting should be supplied in all bath and shower rooms to prevent slipping.

Rubber Matting

PERSONAL HYGIENE CONT'D.

RECOMMENDATIONS CONT'D.

- 6. A sufficient number of barbers and Barbers and beauticians should be employed so that all Beauticians patients can receive proper care.
- 7. Barber shops and the beauty shop Barber and should be adequately equipped and sufficient Beauty Shops supplies should always be available.
- 8. The services of the podiatrist Podiatrist should be increased.
- 9. Drinking fountains, preferably Drinking refrigerated, should be provided on all wards. Fountains
- 10. Beds should be kept in a good Beds state of repair.
- 11. Worn out mattresses should be Mattresses replaced.
- 12. Patients who can care for them Bedside Tables properly should be furnished bedside tables and Chairs and chairs.
- 13. Old and worn out furniture in dayrooms should be replaced, and needed Furniture additional articles should be provided.

CLOTHING SERVICE

The Clothing Supervisor is in charge of all clothing and is responsible to the Business Manager.

At the time of the survey, the old T.B. Annex Building was in the process of being remodeled to provide a central clothing facility for the entire school. Each building has its own linen center and each ward requisitions necessary supplies. The central clothing facility is to stock all

CLOTHING SERVICE CONT'D.

clothing for issue by requisition from wards and also do the fitting of clothing. All wards have clothing rooms but most of them are inadequate in space, and overcrowding on most wards compounds the problem.

Approximately 85 per cent of the patient population depends on State issue of clothing. Some clothing is obtained from relatives, some is donated by volunteers, but the majority of articles are purchased from other institutions or on the open market. Letters requesting clothing from relatives are sent as needed.

Articles of clothing are marked with the patient's name and the name of the ward. In general, clothing supplies are sufficient but at times there is a shortage of some items. Most patients were fairly well dressed and strong clothing was provided for disturbed and destructive patients. Outdoor clothing is adequate and proper clothing is furnished working patients. The supply of night clothes and underwear is insufficient.

The laundry is not adequate to take care of the load and considerable delay in the return of laundry is experienced, especially on long week ends. There is no dry cleaning plant and clothes are sent to a commercial cleaner at the patient's expense and, in emergency, at the school's expense.

Packages, addressed to individual patients, are received at the post office in the Administration Building and are sent directly to the ward concerned where patients open the packages under the supervision of attendants. An inventory is made of the contents of each package and a receipt is forwarded to the sender.

Adequate records are kept in the central clothing facility and on the wards.

RECOMMENDATIONS

1. Letters should be sent regularly, at least twice a year, to relatives indicating Letters to what clothing is needed by the patient and requesting that the responsible relative send the clothing or the money to purchase it.

CLOTHING SERVICE CONT'D.

RECOMMENDATIONS CONT'D.

2. The Clothing Supervisor should supervise all clothing rooms and coordinate the entire clothing program. Additional personnel will probably be needed to do this work adequately. Overcrowding in ward clothing rooms should be eliminated.

Supervision of Clothing Rooms

 An adequate supply of underwear and night clothes should always be available. Underwear and Night Clothes

PHOTOGRAPHY AND FINGERPRINTING

The hospital does not have any facilities for photography or fingerprinting. Patients are requested to bring a photograph at the time of preadmission evaluation, and these photographs are filed in the medical record. Fingerprinting is not done for patients or employees.

RECOMMENDATIONS

1. The establishment of a photographic facility at the school should be considered. All newly admitted patients should be photographed and pictures put in their medical records. The resident population should be re-photographed at ages 10, 15, 20, 30, etc., so that a recent photograph will always be on file as a means of identification.

Photographic Facility

EMPLOYEES' HEALTH SERVICE

Employees receive medical and surgical care on an emergency basis only. The physician in charge of the medical wards is responsible for this service. No beds in the hospital are designated for employees and they can be hospitalized only until they can be transferred to community facilities.

EMPLOYEES' HEALTH SERVICE CONT'D.

All new employees are given a physical examination, psychological screening, chest X-ray, serology, and immunizations for the usual diseases. Throat cultures and stool examinations are not routine. Annual physical examinations are not made but annual chest X-rays are done. Food handlers are checked periodically by the physician who is designated the sanitarian.

Employees are covered by the State Workmen's Compensation Law and most employees are covered by Blue Cross Hospitalization Insurance.

RECOMMENDATIONS

None.

SANITATION

A staff physician has been appointed sanitary officer. He makes regular inspections of the hospital and submits a bi-monthly report on the health conditions of all dietetic employees, the sanitary conditions in all dietetic areas, and the sanitary conditions about the school. Correction of unsatisfactory conditions is the responsibility of ward physicians and department heads.

Water. Water is obtained from wells located in the flats of the Missouri River about three and one-half miles southwest of the school grounds and is pumped into six underground reservoirs where settling occurs. It is then chlorinated and pumped to a 250,000 gallon standpipe on the school grounds. Booster pumps are needed for firefighting. Fluorides are not added. The water is of good quality but is very hard and requires softening treatment. It is tested regularly for contamination by the State laboratory.

 $\underline{\text{Milk}}$. The school has a dairy herd consisting of 230 registered Holstein breed cattle, and, at the time of the survey, 204 cows were milking. The herd is tested and vaccinated by a veternarian, and is free of disease. Milk is pasteurized and regular laboratory tests are made for butter fat and bacterial count.

SANITATION CONT'D.

Refrigeration. Brine, ice, and electrical refrigeration are used. All kitchens do not have walk-in refrigerators. Bulk ice is manufactured by the school and electric ice cube machines are located in Lacey Hall, the employees' cafeteria, and the Boys' Dining Room. Refrigerated facilities are not adequate for present needs and no deep freeze is available. There are electrical refrigerators on the wards where food is served.

Garbage. Garbage facilities are inadequate and not refrigerated. Conditions around some kitchen loading platforms were not as sanitary as they should have been.

Vermin. A commercial exterminating contractor is responsible for the control of rodents and insects and this program is augmented by spraying for the control of fly-breeding by school personnel. According to the reports of the sanitary inspector, there are still problems of mice, rats, and cockroaches in almost every building.

<u>Dump</u>. The school maintains a dump, located approximately two miles back of Lacey Hall. It was not being properly kept because garbage and other waste materials were not adequately covered and a bad odor prevailed.

Sewage Disposal. The school has a modern sewage disposal plant and effluent is treated before it empties into a creek.

RECOMMENDATIONS

1. The physician assigned to sanitary inspection, in addition to making his reports to the Superintendent, should have authority to have unsanitary conditions corrected whenever they are found.

Sanitary Conditions

2. Garbage should be refrigerated until it is removed from kitchen areas. Garbage grinders would make a vast improvement in the operation of the kitchens.

Garbage

SANITATION CONT'D.

RECOMMENDATIONS CONT'D.

3. All employees should be told to report immediately when insects and rodents are discovered so that they can be eliminated before they have Vermin gained a foothold. More adequate measures for the control of rodents, insects, etc., should be used.

4. Trash and garbage at the dump should be covered and the ground treated with chemicals to eliminate offensive odors and to discourage rodents.

Dump

5. Adequate refrigerated storage facilities should be provided, including a deep freeze. Storage

Refrigerated Facilities

BUSINESS ADMINISTRATION

The Business Manager is in charge of all the business operations and is responsible to the Superintendent. At the time of the survey, he had occupied his position for one year and had had over 10 years of business experience. He holds a B.S. Degree in Commerce from the University of Iowa.

There are 24 employees in the business section and the office space is adequate for present needs. Office equipment is adequate and in a good state of repair.

Departments supervised by the business office include: Building and Maintenance; Sewage Disposal; Transportation; Water Supply; Laundry; Farm and Grounds; Storehouse; Power Plant; Dietary and Canning; Industrial Shops; and Housekeeping.

Procurement of supplies and equipment is made by the State Purchasing Agent. The Business Manager may make emergency purchases not to exceed the amount of \$25. Standards and specifications are determined and prescribed by the State, and locally. The Business Manager has the power of rejection of any shipment that does not meet the specifications.

RECOMMENDATIONS

None.

TRANSPORTATION DEPARTMENT

A master mechanic is in charge of this department and he is assisted by one or two drivers.

The garage is located near Mogridge Hall and is adequate for present needs. There are five passenger cars, two buses, and 12 trucks. Some of the vehicles are in need of replacement and additional transportation is needed, including passenger cars and station wagons. Also, additional maintenance funds are needed.

Records are kept of all trips, and the costs of operating individual vehicles are maintained.

RECOMMENDATIONS

- Vehicles in poor condition, expecially one bus, should be replaced.
- 2. Additional needed transportation and adequate funds for maintenance should be provided.

Replace Old Vehicles

Additional Transportation, Maintenance Funds

ENGINEERING DEPARTMENT

The Chief Engineer is in charge of this department. He supervises the power house, the sewage disposal plant, refrigeration, the plumbers, the electricians, the steam fitters, and the water supply. There are 16 employees in this division. Additional personnel are needed in all categories.

The power house is located in the northwest section of the school grounds near the laundry. It is an old masonry building, erected in 1906, and remodeled and expanded in 1933. The cement floor is in poor condition. The location is suitable but the space is inadequate for present needs. There are three boilers in the power house. An additional boiler is needed. Coal is used for fuel. It is dumped in a pit from a railroad siding and is manually hauled in wheelbarrows to the stoker lifts.

ENGINEERING DEPARTMENT CONT'D.

The school has only one generator, which provides alternating current. It is not adequate for present needs. A tie-in with the commercial power company provides supplemental current and covers emergency needs. The auditorium and minor surgery in Lacey Hall are not equipped with emergency lighting.

Lighting is inadequate in all buildings and on the grounds. Rewiring and additional electrical equipment will be required before adequate lighting can be provided.

RECOMMENDATIONS

- 1. The personnel needs of this department should be carefully evaluated and additional Personnel people should be employed where needed.
- 2. The power plant should be modernized, expanded, and equipped to provide adequate heat- Power Plant ing and lighting for the school.
- 3. An emergency generator should be Emergency provided which is adequate for the school's Generator coverage.
- 4. Emergency lighting should be provided Emergency in the auditorium and in the operating room in Lighting Lacey Hall.
- 5. Conversion from coal to gas and oil fuel for the power plant should be considered. Fuel This would eliminate the coal pits and the Conversion hazards of coal dust.

MAINTENANCE DEPARTMENT

The carpenter foreman is in charge of this department, which includes the maintenance of buildings, the carpenter shop, and the paint shop. There are 18 employees in this department and additional personnel are needed in most categories.

MAINTENANCE DEPARTMENT CONT'D.

Lacey Hall, Juvenile Hall, Meyer Hall, "A" Cottage, and North Cottage are well maintained. The Annex, Mogridge Hall, and Dining Hall were being remodeled and renovated at the time of the survey. The other buildings range from fair to poor in maintenance. Many of the older buildings are obsolete and should be replaced. Due to the limited force and funds, adequate maintenance cannot be maintained, much less a preventive maintenance program.

There is no salvage department and each department takes care of its own materials.

All requisitions for work are made in writing on printed forms and emergency work orders are given preference. Monthly reports are made through the business office to the Superintendent.

RECOMMENDATIONS

- $\begin{tabular}{ll} 1. & Additional craftsmen should be hired & Skilled \\ where there is a proven need. & Craftsmen \\ \end{tabular}$
- 2. Every effort should be made to keep Painting up the painting program. Program
- 3. A program of preventive maintenance Preventive has been found to be economically sound. Maintenance
- 4. All buildings in need of repair and Renovate Old renovation should receive priority attention. Buildings
- 5. There should be a building and an enclosed yard of sufficient capacity to take care of the salvage activities of the school. All distributed articles not in use should be sent to this department for disposition, repair, storage, or to be sold. This would relieve basements and other places on the grounds of indiscriminate storage which, in some cases, constitute a fire hazard.

Salvage Yard and Building

HOUSEKEEPING DEPARTMENT

The housekeeping office is located in the Administration Building and space is adequate. The matron in charge has had many years of experience in this type of work. She supervises five employees and a number of patients (see Industrial Therapy), and is responsible to the Business Manager and the Chief Nurse jointly.

This department is responsible for the supervision of furnished residences and employees' quarters, and for the housekeeping of all offices, hallways, and public toilets in the Administration Building and the sewing room. Daily room service for employees is not provided. Housekeeping appears to be well done and the buildings, with some exceptions, were clean and sanitary. The matron stated that adequate supplies are available, but additional housekeeping equipment is needed.

RECOMMENDATIONS

1. Employees' rooms should be made up daily. To provide this service, additional personnel for this department may be required.

Employees'
Rooms

2. Needed equipment should be provided.

Equipment

DIETETICS DEPARTMENT

A dietitian is in charge of this department. At the time of the survey, she had occupied her position for four years and had had a total of six years' experience. She is a high school graduate and has received most of her training on the job. In addition, she has completed a course in food service supervision at Michigan State College. She is responsible to the Superintendent and the Business Manager. There are one full-time secretary, 19 cooks, 25 dining room workers, one butcher, and two bakers under the supervision of this department.

A standard ration allowance is used for both patients and employees. Written menus are prepared one week in advance. Modified menus are served for tubercular and infirm patients and for employees. Refreshments served at parties are paid for from the hospital budget, from the canteen fund, or they are provided by volunteers.

DIETETICS DEPARTMENT CONT'D.

Patients do not have a choice of foods, but a large number of different dishes are served with little repetition. The basic diet was found to be nutritionally adequate and well balanced. A master special diets manual prepared by the Central Office is used, and the basic diet is modified or supplemented as needed.

Approximately 80 special diets are served daily. They are prepared in Lacey Hall Kitchen and consist mainly of diabetic, low fat, and salt free diets.

Eggs are served five times a week, fruit juice or Vitamin C daily, coffee for breakfast, milk at all meals, ice cream twice a month, pastry once daily, and butter or oleomargerine at all meals. Patients in the infirmaries are served additional fruit daily.

The daily per capita cost of food for patients and employees is \$0.5082. This amount includes school farm products but not U.S. Surplus Commodities.

A record of food consumed and its cost are maintained. Table waste is not measured, but occasional visual checks are made. Monthly reports are made to the Business Manager.

Bakery. The bakery is located on the first floor of the Administration Building and, at the time of the survey, was under renovation and remodeling. New and modern equipment was to be installed and was expected to be in full operation within 60 days. The bakery produced only pastries at that time. Bread was being purchased. Ice cream is made in one of the kitchens. A baker and one assistant baker are employed.

Meat Shop. The meat shop is located on the first floor of the supply depot which is suitable but the space is inadequate. It has a tile floor and is well equipped. There are six walk-in coolers which are inadequate for present needs. A deep freeze is not available. A qualified butcher is employed and there are no assistants. A store room clerk relieves the butcher when he is absent.

DIETETICS DEPARTMENT CONT'D.

Cannery. The cannery is located in the rear of the Dining Hall Building and the space is adequate. It is well equipped. The plant is only operated during the canning season and necessary employees are assigned from the Dietetics Department. An average of 10 patients are assigned to work in the cannery.

During the 1959 canning season, the cannery produced: 2,291 cans of beets; 678 cans of apple butter; 1,834 cans of apple sauce; 142 cans of crab apple jelly; 132 cans of apple plum butter; 871 cans of grape juice; 1,536 cans of tomatoes; 318 cans of pumpkin; 552 cans of squash; and 408 cans of pickle relish. Spoilage was found only in the apple sauce and was less than two per cent. All cans listed were No. 10 cans.

Facilities for dehydrating and freezing are not available.

RECOMMENDATIONS

- 1. A choice of foods, expecially the main dish, can easily be offered where cafeteria service is used. Choice of This is an important factor in building the morale of Foods patients.
- 2. The measurement or weighing of water-free table waste is a good method of determining which Table foods patients will not eat and how much waste may be present. Economically, this might well be significant.
- 3. A separate special diet kitchen should Special be provided. Diet Kitchen
- 4. Additional dietitians should be employed Additional so that every dining room is under the supervision Dietitians of a dietitian.
- 5. Additional cooks and helpers will be Cooks and needed as patient help decreases. Helpers

DIETETICS DEPARTMENT CONT'D.

RECOMMENDATIONS CONT'D.

6. All food should be transported in electrically heated or insulated food carts.

Insulated Food Carts

7. Cafeteria service should be used in all dining rooms where it is possible.

Cafeteria Service

 Refrigerated storage space for garbage should be provided. Refrigerated Garbage Storage

9. Some of the dining rooms have tables and chairs which are in poor condition and should be replaced. Tables seating four persons are desirable.

Dining Room Furniture

10. The dining room in Lacey Hall is located on the second floor and the kitchen is in the basement. This is not desirable, since it is necessary to transport all food by dummy food elevator or to use the only passenger elevator in the building. Relocation of the dining room nearer the kitchen should be considered, or additional elevator facilities provided, to expedite food transportation.

Relocate Lacey
Hall Dining
Room

DIETETICS DEPARTMENT CONT'D.

DINING ROOMS											
Building	Type of Service	Size of Tables	Decoration of Rooms	Dish- washing	No.Pts.						
#1 West Adm. Bldg.	Table Family Style	Different Sizes	Good	Mech.	270	Yes	Yes				
#1 East Adm. Bldg.	Table Family Style	Different Sizes	Good	Mech.	140	Yes	Yes				
Ground Flr.	Cafeteria	4	Excellent	Mech.	325	Yes	Yes				
Meyer School Bldg.											
Dining Hall #19	Cafeteria	Variable	Poor Under Renovation	Mech.	403	Yes	Fair Under enova- tion				
#10 Lacey Hall (Poor Location)	Table Family Style	10	Good	Mech.	300	Yes	Yes				
#6 Employees'	Cafeteria	4 & 6	Excellent	Mech.	P-17 Emp165	Yes	Yes				

DIETETICS DEPARTMENT CONT'D.

KITCHENS

Location	Adeq. Equip.	_	Adeq. Refrig.	Type of Floor	Type of Walls			Light	Garb. Handl
#1 Adm. Bldg.	No	Yes	No	Tile	Plaster	Good	Poor	Good	Cans
#19 Dining Hall	No	Yes	Yes	Terrazo	Tile & Plaster		Poor	Poor	Cans
#10 Lacey Hall	Yes	Yes	Yes	Tile	Tile	Good	Fair	Good	Cans
#6 Empl. Cottage	No	Yes	Yes	Tile	Plaster	Good	Good	Good	Cans

STOREHOUSE

The storekeeper is in charge of the storehouse and is assisted by several employees and patients. This personnel is adequate for present conditions.

The location of the storehouse is suitable and the space is adequate for present needs; however, the basement of the Annex Building has to be used for additional storage.

Refrigeration is obsolete and not adequate, and deep freezing facilities are not available. The storehouse was found to be clean and the ventilation was adequate. The storekeeper checks in meats and fish.

The records were well kept.

RECOMMENDATIONS

1. Expansion of the storehouse, with the installation of adequate and modern refrigeration facilities, will be required to serve the school's needs.

Expand Storehouse

LAUNDRY

The old laundry is inadequate in space and equipment. Ventilation and lighting are poor. An experienced laundry manager is in charge of this department and he supervises 13 employees and a number of patients (see Industrial Therapy). The number of employees is inadequate.

About 50 per cent of the equipment is old and obsolete, and is difficult to keep in a good state of repair. Replacements and additional new automatic equipment are needed. The laundry operates five and one-half days a week and processes approximately 30,000 pounds of dry laundry per week. An exchange system, piece for piece, is used and a truck provides pick-up and delivery service. A mattress sterilizer and dry cleaning plant are not available.

LAUNDRY CONT'D.

RECOMMENDATIONS

1. A new laundry with adequate modern equipment should be provided to include a mattress sterilizer and dry cleaning equipment.

New Laundry

2. Additional employees needed in the laundry should be provided.

Personnel

FARM

About 650 acres are farmed, 40 acres in vegetable gardens, and the remainder in field crops.

The farm manager reports to the Business Manager. He supervises 17 employees and a variable number of patients, depending on the season (see Industrial Therapy).

The dairy herd consists of 230 cattle and 204 were milking at the time of the survey. The herd is free of disease and a veterinarian makes regular checks.

The piggery consists of 550 animals of the Hampshire breed.

In addition to the garden crops, the school has an orchard consisting of approximately 1,000 apple trees and 500 pear, peach, and plum trees.

Farm products are sold to the school at prices determined by the State, and occasionally surplus items are sold to other institutions.

The farm buildings are old and the dairy barn is in need of repair. Equipment is inadequate and old items are in need of replacement.

Monthly reports are made which include information pertaining to patients working on the farm.

FARM CONT'D.

RECOMMENDATIONS

1. If it is planned to continue farming operations, the farm buildings should be put in good condition and needed additional employees provided.

Buildings and Personnel

CANTEEN

The canteen is operated under the school management and the Director of Education with the advice of a committee. Reports are made by the Director of Education to the Business Manager and the Superintendent. Some patients are employed in the canteen.

The canteen is located in the basement of the Employees' Building. It is well equipped, and the space is adequate. The store has a soda fountain, lunch counter, newsstand, and a variety of items for sale. Articles made by patients in the arts and crafts shops are on display in the store for sale to the employees and public.

The cost of patient-made articles reverts to the occupational therapy fund for new materials and the profit accrues to the individual patient's credit.

The canteen is open to patients, employees, and visitors. It is open from 8:00 a.m. to 11:00 p.m., six days a week.

During the fiscal year preceding the survey, gross sales were approximately \$50,000 with a net profit of about \$12,000. Actual figures were not available. Profits may be spent for anything for the patients' welfare, but expenditures must be approved by the Superintendent.

RECOMMENDATIONS

None.

GARDEN AND GROUNDS

The head groundsman is in charge of this department. He supervises two employees and a variable number of patients, depending on the season (see Industrial Therapy), and reports to the Chief Engineer.

This department has charge of approximately 20 acres of lawns, trees, and shrubbery, the greenhouse, the flower garden, the hot and cold frames, and the roads on the grounds.

Cut flowers and potted plants are used on the wards. The grounds are well kept and attractive. The trees and shrubbery were in good condition. The school-ground roads are in poor condition and many areas need surfacing. Dust from unsurfaced roads is a major sanitary and health hazard.

RECOMMENDATIONS

1. All effort should be made to improve the roads on the grounds. All main roads should be surfaced including parking areas, and secondary roads should be graveled and oiled.

Road Improvement

FIRE PROTECTION

The school has an organized voluntary fire department. The butcher has the additional duty of fire chief and he is assisted by 20 volunteers composed principally of employees in the engineering and maintenance departments. Volunteer employees are paid an additional monthly stipend. The volunteer brigade has been trained in firefighting and rescue procedures by the State Fire Chief and local fire department.

The firefighting equipment consists of a pumper with chemical equipment and ladders. An automatic fire alarm system has not been installed and there is no direct automatic alarm with the city department. At the time of the survey, a manually operated horn-alarm system was being installed in Mogridge Hall, but all communication in case of fire is dependent on the telephone or verbal contact.

FIRE PROTECTION CONT'D.

According to the information obtained on building construction of the major buildings, including all buildings housing patients, seven are fire resistant, five are partially fire resistant, and five are not fire resistant. None of the buildings is protected with an automatic sprinkler system. Some of the buildings are not equipped with standpipe and hose, and many wards do not have fire extinguishers. Some buildings have fire doors, but others do not. Some buildings do not have a sufficient number of fire escapes. Fire exits are not properly marked with exit signs and red lights. In some buildings, fire exits were blocked by furniture.

The auditorium stage is protected by an asbestos curtain and stage properties are fireproofed. The auditorium and minor surgery room are not equipped with emergency lighting.

All buildings are inspected every two weeks by the Fire Marshal or member of the volunteer department. Fire drills are held every two weeks and patients participate. Rescue and firefighting squad drills are held in connection with fire drills. The nearest community fire station is about one mile away, and the local department cooperates in fire drills held on the grounds.

A record is kept of the filling of all extinguishers. Monthly reports are made to the Business Manager and a written report is made of all drills, fires, etc.

RECOMMENDATIONS

- 1. All buildings should be equipped Equipment with a standpipe and hose.
- 2. All wards should be equipped with Fire a fire extinguisher. Extinguishers
- 3. All fire exits should be plainly Fire Exits marked and red lights installed where needed. Marked
- 4. Fire exits should be kept clear Fire Exits for ready access at all times. Clear

FIRE PROTECTION CONT'D.

RECOMMENDATIONS CONT'D.

5. The auditorium and operating room should be equipped with emergency lighting.

Emergency Lighting

6. An automatic fire alarm system connected with all buildings should be installed.

Automatic Fire Alarm System

7. All buildings not fire-resistant should be protected with an automatic sprinkler system.

Automatic Sprinkler System

8. Fire doors should be installed in all buildings where needed.

Fire Doors

9. Adequate fire escapes should be provided in all buildings occupied by patients and employees.

Fire Escapes

10. A full-time Fire Marshal and an adequate number of qualified firemen should Personnel be employed.

EMERGENCY AND DISASTER PLAN

The school has an emergency and disaster plan which is a part of the State plan. Monthly drills are conducted to familiarize the employees with their duties in case of emergency. The school building, Lacey Hall, and other buildings have been designated for emergency cases from the community. A written plan has been published with detailed assignments of departments and individual personnel for action in the event of a disaster.

To date, the school has not taken part in community drills as there have not been any.

RECOMMENDATIONS

None.

TABLE I

PERSONNEL QUOTA

TITLE OF POSITION	NOW EMPLOYED	APA QUOTA
Medical Staff		
Superintendent	1	1
Assistant Superintendent		1
Clinical Director		1
Pathologist		1
Director, Medical & Surgical Service		1
Director, Extramural Psychiatry	•	1
Physician, Psychiatric	-)	
Physician		7
	<u>5</u>)	13
Percent of APA Quota	46.2%	
Nursing Service		
Registered Nurses		
Director of Nursing	1	1
Assistant Director of Nursing	1	1
Supervisor of Training School		1
Instructor		
Chief Supervisor of Nursing	1	1
Supervisor of Nursing	_	_
Staff Nurse, R.N.	2	19
A STATE OF THE STA	$\frac{2}{5}$	23
Percent of APA Quota	21.7%	
To bell to be a second of the		
Attendants		
Practical Nurse	4)	
Supervisor, Hospital Attendants III	13)	
Supervisor, Hospital Attendants IV		306
Hospital Charge Attendants III	6)	
Hospital Attendants I and II	254)	
Barber	2	2
Beautician	1	2
Clothing Supervisor	1	1
Clothing Custodian	1	2
	287	313
Percent of APA Quota	91.7%	
Total Nursing Service	292	336
ercent of APA Quota	86.9%	

TABLE I CONT'D.

PERSONNEL QUOTA

TITLE OF POSITION	NOW EMPLOYED	APA QUOTA
Other Professional Workers		
Dental		
Dentist I	1	2
Dental Hygienist		3
Dental Assistant	-	$\frac{3}{\frac{2}{7}}$
	$\frac{\overline{1}}{1}$. 7
Psychology		
Director, Psychology Department	1	1
Clinical Psychologist	3	3
Clinical Psychologist II	6	6
Psychology Interne	2 12	$\frac{6}{2}$
	12	12
Social Service		
Social Service Director	1	1
Sr. Psychiatric Social Worker	1	2
Sr. Social Worker	1	4
Jr. Social Worker	2 5	$\frac{2}{9}$
	5	9
Pharmacy		
Pharmacist, Reg.	1	1
Assistant Pharmacist, Reg.	$\frac{1}{1}$	$\frac{1}{2}$
	1	. 2
Ancillary Departments		
Director of Special Education	1	1
Occupational Therapist, Reg.		5
Recreational Therapist	6	6
Rehabilitation Therapist	12	12
Vocational Therapist (licensed	teachers) 16	20
Music Instructor	1	1
Special Industrial Therapists	3	_3
	39	48

NUMBER OF BEDS, CAPACITY, AND PERCENTAGE OF OVERCROWDING

Building and Ward	Number Beds	Capacity APA Standards	Number Beds Over Capacity	Percent Over Capacity
Male Service				
Mogridge Hall 1	25	20	5	25.0
2	30	18	12	67.0
3	30	18	12	67.0
4	30	18	12	67.0
5	30	18	12	67.0
6	20	18	2	11.1
7	30	25	5	20.0
8	2.5	17	8	47,1,
9	18	11	7	64.0
10	30		4	15.4
		26		13,4
14	18	26	- 8	T - 1
15	20	31	-11	an .
Inf. 1	-*	40	-40	22.0
Inf. 2	25	19	6	32.0
Inf. 3	25	17	8 34	47.1
	356	322	34	110
Dining Hall 11	37	26	11	42.3
12	37	2 6 5 2	$\frac{11}{22}$	42.3
	$\frac{37}{74}$	52	22	42.3
Farm Cottage	59	53	6	11.3
Boys' School	50	2.2	1.0	56.0
Division A-1	50	32	18	56.3
A - 2	50	32	18	56.3
B - 1	24	19	5	26.3
B - 2	33	2.5	8	32.0
B - 3	33	2.5	8	32.0
C-1	27	20	7	35.0
C - 2	35	23	12	52.2
C-3	33	2.5	8 8 4	32.0
	285	201	84	42.0
North Cottage	43	46	- 3	-
TOTAL MALE SERVICE	817	674	143	21.2

^{*} None - Vacant Under Repair

Inf. 2 - B-24, CR-1

Inf. 3 - B-15, CR-10

TABLE II CONT'D.

NUMBER OF BEDS, CAPACITY, AND PERCENTAGE OF OVERCROWDING

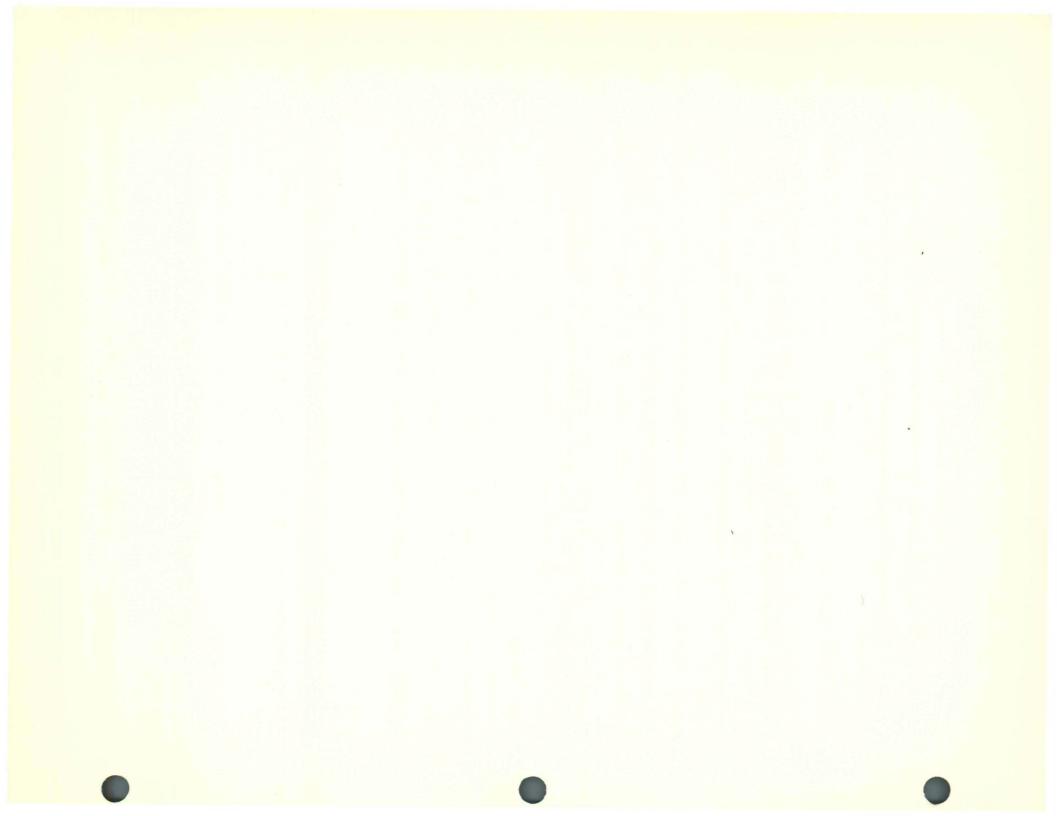
Building and		Number Beds	Capacity APA Standards	Number Beds	Percent Over Capacity
bulluling and	walu	Deus	Ara Standards	over capacity	Over capacity
Female Service	e				
Girls' Scho					
Division	1	37	30	7	23.3
	2	44	37	7	19.0
	3	45	41	4	10.0
	4	44	34	10	29.4
	5	45	37	8	22.0
	6	29	23	6	26.0
	7	45	37	8	22.0
	8	16	18		wo
		305	257	$-\frac{2}{48}$	19.0
Juvenile	A	40	28	12	43.0
	В	40	28	12	43.0
	C	41	28	13	46.4
	D	40	28	12	43.0
	E	45	49	- 4	-
		206	161	- <u>4</u> 45	28.0
Old Hospita		0.0			
1st Fla		30	32	- 2	-
2nd F1		31	34	- 3	-
3rd F1	r.	$\frac{30}{91}$	$\frac{24}{90}$	<u>6</u>	$\frac{25.0}{1.1}$
		91	90	1	1.1
TOTAL FEMALE	SERVICE	602	508	94	19.0
Male and Fema	ale Serv	rice			
Lacey Hall	Inf.	60*	40	20	50.0
•	2		40	15	38.0
		3 50	34	16	47.1
		+ 50	35	15	43.0
		7 60*	40	20	50.0
	8	8 60*	40	20	50.0
		9 54*	36	18	50.0
	10		40	10	25.0
	Hosp.		30	- 6	
	Hosp.		30	- 5	
		488	365	123	34.0
TOTAL MALE &	FEMALE	488	365	123	34.0
TOTAL HOSPIT		1,907	1,547	360	23.3
* None - Vac			ir		
			- 81 -		

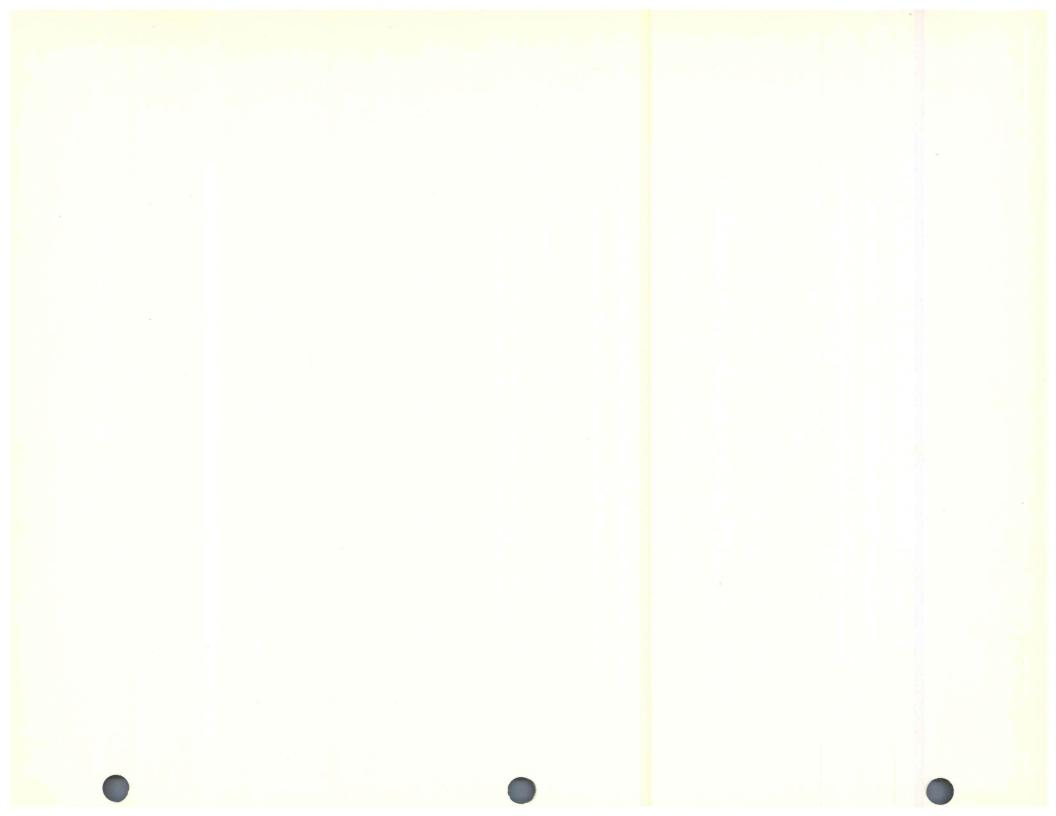
RATIO OF SANITATION FACILITIES

Facilities	Number	Per Patient
Lavatories	1	6
Toilets	1	8
Tub or Shower	1	15
Drinking Fountain	1	On each ward

One urinal or sani-stand may be substituted for one toilet for each 24 patients.

A lavatory should be installed in each toilet room.





REPORT ON THE WOODWARD STATE HOSPITAL AND SCHOOL

WOODWARD, IOWA

MADE BY

THE CENTRAL INSPECTION BOARD

OF THE

AMERICAN PSYCHIATRIC ASSOCIATION

AMERICAN PSYCHIATRIC ASSOCIATION

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Inspection and Report Made By David C. Gaede, M.D.

TABLE OF CONTENTS

٥	69	Overcrowding	17
	58	Patient Education	30
	57	Patient Care, Fac. for	57
٥	58	Personnel - Key, Training &	
	16	Experience	18
	63	Personnel Policies	
	69	Personnel Quota 8	3 1
	76	Pharmacy	41
	83	Photography and Finger-	
	2	printing	62
	46	Physical Plant	12
	38	Physical Therapy	47
	37		
	40		
		Public Relations	
	72	Ratio, Sanitation Facilities 8	3 5
		Ratio, Staff to Patients	
	28	Records, Medical	43
		Recreational Therapy	
•	62	Religion	54
		Research	
	75	Restraint and Seclusion	55
٥	77	Sanitation	66
•	77		
	7		
	68	Special Services Department .	11
•	53	Staff - Consult. & Visit	22
	71	- Resident	20
	74	Storehouse	74
	44	Table I	18
	52	Table II	
۰	69	Table III	83
		Transportation Department	
		Volunteer Services	
		X-ray Department	
		. 69 . 58 . 57 . 58 . 16 . 63 . 69 . 76 . 83 . 2 . 46 . 38 . 60 . 37 . 5 . 40 . 68 . 72 . 28 . 79 . 62 . 65 . 77 . 77 . 77 . 77 . 77 . 77 . 77 . 7	Patient Education

WOODWARD, IOWA

Superintendent

Grace M. Sawyer, M.D.

MOVEMENT OF POPULATION	NUMBER	PERCENT
Average Number Patients, 1959	1,823	
First Admissions, 1959	157	8.6 <u>1</u> /
Readmissions, 1959	10	.5 <u>1</u> /
Discharges, 1959	167	9.2 <u>1</u> /
Deaths, 1959	49	2.7 <u>1</u> /
Number Patients on Convalescent		
Leave and in Family Care $\frac{2}{}$	109	5.8 <u>3</u> /
Number Patients 60 and Over $\frac{2}{}$	55	2.9 3/
MEDICAL AND NURSING STAFFS	NUMBER 4/	RATIO TO PATIENTS
Medical		y
Consulting and Visiting	6	
Resident	3 5/	1/626
	_	
Nursing		
Registered Nurses	10	1/188
Graduate Practical Nurses	12	1/156
Attendants (All Grades)	243	1/77

Cost Per Patient Per Day for Fiscal Year 1959 - \$3.14

- 1/ Based on average number of patients
- 2/ As of March 14, 1960
- 3/ Based on number of patients, March 14, 1960 (1,877)
- 4/ Time of inspection
- 5/ Does not include Superintendent

The Woodward State Hospital and School, an institution for the care of mental defectives and epileptics, was inspected the week of June 6, 1960. The inspection was arranged through the Board of Control of State Institutions, under whose supervision the hospital/school operates.

In 1913, the Iowa State Legislature passed a law to provide a State Colony for Epileptics. In March of 1914, a tract of 1,144 acres, located one-half a mile north of the town of Woodward (population 1,000), was purchased for this purpose. Construction of the hospital began in 1915 and Dr. M. Nelson Voldeng was appointed the first superintendent.

The hospital was originally composed of a group of small one-story cottages, connected by enclosed corridors. This group of buildings, known as the Meadows, was planned to accommodate 150 patients.

The hospital was opened on September 1, 1917, and 34 patients were admitted the first month. Additional wards were badly needed and Oak Hall was opened in 1919. A broad expansion program followed which provided for a new building approximately every two years, and with the exception of the depression years, the program was closely followed. By the end of 1942, seven buildings had been added.

Due to the acute overcrowding at Glenwood State School for the Feebleminded, this institution was opened to mental defectives in 1921. The State has since been divided into two districts with Woodward accepting mental defectives from the northern section and epileptics from the entire State.

The School Building was added in 1929, replacing the classroom facilities in the Annex Building. In 1948, the Meadows was converted to the Administration Building, housing the offices of the business and professional services and the male and female hospital wards. In 1958, the most recent addition, Linden Court, was completed. It parallels the adjoining Maple Lodge, Elm Crest, and Pine Hurst.

The Employees' Home was built in 1921, with an addition in 1948, and provides living quarters for 95 to 100 employees. There are also 11 houses on the grounds for staff members and their families.

The name of the institution was changed to "Hospital for Epileptics and School for the Feebleminded" in 1920, and to its present name in 1956.

The institution is located approximately one-half a mile north of the town of Woodward, Class Township, Boone County, Iowa. The hospital operates under the jurisdiction of the Board of Control of State Institutions and under the supervision of the Director of Mental Institutions. The Board consists of three members appointed by the Governor and meets quarterly. A member of the Board visits the hospital at least every two months. The fiscal year ends June 30.

At the time of the inspection, the resident population was 1,770 patients; 927 male and 843 female. The Board rated capacity was not available. The American Psychiatric Association rated capacity was 1,092 beds, and there were 1,954 beds set up, of which 282 were children's cribs.

The nearest city with a population over 50,000 is Des Moines, 33 miles away. Railroad and bus transportation is available at Madrid, about five miles away, with taxicab service available to the hospital. The nearest approved general hospital is the County Hospital located at Perry, Iowa, about 10 miles away. The nearest medical school is the University of Iowa, located in Iowa City, approximately 80 miles from Woodward.

The institution is not approved for training of psychiatric residents. Admissions are chiefly by voluntary commitments following preadmission evaluation and screening. A few court commitments are admitted for observation. Criminals and alcoholics are not accepted. The hospital/school admissions are limited to nonpsychotic epileptics and the mentally retarded.

The hospital/school operates with an open door policy and only two wards on the second floor of Oak Hall are locked. Patients that are capable of self-care and those in the industrial rehabilitation program and vocational placements are allowed to go to their work on the grounds and in town, and are permitted to carry cash. Patients are allowed to write as many letters as they wish and outgoing letters are not censored. Incoming letters are not opened or censored.

Visiting is allowed every day until 5:00 p.m. Visitors are received on the wards and in visiting rooms, and physicians are available to talk to them. A record of all visits is kept.

The hospital does not have its own police force and the local sheriff is called in if necessary to investigate crimes.

There is a parents organization, known as the "Woodward State Hospital and School Parent-Teachers Association", which works with the school and other similar organizations in the State (see Social Service Department). Various organizations also provide volunteers (see Public Relations Department).

There used to be a long waiting list for admission to the hospital/school which reached over 400 at one time; however, since the prescreening program has been instituted, the waiting list has been reduced to about 12 patients. The usual type of community, political, and professional group-pressures are exerted for admission of patients.

PERSONNEL POLICIES

The Business Manager is in charge of personnel functions. He is assisted by a personnel clerk who has one assistant. Employees are not under Civil Service or Merit System. The State Employment Service Register is issued for recruiting procedures but, generally, employees are recruited locally. Application forms are completed on all prospective employees and at least two references are required. Qualified people are not rejected because of race or creed and there is no political pressure to secure employment.

PERSONNEL POLICIES CONT D.

The standard work day is eight hours and employees work five days a week. An exchange method is used for overtime which is compensated by time off. Salaries are paid in cash and maintenance is deducted only for the Superintendent. At the time of the inspection, 479 employees were living out and 75 lived on the grounds. Vacations, sick time, and holidays follow the uniform policy of the State. All employees are covered by the State Retirement Plan with partial contribution by employees.

Employees' complaints are handled by the Superintendent or Business Manager as desired by the person concerned. They may appeal to the Board of Control but final disposition rests with the hospital. During the fiscal year preceding the inspection, there were 79 voluntary separations; 54 men and 25 women; and 20 forced separations consisting of 10 men and 10 women.

RECOMMENDATIONS

1. A merit system for employees should be adopted.

Merit System

PUBLIC RELATIONS DEPARTMENT

Public relations for the hospital/school are handled by the Superintendent, assisted by the Clinical Director and Director of Special Services. A former social worker at the hospital was appointed Director of Special Services six years prior to the inspection. Five newspapers in the surrounding communities publish a section devoted to the hospital/school activities. Of these newspapers, two are daily and three are weekly publications. The sections published are edited by the Special Services Department.

Members of the hospital staff make frequent talks to local schools, clubs, and civic organizations on mental health subjects and hospital activities. During the year, a number of groups of students visit the hospital and receive guided tours, and demonstrations and lectures by various departmental representatives. Open house is held yearly to which the general public is invited. The churches, schools, and courts are most cooperative in affairs of the hospital and in patient welfare.

PUBLIC RELATIONS DEPARTMENT CONT D.

The Special Services Department includes the Volunteer, Religious Training, and Sponsored Patients' programs. Eight major groups of societies, clubs, and church organizations, including the Shrine Rose Group, the American Red Cross, the American Legion Auxiliary, and the Polk County Association for Retarded Children, participate in the programs. Each group receives orientation in their parent group and the hospital holds an annual orientation and refresher course, at which time the Superintendent welcomes the volunteers and tells of the hospital policies and programs.

Quarterly Volunteer Service Advisory Council meetings are held, at which time the different services give their reports of the preceding three-months' work and make plans for the subsequent period.

An annual recognition ceremony is held when the officers, hospital staff, and department heads pay tribute to all volunteers. Certificates are presented to those who have served 100 hours or more during the year.

Volunteers work in pairs or groups and only a few individuals serve. A total of 83 volunteers come to the hospital more or less on a regular basis. Each group of volunteers is assigned a particular project. Such projects include birthday parties and holiday occasions. The Gray Ladies sponsor ward parties, furnish and serve a yearly banquet to the basketball boys and girls, assist in furnishing transportation and supervision for a yearly trip to the Shrine Circus in Des Moines, and conduct remedial reading classes. Other groups assist in the Nursery School, sponsor ward parties, take gifts to bed patients, do clerical work in the laboratory and dispensary, and assist in the Religious Training Program. In addition, volunteers assist in feeding infants on the wards, do mending, take patients shopping, and participate in many other activities.

RECOMMENDATIONS

None.

PHYSICAL PLANT

Building			Automatic		Stair-		No. Fire Es- capes
Linden Court	1957	Yes .	No		8 and 4 ramps		Inside & Ramps
Pine Hurst	1925	Yes	No	3	6	1	Inside
Oak Hall	1916	Yes	No	4	. 5	1 Food	Inside
Birches	1941	Yes	No	4	4	1 Food	Inside
Larches	1929	Yes	No	4	7	1 Food	Inside
Westwood	1936	Yes	No	3	. 5	1 Food	Inside
Hemlock	1932	Yes	No	3	6	1 Food	Inside
Maple Lodge	1921	Yes	No	3	6		Inside
Elm Crest	1923	Yes	No	3	6	1 Food	Inside
Meadows	. 1916	Yes	No	3	3	-	Inside
,							
Annex	1917	Yes	No	1			Adequate Exits
School & Gymnasium	1929	Yes	No	3	3	-	Inside
 Employees'	1921	Yes	No	3	3		Inside
Employees' Home #2	1948	Yes	No	4	6		Inside
		The second secon					

⁴⁸ Buildings - 39 fire resistant, including 10 buildings housing patients, nine not protected by sprinkler systems, including employees' quarters, fire house, and farm building

PHYSICAL PLANT CONT'D.

Bldg. Used For	No. Beds	Adequate Plumbing	Dining Facilities	Open or Closed	Remarks
P-R	160 128 C	Yes	Yes	Open	Vocational Rehabilitation, O.T., Nursery, Canteen, Physical Therapy
P R S	109 78 C	No	Yes	Open	Dispensary #2, Recreation, Overcrowded, No Fire Extinguishers
P - R - S	203	No	Yes	Open	Kitchen, Recreation, Furnishings Poor, Overcrowded
P-S	245	Yes	Yes	Open	No Fire Extinguishers, Overcrowded
P - R - S	168 9 C	No	Yes	Open	Sewing and Marking Room, Homemaking Department, No Fire Extinguishers
P	229	No	Yes	Open	Overcrowded, No Fire
	29 C				Extinguishers
P-S	170	No	Yes	Open	Needs Painting, Overcrowded Manual Training, Marking Room
P	1.57	No	Yes	Closed	T.B. Unit, No Fire Extin-
	12 C				guishers, Overcrowded
P - R	154	No	Yes	Open	Overcrowded, No Fire
P-A	38 C	No	Yes	Open	Extinguishers Medical and Surgical Wards,
I-A	44 C	NO	169	open	Business and Administration
					No Fire Extinguishers, Clinical and Pharmacy, Lab, Dental, X-ra
S-R		Yes	No	800	Music Center, Chapel
S-R	an.	No	No		School, Auditorium, Gymnasium
Q	C.D.	Yes	No)) Buildings Connected
Q	-	Yes	Yes)
A - A	dminist	ration	C - Cribs	P - Pati	ent Q - Quarters

R - Resident S - Staff

^{- 13 -}

PHYSICAL PLANT CONT'D.

	ear	Fire Re-	Automatic Sprinklers		Stair-	No. Ele- vators	No. Fire Es- capes
Supt. Res.	1916	Yes	No	3	3	m	en
Duplex Apt. #3,4,5,6	1948	No	No	3	4		-
St. House #7	1910	No	No	3	2	-	60
St. House #8	1900	No	No	2	1		200
St. House #9	1895	No	No	3	2.	cos	es .
St. House #10	1900	No	No	3	2	en en	60
St. House #11	1895	No	No	2	1	100	eo
Power House	1916	Yes	No	3	1	ca	69
Laundry	1916	Yes	No	1	8 00	<u>a</u>	eu
Supply Depot	1916	Yes	No	3	2.	1.	-
Fire House	1956	No	No	1	0	ca	600
New Garage	1959	Yes	No	1		on	09
Greenhouses	1927	Yes	No	1	-	=	GD GD
Carpenter Shop	1954	Yes	No	1	ED.		

⁶ Miscellaneous Buildings, Water Plant, Sewage Disposal, Gardeners' Workshop, and Canning Factory - all fire resistant

¹⁴ Farm Buildings, Lodge, Root Cellar, Water Heater House, River Pump House, Dairy Barn, Calf Barn, Bull Barn, Garage, Corn Crib, Grainery, Hog Barns, Feeding House, Milk House - 12 are fire resistant, two are not fire resistant, in fair to good condition

PHYSICAL PLANT CONT D.

Bldg. Used For	No. Beds	Adequate Plumbing	Dining Facilities	Open or Closed	Remarks
Q	6	Yes	Yes	æ	Fair Condition
Q		Yes	Yes	600	Adequate, Have Garage
Q	103	Yes	Yes		Remodeled 1954
Q	ca	Yes	Yes	*** **********************************	Remodeled 1926
Q		Yes	Yes		Employees Home Obsolete
Q		Yes	Yes	C.A.	Employees' Home Obsolete
Q	6	Yes	Yes		Remodeled 1926
S	339	Yes	No		Obsolete
S	750	Yes	No	100	Remodeled 1941 Inadequate
S	62	Yes	No	da	Remodeled 1956, Store
S	.es	Yes	No		House, Bakery, Butcher Shop Storage for Fire Equipment
S	6	Yes	No		Car Storage, Repair Shop
S		Yes	No		Propagation of Flowers
S		Yes	No	69	Carpenter and Paint Shop

Q - Quarters S - Staff

PHYSICAL PLANT CONT'D.

The hospital/school buildings are utilized beyond their maximum capacity. The buildings, with some exceptions, are in good structural condition and all those occupied by patients are of fire-resistant materials. Several buildings are rapidly reaching the stage of obsolescence, making it difficult to keep up with repairs and adequate maintenance.

Overcrowding is prevalent in all buildings with the possible exception of Linden Court. Some of the buildings are exceedingly crowded and in others overcrowding varies, but over-all it is 79 per cent.

The shortage of plumbing facilities, such as toilets, showers, and wash basins, in most buildings creates a serious sanitary hazard. Of course, overcrowding compounds these deficiencies. The lack of an automatic fire alarm system, the absence of fire extinguishers on most wards, and the lack of protection by sprinkler systems constitute an additional hazard (see Fire Protection and Facilities for Patient Care).

During the ten years preceding the inspection, \$1,702,411.52 was appropriated for the building program and this has all been utilized to build Linden Court and for other capital improvements. At the time of the inspection, no additional building program was planned or funds requested.

The most urgent need is the reduction of overcrowding and the expansion of service facilities. A new office and administration building would permit the conversion of the Meadows to additional ward space, and a new tuberculosis unit would relieve overcrowding in the building presently being used for T.B. patients.

The academic school is in need of expansion to provide additional classrooms and recreation facilities.

Other items of improvement and expansion have been discussed under the departments concerned.

The hospital site is adequate for present needs and for needed expansion.

PHYSICAL PLANT CONT'D.

RECOMMENDATIONS

1. A long-range plan should be developed to eliminate the overcrowding which exists in practically all patients' buildings. This will necessitate the establishment of another hospital/school or the construction of new buildings to house the excess patients and reduce the number of beds in the existing buildings, in order to meet the standards of the American Psychiatric Association (see Table III).

Overcrowding

2. In the interim, it is recommended that the number of vacant beds (approximately 200 at the time of the inspection) be reduced to a nominal number, in order to provide more room for the beds and cribs which are occupied.

Vacant Beds

3. The location of the medical and surgical wards and professional services in the Administration Building are too far removed from the center of patient population in the Linden Court group of buildings. Future building plans should consider consolidation of these services in the proximity of the center of the patient population.

Centralize
Medical
Surgical
Services

4. An adequate storehouse should be provided, in order that items of equipment and supplies need not be stored in several buildings.

Storehouse

TABLE I TRAINING & EXPERIENCE, SELECTED KEY PERSONNEL

<u>Title</u>	Age	Degree	Date	Where Obtained	Where Postgraduate Train. Taken		Yrs. In Present Position
Superin- tendent	71	M.D.	1917	Loyola Univ.	State Hosp. New York	Eligible	9
Clinical Director	45	M.D.	1939	Boston Univ.	U.S. Army & St. Hosp.	Eligible in Pedi- atrics	
Dir. of Med. & Surgical Services	38	M.D.	1952	Univ. Iowa	St. Hosp. 2 yrs.	No	1
Ward Physician	67	M.D.	1919	Moscow Univ.	Vienna, Austria & Munich, Ger in Surgery	No.	7
Nursing Supervisor	49	R.N.	1932	Nebr. Methodist Hosp., Omaha	-	Reg. R.N	1. 11
Director of Social Work	-	M.S.W.	-	2010	99.	-	1 ,
Director of Psychology Services		B.S. M.A. P.H.D.	ME ON ES NO DE MO	Univ. Ill	VA Hosp., Peoria St. . Hosp.	œ	2
Dentist	68.	D.D.S.	1919	Univ. Iowa	Western College, K.C., Mo.	No	1

TABLE I

TRAINING & EXPERIENCE, SELECTED KEY PERSONNEL

Other Experience Asst. Supt. 14 yrs. Ward Physician 14 yrs. Woodward S.H.&S., Iowa	Mem. APA Yes	Other Memberships County Medical Society	Licensed In State Yes	Appointments Private Practice 5 yrs.
U.S. Army 4 yrs.		A.A.M.D., County Medical Society	Yes	Private Practice in Pediatrics 4 yrs., Consultant in Pediatrics 10 yrs.
Hosp. Staff 4 yrs. Cresco & Eldon, Iow		County Medical Society	Yes	-
Hosp. Germany 1 yr Director-Surgeon Red Cross Hosp. in Latvia 20 yrs.	-, -	Latvia Medical Assn. in U.S.	Temporary	Asst. Prof. in Surgery & Gynecol 4 yrs. Latvia U. Medical Faculty
W.S.H.&S. 1 yr. Gen. Hosp. 6 yrs. Other 8 yrs.	-	-	Reg.	
Many years	_		-	
16 years	% -	-		-
21 yrs. in Institutions	-	Am. Dental Society	Yes	•

RESIDENT STAFF

The Resident Staff consists of the Superintendent, Clinical Director, and two ward physicians, one of the latter being designated Director of Medical and Surgical Services (see Table II). The Superintendent is a qualified psychiatrist and one ward physician has had two years of psychiatric residency training. The Clinical Director is chiefly trained in pediatrics and surgery, and the other ward physician is a qualified surgeon and has acquired inservice psychiatric training in his present position at the hospital.

Appointments to the medical staff are made by the Superintendent after written application and thorough screening, subject to approval by the State Board of Control. There is no formal organization of the Visiting, Consulting, and Resident Staffs. The duties of the different staffs are clearly defined and outlined by detailed organizational charts.

Three types of clinical conferences are held. The preadmission evaluation clinic meets twice a week in the conference room and evaluates all patients who apply for admission to the hospital. A monthly meeting is held by the Clinical Director with members of the medical staff for presentation and discussion of clinical and administrative matters. The Planning Board meets once a week for discussion of all patients' progress and to consider disposition. The Superintendent presides at these conferences with members of the medical staff and the heads of ancillary departments. Conferences usually last from one and a half to two hours, and minutes of these meetings are recorded.

Administrative conferences are held periodically by the Superintendent with department heads.

Clinicopathological conferences are held approximately every three months. The consulting pathologist usually presides and the medical staff attend.

The County Hospital at Perry, Iowa, and the Iowa Methodist General Hospital, located 35 miles distant, are utilized in emergencies which cannot be handled at the hospital/school, when the condition of the patient may be jeopardized by long distance transportation to the University Hospital in Iowa City, approximately 150 miles away.

RESIDENT STAFF CONT'D.

Since the mission of the hospital is to care for nonpsychotic epileptics and retarded patients, those who become psychotic while in the hospital are transferred to one of the four State mental institutions, according to the patient's county of legal residence.

The hospital/school is not approved for residency training. Senior medical students from the Iowa University Medical School come to the hospital once each year and spend a day to learn something about mentally retarded patients.

RECOMMENDATIONS

1. The personnel quota for staff physicians should be increased and every effort should be made to recruit additional physicians.

Physicians

2. Until sufficient full-time physicians can be obtained, some routine duties of the Resident Medical Staff might be assigned to part-time general practitioners from the community. Many hospitals find that this allows the Resident Staff to spend more time in the psychiatric treatment program.

Part-Time Physicians

3. The positions of Assistant Superintendent, Director of Clinical Laboratories, Director of Extramural Psychiatry, and an adequate number of psychiatrists should be added to the table of organization.

New Positions

4. There should be a formal organization of the medical staffs of the hospital in order to bring the Resident and Consulting Staffs into closer communication. This organization should include by-laws, rules and regulations, officers, committees, and regular meetings.

Staff Organization

RESIDENT STAFF CONTOD.

RECOMMENDATIONS CONT D.

5. Consideration should be given to setting up a Pathological Section in the clinical laboratory so that autopsy material can be sectioned at the hospital and provide interesting and educational specimens for pathological conferences.

Pathology Laboratory

6. When the medical staff has been built up to a teaching level, consideration should be given to arranging for psychiatric residents to spend some time at this hospital/school as part of their training.

Residency Training

7. The possibility of residents in pediatrics, surgery, internal medicine, and perhaps surgery being assigned to the hospital for rotating service should be considered.

Rotating Residents

8. A Journal Club should be organized and meetings should be held monthly to which all professional personnel are invited and at which pertinent current articles and books are reviewed by members of the staff.

Journal Club

CONSULTING AND VISITING STAFFS

The regular Consulting Staff consists of four physicians, an obstetrician and gynecologist, a dermatologist, a radiologist, and a neurologist. Of these, three are Diplomates of American Boards, and the obstetrician/gynecologist specialist is a member of the American Academy of General Practice. Their ages range from 34 to 43. Three visit the hospital monthly and are paid \$100.00. The neurologist makes four visits per month and is paid \$300.00 per month. In addition, the medical staff of the University of Iowa at Iowa City is available if other specialists are needed. Usually patients are taken to the University Hospital for clinics or treatment.

CONSULTING AND VISITING STAFFS CONT'D.

Consultants in other disciplines include an optometrist, a podiatrist, a speech therapist, and a clinical psychologist. Of these, three visit the hospital four times a month, and the psychologist once a month. They are paid in accordance with the number of visits made.

RECOMMENDATIONS

1. Consultants in the specialities of Visits pediatrics, pathology, and surgery should make and regular visits to the hospital and hold clinics. Clinics

NURSING SERVICE

The Superintendent of Nurses is in charge of this service. Other nursing personnel consists of nine registered nurses, 12 graduate practical nurses, nine supervising attendants, 24 charge attendants, 210 hospital attendants, one barber, one beautician, and two clothing supervisors.

Registered nurses are in charge of Dispensary I in Linden Court, of Dispensary II in Pine Hurst, of the medical wards, and they circulate in all buildings to supervise treatments and administer all hypodermic medications. There are not enough registered nurses and it is necessary to use graduate practical nurses and trained attendants to supervise wards and even entire buildings.

Regular staff conferences are not held. The Superintendent of Nurses meets informally with nurses and charge attendants on the wards daily. Monthly meetings are held with all attendants in training.

A procedure book is used and an administrative manual is available. Nursing facilities are generally adequate; however, in some areas, better functional units are needed which should be equipped with toilet facilities and a cloak room. Nursing supplies are reported to be always available.

NURSING SERVICE CONT'D.

Adequate clinical records are kept on all patients and special reports are made when indicated which are filed in the medical records of the patients. Adequate ward reports are made for each day and night and are submitted to the nursing office.

RECOMMENDATIONS

1. The quota for nursing service personnel should be increased to meet the standards of the American Psychiatric Association (see Table II). Every effort should be made to fill the vacancies.

Increase Nursing Personnel

SOCIAL SERVICE DEPARTMENT

In addition to the Director of Social Service, there is one assistant director who has a Master's Degree, and there are four social workers, three of whom are college graduates and one a high-school graduate. There is no formal training program, but some students are employed during the summer for experience. A consultant from the State Department of Social Welfare visits the hospital at regular intervals. The location of the offices for the department in the Administration Building is suitable; however, the space is inadequate. The hallway is used as a waiting room.

This department is furnished two cars plus part-time use of another car, which is considered adequate for present needs. Workers on field trips are allowed an expense account for food and lodging if away overnight. During the month preceding the inspection, field trips covered 5,127 miles.

The workers take family and personal histories on all admissions, and conduct preadmission interviews, orient the families of all admissions, do liaison work for inpatients, prepare patients and some of the families for trial visit and supervise patients on vocational placement, participate in the Family Care Program, and screen all outpatients.

SOCIAL SERVICE DEPARTMENT CONT'D.

The staff participates in the inservice training program for attendants both in the basic course and the remotivation program, participates in the public relations and education program by giving lectures to interested groups in the hospital and in the field, and attends staff conferences.

RECOMMENDATIONS

1. The staff of the Social Service Department should be increased so that all work usually performed by such a department can be accomplished.

Increase Personnel

 Social workers who can do so should complete the work necessary to get their Masters' Degrees.

Improve Training

3. Adequate space for this department should be provided.

Space

4. Affiliation with a university program for the training of social workers should be considered as soon as there are sufficient workers to make such a program possible.

Field Work Training

PSYCHOLOGY DEPARTMENT

In addition to the Director of Psychology Services, there are three assistants, two of whom have a Master's Degree and one has a B.S. Degree.

The offices are located in the Administration Building, and they are adequate for the present staff. All necessary testing equipment is available.

Objective psychological tests, projective tests, school achievement tests, and tests for diagnostic purposes are made. The department collaborates in the Vocational Rehabilitation Program and makes vocational tests.

PSYCHOLOGY DEPARTMENT CONT'D.

Some of the psychologists assist in the treatment program in the form of individual and group psychotherapy. The department is active in research studies and two projects were in progress at the time of the inspection. The staff participates in the training of attendants.

Complete records are kept of all work done and summaries are filed in the medical record. Monthly reports are made to the Superintendent.

RECOMMENDATIONS

1. The personnel quota for psychologists should be increased to Increase meet the standards of the American Personnel Psychiatric Association (see Table II).

- 2. More office space, examining rooms, and a one-way screen for demonstra- More tion purposes will be needed when additional Space staff is obtained.
- 3. When the staff has been increased sufficiently, consideration should be given Student to the training of psychology students, and Training possibly graduate students.

OUTPATIENT DEPARTMENT

The hospital operates a preadmission and diagnostic clinic where all applicants for admission are screened and evaluated. Epileptic cases are referred to the clinic from the entire State and the retarded from the northern half of the State.

Approximately 100 patients are seen in the clinic in an average month. The majority of patients are found not eligible for admission to the hospital/school. They are referred to community agencies for guidance and the parents

OUTPATIENT DEPARTMENT CONT'D.

receive counseling. Patients found to be in need of hospitalization are placed on the waiting list and given priority in accordance with the problem. Epileptic patients not in need of hospitalization are treated on an outpatient basis with treatment outline and follow-up.

The regular facilities of the hospital are used for the clinic and they are not adequate in space or personnel. The clinic is under the supervision of the Clinical Director and members of the medical staff assist. In addition, a psychologist works part-time in the clinic; one or more social workers and members of other ancillary services also participate in the program.

The State operates a Child Development Clinic at the State University in Iowa City, and patients are seen from the entire State. The four State Mental Health Institutes and Glenwood State Hospital and School also conduct outpatient clinics. In addition, there are a few county or city mental health clinics operated with Federal and State support. The "Exceptional Persons Center" is located in Waterloo, Iowa, and serves as a diagnostic center for the county. A diagnostic and preschool-children clinic is operated in Cedar Rapids under the auspices of a parents' group, and a similar clinic for retarded children is located in Polk County.

The Family Care Program is supervised by the Social Service Department and members of other departments collaborate in the program. Information regarding the rate paid the "family caretaker" was not available; however, the funds for this purpose are paid by the Child Welfare Department. Homes selected for placement must be licensed by the Public Welfare Department. Most of the placements are in work situations and, at the time of the inspection, there were 31 male and 29 female patients in family care.

Only a limited number of patients are on convalescent leave. Patients on convalescent leave and family care or vocational placement are supervised and visited in their

OUTPATIENT DEPARTMENT CONT'D.

homes when necessary by social workers. Children on vocational placement are followed at least two years before final discharge, and those on leave with their parents are followed for an optional period depending on their progress. At the time of the inspection, there were 17 male and 13 female patients on convalescent care.

Complete histories are obtained and physical examinations are done of all outpatients by appointment. Adequate records are maintained and progress notes are kept. Monthly reports are submitted to the Superintendent.

RECOMMENDATIONS

l. A separate Outpatient Department should be established with a full-time Director of Extramural Psychiatry assisted by a sufficient number of staff, including psychologists, social workers, etc. This will require adequate office facilities.

Outpatient Department

2. A specific budget allotment for retarded children in the Family Care Program should be provided. The "family caretaker" should be paid as much as it costs to keep a patient in the hospital, because, even then, it will be hard to find suitable homes.

Family Care Finances

3. As the staff is increased, the Family Care Program, including vocational placements, should be expanded.

Increase Program

EDUCATIONAL PROGRAM (EMPLOYEES')

The hospital/school does not have any training programs for physicians or nurses. The training course for attendants is directed by the Superintendent of Nurses and consists of 16 hours orientation for all new employees, covering an eightweek period, and a basic course ranging from 20 to 30 hours,

EDUCATIONAL PROGRAM (EMPLOYEES') CONT'D.

covering a 10 to 15 week period with classes twice a week. On completion of the course, students receive certificates and graduating exercises are held.

Training programs of students in psychology, social work, and occupational therapy are not conducted.

Recently a "remotivation" program was initiated at the hospital. The sessions are conducted by ward attendants under the supervision of the Superintendent of Nurses. is a technique designed to bring the patient into an active social relationship with those around him. The program encourages the patient to express ideas and stimulates interest in things outside himself. A topic is presented to the group for discussion, such as "How We Make Ice Cream". The attendant tries to draw each patient into the discussion and records his interest and responses. The use of this program with the mentally retarded has shown promising results. At the time of the inspection, over 50 attendants had completed the training course and others were being trained. A course consists of a series of 12 remotivation sessions with a group of 10 patients. This is done on the ward with one or two sessions weekly.

Several instaff courses are conducted which are described in the departments concerned. The Clinical Director meets periodically with the nursing staff for discussions of current methods of treatment. Members of the nursing staff attend several meetings a year at other institutions and hospitals in the State, including workshops and seminars.

Facilities for teaching include classrooms, staff conference rooms, and an employees' recreation room in the basement of the Employees' Home. Hospital wards are used for demonstrations. Individual records are kept on attendants taking the training course.

EDUCATIONAL PROGRAM (EMPLOYEES') CONT'D.

RECOMMENDATIONS

1. Additional nursing instructors should be obtained so that the training program for attendants can be increased to 100 hours or more and spread out over a longer period of time.

Increase Training Attendants

 Inservice training programs for all groups and classes of employees should be initiated. Inservice Training

3. Training courses for psychologists, social workers, and other disciplines should be considered as soon as the several staffs can be brought up to a teaching level.

Professional Training

4. Classrooms should be provided so that the training programs can have their own quarters.

Classrooms

PATIENT EDUCATION

The Director of Education has a Ph.D. Degree in Education and Hospital Recreation, and an M.A. Degree in School Administration. He has had over 12 years experience in the educational field including over nine years with retarded children. He was appointed to his present position nine months prior to the inspection. The Director of Education has over-all supervision of the academic training program, vocational rehabilitation, and recreation. The school program includes both the trainable and educable groups from nursery to eighth-grade level.

The Principal of the school has a B.A. Degree and lacks 12 hours credits to be eligible for a Master's Degree. He has had over seven years of teaching experience and was appointed to his present position two years prior to the inspection. He holds a standard secondary life professional certificate.

PATIENT EDUCATION CONT'D.

In addition, there are 14 licensed teachers, all of whom have had special training for work with the mentally retarded, a vocational instructor, two music therapists, three recreational therapists, and a full-time secretary.

A consultant in speech therapy comes to the hospital two days each month, and the services of an audiologist are available.

The State Division of Vocational Rehabilitation provides a Vocational Counselor who coordinates the Vocational Training Program.

All teachers are required to spend six hours annually in undergraduate work for advanced degrees. Teachers from the State University are assigned to the hospital/school eight weeks during the summer for practical experience.

The school lasts 180 days a year and there are five hours of classwork daily for the educable group, and two and one-half hours daily for the trainable group. Classes are graded according to a program best suited for the patients and are divided into nursery, prekindergarten, kindergarten, primary, and elementary groups. The latter group seldom exceeds the sixth-grade level, although some reach the eighth grade. The number of pupils in each class is kept below 15 and teachers instruct more than one class daily.

The School Building, located in the southwest section of the grounds, is a fairly modern, fire-resistant, two-story-with-basement building, constructed in 1929. The location is central but the space is inadequate for present needs. It contains a combination auditorium and gymnasium with stage and balcony, ll large classrooms, and several multipurpose rooms. There are sufficient standpipes and hose, and fire extinguishers. Regular fire drills are held.

The school lacks adequate equipment and there is need for additional classrooms, lockers, furniture such as tables and chairs, dressing rooms, storage facilities, a library, more books, and supplies. The ventilation is good

PATIENT EDUCATION CONT'D.

but lighting needs improvement. There is only one office shared by the Director and secretary. Teachers use the classrooms for offices, and a lounge is not provided. Sufficient toilet and washroom facilities for patients and teachers are needed.

Pupils attend school to age 18; however, older pupils participate in vocational and industrial training programs. Educable children with I.Q.'s over 50 and who are toilet trained are enrolled in the academic program and both sexes attend the same classes. During the academic year preceding the inspection, approximately 285 pupils were enrolled in the school. Pupils are given individual training when indicated during the regular classroom periods, and are promoted regularly according to their ability, but no graduation exercises are held.

Physical education is a regular part of the training program. Special programs include a homemaking class for girls.

RECOMMENDATIONS

 This excellent program should be continued and expanded. Expand Program

2. The School Building chiefly lacks adequate space and facilities for the hospital's present needs. Expansion of physical space should be seriously considered in order to provide sufficient classrooms, offices for teachers with adequate toilet and washroom facilities, a library, adequate storage space, lockers and dressing rooms for patients, etc. Adequate furnishings and supplies should be provided. An indoor swimming pool would be most desirable. Special facilities for the speech therapist and audiologist are needed.

Increase Facilities

RESEARCH

There is no Department of Research at the hospital but several research projects were underway by individual staff members and by collaboration of two or more individuals.

The Psychology Department is conducting a study in conjunction with the psychology consultant from the State University of Iowa to test the effect of motivational influences on a complex sensory-motor task; and to determine whether the effect differs significantly when applied to normal children, chronic brain syndrome retarded persons, and nonchronic brain syndrome retarded persons.

The Clinical Director, in collaboration with the consultant neurologist and a psychiatrist, is conducting investigations regarding the anticonvulsive effects of the drug "Librium", and of the drug "Taractan" as a psychotherapeutic drug.

Several articles were published during the two years preceding the inspection: (1) a doctoral dissertation by the Director of Education with the title "The Development of a Manual on the Administration of a Recreation Program for the Mentally Retarded in State Institutions for the Retarded"; (2) an article by the Superintendent and Clinical Director under the title "A Renaissance in the Concept of Care for the Mentally Retarded"; and several others.

RECOMMENDATIONS

1. A research committee of the staff should be appointed to coordinate and encourage research by all professional personnel

Research Committee

2. All research studies, when completed, should be promptly written up and published.

Publish Studies

MEDICAL AND SURGICAL DEPARTMENT

The Clinical Director and the Chief of Medical and Surgical Services perform most of the uncomplicated surgery at the hospital. Most of the major surgery is done at the State University Hospital in Iowa City where qualified specialists and consultants are available (see Consulting and Visiting Staffs and Resident Staff).

An experienced graduate nurse supervisor is in charge of the operating room and central supply. She is assisted by one attendant. Other nursing personnel is available when needed.

The surgical suite is located in one wing of the Administration Building. The location is not central and the space is inadequate. There are a major surgery room, a minor surgery room, a scrub room with adjoining toilet, sterilization and central supply room, sterile instrument and pack room, and a doctors' dressing room which is also used for an eye examination room.

Dispensaries are maintained in the minor surgery room and another in the Pine Hurst Building. Specially equipped rooms for examination and treatment by the different specialists, except for the eye room, are not available and the dispensaries and minor surgery are used for this purpose.

The hallway is used as a waiting room and toilet facilities for patients are available.

Sterilization of water and supplies is controlled by the use of Dyack indicators and color tapes. Cultures have not been run on sterilized material, but sterile packs are re-sterilized every three months.

Unnecessary and incompetent surgery is prevented by supervision of the Clinical Director and by tissue examinations at the State University Laboratory. Consultation is required in all cases where the patient is critically ill and in cases where the diagnosis is obscure.

MEDICAL AND SURGICAL DEPARTMENT CONT'D.

All infections are recorded and reported to the Superintendent and are investigated by the Clinical Director.

The operating room register was complete and up-to-date and first assistants were recorded. Surgical reports are dictated by the surgeon and incorporated in the medical record. There were no cases of infection or death following surgery during the year preceding the inspection. There were one case of major surgery, 380 minor surgical operations, and 36 casts applied during this period.

Anesthetics are given by a graduate nurse who has had special training in anesthesia. All patients scheduled for anesthesia have a physical examination, blood count, and urinalysis. Ether, nitrous oxide, spinals, and locals are the agents used. A recovery room is not available and patients are returned to the medical wards for recovery where complete resuscitative equipment is available.

Electrical equipment is not shockproof or sparkproof, and humidity is not controlled in the operating room. Grounding precautions are inadequate. Electric cautery is never used in the presence of explosive gases. The technique of the anesthetist was not observed but there were no recent deaths from anesthesia at the time of the inspection.

Two hospital wards in the vicinity of surgery are maintained. The male hospital ward contained 12 beds and 21 cribs, and the female hospital ward, which also houses male children, had 15 beds and 32 cribs. A registered nurse is on duty at all times in the medical wards. Isolation suites are not available and two single rooms on each ward, equipped with toilets and wash bowls, are used for this purpose. Single rooms on other wards or dormitories are used for isolation when required. Medical wards are fairly well equipped.

Clinics for inpatients are regularly held in gynecology, dermatology, neurology, podiatry, and optometry. All new admissions are seen by the neurologist who also examines the eye grounds. All female admissions are seen by the gynecologist.

MEDICAL AND SURGICAL DEPARTMENT CONT'D.

Patients requiring consultations in other specialties are taken to the State University Hospital. During the year preceding the inspection, 131 patients attended specialist clinics at the University Hospital.

There is no standard procedure for regular physical examinations. Patients' medical records include all physical history, and laboratory tests are used to assist in the diagnosis. Clinical records checked were complete and up-to-date.

The hospital has an electrocardiograph located in the X-ray Department which is operated by the technician. Approximately 40 examinations were made during the year preceding the inspection and a cardiologist reads the tracings. A Basal Metabolism apparatus is available and is operated by a laboratory technician. An electroencephalograph was recently obtained and, during the month preceding the inspection, 12 tracings were made. The laboratory technician operates the machine and tracings are read by the consultant neurologist.

RECOMMENDATIONS

- 1. Additional space should be provided Additional for the operating suite and should include a Space recovery room.
- 2. Monthly cultures should be made on sterile supplies to check the efficacy of the Cultures sterilization.
- 3. Electrical equipment in the operating Electrical room should be shockproof and sparkproof. Equipment
- 4. The operating room floor should be Grounding conductive and all equipment should be properly Precautions grounded.
- 5. Air conditioning of the operating Air suite should be seriously considered. Conditioning

MEDICAL AND SURGICAL DEPARTMENT CONT'D.

RECOMMENDATIONS CONT D.

6. Adequate isolation suites, properly equipped, should be provided.

Isolation

7. Separate and adequate facilities for the diagnostic clinic should be provided, including rooms equipped for the several specialists, a nurses' office, and a waiting room and toilet facilities for patients.

Clinic Facilities

8. All patients should have an annual physical examination, and this could easily be set up in a tickler file for the anniversary of the patient's admission to the hospital. Many hospitals have found it desirable to use part-time general practitioners from the community to make these examinations.

Annual Physical Examination

CONTAGIOUS DISEASES

There are four beds available, two for male and two for female patients, as isolation beds on the medical wards. These rooms are equipped with toilets and wash bowls. Single rooms on other wards or dormitories are used when required with improvised isolation techniques.

All new admissions are quarantined for three days or more. New admissions receive smallpox vaccinations and diphtheria, tetanus, typhoid, and poliomyelitis vaccine. During the fiscal year preceding the inspection, there were 36 cases of three-day measles, six cases of chicken pox, and 43 cases of amoebic dysentery. A survey for amoebic dysentery had been recently made and all carriers and active cases were treated.

RECOMMENDATIONS

1. Adequate isolation facilities should be provided, properly equipped with separate toilets, utility rooms, showers, etc., Facilities in order that proper isolation techniques can be practiced.

Adequate

CLINICAL AND PATHOLOGICAL LABORATORIES

The laboratory is under the direct supervision of the Clinical Director who also performs most of the autopsies. The head of the Pathology Department at the University Hospital serves as consultant. There is only one registered laboratory technician and no assistants. In the absence of this technician, an X-ray technician, who is also a laboratory technician, is available. The space is adequate but the location is not suitable since it is too far removed from the center of patient population in Linden Court. The laboratory is equipped to do chemical and bacteriological examinations, but pathological frozen-section and serological examinations are sent to the State Laboratory in Iowa City. A well-equipped autopsy room and adequate mortuary adjoin the laboratory. There is no office for the pathologist, no conference room, nor museum.

There is no blood bank or list of donors and when blood is required, it is obtained from the Methodist Hospital in Des Moines. Tissues removed in an operation are sent to the State Laboratory. All new admissions receive a complete blood count, a test for syphilis, a urinalysis, a stool examination, and a throat culture for diphtheria.

During the year preceding the inspection, there were 49 deaths in the institution, and 32 post mortems were done (65.3%).

Requests for laboratory work are made in writing on printed forms. Reports are signed by the technician and are filed in the patient's medical record. Copies are filed in the department. Monthly reports are made to the Clinical Director.

RECOMMENDATIONS

1. Facilities should be provided for both serological and pathological examinations to be done at the hospital.

Expand Facilities

2. When pathological examinations are done at the hospital, a pathological museum should be started.

Pathology Museum

CLINICAL AND PATHOLOGICAL LABORATORIES CONT'D.

RECOMMENDATIONS CONT'D.

3. The hospital should have a part-time pathologist to supervise the laboratory, perform autopsies, and conduct clinicopathological con- Pathologist ferences. This would relieve the Clinical Director of part of the many additional duties he performs.

X-RAY DEPARTMENT

The Clinical Director supervises the X-ray Department and a Board-certified radiologist consultant spends approximately four hours a month reading the films taken. There is one registered technician and no assistants. The pharmacist, who has had some training in X-ray, serves as relief.

The department is not ideally located in the Administration Building and the space is inadequate. An office, dressing rooms and toilets, and waiting room are needed. Viewing boxes and a dark room are available but stereoscopic equipment is not provided. Radiography, fluroscopy, and bedside radiography are done but patients who need X-ray therapy are sent to the University of Iowa Hospital in Iowa City.

Equipment is old and is inadequate in power control. Equipment is shockproof, safety films are used, and safety measures are enforced. The filing of films was satisfactory. Requisitions for work are made in writing and all reports are signed by the radiologist and filed in the patient's medical record and a copy is filed with the film in the department. A cross index card file with name and number is kept. Monthly reports are made. This department also operates the electrocardiograph and encephalograph. During the month preceding the inspection, 190 films were taken.

RECOMMENDATIONS

1. An assistant technician is needed.

Assistant Technician

X-RAY DEPARTMENT CONT'D.

RECOMMENDATIONS CONT'D.

2. More adequate space should be provided, including a waiting room, dressing rooms and toilets, Additional an office for the radiologist, and ample storage Space and filing space.

The EKG and EEG equipment should be in a separate room.

Separate Room

4. The old X-ray machine should be replaced with a new and modern unit.

Equipment

DENTAL DEPARTMENT

There are two full-time dentists and one dental assistant (see Table II). The senior dentist was absent due to illness at the time of the inspection.

The location in the Administration Building is satisfactory and the space is adequate but there is no waiting room and the hallway is used for this purpose.

There are two dental chairs with all necessary equipment. There are three sterilizers, a dental X-ray, a dark room, and viewing boxes, but there is no portable dental equipment or anesthesia apparatus. The dental laboratory is rather small but adequate for present needs.

All newly admitted patients are examined but are not charted, and all needed dental work is done. The resident patients are examined and teeth are cleaned at least once a year. Dentures are started at the hospital and then sent to a commercial laboratory for finishing.

Reports are filed in the medical record and a card file is kept in the department. Dentures are not marked for identification and those not in use are stored on the ward. Monthly reports are made to the Superintendent.

DENTAL DEPARTMENT CONT'D.

RECOMMENDATIONS

1. The personnel quota for dental assistants should be increased and positions for an adequate number of dental hygienists should be established and filled.

Personnel

2. Portable dental equipment should be made available for a dentist or hygienist to use for patients who are physically unable to come to the dental office.

Portable Equipment

3. Dental services for the resident population, including examination and prophylactic treatment, should be provided at least twice a year.

Semiannual Services

4. All patients' teeth should be charted at the time of the original examination, and charts should be made a part of the medical record.

Charts

5. Dentures should be marked for identification, and those not in use should be stored in the dental office.

Dentures

6. This department should collaborate with the Nursing Service in the oral hygiene program on the wards.

Hygiene Program

THE PHARMACY

The pharmacy is directed by a full-time registered pharmacist, and there is one patient assistant. The laboratory technician, who is also a registered pharmacist, serves as relief.

The location of the pharmacy in the Administration Building is satisfactory and the space is adequate except the

THE PHARMACY CONT'D.

storage room is crowded. One room is used for the dispensary, and the storage room is combined with compounding facilities. Refrigeration is adequate and narcotics and alcohol are being properly handled. The reference library is complete and up-to-date.

A very limited amount of preparations are manufactured, such as ointments and lotions. Of all preparations used, approximately 95% are standard preparations. Staff members are kept informed of new drugs received.

Drugs are kept in locked cabinets on the wards. Ward drug cabinets are not checked by the pharmacist, this function being the responsibility of the Nursing Service. A hospital formulary has been adopted but it has not been revised since 1946.

The use of sedatives, ataractics, and anticonvulsants is controlled by the medical staff, but there are no automatic stop orders on any drugs except narcotics. Approximately \$20,000.00 is expended annually for tranquilizing and anticonvulsant drugs.

A physician's signature is required on all orders for drugs, but a nurse or charge attendant can give orders for household remedies or supplies. Separate files are maintained for narcotic and other prescriptions. Annual physical inventories are taken. Monthly reports are not submitted to the Superintendent.

RECOMMENDATIONS

1. A pharmacy committee should be appointed, composed of the pharmacist and members of the medical staff, to review all requests for new drugs and revise the hospital formulary.

Pharmacy Committee

2. More storage space should be provided.

Storage Space

THE PHARMACY CONT'D.

RECOMMENDATIONS CONT'D.

3. The pharmacist should check ward medicine cabinets on a regular monthly or quarterly basis to see that they are not hoarding drugs and that they do not contain obsolete or unusable drugs.

Medicine Cabinet Inspections

4. Automatic stop orders should be adopted for sedatives, ataractic, and anti-convulsant drugs.

Stop Orders

MEDICAL RECORDS

The person in charge of medical records has the title of Registrar. She is a high school graduate and has had one year of college training. She is a member of the American Association of Medical Record Librarians and attends annual meetings and institutes. In addition to the duties of medical record librarian, she serves as registrar and receptionist, and has charge of the medical library. There are five assistants. A records committee has been appointed, composed of three physicians and the registrar, which meets monthly. The records are examined by the Clinical Director before filing.

A standard practice for compiling records is used. Records examined were found to be fastened together and neatly filed. The records contained all necessary information. Special reports are filed with the Central Office on all suicides, accidents, and sudden deaths, or elopements. Commitment papers are filed in the medical folder. Contagious diseases are reported to the State Board of Health.

Medical records are written or dictated by physicians only and are recorded promptly after a patient's admission. Reports are signed or initialed by the physician. Records are kept in regular metal files in a fire-resistant building. Records are filed by number and a cross index of name and

MEDICAL RECORDS CONT'D.

number is kept. Files were neatly maintained. The American Psychiatric Association nomenclature is used for statistics, and the American Medical Association code is used for medical categories. Microfilming has not been used.

The facilities include two rooms in the Administration Building, one used for the medical records office and the other used for a file room. Archives are kept in a store room in the basement.

RECOMMENDATIONS

- 1. The records committee should review all records before they are placed in the in-Record active file. They should control the caliber Review of the medical records and check whether records are complete and properly signed.
- 2. All record files should be labeled Safety "Priority in Case of Fire or Disaster".

MEDICAL LIBRARY

The medical library is supervised by the Registrar and she spends part of her time in the care of the library. A library committee has not been appointed.

The library is located in the Administration Building and is also used as a staff conference room. The location is suitable but the space is inadequate. More space for a reading room and additional stack space are needed. The furnishings are meager.

The librarian provides general care for the library, catalogs books, and keeps a record of books taken out. The books are indexed by author and title, but circulation records are not kept. The library is available to the staff at all times. The library is affiliated with the State Medical Library. Journals and periodicals are not bound.

MEDICAL LIBRARY CONT'D.

There are approximately 281 books in the library and some of them are late editions. The majority of books are in the field of psychiatry, psychology, and general medicine. The hospital subscribes to 41 professional magazines and periodicals. During the fiscal year preceding the inspection, the sum of \$506.40 was spent for subscriptions to periodicals and for new books. Figures for the budget for the current year were not available at that time.

Monthly reports are not made.

RECOMMENDATIONS

- 1. More space is needed for the library to provide a reading room and sufficient stack Space space.
- 2. A full-time or part-time librarian Librarian should be obtained to take charge of the library.
- 3. Books and journals kept in various offices should be catalogued in the library if they are hospital property. Some books may then Central be assigned to different offices on a long-term Control basis if this seems desirable, but they should be accounted for at all times.
- 4. Journals which are worth keeping Journals should be bound for future reference. Bound
- 5. The librarian should provide bibliographic assistance and should circulate Services clippings and current material
- 6. A library committee of the medical staff should be appointed to assist the librarian Library in the selection of new books, in the discarding Committee of old books, and in the determination of which journals are to be bound.

MEDICAL LIBRARY CONT'D.

RECOMMENDATIONS CONT'D.

7. More funds should be provided and a separate budget established for the purchase Budget of new books and subscriptions to journals.

8. A record should be kept of all books borrowed from the library and monthly circulation figures should be compiled and reported to the Superintendent.

Circulation Records

CHEMOTHERAPY

All physicians prescribe the ataractic, anticonvulsant, and stimulating drugs. Patients are carefully screened before treatment with these drugs is instituted and routine laboratory checks are made at least once a month, or when indicated. Adequate clinical charts are kept and progress notes are made for patients on drug therapy and are filed in the patient's medical record.

A statistical record of the patients on the various drugs is not maintained. It is estimated that approximately 75 per cent of the patient population was receiving ataractic drugs and about 390 patients were receiving anticonvulsant drugs at the time of the inspection.

Research studies are conducted (see Research).

Monthly reports are not made to the Superintendent.

The staff feels the use of these drugs to be essential for the treatment of epileptics and for some of the mentally retarded. Since the institution of therapy with these drugs, the need for restraint and seclusion has been drastically reduced, the patients are more adaptable to rehabilitation, and it is estimated \$70,000.00 has been saved due to reduction in destruction of property.

CHEMOTHERAPY CONT'D.

RECOMMENDATIONS

1. Records should be maintained of the number of patients on each type of drug and the amount of drugs used, and monthly reports submitted to the Superintendent.

Statistics

SHOCK THERAPY

This type of treatment is not given or recommended at this hospital.

PSYCHOTHERAPY

Psychologists give some supportive psychotherapy to a few patients as a part of their work and the nursing personnel conduct the remotivation program, a form of group therapy (see Psychology Department and Educational Program (Employees'). There is no formal program of psychotherapy.

RECOMMENDATIONS

1. A carefully controlled and supervised program of individual and group therapy might be considered. Patients would have to be carefully screened and detailed records would have to be kept in order to evaluate the program. Some patients could probably benefit considerably from such a program and it should be limited, at least at first, to those patients who have a good chance to leave the institution and become self-supporting.

Program

PHYSICAL THERAPY

A registered physiotherapist with many years of experience is in charge of this department. He has one assistant who is a

PHYSICAL THERAPY CONT'D.

registered nurse with training in hydrotherapy. The Clinical Director acts as advisor to the department.

The facilities are located in the basement of Linden Court and consist of two large treatment rooms, a hydrotherapy unit, an office, and a locker room. One of the treatment rooms also serves as a waiting room. The basement location is not the most desirable, but the space is adequate.

The department is well equipped, including a variety of physical rehabilitation equipment. There are a Paulst electric stimulator, one cold quartz lamp, a microwave diathermy, one infrared lamp, a Megason ultrasound unit, a large portable whirlpool, a vibra bath, treatment tables, etc. Rehabilitation equipment includes a variety of exercise units, standing tables, tilt tables, wall pulleys, stall bars, relaxation chairs, parallel bars, infant high chairs with neck supports, a variety of wheel chairs, walkers, rollators, ambulaids, etc. In addition, a variety of equipment is distributed for use on the wards, including parallel bars, walkers, relaxation chairs, mats, and wheel chairs.

During the month preceding the inspection, a total of 501 patients visited the department and received 1,748 treatments. The staff appreciates the value of this form of treatment and refers all patients that may benefit therefrom.

All requests for treatment are signed by a physician. A card file is kept in the department where treatment and progress notes are entered. Entries pertinent to physiotherapy treatment are included in the progress notes made by the physicians and filed in the medical records. Monthly reports are made to the Superintendent.

RECOMMENDATIONS

None.

OCCUPATIONAL THERAPY

The person in charge of this department has the title of Director of Arts and Crafts, and has been trained in both occupational therapy and physiotherapy. She is assisted by seven practical therapists. The Clinical Director is consultant to the department.

The facilities for this department are concentrated in the basement of "D" wing in Linden Court and consist of shops, a ceramics unit, an office, and storage rooms. Only one toilet is available for use of patients and employees. The shops are well equipped otherwise.

Occupational therapy provides training in constructive hobbies and handicraft, such as rug-weaving, crocheting, ceramics, leather-carving and stamping, woodworking, metal engraving, and a variety of small crafts. The program is adjusted to serve patients with a variety of disabilities including the blind, the epileptic, cases of muscular dystrophy, the spastic, the deaf, and the retarded. The two largest training areas are rug-weaving and ceramics. An average of 70 boys and girls attend classes daily.

Most of the articles made in occupational therapy are sold and funds are used for new materials. This is the only source of funds for this purpose, since no budget for material is provided. Some items made in the department are used to embellish the wards.

The medical staff is most enthusiastically interested in this department and gives it excellent support.

All patients are referred by prescriptions written by physicians. Only verbal progress reports are made, and these are included in the progress notes made by physicians and filed in the medical record. Monthly reports are submitted to the Superintendent.

RECOMMENDATIONS

1. The number of registered occupational therapists should be increased. As much as possi- Personnel ble, the therapists should be assigned to only one activity.

OCCUPATIONAL THERAPY CONT'D.

RECOMMENDATIONS CONT'D.

- 2. Progress notes should be made on all Progress patients and should be entered in the medical Notes record.
- 3. Adequate toilet facilities for both Toilets patients and employees should be provided in the shop area.

RECREATIONAL THERAPY

This department is combined with the Educational Department and school program under the supervision of the Director of Education. Recreational activities in connection with the school program have been discussed (see Patient Education).

Three recreational aides are available to carry out the program. Recreational facilities, in addition to those previously mentioned, include an athletic field, a ball field with partially enclosed bleachers, a shelter house (under construction), and a number of open and enclosed playgrounds. In the basement of Linden Court, there are recreation and play rooms, a nursery with play equipment, and a vocational rehabilitation shop with a small library.

Most wards have radios and television sets but there is no central radio system. There are two 35 mm. stationary moving picture machines in the auditorium and three portable projectors are available. Two shows are held each week in the auditorium.

A printed recreational schedule is published by the Special Services Department. Special activities, chiefly of passive recreation, are provided for geriatric patients on the wards and in the basement of Larches Building.

A variety of both indoor and outdoor games is available and patients are taken on walks and shopping parties.

RECREATIONAL THERAPY CONT'D.

Frequent dances are held and plays are produced on special holidays. Braille books are available for the blind and phonograph records are provided. A monthly hospital publication with the title of "News Teller" is published with the collaboration of the education, academic, recreation, and special services personnel.

A full-time music therapist gives instruction in music. A patient orchestra, a band, and a chorus have been organized. Many entertainments are provided for patients in the auditorium and on the wards, and music is furnished for church services. The music center is located in the Annex Building and is fairly well equipped but the space is inadequate. A portable organ is not available.

Physical education is combined with the school program and individual teachers include these activities in the academic program.

Separate records of recreational activities are not kept but are combined with the educational program. During the year preceding the inspection, a total of 1,572 patients participated in some form of recreational activities.

Monthly reports are submitted to the Superintendent.

RECOMMENDATIONS

1. The number of recreational therapy personnel should be increased and physical education instructors should be added to the personnel quota.

Personne1

2. The physical education program should be expanded in order to reach the older patients.

Expand Program

3. Progress notes should be made on all patients and should be entered in the medical records.

Records

PATIENTS' LIBRARY

The hospital has no organized patients' library. Some books are located in a book storeroom in the basement of the school. A small library is available in the vocational rehabilitation shop in Linden Court. The books available are under the supervision of the Education Department. In addition, a few books are located on several wards and buildings.

There is no librarian and no records or inventory of the number of books on hand is kept. The books available are mostly children's books. A limited number of books are purchased, but the majority are donated and are distributed to the various wards by the Special Services Department.

During the year preceding the inspection, \$43.50 was spent for books and a similar sum was available for the current year.

RECOMMENDATIONS

- 1. A trained librarian should be employed and this person should supervise both the medical Librarian and patients' libraries.
- 2. A suitable space should be selected for a library to include a reading room and Library adequate stack space, and necessary equipment and supplies should be provided.
- 3. Branch libraries should be estab- Branches lished, or circulating carts provided.
- 4. All books should be indexed according to the Dewey Decimal System and circulation re- Records cords should be kept.
- 5. A regular amount should be budgeted for the patients' library each year so that the Budget library may be expanded.

INDUSTRIAL THERAPY

This program is under the over-all direction of the Director of Education and is tied in with the school and vocational rehabilitation project. A planning board has been appointed which meets, with the nursing supervisors of the male and female services for assignment of patients to work in accordance with the patient's ability and adaptability, subject to the approval of the physician in charge. The Clinical Director serves as advisor.

All shops and work details are directed by trained persons and assignments are changed if the patient so requests or does not adjust. The primary consideration is the rehabilitation of the patient and, secondarily, the need for the hospital to function. Patient work is necessary to maintain hospital activities, especially on the farm, in the laundry, in food service, and in housekeeping. Strictly speaking, patients are used as substitutes for employees since the number of employees is insufficient to maintain hospital functions adequately.

Working conditions in general are good in all departments where patients are assigned. At the time of the inspection, a total of 747 patients (329 female and 418 male) were engaged in the work program. Assignments for male patients include farm, garden, power house, wards, laundry, supply depot, food service, dairy, and other miscellaneous activities. Assignments for female patients include housekeeping, wards, food service, laundry, marking and sewing room, canteen, and others.

A special vocational training program is conducted in coordination with the State Office of Rehabilitation (see Outpatient Department). Selected patients are assigned to the vocational training shop under the supervision of a trained instructor. This is a 20-week course, during which time the patient is evaluated for outside job placement or is sent to special schools for further training. Classes usually consist of 10 to 12 students. During the year preceding the inspection, 18 patients completed the training and were placed on jobs in the community under the supervision of the Social Service Department in collaboration with vocational guidance personnel.

INDUSTRIAL THERAPY CONT'D.

Progress notes on each patient are made periodically and are submitted to the physician in charge for inclusion in medical record summaries.

Monthly reports are submitted to the Superintendent.

RECOMMENDATIONS

None.

RELIGION

There are two part-time Protestant chaplains and one part-time Catholic chaplain. All are well qualified. Two of the chaplains have offices in the Administration Building and the Special Services Department provides secretarial assistance.

There is no chapel building and services are held in the school auditorium which is equipped with an altar, lectern, electric organ, piano, and a public address system. In addition, services and religious instruction are held in a room located in the basement of Elm Crest for Protestants, and Catholic and Lutheran services are held in the Annex Building. Weekly Protestant services are held for chronic and infirm patients in Pine Hurst, Larches, and Oak Hall.

Religious training is conducted by the Catholic and Protestant chaplains, with regular instruction classes and chapel services. The chaplains try, insofar as is possible, to reach every patient. There are a Catholic Mass, a Lutheran service, and an interdenominational service conducted weekly. During the school year, a religious training class is a part of the school curriculum. For those not in school, regular classes are held on the wards or in the religious training rooms located in the Elm Crest basement. The chaplains are assisted in these classes by volunteer workers.

Protestant services have an average attendance of 500 patients, and Catholic services an average of 225 patients. The program of religious activities is incorporated in the Special Services weekly calendar of events.

RELIGION CONT'D.

The chaplains visit new patients, visit the critically ill, do religious counseling, assist in the public education program, occasionally attend staff conferences, make ward rounds, and conduct burial services in the hospital cemetery.

Records of attendance at religious services and a religious census are maintained. Monthly reports are submitted.

There appears to be close cooperation of the chaplains and the medical staff.

RECOMMENDATIONS

1. An all-faith chapel with offices for the chaplains is badly needed.

All-Faith Chapel

RESTRAINT AND SECLUSION

Both chemical (tranquilizers) and mechanical restraint are used, the latter usually in the form of a "Westcott" halter and wrist and ankle cloth ties. The reasons for the use of restraint are to prevent self-abuse, prevention of injury to patients or others, and to control combativeness and destructive behavior. Patients in restraint are carefully protected and are released frequently to permit change of position, exercise, and proper hygienic attention. During the fiscal year preceding the inspection, 523 patients required the use of restraint, and at the time of the inspection 24 patients were in restraint.

Seclusion is used to a limited extent and ordinary single rooms are used for this purpose. During the fiscal year preceding the inspection, 69 patients required seclusion.

All orders for restraint and seclusion are written and signed by a physician on a special printed form used for this purpose, and orders are limited to a 24-hour period. Orders are sent to the Superintendent's office each day and are filed in the medical record.

RESTRAINT AND SECLUSION CONT'D.

A full record of the number of patients in seclusion and restraint is kept and reports are sent to the Central Department every two weeks.

Members of the medical staff are most anxious to reduce the amount of restraint or seclusion but under present conditions, due to the lack of an adequate number of nursing personnel for supervision, these methods cannot be avoided.

RECOMMENDATIONS

1. Patients in restraint or seclusion should be under constant supervision.

Supervision

2. Every effort should be made to decrease the amount of restraint and seclusion used.

Decrease Amount

TUBERCULOSIS

The hospital maintains Wards #3 and #4, located in Maple Lodge, for patients with tuberculosis. Most cases of tuberculosis are transferred to the State Tuberculosis Sanitarium, located in Oakdale, about 75 miles away. The Director of Medical Services is in charge of these wards and the Clinical Director supervises treatment. Consultants in tuberculosis and diseases of the chest are available from the State Sanitarium.

The tuberculosis service consists of two wards separated by a day room. One ward is further subdivided into three sections; one for observation cases, one section for active cases, and one for inactive cases. At the time of the inspection, there were 15 active cases, eight inactive, and three cases under observation. The other ward contained 49 arrested and nontubercular cases. The day room is used only for arrested and nontubercular patients. The active ward is well equipped and proper isolation technique is used. Special services are provided by the departments concerned who come to the ward when needed. Occupational and recreational therapy are provided.

TUBERCULOSIS CONT'D.

Food is brought to the ward in special containers and transferred to ward containers and tray service is used. Dishes are washed in the ward service pantry by hand and sterilized with steam. A garbage disposal unit is available on the ward. Waste material is burned in an area outside of the building. Laundry is placed in special laundry bags marked "T.B." and decontaminated prior to being sent to the laundry where special handling is practiced and the same items returned.

Physical examinations are routinely made and chest films taken on admission and repeated as indicated. Tuber-culin tests are used on admission. All cases are reviewed by consultants at the Sanitarium and the Tuberculosis Division of the State Health Department. Antibiotics are used and special menus provided.

Active cases are not permitted to have visitors. Nontuberculous patients are not permitted to work on the ward and tuberculous patients do not work in other departments. Sputum cups are used. All new patients and employees are given a chest X-ray which is repeated annually. Employees on tubercular wards receive special periodic check-ups.

Adequate records are kept including weight charts. Monthly reports are submitted to the Superintendent.

RECOMMENDATIONS

None.

FACILITIES FOR PATIENT CARE

Facilities for bathing are insufficient on all wards, except in the Birches and Linden Court Buildings. This is due to overcrowding on most of the wards concerned.

Ambulatory patients are bathed twice a week, bed patients are bathed daily, and untidy patients as often as

FACILITIES FOR PATIENT CARE CONT'D.

necessary. Hair is washed and nails cared for usually at bath time. There is always plenty of soap and usually an adequate supply of towels. Clean clothes are always available after a bath. On some wards, some degree of privacy is available. Regular bath reports are made for each patient showing any rashes, cuts, bruises, attention to finger and toe nails, etc., and these are signed by the charge attendant and submitted to the nursing office.

Toilet facilities are also inadequate in all wards that lack sufficient bathing facilities. Most of them were clean and in fair repair. Toilet paper is furnished and is available in the toilet rooms or distributed from the nursing station. Some of the toilets are in stalls, thus affording some privacy. Soap and towels are not provided in all toilet rooms, and in some, community towels are used. Sanitary napkins are furnished.

All wards, except the medical and surgical wards, have one or more drinking fountains and many are refrigerated, and were found to be in good working order.

There are no barber shops or beauty shops. One barber and one beautician are employed and they circulate through all the wards to serve the patients. On most wards, attendants do the barbering and shampoo the hair for female patients. Volunteers also assist the beautician. Electric clippers and safety razors are used and patients usually do the lathering and finishing. Lathering machines are not used. Shaving and hair cutting are both done as necessary. Approximately 50 per cent of the male patients are permitted to shave themselves under supervision. Approximately 500 female patients would avail themselves of beauty parlor care if there were sufficient beauticians and facilities. Supplies are meager. The barber and beautician keep no records and monthly reports are not made.

A podiatrist spends one day a week at the hospital for foot care and also does the fitting of special shoes. The facilities of the dispensary are used and adequate equipment is provided. Records are kept and monthly reports are made.

FACILITIES FOR PATIENT CARE CONT'D.

Patients are furnished toothbrushes and dentifrice. Brushes are neatly kept in a rack especially designed for this purpose and are identified with the patient's name. Toothbrush drills are practiced on most wards and the dentist cooperates in the oral hygiene program.

Many of the beds are old and not in very good condition and some of them are only 30 inches wide. A number of mattresses need renovation or replacement. Due to overcrowding, there was little space in the bedrooms on most wards for other furniture such as chairs and bedside tables.

The wards in the newer buildings are well furnished with new and modern items and are most attractive. Most day rooms were fairly well furnished but others have old and uncomfortable furniture. All day rooms had televisions, some also had radios, and decorations usually included pictures on the walls, curtains, and some draperies. Dining rooms and serving rooms on the wards were, in general, satisfactory (see Dining Rooms).

RECOMMENDATIONS

- Toilets, wash bowls, showers, tubs, and urinals should be of sufficient number to meet the standards of the American Psychiatric Facilities Association (see Ratio of Sanitation Facilities at end of report).
- 2. There should always be sufficient towels for bathing, and paper towels should be supplied in the toilet rooms. The use of community towels is not sanitary and should be abolished.
- Partitions should be erected between toilets and between showers so that patients may have some degree of privacy.

Privacy

FACILITIES FOR PATIENT CARE CONT'D.

RECOMMENDATIONS CONT'D.

	4. R	Rubber mat	ting shoul	d be supplie	d Rubber
in all b	ath a	and shower	rooms to	prevent	Matting
slipping					

- 5. Well-equipped barber shops and Barber and beauty shops should be provided. Beauty Shops
- 6. A sufficient number of barbers and beauticians should be employed so that Personnel all patients can receive proper care.
- 7. If needed, the services of the Podiatrist podiatrist should be increased.
- 8. Drinking fountains, preferably Drinking refrigerated, should be provided on all Fountains wards.
- 9. Beds should be kept painted and Beds in good repair.
- 10. Mattresses not in good condition Mattresses should be renovated or replaced.
- 11. Patients who can care for them Bedside properly should be furnished bedside tables Furniture and chairs.
- 12. Old wooden chairs and benches Chairs should be replaced with comfortable chairs.

CLOTHING SERVICE

There are two central linen and clothing rooms, each supervised by a clothing clerk. The clothing centers are located in the basements of the Hemlock Building for male patients and in

CLOTHING SERVICE CONT D.

Larches Building for female patients. They are well located and adequately equipped. Linen and clothing storage on the wards are combined in one room. On most wards, these rooms are inadequate in space and overcrowded.

Approximately 75 per cent of patients depend on State-furnished clothing. Clothing is obtained from relatives, manufactured in the hospital, donated by volunteers, purchased from other institutions, and purchased on the open market. The social workers write letters to relatives for clothing and other items as necessary.

Articles of clothing are marked with the patient's name and the name of the ward. The clothing supply seemed adequate but the quality needs improvement. Most patients are fairly well dressed, and strong clothing was provided for disturbed and destructive patients. Outdoor clothing is adequate and proper clothing is furnished working patients.

When packages are received from relatives and friends, they are sent to the respective male or female clothing center where a record of receipt is made and they are then sent to the patient's ward to be opened by attendants who make an inventory of the contents and deliver same to the patient. The supervisor acknowledges receipt of the package to the sender.

Adequate underwear and night clothing is available for patients, but most of the male patients sleep in their underwear.

The laundry is not adequate to take care of the load. There is no dry cleaning plant and clothes, when necessary, are sent to a commercial cleaner at the hospital's expense.

RECOMMENDATIONS

1. Letters should be sent regularly, at least twice a year, to relatives indicating what clothing is needed by the patient and requesting that the responsible relative send the clothing or the money to purchase it.

Regular Requests

CLOTHING SERVICE CONT'D.

RECOMMENDATIONS CONT'D.

2. Separate linen rooms and clothing Separate rooms should be provided on the wards. Space

3. A dry cleaning plant would be a Dry Cleaning useful addition to the laundry. Plant

4. Efforts should be made to improve Quality the quality of clothing.

5. Receipts for packages received from relatives should include a complete Package inventory of contents, and a statement as to Inventory the condition of contents on arrival.

PHOTOGRAPHY AND FINGERPRINTING

Photography is under the supervision of the Special Services Department and the work is done by the clinical laboratory. All newly admitted patients are photographed and pictures are filed in the medical records. Finger-printing is not done.

RECOMMENDATIONS

None.

EMPLOYEES' HEALTH SERVICE

Employees receive only first aid and emergency care. There is no employees' infirmary. The Director of Medical and Surgical Services provides emergency care in the minor surgery room and employees can only be hospitalized until they can be transferred to community facilities.

All new employees are given a physical examination, chest X-ray, serology, throat cultures, and receive immunization for small pox, diphtheria, polyvalent influenza, and

EMPLOYEES' HEALTH SERVICE CONT'D.

poliomyelitis. Food handlers, in addition, receive stool examinations and follow-up checks every six months. All employees receive annual physical examinations, including a chest film.

Employees are not entitled to free medical and surgical care except for emergency treatment while at work. They are covered by the State Workmen's Compensation Law and most of the employees are covered by Blue Cross and Blue Shield Hospitalization Insurance.

RECOMMENDATIONS

None.

BUSINESS ADMINISTRATION

The Business Manager is in charge of business administration at the hospital/school and he is responsible to the Superintendent. There are one assistant business manager and nine other employees in the business section.

The business offices are located on the second floor of the Administration Building and the space is adequate for present needs. Office equipment is adequate and in good repair, except additional accounting equipment is needed.

Departments supervised by the business office include: Building and Maintenance; Sewage Disposal; Transportation; Water Supply; Laundry; Farm and Grounds; Supply Depot; Power Plant; Food Service and Canning; Industrial Shops; Housekeeping Department; and Canteen.

The procurement of equipment and supplies, determination of standards and specifications, and the power of rejection are in accordance with uniform policies and regulations of the Central Purchasing Department of the State Board of Control.

BUSINESS ADMINISTRATION CONT'D.

RECOMMENDATIONS

1. Additional accounting equipment should be provided.

Accounting Equipment

TRANSPORTATION DEPARTMENT

The garage is located in the farm area and includes a grease rack and washing facilities. The space is inadequate for the storage of all cars, and cars are stored in various parts of the grounds.

The garage mechanic is in charge of the shop and he is responsible to the Business Manager. One auto mechanic, two truck drivers, and two ambulance drivers are assigned to this department.

The hospital furnishes transportation to employees in line of duty. At the time of the inspection, there were seven passenger cars, 14 trucks, and two buses. All are in good condition except one bus which is only fair and two trucks which are in poor condition.

Records are kept of all trips and individual records are kept of the cost of operating each car. Monthly reports are made to the Business Manager and Superintendent.

RECOMMENDATIONS

1. Vehicles in poor condition should Vehicles be replaced.

2. More adequate space for the garage should be provided so that all State vehicles Space are under cover.

ENGINEERING AND MAINTENANCE DEPARTMENT

The Chief Engineer, in charge of the Power House, has been with the hospital since 1925 and has had many years of experience. There are 22 employees in this department which are believed to be adequate for present needs.

The location of the power plant is satisfactory and it is adequate for present needs. The fuel is coal which is handled with overhead bunkers and manual handling from storage piles outside the Power House. Ashes are removed by a vacuum method and are used for roads by the hospital and the Highway Department.

There are six boilers and four can handle the maximum needs, allowing two boilers for stand-by. The boilers are old and need replacement with modern equipment. The coal is of poor quality and there is a shortage at times. The Chief Engineer recommends conversion to gas fuel with oil fuel for stand-by.

The hospital generates its own alternating current (500 kw.). There is a tie-in with a commercial power plant which will furnish only 150 kilowatts; however, a new transformer is being installed which will provide adequate power. The hospital has an emergency generator which furnishes only 150 kilowatts; however, this is adequate to provide lighting for the hospital. Lighting throughout the hospital and grounds, with some exceptions, is good. Emergency lighting in the auditorium and operating room is not available.

The Superintendent of Maintenance has 11 employees in his department and he believes that he needs more craftsmen to provide adequate maintenance. Most buildings are well maintained but are in need of repairs and renovation. Most supplies and equipment for maintenance are available.

Salvage material is stored outside in an area near the Power House.

All requisitions for maintenance work are made on printed forms, but emergency work is usually requested by phone. Monthly reports are made to the Business Manager.

ENGINEERING AND MAINTENANCE DEPARTMENT CONT'D.

RECOMMENDATIONS

1. The maintenance program of the institution should be stepped up so that all necessary work is done without delay. This may mean the addition of some craftsmen. Some of the craftsmen should be assigned to a preventive maintenance program to correct small problems before they become large problems.

Maintenance Program

2. Replacement of old boilers should be started as soon as possible. The conversion to gas fuel should be considered.

Boilers

3. There should be a building and an enclosed yard of sufficient capacity to take care of the salvage activities of the hospital. All distributed articles not in use should be sent to this department for disposition, repair, storage, or to be sold. This would relieve basements and other places on the grounds of indiscriminate storage which, in some cases, constitutes a fire hazard.

Salvage Facilities

SANITATION

The Business Manager and department heads are responsible for sanitation.

Water is obtained from five wells located approximately two and one-half miles from the main hospital grounds. The water is filtered and chlorinated. The water is of good quality and is tested regularly for contamination by the State Health Department.

The hospital dairy provides all the milk the hospital needs. The herd is healthy and the State veterinarian makes regular tests. The milk is pasteurized and monthly laboratory

SANITATION CONT'D.

tests for butter fat and bacterial count are made by the hospital and the Dairy Improvement Association.

Electrical and gas refrigeration is used. There are walk-in refrigerators in all kitchens, and adequate refrigeration is available in the supply depot, root cellar, and dairy cooler. Four deep freeze units are available. There are electric refrigerators on wards where food is served. Ice is manufactured by the hospital and an electric ice cube machine is located in Linden Court.

Garbage facilities are inadequate and garbage is not refrigerated. In the Linden Court kitchen and the T.B. ward, garbage disposal units are available. Conditions around kitchen platforms were found to be clean and sanitary.

A contractor provides exterminating service for rodents, vermin, and insects, and the measures taken seem adequate.

The hospital maintains a dump about one-half a mile from the hospital buildings. A fill and cover method is used for noncombustible material. At the time of the inspection, the area was properly kept.

The sewage disposal system is adequate. The effluent is treated and empties into a small creek, on the edge of the hospital grounds, which flows into the Des Moines River.

Adequate methods of detection and prevention of food contamination are used and all food supplies are inspected by Federal and State agencies.

RECOMMENDATIONS

1. Garbage should be refrigerated until it is removed from kitchen areas, or garbage disposal units should be installed in all kitchens.

HOUSEKEEPING DEPARTMENT

The head matron is in charge of housekeeping and is responsible to the Business Manager. She is assisted by one matron and 13 housekeepers. An average of five male and 25 female patients are assigned to work in this department.

The department supervises the sewing room and is responsible for the cleaning of the Employees' Homes, the Administration Building offices, the Annex Building, the religious training room in Elmcrest, and the nursery and recreation rooms in the basement of Linden Court. House-keeping in these buildings is well done and the buildings were clean and sanitary. Rooms in the Employees' Homes are made up daily.

RECOMMENDATIONS

1. Consideration should be given to centralizing all housekeeping in one department to relieve nursing personnel of this responsibility so that the latter can devote more time to the patients.

Centralize Housekeeping

DIETETICS DEPARTMENT

A dietitian is in charge of the Dietary Service. She is a high school graduate and has one year of normal school training and is continuing extension studies. During the three summers preceding the inspection, she attended college and took courses in food service. She has had 10 years of hospital experience and worked three years under an American Dietetics Association dietitian. She is a member of the American School of Food Service Association. There are one food supervisor and 54 other employees. This number is not considered adequate by the department and additional help is needed, especially seasonal.

A standard ration allowance is used and written menus are prepared one week in advance. Employees' food is included in the patient ration allowance. The basic menu is modified for tubercular and infirm patients, and for infants and young children. An average of 1,838 patients and 527 employees are served daily. All special diets are prepared under the supervision of the dietitian and they appear to be satisfactory.

DIETETICS DEPARTMENT CONT'D.

Ingredients for tube feedings are also prepared in the diet kitchen. Refreshments are served at parties and the cost is defrayed by the hospital, canteen fund, and at times, by volunteers.

Patients do not have a choice of foods. Menus examined showed an adequate variety of foods. Eggs are served three times a week, milk every meal, juices five days a week, ice cream twice a week, pastry twice weekly, and one and one-half pounds of butter or margerine are served per month. The daily per capita cost of food was \$0.48, which includes produce from the hospital farm but not U.S. Surplus Commodities.

A record is kept of items consumed and of food costs. Table waste is not measured, only periodic visual spot checks are made. Monthly reports are made to the Business Manager, the Superintendent, and the Central Office.

The diet kitchen is located in the Administration Building and is adequate for its purpose.

Bakery. The bakery is located on the first floor of the supply depot and it was inadequate. A head baker is in charge and he is assisted by two employees and four male patients. The bakery is poorly lighted and ventilated and the cement floor is in poor condition, making it difficult to clean. Refrigeration is adequate but the equipment is old and obsolete. A doughnut machine is not available. Bread, cookies, and buns are produced in the bakery. Pastry and desserts are made in the kitchens. Ice cream is manufactured in the bakery.

Meat Shop. The meat shop, located in the supply depot, is satisfactory, but the space is somewhat crowded and the cement floor is in poor condition. Lighting and ventilation are satisfactory. The meat cutter in charge is assisted by two patients. The equipment is old but in good condition, but some modern equipment is needed including an automatic cutter. Refrigeration is adequate.

Cannery. The cannery is located in a separate building east of the Birches Building. The location is suitable and the space adequate. The equipment is adequate for present needs but the acquisition of a corn husker would be helpful. The groundsman is in charge of the cannery and supervises an average of five

DIETETICS DEPARTMENT CONT'D.

patients assigned to work there. The cannery operates only seasonally during the summer. During the year preceding the inspection, 3,500 #10 cans were used for canning tomato juice, bread and butter pickles, green beans, pumpkin, beets, and apples. Sauerkraut is preserved in barrels. Spoilage is minimal and no records are kept.

RECOMMENDATIONS

- 1. A choice of foods, especially of the main Choice of dish, can easily be offered where cafeteria service is Foods used. This is an important factor in building morale of patients.
- 2. The measurement or weighing of water-free Weigh table waste is a good method of determining which Table foods patients will not eat and how much waste may be present. Economically, this might be significant.
- 3. The bakery should be relocated or modern-Relocate ized and adequate space provided. New and modern Bakery equipment is needed.
- 4. Additional equipment and replacement of Meat Shop old items should be provided for the meat shop. Equipment
- 5. The nursing service should be relieved of supervision of food service on wards and dining units, Food and this function should be taken over by the Dietary Service Service. This will require additional food service Personnel personnel, but will permit nursing personnel to devote more time to the patients.
- 6. Handwashing stations and toilet facilities Handwashing & should be provided in all food serving areas. Toilet Facil.
- 7. Some kitchens and dining rooms are in need of renovation. Ventilation and lighting are poor in some kitchens and dishwashing rooms. Adequate counter equipment should be provided in dining rooms where cafeteria type of service is used. Mechanical dishwashers should be provided in all dining rooms that are not so equipped. Some dining rooms need replacement of furniture.

Kitchens & Dining Rooms

DIETETICS DEPARTMENT CONT D.

KITCHENS

Location		Adeq.	deq. Re friger- ation	of		Type of Ceiling	Sani- tation		
Employees'	Good	Yes	Yes	Tile	Tile	Plaster	Good	Good	Cans
Administra tion Blda (Meadows)	g •	Yes	Yes	Tile	Partial Tile	Plaster	Fair No Toilet Facil.	Poor	Cans
Oak Hall	Good	No	Yes	Tile	Plaster	Plaster	Good	Good	Cans
Birches	Good	No	Yes T	errazo	Tile	Plaster	Good	Good	Cans
Hemlock	Good	Yes	Yes T	errazo	Plaster	Plaster	Good	Good	Cans
Linden I Court	Excellent	Yes	Yes	Tile	Tile	Plaster	Good	-	Dis- osal nits
Larches	Fair	Yes	Yes T	errazo	Tile & Plaster	Plaster	Fair No Toilet Facil.	Poor	Cans
Westwood	Good	Yes	Yes T	errazo	Plaster	Plaster	Good	Fair	Cans

Light is good in all above buildings.

DIETETICS DEPARTMENT CONT'D.

DINING ROOMS

Building	Type of Service	Size of Tables	Decoration of Rooms	Dishwashing	No. Pts. Served
Employees' Home Dining Rooms 1 and 2	Cafeteria	Seat 4	Good	Mechanical Inadequate Space	120-E
Oak Hall Dining Rooms 1 and 2	Cafeteria	Seat 4	Good	Mechanical	104
Oak Hall Dining Rooms	Table	Seat 6-8	Good	Mechanical Dishwasher	96
3 and 4	1.			lst Floor	
Birches	Cafeteria	Seat 10	Good	Mechanical	234
Pine Hurst	Cafeteria	Seat 4	Good	Steam	
Dining Rooms 3 and 4				Sterilizer	54
Hemlock Dining Rooms 1 and 2	Table	Seat 4-6 Poor	Good	Manual	85
Hemlock	Table	Seat 4-6	Good	Manual	84
Dining Rooms 3 and 4					
Linden Court Central	Cafeteria Inadequate	Seat 8	Good	Mechanical Crowded Room	280
Westwood Dining Rooms 1 and 2	Table	Seat 4	Good	Mechanical	73
Westwood Dining Rooms 3 and 4	Table	Seat 4	Good	Mechanical	196

In all above dining rooms, food is attractively served and at the right temperature.

DIETETICS DEPARTMENT CONT'D.

DINING ROOMS CONT'D.

Building	Type of Service	Size of Tables	Decoration of Rooms	Dishwashing	No. Pts.
Maple Lodge 2 Dining Rooms and T.B. Ward Service	Table & Tray	Seat 4	Good	Mechanical and Steam Sterilizer	152
Elm Crest 2 Dining Rooms and Ward Service	Table & Tray	Seat 4	Good	Steam Sterilizer	179
Larches 2 Dining Rooms and Ward Service	Table & Food Cart	Seat 4-6	Good	Manual	116
Administration Hosp. Wards	Food Cart & Tray	-		Manual & Sterilizer	47
Linden Court 8 Ward Units	Food Cart & Tray	Seat 4	Good	Manual & Sterilizer	269

In all above buildings, food is attractively served and at the right temperature.

STOREHOUSE

A storekeeper is in charge of the supply depot and has two assistants and several patients whom he supervises.

The supply depot is located in the northeast section of the grounds near Linden Court and there is adequate space and refrigeration. It was found to be clean and sanitary, and the ventilation is satisfactory. The meat shop and bakery are located in this building. The meat cutter checks in meats and fish.

RECOMMENDATIONS

None.

LAUNDRY

The laundry is located near the supply depot. It is of fire-resistant construction. The space is not adequate and more equipment is needed. Approximately 50 per cent of the equipment is old and obsolete and replacement with modern and automatic equipment is needed.

The laundry supervisor is in charge, assisted by 18 employees and a number of patients. The laundry operates five days a week and averages 25 tons of dry laundry per week, which is the maximum capacity with present equipment and conditions. Patients are paid in canteen credit cards.

Employees' laundry is handled separately from patients' laundry. An exchange system is in use and a stock of linens and clothing is kept in the laundry and used as replacements when new items are needed.

Contagious material is handled in separate marked bags and washed in separate washers, and the same articles are returned. A mattress sterilizer and dry cleaning equipment are not available. Laundry is transported by truck.

LAUNDRY CONT'D.

RECOMMENDATIONS

1. A survey of the present laundry facilities and the work load should be made by a laundry institute, and needed space and equipment should then be added.

Survey

2. The installation of some small hometype washers in the buildings would allow patients to wash some of their own clothes and relieve the laundry to some extent. Patients would then take more pride in their clothing.

Washing Machines

3. A mattress sterilizer should be provided, and the installation of dry cleaning equipment, when space is available, should be considered.

Mattress
Sterilizer &
Dry Cleaning
Equipment

FARM

The hospital owns 800 acres of farm land, all of which is tillable. The farm manager and 14 employees operate the farm. The number of patients assigned to work on the farm varies with the season.

The dairy consists of 260 registered Holstein cattle and approximately 150 to 180 provide milk throughout the year. The herd is free of disease and is regularly checked by a veterinarian. The milk supply is adequate for the hospital needs.

The piggery consists of 375 hybrid animals. Pigs are slaughtered and used by the hospital.

Approximately 35 acres are used for a vegetable garden, and 765 acres of field crops are raised. Farm products are sold to the hospital in accordance with prices determined by the State Farm Advisor and surplus is sold on the open market.

FARM CONT'D.

The farm buildings are adequate for present needs and a new dairy barn had been recently completed.

Daily and monthly reports are made to the Business Manager and include the number of patients working on the farm.

RECOMMENDATIONS

None.

CANTEEN

The canteen is under hospital management. The assistant business manager supervises the operation of the canteen. There are three employees and three patients assigned for work. Patients are paid a nominal salary.

The canteen is located in the basement of Linden Court and adequate space is available. The equipment is new and modern and the decorations are attractive. Fluorescent lighting is used and ventilation is good. Equipment consists of a lunch counter, tables, and chairs. A soda fountain is not available. Usual types of items stocked in stores of this kind are sold.

The canteen is open to patients, employees, and visitors, but employees are restricted to the purchase of cigarettes and food items. It is open from 7:30 a.m. to 4:30 p.m., six days a week.

During the fiscal year preceding the inspection, gross sales amounted to \$58,565.82 with a net profit of \$6,738.41. Profits may be spent for patients' welfare on approval of the canteen committee. Financial statements are made to the Superintendent and canteen committee monthly.

RECOMMENDATIONS

1. The installation of a soda fountain would Soda be desirable. Fountain

GARDEN AND GROUNDS

The head groundskeeper is in charge, assisted by a groundsman and greenhouse foreman. The number of patients assigned to work on the grounds varies with the season.

This department is responsible for the greenhouses, flower gardens, lawns (30 acres), trees and shrubbery, and roads. Cut flowers and potted plants are used on the wards. The grounds were attractive with many large trees around the buildings.

Regular reports are made to the Superintendent.

RECOMMENDATIONS

None.

FIRE PROTECTION

At the time of the inspection, the hospital depended on the local fire department in the village of Woodward for protection. The local fire department is located approximately one mile from the hospital entrance and can reach the hospital grounds within three to four minutes. The local fire department is a volunteer organization and has two fire engines.

The hospital had one old obsolete fire truck which was turned in on the purchase of new equipment, with delivery expected in approximately 90 days from the time of the inspection.

The Chief Engineer is designated "fire chief" and members of the Engineering and Maintenance Department make up the volunteer organization of the hospital. Employees are trained in firefighting and rescue work by the fire marshal and by the Iowa State College at Ames, where an annual course lasting four days is given. Five employees have attended this course. All other employees receive instruction in fire fighting and evacuation procedures at the time of the regular monthly fire drills.

FIRE PROTECTION CONT'D.

Patients participate in fire drills with actual evacuation, including the infirm and bed patients. At the fire drill held in May of 1960, the time of evacuation from the various wards varied from 45 seconds to 14 minutes. The average evacuation time was about four minutes.

The hospital does not have an automatic fire alarm system except in Linden Court, which activates an internal alarm for that building only, consisting of a buzzer sound and right light signal. Notification of fire depends on telephone communication with the Power House and the local fire department. On notice of an alarm, the Power House whistle is blown.

Thirty-nine buildings, including all buildings housing patients, are fire resistant, and nine buildings are not.

None of the buildings are protected with automatic sprinkler systems, and fire doors are not provided. All buildings have standpipes and hose, but many wards do not have fire extinguishers. According to the Chief Engineer, the reason for the lack of extinguishers is due to lack of funds. In many areas, Pyrene-type extinguishers are used but it is planned to remove them as soon as possible and replace them with modern pressure-type extinguishers. Standpipes are equipped with one-time-use hoses, and when used are replaced with new ones. Rubber-lined hose is used in the supply depot and laundry.

Emergency lights have not been provided for the auditorium or the operating room. It is not certain whether the curtain on the auditorium stage and stage properties have been fireproofed.

The local fire department cooperates in fire drills and is well oriented with the location of the buildings and grounds.

All buildings are inspected monthly by Engineering and Maintenance employees and reports are submitted to the Superintendent and Business Manager. A record is kept on

FIRE PROTECTION CONT'D.

a card index of the date of servicing of the fire extinguishers, and the date is marked on a tag attached to the extinguisher.

RECOMMENDATIONS

- 1. Emergency lights should be provided Emergency for the auditorium and operating room. Lights
- 2. All wards should be equipped with Extinguishers fire extinguishers. on Wards
- 3. Fire doors should be provided where Fire needed and especially in every stairway and en- Doors closed exit stairways.
- 4. An automatic fire alarm system,
 connecting at least all patient buildings, should Automatic
 be installed, including activation of the local Fire Alarm
 fire department. This would eliminate the System
 dependence on telephone communication.
- 5. Installation of automatic sprinkler Automatic systems in some areas, such as attics, basements, Sprinkler laundry, supply depot, medical records office, System etc., should be considered.

EMERGENCY OR DISASTER PLAN

The hospital has not formulated an emergency or disaster plan.

RECOMMENDATIONS

1. An emergency and disaster plan should be formulated and printed for distribution to all employees. The plan should cover disasters, both natural and man-made, in the hospital, the adjacent community, or in cities within range of 100 miles.

Formulate Plan

EMERGENCY OR DISASTER PLAN CONT'D.

RECOMMENDATIONS CONT'D.

2. The plan should include the duties of the heads of all departments and deputies should be designated in case the head of the department is out of action.

Duties

3. The plan should contemplate cooperation with local Civil Defense authorities.

Cooperation

4. All employees should be trained in first aid, rescue work, and evacuation methods, and teams should be organized so that they could go to the aid of stricken communities outside the hospital.

Train Employees

5. Regularly scheduled drills should be held to familiarize employees with their duties in case of emergency in accordance with the formulated disaster plan.

Regular Drills

WOODWARD STATE SCHOOL

TABLE II 1/

PERSONNEL QUOTA

TITLE OF POSITION	NOW EMPLOYED	APA QUOTA
Medical Staff		
Superintendent	1	1
Assistant Superintendent	_	1
Clinical Director	1	1
Director of Laboratories		1
Director, Medical & Surg. Services		1
Director, Extramural Psychiatry	_	1
Physician, Psychiatric	-)	1.0
Physician	2)	10
	4	16
Percent of APA Quota	25.0%	
Tologia of min 40000	23,000	
Nursing Service		
Registered Nurses		
Director of Nurses		1
Assistant Director of Nurses		1
Supervisor of Nurses	1)	
Staff Nurses	8)	38
Operating Room Nurse	1	1
operating noom narro	10	42
Percent of APA Quota	23.8%	
Attendants		
Graduate Practical Nurses	12)	
Supervisor, Hosp. Attendants III	3)	
Supervisor, Hosp. Attendants IV	6) -	318
Hospital Charge Attendants	24)	
Hospital Attendants	210)	All and a
Barber	1	2
Beautician	1	2
Clothing Supervisor	1	1
Clothing Custodian	1	2
	259	325
Percent of APA Quota	79.7%	
Total Nursing Service	269	367
Percent of APA Quota	73.3%	
	, 5 , 5 , 6	

1/ Based on 1,794 patients

WOODWARD STATE SCHOOL

TABLE II CONT'D. 1/

PERSONNEL QUOTA

TITLE OF POSITION	NOW I	EMPLOYED	APA QUOTA
Other Professional Workers			
Dental			
Dentist I		1	1
Dentist II		1	1
Dental Hygienist		_	4
Dental Assistant		1	
	1 2 2 2 5	3	
Psychology		,	
Director of Psychology			1
Clinical Psychologist		1	2
Psychologist		3	
1570110108151		4	<u>2</u> 5
Social Service		4	
Director, Social Service Dept.		1	1
Ass't. Director, Social Service	lont	1	1
Psychiatric Social Worker	лерс.	1	
Social Worker		- /.	3
Social worker	-	6	<u>2</u> 7
Dhamaan		0	/
Pharmacy		1	
Pharmacist, Reg.		1	1
Assistant Pharmacist, Reg.		1	$\frac{1}{2}$
		2	2
Anodillary Departments			
Ancillary Departments			
Occupational Therapy		1	
Head Occupational Therapist		1	1
Occupational Therapist, Reg.		-	5 7
Occupational Therapy Workers	-	7	
		8	13
Academic Education Dept.			
School Principal		1	1
Teachers	1	. 4	14
Vocational Instructor		1	1
Recreational Therapists		3	6
Music Therapists		2	2
Physical Education Instructor		1	$\frac{1}{25}$
	2	21	25

TABLE III

NUMBER OF BEDS, CAPACITY AND PERCENTAGE OF OVERCROWDING

	N L	Canasitu	Number Bode	Damaant
Building and Ward	Number Beds	Capacity APA Standards	Number Beds Over Capacity	
Duriding and ward	200	all al beautage as	Over oupdeasy	Over oupus.
Male Service				
Oak Hall 1 & 2	103	50	53	106.0
3 & 4	$\frac{100}{203}$	4 <u>9</u> 99	_51	104.0
	203	99	104	105.1
Birches 1 & 2	81	36	45	125.0
3 & 4	75	36	39	108.3
5 & 6 7	89	$\frac{41}{113}$	48	111.1
7	$\frac{89}{245}$	113	132	117.0
Pine Hurst 1 & 2	93	61	32	53.0
3 & 4				129.3
3 4	$\frac{94}{187}$	$\frac{41}{102}$	<u>53</u> 85	83.3
	10,			
Hemlock 1 & 2	8 5	31	54	174.2
3 & 4	85 170	$\frac{31}{62}$	54	$\frac{174.2}{174.2}$
	170	62	108	174.2
Meadows				
Boys' Hosp. Ward	33	37	-4	
boys nosp. ward	33			
Linden Court D-1	36	30	6	20.0
D - 2	$\frac{36}{72}$	$\frac{30}{60}$	$\frac{6}{12}$	20.0
	72	60	12	20.0
TOTAL MALE SERVICE	910	473	437	92.4
Female Service	0.5	, ,	F./	22.0
Elm Crest 1 & 2	95	41	54	32.0
3 & 4	$\frac{97}{192}$	36	$\frac{61}{115}$	69.4
	192	11	113	49.4
Maple Lodge 1 & 2	76	41	35	85.4
3 & 4	$\frac{93}{169}$	40 81	5 <u>3</u> 88	133.0
	169	81	88	109.0

TABLE III CONT'D.

NUMBER OF BEDS, CAPACITY AND PERCENTAGE OF OVERCROWDING

Building and Ward	Number Beds	Capacity APA Standards	Number Beds Over Capacity	Percent Over Capacity	
Female Service Cont'd.					
Westwood 1 & 2	90	43	47	109.3	
3 & 4	90	44	46	105.0	
5 & 6	72	31	41	133.0	
	252	118	134	114.0	
Larches 1 & 2	82	32	50	156.3	
3 & 4	95	31 63	64	207.0	
	177	63	114	181.0	
TOTAL FEMALE SERVICE	790	339	451	133.0	
Male & Female Services Girls' Hosp. Ward	38	37	1	2.7	
Linden Court A-1	36	51	-15		
A – 2	36	51	-15		
B - 1	36	51	-15		
B – 2	36	30	6	20.0	
C-1	36	30	6	20.0	
C-2	36	30 243	$\frac{6}{-27}$	20.0	
	216	243	-27	-	
TOTAL MALE & FEMALE	254	280	-26	-	
TOTAL HOSPITAL	1,954	1,092	862	79.0	

RATIO OF SANITATION FACILITIES

Facilities	Number	Per Patient
Lavatories	1	6
Toilets	1	8
Tub or Shower	1	15
Drinking Fountain	1	On each w <mark>ard</mark>

One urinal or sani-stand may be substituted for one toilet for each 24 patients.

A lavatory should be installed in each toilet room.