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MENDOCINO STATE HOSPITAL  
ANNUAL REPORT  
1958-1959

## INTRODUCTION

The fiscal year July 1, 1958 to June 30, 1959 witnessed the accelerated development of the clinical program of the hospital. Particularly noteworthy were the growth of the "therapeutic community" programs and the increased number of clinical personnel to render essential services. For the first time in the modern history of Mendocino State Hospital vacancies for the positions of physicians, psychologists and rehabilitation therapists were at an almost irreducible minimum.

During this year the final plans were completed for a three-year residency training program in psychiatry which was approved by the American Medical Association Council on Education for training. Our first residents began training on October 1, 1958. Efforts were also expended to bring the hospital operation to an acceptable level for approval by the Joint Commission on Accreditation of Hospitals. After the inspection in June of 1958 the hospital received provisional approval by the Commission, and a subsequent inspection resulted in full approval.

In keeping with more individualized treatment and attention to patients, the hospital was divided into four clinical areas, each with a physician chief of service. The physician chief of service was given considerable responsibility and authority to the operation of the clinical program in his area and interdisciplinary lines were breached in an effort to make this a well-integrated and coordinated program with maximum involvement of all clinical personnel. All of the supervisory ancillary clinical personnel assigned to an area were made responsible to the physician chief of service for their part in the treatment program.

As of June 30, 1959 it appeared that this kind of organization of clinical services offered many advantages over the previous organization. An unique advantage appeared to be in the area of communication. For the first time it had become possible for technicians at the unit level to actively participate as members of the area team in the administrative and decision-making functions of a portion of the hospital. Since unit level hospital personnel were routinely participants in the weekly area team meeting there was little opportunity for distortion of

communications regarding administrative procedures, etc. within the area. The reorganization has also facilitated an understanding between the various disciplines within the hospital and as a result it appeared that they could better organize their efforts in the development of a treatment program. It also appeared that the reorganization had an indirect salutary effect in communications between patients and hospital personnel. As the hospital staff became less defensive as to their particular role in the treatment program, the patients in turn became less defensive and more tolerant of each other and of the personnel. Initially the chiefs of some of the ancillary services voiced considerable ambivalence about the reorganization in that they gave up considerable line authority over their staff members; however, as the program developed and their new role became more or less stabilized, in general the attitude changed to one of enthusiasm.

Basic to the improvement in clinical services is the assistance of the business section of the hospital, whose object it is to facilitate the treatment program. While we know that it is necessary to have adequate trained personnel in order to carry on treatment, the necessity for safe, clean, well-maintained physical facilities with adequate space for beds and other patient activities is essential to ensure rapid recovery of the patient.

#### PSYCHIATRIC TREATMENT PROGRAM

The treatment program tended to be less inspirational and more goal-directed in 1958-59. In addition, new programs were more often developed at the unit level rather than at an administrative level. The following are some of the specific changes:

Recognizing that a successful treatment program must start immediately upon admission to the hospital, every effort was made to make the admission procedure a therapeutic experience rather than a frightening one. In accordance with this philosophy an admission team was developed for both the women's admission service and the men's admission service. The nursing staff on the admissions' team and the medical staff were stabilized and received special instructions regarding the admission of patients. The admission team's primary goal was to make the newly

admitted patient feel that he had come to a place where he would receive help and understanding. The admission procedure became an unhurried one and, usually, the nursing personnel spent approximately one hour with the patient, offering reassurance while gathering the necessary data. The patient was offered coffee to decrease the formal aspects of the admission procedure. In addition, the admissions team filled out the statistical data sheet, made arrangements for patients' chest x-rays, dental examinations, chiropody examinations, fingerprinting, photography, and hemoglobin and urinalysis. They made up the patients' unit folders, listed and marked all clothing, and made out a check list of the patients' possessions. After all papers were completed they accompanied the patient to the admission unit doctor for the initial interview. The leader of the admission team notified the physician who was assigned to complete the history and physical examination of the patient and made appointments for these examinations. After the patient was interviewed by the admission unit physician he was accompanied to the admission unit, where he was met by a patient host or hostess who explained the unit procedure from a patient's standpoint and introduced the patient to the other patients and personnel on the unit. There were biweekly meetings of all patients and unit personnel on the admission units. These meetings were chaired by elected patient leaders. In addition, there were numerous small group therapy meetings. After the patient had been thoroughly evaluated, both physically and psychiatrically, he was presented at a treatment conference. The nature of this conference was changed considerably. Previously, it had been a formal conference attended by all the medical staff. The conferences are now quite informal, are held on the individual units and, with the exception of the area medical chief, are staffed primarily by the unit treatment team. The consensus was that the informal conference was much less threatening to the patient.

There has been a continuation of the trend toward more and more patient-personnel meetings on the units throughout the hospital. The nature of these meetings have varied considerably with the type of unit. In the admission units and acute psychiatric units the program has closely approximated that of described

therapeutic community programs. On continued treatment units the program has been more oriented toward remotivation groups with activity on a physical level more accentuated than on a verbal level. All programs have tended to encourage the patients to become more actively and aggressively involved in their environmental situation, rather than toward control of aberrant behavior.

#### MEDICAL AND SURGICAL TREATMENT PROGRAM

Area II consists of two surgical and two medical units. The fact that during the past year more patients of the older age group were admitted increased the working load of this department. This was also the reason that the number of urological surgical cases increased during the past year. The chief of the surgical department was a certified general surgeon. In addition, we had an orthopedic surgeon, urologist, gynecologist, neurosurgeon, ophthalmologist, and an otologist on our consulting staff. The number of major surgical procedures during the past year was approximately 12 per month. Approximately 22 minor surgical procedures were performed each month. During the past year the physical facilities of the surgical department were improved. The whole surgery now has a conductive floor. Next to the operating room a new recovery room was established.

The medical department took care of the acute medical cases and such chronic cases that needed more nursing care. It was headed by a staff physician, and we had a cardiologist and a dermatologist as consultants. The visits of our consultants to the hospital were usually used for discussion of interesting cases and diagnostic problems. The entire staff was invited to these sessions.

The department for EKG and EEG performed 219 electrocardiograms and 112 electroencephalograms, during the year. This department participated also in a special geriatrics research project under the direction of Dr. Charles Yeager of Langley Porter Neuropsychiatric Institute.

The x-ray department performed 3,484 examinations during the past year, which is about 13 to 14 examinations per working day. The department was headed by two radiologists who were employed on half-time basis.

The pathology and laboratory department was headed by a certified pathologist,

in addition to a supervising laboratory technologist, a laboratory technologist, and an assistant laboratory technologist. It consists of a well-equipped clinical laboratory and a tissue laboratory. During the past year 29,028 tests, including tissue work, were performed. The pathologist conducted a monthly clinical pathological conference. There were 113 death cases during the year in the hospital, and 90 autopsies were performed, which is 80%. The laboratory also examined samples of the eight wells which supply the hospital with water at regular intervals. All of the sterilizers, as well as other surgical equipment, were regularly tested by the laboratory for sterility.

Several members of the medical staff constitute a tumor board. The members of this board were a representative of the medical staff, a surgeon, a radiologist and a pathologist. The board met as often as the necessity arose. During the last year there were six official sessions. In addition, there were several unofficial meetings of several members of the board.

The activities of the department of physiotherapy were curtailed during the last year as the position of a second physiotherapist was vacant for several months. In May we were able to fill this position, so that now every patient who needs treatment can be treated. The number of physiotherapy treatments during the past year was 16,696, which is approximately 65 per working day. The department received new equipment, including 1 set of parallel bars and 1 leather halter for cervical traction, in addition to being well-equipped for hydrotherapy, infra red, ultra violet, diathermy, electrotherapy, and exercise and mechanical therapy. An apparatus for ultrasonic therapy is requested in the next budget.

The chiropody department increased its activities during the past year insofar as 64 patients were furnished with cork and leather appliances for the accommodation of plantar lesions. Every patient admitted to the hospital was seen by the chiropodist and every diabetic patient was examined monthly. A total of 4,923 podiatric treatments were given throughout the year.

The dental department was staffed by two senior dentists and two dental assistants. The dentists are able to see most of the patients in the hospital

every six months. Every newly admitted patient was examined and, when necessary, treated. The two dentists saw an average of 30 to 40 patients per working day. Patients who were not able to come to the office were seen on the units. 246 patients were furnished with dentures. 65% of the dentures were made by the dentists in the hospital. The department was increased by establishment of a dark room, so that all dental films could be developed there.

During the past fiscal year the pharmacy filled 15,830 unit orders and prescriptions (1,320 per month). 3,151 hypnotic prescriptions (average 260 per month) and 204 narcotic prescriptions (average 17 per month) were filled. A random check was made on the total number of tranquilizer tablets dispensed in one month and the total was 43,889 tablets of various potencies. The pharmacist made periodic surveys of the drug cabinets of the various units of the hospital. The pharmacy effected a considerable savings by manufacturing 22 different preparations. It was found that any item manufactured with ethyl alcohol permitted a considerable savings; for example: Elixir Terpin Hydrate, which at some periods of the year we dispensed at the rate of two gallons per week, a saving of \$12.47 per gallon, was effected by our manufacturing the product. Liquor antisepticus (Listerine) was made at a saving of \$7.08 per gallon. By proper organization of the efforts in pre-packaging medications, etc., prompt service was maintained.

#### EDUCATIONAL PROGRAM

##### Psychiatric Residency Program

In 1958 the hospital received approval for the three-year psychiatric residency training program. On October 1, 1958 the first two psychiatric residents were appointed. Four more residents were appointed to start their training July 1, 1959. One of these will be through a grant from the National Institute of Mental Health. In the development and execution of the psychiatric residency training program every effort has been made to give the psychiatric resident experience in the various areas of psychiatry needed for a well-rounded residency training program. Each resident spends a large portion of his time in didactic seminars and in individual case supervision. In keeping with the training intent of the program

the hospital has had to adhere rather rigidly to the principle that any service to the patient treatment program must be secondary to the residents' training experiences. At this time, because of the lack of certain facilities at the hospital, the residents spend approximately one year of the three years of residency in rotation outside of the hospital. The out-patients' rotation, as well as the neurology and neuropathology rotation, are spent at the Langley Porter Neuropsychiatric Institute in San Francisco. The childrens' service is currently assigned at the childrens' service of the Napa State Hospital.

#### Physicians' In-Service Training Program

The training program this year has met in part the priority training needs of our hospital. None of our high priority training needs have been completely unmet, although more training is still desirable for the professional staff who participated in last year's program and training will be necessary for the new professional staff members. Most of the physician group and many of the ancillary professional group have participated actively in our basic courses in psychiatry and allied fields. We have been able to secure the teaching services of 23 different consultants.

Some of the consultants were willing to come such a great distance from San Francisco only after considerable persuasion and only at their convenience. Scheduling of conferences often had to be done at irregular hours and days in order to meet the consultants' schedules. During this past year we have been unable to find any consultant who could visit on a regular basis more frequently than once per month. This has caused us to have some scattering and lack of continuity in parts of our program. All of the consultants have been rated individually by the participating physicians and with one or two exceptions the response was very good.

A few of the training consultants have not fitted in well with our program and have been reluctant to continue, or we have been reluctant to have them continue. The majority, however, are eager to continue with us during this next fiscal year and several of them wish to make more frequent visits. In general, they prefer to have less didactic teaching and more participation from our staff.

Our staff members have reacted in various ways to the program. Many of them have been enthusiastic and have participated well. Another group has participated regularly in a passive way, and a third small group has been critical of the program. Many of the physicians have felt that the training program has taken too large an amount of time away from their working time. The entire group of physicians wish to continue the training program on a modified basis.

It is the general opinion of physician supervisors, the administrative staff, and the Chief of Professional Education that the training program has been worthwhile, and that it should be continued. Many of our physicians have shown definite improvement in their work efforts and in their skills, which are probably related to the training program. Most of our staff physicians now have a good general grasp of basic psychiatric principles.

In general, the strongest point in our training program has been the presentation of general basic and clinical psychiatry. Theoretical and historical concepts have been well covered. Neurology and neurological sciences were covered only slightly and will be covered more intensively during the next fiscal year. Formal didactic presentations have prevailed during this past year, but during the next year will diminish in favor of more informal clinical case conference sessions. One of the main weaknesses of our program has been our inability to draw a few of our physicians into more active participation. However, even the physicians who have apparently participated only passively in our program have displayed improvement in their ability to work with patients, in their interviewing and diagnostic skill, and in their clinical write-ups.

#### MEDICAL RECORD DEPARTMENT

The Medical Record Department consisted of eleven clerical personnel who, under the direction of a registered Medical Records Librarian, performed the duties of that department.

July of 1958 marked the beginning of many changes in the Medical Record Department. An Admission Team was organized and the advantages were soon evident in the speed and accuracy with which material was obtained and sent to the ad-

missions clerk. Fingerprints and photos were done on admission, and the recent acquisition of a Polaroid Land Camera with stereoscopic lens eliminated the time lag formerly necessary in awaiting the development of prints.

With the ever increasing need for filing space we found it necessary to make arrangements for some disposition of our old records. On investigation the problem seemed to be more easily solved by sending these records to the State Archives in Sacramento. Inactive records of patients who were discharged or who had died before 1951 were selected for this change. In November the preliminary work was begun as time allowed and, at present, we are making excellent progress. Prior to 1930 the abstracts of commitments were written in large bound volumes in date sequence which caused much difficulty in tracing patients admitted during that period. A 3 x 5 card was prepared for each of these patients, showing the patient's name, hospital number, page and volume in which the patient's abstract could be found. We now have a ready reference file for locating records on all patients admitted to Mendocino State Hospital.

In December a definite procedure was established whereby the medical records of all patients released (family care, indefinite leave, discharged or died) were reviewed qualitatively by the physician members of the Medical Record Committee.

Following a study of our system of maintaining duplicate records on each patient it was recommended by the Medical Record Committee that only one clinical record be maintained, and that filed on the unit where the patient was housed. With the cooperation of Nursing Service we were able to revise many of our charting procedures so that the record could be maintained at the unit level. Instructions for the care of the record and the filing of pertinent material were kept as brief as possible for the sake of clarity. As time allowed on the units, personnel were instructed to coordinate original material from the ward charts and make it a part of the clinical record. The duplicate material from the ward charts was sent to the Medical Record Department where it was checked, then discarded. Since the correspondence folders were retained in this department, one copy of the history and mental examination, a copy of the statistical information

sheet, and a copy of the face sheet were retained for the convenience of the administrative office, hospital agent, and for checking of completed histories.

By March 1st it was found that records were kept in an individualistic manner on the units, and that the clinical record as an entity did not exist. With the cooperation of nursing service a plan for rearrangement and simplification of the record was made. Specific orders as to the number of sheets which could be kept out of the clinical record for unit personnel use were included, and this system was presented first to the Medical Record Committee, then the medical staff, and then to all nursing service charge personnel. Following this, the medical record librarian met with all night personnel and with day personnel from all of the areas of the hospital outlining and giving specific instructions as to the care of the records on the units. At the present time only a few records on one or two units remain to be rearranged. Continued frequent checking on the units on the part of nursing service and the medical record department will be necessary to maintain the records in the proper manner until all personnel concerned are completely familiar with the clinical record and its role in the care of the patient. It has been demonstrated through the history of record keeping that medical records assist in the improvement of total patient care and, in turn, reflect that patient care for permanent recording.

#### SOCIAL SERVICE DEPARTMENT

The social service staff of the hospital consisted of a Supervising Psychiatric Social Worker I, and eight Senior Psychiatric Social Workers.

Both the internal and external role and function of the Social Service Department during the past year have been influenced by our hospital's effort to work with the patient as a temporarily removed member of the community, with our goal being maximum social restoration. To achieve this, greater cooperation with community agencies and resources has become a necessity.

Partly because of staff shortage, the social worker has become increasingly involved in a consultant capacity to other personnel as well as giving direct services to patients and their families. By necessity they have, therefore,

worked closer with other disciplines, especially nursing service. A simple example of this type of working together relates to the delivery of patients by nursing service personnel to family care homes. Previously, this had been a mechanical process; now, however, information surrounding the patient's placement in the home is shared with the psychiatric technician and he/she is encouraged to offer emotional support during the placement and to observe the patient's reaction to the home and evaluate the general suitability of the setting. If there are conditions at the home which they feel might adversely affect the patient, they are to immediately call the hospital social worker. In all cases they record their observations.

With the hospital divided into four areas, a social worker was assigned to each area as a member of the psychiatric team. It was felt by this type of assignment that more attention could be given to the previously neglected and formerly designated "chronic units". The results have been: increased interest in the geriatric patient and the person who has been hospitalized for many years. Special programs have been implemented by or in cooperation with other services to meet the special needs of this group.

Closer cooperation with the Bureaus of Social Work has evolved as they have responded to our staff shortages by giving us a helping hand, and it has been mutually agreed that, as the hospital becomes more a part of the community, we will need to work even more closely together. Seven field workers from three different bureaus now make regularly scheduled trips to the hospital. Communication has not been restricted to the hospital and field social worker, but has included members of the hospital administration and unit personnel. The hospital staff has become more familiar with services offered by the bureaus by making visits to their facilities. This has included: our Superintendent, Dr. Lieberman's regular consultations with the San Francisco Bureau staff; a joint meeting involving the entire social service staff of both of our departments; the acting Social Service Supervisor and our Associate Superintendent, Dr. Klatte, spending a day with the Santa Rosa Bureau staff sharing ideas concerning our interdepartmental working relation-

ships. It was revealed in the latter meeting that the field social workers had been hampered in giving service to patients on leave because of insufficient information from the hospital. This has been a real weakness of the social service department, and in the future the following information will be sent to the Bureau of Social Work within 48 hours:

- 1.) Doctor's admission note
- 2.) Social Service and physicians' progress notes  
(Past one-year period)
- 3.) Physician's discharge summary
- 4.) History
- 5.) Psychological reports

Within one week after a patient leaves the hospital, a social service summary will be forwarded. This will focus on the patient's overall treatment program, response to treatment and general hospital social adjustment, with recommendations for special areas of help needed for the patient or family which would be pertinent to his return to community living.

There was a continued emphasis in placing patients in family care who no longer needed to be hospitalized but were not yet ready to function independently or had no relatives with whom they could live. As it was found that many patients need a "stepping stone" in their return to community living, family care has been increasingly used for this purpose. This has created much more of an interest in younger, more active patients just recovering from an acute period of illness and they have used family care as a part of their social rehabilitation. Real problems develop, however, such as the family caretaker being paid only for the time the patient is in the home, with many of them finding it financially difficult to have patients that may remain in the program for a short time and then move on, leaving empty beds. We are attempting to work with the various bureaus to see what other type of program might be developed to better meet the needs of the patient hampered by a lack of resources in his re-entry to community living.

## NURSING SERVICE

The Nursing Services Department, under the direction of the Superintendent of Nursing Service, had the following number of employees during the fiscal year of 1958-1959; 64 registered nurses, and 427 psychiatric technicians.

Throughout the year it became obvious, particularly in nursing service, that the hospital was over-committed to treatment program in relation to the budgeted staffing patterns. This had many salutary effects, in that it necessitated a number of changes in procedure, which resulted in a more efficient operation. Of these, the following are particularly noteworthy:

- 1.) An admissions team was developed, which handled all admissions as described in another part of this report.
- 2.) An escort service was developed, in order to free the nursing service personnel on the various units from the timely task of escorting a few patients to and from clinics, etc. The following is an outline of the personnel staffing and duties of the escort service team:

Personnel: Personnel assigned to escort service were one PT hours 6:30 - 3:00 PM (male); one PT hours 7:30 - 4:00 PM (two females); one PT hours 8:00 - 4:30 PM (female); one PT hours 8:00 - 5:00 PM (male). These personnel members worked Monday through Friday, with Saturdays and Sundays off. Vacation time for personnel was carried by the assignment of extra personnel p.r.n. or whenever the load was the heaviest.

Duties of Team: Escort service was established in the beginning to serve two specific needs of the hospital:

- a.) Patients who were unable to walk long distances because of age, physical ailments and feebleness.
- b.) Conservation of employees' time: waiting for groups of patients sent to clinics, etc., in the R & T Building from continuing treatment areas. Since escort service has been

fully established, numerous duties have been assigned to them which are listed below:

- 1.) Escorted all patients unable to walk long distances to the various clinics in the R & T Building, and returned them to their home units.
- 2.) All ambulance calls to and from continuing treatment areas.
- 3.) Escorted all discharged patients to the bus terminal in Ukiah.
- 4.) Chaperoned all patients waiting for calls to clinic, and assumed responsibility for returning them to their respective units when their appointments were terminated. (This relieved the unit personnel on the continuous treatment units so that they did not have to "sit" with groups while large numbers of patients were seen in clinics). Escort service covered dental clinic, surgical clinic, eye clinic, x-ray, laboratory work, etc.
- 5.) Transported clothing of transferred patients from R & T Building to continuous treatment areas, and vice versa.
- 6.) Escorted patients for "shock therapy" from continuous treatment areas to R & T Building; chaperoned said patients; returned them to their respective units after they had been fed breakfast.
- 7.) All post-mortems were handled by the escort team. It was their responsibility to assist the doctor in the autopsy room, and to keep the autopsy room clean and in order.

3.) Shock Team

- a.) Personnel on Team: The same nursing personnel were utilized both on the admission team and the shock therapy team with the addition of graduate nurse added to the personnel of the team.
- b.) Duties of Team: Electroshock therapy ordered on patients from all areas of the hospital were treated in the R & T shock suite. A total of 1,359 treatments were given from July 1, 1958 to June 20, 1959.

4.) Recovery Room

- a.) Personnel on Team: One PT, hours 8:00 - 4:30 PM (female).  
One RN, hours 9:30 - 6:00 PM (female).

On March 10, 1959 a recovery room was set up on Area II to accommodate the post-operative patients received from surgery. This room was fully equipped with everything needed to care for the "fresh operative" cases. All major surgical cases were transferred to this room, and were cared for by the recovery room team. Patients were kept in this room under direct "specialing" until they were fully recovered from the anaesthesia and transferred to their respective units. The recovery room personnel were assigned the following day to RT-D or RT-4 to care for the same patient who had undergone surgery the day before, therefore a complete follow-up on the patient's condition would be maintained. Total number of patients cared for in the recovery room from March 10, 1959 to July 23, 1959 - 57. In addition, many small but time-consuming procedures were changed or eliminated in order to give nursing service personnel more time to work with patients. It is gratifying to know that the nursing service personnel at the unit level have continued to be

more aggressive in the development of new programs and broadening their interests both within and outside of the hospital. In addition to therapeutic community groups there are re-motivation groups - charm classes, addition of beauty shops to the units, vegetable gardens, landscaping, small OT shops on units, shuffle board, hikes, nature club, tree trail, home economics projects such as washing and ironing of personal clothing and cooking classes or groups exploring the habits and customs of patients from different countries, a group on table manners, a few patients practicing typing and two new small orchestras - the "coquettes", a patient group from Unit F and, also, the male counterpart the "Westerners" from Unit 7.

Particular items of personnel interests of note were the following:

- 1.) American Red Cross course in "Care of the Sick and Injured" for female patients, with 14 receiving certificates.
- 2.) American Red Cross "Water Safety" course - 7 qualified instructors from nursing service.
- 3.) Field trips to other State hospitals, and to Clearwater Ranch for retarded children at Philo, and psychiatric unit of the San Mateo County Hospital.
- 4.) Personnel have attended workshops, seminars, short and long term courses at University of California in Berkeley and Santa Barbara, also Sonoma State Hospital.
- 5.) A well-planned safety program has been underway in nursing service, and the following statistics are noteworthy:  
  
Fiscal year 1957-58 - 110 employees injured.  
Time lost 1 year, 91 days.  
  
Fiscal year 1958-59 - 95 employees injured.  
Time lost 62 days.
- 6.) Under the guidance of the afternoon and night supervisors, group discussion on refresher material has been held.
- 7.) Under the direction of the education department, a short refresher

course on medical and surgical nursing was presented for the staff of acute medical and surgical units.

Recruitment: We have been able to keep our nursing service positions filled up to turnover only with 12 summer students, but we have not been able to fill the 40 positions granted us in the 1959-1960 budget. Supervising and Senior Psychiatric Nurse vacancies present some difficulty in filling, but we are exploring lists; otherwise, appointments to key positions in nursing service have been made.

During the year we have had 24 student nurses with us from the Santa Rosa Junior College School of Nursing, and contemplate affiliation with Sacramento City College and Humboldt State College next year.

#### PSYCHOLOGY DEPARTMENT

The Psychology Department is small with four members in the fiscal year 1958-1959, one Clinical Psychologist III and three II's. With the area division of the hospital their work has been mainly on area teams and unit staffs. A survey of the breakdown of their time reveals the following:

1.) Work on areas with units	40%
2.) Psychological examinations	22
3.) Teaching	11
4.) Individual Psychotherapy *	9 *under medical supervision
5.) Intra-department training	5
6.) Other (committees, journal club, research, etc.)	<u>13</u>
Total	100%

#### Work in Groups:

Besides the day-to-day work with area teams and on unit staffs, a number of special projects marked the year. One psychologist led the laundry in a 20 hour orientation of industrial personnel to patient care. In this he learned of the considerable desire on the part of industry to participate in the psychiatric program. Out of his and others' stimulation the industrial workshop developed. And out of this is coming a growth in the uniting of industrial therapy to the rest of the

hospital program.

There were a number of efforts in the community beyond the hospital made by the staff in their own time. Two psychologists worked with a staff problem in a local school and home for children. One member gave several PTA and other talks. Another member worked with a ranch for disturbed children during most of the year.

#### Teaching:

Whereas the level of testing has remained substantially the same as last year, the use of the psychologist in teaching has doubled. There has been a growth not only in the amount of teaching, but also in the method of teaching. In years past the psychologists gave a few academic lectures. Now their teaching is primarily clinical. In the 300 hour PTT course they teach with case examples, more dynamic material (e.g. dreams and hallucinations); actual class demonstrations of interviewing and psychotherapy and the use of the one-way mirror. It appears this approach is more interesting and easier to integrate into clinical practice on the units. Similarly, training of psychiatric residents in projective techniques has been largely organized around cases. A major experiment this year has been a training in group process by helping a group to discover the processes actually occurring within the group. It was of considerable success with a group of all nurses and of less success in a group of mixed disciplines. At the end of this year the one-way mirror has only been used by psychologists but, whenever used, it is again a clinical teaching approach. Even with only one or two hours' observations it appears to considerably sharpen observation and the understanding a person can gain from observation. Some nursing personnel have learned to work out the major dynamics of a person in 15 minutes from visual observation alone with no knowledge of the patient's history.

Another approach is the taped inner experiences of a schizophrenic girl which continues to impress listeners with the richness and quality of schizophrenic experiences. The change in the direction of clinical teaching by psychologists is paralleled by similar changes in the education department and the residency program.

### Research:

Research remains a very secondary function though it moved into greater prominence at the end of the year. At the beginning of the year the Unit 4 Project was started to measure changes brought in chronic patients by a more community-centered ward atmosphere. Research-wise, the project failed because of a lack of coordination, but the project stimulated the unit and so left benefits. A small project in cooperation with the chiropodist to measure changes in patients with adequate foot care was completed. At the end of the year a Ph.D. candidate in political science joined the staff to study groups in the hospital. One member received a grant for recording equipment to be used in phenomenological studies of patients' worlds. In cooperation with Mr. George Kastner, a translation of a major book was begun. One staff member was appointed managing editor of a new journal, and this little staff of four published one book, eight articles and nine smaller works during the year.

### AFTERCARE CLINIC

The aftercare clinic has continued to operate with the staff of a half-time psychiatrist, and approximately a full-time social worker. The aftercare facility has concerned itself with evaluations and recommendations for patients on indefinite leave who have been recommended by the Bureau of Social Work for discharge, coordination of the family care program, consultation service to the Bureau of Social Work, evaluation of problems regarding medications of patients in family care homes, and the residency training program. During the year, because of loss of personnel in the social service department, it was necessary to divide the social service aspects of the various functions of the service so that three social workers were involved part-time in this service, in addition to their other duties, rather than have one full-time social worker from the department.

### REHABILITATION THERAPIES DEPARTMENT

The Rehabilitation Therapies Department, under the direction of the Supervisor of Rehabilitation Therapies, was budgeted for the following staffing: 2 Assistant Supervisors of Rehabilitation Therapies; 2 Recreational Therapists,

1 Industrial Therapist and 3 Occupational Therapists.

Of particular note has been the progress made in the industrial therapy department. This program was facilitated by the appointment of two full-time industrial therapists, one of which is at the assistant supervisor level, and by the development of the three day industrial therapy workshop, which was held in February of 1959. This workshop was attended by personnel of all the disciplines, as well as by members of business service who have direct patient contact, and a number of personnel from other state hospitals. A great deal of enthusiasm was engendered by the workshop, and a better understanding of the treatment program by the industrial personnel was developed. As a result of this workshop, an industrial therapy committee has been developed, composed of both clinical and industrial personnel. This committee has been active in making many recommendations regarding work assignments of patients. Both industrial and clinical personnel more clearly understand the therapeutic potential of work assignments that are carefully considered. A definite referral system for patients in the occupational therapy clinic and industrial therapy program was established. This resulted in more information being available to the industrial personnel, as well as a better "feed-back" to the clinical personnel, from the industries.

The centralized program has included assistance with large industrial picnics, Christmas parties, New Year's parties, and this year organized a Spring Pet Show. At this time, the patients were shown horses, pigs and piglets, goats, monkeys, burros, various types of cats, dogs and birds. This proved to be an especially good activity since it involved almost 50 people from the community, including 4-H Clubs and other pet and livestock owners.

The Pomo News, a bi-monthly paper published by the patients, has issued 22 numbers. Our occupational therapy clinic patients make up the copy and have it printed in Ukiah. This is good training for the patients, but does not involve having to make a perfect copy on the stencil for such mimeographed papers as are usually found in state hospitals.

Future plans for the department include the development of the music therapy

section, and the acceptance of two students from the College of the Pacific for a six months' training program. The first student will start February of 1960. Plans are also underway to accept occupational therapy students from San Jose State College.

### PERSONNEL MANAGEMENT

This section concerns various aspects of the personnel management program which bear on the level at which the hospital has functioned during the last year.

#### Recruitment:

Through the year we have maintained a high level of filled positions with an average of 788 employees in 800 authorized jobs. Nursing service was substantially full with new appointments restricted to filling positions vacated through turnover. Approximately 20 registered nurse jobs were temporarily downgraded to psychiatric technician. By and large, other professional positions were filled throughout the year. Key medical administrative spots at the Assistant Superintendent level presented difficult problems of recruitment.

#### Selection:

The major change in selection procedures has been the establishment of QABs for psychiatric technician trainee candidates. This device has allowed us to maintain relatively high standards of selectivity. While it is impossible to measure the results of this procedure as yet, comments from nursing supervisory personnel indicate a noticeable improvement in the quality of psychiatric technician trainee appointees.

Selection procedures for promotional positions have been standardized during the year. In essence, this procedure emphasizes the desirability of giving full consideration to all eligibles and informing those not selected of the reasons.

It is now our practice to have all professional and technical applicants interviewed by at least two people. This has led to better, more objective selection of employees.

#### Turnover:

Turnover among the groups sufficiently large to be meaningfully measured has

been relatively low. Using the index of separations per 100 filled positions projected annually, turnover in the groups measured was as follows:

Psychiatric Technician	17.5
Psychiatric Technician Trainee	28
Food Service	25
Clerical	7.7

#### Man Power Utilization

- 1.) Sick Leave: As one measurable index of the efficiency with which we use available man hours, we have computed sick leave usage for the period under consideration. The average employee used .71 days of sick leave per month throughout the year, while accruing sick leave at rate of one day per month. This is roughly twice the average for all state employees and considerably above the average for the Department of Mental Hygiene. The loss of available man hours is significant to our total operation and will be given added attention during the coming year.
- 2.) Overtime: In order to accomplish the work of the hospital an average of 135 days per month of overtime was worked during the year. This figure appears to be excessive and, undoubtedly, reflects in part the level of sick leave usage.
- 3.) Training: Exclusive of the psychiatric residency and physicians in-service training programs, employees spent 55,800 hours in formalized training last year; an average 1.3 hours per employee per week. In addition, 15 people were given individual training assignments of varying duration. Many additional hours were spent in informal training such as staff and clinical conferences, impromptu meetings, etc.
- 4.) Safety: Extensive safety training, particularly in nursing services, has reduced our accident rate to 19.66 disabling injuries per million man hours of exposure, as compared to the departmental average of 44.11. Perhaps the best technique which has been used to

promote safety consciousness is the review with employees in the work group of events leading up to the accident immediately after it happens. Most of the units follow this practice and report that it serves effectively to point up to personnel that most accidents can be avoided.

The Personnel Office:

As a gross measurement of the amount of work done in the personnel section we have tabulated the total number of forms processed during the year. The mean average of 977 per month is not in itself particularly meaningful, but will be used in comparing changes in subsequent years. This measurement of work load is characterized by severe peaks which will be given further attention.

40 civil service examinations were administered during the year through which 378 applicants were tested. This operation required 98.25 hours of clerical time in proctoring and processing the examination papers.

187 new employees were appointed during the year.

Turnover in the personnel office was limited to the timekeeping position which was filled by three different people. Attendance reporting has been a constant problem with many inaccuracies arising from the reporting units. It is hoped that during the coming year more attention can be given to ironing out the discrepancies in this procedure.

BUSINESS SERVICES

Major Construction Program

1.) Remodel Ward 12 - Work Order No. 3754GC:

This work order was completed by the Division of Architecture day labor section during the past fiscal year. Some work is still needed in the building.

2.) Grounds Improvement Ward 12 - Work Order No. 4007GC - 38:

This project was completed during the fiscal year.

3.) Auto Repair Shop and Motor Pool - Work Order No. 4007GC - 9:

This project was completed during the fiscal year. Inspection by the Division of Industrial Safety indicated the need for a fire escape door

in the paint spray booth. This was let to bid and completed during the summer. All vehicles except farm and emergency vehicles are now stored in this area.

4.) Install 1,000,000 Gallon Reservoir - Work Order No. 3718GC - 50:

This project was completed during the year. Immediately after completion our domestic wells began to produce sand which caused numerous plumbing problems for the hospital. Pressure was too low on many wards, particularly in the toilet sections. These problems have been corrected during the past year by the following:

- a.) Increasing the size of pipe into the older wards.
  - b.) Installing flushometers which would bypass sand.
  - c.) Sand pumping both domestic wells and establishing pumping procedures which are not likely to produce additional sand.
- A minor construction project for 1960-1961 has been submitted to do alterations to the domestic water system which are necessary in the long-run operation of the hospital.

Summary

All major construction projects which are funded have been completed. During the fiscal year 1959-1960 no major construction money is appropriated for this hospital.

Minor Construction Program

- 1.) Numerous projects were completed during the past fiscal year. The following projects were completed:
  - a.) Extend loading dock at Commissary.
  - b.) Install screening on gutters.
  - c.) Improvement and repairs to Sewage Plant.
  - d.) Addition to storm sewer system.
  - e.) Enlarge and extend gas line.
  - f.) Purchase and install larger x-ray machine.
  - g.) Repair and control flood damage - Clarke Ranch.

- h.) Demolition of elevated steel water tower.
- i.) Construct primary and secondary lines to Greenhouse and Slaughterhouse.
- j.) Extend storm drains on Cottage Lane.
- k.) Drill water well.
- l.) To replace overflow and by-pass line at Sewage Plant.
- m.) Replacing plumbing and heating fixtures.
- n.) Repair existing roads.
- o.) Repair and replace electric power system.
- p.) Roof repairs and entrance cover.
- q.) Repair and maintenance of wells, pumps and water tanks.
- r.) Repair and replace steam and condensate lines.

The following projects are still under construction:

- a.) Mechanical replacements to sewage, water and steam lines.
- b.) Install grounds irrigation system.
- c.) Oil tank basin in lieu of replaced fuel oil tanks.
- d.) Emergency replacements of ward water line systems.
- e.) Repair to ward shower rooms.
- f.) Repair and replace heating systems.

2.) Emergency Projects not funded

- a.) Repairs and alterations to the domestic well system and repairs and alterations to the domestic water and unit plumbing lines were accomplished during the year by using available balances in major and minor construction projects on an emergency basis.
- b.) We were forced to drill two new irrigation wells: one to replace a failing well, and one to relocate the vegetable garden at the Clarke Ranch. The latter is not a very good well.
- c.) Install larger water pipe into eight older wards and the Employee Building No. 1 on the domestic water system.
- d.) Replace approximately 500 flush valves.

3.) General Information

- a.) Television service was expanded throughout the hospital with cable system and amplifiers balanced and kept in good operating condition, and a closed circuit telecast system was leased and installed.
- b.) Various hydrotherapy areas were converted to classroom, conference room and occupational therapy rooms.
- c.) An isolation suite was established in RT-3 for the treatment and care of communicable and infectious diseases.
- d.) A portion of Business Service employees received training in patient relationships.
- e.) Our chemical treatment program of water, steam and condensate lines and boiler systems continues, and is saving money on chemicals and prolonging the life of the equipment. Considerable savings have been shown in the boiler plant.
- f.) Vocational training is being done on a limited basis for both patients and employees.
- g.) Farming is continuing to be profitable.
- h.) The Service and Supply Section has been reorganized to establish better supervision by reducing the number of departments reporting directly to the Service and Supply Officer II. The Storekeeper III, the Tailor, the Head Farmer and the Laundry Supervisor have taken on additional responsibilities in this program.
- i.) Patrol service has been reestablished to assist in solving some of the "wandering" problems which are natural to an open ward hospital.
- j.) The fire department was reorganized along lines established by the State Fire Marshal and Department of Mental Hygiene to include three full-time men, and 13 part-time firemen. A renewed effort must be made for training and retraining in the fire de-

partment. We are attempting to obtain professional assistance from the Department of Education in order to assure ourselves of the best possible local fire department.

- k.) A study on the location and usage of hospital equipment was made, resulting in some reassignment of items to the mutual advantage of the various areas of the hospital.
- l.) Units 14 and 15 dining rooms and pantries were completed as minor construction projects. Each serving area of the hospital now has a safe, sanitary and efficient serving area.
- m.) Water users in the Talmage area were transferred to the Rogina Water Company and letters were sent to all other water users establishing cut-off dates on or before September 1, 1959.
- n.) Sewage and storm drain investigations were conducted, and plans made to correct the infiltration problem of storm drain water into the sewage system and to improve the sewer collection system.
- o.) Several departments were converted to card-ordering methods for their quarterly estimates to eliminate as much duplication of effort as possible. This system also permits an examination of acquisitions over a period of years in order to determine proper usage and program of the ordering department.
- p.) New monthly reporting forms for sewer, water and boiler operations were put into effect. These forms help to determine the efficiency of the various plants, and are helpful in preventing rising costs in the operations. New reporting forms for the other departments are being designed with the end in view of accomplishing a more efficient production unit.
- q.) Final sand-pumping of domestic well No. 7 indicates this well can be used in the system. It has been connected. We believe no further emergency appropriations will have to be made to keep

the domestic system operating. We have covered the remainder of the domestic water problem under major and minor construction.

- r.) A Business Services Administrative Manual is being discussed, and will probably be prepared and distributed during the coming fiscal year. We shall write this administrative manual in a manner which will indicate the philosophy of the business service, its program and the methods and procedures by which to accomplish the goals of the program. We hope it will be highly informative, and eliminate areas of misunderstanding, lack of knowledge and other problems caused by poor communication.
- s.) During the year considerable work was done in the Canteen area. We have divided the program into five phases, and have accomplished the first two. We now have a quick service unit established in the former lobby of the building, and have installed the new "U" shaped counters enabling us to seat and serve more people. A general renovation of this area was undertaken at the same time the counters were installed. We have yet to do phase three, including complete installation of a soda fountain, the additional circuits to take care of more electrical load and equipment, and the general renovation of the backbar area. Included in this phase, also, is the addition of showcases, and a better cash collection system. Phase four will include the renovation of the pantry, storage area and installation of dishwashing equipment. Phase five includes the construction of an outdoor patio and an outdoor service area with complete landscaping.

#### Food Service Section

1.) Completed projects:

The new F.M.C. Pot and Pan Washer has been installed, and is valued chiefly for its sanitation properties. Dining service employees

were instructed on the proper care of leftovers and how to wash pots and pans and, as a result of their cooperation and the care used in processing our meals, we did not have a single reportable instance of food poisoning during the year.

As part of the continuing program of improving the patients food service, 1958-1959 saw the completion of an established unit pantry grill schedule on those units that have grills. The appearance of fried eggs and bacon, hotcakes or french toast at least once a week on each unit pantry is looked forward to and appreciated by the patients.

On all unit pantries, patients have a complement of knife, fork, teaspoon or tablespoon. There has been only one reported incident on the unit pantries involving the incorrect use of these eating utensils.

2.) Specialized Training

For three months all Food Service Assistants attended a 120 hour specialized training course. In addition to instruction in correct food service, four sessions were devoted to the patient. Topics such as: "Patient as a Person, You on the Team, Approach to the Mentally Ill, The Underactive Patient" and others were discussed by members of nursing service. A regular monthly follow-up of the training program is being continued.

3.) Projects under Development

A program designed to standardize equipment and to make possible quantity purchases of incidental feeding allotment material is under development. Considerable work has been done in eliminating unnecessary material and reducing the number of separate items ordered.

Maintenance Department

During the fiscal year 1958-1959 the changes made over the past years to increase the efficiency of the maintenance section and the condition of the physical plant were evaluated.

## New Programs

Two plans for new programs are now underway by which we hope to decrease the operating expense of the hospital. They are to produce our own electrical power and to install overhead sprinklers at the farm area.

## Buildings

Listed below is the work accomplished in each building, or the proposed plans:

### Administration Building:

An annex has been requested. Roof was repaired and two doors installed between three offices.

### Receiving and Treatment Building:

Installed new x-ray machine and converted O.T. Auditorium to a T.V. studio for closed circuit T.V.

### Auditorium and Library:

Moved library to Rehabilitation Building, and made a conference room out of old library. Purchased air conditioning unit from surplus, and installed same for the conference room.

### Food Service Building:

Enlarged unloading dock and roof area. New floor is to be installed in bakery and remodeling of dishwashing room.

### Boilerhouse:

Installation of metering control system increased the efficiency of the boilers; however, boilers are old and deteriorated and must be replaced. Data is being obtained to see if it is economically feasible to do away with fired boilers and install gas turbine generators with waste heat boilers. From data so far received, it will be a great saving to the state to adopt this principle.

### Garage:

New facilities were constructed. It is too early yet to give a factual evaluation of the increase in efficiency of the garage; however, there is a noticeable difference in the appearance of the equipment since it has

been stored under cover.

Shops and Maintenance Storehouse:

Major construction project has been submitted for new shops and store-room. Floor plans are now being prepared.

Canteen and Education Building:

Phase two remodeling of the Canteen has been completed. It consisted of enlarging the Canteen, new floors, equipment and "U" type counters. Phase three will be to provide additional electrical power.

Laundry Building:

Plans call for additional equipment, landscaping and road repair.

Industrial Building and Cannery:

Locksmith was relocated in the Carpenter Shop. The Cannery was painted and heaters were installed in the warehouses. The yard area is to be paved this year.

Employees' Building 1 and 2:

All buildings are generally considered to be sound and in good repair. Roofs were repaired on Unit 2. 15 new plumbing fixtures are to be installed in Unit 1 and 16 forced-air heaters are to be installed in Unit 2.

Units, G, H, I, K, 14 and 15:

These units are to be remodeled under our major construction program; however, minor construction work is still in progress. Electrical distribution systems have been remodeled in G, H, I and K; Units 14 and 15 are in progress. Heating system in Unit 15 was remodeled. Elimination of fire hazards has been completed except for the wire glass, lights and attic partitions, which will be done this year. Each unit is to be reinspected before major work is contracted to make sure it conforms to the treatment program.

Units 7 and F:

These units are in our major construction program for remodeling.

Landscaping will be completed this year. New condensate pumps were installed in Unit F. Contracts are out for the renewal of the tile floors in the shower rooms at both units.

Unit 8:

This unit is being maintained as is pending construction of a new Rehabilitation Therapy Building and the demolition of this one.

Units 5 and 6:

Renovation is complete. However, there are projects submitted for new floor in dining room, and flush valves on toilets. Plans are being prepared to request replacement of all wash basins as present ones are in violation of the Health and Safety Code.

Units A, B, C, 1, 2, 3, 4 and D:

These units are in sound condition. Air conditioning, sun shelters and exhaust fans for the day rooms have been requested.

Residences:

All of our residences are in good condition except 1, 2 and 4. It has been requested that we model 1 and 2. New propane tanks have been ordered for the farm residences to reduce utility costs.

Dairy:

The dairy buildings are in good repair. A new can washer is to be installed in the near future. Installation of air exhausters in the milk room has been requested.

Grounds:

The care and maintenance of the grounds is a major factor in the appearance of the physical plant. Improvements have been made again this year. Landscaping of Unit F and the visitors' and patients' picnic area will be completed during the coming year.

Utilities, electrical:

The electrical system is in good repair. Overhead circuits to the farm and auto pool were replaced. Capacity of some circuits will

have to be increased in the near future. Work is to begin on running a separate circuit to the Canteen Building.

Sewage:

Sewage plant is in good repair. This year a new by-pass line, distributor arms on bio-filter and pump impellers were replaced. An air-gap was installed. We plan to request a grinder to eliminate our cut and fill program. There is considerable infiltration in our sewage lines which we are working on.

Water:

Problems are still cropping up in our water supply. However, projects have been requested to eliminate them. Following are a few of the important items:

- 1.) Replacement of older pipe mains.
- 2.) Sucking air when two pumps in same well are running.
- 3.) Create a better supply of water.

Projects have been submitted to correct these problems. Already accomplished is the sanding of Well No. 7 and replacement of supply pipes. Most of the other projects will be finished during the coming year.

Steam:

Steam distribution lines have all been replaced except from laundry to the manhole east of the laundry. This project has been requested. The weak spot in the entire system is the boilers. This we hope to correct by the installation of gas turbines for generating electricity, using the exhaust to create steam in waste heat boilers.

Service and Supply Section

Cannery:

During the fiscal year 1958-1959 the cannery packed 42,061 No. 10 cans, and the hospital consumed 41,917, holding a relatively even net inventory. The position of Cannery Assistant, which was va-

cated October 8, 1958 was held vacant until June 1, 1959 to create salary savings. Equipment procured from the closing of the cannery at Stockton State Hospital was installed and has doubled our production ability.

Commissary:

The preparation and issuance of the Service and Supply Catalog was completed. By means of this catalog we have presented to all employees of the hospital the entire scope of the storekeeping operation, consisting both of the available items and all of the various procedures relating to the department.

Drapery Shop and Laundry

Mending Room:

More than 12,000 sheets, pillow cases and bedspreads were mended. 8,000 wash cloths were manufactured. More than 400 panels of drapery and scrim curtains were manufactured, and 150 valances using 1,064 yards of drapery fabric. The program of installing drapes in the dormitories, day halls and dining rooms of the hospital is progressing at a more than ordinary rate. During the process of the manufacturing and alterations mentioned above, 35 patients were trained to sew during the year.

Laundry:

The laundry processed 2,700,000 pounds of soiled clothing and linen using 15 employees and an average of 70 patients. 65% of the patients' finished work was done which consisted of approximately 100% of the female clothing and male clothing for Units 5 and 6 only in addition to all duty uniforms for nursing and food services. Flat work is delivered to the units in rubber-wheeled baskets to eliminate additional work and save damage to the floors. Surgery linens are dyed green to eliminate sorting problems. During the year all laundry personnel were processed through a course of patient relation-

ships. Conferences are now held between laundry personnel and unit physicians once a week for the purpose of an exchange of knowledge and understanding of the patients employed in the laundry.

Housekeeping:

The housekeeping division continued to function in a routine manner, upgrading service and equipment, and taking on a few additional areas as well as operating the housekeeping sub-storeroom during the cannery season.

Mail, Messenger and  
Baggage Department:

There have been several changes made in the operation of the mail and baggage department. They are, as follows:

- 1.) The operation is now handled by the mail clerk with the part-time assistance of one patient used on unit deliveries.
- 2.) Rural type mail boxes have been installed in front of 18 units. The installation of these mail boxes cut the unit delivery time nearly in half. It eliminated running up to the units and unlocking many doors before being able to get in the unit office. This saving in time has made possible two unit runs each day instead of the previous one. The first run is at 9:30 AM on which newspapers and medical records are delivered. The second run is at 2:00 PM on which the mail, inter-hospital correspondence and medical records are delivered.
- 3.) Units now call and can have baggage delivered or picked up on either of the two unit runs. The system is running very smoothly.

Patrol Service:

Three psychiatric technicians have been assigned to patrol duty to cover two shifts seven days a week.

### Sewing Room:

There were 12,960 articles made in the sewing room during the year including dresses, slips, gowns, smocks, dishtowels, cooks' caps and tea bags. We received 4,500 yards of cotton flannel from Surplus Warehouse which was converted into approximately 2,000 gowns. 1,400 mattress covers also were made up into womens' slips, cooks' caps, and dishtowels. These items were purchased at small cost but meant a great saving on all items made. The clothing stock room has continued to run smoothly. 20 new patients have been taught to sew, and have been a big help in producing the items.

### Shoe Shop:

In January of 1959 we received from Educational Surplus 156 pair of black hi-top work shoes, 43 pair of dress shoes, 200 pair of rubber half-soles at \$0.07 a pair, and 500 full rubber heels at \$0.07 a pair. A program was set up in March of 1959 to survey our needs for different kinds of shoes for men and women. Keds were recommended for the women, also wedgie sandals. The results from the March survey on shoes also resulted in ordering 396 pair of Romeo slippers for men and women. Romeo slippers have been issued, and are well accepted by the patients. A closed circuit T.V. program was presented in June of 1959 for the purpose of teaching the patients the care of shoes and how they are made.

### Tailor Shop:

Items of clothing issued to male units totaled 22,628, mended were 2,396 articles. In addition, 1,461 pair of socks were darned, 414 laundry bags were repaired and 51 wool blankets were mended. Approximately 3,600 articles of patients' clothing were handled in the process of alterations, pressing and mending. An average of about 150 items of male and female clothing are sent to be dry cleaned each month. Total production came to 8,762 items which included slippers,

shirts, aprons, pants, laundry bags, trash can liners, dishtowels, jackets, strong blankets, brief cases, grain sacks, pajama coats, butcher coats, plastic ponchos, plastic draw sheets, slacks and hand towels.

Telephone and Information Desk:

A Western Union machine installed in the Information Office now handles approximately 6 to 8 incoming and outgoing telegrams per day. Patrolmen now contact the operator every  $\frac{1}{2}$  hour by telephone or in person for assignment. The information clerk now identifies patients' mail for the mail clerk. A record was kept of incoming and outgoing personal calls for a period of two weeks in order to reduce these to a minimum.

Transportation:

The transportation department carried out its regular duties. Some projects were initiated in an attempt to develop a higher level of service. They are, as follows:

- 1.) A top was built and installed on the garbage truck to keep trash from being scattered on grounds, and allowing larger loads to be hauled.
- 2.) A top was built for the freight truck to be used in winter allowing supplies to be hauled in any weather without damage by moisture and wind. These tops also afford patients working on these trucks shelter and some degree of comfort.
- 3.) A large bucket was built for the Ford loader for the specific purpose of loading leaves at the time of year when they are so abundant, making it possible to clear grounds of debris in the shortest possible time.
- 4.) Salt used in the laundry and boiler room was stored on pallets making it possible to deliver it on order by forklift, cutting down time and manual labor.

#### Upholstery Shop:

During the year the upholstery division trained two patients in seat repairs. Many items of special equipment were manufactured and installed. The shop had a gross production of 1,379 items. On June 30, 1959 the function was transferred to the maintenance department.

#### Farm General:

We have carried on an extensive cleanup program throughout the farming area which has resulted in a more presentable farm. We have grafted a number of seedling trees in the orchards including plums, prunes and walnuts. Whitewash has been applied to the trunks of these trees. In the field areas we sprayed 20 acres of Johnson Grass with Dowpon and followed this with a thorough plowing and fertilization. This treatment resulted in a nice clean field for vegetable planting on the Clarke Ranch. We have the crop rotation program well underway. This will keep our land in better condition with resultant heavier crops throughout the years to come. The Clarke Ranch Grove has been cleaned and picnic tables placed in the area to accommodate 250 patients at a sitting. The farm has received a new Case hay baler, and a new John Deere 420 tractor equipped with a grader-blade and manure loader. We have started about 1800 grape cuttings which we plan to plant in an area north and west of the hog ranch in the next planting time. We have also planted about 250 seedling plum trees west of the hog ranch which we will graft to President plums this coming spring.

#### Vegetable Garden:

A large portion of the vegetable garden has been moved to the Clarke Ranch at the river this year. The soil is good, and good quality vegetables can be raised there with adequate fertilizer and water. The water situation has been poor. The new well drilled for the

garden is discharging only a small amount of water and we will need additional water from another source. We have planted a new asparagus field at the river, and next year we should get a return from it. We also have a rhubarb field that will bear next spring in the same area. We should have additional land at the Clarke Ranch as all the present home garden will be used for alfalfa next year with the exception of the boysenberries and the rhubarb. The next crop is dependent on water available.

#### Accounting Section

Bi-monthly meetings between the property section and nursing service area supply coordinators have been established to work out mutual problems and needs of the units in nursing service areas. Part of each meeting is devoted to equipment stored in the property warehouse with the idea of getting it into use. In addition, the group inspects equipment damaged by patients which, when reviewed en masse, is much more helpful in controlling such damage in the future. The meetings have progressed to the point where a free exchange of needs can often be met through items that are surplus to a particular area. In lieu of submitting form 5s for quarterly orders, we have established a card system for surgery and central supply. Ordering by means of these cards will be in effect with the second quarter of 1959-1960 F.Y. Cards have also been set up for the pharmacy. The accounting office and property section have worked closely with the Industrial Rehabilitation Coordinator in connection with patients assigned to these sections. The atmosphere and working conditions provided the patients have shown promising results.

#### Surplus Program

During the past four years Mendocino State Hospital has taken advantage of the program established to obtain property surplus to the Federal government through the State Department of Education Surplus Property Warehouses. The food program is initiated at department level. All the remainder of

the program has been initiated at the hospital level. We still have unfilled orders for many pieces of heavy equipment, and also for a great deal of small equipment which is difficult to buy. An example of the latter is refrigerated drinking fountains, individual room coolers, compressors and evaporators for the local manufacture of small air-conditioning systems. We have requested many items in the plumbing line which are still on want order and have standing orders for blankets, clothing, linen and other items. It is safe to say we would have not been able to operate as efficiently as we have done without this program.