# Arizona State Hospital

*Phoenix, Arizona*

## Annual Report

**July 1, 1962 – June 30, 1963**





# Contents


Letter of Transmittal to Governor ..... 2
Hospital Board ..... 4
Administrative Officers ..... 5
Medical, Nursing and Therapeutic Staff ..... 6
Consulting Staff ..... 7
Report of Superintendent ..... 9
- Assistant Director's Report ..... 15
- Nursing Service ..... 16
- Nursing Education ..... 17
- Social Service ..... 19
- Out-Patient Clinics ..... 23
- Southern Arizona Mental Health Center ..... 25
- Psychology Department ..... 27
- Special Education ..... 28
- Pharmacy Department ..... 31
- Chaplain's Report ..... 33
- Rehabilitation Services ..... 35
- Occupational Therapy ..... 37
- Sun Valley News ..... 39
- Patients' Library ..... 40
- Industrial Therapy ..... 42
- Recreational Therapy ..... 45
- Volunteer Program ..... 49
- Medical Records Report ..... 51
- Mental Diagnosis ..... 52
- Movement of Patient Population by Counties ..... 56
- Physical Therapy Department ..... 57
- Dental Department ..... 58
- Beauty Shop Report ..... 58
- Laboratory Report ..... 59
- X-Ray Report ..... 60

Report of the Business Administrator ..... 61
- Business Division Staff ..... 62
- Standing Committees ..... 62
- Purchasing Manager's Report ..... 63
- Office Manager's Report ..... 65
- Report of Deposits to General Fund ..... 69
- Collections for Care and Treatment of Patients ..... 69
- Expenditure Report ..... 72
- Classification of Expenditures ..... 74
- Chapel Fund ..... 74
- Budget for Year 1963-1964 ..... 75
- Patients' Deposit Fund ..... 75
- Transfer of Patients to Other States ..... 76
- Engineering Services ..... 77
- Fire Marshal's Report ..... 78
- General Services ..... 79
- Sewing Room Production ..... 80
- Laundry Production ..... 81
- Mattress Shop ..... 82
- Dietary Department ..... 83
- Analysis of Meals per Capita Cost ..... 85
- Value of Foods Purchased, Produced and Donated ..... 85
- Coffee Shop Income Statement ..... 86
- Vegetable and Poultry Production and Operating Report ..... 86
- Patients Entertainment Fund ..... 88
- Personnel ..... 89

Before and After ..... 91

Still Needed ..... 99

HENRY C. FULLER, CHAIRMAN
PHOENIX, ARIZONA
DWIGHT G. HUDSON, D. D. S., VICE CHAIRMAN
SCOTTSDALE, ARIZONA
W. A. COERVER
PRESCOTT, ARIZONA
RUTH Z. IRVING
TUCSON, ARIZONA
WILLIAM C. SMITHERMAN
BISBEE, ARIZONA

# Arizona State Hospital Board

## Phoenix, Arizona

R. A. CLELLAND
SECRETARY

The Honorable Paul J. Fannin
Governor of the State of Arizona
Phoenix, Arizona

Dear Governor Fannin:

Herewith I am transmitting the Annual Report of the operations of the Arizona State Hospital for the fiscal year ending June 30, 1963 which has been assembled by Dr. Samuel Wick, Superintendent and the various Department Heads.

This report outlines some outstanding accomplishments worthy of more than passing note.

In face of Arizona's steady and tremendous growth in population, the average number of patients in residence has remained almost unchanged. The explanation, of course, lies in today's improved treatment techniques; coupled with more individuals becoming patients at earlier stages of their illness; thus increasing the chances of their cure.

The number of our voluntary admissions has grown amazingly – certain indication that citizens are becoming more and more understanding of the fact that mental illness no longer bears the stigma it once held in the popular mind. Over the last three years our voluntary admissions have more than doubled in number.

When the Hospital was established 76 years ago on the outskirts of Phoenix, it was regarded (and correctly) as a custodial institution where society would be protected against the individual; and the individual against himself. But in today's mental health program, the old idea of an insane asylum has vanished. From that concept has emerged the modern institution for the healing and return of a patient to normal society relationships.

Newer psychiatric procedures and medical treatments have changed the character of objectives of the hospital completely. Great as have been the strides taken by Arizona State Hospital in the direction of curing the mentally ill, far more progress could be made in this direction if sufficient funds were made available by the Arizona Legislatur to fully staff it with qualified personnel.

Your Board is happy to report a great increase in collections for the care and treatment of patients. This fiscal year's total of $597,572.09 stands at an all-time high. We also returned to the State's General Fund, $230,132.83 – a record total, too. Thus, we relieve tax-paying citizens by that amount in cost of operating the Hospital.

Our Southern Arizona Mental Health Center building enlargement has been completed and will be activated this fall. This marks a step in a long-range decentralization program that should see similar units opened in other parts of the state as our population continues to expand in future years.

Currently, three buildings are under construction on the State Hospital grounds: Dietary, Administration and Chapel. The first two will replace structure that years ago outlived its efficient usefulness. The Hospital has never had a Chapel. Plans for this beautiful building were donated by Weaver & Drover, Architects, as testimonial to the firm's interest in seeing such a building erected.

Two other buildings, each more than sixty years old must be razed as soon as the Legislature grants funds for this purpose. This need is imperative! They house patients for whom there are no other quarters. It is useless to deny they are fire hazards in spite of every precaution that can be taken.

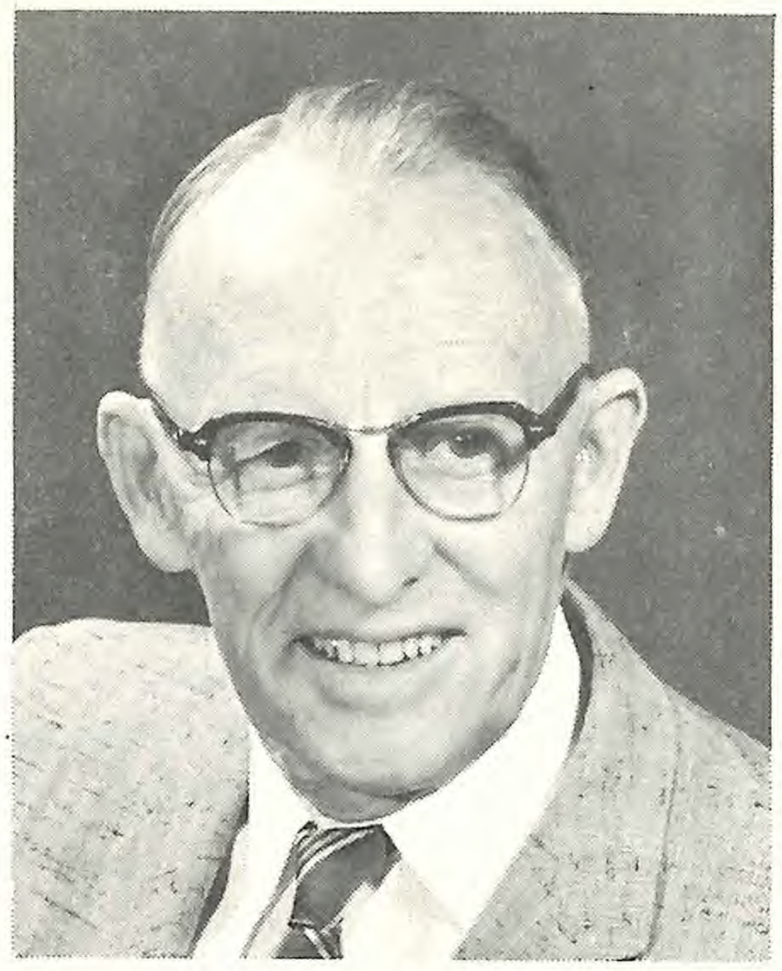
All of our building in the last two fiscal years has been financed with monies received from the sale of the Hospital Farm and has not cost one cent in taxes. We plan again to ask the Legislature at its next regular session for funds to replace the old buildings.

The Board hopes you and all others who receive this report will find time to review it carefully. It will prove a clear accounting of our stewardship. We feel much has been accomplished. Much more remains to be accomplished in each succeeding year.

Sincerely,

Henry C. Fuller

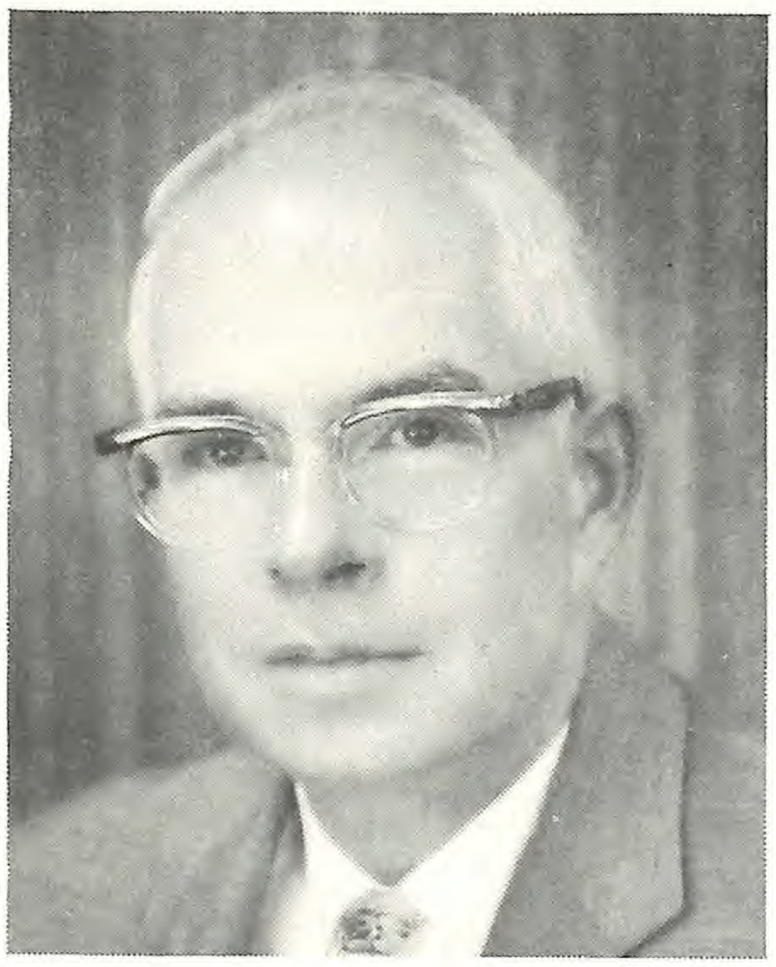
Henry C. Fuller
Chairman
Arizona State Hospital Board



*Henry C. Fuller, Chairman*
PHOENIX, ARIZONA



*Dwight G. Hudson, D.D.S., Vice Chairman*
SCOTTSDALE, ARIZONA



*W.A. Coerver, Member*
PRESCOTT, ARIZONA

# *arizona state hospital board*

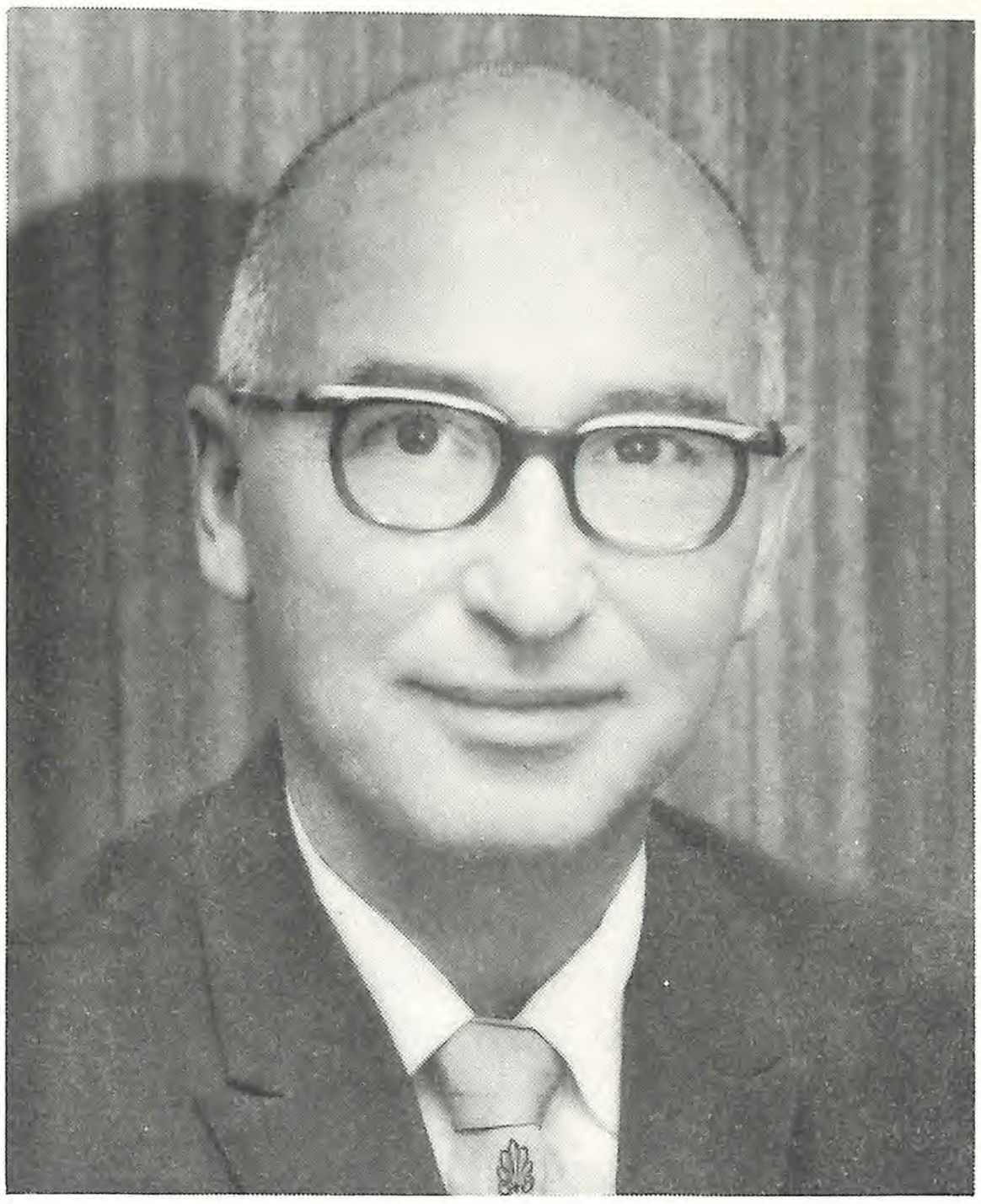


*Ruth Z. Irving, Member*
TUCSON, ARIZONA

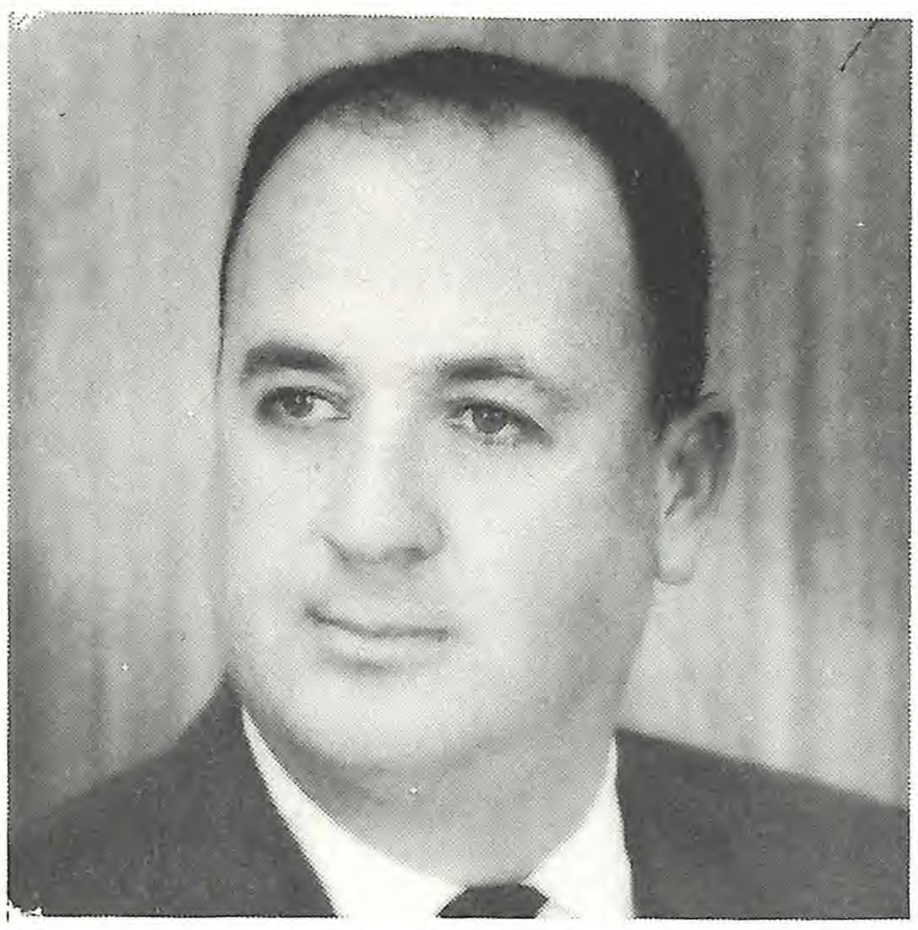


*William C. Smitherman, Member*
WARREN, ARIZONA

# *administrative officers*



*Samuel Wick, M.D.*
SUPERINTENDENT



*George G. Saravia, M.D.*
ASSISTANT SUPERINTENDENT



*R.A. Clelland*
BUSINESS ADMINISTRATOR



*Mary E. Pittman, R.N.*
DIRECTOR OF NURSING

# *Medical, Nursing and Therapeutic Staff*

**MEDICAL**

Samuel Wick, M.D. ..... Director
George G. Saravia, M.D. ..... Assistant Director
Stanley Smith, M.D. (Res. Sept. 1962) ..... Chief, Medical-Surgical Services
Abraham Ettleson, M.D. ..... Chief, Medical-Surgical Services
Dominic F. Zito, M.D. ..... Physician
Ludmilla W. LeMair, M.D. ..... Psychiatrist
George C. Dorsey, M.D. ..... Physician
Arnold Kendall, M.D. ..... Physician
Douglass A. Haddock, M.D. ..... Physician
David West, M.D. ..... Physician
Maurice B. Ruland, M.D. ..... Psychiatrist
Ram Gursahani, M.D. ..... Psychiatrist
Frank J. Price, M.D. (Resigned March 1963) ..... Psychiatrist
Anne Marie Vogt, M.D. (Resigned May 1963) ..... Physician
Rosolino LoCurto, M.D. (Resigned June 1963) ..... Psychiatrist

**SOUTHERN ARIZONA MENTAL HEALTH CENTER**

Robert J. Shearer, M.D. ..... Director

**DENTAL**

Martin T. Copenhaver, D.D.S. ..... Dentist

**PSYCHOLOGY**

Paul W. Brewer, Ph.D. ..... Psychology Director

**PHARMACY**

Elias Schlossberg ..... Pharmacist

**NURSING**

Mary E. Pittman, R.N. ..... Director of Nursing
Sue M. Smith, R.N. ..... Asst. Director of Nursing, Nursing Service
Margaret Haggerty, R.N. ..... Asst. Director of Nursing, Nursing Education

**SOCIAL SERVICE**

Philip L. Gordon ..... Director

**CHAPLAIN**

Rev. Paul W. Strickland

**REHABILITATION SERVICES**

Marjorie Hill, O.T.R. ..... Director

**Industrial Therapy**

Arlene Babcock ..... Industrial Therapist

**Occupational Therapy**

Mary E. Towey, O.T.R. (November 1962) ..... Director

**Recreational Therapy**

Shirley McEntee ..... Director

**MEDICAL RECORDS**

Philipine Castellana ..... Librarian

# *Consulting Staff*

**NEUROSURGERY**

John R. Green, M.D.
Hal W. Pittman, M.D.

**NEUROLOGY**

Betty G. Clement, M.D.
David D. Daly, M.D.

**RADIOLOGY**

Marcy L. Sussman, M.D.

**GYNECOLOGY**

Henry A. Siegal, M.D.

**INTERNAL MEDICINE**

Monroe H. Green, M.D.

**PATHOLOGY**

James D. Barger, M.D.

**ORTHOPEDIC SURGERY**

L.I. Tuveson, M.D.

**GENERAL SURGERY**

Rex O. Vaubel, M.D.

**ANESTHESIOLOGY**

Dana L. Harnagel, M.D.
Alice Richards, R.N.
Wallace A. Reed, M.D.
James C. Zemer, M.D.

**UROLOGY**

Paul L. Singer, M.D.

**OPHTHALMOLOGY**

Harry J. French, M.D.
Sheldon Zinn, M.D.

**OUT-PATIENT PSYCHIATRY**

Maier I. Tuchler, M.D.
Lee S. Cohn, M.D.
Paul M. Bindelglass, M.D.

**TUBERCULOSIS**

Bertram L. Snyder, M.D.

**DERMATOLOGY**

George K. Rogers, M.D.

**PODIATRY**

Dr. H.B. Seyfert
Dr. Samuel Mason
Dr. Myron Westerkamp
Dr. Alexander Vorgeas

**TUCSON OUT-PATIENT PSYCHIATRY**

Warren S. Williams, M.D.
Jack A. Marks, M.D.
Remo Di Censo, M.D.
Robert I. Cutts, M.D.



*Dentist and technician making an oral examination.*



*Incoming Chairman, Henry C. Fuller, presents a plaque to outgoing Chairman, James F. McNulty.*

# *Report of Superintendent*



# *Report of Superintendent*

**ARIZONA STATE HOSPITAL BOARD**
**Henry C. Fuller, Chairman**

I am submitting my tenth Annual Report which reviews the programs and the progress during the fiscal year 1962-63. The reports from the departments reflect the number of patients treated, the treatments utilized, the results obtained, the programs planned for the future and the personnel needs to provide for the increasing number of patients. *Every department requires additional personnel if the treatment programs are to be improved* so that the patients can be examined, evaluated, treated, rehabilitated, discharged and given out-patient care. This will enable the hospital to discharge patients more rapidly and ultimately reduce the hospital population.

**MEDICAL STAFF**

During the year four members of the medical staff resigned and three members were employed. Dr. George G. Saravia was appointed Assistant Superintendent from his position as Clinical Director. The medical staff has performed exceptionally well to keep up with the increasing load of admis-



*Medical staff, June, 1963.*

sions, discharges and after-care in the out-patient clinic. *The efficiency of the medical staff cannot be maintained under this constant pressure. THE MEDICAL STAFF MUST BE INCREASED TO PROVIDE AN ADEQUATE TREATMENT PROGRAM.*

There are funds available to employ a Child Psychiatrist who would plan, develop and direct the Residential Treatment Unit for the emotionally disturbed and mentally ill children. This position has not been filled because of the scarcity of child psychiatrists who are interested in a residental treatment program.

## POPULATION

The population of the hospital decreased from 1750 to 1724 from July 1, 1962 to July 1, 1963. The total admissions increased to 2142 compared to 2042 during the previous year. There were 809 patients on Conditional Discharge compared to 767 at the end of the last fiscal year. Approximately 50% of the patients were admitted on a voluntary basis or by emergency medical certification which does not require a court hearing.

The same observation is made each year — *THAT IT WILL REQUIRE AN ADEQUATE PROFESSIONAL STAFF TO TREAT THE INCREASING NUMBER OF PATIENTS SO THAT THE POPULATION OF THE HOSPITAL DOES NOT INCREASE AND THAT THE PATIENTS RECEIVE FOLLOW-UP CARE TO PREVENT RE-HOSPITALIZATION*. As yet, there have been insufficient funds to obtain an adequate professional staff.

## TREATMENT

The number of patients treated in various departments is found in the individual reports. The hospital has available all the approved treatments which are used by the psychiatric profession. Many of these treatments are curtailed because of the lack of an adequate professional staff. The greatest deficiency relates to individual contact and psychotherapy.



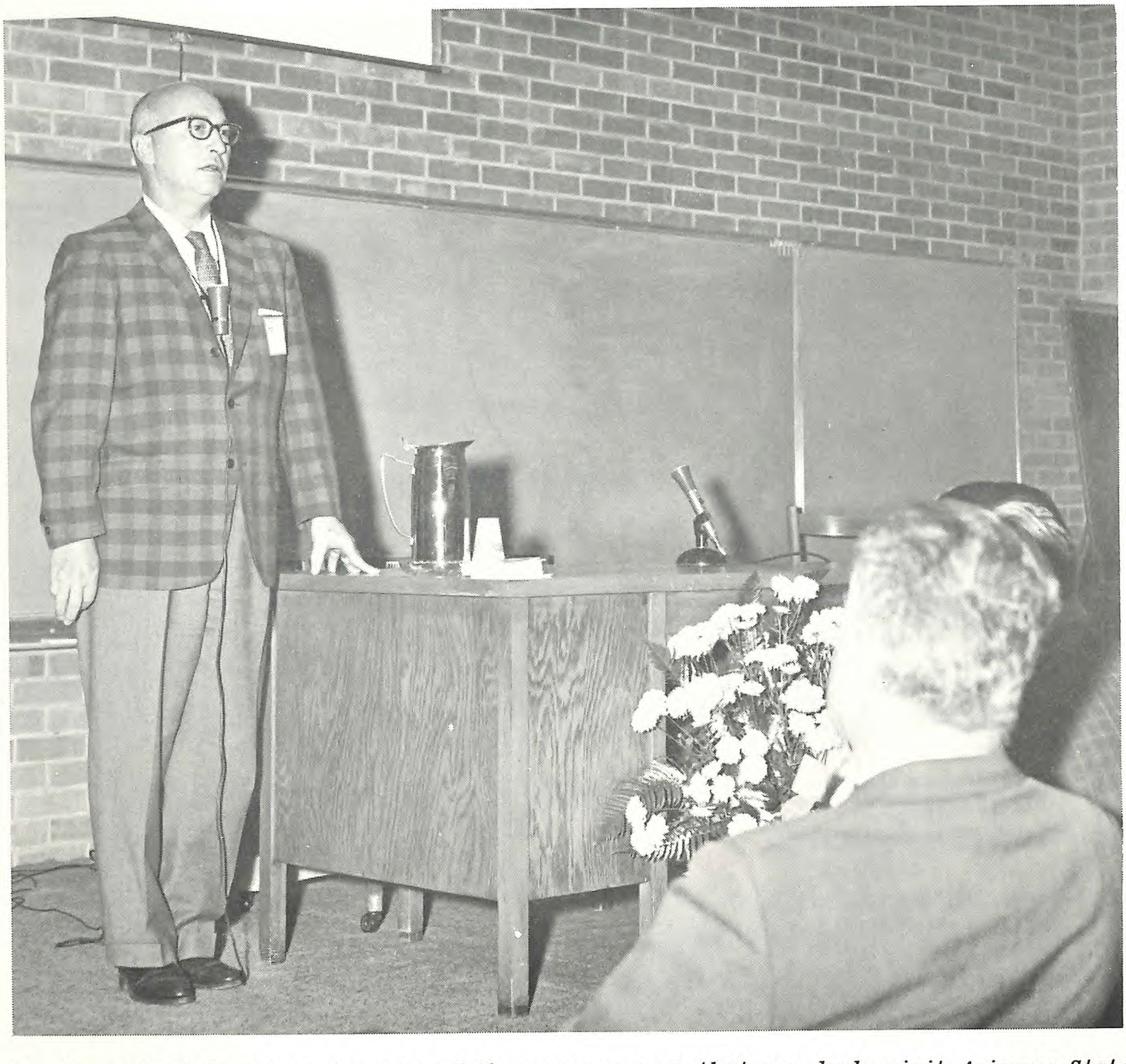
*A group therapy session.*

## RESEARCH

Practically none, due to *LACK OF FUNDS, LACK OF PERSONNEL, LACK OF FACILITIES.*

## SPECIAL EDUCATION

The Mental Health Foundation has continued to supply funds to employ an Instructor in Special Education. The program was decreased during the the past year because the Instructor was available for only half days. This program has been valuable in stimulating the children in their schooling and has helped in the overall treatment of these patients.



*Dr. Samuel Wick addressing one of the many groups that regularly visit Arizona State Hospital.*

## COMMUNITY CONTACTS

The professional staff has participated in many programs, institutes and panel discussions in the community related to the needs of the mentally

ill and the treatment for the patients in the hospital. Speeches were given to professional groups, civic organizations and service clubs.

The hospital was host to the Third Annual Institute for the Clergy on Mental Illness. Schizophrenia was the topic of discussion which was presented by members of the staff and community psychiatrists.

The Third Annual Psychiatric Institute presented by the University of Southern California School of Medicine and the Arizona Academy of General Practice was held at the Hospital. Members of the medical staff participated in the Institute.

Career Day for high school juniors and seniors was held at the hospital. The students were presented a review of the types of work and the educational requirements of the various professions related to mental health and mental illness. A tour of the hospital with demonstration of patients and treatments was conducted for the students. As a result of this contact, a group of teenagers was organized as volunteers known as Teens Against Mental Illness (TAMI). This group was sponsored by the Maricopa Mental Health Association and they have been active in visiting the geriatric patients and assisting in the Recreational Therapy Department. This approach has been valuable in the recruitment of high school students to the professions related to mental health.

Open House was held during Mental Health Week. The patients presented an "Activities Review" showing the various activities in different departments. The visitors were conducted on a tour of the hospital.

The hospital presented an educational program for the Maricopa County Public Health Nurses which helped them to understand the emotional needs of the discharged patient. The Public Health Nurses are available to assist in the follow-up program.

Many classes were held and psychiatric clinics conducted for students from high schools, colleges and universities in their courses in Abnormal Psychology, Sociology, and Education.

## OUT-PATIENT CLINICS

The Out-Patient Clinic at the hospital has been expanded because of the increase in the number of patients who require evaluation and treatment. It has been necessary to increase the time provided by the psychiatrist and social worker to provide the necessary after-care.

The Yuma County Guidance Clinic and the Cochise County Guidance Clinic continue to provide after-care services to those patients who have been discharged from the hospital.

The Southern Arizona Mental Health Center is now a reality and will be functioning in the three areas as soon as the staff has been obtained. The psychiatric services will include: (1) The after-care clinic, (2) the Adult Mental Health Clinic, and (3) the Day-Treatment Center.

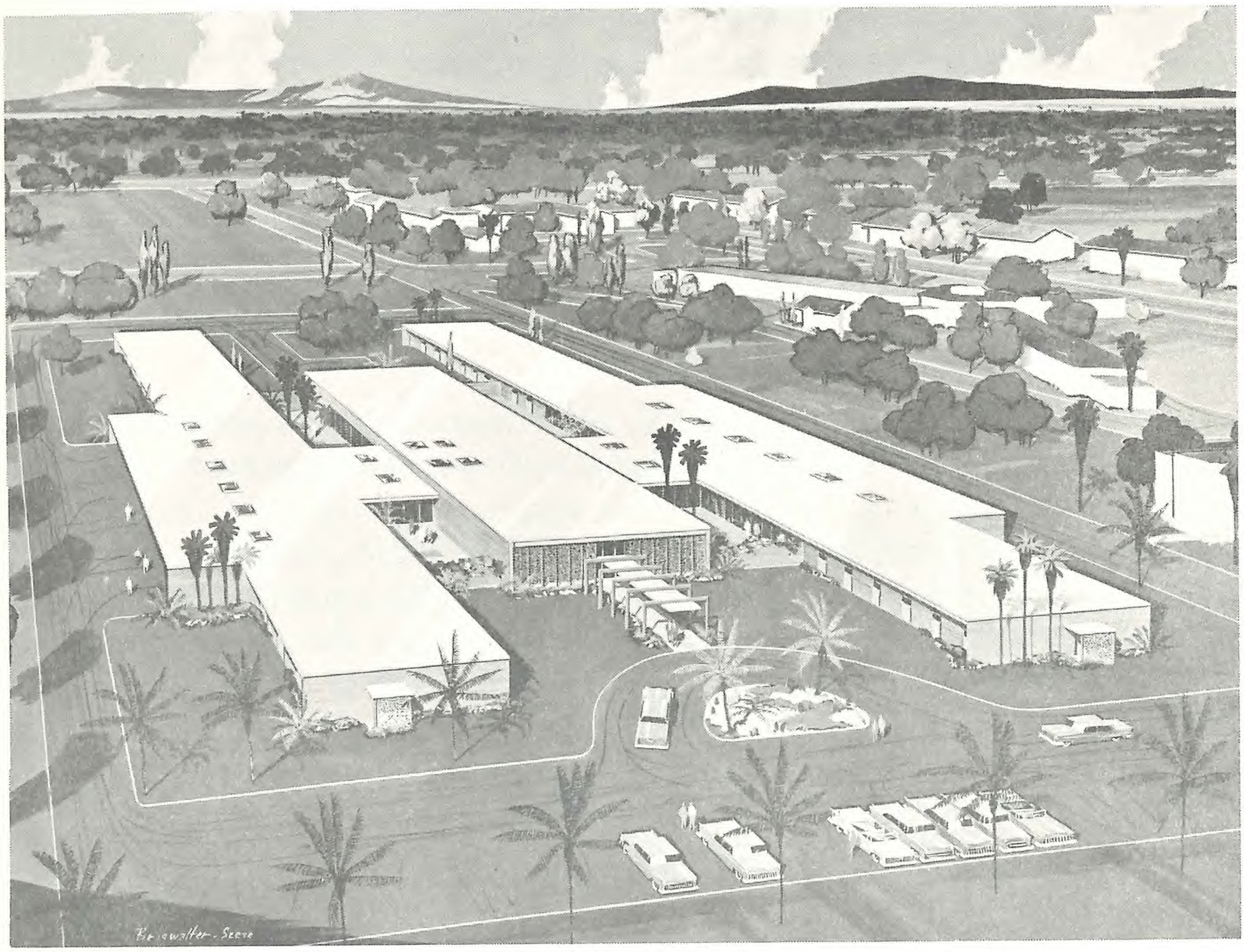
## BUILDING IMPROVEMENTS

During the year the following building projects were started:

1. The new Dietary Unit
2. The Chapel
3. The Administration Building

The Southern Arizona Mental Health Center was completed.

The Legislature did not appropriate any funds for building for the fiscal year 1963-64.



*Artist's conception of the proposed Receiving, Diagnostic and Treatment Center.*

### Needed Improvements

The long-range building plan has been revised to include the future needs of the hospital and for Mental Health Centers in different parts of the state. The Mental Health Centers would provide psychiatric services in the communities so that people could receive treatment earlier and avoid hospitalization.

Requests for 1964-65:

1. Diagnostic and Treatment Building
2. Raze Building "D"
3. Purchase the overhead electrical system
4. Residential Treatment Unit for Mentally Ill Children
5. Convert old Dietary Building to Warehouse

The remainder of the long-range plan would be presented at a later date and it consists of:

1. Phoenix Day Hospital and Adult Out-Patient Clinic
2. Raze remainer of old Building "C"
3. Replace or rebuild Auditorium
4. Refrigeration equipment to add remainder of buildings to central refrigeration system.
5. Tunnels to convert existing buildings to central air-conditioning system.
6. Western Arizona Mental Health Center
7. Eastern Arizona Mental Health Center
8. Northern Arizona Mental Health Center
9. Additions to Children's Residential Treatment Unit
10. New Athletic Field House
11. Alterations to Geriatric Building for additional dining area and auditorium.

The Legislature had expressed some concern about the perquisites provided for the resident staff. The Hospital Board has suggested on several occasions that the perquisites could be eliminated if the Legislature would approve a budget which would provide adequate salaries for the professional staff. *It is necessary to have not only a salary scale which is attractive but the opportunity for the professional staff to improve by educational programs, therapeutic stimulation and research projects in order to attract and to hold a well-trained staff in sufficient numbers for the hospital to provide the best for the patients.*

The constant efforts, the loyalty and the devotion of all the employees to the hospital and for the patients has produced beneficial results during the year. The hospital could not function without their co-operation, and for this I express my deep appreciation. The Volunteers have continued with their interest and friendship to the patients who have been helped considerably by the feeling that people in the community do care. My deep thanks to all of them. I appreciate the help, the advise and support given to me and the entire hospital by the Hospital Board, for without their guidance the program would not advance as it has been doing to improve the facilities and the goals toward better mental health.

Respectfully submitted,

Samuel Wick

SAMUEL WICK, M.D.
Director

# *Assistant Director's Report*

| | |
|---|---|
| Staff Meetings held during year | 178 |
| Patients seen at Staff Meetings | 3,066 |
| Surgery performed (not including NSU) | 43 |
| Visits to Minor Surgery | 714 |
| Electro-convulsive Therapy: | |
| 171 males received 967 treatments | |
| 455 females received 1,877 treatments | |
| Chiropody Clinic: Patients seen | 461 |
| GYN Clinic: Patients seen | 1,130 |
| Optical Clinic: Patients seen | 381 |
| Out-Patient Clinic (Psychiatric Consultations): | |
| Interviews: Ex-patients on C.D. | 2,563 |
| Outside Referrals | 679 |
| Laboratory: Tests made | 12,208 |
| Physiotherapy: Treatments | 27,906 |
| X-rays taken | 4,432 |
| Deaths | 214 |
| Autopsies performed | 42 |
| Percentage of autopsies to deaths | 19.1% |



*Technician recording brain wave patterns on the electroencephalograph; this diagnostic procedure is useful in detecting some abnormalities.*

# *Nursing Service*

In retrospect, we feel we have made progress!

Continuous In-Service Program for those employed in the Nursing Division was activated and is continuing.

The Nursing and Admission Office and the Patients' Property Room moved to the present location last August. At this time the advantages of having assigned aides handle the admission process and accompany the new patient to the admitting ward seems to be of more and more value.

Remotivation, with the advice and support of the Council, has attempted some meetings relating to job selection and job placement. There is a considerable number of patients involved in this program each month. Employees and patients alike seem to enjoy and derive benefit from them.



*Some employees who attended a farewell party for Dr. Vogt.*

Something *new* to see in the Nursing Division are the Licensed Practical Nurses. We are very happy to see them, proudly wearing their uniforms, complete with pins, caps and insignia.

This year there has been increased participation in workshops, conferences and institutes. Some have participated in the programs, others simply auditing. We have had three well attended workshops at our Hospital for our employees. (Attendance was not compulsory; however, sessions were repeated so that all might have an opportunity to attend.) In one of the workshops conducted here, the subject *Written Nursing Care Plans* was introduced and discussed. Our In-Service Program directed discussions toward the formulation of nursing care plans. This is our major goal next year; it is a reality, today, in some areas. By the close of the coming year, we expect our plans to be completed. We all agree these are a necessity for better patient care, 24 hours a day!

Our greatest need is in the area of sufficient, qualified non-professional individuals to care for patients. Professional staff to teach and guide them remains a constant need. Not until this is accomplished can we maintain and progress in the care of our patients.

## NURSING EDUCATION

The Nursing Education Department has maintained the following nursing educational programs provided by the hospital:

1. A National League of Nursing approved psychiatric affiliation program for 25 student nurses from Good Samaritan Hospital. This course provided the basic fundamental and clinical experience required by the Arizona State Board of Nurse Registration. This course also served to satisfy the psychiatric requirement needed for registration in Arizona for one graduate nurse from another state.

2. A continuing In-Service Education Program for employees was initiated September 25, 1962. This program was planned to enrich aptitudes, to perfect skills, to improve competence, and to develop therapeutic abilities that reflect current trends in Mental Health Nursing. Three hundred and twenty-nine employees have attended these classes since they were initiated.

   In-service education is continuing with nursing care discussions on the wards. The central objective is to further study individual nursing care problems and the techniques by which these may be modified or solved.

3. An In-Service Education Program for new employees is to be initiated in July of 1963. New employees will spend one week on days for intensive orientation classes before going to their assigned tours of duty and continuing classes. The objective of this program is to prepare the individual to become an effective employee and member of the ward discussion group.



*Student nurses from Phoenix College and Arizona State College.*

4. Our clinical facilities were used by Arizona State University, University of Arizona and Phoenix College students to provide psychiatric nursing experience. These schools furnish instructors for their students and it is by cooperative participation of Nursing Service, Nursing Education and school instructors that programs have been planned and executed.

Nursing Education has cooperated in the many clinics and workshops presented in this area.

The Medical Library, staffed with a full-time librarian, is being utilized by many more of the personnel. Students in the various colleges and universities are finding it a source of information often not available elsewhere.

# *Social Service Department*

This year the Social Service Department has expanded its program to provide services for the greater number of patients being admitted to and discharged from the Hospital. To meet the demand for services, procedures have been revised and simplified. This has increased the effectiveness of both the professional and clerical staff and has enabled the professional staff to devote more time to direct services to the patients and their families. Our relationships with community agencies have become more effective and new community resources have been developed to assist our patients.

Cooperative procedures have been developed with the State Department of Public Welfare and other public, health and welfare agencies throughout the state. These standarized referral procedures have improved the efficiency of service to the patient and have reduced the time element for our professional staff.

## RECEIVING AND INTENSIVE TREATMENT SERVICES

**Two thousand, one hundred and forty-two patients were admitted to this service.** Each admission requires interviews with the patient and the available relatives as well as correspondence with private physicians, hospitals, and health and welfare agencies. The patient's life history is important in formulating a treatment plan which will facilitate an early discharge.

**One thousand and ninety-eight patients were discharged from this service.** Patients and families require immediate intensive service to reduce social stress which may impede the patient's progress in the Hospital and later his adjustment in the community.

## CONTINUED TREATMENT SERVICE

**Five hundred and twenty-nine patients were discharged from the Continued Treatment Service** as compared with the 1960 figure of 265 patients. Many of this group have been hospitalized for five or more years and may have lost contact with their families, friends and past employers. To relieve the patient's fear of leaving the protected hospital environment and to assist the patient in learning to live in the community again, new programs were introduced:

- Group therapy focused on the learning of accepted social behavior and communication with other individuals was instituted.
- Patients were taken to visit community workshops.
- Patients were assisted in obtaining employment off the hospital grounds. They remained at the Hospital until they gained sufficient confidence in themselves to sustain themselves independently. Boarding homes were located for 40 patients and the proprietors were prepared to accept the individual needs of these people.

The excellent cooperation received from Goodwill Industries, Salvation Army Men's Social Service Centers (Industrial Workshop), Epi-Hab, and

Arizona Foundation for the Handicapped has contributed to the success of this new project. Currently 17 patients are employed by Goodwill Industries, five by the Salvation Army, three by the Arizona Foundation for the Handicapped and two by Epi-Hab. The State Department of Vocational Rehabilition is working jointly with the Hospital in developing new employment opportunities for our patients. The possibility of utilizing appropriate on-the-job training programs is currently being considered. The counselors at the Arizona State Employment Service have been most understanding and resourceful in locating employment and developing job opportunities for our patients.




*Patients discussing problems regarding leaving the Hospital.*

## GERIATRIC SERVICE

**One hundred and fifty-four patients were discharged from this service.** Geriatric patients often require financial, medical, nursing and social services from community agencies. Considerable time is involved not only in arranging for the completion of discharge plans, but also in coordinating the follow-up services of participating agencies.

Arrangements were made for 99 patients to reside in nursing homes. Of this number, nine returned to the Hospital. This return is 50% below the national average.

The Department of Public Welfare Vendor Payment plan available to Old Age Assistance recipients has stipulated increased funds for patients in need of nursing care. Many geriatric patients in need of nursing care, who are eligible for Old Age Assistance, will be able to leave the Hospital under this plan.

## OUT-PATIENT SERVICE

Referral summaries are prepared and forwarded to the Out-Patient Clinics, patients' physicians, health and welfare agencies and rehabilitation agencies which provide services to patients.

**Referral Summaries Prepared:**

| | |
|---|---|
| Arizona State Hospital Out-Patient Clinic, Phoenix | 576 |
| Southern Arizona Mental Health Center, Tucson | 179 |
| Yuma County Guidance Clinic, Yuma | 31 |
| Cochise County Health Service, Bisbee | 16 |
| Private physicians | 186 |
| Health and Welfare agencies of local communities | 103 |

**Three hundred and forty-two patients were given a Complete Discharge from a Conditional Discharge status.** This entails coordinating the activities of the Out-Patient Clinic with the Hospital and informing all individuals, agencies and the court of the patient's change of status.

In addition to providing social services to the patients on Conditional Discharge, the Out-Patient Clinic social worker interviews all individuals applying for voluntary admission to the Hospital. There were 528 voluntary admissions this year as compared with 155 voluntary admissions in 1960. In addition, approximately 400 individuals requesting voluntary admission were not found by our staff in need of hospitalization. These individuals were interviewed by the psychiatric social worker and referred to other community resources. Services to individuals requesting voluntary admission are rapidly becoming an important aspect of the Out-Patient Clinic program.

## INTERSTATE ACTIVITIES

| | |
|---|---|
| Patients' residences were investigated | 1,178 |
| Requests for residency verification was forwarded to other states | 148 |
| Non-resident patients were discharged to return to their state of legal residence | 82 |
| Patients were discharged and transferred to Veterans' Administration facilities | 101 |
| Arizona residents were received from other states | 13 |
| Transfer summaries were prepared | 135 |

## COMMUNITY RELATIONS

As indicated throughout this report, the Social Service Department has conferred, interpreted and encouraged community agencies to provide services



*Social Worker interviewing patient before discharge.*

to hospitalized patients and to continue this during the period of the patient's readjustment after discharge.

We have been encouraged by the growing receptive attitude and the excellent cooperation received from these community agencies, both public and private. It is anticipated that in the fall of 1963, a field placement program for graduate students in the School of Social Work Administration, Arizona State University, will materialize through the joint effort of the University with this department. Individual members of the department have held offices and served on committees of professional and lay organizations. The Director of the department is a member of the Chief Social Workers of State Mental Health Programs and is on the Regional Planning Committee, Hospital Supervisors Institute, Southern Region (11 states), which is sponsored by the National Association of Social Workers.

There is an immediate need for additional Psychiatric Social Workers to maintain the level of the existing program and to institute additional needed services in the Receiving and Intensive Treatment Service, the Continued Treatment Service, the Geriatric Service and the Hospital Out-Patient Clinic. These trained personnel are highly skilled specialists in human relations and counseling and are consultants to community agencies.

# *Out-Patient Clinics*

The Out-Patient Clinics, conducted at and by Arizona State Hospital, have provided service to an increasing number of patients who require after care, following separation from the hospital, and psychiatric services to community patients. The Neurosurgical Division of the Clinic has decreased throughout the last fiscal year in tune with the increase of comparable services in the community, enabling the hospital to discontinue that service as a clinic function as of June 30, 1963.




*A Social Worker greeting a patient in the temporary Phoenix Out-Patient Clinic.*

Effective December 1, 1962, that division of the clinic, offering after care services to our former hospital patients, has been improved by doubling the time previously allocated (from three afternoons a week to three full days) with one psychiatrist assigned for that designated period, resulting in a more consistent and a fuller coverage. With this plan in effect for seven of the 12 months covered in this report, an increase of 572 patient visits resulted for this fiscal year as compared with the previous year. There also was an increase of 888 Social Service consultations, during that same period. In recognition of this increase in service as an improvement, our goal is to have full work-week coverage, further to improve services to our hospital patients. Currently, Social Service coverage is full-time.

Pending the community's establishing psychiatric clinics, the hospital continues to offer this service, showing an increase from last year's total visits of 552 to a total of 679 non-hospital patients. Because of the long waiting list, many applicants seen initially by a Social Worker are referred to Family Agencies and counselors in the community. In addition, many persons requesting voluntary admission to the hospital are referred instead to the hospital's Community Clinic for evaluation and out-patient care, thus avoiding hospitalization by utilizing this service.

| | HOSP. PTS. | OUT-PTS. | TOTAL | LAST YEAR |
|---|---|---|---|---|
| Neurosurgical Evaluation (New) | 34 | 39 | 73 | 123 |
| Neurosurgical Re-evaluations | 6 | 256 | 262 | 306 |
| Psychiatric Evaluations (New) | | 140 | 140 | 131 |
| Psychiatric Consultations | | 539 | 539 | 421 |
| Psychiatric Consultations—C.D. Patients | 2,563 | | 2,563 | 1,991 |
| Soc. Service Consultations—C.D. Patients | 2,143 | | 2,143 | 1,255 |
| EEG's | 226 | 188 | 414 | 377 |
| Surgical Procedures, Neurological | 17 | | 17 | 11 |
| Clinical Path. Conferences (Patients) | 39 | | 39 | 43 |
| Totals | 5,028 | 1,162 | 6,190 | 4,658 |

# *Southern Arizona Mental Health Center*

The Southern Arizona Mental Health Center became a reality on September 1, 1962, when the Southern Arizona Mental Health Clinic and the Tucson Out-Patient Clinic were fully integrated and relocated in one of the complex of buildings purchased through the appropriation of the 1962 Legislature. Operating temporarily at 459 North Norris Avenue in Tucson until the remaining buildings could be made ready for occupancy, the Mental Health Center was at that time officially designated as a unit of the Arizona State Hospital, functioning under the Administration of the Arizona State Hospital. The Governing Body of the Southern Arizona Mental Health Clinic was dissolved, and all policies and practices were revised to adhere to standards set by the Hospital.



*Robert J. Shearer, M.D., Director of Southern Arizona Mental Health Center.*

The general program and manner of operation have remained fundamentally unchanged, with the primary objective continuing to be the provision of psychiatric diagnosis and out-patient treatment to those persons of limited income in the Southern Arizona area who are in need of them and who otherwise might require hospitalization. During its first nine months of operation, the Center's active caseload increased steadily from 273 to 417 patient units, even though staff limitations gradually made it necessary to delay acceptance of all referrals except those from the Hospital. It was possible to increase professional staff time with the additional part-time help of two psychiatrist consultants, a psychiatric social worker, and another psychology student trainee. Effort was made to utilize the time of our professional consultants more effectively by having them provide supervision to less highly trained personnel, in addition to their direct contacts with patients. Activity also has continued in the areas of research, development, and education.

Reconstruction and remodeling work on the newly acquired buildings began in December of 1962 and was largely completed within the next four months. The structure eventually will be most suitable for a 50-patient day hospital and a considerably enlarged out-patient service. Remaining work

on parking lots, sidewalks and landscaping will be completed by the time the buildings have been equipped and furnished for occupancy during the fall of 1963.

Adequate funds for a full-time staff complement of thirty-three persons and for the necessary equipment and furnishings were granted through a special session of the 1963 Legislature, supplementing the amount appropriated previously in the regular session. Active recruitment of well-trained and qualified personnel is already under way as the facilities are being made ready and attention is directed toward expansion of the existing program into a much broader scale.



*Patient Record Library at the Southern Arizona Mental Health Center in Tucson. This growing clinic function has already worked with 1413 patients; the patients referred for diagnosis and treatment are increasing. It is intended to include day care facilities in the near future.*

# Psychology Department




*Paul W. Brewer, Ph.D., Clinical Psychology Director.*

The activities of the Psychology Department during this fiscal year have changed progressively from individual patient contacts to group activities. The number of psychological examinations has decreased to 329 for this year and individual therapy sessions decreased to 373. At the same time there has been an increase to 658 group therapy sessions, and a marked increase in therapeutic community activities now encompassing two continued treatment wards with a total population of approximately 200. Research activities have gained some prominence for the first time and work is now in progress on a nationwide study of patient classification and a differential diagnostic instrument for minority groups.

The Department has continued its training contacts with the universities and four Clinical Psychology Practicum students. One experimental student from Arizona State University and one student from the University of Utah received practicum experience and training.

Seventy-nine lectures, clinics and talks were given by the Department, mostly to students from the educational institutions of the state and also to groups of the community at large.

The expanded therapeutic community activities have involved the establishment of ward government or patient representation, which has entailed a multiplicity of related activities. The most prominent ones are Ward Community meetings, Patient Government Councils, Work Adjustment meetings, Discharge Planning Committees, Education and Recreation Committees and Ward Housekeeping Committees. Somewhat more peripheral, but equally important, are Patient Panels which were utilized in some clinics in order to acquaint the outsiders with the feelings of patients about their hospitalization, their problems and their aspirations. Patient Guides have been increasingly used to show visitors the hospital facilities. Panels and Guides are not only very enlightening to the visitors, but have been stimulating to the patients and increase their ability to relate to the public.

Therapeutic communities have increased the patients' ability to cope with their fellow men, to accept community responsibility, and to understand the workings of a complex society—both inside and outside the Hospital.

## SPECIAL EDUCATION

This is the second complete year for the Special Education Program at Arizona State Hospital.

This year has seen more emphasis on group classroom instruction rather than on an individual basis. There has been a further attempt to integrate this program into the hospital procedure.

Field trips became a part of the curriculum for the children during the fiscal year and will continue to be a part of the program for the coming year. Four field trips were taken during the year. Two of the trips were visits to the Maytag Zoo, one to North Mountain Park Recreational Area and the final trip was a visit to the American Heritage Wax Museum in Scottsdale.

The field trips served several purposes: they helped further group rapport; they were pertinent and stimulating to subject material; they afforded a change of pace and an opportunity to visit places that most of the children had not been able to visit. We were invited to return anytime, free of charge.

Forty-four of the 120 juveniles who were admitted, released, or are at present in the hospital, participated in the Special Education Program during the year. Seventy-eight patients were enrolled in typing classes. Twenty-seven patients were enrolled in the shorthand classes offered by the Gray Lady Volunteers.

The above figures show that approximately 34% of the juveniles who entered the hospital participated in the program during the fiscal year. It is this instructor's personal feeling that the percentage of participating juveniles could be increased greatly with additional help and the setting up of a program in coordination with the Occupational and Recreational Therapy Departments. This would accommodate a greater number of juveniles, offer more variety and keep them occupied for a longer period of time during the day.

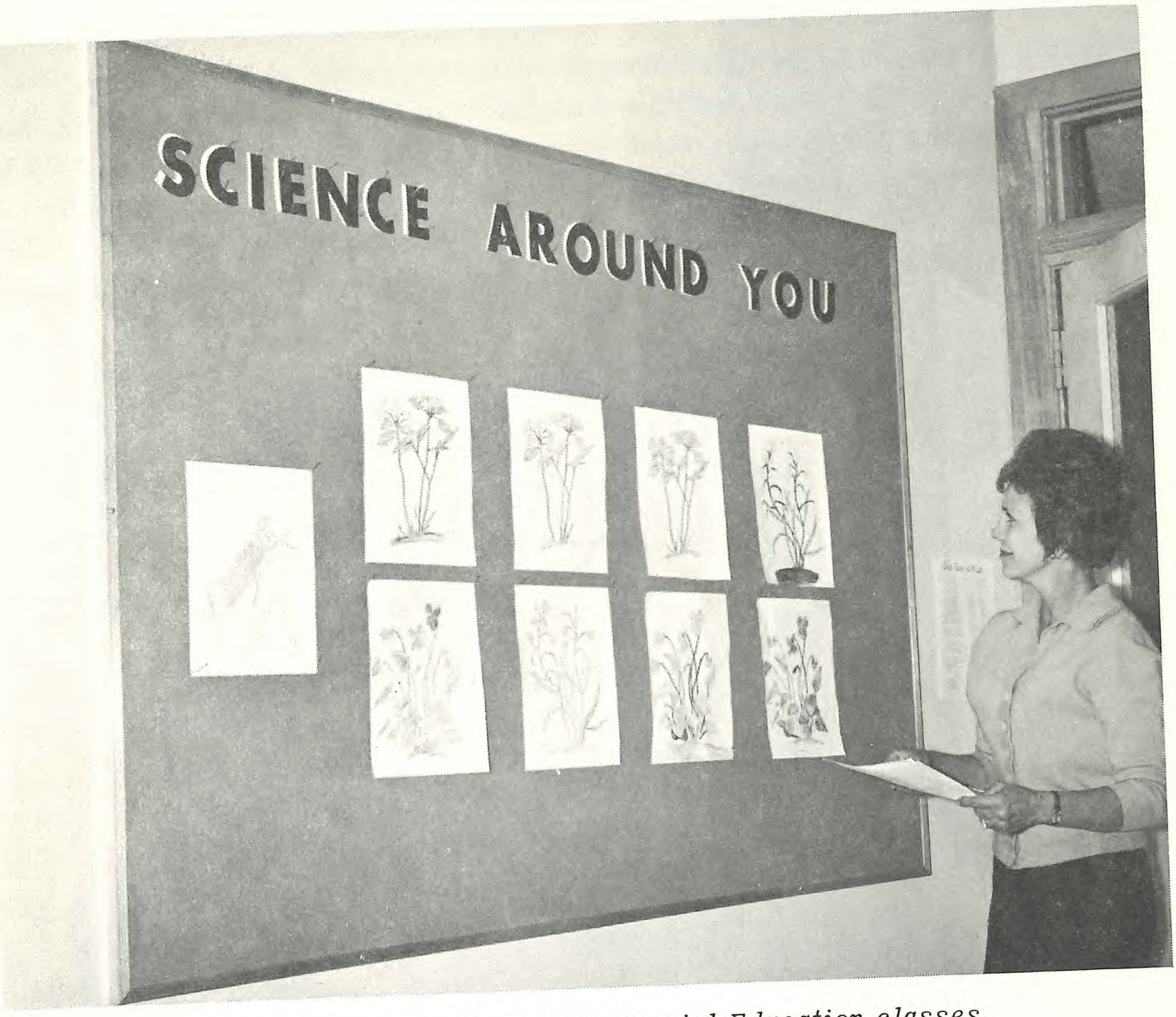


*School Days! Juvenile patients receiving classroom instructions in the Hospital Rehabilitation Center.*

A breakdown of the Educational Program on a monthly basis follows:

| | JUVENILES IN HOSPITAL | JUVENILES IN PROGRAM | ADULTS IN PROGRAM | TOTAL IN PROGRAM |
|---|---|---|---|---|
| July | 42 | 14 | 21 | 35 |
| August | 36 | 7 | 10 | 17 |
| September | 35 | 8 | 13 | 21 |
| October | 41 | 15 | 16 | 31 |
| November | 45 | 13 | 11 | 24 |
| December | 42 | 15 | 10 | 25 |
| January | 37 | 9 | 14 | 23 |
| February | 36 | 11 | 13 | 24 |
| March | 39 | 8 | 11 | 19 |
| April | 43 | 13 | 14 | 27 |
| May | 47 | 12 | 14 | 26 |
| June | 44 | 10 | 18 | 28 |

(This includes the shorthand classes given during the year.)




*One of the visual aids used in Special Education classes.*

The average age of all the children in the hospital during the year was 16.1 years; the average age of those children who participated in the program was 14.9 years.

The diagnoses of the children participating in the educational program is shown in the following breakdown:

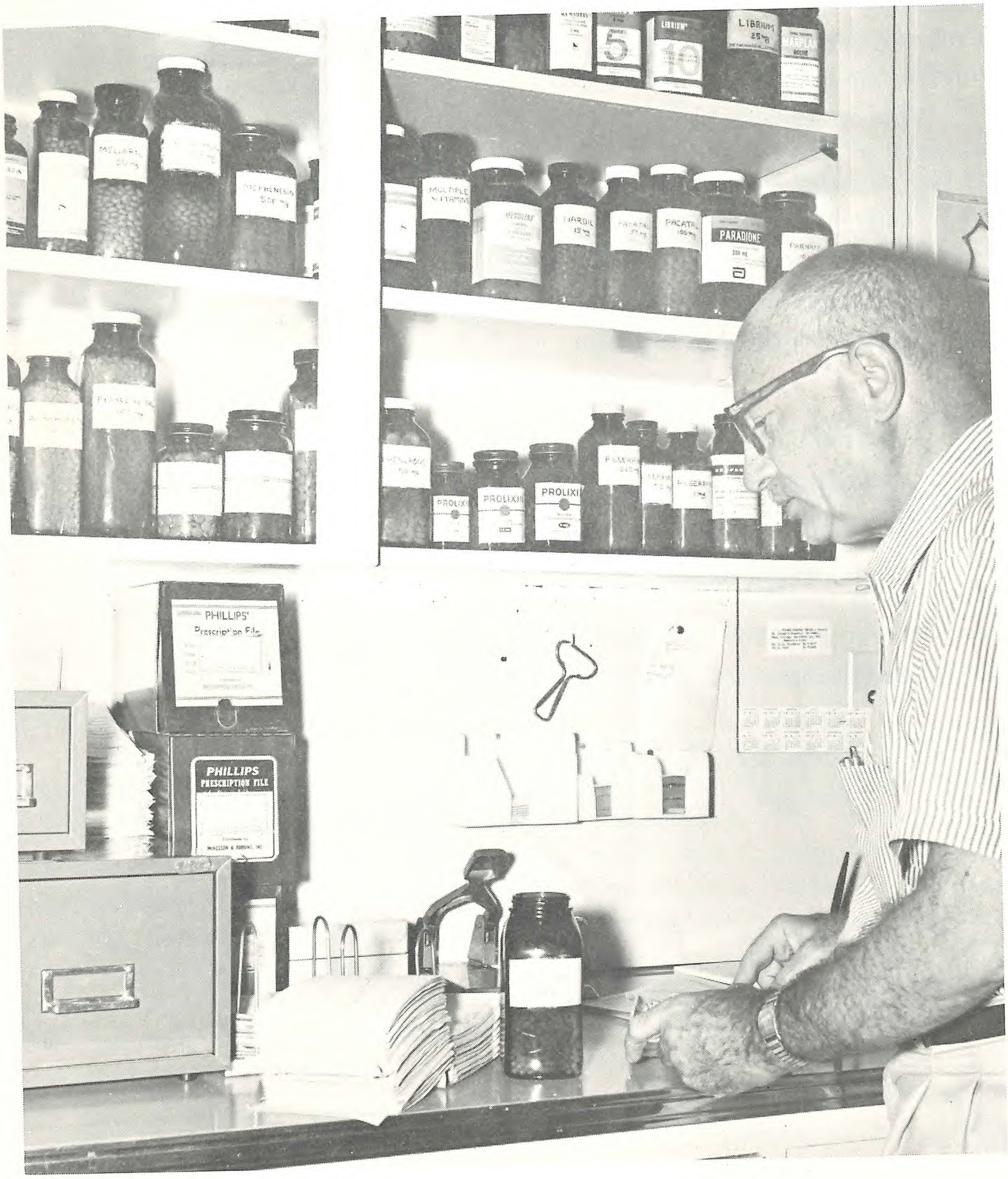
| | |
|---|---|
| Personality Disorders | 13 |
| Chronic Brain Disorders | 14 |
| Psychotic Disorders | 18 |
| Transient Situational Personality Disorder | 6 |
| Mental Deficiency | 3 |

The biggest change, compared to last year's report, is the number of children with psychotic disorders who participated in the program. This increase of 12 over last year is due to the instructor's preference to work with these children because of their generally longer hospitalization.

The surface has barely been scratched as to the improvements that can be made in the Special Education Program. The goal should always be to provide a better program for the patients.

# *Pharmacy Department*

The Pharmacy and Therapeutics Committee started a complete revision of the Formulary. It adopted the classification system of the American Society of Hospital Pharmacists Hospital Formulary. During the revision, the Medical Staff was asked to approve all changes recommended by the Committee. Clinical evaluations of new drugs were made by the Committee. A study was made of Taractan in agitated depressions and in patients who had not responded to phenothiazines or could not tolerate them. Another study was




*Eli Schlossberg, Hospital Pharmacist fills a prescription.*

made of Proketazine in the treatment of chronic schizophrenia of long duration. Both drugs were accepted for use. Several other studies were completed.

Further increase in out-patient prescription volume necessitated some remodeling of the Pharmacy office to provide a dispensing area for this activity. We received a new desk and additional space for books and drugs. A file was set up for conditionally discharged patients to facilitate refills and record-keeping of their medications.

A new procedure was inaugurated for the purchase, inventory control, storage and issue of pharmaceuticals. All unopened stock items are now maintained in the Stores Building and Purchasing is responsible for their purchase. Pharmacy withdraws its needs by use of serially numbered B-1 requisitions.

Other items of interest include the acquisition of a new pharmaceutical refrigerator that is adequate for our expanding needs, the issue of a new printed Pharmacy requisition form containing names of 107 of the most commonly used drugs. Our new-product development program produced improved and new compounds manufactured in the Pharmacy.

Still needed are: A modern, completely equipped manufacturing room and an additional licensed pharmacist.

| | |
|---|---|
| Requisitions Filled | 7,820 |
| Items Supplied | 55,561 |
| Prescriptions Filled | 8,781 |
| Cost of Drugs Purchased | $126,000.00 |

**Manufactured:**

| | |
|---|---|
| Liquids | 752 gallons |
| Ointments | 116 pounds |
| Powders | 127 pounds |

# *Chaplain's Report*

The religious program at the Hospital has been provided for another year with similar policies as stated in the report last year. The Hospital attempts to provide a religious ministry consistent with each patient's affiliation on admission to the Hospital. Therefore, a regular schedule of services is posted on each ward throughout the Hospital, describing the time and place for these services: Protestant, Catholic, LDS (Mormon), and Jewish. Each of these faith groups have attempted to make the message of religion relevant to those of their faith going through the crisis of mental illness.

There have been several areas where growing emphasis is being made in the religious program at our Hospital which corresponds with the trends across the country. This involves not only providing a specific religious program during hospitalization, but enlisting the religious resources of the community beyond the Hospital to assist the patient before and after hospitalization. As the Social Service Department attempts to enlist the assistance of community agencies in follow-up care of patients as they are released, so the Chaplain attempts to enlist the assistance of local clergymen and religious groups (churches and synagogues) as community agencies to help those who may need hospitalization and those who are being released from the Hospital.

Chaplain Strickland has been active in the Association of Mental Hospital Chaplains, an inter-faith professional association which meets at the same time and place with the American Psychiatric Association. The statement of purpose of this Association at the organizational meeting in May 1948 was expressed as follows: "The purpose of the Association shall be to offer to those engaged in a religious ministry to the mentally ill an opportunity for fellowship; and for exchange of ideas regarding the ministry and for the formulation and dissemination of concepts regarding the religious ministry at mental institutions."

Numerous efforts are being made continuously to involve the community clergy and church groups in a more helpful relationship with their people before, during, and after hospitalization at our Hospital. The Annual Clinic for Clergymen has been receiving growing interest and support. The Chaplain has assisted with the Advisory Committee of the Phoenix Pastoral Counseling Service, generally on time beyond regular office hours. He assisted this past year in a workshop for the clergy of the Prescott community and in helping organize a volunteer chaplaincy program in several local hospitals. He has met numerous speaking engagements with other small groups of clergymen or church groups.

The Chaplain's primary responsibility is to **coordinate the religious activities at the Hospital and minister to the spiritual needs of the patients.** The Chapel, which has been needed in order to provide an adequate program, is now in process of construction. The Chapel will become the center for



*The Rev. Paul W. Strickland, Arizona State Hospital Chaplain addressing a Chaplains Conference at the Hospital.*

religious activities at the Hospital, and will make possible a more meaningful program. Other ward activities will be continued since many patients will not be able to come to the Chapel for various reasons.

**Administrative Policies:**

The Chaplain is in charge of the religious program, and is responsible to the Hospital Director, making a regular monthly report to him.

**Patient Care:**

Regular worship services have been provided in the Hospital auditorium and on the closed wards. Individual pastoral care has been provided for the critically ill, the newly-admitted, those having surgery, and others (as indicated at the request of the patient, the Medical Staff, other personnel, or the family of the patient).

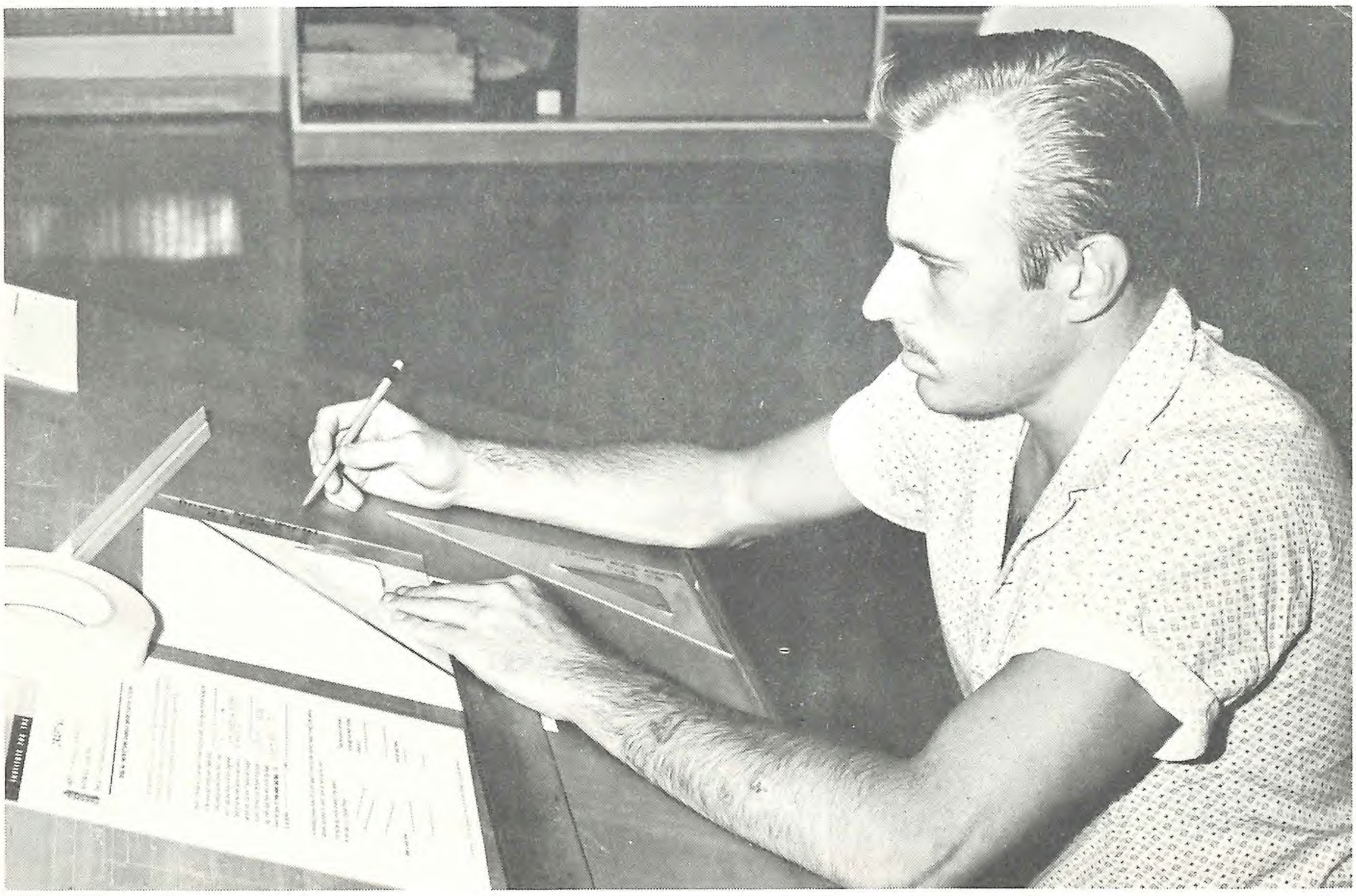
**Personnel Relations:**

The Chaplain participates in Department Head Conferences and other staff meetings, Medical Staff Conferences, Ward Conferences, the teaching program with trainees and psychiatric aides and student nurses, which contributes to the spirit of teamwork with all departments at the Hospital. He assists some of the personnel who seek counsel from him, particularly in his capacity as chairman of the Welfare Committee among the employees.

# Rehabilitation Service

Recreational Therapy, Industrial Therapy, Occupational Therapy and the Patients' Library have demonstrated increased service to patients during 1962-1963. Their trend in planning new programs has been to simulate community living at the hospital and to increase community contacts for the patients through the use of activity media in order to better prepare the patient for transition from hospital to community life. More group activities are being structured to assist the patient in achieving satisfactory interpersonal relationships within the performance situation. Social and vocational skills are being more closely evaluated and the possibility of training programs for semi-skilled jobs through hospital industries is being considered.

Careful recognition of patients' individual needs, selective programming and follow-up of patients' performance demands more coordinated efforts as more varied programs develop. The shorter hospitalization of patients also increases the necessity for constant attention on the part of Rehabilitation staff members to maintain individualized schedules of therapeutic activity for each patient. It is difficult with our present organization to achieve this to the degree that is needed. As changes can be made within the division of Rehabilitation Services or as additional personnel can be acquired, a Rehabilitation Worker representing all the ancillary therapies should be associated with each physician-social worker team, to assure each patient a coordinated activity schedule designed to achieve his maximum rehabilitation.



*Drafting sample for pre-vocational evaluation.*

The Arizona Division of Vocational Rehabilitation and the Arizona State Employment Service have continued to work effectively in the rehabilitation of Hospital patients offering vocational counseling, selective job training and job placement. Recognizing that more patients can benefit from their services, the Division of Vocational Rehabilitation has assigned their counselor to a caseload of only Hospital patients beginning July, 1963. It is anticipated that more time can be devoted to the important area of counseling and to the goal of developing on-the-job training in the community.




*Pre-vocational evaluation includes a job sampling in electronics.*

**Division of Vocational Rehabilitation**

| | |
|---|---|
| Applications accepted by DVR | 54 |
| Placed in training | 17 |
| Placed in Physical Restoration | 1 |
| Placed in employment after Counseling and/or Training | 8 |
| Placed in Interrupted Status | 4 |
| Closed in Employment | 15 |
| Closed for other reasons | 52 |

**Arizona State Employment Service**

| | |
|---|---|
| Number Placed in Employment | 92 |

# *Occupational Therapy*

Occupational Therapy has added new activity programs during the past year, attempting to structure situations that involve greater group participation. While the new programs will need further development and refinement in the coming year, a big step has been taken.

Following programs on grooming that were offered by volunteers from the Junior League Volunteer Bureau and the Phoenix Altrusa Club, Occupational Therapy organized twice-weekly group sessions on personal appearance for women to continue this aspect of daily living as an integral part of rehabilitation at the Hospital. During the winter, staff members took small groups of patients off-grounds to weekly presentations on Work Simplification in Homemaking that were sponsored jointly by several community agencies. The patients response was excellent and the Occupational Therapy staff is now developing its own Homemaking program that will function daily. The kitchen-lounge is being converted into an apartment area for demonstration and practice of work-simplification principles for the homemaker. The changes in this area will also make it suitable for evaluation and/or training programs for women who will seek domestic employment.



*"Aids to Daily Living." As a part of rehabilitation training, some patients are taught the routines that are considered normal in regular home life.*

Weekly, an art group has been meeting to explore various media in fine art; as a group they have visited the Phoenix Art Museum and other local galleries. Photographic equipment was obtained for the darkroom and photography is now a daily group activity for patients on either Occupational or Industrial Therapy referral. Most of the pictures in this report were processed in the hospital photography laboratory.

We still have a great need to include more vocationally-oriented skills for men, particularly fundamental procedures in mechanics and electronics, plans for which we hope to develop in the coming year.

Job sampling, as one phase in the Pre-Vocational Evaluation, is continuing to demonstrate its value in the Rehabilitation program and additional job samples based on local job opportunities are being developed.

An Occupational Therapy Director joined the staff in November, 1962. Another Registered Occupational Therapist was hired in February, 1963, and the Student Therapist to whom we had the pleasure of offering our first student affiliation in Psychiatric Occupational Therapy will stay on as a staff member in July, 1963. These three people and the Photography Instructor have been an important addition to the department.

| | CLINIC | WARD |
|---|---|---|
| New Referrals | 1,413 | 350 |
| Average Monthly Caseload | 263 | 258 |
| Total Number of Treatments | 24,457 | 5,680 |




*Employee making a plate for use with the hospital offset printing press.*




## ARIZONA STATE HOSPITAL

Another productive and gratifying year has passed and we have increased both the scope and interest of our publication.

In addition to our regular business and social meetings, during which educational movies were frequently shown, tours to places of interest have been included in our monthly programs. Press Club members have invited the art students to accompany them on these tours.

Future plans include visits to newspaper establishments, art exhibits, museums, dress rehearsals at the Phoenix Little Theatre, Wax Museum and other places, for the purpose of stimulating our writers and art students in their work.

Press Club members will be receiving instructions in journalism, writing, layouts and illustrations. Eventually, it is anticipated that each member will become familiar with all phases of this work, enabling him to perform these duties which are now delegated to a limited number.

Additional interest has been manifested in all phases of our publication, *The Apropos,* as well as in the Club's activities. This paper is distributed with the Sun Valley News, which covers pertinent information concerning the Hospital and its personnel.

In the past year our circulation has been increased by 200 and the papers are mailed monthly to more than 1,250 interested readers throughout the United States and Canada. Recently New Zealand, Australia, Liberia and Scotland have been added to our mailing list.

**SUN VALLEY NEWS**

Editor: ..... Eli Schlossberg
Managing Editor: J. Lucile Worthington
Assistant Editor:.....H. F. Townsend

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Circulation: 3,000

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Business Manager: ..... R. A. Clelland

**All material for the SUN VALLEY NEWS should be handed in by the 20th of each month.**

THE APROPOS PRESS CLUB STAFF

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Apropos Press Club Meetings are held the 1st and 3rd Fridays of Each Month at 1:00 in the Press Club Room in the Rehabilitation Building.

THE APROPOS is published monthly by the Patients' Press Club of Arizona State Hospital, Phoenix, Arizona.

## *The Patients' Library*

During the past year, the Patients' Library was fortunate in acquiring the Junior and Senior Encyclopedia Britannica as valuable additions to the reference collection. Many other volumes of good literature, fiction and non-fiction were added, particularly in poetry, which is requested by a large number of patients. At the recommendation of the Chaplain, the Library purchased over 50 books, which are an excellent source of inspirational guidance and practical faith for all readers.




*Francelle Johnson, Librarian in the Patients' Library shown with a new collection of books.*

Through the assistance of the Arizona State Employment Service and the United States Government Printing Office, the library now provides an extensive variety of material describing jobs and labor market trends for the patients exploring various vocational possibilities.

A four-speed phonograph with earphones was obtained for Library use with educational, literary and musical records. Shorthand dictation, a Spanish Language series and classical music are now available on records. Other instructional materials will be added for adults who are not able to participate in the educational program at the Hospital and literary records will be acquired for those with visual impairments that limit their ability to read.

With the cooperation of the local post offices, current magazines unclaimed by their subscribers have been regularly donated to the Library. This source, along with the many donations from interested citizens, provides over a thousand current magazines every month for distribution to the wards or for reading in the pleasant, quiet atmosphere of the Library. Unexpected as it may seem, since almost every ward has a daily newspaper, the largest single reason for patients visiting the Library is the one local newspaper for which there is a subscription. Additional subscriptions to papers from Arizona cities outside Phoenix would be very desirable.

The average daily visits to the Library have increased from 38 last year to 41.4. This increase has been aided by the cooperation of the Occupational and Recreational Therapy staff members, who include Library visits in their weekly schedules for closed ward patients.

Another Librarian is our most crucial need in order to extend Library services to more closed ward patients and to work with volunteers in organizing literary groups for active reading and discussion periods, particularly during evening and weekend hours to correspond with community library facilities.

**PATIENT PARTICIPATION**

| | |
|---|---|
| **Average Daily Visits** | 41.4 |
| **Monthly Average:** | |
| Total Visits | 834 |
| Individual Patients served | 213 |
| Books checked out | 469 |
| Magazines taken to wards | 1,063 |
| Newspaper read in Library | 222 |

# *Industrial Therapy*

Expansion and growth are still being evidenced in the program of Industrial Therapy. The number of patients engaged in Industrial Therapy shows an increase. Those discharged from the hospital who are engaged in industry increased from 1500 to 1768. The total number of placements in hospital industry increased from an average of 383 to 430 per month. Patients placed in employment through Arizona State Employment Service increased from 53 to 92 during the past year.

The department has two industrial therapists. The therapists work together with newly-admitted patients, activating and reactivating patients on long-term treatment wards, promoting patients to a higher level of work (according to their capacity) as their emotional condition improves. The department continues with its program of aptitude and interest-testing for prevocational evaluations, working closely with the Division of Vocational Rehabilitation and the Arizona State Employment Service.

Photography, a newly added activity in Occupational Therapy, has made possible Occupational and Industrial Therapy assignments that have contributed much to the development of greater confidence and ego strength in certain patients.



*Patients have an opportunity to learn photography and other industrial arts.*



*Patients receiving office training as a part of the Industrial Therapy program.*

The program of Industrial Therapy has continued to prove its value therapeutically and economically. More could be accomplished with the following expansion:

- A third therapist working in the department would be a great asset. Patient population increases each year. More group work could be planned through the Industrial Therapy Department. These groups could emphasize progress on the part of the patient toward work adjustment in the community. More individual therapeutic and counseling sessions could be held with patients.

- It is necessary to expand the present industrial positions to accommodate more patients. We are finding it difficult to provide enough industrial positions for available patients. Expansion is especially needed in Engineering, where more personnel could assist in increasing the number of assignments, pre-vocational training and teaching. Facilities offered by the Library could expand, to enable patients assigned there to receive the benefits

of pre-vocational evaluation, training and greater cultural development in an aesthetic environment and to retain skills in the area of higher learning not offered in other industrial assignments. Expansion of the physical construction of the Beauty Shop to allow for more patient helpers would be beneficial.

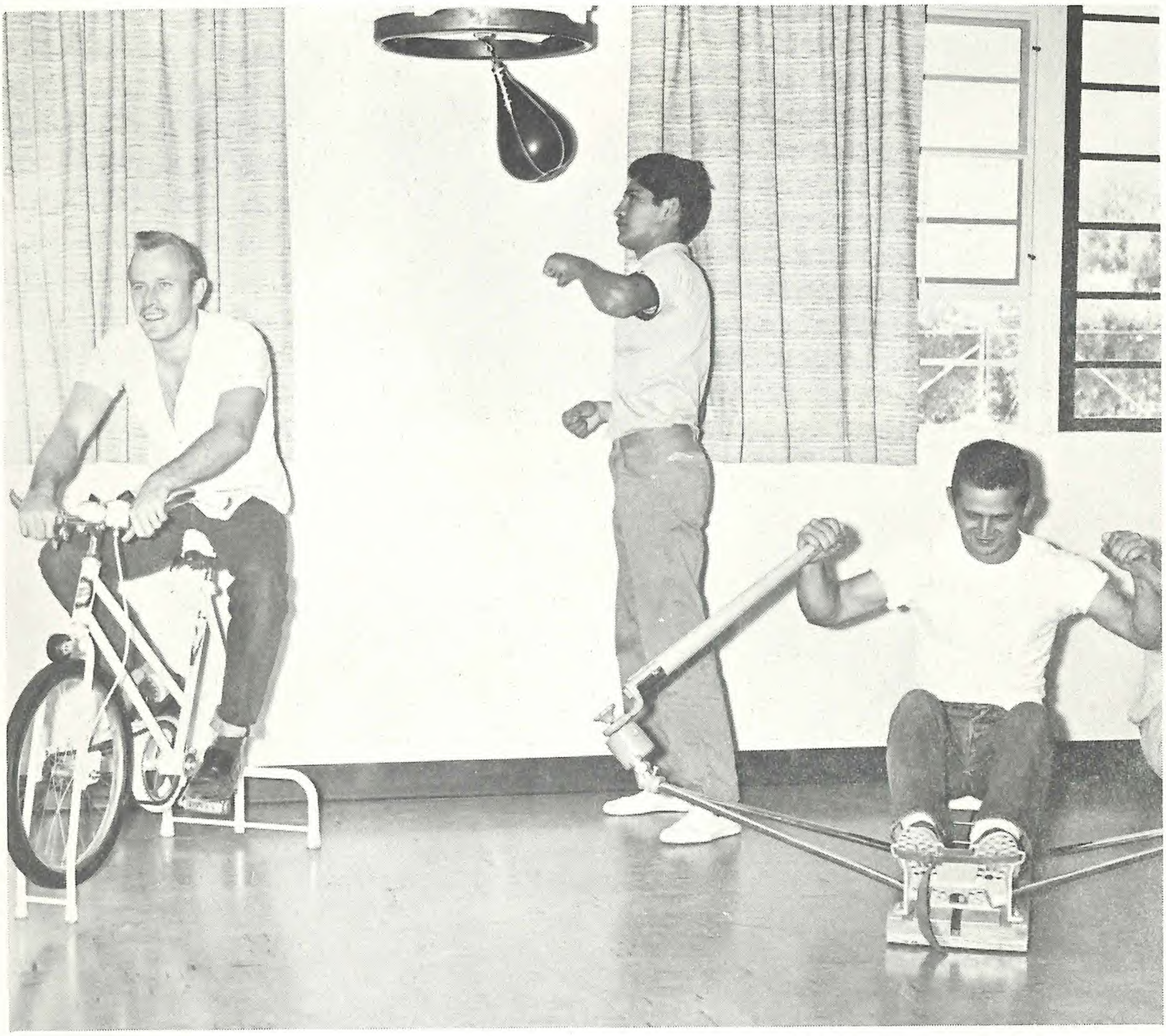
- Specified training, in such areas as sewing, mattress shop, laundry and engineering, related to specific industrial positions, should be developed. A plan for such specified training in janitorial and laundry work has already been outlined but is still in the formulative state.




*Industrial Therapy assignments for patients are a part of the treatment program.*

# *Recreational Therapy*

Recreational Therapy has expanded its services with more varied activities, greater consistency in scheduling and a larger number of patients actively participating.



*Health building equipment in the Recreational Therapy Department.*

The present staff of five men and five women provide daily Recreational Therapy for the four Intensive Treatment Wards while continuing to increase their program for the Geriatric and Continued Treatment Services. A number of new approaches have been tried with the latter groups, including regular bus trips into the community. These trips have been highly successful in stimulating the patients' interest in their external environment.

More individual consideration has been given in adapting and modifying activities to meet the social-recreational needs of the patients. Staff members from Recreational Therapy are present at Diagnostic Staffs and Ward Meetings weekly, reporting to the physicians and receiving guidance in their work with the patients.



*Clowns and crowds at the annual patients' carnival.*

A major trend this year has been to include more patients in off-grounds activities to familiarize them with community recreational facilities as part of the total rehabilitation program. This department has always worked on holidays to aid in establishing a balanced pattern of work and recreation in hospital life. Evening hours also are a common part of a day's relaxation and recreation in community life. While evening activities at the hospital

have always included movies, dances and special programs in the auditorium, the scheduling of a Recreational Therapy employee for evening hours this year has made it possible for us to give more guidance to the participation in these activities, greater assistance to volunteers providing ward programs and longer hours for visiting the recreational lounge.

We see an increasing need for additional staff members to work evening and weekend hours for maximum use of the new swimming pool and to assist patients in becoming resourceful in using their leisure time for recreational values.

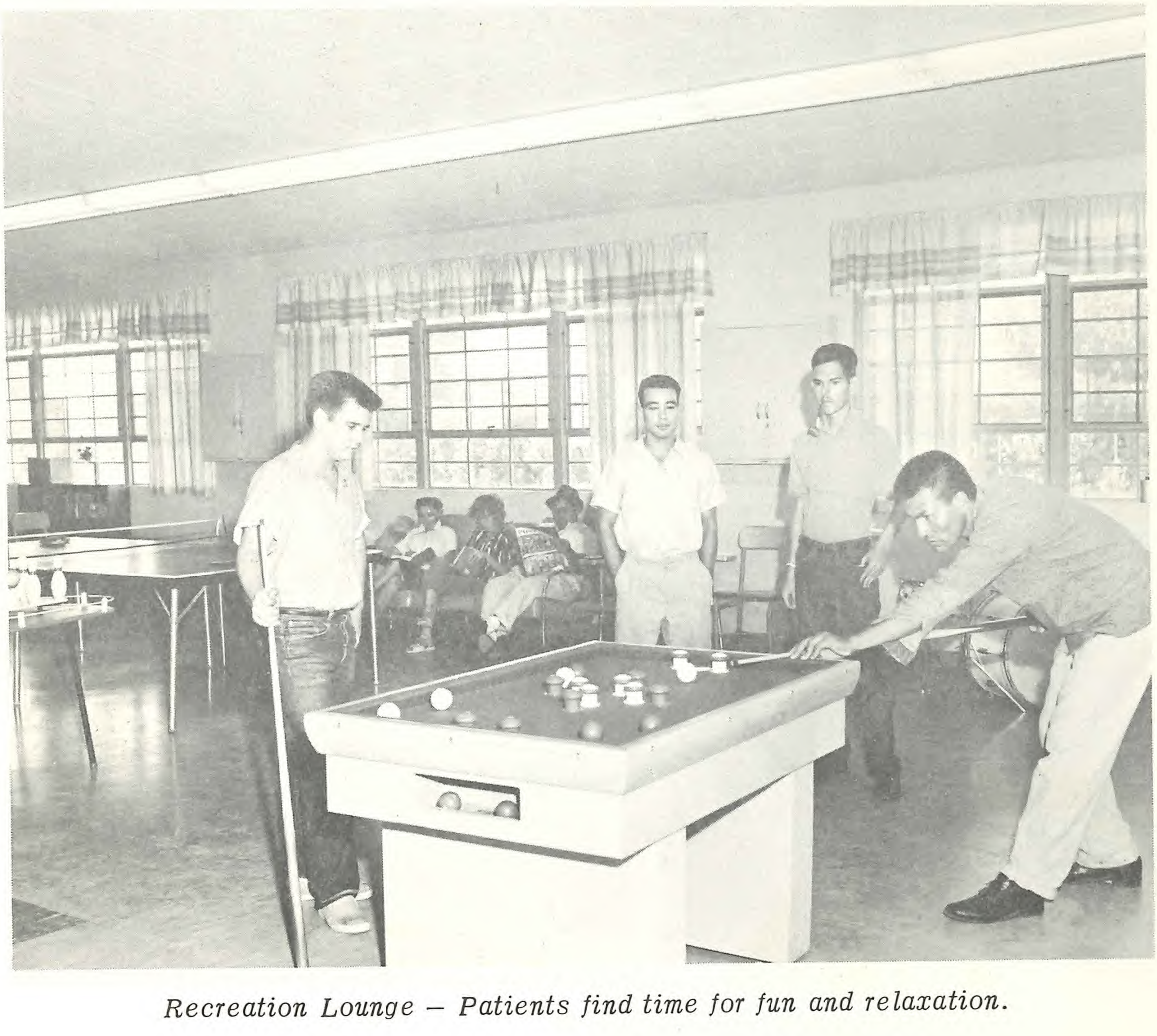


*New patients' swimming pool opened in June, 1963.*

The handsome swimming pool, 60 feet long, was completed in June 1963 with temporary cabana dressing rooms. As we expected, there has been excellent participation in the swimming program and we are looking forward to the permanent dressing facilities that are being planned for the coming year.

These statistics include only the regularly scheduled day program, with Recreational Therapy staff members working directly with the patients. It does not include attendance at auditorium programs, or off-grounds events such as picnics and State Fair.

| | | INTENSIVE TREATMENT | CONTINUED TREATMENT |
|---|---|---|---|
| Average Monthly Caseload | 849 | 262 | 587 |
| Total Yearly Treatments | 41,281 | 17,694 | 23,587 |



*Recreation Lounge – Patients find time for fun and relaxation.*

# *Volunteer Program*

Administration of the Volunteer Program is a function of the Rehabilitation Service Director who interviews new individuals and groups, provides their orientation and determines with the volunteer the area of the hospital in which he will serve. All volunteer work has been direct service to the patients. After an assignment has been selected, the volunteer receives his guidance from the personnel in the department where he is working with patients.



*Volunteer directing visitors during Open House*

Volunteers continue to serve the Chaplain's program. Occupational Therapy, Recreational Therapy and the Patients' Library. For the first time, Nursing Service requested volunteers this year to assist Nursing Personnel in the care of Geriatric patients. Two Red Cross Gray Ladies and two TAMIs are working as volunteers responsible to Nursing Service.

Teens Against Mental Illness (TAMI) are high school students, age sixteen and over, sponsored by the Maricopa Mental Health Association. While teenage groups have provided monthly recreational programs for Geritric Wards in the past, this is the first group of teenagers to come on a weekly schedule working with patients throughout the hospital.

During the past fiscal year prospective volunteers were individually interviewed and accepted for volunteer service without group affiliation. With the assistance of the Junior League Volunteer Bureau, there were 21 unaffiliated volunteers working at the Hospital. The largest share of our



*Volunteer workers aid employees in preparing Christmas gifts. The Gray Ladies Unit of theRed Cross has long been a welcomed and important part of the Hospital activity.*

volunteers continues to be from community service groups and church organizations. Twenty two groups provide regular monthly programs on the wards or in the auditorium. Other groups consistently return to assist in holiday programs.

A total of 17,614 volunteer service hours were provided by 315 volunteers during the year. Of this total, twenty one unaffiliated individuals gave 1640 hours. The American Red Cross Gray Ladies and Men worked 8534 hours and continue to be the largest service organization volunteering at the hospital.

*Patient Statistics*



# *Medical Records Report*

| | MALE | FEMALE | TOTAL |
|---|---|---|---|
| In Hospital July 1, 1962 | 888 | 862 | 1,750 |
| On Conditional Discharge | 247 | 520 | 767 |
| On Unauthorized Absence | 23 | 21 | 44 |
| **Total on Books** | 1,158 | 1,403 | 2,561 |
| **Admissions** | | | |
| First Admissions | | | |
| Commitments | 339 | 285 | 624 |
| Voluntary | 155 | 179 | 334 |
| Observations | 14 | 3 | 17 |
| Medical Certification (Incl. Emergency M.C.) | 115 | 88 | 203 |
| Readmissions | | | |
| Commitments | 113 | 103 | 216 |
| Voluntary | 70 | 124 | 194 |
| Observations | 5 | 0 | 5 |
| Medical Certifications (Incl. Emergency M.C.) | 27 | 27 | 54 |
| Returned from Conditional Discharge | 154 | 237 | 391 |
| Returned from Unauthorized Absence | 71 | 33 | 104 |
| **Total Admissions** | 1,063 | 1,079 | 2,142 |
| **Total Patients Treated** | 1,951 | 1,941 | 3,892 |
| **Separations** | | | |
| Complete Discharges | 530 | 440 | 970 |
| Conditional Discharges | 297 | 514 | 811 |
| Unauthorized Absences | 114 | 58 | 172 |
| Deaths | 135 | 80 | 215 |
| **Total Discharges** | 1,076 | 1,092 | 2,168 |
| Discharged while on Conditional Discharge | 111 | 231 | 342 |
| Discharged while on Unauthorized Absence | 39 | 25 | 64 |
| Deaths on Conditional Discharge and U.A. | 16 | 21 | 37 |
| **Total** | 165 | 278 | 443 |
| **Total Separations** | 1,241 | 1,370 | 2,611 |
| In Hospital June 30, 1963 | 875 | 849 | 1,724 |
| On Conditional Discharge | 264 | 545 | 809 |
| On Unauthorized Absence | 26 | 21 | 47 |
| **Total on Books** | 1,165 | 1,415 | 2,580 |

## ADMISSIONS DURING THE PAST TEN YEARS

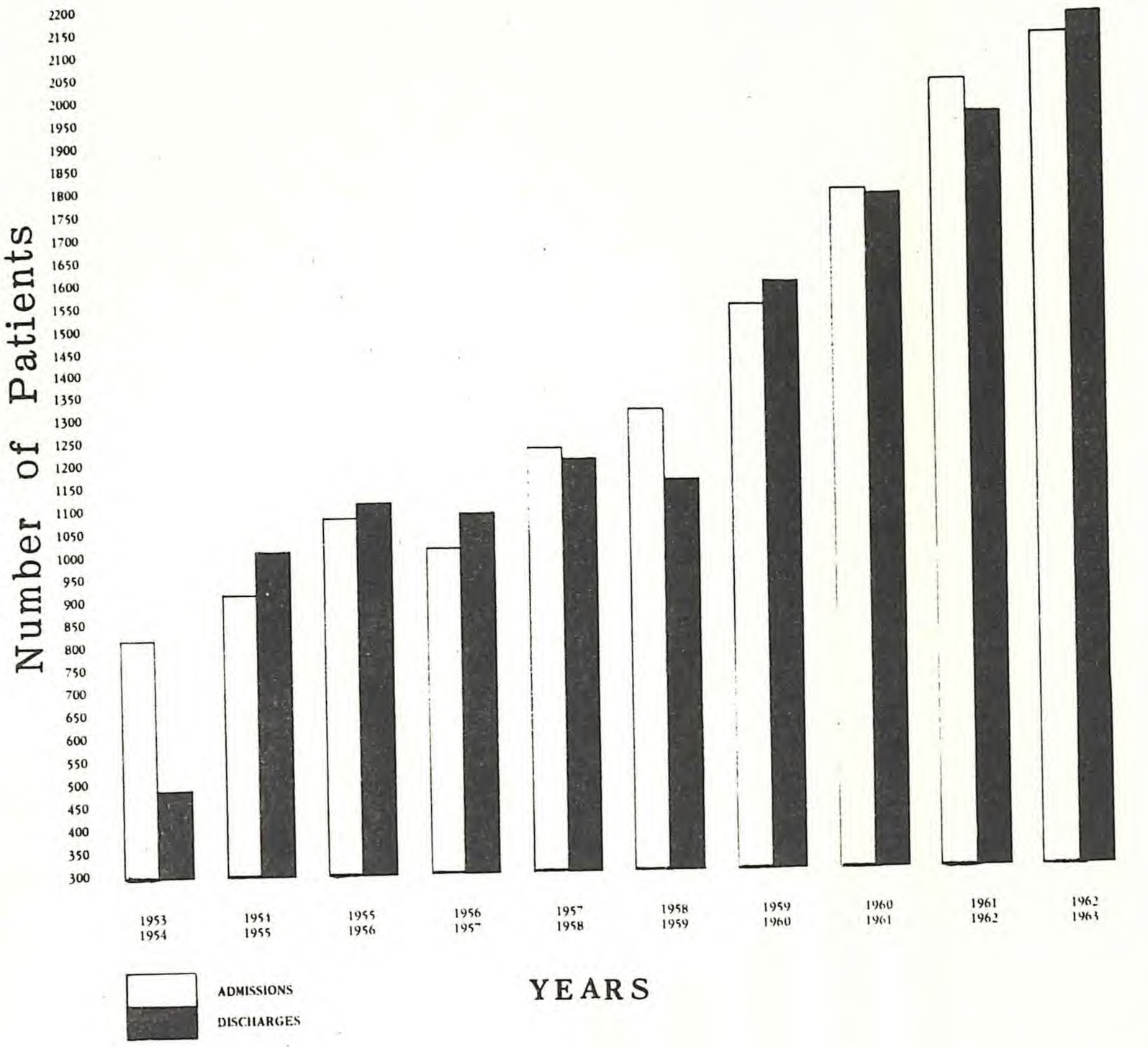
| | MALE | FEMALE | TOTAL |
|---|---|---|---|
| 1953 | 396 | 299 | 695 |
| 1954 | 503 | 442 | 945 |
| 1955 | 544 | 518 | 1,062 |
| 1956 | 496 | 524 | 1,020 |
| 1957 | 631 | 585 | 1,216 |
| 1958 | 620 | 703 | 1,323 |
| 1959 | 749 | 785 | 1,534 |
| 1960 | 835 | 941 | 1,776 |
| 1961 | 1,027 | 1,015 | 2,042 |
| 1962 | 1,063 | 1,079 | 2,142 |
| Totals: | 6,864 | 6,891 | 13,755 |

# *Mental Diagnosis*

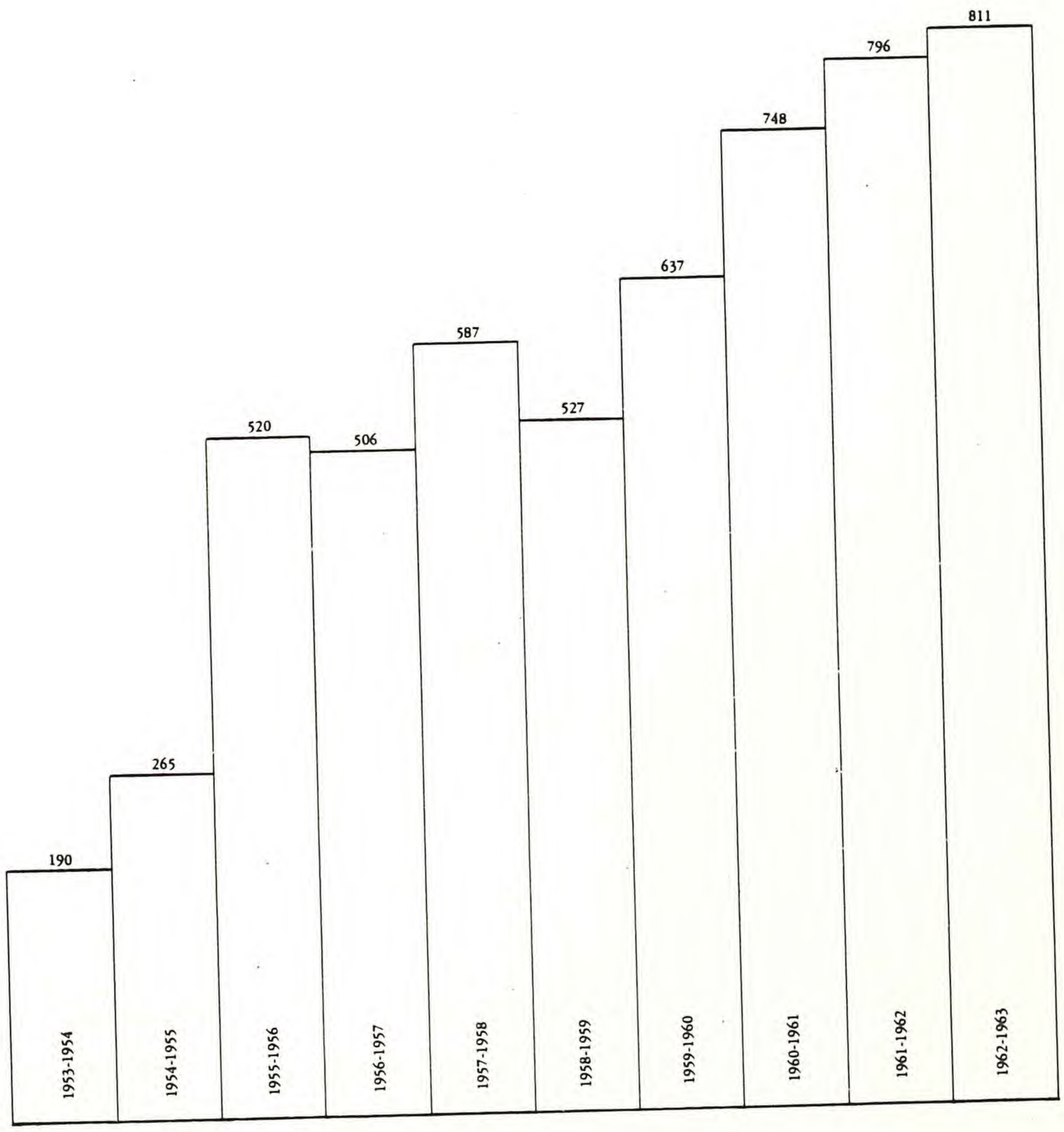
| | FIRST ADMISSIONS | | |
|---|---|---|---|
| | MALE | FEMALE | TOTAL |
| **ACUTE BRAIN SYNDROMES** | | | |
| Associated with Alcohol | 45 | 5 | 50 |
| Associated with Drug or Poison Intoxication | 0 | 1 | 1 |
| Associated with Convulsive Disorder | 0 | 0 | 0 |
| Other Acute Brain Syndromes | 6 | 3 | 9 |
| **CHRONIC BRAIN SYNDROMES** | | | |
| Diseases, Conditions due to Prenatal Influences | 0 | 0 | 0 |
| Meningoencephalitic Syphilis | 0 | 0 | 0 |
| Other Central Nervous System Syphilis | 0 | 0 | 0 |
| Epidemic Encephalitis | 0 | 0 | 0 |
| Other Intracranial Infections | 0 | 0 | 0 |
| Alcohol Intoxication | 27 | 6 | 33 |
| Drug or Poison Intoxication | 0 | 1 | 1 |
| Birth Trauma | 11 | 2 | 13 |
| Other Trauma | 4 | 1 | 5 |
| Cerebral Arteriosclerosis | 79 | 71 | 150 |
| Other Circulatory Disturbances | 3 | 5 | 8 |
| Convulsive Disorder | 15 | 10 | 25 |
| Senile Brain Disease | 11 | 11 | 22 |
| Other Disturbances of Metabolism, Growth, Nutrition | 0 | 1 | 1 |
| Intracranial Neoplasm | 3 | 3 | 6 |
| Diseases of Unknown or Uncertain Cause | 1 | 0 | 1 |
| Chronic Brain Syndrome of Uncertain Cause | 12 | 4 | 16 |
| **PSYCHOTIC DISORDERS** | | | |
| Involutional Psychotic Reaction | 5 | 34 | 39 |
| Manic Depressive Reaction | 6 | 6 | 12 |
| Psychotic Depressive Reaction | 7 | 15 | 22 |
| Schizophrenic Reaction | 159 | 189 | 348 |
| Paranoid Reaction | 3 | 0 | 3 |
| Other Psychotic Reactions | 0 | 1 | 1 |
| Psychophysiologic Autonomic & Visceral Disorders | 0 | 0 | 0 |
| Psychoneurotic Reactions | 55 | 81 | 136 |
| Personality Pattern Disturbance | 20 | 11 | 31 |
| Personality Trait Disturbance | 55 | 43 | 98 |
| Antisocial Reaction | 13 | 1 | 14 |
| Dyssocial Reaction | 0 | 0 | 0 |
| Sexual Deviation | 3 | 0 | 3 |
| Alcoholism, Addiction | 0 | 0 | 0 |
| Drug Addiction | 0 | 0 | 0 |
| Special Symptom Reaction | 0 | 0 | 0 |
| Transient Situational Personality | 7 | 7 | 14 |
| Mental Deficiency | 24 | 1 | 25 |
| Without Mental Illness | 1 | 1 | 2 |
| Mental Illness Undiagnosed | 48 | 41 | 89 |
| **Total** | 623 | 555 | 1,178 |

| READMISSIONS | | | DISCHARGES | | | DEATHS | | |
|---|---|---|---|---|---|---|---|---|
| MALE | FEMALE | TOTAL | MALE | FEMALE | TOTAL | MALE | FEMALE | TOTAL |
| 12 | 3 | 15 | 57 | 9 | 66 | 0 | 0 | 0 |
| 0 | 2 | 2 | 0 | 4 | 4 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 5 | 3 | 8 | 1 | 0 | 1 |
| 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 |
| 3 | 1 | 4 | 8 | 0 | 8 | 1 | 0 | 1 |
| 0 | 1 | 1 | 0 | 2 | 2 | 1 | 0 | 1 |
| 3 | 1 | 4 | 5 | 2 | 7 | 0 | 1 | 1 |
| 0 | 0 | 0 | 1 | 1 | 2 | 0 | 0 | 0 |
| 13 | 11 | 24 | 40 | 16 | 56 | 4 | 1 | 5 |
| 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 |
| 2 | 0 | 2 | 7 | 0 | 7 | 0 | 0 | 0 |
| 4 | 1 | 5 | 12 | 1 | 13 | 3 | 1 | 4 |
| 16 | 13 | 29 | 41 | 37 | 78 | 73 | 45 | 118 |
| 1 | 1 | 2 | 4 | 2 | 6 | 1 | 1 | 2 |
| 21 | 13 | 34 | 41 | 28 | 69 | 1 | 4 | 5 |
| 6 | 3 | 9 | 3 | 7 | 10 | 19 | 10 | 29 |
| 0 | 1 | 1 | 0 | 2 | 2 | 1 | 1 | 2 |
| 0 | 0 | 0 | 0 | 1 | 1 | 2 | 1 | 3 |
| 3 | 2 | 5 | 2 | 2 | 4 | 1 | 1 | 2 |
| 11 | 3 | 14 | 18 | 6 | 24 | 4 | 2 | 6 |
| 6 | 23 | 29 | 9 | 65 | 74 | 0 | 1 | 1 |
| 20 | 21 | 41 | 21 | 30 | 51 | 2 | 0 | 2 |
| 1 | 2 | 3 | 8 | 20 | 28 | 0 | 0 | 0 |
| 200 | 287 | 487 | 359 | 484 | 843 | 14 | 9 | 23 |
| 12 | 7 | 19 | 20 | 14 | 34 | 0 | 0 | 0 |
| 0 | 1 | 1 | 1 | 4 | 5 | 1 | 0 | 1 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17 | 52 | 69 | 70 | 146 | 216 | 2 | 1 | 3 |
| 13 | 4 | 17 | 31 | 15 | 46 | 0 | 0 | 0 |
| 25 | 27 | 52 | 93 | 73 | 166 | 0 | 0 | 0 |
| 10 | 2 | 12 | 24 | 4 | 28 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 3 | 0 | 3 | 0 | 0 | 0 |
| 0 | 2 | 2 | 1 | 2 | 3 | 0 | 0 | 0 |
| 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 4 | 4 | 7 | 9 | 16 | 0 | 0 | 0 |
| 24 | 11 | 35 | 44 | 21 | 65 | 4 | 1 | 5 |
| 4 | 0 | 4 | 3 | 0 | 3 | 0 | 0 | 0 |
| 13 | 25 | 38 | 1 | 1 | 2 | 0 | 0 | 0 |
| 440 | 524 | 964 | 941 | 1,012 | 1,953 | 135 | 80 | 215 |

# ADMISSIONS AND DISCHARGES



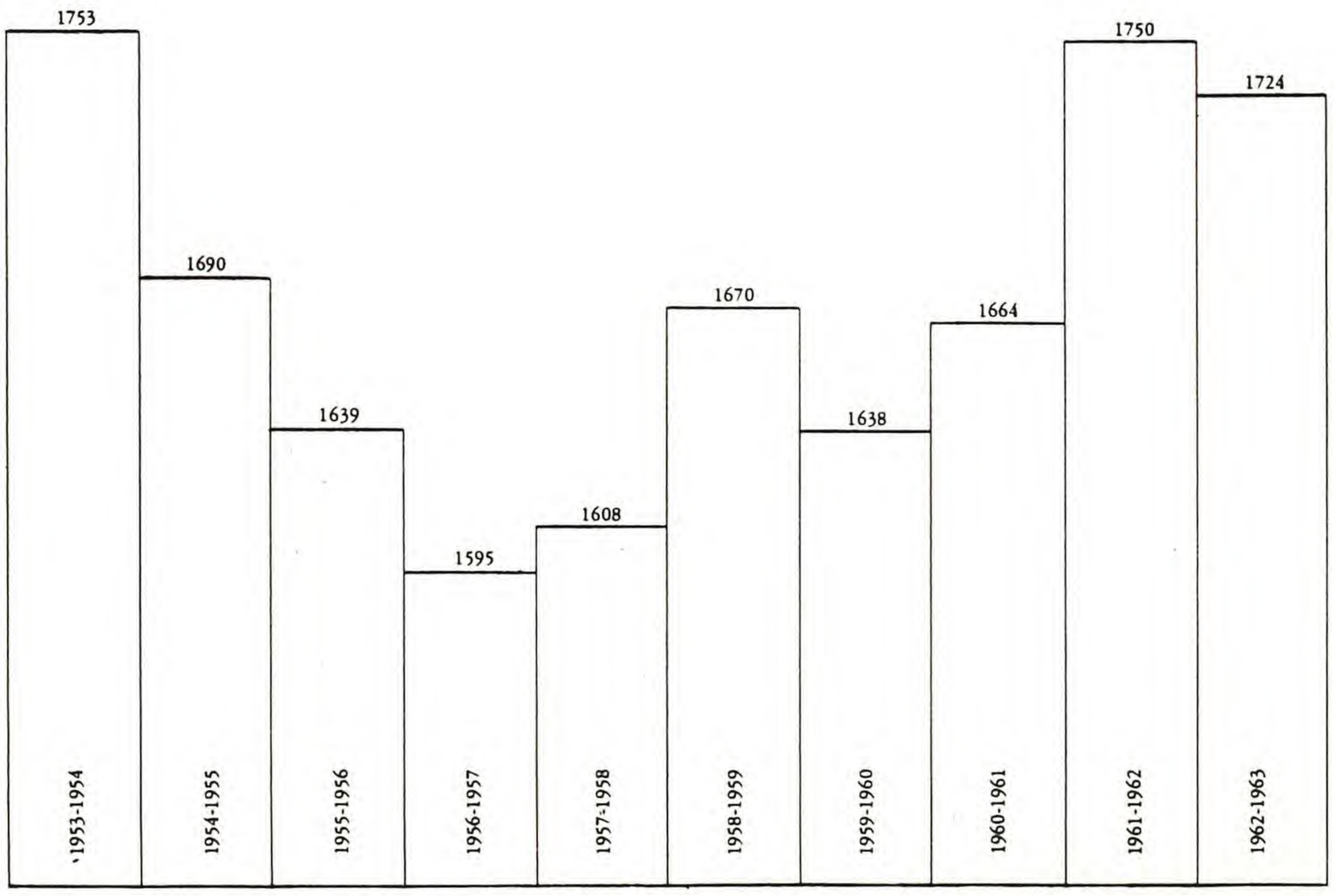

# CONDITIONAL DISCHARGES



# LENGTH OF RESIDENCE OF PATIENTS IN THE HOSPITAL




# CENSUS



# *Movement of Patient Population by Counties*

| COUNTY | RECEIVED | RETURNED FROM COND. DISCH. OR UNAUTH. ABSENCE | COND. DISCH. AND UNAUTH. ABSENCE | DISCHARGED | EXPIRED |
|---|---|---|---|---|---|
| Apache | 7 | 5 | 5 | 3 | 0 |
| Cochise | 59 | 12 | 29 | 36 | 5 |
| Coconino | 45 | 3 | 4 | 39 | 6 |
| Gila | 23 | 7 | 14 | 20 | 6 |
| Graham | 17 | 7 | 11 | 6 | 1 |
| Greenlee | 21 | 3 | 4 | 15 | 2 |
| Maricopa | 938 | 273 | 521 | 587 | 109 |
| Mohave | 8 | 5 | 6 | 7 | 2 |
| Navajo | 21 | 5 | 9 | 14 | 1 |
| Pima | 318 | 126 | 281 | 125 | 56 |
| Pinal | 85 | 18 | 42 | 45 | 10 |
| Santa Cruz | 8 | 3 | 5 | 4 | 2 |
| Yavapai | 38 | 17 | 23 | 30 | 8 |
| Yuma | 59 | 11 | 29 | 39 | 7 |
| **Totals** | 1,647 | 495 | 983 | 970 | 215 |

# *Physical Therapy Department*

| | P.T. EAST | "B" P.T. WEST | ON WARD TREATMENTS | TOTAL |
|---|---|---|---|---|
| Sedative Tubs | 524 | 2,895 | | 3,419 |
| Needle Spray | 94 | 257 | | 351 |
| Hot Pack | | 4 | | 4 |
| Sedative Pack | 3 | 865 | | 868 |
| Rain Douche | | 809 | | 809 |
| Sitz Bath | 28 | 35 | | 63 |
| Whirlpool | 951 | 231 | 729 | 1,911 |
| Soaks | 70 | 45 | | 115 |
| Massage | 950 | 210 | 720 | 1,880 |
| Oil Rubs | 542 | 4,046 | 461 | 5,049 |
| Alcohol Rubs | 1,218 | 3,980 | 463 | 5,661 |
| Infra Red | 348 | 127 | 279 | 754 |
| Ultra Violet | 98 | 82 | 494 | 674 |
| Ultra Sonic | 489 | | 275 | 764 |
| Micro Therm | 348 | 42 | 216 | 606 |
| Exercise | 1,042 | 20 | 522 | 1,584 |
| Arm Wheel | 100 | | | 100 |
| Parallel | 12 | | | 12 |
| Bicycle | 4 | | 10 | 14 |
| Gait Training | 234 | | 276 | 510 |
| Medicated Treatments | 56 | 242 | 30 | 328 |
| Dressings | 56 | 231 | 30 | 317 |
| Hydrotherapy Exercisor | 350 | | 147 | 497 |
| Crutch Training | 39 | | 19 | 58 |
| Walker Training | 48 | | 70 | 118 |
| Body Shampoo | | 104 | | 104 |
| Half Bath | 6 | | | 6 |
| Muscle Testing | 11 | | 9 | 20 |
| Vibrator | 168 | | 22 | 190 |
| **Total** | **7,789** | **14,225** | **4,772** | **26,686** |

# Dental Department

| | |
|---|---|
| **Examinations** | 1,934 |
| **New Patients** | 1,306 |
| **Treatments:** | |
| Post Operative | 63 |
| Pyorrhea | 111 |
| Incision and Drainage of Abscess | 3 |
| Incision of gum remove process | 1 |
| Frenectomy | 1 |
| **Prosthesis:** (Dentures) | |
| Upper and Lower | 8 |
| Upper | 3 |
| Lower | 2 |
| Adjustments | 67 |
| Plate repairs | 32 |
| Impressions | 17 |
| Reline | 3 |
| **Extractions** | 547 |
| **Fillings:** | |
| Amalgam | 67 |
| Porcelain | 26 |
| Cement | 3 |
| Temporary | 16 |
| **Dental Prophylaxis** | 112 |
| **X-Rays** | 126 |
| **Follow-up Treatments and Examinations** | 1,509 |

# Beauty Shop Report

| | |
|---|---|
| Shampoos | 6,424 |
| Permanents | 322 |
| Hair Sets | 6,372 |
| Manicures | 1,716 |
| Facials | 94 |
| Rinses | 6,422 |
| Braids | 85 |
| Oil Treatments | 888 |
| Haircuts | 3,448 |
| Brow Arches | 742 |
| Hair Dressings | 6,427 |

# Laboratory Report

| | |
|---|---|
| **Urinalysis** | 2,714 |
| **Chemistries** | |
| Blood Sugar | 640 |
| Glucose Tolerance | 8 |
| Urea Nitrogen | 61 |
| Non Protein Nitrogen | 45 |
| Uric Acid | 3 |
| Prothrombin Time | 20 |
| Icterus Index | 26 |
| Direct Vandenbergh | 16 |
| Indirect Vandenbergh | 17 |
| Serum Total Protein | 6 |
| Serum Albumin | 6 |
| Serum Globulin | 6 |
| Transaminase | 30 |
| Cephalin Flocculation | 8 |
| Thymol Turbidity | 5 |
| Protein Bound Iodine | 63 |
| Phenolsulfonphthalein | 1 |
| Acid Phosphatase | 8 |
| Alkaline Phosphatase | 8 |
| Serum Chloride | 3 |
| CO2 Combining Power | 2 |
| Serum Amylase | 2 |
| Serum Bromide | 1 |
| Serum Calcium | 3 |
| Serum Cholesterol | 6 |
| Blood Creatinine | 2 |
| Serum Sodium | 11 |
| Serum Potassium | 6 |
| **Bacteriology** | |
| Cultures | 262 |
| Antibiotic Sensitivities | 55 |
| Gram's Stains | 93 |
| Acid-Fast Stain—Tuberculosis | 56 |
| **Hematology** | |
| Hgb, RBC, WBC | 2,410 |
| Hematocrit | 1,281 |
| Differential Leukocyte Count | 811 |
| Sedimentation Rate | 38 |
| Platelet Count | 6 |
| Reticulocyte Count | 7 |
| Bleeding Time | 3 |
| Coagulation Time | 3 |
| Blood Typing(Group & Rh) | 59 |
| Cross Matching | 54 |
| **Blood Serologies** | 2,318 |
| **Spinal Fluid** | |
| Total Protein | 84 |
| Globulin | 60 |
| Cell Count | 76 |
| V.D.R.L. | 81 |
| Colloidal Gold | 62 |
| **Parasitology** | |
| Feces Examination | 18 |
| **Special Tests** | |
| Frog Test for Pregnancy | 9 |
| Gastric Analysis with Histamine | 13 |
| Bone Marrow Examination | 3 |
| Vomitus Examination | 3 |
| **Papanicalaou Smears** | 825 |
| **Biopsies** | 42 |
| **Autopsies** | 39 |
| **Total Procedures** | 12,505 |

# X-Ray Department

| | |
|---|---|
| **CHEST** | |
| Patients | 2,197 |
| Employees | 334 |
| Total | 2,531 |
| **EXTREMITIES** | |
| Finger | 5 |
| Hand | 25 |
| Wrist | 16 |
| Forearm | 13 |
| Humerus | 9 |
| Elbow | 10 |
| Toes | 4 |
| Foot | 43 |
| Ankle | 31 |
| Tibia & Fibula | 14 |
| Knee | 14 |
| Femur | 5 |
| Total | 189 |
| **SPINE** | |
| Cervical | 25 |
| Dorsal | 23 |
| Dorso-Lumbar | 5 |
| Lumbar | 25 |
| Lumbo-Sacral | 1 |
| Sacrum | 4 |
| Coccyx | 3 |
| Total | 86 |
| Shoulder | 26 |
| Clavicle | 7 |
| Scapula | 1 |
| Pelvis | 13 |
| Hips | 83 |
| Ribs | 20 |
| Skull | 147 |
| Pneumoencephalogram | 11 |
| Arteriogram | 3 |
| Cystogram | 1 |
| I.V. Pyelogram | 6 |
| Abdomen | 75 |
| K.U.B. | 8 |
| Gall Bladder | 6 |
| Mandible | 7 |
| Maxilla | 2 |
| Total | 416 |

| | |
|---|---|
| **MISCELLANEOUS** | |
| Sinuses | 7 |
| Mastoids | 4 |
| Facial Bones | 1 |
| Nasal Bones | 1 |
| Orbit | 1 |
| Petrous Pyramids | 2 |
| Zygoma | 1 |
| Acromioclavicular Joint | 1 |
| Esophagus | 1 |
| Hip Pinning | 3 |
| Total | 22 |
| E.K.G. — Total | 106 |
| TOTAL EXAMINATIONS | 3,350 |
| **FRACTURES** | |
| Dorsal Spine | 10 |
| Ribs | 7 |
| Hand | 7 |
| Hips | 24 |
| Clavicle | 2 |
| Skull | 2 |
| Toes | 1 |
| Foot | 2 |
| Shoulder | 7 |
| Mandible | 1 |
| Ankle | 7 |
| Finger | 2 |
| Pelvis | 1 |
| Forearm | 1 |
| Elbow | 2 |
| Nasal Bones | 1 |
| Orbit | 1 |
| Wrists | 4 |
| Tibia | 1 |
| Fibula | 1 |
| Total | 84 |
| **FILMS USED** | |
| 14×17 | 2,982 |
| 7×17 | 19 |
| 10×12 | 1,340 |
| 8×10 | 92 |
| Total | 4,433 |

# Report of Business Administrator



# *Report of the Business Administrator*

**ARIZONA STATE HOSPITAL BOARD**
**Mr. Henry C. Fuller, Chairman**

It has been my custom in the past to comment at some length in this annual letter concerning progress within the departments of the Business Division. This year, I would like to let the reports of the Department Heads accomplish this purpose.

We have done management surveys in several of the departments during the course of the past year and have done a reasonable amount of needed reorganization and have considerably altered systems, methods and procedures. It is the feeling of the departments that these changes, when fully implemented, will increase our ability to support the total hospital objective.

During the year, my monthly report to the board has been revised in its form and scope, making it possible for Department Heads better to summarize accomplishments and needs in their areas. In addition, the reports that follow will allow the Department Heads to speak for themselves concerning their areas of responsibility.

Respectfully submitted,

R.A. Clelland

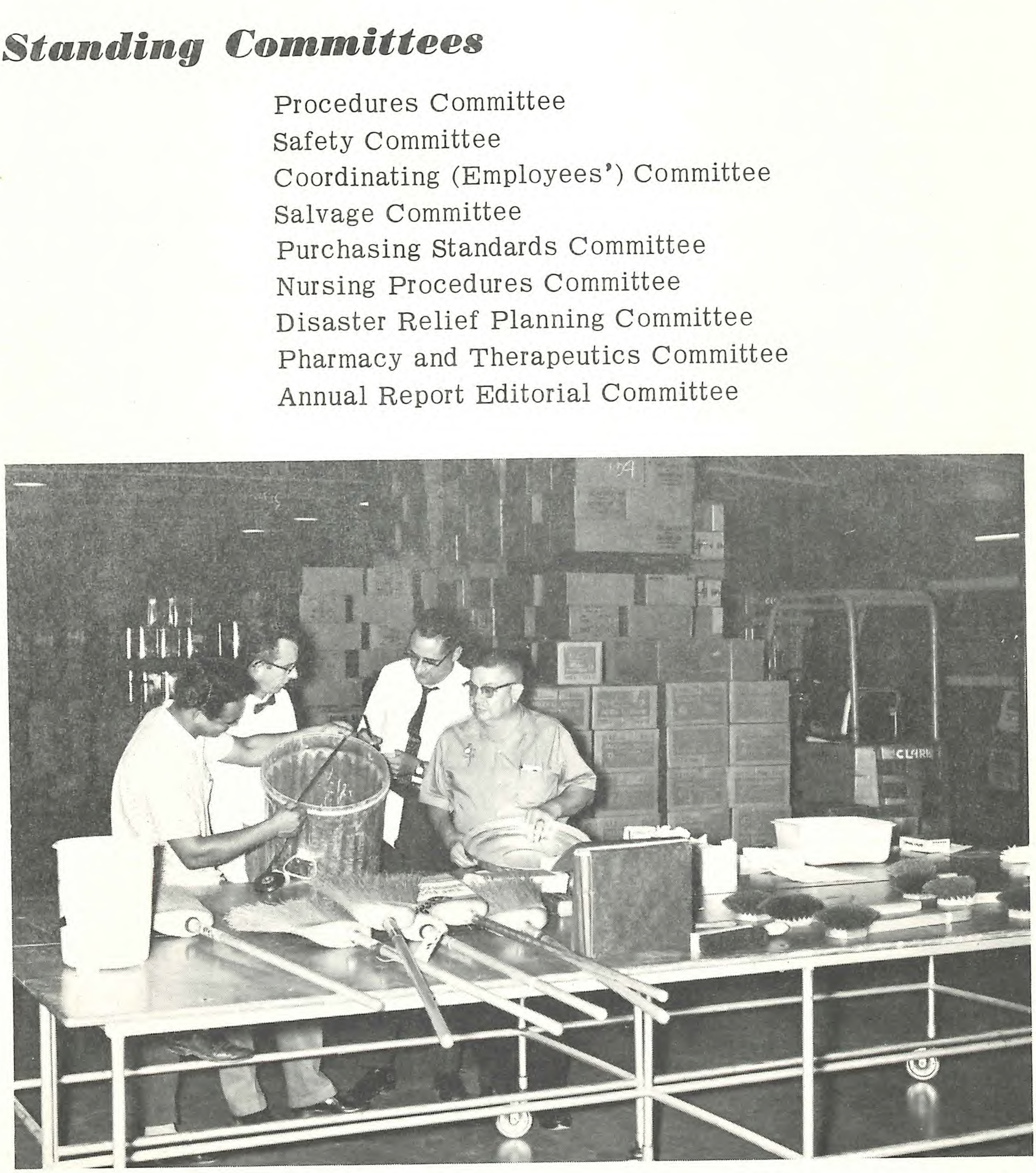
R.A. Clelland

## Business Division Staff

R. A. Clelland ..... Business Administrator
Jerome O. Rolle ..... Office Manager
Charles J. Raymond .... Purchasing and Materials Manager
Phillip R. Brown ..... Chief Engineer
Pearl Rogers ..... Executive Housekeeper
Louise Edwards ..... Chief Dietitian
H. F. Townsend ..... Personnel Director

## Standing Committees

Procedures Committee
Safety Committee
Coordinating (Employees') Committee
Salvage Committee
Purchasing Standards Committee
Nursing Procedures Committee
Disaster Relief Planning Committee
Pharmacy and Therapeutics Committee
Annual Report Editorial Committee



*Purchasing Standards Committee inspecting samples in connection with purchasing bids for housekeeping and general supplies.*

# *Purchasing Manager's Report*

Two major changes were accomplished this fiscal year. One concerns the centralization of supplies issued to departments throughout the Hospital area. All supplies are now under an inventory control system and issuing service of the Purchasing Department. Areas added to complete the centralization program were: Engineering Service stock, General Service stock, and bulk Pharmaceutical Drugs.




*New drug warehousing area checked by the drug buyer.*

The second significant change was in the organizational structure of the department, with emphasis on the Materials Management Program. Job descriptions and title changes were approved and they are as follows:

1. The Purchasing Manager to Purchasing and Materials Manager.
2. The Assistant Purchasing Manager to Assistant Manager, Purchasing.
3. A second assistant to the Purchasing and Materials Manager known as Assistant Manager, Materials.

The main objective of our department this year will be to improve and refine our program of Purchasing and Materials Management.

**Statistical Information:**

| | |
|---|---|
| Purchase Orders Processed | 4,361 |
| Miscellaneous Encumbrances | 134 |
| Travel Orders | 154 |
| Change Orders | 263 |
| Purchase Orders Processed by Imprest | 479 |

## INVENTORY OF SUPPLIES AT CONCLUSION OF FISCAL YEAR

**Engineering Services:**

| | |
|---|---|
| Supplies and parts in storage | $ 19,100.00 |

**Warehouse:**

| | |
|---|---|
| Pharmaceutical Supplies | 29,097.04 |
| General Supplies | 18,049.46 |
| Beauty Supplies | 501.06 |
| Office Supplies | 3,928.96 |
| Food Supplies | 44,416.82 |
| Central Supplies | 10,049.68 |
| Clothing Supplies | 35,431.09 |
| General Services Basement | 50,829.90 |
| *Hospital-made Clothing | 6,848.72 |
| Total | $218,252.73 |

*This is the estimated value of clothing made in the Sewing Room and returned to the Warehouse stock, previously inventoried as yard goods, thread, etc.

# *Office Manager's Report*

**Data Processing Activity**

During the past fiscal year a complete revision of accounting practices took place in conjunction with the conversion from a manual system to a mechanized system of data processing. Positive results were achieved and are as follows:

1. Prompt service to patients. The time lag for making disbursements was reduced from seven days to one day.
2. The reduction of Patients' Deposit Fund paperwork by 75% in the wards and 50% in the Business Office. Time saved was used by Charge Aides for additional care and treatment of patients. The reduction of clerical tasks within the Business Office provided time for more creative work in the area of maintenance collections.
3. Less re-routing of documents and funds incident to transfer of patients between wards, and a considerable reduction of voluminous files built up under the old system.
4. The development of sound internal controls based on more efficient work flow procedures. For example, the prompt handling of receivables forestalls the problem of dishonored checks.
5. A better method of recording and reporting sources of income and an efficient method of aging accounts resulted as by-products of the system.
6. An increase of 99% in the collection of delinquent accounts; achieved by applying procedures of exception reporting developed for use with the data processing equipment. This collection factor alone is equivalent to the equipment rental and personnel costs for operating the equipment.

With the exception of a key-punch operator, operating and supervisory personnel were trained from within the organization.

The success of the program is attributed to the fine cooperation and assistance rendered by the personnel on the wards and in other departments. Without their acceptance of the completely new system, the best efforts of the Business Office would have been in vain.

**Budget Control Activity**

To the readers of this report, who by and large will be Arizona tax payers, it should be a joy to realize that through proper management of funds, $236,927.83 is being returned to the General Fund. (Statutes preclude use of maintenance collections for salaries and capital expenditures). This amount represents the balance of the maintenance collection fund, accrued through an effective collection program, and conserved through efficient management by the Hospital Administration. Budget control accomplishments, with limitations, are:



*New punched card accounting equipment in operation.*

1. Hospital employees, from the top to the bottom of the ladder, have had to work under an umbrella of unfavorable publicity during the past year.
2. Possibly the fact that the Hospital has demonstrated that a public institution can live within its budget, and go one step further by returning a substantial saving, will bring public recognition that efficient management practices are exercised by the Hospital.
3. Concepts outlined herein, therefore, should be evaluated in the light of Management's effective use of resources to obtain the best value at the most economical cost.
4. The fact remains that limitations of appropriated funds for payment of personnel have had a definite detrimental effect on the ability to hire qualified professional and general operating personnel.
5. When the full impact of the need for the best Mental Health program is understood by each citizen (one out of ten persons requires mental health care and treatment during his lifetime), adequate funds may be made available for the care of the citizens of Arizona.

6. Why should hospital Business Office personnel concern themselves with the mental health aspects of the hospital? Every day members of the business office have direct contact with patients and families of patients. Collections for the state are influenced to a great extent by the quality of the services rendered by the hospital's professional and ward personnel.

**Maintenance Collection Activity**

A substantial increase in collection activity materialized during the fiscal year. A total of $597,752.09 was received, which is $132,959.36 more than was collected during the prior fiscal year. While it would be easy to rest on past laurels, it is not the purpose of anyone in the Business Office to do "just enough to get by." During the next year we hope to remove some of the barriers which constitute a deterring element in obtaining prompt maintenance payment. Proposed courses of action are as follows:

1. It is necessary that our education program be broad in scope and exacting in purpose. While we will continue to operate in the best interest of the patient and patient's family, it will be necessary to increase the emphasis on acceptance of the fact that costs incident to mental health treatment should receive the same degree of receptiveness as costs incurred for treatment at a private hospital for physical illness or operation.
2. Emphasis also will be directed toward promoting public demand to have health insurance plans include provisions for payment for mental health treatment. As a matter of interest, Blue Cross-Blue Shield coverage includes payment for mental health treatment in 18 states. Arizona is a leader in many ways such as population growth – there is no reason why the Arizona Blue Cross members cannot enjoy the same privileges as members in 18 other states if inclusion of this coverage receives adequate support by subscribers. A continuing high percentage of other well-established insurance companies are providing coverage for mental health care.
3. Arizona Mental Health statutes are basically satisfactory from the standpoint of the broad structure; however, the statutes require revision to include the following:
   a. A thorough investigation of assets and liabilities to assure that the patient's interests are properly protected, and that our maintenance charges are established on the basis of the ability to pay.
   b. When investigations disclose a requirement for protection and administration, provision should be made for assignment of guardianship duties when family members do not wish to assume this responsibility.
      1. A solution to this situation has been found by a number of states which provides for a position of Public Guardian at the county level.

2. While the Public Guardian is paid from public funds, a provision has been made for reimbursing the counties from estates of the patients for the expense of handling guardianships.

c. Provisions are needed for prompt and energetic action to enforce collection measures on delinquent accounts, when payment will not cause an undue financial hardship. The Hospital has received very limited support from the courts in this connection, due to backlog of other court actions.

d. At the present time the statutes place very little responsibility upon other members of the household to assume hospitalization costs. Other states place the responsibility upon parents and children of the patient for costs, by virtue of legal and moral obligation.

e. While factors of social responsibilities of the state are continually being discussed, the best protection of individual freedom is an acceptance of the obligations on an individual basis.

f. When an equitable amount of the hospitalization costs is paid from the patient's estate or by his family, the costs to the taxpayers of the state are reduced and the individual acceptance of obligations generates a better atmosphere for the patient's early return to society as a self-sustaining citizen.

g. Proposed revisions to statutes will be presented for consideration at the next legislature session. Support from the citizens of Arizona will be needed to enact tax-saving legislation.



*Office Manager, Jerome Rolle confers with the Tabulating Room Supervisor concerning a report provided by the new I.B.M. 402 accounting machine.*

# Report of Deposits to the General Fund

| | | |
|---|---|---|
| Refunds from Pay Telephone | | $ 258.64 |
| Contract Sales for Grease & Bones | | 505.75 |
| Contract Sales for Rags | | 250.72 |
| Contract Sales of Tins & Cardboard | | 546.74 |
| Payments for Medical Records | | 82.75 |
| Refunds | | 558.99 |
| Reimbursements | | 1,512.41 |
| Public Auction Sales on Grounds | | 3,079.00 |
| Total Deposits | | $ 6,795.00 |
| Reverted from Special Operating Fund | $132,288.15 | |
| *Reverted from Appropriations | 97,844.68 | |
| Total Reverted to General Fund | | $230,132.83 |
| **Total Deposited & Reverted to General Fund** | | **$236.927.83** |

*See Expenditure Report for specific amount by fund.

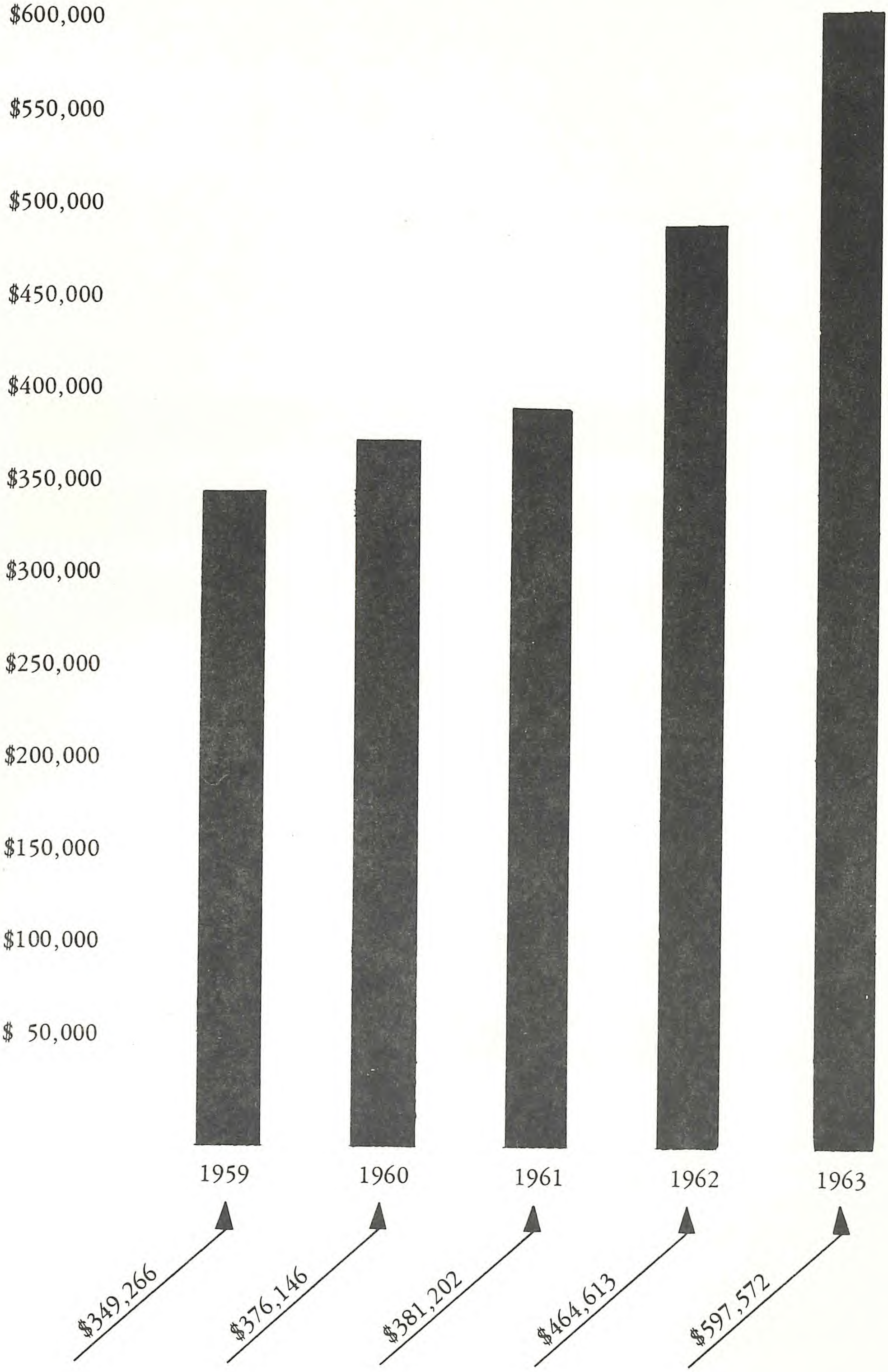
## COLLECTIONS FOR CARE AND TREATMENT OF PATIENTS

| | | PERCENTAGE OF TOTAL |
|---|---|---|
| Court-Ordered and Agreed Payments | $250,963.54 | 41.99 |
| Federal Government for Indian Wards | 125,812.45 | 21.05 |
| Social Security Benefit Payments | 96.615.99 | 16.17 |
| Hospitalization Insurance Benefit Payments | 55,053.86 | 9.21 |
| Payment on Delinquent Accounts | 22,756.11 | 3.81 |
| County Payments for Hold-order and Minor Patients | 18,495.63 | 3.10 |
| U.S. Veterans' Administration Benefit Payments | 11,756.15 | 1.97 |
| Veterans' Payments (Service connected) | 8,316.47 | 1.39 |
| Railroad Retirement Benefit Payments | 4,634.89 | .78 |
| Arizona State Hospital Collections | $594,405.09 | |
| Southern Arizona Mental Health Center Collections | 3,167.00 | .53 |
| | $597,572.09 | |

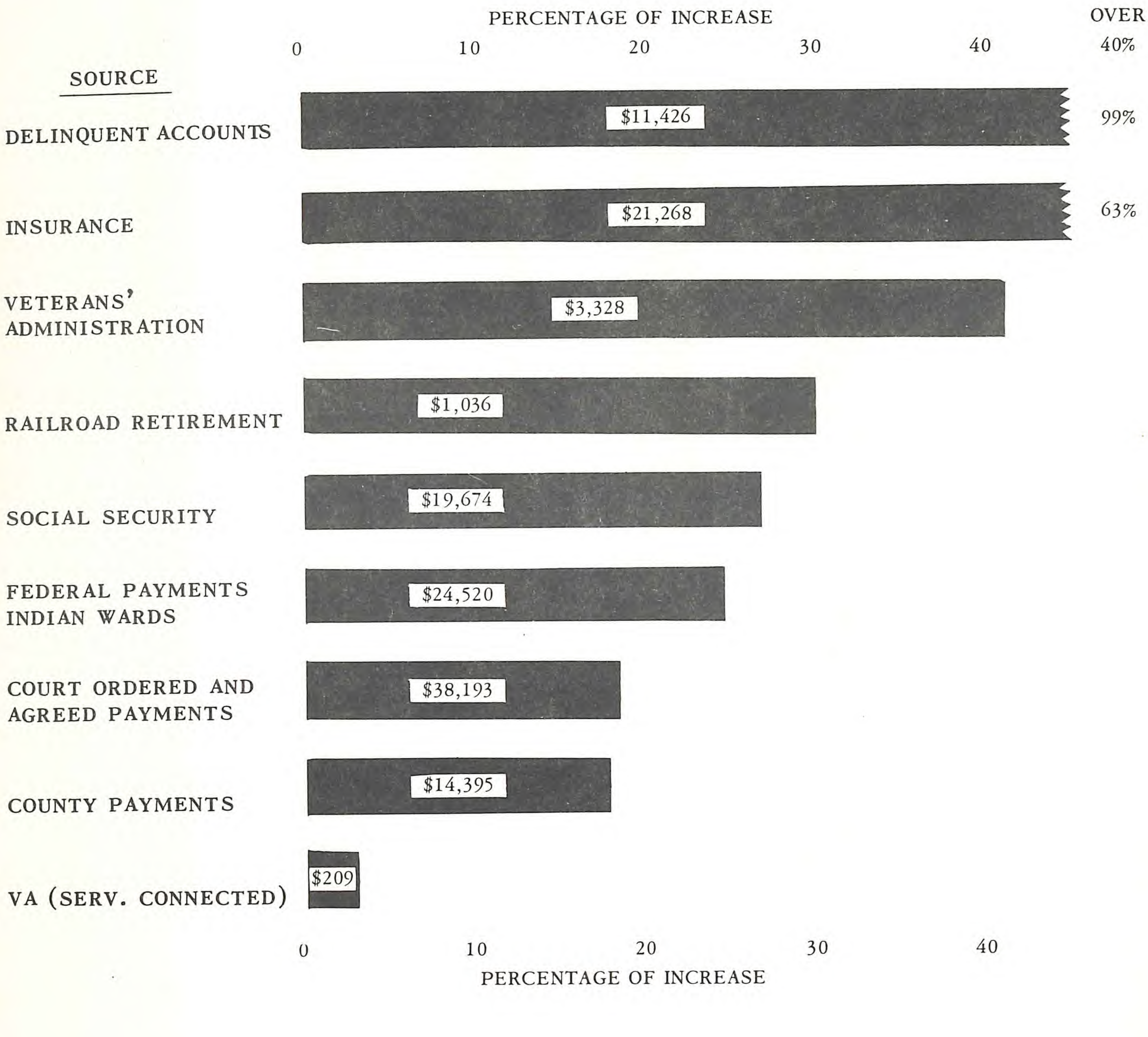
## COST OF PATIENT MAINTENANCE AND CARE

| | |
|---|---|
| Average Daily Patient Load | 1,726 |
| Cost per Patient per day | $6.17 |

# HISTORY OF MAINTENANCE COLLECTIONS



**Increase of $132,959 in Maintenance Collections is attributed to collection activity success as noted below:** (Dollar amount of increase is included within the graph bars).



# *Expenditure Report*

| GOVERNMENTAL CODE | APPROPRIATIONS & OTHER INCOME | EXPENDED | UNUSED BALANCE | REVERTED TO GENERAL FUND | FWD. TO 1963-1964 |
|---|---|---|---|---|---|
| 1-3-11-000-0100 Personal Services.. | $2,488,101.00 | $2,483,235.54 | $ 4,865.46 | $ 4,865.46 | -0- |
| 1-3-11-000-0200 Current Expenditures, Other..... | 500,000.00 | 482,351.14 | 17,648.86 | 17,648.86 | -0- |
| 1-3-11-000-0201 Food ..... | 400,000.00 | 370,830.97 | 29,169.03 | 29,169.03 | -0- |
| 1-3-11-000-0300 Subscrip. & Dues .... | 2,650.00 | 2,538.14 | 111.86 | 111.86 | -0- |
| 1-3-11-000-0401 Travel—State ..... | 2,500.00 | 2,346.04 | 153.96 | 153.96 | -0- |
| 1-3-11-000-0402 Travel—Out of State | 4,200.00 | 3,950.07 | 249.93 | 249.93 | -0- |
| 1-3-11-000-0404 Return of Patients.. | 13,800.00 | 13,791.26 | 8.74 | 8.74 | -0- |
| 1-3-11-000-0800 * Special Operating .. | 597,572,09 | 465,283.94 | 132,288.15 | 132,288.15 | -0- |
| 1-3-11-000-0900 Current Fixed Chgs. | 13,500.00 | 11,535.31 | 1,964.69 | 1,964.69 | -0- |
| 1-3-11-000-1000 Professional Services | 34,000.00 | 17,433.86 | 16,566.14 | 16,566.14 | -0- |
| 1-3-11-000-1100 Pilot Study—Mentally Ill Children ..... | 22,500.00 | | 22,500.00 | 22,500.00 | -0- |
| 1-3-11-000-1200 Discharge Money .... | 500.00 | 256.50 | 243.50 | 243.50 | -0- |
| 1-3-11-000-1300 Revolving Acct. .... | 2,500.00 | | 2,500.00 | 2,500.00 | -0- |
| 1-3-11-000-1400 Tucson Clinic ..... | 30,000.00 | 29,820.38 | 179.62 | 179.62 | -0- |
| 1-3-11-000-0501 Capital Outlay— Equipment ..... | 87,000.00 | 85,629.13 | 1,370.87 | 1,370.87 | -0- |

| GOVERNMENTAL CODE | APPROPRIATIONS & OTHER INCOME | EXPENDED | UNUSED BALANCE | REVERTED TO GENERAL FUND | FWD. TO 1963-1964 |
|---|---|---|---|---|---|
| 1-3-11-000-0502 Capital Outlay—Land, Purchases or Const., Equipment at So. Ariz. Day Care Center .... | 139,614.32 | 133,634.69 | 5,979.63 | | 5,979.63 |
| 1-3-11-000-0503 Capital Outlay— Study Topography .. | 300.00 | 300.00 | -0- | -0- | -0- |
| 1-3-11-000-0504 Capital Outlay— Buildings and Improvements..... | 15,000.00 | 14,690.00 | 310.00 | 310.00 | -0- |
| 1-3-11-000-0505 Capital Outlay— Const. & Equip. Ward C ..... | 139,523.43 | 139,521.41 | 2.02 | 2.02 | -0- |
| 1-3-11-000-0506 Capital Outlay— Revision Ward RE | 59,625.00 | 59,625.00 | -0- | -0- | -0- |
| 1-3-11-000-0508 Capital Outlay— Const. & Equip. Gen. Svs. Bldg..... | 49,070.11 | 49,070.11 | -0- | -0- | -0- |
| 1-3-11-000-1500 State Hospital Building Fund ..... | 825,732.00 | 208,831.35 | 616,900.65 | -0- | 616,900.65 |
| 1-3-11-000-0700 Endowment Earnings | 122,675.64 | 36,915.24 | 85,760.40 | -0- | 85,760.40 |
| Total Available for Expenditure ..... | $5,550,363.59 | | | | |
| Total Expended..... | | $4,611,590.08 | | | |
| Balance June 30, 1963 | | | $ 938,773.51 | | |
| Revert to General Fund | | | $ 230,132.83 | | |
| Balance Forward | | | | | $ 708,640.68 |

*Maintenance Collections

# *Classification of Expenditures*

| Object Code | | Amount |
|---|---|---|
| 110 | Personal Services | $2,483,235.54 |
| 110 | Tucson Clinic | 29,820.38 |
| 211 | Postage | 5,755.11 |
| 212 | Telephone & Telegraph | 21,984.24 |
| 215 | Heat, Light, Power & Water Service | 167,195.99 |
| 220 | Travel—State & Registration Fees | 2,955.95 |
| 230 | Travel—Out-of-State | 3,950.07 |
| 230 | Return of Patients | 13,791.26 |
| 240 | Professional Fees | 17,433.86 |
| 260 | Maintenance—Buildings, Grounds & Equipment | 128,759.53 |
| 270 | Care of Patients — Outside Service | 56,684.62 |
| 280 | Trainees | 27,112.40 |
| 290 | Other Contractual Service | 41,089.62 |
| 310 | Office Supplies | 26,242.77 |
| 321 | Food | 370,830.97 |
| 350 | Vehicle Supplies | 10,564.69 |
| 370 | Maintenance Supplies, Parts & Materials | 92,152.20 |
| 390 | Other Supplies, Materials & Parts | 369,497.10 |
| 411 | Rent — Office Equipment | 6,391.97 |
| 412 | Rent — Other Equipment | 711.49 |
| 417 | Rent — Films & Other | 4,016.17 |
| 421 | Bonds | 415.68 |
| 430 | Subscriptions & Organization Dues | 2,538.14 |
| 450 | Discharge Money | 256.50 |
| 931 | Refund of Maintenance | 212.56 |
| 610 | Equipment | 100,033.22 |
| 620 | Buildings & Improvements | 627,958.05 |
| | Total | $4,611,590.08 |

**CHAPEL FUND**

| | | |
|---|---|---|
| Balance on Deposit, July 1, 1962 | | $3,787.79 |
| Contributions during fiscal year | $195.16 | |
| Adeline Rosenberg Memorial | 145.05 | |
| | $340.21 | 340.21 |
| **Total Deposit** as of June 30, 1963 | | $4,128.00 |

# *Budget for Year 1963-1964*

| APPROPRIATIONS AND OTHER INCOME | CURRENT EXPENDITURES | CAPITAL OUTLAY | PERSONAL SERVICES |
|---|---|---|---|
| Personal Services | | | $2,550,000.00 |
| Tucson Clinic | | | 229,900.00 |
| Pilot Study for Mentally Ill Children | | | 30,000.00 |
| Current Expenditures-Other | $ 500,000.00 | | |
| Food | 400,000.00 | | |
| Subscriptions & Dues | 2,650.00 | | |
| Travel—State | 2,500.00 | | |
| Travel—Out of State | 4,000.00 | | |
| Travel—Out of State, Return of Patients | 14,000.00 | | |
| Current Fixed Charges | 16,500.00 | | |
| Professional Services | 34,000.00 | | |
| Discharge Money | 500.00 | | |
| Revolving Account | 2,500.00 | | |
| Special Operating (approx.) | 550,000.00 | | |
| Equipment—Phoenix | | $ 87,000.00 | |
| Equipment—Tucson | | 45,535.00 | |
| Arizona Mental Health Center | | 5,979.63 | |
| Building & Improvements | | 15,000.00 | |
| Hospital Building Fund | | 616,900.65 | |
| Endowment Earnings | (approx.) | 96,589.90 | |
| Totals | $1,526,650.00 | $ 867,005.18 | $2,809,900.00 |
| **Total Budget for Year 1963—1964** | | | **$5,203,555.18** |

# *Patients' Deposit Fund*

| | |
|---|---|
| Balance in Fund, July 1, 1962 | $ 72,269.26 |
| Received (Receipts) | 198,259.89 |
| | $270,529.15 |
| Disbursements | 192,105.14 |
| **Balance in Fund, June 30, 1963** | $ 78,424.01 |

# *Transfer of Patients to Other States*

**By State Car to:**

| | | | |
|---|---|---|---|
| Arkansas | 1 | North Dakota | 3 |
| California | 18 | Ohio | 1 |
| Colorado | 3 | Oklahoma | 1 |
| Connecticut | 1 | Oregon | 1 |
| Illinois | 3 | Pennsylvania | 2 |
| Michigan | 1 | Washington | 1 |
| Mississippi | 1 | Washington, D.C. | 1 |
| Missouri | 2 | Wisconsin | 3 |
| Nevada | 1 | | |
| New Mexico | 3 | **Total** | **47** |

**Transported by Bus: 19**

| | |
|---|---|
| Common Carrier Tickets | $ 337.40 |

**Total Number of Miles Traveled by State Car: 33,149**

| | |
|---|---|
| Car Depreciation | $ 380.00 |
| Servicing of Car in Hospital Garage | 346.00 |
| Gas, Oil & Car Expense Enroute | 1,007.83 |
| Lodging | 794.33 |
| Meals | 715.01 |
| Salaries (2 employees) | 1,786.40 |
| Medication | 48.30 |

***Transported by Chartered Plane: 77**

| | |
|---|---|
| Plane Charter | 11,175.00 |
| Salary | 131.95 |
| **Total Cost** | $16,722.22 |

**Total Patients Transported: 143**

| | |
|---|---|
| Average per Patient Cost | $ 116.939 |

*To VA Hospitals in California, Colorado, Wyoming & Illinois.



*Patients preparing to depart on one of the frequently scheduled trips. Each year, between 100 and 200 patients are transferred to other States, relieving Arizona of the cost of their care and treatment.*

# *Engineering Services*

We see with increasing frequency (and by all advertising media) product information generously extolling features of operation, appearance, safety and low maintenance costs. Good business and modern patient care and treatment have considerable concern for these areas. Quality counts. So it is with our Hospital's Engineering Services Department. Benefits accrue first (and most important) to the patient treatment program, but ultimately to everyone. Its scope of work is from property line to property line and from the lowest to the highest points of construction.

Annual work measurements show that operation and maintenance production by Engineering's personnel, functioning in many skills, were up several percent from last year and were, of course, the highest in our history. This increase is understandable. It meets the continuing needs for a well-equipped, highly-reliable and productive hospital, serving one of the nation's fastest growing populations. Such growth must be recognized by sufficient appropriations to continue to provide the very necessary buildings, equipment and personnel to properly support the Hospital's modern treatment program.



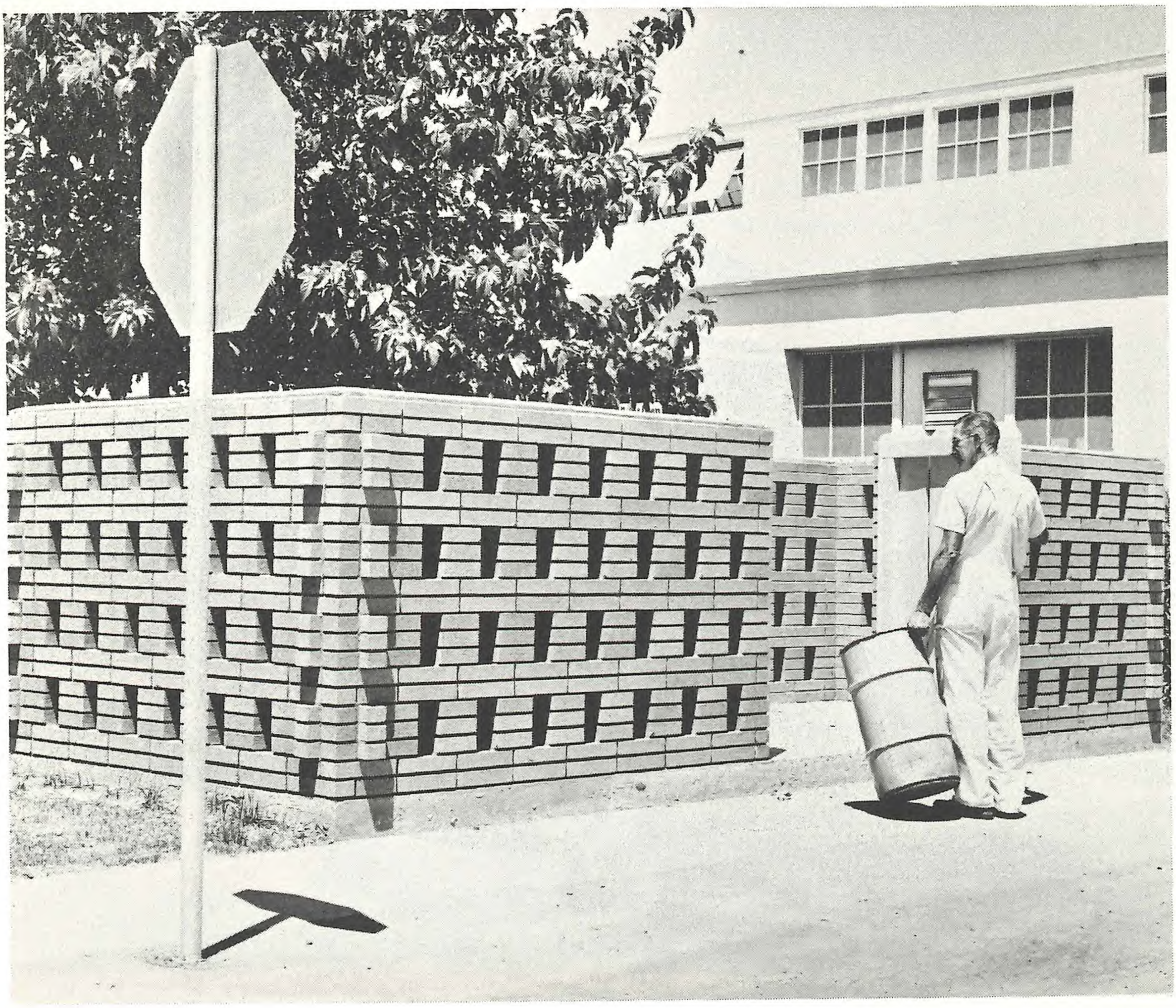
*This hydraulically operated trash truck purchased from State Surplus is shown being rebuilt for service at the Hospital.*

# *Fire Marshal's Report*

During the year, 458 fire exit drills were conducted. They included all wards and areas of the Hospital. Mandatory fire safety classes were attended by 223 employees. An intensified general safety program has been initiated. Prior to its inception, the maximum lost-time accident-free period for the past five years had been five days. In the past year, on two occasions the Hospital has been 19 days without a lost-time accident and has established a record of 30 days.

This year there were 34 fire incidents. Some included activity by the patients. Only one was of consequence. It was set by a small boy patient in a storage area where the fence was temporarily down because of construction. The loss of $1,167.63 was covered by insurance.

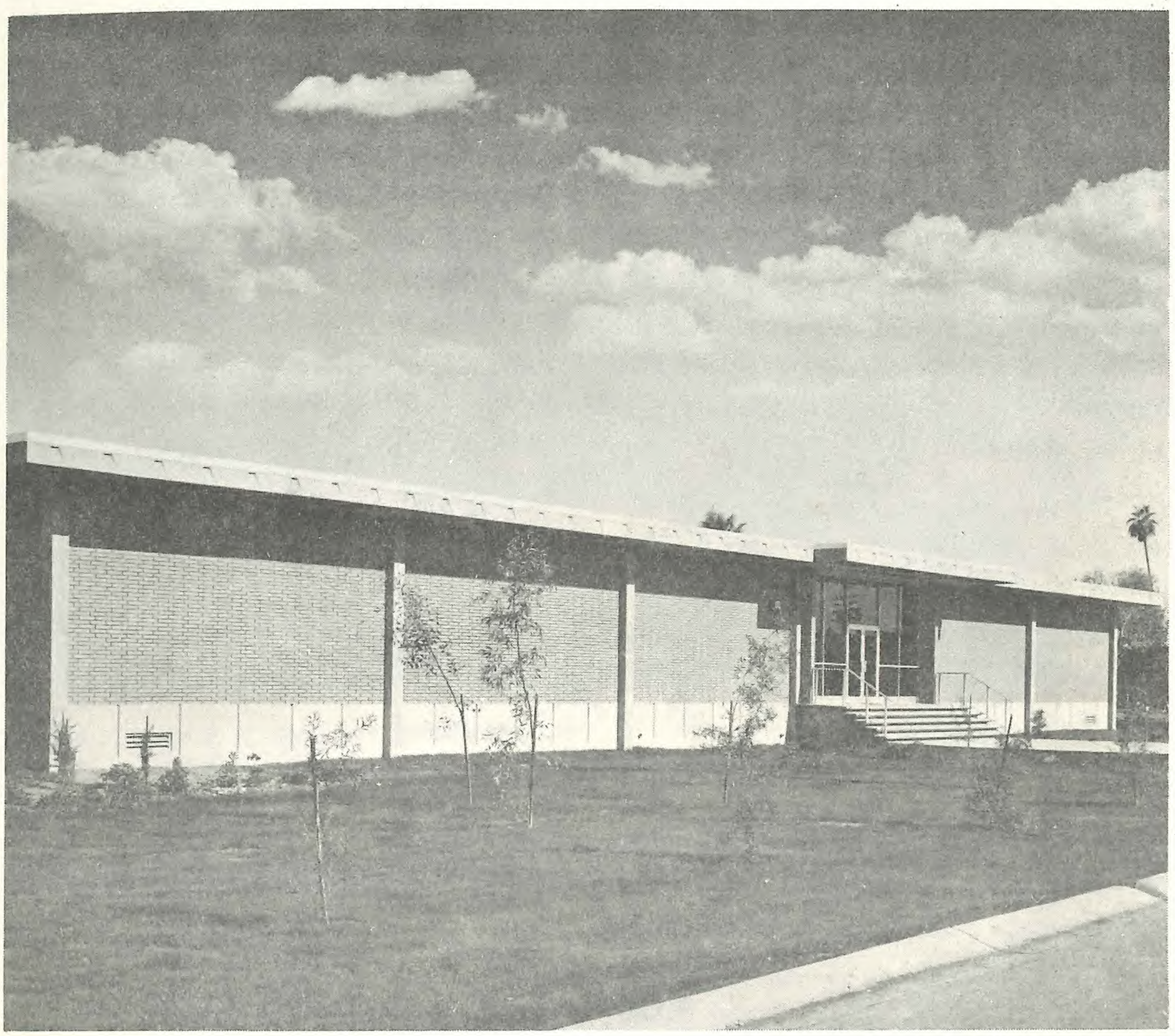
The annual inspection by the City of Phoenix Fire Department, Division of Fire Prevention commended the Hospital for "having a comprehensive fire safety and fire prevention program." Complete freedom from fire incidents and accidents is only theoretically possible; however, this must remain our goal.



*A typical Hospital trash collection area.*

# General Services

In September 1962 the new General Services building was occupied by the General Services Department. This new structure brings together three of the four sections within the department — our Sewing factory, the Mattress Shop and the offices and other facilities for housekeeping.



*New General Services Building.*

Also, during the year we made installations of several new pieces of automatic equipment to make possible finishing and pressing of patients' garments in our laundry. Other improvements and equipment layout are still going forward as the fiscal year ends.

Operating manuals for all methods and procedures in the four sections of the department were completed during the year and services were offered to wards and departments throughout the hospital in the matter of manufacturing and hanging draperies and installing pictures and carpeting.

## SEWING ROOM PRODUCTION

**Routine Garments Manufactured:**

| | |
|---|---|
| Aprons | 938 |
| Aprons, support | 648 |
| Bags, clothing | 720 |
| Bags, laundry | 354 |
| Bags, laundry employees | 66 |
| Bedspreads | 373 |
| Bibs, feeding | 504 |
| Blouses | 36 |
| Coats, sleeping | 432 |
| Curtains, kitchen (panels) | 13 |
| Curtains, bath (panels) | 4 |
| Curtains, bedside screen (panels) | 54 |
| Covers, bedpan | 144 |
| Pads, Ironing Board | 36 |
| Diapers | 1,380 |
| Drapes (panels) | 100 |
| Dresses | 3,780 |
| Gowns, seersucker | 1,296 |
| Gowns, flannel | 1,152 |
| Gowns, T-Back, seersucker | 1,584 |
| Gowns, T-Back, flannel | 1,740 |
| Napkins | 1,927 |
| Pajama tops | 792 |
| Pajama bottoms | 648 |
| Pillow covers | 26 |
| Pillow cases | 2,907 |
| Pot Holders | 140 |
| Restraints, soft | 288 |
| Sheets, single | 2,109 |
| Sheets, protective | 728 |
| Shirts, long sleeve | 216 |
| Shirts, short sleeve | 144 |
| Shorts, Bermuda | 72 |
| Skirts | 96 |
| Slips | 144 |
| Towels, bath | 3,008 |
| Towels, hand | 6,652 |
| Towels, Tea | 1,891 |
| Sub Total | 37,142 |

**Miscellaneous:**

| | |
|---|---|
| Special Items | 2 |
| Grill covers | 256 |
| Aprons, serving | 2 |
| Aprons, pinafore | 2 |
| Maternity blouses | 3 |
| Maternity skirts | 3 |
| Bags, Laundry basket covers | 24 |
| Bathing suit | 1 |
| Bags, laundry for mops | 300 |
| Bags, laundry drawstrings | 36 |
| Drapery table, pad & cover | 1 |
| Dresses, patient in cast | 6 |
| Dresses, adult | 3 |
| Dresses, child | 3 |
| Pads for thread stools | 50 |
| Furniture throw covers | 2 |
| Sanitary belts | 216 |
| Slips, child | 3 |
| Trim for Caskets | 2 |
| Washing machine cover | 1 |
| Sub Total | 914 |

**Alterations:**

| | |
|---|---|
| Trousers | 2 |
| Kitchen curtain | 1 |
| Drapes & curtains (panels) | 74 |
| Sub Total | 77 |

**Mended:**

| | |
|---|---|
| Hydro-cradles | 6 |
| Drapes (panels) | 11 |
| Sub Total | 17 |

**Surgical:**

| | |
|---|---|
| Examining gowns | 15 |
| Wrappers, surgical | 12 |
| Sub Total | 27 |

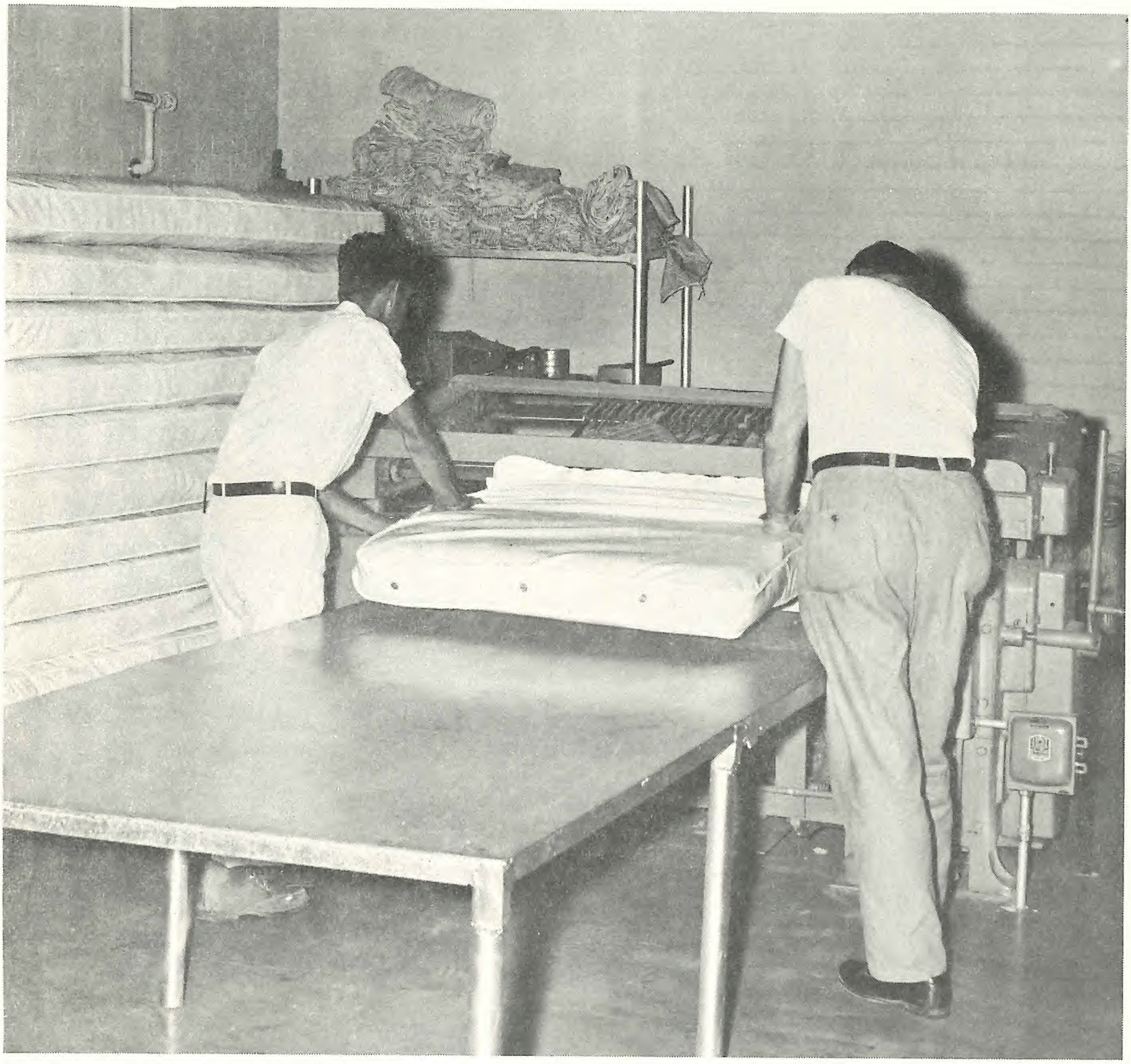
**Total** ..... **38,177**



*Sewing Room. Here patients are taught sewing activities and many hospital garments are manufactured.*

## LAUNDRY PRODUCTION

| | POUNDS |
|---|---|
| Blankets | 28,770 |
| Sheets | 713,616 |
| Pillow Cases | 38,863 |
| Spreads | 51,182 |
| Hand Towels | 60,938 |
| Bath Towels & Washcloths | 294,340 |
| Aprons | 32,638 |
| Tea Towels | 13,962 |
| Rough Dry | 209,483 |
| Clothing pieces, finished | 338,628 |
| Mended pieces | 58,155 |
| Condemned pieces | 29,707 |



*Patients in the Mattress Shop are using the new mattress filling machine.*

## MATTRESS SHOP PRODUCTION

| | |
|---|---|
| Re-makes, Mattress | 312 |
| Box Springs or Hollywood beds | 244 |
| Pillow Replacement | 133 |
| Hydro Cradles, mended | 12 |

**Reupholstered:**

| | |
|---|---|
| Settees | 38 |
| Tumbling Mats | 4 |
| Arm Chairs | 139 |
| Side Chairs | 156 |
| Cushions, spring-filled | 51 |
| Punching Bag | 1 |
| Walker seat | 2 |
| Chaise Lounge | 1 |
| Seat and back for tractor | 1 |
| Folding chairs | 3 |
| Extension for folding chair | 1 |
| Lawn Swing | 3 |
| Posture chair | 1 |
| Umbrella | 1 |

**Manufactured:**

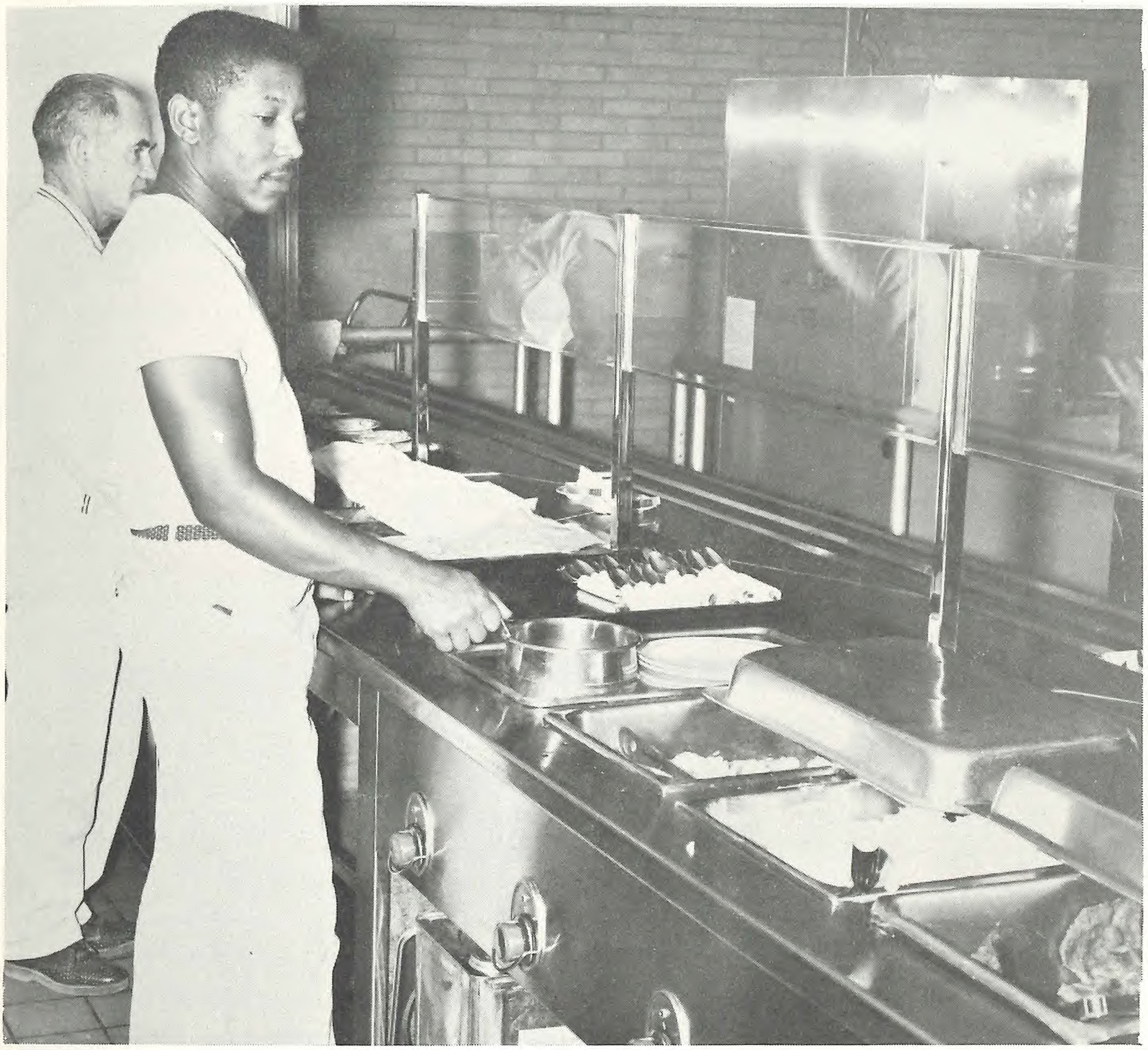
| | |
|---|---|
| Mattresses, poly-foam filled | 2 |
| Mattresses, Innerspring | 5 |
| Laundry Bags | 90 |
| Studio Bed | 1 |
| Mail Bags | 2 |
| Curtains for dishwasher | 14 |
| Hoods for Machines | 9 |

# *Dietary Department*

Early this year, Dietary opened new C-Cafeteria. This is a bright, cheerful setting which serves approximately fifty of the newly-admitted male patients.

On January 12, old Receiving East kitchen was reopened as E-Kitchen. This is a modern area which serves our "maximum security" patients. The department's only male Counter Attendants work in this area.

A great deal of time and effort has been spent this year in planning a new Central Dietary Building, which is presently under construction.



*Typical dietary serving line offering a choice of foods to patients.*

The old refuse or garbage area, which has been a physical problem for this department, has been done away with completely. This was accomplished by a variety of means which cleaned up a large, unsightly area. The trash and garbage pick-up function is attached to the Dietary Department, and usually proceeds unnoticed, but is most important to the entire Hospital.

The most recent responsibility added to the Department is that of supervising the vegetable and poultry operations. This became a fact the last week in June.

The Coffee Shop has increased its business considerably by offering "Breakfast Specials" and new confections, as well as new gift items. Our greatest accomplishment was adding a Ward Cart Service to many patients unable to go to the Coffee Shop, itself.




*The Goodie Cart. For patients in confined areas, the Coffee Shop sends a cart containing nearly all available merchandise. It is a welcome event on these wards.*

## ANALYSIS OF MEALS PER CAPITA COST:

**A. Food Costs:**

| | |
|---|---|
| Foods Purchased, Produced & Consumed | $414,024.13 |

**B. Meals Furnished:**

| | |
|---|---|
| Patients' Meals | 2,102,080 |
| Employees' Meals | 196,809 |
| Student Nurses, Trainees, Volunteer Workers, Prospective Employees & Authorized Guests | 2,776 |
| Total Meals Served by Dietary Service | 2,301,665 |

**C. Per Capita Cost Per Meal** **$0.1798**

## VALUE OF FOOD PURCHASED, PRODUCED AND DONATED

**Purchased Provisions:**

| | | |
|---|---|---|
| Meat, Fish and Dairy Products | $185,559.04 | |
| Fresh Produce | 17,047.61 | |
| Groceries and Staples | 168,224.32 | $370,830.97 |
| | | $370,830.97 |

**Vegetable and Poultry Production:**

| | | |
|---|---|---|
| Meat (Chickens) | 719.18 | |
| Poultry Products | 24,279.61 | |
| Fresh Produce | 16,761.73 | |
| | | $ 41,760.52 |

**Government Surplus Products:**

| | |
|---|---|
| Beans, Pinto | 50 sacks |
| Butter | 708 cases |
| Cheese | 539 cases |
| Cranberries | 132 cases |
| Cornmeal | 253 sacks |
| Flour | 883 sacks |
| Lard | 188 cases |
| Rice | 303 sacks |
| Rolled Wheat | 189 sacks |
| Pears, Fresh | 185 cases |
| Milk, Dry | 382 cases |
| Potatoes, Sweet | 58 cases |
| Shortening | 352 cases |

| | | |
|---|---|---|
| Wholesale Value | 47,336.65 | |
| Total Handling Cost | 3,798.40 | |
| | | $ 43,538.25 |

**Total Value** $456,129.74

## COFFEE SHOP INCOME STATEMENT

| | | | |
|---|---|---|---|
| **Revenue from:** | | | |
| Coffee Shop Cash Sales | $54,676.32 | | |
| Vending Machine Income | 2,730.05 | | |
| Coffee Shop Card Merchandise Sales | 40,608.21 | | |
| Merchandise Display Rebates | 173.50 | | |
| Total Receipts | | | $98,188.08 |
| Cost of Goods Sold: | | | |
| Beginning Inventory July 1, 1962 | $ 3,052.62 | | |
| Net Cost of Purchases | 69,345.08 | | |
| Goods Available for Sale | | $72,397.70 | |
| Ending Inventory June 30, 1963 | | 3,949.90 | |
| Cost of Goods Sold during Fiscal Year | | | 68,447.80 |
| Gross Profit | | | $29,740.28 |
| **Operating Expenses:** | | | |
| Salaries—Regular Employees | $16,749.12 | | |
| Rental on Vending Machines | 96.00 | | |
| Federal Withholding Tax | 2,292.50 | | |
| Industrial Commission | 210.62 | | |
| Bonds for Employees | 82.15 | | |
| Uniforms | 247.17 | | |
| Office Supplies | 46.61 | | |
| Equipment | 861.60 | | |
| **Total Operating Expenses:** | | | 20,585.77 |
| **Net Profit for Fiscal Year 1962-1963** | | | $ 9,154.51 |

## VEGETABLE and POULTRY PRODUCTION and OPERATING REPORT

**Production**

| | | | |
|---|---|---|---|
| Produce: | | | |
| Garden Produce | 280,864.5 lbs. | | |
| Sweet Corn | 966 doz. | | |
| Total value (Vegetable Products) | | $16,761.73 | |
| Poultry Products: | | | |
| Eggs | 74,425 doz. | | |
| Chickens, butchered | 5,114.5 lbs. | | |
| Total Value (Poultry Products) | | 24,998.79 | |
| Total Food Delivered to Dietary Services | | $41,760.52 | |
| Milo Harvest (Cash Receipts) | | 1,006.32 | |
| **Total Value of all Products** | | | $42,766.84 |

**Operating Expenses**

| | | | |
|---|---|---|---|
| Supplies: | | | |
| Agricultural | $ 2,318.11 | | |
| Irrigation Water | 350.00 | | |
| Poultry Feed | 21,705.67 | | |
| Poultry Supplies | 331.95 | | |
| Total Supply Expenses | | $24,705.73 | |
| Personal Services — Salaries | | 11,250.00 | |
| Total Operating Expenses | | | $35,955.73 |
| Net Profit | | | 6,811.11 |




*Entrance to the Coffee Shop, showing a display case of novelties available for purchase by patients.*

# *Patients' Entertainment Fund*

| | | |
|---|---|---|
| **Balance in Fund, June 30, 1962** | | $10,055.35 |
| **Revenue:** | | |
| Coffee Shop Cash Sales | $54,676.32 | |
| Vending Machine Income | 2,730.05 | |
| Individual Card Sales | 27,944.38 | |
| Industrial Card Sales | 13,536.00 | |
| Donations—Coffee Shop Cards | 584.83 | |
| Display—Rebates | 102.00 | |
| Merchandise—Rebates | 71.50 | |
| Dividends from Industrial Commission | 11.65 | |
| Total Receipts | | $99,656.73 |
| **Expenditures:** | | |
| Merchandise Purchased | $69,345.08 | |
| Coffee Shop Cards Refunded | 1,053.37 | |
| Salaries | 16,749.12 | |
| Vending Machine Rentals | 96.00 | |
| Federal Withholding Tax | 2,292.50 | |
| Industrial Commission | 210.62 | |
| Bonds for Employees | 82.15 | |
| Coffee Shop Office Supplies | 98.82 | |
| Uniforms for Employees & Patient Workers | 247.17 | |
| Coffee Shop Equipment | 861.60 | |
| Services to Patients | 299.75 | |
| Patients to Fair, Rodeo & other functions | 542.73 | |
| Board Approved—Account Adjustment | 148.61 | |
| Total Expenditures | | $92,027.52 |
| **Increase of Fund during Fiscal Year 1962-1963** | | 7,629.21 |
| **Funds to be accounted for June 30, 1963** | | $17,684.56 |
| **Funds Accounted for as follows:** | | |
| Net Balance in Bank, June 30, 1963 | $17,521.53 | |
| Cash on Hand (Business Office) | 113.03 | |
| Cash on Hand (Coffee Shop) | 50.00 | |
| **Funds Accounted for June 30, 1963** | | $17,684.56 |

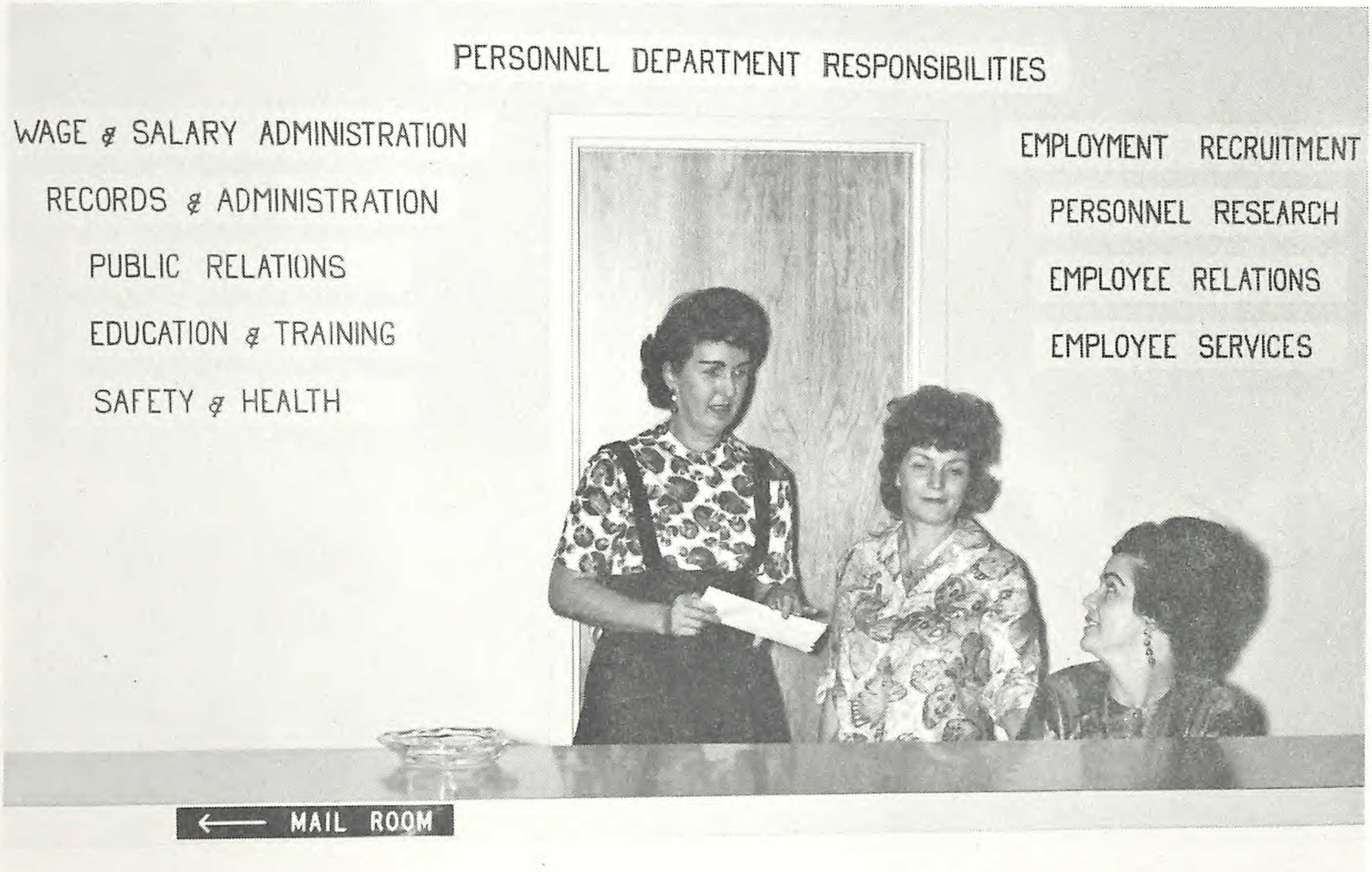
# *Personnel*

During the year the average number of employees was 657, a slight drop from the 667 average of the previous year. A portion of this reduction was caused by the inability to secure properly trained persons. It was noted that the number of unskilled persons seeking work appears to be increasing.

The employee turn-over was 40.7%, a slight increase over the record low of 34.5% of the previous year. Many of the employee terminations were caused by employees securing other work.

There was a marked increase in the amount of U.S. mail handled by the Mail Room. Expenditures for postage were over 20% higher than the previous year. While an increase in postage rates accounted for a portion of the greater expenditure, most of the increase is attributed to the larger volume of patients treated by the Hospital.

Due to the salary rate range it has not been difficult to fill positions requiring a minimum amount of skill, but it has been impossible to fill some positions requiring a high degree of training.




*Personnel Department reception area.*



*A surplus street sweeper reconditioned by Engineering Services Department to maintain three miles of Hospital streets.*

*Before and After*






*Remodeled building on East Sixth Street in Tucson soon to become the Southern Arizona Mental Health Center.*



*Original Southern Arizona Mental Health Clinic, South 6th Avenue, Tucson, Arizona.*



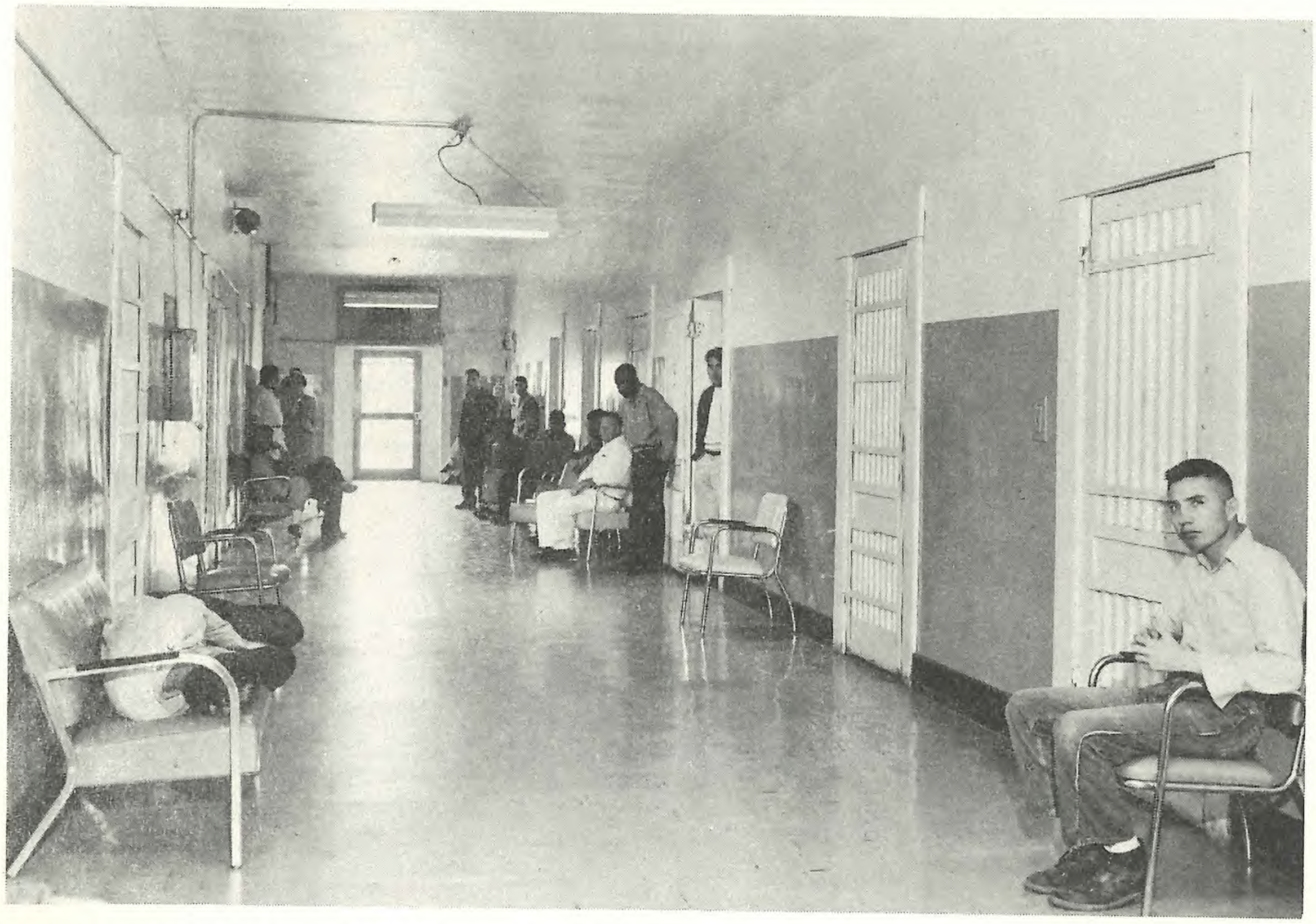

*Southern Arizona Mental Health Clinic in its second location on property purchased by Arizona State Hospital near the University of Arizona.*



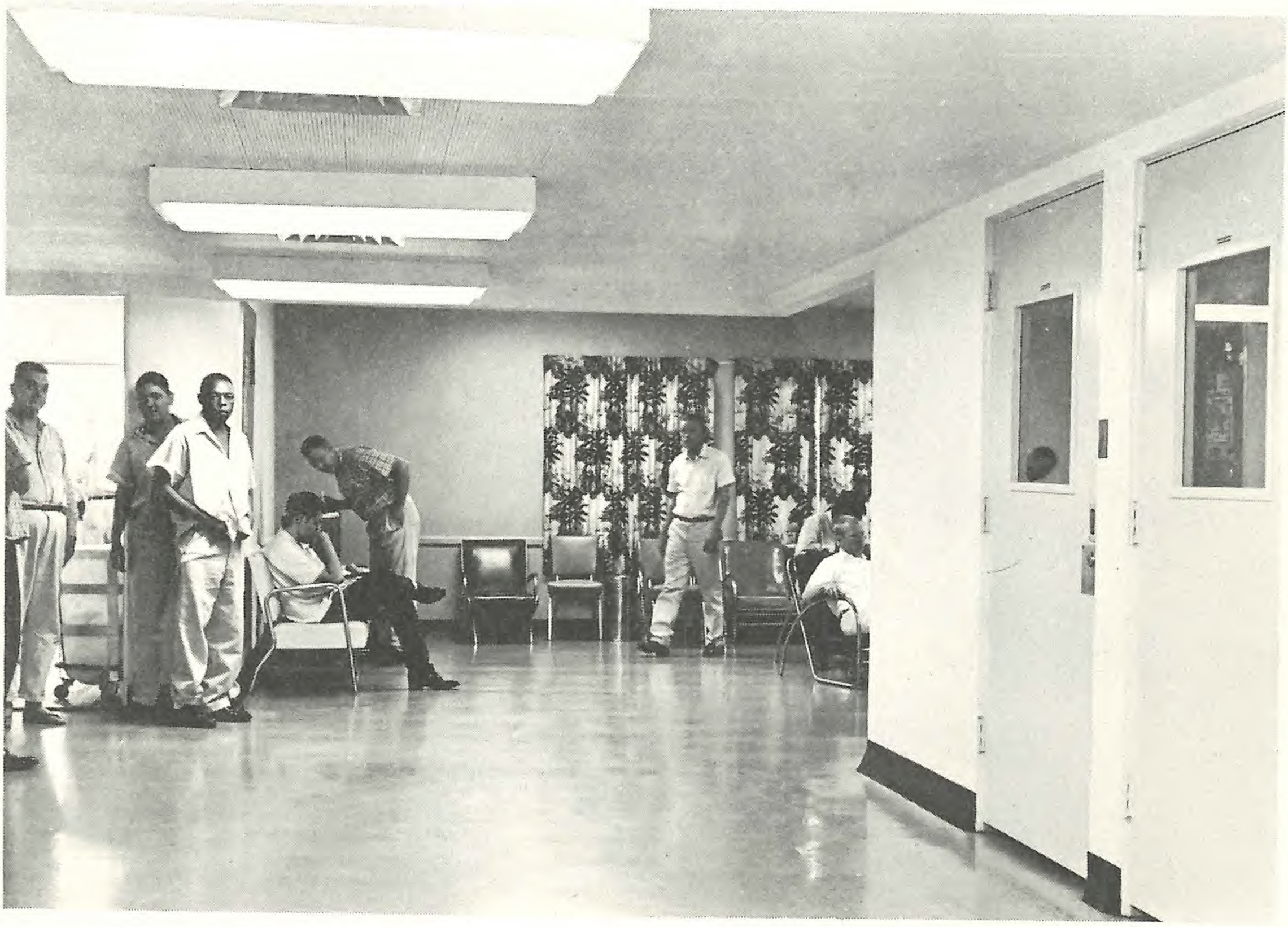
*Patients' Property Room in old hospital building. This area was not adequate in size and contained fire hazards.*



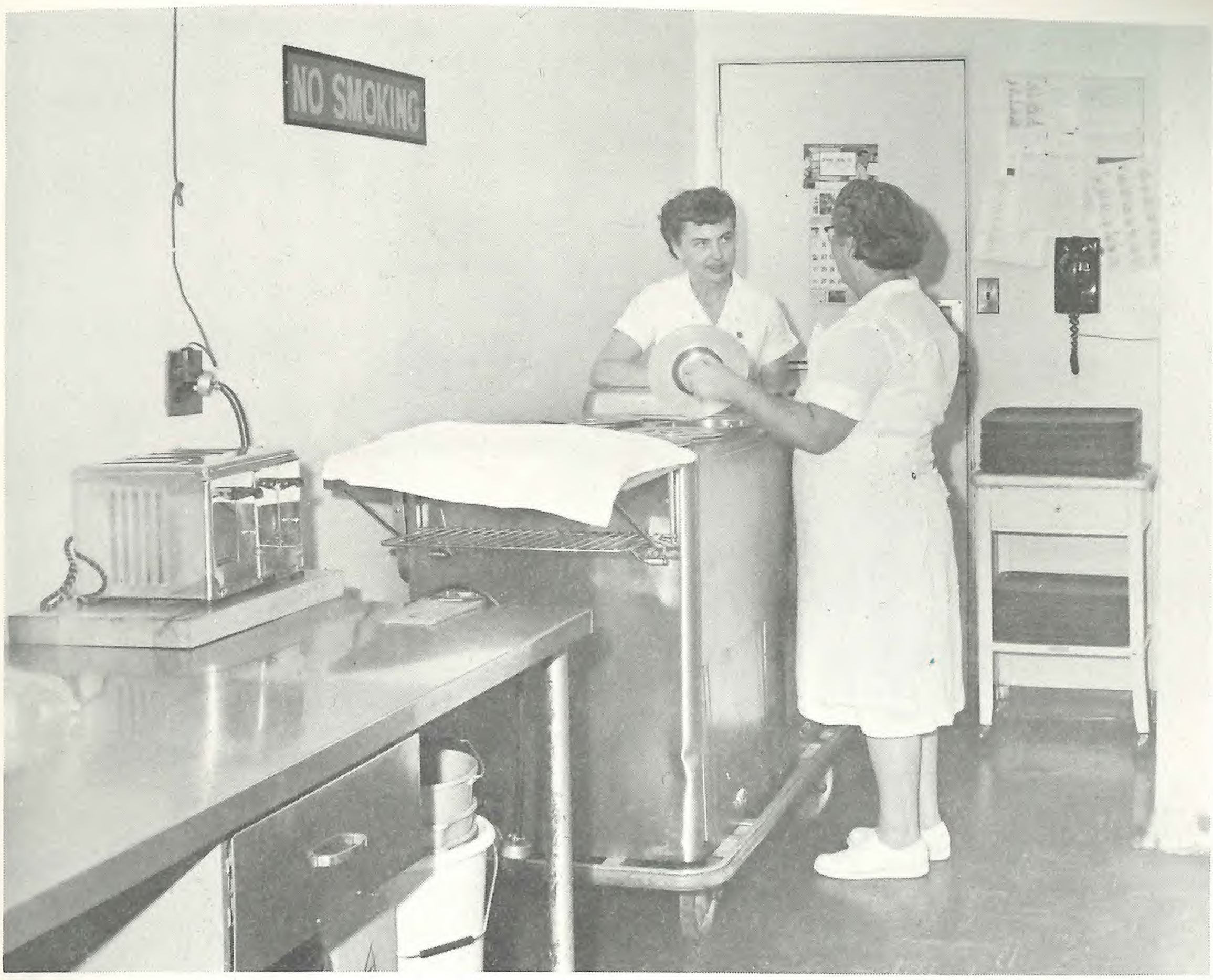
*A portion of the new Property Room in a fireproofed building. Space here has allowed better organized shelving for ready access to property.*



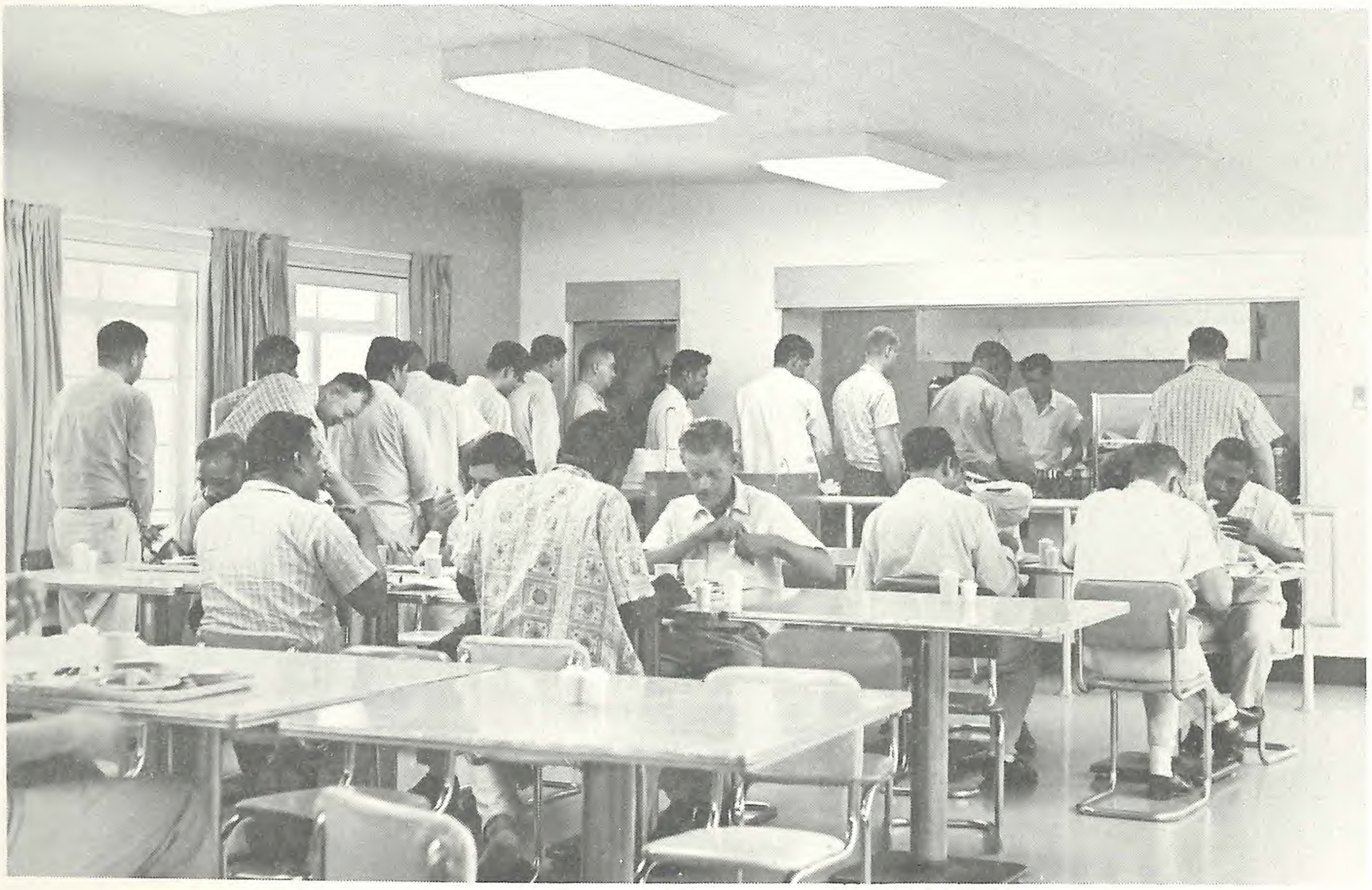
*Security ward in the original hospital building. All of the patients' daytime activities are shown confined to an old hallway. Doors are wooden-jail type doors installed in 1887.*



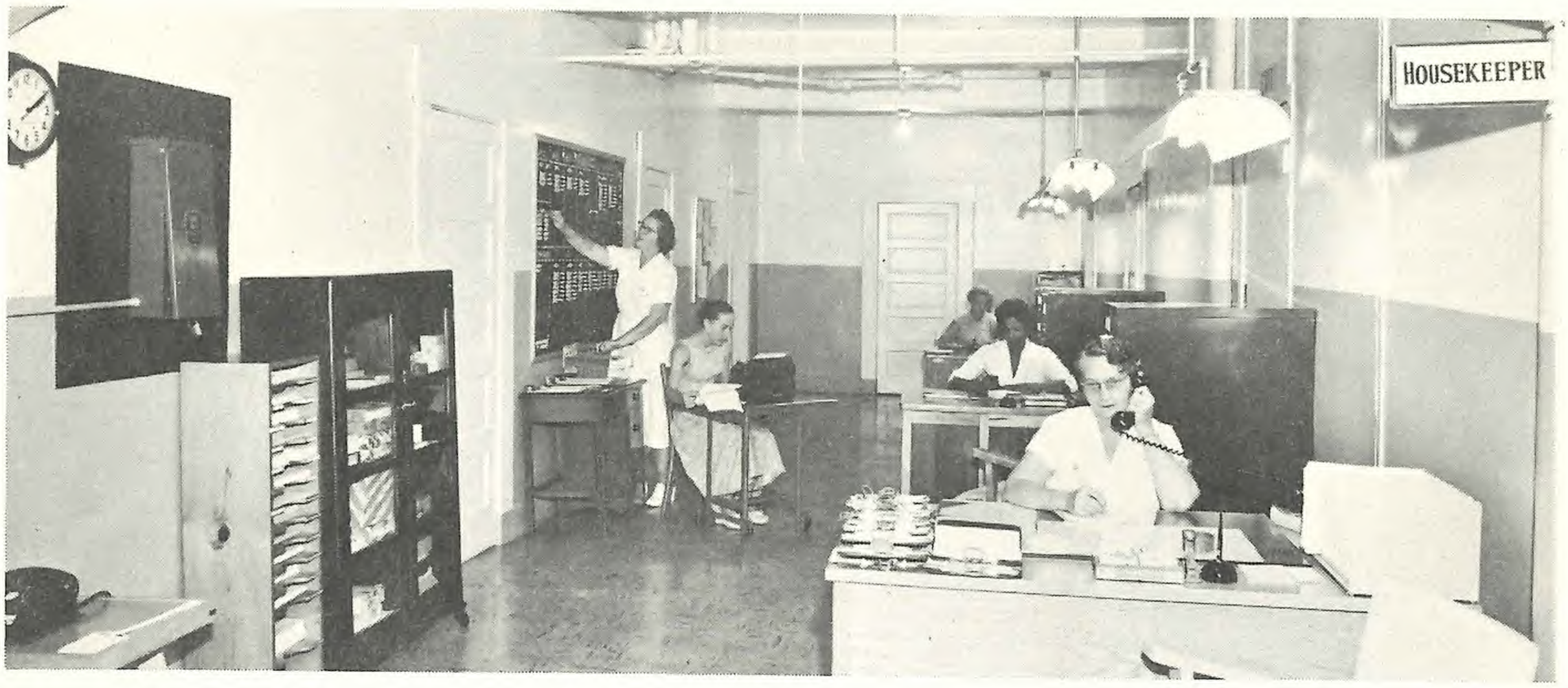
*A portion of the dayroom facility in Ward E, the new Security Ward.*




*Dietitians conferring in the old Ward E Kitchen.*



*Combined dining and dayroom facilities in new Ward E.*




*Housekeeping office in the basement of a building scheduled to be demolished.*



*Entrance to General Services Office including Housekeeping in the new General Services Building.*

*Patients awaiting admission in old admitting office.*

*Newly arrived patients in the temporary admitting office in ward Building C. This area will become the Phoenix Out-Patient Clinic office, when a new Receiving Building is constructed.*



*Site for the parking lot for the Personnel and Education Building, showing the removal of an ancient hospital building.*



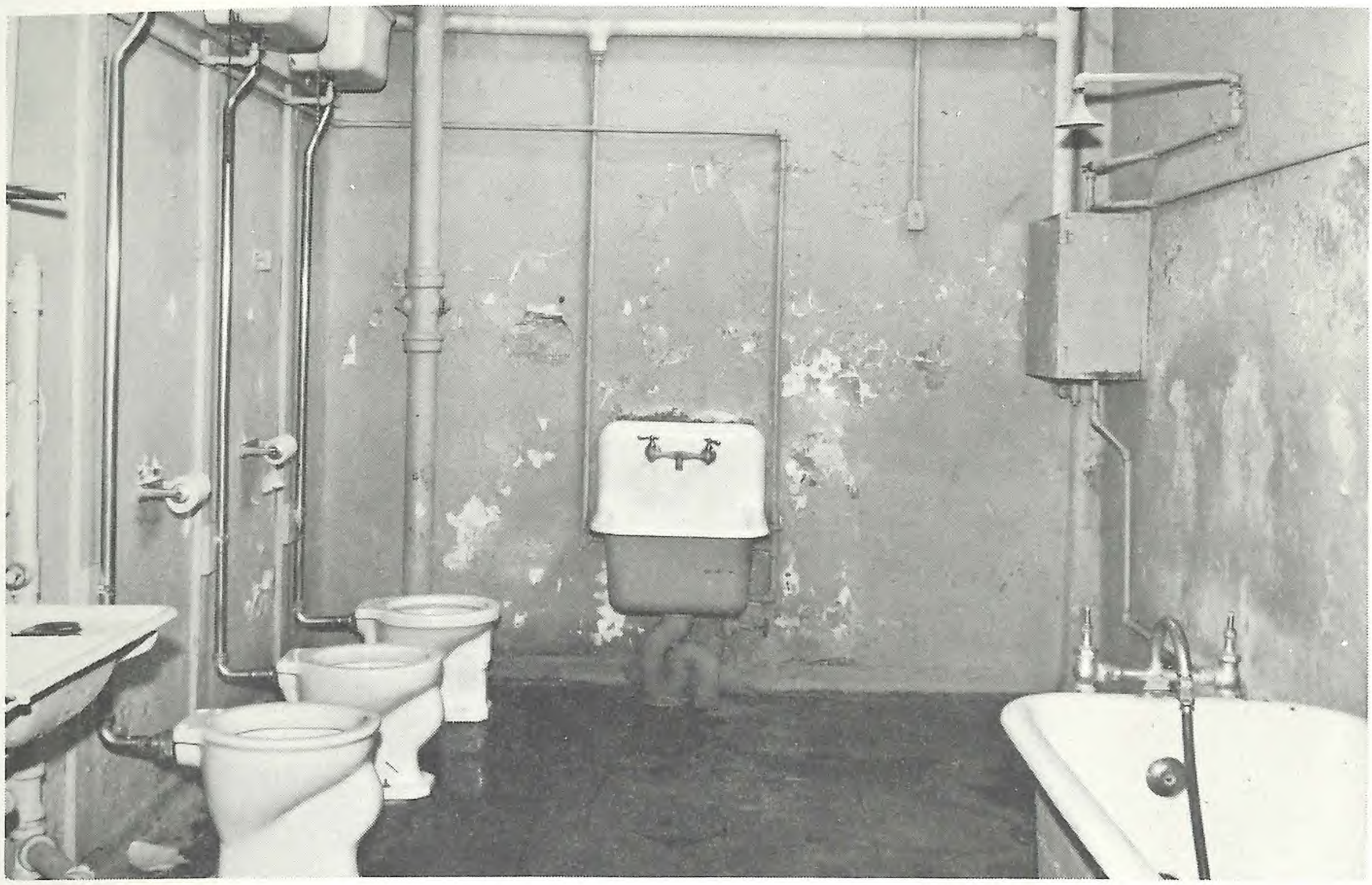
*New parking lot for the Personnel and Education Building.*

"*Winter Fishing — White Mountains*" BY JOSEF MUENCH

BY JOSEF MUENCH







*These bathroom facilities still exist in several hospital wards. This unsightly area is in a ward still occupied by older female Arizona citizens.*



*Old C Building, showing removal of one wing. This building is scheduled to be completely removed within two years.*



*This building is 77 years old, expensive to maintain and impossible to reconstruct. It is hoped that it may be demolished and replaced with a new Receiving, Diagnostic, and Treatment Building.*



