

### 3. EASTERN OREGON HOSPITAL AND TRAINING CENTER

E.I. Silk, M.D., Superintendent

#### History

Eastern Oregon Hospital and Training Center, which is located within the city of Pendleton, was opened in January 1913 to serve the mentally ill residing in most of the counties east of the Cascade Mountains. This hospital, which had formerly been known as Eastern Oregon State Hospital, was given its present name by the Fifty-third Legislative Assembly as a result of the inauguration of a new program to accommodate the mentally retarded. During the 1964-66 biennium, three wards were completely rebuilt, enabling the use of five wards for the retarded. Three more wards were remodeled during 1966-67, and an additional two wards are being remodeled during this biennium. The completion of this remodeling will probably achieve the maximum possible population of the retarded at this hospital. Most patients are profoundly and severely retarded and require intensive care. They are unable to assume a patient-worker role, and a relatively high staff-to-patient ratio is necessary to care for them.

#### Populace Served

The present hospital catchment area for the mentally ill includes all counties east of the Cascades with the exception of Lake, Klamath, Jefferson, Deschutes, and Crook Counties, and represents a little under 10 percent of the state's population and about 47 percent of the state's area. Voluntary patients may be admitted from all counties of the state, and committed patients outside the catchment area may be admitted in certain instances at the direction of the Administrator of the Mental Health Division. Mentally retarded patients are admitted only by transfer from Fairview Hospital and Training Center. The hospital operates an outpatient clinic, which serves those residents of Eastern Oregon who do not require admission to the inpatient services and are unable to avail themselves of local psychiatric facilities.

#### Population Statistics

		<u>M.I.</u>	<u>M.R.</u>	<u>Total</u>
Intake	7-1-67 to 6-30-68	715	11	726
Outgo	7-1-67 to 6-30-68	747	28	775
ADP	1966-68	543	341	884
Census	6-30-68	504	374	878 (+7 trial visits)

### Goals and Objectives

The Hospital has assumed as a major goal the restoration, where possible, of patients to mental and physical health and economic self-sufficiency. Where this cannot be achieved, it is the hospital's aim to assist the patient to reach that state of mental and physical health which would enable him to return to, and be reabsorbed into, the community in a situation commensurate with his abilities. For those patients unable to return to their communities, it is hoped to provide adequate treatment and environmental and recreational orientation to permit them to achieve the maximum of their potential. To achieve this, the staff has emphasized a progressive overall treatment program which includes chemotherapy, electrotherapy, individual psychotherapy, group psychotherapeutic sessions, marriage and family counseling, dental hygiene programs, laboratory services, educational, library, recreational and vocational programs, and the use of medical consultants in neurology, pathology, psychiatry, gynecology, radiology, surgery, and psychiatry.

A second major goal is the institution of programs which would more deeply involve the hospital with local communities, particularly in the fields of after-care and services to the alcoholic. The Hospital-Family Project has been of invaluable aid in providing follow-up service for many of the discharged patients in the four counties (Baker, Umatilla, Union, and Malheur) involved in that program, but similar services in other parts of the hospital's catchment area have not been adequate because of shortage of social workers and the distances involved.

### Status of Major Programs

During the biennium, more emphasis has been placed in the Mental Illness Unit on general group psychotherapy with development of patient ward councils, particularly in the admission wards and the open continuous treatment wards. Two of the latter wards are the subject of an inservice training grant for training in community living and job placement.

Close cooperation has been developed with the Department of Vocational Rehabilitation with regard to all long-term patients; but the age group and lack of employment facilities, nursing homes, and/or residential facilities have created problems of placement. In cooperation with the Department of Vocational Rehabilitation, a larger and better equipped sheltered workshop has been built.

A valuable new program has been the development of an inservice training program for the entire professional staff, funds having been provided to bring specialists from various mental health disciplines to the hospital for lectures and seminars. Several staff members participated in a program of Small Group Training for Community Leaders (Sensitivity Training) with subsequent benefit to the Hospital.

Community relationships are good, with many of the professional staff being involved with a variety of community organizations in Eastern Oregon. Members of the hospital staff have served on committees and planning boards in several Eastern Oregon counties with the goals of establishing local mental health centers, have established alcohol information and referral services, and have participated in public education services in the area of mental health. There could be considerable improvement in this area if personnel were available to visit the more remote and less populous parts of the hospital's catchment area.

In the Mental Retardation Unit, there has been an increase in aide participation in planned activity on the wards for ambulatory, profoundly retarded residents. There has also been an increase in activities on the wards because of more efficient use of space, and an improvement in the feeding program by effecting changes in feeding schedules. The enclosed play area on the grounds south of the Mentally Retarded Unit has been furnished with playground equipment. This has been in constant use, and the residents have begun to learn how to use the equipment. It is hoped that another area can be equipped and opened by next summer so that more residents could enjoy a play yard. Regular ward staff meetings have been instituted on all mentally retarded wards; on some wards, the residents are included in the meetings and, post-sessions are held with the staff. The addition of a pediatrician and a physician with many years of experience in the field of mental retardation to the staff has improved hospital medical services.

All residents on the crib wards have been evaluated for physical disabilities and the obtained information has been made available for use by the consulting psychiatrist and physical therapy aides. Behavior modification on an individual resident basis has been held on four wards; there has been some significant improvement in behavior in several of the residents.

A training program on grooming was initiated with a small group of residents. This has been expanded to include many more individuals, the original group helping to train the others.

There were no placements among the profoundly retarded residents. Among the mildly to moderately retarded residents, there were seven placements, six of whom have been able to remain in the community. Follow-up contact on these residents is done by a staff member in cooperation with the Department of Vocational Rehabilitation and counselors from the Salem Rehabilitation Facility.

Staff training is on a continuing basis, consisting of lectures by professional staff, educational films, and ongoing classes to psychiatric

aides on behavior modification. Hospital staff participated in various professional meetings and workshops and made visitations to other institutions for observation in the care of the mentally retarded. Three members spent a week at Sonoma State Hospital in California. Various consultants visited the Hospital and made valuable contributions to the care and treatment of physical and behavioral problems.

The staff has been actively involved with the community. Four staff members worked with and helped to encourage the Pendleton Junior Chamber of Commerce to sponsor the formation of the Umatilla Chapter of the Oregon Association for Retarded Children. Lectures have been given at Blue Mountain Community College by the professional staff, and many tours have been conducted for psychology and practical nurses' classes. Lectures to numerous organizations have been given, and two workshops on mental retardation were presented by the nurses of the Mental Retardation Unit to District No. 7 of the Oregon Nurses' Association.

#### Program Projections

Program changes authorized by the Board of Control in its improvement budget actions are the development of continuity of care between the communities and the hospital in the fields of both mental illness and mental retardation, the development of comprehensive services for the alcoholic, and the granting of increased levels of supplies for the improvement in the day-to-day living conditions of patients.

The Hospital Family Project, which has been providing a great deal of aftercare services and has also been active in working with discharged alcoholics, will in all probability not be renewed at the end of this biennium because of the cutback in Federal grant funds. Since this project provides the closest ties the Hospital has with the larger communities in Eastern Oregon, it is of vital importance that the proposed Board of Control programs be implemented and that relationships with the communities be maintained and strengthened.

#### Capital Construction and Improvements

During 1966-67, Phase II of the plumbing-heating mechanical rehabilitation, remodeling of two wards, and the installation of two elevators were completed. Two additional wards in the Mental Retardation Unit were built in 1968. For the 1969-71 biennium, the Board of Control has approved the repair of gutters and downspouts in the main building and provided for adequate drainage.

Major capital construction needs for the future remain a Crafts and Therapy Activities Building, painting and repair of the outside tall buildings, and a medical-surgical unit.

Comment

Eastern Oregon Hospital and Training Center is in urgent need of additional, adequately trained professional-level personnel--particularly psychiatrists, psychologists, and social workers. It is hoped that the recent pay increases will make recruiting easier in these areas.

There has been a critical shortage of available patient workers with no prospect of replacement in the future due to shorter length of stay, and consequently more institutional workers are needed to carry out the many nursing functions of the hospital.

Financial problems have been evoked by unbudgeted expenditures. These include costs for centralized accounting, purchasing services of the Department of Central Services, and increased drug costs which are up about 10 percent.

Considerable concern has been focused on the problem of providing adequate psychiatric aide coverage to those wards with the heaviest work load, such as the two crib wards, the two aggressive mentally retarded wards, and the three psychiatric geriatric wards. Reduction of aide staffing based upon projected patient population and a further reduction based upon budget reductions, as occurred in November 1967, have created acute care problems. Population projections, while essential to operations, often do not take into account the amount of actual physical care required by many patients. The physical plan of the hospital does not readily lend itself to combining wards without a loss of adequate supervision. The closure of an additional ward would not substantially affect psychiatric aide coverage but would result in overcrowding and a lowering of the standard of patient care.

Eastern Oregon Hospital and Training Center  
Biennial Report  
1966-1968

Summary of Expenditures - July 1, 1966 to June 30, 1968

Summary of Expenditures By Program	1965-1967	1967-1969	Total Expenditures 1966-1968
	Biennial Appropriation	Biennial Appropriation	
	Expenditures 1966-1967	Expenditures 1967-1968	
Administration	\$ 190,804	\$ 197,787	\$ 389,591
Dietary	341,225	373,921	715,146
Physical Plant	380,774	409,188	789,962
Housekeeping and Clothing	135,411	70,627	206,038
Laundry	71,093	125,617	196,710
Acute Treatment	82,113	110,938	193,051
Gen. Prof. and Tech. Services	164,542	177,772	342,314
Education and Research	7,548	3,996	11,544
Activity Therapies	80,096	91,558	171,654
Supervisory Services	38,610	93,276	131,886
Treatment, M.I.	873,362	967,528	1,840,890
Ancillary, M.I.	46,086	59,858	105,944
Treatment, M.R.	616,899	811,649	1,428,548
Ancillary, M.R.	21,165	31,534	52,699
Outpatient	40,514	35,783	76,297
Capital Improvements	<u>48,937</u>	<u>10,358</u>	<u>59,295</u>
Totals	\$3,140,179	\$3,571,390	\$6,711,569

Summary of Expenditures  
By Fund

General Fund	\$ 84,851	\$ 56,000	\$ 140,851
Miscellaneous Receipts	<u>3,055,328</u>	<u>3,515,390</u>	<u>6,570,718</u>
Totals	\$3,140,179	\$3,571,390	\$6,711,569

Miscellaneous Schedule

	<u>June 30, 1967</u>	<u>June 30, 1968</u>
Number of Employees, Positions Filled	480	474
Assessed Valuation of Physical Plant	\$9,692,009	\$10,582,375
Acres in Grounds	260	260