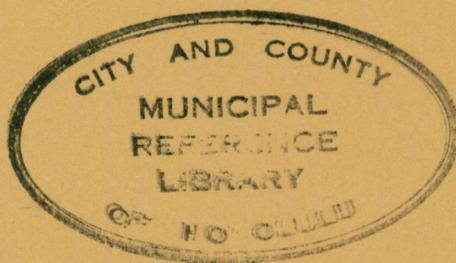


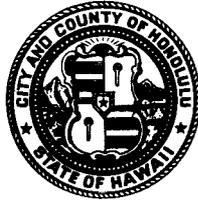
**DEPARTMENT OF HEALTH**  
**City and County of Honolulu**



**annual report**  
**1960**

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NEAL S. BLAISDELL  
Mayor



**CITY AND COUNTY OF HONOLULU  
DEPARTMENT OF HEALTH**

1027 HALA DRIVE  
HONOLULU 17, HAWAII

May 26, 1961

DAVID I. KATSUKI, M.D.  
City and County Physician  
RAYMOND HIROSHIGE, M.D.  
Assistant City and County Physician  
WILLIAM G. AMONG  
Business Administrator

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The Honorable Neal S. Blaisdell, Mayor  
City and County of Honolulu  
Honolulu, Hawaii

Dear Mayor Blaisdell:

In accordance with Section 12-107, Charter of the City and County of Honolulu, the Department of Health respectfully submits its Annual Report for the year 1960.

A greater portion of our success for 1960 was directly due to your continued interest, assistance, and support in the welfare of the department.

Respectfully,

DAVID I. KATSUKI, M. D.  
City and County Physician

## *ACKNOWLEDGMENT*

To our faithful and dedicated employees of the department go our sincerest appreciation and thanks for a job well done.

To our loyal and devoted volunteers who have given of their time and energy unstintingly, we wish to express our deepest appreciation and gratitude.

## THE CITY AND COUNTY DEPARTMENT OF HEALTH

The Department of Health is made up of three major divisions in addition to its management staff. They are: (1) The Emergency Hospital Division, (2) the Maluhia Hospital Division, and (3) the Social Service Division. The Emergency Hospital Division had its origin in the year 1908 and the Maluhia Hospital Division in 1931.

Because of the small number of divisions, the administration exercises complete a span of control over the department's operations, giving every organizational unit a clear channel of communication so that it is possible for them to work together as a hard-hitting team. As we progress, however, there will be areas that must be strengthened, but this will come about as we make further gains in the field of medical service.

## EMERGENCY DIVISION ANNUAL REPORT

The Emergency Ambulance and First Aid Services of the City and County Department of Health has continued to give this all important service to the public since the reorganization of January, 1930. The main divisions of the Department of Health are the Emergency Ambulance and First Aid Services and the Maluhia Hospital.

The Emergency Ambulance and First Aid Services has its main unit in the Maluhia building and other units in Waikiki, Wailupe, Kaneohe, Kailua and Waianae.

The number of ambulance runs have been gradually increasing from roughly 8,000 in 1957, 10,000 in 1958 and 13,000 in 1959. However, since the ambulance transfers of private non-emergency cases were turned over to private ambulance services in October, 1959, the number of ambulance runs between 1959 and 1960 has remained unchanged. It is felt, however, that because of the transfer of this type of service to private enterprises, the City and County Emergency Ambulance and First Aid Services is now able to concentrate its efforts on emergency services, and thus better serve the public in this field.

Another major service that the Emergency Division provides in addition to first aid and ambulance service is the Out Patient Section for the indigents and medically indigents. This section provides clinical services, Mondays through Fridays, from 7:30 A.M. to 4:30 P.M. Furthermore, should a patient need medical attention after hours, weekends and holidays, services are rendered through the Emergency Unit.

There are many other services that are rendered by the Emergency Ambulance and First Aid Division:

1. Physical examinations from school, foster home pre-placement examination, DSS employability, Social Security disability, camp, CPA and others.
2. Treatment consists not only of examination and medication but also includes comprehensive laboratory work, x-ray studies, etc.
3. Follow up return appointment slips are issued to the patients to provide continuity of treatment.
4. Admissions from private hospitals, other agencies and nursing homes to Maluhia Hospital.
5. Requests for hospitalization for surgery, etc. from out-patient clinics of private hospitals.
6. Administration of Salk vaccine and other immunization vaccines to the indigents and medical indigents.

Dr. Raymond Hiroshige, Assistant City and County Physician, has the direct supervision of the Emergency Ambulance Service and its subdivisions. He has a staff of ten licensed doctors, seven registered nurses, one supervising ambulance driver, one assistant supervising ambulance driver, 38 ambulance drivers and 21 attendants to carry out the all important functions of this division on the island of Oahu.

## EMERGENCY BUSINESS OFFICE

This office is responsible for maintaining the statistics of all the industrial cases for the government employees of the City and County, including the recording, tallying and submitting of reports on each industrial case. The estimated medical cost for 1960 of the City's industrial injuries is \$47,225.00.

This office schedules and processes all Civil Service pre-employment physical examinations, annual physical examinations for the Honolulu Police Department, Fire Department, and Department of Health, and annual physicals for drivers of City and County vehicles and police reserves. It also maintains reports of all out-patients treated at the Emergency Hospital and out-patient treatments given by our City and County Medical Officers in the rural areas. These reports also include out-patients treated at Manoa Convalescent Home and Palolo Chinese Home. A record is maintained of all City and County employees reporting for first sick calls.

For the medical care program, this office records, tallies and checks all invoices from private hospitals, doctors and clinics on services rendered to indigents and medical indigents. The statistical records maintained by this business office include emergency treatments, sex case violations, assault and battery, drunk driving, and treatment rendered to City and County prisoners. Also compiled are reports of ambulance calls and billings for pre-placement and employability physical examinations and out-patient visits. All revenues received are handled by this office.

## LABORATORY

Although an increase was expected, the total number of examinations performed by the laboratory in 1960 was only slightly above that of the previous year. This can be explained by the fact that the intern program, in which two internes from Kuakini Hospital spent full time at Maluhia, was discontinued. The patients were formerly observed throughout the day and laboratory tests were ordered as deemed necessary. The discontinuation of the program had its effect on doctors, nurses, and laboratory personnel.

Figures in the fields of hematology, urinalyses, chemistry, and serology remained fairly constant. There was a slight increase in examinations for the Coroner's and Police Departments. Although fewer subpoenas were served upon the technologists, more time was spent testifying in court on drunken driving and rape cases.

Some of the procedures were changed to keep up with the times and new tests were added. A flame photometer was ordered for the coming year, the step being taken only after considerable thought. Although the cost of this piece of equipment is relatively high, it would be offset eventually by the great savings when analyses of specimens now sent out is done in our own laboratory.

Annual physical examinations were started in April and continued through December. As always, this is a hectic period, when the laboratory is flooded with blood samples, urine samples, and glassware. Understandably, the end brings a great feeling of relief.

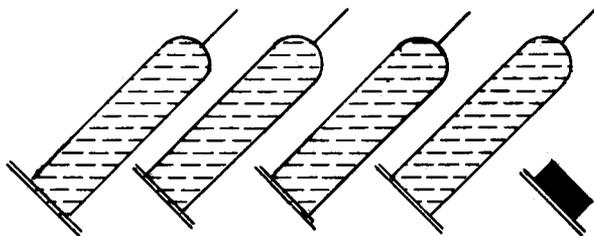
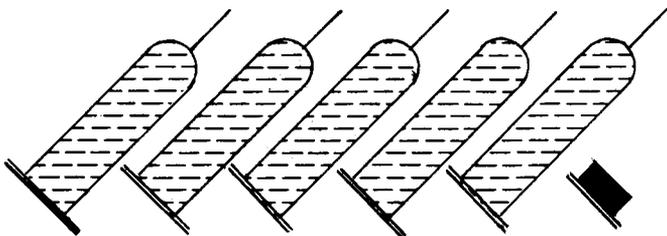
During the latter part of the year there was a noticeable change in tempo around the hospital. Preparations were made for the Emergency Division to move into the building once occupied by Sears. The personnel affected by this step began planning and ordering supplies, so as to be ready at the proper time. Two of the four technologists will be with the Emergency Division to serve everyone, excluding Maluhia Hospital patients. Unfortunately, there has been no arrangement for a laboratory aide, but we are hoping for such help by the time the annual physical examinations "season" comes along, perhaps in March.

We are looking forward to the coming year. With Maluhia Hospital and the Emergency Division in separate quarters again, the laboratories will be catering to different types of cases and people. As the various City and County departments grow, as they certainly will, our work load should be increasing. Come what may, it should be interesting.

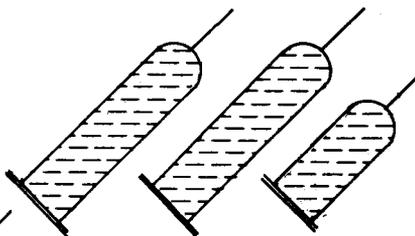
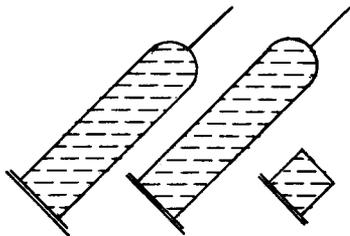
1959

1960

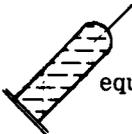
In Pts.



Out Pts.



Hematology ( equals 2000 cases)



In Pts.



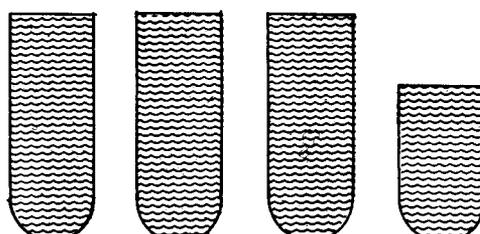
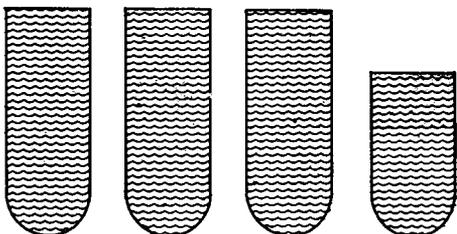
Out Pts.



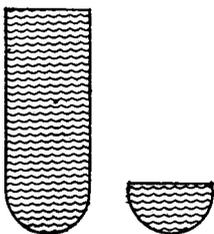
Urinalyses ( equal 1000 cases)



In Pts.



Out Pts.



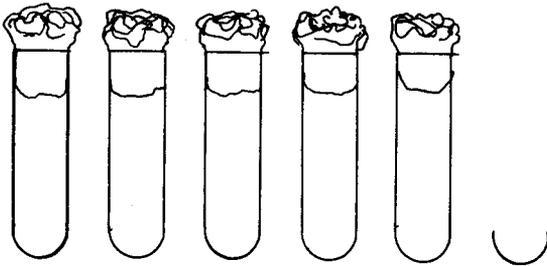
Chemistry ( equals 500 cases)

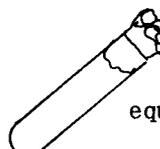


1959

1960

In Pts.

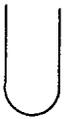


Bacteriology (  equals 10 cases)

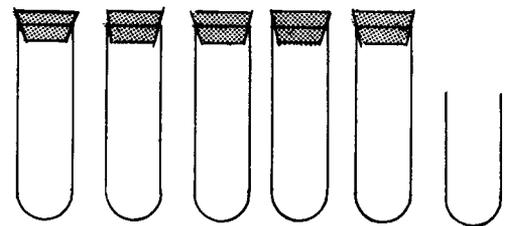
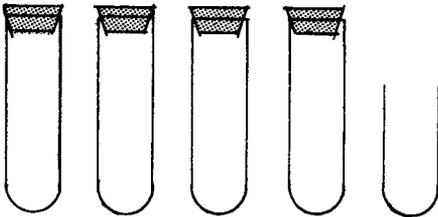
Out Pts.

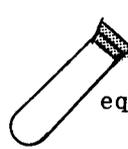


In Pts.



Out Pts.

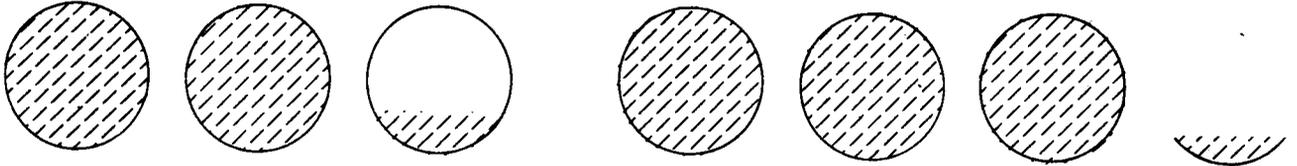


Serology (  equals 500 cases)

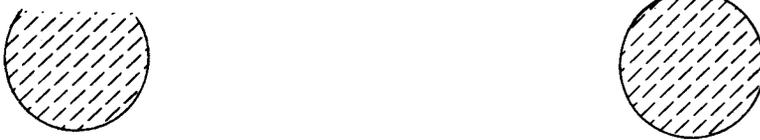
1959

1960

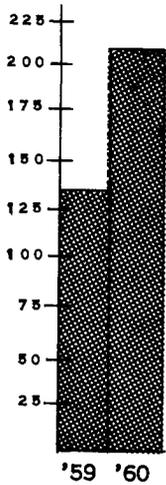
In Pts.



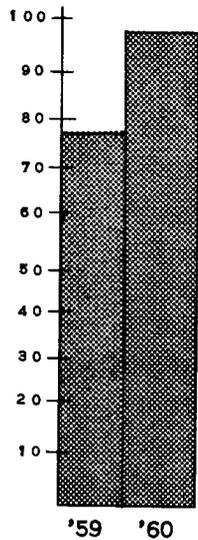
Out Pts.



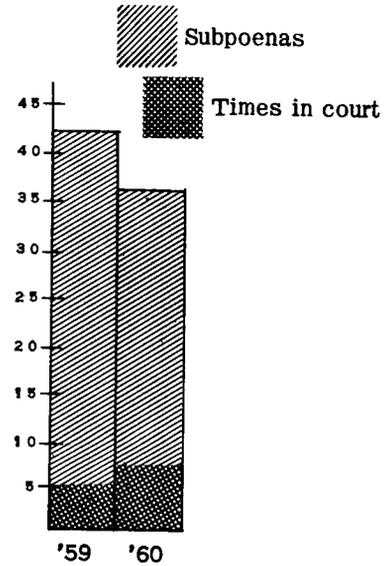
Parasitology (  equals 50 cases)



Coroner's Cases



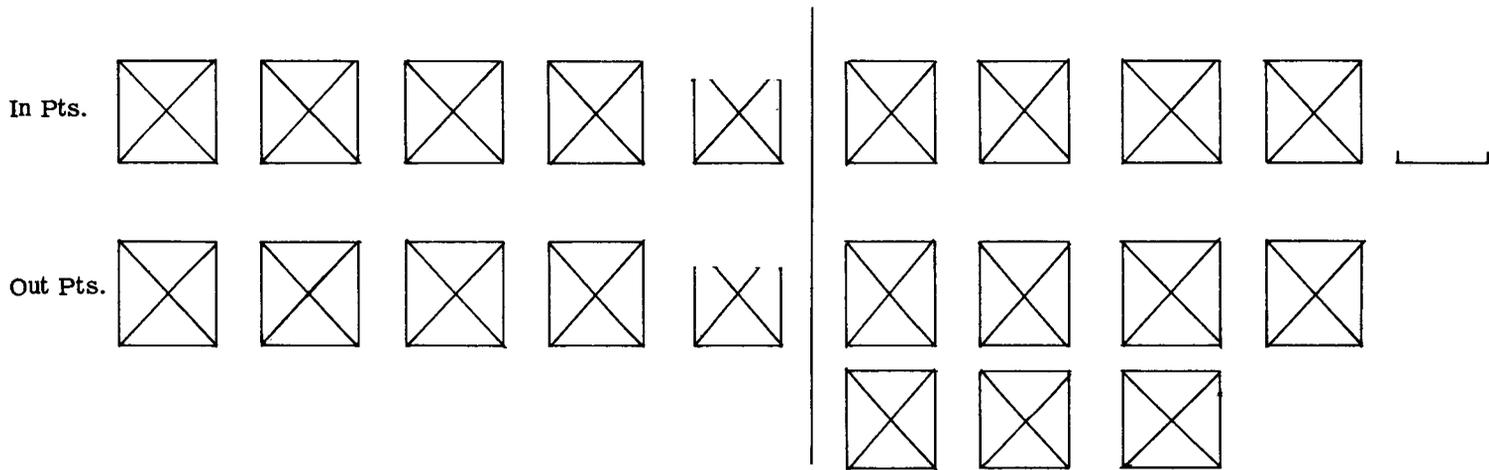
Police Cases



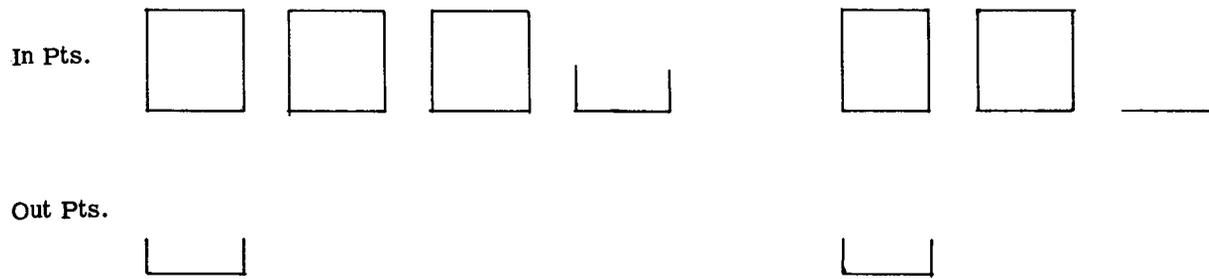
Court Cases

**1959**

**1960**

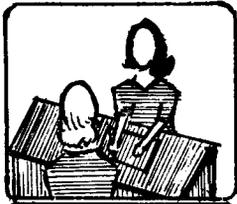


X-ray (  equals 500 cases)

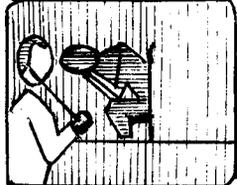


Electrocardiograms (  equals 100 cases)

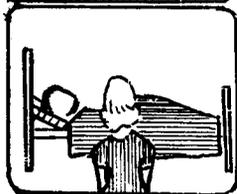
# SOCIAL SERVICE DIVISION PROGRAMS AND FUNCTIONS



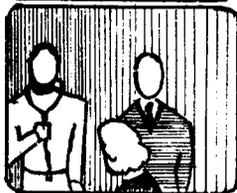
**APPLICATIONS FOR INDIGENT MEDICAL CARE:** Interviewing applicants for determination of eligibility under the Medical Payments Program; reviewing and evaluating current and future resources and comparing with living expenses; obtaining social case histories.



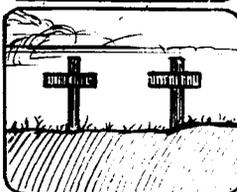
**PROCESSING APPLICATIONS FOR COMMITMENT OF MENTAL PATIENTS, & PATIENTS HABITUATED TO THE USE OF ALCOHOL & DRUGS:** Interviewing patients and relatives for case histories, holding case conferences with Medical Officer and completing commitment papers.



**MEDICAL CARE FOR PENSIONERS, C&C PRISONERS AND PERSONS UNDER POLICE CUSTODY:** Determining the eligibility of State and County pensioners for medical and hospital care; verifying the status of jail and cell-block cases for coverage of hospital cost.



**CASE CONFERENCES:** Holding conferences with Medical Officers and relatives of patients regarding recommended care and health supervision at home or nursing homes.



**BURIAL ASSISTANCE:** Interviewing applicants who seek assistance for burial of relatives or friends who left no assets for the proper disposition of their bodies; investigating cases referred by the Medical Examiner's Office for burial or cremation.



**NURSING HOME PLACEMENTS:** Finding suitable boarding or nursing homes for patients who are without relatives, or suitable care cannot be given in their own homes; conferring with Medical Officers for recommended nursing care and medical follow-up.



**CASEWORK SERVICES TO MALUHIA HOSPITAL INPATIENTS:** Visiting patients to help work out their social or economic problems; contacting relatives concerning patients' welfare; assisting patients with adjustment to hospital care and prolonged confinement.



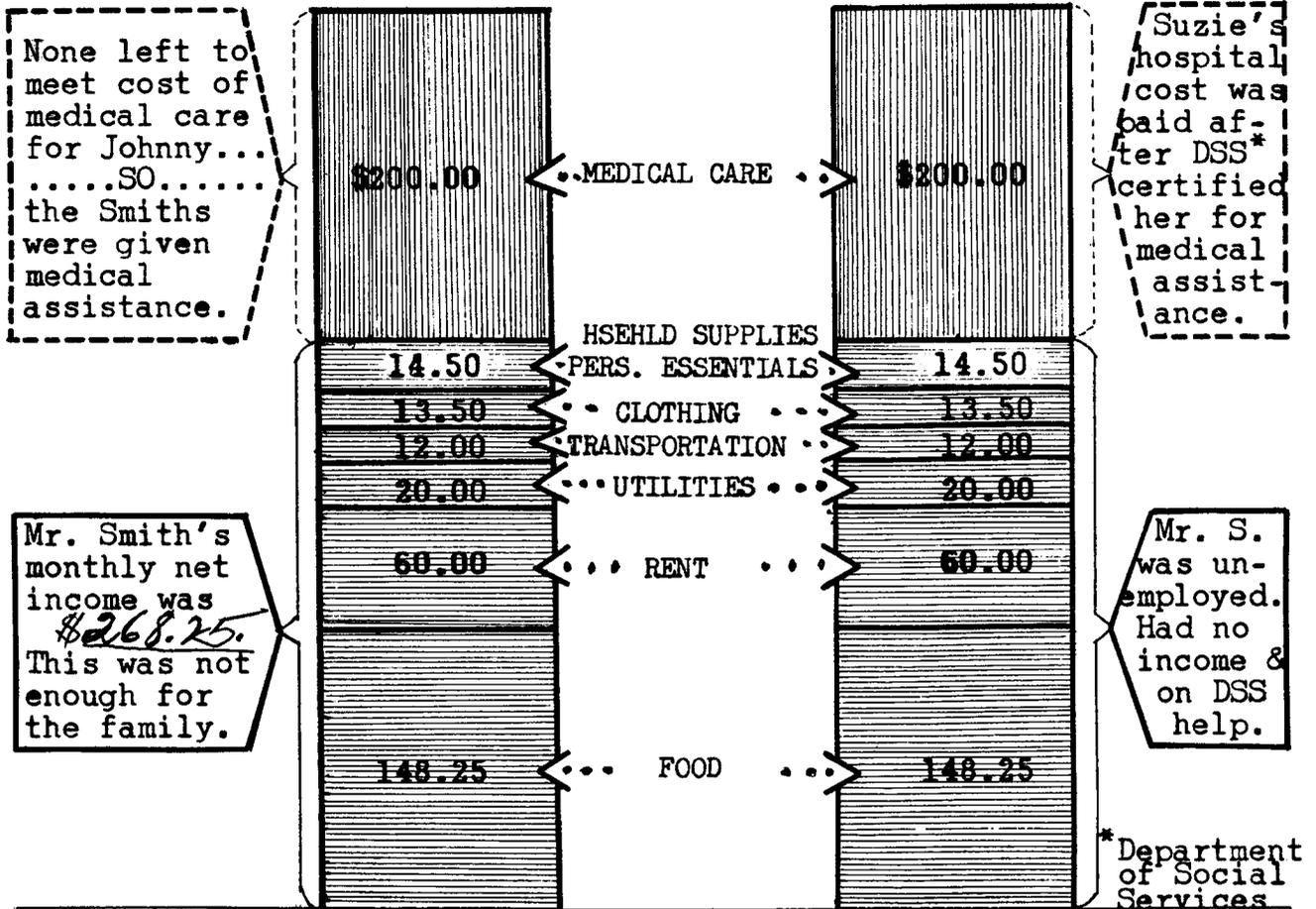
**RECORD KEEPING BY CLERICAL STAFF:** In view of the varied functions of the Social Service Division, the record keeping in this office is tremendous. Social summary records, controls, hospital statements, daily reports, etc. are maintained for the benefit of patients.

THE SELF-SUPPORTING FAMILY

Mr. & Mrs. John Doe needed help for Johnny's hospitalization because.....

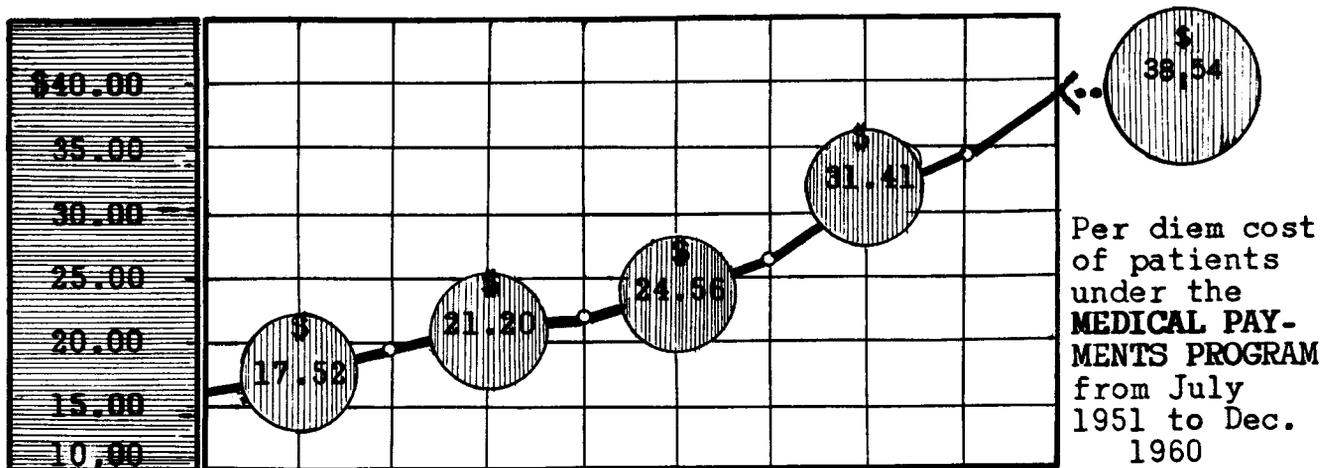
FAMILY ON PUBLIC ASSISTANCE

Mr. & Mrs. Joe Smith also needed help for Suzie's hospitalization because....

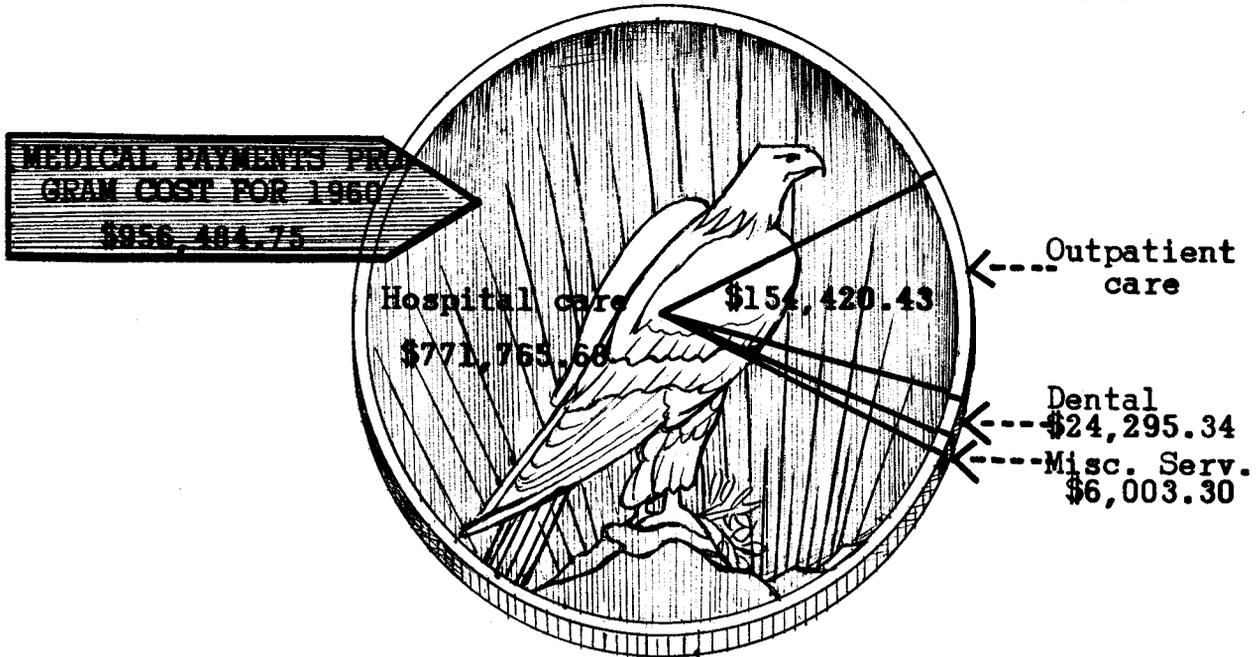


A CONSTANT RISE IN HOSPITAL CARE COST

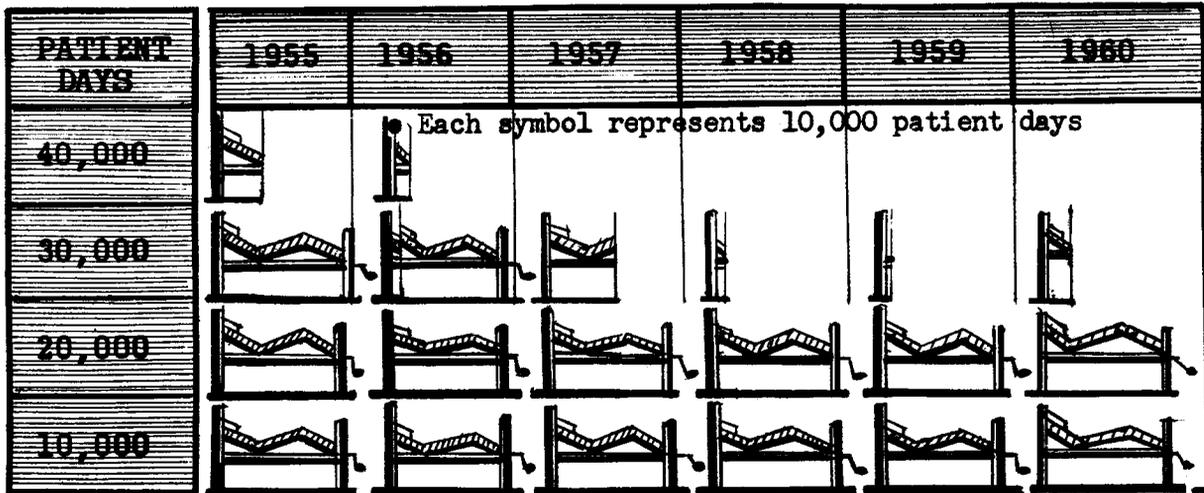
1951 1952 1953 1954 1955 1956 1957 1958 1959 1960



## HOW THE 1960 MEDICAL PAYMENTS PROGRAM DOLLARS WERE SPENT



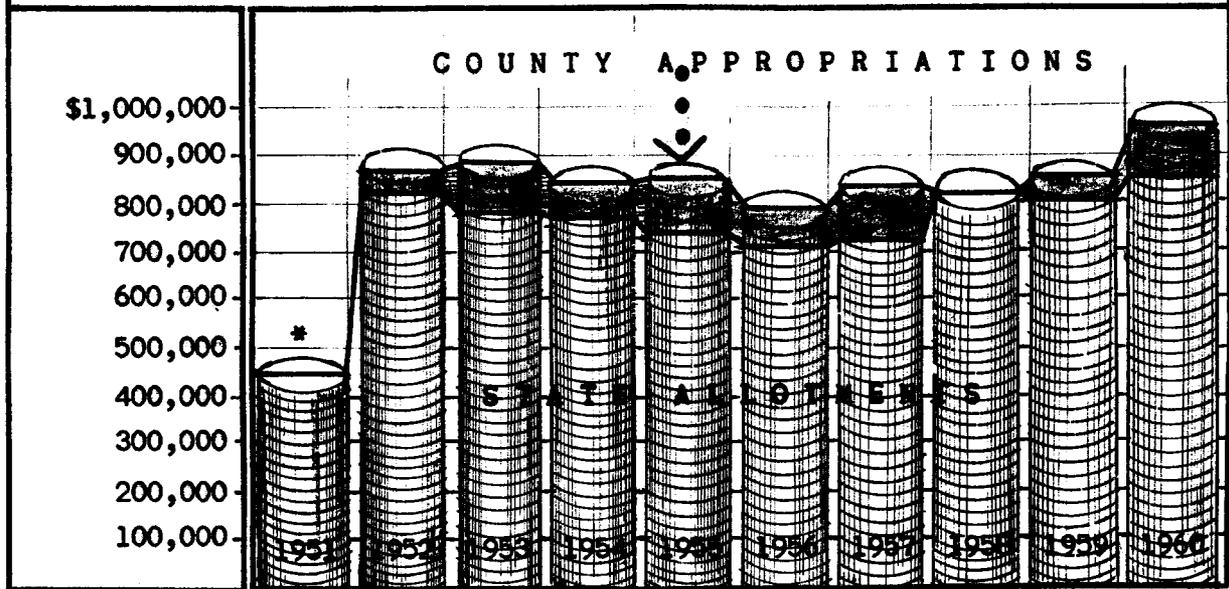
## SEVERAL FACTORS CAUSED A CONTINUOUS DECREASE IN PATIENT DAYS



### REASONS FOR DECREASE OF PATIENT DAYS . . . .

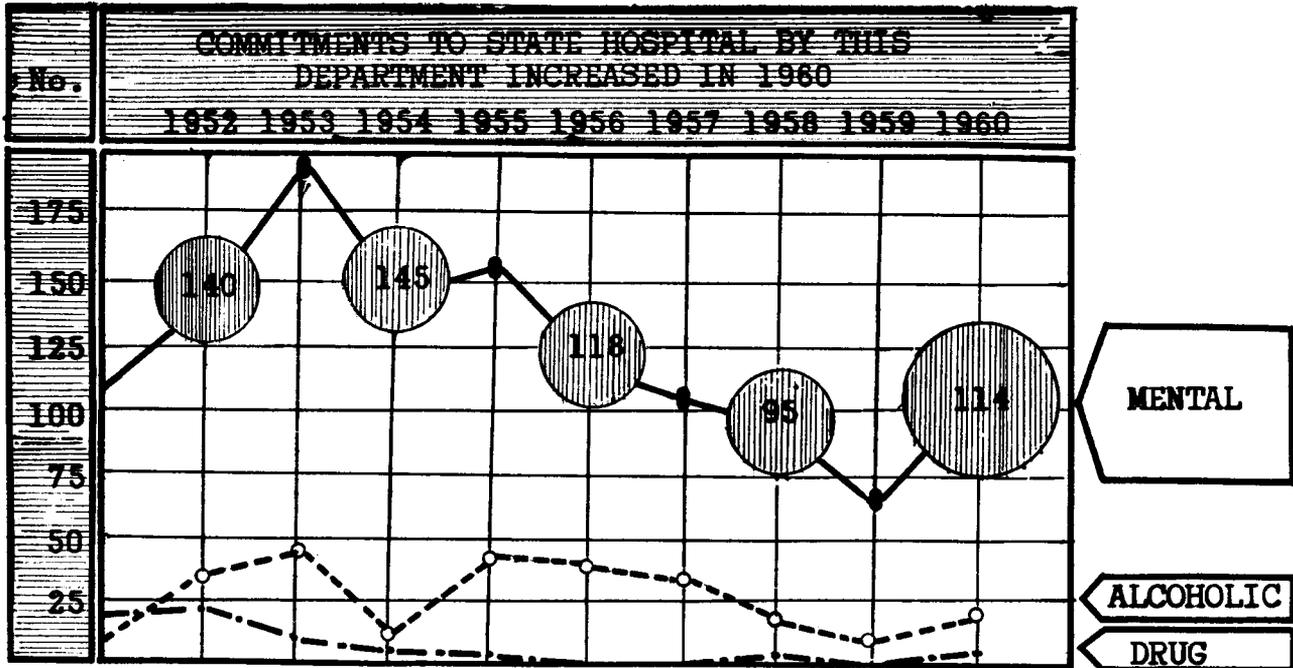
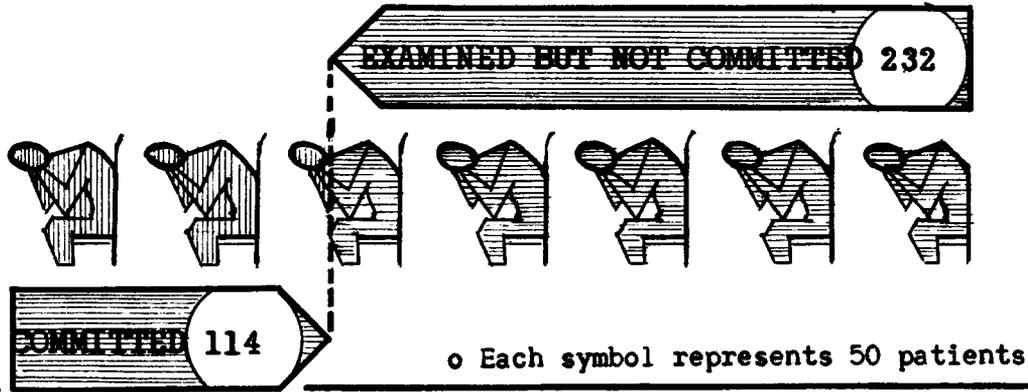
1. Improved economic condition causing decrease in the number of applicants for medical assistance.
2. Improved method of patient care and use of new drugs.
3. Transfer of patients to Maluhia Hospital from general hospitals.

MEDICAL PAYMENTS PROGRAM COST IS ON THE INCREASE



\* Beginning July 1, 1951

**NUMBER OF PATIENTS EXAMINED BY THE C&C  
DEPARTMENT OF HEALTH IN 1960 FOR POSSIBLE COMMITMENT  
FOR MENTAL TREATMENT**



For the past 10 years, the ratio between the number of persons not committed and the number of persons legally committed to the State Hospital through this department has remained relatively constant. The larger number of persons not committed annually is of great significance to the community as it points out the need for progressive plans for preventive care and treatment of the emotionally or mentally disturbed.

In any given year, there are several patients who are found to be committable by our Medical Officers but relatives change their minds later as they feel regret to admit them into a mental institution.

## MALUHIA HOSPITAL CLINICAL MEDICINE SECTION

Maluhia Hospital had long been considered a place for the chronically ill requiring mainly convalescent care, but this concept is obviously outdated and is so recongized by the public, since acute medical conditions as well as the semi-acutely ill have likewise been treated in recent years. This changing phase in the history of the hospital by no means excludes or neglects the care of the chronically ill—emphasis is definitely on attempting to achieve functional restoration wherever possible, and following discharge, close follow-up care is maintained by the out-patient department to give continued supervised assistance to the patient.

The introduction of the intern-resident program in November, 1958 in affiliation with Kuakini Hospital played a definite role in this transitional phase of clinical management. As previously noted, it was no longer merely a “home” for the care of the aged invalid, but an active field for more comprehensive management of the short and long term hospitalizations. Under the guidance and supervision of two senior Maluhia Hospital medical officers, two interns regularly participated in all phases and aspects of patient-care. In a relatively short time, enthusiasm and favorable attitude towards this program was evidenced in the acceptance of these interns by the patients themselves, and the medical team soon became the functioning core of the hospital. Care and treatment of in-patients progressed and was maintained at a professionally high level; patient and staff morale was noticeably improved.

But now, what has happened to the intern-resident program at Maluhia Hospital? In the latter half of 1960 this program came to an abrupt end. The reason for this unfortunate curtailment was the recent legislation requiring every foreign medical school graduate to undergo a written examination in order to continue studies in the United States. As a result, the number of interns was drastically reduced throughout the island hospitals; Maluhia Hospital was no exception—the program had to come to an end; it died a natural

death and that was all there was to it. Significantly, these junior medical officers had filled an important gap in the hospital personnel. It was they who initially examined the patients, recorded all medical histories and findings; it was they who also recorded the daily observations and progress of the patients and assisted the staff medical officers in the day-to-day procedures involving both medical and surgical cases of some 245 in-patients.

The two senior medical officers previously mentioned, aside from administering patient care and supervising the work activities of these interns, have been directly responsible for medical problems and management of the chronically ill in areas outside Maluhia proper—namely, the Palolo Chinese Old Men's Home and the Manoa Convalescent Home. It is further required of these medical officers that they make regular visits to the City and County Jail at Iwilei to evaluate health and medical problems of the inmates and provide professional medical services accordingly.

With the medical staff at a minimum, and demands constantly increasing as a result of shorter hospitalization and greater and faster patient turn-over, the staff physicians are continually working under strain to provide the care that meets with their personal standards and satisfaction. Nevertheless, the fact remains that a maximum standard often cannot be maintained in a situation such as that which presently exists. To assure maintenance of good patient care and high level standards in the future, sufficient man-power must not be compromised. Needless to say, where considerable time and effort are likewise in demand in areas other than the hospital unit, adequate care to the bed-ridden will inevitably be jeopardized, the undercurrent of which may also be interpreted in terms of prolonged hospitalization, and, consequently, acute limitation of otherwise available beds.

In conclusion, the medical staff recognizes the ever-increasing demands placed upon the laboratory, x-ray, nursing and social service sections and wishes to acknowledge in appreciation the spirit of teamwork and productive effort. Last but not least, the clinical section wishes to extend grateful appreciation for the kind cooperation of the specialty consultants in the Emergency Division of the City and County Health Department, and do hope that we may continue to impose upon their unassuming but willing attitude.

## MALUHIA DENTAL SECTION

The Dental Section at Maluhia Hospital has been providing dental care to the out-patients and in-patients at Maluhia Hospital, the patients in the City and County Jail, and the patients in the Kuakini Old Men's Home. Although Herculean effort has been put forth, the dental unit has not been able to catch up with the decaying teeth of the people of the community. A continued effort is maintained to provide the dental needs of the indigent and medically indigent patients.

The patients are encouraged to return whenever there is a need for dental care. For the calendar year 1960, the visits and operations were as follows:

	VISITS	OPERATIONS
Out-patients .....	2,966	8,268
Maluhia Hospital Patients .....	808	868
C&C Jail Patients .....	70	261
Kuakini Home Patients .....	4	9
	3,848	9,406
Total .....		

## MOBILE DENTAL UNIT

In 1960, the Mobile Dental Unit called on 43 schools. This is an increase of 6 schools over the previous year.

This necessitated a change of the original scheduled visits. However, with the gracious cooperation of the Health Coordinators, Principals, Vice Principals and Teachers assigned to the Dental Program, everything worked out satisfactorily.

For the next several years, it can be anticipated that more new schools will be built. This will mean more changes and shortening of our stay, per school.

Preference as usual, will be given to children under the Department of Social Services.

Statistics for the year 1960:

No. of visits .....	3,277
No. of Operations .....	8,161

## MEDICAL RECORDS SECTION

The Medical Records Section was instituted on November 1, 1958 with the installment and development of a centralized medical records system. With this system, medical records kept on loose 5x8 cards were replaced by medical records charts. Medical records on cards held insufficient information concerning the patient from the medical point of view and the medical and nursing staff was seriously handicapped in the treatment of patients. The medical records chart consists of data written sequentially covering the care and treatment rendered to the patient.

The function of the Medical Records Section is to keep the medical records up to date and available for reference by: the patient, in future illness or other need; the hospital, for the compilation of statistics; the physician, in treating the patient in future illness; and authorized agencies which are concerned with the health and welfare of our patients, both in-patients as well as out-patients.

Presently, this section consists of one medical records clerk who is responsible for the over-all operation of the section, performing the following duties among others: (1) Record keeping, (2) Filing, (3) Keeping complete and accurate medical charts, (4) Taking dictation from medical officers, (5) Maintaining statistical data. Our records number above 3700. This alone can well explain the importance of an orderly method of record keeping and filing and with only one person handling the many duties which have increased through the years in the section.

## MALUHIA HOSPITAL CENSUS - 1960

TOTAL BED CAPACITY — 234

TOTAL PATIENTS ADMITTED .....	1,199
Daily Average Number of Patients .....	213
Total Patient Days of Care to Patients in Hospital ..	78,062
Average Percentage of Occupancy .....	91%
Minor Operations Performed .....	56
TOTAL PATIENTS DISCHARGED .....	950
Days of Care to Patients discharged (including death) .....	48,663
Average Length of Stay (including death) .....	41 days
TOTAL DEATHS .....	236

## MALUHIA HOSPITAL NURSING SERVICE

The Nursing Service Section covers a large area, the hospital proper consisting of three floors and two cottages known as A Ward and B Ward. These two cottages were once a part of the old Indigent Home, and since our main building could not accommodate all of the patients under indigent care, it has become necessary to utilize them for patient care.

The Nursing Service Section is responsible for the safe, effective, and well-planned nursing care for patients. It also maintains close cooperation with the medical staff and with other sections.

The Nursing Service Section is grouped into three classes: The Supervisory Professional Personnel, Professional Personnel and Non-Professional Personnel.

The breakdown is as follows:

- 1 Superintendent of Nursing Service
- 4 Supervising Graduate Nurses
- 16 Graduate Nurses
- 58 Practical Nurses, consisting of 3 groups:
  - A — Licensed Practical Nurses
  - B — Licensed Practical Nurses via waiver
  - C — Practical Nurses via special permit
- 23 Hospital Orderlies

The type of patients in the hospital varies from those needing only custodial care to those requiring intensive patient care, depending upon their diagnosis and conditions.

We are grateful to Kuakini Hospital for their participation in the Intern-Resident Program throughout most of the year. Their affiliation, however, was terminated and with the termination of the Intern-Resident Program, added responsibilities fell on the Graduate Nurse on the floor. Now she has to be more alert and capable of coping with any emergencies which arise and to administer to the psychological and immediate needs of the patient at her own initiative and discretion before contacting the doctor.

We are grateful to the Junior Aides (high school students) who have continued to offer their services to assist with some of our menial tasks, contributing an average of 20-22 hours per month.

The Kapiolani Technical School-Practical Nursing Division has continued to bring its students to Maluhia Hospital throughout the year for their pre-clinical experience, accompanied by their two staff instructors. Each student contributes approximately 12 working hours. We appreciate their help immensely.

1960 has been a difficult year for the Nursing Service. The total census for the year was approximately 78,000+ patient days; an average of about 213+ patients per day. The patient-nurse ratio was approximately the same as last year; one Graduate Nurse to 65+ patients, and one practical nurse and hospital orderly to 10-15 patients.

We hope, in 1961, we may be able to resume our Intern-Resident Program. It has been quite stimulating.

## NURSING SERVICE IN-SERVICE TRAINING PROGRAM

The In-Service training program has two objectives. The primary purpose is to provide safe, effective, and well-planned nursing care for patients. A secondary purpose is to develop the employee to his or her fullest capabilities.

The In-Service Training program for all employees serves three purposes:

1. Indoctrination of the new worker to the hospital and the section to which he is assigned.
2. On-the-job training for the specific activities he is to perform at any given time.
3. Continuing development for improved service and for greater responsibility according to the worker's interests and potentialities.

The content of each of these phases of in-service training is determined by the needs of each employee and by the amount and extent of pre-employment general education, training and experience for his role in the hospital. The program is essentially a means of communication through which the staff as a whole is kept in rapport with the hospital. Through it, each group of workers, according to its place in the organization, is kept informed of new techniques, new equipment, or changes and events which influence the work.

The In-Service Training, coordinated by the Supervisory Professional Personnel, consists of class room lectures, educational films, on-the-job instructions, orientation, use of new equipment, and new nursing trends and treatments.

## **MALUHIA HOSPITAL FISCAL AND BUSINESS OFFICE**

It is the responsibility of the Maluhia Fiscal and Business Office to coordinate all the hospital business activities and provide services to all the divisions and sections within the Department of Health.

The activities surrounding the functions of the business office include accounting, care of patients' monies and valuables, billings, cashiering, budgeting, personnel, payroll, inventorying, telephone operation and keeping records.

## SERVICE SECTION

Elsewhere, other sections have written of the growth or expansion made both in services rendered or personnel acquired to cope with this growth. The Service Section also has made great strides in keeping pace with this growth. But for us, personnel has diminished, old dilapidated machinery is still being used at the laundry, and the maintenance section still operates out of a cubby hole of a shop, set aside for our use ten years ago.

Though production of our section has increased 50%, amazingly we have kept up with the demand for our services.

It would be very unglamorous and dull reading to describe minutely the amount of linen washed or the daily average of clogged water closets cleared. More emphasis should be placed on the multitude of problems that rear up daily before the personnel of this section. The fulfillment of this responsibility to provide services requires great effort by the personnel. Nevertheless, our crew has performed its varied tasks cheerfully, knowing that it is part of a great wheel and each spoke contributes to the rotation of this great wheel of success.

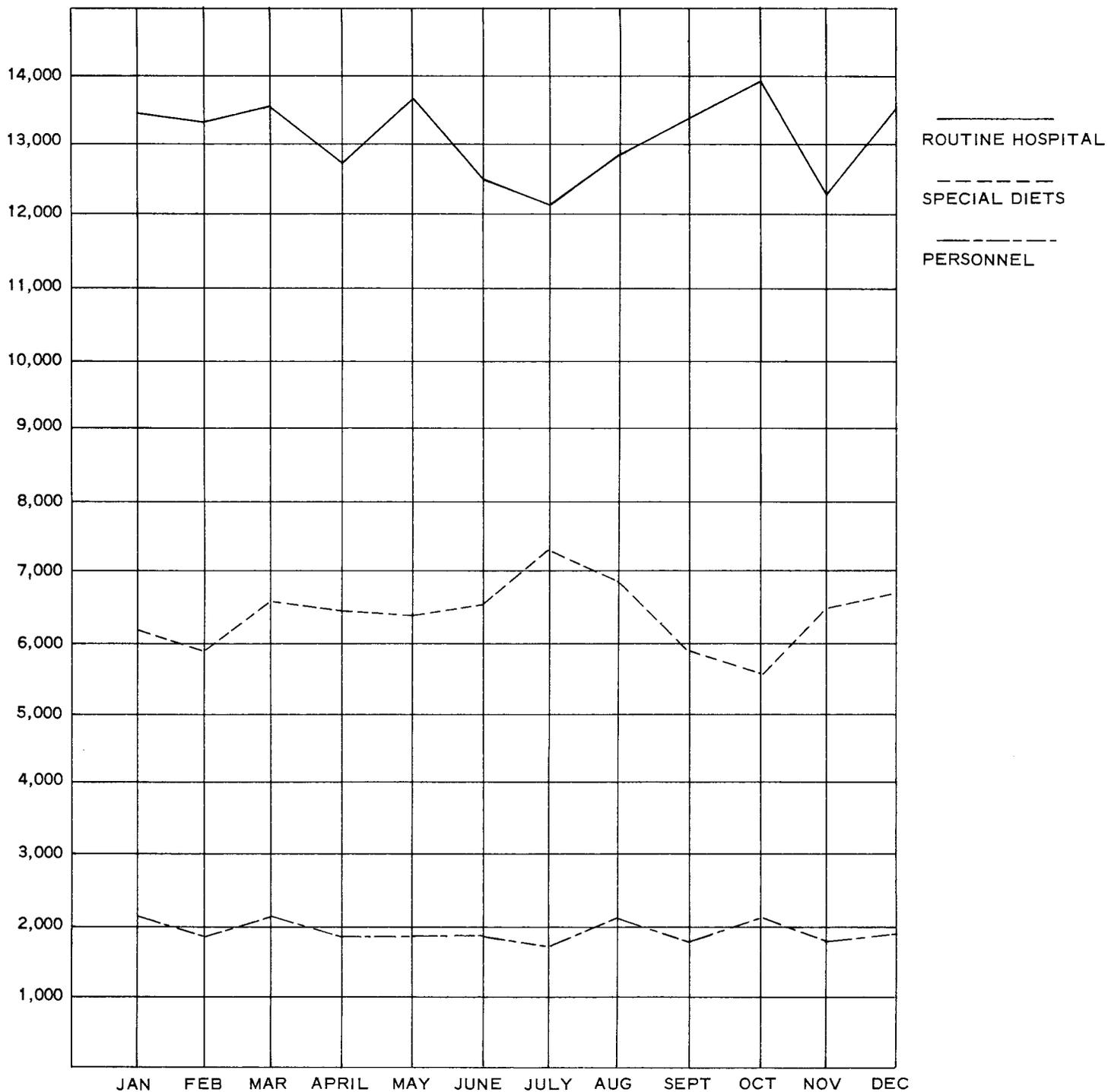
## DIETARY SECTION

The hospital dietary department has three responsibilities—administrative, therapeutic and educational. The dietary section spends a large percent of the hospital dollar to feed the patients. Carefully planned menus with a high standard of quality for the quantity served is necessary to regulate cost. At Maluhia Hospital, approximately half the patients are on diets with special restrictions. These diets are called “special diets”—diabetic, low sodium, bland, low fat, low purine, etc. Most patients are geriatric feeding problems. A great number of the patients are edentulous and consistency of the food is important. As much as possible, racial eating habits are taken into consideration. Also, tube feedings are prepared for patients who are not able to eat properly, but could be fed through a tube. On discharge, patients are taught to maintain their diet on their pocket book.

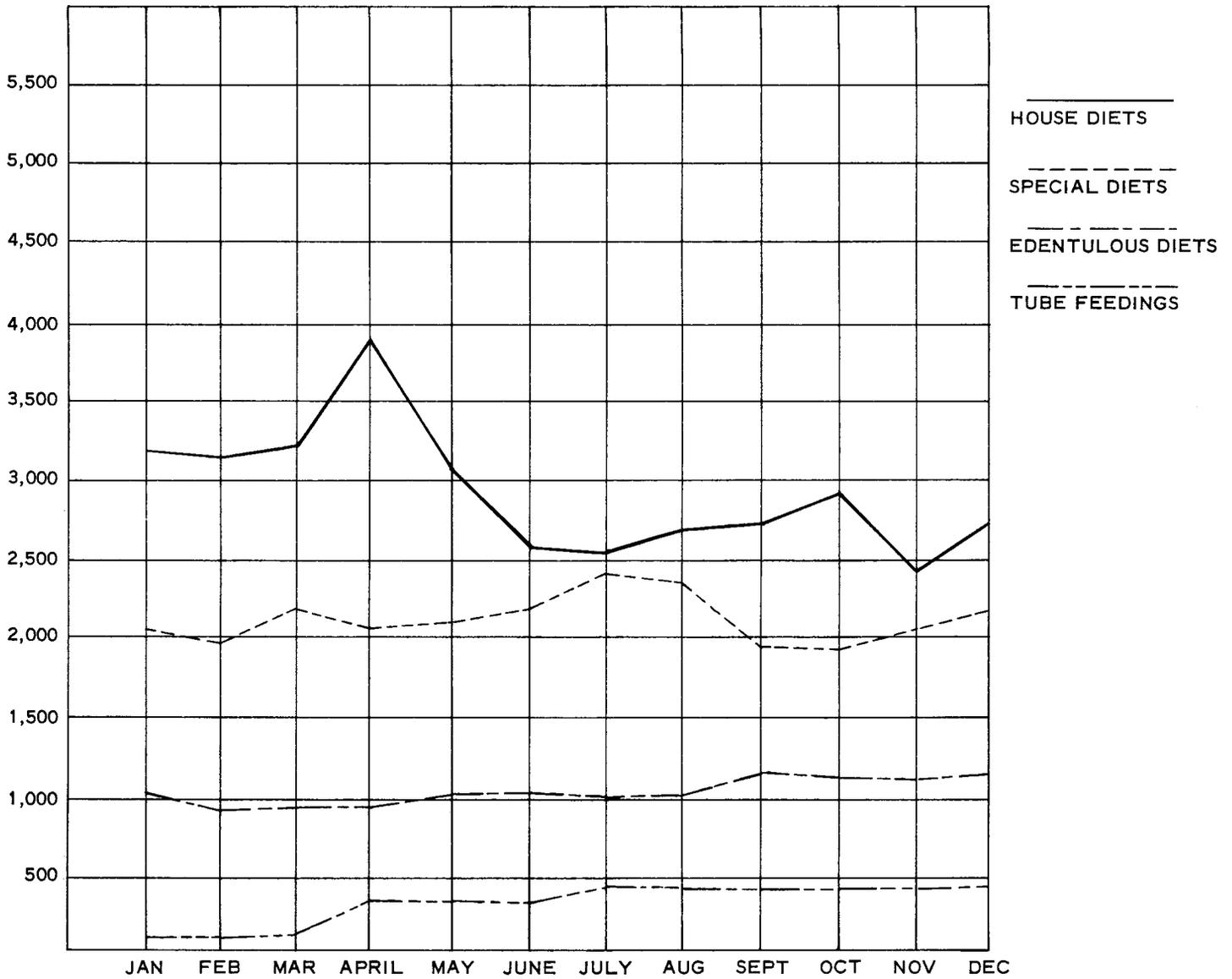
The present kitchen is not set up for the best kind of production to fulfill its responsibilities. Inadequate space and improper equipment and poor condition of the building have always been problems. However, the constant aim is to improve the patients' food standard. Lately, the whole hospital food service was changed from a decentralized to a centralized system with the purchase and donations of food carts. Trays are set up in the kitchen and directly served to the patients. This has bettered the food standard, reduced leftovers and has made supervision of food service much easier for the dietitians.

Food is essential in the treatment of the patients and also, plays an important role in influencing the morale of the employees. The pay cafeteria has taken care of 75-85 employees daily including breakfast, lunch and supper.

The dietary staff certainly fulfills the American Dietetic Association motto, ‘*Quam Plurimis Prodesse*’, ‘to benefit as much as possible’. At present twenty-one dietary employees, including two dietitians, cover the dietary section between the hours of 5:00 A.M.-6:00 PM seven days a week, with two employees on split shifts. They are looking forward to moving into the much-dreamed-of kitchen for greater efficiency, attractiveness and ease in maintenance.



NUMBER OF MEALS SERVED IN 1960



NUMBER OF TYPES OF DIETS SERVED TO PATIENTS IN 1960

## MALUHIA HOSPITAL STOREKEEPER SECTION

The Storekeeper Section of Maluhia Hospital consists of two persons—a Storekeeper and Assistant Storekeeper. The Storekeeper is directly responsible to the Administrator of Maluhia Hospital and the Assistant City and County Physician for the proper receipt, storage and issuance of all drugs, medical supplies, equipment, staple food and miscellaneous supplies.

The Storekeeper maintains accurate inventories and records of all equipment and supplies. He also has the added responsibility of maintaining proper stock levels at all times to avoid shortages in the event of dock strike or other emergency.

In addition to issuing the above mentioned items to Maluhia Hospital, drugs, medical, and miscellaneous supplies are issued to the Honolulu Emergency Unit, Kaneohe Emergency Unit, as well as to all the other Emergency Units, Palolo Chinese Home, Honolulu Jail and Manoa Convalescent Home.

A new storeroom is badly needed to replace the old, dilapidated building now in use. It is not only termite-eaten, but very overcrowded—so much so, that it is insufficient to keep all our stock properly. At the present time, we are using whatever available space there is all over the hospital for storage purposes.

## HOUSEKEEPING SECTION

The two main functions of the Housekeeping Section are to keep the building clean and to supply the hospital with linens. The functions are not only important to the comfort of the patient but also have a very direct effect on the prestige of the hospital. The patient or visitor who finds the walls and floors clean and observes the clean linen on the beds will speak well of the institution, thereby adding to its good reputation in the community.

In order that supplies are maintained at a fixed standard of quantity and quality, linens constantly being worn or torn are repaired and replaced by our two seamstresses. In 1960, 9,843 pieces were sewn, 19,384 pieces were mended and 8,640 pieces of useful items such as wash rags, chair pads, wrappers, blankets, curtains and aprons were made from articles too worn or torn for their original use. Linens worn beyond further use as circulating supply were utilized for cleaning, dusting, etc.

The Housekeeping Section, this year, was fortunate to affiliate with the Honolulu Technical School. The sewing students, as a project, sewed gowns, pajamas and bibs for the patients. We would like to acknowledge their help and interest.

A shortage of manpower during 1960 created a situation which spread the cleaning work force exceedingly thin and placed a heavy burden on the personnel. The Housekeeping Section has attempted within its limited means to give the hospital the necessary services to maintain good housekeeping. However, a two-man work force to service the entire hospital is inadequate to maintain the high standard we would like to achieve at Maluhia Hospital.

## OCCUPATIONAL THERAPY SECTION

The primary function of the Occupational Therapy section continues to be morale building to expedite recovery of the patients. This is approached in several ways: (a) by restoring self-esteem through increased self care and grooming or increasing former skills, (b) by developing self confidence through successful accomplishment of some project or goal, (c) by promoting good relationship with other patients and with the community through games and entertainment.

Although the hospital population has decreased, the Occupational Therapy treatment program continues fairly constant. This is partly because the type of disability now treated calls for more diversified activity and partly because it was never possible in the past to cover the entire load of those eligible.

The Auxiliary which was started to promote community understanding of the function and needs of Maluhia now serves primarily as a fund raising unit. This will be true until the transportation problem is worked out since potential volunteers now need a car in addition to leisure and interest unless they belong to a group which pools rides. Services offered by groups include sewing and mending as well as flower arrangements and religious counseling.

Much of the material used in the O.T. program is donated by school and church groups as well as interested individuals. The type of patient we have seems to need and respond to training in utilizing scrap materials as well as adjusting second hand garments. Sorting and preparing these for appropriate use is time consuming but this is, in a measure, offset by the valuable additions to the patients clothing and also to the stock of the Auxiliary's Thrift Shop. This in turn provides funds for donations of equipment to the Hospital notably two food carts for the dietary section and materials for the O.T. section. The donated magazines and Thrift Shop articles are always available to the employees as a public relations gesture as is research on house planning, craft projects, etc.

Thanks should go to those fellow employees, notably Rebecca Runnels and Hazel Bliss who have given unstintingly of their leisure time to forward work of the Auxiliary. The housekeeper and maintenance staff have also been most generous in providing projects or samples for the patients. We can expect greater liaison with the P.T. section now relocated as a neighbor.

The Musicians' Union and Elsie Holloway's Hula Studio should be thanked for their monthly programs and the Library of Hawaii for providing an excellent collection of reading matter. Of the various health agencies, the Bureau of Sight Conservation has continued most faithfully to supply talking books and such materials to qualifying patients. The possibilities of help from other agencies, such as the Cancer Society, might well be examined further.

During the summer, donations were made to the O.T. section in memory of Miss Zoe Harris for use in purchasing professional books. This project has been held up pending working out a suitable bookplate but should be expedited in anticipation of greater work shop space.

## PHYSICAL THERAPY SECTION

Physical therapy is the treatment of any physical or mental condition, disease, injury or disability according to a physician's prescription with physical measures and functional rehabilitation for the purpose of obtaining optimum physical and mental health and prevention of deformity. Physical measures used are: heat, cold, water, light, electricity, massage, exercise. Physical therapy minimizes residual disability, hastens convalescence and reduce time in hospitals.

During 1960, although the patient census was reduced, the expected easing of the work load did not result, the work remaining similar to previous years since we had to operate without the services of ten volunteer aides. By normal work standards, it has been estimated that one physical therapist with adequate assistance should be able to treat 10-15 patients per day including in-patients and out-patients.

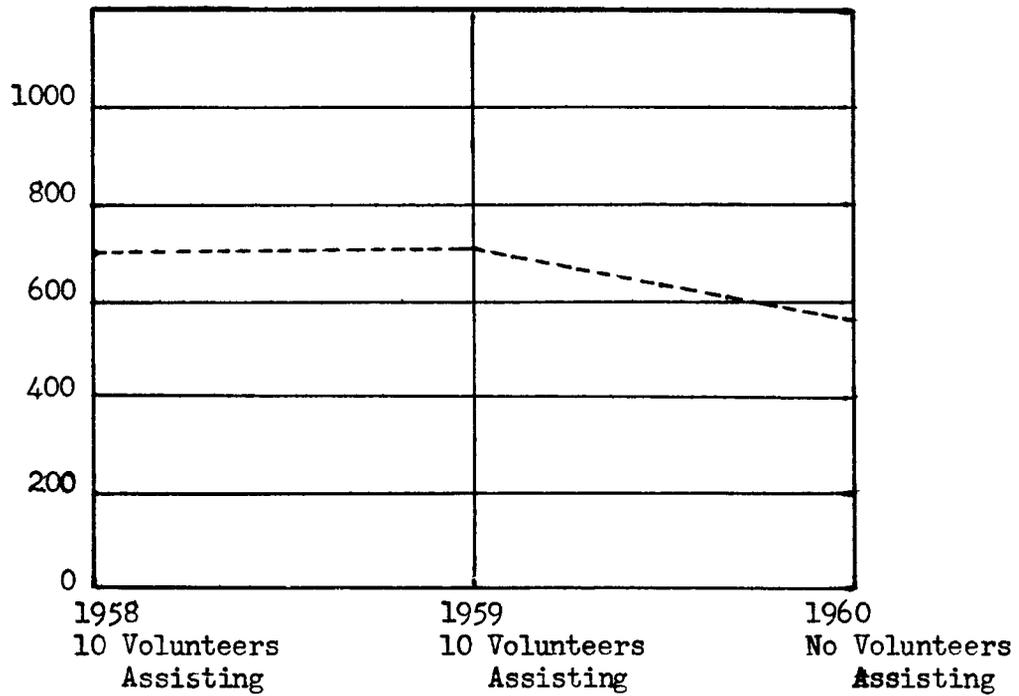
It must be observed that one cannot measure the success of a physical therapy program by the number of patients treated or the number of treatments administered. More than by numbers, success is measured by the earliest possible return to work by the injured worker. Success is measured when the disabled is able to care for himself to the maximum whether in the hospital, home, convalescent home or nursing home. To accomplish this task requires hours, days, weeks and months. Treatment time averages  $\frac{1}{2}$  hour per out-patient and 1 hour per hospital patient. Consequently, the primary difficulty confronting the Physical Therapy Section is the attempt to maintain good comprehensive in-patient and out-patient services under the supervision of just one trained physical therapist.

During 1960, the Physical Therapy Section gave lectures and practical demonstrations on rehabilitation techniques to visiting nurses and hospital personnel.

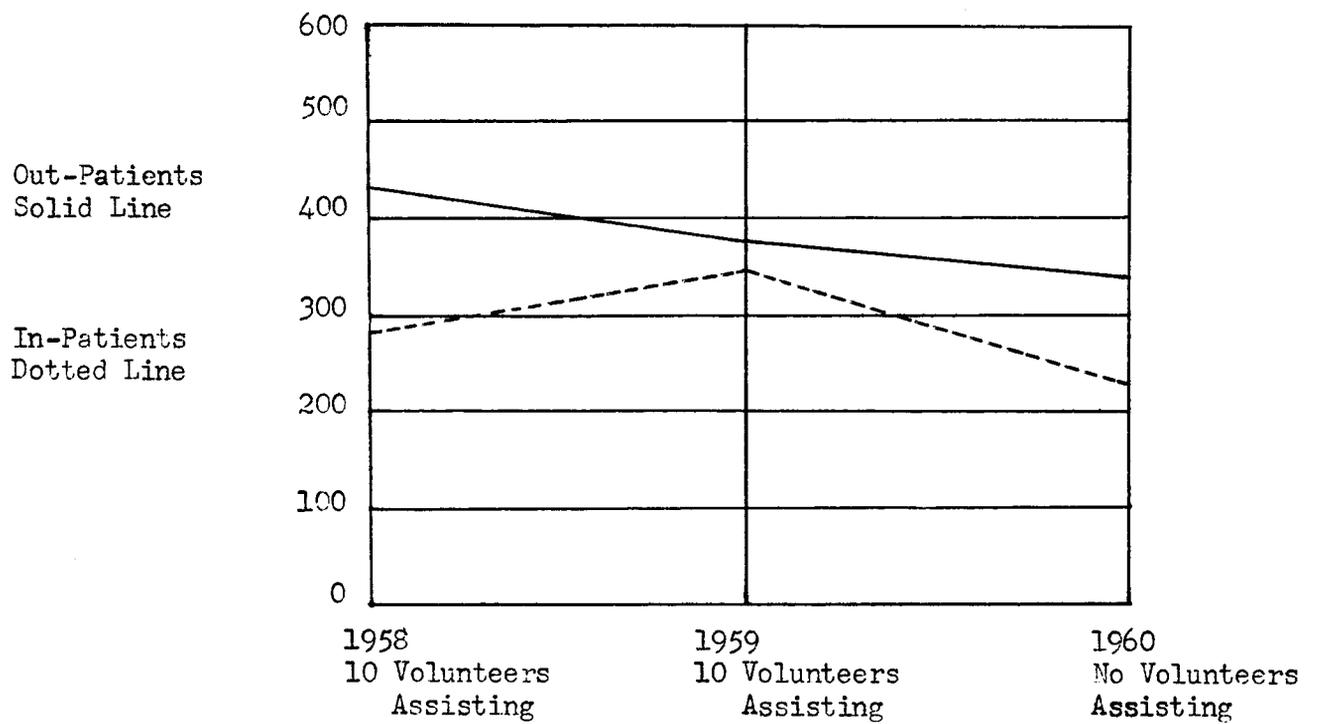
With the ever increasing professional and public interest in rehabilitation of the young and aged from federal, state, and county levels, we are looking forward to an improvement in rehabilitation and patient care for our indigent and medical indigent in Hawaii.

The Physical Therapy Section joins the medical and allied services in the aims of modern patient care with the focus on the patient, the whole patient, as an individual.

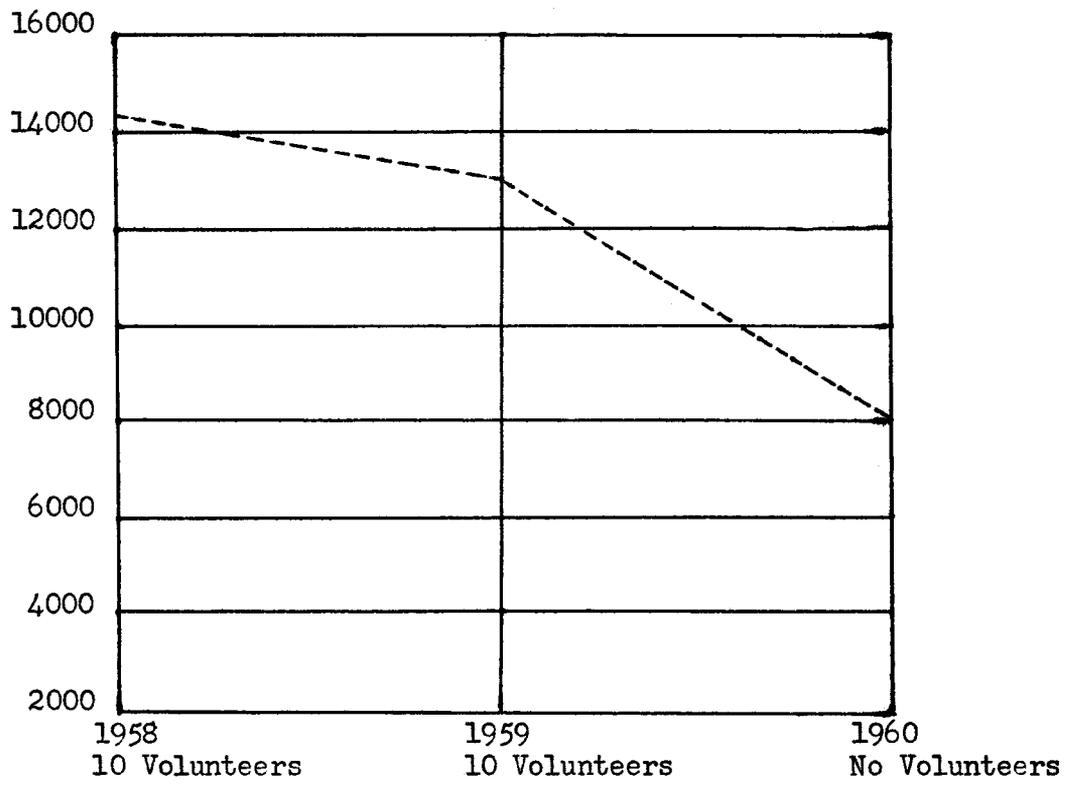
The graphs show the total number of patients treated, in-patients and out-patients, and total number of treatments administered during 1958-60.



Graph Showing Total Number Of Patients Treated 1958-60  
 Number Of Volunteer Aides Assisting Therapist Shown  
 Below Each Year.



Graph Showing Out-Patients and In-Patients Treated 1958-60  
 Number Of Volunteer Aides Assisting Therapist Shown  
 Below Each Year.



Graph Showing Number Of Treatments Given 1958-60  
 Number Of Volunteer Aides Assisting Therapist Shown  
 Below Each Year.

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Honolulu. Dept. of Health.

Annual report.

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