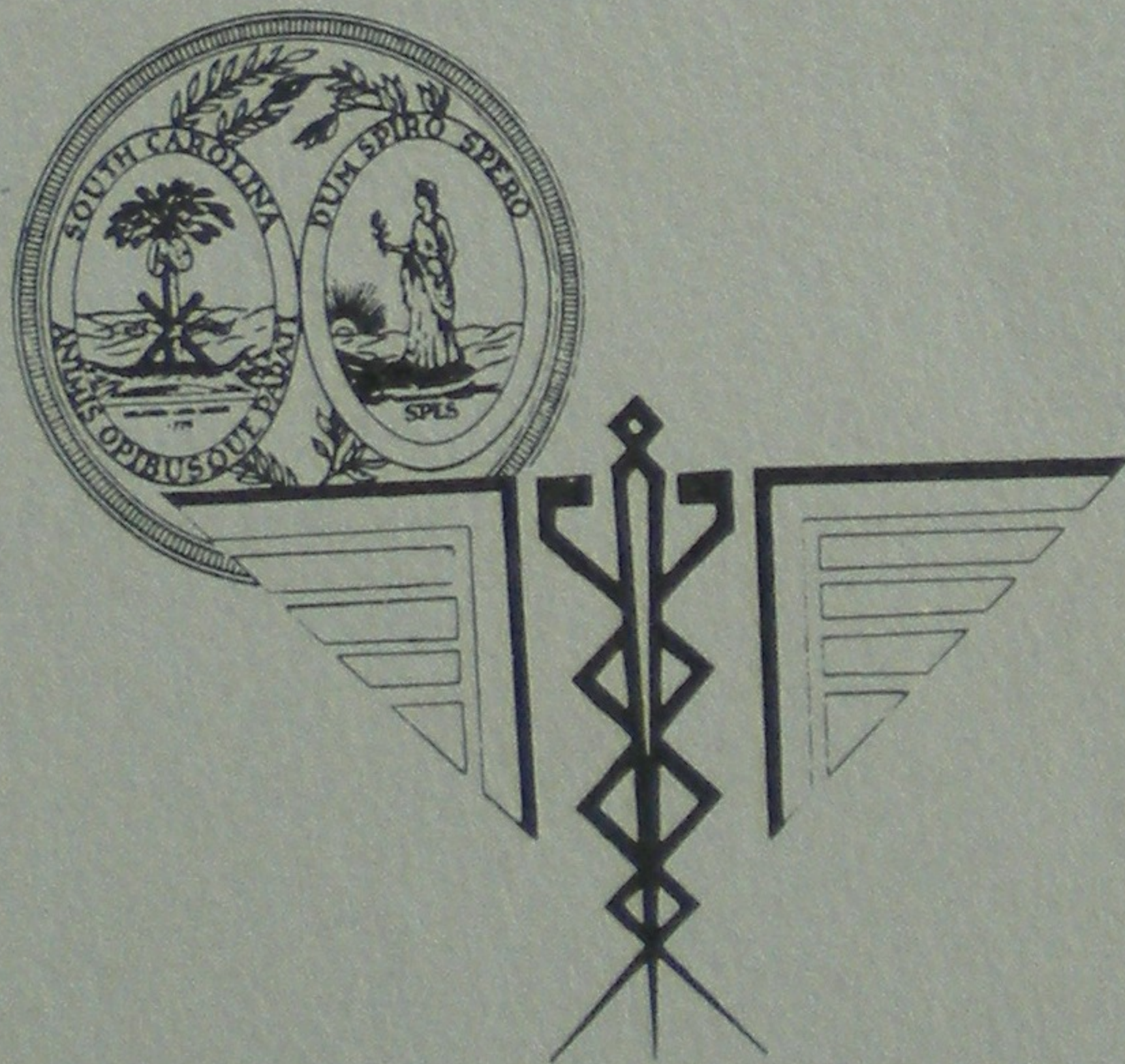


SOUTH CAROLINA
DEPARTMENT OF
MENTAL HEALTH

ANNUAL REPORT
1978-79



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and Clinics with forty-nine satellite offices was accomplished during FY 78-79. This represents an increase of one major Center, Lexington Mental Health Clinic. In addition to inventories, fixed equipment at Bryan Psychiatric Hospital was inputted into the records.

SOUTH CAROLINA STATE HOSPITAL

SUPERINTENDENT'S REPORT

In many ways the fiscal year 1978-79 was a year of preparation for the future. South Carolina State Hospital staff worked extensively with a consulting firm of planners to develop a future course for the facility.

The plan which resulted was based on the Department's commitment to build regional decentralized psychiatric hospitals with the eventual result that South Carolina State Hospital will be reduced to 800 beds exclusive of the Byrnes Clinic and the Court Unit. A thorough study of the physical condition of the campus was completed and the findings revealed that essentially the entire campus must be rebuilt to provide treatment facilities which meet modern standards. A plan to begin the redevelopment process is pending approval and implementation by the Mental Health Commission.

Because of the need for a comprehensive plan as mandated by the Legislature, many of the projects that were pending as of our last annual report are yet incomplete. It appears that the Thompson building renovation may be permanently foreclosed due to its incompatibility with future directions. The sprinkler system in the Byrnes Clinic was recommended in the Plan and should soon be a reality. The Canteen and Activities Center are also advocated in the Plan, but may be several years in the future.

Some goals from previous years were realized. Three wards were closed in the Babcock building and the staff was utilized to great advantage to relieve understaffing on other wards. The negative aspect is that we have sharply reduced our margin of vacant beds; thus, day by day monitoring is required to insure that there are adequate beds for new admissions. We believe that the overall result is positive because we are utilizing our better buildings to the fullest and assigning staff more efficiently.

The budget situation continues to be a matter of ever increasing concern. Due to budgetary pressures, we were forced to eliminate 59 positions in FY 1978-79. This was done in spite of total admissions almost identical to the year before. The patient-staff ratio worsened in every

treatment discipline. This situation threatens to erase gains made in the past decade and jeopardizes accreditation.

One very important factor developing at the end of the year helped to close the period on an optimistic note — the apparent support by the Commission of the Campus Plan. We feel that a commitment in terms of new facilities is absolutely necessary to the continued progress of this hospital.

Future Goals

Should the Commission approve the Campus Plan, we will urgently request the immediate construction of new beds. We will also request the immediate installation of the Byrnes sprinkler system.

Classrooms should be constructed in the very near future for our children's program. New radiology equipment should also be installed within six months. Improvements will be made in our quality assurance program this fiscal year as well as in treatment planning and documentation.

All disciplines and organizational components will devote their full attention toward readying the hospital for the 1979 JCAH survey in the adult psychiatric, children's psychiatric, and medical-surgical programs.

UNIT I

Goals Accomplished:

The Step-Up Program, Parker Annex, continued to be successful in placing institutionalized patients out of the hospital. In addition the program was extended to accept patients of younger age groups who do not meet the criteria for Ward 205, Male Community Preparation Ward, to prepare for independent living.

The program on Wards 205, and 122, Male and Female Community Preparation Wards respectively, continue to work successfully in preparing and placing patients into the community.

The more distant wards, Ward 300, Ward 310, and Ward 210, were closed for all patient services. These wards were closed in order to make the patients more readily accessible for care in case of emergencies and also to provide greater safety for patients.

Greater care was taken in establishing a cooperative working relationship with Whitten Village.

Rotation of the medical staff on Ward 200, Admitting Ward, was started for educational reasons.

Patients from the geographical areas of York-Chester-Lancaster were transferred from Unit One to Unit Two with the exception of some few patients who have been or will be placed into the community.