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Annual Report of the Division of Tuberculosis Hospitalization.

Colo. State Dept. of Public Welfare
Division of Tuberculosis Hospitalization

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STATE OF COLORADO

Division of Tuberculosis Hospitalization

ANNUAL REPORT
1956

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Denver 3, Colorado

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ANNUAL REPORT FOR 1956

The hospitalization of persons with tuberculosis who are eligible for care in Colorado under the state law is a function of the Colorado State Department of Public Welfare. This department operates the Division of Tuberculosis Hospitalization as a separate medical care division. Liaison is maintained with the Division of Tuberculosis Control of the State Department of Public Health which functions as a case finding agency.

An individual who has had twelve months continuous residency in Colorado, finds that he has active tuberculosis and is unable financially to assume all or only part of the cost of hospitalization may sign at once an application furnished by his local county welfare department for care under the Division of Tuberculosis Hospitalization. An investigation of his application is made by his local welfare department. After the facts have been substantiated by the county department his application is forwarded to the Division of Tuberculosis Hospitalization together with his chest X-rays and a medical report by his physician or clinic. The case is then rapidly processed and the person is assigned to one of nine different institutions. The whole process, on the average, does not consume more than ten days to two weeks from the time the patient signs his application to the time he is in bed in a hospital or sanatorium. True emergencies can usually be processed within 24 to 48 hours. Delays longer than this sometimes take place when a patient asks for a bed in a certain institution and no bed is immediately available.

Hospitalization of our patients is carried on at the following institutions which have been approved by the Colorado State Board of Public Welfare and by the Director for the care of state patients:

- Colorado General Hospital
- Cragmor Sanatorium, Colorado Springs
- Denver General Hospital (temporary care only)
- Glockner-Penrose Hospital, Colorado Springs
- Lutheran Sanatorium, Wheat Ridge
- National Jewish Hospital (children only)
- St. Mary's Hospital, Grand Junction (temporary care only)
- Sunnyrest Sanatorium, Colorado Springs (ambulant care only)
- Swedish National Sanatorium, Englewood

Regular conferences are held with the staffs of these institutions by the Director of the Division and others on his staff. Thus each patient's case is discussed at least once every two months by a group composed of the physician in charge of the patient, a consulting chest surgeon, the head nurse, his medical social worker, occupational therapist and by the director. Conferences

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of a similar nature are held every month on cases undergoing tuberculosis drug therapy paid for by the Division in the Denver Tuberculosis Clinic. The net cost of care in 1956 under the Division of Tuberculosis Hospitalization was $449,110.73, which cost was divided equally between the state and the counties from which the patients originated.

TABLE I

TOTAL NUMBER OF CASES GIVEN CARE FOR TUBERCULOSIS

Year	Cases
1952	501
1953	541
1954	505
1955	474
1956	398

There was a sixteen percent decline in the number of cases given care in 1956 by the Division as compared with 1955. Our results compare very favorably with those obtained in states where one or more state or county sanatoria exist. Except for the Colorado General Hospital and the Denver General Hospital all the institutions used are private. Some have national reputations with patients coming thousands of miles to avail themselves at their own expense of their advantages. Some are maintained by church organizations. Morale of patients seems to be better in such private institutions than in those maintained by the state or county. Our patients are given the same care and treatment as are private patients in the same institutions. That our patients, in general, like the type of care given is evidenced by the fact that very few leave against medical advice. Our discharge against medical advice rate is among the lowest, possibly the lowest, of any state tuberculosis care in the country. It is less than half of the national average, according to the latest figure available.

TABLE II

PERCENTAGE OF TOTAL DISCHARGES LEAVING AGAINST MEDICAL ADVICE

Year	Percentage
1951	23 %
1952	19.2
1953	17
1954	13.4
1955	13.4
1956	13.1

We consider any patient as having left against medical advice who leaves an institution and is not rehospitalized, under our program at another institution, within 30 days. Cases are usually not returned to the institution they left, but are rehospitalized in another hospital or sanatorium removed from the previous environment, which may have been a disturbing factor. If all those patients who left against medical advice, but were rehospitalized within 30 days under our Program, were included in the *discharged against medical advice rate* the percentage would rise to 14.8 instead of 13.1, as shown in the preceding table.

There has been a steady decline in the number of cases needing care in the past four years as well as a decline in cases leaving against medical advice. Perhaps one of the most heartening developments has been the very small number of relapses among patients discharged from the program in recent years as inactive and arrested, despite the fact that for the past five years approximately two thirds of all admissions with pulmonary tuberculosis have been in the far advanced stage of the disease under the National Tuberculosis Association classification. However last year only 53% of new admissions, with pulmonary tuberculosis, were in the far advanced stage at time of admission; 36% were moderately advanced and only 11% were in the minimal stage. These figures represent a marked improvement. Less than five per cent of admissions in 1956 were cases previously discharged by us as inactive or arrested, where any reactivation of their former disease was found to be present. This, despite the fact that many of our patients, unfortunately, have to return to sub-standard housing and conditions of poor nutrition.

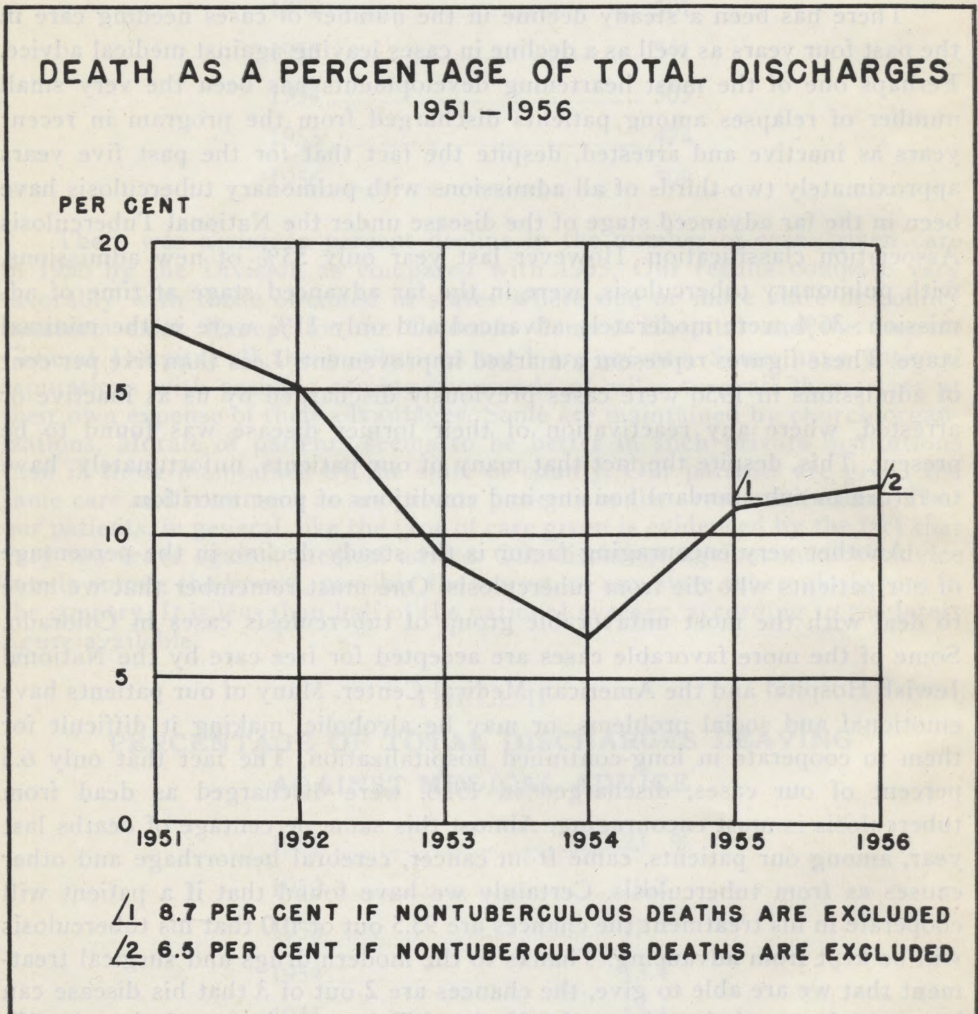
Another very encouraging factor is the steady decline in the percentage of our patients who die from tuberculosis. One must remember that we have to deal with the most unfavorable group of tuberculosis cases in Colorado. Some of the more favorable cases are accepted for free care by the National Jewish Hospital and the American Medical Center. Many of our patients have emotional and social problems, or may be alcoholic, making it difficult for them to cooperate in long-continued hospitalization. The fact that only 6.5 percent of our cases, discharged in 1956, were discharged as dead from tuberculosis is most encouraging. Almost this same percentage of deaths last year, among our patients, came from cancer, cerebral hemorrhage and other causes as from tuberculosis. Certainly we have found that if a patient will cooperate in his treatment the chances are 93.5 out of 100 that his tuberculosis will be kept from advancing. Thanks to the modern drugs and surgical treatment that we are able to give, the chances are 2 out of 3 that his disease can be arrested or made inactive under National Tuberculosis Association classification. Most of any such groups can be returned to gainful occupations.

CHART A

DEATH AS A PERCENTAGE OF TOTAL DISCHARGES

1951-1956

CHART A



Ten cases in 1956 had to receive disciplinary discharges because of conduct which was seriously disturbing the morale of the institution in which they were hospitalized. Two of the ten had reached an apparent arrest of their tuberculosis at the time they were discharged. Five were rehospitalized in other institutions in a relatively short time and two were placed under care of the TB Clinic in Denver. All except one were patients from the City of Denver, indicating a concentration of problem cases that occurs in a large city. This year the new tuberculosis ward of the Denver General Hospital was given approval for the treatment of patients under the care of our Division. The physical plant is good, as is the food, medical and nursing care. However, as indicated above, this ward contains a concentration of the serious social problems of the City of Denver who have tuberculosis. Adequate psychiatric consultation and social service is still lacking for these patients. Dr. Lloyd Florio, Medical Director, has given his assurance that this situation will be remedied next year.

The question of whether the recalcitrant patient with a positive sputum should be hospitalized under quarantine order is receiving serious consideration. By recalcitrant patient, is meant an individual who will not accept hospitalization and who will not obey reasonable public health restrictions at home to protect his family and others about him. The Attorney General of Colorado has ruled that a health officer has ample power, under present Colorado laws, to enforce such a quarantine. Many states have similar laws. Some health officers, notably in Denver, Larimer and Otero counties have exercised these powers. A conference was recently held in Denver, sponsored by the United States Public Health Service and the Colorado and Denver Tuberculosis Associations and Colorado State Medical Society. This conference was attended by leaders in the public health field and included not only physicians, but also psychiatrists, sociologists and social workers. It seemed to be the consensus of opinion that it was a serious thing to deprive a person of his liberty and freedom of action, but that freedom of action did not include freedom to do harm to others. In my opinion, tuberculosis will never be completely controlled until those with active disease, who flaunt all reasonable public health regulations, are segregated under compulsion.

We have had about ten such recalcitrant patients hospitalized under quarantine or under court order and with one or two exceptions they have presented no great difficulty in treatment. They are placed with other patients and given the same privileges as other patients except for passes. Only one individual has had to be locked up during the past year. Unless the patient himself tells other patients that he is in the hospital under compulsion, the fact is not generally known except to the staff. In obtaining approval for the hospitalization of these patients the local and state welfare departments have given one hundred percent co-operation. The means test has not presented a

stumbling block. County departments are becoming increasingly liberal in their interpretation of the means test as far as the care of tuberculosis is concerned. None of the patients hospitalized under compulsion have paid anything toward their own care.

Home care of the tuberculous, without previous hospitalization, is still very much frowned upon by leading medical authorities. The results are distinctly a poor second best to those obtained through sanatorium care. In desperation some public health authorities have urged home or clinic care for cases of active disease refusing hospitalization, or for those who have left hospital care against medical advice, because they have not wanted to make the effort (and it is a difficult one) to force hospitalization under quarantine. As mentioned before, health officers in Denver, Larimer and Otero counties have seen their duty clearly and have courageously protected their people by forceable hospitalization of the worst recalcitrants. There is good reason to believe that some other county health officers will soon follow in their footsteps. If the county officials fail to act, the State Health Department can act under Colorado law.

With some reluctance, during the last year, this Division has placed about 15 cases which had left against medical advice under clinic care for tuberculosis drug therapy in the Denver and Trinidad areas. Unless very cautiously used, we find increasing evidence to show that this type of care will undermine hospital and sanatorium care. Naturally no one wants to leave home for treatment if it will be furnished in the home or at a neighboring clinic.

It seems too bad that a more realistic attitude is not taken in the handling of cases of combined tuberculosis and alcoholism. Perhaps it will be soon. Due to inertia or misplaced sympathy in the past many of these patients have been allowed to come and go with the result that their tuberculosis rarely improves and their alcoholism usually becomes worse. Several leading psychiatrists have said that the confirmed alcoholic can only be treated under restraint—at least in the early part of his treatment. This means commitment to an institution for a period of 3 to 6 months, while he dries out and learns that he can get along for an extended period without alcohol as a crutch on which to lean.

Colorado has a facility at the State Hospital at Pueblo in the isolation ward where a person can receive both this necessary restraint and at the same

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time treatment for his tuberculosis. However, commitment is necessary. If the family is unwilling to commit such an individual, certain county authorities have the power to do so. They rarely do so since it is a difficult and unpopular procedure. The result is that valuable time is lost in the treatment of the patient and the taxpayers' money is wasted. This is tragic, since, in our experience, every patient who has been committed to the State Hospital for his alcoholism has come out on parole improved both with regard to his alcoholism and his tuberculosis. With the county's consent, this Division is glad to undertake his further care as soon as he is released on parole. Thus far, no patient who has been handled in this way has had to be returned to the State Hospital by our Division. He has at least been given a motivation which has kept him from drinking as long as it has been necessary to keep him under treatment for his tuberculosis. It is our wish that this method of first commitment and then release to our Division to finish the job of arresting the tuberculosis might be given a wider acceptance.

I want to acknowledge the wise counsel of Dr. James A. Waring, which I receive from time to time on the direction of this program; the help given as consultant by Dr. Roger Mitchell, Associate Professor of Chest Diseases at the University of Colorado School of Medicine, and the skillful surgery performed on our patients by Dr. Fred Harper, Chief of Chest Surgery at Colorado General Hospital, Dr. Robert Brown, Dr. William Condon, Dr. Hugh McMillan, Dr. Mordant Peck and Dr. William Wierman. The results this past year have been excellent.

The outstanding work of Miss Caroline Hobson, who has charge of our medical social service to patients, deserves special mention. She has been invaluable in helping the patients with their family and social problems and in working out, in most instances, satisfactory solutions. She has also helped to set up case conferences in certain counties at which patients' problems are discussed with those who can help with their solution. Mr. Russell Haase and Mr. Hugh Hohenstein of the Rehabilitation Department of the Colorado State Division of Vocational Education, have continued to help those patients whose disease has been so extensive that it would be unwise for them to return to their former occupations.

Finally I wish to thank the members of my staff for their untiring devotion to their work without which our results could not have been accomplished; also the members of the Colorado State Board of Public Welfare and Mr. Guy Justis, the director, for their unfailing interest and support throughout the year.

SURGICAL PROCEDURES PERFORMED ON TUBERCULOSIS PATIENTS COLORADO STATE DEPARTMENT OF PUBLIC WELFARE 1956

PROCEDURE	NUMBER
Appendectomy	1
Appendix abscess drainage	1
Arthrodesis of knee	1
Biopsy	3
Bone graft	1
Bone marrow aspiration	1
Bone marrow puncture, differential and sections	1
Brace	1
Cataract	1
Cutaneous ureterostomy	1
Decortication	1
Delivery	1
Drainage and curettment TB abscess	1
Excision rodent ulcer	1
Excision sebaceous cyst	1
Exploration sacroiliac joint	1
Fecal fistula repair	1
Gastroscopy	1
Herniorrhaphy	2
Hydrocele repair	1
Incision and drainage perianal abscess	1
Laparotomy	1
Lobectomy	8
Lumbar punctures (Multiple)	1
Nephrectomy	1
Plastic repair	1
Plombage	5
Pneumonectomy	3
Prostatectomy	1
Removal ear growth	1
Resection (lung)	3
Sequestrectomy	1
Skin graft	1
Thoracentesis	1
Thoracoplasty	14
Thoracotomy	1
Trans-urethral resection	2

EXPENDITURES DIVISION OF TUBERCULOSIS HOSPITALIZATION COLORADO STATE DEPARTMENT OF PUBLIC WELFARE 1956

Total amount expended for patients in sanatoria		$440,427.27
Amount expended for Out-Patient Department	$5,315.84	
Amount expended for transportation	1,209.26	
Amount expended for burials	100.00	
Amount expended for home care	6,753.82	13,378.92
Total gross amount expended		$453,806.19
Patient Days	66,854	
Average cost per day including out patient and home care	$ 6.79	
Average cost per day excluding out patient and home care	8.59	
Partial reimbursements by patients and relatives		4,695.46
Total net amount expended		$449,110.73

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TUBERCULOSIS HOSPITALIZATION

ANNUAL STATISTICAL REPORT

Year of 1956

Period: 12-25-55 through 12-24-56

I. Compiled Monthly Reports

A. Applications

Item			
Pending at the beginning of year			5
Received during the year			219
Total			224
Disposed of during the year			211
Approved for sanatoria		180	
New	140		
Readmission	12		
Reopened	28		
Approved for home care		13	
New	5		
Readmission	4		
Reopened	4		
Not placed under care		13	
Withdrawn by county	3		
Disapproved	7		
Death before approval	1		
Refused to be hospitalized	2		
Denied for home care			
Admitted directly to outpatient		5	
Pending at the end of the year			13

B. Cases Under Care—Sanatoria

Item		
Number in sanatoria at beginning of year		154
Added during the year		192
Approved applications	180	
Transferred from outpatient	6	
Transferred from home care	6	
Total		346
Terminated during the year		215
Discharged	56	
Death	25	
Left against advice	28	
Disciplinary	10	
Nontuberculous	9	
No longer in need	12	
Transferred to Outpatient	58	
Transferred to Home Care	17	
Number in sanatoria at end of year		131

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C. Cases Under Care—Outpatient

Number under care at the beginning of year		39
Added during the year		63
Approved applications	5	
Transferred from sanatoria	58	
Total		102
Terminated during the year		29
Discharged	13	
Left against advice	1	
Disciplinary	1	
No longer in need	8	
Transferred to sanatoria	6	
Number under care at the end of the year		73

D. Home Care Cases

Under care at the beginning of the year		19
Added during the year		30
Approved applications	13	
Transferred from sanatoria	17	
Total		49
Terminated during year		21
Discharged	10	
No longer in need	5	
Transferred to Sanatoria	6	
Under care at the end of the year		28

E. Analysis of Cases Discharged during the year

1. Sanatoria	Total	Inactive	Arrested	Active
Pulmonary	46	18	26	2
Pulmonary plus bone	1		1	
Pulmonary plus meningeal	1	1		
Meningeal	1	1		
Bone	1		1	
Renal	2	1	1	
Miliary	2		2	
Spinal	1		1	
Glandular	1		1	
Total	56	21	33	2

2. Outpatient	Total	Inactive	Arrested	Active
Pulmonary	12	12		
Glandular	1		1	
Total	13	12	1	—

3. Home Care	Total	Inactive	Arrested	Active
Pulmonary	9	6	3	
Miliary	1	1		
Total	10	7	3	—

NUMBER OF COLORADO TUBERCULOSIS PATIENTS WHO RECEIVED CARE IN SANATORIA AND OUTPATIENT DEPARTMENT DURING 1956, BY COUNTY

County	Under care at the beginning of 1956			Added during 1956			Total under care during 1956		
	Sana-toria	Out-patient	Home care	Sana-toria	Out-patient	Home care	Sana-toria	Out-patient	Home care
Total	154	39	19	192	62	30	346	101	49
Adams	1	3	....	3	1	....	4	4	....
Arapahoe	2	2	....	1	1	....	3	3	....
Bent	1	....	....	....	....	....	1	....	....
Boulder	4	1	....	4	2	....	8	3	....
Chaffee	1	....	....	1	2	....	2	2	....
Cheyenne	1	....	....	....	....	....	1	....	....
Clear Creek	1	....	....	1	....	....	2	....	....
Conejos	3	....	....	1	1	....	4	1	....
Costilla	1	....	....	....	....	....	1	....	....
Crowley	2	....	....	1	....	....	3	....	....
Delta	1	2	....	1	1	....	2	3	....
Denver	64	10	18	75	11	27	139	21	45
Dolores	....	....	....	1	....	....	1	....	....
Elbert	....	....	....	1	....	....	1	....	....
El Paso	11	....	....	11	9	....	22	9	....
Fremont	1	....	....	1	....	....	2	....	....
Garfield	....	....	....	2	....	....	2	....	....
Gilpin	1	....	....	1	....	....	2	....	....
Huerfano	....	1	....	3	1	....	3	2	....
Jefferson	3	2	1	9	2	....	12	4	1
Lake	1	....	....	1	....	....	2	....	....
La Plata	2	....	....	....	....	....	2	....	....
Larimer	2	....	....	3	1	....	5	1	....
Las Animas	6	4	....	8	2	2	14	6	2
Logan	....	1	....	....	....	....	....	1	....
Mesa	9	1	....	3	6	....	12	7	....
Moffat	....	....	....	2	....	....	2	....	....
Montezuma	....	....	....	1	....	....	1	....	....
Montrose	1	....	....	6	5	....	7	5	....
Morgan	....	....	....	2	....	....	2	....	....
Otero	2	1	....	5	....	1	7	1	1
Ouray	1	....	....	2	....	....	3	....	....
Pitkin	....	....	....	1	....	....	1	....	....
Prowers	3	....	....	3	....	....	6	....	....
Pueblo	15	6	....	20	10	....	35	16	....
Rio Blanco	1	....	....	1	1	....	2	1	....
Rio Grande	5	....	....	5	3	....	10	3	....
Routt	....	....	....	2	....	....	2	....	....
Saguache	2	1	....	2	....	....	4	1	....
Sedgwick	....	....	....	2	....	....	2	....	....
Weld	6	4	....	6	3	....	12	7	....

COLORADO TUBERCULOSIS HOSPITALIZATION PATIENTS PLACED UNDER CARE DURING 1956, BY AGE AND STAGE OF DEVELOPMENT

AGE	TOTAL CASES	PULMONARY										NON-PULMONARY			
		Total Pulmonary	Minimal	Moderately advanced	Far advanced	Silico	Miliary	Primary	Pleural effusion	Pulmonary and other	Evaluation	Spinal	Meningeal	Renal	Abdominal
Total	180	171	17	52	78	5	3	8	3	5	4	2	1	1	1
0- 9	14	14	4	1	1	....	1	7	....	....	....	....	....	....	....
10-19	10	9	2	2	3	....	1	1	....	....	....	....	....	1	....
20-29	17	15	....	5	9	....	....	....	1	....	1	....	1	....	....
30-39	25	25	4	8	9	....	1	....	1	2	....	....	....	....	....
40-49	47	42	4	21	16	....	....	....	....	1	2	2	....	....	1
50-59	32	32	1	7	18	5	....	....	1	....	....	....	....	....	....
60-69	20	20	2	4	13	....	....	....	....	1	....	....	....	....	....
70-79	10	10	....	2	7	....	....	....	....	1	....	....	....	....	....
80 and over	5	4	....	2	2	....	....	....	....	....	1	....	....	....	....

TOTAL CASES

	Number	Percentage
Total	180	100.00
Far advanced	78	43.33
Moderately advanced	52	28.89
Minimal	17	9.44
All other	33	18.34

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COLORADO TUBERCULOSIS CASES DISCHARGED AS ARRESTED OR INACTIVE DURING 1956

BY TOTAL LENGTH OF HOSPITALIZATION

Number of months	Total number of persons	Arrested	Inactive
Total	54	33	21
1	2	....	2
2	2	1	1
3	....	....	....
4	2	2	....
5	2	2	....
6	1	1	....
7	1	1	....
8	5	5	....
9	....	....	....
10	10	7	3
11	4	3	1
12	2	....	2
13	3	1	2
14	2	2	....
15	1	1	....
16	1	....	1
17	....	....	....
18	1	....	1
19	1	....	1
20	3	2	1
21	....	....	....
22	1	1	....
23	1	....	1
26	1	1	....
33	1	....	1
34	1	1	....
36	1	1	....
38	2	....	2
39	1	1	....
49	1	....	1
76	1	....	....

	1956	1955	1954
Arrested:			
Average	13.0 Mo.	12.6 Mo.	12.3 Mo.
Median	9.6 Mo.	8.3 Mo.	8.7 Mo.
Inactive:			
Average	20.2 Mo.	18.0 Mo.	18.3 Mo.
Median	12.8 Mo.	14.1 Mo.	13.7 Mo.
Total:			
Average	15.8 Mo.	14.6 Mo.	14.0 Mo.
Median	10.5 Mo.	9.9 Mo.	11.5 Mo.

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NUMBER OF COLORADO TUBERCULOSIS PATIENTS DECEASED DURING 1956, BY AGE AT TIME OF DEATH

Ages	Number
20 through 29	1
30 " 39	2
50 " 59	8
60 " 69	7
70 " 79	5
80 " 89	2
Total	25

COLORADO TUBERCULOSIS CASES APPROVED DURING 1956

Occupation	Number	Percentage
Total	180	100.00
Housewives	41	22.78
Foodhandlers and Service	29	16.11
None	26	14.45
Unskilled labor	22	12.22
Semiskilled labor	19	10.55
Skilled labor	19	10.55
Office and Sales People	11	6.11
Agriculture	10	5.56
Professional	3	1.67

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DATE DUE	BORROWER'S NAME
Feb. 25	Flora Slocum

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