



# The No Name News\*

The Newsletter of the Oregon State Hospital

Volume 1, Issue 2

September 2, 2005

## From the Desk of the Superintendent

### The Times they are a' Changing -- Recovery as Transition to the Community

By Marvin D. Fickle, MD

At times, it is difficult to appreciate that the work we do at the hospital has a meaning in a much larger context than the modest unit in which we operate. The daily grind can diminish the reality that our goal is a much broader one -- to return a person to the community better equipped to survive and succeed than before he or she came to the hospital. For years, many in the community ridiculed the hospital as incapable of providing an environment for that development, believing that hospitals could only foster increased dependency through a patronizing and controlling manner. It was difficult for them to believe that a state hospital could move beyond the view of Nurse Ratched, with her well-meaning, but ultimately stultifying belief that "she knew best what her patients needed."

As has become increasingly evident over the past decade, the tide has gradually shifted to the point that we are fostering a level of freedom and independence that is, at times, beyond what our patients experience when they leave the

hospital. The shift in hospital practice has been difficult for some staff, who still rankle at the thought of patients leaving the hospital as if every one of them is a "disaster waiting to happen." Patients are people like you or I, most wanting desperately to start over in life,

*\*You could name the OSH Newsletter. Please send your name suggestions to OSH Volunteer Services by September 21<sup>st</sup> and your name could be chosen.*

## Welcome

*Welcome to all those who were newly hired to OSH or promoted in June (see page 2) and July:*

Teresita Boehm, Mental Health Therapist 2  
Emily Croxall, Word Processing Technician 2  
David Delgado, Student Prof/Tech Writer  
Martha Desantis, Mental Health Therapist 1  
Annette Haider, Mental Health Supervising RN  
Patricia Hasandras, Mental Health Registered Nurse  
Jose Hermosillo, Mental Health Therapy Technician  
Carolyn Huff, Mental Health Registered Nurse  
Timothy Irmen, Unit Director  
Eugene Jablonski, Unit Director  
Velinda Mack, Mental Health Therapy Technician  
Joshua Menzie, Custodian  
Cynthia Pendergast, Executive Support Specialist 1  
Carol Rabenstein, Word Processing Technician 2  
Kene Saepfan, Mental Health Therapy Technician  
Judith Spence, Mental Health Therapy Technician  
Lori Widder, Unit Director  
Jerry Woelke, Director of Operations

and trying to understand how they ended up where they are. For them, starting over often means learning how to regain the trust of society, starting with folks who work at the

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## Welcome to all those who were newly hired to OSH or promoted in June

Jessie Buckman, Word Processing Tech 2  
 Lorie Engberg, Office Specialist 2  
 Teresa Flores, Mental Health Therapy Tech  
 Richard Inman, Mental Health Registered Nurse  
 Alina Johnson, Food Service Worker 2  
 Guy Knight, Mental Health Therapy Tech  
 Linda McCarver, Mental Health Registered Nurse  
 Armenda Minick, Mental Health Therapy Tech  
 Stephanie Reeves, Mental Health Therapist 1  
 Paula Steinkamp, Pharmacist  
 Sheila Thibodeaux, Mental Health Registered Nurse  
 Gerry Wills, Public Service Rep 2



Fawn Cserep, Mental Health Therapy Tech  
 Betty Fendler, Mental Health Therapy Tech  
 Lawrence Hawkins, Mental Health Therapy Tech  
 Peter Jay, Trades/Maintenance Worker 2  
 Bruce Johnstone, Physician Specialist  
 Michael Lewis, Mental Health Registered Nurse  
 Doris Meyer, Custodian  
 Sharma Rakeshwar, Mental Health Therapist 2  
 Virginia Russell, Mental Health Therapy Tech  
 Diana Swanson, Word Processing Tech 2  
 Gordon Vollmer, Equipment Operator 1  
 Helen Woodruff, Mental Health Therapist 1

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hospital. Their success, earned gradually through appropriate behavior, good work habits, and a willingness to work through nearly impossible barriers, is hard earned and deserved. Realistically, most of us could not tolerate the loss of privacy, the stripping away of identity, and the forced group living that our patients must endure. The fact that any improve is a profound endorsement of the ability of humans to persist in the face of adversity.

It is then both tragic and shameful that our patients leave the hospital, only to be relegated to a life-style that strips away most of the progress that they have made; they can't work, they can't walk to the store alone, they are not trusted with even the basic of situations that they had successfully traversed years prior in the hospital. If our patients do not react to this outrage, it is only because they realize that to object to the loss of freedom and independence subjects them to an involuntary return to the hospital. For those of us for whom *Recovery* has taken on a larger meaning of re-establishing one's personhood, this is despicable and unacceptable.

These sentiments will undoubtedly be met

with outrage and rejection by those community providers who believe that they continue to "provide the highest level of service to persons with mental illness." For the sake of our patients, we must be willing to speak out about the ridiculousness of demanding long-term "mini-prisons" in the community for most of our discharged patients. This process is not only detrimental to recovery, but also expensive. To demand that discharged patients can no longer work, must live under conditions that are more restrictive than that of the hospital, and have less freedom of movement, will result in patients refusing to leave the hospital; such an outcome is both ludicrous and incredibly wasteful of taxpayer monies.

To those in the community who have genuinely striven to provide assistance to our patients on their path to independence and recovery, we join with you in our mutual aspiration for progress. To those who are indifferent to the real needs of recovering patients, who have become community-based Nurse Ratcheds; we would recommend removing yourself from the path of progress. To succeed as a hospital, we need the community to share a view of recovery, of potential, and of progress.



## Attention OSH Staff

By Jessica Loewen

Have you seen the new Nextel devices on campus this past month? Do you know how to use one? If not, it is time to learn. Starting August 29 the new Nextel radio/phones will be delivered to each ward. By September 20, the old two-way radios will all have been collected and all radio contact will need to happen over the Nextel radio/phone system. If you did not attend one of the Nextel trainings that were offered, please contact Diana Marshall at (503) 945-2876.

## 2005 Legislative Session Update Part I

By Dusty Charters and Maynard Hammer



The 73<sup>rd</sup> Legislative Assembly closed the 2005 session early in the morning of August 5. Since the session began in early January, many bills were introduced that affect Oregon State Hospital. Some of these bills were passed into law, but many bills were still in committee when the Legislative Assembly adjourned *sine die*. Adjournment *sine die* means the session is closed unless a special session is called. If a bill is still in committee when the session closes, the bill is dead.

OSH was in the spotlight during the session. Many OSH staff presented testimony on a variety of subjects to Senate or House legislative committees. The legislative committees invited staff to testify on issues faced by the hospital and on bills of particular interest to unions.

The Governor toured OSH on May 9. On May 16, The Senate Committee on Health Policy and the House Committee on Health and Human Services held a joint hearing at OSH to review the Phase I Master Plan Report. During the hearing, Senators and Representatives took full advantage of the opportunity to have questions answered by the authors of the Master Plan report. Governor Kulongoski held a press conference that same day to publicly release the Master Plan Phase I Report. The entire report can be seen at the website link:

<http://www.dhs.state.or.us/mentalhealth/osh/osh-masterplan.pdf>

It is too early to have all the details of the OSH budget, but we do know some good news. The budget contains the \$350,000 funding for the Master Plan Phase II, to be completed February of 2006. The contract

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### EMPLOYEE RECOGNITION

Congratulations to all OSH employees who reached milestones in July

#### 30 Years of Service

- ✓ Wendell Jarman, Physical Plant

#### 20 Years of Service

- ✓ Jerrold Martisak, 48C
- ✓ Janice Potter, 50G
- ✓ Yvonne Warzynski, 50F
- ✓ Lonna Chase, 50H
- ✓ Phyllis Woellmer, 35A

#### 15 Years of Service

- ✓ Steven Wilson, 41B
- ✓ Robert Kruger, 34A
- ✓ Cynthia Koch, Vocational Services
- ✓ David Jobe, Clinical Services

#### 10 Years of Services

- ✓ Alexander Horwitz, 50E
- ✓ Vicki Bakke, P1A
- ✓ Kristina Burbank, P1A
- ✓ Scott Davis, P1A
- ✓ Joann Payne, P1A
- ✓ Ginger Hull, P1B
- ✓ Judith Page, P1B
- ✓ Gerald Weller, P1B

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with KMD was fully signed on August 25, 2005. KMD is an architectural firm that completed the Master Plan Phase I. Also, the budget contains 41 new positions for OSH. These positions were justified by a Secretary of State overtime audit and must be linked to managing and reducing overtime. The positions are 20 Mental Health Therapy Technicians, 13 Mental Health Therapist 1s, and 8 Mental Health Therapist 2s.

The Governor and legislature engaged in an aggressive battle against the drug methamphetamine. Measures signed into law included allocating funding to police agencies to specifically enforce meth-related laws, and requiring a doctor's prescription to obtain cold medicines needed to manufacture it. Methamphetamines are particularly harmful to persons who use them while suffering from a mental illness.

Please look for additional information in *2005 Legislative Session Update Part II* to appear in an upcoming issue of the OSH newsletter.

## **Ask Amanda**

*By Jessica Loewen*



Need some help navigating Windows? Are you not sure how to log onto the network, use the AS-400, or access your GroupWise account? If you are an OSH staff member, Amanda Hoover can help. Amanda has been assigned to a developmental position as a Training Specialist 1 with the Education and Development Department (EDD) here at the hospital. Since starting this position, there has been a noticeable decrease in the number of calls placed to the Service Desk (503-945-5623) for computer assistance.

Help is available in the form of classes and

individual assistance. To register for classes, call EDD at (503) 945-2875. Amanda is also willing to come to you. She can be reached directly on GroupWise, by phone at (503) 945-2836, or by pager at (503) 589-3355. She works from 7:00-4:30 pm Monday through Thursday and most Fridays from 8:00 to noon, but her hours can be flexed that day.

Amanda has worked for the hospital for almost six years now. She was an Office Specialist on 35 B before taking a developmental position with the PC Deployment Project. She spent November through May doing that, and then in May, transitioned to her current position with EDD, which is scheduled to end in November.

## **JCAHO Update**

*By Ted Ficken*

The Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) has visited OSH four times in the last two years. We had a full survey in December 2003; focused surveys in August 2004 and May 2005; and a laboratory survey in June 2005. All of the surveys went well, and resulted in full accreditation. Each survey helped identify areas where we can make improvements.

In addition, between April and July 2005, the hospital completed a Periodic Performance Review (PPR), which is a self-assessment of how we comply with all JCAHO standards. Starting in 2006, all JCAHO surveys will be unannounced. Next time JCAHO visits us, they will be looking closely at those areas where they recommended improvements, as well as those areas where our self-assessment identified needs.

Future surveys will also utilize the new

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“tracer” methodology, which means that surveyors will spend more time talking to both patients and staff to trace the quality of care received. Training will be provided to both patients and staff to help prepare them for these unannounced surveys and the tracer methodology.

## OSH Foundation Grants Awarded

*By Jessica Loewen*



The Oregon State Hospital Foundation (OSHF) has awarded \$6,000 in grant money to programs throughout OSH. The grant money was distributed as follows:

Unit	Grant For...	Amt.
All	Family Travel Fund 	\$55.00
41A	Cultural Diversity Groups	\$450.00
41B	Bonsai Supplies	\$150.00
50B	Books & Audio Books	\$250.00
50D	Activity Supplies	\$450.00
50E	Musical Instruments 	\$350.00
50E	Foreign Language Books	\$175.00
50J	Pedometers & Walking Incentives	\$250.00
GTS-RSD	Music Performances 	\$600.00
PDX-RSD	Acoustic Guitars	\$870.00
PDX-RSD	Bike & Outdoor Equipment	\$450.00
PDX-RSD	Fitness Tote Bags	\$250.00
PDX	Diversity Celebrations 	\$500.00
PDX	Community Reintegration Activities	\$600.00
PDX	Exercise Program	\$600.00

Decisions were based on what Foundation members felt the direct benefit to patients would be and the number of patients that would be served by each request. Recipients will have from October 1, 2005 to July 31, 2006 to use the grant money.

The OSHF is a private, non-profit, charitable organization dedicated to improving the quality of life for patients at the Oregon State Hospital. For more information, please contact Jessica Loewen at (503) 945-2892.

## Healthy Worksite

*By Sue Wimmer*

The Oregon State Hospital has been selected to be one of eight state agencies to participate in “Healthy Worksites.” This means we will participate in several activities throughout the year to address healthy nutrition, physical fitness, and prevention of chronic diseases such as high blood pressure, diabetes, and heart disease. Grant funds will provide most of the support for these activities. Stay tuned for more information via GroupWise starting in September and continuing throughout the year.

Meanwhile, OSH wellness walks continue. On August 17 the front lawn was transformed into a little bit of Hawaii, thanks to the Hawaiian themed wellness walk hosted by the dental clinic staff. leis, pineapple, small fans, and campus walk route maps were offered and a good time was had by all who participated. The next walk will be September 22 and will be sponsored by the Diversity Committee. This walk will include an educational component as you learn about different cultural backgrounds of the persons that work here at OSH. Please consider joining us.


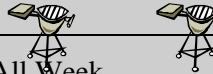
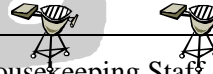

## New JCAHO Standard

*By Ted Ficken*

Effective July 1, 2005 the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) issued a new standard, which requires hospitals to inform their employees, that complaints about the quality of patient care can be made directly to JCAHO. Information about this standard is available on the JCAHO web site. Additional information was provided to all OSH employees through a written memo from Dr. Fickle. If you have a question regarding this new standard, please contact Ted Ficken in the

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# September Calendar

Date	Event	Location	Time	Contact Person
2, 9, 16, 23, & 30 <sup>th</sup>	Incident Report & Medication Variance Form Training	Computer Training Lab 35 building basement	7:00-7:45 am & every hour following until 11:00 pm	Valerie Anderson 945-2857
5 <sup>th</sup>	Labor Day Holiday			
11 <sup>th</sup>	Custodian Appreciation Week		All Week	Housekeeping Staff
14 <sup>th</sup>	Friends of Forensics Meeting	Brooks Conference Room	1:00-2:30 pm	Deborah Howard 945-7132
16 <sup>th</sup>	Wellness Committee	Callan Room	8:15-9:15 am	Sue Wimmer 945-2886
20 <sup>th</sup>	OSH Foundation Meeting	Treleaven Conference Room	10:00-12:00 pm	Jessica Loewen 945-2892
21 <sup>st</sup>	Diversity Walk	In front of Com Center	10:30-2:00 pm	Judy Hanson 945-7106
22 <sup>nd</sup>	Diversity Conference	Salem Convention Center	11:00-1:00 pm	George Bachik 945-2860
28 <sup>th</sup>	General Staff Meeting	30 Building Gym	2:30-3:30 pm	Pam Dickinson 945-2852

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Quality Improvement Department at (503) 945-0916.

## Patient Acuity

By Vern Eggiman

Design and implement a patient acuity system. You might first want to know, what is an acuity system anyway? Simply put, a patient acuity system captures specific information about patient care needs and then translates that data into how many staff are necessary to meet those needs.

Since April of this year, OSH staff have been diligently working on designing just such a system. These staff include Linda Bylsma, Judy Endahl, Judy Imig, Sue Johnson, Nancy Johnston, Dana Murphy, Jaime Musgrove, Guia Peteros, Maria Prokhorova, and Elon

Shlosberg. They have been conducting literature searches, attending staffing practice presentations, visiting local hospitals, studying nursing versus non-nursing duties and patient demographics, and the list goes on.

With the support of Marvin Fickle, MD, one of the next steps will be to complete a time study for all Mental Health Registered Nurses and Mental Health Therapy staff. The purpose will be to accurately demonstrate where nursing staff are spending their time and how long those duties take. This information is absolutely necessary in order to project accurate staffing patterns. This study will begin September 12, 2005.

Although the work is overwhelming, the energy invested in this project will be well worth the effort. More information and details will be forthcoming.



*The No Name News is edited by Jessica Loewen. Please contact her at (503) 945-2892 with questions, comments, or suggestions. The deadline to submit stories or calendar items for the next issue is 12:00 noon on Friday, September 23.*