

OSH Recovery Times

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Living with Uncertainty

By *Marvin D. Fickle MD*

For the past several weeks, I've been inundated with questions regarding the hospital's future: "What about the Master Plan?" "Are we moving to Portland?" "Is the OSH-Portland 6th floor project moving forward?" The most direct answer to many of these questions is "I don't know." This is not for lack of interest or concern, but for the fact that many of these decisions are contingent on the political process and, at present, the direction of the process remains unclear.

Part of the issue for our employees is the difficulty of living with ambiguity. This is a recurrent theme in many situations that provoke anxiety—we like to know how things stand, not lie awake at night wondering. I appreciate how this time is both unsettling and anger-provoking. I want to reassure all of you that the situation is not as grim as it sometimes looks, but I don't want you to just take my word for it. The past two years have seen a lot of movement—after all, the start of the Master Plan process began just a year ago. We are in an election year, and many promises have been made which will likely need resolution. Can we expect everything to turn out as we want? Probably not, but I can assure you that it will definitely be an improvement over what we have had to live with in the past.

As you probably know by now, Part II of the Master Plan was released by the Governor's Office on March 1, a year to the day after the start of the process. Most of the findings will not come as a surprise to those involved in mental health, although some of the demographic numbers are worrisome. The report emphasizes that the need for the services provided by the state hospital are not likely to go away anytime soon. For at least the next 20 years, in fact, it will increase.

The various options suggested - a single, 1,000 bed state hospital, two hospitals, or three - will ultimately be evaluated in the light of the hard political realities of the day. Oregon has an unwieldy revenue process, with hundreds of millions of taxes "re-

turned" if collections exceed predictions. For social services, especially those that impact our less advantaged citizens, this has led to an episodic rise and fall of availability.

This is not a practical way to run a state hospital, which requires a stable funding source, which only becomes more expensive over time, and which demands a regular influx of capital for repair and maintenance of the physical plant. These are the issues that drive the Master Plan, and the report derives preliminary estimates

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OSH Recovery Times is edited by Jessica Loewen. Contact her at 503-945-2892 with questions, comments or suggestions.

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for the initial building costs, the increased staffing costs, and perhaps most importantly, for community enhancements that keep the state hospital from becoming a 2000+ bed behemoth. The latter presents the most difficult of the tasks for the state; building a new hospital, staffing and running it are in many ways an extension of what we already do.

To develop the community capacity in residential, vocational, and supportive care requires a level of sophistication and commitment that is not currently available. However, the size and function of the hospital is ultimately dependent on the successful development and functioning of those community agencies that will deliver services to prevent hospitalization and provide a transition out of the hospital.

The Master Plan starkly outlines the pathway out of our current overcrowding and understaffing, and attaches dollar figures to those choices. If the money appears outrageous, it is only because we have undercapitalized and underfunded these services in the past, and we now are being called to task. Whether the state has the political will and stomach to make rigorous decisions is yet to be seen, especially in the face of federal Medicaid cutbacks and shortfalls in school funding. I believe that mental health care remains an essential aspect of public health, and we ignore this opportunity to do the right thing only at great peril. I will continue to press our politicians about the need to move forward.

Currently, the OSH-Portland 6th floor and bathroom repair projects are on hold. The reasons for this are complex, and will hopefully be resolved soon. In the meantime, the release of the Master Plan also raises the issue of long-term planning for the Metro area, and the viability of the Portland Campus beyond the current lease term. The 41 Building remains at risk as described by Part I of the Master Plan, but we are without options if we cannot proceed with expansion or movement elsewhere.

The lack of definitive decision-making illustrates my initial point, that in planning our lives we can project only a short time into the future with any degree of certainty. We stand on the brink of possibility, hopefully a future that will both address the mental health needs of the state and provide a pathway forward for the hospital. This is not the time to jump ship, even if the winds seem fickle; there is nothing sweeter than landfall after a long, dark night at sea.

March 2006 Calendar

8: Friends of Forensics Meeting

1:30 p.m.

Brooks Conference Room
Contact Deborah Howard:
(503) 945-7132

10: Patient Book Swap

50 Building Gym

Contact Stephanie Kitner:
(503) 945-2892

13: OSH Foundation Board Meeting

10:00 a.m.

Callan Room
Contact Jessica Loewen:
(503) 945-2904

15: Diversity Committee

1:30 p.m.

Callan Room
Contact George Bachik:
(503) 945-2860

17: Wellness Committee

8:15 a.m.

Callan Room
Contact Sue Wimmer:
(503) 945-2886

March 17: St. Patrick's Day

March 20: Spring Begins

22: General Staff Meeting

2:30 p.m.

30 Building Gym
Contact Pam Dickinson:
(503) 945-2852

48B Inspection

By Nancy Frantz-Geddes, RNC

Janelle Pilmer, RN of DHS Health Care Licensure and Certification, conducted an unannounced inspection of ward 48B on Feb. 15. The allegation was that “the hospital failed to ensure that a registered nurse was responsible and accountable for managing the nursing care of his/her assigned patients and failed to follow physician’s orders.”

Nurse Pilmer completed a unit tour, selected six open records to review, reviewed S&R data for January 2006, interviewed staff, and examined all hospital and nursing policies and procedures related to seclusion and restraint. At the conclusion of her inspection, she found that the allegation was unsubstantiated. Furthermore, Nurse Pilmer stated that 48B looked and felt great. She identified that the unit was clean, neat, orderly and calm. Nurse Pilmer was impressed with the excellence of documentation, including the notification of family, the level of RN and MD involvement, and made special note of how clearly identifiable the use of least restrictive alternatives were. She commended the clear and present professionalism of 48B staff.

On behalf of the Nursing Department, I offer my gratitude and respect for the exemplary efforts of 48B staff who complete outstanding work within such a challenging unit. My thanks to all who participated in the survey with special appreciation extended to Christie Gallegos for all her contributions to the investigatory process. Clearly, the staff of 48B take great pride and care in the work they do and deserve to be both acknowledged and appreciated.

A Beautiful Story

By Brian King

The OSH Campus will have an unexpected burst of color this year thanks to the hard work and generosity of Stephanie Buettner and her mom, Teresa Hiatt. Stephanie is the Property Specialist 2 at the OSH Warehouse. She is responsible for inventory control of the food warehouses at the hospital. Stephanie spent time with her mother during a weekend in early February digging up and dividing her mom’s vast dahlia beds. Teresa donated about 1,500 dahlia tubers to OSH, which our grounds crew will be able to plant all over the campus. The estimated retail value for the tubers is \$5,500. As if that weren’t enough, Teresa gave tubers to several warehouse staff so that they can enjoy them in their gardens this year too.

Welcome

January hires and promotions

Shellie Colson

Mental Health Therapy Tech

Ann Fracaro

Mental Health Registered Nurse

S. Golbinec

Mental Health Therapist 1

Anna Kolman

Mental Health Therapy Tech

Tatyana Kovaleniko

Mental Health Therapy Tech

Melissa Lang

Office Specialist 2

Phillip Martinmaas

Laborer 1

Trudy Metzger

Mental Health Registered Nurse

Angela Middleton

Mental Health Therapist 2

Eleanor Molnar

Psychiatric Social Worker

Jennifer Montgomery

Mental Health Therapy Tech

Kellie Mulkey

Psychiatric Social Worker

Jose Parga

Laborer 1

Rachel Rhine

Mental Health Therapy Tech

Nai Saechao

Mental Health Therapist 1

Susanne Schuch

Mental Health Therapy Tech

Michael Simmons

Training and Dev Spec 1

Kaechan Tern

Mental Health Therapist 2

Maren Walta

Psychiatric Social Worker

2006 Governor's Food Drive

By Jessica Loewen

Did you know that one out of every five people in Oregon and Clark County, Wash., received an emergency food box at least once last year? The Oregon Food Bank receives a large percentage of its food donations from the annual Governor's State Employees' Food Drive and I would like to thank all of you who have contributed to this important cause over the past month.

This year OSH raised \$12,489.50 or the equivalent of 74,937 pounds of food. Contributions were made in the form of money and food donations and fundraiser participation. I would like to thank Gary Sjolander for hauling our donated food to Marion-Polk Food Share and Barbara Ashwell, Lynn Glantz, Chris Graham, Brian King, Liep Liepins, Linda Marshall, Denny Nash, Marilyn Nichols, Joan Otteson, Bea Quest, Sharon Rome, Brenda Ross, Darrell Sharp, Janice Slate, and Barbara Strauch for agreeing to facilitate the donations and/or fundraisers in their area of the hospital.

This year's fundraisers included a variety of bake sales, a book sale, a soup and salad lunch, a chili cook-off, a root beer float sale, a soup and sandwich sale, a potato bake, and a cookbook sale. The single largest fundraiser was the 50 Building Silent Auction. Staff from all over the hospital donated and bid on a variety of goods and services that sold for a total of \$3,019. On behalf of the hungry people of Oregon, thank you for all of your support.

Update from the AS400 Migration Team

May 31, 2006 is the targeted last date that AS400 email system will be available. We are scheduled to have all of the current formatted email converted to GroupWise-compatible processes by that time. All OSH employees have a GroupWise email account. It will go dormant if it is not used, so please access your account regularly. If you have trouble accessing your account, please call the Service Desk at (503) 945-5623, between 7:00 a.m. and 5:30 p.m., Monday through Friday.

This past month we found a vendor capable of converting the AS400 word processing documents. There will be a pilot project using a few documents to verify the procedure. The conversion process will be

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Employee Recognition

Congratulations to all OSH employees reaching January milestones.

•25 Years of Service•

Terrance Miller, 41B

•20 Years of Service•

Jannie Rutherford, Lab

Gary Wilson, 50I

•15 Years of Service•

Pamela Bedwell, P5A

Linda Shannon, 48C

William Vandiver, 50C

Jennifer Rogers, 48C

•10 Years of Service•

Daniel Costello, 50H

Juan Arechiga, 35A

Kent Wimmer, Physical Plant

•5 Years of Service•

Susan Mountain, Forensics

Amanda Hoover, 35B

Brenda Thayer, 50H

Doreen Williams, Business Office



Seclusion and Restraint Efforts Continue

By Ted Ficken

Several years ago, a series of articles ran in the Hartford, Conn., newspaper that detailed national problems related to the use of seclusion and restraints in psychiatric hospitals.

As a result of those articles, there was a strong national effort to reduce and eliminate the use of seclusion and restraints. OSH set a goal to reduce and eliminate the use of seclusion and restraints, and has provided Professional Assault Crisis Training (ProACT) as a way to help staff recognize escalating situations and to intervene before a situation becomes unsafe.

OSH participates in a national data collection effort, called ORYX. We submit ORYX data to the National Research Institute of the National Association of State Mental Health Program Directors and we receive feedback on how our data compares to other, similar hospitals.

We can also track our data over time and look for trends. Our latest data report shows an upward trend in the use of seclusion over 10 months, beginning in February of 2005.

The data also indicates that our use of seclusion has been above national means for the four

months from August 2005 to November 2005. We have also seen a recent increase in the use of restraints.

The OSH Seclusion and Restraint Review Committee reviews the ORYX data, as well as other internal documentation collected at OSH. Discussion of the data indicates that there are reasons for the upward trend, primarily related to a small number of patients who have been in special, approved programs.

Other contributing factors might be the admission of more patients who have used methamphetamines, overcrowding on some units, the capping of census on maximum security units, an increase in patients with personality disorder diagnoses, or the inability to move discharge-ready patients to the community.

The Centers for Medicare/Medicaid Services has produced a video titled, "Reducing the Use of Seclusion and Restraints in Psychiatric Facilities." Copies of this approximately two-hour videotape can be checked out from the staff library in EDD or from the Quality Improvement Department.

OSH continues to encourage staff to use early interventions

with patients. The use of seclusion and restraints is dehumanizing and humiliating to patients, and can carry the risk of injury to both patients and staff.

Alternative approaches, as taught in ProACT, are encouraged whenever possible. Seclusion and restraints should be used only as a last resort, to maintain safety and security.

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done a section at a time. As of now, no schedule for beginning that process has been created.

In other news, thanks to the hard work of Seth Reimer, Nancy Coddington, Travis Graham, and Katie Todhunter, all PCs at both Salem and Portland campuses for direct access to Medical Customer Information Control Systems (MCICS) by the end of March. This process is simpler and easier than the old access through the AS400.

We appreciate all the help, suggestions and ideas everyone has sent to us. They all help make things smoother (not perfect, you understand, but smoother).

Is Recycling for You?

By Marlin Wynia

When I came back to OSH in 2001 and started working in the Custodial Services/ Housekeeping Department, I didn't think too much about recycling. I knew it was a pain to pick it up every week, but I didn't think about what it means to our environment. I know some of you wonder if it's worth the time and effort to save a tree or two. Well, everyone, think again!

I just received our annual statement from Garten Recycling Services and I have some interesting facts for you. In 2005 OSH recycled 9,662 pounds of waste paper. According to statistics from Department of Environmental Quality this means we:

- \$ Saved the fiber equivalent of 82 pulp trees
- \$ Reduced air emissions at paper mills by 2,416 pounds
- \$ Reduced water consumption at mills by 57,972 gallons
- \$ Saved the energy equivalent of 464 gallons of gasoline
- \$ Avoided the cost of hauling away 24 cubic yards of waste
- \$ Helped provide jobs, training, and income for over 65 adults with disabilities

Looking for Creative Weight Loss Ideas

By Ted Ficken

It seems apparent that many of our patients experience weight gain while under our care. This could be caused by lack of exercise, certain medications, availability of extra calories through vending machines and canteens, patient-to-patient bartering, lack of motivation, etc. We all know that weight gain can produce serious health problems.

The Quality Improvement Department is interested in compiling a list of creative ideas that units are using to address the problem of weight gain in our patients.

We are conducting a literature search to look for other ideas. We will then use all of the ideas to develop a survey of other state hospitals that belong to the Western Psychiatric State Hospital Association. We will combine our own creative ideas, ideas from the literature, and ideas from the other hospitals into a guide.

Are you using a creative approach to patient weight maintenance, or weight loss, on your unit? Are there any posters, patient education materials, exercise programs, nutrition classes, or incentives that have been helpful on your unit?

We would like to hear from you. Please send your ideas to Ted Ficken in Quality Improvement. Thanks for your help.

Every pound of waste that is recycled contributes to a better quality of life for all of us. Thank you to all staff who participate in the hospital's recycling pro-

gram. If you are one of those who don't recycle, hopefully this information will change your way of thinking.