

OSH Recovery Times

Volume 2, Issue 1



Jan. 2006

It's the Perfect Time of Year

By *Marvin D. Fickle, MD*

The New Year is traditionally the time to recall the past, to reflect on the good, the bad, the exalting, and the tragic. We certainly have had our share of public accolades as well as near-disasters. The events of the past year have run the gamut – if your blood pressure and hair line have suffered, you're certainly not alone. Traditions solidify group perceptions in a way that allows the spirit of shared memories, emotions and hopes to continue. In that spirit, I would like to share my own admittedly idiosyncratic memories of the past year, and my hopes for the coming year.

We began the year still struggling with the aftermath of a serious attack on an employee – the theme of safety and security runs through much of what happened over the past year. Simultaneously, the hospital was beginning work that would culminate in May with the presentation of the Master Plan, Part I, to the Legislature. Headlines would focus on the “seismic uncertainty” of the 41 building, but the report emphasized the essential inadequacy of every building.

Fire was an alarm that flared up twice in 2005; first in February, when smoke emptied the 50 Building, and underscored the need for a comprehensive evacuation plan, and again in May, when the 35 Building nearly went up in flames, save for the swift and remarkably self-sacrificing actions of several staff. These events could have brought about the demise of the hospital. The interconnectedness of the campus is poorly understood by most people who don't work here. These events impressed me both by their gravity and the heroic response of our employees.

With the completion of the legislative session in August, the Master Plan was given money to proceed. I continue to be hopeful that the outcome will be the building of a new hospital. Although bricks and mortar are but a foundation of a whole system, it will anticipate progress throughout the state to meet the needs of people with mental illness.

In October, I received an award as representative of the hospital, an acknowledgement from the community that the hospital is an important and vital part of the mental health system. As I stated at the time, the award truly was not about me, but about the enormous effort of our employees to forge ahead despite the very difficult conditions in which they work.

November saw the “One Flew over the Cuckoo's Nest” Anniversary at the Elsinore Theatre. This event will be a high point of my life for reasons that may seem trivial. Although the movie in many respects ridicules and

“Perfect Time” cont. on page 2

In this issue....

New and promoted employees.....	2
Caring Tree Wrap-up.....	3
Wellness Committee News.....	3
January Calendar.....	3
2006 Patient Safety Goals.....	4
Employee Recognition.....	4
AS400 Update.....	5
Changes in Abuse Rules.....	5
2006 Quality Improvement Projects ...	6
Life with a Service Dog.....	6

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

“Perfect Time” continued from page 1

decries the manner in which people were treated thirty years ago, it also sharply delineates the path forward. The recognition that people with mental illness need to be the ones defining their treatment emerges from the movie’s theme when viewed with the hindsight of thirty years. The fishing trip with our patients on the day of the anniversary exemplified how far we’ve come in translating theory into practice.

I thoroughly enjoyed the efforts of Jerry Wolke, John Hamilton and the hospital grounds crew in decorating the campus for the holidays. I hope that the bright lights of our trees reminded you of the season’s joys, even for those a long way from their families and loved ones. It was yet another small instance of what I hope will be the growing inclusion of our patients in the world beyond the walls of the hospital, so that transition to the community becomes nearly transparent.

I would like to return to the theme of patient and staff safety, because it continues to be mentioned as both a consequence of overcrowding and understaffing, and a major stumbling block to recruitment and retention. The underlying fear that usually accompanies a lack of security is an emotion both powerful and dangerous, the latter because it often provokes a response that is exaggerated and poorly conceived. We all have seen the consequences – situations in which no one achieves their goal, and in which injury and loss of autonomy is likely.

It may be redundant but also necessary to remind everyone that the hospital has two contradictory functions: to provide a therapeutic environment, and to be part of the police apparatus of the state. The sophistication of our employees in managing those two elements is the determinant of our success. As simple as that sounds, it lies at the core of our basic task. If patients or employees don’t feel safe, they behave in ways that make it difficult to succeed.

I want to share with you plans for “peer support” that we are developing with community advocates. I will let them describe to you what is meant by that phrase, but those of you who are acquainted with AA peer support can grasp the basic tenets. We hope to develop a campus “drop-in” center as a starting point, with increasing involvement of county-based outreach with our patients, connecting them with grass-roots resources in their community long before they head for home. We expect that several local counties will be supportive of the initiative, and the hospital can pursue options previously unavailable.

“Perfect Time” continued on page 6

Welcome

Welcome to all those hired or promoted in November

Gideon Alifua

Mental Health Therapist 1

Danielle Bauer

Mental Health Therapy Tech

Catherine Eke

Mental Health Therapy Tech

Harvey Ezekias

Mental Health Therapy Tech

Timothy Funk

Mental Health Therapist 1

Scott Garred

Rehabilitation Therapist

Barbara Gordon

Mental Health Therapist 1

Tatyana Kovalenko

Mental Health Therapy Tech

Jodi Lessa

Mental Health Therapist 2

Yulia Lyakhovetskaya

Mental Health Therapy Tech

John Marabello

Mental Health Registered Nurse

Melciedes Merencias

Mental Health Therapist 1

Lynn Miller

Psychiatric Social Worker

Jennifer Montgomery

Mental Health Therapy Tech

Lisa Orsini

Clinical Psychologist 1

Faye Phan

Mental Health Registered Nurse

Lisa Robertson

Mental Health Therapist 2

Ruth Rolund

Office Specialist 2

Kene Saephan

Mental Health Therapy Tech

Fern Shank

Executive Support Specialist 1

Eric Smith

Mental Health Therapist 1

Maxine Stafford

Mental Health Therapist 1

Nobuko Starr

Mental Health Therapist 1

Dayton Terpenning

Custodian

Caring Tree Wrap-up

By Jessica Loewen

The Caring Tree Project for 2005 was a success. It was a huge task to ensure that each patient had a festively wrapped gift to open during the holiday season, and it was all possible thanks to the support of so many people. Thank you to all of the staff and outside volunteers who gave time and money to make this project work. Thirteen individual donors contributed a total of \$1,760. Staff and members of 30 different organizations donated gifts. Some 133.5 volunteer hours were spent collecting, sorting, wrapping and delivering 729 gifts.

It is so important that each patient at the hospital was able to receive at least one gift during the holiday season, if nothing else, to be reminded that people do care about him or her, even during this busy time of year. One patient wrote, "Without your gifts our Christmas wouldn't have been as glorious as all of you have arranged for us." Thank you to everyone who helped to make that possible.

Wellness Committee News

By Sue Wimmer

Energize and mobilize! That is the theme for the next Healthy Worksite promotion. Walking programs and free pedometers will be coming soon, and we'll be trying out the new indoor walking hallway, located outside of the Wellness area under the 40 building. To get there, go through the tunnels to the 40 building turnoff, or through the stairwell at the southwest side of the building. Just make sure to stay clear of the tunnels and watch for any other traffic. The hallway is wide, well lit and dry. There will be promotional walks Jan. 19 and 24.

As for the energizing aspect of the promotion, the focus will be on getting five-a-day vegetables and fruits. Check out the posters on the Wellness bulletin boards and go to the Healthy Worksite Web site for more information at www.healthoregon.org/worksites. The Wellness Committee is also sponsoring a Weight Watchers program each Friday at noon in the Brooks conference room (Admin Bldg). Call Linda Marshall at (503) 945-9838 for information about joining.

Thanks to all who took part in the *Weigh the Same* contest over the holidays. We haven't added up the pounds lost or saved by the program, but we'll have more in the next newsletter. If you are interested in joining the OSH Wellness Committee, we meet the third Friday of each month at 8:15 in the Callan conference room.

January 2006 Calendar

9: OSH Foundation Board Meeting

1:00 p.m.

MD Conference Room
Contact Jessica Loewen:
(503) 945-2892

11: Friends of Forensics

1:00 p.m.

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

Jan 16: Martin Luther King, Jr. Day

18: Diversity Committee

1:30 p.m.

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

20: Wellness Committee

8:15 a.m.

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

25: General Staff Meeting

2:30 p.m.

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



Patient Safety Goals for 2006

By *Dave Alligood*

OSH will be “eligible” for an accreditation survey this year. As part of the evaluation process, surveyors will attempt to determine staff knowledge on a variety of clinical and administrative issues related to Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards. Staff were previously informed of the 2005 National Patient Safety Goals and also received posters for their program area clearly describing these goals. However, as with other accreditation guidance, requirements have been slightly modified. 2006 Patient Safety Goal statements for Behavioral Health Care are:

Improve the accuracy of client information

- Use at least two client identifiers when administering medications, blood products or providing other procedures.

Improve the effectiveness of communication among caregivers

- For verbal telephone orders or telephonic reporting, have the receiving person “read back” the complete order or test result.
- Standardize a list of abbreviations, acronyms and symbols *not* to be used throughout the organization.
- Improve the timeliness of reporting/receipt of critical test results and values.
- Standardize the approach for “hand off” communications.

Improve the safety of using medications

- Standardize and limit the number of drug concentrations available.
- Identify and annually review a list of look-alike/sound-alike drugs and take action to prevent errors involving their interchange.

Reduce the risk of healthcare-associated infections

- Comply with current CDC hand-hygiene guidelines when providing services to high-risk populations or administering physical care.
- Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a healthcare-associated infection.

Accurately/completely reconcile medications across care continuum

- Implement a process for obtaining and documenting a complete list of client medications with client involvement upon entry to the organization.
- Communicate a complete list of the clients’ medications to the next provider when a client is referred or transferred.

For additional information, please contact the Quality Improvement Department at (503) 945-2857 or the Education-Safety Department at (503) 945-2881.

Employee Recognition

Congratulations to all OSH employees reaching November milestones.

•25 Years of Service•

Stephen Barrett, Security

•20 Years of Service•

Joanne Devereux, P5A

•15 Years of Service•

Rory Farrow, P1B

Melinda Padrick, 35B

David Schalk, Pharmacy

Julie Schultz, 50H

Terry Shipley, Security

•10 Years of Service•

Deborah Bulletset, Warehouse

Richard Chilcutt, Housekeeping

William McGregor, Voc. Services

Elizabeth Miller, 50I

Loren Reynolds, Voc. Services

Jan Seward, Food Services

•5 Years of Service•

Anne Attmore, P1A

Patricia Hasandras, P1A

Paula Koenig, 35B

Sandra Lundblad, 50C

Jim Mills, Ed. & Development

Donald Saint-Just, 35A



Changes in Abuse Rule

By Terry Kester

On Jan. 1, 2006, the revised Administrative Rule (OAR 410-110-000 to OAR 410-011-120) governing Abuse of Individuals Living in State Hospitals and Residential Training Centers went into effect. The changes make the abuse investigation process more like the one followed by community programs and more transparent to the general public. The revised rule is similar to the old rule with some changes.

All reports of alleged abuse will still be sent to the Superintendent's Office and the definitions of abuse and neglect have not changed. Reports of abuse received by the Superintendent or his designee are forwarded to the Office of Investigations and Training (OIT) within two hours. OIT and the Superintendent will then decide within 24 hours whether to contact the Oregon State Police (OSP) if a criminal investigation is needed, or to initiate an investigation by OIT, which has an investigator to handle the screening of allegations including those from OSH.

The next step in the process has changed in a couple of ways. When OIT investigates, they will send a draft report to the Superintendent within 30 calendar days. Discussion of the draft reports will be held at a regular weekly time among OSH managers, including the Superintendent and OIT. The conclusions and recommendations will be discussed. Recommendations are more likely in substantiated cases and might include topics such as policy review or training. The final report must be completed within 15 calendar days from the completion of the draft report.

All new staff will be provided a copy of the new rule at the commencement of their employment. Current staff will be given a copy of the new rule within 90 days of the effective date of the rule and once a year thereafter. Those are the major changes in the process. As you can see, the intent of the rule has not changed.

AS400 Update

By Nancy Coddington and the AS400 Project Team

The AS400 survey was sent to all staff via GroupWise on Dec. 2, 2005. Thanks to all 397 of you who responded as of Jan. 4. Without your cooperation, the AS400 Migration Project would not be so successful. We are in the process of reviewing the data and all of the

"AS400 Update" continued

great ideas that you've provided. Your input is valuable because every hour of planning saves 7 to 10 hours of remediation later.

Another piece of the project is setting up Hummingbird/Host Explorer on each PC, which is a program allowing the user to directly connect to the mainframe computer, where Medical Customer Information Control System (MCICS) and Oregon Patient Resident Care System (OP/RCS) reside. This means that access to MCICS will no longer have to go through the AS400 login process. There will be no more double-clicking on the AS400 terminal and AS400 printer icons. You won't need to enter an AS400 login and password on the system security screen and the AS400 sign on screen either.

This bit of magic, however, takes some time since it requires that a technician go to each PC to make configuration changes and it involves others within OIS to make security access changes. Within the next four to six weeks we expect to have this portion of the project completed.

The AS400 Project team will continue to keep you posted in this newsletter, through GroupWise, and with visits to your wards and departments. Please keep your input coming! You are encouraged to send your comments and questions to our GroupWise address: ***Project-Team, AS400.***

2006 Quality Improvement Initiatives

By Ted Ficken

With the new year upon us, it's time to wrap up some of our 2005 Quality Improvement projects and initiate some new ones for 2006. During 2005, we had 36 groups participate in quality improvement projects, resulting in many improvements.

During 2006, all patient care units will work together on two main priorities. The first priority is looking at our treatment care plans to see if we can make them more effective. This is not to say that our current plans are poor, but many have observed that there is a variance in the content

of these plans from unit to unit, and we've received feedback from the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO), and they would like to see us make our treatment plans more behavioral, observable and specific. They continue to stress individualization of care, and specificity for each patient.

Since we will have an unannounced JCAHO survey in 2006, it is timely that we pay attention to our Treatment Care Plans (TCPs). Another reason for this priority is that, as we plan for a future electronic health record, with computer-assisted treatment

care planning, it is a good time to review current TCP structure and underlying principles. We will be auditing TCPs on all units, providing some training to review concerns, and making attempts at improvements.

The second QI priority in the patient care units will be further exploration of how we can utilize more evidence-based practices. That is, how can we ensure that the services we provide have been documented to work. A law in Oregon requires at least 25% of our budget be spent on EBPs during this biennium, and increases to 50% and 75% in the following bienniums. We will work to identify clinical needs, match them to EBPs, and then provide training and mentoring to implement those practices.

Look for more information about the results of last year's QI projects, as well as details about this year's projects, in future articles.

"Perfect Time" cont. from page 2

Many of you snicker when I pontificate that the glass is half full, but I still believe that the best is still to come. The Master Plan is due in February, and we are looking forward to adding more staff even in the face of larger agency difficulties. Any fight worth winning is one that likely requires substantial effort; I think our employees have the dedication to figure out what needs to be done.

Life with a Psychiatric Service Dog (PSD)

By Brenda Nelson

I first heard about service dogs on Animal Planet. Donna, my therapist at the time, had a therapy dog in her office who had helped me, and I've always had pet dogs at home. I knew they made me feel better, but I didn't know I had the right to have a PSD with me at all times, including in stores, restaurants, doctors' offices, hospitals, and any public place. I discussed this idea with Donna, and she agreed a PSD would be a great treatment for my psychiatric disabilities.

Life with a service dog is wondrous, but not perfect. Beginning a partnership with a service dog is a rite of passage like no other. Challenges occur in the beginning that we as service dog handlers must endure, from potty breaks to explaining the Americans with Disabilities Act to people unfamiliar with it. The good news is that life with a PSD is more than worth it, and though the experience can be both joyous and trying, many of the difficulties and inconveniences now seem insignificant next to the quality-of-life improvement that my service dog provides me.

Brenda Nelson works at the Empowerment Center on OSH Salem Campus and runs Mighty Paws, a PSD training program. For more information, please contact Brenda at (503) 370-7774.