

# OSH RECOVERY TIMES

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1

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## 2008 Accomplishments

*By Roy Orr, Superintendent*

From a historic groundbreaking to a noteworthy graduation, 2008 was a year of many milestones and significant accomplishments.

And a few lows.

In early 2008, OSH weathered two less-than-favorable federal reports. But even amid criticism regarding deficiencies, reviewers praised hospital staff citing their dedication and commitment.

This is the same dedication and commitment that are driving the hospital's Continuous Improvement Plan, a multi-year effort to guide improvements in a number of areas, including use of seclusion and restraint.

With the support of the hospital's three unions, OSH educated all staff using the Professional Assault Crisis Training more commonly known as ProACT, which has proved to reduce seclusion and restraint hours.

In 2008, OSH experienced a 75 percent reduction in the number of hours of patient restraint – a number below the national average. OSH also experienced an 80 percent reduction in the number of incidents of patient seclusion the past six months. The number of hours of seclusion is now at the national average.

OSH continues to advertise, recruit and qualify candidates for open positions. To date all five of the approved office support positions have been hired. These support staff provide direct assistance to the patient units by assisting with many duties that previously were done by the nursing staff. The impact of these positions has been to free nursing staff to per-



form nursing duties and assist unit directors to better manage their units. Of the Continuous Improvement Plan positions approved by the February 2008 supplemental legislative session, 125 have been filled. The hospital has also added supervising psychiatrists and supervising psychologists to improve clinical outcomes. In addition to the direct care staff, OSH added administrative support in the areas of security, strategic planning, finance and pharmacy.

With these additions, OSH improved financial controls and accountability, bringing the budget into balance in spite of major fiscal challenges; expanded peer support services through the implementation of the Peer Bridge Program; and began implementing major changes in campus security in response to recommendations resulting from an independent security review.

To further meet its staffing goals, OSH enlisted the help of rapid process improvement consults to decrease the time it takes to hire nurses. The ultimate goal is to take the RN hiring process from an average of 80 days to an average of seven days. Another area addressed by the rapid process improvement was dietary consultation, which was taking as

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### OSH Recovery Times

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Contact him at 503-945-2892  
with questions, comments or suggestions.

# Strategic planning; a.k.a., piecing together continuous improvement

By Rick Varnum, director of strategic planning

As Bob Dylan sang, “The times they are a changin’.” During 2009, I plan to use Recovery Times to highlight some of the changes we are experiencing.

When you look, you can see some kind of change in nearly every aspect of how we do business. We are now a smoke-free campus, we’ve begun to use START (Short-Term Assessment of Risk and Treatability), the warehouse is being decentralized and six cottages will be used for patient housing. The list is lengthy and for the most part, very positive.

Is anyone coordinating our efforts? Yes. The superintendent’s cabinet and the Quality Council are directing them.

This month’s topic – staffing

The hospital’s inadequate staffing is well documented. With support from the 2007 Legislature, we received 211 new positions under the Continuous Improvement Plan (CIP). As of January 1, OSH has hired 108 CIP staff and created several new programs: The Acuity & Security Program; Behavioral Psychology Services; Planning, Analysis & Research; Roving Security; Peer Bridgers; and Metabolic Disorders.

New staff members are having an impact. If you want to learn more, you can view a staffing impact study conducted by Dan Pasch of the Planning, Analysis & Research Department.

Go to <http://wiki.hr.state.or.us:8080/display/PAR/Publications> then open the file called CIP Staff Impact Statements.

In addition, we’ve reduced the number of regular staff vacancies this year. There have been 231 new hires and only 135 separations, leaving a net staff increase of 96.

In total there are 204 additional staff members at the hospital, an increase of 15 percent compared to a year ago. Few, if any, state programs have experienced such growth.

Are we fully staffed now? No. There are still about 90 regular staff vacancies and 100 more CIP positions to fill. The Governor has recommended more than 500 additional staff in his 2009-2011 budget. More help is on the way!

New staffing is but one piece of our continuous improvement effort. Next month I’ll be talking about the Transformation Initiative and the improvements we have seen as a result of two rapid process improvement events.

As our superintendent Roy Orr recently said, “This is a time for innovation and creativity.” I welcome your thoughts and suggestions for continuous improvement. Feel free to contact me; my door is always open.

## Community members needed for review committee

By Ted Ficken  
Quality improvement director



The OSH Seclusion and Restraint Review Committee seeking additional community members.

Oregon Administrative Rules, which mandate that the hospital have a Seclusion and Restraint Review Committee, require the committee to have at least three community members. The committee needs to replace several community members it lost in the past year.

The committee reviews data about seclusion and restraint at OSH, reviews the use of seclusion or restraint with specific patients who fall above a threshold (e.g., two or more incidents within one month or any incident that lasts longer than 12 hours), and makes recommendations for ways to reduce the use of seclusion or restraint.

If the committee identifies trends from the data, it tells Pro

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# The Joint Commission: An Update

By *Ted Ficken*  
Quality improvement director

Over the next several months, the OSH Quality Improvement Department will conduct practice accreditation surveys in various work areas, as preparation for the next Joint Commission survey.

The Joint Commission is the independent agency (not a part of the government) that accredits Oregon State Hospital. It was formerly referred to as JCAHO or by the nickname Jayco.

The hospital's last full accreditation survey was in August 2006. The next full survey will be any time between 18 and 39 months from that date, so we are already within the time frame for a survey.

OSH recently was notified by the commission that it has been restored to full accreditation; until that letter was received, our status had been "conditional accreditation," with "requirements for improvement (RFIs)."

The practice surveys are a staggered three-month process. We will come to each area to explain what we will be doing one month, conduct the practice survey the following month, and then come back to debrief during the third month. Each work area is prepared, surveyed and debriefed during different months. We will let each work area know when we will be visiting.

All Joint Commission surveys are now done with only a 30-minute warning. Surveyors could arrive any day. We check the Joint Commission Web site every morning. When the Quality Improvement Department receives a 30-minute warning, we will inform the Communication Center, which will alert the rest of the organization using a phone list.

We are also within the time frame for our next full survey of the laboratory. The lab employees are busy preparing for their survey.

Here is some other Joint Commission-related news:

- The Joint Commission has completely revised its standards manuals. Due to expense, we ordered hard copies for a only small group of individuals. However, an electronic version will be available to all staff members. We will let you know how to access the electronic manual soon.
- Quality Control will review all of the manual's

revisions. We are required to complete an annual self-assessment of our compliance with all the standards, which is called a Periodic Performance Review (PPR). We use Accreditation Manager Plus software for the PPR. As we review the revised standards, we will simultaneously review point people assigned to specific standards as part of the PPR.

- This year, the hospital-wide competency will be on the 2009 National Patient Safety Goals (NPSGs), which were recently published. We will be distributing new NPSG posters, ID cards, and materials to all work areas. We also will provide additional materials, a post-test and a competency validation tool for all employees to complete.
- The Quality Improvement Department will be working with EDD to schedule a series of trainings related to regulations. We will be offering primer classes on regulatory issues for both new managers and non-managers. Watch your training calendar and e-mail for additional information.

You can always report concerns about quality of patient care or safety directly to the Joint Commission. You can use the commission's Web site ([www.jointcommission.org](http://www.jointcommission.org)), e-mail, phone or letter. Details are available on the OSH Web site, and will be posted on each unit's patients' rights bulletin board.

If you have any questions about The Joint Commission, the Centers for Medicaid and Medicare Services (CMS), or any other regulations, contact the Quality Improvement Department. If we don't know the answer, we will try to find the answer.



# Music therapy milestone

By Ted Ficken

DHS music therapists: Paul Martin, Geropsychiatric Treatment Services, OSH; Jim Lowry, Unit 50H, OSH; Patti Appleby, Unit 50J, OSH; Kirsten Swanson, Rehabilitation Services, OSH; Heidi Scott, Unit 50I, OSH; Ted Ficken, Quality Improvement, OSH; Christy Hey, Community Transition, OSH; Joanne Trzcinski, on job rotation to Addictions and Mental Health (AMH); CJ Reid, AMH; and John Boyd, AMH. Not pictured, Lizbeth Cattle, Geropsychiatric Treatment Services, OSH; Scott Garred, OSH Portland; and David Dahl, Unit 48C, OSH.



The Western Region of the American Music Therapy Association (WRAMTA) will observe its 50th anniversary at a regional conference in Stockton, Calif., in March.

Music therapists who work in clinical and non-clinical positions in the Department of Human Services gathered for a group photo.

Use of music and music therapy have a long history at Oregon State Hospital. Superintendents' reports from the early 1900s mention dances, orchestra concerts, big band concerts, visiting musicians and early phonographs.

Dr. Dean Brooks, a former OSH superintendent, while in medical school at the University of Kansas played in a string quartet with Dr. E. Thayer Gaston, a music therapy pioneer. Dr. Brooks helped make music experiences available to OSH patients during his tenure.

Music therapists, classified as Rehabilitation Therapists, continue to provide a variety of therapy services to OSH patients. Music therapists require a minimum of a bachelor's degree, and some of those currently working at OSH have advanced degrees.

After completion of their degrees, music therapists must complete an approved internship and must pass a national exam to become board certified.

For more than 30 years, Willamette University had a music therapy degree program that sent practicum students, interns and employees to OSH. That program was moved to Marylhurst University near Portland.

The Oregon Association for Music Therapy actively provides networking and continuing education opportunities for Oregon music therapists.

A national association and an independent Certification Board for Music Therapists manage the credentialing processes.

Congratulations to the music therapists on the 50th anniversary of their professional organization in the western United States.

## Tips for lifestyle changes and healthy eating to promote weight loss

By Vicki Duesterhoeft, MS,  
registered and licensed dietitian



### Increase:

- |                        |                                  |
|------------------------|----------------------------------|
| • Label reading        | • Fish (salmon, trout, sardines) |
| • Whole grains         | • Olive oil                      |
| • Brown rice           | • Legumes (beans, lentils, etc.) |
| • Fruits               | • Nutrient-dense foods           |
| • Vegetables           | • Water                          |
| • Salad as your entrée | • Variety                        |
| • Fresh foods          |                                  |

# Reduce, reuse, recycle

As of January 1, plastic water bottles have a five-cent deposit in Oregon. To save some money, why not use your own container for tap water?

Using your own water bottle not only saves you money, it's more environmentally friendly, too. Marion County leads Oregon in recycling --now recycling and composting 56.5 percent of our waste -- but we also produce 22 percent more waste per person than we did 15 years ago.

Here are some more reasons to reduce, reuse and recycle.



- Incinerating 10,000 tons of waste creates one job; land-filling 10,000 tons of waste creates six jobs; recycling 10,000 tons of waste creates 36 jobs.
- For every garbage can placed at the curb, the equivalent of 71 garbage cans of waste is created in mining, logging, agriculture, oil and gas exploration, and the industrial processes used to convert raw materials into finished products and packaging.
- In Marion County the average person generated 1,519 pounds of garbage and 1,625 pounds of recycling and yard debris.

- By recycling plastic bottles and tubs in Marion County, we're saving the equivalent of 8,000 gallons of gasoline each year.
- One ton of paper requires the use of 98 tons of various resources. In Marion County we throw away over 37,000 tons of paper a year.
- If all the recyclable paper that gets thrown away each year in Marion County were recycled, it would save the equivalent of more than 115,000 trees.
- Last year in Marion County we recycled over 30,000 gallons of latex paint. That's enough to cover a 10-foot-tall wall from Salem to La Grande.
- If you were to cover Willamette University's football field from goalpost to goalpost with all of the garbage created in Marion County in a year, it would pile up nearly 7,000 feet high.
- Of everything that is thrown away in Marion County, approximately 60 percent could be recycled or composted in a currently available program.

## Decrease:

- |  |                                      |
|--|--------------------------------------|
| • Anything that contains white flour (dessert, white bread, pancakes, low fiber breakfast cereals, etc.) | • Sodium                             |
| • White rice   | • Limit diet soda to 1 daily or less |
| • Potatoes, especially fried   | • Alcoholic beverages                |
| • Fat that is solid at room temperature  | • Portion size                       |
|  | • Time spent watching TV             |



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## Tips for lifestyle changes and healthy eating to promote weight loss

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<b>Include daily:</b>	
<ul style="list-style-type: none"> <li>High fiber (at least 5 grams) cereal or bread for breakfast</li> </ul>	<ul style="list-style-type: none"> <li>Multivitamin plus minerals (with lutein) as close to 100 percent RDA as possible</li> </ul>
<ul style="list-style-type: none"> <li>6-8 ounces low-fat yogurt (Nancy's and Stonybrook Farms are the most probiotic)</li> </ul>	<ul style="list-style-type: none"> <li>16-24 ounces non-fat milk</li> </ul>
<ul style="list-style-type: none"> <li>1 ounce (handful) of nuts</li> </ul>	<p><b>Three times a week have</b></p> <ul style="list-style-type: none"> <li>4-6 ounces fish high in omega-3 fatty acids or take fish oil capsules to total 1-4 grams omega-3 fatty acids daily</li> </ul>
<ul style="list-style-type: none"> <li>1 ounce dark chocolate (&gt;70% cocoa)</li> </ul>	
<ul style="list-style-type: none"> <li>1000-2000 IU Vitamin D</li> </ul>	
<b>Avoid:</b>	
<ul style="list-style-type: none"> <li>Foods that have ingredients you can't pronounce</li> </ul>	<ul style="list-style-type: none"> <li>Deep-fried foods</li> </ul>
<ul style="list-style-type: none"> <li>Anything with ingredient names that your great-grandparents would not recognize</li> </ul>	<ul style="list-style-type: none"> <li>Meats high in fat</li> </ul>
<ul style="list-style-type: none"> <li>Artificial sweeteners</li> </ul>	<ul style="list-style-type: none"> <li>Processed and convenience foods</li> </ul>
<ul style="list-style-type: none"> <li>High fructose corn syrup</li> </ul>	<ul style="list-style-type: none"> <li>Hydrogenated fats</li> </ul>
<ul style="list-style-type: none"> <li>Sugar</li> </ul>	<ul style="list-style-type: none"> <li>Man-made trans-fats</li> </ul>
<ul style="list-style-type: none"> <li>Regular sodas</li> </ul>	<ul style="list-style-type: none"> <li>Shortening</li> </ul>
<ul style="list-style-type: none"> <li>Beverages with calories (lemonade, sweet tea, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>Sweets and desserts (except fruit)</li> </ul>
	<ul style="list-style-type: none"> <li>Chips and dip</li> </ul>

## 2008 Accomplishments

(continued from page 1)

long as 150 days to complete. The process has been reduced from 40 steps to 21. Dietitians who previously were doing 12 consultations per week now do 30.

In September the OSH replacement project hosted a groundbreaking ceremony, which was attended by more than 400 people and included speeches from the Governor, the senate president and the mayor of Salem. That same month, the project team conducted a day of public tours for about 200 people.

One of the final highlights of 2008 was the December pinning ceremony where six OSH employees received their nursing degrees through the N2K accelerated nursing program. A second program for OSH employees is under way in partnership with Clackamas Community College.

A new year brings new challenges and there is always some uncertainty about what is to come. But more importantly a new year means opportunity – opportunity to make a difference in the lives of hundreds of Oregonians by helping them to understand their illness, assisting them to develop the skills to manage their symptoms and helping ensure their successful long-term recovery.

A new year is also a time to reflect on where we have been and where we want to go. Hospital leadership is currently identifying and refining OSH goals and priorities for 2009. Look for more news on this issue next month in the Recovery Times.

## Community members needed for review committee

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ACT instructors about them.

The committees functions are currently under review, with the aim of making it more effective.

The committee meets at least once per quarter, and may meet more often as needed. The two-hour meetings are held on a Fridays at 10 a.m.

Committee members volunteer their time, but meeting travel expenses can be reimbursed.

OSH employees are encouraged to suggest potential community members. All candidates will be interviewed, with the superintendent making final appointments.

Candidates should be skilled at reviewing data reports, and must respect patient confidentiality, and share our vision of reducing the use of seclusion and restraints.

For more information or to suggest a candidate contact me at 503-945-0916, or by e-mail at ted.ficken@state.or.us

# Patients make headway through employment, education

By Richard Stansfield



Patient participation in education and employment programs in 2008 was up an average of 10 percent over the previous year. That's good news at a time when reports of patient falls, staff assaults and use of seclusion and restraint more commonly make the news.

The expansion of vocational and educational services for OSH patients is part of a cultural change that is under way.

In the previous academic year (Fall 2007 – Summer 2008), 111 patients on average each term participated in education – a 9 percent increase from the previous year. And in 2008, on average, 177 patients were employed each month – 11 percent more than in 2007.

## Employment – sheltered or competitive

OSH tries to place as many patients as possible into employment. Some patients work in sheltered employment settings, which provide training in job skills needed in the local market. Many patients also have the ability to work in a competitive environment, providing them with economic reward for their hard work. In 2008, on average, 120 patients were employed in sheltered workshops and 57 in competitive jobs.

Patients who participate in employment get the opportunity for social interaction with multiple individuals. They also learn to accept feedback responsibly, work cooperatively with others, become more flexible in dealing with change, and when they succeed at assigned tasks, increase self esteem.

“By participating in employment, patients habituate to having a schedule and structure and this carries over when they enter the community – they may have better skills in structuring their time productively,” says Barb Pfaltzgraff, who heads the OSH vocational department.

## Education – college and GED

Our patients in education programs learn new skills and often achieve great success. In the first three quarters of 2008, 30 of our clients were enrolled in college (including Chemeketa Community College of Salem), a 233 percent increase on the number enrolled the previous year.

Last year 13 patients enrolled in college in the spring, an all-time high. Between winter and summer terms of 2008, OSH clients successfully completed a total of 134 college credits. We expect one or two patients to complete degrees in 2009.

Fifteen patients are currently in GED preparation, learning the same American high school-level academic skills as people in the general population. Between fall 2007 and summer 2008, seven patients gained GED level competency in reading, six in science, three in math, and three in writing. This is an increase of 14 over the number who completed these areas the previous academic year.

Such skills can play a critical role in patients' successful transition to the community, equipping them with knowledge and the ability to succeed in community placement. That may account for the fact that attendance in all learning opportunities, from classes to the computer lab, averages over 80 percent.

With the help of a returning teacher hired at the end of November, we hope to see continued patient success in vocations and education, as well as further progress in the many positive patient outcomes that the PAR team is tracking.



## Why does OSH need an electronic health record system?



*The BHIP team could write for days about the positive attributes of an Electronic Health Record (EHR) system, but we decided to ask the people who will be using the new system to answer the question, “Why go electronic?” Our first response is from Joel Gregor, Psy.D., currently working on 50H.*

The move to a paperless medical record system is a global trend and joining it will keep us current in the field. But, more importantly, it will also allow us to provide better care to our patients.

The larger an organization is, the harder it becomes to share information with all the parties that need it. OSH, and its parent DHS, serves the entire state of Oregon and often gathers information from other states, as well. This means that it can take months (or longer) to gather important information about patients and get it to the treatment providers. An electronic record system will greatly improve our efficiency and improve the treatment we give the patients. Also, HIPAA regulations will allow us to electronically share information between agencies much more quickly.

Even within OSH it often is difficult to share information across campus and within wards. When there is only one paper chart for each patient and dozens of people who need the information, you can imagine how difficult it can be to provide efficient care. Moving a chart

all over the campus also raises the risk of losing information from the chart (even temporarily).

With a paperless system, the chart is available wherever there is a secure computer workstation. This allows several people to access information at once and different departments to share information about patients more smoothly. When multiple departments have access at the same time to the information then documentation can be accomplished more quickly, which improves efficiency and reduces waste.

As a psychologist, I often feel the stress of not having access to patient information that I need. When I am at my desk I can't look up patient information and have to work from memory when I receive e-mails and phone calls about patients. When I am on the ward, I need to “fight” others for time with the chart and I lack a quiet workspace where I can write reports or make collateral contacts. I also see other departments on our campus (such as FES) having to make multiple trips to the ward for information from the chart or having to copy large quantities of information from the chart so they can access it at their desk. This is wasteful environmentally and financially. It also creates information-security risks, because creating multiple copies of documents increases the risk of a breach of privileged information.

Additionally, I believe that electronic records make “paperwork” easier. With a paperless system, most forms are in the system and filling them out only requires adding information into vacant fields on the form. This is a change from our current system, in which a new Word document must be created for each report.

EHR would eliminate much redundant information from the reports and increase our speed. It also would nearly eliminate the need for a transcription service, which would improve speed and save the hospital money.

Lastly, I realize that we have all experienced computer crashes, viruses, software problems and other frustrations as we have used computers in our professional and personal lives. This could lead one to think that the computer-based system will be less effective and more frustrating than our current system. Thousands of private and government agencies across the globe have shown this to not be the case. There certainly will be many problems implementing the system and continuing maintenance issues along the way but when information is stored electronically it is not only secure but it is nearly impossible to destroy. Firewalls, encryption, back-up files and secure computer networks have made electronic files much more secure and are preserved better than paper records that are subject to fire, water, sun, decay and human error – not to mention the file storage space that would be saved. Computer issues will come up but they will be resolved by our technology support staff and the patient information will remain secure in the process. The risk is minimal.

I'm clearly in favor of this new electronic record system, but I hope my bias doesn't hinder you from seeing all the improvements that await us when the system is up and running. It will be a bumpy transition, but the potential is phenomenal

**Joel Gregor, Psy.D.**  
*DHS Forensic Psychological Services*

# Preventing burnout by caring for the caregiver

By Claire Kiener, M.S.W.

Burnout is a state of physical, mental and emotional exhaustion caused by long-term exposure to a demanding work environment.

Burnout can be a product of stress but it is very different from stress. Stress is “too much and feeling overwhelmed”; burnout is “not enough and no longer motivated.”

In our daily jobs here at Oregon State Hospital we are all caregivers. We give care and support to the patients and even our co-workers. We, the caregivers, need care and support as well.

When you don't take care of yourself, you are more prone to burnout. Burnout can have significant consequences on your health, your home life and your job. But if you can recognize the early symptoms of stress and burnout you can do some simple things to solve the problem.

## Here are some signs of burnout to be aware of:

- » You find yourself becoming more cynical, critical or sarcastic.
- » You're no longer happy at work.
- » You have to make yourself go to work in the morning.
- » You have a hard time getting started once you get to work.
- » You are more irritable with others (patients and co-workers).
- » You feel disillusioned.
- » You feel that there are insurmountable barriers to success at work.
- » Your sleep and /or appetite have changed (too much or too little).
- » You are self medicating (using food, drugs or alcohol to feel better).
- » You have unexplained body aches, headaches or other body pains.
- » You are constantly tired no matter how much sleep you get.

If you are experiencing some of these symptoms, you should first see a doctor to ensure that there are not any physical causes. Once that is clear, you can use coping strategies to recover. And you can also prevent burnout in the future.

## Recovery tips:

- » Slow down – Give yourself some time to reflect on what you are doing, what you want and where you are going, to heal and to rest.

- » Get support – Talk to others about how you are feeling. Sometimes just having somebody to share your feelings with gives you the perspective that you need to make positive changes
- » Be proactive – Express your needs to your supervisor and your co-workers.
- » Set boundaries – Make sure that you do what is expected of you but don't be afraid to say no or ask for help when you need it.
- » Re-evaluate your goals and priorities – Make sure that what you are doing is what you want to be doing. Are you doing what is really important to you? Its important to nourish what really makes you happy.

You can take other steps as part of becoming proactive to prevent burnout. Some of these include:

- » Start your day with a relaxing and energizing ritual. Take a few minutes before you go to work to stretch, do some gentle exercises, read some poetry or write in your journal. Do something that inspires you and makes you feel good about yourself.
- » Adopt healthy eating and exercise habits. When your body is well fed and well rested, it is much better equipped to handle the stresses of everyday life. Here at OSH we all know the importance of being in good shape to work with our population.
- » Set boundaries. Again, make sure that when you say yes, it is because it is something that you want and can do.
- » Nourish your creative side. Try something new – take a dance class, learn a language, take up a new hobby or activity. Being creative is a powerful way to take care of yourself and prevent burnout. Make sure, however, that your new hobby has nothing to do with work!
- » Learn your personal signs of oncoming stress and burnout and seek help or make changes as soon as you notice them.
- » Learn to accept help from others.
- » Learn to laugh every day. Look up jokes, watch funny movies, listen to funny songs. Whenever you can, look for the humor in everyday life. Laughter really is the best medicine.

Remember, it's better to prevent a problem than to have to try to fix it!

## The 2009 Joint Commission national patient safety goals

By Angelika Schmoll  
Associate director of nursing



Expect to see more emphasis on infection prevention and proper patient identification at Oregon State Hospital this year.

The Joint Commission (TJC) has revised six of its 16 national patient safety goals (NPSGs) to promote specific improvements in patient care in 2009.

The Patient Safety Advisory Group oversees development, annual review and modification of the NPSGs. The group includes physicians, nurses, pharmacists, risk managers and other professionals who have hands-on experience in addressing patient safety issues in hospitals and other health care settings.

NPSG compliance is a critical and demanding part of the accreditation process.

Prevention of health care-associated infections and patient identification errors are the most significant issues that will be addressed for the 2009 NPSGs. There will be an increased focus on more patient-centered care—more fully engaging patients in their own care.

By January 1, 2010, hospitals will be expected to implement evidence-based practices aimed at preventing multiple drug resistant organisms (MDRO), focusing on methicillin-resistant *Staphylococcus aureus* (MRSA) and *Clostridium difficile*-associated disease (CDAD).

The Quality Improvement Department (QI) will provide information and training to all OSH staff in order to comply with new and existing NPSGs as we prepare for a full unannounced Joint Commission survey this year. We will monitor processes and collect data, to make sure that individual units receive immediate feedback on their NPSG compliance.

## RPI results in quicker response by dietitians to consult requests

By Vicki Duesterhoeft, M.S.  
Registered and licensed dietitian



Patients who need a consultation with a dietitian from Food and Nutrition Services are being seen more quickly due to the addition of two clinical dietitians last summer, and the Rapid Process Improvement (RPI) event that was held in October.

The team was comprised of the following members: Sami VonWeller, RD, LD; Connie Mickelson, RD; Maryann Grieve, RN; Linnea Johnson, RN; Marliyn McNulty, MH-SRN; Nancy Johnston, MHSRN; Dr Chen, MD; Vicki Duesterhoeft, MS, RD, LD; Dan Pasch, Research Analyst; Debbie Granum, Team Leader; Rich Varnum, Transformation Leader; and Derek Wehr and Nikki Mobley, Facilitators.

The RPI team worked together to reduce the consult process from 40 steps to 21, which made the following feasible:

- From October to the end of December, 276 patients were seen by dietitians.
- The consult backlog (up to a 150 day wait) has been completed.
- Patients with consult orders are being seen within 30 days.
- Beginning January 1, 2009, new patients are being seen within seven days of admission.

In addition:

- Dietitians will increase their formal involvement with interdisciplinary treatment care teams for patient's whose plans address significant nutrition-related issues.
- Nurses will be offered training on the changes to the new process and the services dietitians can provide.

## OSH new hires and retirees

### Welcome to OSH

#### November

Brian Adams	Transporting Mental Health Aid
Bonita Altus	Principal Executive Manager A
Melissa R Barnes	Administrative Specialist 1
Sergiy Barsukov	Clinical Psychologist 1
Ramona Best	Mental Health Therapy Tech
Earl J Bishop	Manual Arts Instructor
Amanda K Botnen	Mental Health Therapy Tech
Kristy L Brandt	Office Specialist 2
Daniel D Carpenter	Clinical Psychologist 2
Jonathan G Christie	Mental Health Registered Nurse
Andrea D Crow	Institution Teacher MA
Laura V Erwin	Mental Health Therapy Tech
George Fernandez	Transporting Mental Health Aid
Corazon Gibbon	Mental Health Therapy Tech
Robert J Lagattuta	Clinical Psychologist 2
Antonio Mendoza	Custodian
Sandra Moler	Mental Health Therapy Tech
Loretta Pitt	Office Specialist 2
Jason Quiring	Clinical Psychologist 2
Sydney Reigers	Mental Health Therapy Tech
Pamela J Robinson	Office Specialist 2
Karleen A Saddler	Mental Health Therapy Tech
Daniel Schroeder	Mental Health Therapy Tech
Richard A Snook	Social Service Specialist 1
Suzanne R Stewart	Accounting Technician 2
Darci Walker	Clinical Psychologist 2

#### Promotions and reassignments

Diana K Adams	Cert Occupation Therapist Assistant
Nichole M Bathke	Administrative Specialist 2
Michael A De La Rosa	Mental Health Security Tech
Stacy Green	Mental Health Therapist 1
Rosie T Hampton	Mental Health Therapist 2
Brian C Hays	Mental Health Therapist 1
Nicholl Helms	Mental Health Therapist 1
Melissa J Howe	Mental Health Therapist 1
Elsa Linnea Johnson	Mental Health Registered Nurse
Claire P Kiener	Psychiatric Social Worker
Mary S Medeiros	Mental Health Therapy Tech
Suong Hoang Nguyen	Mental Health Therapist 1
Elizabeth Y Phan	Mental Health Supervising RN
Marie Yvonne Rice	Psychiatric Social Worker
Cheng Siew Saechao	Mental Health Security Tech
Heidi A Shuler	Mental Health Supervising RN
Jenny L Siepka	Mental Health Registered Nurse
Laura L Spear	Mental Health Therapist 1
Laurie L Vandyke	Mental Health Therapist 1
Rodger Whitworth	Mental Health Supervising RN
Beverly E Wilson	Accounting Technician 2

#### Retirees

William N Melton	Principal Executive Manager D
Phylli Silsbee-Haddan	Psychiatric Social Worker

#### December

Gilda H Bumpus	Mental Health Therapy Tech
Ricardo A Carrillo	Mental Health Therapy Tech
Jamie A Dasher	Mental Health Registered Nurse
Guy Dawson	Licensed Practical Nurse
Rebecca Ann Edens	Social Service Specialist 1
Susan O Gelberg	Clinical Psychologist 2
Glenn Hansens	Mental Health Therapist 1
Jeanette Hartnell	Mental Health Registered Nurse
Katherine Heicksen	Mental Health Therapist 1
Christina L Hey	Rehabilitation Therapist
Brooke K Howard	Clinical Psychologist 1
Ryan S Loibl	Transporting Mental Health Aide
Steven T Lowry	Mental Health Registered Nurse
Douglas R Miller	Mental Health Registered Nurse
Daniel C Mitchell	Mental Health Registered Nurse
Stephanie Sayre	Mental Health Registered Nurse
Michael P Tremko	Mental Health Registered Nurse
Teresa Urban	Mental Health Registered Nurse
Laura Vantosh	Program Analyst 2
Winfield Ward Widger	Mental Health Registered Nurse

#### Promotions and reassignments

Richard M Allam	Mental Health Therapist 1
Emily Suzanne Ells	Cook 1
Christie Gallegos	Principal Executive/Manager D
Melissa Rae Hamlin	Mental Health Therapist 1
Triena Rachell Link	Licensed Practical Nurse
James B Mambu SR	Mental Health Therapist 2
Jennifer L Montgomery	Mental Health Therapy Tech

# Neighbors in NEED



## Governor's State Employees Food Drive

February 1 - 28, 2009

Please support your local food bank  
Every dollar given equals 5 pounds of food

*Please Participate and Donate*

# EDD February 2009 events

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
01	02 Contraband/Search Training 40C Conf Room 3 8a-12p  Preventing Patient Abuse 40C Conf Room 3 1p-5p	03 ED Day 40C Conf Room 2  Boundary Issues 40C Conf Room 3 1p-5p	04	05	06	07
08	09 General Orientation 40C Conf Room 1  Active Listening 40C Conf Room 3 1p-5p	10 General Orientation 40C Conf Room 1  ProACT Refresher Training 40C Conf Room 3 8a-5p	11 General Orientation 40C Conf Room 1  ProACT Refresher Training 40C Conf Room 3 8a-12p	12 General Orientation 40C Conf Room 1  ProACT Refresher Training 40C Conf Room 3 8a-5p	13 General Orientation 40C Conf Room 1  ProACT Refresher Training 40C Conf Room 3 8a-12p  Driver's Training 40C Conf Room 2 1p-3p  1:1 Precautions Training 40C Conf Room 1 1p-5p	14
15	16 President's Day <b>Holiday</b>	17 ED Day 40C Conf Room 2  Assertive Boundary Communications 40C Conf Room 3 8a-12p  Preventing Patient Abuse 40C Conf Room 3 1p-5p	18	19 RN In-Service Day 40A Conf Room 8a-5p	20	21
22	23	24 ProACT Refresher Training 40C Conf Room 3 8a-5p  CMA Pharmacology 40C Conf Room 2 7a-11a	25 ProACT Refresher Training 40C Conf Room 3 8a-5p  Driver's Training 40C Conf Room 2 1p-3p	26 ProACT Refresher Training 40C Conf Room 3 8a-5p  RN Leadership Day 40C Conf Room 2 8a-5p <i>(Required for all new nurses)</i>	27 ProACT Refresher Training 40C Conf Room 3 8a-12p	28



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