

THE SWVMHI NEWS

Southwestern Virginia Mental Health Institute

Volume XXIX, No. 2

▲ Health ▲ Healing ▲ Hope

March 30, 2007

OUR MISSION: We promote mental health in Southwestern Virginia by assisting people in their recovery.

FROM THE DIRECTOR:

Employee Recognition Held February 22, 2007 Southwestern VA Mental Health Institute Employee of the Year Named

Mrs. Ruby Wells, Human Resources Director, and Dr. Cynthia McClaskey, Facility Director, welcomed employees to our fifth employee recognition event under our new system. Facility staff first met February 23, 2006, in the new system of employee recognition to celebrate as One Hospital the years of dedicated service of our employees and those who retired in 2005. By the time 2007 draws to a close, Southwestern Virginia Mental Health Institute (SWVMHI) will have distributed Service Awards to 107 employees for a total of **1425** years of service to the Commonwealth and the people of Southwestern Virginia.

Beginning at the recognition event on May 5, 2006, SWVMHI began celebrating employees who earned Making a Difference and Cash Leave or Other Awards—173 awards! Since the Luau recognition event on August 31, 2006, and the February 22 event, SWVMHI has celebrated the accomplishments of 12 employees who have earned Employee of the Quarter.

Since Governor Kaine and President Bush have recently given their “State of the Union” and “State of the State” addresses, I wanted to take this opportunity to reflect on the last year at SWVMHI.

In addition to the new Employee Recognition events, 2006 was quite a year.

There are many things “going right” at SWVMHI and in the region, but there are also continued opportunities for improvement.

SWVMHI is one of the newer mental health institutes, occupied in 1990, and is the only “full-service” state psychiatric facility in the Commonwealth: with Geriatrics (one of four in the state), Adult Acute Admissions, a small Adolescent Unit (one of two), and Extended Rehabilitative Services (long-term patients).

SWVMHI has admitted between 1300 and 1400 persons per year for each of the last three fiscal years. This number has risen and stayed high since 2002. More than half of the admissions arrive on second shift. More than 70 percent come directly to SWVMHI from their homes, board and care homes, nursing facilities, or the streets, without being first admitted anywhere else, as occurs in all other regions of Virginia. This high number of admissions is almost twice that of any other state hospital in Virginia.

Continued on Page 2

In this issue . . .

Nutrition Month 4	OT Month..... 9	Long-Term Care16
Library News 5	Dates to Celebrate..... 10	College of Direct Support16
Comments & Misc..... 6	Nurse Forums 11	Personnel Changes17
Yard Sale 7	When Smokers Quit 14	Awards.....17
Admin. Prof. Week..... 7	Open Enrollment..... 15	Flood Safety18
Social Workers 8	Census 15	Meth Facts.....19

Director – Continued from Page 1

SWVMHI is truly the “Safety Net” for the region.

As evidence that SWVMHI has been able to continue to provide a high level of care, the Institute has received the following excellent results from external accrediting or certifying bodies:

- Geriatric Unit: deficiency-free Medicaid surveys nine out of the last 11 years.
- Adult Admissions Unit: Medicare surveys in 2005 and 2001--no deficiencies during either visit.
- Adolescent Unit: deficiency-free Licensure surveys nine out of the last 10 years.
- In 2005, the best ever Joint Commission on Accreditation of Healthcare Organizations survey. In 2006, the surveyor remarked, “In my 30 years of experience, I have never seen a state hospital doing the quality of work that you do here: the toughest patients and the best care.”

In 2006, SWVMHI hosted a visit from Governor Kaine on September 18, when he toured and visited with staff and patients. The facility received feedback that the Governor had a good impression and increased his understanding of the needs in the mental health field.

In 1999, SWVMHI undertook training in the principles and approaches of psychiatric rehabilitation. Psychiatric rehabilitation facilitates recovery from mental illness, which is a personal process of change experienced by each person in a unique way.

Most people have experiences with overcoming significant losses in their lives, for example, a death of a loved one, divorce, failure in school or work, physical illness, etc. The feelings, actions, and relationships associated with “getting over” or “moving beyond” these experiences are not unlike those of people who recover from the losses that are associated with mental illness.

So many of the people who enter the doors of SWVMHI have experienced traumas in their lives, so it’s no wonder that many have lost hope in their ability to recover. At SWVMHI, if we provide a safe place to be, with good treatment and relief of symptoms and we have not done our best to bring hope to the people we serve, we have not done our jobs.

The recovery journey is a journey of the unknown. There are struggles to overcome adversity, endure illness, fight unexpected battles, and deal with setbacks.

There remain challenges to full implementation of recovery principles and practices. There is also still the need to better integrate treatment of co-occurring mental health and substance abuse disorders into treatment programs.

The mental health system is doing a lot of things right in Southwest Virginia. Thank you for your hard work.

However, in the spirit of continuous improvement, there are areas that we can improve. The admissions continue to roll in, and the leadership staff continues to advocate on our behalf to Central Office. Soon there will be a new round of surveys. We are worried always about our budget, and that, in spite of our hard work and creativity, there are still needs that are beyond our ability to address and/or fund. We worry that there is so much outside of our own control, and we know that there will never be enough money.

The February 22 recognition event fell on George Washington’s 275th birthday. Here are a few more words about George Washington as a leader:

Continued on Page 3

Director – Continued from Page 2

George Washington was born in 1732 into a Virginia planter family, where he learned the morals of a Virginia gentleman. He dreamed of retiring to his home at Mount Vernon. But he soon realized that the nation was not functioning well, so he became important in the steps leading to the Constitutional Convention at Philadelphia in 1787. When the new Constitution was ratified, the Electoral College unanimously elected Washington President.

Washington's philosophy about leadership is reflected in these quotes:

“It is better to offer no excuse than a bad one.”

“Associate yourself with men of good quality if you esteem your own reputation, for tis better to be alone than in bad company.”

“Be courteous to all, but intimate with few, and let those few be well tried before you give them your confidence. True friendship is a plant with slow growth, and must undergo and withstand the shocks of adversity before it is entitled to the appellation (to be called true friendship).”

“Labor to keep alive in your breast that little spark of celestial fire, called conscience.”

At SWVMHI, we are fortunate that our work enables us to live out a higher moral purpose each day as we assist people in their recovery.

During our recognition events, we celebrate all those persons who have made a significant difference in the lives of those we serve. Our succession to the future will depend not just on getting more money or working faster. We have to think about how we can work smarter and live out the values that we are developing at SWVMHI. In this vein, I am pleased to announce that SWVMHI is sponsoring High Performance Organization, or HPO, leadership training for managers and other leaders. The HPO program will help us to engage all levels of staff in the activities of leadership and decision making. It encourages positive teamwork and focuses on the fact that every person is a leader when he or she is functioning in the interest of values that are not local to the person. More than any other thing that we can do, this will help us to work together in a better way, with fewer silos and better communication toward common goals. If we are truly a High Performance Organization, we will work together to create a positive and supportive culture within SWVMHI, our region, and the Department of Mental Health, Mental Retardation, and Substance Abuse Services.

On February 22, we celebrated our first Employee of the Year, who certainly embodies the values of a High Performance Organization and who is a clear leader in the work that she does, although not technically in her assigned role. We know that many employees deserve recognition, and we want to work hard in the next year to continue to recognize all those whose lights are shining bright. Those present at the event stood to applaud the first SWVMHI Employee of the Year, Jean Elmore!

Jean Elmore, Ward Clerk, Ward CD, has been instrumental in assisting the Nursing Department in developing a tool to improve work efficiency for our facility when interacting with other facilities. Ms. Elmore attended several meetings with staff from Southwestern Virginia Mental Health Institute and an area hospital to listen to their concerns and to help with a resolution. We are impressed with her professionalism and knowledge as she suggests ways to help improve processes of exchanging information and promotes positive working relationships with customers. She consistently performs at an extraordinary contributor level. She has very good attendance, is knowledgeable of ward issues, and is a tremendous help to all disciplines.

~Cynthia McClaskey, Ph.D., Director

*And again in the words of George Washington:
“It's wonderful what we can do if we are always doing.”*

Turning the Notion of Stress on its Head

"Pressure is a privilege."

~ Billie Jean King

"It is stress, pressure in just the right amounts that shows us what we are made of, that calls us to perform at our highest and best. It is those pressure situations that give us the privilege of developing self-confidence, growing into ourselves, proving ourselves.

So at those times, when my own life turns from a low simmer to a more steady boil, I have to remind myself to embrace the opportunity, the privilege of pressure."

~Missy Park



NATIONAL NUTRITION MONTH

March is National Nutrition Month. Starting in March, in the produce section of grocery stores, you may have noticed a new campaign: Fruits and Veggies--More Matters. This campaign is jointly sponsored by the federal Centers for Disease Control and Prevention (CDC) and the nonprofit Produce for Better Health Foundation (PBH). The Fruits and Veggies--More Matters is not just an empty slogan. Recent studies show eating more fruits and vegetables, whether fresh, frozen, dried, or canned, can help you reduce your risk of heart disease and cancer, slow bone loss, and even improve mental functioning.

In recognition of Nutrition Month and the campaign for encouraging increased consumption of fruits and vegetables, new fruit and vegetable items were available in the employee cafeteria. Staff were encouraged to use this opportunity to try new recipes and possibly food items not tried before.

Also to assist staff in making healthy food choices, nutritional information was posted about many food items served in the employee cafeteria.

~Coleen Walls, M.S., R.D.

News and Notes from the SWVMHI Library

Spring brings renewal, regeneration, and **National Library Week, April 15-21, 2007.**

So I drove up the highway to Blacksburg, to the (Via) Virginia College of Osteopathic Medicine and attended a CE session for librarians, given by the National Network of the Libraries of Medicine, on Patient Safety. What do librarians have to do with patient safety? If I'm to take to heart what was presented, we came away with a better understanding of the issues surrounding patient safety. We were introduced to ways to learn about and locate where patient safety practices exist within the institution; and the most logical one for librarians, identifying patient safety resources for health professionals, administration, staff, and for patients and families.

Following is the tip-of-the-iceberg of on-line resources that were shared with us. This is just half of one page out of 22 pages of citations. (Yes, I said pages.)

General/Something for All Groups

Anesthesia Patient Safety (AANA): <http://www.anesthesiapatientsafety.com/>

Center for Drug Safety (University of Colorado Health Sciences Center):

<http://www.centerfordrugsafety.org/>

Center for Patient Safety (DFCI): <http://www.dfc.harvard.edu/pat/patient/patient-safety/>

Committee to Reduce Infection Deaths (RID): <http://www.hospitalinfection.org/>

Consumers Advancing Patient Safety (CAPS): <http://www.patientsafety.org/>

Health on the Net Foundation: <http://www.hon.ch/>

Institute for Family-Centered Care: <http://www.familycenteredcare.org/>

Joint Commission International Center for Patient Safety (JCIPSP): <http://www.jcipatientsafety.org/>

The Leapfrog Group: <http://www.leapfroggroup.org/> (hospital ratings)

Medically Induced Trauma Support Services (MITSS): <http://www.mitss.org/> (for those who have experienced medical error – patients or clinicians)

National Council on Patient Information and Education (NCPIE): <http://www.talkaboutrx.org/>

Partnership for Patient Safety (P4PS – for profit): <http://www.p4ps.org/>

Patient Safety (AAOS): <http://patientsafety.aaos.org/>

Patient Safety Center (NYDOH): <http://www.health.state.ny.us/nysdoh/healthinfo/patientsafety.htm>

Patients First (MHA): <http://www.patientsfirstma.org/>

Quality & Patient Safety (AHRQ): <http://www.ahrq.gov/qual/>

I must admit that I haven't visited all of these sites, and, when I went to a few of them, it became very clear that there is a blurring of the lines between commercial and educational interests. Only one of the above cites is an .edu, (Harvard), and only one is a .gov, the AHRQ. Some of the .org's are professional organizations addressing the issue. With the myriad of information out there, we get a sense of the complexities involved with addressing patient safety just from the information aspect. The librarian will gladly sit down with you and share more about the course materials at your request.

Many thanks to all who have contributed to the library resources and program since we last met: Carol Bise, LeSu Cole, Mary Dotson, Marlene Doyle, Bonnie Jessee, Mike Jones, Dick Mears, James Moon, Linda Parks, Cheryl Rhey, Robert Stump, Linda Sturgill, Trudy Teel, and Betty Testerman.

Thank you all.

~Ann Mathews, Librarian

COMMENTS, THANK YOUS, AND MISC.

Heart-Felt Thank You

It just does not seem adequate to say only "thank you" for all the kindness you expressed to my family and me during my husband's recent illness and death. Your comforting words, cards, expressions of compassion, and generosity have been overwhelming. I have said often lately, "One never knows just how precious friends and family are until you have experienced such a loss." I consider many of you my "family" and have felt the love, caring, and support which a family shares, especially my "basement buddies," the woodshop folks, and my geriatric family. I am so very grateful to each and every one of you, I could never express how much. My heart is full of appreciation for all of you and all you have done. Most of all I thank God, who gives me grace and comfort daily and peace that passes all understanding. Even though I will miss him, I am comforted in knowing that Jim is in a better place and that death is final only for a season, thanks to God's promise for eternal life for those who believe.

God Bless you,

~Jill McKinnon

Robyn,

Words truly do fall short of expressing to you the gratitude we have in our hearts for all that you are doing for [Patient Name]. Over the last 12 years, we have watched [Patient's Name] life spiral downhill, and we would try to help out, but always felt helpless. Thank you so much for going the extra 10 miles and for taking the time to help [Patient Name] get the help she needs.

Thank you so much for all that you have done.

~[Family Member of Patient]

We wish to express our heartfelt thanks, to all of our friends and co-workers here at SWVMHI during our recent loss. The many cards, flowers, food, and money were greatly appreciated.

Words cannot describe what your many acts of kindness meant to us.

~Carol and Derek Davis

I would like to thank the members of the Employee Recognition Committee, my co-workers and all those involved in making the selection to choose me as the first Employee of the Year. This is a great honor, and it has touched me deeply. I greatly appreciate all the kind and thoughtful wishes and congratulations from all.

Again thank you to everyone.

~Jean Elmore

We would like to thank everyone in the Admissions Unit for all the hard work and dedication. We appreciate the warm welcome we have received by the staff and treatment teams in adjusting to our new role as Unit Nurse Coordinators. We look forward to developing a closer professional working relationship with everyone!

~Jim Lundy, RN, UNC, and
Julie Stoots, RN, MSN, UNC

Teamwork is the ability to work together toward a common vision. The ability to direct individual accomplishments toward organizational objectives. It is the fuel that allows common people to attain uncommon results.

~Andrew Carnegie

Spring Yard Sale...Come one - come all

Volunteer Services will hold our **annual Spring Yard Sale** on **Saturday, May 5, 2007, in front of Marion Baptist Church** on East Main Street, Marion.

The sale begins at 7:00 a.m. and will last until 2:30 p.m. Proceeds go to support activities for facility residents. Items in good condition may be donated for us to sell, or you may rent your own table for \$10 and sell for yourself.

Please do not donate clothes or shoes for the yard sale. Items that are needed include housewares, baby toys and equipment, children's toys, decorative items, dishes, etc. Adult-sized clothing and shoes in good condition are always accepted at Bonanza.

Even if you can't donate, please help support this worthwhile fundraiser for our residents by telling others or stopping by the sale and making a purchase.

**Please call Doug Smith, Volunteer Services Director,
at ext. 855 for more information, to donate items, or to rent a table.**

International Association of Administrative Professionals
World Headquarters, Kansas City, Missouri

www.iaap-hq.org

The "Shaping the Future" theme for Administrative Professionals Week 2007 (**April 22-28, 2007**) signifies that today's administrative professionals must take charge of their own career development and be fully aware that the necessary skills to remain key contributors to employers are constantly changing. In addition to shaping the future of their individual careers, today's career-minded administrative professionals can also shape the future of their profession as a whole by:



- Leading by example: making a commitment to continuing education and lifelong learning.
- Taking pride in their work and their profession.
- Approaching all projects with a high level of integrity and professionalism.
- Bringing greater value to their employers by building professional networks to exchange ideas, best practices, and find workable solutions to problems.
- Mentoring and training others – working with entry-level administrative support staff and students to show them the advantages of pursuing a career as an administrative professional.
- Educating employers about the value that administrative professionals bring to their organizations.

Celebrated annually during the last full week in April, Administrative Professionals' Week (APW) brings together millions of people for community events and seminars. As a founder of this observance and sole official sponsor, the International Association of Administrative Professionals (IAAP) has the following objectives for APW:

- Educate the public about administrative professionals' expanding roles and value in the business world.
- Enhance the profession's image.
- Encourage people to consider administrative careers.
- Promote lifelong learning, certification, and professional development.

IAAP members and staff use Administrative Professionals' Week as a powerful opportunity to work toward these objectives—often simply by serving as role models.

You'll find more information about Administrative Professionals' Week and Day on this page of the IAAP website: <http://www.iaap-hq.org/APW/apwindex.htm>.

What Social Workers Make “Social Workers Get Big Payoff”

Regina Brett, Cleveland Plain Dealer Columnist
Wednesday, May 18, 2005

Sally Social Worker - I've been called that for writing “bleeding heart” columns. After looking into the eyes of a sea of social workers on Sunday, I'll never take that as an insult.

When the folks at The Mandel School of Applied Social Sciences at Case Western Reserve University asked me to speak at Sunday's commencement, I wasn't sure what to say. I asked my friends who are social workers. They told me to be funny. Social workers could use a good laugh. Tell jokes, they said. Jokes? I don't know any jokes about social work, except the ones my friends send me:

How many social workers does it take to change a light bulb? None. They empower the bulb to change itself.

How many social workers does it take to change a light bulb? None. The bulb isn't burned out, it's just differently lit.

How many social workers does it take to change a light bulb? None. They set up a team to write a paper on coping with darkness.

And my favorite, How many social workers does it take to change a light bulb? The light bulb doesn't need changing, it's the system that needs to change.

Actually, my friends probably got those jokes from the same Web sites where I found this:

A mugger with a gun confronts a social worker. The mugger yells, “Your money or your life!” “I'm sorry,” the social worker answers, “I'm a social worker, so I have no money - and no life.”

Social workers, like most teachers, don't make much. Or do they? I recently read a powerful email about what teachers make by the poet and comic Taylor Mali. It inspired me to rethink what social workers make.

What do social workers make?

They make an infertile couple celebrate a lifetime of Mother's Days and Father's Days by helping them adopt a crack baby no one else wanted.

They make a child fall asleep every night without fear of his father's fists.

They make a homeless veteran feel at home in the world.

They make a teenager decide to stop cutting herself.

They make a beaten woman find the courage to leave her abuser for good.

They make a boy with Down's syndrome feel like the smartest kid on the bus.

What do social workers make?

They make a 10-year-old believe that he is loved and wanted, regardless of how long he lasts in the next foster home.

They make a teen father count to 10 and leave the room so he won't shake his newborn son.

They make a man with schizophrenia see past his demons.

They make a rape victim talk about it for the first time in years.

They make an ex-convict put down the bottle and hold down a job.

What do social workers make?

They make a couple communicate so well they decide not to get divorced.

They make a dying cancer patient make peace with her past, with her brief future, with her God.

They make the old man whose wife has Alzheimer's cherish the good times, when she still remembered him.

They make forgotten people feel cherished, ugly people feel beautiful, confused people feel understood, broken people feel whole.

What do social workers make?

They make more than most people will ever make.

They make a difference.

~Submitted by Debbie Boelte, Social Work Director

[March Was Social Work Month]

APRIL IS NATIONAL OCCUPATIONAL THERAPY MONTH!



Providing "skills for the job of living"

The American Occupational Therapy Association has designated April 2007 as National Occupational Therapy Month.

For millions of people, the service of occupational therapy is a lifeline. Occupational therapy is the allied health profession that focuses on maximizing a person's ability to function independently and participate in the everyday activities and events that give their life meaning. With occupational therapy, children and adults facing physical, cognitive, psychosocial, developmental, or sensory challenges can improve skills that help them perform daily tasks at home, school, work, or in the community. The historical roots date back to the early twentieth century, when it was found that purposeful occupations helped patients recover more quickly from injury and illness, both physical and mental. This is how occupational therapy derived its name.

1. *Occupational therapy doesn't just treat medical conditions, it helps people stay engaged in occupations, everyday activities and roles, that give them pleasure or a sense of purpose despite challenges (AOTA, 2005).*

Occupational therapists promote engagement in occupations by enabling individuals to surmount their disabilities or medical conditions. Engaging in meaningful occupations that connect people with others results in life satisfaction and a sense of competence. Research shows engagement is essential for skill building, psychological, and emotional health (Law, 2002).

2. *Occupational therapy is "outcome oriented," which means therapists help clients work toward achievable performance goals (AOTA, 2005).*

Occupational therapists encourage achievable goals by developing a balance between the challenge in the activity and the skills of the individual. Goals are clearly identified with each patient, and feedback about performance is quick and accurate. Research conducted by Mee, Sumsion, and Craik (2004) found that providing an individual with the "just right" challenge promotes a sense of mastery and self-confidence.

3. *Occupational therapy addresses one of the most important aspects of rehabilitation and recovery: the return to a normal life (AOTA, 2005).*

Occupational therapists evaluate and plan interventions that are client directed and focus on advocating for the client to participate in life as independently as possible. Structured, real life activities that have personal meaning are used to help achieve roles, well-being, satisfaction, and health. Research shows these activities have a positive impact on self-growth, development, learning, and exploration (Mee, et al, 2004).

A short list of things occupational therapy practitioners address:

- Managing daily living
- Personal care, grooming, shopping, caring for a family, and homemaking tasks
- Identifying and managing dysphagia
- Money and time management

Continued on Page 10

Occupational Therapy Month – Continued from Page 9

- Improving interpersonal skills
- Improving social skills
- Modification to accommodate learning, emotional, and/or physical difficulties
- Developing motivation and initiative
- Setting and reaching realistic goals
- Getting and keeping a paid or volunteer job
- Obtaining higher education
- Developing and negotiating appropriate job accommodations
- Assisting adolescents with the transition from home to independent living
- Addressing sensory issues

To find out more about occupational therapy visit the American Occupational Therapy Association's web site at www.aota.org.

References:

American Occupational Therapy Association. (2005). Occupational therapy: the profession that focuses on life skills. Retrieved February 14, 2007, from www.promoteot.org/AI_OTM-link03.html.

Law, M. (2002). Participation in the occupations of everyday life. *American Journal of Occupational Therapy*. 56(6), 640-649.

Mee, J., Sumsion, T., & Craik, C. (2004). Mental health clients confirm the value of occupation in building competence and self-identity. *British Journal of Occupational Therapy*. 67(5), 225-233.

~Submitted by Stacy Goings, MS, OTR/L

<u>APRIL</u> <u>DATES TO CELEBRATE</u>	<u>MAY</u> <u>DATES TO CELEBRATE</u>
<ul style="list-style-type: none"> • Alcohol Awareness Month • Dog Appreciation Month • Holy Humor Month • Keep America Beautiful Month • Listening Awareness Month • National Anxiety Month • National Decorating Month • National Garden Month • National Occupational Therapy Month • National Recycling Month • Physical Wellness Month • Stress Awareness Month (Day: 17) 	<ul style="list-style-type: none"> • Better Sleep Month • Better Hearing and Speech Month • Get Caught Reading Month • Melanoma / Skin Cancer Prevention Month (Day: 7) • National Arthritis Month • National Bike Month • National Good Car-keeping Month • National Hepatitis Awareness Month • National High Blood Pressure Education Month • National Mental Health Month • National Older Americans Month • National Smile Month

NURSE FORUMS: SUMMARY

March 8 and 9, twice on each shift for days, evenings, and nights.
Sixty nursing staff attended overall.

Discussed issues from the “Suggestion Box”

1. ***“I’ve had to make multiple calls to the Staffing Nurse Coordinator/House Supervisor (SNC/HS) office when calling in sick, due to requirement to speak to someone in person when calling in. This is frustrating, especially when sick.”***

Response: There are two primary ways to reach the SNC/HS. Calling 783-1361 goes directly to the SNC office. If no one is in the office, a voice message may be left with the staff name, reason for call, and a call-back number. When the SNC/HS returns to the office, he or she will return the call to the employee rather than the employee having to make multiple calls. To avoid “phone tag,” normally a sick employee will be at home to receive the returned phone call. If the employee has to go out for some reason, leave this information on the voice mail, and identify a time that the returned call can be received.

An alternative is to use the SNC/HS pager and enter a call-back number in the pager. We learned during the forums that the SNC/HS pager does not work properly, so will look into replacing it. Written instructions will be forthcoming in regard to any changes in the number.

The requirement is still that the employee must speak with someone in person.

2. ***“What is the status of the LPN parity adjustment?”***

Response: We employ 23 LPNs who will be receiving a request for information regarding education, experience, years of service, certification, and other specialty training. Once these are completed and returned, Human Resources and Nursing will put the information on a “graded” scale to determine equitable ranking for salary based on these factors. As this is an internal parity adjustment, the purpose is to correct salary compression that occurs over the years for some LPNs. All LPNs will not receive an increase, as some are ranked equitably already. Our goal is to have this process completed in April.

3. ***“What is the status of the DSA Career Ladder?”***

Response: Norma Brickey and Rick Delp continue to serve on a statewide committee for implementation of the DSA Career Ladder. They have been working on developing competency standards, which will be a factor in applying for and achieving each of the three steps on the ladder. Other criteria are also being established, such as the College of Direct Support, Certified Nurse Assistant training, etc. This has been a long and detailed process, but the General Legislature has approved funding for its implementation. It’s projected to start by early summer. Due to the diligence and hard work of SWVMHI psych. aides, many are in “ready” positions to move ahead as soon as construction of the ladder is completed. Progress on the ladder is optional because it requires that the aides are willing to go above the minimal job requirements of the EWP, but we expect that most of our psychiatric aides will choose to advance.

Continued on Page 12

Nursing Forums – Continued from Page 11

4. ***“Would the Food Services Department be willing to put nutritional content information on the food served in the employee cafeteria?”***

Response: This was passed along to John O’Keefe and Coleen Walls, who were happy to incorporate it with the cafeteria focus on March as Nutritional Month. Information has been posted in the cafeteria about some of our “specialty” dishes.

During the forums, staff expressed appreciation for their response. Another idea was generated for consideration – could the nutritional information on food served in the cafeteria be posted in a resource file on the Intranet so that the cafeteria staff didn’t have to keep putting different information up every day, and it would remain available for staff on an ongoing basis. This will be passed along to John O’Keefe for consideration.

5. ***“The screening of symptoms for the Avian Bird Flu ought to be on the 20-minute nursing assessment rather than the 8-hour assessment, so that it could be detected before an ill patient had contact with many people.”***

Response: Yes, it would be wise to assess it sooner! Another change for the 20-minute assessment will be to determine if a patient being admitted uses tobacco products so that interventions can begin to help the patient cope with not using or having tobacco products on campus. These revisions on the 20-minute assessment will also require the 8-hour assessment be changed (again!), so any other ideas for revisions of these two important nursing tools are welcome now while we’re in the process.

Other topics discussed at the Nurse Forums

A. What is the plan for becoming a tobacco-free environment by October 10?

Cynthia McClaskey, Facility Director, sent out an informative e-mail recently informing all staff of the date for all DMHMRSAS facilities to become tobacco-free by October 10. Tobacco will be considered contraband on the SWVMHI campus after this date. The facility has a workgroup composed of representatives from many departments, as well as consumer (patient) representation. The whole implementation plan is not defined yet. The first steps are to provide information and education about the goal and the rationale behind it. Baseline surveys will soon be distributed to patients and staff to identify where our greatest efforts need to be targeted. The physicians are establishing a resource base about the various treatment modalities for tobacco cessation so that appropriate options and alternatives can be offered to patients. In the next several weeks, much more information will become available about methods to either quit tobacco use altogether, or to assist in not using it while on the SWVMHI campus. Human Resources have started to include in job postings for outside applicants that this will be a tobacco free environment in October. The plan is for April to be the month that jail transfers will no longer be able to smoke, after we have given adequate notice to the jails and CSBs.

Continued on Page 13

Nursing Forums – Continued From Page 12

There are many more details to work on in the upcoming months, such as establishing groups for patients regarding tobacco cessation, incorporating tobacco cessation into individual treatment plans, rewriting ward rules, revising policies, and so forth. We are hoping that, with this much advance notice, staff and patients are provided adequate preparation time to make this transition in a planned and supportive manner as most effective for each individual. Many healthcare facilities have done this across the nation, including those who provide psychiatric care, and they have been successful. We know we can be, too.

B. How can we promote a safer work environment?

A handout was distributed of brainstorming done by two focus groups in nursing to generate ideas and comments on safety issues. Employees at the forums were encouraged to review and discuss the handout on the units. Other ideas or concerns that may come forth are welcomed to share with any Nurse Manager or any member of the Accident Review Committee. During the upcoming months, this input will be reviewed and measures taken to incorporate safer work practices and promote a safer work environment to protect our employees.

C. How are we going to eliminate mandatory overtime by July 1?

Eliminating mandatory overtime means that we will remove the threat of disciplinary action if an employee is asked to stay beyond normal quitting time at the end of the shift. The need for essential overtime on short notice will continue to exist after July 1 within the nursing department, and some system similar to the “mandate list” will still exist. We are confident that, through collaborative efforts among nursing staff, and, with the support of other departments such as the Medical Staff, Clinical Services, and Human Resources, this need can be met without resorting to the threat of punishment.

The Facility Director is chairing an interdepartmental workgroup to strategize and implement measures we can take especially toward the three major reasons that we have mandated shifts. These are call-ins, 1:1/constant observations, and admissions. Looking at all that is involved with these issues can seem overwhelming, but the two key concepts are to decrease the need for overtime in general, and to increase staff willingness to volunteer for overtime on short notice (which usually means short notice of less than 8 hours, and even on rare occasion, minutes before leaving at the end of a shift).

A number of ideas have been generated, and work is in progress toward implementing steps toward this goal. At the forums, more creative input was gathered. For example, more incentives were identified that would increase staff volunteerism, or ways that we can make better use of the resources we have. Through joint efforts of the facility-wide workgroup, the Nurse Managers, and additional workgroups and feedback from staff, over the next weeks and months we will achieve our goal.

Consider this: compared to last year, we had on average 10 mandates a month. For the last 3 months, this has dropped to an average of 5 mandates a month. This is encouraging evidence that we are progressing in the right direction!

Continued on Page 14

Nursing Forums – Continued from Page 13

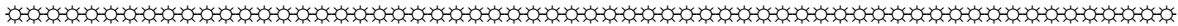
- D. Concerns about the inadequacy of the Admissions Suite to manage more than one admission at a time were discussed. Issues of confidentiality violation, safety concerns, and heavy staffing demands were brought up.**

Over the past years we've had workgroups look at different systems for improving the flow of the admissions process. There are specific stumbling blocks we encounter, but it seems time again to revisit the issue. This will be discussed at Clinical EMC for further input.

- E. Parking for second shift is atrocious!**

The concerns will be passed on to Building and Grounds, and other discussion at EMC will occur to see what we can do related to the specific concerns expressed. We do know that the nursing students are complying with directions to not park in the main parking lots, but rather in the smaller ones where they are directed.

~Reported by Alicia Alvarado, Chief Nurse Executive



When Smokers Quit--The Health Benefits Over Time

- **20 minutes after quitting:** Your heart rate and blood pressure drops.
- **12 Hours after quitting:** The carbon monoxide level in your blood drops to normal.
- **2 weeks to 3 months after quitting:** Your circulation improves and your lung function increases.
- **1 to 9 months after quitting:** Coughing and shortness of breath decrease; cilia (tiny hair-like structures that move mucus out of the lungs) regain normal function in the lungs, increasing the ability to handle mucus, clean the lungs, and reduce the risk of infection.
- **1 year after quitting:** The excess risk of coronary heart disease is half.
- **5 years after quitting:** Your stroke risk is about half that of a nonsmoker 5 to 15 years after quitting.
- **10 years after quitting:** The lung cancer death rate is about half that of a continuing smoker's. The risk of cancer of the mouth, throat, esophagus, bladder, cervix, and pancreas decreases.
- **15 years after quitting:** The risk of coronary heart disease is that of a nonsmoker's.

"Breaking Free from Tobacco: The support you need when you are ready" is provided free to all state employees through the CommonHealth program. Please call 1-800-394-6380 or Cindy Jones, Employee Health Coordinator, @ 231 for more information.

Open Enrollment Dates Announced

Open Enrollment for health benefits and flexible reimbursement accounts will be from Monday, April 16 through Wednesday, May 16, 2007. Changes made during this timeframe will be effective July 1, 2007. The Open Enrollment period is the only time you can make changes to your health benefits and flexible reimbursement accounts unless the change is a Qualified Mid-Year Event.

Benefit and premium changes have not been announced yet. However, it is a good time to review your current coverage and consider any changes. You can sign up now to use EmployeeDirect so you will not have to submit a paper form. In order to do this, follow these easy instructions:

Step 1: Go to www.dhrm.virginia.gov

- Click on the EmployeeDirect link.

Step 2: Welcome to Employee Direct

- Click on the ENTER link.

Step 3: Enter EmployeeDirect

- Review and accept the Certification / Authorization and Terms of Use Agreement. (Type YES.)
- Enter your 7-digit identification number. Click on the link if you don't know your number.
- Enter your EmployeeDirect password. Click on the link if you don't know your password.
- Click on the SUBMIT link.

Step 4: Main Menu

- Click on a link to review or make changes to your health benefits profile. During Open Enrollment, click on the OPEN ENROLLMENT link.

Step 5: Change Health Benefits Profile

- Review each section and carefully make your changes. Click on the buttons or links if you need help with making your changes.
- Click on the SUBMIT link.
- Wait for confirmation. Repeat Step 5 if you receive an error.

Step 6: Review Health Benefits Profile

- Review each section for accuracy and keep a copy for your records. If you find an error, click on the MAIN MENU link and repeat Steps 4 – 5.
- Click on the EXIT link.

Watch for additional information about Open Enrollment as it gets closer to April 16. If you need help with EmployeeDirect, contact Annasue Cook in Human Resources.

As soon as the Office of Health Benefits issues details on changes for benefits and premiums, Annasue Cook will provide additional information to all employees.

SWVMHI CENSUS				
2007	Admissions	Discharges	Passes	Avg. Daily Census
Jan.	110	105	6	150
Feb.	109	113	9	148

Long-Term Care Coverage

Employees, covered by in the Virginia Sickness and Disability Program (VSDP) have long-term care benefits administered by Aetna for the Virginia Retirement System. This benefit, free to VSDP employees, automatically begins upon employment. Such employees have an option to convert the coverage to an individual policy upon retirement and, or resignation from the Commonwealth. The benefit provides a \$75.00 basic daily benefit with a two-year maximum. To receive long-term care benefits, one must be unable to perform at least two of six Activities of Daily Living: bathing, dressing, eating, maintaining continence, toileting and getting in and out of bed and chairs. The long-term care benefit covers a wide range of services, such as:

- Nursing or hospice facility care
- Assisted living facility care
- Home health care services
- Alternate care
- Transitional care
- Informal caregiver training
- Respite care
- Bed reservation

Personal health insurance, Medicaid, and Medicare may provide some coverage for long-term care services. However, it is quite limited. Employees in VSDP, who have questions regarding this benefit, should contact Aetna at 1-877-894-2470, or visit www.varetire.org.

Employees not covered by the Virginia Sickness and Disability Program may purchase long-term care through the voluntary employee-paid program available through the Virginia Department of Human Resource Management (DHRM). To obtain details for the voluntary employee-paid long-term care benefit, please contact DHRM @ 1-804-225-2131, or visit www.dhrm.virginia.gov.

~Annasue Cook, PHR, Human Resource Office



CONGRATULATIONS to the Nursing Staff who have been working diligently to complete the lessons offered through the College of Direct Support.
Completers from December 31, 2006 through February 28, 2007:

COMPLETED THROUGH DOCTORAL LEVEL 3 (Completed 119 Lessons)

Dean D. Anderson	Janie E. Atwell	Karleen W. Davidson
Judy I. Grimsley	Jack L. Hawk	Amelia L. Henderson
Katherine Hogston	Wanda L. Hounshell	Sue E. Roberts
Ruby S. Thomas	Leslie E. Warden	Liddie I. White
Carolyn A. Woodward		

COMPLETED THROUGH DOCTORAL LEVEL 2 (Completed 113 Lessons)

Michelle Clatterbuck	Clay D. Dolinger	Helen R. Gill
Herman A. Kirk		

COMPLETED THROUGH DOCTORAL LEVEL 1 (Completed 103 Lessons)

Lucita I. Chapman	Angela F. Hayden	Sheila S. Horn
-------------------	------------------	----------------

COMPLETED THROUGH MASTERS LEVEL 4 (Completed 92 Lessons)

Shirley A. Bise	Dolores B. Greer	Jessica M. Shepherd
Jill R. Testerman	Lori K. Wagner	

PERSONNEL CHANGES

NEW EMPLOYEES

Janet S. Simmerman, RN	02/10/2007
Mickey A. Whitt, Trades Tech I	02/10/2007
Robin B. Sturgill, Psy. Aide	02/10/2007
Heather R. Shepherd, RN	02/10/2007
Jessica D. Burress, Psy. Aide	02/13/2007
CoraLee McCall, Housekeeping Worker	02/20/2007
Nakeesha B. Johnson, RNCA	03/10/2007
Jennifer N. Billings, Psy. Aide	03/10/2007
Stacey J. Callahan, Psy. Aide	03/10/2007
Patsy C. Greatorex, Psy. Aide	03/10/2007
Mary C. Johnson, Psy. Aide	03/10/2007
Erin F. Powers, Psy. Aide (Hrly.)	03/10/2007
Joshua D. Stone, Food Service Tech (Hrly.)	03/10/2007
Melissa B. Paschal, Psy. Aide	03/10/2007
Tessa M. Addair, Psy. Aide	03/10/2007
Valerie A. Henderson, RN	03/10/2007

PROMOTIONS/ROLE CHANGES

Rebecca W. Crewey, Food Service Tech (Hrly. to Food Service Tech Full-time)	01/25/2007
Jessica M. Shepherd, Psy. Aide to OSA/Timekeeper	02/21/2007
Wanda L. Cook, RNCA to RNCB/Head Nurse	02/25/2007
Cynthia T. Prater, LPN to Registered Nurse	02/25/2007
Sheila B. Heldreth, RNCA to RNCB/Head Nurse	02/25/2007
James T. Miller, Social Worker to Clinical Social Worker	03/10/2007
Karen D. Weddle, Food Service Tech I to Food Production Worker A	03/10/2007

SEPARATIONS

Angela T. Harmon, RN	02/01/2007
Lisa A. Gravely, Psy. Aide	02/10/2007
Earleen York, Psy. Aide	02/13/2007
Robin B. Sturgill, Psy. Aide	02/23/2007
Jerry R. Young, Housekeeping Supv.	02/24/2007
George W. Dutton, Housekeeping Manager	02/24/2007
Sheila J. Buchanan, OSA/Timekeeper	02/24/2007
Kimberly Robbins, RN	02/26/2007
LeAnn Fowler, Clinical Social Worker	03/02/2007
Emily R. Blevins, Psy. Aide	03/07/2007
Catina M. Terry, Psy. Aide	03/23/2007

ATTENTION MAKING A DIFFERENCE AWARD RECIPIENTS:

Please stop by the Human Resources Department to pick out your award. Available choices are pictured here:

See Photo in Printed Copy

Flood Safety Awareness Week March 19-23, 2007



Flooding is a coast to coast threat to the United States and its territories in all months of the year. National Flood Safety Awareness Week is intended to highlight some of the many ways floods can occur, the hazards associated with floods, and what you can do to save life and property.

Flood Safety

Q: Is flooding really that big of a deal?

Flooding causes more damage in the United States than any other severe weather related event, an average of \$4.6 billion a year in the past 20 years (1984-2003). Flooding can occur in any of the 50 states or U.S. territories at anytime of the year.

Q: How can I find out if I am in danger from a flood?

NOAA (National Oceanic and Atmospheric Administration's) Weather Radio All Hazards is one of the best ways to receive warnings from the NWS (National Weather Service). NOAA Weather Radio All Hazards is a nationwide network of radio stations broadcasting continuous weather and river information direct from nearby NWS offices. Also, the NWS web page provides forecasts and warnings and identifies where flooding is occurring www.weather.gov/water.

Q: How do I know how severe a flood will be?

Once a river reaches flood stage, the flood severity categories used by the NWS include minor flooding, moderate flooding, and major flooding. Each category has a definition based on property damage and public threat.

- **Minor Flooding** - minimal or no property damage, but possibly some public threat or inconvenience.
- **Moderate Flooding** - some inundation of structures and roads near streams. Some evacuations of people and/or transfer of property to higher elevations are necessary.
- **Major Flooding** - extensive inundation of structures and roads. Significant evacuations of people and/or transfer of property to higher elevations.

The impacts of floods vary locally. For each NWS river forecast location, flood stage and the stage associated with each of the NWS flood severity categories are established in cooperation with local public officials. Increasing river levels above flood stage constitutes minor, moderate, and major flooding. Impacts vary from one river location to another because a certain river stage (height) in one location may have an entirely different impact than the same level above flood stage at another location.

Q: What's the difference between a flood and flash flood?

A flood occurs when prolonged rainfall over several days, intense rainfall over a short period of time, or an ice or debris jam causes a river or stream to overflow and flood the surrounding area. Melting snow can combine with rain in the winter and early spring; severe thunderstorms can bring heavy rain in the spring and summer; or tropical cyclones can bring intense rainfall to the coastal and inland states in the summer and fall.

A flash flood occurs within six hours of a rain event, or after a dam or levee failure, or following a sudden release of water held by an ice or debris jam, and flash floods can catch people unprepared. You will not always have a warning that these deadly, sudden floods are coming. So, if you live in areas prone to flash floods, plan now to protect your family and property. The use of the word "flash" here is synonymous with "urgent."

Q: Is there anything I can do to prepare for a flood?

How to reduce potential flood damage and what to include in a family disaster plan can be obtained from the [American Red Cross](http://www.americanredcross.org).

The NWS works with and relies on strategic partners involved in floodplain management, flood hazard mitigation, flood preparedness, and flood warnings to reduce the loss of life and property due to floods.

Information provided by the National Weather Service.

~Submitted by the SWVMHI Safety Committee

Get the facts on meth addiction, treatment

(from the U.S. Attorney's Office for the Western District of Virginia)

What is methamphetamine?

Methamphetamine is a powerful central nervous system stimulant, or "upper." It is manufactured by combining common household items like battery acid, lye, nail polish remover, and the drug ephedrine. It is often manufactured in clandestine laboratories in the United States and in "super labs" in Mexico. Meth is highly addictive. In fact, only about 7 percent of meth addicts stay clean and don't go back to using.

What are the side effects of meth?

The side effects of meth can last for days. The drug causes anxiety, paranoia, irritability, nausea, depression, and brain damage. In addition, meth makes you age faster than normal, your teeth rot, your lungs are burned by meth smoke, and the user will often pick at their skin until scabs appear. Meth users often become extremely paranoid, which results in violent behavior.

What does meth look like?

Typically meth is a white powder that will dissolve easily in water. It can come in small, brightly colored tablets, or in clear, chunky crystals.

How is meth used?

It can be injected, snorted, smoked, or swallowed.

Who uses meth?

According to a 2004 national survey, approximately 11.7 million Americans ages 12 and older reported trying methamphetamine at least once during their lifetimes. Among students surveyed as part of the 2005 "Monitoring the Future" study, 3.1 percent of 8th graders, 4.1 percent of 10th graders, and 4.5 percent of 12th graders reported using meth during their lifetimes. During 2004, 5.2 percent of college students and 9 percent of young adults ages 19-28 reported using meth. (Source: Office of National Drug Control Policy)

Is meth a problem in Virginia?

Meth affects every city and every town. In Virginia, the most concentrated problem areas include far Southwest Virginia communities and the Shenandoah Valley. State, local, and federal law enforcement are working together to stop the flow of methamphetamine into Virginia.

What are the signs of meth abuse?

Scabs on the skin, rotting teeth, dilated pupils, agitation, paranoia, loss of weight, or appetite.

What are the street terms for meth?

Crank, ice, speed, poor man's cocaine, glass.

What does meth cost?

Retail prices depend on the region of the country, but range from \$400 to \$3,000 per ounce. In Virginia, the cost of an ounce of meth ranges from \$800 to \$1,200. The average dose or "hit" is approximately a quarter-gram.

Why is meth so dangerous?

Eighty percent of meth users are hooked after the first try, and only 7 percent of meth addicts are able to stay clean and don't go back. The manufacture of methamphetamine is extremely dangerous because ingredients used are highly flammable and explosive.

Other resources:

- usdoj.gov/usao/vaw/
- whitehousedrugpolicy.gov
- usdoj.gov/dea/concern/meth_factsheet.html
- justthinktwice.com
- nida.nih.gov/infofacts/methamphetamine.html
- MethResources.gov

~Copied from *The Gazette*, March 7-8, 2007

Where can I find help?

Employee Assistance Program. Visit web site www.dhrm.virginia.gov, Select Compensation and Benefits, Other Benefits, Employee Assistance Program.

All health plans offered to state employees and their dependents have employee assistance programs. Included are up to four sessions at no charge for such services as mental health, alcohol or drug abuse assessment, child or elder care, grief counseling, and legal or financial services.

The SWVMHI NEWS is published by and for the employees of:

Southwestern Virginia Mental Institute

340 Bagley Circle

Marion, VA 24354

Cynthia L. McClaskey, Ph.D., Director

The editorial staff thanks all who contributed to this edition and welcomes your suggestions for improvement.
We continue to seek volunteers to write articles and for the editorial board.

2007 SWVMHI NEWSLETTER SCHEDULE	
Deadline for Submission of Articles	Date of Publication/Distribution
March 19, 2007	March 30, 2007
May 21, 2007	June 1, 2007
July 20, 2007	August 1, 2007
September 18, 2007	September 28, 2007
November 19, 2007	November 30, 2007
Please submit your UNFORMATTED articles to Linda Bonham, Admin. Assistant, Office of the Director.	

As has been done in the past, when a large volume of information is submitted, extra newsletters will be issued during the year.