

# THE SWVMHI NEWS

Southwestern Virginia Mental Health Institute

Volume XXIX, No. 5

▲ Health ▲ Healing ▲ Hope

August 1, 2007

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

## From The Director:

On May 17, 2007, SWVMHI held a combined celebration to award Employee Recognition certificates and Service Awards and to honor Earth Day. Jennifer Johnson, former SWVMHI RT, sang several beautiful songs, "Colors of the Wind" and "God Bless America." Charles Conner, Chairman of Marion's Tree City USA program, was the guest speaker. Mother Earth was also present and assisted in the planting and dedication of a new oak tree. Games, booths, and door prizes were held concurrently. Members of the EMC and the Recognition Committee served a picnic lunch on all three shifts, including a delicious dessert of Mud Cake (complete with gummy earth worms)! Mother Earth and the giant Earth ball visited the wards with snacks and information about our environment.



Those employees receiving Service Awards for the first quarter of 2007 included: Thirty Years: Larry Anderson, Postal Assistant, and Donald Pennington, Food Service Tech; Twenty Years: Colleen Walls, Nutritionist Supervisor, and Karol Shepard, Admissions Officer; Fifteen Years: Freddie Williams, Electrician Supervisor; Five Years: Heather Trail, Recreation Therapist Senior, Buddy Heath, Psychiatric Aide, and Vicki Stike, LPN. Two staff retired during this quarter and both received a certificate and hospital poster: George Dutton, Housekeeping Manager, and Jerry Young, Housekeeping Supervisor.

One hundred and fourteen people who have been awarded Making a Difference Awards in the quarter were recognized, along with nine staff who earned Cash or Leave Awards: Dave Woodrum, Amy Martin, Lucita Chapman, Jan Barron, Steve Perry, Larry Anderson, Todd Gillespie, Betsy Perkins and Rhonda Greene (the latter two a Team Award). ERS nursing staff members were also honored with a Team Award plaque.

Four Employees of the Quarter were named: **Ronnie Heath**, Psychiatric Aide/ERS, **Thelma Rouse**, LPN/ Admissions, **Sharon Sollenberger**, Admissions Clerk, and **Nancy Wood**, Unit Programs Director, ERS. Each was honored for the way in which he or she lives up to the SWVMHI Values which help us best promote mental health in the people we serve: **Communication, Honesty, Trust, Teamwork, Self-initiative, Leadership, and Honoring day-to-day tasks.**

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**From the Director** (Continued from Page 1):

Here is an excerpt from my letter to these four staff members, "While the contributions of many employees of SWVMHI support the mission, vision, and values of our hospital, and we are grateful for all of them, your contributions were judged by the Committee to be exceptional. Your work in support of the people we serve and your ability to embrace Recovery values and actions is a credit to the heart and the commitment you bring to your work."

The day closed with one final song, led by Jeanette Heath and Cleve Musser: **This land is your land, this land is my land, From California, to the New York Island, From the redwood forest, to the gulf stream waters, This land was made for you and me . . . ."** (Words and music by Woodie Guthrie)

Thanks to the Recognition Committee and the Waste Minimization Committee, to Physical Plant Services staff, Environmental Services staff, Food Service staff especially John O'Keefe and his lovely wife who helped us on third shift, and all those who assisted and participated in the events of the day! Be sure to take a look at the photos on the facility Intranet and, now also, on the SWVMHI internet page.



Our next quarterly Employee Recognition event is almost upon us! Wear your brightly colored serapes and your woven huaraches, bring your castanets and your sombrero - **Ay carumba! It's a Fiesta!** **Thursday August 16**, day shift events from 10:30 am to 1 pm at the picnic shelter; second shift from 5 - 7 pm employee cafeteria, third shift from 11 pm to 12:30 am also in the employee cafeteria. **Cada uno viene nos ensambla por favor!** (Everyone please join us!)  
~Cynthia McClaskey, Facility Director

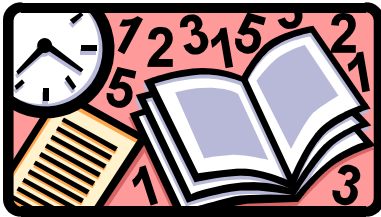
### **SWVMHI Supports Healthy Men and Women!**

The new CommonHealth program for this quarter is "Men and Women's Health." On September 6, SWVMHI will have a day of scheduled "Express 15 Minute" programs.

In addition, CommonHealth is encouraging employees to participate in the following health challenge for each of three months - the only thing required to complete the challenge is to either *make or attend* any type of age and gender appropriate medical screening appointment each month - dental, eye, blood pressure, skin cancer screenings, yearly check-ups, mammography, colonoscopy, etc. The prize drawings for challenge completion are 100 First Aid kits and four \$200.00 Visa gift cards. Challenges will need to be downloaded and printed off, filled out in hard copy, and returned to Cindy Jones. In addition, we will have a drawing at SWVMHI for prizes.

For more information, visit the CommonHealth Website at <http://www.commonhealthva.com/commonhealth/>. or call Cindy Jones at 231.

## NEWS AND NOTES FROM THE SWVMHI LIBRARY



This morning (July 23, 2007), the price of gas was \$2.82, which upset me because, (you guessed it) I filled up yesterday at \$2.88! It's not the price of gas that bothers me, in this instance, but not knowing from day to day what it's going to be. You know it's going to change but not when.

I attended a meeting of change agents yesterday. Ideas were floating all over the place. How does one corral, grapple with, and focus on such a variety of thoughts in a useful, effective way and in an efficient manner?

Did you know that 98% of the atoms that make up our bodies are replaced every year? (Pause for thought.) The DNA in each cell copies itself over and over again. (NPR) Talk about change! Looks like living with change is on my mind.

The smoke-free effort at SWVMHI on October 10 is one change that's going to happen, and we know when.

You'd think that, if 98% of our atoms are replaced every year, why should the ones that smoking messes with be a problem? *"Cells in our brains, heart, and bones last longer. Although these cells are less vulnerable to copying mistakes, they are more susceptible to damage caused by environmental factors such as radiation or toxins [ie., smoking]. Either way, cells stop working as well and we grow old."* Kestenbaum. Atomic Tune-Up. NPR Weekend Edition, Sat., July 14, 2007.

Your SWVMHI Library has just received some new smoking cessation helps to, hopefully, give one some ideas on how to achieve goals and work against those toxins messing up new atoms.

Agosta. Become Smoke Free. Guided imagery. CD Positive Reflections, 2003.

Harrold. Stop Smoking Forever. Hypnotherapy and digital sound techniques. CD Diviniti Pub. 2003.

Katahn. How to Quit Smoking Without Gaining Weight. Audio tape. Simon & Shuster, 1995.

Walton. Dr Walton's Stopping Smoking. CD James E. Walton, 2004. This one carries the warning to "not listen to while driving."

Additionally, the library has generated a Smoking Cessation bibliography of the print resources we have on the shelf. We have a vertical file of information and some on-line sites/information that are for the asking.

We are very grateful to those of you who replenish our "atoms" here in the library. This round of thanks goes to: Alicia Alvarado; Robyn Anderson; Anonymous; Angela Berry; Sheila Buchanan; Gail Campbell; Jewell Cardwell; Charlotte Carter; Lucita Chapman; LeSu Cole; Jennifer Cregger; Carol Davis; Joseph Dibble; Mary Dotson; Marlene Doyle; Rhonda Greene; Roxanne Evans; Laurie Goral; Melinda Haynes; Bonnie Jessee; Benita Johnson; Roy Layne; Cynthia McClaskey; Jill McKinnon; Dick Mears; Jim Moon; Tammy Olinger; Steve Patterson; Betsy Perkins; Peggie Roland; Social Work Staff, Geriatric Unit; Jim Suhrbier; Lisa Taylor; Heather Trail; Sharon Wineberger; and Nancy Wood. Thanks again, and keep those cards and letters coming.

Here is a conundrum: "Is there a web site that lists the number of people that succumb to avoidable deaths per day?" In libraryland, maybe dealing with a conundrum like this makes one "think funny." We say no question is dumb--we mean it.

~Ann Mathews, Librarian

## COMMENTS AND MISCELLANEOUS

### Thank You

The students and staff of the YMCA at Virginia Tech would like to thank you for the tremendous support you have provided to help us respond to the tragic events of April 16, 2007. Your outpouring of support, whether it be through caring notes and banners, contributions to our comfort shawl project, or financial and in-kind donations, has been deeply appreciated

~YMCA at Virginia Tech

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### Cindy Jones, RN, Infection Control Practitioner, Earns Certification

The Certification Board of Infection Control and Epidemiology, Inc., which is accredited by the National Commission for Certifying Agencies, hereby attests that Cindy C. Jones has successfully fulfilled the educational, practice, and written examination requirements to merit the designation “Certified In Infection Control and Epidemiology.”

This is the first time that the Infection Control Nurse at SWVMHI has become nationally certified. While this is not a job requirement, it does provide evidence of exceptional standards and skills behind our infection control program and leadership. Congratulations, Cindy!

~Alicia Alvarado, Chief Nurse Executive

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### Dr. David Brady Named Preceptor of the Year

In July, Dr. David Brady received the “Preceptor of the Year” award for “clinical excellence in student education” by the Virginia College of Osteopathic Medicine. Dr. Brady has worked very hard to make the SWVMHI rotation an outstanding learning experience for the third-year students, and his dedication is reflected in this acknowledgement from the medical school.

~George Martin, Medical Director

*The following poem was read during the memorial service to Rosemarie Bonacum held on Saturday, July 14, 2007:*

### THE LEGACY

When I die,  
give what is left to my children.



If you need to cry,  
cry for your brothers  
walking beside you.

Put your arms around anyone  
and give them what  
you need to give me.

I want to leave you  
with something better  
than words or sounds.

Look for me in the people  
I have known and loved.

And if you cannot live without me,  
then let me  
live on in your eyes,  
your mind and your acts  
of kindness.

You can love me most  
by letting hands touch hands  
and letting go  
of children that need to be free.

Love does not die, people do.

So that when all  
that is left of me is love . . .  
Give me away . . .

~John Wayne Schlatter

Rosemarie Bonacum, Office of Facility Operations, was a committed public servant, who spent over six years with the Department tirelessly supporting our state's facilities and the consumers they serve. True to her first career as a nurse, she was kind and nurturing to the people around her.



**Take Control**  
**1-800-QUIT-NOW**  
*Call. It's free. It works.*  
**1-800-784-8669**  
*[www.smokefree.gov](http://www.smokefree.gov)*

### *What is 1 800 QUIT NOW?*

*1-800-Quit-Now is a national router number which accepts callers from throughout the nation, seamlessly directing them to the appropriate state quitline. Quitlines are toll-free telephone centers staffed by trained cessation experts. For clinicians, they can provide an easy, fast, and effective way to help smokers quit. By simply identifying smokers, advising them to quit, and sending them to a free telephone service, clinicians can save thousands of lives.*

## HUMAN RESOURCES INFORMATION

### **REMINDER to full-time employees:**

If you experience a qualifying mid-year event, such as marriage, divorce, death, or birth/adoption of a child, you have **31 calendar** days from the event date to change/update health insurance coverage. If you fail to submit a completed enrollment form to Human Resources within 31 calendar days of the event, you cannot add or drop dependents until the annual open enrollment period.

#### **Examples:**

##### **Failure to remove** an ineligible dependent:

Jane Doe carries insurance on herself and her spouse. The two divorce but she forgets to submit proper paperwork to Human Resources within 31 calendar days of the date the judge signed the divorce decree. Jane must carry dual coverage and pay dual coverage premiums until the annual open enrollment. Although Jane must pay dual spouse premiums until annual open enrollment, her ex-spouse does **not** have coverage!

##### **Failure to add** eligible dependents:

Jane Doe has a baby and forgets to submit proper paperwork to Human Resources within 31 calendar days of the baby's date of birth. Jane cannot add the baby until the next annual open enrollment period.

If you have a question about health insurance membership, please contact a member of Human Resources as soon as possible. Time is of the essence.

~Annasue Cook, PHR, Human Resource Office



**FOR COMPUTER PROBLEMS USE HELP DESK!**  
**CALL EXT. 444 OR EMAIL SWVMHI HELPDESK**

**Please don't call Brian, Eric, Jennifer or Kenly if you need something fixed.**

Recently, a Network problem in the C Building was reported to my voicemail by several staff. Problem was that I wasn't around to get the messages and pass them on. Had staff called Ext. 444 and reported the problem to the SWVMHI Helpdesk, the problem would have been resolved much more quickly.

Our need to have Brian, Eric, and Jennifer work here is based on what the reports in Richmond say about how much work they do. If the work they do doesn't get reported, someone may decide we don't need all three of them and that would be very bad for them and us. Thanks from,

~Kenly Noel, VITA Customer Care Center, Western Region Manager

## STIGMA: LANGUAGE MATTERS

I have in my office a copy of a video about stigma from The Anti-Stigma Project sponsored by the Maryland Department of Mental Hygiene. It is approximately 30 minutes long and designed to be viewed by consumers, administrators, and providers of mental health and substance abuse services. There is a booklet with helpful discussion questions and a thought-provoking self-inventory to help in analyzing one's own stigmatizing perceptions and attitudes. I encourage Department Heads/Programs Directors to borrow it and show it at a staff meeting or on the units in the upcoming few months.

~Cynthia McClaskey, Ph.D., Director

*"You finally decide to get help, and then you're punished for it— pigeonholed into a diagnosis, shamed, labeled, and discriminated against for life. The stigma can be worse than the illness."*

### Stigma is about disrespect:

It hurts, punishes, and diminishes people.  
It harms and undermines all relationships.  
It appears in behavior, language, attitude, and tone of voice.  
It happens even when we don't mean it.



### Disrespectful Language

Crazy, lunatic, deficient, wacko, loony tune, psycho., etc.  
Manic-Depressive (when referring to a person)  
Schizophrenic  
Handicapped person  
Slow, low-functioning  
Normal

### Respectful Language

Mental illness or psychiatric disability  
Person with bipolar disorder or manic-depressive illness  
Person who has schizophrenia  
Person with a disability  
Person who has cognitive difficulties  
Nondisabled person



### Consider this. . .

- ▶ **DON'T focus on disability.** Focus instead on issues that affect the quality of life for everyone, e.g., accessible transportation, housing, affordable health care, etc.
- ▶ **DON'T portray successful persons with disabilities as superhumans.** This carries expectations for others and is patronizing to those who make various achievements.
- ▶ **DON'T sensationalize a disability.** This means not using terms such as "afflicted with," "suffers from," "victim of," and so on.
- ▶ **DON'T use generic labels** such as "the retarded," "our mentally ill," etc.
- ▶ **DON'T use psychiatric diagnoses as metaphors for other situations,** e.g., a "schizophrenic situation." This is not only stigmatizing, but inaccurate.
- ▶ **DO put people first, not their disabilities.** Say, for example, "person with schizophrenia" rather than "schizophrenic."
- ▶ **DO emphasize abilities,** not limitations. Terms that are condescending must be avoided.

For more information, contact The Anti-Stigma Project,  
1521 S. Edgewood St., Suite C, Baltimore, MD 21227, Phone: 410-646-0262/800-704-704-0262; Fax: 410-646-0264  
**Sponsored by the Maryland Mental Hygiene Administration**

# FYI: SCHOOL SAFETY AND VIOLENCE PREVENTION

## Characteristics of a Safe School

- Focus on academic achievement.
- Involve families in meaningful ways.
- Develop links to the community.
- Emphasize positive relationships among students and staff.
- Discuss safety issues openly.
- Treat students with equal respect.
- Create ways for students to share their concerns.
- Help children feel safe expressing their feelings.
- Have in place a system for referring children who are suspected of being abused or neglected.
- Offer extended day programs for children.
- Promote good citizenship and character.
- Identify problems and assess progress toward solutions.
- Support students in making the transition to adult life and the workplace.



## Tips for Parents

Parents can help create safe schools. Here are some ideas that parents in other communities have tried:

- Discuss the school's discipline policy with your child. Show your support for the rules, and help your child understand the reasons for them.
- Involve your child in setting rules for appropriate behavior at home.
- Talk with your child about the violence he or she sees—on television, in video games, and possibly in the neighborhood. Help your child understand the consequences of violence.
- Teach your child how to solve problems. Praise your child when he or she follows through.
- Help your child find ways to show anger that do not involve verbally or physically hurting others. When you get angry, use it as an opportunity to model these appropriate responses for your child—and talk about it.
- Help your child understand the value of accepting individual differences.
- Note any disturbing behaviors in your child. For example, frequent angry outbursts, excessive fighting and bullying of other children, cruelty to animals, fire setting, frequent behavior problems at school and in the neighborhood, lack of friends, and alcohol or drug use can be signs of serious problems. Get help for your child. Talk with a trusted professional in your child's school or in the community.
- Keep lines of communication open with your child—even when it is tough. Encourage your child always to let you know where and with whom he or she will be. Get to know your child's friends.
- Listen to your child if he or she shares concerns about friends who may be exhibiting troubling behaviors. Share this information with a trusted professional, such as the school psychologist, principal, or teacher.
- Be involved in your child's school life by supporting and reviewing homework, talking with his or her teacher(s), and attending school functions such as parent conferences, class programs, open houses, and PTA meetings.
- Work with your child's school to make it more responsive to all students and to all families. Share your ideas about how the school can encourage family involvement, welcome all families, and include them in meaningful ways in their children's education.
- Encourage your school to offer before-and after-school programs.
- Volunteer to work with school-based groups concerned with violence prevention. If none exist, offer to form one.
- Find out if there is a violence prevention group in your community. Offer to participate in the group's activities.
- Talk with the parents of your child's friends. Discuss how you can form a team to ensure your children's safety.
- Find out if your employer offers provisions for parents to participate in school activities.

~Submitted by the SWVMHI Safety Committee

## Status of Mandatory Overtime

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During the month of June, 2007, there were no mandated shifts of overtime in the nursing department! Good news! Last year, for June, 2006, we had 14 occurrences of overtime. Thank you to all the staff members who have been collaboratively helping us this year in progressing toward a “mandate free” facility.

Over the past six months there has been a lot of effort put into looking at the factors for mandates and making interventions to decrease/eliminate them. In January, there was a statewide conference about the issue, and, by March 2, SWVMHI had submitted a work plan to Central Office to eliminate mandatory overtime. Since then, we have:

- increased awareness of all medical, nursing, and clinical staff members of the patient-related issues relating to overtime; primarily admissions and intensive observation levels;
- re-established and filled the Admitting Nurse position with a schedule that covers the time frames of many “after hours” admissions;
- identified ways for collaborative scheduling to accommodate needs of those who may voluntarily do overtime under certain conditions;
- reassessed and changed some of the minimum/maximum staffing levels;
- empowered the SNC/House Supervisors to go below minimums if, in their professional judgment, it is safe to do so (documentation required). This includes making a decision that non-essential work for the shift may be deferred to another time when staffing is more ample;
- emphasized the need for all nursing staff to see this as a department/facility endeavor that may require pulling to other units;
- re-assigned several nursing positions to second and third shift where the mandates have most often occurred;
- implemented a \$1/hour weekend shift supplement for nurses and aides, beginning April 27, 2007;
- implemented a cafeteria meal coupon for up to \$5 for those who volunteer to work essential overtime with notice of 4 hours or less, beginning June 22, 2007.

Reviews of the impact of the weekend shift supplement and the meal coupons will be made in six months of their inception as to the impact for the desired goal of eliminating mandatory overtime.

There continue to be other ongoing initiatives that will have an impact on staffing needs related to overtime. An assessment of medical consultations is being done for the facility. Out of this, we may identify some needs that haven't been met before; for example, if many dental trips require a lot of staff time, perhaps we should try to contract with a dentist to provide services onsite.

Another initiative is to obtain additional resources for the region--for example, if we obtain more money for bed days in other facilities, it may decrease our admissions. In FY 07, the SW Behavioral Health Board did advocate for and achieve an additional \$498,000 in private inpatient bed purchase money that was put into effect on April 1, 2007. Since the annual FY 07 bed purchase money (\$400,000) ran out in January, 2007, this enabled the region to purchase about \$200,000 worth of beds in April, May, and June. The remainder of the April allotment, together with FY08's allotment, should enable us to buy private beds in the region for most of FY 08. The SW Behavioral Health Board for Regional Planning (of which Dr. McClaskey is the chair) continues to gather data about regional resources and utilization in order to present this information to Central Office with the goal to advocate for additional investment funds for the region.

**Continued on Page 9**



## Mandatory Overtime – Continued from Page 8

Human Resources continues to assess and advocate for improvement in some of the personnel factors that sometimes contribute to the need for overtime, such as call-ins, vacancies, etc. A draft plan is being developed for a pilot of “pay-out” for unused comp time, which will be an incentive for good attendance. Transitional duty for return-to-work has helped staff come back on duty while still progressing toward the ability to do full duty. A number of retention efforts continue. We are working on decreasing the time to fill positions and recruit staff.

We are still in the process of revising SWVMHI Nursing policy 9606, “Collaborative Nursing Staffing and Scheduling,” to emphasize the collaborative efforts to avoid mandated overtime, increase volunteerism for essential overtime, and decrease any kind of overtime when possible. The changes in the policy will reflect a change in what we have called the “mandate list” and redefine the process and documentation for keeping track of who is helping out with last minute staffing needs, as well as who is helping to “fill holes” in the schedule with more advance notice. If the need becomes imminent for additional staffing, those who have not proactively been assisting will be called on first, in order to maintain some equity in the responsibility of covering emergent staffing needs.

With the nature of patient care and the need to have adequate nursing staff on duty 24 hours a day, 7 days a week, the ability to work overtime if needed will remain a requirement of all nursing staff involved with patient care delivery. This will remain a part of the Employee Work Profile (EWP) description. Exceptions will not be made that any nursing staff member involved with patient care is permanently exempt for overtime requirements. If given supervisory instruction to remain at the worksite, employees are expected to do so, because we cannot compromise the welfare of the patients.

If a supervisor finds it necessary to instruct a nursing employee to remain beyond the end of their shift due to a critical staffing need, these steps will be taken first:

- an assessment will be made as to the safety of going below the required number/mix of staff or of postponing/rearranging some of the normal work duties (including consolidation of intensive observation assignments, transportation/trips, etc.), and a decision made that the additional staff is necessary
- staffing throughout the facility will be assessed for any ability to “pull” from other units
- volunteers for overtime will be sought throughout the facility
- if adequate notice was possible of the need for overtime, P-14 staff will be asked to come in
- the SNC/House Supervisor will consult with the Unit Nurse Coordinator and the Assistant Nurse Executive
- documentation of the need for supervisory instruction with a description of the circumstances will be provided for the Chief Nurse Executive and the Facility Director, who will review the occurrence

The goal remains to avoid mandatory overtime, which was accomplished for June, and, thus far, has not occurred in July. This has been possible through creative and collaborative actions of a number of people, including the direct care staff, nursing management, clinical and medical collaboration, Human Resources, Fiscal Services, the Facility Director, and even Food Services! Our desire is to keep these sort of efforts on-going.

Kudos to everyone!!

~Alicia Alvarado, Chief Nurse Executive



**CONGRATULATIONS** to the Nursing Staff who have been working diligently to complete the lessons offered through the College of Direct Support.

**Completers from June 1, 2007 through June 30, 2007.**

**COMPLETED THROUGH DOCTORAL LEVEL 3 (Completed 119 Lessons)**

Sue Allison	Kathy Anderson	Pamela Blake	Wilma Blevins
Louetta Carnell	Michelle Clatterbuck	Shirley Jupino	Shirley Olinger

**COMPLETED THROUGH DOCTORAL LEVEL 2 (Completed 113 Lessons)**

Sandra Herndon	Drusilla Parks
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**COMPLETED THROUGH DOCTORAL LEVEL 1 (Completed 103 Lessons)**

Brenda Hancock	Cynthia Osborne
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**COMPLETED THROUGH MASTERS LEVEL 4 (Completed 92 Lessons)**

Linda Aistrop	Denise Helen Blevins	Lois Bordwine
Karen Branson	Patsy Hart	Glenda Woods

AUGUST DATES TO CELEBRATE	SEPTEMBER DATES TO CELEBRATE
<ul style="list-style-type: none"> <li>• Admit You're Happy Month</li> <li>• American Artists' Appreciation Month</li> <li>• Cataract Awareness Month</li> <li>• Family Meal Month</li> <li>• National Canning Month</li> <li>• National Catfish Month</li> <li>• National Golf Month</li> <li>• National Parks Month</li> <li>• Water Quality Month</li> <li>• 50<sup>th</sup> Anniversary of the TV Premiere of American Bandstand (August 5)</li> </ul>	<ul style="list-style-type: none"> <li>• American Newspaper Month</li> <li>• Baby Safety Month</li> <li>• Back-to-School Month</li> <li>• Celebration of Apples Month</li> <li>• Cholesterol Education Month</li> <li>• Healthy Aging Month</li> <li>• National 5-a-day Month</li> <li>• National Alcohol and Drug Addiction Recovery Month</li> <li>• National Food Safety Education Month</li> <li>• National Preparedness Month</li> </ul>
<p>from Creative Forecasting, Inc. ~www.creativeforecasting.net</p>	

## Influenza Fact Sheet

### **What is influenza?**

Influenza is commonly referred to as "the flu." It is a viral infection of the lungs. There are two main types of influenza virus, A and B. Each type includes many different strains that tend to change each year.

### **When does influenza occur?**

Influenza occurs most often in the late fall and winter months.

### **Who gets influenza? How is it spread?**

Anyone can get influenza, but it is most serious in the elderly, in people with chronic illnesses (such as lung disease, heart disease, cancer, or diabetes) or those with weak immune systems. Influenza spreads very easily, usually through contact with droplets from the nose and throat of an infected person during coughing and sneezing.

### **How soon after exposure do symptoms appear? What are the symptoms of influenza?**

Symptoms usually appear 1 to 3 days after exposure. Influenza symptoms can include a sudden onset of headache, fever, chills, cough, sore throat, and body aches. Diarrhea and vomiting are not common. Although most people are ill for less than a week, some people have complications and may need to be hospitalized.

### **How is influenza diagnosed and treated?**

Some laboratory tests are available to diagnose influenza; however, doctors usually diagnose influenza from the person's symptoms. Rest, liquids, and over-the-counter medicine, e.g., acetaminophen [Tylenol], are the usual treatments. Some prescription drugs may prevent or reduce the severity of influenza. Aspirin should not be given to children with influenza because of the possibility of causing a complication called Reye syndrome.

### **How long can a person spread influenza?**

The contagious period varies, but probably begins the day before symptoms appear and extends for a week.

### **Does past infection with influenza make a person immune?**

Generally, no. Influenza viruses change frequently, so people who have been infected or given a flu shot in previous years may become infected with a new strain. Therefore, people need to be vaccinated (with either a shot or a nasal-spray vaccine) against influenza every year.

### **What are the high risk groups? What should they do?**

People at increased risk for illness from influenza and who should receive vaccine each year include:

- Adults 65 years of age and older;
- Residents of nursing homes and long-term care facilities;
- People who have long-term heart or lung problems, including asthma;
- People who have kidney disease, cystic fibrosis, diabetes, anemia, cancer or weak immune systems, seizure disorder, or other medical conditions;
- Children and adolescents (aged 6 months -18 years) on long-term aspirin therapy;
- Women who will be pregnant during the influenza season; and,
- All children aged 6-59 months.

In addition, to help prevent the spread of influenza to people in high risk groups, those who live with people in a high risk group and healthcare workers who provide care to high risk patients should also receive an annual influenza shot. Depending on vaccine availability, people aged 50-64 years, and any person (6 months of age or older) who wishes to reduce the likelihood of becoming ill with influenza, should also receive vaccine each year.

### **What are other steps that can be taken to prevent the spread of flu?**

Good health habits can help prevent the flu. These include covering your mouth and nose with a tissue when coughing or sneezing, washing your hands often to help protect yourself from germs, avoiding touching your eyes, nose or mouth, staying home from work, school, and errands when you are sick, and avoiding close contact with people who are sick. Antiviral medications may also be used to prevent or treat the flu – talk to your healthcare provider for more information.

## PERSONNEL CHANGES

NEW EMPLOYEES	
Rajesh Kadam, MOD (Hrly)	05/30/2007
Julie D. Tate, HS Care Worker	06/10/2007
Serena D. Sheets, HS Care Worker	06/10/2007
Leah Janelle Heldreth, RN	06/10/2007
Rafael Semidei, MOD (Hrly)	06/10/2007
William T. Tilson, Rehab Specialist (Hrly)	06/11/2007
Ruth Ann Pierce, Rehab Specialist (Hrly)	06/11/2007
Dewey McThenia, Painter (Hrly)	06/11/2007
Amber L. McKinnon, Food Service Technician (Hrly)	06/12/2007
Elizabeth A. Graham, Rehab Specialist (Hrly)	06/13/2007
Chad E. Funk, Electrician Senior	06/25/2007
Sarah Johnson, HS Care Worker (Hrly)	06/27/2007
Brett A. Gilley, Food Service Technician (Hrly)	07/05/2007
Aaron M. Wolfe, Food Service Technician (Hrly)	07/05/2007
Karen P. Russell, OSA/Console Operator (Hrly)	07/05/2007
William D. Whitt, Boiler Operator	07/10/2007
Darren V. Fitchko, HS Care Worker	07/10/2007
Herbert Firestone, Boiler Operator (Hrly)	07/10/2007
Angela N. Gentry, HS Care Worker	07/25/2007
Belinda J. Mowl, Registered Nurse	07/25/2007
Donna F. Blackburn, HS Care Worker	07/25/2007
Thomas D. Terry, HS Care Worker	07/25/2007
Joseph A. Stovall, HS Care Worker	07/25/2007
Mitchell W. DeBord, Social Worker	07/25/2007

PROMOTIONS/ROLE CHANGES	
Laura C. Oakes, Social Worker to Clinical Social Worker	05/25/2007
Rebecca L. Chapman, RN to RNCA	06/10/2007
Betty M. Hash, RNCA to RNCB/Head Nurse	06/10/2007
Pamela J. McGrady, HS Care Worker to HS Care Lead Worker	06/25/2007
Jean P. Powers, RNCB/Head Nurse to Staffing Nurse Coordinator	07/10/2007

SEPARATIONS	
Teresa Widener, HS Care Worker	06/08/2007
Sharon Sollenberger, Office Services Assistant	06/16/2007
Sarah Johnson, HS Care Worker	06/17/2007
Nakeesha Johnson, RN	06/22/2007
Shannon Sauls, Electrician Senior	06/24/2007
Elouise Vaught, HS Care Specialist	06/24/2007
Mary C. Johnson, HS Care Worker	07/02/2007
Jeffrey Salter, HS Care Worker	07/03/2007
Wesley Riley, HS Care Worker	07/03/2007
Sylvia Baldwin, RN	07/04/2007
Sara Elaine Eller, HS Care Worker	07/09/2007
Carolyn Woodward, HS Care Worker	07/13/2007
Melissa Etter, Office Services Assistant	07/19/2007
Heather Tickle, HS Care Worker	07/23/2007
Charlotte Tolrud, HS Care Lead Worker	07/24/2007
Carol Davis, HS Care Supervisor	07/24/2007
Mary Sue Chapman, Staffing Nurse Coordinator	07/24/2007
Melissa Brooks, HS Care Worker	07/29/2007

"Perpetual optimism is a force multiplier."

~ Colin Powell

SWVMHI CENSUS				
	Admissions	Discharges	Passes	Avg. Daily Census
2007				
<b>May</b>	120	107	13	157
<b>June</b>	94	105	22	155
<b>FY07 Total</b>	1306	1299	131	150



## **Silent Hospitals Help Healing (SHHH): Montefiore Medical Center is addressing one of the biggest complaints patients have about hospitals: they are too noisy**

“Noise is not only an irritant, but an obstacle to healing,” said Margaret Amato-Hayes, RN, clinical director of nursing. “Studies have shown a relationship between excessive noise and a slowing of the healing process. Noise also contributes to increasing stress and anxiety.” Montefiore Medical Center is the University Hospital and Academic Medical Center for the Albert Einstein College of Medicine.

Elodia Mercier, RN, the administrative nurse manager who implemented the SHHH program, found that sources of noise were everywhere: squeaky cart wheels, telephones ringing, voices in the hallways late at night as staff delivered medications, televisions blaring, hospital alarms, and intercom announcements.

“Glucometer carts were so loud they sounded like the D train,” said Mercier.

Mercier launched SHHH on her unit to give patients a quieter environment in which to receive care. Pieces of equipment, from IV poles to medication carts, were sent for lubrication and repair. Administrative nursing managers began monitoring hallway conversations to keep them to a minimum. Staff were reminded to switch their beepers to vibrate mode. Intercoms were turned down.

Signs placed in the corridors read “SHHH,” and patients, staff, and visitors were given buttons that showed a nurse with her finger to her lips. Sound meters were used in patient care areas, including on medical floors, in surgical units, and in the adult emergency department, to record ambient noise levels at different times, such as during the change in shifts, at mid-day, and in the evenings.

The effects of SHHH were remarkable. Within two weeks, patients slept better, and staff said they felt less stressed.

Decibel levels fell significantly. On Mercier’s unit, for instance, noise levels had been as high as 78 decibels. They dropped to 50 to 60 decibels, a level more typical of libraries. When shifts changed, noise levels used to range from 62 to 70 decibels. After SHHH was implemented, noise levels were 55 to 60.

~www.montefiore.org

Adolescent Unannounced Interim Licensure Survey	Geriatric Unannounced Medicaid Survey
<p>On July 11, Steve Patrick from the Office of Licensure arrived to review the Human Resources laws effective July 1, the Fire Marshall’s report, Health Department Inspection and medical records. No deficiencies were found! Hooray!</p>	<p>On July 5, two surveyors from the Department of Health arrived for a two-day survey of Ward E. After a thorough review of programs, meals, med. administration, quality improvement data, policies, staffing and training, four deficiencies were found, all related to the MDS, the patient care plan required by CMS. A good Plan of Correction is in place for this.</p>

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

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*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.

**REMAINING 2007 SWVMHI NEWSLETTER SCHEDULE**

Deadline for Submission of Articles	Date of Publication/Distribution
September 18, 2007	September 28, 2007
November 19, 2007	November 30, 2007
Please submit 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.