

THE SWVMHI NEWS

Southwestern Virginia Mental Health Institute

Volume XXIX, No. 6

◇ Health ◇ Healing ◇ Hope

September 28, 2007

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

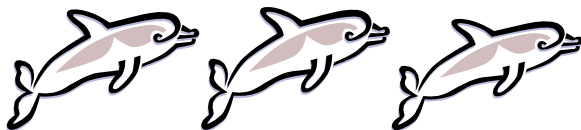
FROM THE DIRECTOR

15th Annual SWVMHI Family, Friends and Community Day Held Sept. 18, 2007. It is hard to believe that we have been having this event for 15 years! It started as just plain Family Day – but as we grew to recognize the power of positive support and connections of all kinds, we began to call our annual event Family and Friends Day.

We had a really great recovery-oriented line-up for the day: a slideshow developed by an individual who resides in the facility and a presentation about the Consumer Empowerment Recovery Councils, of which SWVMHI has one of 7 in the region. We had a presentation on Wellness Recovery Action Plans, followed by one of our favorite musical groups, the PowerHouse Chorus from Galax Virginia. We also were treated to a group that is new to us: the TACO Chorus. TACO is made up of songsters from Tazewell House, Ark House, Clinch Mountain House and Our House in the Cumberland Mountain area. After a delicious boxed lunch, the Four Winds band, an old time music band, played for us. We danced and sang along to many of our favorites. It was a pleasure to watch those present have a great day, learn something new, make new friends and connections, and celebrate recovery.

Power Outage September 12-13. At approximately 9:20 pm on September 12, AEP experienced electrical problems resulting in power outages on the SWVMHI hill, Brunswick Lane and areas south on Highway 16. Power was quickly restored to all areas with the exception of the SWVMHI buildings served by the 4160 power loop (Administration, Auditorium, Blalock, C, and Harmon Buildings). Fortunately the Bagley Building, the patient building, had power restored quickly. AEP personnel worked through the night and the next day with SWVMHI Physical Plant Services staff onsite. The problem was determined to be the transformer near the Power Plant, and a new one was located and installed. Power was restored at approximately 6:00 pm on September 13th. Fortunately the kitchen still had gas and steam and made few modifications to the meals. A refrigerator truck was brought in to keep stored foods fresh and at their proper temperature. Network computer services were down throughout the day because the servers are located in the Administration Building which had no power. Staff asked whether this outage was due to work on September 12 by AEP to upgrade the 4160 Power Loop. It was not due to this work. When the 4160 project is completed, all SWVMHI buildings will be

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If dolphins start getting washed up on the beach, people start to think there might be something wrong with the environment, they don't blame the dolphins for their lifestyle.

~ Simon Heyes, author *The Art of Recovery*
founder member Speak-Up: Somerset's Art of
Recovery Project, a service-user campaign group

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**Attachment: Annual SWVMHI
Library Survey**

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fed directly by AEP with no underground cable (that is many years old). The buildings will also be on back-up generators. This is work which we have planned and advocated for and this year received the funds to go proceed to upgrade the electrical system.

We thank all those who worked so long and hard to correct the problem, and all those who developed and implemented creative solutions to keep up and support the high quality patient care services.

SWVMHI Implements a Tobacco Free Campus on October 10, 2007. The SWVMHI Policy 6500, Tobacco Products, has been approved and disseminated. It will be effective October 10, 2007 as will all new ward rules for the units. All staff should be very aware, at this point, of the new rules that go into effect on October 10 and have some plan to deal with them. Treatment teams and nursing staff should be discussing the plans to go tobacco-free with all current inpatients during individual treatment team meetings and during community meetings and orientation. The Emergency Services staff at the CSBs will be reminded of the prohibition against tobacco and we hope they will help inform those who are receiving, or about to receive, services. Admission assessments have been revised and consideration is being given to guidelines for dealing with nicotine withdrawal for persons who are newly admitted. Please refer to the SWVMHI Intranet for more resources on tobacco cessation.

Philosophy of Continuous Improvement. Here at SWVMHI we have a philosophy that we continue to strive to do better tomorrow than we did today. Some of you may not know that we measure and assess ourselves in many ways, and we compare ourselves to other facilities in the state and in the nation. For the most part we do very well, but it is not our style to rest on our seats and pat ourselves on the back. We want to be better tomorrow than we are today.

One of the ways that we are organizing our efforts to do better is to live our Mission: We promote mental health in Southwestern Virginia by assisting people in their recovery. This mission says a lot: it breaks down boundaries between community and facility, and emphasizes recovery.

Another way that we are organizing our efforts to do better is by setting a vision for the facility. A vision helps us describe what excellence looks like for us, the contributions that we each can make toward the organization, the kind of units we want, and how we want to treat each other. A vision is inspirational.

We are beginning to have a shared vision for the future of the organization: a vision where every person makes a difference in others' lives in every interaction; a vision where every person is a leader; a vision where every person lives by our values. One of the ways that we make our vision real is to emphasize the facility values. Our SWVMHI Values as of April 2007 are: We best promote mental health in the people we serve by valuing: Communication, Honesty, Trust, Teamwork, Self-initiative, Leadership, and Honoring day-to-day tasks.

We're starting to admit that we are not always where we want and strive to be. Sometimes we don't always emphasize recovery. Sometimes we forget to communicate with everyone we need to and sometimes we don't think about teamwork or we let someone else have the self- initiative. But we are having and will be having open dialogs, we are learning from each other, we are having training and we are getting there. I am proud of every one who works hard to live our values and live our mission every day.

~Cynthia McClaskey, Facility Director

The following is the SWVMHI press release following the August 16, 2007, Employee Recognition Program:

¡Hola! ¡Buenos Dias! ¡Bienvenidos a la fiesta!

On Thursday August 16, 2007, SWVMHI employees gathered to celebrate Employee Recognition Awards for April, May, and June. Fifteen Awards for Years of Service were presented, and both employees who recently retired were present to be honored, Herb Firestone and Elouise Vaught. In addition, Ruby Wells, Human Resource Manager, presented 40 Making a Difference Awards, 20 Cash or Leave Awards, and three Team Awards. Five new Employees of the Quarter were announced!

Those receiving service awards were: Elouise Vaught (40 years), Bill Farmer (35 years), Max McClure (30 years), Connie Adams (25 years), Billy Barker, Tony Cress, Jonathan Johnson, and Shirley Olinger (10 years), Debbie Boelte, Rhonda Cress, Karen Graham, Greg Griffey, Jack Hawk, Cynthia McCoy, and Barbara McCready (5 years).

Those receiving Team awards were: D Team received a plaque (Dr. Jeffrey Gordon; Lynn Robinson, RN; Melinda Haynes, BS; Denise Mance, Psy D.; Roger Andrews, MSW; and Laurie Goral, ADC); Ward CD all three shifts, and Wards IJ third shift both received pizza parties for all staff.

Those named as Employees of the Quarter were: James Parks, Exterminator; Debbie Haga, Utilization Review Coordinator; Amy Martin, RNCA/ERS Unit; Cindy McCoy, Psychiatric Aide/Adolescent Unit; and Barbara Shepherd, LPN/Admissions Unit.

Dr. Cynthia McClaskey, Facility Director, noted that one of her greatest joys is to read all of the nominations for recognition. Since the inception of the new recognition program approximately 18 months ago, she has noticed several things about the write-ups – first that there are more team nominations than ever. Second it seems that employees from one department are nominating people from another department at a greater rate than ever, also indicating a greater sense of teamwork. Third, Dr. McClaskey believes that the people who are nominated for recognition awards are not glory hounds; they are not the people who seek for others to know what a great job they are doing. They are the quiet, unassuming people who, even on the busiest day, give their best. They treat people with politeness and respect every day – just like they would like to be treated. They don't like to be heroes, but every day what they do makes a difference in the lives of the people they serve and to their co-workers.

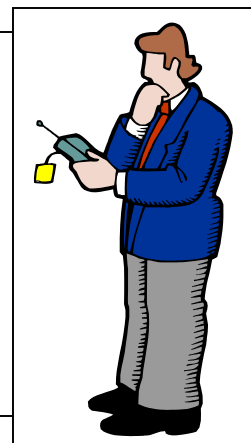
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Do you speak teen?**MnE Ps dnt bleev der is a gNR8n d/c b/t em n thr teen**

Translation: Many parents don't believe there is a generation disconnect between them and their teen.

Research shows that parental monitoring is effective in reducing risky behaviors among teens.

Find the answers at www.TheAntiDrug.com/ParentChronicles



Press Release – Continued from Page 3

Dr. McClaskey noted that SWVMHI staff have a vision for the future of the organization: a vision where every person makes a difference in others' lives in every interaction; a vision where every person is a leader; a vision where every person lives by our values.

Those in attendance were reminded of the SWVMHI Values: We best promote mental health in the people we serve by valuing: Communication, Honesty, Trust, Teamwork, Self-initiative, Leadership, and Honoring day-to-day tasks.

“As you listen to the brief summary of why these employees are honored today,” she stated, “You will hear SWVMHI Values. The value of Teamwork: The team must share a common picture or vision of what each member is capable of accomplishing. Teams will function best if there is effective communication, honesty, with compassion, and trust, with accountability.

“You will hear reflected the Value of Self-Initiative: In addition to the value of teamwork and working toward team goals, we want to recognize and celebrate individual initiative that meets needs through hard work and creativity. All persons have the ability to demonstrate a recovery orientation and positive approach through creative thinking and hard work.”

“You will certainly hear the Value of Leadership: SWVMHI believes that creativity and the ability to lead are not limited to a few, but reside within each of us. Given the opportunity, people at all levels can be leaders. Each member of our staff can seize the initiative to make creative changes that benefit the people that we serve, everyday.”

“You will also hear the Value of Honoring Day-to-Day tasks: We all strive to treat everyone with decency, dignity, and directness. In a psychiatric hospital, these qualities actually become the core of therapy and of change. These qualities must be more than just what we do, they must be what we are. When we live these qualities day to day, we model them as ways of being so that others might follow our lead. In the most mundane or trivial interactions, we still transmit our way of being, even if in seemingly insignificant quantities. Atoms may be small, but no molecule can do without them, and the universe cannot do without molecules. So day-to-day tasks are the building blocks of excellence at SWVMHI.”

Dr. McClaskey informed those present that staff are going to be hearing a lot about the SWVMHI Values in the near future. “As part of our transformation to a more highly performing organization, more than 70 staff were been trained this past spring to help us on our path – one group of staff is going to be publicizing the Values of the organization, talking to us about what those values mean in daily life, and how we make decisions based on those changes. We have another group which is continuing to emphasize safety for patients and staff, another group focusing on more efficient use of resources, a fourth on enhancing communication, and one final group to work on collaborative treatment and treatment planning so that we continue to live our values.

“This is an exciting time for us -- a busy time, but an exciting time,” she noted. “I hear or see evidence every day that we are moving in the right direction, toward our vision of being the best we can be.

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Many of you know that we recently dealt with a very difficult situation. But the staff pulled together, cared for the patients, cared for the family in their loss, and cared for each other in a way that was awesome to see. In fact, I received an email at the end of the day that captured these sentiments exactly.

This person wrote:

‘I’m finally sitting in my office (after the whirlwind of this morning) feeling a wave of gratitude wash over me. I know I’m saying what you already know, but it’s worth repeating. You have an incredibly awesome team of people working here, and it must make you proud.

Even as they were dealing with their own shock and dismay, staff on the front line handled everything so well, on many levels, putting patient care first, with sensitivity to how it was impacting the peers, and keeping the family's feelings and rights in mind. By one o'clock, there had already been three community meetings with unit leadership and the pastor to give the patients a chance to process the event.

In 15 years of professional practice, I have never seen such a sensitive situation handled so seamlessly and professionally by all the disciplines together.’”

Dr. McClaskey continued, “The improvements and efforts that we are implementing at SWVMHI are about a new way of being. We speak about relating to people in a new and powerful way. We lead by bringing hope and possibility to all our interactions. We look for eyes shining with enthusiasm and focus, and we are committed to the ‘aliveness’ of people. We pay attention to how people are receiving what we have to say – are eyes shining as we speak? Are we leading by making others powerful? Remember, the conductor of an orchestra doesn’t make a sound!”

Each person present was challenged to make at least one nomination for a Recognition Award in the next three months. SWVMHI wants to recognize those who are demonstrating the values of the facility and making a difference in the lives of others. By doing so, those making the nominations will be part of the powerful and wonderful change that is taking place at SWVMHI. “We want each of you to come along with us on this wonderful ride!” she concluded, “Gracias ¡Realmente le aprecio! (I really appreciate you!)”

OCTOBER DATES TO CELEBRATE	NOVEMBER DATES TO CELEBRATE
<ul style="list-style-type: none"> • Adopt-a-shelter Dog Month • American Pharmacists’ Month • Car Care Month • Country Music Month • Healthy Lung Month • National Book Month • National Breast Cancer Awareness Month • National Depression Education and Awareness Month • National Medical Librarians’ Month • National Healthcare Food Service Week (10/01 – 10/07) 	<ul style="list-style-type: none"> • American Diabetes Month • Epilepsy Awareness Month • Family Stories Month • I am So Thankful Month • Lung Cancer Awareness Month • National Adoption Month • National AIDS Awareness Month • National Alzheimer’s Disease Month • National Home Care Month • U.S. General Election Day: 11/06
<p>~www.creativeforecasting.net</p>	

MISCELLANEOUS COMMENTS AND THANK YOU'S...

Dear Friends,

I want to let you know how much your thoughts and prayers have meant to me and my family. Your flowers, cards, telephone calls, and visits were uplifting and reminded me that I am not alone as I face the unique challenges that my accident has presented.

You are a wonderful group of people to know and work with, and I will always hold you close to my heart. Thank you.

~Sue Akers, Unit Programs Director
Adolescent Unit

Just a message to everyone on behalf of my family and me in the recent loss of my uncle on August 21 and then my mom on August 22. It has been a very difficult time, and I truly appreciate all the prayers, cards, phone calls, hugs, and words of encouragement that the staff and my friends up here have given to me. When times like this happen, you can know how truly blessed you are to have such people in your life. Therefore, I feel really blessed. Please continue to keep my family and me in your prayers and thoughts, as the time is still very difficult to try to understand (why things happen sometimes the way they do). Again, there are no real words that I can say that sound right, and thank you just isn't enough--but I do thank you all for everything.

~Terri Griffey, PLA, Ward E/F

8-21-07

Dear Staff:

Thank you very much for the wonderful reception, which just happened to be on my birthday. It was great getting to visit with many of you. I appreciate all the wonderful gifts that I received. I will miss working with each of you. You made my job enjoyable, and I enjoyed the working relationship. I haven't gotten used to the idea that today ends a significant chapter in my life—one that I will always remember fondly and cherish!

~Roy G. Layne, Assistant Director, Administrative

I would like to thank everyone that responded and cared for me on the day of my accident. Also, thanks to all who called me and inquired as to my well being, for the flowers, visits, cards, and the food (which was excellent, as always –“John”). A very special thank you to all my guys in the "Basement" who have been so supportive and protective of me since I returned to work.

God Bless you all,
~Sandy Mathena, Program Support Technician

Dear Staff of Ward E/F,

On behalf of our family, thank you for taking such good care of (*Patient's Name*) during his last year with us. It's not easy watching a loved one struggle with illness and pain, but it was comforting to know that he was being cared for by a competent team of professionals. You all are truly credits to your fields!

Please express our thanks to those who work on Ward K as well. I realize they had the difficult task of notifying us at his passing, and we appreciate the compassion they conveyed to us.

As much as we will miss him, we know he has found peace. May God bless each of you as you continue to care for other patients. They are in good hands.

Best regards,
~Family of Former Patient

Congratulations to Roger Andrews, who received his LCSW on 8/03/07!

A reception of appreciation was held August 21, 2007, for Roy G. Layne, Assistant Director, Administrative. Thanks to all who participated, organized, and planned this event. Roy, we will miss you,

Cynthia McClaskey, Ph.D., Director

Blessed is the leader who
seeks the best for those he serves.

~Peter Drucker

SEPTEMBER 7, 2007

FROM COMMISSIONER JAMES S. REINHARD, M.D.:

It is a Friday and relatively few appointments are on the calendar. It seemed like a great day to catch up on hundreds of e-mails, stacks of papers to sign, and start dialing those numbers on the pink phone message slips that keep taunting me out of the corner of my eye, nagging me that I need to call before it becomes embarrassingly too late.

I open a folder that An-Li anointed with a sticky red dot (that means "you better sign this today"). I am ready to quickly initial it--a letter drafted by someone for the Secretary to respond to an e-mail sent by a constituent to the Governor. We get hundreds of these e-mails over the course of a year. They are carefully read, researched and a thoughtful response is penned by our staff. I usually speed read them for general content and approve them before forwarding to the Secretary to sign.

This morning, for some reason, I read this particular letter more carefully. Every word. Then I re-read it.

Here is the letter with identifying names removed:

My name is _____ and my son _____ is incarcerated at the _____ jail. My son has had previous mental problems. I took him to _____ CSB in _____ County. I took him to _____ when he was seventeen year old because he was out of control. Recently, in 2002, he was arrested and sent to _____ Prison. It was there that this nightmare began. He was raped there and could not speak...He says there are electrodes planted in his arm, stomach, and neck. He has, emphatically, made this claim since 2002. He also claims he is continuously being shocked over and over. He says he's shocked during all hours. He pleads over and over to me and anyone who he comes in contact with to please take these things out of me. Some of his mental episodes are worse than others. After he became a father, of a little girl named, _____ he stayed out of trouble and worked two jobs at a time. Recently, he and his girlfriend have been having problems. She had him arrested. The second time he was asleep in bed. He awakened to someone in the house and picked up a bat. He swung around the door, not knowing it was the police, and hit the policeman and broke his hand. He was arrested and charged with assault and trespassing....Since his arrest, he has attempted suicide three times that I know of. He says he is not eating and they will not give him the adequate medication. If someone does not help us, he is going to die...Help me to help him. He claims the guards are brutalizing him. The guards are putting objects in his food and other unknown things. He also claims that they are beating him, throwing water on him, and throwing other prisoners urine on him. This is what he exclaims over and over: "Momma, these things inside me are driving me crazy. Please take them out so I can be myself." Please, to whoever sees this, help me save my son as you would your own. My son's life is at stake. Please God, would someone help me save my son. You represent the people and I need your help as soon as possible. Please tell me what to do so I can save his life. He has made so many mistakes. The system has also failed him. Instead of incarceration they should have entered him into rehabilitation. They are aware of his illness.

Sincerely, _____, A grieving mother.

After reading this letter a second time, I took it to the copy machine, made a copy and redacted the names. It is now taped to my wall next to letters from two governors appointing me to this position. This letter will stay up there as the real reminder of why I am here, in case I ever get too busy ... and start to forget.

I know you hear and see these genuine, gut-wrenching stories and desperate pleas. As we know, there are too many of these letters and pleas out there. And I know that is why you are here as well. As reflected in the draft of our new Central Office value statement, you truly "support the people who support the people." Thank you for what you do every day to improve the lives of individuals and families affected by mental illness, mental retardation, and substance disorders.

~James S. Reinhard, Commissioner, DMHMRSAS

Project Linus



On September 11, 2007, the Adolescent Unit in conjunction with the Project Linus Organization began distributing new, handmade blankets to the children in our school. Project Linus is a volunteer based, nonprofit organization that provides “security blankets” to seriously ill or traumatized children. Hopefully, every child will be able to receive a blanket upon admission. The children were thrilled with their soft and cheerful blankets.

If you or someone you know would like to donate material or your skills, please contact Teresa McNeil at extension # 333.

~Sherry Hinnant, Teacher, SWVMHI Education Program

Adolescent School Summer Enrichment Program

The Adolescent School's summer enrichment program, which ran through the month of August, focused on four areas: nutrition and wellness, critical thinking and problem solving, self-awareness, and service to others.

As always, we would like to thank our community volunteers who kindly shared their areas of expertise with our students: Melanie Smith (storytelling), Randy Roberts, Jeff Campbell, Greg Griffey (music), Richard Fanis, Rick Mitchell (Handicapped awareness), Anthony Ferguson (health and fitness), Dru Parks (cake decorating), Fred Hash (line dancing), Carla Jonas (language), B. B. Derian (manners), and Dave Dierks, WCYB TV meteorologist.

~Debra Kestner, Teacher, SWVMHI Education Program

Apples for the Students

Since 1990, Food City's Apples for the Students program has donated nearly \$11 million to participating schools. Schools participating in the program have received various instructional technologies including computers, printers, camcorders, TVs and DVD players. Over the years Apples for Students has been very beneficial to the education program at SWVMHI. Recently we received a DVD player, a DVD player/recorder, and an instructional timer for our participation in this program last year.

We would like to thank all the SWVMHI employees, families and friends that helped us by collecting Food City receipts in the past.

However, this year the Apples for the Students program is changing, and we still need your help and support. The program is moving from collecting receipts to an electronic system based on Food City's ValuCard. School supporters will register their schools onto their ValuCard at Food City and each time they shop at Food City our school will collect points.

The employees of the SWVMHI Education Program would like to ask all employees of SWVMHI that do not already have a school allegiance to please register our school on your ValuCard.

~Eddie Hinnant, Teacher, SWVMHI Education Program



CLASS ACT BALLOONS



Class Act Balloons, operated by the students in the adolescent school, has reopened for the year. Last year was a success! Because of everyone's support we were able to purchase a Wii for the combined use of the adolescent school and the adolescent unit. Thank you!

The balloon business is designed to teach business skills through hands-on experience. Our inventory includes a variety of mylar and latex balloons for all occasions.

To place an order, call Paige at extension 381 between the hours of 8:30 – 2:00 P.M., Monday through Friday. The following is a list of what is available with our competitive prices. Thank you for your continued support.

Class Act Balloons Price List

Bouquet with 1 Mylar and 5 Latex	\$5.50
Bouquet with 2 Mylar and 5 Latex	\$8.00
Single Mylar	\$3.00
Single Latex	\$0.65
Single Latex with writing or a Supergate	\$1.00
Bouquet with 10 Latex	\$5.50

Large Specialty Balloons

Fish	\$4.75
Butterfly	\$4.75
Frog	\$4.75
Sun	\$4.50
Lady Bug	\$5.00
SpongeBob	\$4.75
Dolphin	\$5.00
46 in. Birthday Balloon	\$5.50

COMING SOON!

Look for a balloon raffle in the staff cafeteria.

***This service is provided by the adolescent school for all Institute employees and is not intended for patient care areas.**

PERSONNEL CHANGES

Welcome to . . . **NEW EMPLOYEES**

Evelyn Candy Lampkins, LPN, (Hrly)	07/13/2007
Melissa P. Blevins, RN (Hrly)	07/25/2007
Stephanie L. Warren, Office Services Assistant (Hrly)	08/01/2007
Seth A. Payne, Food Service Technician (Hrly)	08/06/2007
Patricia A. Moore, Human Services Care Worker	08/10/2007
D. Brooke Patton, Office Services Assistant/Admissions (Hrly to Full Time)	08/10/2007
Christopher W. Shupe, Human Services Care Worker	08/10/2007
Tineke M. Snead, Human Services Care Worker	08/10/2007
Tina M. Brown, Human Services Care Worker	08/10/2007
Robin B. Greer, Food Service Technician (Hrly to Full Time)	08/10/2007
Pat B. Martin, RNCA (Hrly)	08/10/2007
Sarah W. Parris, Office Services Assistant/Nursing	08/13/2007
Mary L. Gross, Rehab Specialist	08/13/2007
Angela Brewer, RN	08/25/2007
Jennifer F. Blevins, Human Services Care Worker	09/10/2007
Jessica R. Bowman, Housekeeping Worker	09/10/2007
Linda S. Carroll, RN	09/10/2007
Amanda D. Compton, Human Services Care Worker	09/10/2007
Erik R. Johnson, Human Services Care Worker	09/10/2007
Jennie C. McAllister, Executive Secretary/Medical	09/10/2007
Lorraine B. Plummer, Human Services Care Worker	09/10/2007
Amanda J. Phipps, Executive Secretary/Nursing	09/18/2007
Kandace Miller-Phillips, Clinical Social Worker	09/25/2007
Katie E. Nault, Food Service Technician (Hrly)	10/01/2007

We are **PROMOTED** Congratulations!

Tamera J. Russell, Registered Nurse to RN Clinician A	08/10/2007
Edward E. Thomas, RNCA to RNCB/Head Nurse	08/10/2007
Belinda J. Mowl, RN to RNCA	09/10/2007

And we go Good luck to you . . . **SEPARATIONS**

Steven A. Applegate, Human Services Care Worker	08/03/2007
Betty H. McCready, Executive Secretary/Medical	08/07/2007
Leah J. Heldreth, RN	08/09/2007
Sue M. Akers, MH Unit Programs Director	08/24/2007
Marsha Estep, Office Services Assistant/Nursing	08/24/2007
S. Angeline Saferight, Clinical Social Worker	08/30/2007
Stephanie L. Hamm, RN	08/31/2007
Angela Brewer, RN	09/10/2007
Heather D. Trail, Recreation Therapist Sr.	09/11/2007
Rita F. Farmer, Executive Secretary/Nursing	09/25/2007
Teralyn A. Lomans, Food Service Technician (Remaining as Hrly)	09/25/2007
Darlene H. Hamm, Housekeeping Worker	09/25/2007

SWVMHI CENSUS

	Admissions	Discharges	Passes	Avg. Daily Census
2007				
July	93	90	15	156
August	124	120	16	164

DON'T LET GRAVITY BRING YOU DOWN: LADDER SAFETY

Squirrels gathering nuts, birds migrating south, and homeowners cleaning their yards and homes are all signs that autumn is here and winter is quickly approaching. Whether washing and installing storm windows, cutting branches on trees, or cleaning the gutters, one of the first tools that homeowners reach for every autumn is a ladder. That is why the American Academy of Orthopaedic Surgeons (AAOS) advises people to take proper safety precautions when using a ladder to reduce the chance of falling or having other ladder-related accidents.

While ladders aid in a number of household chores, ladder-related accidents are more common than one realizes. In 2004, more than 547,000 people were treated in hospital emergency rooms, doctors' offices, clinics and other medical settings because of injuries related to ladder use, according to the U.S. Consumer Product Safety Commission. Frequent injuries include cuts, bruises, and fractured bones.

"Knowing how to properly use and set-up a ladder can significantly reduce the possibility of being involved in a ladder-related accident, such as falling," explained Richard F. Kyle, MD, orthopaedic surgeon, and First Vice President of AAOS. "It is essential that ladders are placed on firm, level surfaces and that the weight the ladders support doesn't exceed the maximum load capacity." Staying safe on a ladder can be made easier if you follow these tips developed by the AAOS:

- Inspect the ladder. Check the ladder for any loose screws, hinges or rungs that might not have been fixed from its last use. Clean off any mud or liquids that might have accumulated on the ladder.
- Properly set-up the ladder. Every ladder should be placed on a firm, level surface. Never place a ladder on ground that is uneven and watch for soft, muddy spots. The same is true for uneven flooring. Remember to always engage the ladder locks or braces before climbing. If working outside, make sure the ladder (when extended) will not hit electrical wires, tree limbs or any other obstructions.
- Remember the one-to-four rule: the bottom of the ladder should be one foot away from the wall for every four feet that the ladder rises. For example, if the ladder touches the wall 16 feet above the ground, the base of the ladder should be four feet from the wall. If you are going to climb onto a roof, the ladder should extend at least three feet higher than the rooftop, and the upper and lower sections of an extension ladder should overlap to provide stability.
- Do not use a ladder as a seat between tasks. You might want to take a break from your chores, but never use a stepladder's top or pail shelf as a seat.
- Select the right ladder for the job. If you're washing windows inside the home, choose a step stool or utility ladder, which are often used when working at low or medium heights. Extension ladders are ideal for use outdoors to reach high places, like when cleaning the gutters on the rooftop. The weight the ladder is supporting should also never exceed its maximum load capacity.
- Move materials with caution when on the ladder. While cleaning the garage or closet, be careful when pushing or pulling items from shelves. It is easy to be thrown off-balance and fall.
- Always position the ladder close to the work. Over-reaching or leaning too far to one side can make you lose your balance and fall. Your bellybutton should not go beyond the sides of the ladder!
- Wear proper footwear. Make sure your shoelaces are tied and the soles of your shoes are free of any debris or greasy, oily or wet substances. Do not wear leather-soled shoes, as they are slippery! Pant legs shouldn't be too wide or too long.
- Be careful when climbing; get help if you need it. Be safe and ask someone to hold the ladder while you climb. Stay in the center of the ladder as you ascend, and always hold the side rails with both hands. Also, make sure that only one person climbs the ladder at a time.

~Article from the American Academy of Orthopaedic Surgeons
~Submitted by Nathan Shelton, Environmental Services Director,
on behalf of the SWVMHI Safety Committee

HUMAN RESOURCES

Updates

1. The state's health insurance prescription plan may cover up to 180-day supply of **Chantix** in a 365-day period at the applicable tier / co-payment.
2. Effective December 1, 2007, Aetna will no longer administer the state's **Long-term Care Coverage**. The Virginia Retirement System will assume responsibility for the Long-term Care benefit for *employees enrolled in the Virginia Sickness and Disability Program (VSDP)*. Also effective 12-1-07, the long-term care benefit will increase from \$75.00 to \$96.00. VSDP employees need do nothing for this transition to occur.
Note: employees not enrolled in the Virginia Sickness and Disability Program do not have this benefit, and therefore must assume individual long-term care coverage elsewhere.

~Annasue Cook, PHR, Human Resources Analyst

Reminders

- It is imperative that the Human Resources Office has the current phone number and mailing address of all employees and that any changes to either should be called in/sent to Human Resources immediately!
- Any staff member who has not received a new ID badge should go to Human Resources for a new photo and badge as soon as possible. And remember: Social Security numbers will not work while badging in/out any longer. Additionally, please do not put stickers, pins, or other obstruction over any identifying information, including your name, photo, or bar code. Questions can be directed to Cheryl Veselik at Extension 204.



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

Completers from July 1, 2007 through July 31 2007:

COMPLETED THROUGH DOCTORAL LEVEL 3 (Completed 119 Lessons)

Lois Bordwine	Karen Branson	Tina Frye
Christy Hall	Brenda Hancock	Sandra Herndon
Philda Holman	Jacqueline Hughes	Cynthia Osborne
Patsy Reedy	Glenda Woods	

COMPLETED THROUGH DOCTORAL LEVEL 2 (Completed 113 Lessons)

Denise Blevins	Jenny Johnson
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COMPLETED THROUGH DOCTORAL LEVEL 1 (Completed 103 Lessons)

Linda Aistrop

COMPLETED THROUGH MASTERS LEVEL 4 (Completed 92 Lessons)

Barbara McCready	David Woodrum	April Wyatt
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Completers from August 1, 2007 through August 31 2007:

COMPLETED THROUGH DOCTORAL LEVEL 3 (Completed 119 Lessons)

Shirley Chatham	Robin Coleman	Marilyn Fields
Dennis Hall	Patsy Hart	Cathy Huff
Judy Phillips	Ronald Powell	Lila Rutherford
Lynn Skidmore		

COMPLETED THROUGH DOCTORAL LEVEL 2 (Completed 113 Lessons)

Marcy Meadows	Gerry Moore
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COMPLETED THROUGH DOCTORAL LEVEL 1 (Completed 103 Lessons)

Buddy Heath	Josie Wade
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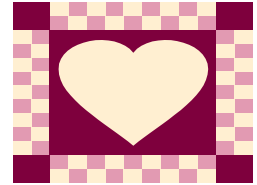
COMPLETED THROUGH MASTERS LEVEL 4 (Completed 92 Lessons)

Kenneth Blevins	Tamara Jenkins
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OCCUPATIONAL THERAPY COMMUNITY ROLES GROUP
THE QUILT CONNECTION SHOW
September 18, 2007

The Prologue: How we came up with the idea...

The Occupational Therapy Community Roles group offers opportunities to reactivate life roles that are often interrupted by the process of an inpatient stay. Volunteer Caregiver, Worker, Club Member, Student, Friend, and Community member – all these roles contribute to our sense of achievement, fulfillment, and purpose. They make us feel connected and useful. They make us feel part of a larger whole.



Our group functions collaboratively. Projects and endeavors are chosen democratically after a great deal of brainstorming and discussion. Networking with other members of our hospital community to complete our chosen projects is essential, as it is in any community. Seeking feedback from and responding to the needs of our community shape the direction in which we move.

Past projects have ultimately led us to where we are today. We began by offering our support and service to other Rehab groups. We quickly became popular. We made and posted advertisement banners for craft sales. We made and posted flyers. We made price tags. We volunteered to help set up for sales and special events.

Next, we expanded our focus past the Rehab Department at Holiday time. We decided to give back to a larger portion of our community by recognizing the ERS and Rehab staff's daily efforts with decorated fruit boxes – an idea contributed by a member's previous sheltered workshop experience. We were asked to help out with the Christmas stocking project and baked cookies for the entire hospital. It was nice to feel connected to staff and patients throughout the whole hospital.

At the Quilt Connection Show on Family Day, everyone finally had the opportunity to see the results of our most challenging and rewarding project yet. We recognized several wants and needs simultaneously, and we believed that all the following objectives could be met:

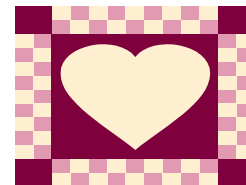
- ◆ We wanted to get to know and work with other folks from different staff and patient areas.
- ◆ We wanted to complete a project that had a lasting benefit for our hospital community (cookies and price tags disappear).
- ◆ We wanted to spruce up the environment for our visitors and ourselves.
- ◆ We wanted to help others feel connected.

Continued on Page 14

The Quilt Connection Show – Continued from Page 13

The Process: How we got started ...

- ◆ We collected materials and completed a prototype Quilt Block – not as easy as you might think.
- ◆ We made all the mistakes, some of them twice, and then we worked out the best solutions. We became expert brain stormers and problem solvers.
- ◆ We talked with the professionals about safety standards and the feasibility of expanding the project.
- ◆ Finally, we made a presentation to the key people in our community – to get them involved, excited, and willing to support our effort.



The Procedure: Getting others involved...

We sent out a call for volunteers interested in helping with the Quilt Connection project. We then collected applications with explanations of the project. Our purchased materials were only going to be enough to complete eight 4' x 4' boards in the first phase of our project. We received more applications than we could accept, so we decided to work with people on a first come first served basis.

Each group had a mentor from our OT group. The mentor would teach the group the crafting process and provide materials and support whenever needed. Some mentors had an easy time, some had more challenging groups that changed their minds frequently or had difficulty finishing their Quilt Block. However, in the end, all 8 groups were successful and finished their Blocks.

The Result: Nine finished Quilt Blocks and countless connections with people from all over the hospital community...

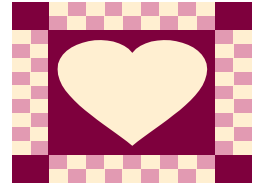
We now have nine beautiful Appalachian Quilt Blocks to decorate and enhance the environment of our hospital. But more importantly, we have made connections with people from the 2nd floor of the Henderson Building in the Human Resource Department to the Carpenters in the Maintenance Shop to the Food Services staff in the kitchen to the Infirmary staff and many others in between.

- ◆ Staff and consumers have worked side by side in a common effort.
- ◆ Staff and patients have made networking connections that did not exist before working on this project.
- ◆ We have Appalachian artwork to beautify our hospital for everyone.
- ◆ We feel connected.
- ◆ We feel like a community.
- ◆ *Our goals have been met!*

Continued on Page 15

The Quilt Connection Show – Continued from Page 14

The Epilogue: The winner is...



We were thrilled to have over 93 people sign our guest book at the Quilt Connection Show on Family Day! Many were surprised when they saw the Quilts on display together –it was truly a wonderful sight. They commented on the beautiful colors and familiar Appalachian patterns. They were amazed to learn that our very own Carpenter shop crafted all the framing and easels from mostly leftover scraps from other hospital work projects. They had difficulty voting for just one favorite quilt in the “People’s Choice” election. They asked if the quilts were going to be for sale or if we’d consider taking custom orders. One visitor suggested using photos of the finished quilts and printing artwork note cards.

Yes, we definitely received a positive reaction to the project that took us 15 months to complete. And now, the answer to the question that many have been asking...

“WHICH QUILT WON THE PEOPLE’S CHOICE AWARD?”

1st place (winning by a margin of one vote) – VIRGINIA STAR – OT Community Roles Group

2nd place – CATHEDRAL WINDOW – Infirmary – led by Janie Atwell

3rd place tie - DRESDEN PLATE – Ward G – led by Lyn Henderson

3rd place tie - BASKET – Ward J – led by Shirley Bise

The other beautiful entries were:

FAN – Adolescent Unit – led by Joyce Lamie and Donna Johnson, RT

LOG CABIN – Admission Unit – led by Sandy Guthrie, OTR

GRANDMOTHER’S FLOWER GARDEN – ERS Unit – led by Bonnie Jesse

ROAD TO CALIFORNIA – Geriatric Unit – led by Virginia Parsons

CHURN DASH – Human Resources – led by Cheryl Veselik

***Watch the hallways for the coming installation
of the Quilt Blocks and enjoy!!!!***

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

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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.

REMAINING 2007 SWVMHI NEWSLETTER SCHEDULE	
Deadline for Submission of Articles	Date of Publication/Distribution
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.	

Instead of the usual Library article, Ann Mathews, Librarian, has requested that the Library's annual survey form be attached with the newsletter. Survey and instructions are below:

SWVHMI (Staff - Professional) Health Sciences Library Information Needs Assessment

Please indicate your answer with an "x", or checkmark, before the answer(s) that you have selected. There are also copies of the survey available in the library. If you are completing this survey on line, it is best to print it out and mark the boxes by hand. You may return the survey in person, by in-house mail to the library, or put it in the book return box. Thank you.

1. **What resources do you use** for gathering health/clinical/ treatment/general/subject based information that you need for your work or study? (NOT records or departmental statistic facts like AVATAR, FMS or others)

- SWVMHI Library
- Other libraries or information services
Please list _____
- Internet: favorite clinical web sites _____
- _____
- Training Department
- HIMS Department
- Confer with colleagues
- Other _____

2. **Other electronic databases**

Do you subscribe (\$\$\$)to any on-line/electronic databases such as.PsychInfo, PDR, Medscape, administrative, nursing? If so, please list _____

What databases does SWVMHI, DMHMRSAS, or your professional organization provide for you?

3. In what **format** is information most useful to you?

- Books
- Computer network, web based info.
- Journals
- Audio CDs/tapes
- DVD/Video tapes
- Educational software - CDs/CAIs
- Pamphlets

4. **Which services** are useful to you?

- Library holdings, materials
- Self conducted literature searches
- Librarian conducted literature searches
- Table of contents service
- Interlibrary Loan (ILL)Service
- Other _____

Library Survey – Continued

5. What do you consider to be the **greatest obstacles** to obtaining the information you need when you need it?

I do not have the electronic connections that I need,

or the connect time to use them.

Reference materials I need are not available on the unit.

I do not know what resources the library has.

Hospital library staff is unavailable when needed.

Hospital library does not provide needed resources.

I am **in**experienced with using available resources.

The resources I need are: _____

 Other, please explain _____

6. Which of the following best describes your field of work?

Administration/Management

Physician

Nursing

Clinical

Non-clinical employee

Other

7. How long have you been employed at SWVMHI?

Less than one year

One to three years

Three to five years

Five to ten years

More than ten years

8. Please indicate if you would like additional training in using search engines and/or the Internet.

Many thanks for taking the time to fill out **and for returning** this survey. We are grateful for your help, and hope to make your SWVMHI Library services more useful for you.

You may return the survey in person, by in-house mail to the library, or put it in the book return box when you're walking by.

Thanks again.

~Ann Mathews, Librarian