

# THE SWVMHI NEWS

Southwestern Virginia Mental Health Institute

Volume XXX No. 5

~Health ~Healing ~Hope

August 1, 2008

*Our Mission: We promote mental health in Southwestern Virginia by assisting people in their recovery.*

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## FROM THE DIRECTOR:

Commissioner and Deputy Commissioner Visit Region. On Tuesday, July 29, 2008, Dr. Reinhard and Ray Ratke hosted a meeting of the region’s mental health leaders at SWVMHI. Present were Dr. Jim Evans, via telephone, and Executive Directors and Mental Health/Clinical Directors of SWVMHI and the six primary Community Services Boards (CSBs) in our catchment area. A variety of data were reviewed regarding utilization of the Institute’s beds; this detailed information will be shared with staff at unit meetings and via the SWVMHI Intranet. Some highlights of the meeting revealed that while admissions to SWVMHI dropped from a high of 1,390 in Fiscal Year (FY) 2006 to “only” 1,281 in FY 2008, the number of bed days (a reflection of occupancy rate) continues to rise. Those present reflected on factors unique to the region which influence the high utilization of CSB and Institute resources. These include high poverty and disability rate, lack of private inpatient and outpatient providers, and high rates of substance use.

The CSBs reported that they divert at least 75% of the individuals they see face-to-face for a preadmission screening. That means that **for every four persons seen by a prescreener, less than one ends up here**. We also learned that it seems as if, compared to the rest of the Commonwealth, the region is incredibly responsive to local emergency rooms. We wondered aloud if that is one of the reasons why relatively few of the SWVMHI admissions and bed days are taken up by persons with legal charges (less than 10% for the latter, much less than other state facilities). It may be that, due to the consultation and assessment provided by our community partners, there is less pressure to file relatively minor charges against a person who is obviously acutely mentally ill. Interesting food for further study.

Planning for Leadership Consultation. SWVMHI is receiving the support of Dr. Reinhard and Central Office in preparing a proposal for leadership consultation services. Due to the difficult budget situation in the Commonwealth, this proposal must be approved by the Department of Mental Health, Mental Retardation and Substance Abuse Services, the Secretary of Health and Human Services, and the Department of Planning and Budget prior to being sent out for bids, but we are very optimistic that it will be approved. We see this as an opportunity for organizational improvement with a focus in the areas of communication and conflict resolution. The consultation firm which is ultimately chosen should have the ability to assess our existing strategic planning and HPO efforts, current work processes, and build on the strengths of the organization and the improvement work that has already begun/occurred. And because the SWVMHI leadership philosophy already builds upon the concept that “All Hands” (that is, all staff) can and should be leaders, we anticipate that a variety of leaders will be included in the process.

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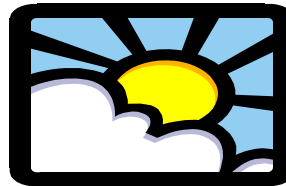
Thanks to all SWVMHI staff. Many SWVMHI staff are working very diligently to assure that the individuals we serve experience an excellent treatment and recovery environment. Thanks to those many staff who help to orient the new physicians, and to those physicians who have stepped up to assist in the provision of coverage above and beyond your usual duties. Thanks to those who are working so hard to assure psychiatry coverage for the short-term and to implement a comprehensive physician recruitment strategy for the long-term. For example, did you know that SWVMHI has mailed out more than 15,00 recruitment letters to psychiatrists in five states? Lastly, thanks to the hundreds of staff who have continued to assure that the daily work goes on, and who have continued to give thanks for the positive opportunities that await us. You have wings in heaven.

~ Cynthia L. McClaskey, Ph.D.

SWVMHI Leadership Philosophy. The SWVMHI leadership philosophy promotes creativity, teamwork, and shared leadership by expecting all employees to learn, live and lead the Values. We believe leadership can and should be demonstrated by all staff in their individual and collective roles. This leadership philosophy enables SWVMHI to fulfill its Mission of assisting people in their Recovery.

## Chaplain's Corner

### Everything I Needed



I asked for strength and  
God gave me difficulties to make me  
strong.

I asked for patience and  
God placed me in situations where I was  
forced to wait.

I asked for wisdom and  
God gave me problems to solve.

I asked for love and  
God gave me troubled people to help.

I asked for prosperity and  
God gave me brawn and brains to work.

I asked for favors and  
God gave me opportunities.

I asked for courage and  
God gave me dangers to overcome.

I received nothing I wanted.  
I received everything I needed.

My prayers have all been answered.

~Author unknown

## FROM THE SWVMHI LIBRARY

**“Illness is not something a person has. It’s another way of being.”**  
~Jonathan Miller, *The Body in Question*

No matter who we are or where we are on life’s journey, the search for meaning is a human experience we all share. In a world that often seems too chaotic, cruel, and out of control, we need something in which to believe. I suggest this search for meaning to be at the core of spirituality, and for some of us this search leads to religion. Religion provides a systematic way to organize our beliefs and build a framework of meaning and devotion.

On the other hand, we often find that our religious beliefs cannot withstand the unexpected realities of our lived experiences. One of these unexpected, yet not unusual realities is illness. A religious framework of meaning and devotion can suddenly crumble upon the realization of personal or familial affliction. Questions begin and long-held beliefs are replaced with raw ambiguity. As one diagnosed with chronic fatigue syndrome, Judith Zaruches explains it this way: “The destination and map I had used to navigate before were no longer useful.”

That quote is taken from Arthur Frank’s, *The Wounded Storyteller*, in which he reminds us that persons living with illness are still the authors of their own stories, even when their stories trump the stories assigned to them by health care systems and organized religious systems. In other words, illness does not revoke our right to chart our own maps and destinations or find our own meaning.

The past six years with the people at SWVMHI now make up a pivotal chapter in the story of my life. Words cannot express my gratitude to the many patients and staff who will continue to enrich my life with meaning on so many levels. I will leave SWVMHI a different person than when I arrived, largely because of the uniquely diverse people with whom I have had the privilege to interact. And I will leave with this nugget of wisdom given to me by the people we serve: It is important to preserve one’s own integrity and fidelity to lived human experience even when that means risking the collapse of one’s long-time framework of meaning and devotion.

Your library shelves, of course, will not be leaving. They will continue to stand tall with information, including resources to assist you and those we serve in finding the balance that will make for healthy, healing and hopeful meaning, mapping and destination planning. Just to name a few (they are listed in no specific order!):

- *Encountering the Sacred in Psychotherapy: How to Talk to People About Their Spiritual Lives*  
by James & Melissa Griffith (WM420G75 2002)
- *The Religious Care of the Psychiatric Patient*  
by Wayne E. Oates (WM61O1 1978)
- *Spirituality and Mental Health: Clinical Applications*  
by Gary W. Hartz (WM61H338 2005)
- *Psychiatry and Religion: The Convergence of Mind and Spirit*  
edited by James K. Boehnlein (WM61P9735 2000)
- *Integrating Spirituality Into Treatment*  
edited by William R. Miller (WM61R46I56 1999)



**Continued on Page 4**

**Library – Continued from Page 3**

- *Minding the Soul: Pastoral Counseling as Remembering*  
by James B. Ashbrook (BV4012.2A83 1996)
- *Assessing Spiritual Needs: A Guide for Caregivers*  
by George Fitchett (BV4012F58 1993)
- *Spiritually Integrated Psychotherapy: Understanding and Addressing the Sacred*  
by Kenneth I. Pargament (WM420P229 2007)
- *The Doubting Disease: Help for Scrupulosity and Religious Compulsions*  
by Joseph W. Ciarrocchi (BV4012.2C5178 1995)
- *The Journal of Pastoral Care and Counseling*
- *Psychiatric Rehabilitation Journal*, Vol. 30, No. 4, Spring 2007. Special Issue on Spirituality and Recovery.



There are many online resources as well. A few are:

- The Joint Commission Spiritual Assessment: [www.jointcommission.org](http://www.jointcommission.org). In the search box type, “spiritual assessment.”
- NAMI FaithNet: <http://faithnet.nami.org>.
- Pathways to Promise Ministry and Mental Illness: [www.pathways2promise.org](http://www.pathways2promise.org).
- The Association for Clinical Pastoral Education (ACPE): [www.acpe.edu](http://www.acpe.edu).
- Center for Spirituality, Theology and Health at Duke University: [www.dukespiritualityandhealth.org](http://www.dukespiritualityandhealth.org).

Thanks to those who have donated meaningful material to the library. Known donors this time are: Robyn Anderson, Norma Brickey, Sheila Buchanan, Lesu Cole, Gaynelle Davis, Denise Deel, Mary Dotson, Dianne Fannin, Betty Gilley, Melinda Haynes, Ashley King, Cynthia McClaskey, Doreen Nally, Tammy Olinger, Cheryl Rhey, Lynn Robinson, Jennifer Snow, Linda Sturgill, Stephen Wiley, and Nancy Wood.  
Blessings,

Greg Griffey, Program Support Technician, Library

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## EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

If you are not already enrolled in Direct Deposit, you may visit [www.doa.virginia.gov](http://www.doa.virginia.gov), and select DOA Forms to access the Employee Direct Deposit Authorization.

### Direct Deposit—

- **Increases security and control** because the information and funds pass through fewer hands with less chance to be compromised or lost.
- **Ensures that funds are deposited** even when employees are not in the office on payday, maximizing employee funds access and interest earnings.

### Payline – <http://payline.doa.virginia.gov>

- **Allows convenient, secure, and repeat access to printable personal payroll data (including an electronic pay-stub)** from anywhere with Internet access, whether at work, home, or the local library.
- Allows early access to pay information, 3 – 4 days before payday and receipt of centrally printed paper Earnings Notices.

# Comments & Misc. . .

To All Employees at SWVMHI:

We wish to thank everyone for your cards, phone calls, visits, prayers, and gifts following the death of my wife, Janice. Your expressions of concern have meant so much to us during this difficult time.

~Donnie Pennington & daughters,  
Ashley, Misty, and Kristy.

*Thanks!*

I want to thank everyone for the wonderful retirement reception. I know a lot of time and effort were put into it. I also want to thank you for the gift of money. It was used to help fund some of the hobbies I really enjoy . . . golfing, fishing, etc.

Last but not least, I would like to say that, throughout my years at SWVMHI, I came to know many people in different departments that I have the privilege to call "friends." Thanks for the friendship!

I am greatly enjoying retirement and look back with many fond memories.

Again, thanks –

~Bill Farmer

## Donation to "The Elderberry Room"

Geriatrics is working on their sensory/comfort room which will be called "The Elderberry Room." It is a work in progress. Susan Hamm, dayshift head nurse, received a monetary gift of \$200 from her Church, Rowland Creek Church of the Brethren, to go toward the comfort room. This was a very generous donation. We appreciate Susan's contribution toward the recovery of the Geriatric Unit population. Thanks, Susan!

~Ellen Tilson, R.N., Unit Nurse Coordinator

## DR. JEFFREY GORDON CERTIFICATION IN ADDICTION PSYCHIATRY

The American Board of Psychiatry and Neurology, Inc., is pleased to announce that Dr. Jeffrey Gordon has passed the examination for certification in the subspecialty of Addiction Psychiatry held May 19–23, 2008. As a diplomate, the Board encourages Dr. Gordon to include a statement on his stationery and printed material stating "a diplomate of the American Board of Psychiatry and Neurology, Inc., a member Board of the American Board of Medical Specialties."

~Larry R. Faulkner, M.D.

Executive Vice President

American Board of Psychiatry and Neurology, Inc.  
A Member Board of the American Board of Medical Specialties (ABMS)



Do you want to save money, meet new people or do your part to protect our environment?



**Join the Ride Share Program TODAY!**

Call Amanda Phipps at x360 if you wish to join. You may leave a message but please be sure to include your name, town that you live in, shift and extension number.

**Check out the "Match Maker" program as well as Ride Share facts on the SWVMHI intranet site!**



## A SALUTE TO SWVMHI’s CPR INSTRUCTORS

Avery Blevins, Robert Farmer, Susan Hamm,  
Sheila Heldreth, James Lundy, Merle Obregon,  
Betsy Perkins, Doug Smith, Ed Thomas

What is a CPR instructor? A CPR instructor is a volunteer that cares about saving lives. He or she studies, practices, and teaches life-sustaining techniques often for little or no monetary compensation but does, however, receive the invaluable reward of knowing that the knowledge they impart may prolong the life of someone’s mother, brother, child, or co-worker, etc. – a very important role in light of the fact that approximately 166,000 lives are claimed each year due to sudden cardiac arrest (AHA 2008). Effective bystander CPR, provided immediately after a sudden cardiac arrest, can double or even triple a victim's chance of survival: Today, please join me in saluting SWVMHI’s CPR instructors as we offer our heart-felt gratitude for their many sacrifices.

~Debbie Pringle, RN, Training Coordinator



## HUMAN RESOURCES MUST HAVE COMPLETE 9-DIGIT ZIP CODES FOR EMPLOYEES’ MAILING ADDRESSES

In order to maintain various personnel databases for salary, benefits, and leave accrual information Human Resources must input the last four digits of the zip code. The Human Resources Department has this information for current employees; however, any employee who has an address change should contact the Human Resources Department. The databases will not accept transactions without the 9-digit number. If the Human Resource office fails to receive the last four digits, it must take time to access the United States Postal Service website to obtain the last four digits. Regretfully, the website does not always reflect this number. Therefore, Human Resources cannot key the entry to the database(s) unless the employee provides the 9-digit number. In the interim, the databases display an inaccurate address for the employee and negatively impacts benefits and payroll information.

Employees can obtain the nine digit zip code by calling their post office or by going online to [www.usps.gov](http://www.usps.gov). When accessing the website, the employee clicks on “find a zip code” tab and enters the known address. Thereafter, the website will generate the complete mailing address including the nine digit zip code. As written above, occasionally the US Postal Service website will not reflect an address. This is usually true when the home is newly built or the address newly established. In such cases, the employee must call the local post office to learn the last four digits of the zip code.

~Annasue Cook, PHR



## COMMONHEALTH SUCCESS STORY

Ron Adkins, who works in the Maintenance Department at SWVMHI, reported a major success at a recent Health Check. He reported that the CommonHealth program motivated him to make substantial changes in his lifestyle when he discovered he was at a high risk of having a heart attack because his cholesterol and blood pressure were dangerously high. He was put on medication for those problems as well as for elevated blood sugar levels. He started a year ago when he decided to cut out fast foods, and added more salads, fruits, and vegetables to his diet. In addition, he began walking on a treadmill, at first 5 minutes a day, and gradually worked up to 30 minutes every other day. He has lost 70+ pounds, and, as a result, he feels much better and can move with more agility, which he finds helpful in his job. In addition, his cholesterol has dropped 250 points, and his doctor has decreased his blood pressure and diabetes medicine. Ron is proud of his success, adding, “It wasn’t really that hard. It was an attitude thing. . . just making my mind up to do it, and sticking with it!”

For more information on CommonHealth visit [www.commonhealth.virginia.gov](http://www.commonhealth.virginia.gov)

~Cindy Jones, R.N., Infection Control/Employee Health Coordinator



## Break the Link!

**Please, chain mail is not appropriate at the workplace.**

Some employees have indicated they do not appreciate receiving chain mail on their work computers. Chain mail should not be sent. Some people you think may appreciate the mail actually do not, but are reluctant to tell you. Even if the messages are funny, friendly, or supportive, they take up space and require time to read/delete.

Per Departmental Instruction 1002(PHI)06, IT Security Standards, all authorized users shall:

- Be responsible for understanding and complying with the security policies, procedures, and laws related to conditions of use authorizing access to the Department's systems and data;
- Not subvert or attempt to subvert security measures

Per Department of Human Resource Management Policy No. 1.75, Use of the Internet and Electronic Communications Systems, "The conduct of computer users who access the Internet or send e-mail containing an agency's domain address may be perceived as reflecting on the character and professionalism of the agency. When engaging in such conduct, whether for personal or official purposes, employees are expected to do so in a responsible and professional manner. All users are responsible for exercising appropriate care to protect the agency's computer systems against the introduction of viruses.

When using the Commonwealth's Internet access or electronic communications, equipment and capability, individuals must:

- use the Internet or electronic communication systems only in accordance with State and agency policy;
- maintain the conditions of security (including safeguarding of passwords) under which they are granted access to such systems;
- check with appropriate agency staff prior to downloading or accessing a file or document if the source of the file or other circumstances raises doubts about its safety.

Violations of this policy must be addressed under Policy 1.60, Standards of Conduct Policy.



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

### **Completers from March 1, 2008, through April 30, 2008**

- **COMPLETED THROUGH DOCTORAL LEVEL 4 (Completed 124 Lessons)**  

Lenny Arnold	Janie Atwell	Charlotte Ball	Christy Barbrow
Jennifer Blevins	Rozanna Blizzard	Karen Graham	Tina Hayden
Wanda Hounshell	Vicky Keen	Jasper Lee	Beth Lykins
Janice Morris	Judy Phillips		
- **COMPLETED THROUGH DOCTORAL LEVEL 3 (Completed 119 Lessons)**  
 Cynthia McCoy
- **COMPLETED THROUGH DOCTORAL LEVEL 1 (Completed 103 Lessons)**  
 Jayne Barker
- **COMPLETED THROUGH MASTERS LEVEL 4 (Completed 92 Lessons)**  

Angie Anderson	Amanda Brooks	Bridgett Ford	James Kegley
Amy McMillian	Erin Powers	Darlene Rouse	Roy Tilson

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### Completers from May 1, 2008, through June 30, 2008

- **COMPLETED THROUGH DOCTORAL LEVEL 5 (Completed 129 Lessons)**

Linda Aistrop	Dean Anderson	Peggy Armstrong	Christy Barbrow
Shirley A. Bise	Avery Blevins	Jennifer Blevins	Kenneth Blevins
Teresa Blevins	Rozanna Blizzard	Lois Bordwine	Karen Branson
Terri Buchanan	Margaret Call	Bobbie Clark	Kenneth Clark
Michelle Clatterbuck	Robin Coleman	James Colgate	Rhonda Cress
Trish Daugherty	Robert Farmer	Marilyn Fields	Tina Goodman
Dolores Greer	Judy Grimsley	Jason Gullion	Christine Hall
Dennis Hall	Amanda Hamm	Sandra Hamm	Judith Harris
Patsy Hart	Jack Hawk	Angela Hayden	Eugene Hayden
Tina Hayden	Rita Heath	Amelia Henderson	Sandra Herndon
Katherine Hogston	Philda Holman	Kathy Huff	Jackie Hughes
Donna Jackson	Donna Kearney	James Kegley	Herman Kirk
Jasper Lee	Susana Lefler	Pamelia Martin	Pamela McGrady
Paula Myers	Cindy Osborne	Martha Parlier	Virginia Parsons
Judy Phillips	Lorraine Plummer	Patsy Reedy	Sue Roberts
Bonnie Sexton	Juanita Skidmore	Cheryl Smith	Pamela St. John
Cliff Stamper	Connie Surber	Julia Tate	Allen Tolbert
Leslie Warden	Liddie White		

A total of 70 staff completed the new module released at the end of May. CONGRATULATIONS!

Presently no new modules have been released, but as soon as the next module becomes available, Sharon Bullins, Training Department Administrative Assistant, will make an announcement via the intranet.

- **COMPLETED THROUGH DOCTORAL LEVEL 4 (Completed 124 Lessons)**  
Angie Anderson                  Connie Cook
- **COMPLETED THROUGH DOCTORAL LEVEL 2 (Completed 113 Lessons)**  
Jennifer Snow
- **COMPLETED THROUGH DOCTORAL LEVEL 1 (Completed 103 Lessons)**  
Danielle Barker
- **COMPLETED THROUGH MASTERS LEVEL 4 (Completed 92 Lessons)**  
Shawn Chapman                  Teresa Poe                  Thomas Terry                  Carrie Watson



## **SWVMHI ANNUAL FAMILY AND FRIENDS DAY**

**THURSDAY, OCTOBER 2, 2008: 9:30 A.M. – 2:00 P.M.**



This year's **Annual Family & Friends Day** will fall on Thursday, October 2, from 9:30 A.M. - 2:00 P.M. at the SWVMHI picnic shelter. The theme is "What A Difference A Community Makes." Janssen Pharmaceuticals will be sponsoring a one-hour presentation entitled "Choices in Recovery," which will be presented by Dr. Robert Gardella, a Forensic psychiatrist at Western State Hospital. The presentation is about Schizophrenia and is very recovery-focused. Various aspects of treatment, such as developing a treatment plan/goals, tips for reaching recovery, and the importance of medications, as well as advocacy and support groups, will be discussed.

In keeping with the theme of "What A Difference A Community Makes," we want to have Appalachian culture represented at Family Day. This would include displaying arts/crafts that patients have made, staff and families bringing in cultural heirlooms that represent Appalachian culture (quilts for example), having a bluegrass or old-time mountain band play, etc. Wishes families, patients, and staff have regarding how items are displayed will be honored. Glass display cases can be used, and the option of displaying items on tables at the picnic shelter or Rehab. Building will be available.

Janssen will be making arrangements to have Kathy's Kustom Katering in Cedar Bluff, Virginia, prepare the food (this will likely consist of two meats, vegetables, rolls, a dessert, salad, and drinks in a buffet style). We will also have home-style biscuits and apple butter at the event. As with serving of food at the picnic shelter for all events, Sharon Neitch will coordinate special diet needs.

As we have done in the past, we will also have on hand some of the Animal Assisted Therapy dogs, Ashley King's horse (Spaghetti), and potentially some baby goats! For the Appalachian Cultural Awareness and Appreciation, which we've put on the agenda as 1:00 - 2:00 P.M., we have the open area of the picnic shelter as well as the Rehab. Building reserved to display various arts/heirlooms representing Appalachian culture. We will also encourage patients, staff, and visitors who are willing to share short stories about growing up in Appalachia--we can do this during the 1:00-2:00 P.M. time.

Please be thinking of any items that represent Appalachian Culture you would like to bring in and contact Anthony Gage, Community Services Director. More information to come!

In the event of inclement weather, we will look at moving the event to the Auditorium and Rehab Building. Below is a preliminary agenda for Family & Friends Day, October 2:

### **Southwestern Virginia Mental Health Institute What A Difference A Community Makes! Family & Friends Day 2008 Agenda October 2, 2008: 9:30 A.M. – 2:00 P.M.**

- 8:30-9:30 A.M.** - Registration at Front Desk of Bagley Building
  - 9:30-10:00 A.M.** - Introduction/Welcome to Family Day, Dr. Cynthia McClaskey
  - 10:00-10:15 A.M.** - "What does recovery mean to me?"
  - 10:15-11:15 A.M.** - Choices in Recovery Program on Schizophrenia,  
Dr. Robert Gardella, Psychiatrist, Western State Hospital
  - 11:15-12:00 P.M.** - Bluegrass Band (TBA)
  - 12:00-1:00 P.M.** - Lunch
  - 1:00-2:00 P.M.** - Appalachian Cultural Awareness & Appreciation
  - 2:00 P.M.** - Epilogue: Thank You for Coming!
- ~Anthony Gage, Community Services Director

## Adolescent Unit News

The Adolescent Unit is proud to announce that a Comfort Room has been developed on the unit. This is the first Comfort Room to be developed on any patient care area at the facility thus far.

The Comfort Room is one component of the unit's overall plan to move toward helping the adolescents that we serve to self modulate in giving them the opportunity to move toward more internal control vs. external control.

What is a Comfort Room? This is a room that is used as a sanctuary or a room used for quiet time to reduce stress or to promote relaxation. It is physically comfortable and aesthetically pleasing. The utilization of this room is voluntary. A staff member may be present in the Comfort Room if the individual desires. In order to measure satisfaction from the adolescents who use the room, a sign-in book will be provided so they can record their length of stay and comment on how they used the room and what they found helpful. It is important to clarify that the comfort room is not an alternative to seclusion or restraint; it is a preventive tool that may help reduce the need for seclusion and restraint.

The adolescents were involved in the planning stages of this project. They chose the wall colors and the items that would be in the room. They have essentially created the room themselves. Also a contest is being planned so that the adolescents can decide on a name for this room.

Once the room is in use, the unit also plans to incorporate other alternative healing approaches, such as yoga classes, journal keeping, and involving the adolescents in maintaining the room; for example, they will be involved in caring for the fish and the plants in the room.

Because this is a new initiative, the unit has been doing some training regarding the Comfort Room to ensure that the room is properly used and maintained. The adolescents will also receive education regarding the room and the guidelines for its use. Training updates will also be provided.

On July 16, 2008, all staff were invited to an Open House on the Adolescent Unit to introduce the Comfort Room to all staff at the facility. We do appreciate everyone who took the time to come over to look at the room and to talk with staff about it. If you missed the Open House, please feel free to stop by anytime to look at the room.

I do appreciate all the help that we have received to make this room possible for us. I would like to thank the Children of the Commonwealth of Virginia Benevolence Fund, the school staff, the Building and Grounds staff, and all of the unit staff who helped with this room. We do look forward to using this room so that we can better intervene with the children that we serve.

~Angela Routh RNC BSN,  
Adolescent Unit Nurse Coordinator



## Nurse Forum Notes Evening Shift, July 10, 2008

Twenty-nine members of the nursing staff attended evening shift Nurse Forums on Thursday evening, July 10, for an informal discussion of various issues with Alicia Alvarado, Chief Nurse Executive. There were no employee questions or comments recently in the box outside the CNE office. The following is a summary of items discussed at one or the other meeting, with some follow-up as indicated.

**The reasons for the temporary empty Adolescent Unit were briefly referenced**, although most staff members were aware that the recent absence of physician coverage was a factor, along with the fact that usually during the summer referrals slow down. Perhaps the new adolescent program that recently opened in Roanoke may also have an impact on referrals, but the expectation is that the census will build back up. In the meantime, we appreciate the contribution the adolescent staff are making while reassigned to other units. After the first Forum meeting, several adolescent staff members showed others the renovated “Comfort Room” that is almost completed on the unit.

**Progress/information on other units’ comfort rooms, sensory rooms, and more relaxing bedroom/alcove areas was shared.** Every unit has some projects underway which use both staff talent and patient involvement toward improving the environments to be more recovery oriented and to offer a wider approach of therapeutic sensory options to patients. It is a goal that these modalities help manage negative behaviors effectively before they become aggressive to self or others.

Follow-up Information: On Tuesday, July 15, the Recreation Therapy staff will present half hour sessions in the Sensory Room off the “L” hallway from 9:30 a.m. to 11:30 a.m. and from 1:30 p.m. to 4:30 p.m. for staff to learn more about sensory connection with patients. Sessions for night shift are being planned probably for next week. On Wednesday, July 16, the Adolescent Unit will host an open house for its Comfort Room for any staff to come by and discuss the preparation for its use.

Handouts were distributed for the facility **Ride Share Match Making and Employee Recognition programs**. Also, an article on “**Persuasion or Manipulation**” regarding using principles of social psychology to enhance patient participation was shared and discussed in reference to mental health recovery interactions with patients. There are many ways staff can use themselves or the social setting to help persuade patients toward involvement in goal achievement. At the second Forum, there was opportunity to apply some of these ideas to processing a recent “real life” situation.

**Conservation of energy**, especially in regard to electricity and lights that are left on in vacated rooms, was brought up. Often there are many windows in offices and even empty buildings that are lit up at night although no one is working in them. While there have been periodic efforts to heighten awareness to turning off lights when leaving rooms, the impact doesn’t last.

Follow up: This will be passed on to the Waste Minimization Committee and also to the Director for Physical Plant Services, Don Chisler. In the meantime, Alicia will ask the Nurse Managers to help reinforce that nursing staff turn lights off when not in use.

**Patient Cemetery** – There was a question about the lack of increase for the cemetery fund, and that the amount has stayed static for quite some time. While this was originally a project for Nursing Week a couple of years ago, it led to an ongoing interest in letting people know about the cemetery and helping to fix it up. Most of the goals set by the committee that don’t cost a huge amount of money have been accomplished. Some staff members expressed an interest in going on a tour as they have never been. This also led into a discussion about the last time a patient was buried there.

**Continued on Page 12**

## **Nursing Forum Notes – Continued from Page 11**

Follow up: There is a small committee that has recently updated the brochure about the patient cemetery and that will be scheduling some tours in the future. The last patient to be buried there was WB from ERS several years ago. No geriatric patient has been buried in the SWVMHI patient cemetery for many years. When a patient does pass away, whether or not the patient is buried here, arrangements are made for a memorial service (usually in the auditorium and led by clergy staff) for staff members, peer patients, and surviving family members to attend. These are usually held on the day shift, so evening shift staff may not be aware of them. More effort will be made as possible to ensure staff are informed so they can participate if desired.

**Medication Administration** – Appreciation was expressed for the nurses who have completed the medication administration competency. Ward clerks also completed a medication transcription competency. While this originally created a lot of anxiety, everyone has been able to demonstrate competency both through a written test and a skills demonstration. The conversation about medication administration led to other related concerns such as “Isn’t there a better system than the documented for obtaining meds after pharmacy is closed?” the way the QS1 system prints out medications for 30-day reviews is prone to med errors, transcribing meds is difficult because the order may have one name and the pharmacy may dispense the same drug under a different name, etc.

Medication administration is one of the most important activities of nursing and has a significant impact on patients’ recovery. It is frustrating that more electronic technology that is available at other hospitals is not available here, such as a direct order entry system, computerized MAR, bar coding, etc. There are so many people involved in the process of medication administration from the time an order is written through documenting its effect after the patient receives it to the time it is paid for – it is a wonder that there aren’t more medication errors.

Follow up: These concerns will be passed on to the Safe Medications Practices Committee (SMPC). None of the nurses present at the Forum, when asked, are members of the committee. Perhaps the SMPC can extend membership invitations or have other ways periodically to address medication concerns with more nurses. Regarding the QS1 replacement, Jim Suhrbier has been on a statewide committee for selection. The process has taken longer than anticipated, partly because they want to implement a process that will be compatible with the eventual electronic medical record the state hopes to implement. SWVMHI had been selected as a pilot site for an electronic medical record, but, due to state budget and turnover at Central Office, this project has been delayed for some time now. Alicia will inquire as to any updates.

**Telephone in Adolescent Tub Room** – A request was made for a telephone to be installed in the tub room on the Adolescent Unit. It would make it more convenient to call the nurse to come assess a patient when the patient is ready. Others said phones would be used in their tub rooms, too. Right now the panic button is all they have and often the need is to get the nurse rather than have a lot of people respond thinking it is an emergency. This will be discussed at Nurse Manager Meeting on July 15 and if prioritized, the cost will need to be submitted in the FY09 budget.

**ERS Developments** – At the first Forum, there was an enjoyable discussion about several patients who have shown progress in their recovery. It invigorates staff members to see these improvements and is something to celebrate.

**“RN Applicant” Status Before Passing Boards** – A question was posed about when a graduate nurse can practice as an RN or LPN after completing all the requirements to sit for the boards but before the boards are passed. In Section 18VAC90-20-190 of the Virginia State Regulations Governing the Practice of Nursing, it states “A graduate who has filed a completed application for licensure in Virginia and has received an authorization letter issued by the board may practice nursing in Virginia from the date of the authorization letter. The period of practice shall not exceed 90 days between the date of successful completion of the nursing

**Continued on Page 13**

## Nursing Forum Notes – Continued from Page 12

education program, and documented on the applicant’s transcript and the publication of the results of the candidates’ first licensing examination.”

If the first examination is not passed, the graduate nurse cannot practice anymore as an RN applicant per state regulations. Successful passing of a repeated board examination is then required to practice as an LPN or RN. In the event that a graduate nurse is working at the facility as a “LPN/RN Applicant” but fails the exam the first time, the facility attempts to retain that person as an employee by offering the graduate nurse other positions that are open and for which the applicant is eligible for until qualifications are met to practice as an LPN or RN. At that point, the new nurse can then reapply for open positions as LPN/RN.

This is different from what the facility can do for psychiatric aides who take the CNA exam. Although the CNA is required by the facility to practice as a psychiatric aide, this is a facility regulation and we have more leeway in terms of allowing the aides to continue as psychiatric aides in event that the CNA exam is failed. The facility requirement is that the CNA be obtained within the first year whether or not the CNA exam is passed on the first try or not. The Geriatric Unit has an additional regulation because of CMS certification that aides working on that unit have their CNA within 120 days of hire. If a newly hired aide on the Geriatric Unit doesn’t obtain the CNA in 120 days, he or she must be reassigned to another unit until it is obtained.

### Why is it just Geriatric Unit staff who are assigned to cover Ward K?

Ward K is an extension of the Geriatric Unit, and, when it is closed, the Ward K staff usually work on EF. Of the units in the facility, the Geriatric Unit has the patients who require the most medical nursing skills, which are also needed in the Infirmary. The nurses on Geriatrics and Infirmary have some special competencies they need to keep up which are not needed on a larger scale throughout the facility. When there are administrative transfers to K who need constant obs, etc., staff from the originating unit are often assigned to help cover the observations.

*The willingness of the staff to comment and share ideas at the Forums is appreciated. While answers may not be readily available, the efforts at communicating work related information help everyone to connect better. Thank you!*

~Alicia Alvarado, Chief Nurse Executive

AUGUST DATES TO CELEBRATE	SEPTEMBER DATES TO CELEBRATE
<ul style="list-style-type: none"> <li>• National Friendship Day (August 3)</li> <li>• Elvis Week (August 9 – 17 – People from around the world visit Memphis and Graceland to celebrate Elvis’ life.)</li> <li>• Admit You’re Happy Month</li> <li>• American Artists Appreciation Month</li> <li>• Family Meal Month</li> <li>• Foot Health Month</li> <li>• National Canning Month</li> <li>• National Catfish Month</li> <li>• National Golf Month (Day: 16)</li> <li>• National Parks Month</li> <li>• Water Quality Month</li> </ul>	<ul style="list-style-type: none"> <li>• American Newspaper Month</li> <li>• Newspaper Carrier Day (September 4)</li> <li>• National Grandparent’s Day (September 7)</li> <li>• Baby Safety Month</li> <li>• Back-to-School Month</li> <li>• Celebration of Apples Month</li> <li>• Children’s Good Manners Month</li> <li>• Classical Music Month</li> <li>• Cholesterol Education Month</li> <li>• National Alcohol and Drug Addiction Recovery Month</li> <li>• National Ovarian Cancer Awareness Month</li> <li>• National Sewing Month</li> </ul>

## THINK SAFETY WHILE HIKING

Due to the rising cost of gasoline, more and more people are camping and hiking for their vacation. Hiking and camping provide exercise and interest for people of any age. Just getting out and walking around is a wonderful way to see nature. Since unexpected things happen, however, the best way to help guarantee a good time for all is to plan ahead carefully and follow commonsense safety precautions. When camping or hiking, there are many hazards that individuals and families may not think about, including the sun, bugs, poisonous plants, animals, and campfires. While the intent of a family camping trip or hike may be for mom and dad to relax and to let the children have fun, parents need to pay special attention to their family's safety, since tragedy can happen in the blink of an eye.

If you have any medical conditions, discuss your plans with your health care provider, and get approval before departing. If your trip will be strenuous, get into good physical condition before setting out. If you plan to climb or travel to high altitudes, make plans for proper acclimatization to the altitude. If you'll be entering a remote area, your group should have a minimum of four people. This way, if one is hurt, another can stay with the victim while two go for help. If you'll be going into an area that is unfamiliar to you, take along someone who knows the area or at least speak with those who do before you set out. Some areas require you to have reservations or certain permits. If an area is closed, do not go there. Find out in advance about any regulations--there may be rules about campfires or guidelines about wildlife. Pack emergency signaling devices, and know ahead of time the location of the nearest telephone or ranger station in case an emergency does occur on your trip. Leave a copy of your itinerary with a responsible person. Include such details as the make, year, and license plate of your car, the equipment you're bringing, the weather you've anticipated and when you plan to return.



### **What to Bring: A Hiking Checklist**

What you take will depend on where you are going and how long you plan to be away, but any backpack should include the following:

- Candle
- Cell phone
- Clothing (always bring something warm, extra socks, and rain gear)
- Compass
- First aid kit
- Food (bring extra)
- Flashlight
- Foil (to use as a cup or signaling device)
- Hat
- Insect repellent
- Map
- Nylon filament
- Pocket knife
- Pocket mirror (to use as a signaling device)
- Prescription glasses (an extra pair)
- Prescription medications for ongoing medical conditions
- Radio with batteries
- Space blanket or a piece of plastic (to use for warmth or shelter)
- Sunglasses
- Sunscreen
- Trash bag (makes an adequate poncho)
- Water
- Waterproof matches or matches in a waterproof tin
- Water purification tablets
- Whistle (to scare off animals or to use as a signaling device)

Always allow for bad weather and for the possibility that you may be forced to spend a night outdoors unexpectedly.

It's a good idea to assemble a separate "survival pack" for each hiker to have at all times. With these items, the chances of being able to survive in the wild are greatly improved.

Get trained in [American Red Cross first aid](#) before starting out. Contact your [local American Red Cross chapter](#) for a Community First Aid and Safety course.

~Submitted by the Safety Committee

## ONE EARTH, WE HAVE TO MAKE A DIFFERENCE OUR HOPE FOR MANKIND DEPENDS ON IT

**The Waste Minimization Committee was chartered at SWVMHI in 1997 to address the House Joint Resolution 597 mandating state agencies to comply with recycling requirements.**

**Mission Statement: “Coordinate a program to promote best practices to reduce, reuse, and recycle waste, protect the environment and lower operating costs.”**

In 2006, U.S. residents, businesses, and institutions produced more than 251 million tons of Municipal Solid Waste (MSW), which is approximately 4.6 pounds of waste per person per day. MSW—more commonly known as trash or garbage—consists of everyday items, such as product packaging, grass clippings, furniture, clothing, bottles, food scraps, newspapers, appliances, paint, and batteries.

2006 Total Waste Generation in the U.S. – 251 Millions Tons (before recycling) is broken down as:

- Paper: 33.9%
- Yard Trimmings: 12.9%
- Food Scraps: 12.4%
- Plastics: 11.7%
- Metals: 7.6%
- Rubber, Leather, and Textiles: 7.3%
- Glass: 5.3%
- Wood: 5.5%
- Other: 3.3%

The national recycling rates of selected materials in 2006:

- Batteries: 99.0%
- Steel Cans: 62.9%
- Yard Trimmings: 62.0%
- Paper and Paperboard: 51.6%
- Aluminum Drink Cans: 45.1%
- Tires: 34.9%
- Plastic Soft Drink Bottles: 30.9%
- HDPE (HIGH-DENSITY POLYETHYLENE) Milk and Water Bottles: 31.0%
- Glass Containers: 25.3%



EPA has ranked the most environmentally sound strategies for waste. Source reduction (including reuse) is the most preferred method, followed by recycling and composting, and, lastly, disposal in combustion facilities and landfills.

Currently, in the United States, 32.5 percent is recovered and recycled or composted, 12.5 percent is burned at combustion facilities, and the remaining 55 percent is disposed of in landfills.

The number of landfills in the United States is steadily decreasing—from 8,000 in 1988 to 1,754 in 2006. The capacity, however, has remained relatively constant. New landfills are much larger than in the past.

In 2007, SWVMHI had 159.76 tons or 319,520 pounds of refuse in solid waste leaving our facility through our compactors. We average around 160 residents and have about 550 employees which gives us over 710 people

**Continued on Page 16**



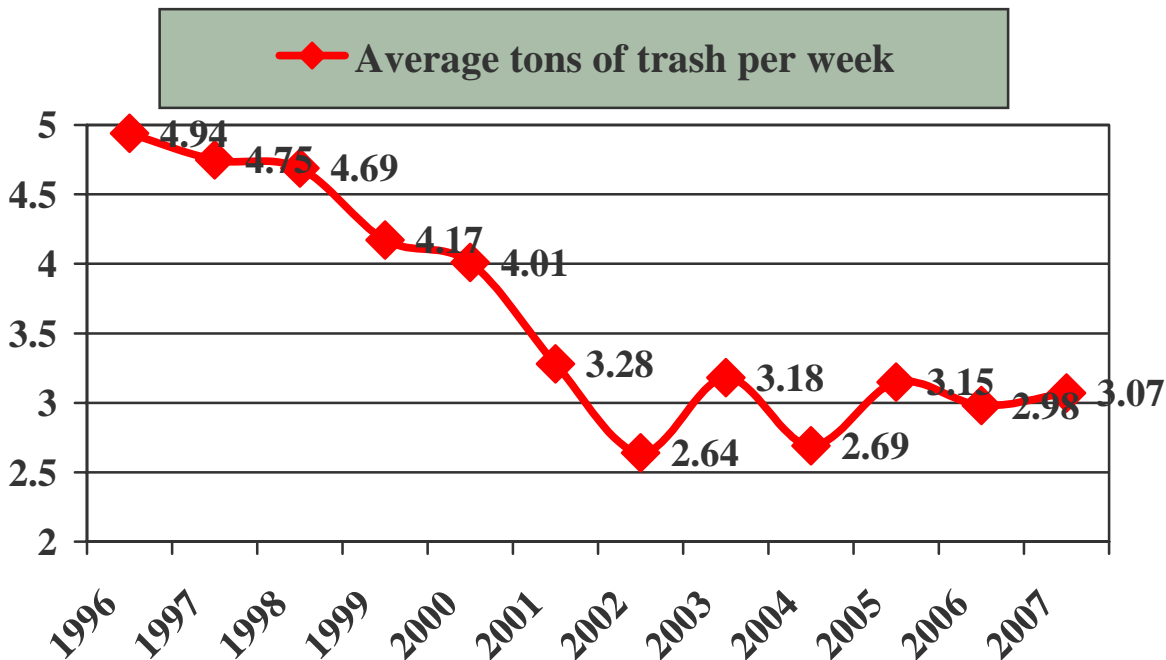
**Waste Minimization – Continued from Page 15**

within the facility. That’s approximately 875 pounds per day or roughly speaking 1.23 pounds of waste per person per day which is way below the national average. This is mostly due to the efforts of the Waste Minimization Committee and SWVMHI staff by removing paper out of the trash stream, recycling mattresses, recycling metals, reusing products through surplus, etc... There is other waste that has not been represented in this figure, such as medical waste and wastewater sewage. This waste is not counted by weight, which makes it difficult to have an accurate measurement.

Other commodities recycled annually by SWVMHI:

- Mattresses - 60
- Toner Print Cartridges - 148
- Metals – 2000 lbs.
- Aluminum Cans – 1000 lbs.
- Paper (Cardboard/Office paper/Shred-It paper) – 39.44 tons
- Cooking Oils – 330 gallons
- Cell Phones – 30
- Surplus Items – 4 tons

Each person can make a difference by doing their part in Recycling, Reducing, and Reusing. As you can see below, we have made a huge difference in the last 12 years in the amount of solid waste that leaves our facility. We are down almost 2 tons per week.



With the economy at a low point at present, the money we save here at work is really our own tax dollars. We need to treat our facility like each one of us is paying the bill. Turn off lights and electrical items while not in use. Save water when possible by reporting leaks, and conserve when feasible. Recycle products and reduce the amount of products you use. (Recycling one aluminum drink can saves enough electricity to power a TV or a 100-watt light bulb for three hours). Do it to feel good about yourself; do it for the future of our facility and our nation.

Thanks,

~The Waste Minimization Committee

## **“INFECTION CONTROL” IN THE NEWS**

### **RABIES**

**WHAT IS RABIES?** Rabies is a serious disease that is caused by a virus. Each year, it kills more than 50,000 people and millions of animals.

**IS RABIES A PROBLEM EVERYWHERE?** Rabies is a big problem in Asia, Africa, and Central and South America. In the US, rabies has been reported in every state except Hawaii.

**WHO GETS RABIES?** Any mammal can get rabies.

Raccoons, skunks, foxes, bats, dogs, and cats can get rabies. Cattle and humans can also get rabies.

**HOW DOES AN ANIMAL GET RABIES?** Rabies is caused by a virus. An animal gets rabies from saliva, usually from a bite of an animal that has the disease. You cannot get rabies from blood.



**HOW DO YOU KNOW IF AN ANIMAL HAS RABIES?** Animals with rabies may act differently from healthy animals. Wild animals may move slowly or may act as if they are tame. A pet that is usually friendly may snap at you or may try to bite.

Signs of rabies in animals are:

- Changes in animal's behavior
- General sickness
- Problems swallowing
- Increased drooling
- Aggression

**CAN RABIES BE PREVENTED?** YES. Rabies can be prevented by rabies vaccine and thorough cleaning of the wound. If you are bitten by an animal that could have rabies, see your doctor right away.

**HOW CAN WE PREVENT RABIES?**

- Vaccinate your dogs, cats, and ferrets against rabies
- Keep your pets under supervision
- Do not handle wild animals. If you see a wild animal or a stray, especially if the animal is acting strangely, call an animal control officer
- If you do get bitten by an animal, wash the wound with soap and water for at least 5 minutes. See your doctor.

### **WEST NILE VIRUS**

**West Nile** is a virus that is spread by the bite of an infected mosquito. In areas where the West Nile virus has been found, very few mosquitoes have it. It's true that the virus can cause an infection in the brain, but the chances that you will get very sick from any one mosquito bite are re-e-e-ally low. But you want to protect yourself and cut down on the number of mosquitoes.

- Wear long, loose, and light-colored clothing
- If possible, stay indoors when mosquitoes are biting
- Use insect repellent with the smallest percentage of DEET necessary for the length of time you are exposed to mosquitoes, but no more than 50% for adults and 10% for children under 12
- Turn over or remove containers in your yard where water collects, such as old tires, potted plant trays, buckets or toys.
- Eliminate standing water on tarps and flat roofs.
- Clean out birdbaths and wading pools once a week
- Clean roof gutters and downspout screens



### **SALMONELLA**

As you have heard in all the news, the CDC has been investigating a multi-state outbreak of *salmonella*. The food items being investigated include tomatoes, jalapeno peppers, and fresh cilantro. Since April, 1148 persons have been infected with *Salmonella* Saintpaul and include persons from 42 states, including Virginia.

Symptoms of Salmonella include diarrhea, fever and abdominal cramps 12 – 72 hours after infection. The illness usually lasts 4-7 days. Infants, elderly persons, and those with impaired immune systems are more likely than others to develop severe illness.

Consumers are advised to follow these food safety guidelines:

- Refrigerate within 2 hours or discard cut, peeled, or cooked produce items
- Avoid purchasing bruised or damaged produce items, and discard any that appear spoiled
- Thoroughly wash all produce items under running water
- Keep produce items that will be consumed raw separate from raw meats, raw seafood, and raw produce items
- Wash cutting board, dishes, utensils, and counter tops with hot water and soap when switching between types of food products.
- Cooking vegetables kills bacteria, including *Salmonella*.

For more information visit:

[www.cdc.gov](http://www.cdc.gov)

[www.vdh.virginia.gov](http://www.vdh.virginia.gov)

~Cindy Jones, R.N., Infection Control/Employee Health Coordinator

## PERSONNEL CHANGES

<b>NEW EMPLOYEES</b>	
Leonard Gale Greer, FS Technician I (P14 Hrly)	06/02/2008
Robin L. Armstrong, FS Technician I (P14 Hrly)	06/02/2008
Crystal L. Walters, Housekeeping Worker	06/02/2008
Donna Rigolizzo, Psychiatrist (P14 Hrly)	06/06/2008
Donna L. Musick, Recreation Therapist	06/10/2008
Lisa M. Horton, Registered Nurse (P14 Hrly)	06/10/2008
Derek Caudill, FS Technician I (P14 Hrly)	06/10/2008
Preston D. Widener, FS Technician I (P14 Hrly)	06/10/2008
Darlene P. Turman, FS Technician I	06/18/2008
Larry Steven Frye, Plumber-Steamfitter	06/25/2008
Jessica N. Helton, OSA/Admissions Clerk (P14 Hrly)	06/25/2008
Kimberly Denise Cheeks, Rehabilitation Specialist	06/25/2008
Ramesh Chaudry, Psychiatrist (P14 Hrly)	07/07/2008
Abhishek Mehra, MOD Physician (P14 Hrly)	07/10/2008
Sukhpreit Sohi, MOD Physician (P14 Hrly)	07/10/2008
David E. Mumpower, Clinical Social Worker	07/10/2008
Chelsa E. Rhymer, Psychiatric Aide	07/10/2008
Greta R. Soublo, Psychiatric Aide	07/10/2008
Bernice H. Walls, Psychiatric Aide	07/10/2008
Toni J. Huggins, Psychiatric Aide	07/10/2008
Jennifer L. Mullins, Psychiatric Aide (P14 Hrly)	07/14/2008
Kimberly R. Ratliff, Health Information Manager	07/14/2008
Susan D. Blevins, RN Clinician A	07/25/2008
Jennifer L. Lewis, RN Clinician A	07/25/2008

<b>PROMOTIONS/ROLE CHANGES</b>	
Deborah Burchett, Psychiatric Aide (P14 Hrly) to Psychiatric Aide (Full-time)	06/10/2008
Amy Dempsey, Registered Nurse to RN Clinician A	06/10/2008
Tony Cress, Fiscal Technician/Payroll Officer to Cost Accounting Technician	06/10/2008
Barbara L. Mullins, Registered Nurse to RN Clinician A	06/10/2008
Tina L. Henderson, Registered Nurse to RN Clinician A	06/10/2008

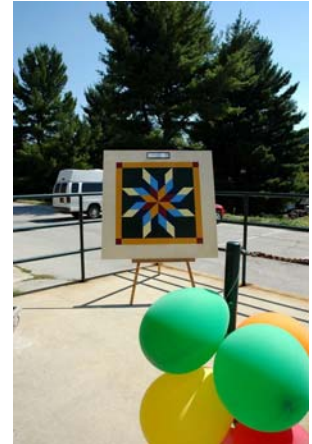
<b>SEPARATIONS</b>	
Patricia L. Thomas, Psychiatric Aide	06/04/2008
Tammy Strouth, RN Clinician A	06/23/2008
James Vesce, Psychiatrist	06/23/2008
Teresa Tilson, Psychiatric Aide	06/24/2008
Kambiz Birashk, Psychiatrist	06/24/2008
Gail Campbell, Cost Accounting Technician	06/24/2008
Lindsay Phillips, Psychiatric Aide	06/28/2008
David Brady, Psychiatrist	06/30/2008
Tracey Carter, RN Clinician A	06/30/2008
Joyce L. Lamie, Rehabilitation Specialist	07/02/2008
Linda Carroll, RN Clinician A	07/09/2008
Ralph Mabry, Psychiatric Aide	07/09/2008
Amanda Brooks, Psychiatric Aide	07/10/2008
Glenda Beth Lykins, Psychiatric Aide	07/16/2008
Karen Graham, Psychiatric Lead Aide	07/20/2008
Tessa Addair, Psychiatric Aide	07/21/2008
Bonnie Spangler, Health Information Manager	07/24/2008

<b>SWVMHI CENSUS</b>				
	Admissions	Discharges	Passes	Avg. Daily Census
2008				
<b>May</b>	118	124	24	162
<b>June</b>	105	107	26	149

## Occupational Therapy Community Roles Group –“The Quilt Connection Project” Receives Recognition from State MHMRSAS Board



On April 1, the Occupational Therapy Community Roles group project, "The Quilt Connection," received a 2008 STELLAR VOLUNTEER award at the Volunteer Recognition Luncheon in Richmond. This award was given to acknowledge the significant volunteer contributions made to our SWVMHI community through the course of the Quilt Connection project. Many patients and staff have volunteered their help with this project and truly all are recipients of this recognition. This includes volunteer work groups from the Human Resources Department, Infirmary, Adolescent Unit, ERS, Geriatrics, and Admission Unit.



A reception was held on June 20 in the patient dining room, and Recognition Certificates were awarded to each group member by Cynthia McClaskey. Food Services provided elegant refreshments, and displays and photos of the project were available for viewing. All staff and patients were invited to attend, as well as past and current OT group members and their families. OT group members awarded ABOVE AND BEYOND VOLUNTEER award certificates to key people who spent extra time and thought finding ways to help the group make the project successful. We would like to once again thank them and recognize their contributions.

1. **GREG GRIFFEY** – helped us research ideas and quilt patterns with the internet and the library.
2. **DON CHISLER** – figured out the materials we should use that would meet safety standards for the hospital.
3. **ROY EVANS** - sanded and donated the plywood for our first block and loaned us his truck to go to Christiansburg to pick up the special fireproof plywood for the rest of the blocks.
4. **MIKE MARTIN** – led the carpenter effort with enthusiasm to brainstorm answers for us on materials for framing, preserving, hanging, and labeling the blocks. He got involved from the start by offering to store and prepare the board surfaces for painting.
5. **STAN MALOSKEY, MIKE DEBORD, STAN FRYE** - They made all the frames. Have you noticed that each one is unique in frame design details? They came up with the idea for displaying the blocks for Family Day on easels. Then they found scraps to make all the easels.
6. **CYNTHIA MCCLASKEY** – approved the project and helped us decide on places to hang the blocks.
7. **SHARON NEITCH** – supported the OT group's idea – even though it was an unusual and big idea - she encouraged us to keep working and not give up.
8. **RHONDA GREENE** – followed us around and took pictures of us in action so we could show how we did the project.
9. **JAMES PARKS** – helped us learn how to design a PowerPoint presentation of our idea so we could convince hospital leaders to let us expand the project to make 8 more blocks.
10. **JOHN O'KEEFE** – was very helpful and creative in his support of our initial presentation as well as this award reception. His staff even prepared a cake with our Star pattern on its icing!

This consumer conceived and led project has resulted in the 9 remarkable hand painted Appalachian quilt blocks that were showcased at the 2007 Family Day Event in September and can now be seen hanging along the main hallway of our hospital. We look forward to continuing our volunteer contributions to the SWVMHI community in the future!

**Continued on Page 20**

### Quilt Connection Project Continued from Page 19

Nomination excerpt: March 10<sup>th</sup>, 2008:

“SWVMHI Occupational Therapy Community Roles group reactivates life roles that are interrupted by an inpatient stay. Caregiver, Worker, Club Member, Student, Friend, and Volunteer are roles that contribute to our sense of



achievement, fulfillment, and purpose. They make us feel connected and useful – part of a larger whole. The OT group designed a project to connect and volunteer with folks from different staff and patient areas. We called the project the “The Quilt Connection.” Nine groups of patients and staff throughout the hospital agreed to become volunteers with us to paint Appalachian quilt block patterns on 4’ x 4’ plywood panels. Each group had a mentor from the OT group to teach the crafting process, provide materials, and offer support whenever needed. Hospital carpenters worked with us to design and craft wooden frames and Plexiglas overlays. After 15 months of work, we were able to display the

finished blocks for our 2007 Family Day event and hold a People’s Choice election. We now have a trail of nine beautiful Appalachian Quilt Block panels displayed throughout our hospital, enhancing our environment as well as recognizing our Appalachian heritage.”

### Greetings from the HPO Communications Committee:

We know that it’s been a while since the surveys were distributed (March 14, 2008), and some of you are probably doubting whether or not you were EVER going to get the results, but they are finally here! We wanted to discuss briefly with you about the progress we’ve made toward improving communication at SWVMHI.

We took the results of the survey and your comments generated from the survey and developed five identified issues. They are: (1) Communicating Through the Chain of Command (2) Implementing the Customer Mentality (3) Input into Decision Making (4) Communications between Shifts and Shift Reports and (5) Electronic Communications.

Within these categories, there are multiple areas we have recommended for improvement. We discussed these areas with the Executive Management Committee (EMC) on July 23, 2008, and are moving forward with more specific ways to affect change in these areas. We ask for your continued support, and welcome your questions, suggestions, and may be asking for volunteers to assist us in developing specific plans for change.

The committee members are Jennifer Cregger, Rick Delp, Gerry Moore, Merle Obregon, Steve Perry, Cheryl Smith, and Doug Smith. Our EMC representative is Ruby Wells. You can phone any committee member with questions or send us all an e-mail via the HPO Communications Committee member link on e-mail. We will be placing copies of our plan, as well as the results of the survey with comments in multiple areas of the hospital for review in the coming weeks.

See survey results on the following pages.

## HPO COMMUNICATION WORKGROUP SURVEY RESULTS

### 1. SWVMHI policies and procedures are easy to understand.

Questions 1: 312 total responses  
Strongly Agree- 3.5%  
Agree- 38.1 %  
No opinion/Left blank - 13.8%  
Disagree- 30.8%  
Strongly Disagree- 11.5%

### 2. I feel there is good communication at SWVMHI.

Questions 2: 312 total responses  
Strongly Agree- 1.3%  
Agree- 23.4%  
No opinion/Left blank - 9.9%  
Disagree- 33 %  
Strongly Disagree- 32.1%

### 3. Communication is good within my department.

Questions 3: 312 total responses  
Strongly Agree- 9.3%  
Agree- 29.5%  
No opinion/Left blank - 9%  
Disagree- 27.6%  
Strongly Disagree- 23.4%

### 4. People communicate comfortably with one another in this organization regardless of their position.

Questions 4: 312 total responses  
Strongly Agree- 2.6%  
Agree- 10.6%  
No opinion/Left blank - 10.3%  
Disagree- 40.4%  
Strongly Disagree- 34.9%

### 5. I feel I am respected and appreciated by my supervisor.

Questions 5: 312 total responses  
Strongly Agree- 21.2%  
Agree- 44.9%  
No opinion/Left blank - 8%  
Disagree- 9.3%  
Strongly Disagree- 15.4%

### 6. Feedback from my supervisor occurs on a timely and effective basis.

Questions 6: 312 total responses  
Strongly Agree- 22.4%  
Agree- 42%  
No opinion/Left blank - 6.1%  
Disagree- 16.7%  
Strongly Disagree- 12.5%

Continued on Page 22

**HPO Communication Workgroup Survey Results – Continued from Page 21****7. My supervisor ensures that I am adequately informed about matter affecting me.**

Questions 7: 312 total responses  
Strongly Agree- 23.1%  
Agree- 43.9%  
No opinion/Left blank - 7.1%  
Disagree- 15.1%  
Strongly Disagree- 10.3%

**8. My supervisor and I communicate comfortably with respect.**

Questions 8: 312 total responses  
Strongly Agree- 27.2%  
Agree- 44.2%  
No opinion/Left blank - 10.3%  
Disagree- 9.3%  
Strongly Disagree- 8.7%

**9. Co-workers in my department communicate as a team in unit matters.**

Questions 9: 312 total responses  
Strongly Agree- 10.9%  
Agree- 40.4%  
No opinion/Left blank - 7.4%  
Disagree- 25.3%  
Strongly Disagree- 14.7%

**10. My co-workers and I communicate comfortably and with respect.**

Questions 10: 312 total responses  
Strongly Agree- 15.4%  
Agree- 49.7%  
No opinion/Left blank - 8.7%  
Disagree- 15.4%  
Strongly Disagree- 10.3%

**11. I feel all persons in my department or unit receive information equally.**

Questions 11: 312 total responses  
Strongly Agree- 2.6%  
Agree- 23.7%  
No opinion/Left blank - 10.9%  
Disagree- 32.7%  
Strongly Disagree- 27.2%

**12. The intranet (hospital site) is a tool I use daily to get information.**

Questions 12: 312 total responses  
Strongly Agree- 3.8%  
Agree- 30.4%  
No opinion/Left blank - 18.9%  
Disagree- 28.8%  
Strongly Disagree- 15.4%

**13. I receive important information from reading the employee newsletter.**

Questions 13: 312 total responses  
Strongly Agree- 3.8%  
Agree- 40.7%  
No opinion/Left blank - 22.4%  
Disagree- 20.8%  
Strongly Disagree- 9.6%

Continued on Page 23



**HPO Communication Workgroup Survey Results – Continued from Page 22****14. I have no communication problems with co-workers.**

Questions 14: 312 total responses  
Strongly Agree- 6.4%  
Agree- 37.2%  
No opinion/Left blank 12.2%  
Disagree- 26.9%  
Strongly Disagree- 13.8%

**15. I sometimes worry about the communication problems I have with my co-workers.**

Questions 15: 312 total responses  
Strongly Agree- 8%  
Agree- 34.6%  
No opinion/Left blank - 21.8%  
Disagree- 24.4%  
Strongly Disagree- 9%

**16. I feel comfortable clarifying and asking questions when I do not understand what my co-workers are telling me.**

Questions 16: 312 total responses  
Strongly Agree- 16.3%  
Agree- 55.8%  
No opinion/Left blank - 7.7%  
Disagree- 11.5%  
Strongly Disagree- 4.8%

**17. I have communication problems with upper managers.**

Questions 17: 312 total responses  
Strongly Agree- 16.3%  
Agree- 28.8%  
No opinion/Left blank - 20.2%  
Disagree- 23.7%  
Strongly Disagree- 7.4%

**18. I do not communicate with upper managers at the hospital.**

Questions 18: 312 total responses  
Strongly Agree- 11.5%  
Agree- 27.2%  
No opinion/Left blank - 17.6%  
Disagree- 31.7%  
Strongly Disagree- 8%

**19. I feel comfortable clarifying and asking questions of upper management when I do not understand their instructions.**

Questions 19: 312 total responses  
Strongly Agree- 7.4%  
Agree- 39.7%  
No opinion/Left blank - 15.4%  
Disagree- 18.6%  
Strongly Disagree- 15.7%

Continued on Page 24

**HPO Communication Workgroup Survey Results – Continued from Page 23****20. I am appreciated and respected by upper managers at this hospital.**

Questions 20: 312 total responses  
Strongly Agree- 4.8%  
Agree- 28.5%  
No opinion/Left blank - 18.9%  
Disagree- 16%  
Strongly Disagree- 28.5%

**21. I feel I have the ability to communicate well.**

Questions 21: 312 total responses  
Strongly Agree- 17.6%  
Agree- 65.1%  
No opinion/Left blank- 8.7%  
Disagree- 3.5%  
Strongly Disagree- 1.6%

**CATEGORIZED SURVEY RESULTS****★ Communication with Supervisor****Questions 5, 6, 7, 8**

Strongly Agree- 23.58%  
Agree- 43.79%  
No Opinion/Left Blank- 8.42%  
Disagree- 12.59%  
Strongly Disagree-11.71%

**★ Communication with Department****Questions 3, 11**

Strongly Agree- 5.94%  
Agree- 26.65%  
No Opinion/Left Blank- 11.88%  
Disagree- 30.34%  
Strongly Disagree-25.36%

**★ Communication with Co-Workers****Questions 9, 10, 14, 15, 16**

Strongly Agree- 11.87%  
Agree- 45.33%  
No Opinion/Left Blank- 14.33%  
Disagree- 21.53%  
Strongly Disagree-10.93%

**★ Communication with Upper Management****Questions 17,18,19,20**

Strongly Agree- 10.02%  
Agree- 31.11%  
No Opinion/Left Blank- 21.49%  
Disagree- 22.53%  
Strongly Disagree-14.92%

**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 issue and welcomes your suggestions for improvement. We continue to seek volunteers to write articles and for the editorial board.

**REMAINING 2008 SWVMHI NEWSLETTER SCHEDULE**

<b>Deadline for Submission of Articles</b>	<b>Date of Publication/Distribution</b>
September 18, 2008	September 30, 2008
November 17, 2008	December 1, 2008

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.