



## A VIEW FROM THE HILL TEAM MEMBERS:

**Ned Bane**  
Peer Support Specialist

**Cynthia McClaskey**  
Director

**Amanda Phipps**  
Executive Secretary

**Cheryl Veselik**  
Administrative  
Assistant

## INSIDE THIS ISSUE:

You Cannot NOT Communicate	2
Board Certified Nurses Honored	3
Nutrition Myths That Will Not Die	5
Personnel Changes	7
Social Workers Inspire Community Action	8
HPO Wellness Group Update	9
Spring Into Safety	10
Farewell Dear Friends	11

## From The Director

### Honoring the Hearts of SWVMHI on February 18, 2010

Once again, the SWVMHI Employee Recognition Committee developed a wonderful service and recognition event for all three shifts. For this event we added special recognition for the forty staff who are retiring this spring. Nineteen staff received awards for their years of service in the quarter October to December, 2010: those with 10 or more years of service included Susan Hamm (35), Linda Havens (15), Kim Sayers, Todd Gillespie, Rebecca Carter, Kim Branson and Walt Pennington (all 10). Fifty-four staff were honored by their peers for Making a Difference Awards, twenty staff for Cash or Leave Awards, and four groups were awarded Team Awards: A/B Second shift nursing, E/F/K and housekeeping staff, HIM staff, and the Rehab Services Department.

Retirees received a corsage or boutonniere to wear for the day and many are featured in the February and March "A View from the Hill." In addition, a slide show featuring the retirees and set to music was developed and played throughout the event. All retirees will be given a copy of the slide show on CD.

### Employees of the Quarter

Two employees, Sue Lefler, Psychiatric Aide, Ward J, and Teresa Poe, Psychiatric Aide, Ward A/B, were presented with Employee of the Quarter Awards. The staff who

nominated Sue noted that she "spends her time, even when not at work, painting beautiful pictures so our patients and staff can enjoy them. She does one on one with patients who want to paint or do drawing projects. She adds a special touch to everything she does with the patients. They enjoy her expres-



**Cynthia McClaskey, Ph.D.**

sive personality. She makes such a difference in everyone's day. Sue is full of smiles and position attitude." Teresa was nominated because she "always goes the extra mile. She helps any staff with anything they need. She always does her job to the best of her ability, then worries, 'Is is good enough?' Even more importantly, she talks with all her patients, with kindness and caring, just as she does friends and family."

### Employee of the Year: Fred Cress

Congratulations were given via a surprise phone call to Fred Cress, front desk security officer, during the afternoon recognition event on February 18. Fred was home, feeling "under the weather" when I called

him in front of the large crowd. He was able to hear the loud cheers from all those present and I am sure that this helped in his recovery! Fred was nominated by 23 staff members from a variety of departments. He is described as "a perfect example of the facility Values. He is the first person that the visitors and incoming patients come in contact with; he greets them with a very friendly, welcoming attitude. He works with other members of the facility to make a good first impression to everyone entering our doors. He is a very conscientious employee. He takes his job very seriously and will go out of his way to complete any request that is made of him. He is always available to visitors, he answers any questions that they might have and alleviates some of their fears of the unknown. We have witnessed the compassion, the open friendliness and the great care that Fred brings to his job. You couldn't ask for a better or more reliable employee for our facility."

Again, all our best congratulations to Sue, Teresa, and Fred!

**Thanks to all who nominated your co-workers for awards, and to those who helped to plan, cook for, staff, and clean up after the event!**

~Cynthia McClaskey

## You Cannot NOT Communicate

One of the SWVMHI core values is Communication. Did you realize that somewhere around 60% of our communication is non-verbal? Yes, even when we speak no words at all, we are communicating. In addition to our words, we communicate with our gestures, our voice tone, our eyes, our facial expressions, our posture, and our touch. At SWVMHI clear communication is a highly desired goal. Indeed, we desire communication so much so that it tops our SWVMHI Values. With so many different ways to communicate, it is no wonder that we cannot NOT communicate. For example, when our supervisors ask us questions and we respond with silence, what are we communicating to our supervisor?

Are we simply not communicating? No. Our silence may mean simply, "I do not know the answer to your question." However, it might also mean, "I am not going to answer because I am afraid to stand out." Or perhaps, "I feel superior to you so I am not going to answer you." If we are to stay true to our Value of clear Communication, we need to answer those questions that are asked of us. We need to take command of our non-verbal communication at least as much as we take command of our verbal communication. We need to be clear and precise in our interactions with others. We are always communicating. Let us resolve to take charge of our communications and insist that others take charge of their communications. It is the right thing to do. It is the way we want to be.



~James Moon, Ph.D.  
Psychologist Supervisor

## Chaplain's Corner

There is an interesting story we read about in the gospel of Luke 10:38-42: "As Jesus and his disciples were on their way, he came to a village where a woman named Martha opened her home to him. She had a sister called Mary, who sat at the Lord's feet listening to what he had to say. But Martha was distracted by all the preparations that had to be made. She came to him and asked, 'Lord, don't you care that my sister has left me to do the work by myself? Tell her to help me.' 'Martha, Martha', the Lord answered, you are worried and upset about many things, but only one thing is needed. Mary has chosen what is better, and it will not be taken away from her'."

One of the many lessons we learn from this story is the need for balance in life. Life is full of distractions and can be very demanding at times. Martha was having such an experience by all the pressure she put on herself to do her duty as a good hostess for her guests. We find no fault with Martha for her good intentions. Perhaps we think Mary should have been in the kitchen with Martha helping out in-

stead of at the feet of Jesus (which was not culturally acceptable at that time). Mary broke the social norm for her day by sitting with the male disciples of Jesus instead of fulfilling her role and helping Martha. But Mary saw something during her quiet time with Jesus that Martha had missed due to her distractions. She saw an opportunity to learn and grow and become a better person. She saw it, not as an opportunity to serve the Lord, but as an opportunity to draw near to the Lord. Jesus did not side with Martha and her complaint, but merely pointed out to Martha that there are many distractions in life, our time is limited, and we must learn to choose what is the most important for the time at hand.

We all can be "worried and upset about many things" but we all must learn to bring balance to life and discover "the one thing that is needed." There are so many demands and distractions in life that it can literally choke the life right out of us, and choke the life of God right out of us. We have all said or heard someone say, "there's just not enough time in



the day." It was not too long ago I heard someone say, "I go to bed stressed out and I get up in the morning stressed out. "We can all relate to that. The last time I checked, the days are not growing any longer. There are 24 hours in the day and each day has its demands, distractions, and worries. It is up to each of us to find a healthy balance to be a Martha and do our duty and yet allow Mary to be fed spiritually by spending quiet time in the presence of our Lord. James 4:8 reminds us to "draw near to God and he will draw near to you." The psalmist reminds us in 46:10 to "be still and know that I am God." In the many stresses, distractions and demands of life we are reminded God still sits on his throne and he is always in control. When we take the time to seek him and be spiritually nourished by him then we shall find the strength and the peace we need to fulfill the daily demands that are always with us.



**The Knowing/Doing Connection**

A study of the effects of posting calorie information in New York City restaurants has found that it has been a big fat failure so far. Even the few patrons who say the information influenced their decisions still bought food containing more calories than average. What's up with that?

The theory of the menu labeling says that once consumers get a peek at the actual calorie counts contained in all those popular fast-food goodies, they will flock to the salads and veggie burgers ... or at least decline to super-size.

Of course, that same theory hasn't worked so well on the packaged foods end. Calorie information on retail packages has been available for years, yet has hardly dented sales of high-calorie, fat and sugar-laden snacks, beverages and deserts. Why anyone would think that consumers would behave differently in food-service environments is not explained.

Maybe it's another instance of the triumph of optimism over experience. In any case, the New York survey showed that those most likely to pay attention to posted nutrition information are the same people who already seek out that information anyway. In other words, it's posting to the converted.

As for those who just want a quick, convenient, economic meal, well they just want a quick, convenient, economic meal and hold the moralizing and finger wagging, please.

"I don't really care too much because I'm going to eat it anyway," one person told a New York Times reporter asking whether the calorie postings at a Manhattan McDonald's had any influence on menu decisions. We guess that would be a "no..."

~John O'Keefe  
Food Services Director

*Thank you to all who contributed to the check for \$700 for the Promised Land Animal Rescue in honor of Nancy Wood's retirement!*

**Board Certified Nurses Honored**

SWVMHI is celebrating Certified Nurses Day, March 19, by honoring its board certified nurses. The following nurses are being recognized for their professionalism, leadership, and commitment to excellence in patient care:

**Psychiatric/ Mental Health Specialty**

- Teresa Billings, RN-BC
- Valerie Campbell, RN-BC
- Shawn Chapman, BSN, RN-BC
- Cynthia Frye, BSN, RN-BC
- Sandy Harless, RN-BC
- Linda Lester, RN-BC
- Diann Marshall, MSN, RN-BC
- Robin Poe, MSN, RN-BC
- Angela Routh, BSN, RN-BC
- Debbie Sadler, RN-BC

**Gerontology Specialty**

- Sue Chapman, RN-BC
- Cheryl Smith, RN-BC

**Infection Control Specialty**

- Cindy Jones, RN-CIC

**Psychiatric Mental Health Clinical Nurse Specialist**

- Debbie Borders, MSN, PMHCNS-BC
- Board Certification of nurses plays an in-

creasingly important role in the assurance of high standards of care for patients and their loved ones. Nursing, like health care in general, has become increasingly complex. While a registered nurse (RN) license provides entry to general nursing practice, the knowledge-intensive requirements of modern nursing require extensive education, as well as a strong personal commitment to excellence by the nurse.

SWVMHI encourages national board certification for all its nurses. There are many nursing certification specialties such as medical-surgical, pediatric, pain management, cardiac vascular, oncology, hospice, case management, emergency nursing, critical care, and many others. Many nursing certification bodies exist to serve the full range of specialized nursing care offered in the contemporary health care system; national nurse-certifying bodies should be accredited by either the Accreditation Board for Specialty Nursing Certification (ABSNC) or the National Organization for Competence Assurance (NOCA), or both.

Obtaining Nursing Certification at SWVMHI is optional, and does not result in additional pay. These nurses have achieved and maintained their certification out of dedicated motivation. If other nurses would like more information about obtaining certification or forming a study group, please discuss this with a Nurse Coordinator. And in the meantime, please join SWVMHI and the nation's national nursing certification organizations in honoring those hardworking, dedicated nurses for their professionalism, and a job well done!

~Robin Poe, MSN, RN-BC  
Nurse Coordinator for Nursing Staff Development





# Word Search

See how many of the following bolded, underlined words you can find relating to **March** and **St. Patrick's Day**.

Q	W	E	R	T	Y	U	I	O	P	L	K	J	H	G	F	D	S
L	K	J	H	L	S	R	E	I	D	L	O	S	G	F	D	S	A
M	N	B	B	A	C	K	G	R	O	U	N	D	S	V	N	C	X
G	F	D	A	R	Q	T	W	E	R	T	Y	U	O	P	E	A	Z
N	B	D	S	G	S	X	T	P	E	D	H	J	V	C	E	S	X
H	J	K	Y	E	W	D	M	A	R	C	H	C	F	E	R	T	S
D	K	H	D	S	J	K	L	T	P	I	H	S	I	L	G	N	E
B	R	L	W	T	W	R	H	R	K	L	M	L	V	E	X	A	T
F	O	D	H	J	K	Y	F	I	F	T	H	V	C	B	C	P	A
B	Y	C	S	F	H	T	R	C	R	X	S	I	G	R	S	I	T
M	W	B	F	X	T	H	W	K	S	I	Q	W	E	A	V	C	S
R	E	L	I	G	I	O	U	S	U	Y	S	F	C	T	F	I	D
I	N	K	L	V	D	U	G	W	E	C	V	H	W	I	Y	T	E
V	P	I	Y	R	W	S	L	A	J	H	G	F	D	N	W	R	T
E	Z	E	D	A	R	A	P	X	C	C	V	B	N	G	N	A	I
R	M	C	B	X	Z	N	Q	W	E	I	Y	G	H	J	K	P	N
P	O	I	U	Y	T	D	E	W	D	S	H	A	B	H	D	X	U
U	F	H	V	E	G	E	T	A	B	L	E	C	E	D	B	J	K

Saint **Patrick's** Day is celebrated on **March** 17, in honor of the anniversary of his death in the **fifth** century. The **Irish** have celebrated this day as a **religious** holiday for over a **thousand** years. The first St. Patrick's Day **Parade** took place in the **United States**, not in Ireland, in 1762, when Irish **soldiers** serving in the **English** military marched through **New York** City. Numerous groups would march in New York City, but in 1848, the formal New York City St. Patrick's Day Parade was formed. Today, that parade is the world's **oldest** civilian parade, and the **largest** in the United States with over 150,000 **participants**. Today, St. Patrick's Day is celebrated by people of all **backgrounds**. One unique way of **celebrating** the day occurs in **Chicago** where the Chicago **River** is dyed **green** for the day with forty pounds of green **vegetable** dye.

~Cheryl Veselik, CPS/CAP  
Administrative Assistant

(Answer Key on Page 14)

# Meals In Minutes— Easy Grasshopper Bars

Chocolate drizzle and cool minty cream cheese frosting top indulgent chocolate bars. Mmmmm!

**Prep Time:** 10 minutes  
**Total Time:** 1 hour  
**Makes:** 36 bars

**Bars**

- 1 pouch (1 lb 1.5 oz) Betty Crocker® double chocolate chunk cookie mix
- 1/3 cup vegetable oil
- 2 tablespoons water
- 1 egg

**Frosting**

- 3 cups powdered sugar
- 1 package (3 oz) cream cheese, softened
- 1/4 cup butter, softened
- 2 tablespoons milk



- 1/4 teaspoon mint extract
- 3 to 4 drops green food color

**Glaze**

- 1 oz unsweetened baking chocolate
- 1 tablespoon butter

Heat oven to 350°F. Spray bottom of 13x9-inch pan with cooking spray.

In large bowl, stir all bar ingredients until soft dough forms. Press into pan; bake 15 minutes. Cool about 10 minutes.

In large bowl, stir all frosting ingredients until smooth. Spread over bars.

In small microwavable bowl, microwave all glaze ingredients on high for 30 seconds; stir until smooth. Drizzle over frosting. Refrigerate 30 minutes or until set.

For bars, cut into nine rows by four rows. Store covered in refrigerator.

*Taken from www.bettycrocker.com.*

**Do you have a quick and delicious recipe that you would like to share? Email it to Amanda Phipps, and we may place it in the next newsletter!**

~Amanda Phipps  
 Executive Secretary

# Nutrition Myths That Will Not Die



**March is National Nutrition Month!**

**Peanut butter is high in fat so avoid it.**

While 2 tablespoons of peanut butter contain 190 calories and 17 grams of fat, it is an excellent source of protein and provides vitamin E, fiber, magnesium, folate, potassium, copper, and niacin. The fat in peanut butter is monounsaturated which lowers total cholesterol and low-density (LDL) cholesterol levels. Peanut butter has also been shown to reduce the risk of diabetes and to lower triglyceride levels. Peanut butter is a satisfying and filling food which can be incorporated into a healthy diet.

**Olive oil is the best oil to use**

Some experts state that canola oil may be better because it is lower in saturated fat and has more polyunsaturated fat than olive oil. Both are good for you, so make both a part of a

healthy diet. While some fat is necessary for health, all fats are high in calories and should be used in moderation.

**People with diabetes should buy “sugar-free” foods**

“Sugar-free” does not mean “carbohydrate” or “calorie” free. Many sugar-free foods contain as many or more carbohydrates as “regular” versions. Your best bet is to carefully read all food labels. Remember 15 grams of carbohydrates equals 1 choice in the exchange list. It does not matter, for the sake of carbohydrate counting, what form those 15 grams of carbohydrate come in—natural sugar, added sugar, grain, etc.

**Caffeinated drinks make you dehydrated**

Researchers have not been able to show a difference in hydration status with subjects ingesting fluids with caffeine or without. When it comes to meeting our fluid needs, caffeinated beverages appear similar to non-caffeinated beverages.

**For best health, buy foods that are labeled as high fiber**

Isolated fibers, including inulin, maltodextrin, modified wheat starch, and polydextrose, may not improve bowel function, decrease cholesterol, or improve glucose

levels the way that intact, natural fiber does. Sometimes the label “added fiber” is more of a marketing tool to encourage the consumer to purchase the product instead of having true health benefits.

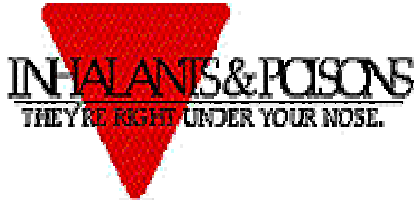
**High-fructose corn syrup is worse for you than regular sugar**

In the past 30 years, usage of HFCS in our food supply has increased by 1000%. There has also been a rise in overweight and obesity but it does not mean the two factors are interdependent. Our intake of all sugars has increased along with an increase in portion sizes and a decrease in physical activity. Both HFCS and sucrose (table sugar) are combinations of glucose and fructose. Experts recommend that we reduce our intake of all added sugars for health benefits.

***(Continued on Page 13)***



# National Inhalant and Poison Awareness Week



**March 7-13 is National Inhalant and Poison Awareness Week.**

The National Inhalant Prevention Center wants everyone to increase their knowledge about the use and risks of inhalant involvement. For example, did you know that recent studies suggest that **one in five students in**

**America has used an inhalant to get high by the time he or she is in the eighth grade?** Common household items that are easily accessible include hairspray, air freshener, nail polish remover, propane and even vegetable cooking spray. Less accessible but equally damaging inhalants include nitrous oxide, ether, and amyl nitrate.

Effects of inhalant abuse range from slight stimulation to Sudden Sniffing Death Syndrome, which can occur the very first time inhalants are used. Inhalant abuse damages vital organs and bone marrow.

Withdrawal symptoms can include hallucinations, delirium tremens, muscle cramps and hand tremors. Sadly, treatment for inhalant abuse is rare and hard to find, although early detection offers the best hope for recovery.

For information about National Inhalant and Poison Awareness Week, contact the National Inhalant Prevention Coalition at 1-800-269-4237 or e-mail: [nipc@io.com](mailto:nipc@io.com)

~Rhonda Ford, MSW  
Clinical Social Work Supervisor

*I just want to say thank you to everyone for the retirement receptions, cards, gifts, and all the well-wishes. You are a great bunch to work with and I will always remember each of you as my friend.*

~Paul Shepherd, Staffing Nurse Coordinator

## Centralized Rehabilitation Department Activities

Even as dreadfully dreary as nature has been in the mercifully short month of February, Suzy Quillen, Vocational Rehabilitation Supervisor, is not infected with profound cabin fever. Actually, she is the outward and visible sign of inward, complicated and long-running changes of all that falls under the umbrella of Central Rehabilitative Services (CRS). The top-to-bottom revamping has pressed the full CRS staff into planning and execution of both new and refined patient care.

These substantial changes, partially necessitated by retirements and state-mandated attrition, nevertheless follow a design of theoretical protocol of Maslow, Prochaska, or just take your pick. By whatever name, it is well thought out and didactic.

Basically, it goes like this. CRS is defining and offering services to patients on all

levels, who are here for brief hospitalizations up to extended stays. The plan is rich with practicality. For one example, library hours will be expanded nearly double to offer a more educational experience. Wellness groups will offer more emphasis on nutrition. Music groups will expand from jingles to arias. (OK, that's somewhat of a stretch, but social and leisure groups will be more defined.)

The project has been in the planning phase for about a year and a half. In that time, it has progressed from brain to backbone – that latter best evidenced by the yard-sale appearance of group rooms during renovations the last week in February. The CRS staff's slacker attire added elegantly to the day-labor ambiance.

The treatment design is compartmentalized – living, learning, working, and socialization. It is a commendable response.

CRS is also grateful for the return of Jeannette Heath from her extended medical absence. Fate ripped her off by inflicting protracted and severe pain undeserving of someone with a contagious smile and upbeat mood. The future owes Jeannette good fortune with compounded interest. We hope the Valentine's Day cards, hand-drawn and written by the Supporting Your Success group provided a little spiritual lift. Welcome back, Jeanette.



~Ned Bane  
Peer Support Specialist

# JANUARY PERSONNEL CHANGES



## New Employees

Misty McAllister, P-14 Licensed Practical Nurse	January 10
Tera Kennedy, Q32 Licensed Practical Nurse	January 10
Rebecca Mabry, P-14 Registered Nurse	January 10
Patricia Roark, Q32 Registered Nurse	January 10

## Promotions/Role Changes

Roxanna Boothe, from P-14 Food Service Technician to P-3 Food Service Technician	January 10
Rachel Hayes, from P-14 Food Service Technician to P-3 Food Service Technician	January 10
Jonathan Wymer, from P-14 Food Service Technician to P-3 Food Service Technician	January 25

### MONTHLY PATIENT CENSUS

January  
2010

Admissions 103  
Discharges 93  
Passes 10

Average Daily  
Census  
144

## Separations

Pamela Tilson, Psychiatric Aide	January 22
Erik Johnson, Psychiatric Aide	January 24
Gregory Sawyers, Psychiatric Aide	January 27
Angel Evans, Registered Nurse	January 31



### March Lunar Phases

March 7  
Last Quarter

March 15  
New Moon

March 23  
First Quarter

March 29  
Full Moon

## VOLUNTEERS WANTED



- Do you know how to use a video camera?
- Do you know how to edit videos you have recorded?
- Do you have technical expertise in regard to home videos?
- If you answered **YES** to any of these questions, call or email **Amanda Phipps** today!

We are interested in creating educational videos that can be shown to our clients. If you can participate in a small workgroup, please call or email Amanda today!

## Social Workers Inspire Community Action

### March is National Professional Social Work Month

In every community, there are people who go above and beyond their usual work to make a significant difference in the lives of thousands. These advocates can come from every discipline, and many times they are social workers.

Social Workers often work in positions and organizations that allow them to see the full impact of a larger social problem in a community. Many lead efforts that address the root of such problems. These dedicated individuals are who the National Association of Social Workers seeks to honor during National Professional Social Work Month.

The theme for this year's celebration is "Social Workers Inspire Community Action."

The 2010 Social Work Month theme underscores the Association's focus this year on leadership development. There are many inspiring leaders to look to in our profession's history as we plan for the future.

One such person is Dr. Dorothy I. Height, a social work pioneer, President Emerita of the National Council of Negro Women, and one of the most recognized civil rights leaders in the United States. Dr. Height worked directly with Dr. Martin Luther King, Jr., Whitney M. Young, Jr. (also a social worker), John Lewis, and others to enact the 1964 Civil Rights Act. She also helped open YWCA clubs to girls of all backgrounds.

A documentary of Dr. Height's life from the SUNY Stony Brook School of Social Work is in production and both the House and Senate versions of the Social Work Reinvestment

Act bear her name and that of former NASW President Whitney Young.

While stories about social work leaders are published in the media, they only show a fraction of the positive changes created by social workers in all communities.

For example, before relocating to southwest Virginia, Rhonda Ford, MSW, CSW Supervisor, Admission Unit/Ward D, was executive director of Miriam's House- a transitional housing program serving homeless women and families, as well as two permanent housing programs and a childcare center. She also headed the Homeless & Housing Coalition of Central Virginia for more than 10 years, bringing needed federal grant funds to serve persons experiencing homelessness. What you may not know is that she began this journey through the mentorship of local civil rights activist, Rev. Bev Cosby, who opened the first interracial public pool in Lynchburg in 1961 and hosted Dr. Martin Luther King at his Church of the Covenant in 1962. Through his mentorship, more than a dozen programs were developed that serve the poor in Central Virginia to this day. "Bev died in 2001 but what I most remember about him was his habit of always greeting me by saying 'I'm so glad you're here,'" Rhonda recalls. "It was the attention he gave each person he encountered, regardless of the monumental tasks at hand, that most shaped me as a social worker."

Professional social workers, just like Rhonda, are on the frontlines, responding to human needs such as homeless-

ness, poverty, family break-up, mental illness, physical and mental disability, alcohol and substance abuse, domestic violence, and much more. They also know that helping people and families navigate difficult life transitions may require "changing the map" through community action.

**Find more stories about social workers making a difference on these Web sites:**

- **HelpStartsHere.org**  
Advice and resources on top consumer issues from social work experts
- **SocialWorkersSpeak.org**  
Social work commentary on social issues depicted in entertainment and news media
- **BeASocialWorker.org**  
Examples of, and information about, interesting social work careers

~Debbie Boelte, Social Work Director, and Rhonda Ford, Clinical Social Work Supervisor





## HPO Wellness Group Update

This group formed initially for a three month period from September through December 2008. One "sub-committee" was formed for each of three areas: exercise/fitness, nutrition, and spirituality. The group used the process of multi-voting to define Holistic Wellness as "Choosing to use your whole self- Mind, Body, and Spirit- on your journey toward self discovery." The immediate mission for the group was to develop basic protocols for three centralized rehabilitation groups. These were: Nutrition, Exercise/ Fitness, and Spirituality. By December, the basic protocols were developed and the formal HPO workgroup considered its work completed. However, the "subcommittees" added some members and through the Centralized Rehabilitation Department program continued to refine and add to these during 2009.

The Exercise and Fitness groups are the most active at the present time (February 2010). Exercise equipment was purchased last year and every unit has patients coming to the gym area to use them on a regular basis. Initially, there were several fitness trainers in the Rehab Department but they have left employment over time. Most recently, a new employee was hired, Fred Pfrimmer, Recreational Therapist, who obtained his certification as a fitness trainer and has become active in leadership for these groups. Occupational Therapists also have several exercise and fitness groups going, especially on the ERS unit.

The Nutrition group is coordinated by Sue Saltz, evening supervisor for the Centralized Rehabilitation Department. Most recently, a training manual was purchased, "Food Education for People with Serious Psychiatric Disabilities." This manual has new information and material that is currently being used to redesign protocols for patients, with an emphasis initially on the

ERS population. Weight management and lowering blood pressure are two examples of the kind of risk factors that influence patient referrals by their treatment teams to this group. After ERS protocols are revised, a nutrition group for the Admissions Unit patients will be initiated. It is important to coordinate the fitness/exercise groups with the nutrition groups. One significant thing to note is that as patients become more aware and interested in their personal nutrition, it may be a challenge to meet some requests. For example, in the future, there may be more requests for a variety of salads, higher protein meals, steamed vegetables, and cafeteria-style choices for meal selection. Coleen Walls, Nutritionist Supervisor/Dietitian, has collaborated with the initial sub-committee and continues to be available as a consultant to the Nutrition Group.

The Spirituality group initially had the most initial interest from staff members for developing the protocols. Sharon Neitch, Occupational Therapy Supervisor, is still following this group, as well as the Nutrition one. There was so much variety that it has been hard to get everything going. A patient writing group is the most developed of the ideas. Other ideas, such as dance and music modalities are potentially "in the making." Specific talent and a genuine interest on the part of the group leader is needed to run these sorts of groups. Group leaders could be any facility staff member who has met the competency to lead groups. Ned Bane, Peer Support Specialist, is doing some music group activities and Fred Pfrimmer may start more, as he too has musical talent. A community volunteer may be able to start a patient choral group.

The financial expenditures generated either



by the original HPO workgroup or its offspring subcommittees include most recently, the purchase of the training manual for nutrition, which cost \$54.95. Last year, \$1995 was spent to purchase stationary bicycles and helmets for the exercise group. Prior to the HPO group forming, there were also other items of exercise equipment purchased which are being used to the fullest now.

Sharon Neitch is forming a Health Literacy interdisciplinary workgroup. The first meeting is February 26. It is not really a part of the Wellness HPO Group, as that has completed its mission. However, Health Literacy is an extension of the Cultural and Linguistic Competency efforts. There is some overlap in terms of teaching, reading, writing, and helping to adjust interventions to learning styles along cultural background needs. Culture is connected deeply to spirituality in many situations. Pictures and other types of non-written education may be developed for patient medication education. A video on Appalachian Culture may be tied in with this.

Once the Closed Circuit Recovery TV gets up and going, there are also some other related ideas such as having an "old" film festival with appropriate treatment related discussions generated along topics in the movies. Also, a creative idea of a closed circuit televised weather report given by patients is waiting for an opportunity to take off.

~Alicia Alvarado, Chief Nurse Executive and Sharon Neitch, Occupational Therapy Supervisor

## March Days To Celebrate

"Off the cuff" March holidays to celebrate:

**March 3**

I Want You to Be Happy Day

**March 9**

Barbie's Birthday

**March 13**

Open an Umbrella Indoors Day

**March 20**

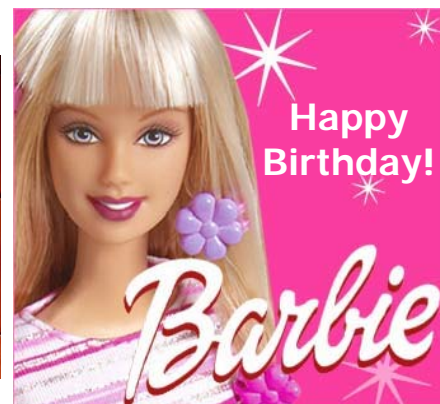
Anonymous Giving Week Begins

**March 23**

Chip and Dip Day

**March 26**

Make Up Your Own Holiday Day





When Old Man Winter calls it quits for the year, people all across the world climb ladders to spruce up the exterior of their homes, examine gutters, paint, and perform other tasks associated with spring cleaning. While working around the house can be very rewarding, hundreds of thousands of injuries occur each year as a result of mishaps related to electric tools, ladders, and lawn mowers.

- On average about 150,000 people make emergency room visits due to ladder mishaps each year.
- More than 75,000 people are treated annually in hospital emergency rooms for lawn mower injuries – casualties of burns, dismemberment, electric shock, falls, and injuries from thrown objects.
- Another 35,000 people sustain injuries from power garden tools such as trimmers, lawn edgers, and pruners.

To avoid paying a visit to the emergency room this spring, the safety professionals at Underwriters Laboratories, Inc. (UL) would like you to be aware of these basic safety guidelines for proper use of your lawn and garden equipment, tools, and ladders. Following these precautions and the manufacturer's instructions may help you to enjoy longer, safer use of your spring cleaning tools and help keep you and your family safe during spring cleaning season.

#### Lawn mower safety

- Before operating your mower, read the owner's manual thoroughly, noting all safety and operating instructions. Learn the controls well enough to act instantly in an emergency and to stop the machine quickly.
- If you have a gasoline-fueled mower, store the gas in a UL certified safety can. Fill the mower outside, away from possible ignition sources.
- Always start the mower outdoors.

Never operate the mower where carbon monoxide can collect, such as in a closed garage, storage shed, or basement.

- Make sure all safety guards are in place and keep the mower's blades sharp.
- If you run over an object hidden in the grass or have a mower malfunction, remember to turn off the mower and disconnect the power cord before inspecting for damage.
- Never leave a lawn mower operational while unattended – curious children, eager to help out, may get seriously injured.

#### Lawn & garden appliance safety

- Always look for the UL Mark before purchasing a power tool, garden appliance, or electrical product.
- Before each use, inspect power tools and electric garden appliances for frayed power cords and cracked or broken casings. If the product is damaged, have a qualified repair shop examine the product.
- When using tools or extension cords outside, make sure they are appropriate for outdoor use.
- Never alter a product or remove safety features such as blade guards or electric plug grounding pins.
- Check the switch on a power tool or garden appliance to make sure it's "OFF" before you plug it in.

#### Ladder safety

- Always use a ladder that is long enough for the job at hand. A great number of accidents are the result of using a ladder that is too short.
- Don't carry equipment while climbing a ladder. Invest in a tool belt or have someone hand the equipment to you.
- While on the ladder, don't

overextend your reach, and keep your weight evenly distributed.

- Make sure people and equipment are off the ladder before moving or closing it.
- Never stand on a ladder's bucket shelf.

#### Information provided by Underwriters Laboratories, Inc.

##### About UL

Underwriters Laboratories, Inc. (UL) is an independent, not-for-profit testing and certification organization that has objectively evaluated products for safety for more than a century. More than 17 billion products bearing the UL Mark enter the marketplace every year.

##### What is the UL Mark?

The UL Mark is the most widely recognized safety certification mark in North America. The UL Mark on a product means that representative samples of that product have been tested to nationally recognized safety standards and found to be reasonably free from the risk of fire, electric shock and related hazards.

For more consumer safety information, visit <http://www.ul.com/regulators/pubedu.html>

~The Safety Committee

The family of Peggie Roland would like to thank everyone for each card, each call, each prayer, and each kind thought. She loved the patients and the staff of this facility. SWVMHI was her second home. May God bless each of you.

~John Roland, Sharon Winebarger, and Family

## Farewell Dear Friends

Last month, 13 employees/soon to be retirees shared their memories of working at SWVMHI, as well as what they would miss, and future plans. Four additional employees responded to the request for information and their stories are featured this month. If other retirees want to contribute to the feature, please contact Amanda Currin at Ext. 270.

**Susan Hamm** began work at SWVMHI October 16, 1974. She started as a LPN and then became an RN. Susan has worked on the Geriatric Unit except for a short period on the Admissions Unit. It may have been brief but she clearly remembers the night she had six admissions! She knows she will miss the hard work, the great staff, and the patients; however, she is looking forward to sleeping past 4:00 a.m. She says she will truly miss this place and she thanks everyone for all their support and friendship.

**Cleve Musser** followed a family tradition when he came to work here October 1, 1971. His mother, father, uncle, and mother-in-law retired from SWVMHI. Also, Cleve met his wife while working here. Cleve has worked with many patients throughout the years from his time as an Aide and then his time in the Rehab. Department. He has enjoyed his work and knowing that he is helping people every day. He will miss the patients and staff and doesn't plan to work again, at least not for now. He plans to use his free time hunting, fishing, and spending time with his grandchildren.



**Lyn Thompson** has worked throughout the hospital in the Activities Department since February 1980. Some of her best memories are of taking the Geriatric Unit residents on picnics and rides in the country deep into the mountains, going to art and music festivals, museums, and fishing. She remembers the annual carnivals and the big monthly events that gave the residents something to look forward to and a way to be outdoors and away from the facility. She remembers so many happy faces after accomplishing a task they felt they wouldn't be able to do and the joy of learning a new skill and remarking "I'll be able to do this at home!" Lyn has travel plans (Guatemala, Israel, etc.) and wherever God leads her. She plans to garden and hike a lot, learn some new hobbies, and help her family. If after all that she has time, she might look for a part time position! Lyn's final comments were "I just want to say how humbling it has been for 30 years, to have been given the opportunity to serve so many

remarkable people who have meant so much to me and have done more for me than I was able to do for them. "I have learned so much working here through the residents, through so many of you, and by experience, but GOD taught me the greatest lesson of all... that we exist to glorify Him by believing in His son JESUS CHRIST as our Lord and Savior. (John 3:16). Farewell to everyone. I know I have worked with so many people who truly love and care about the residents."

**Rick Delp**, known to many of us as the "HR Answer Man," actually first worked here in 1977 to 1978 as a teacher in the Finley Gayle Building. He came back to SWVMHI in 1997 when he transferred from the Virginia Employment Commission. He has over thirty years in the human resources field and while he might work after retirement, he looks forward to doing something different. He has nothing definite in mind and likes the idea of just not having a plan and relaxing a bit. He says he will miss the people here the most as he has worked with a lot of nice people and has made a lot of good friends during his years here.

We extend our thanks to these employees and to all the retirees for the many years of devoted service to the patients of SWVMHI. We wish them all much joy in their retirement.

~Amanda J. Currin  
Assistant Director, Administrative Services

## Temporary Work Force Reduction (Furlough) Day



By now, each full-time employee should have received a letter regarding the Temporary Work Force Reduction (Furlough) Day. Every full-time employee must take a furlough day, including those that are leaving employment as a result of substituting for someone who would have been laid off (WTA). For most of us, that day will be on Friday, May 28 (the Friday prior to Memorial Day). However, some positions in areas that work all three shifts, such as Nursing, Security, Power Plant, etc. will need to take their furlough day on an alternate date. The letter explains the process for requesting a specific day for your alternate day, and what benefits will be impacted by this furlough. If you have not received your letter, you should notify your supervisor or someone in the Human Resources Office immediately.

All employees will be expected to complete a leave slip, just as you would with any other type of leave taken. Any questions should be directed to your supervisor, EMC member, or Human Resources Department member.

## National Patient Safety Awareness

**National Patient Safety Awareness Day is March 7.** The National Patient Safety Foundation (NPSF) is leading another nationwide effort to promote patient safety. The 2010 theme is **“Let’s Talk! Healthy Conversations for Safer Healthcare”** and the focus will be on communications. Communication between providers, patients, and their families in an effort to assure treatment compliance and to reduce unnecessary care is a goal of the NPSF.

Just think of the number of healthcare venues that patient safety awareness reaches: physician offices, dentist offices, outpatient clinics, imaging centers, community hospitals, and facilities such as our own. It quickly becomes apparent why organizations such as the American Medical Association, the American Hospital Association,

and The Joint Commission, among many others, have thrown their full endorsement behind each healthcare providers efforts to increase patient safety awareness in their own organization.

It occurred to me that we often hear of the larger, more formalized, efforts to focus on patient safety, and as important as they are, there are many day-to-day opportunities to make a positive impact on patient safety. So I took just a few moments to stop and think about some of the things, both large and small, that we have done, and continue to do, that make a positive impact on patient safety. Here are just a few things that I came up with...

- Recovery Training
- Seclusion and Restraint Reduction
- Adherence to The Joint Commission’s

### National Patient Safety Goals

- The attention paid to the Environment of Care
- Monthly Safety Inspections
- Environmental Rounds
- Increasing Hand Hygiene Compliance
- Staff and patient compliance in the vaccination programs

These are just a few of the things that occurred to me. Some are big, while others are small... but they have all had a positive impact on patient safety. So, I encourage you to spend a little time thinking about what each of you do, or could do, that would continue to shine a light on Patient Safety.

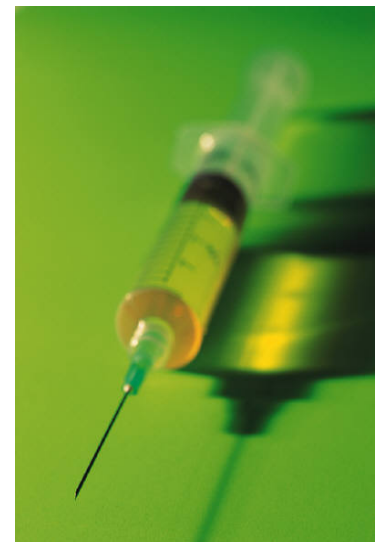
~Phil Jones  
Director Quality/Risk Management

## Employee Influenza Vaccinations Update

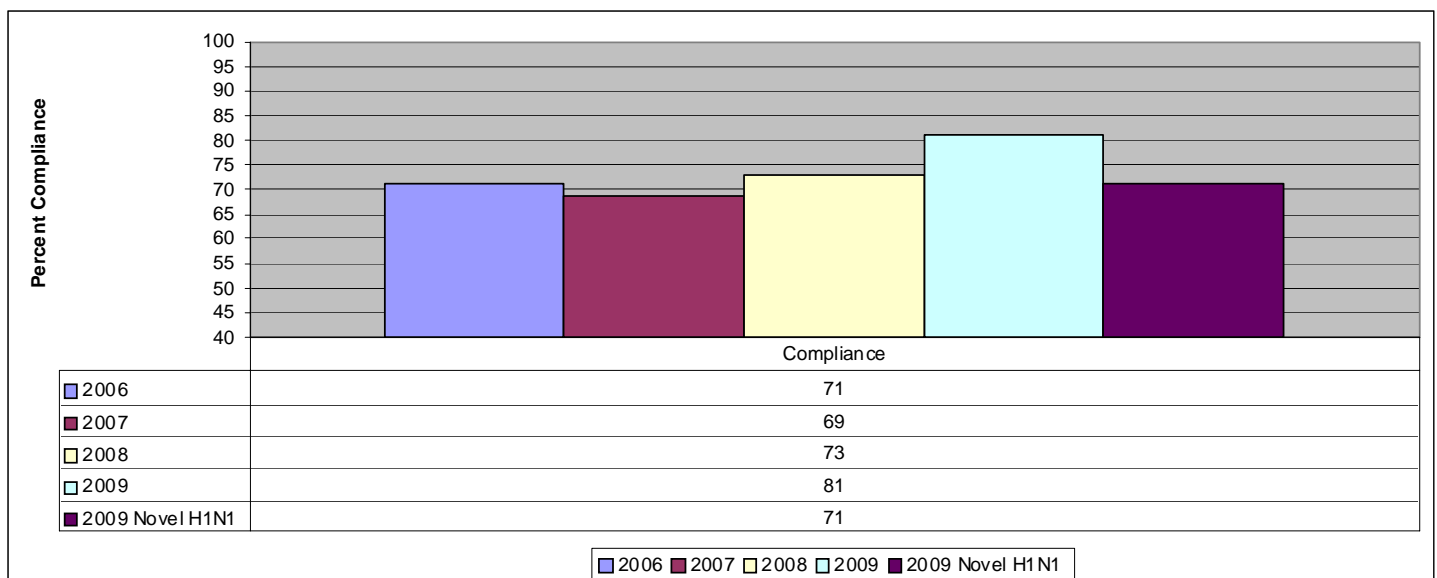
Did you know that only 42 percent of health care workers were vaccinated during the 2005/2006 flu season? In the past years, outbreaks have been documented in health care settings in which health care workers were implicated as the potential source of infection. Receiving the influenza vaccination shows dedication to keeping our employees healthy and helping to protect our patients. **(Patient Safety!)**

Joint Commission Resources have challenged hospitals to achieve rates higher than the national average. SWVMHI employees have gone above and beyond to achieve a high compliance of employee vaccinations. A silver rating for reaching 75% has been awarded to SWVMHI. Next year our goal can be 90% - Going for the Gold! Thanks to all who participated to make this happen.

~Cindy Jones, RN, CIC  
Infection Control/Employee Health Coordinator



## Influenza Vaccination Compliance Record



# History From The Hill

## Southwestern Lunatic Asylum

Editor's note: This article is taken from the local newspaper in Smyth County, Virginia, *The Conservative Democrat*, published February 3, 1887. The newsprint is illegible in some places and that is why some words are missing.

## Virginia's New Hope for the Insane – A Full Description of the Building- Correspondence of the Lynchburg News

Marion, Virginia- As this building is now about completed, a brief history, description, etc, may not be uninteresting to your readers.

By an act of the Assembly approved November 29, 1884, Dr. Harvey Black, J. Hoge Tyler, F.B. Hurt, John S. Apperson, D.D. Hull, N. Look and Thomas J. Boyd were appointed a building committee to build the asylum on the grounds that had been donated to the State by the County of Smyth. These grounds contained 208 acres and cost \$30,000. Colonel Boyd declined to serve on account of age and feeble-health and Mr. S.B. Williams of Bland County was chosen in his place. The committee organized on January 18, 1885, by having Dr. Black as Chairman, Dr. John S. Apperson, secretary, and D.D. Hull, treasurer. The first step taken was the securing of plans and specifications, and

after a close contest between some of the most noted architects in the country, those submitted by the McDonald Bros. of Louisville, Ky, were chosen and the committee then, as authorized by the Legislature, made a visiting tour inspecting many similar institutions and had the architect to incorporate all new and improved features they discovered into the plan they had adopted. This led to the securing of the most modernized and convenient institution as well as the most economical in cost that has yet built. We learn that Ex-Governor Hartauft, of Pennsylvania, who is authority on such subjects—almost ridiculed the idea that a decent institution could be built to hold 200 patients for \$100,000—and said to the committee that they had just as well report that it could not be done; stating that the cheapest one of this kind that had ever been build cost over \$600,000 to the patient capacity, and that was an institution capable of holding over 1,200 persons; and Dr. Dick Wiso said on the floor of the House of Delegates when the committee asked for an additional appropriation of \$\_\_\_\_\_ it: "That if the committee could build and thus equip the institution for the \_\_\_ they ought to have it, as it would be a marvelous work." How well this committee has discharged their duty. This is a magnificent structure that has arisen



on its beautiful site, near and overlooking this town. \_\_\_ Massive walls, with grand spires and domes are rarities here in these mountain wilds. You must not blame us if we get a little enthusiastic in praise of our one big public building. God seems to have designed the very spot for the purpose it has been chosen and surrounded it with every advantage it needed.

The Asylum is composed of four separate or distinct buildings, connected by corridors so as to have the whole under one roof. The front building is known as the "administrative building;" it is four stories high, with a lofty dome and tower 118 feet high. You enter this building over a beautiful tiled floor in a large vestibule or porch, and at once find yourself in a grand octagonal rotunda, lighted by heavy plate glass in the dome. Walkways with protecting railing encircle this space at each floor. When the electric lights are in full play this will be a beautiful place.

## Happy Doctor's Day on March 30!!

## Nutrition Myths That Will Not Die (Continued)

### Butter is better for you than margarine

Margarine was very popular until it was discovered that the *trans* fat in margarine was possibly worse to consume than the saturated fat in butter. Both have negative health affects. The best choice: a *trans*-fat free margarine. Always read labels and avoid hydrogenated fats if possible.

### Avoid bread to lose weight

No matter what food group you choose, if you cut out items from the diet (and don't increase others) you will be reducing your calorie intake and therefore lose weight. The problem is that you will also eliminate the nutrients provided by that food group. The best approach is: choose bread that is 100 % whole grain or whole wheat, con-

tains less than 250 mg of sodium/slice, and provides at least 2 grams of fiber/slice.

### Cutting back on salt is the best way to lower blood pressure

While cutting back on salt (sodium) may help to lower blood pressure, other dietary changes can also help. Eating a DASH diet that is high in fruits and vegetables, low-fat dairy products, lean proteins, and healthy fats can also have a beneficial effect on blood pressure. Also losing excess weight and exercising can have a positive effect on blood pressure. In fact some studies have shown that for every 20 pounds of excess weight that is lost, the systolic blood pressure decreases 5-20 points.

### Vitamin-infused waters are a great choice for healthy, on-the-go, people

Water soluble vitamins that are consumed in greater amounts than the body needs will pass into the urine and be excreted. This can be costly but not dangerous. The fat-soluble vitamins (A,D,E, and K) are stored in your body and when consumed in large amounts over time can have negative health effects. No solid evidence exists to prove that any vitamins help to increase your energy.

Resources: RD 411; Nutrition Action; American Dietetic Association

~Coleen Walls, MS/RD  
Nutritionist Supervisor



**Comments, Suggestions, or Ideas?**  
**SHARE THEM!**  
 Please email any comments, suggestions, or ideas to any newsletter staff member.

**Southwestern Virginia  
 Mental Health Institute**

**Address:** 340 Bagley Circle  
 Marion, Virginia 24354  
**Phone:** 276-783-1200  
**Fax:** 276-783-1465



**Word Search Answer Key**

				L	S	R	E	I	D	L	O	S					
			B	A	C	K	G	R	O	U	N	D	S			N	
				R		T									E		
				G	S			P						C	E	S	
				E			M	A	R	C	H			E	R	T	S
	K		D	S				T			H	S	I	L	G	N	E
	R	L		T				R						E		A	T
	O						F	I	F	T	H			B		P	A
	Y					T		C	R					R		I	T
	W					H		K		I				A		C	S
R	E	L	I	G	I	O	U	S			S			T		I	D
I	N					U	G					H		I		T	E
V						S		A						N		R	T
E		E	D	A	R	A	P		C					G		A	I
R						N				I						P	N
						D					H						U
			V	E	G	E	T	A	B	L	E	C					

**Please submit articles for the next newsletter to Amanda Phipps by March 22, 2010.**

**The next newsletter will be published April 1, 2010.**