



Motivational Interviewing	3
From the Library	3
Chaplain's Corner	5
Personnel Changes	8
Meals in Minutes	9
Recovery Heroes	10
History from the Hill	12

From The Director

SAMHSA News, the award-winning publication of the Substance Abuse and Mental Health Services Administration, featured as its lead story in the September/October, 2010, edition, an article entitled, "What you Need to Know About Health Reform: What the Affordable Care Act Offers." I thought it would be informative to describe the goals of this law from the perspective of the U.S. Department of Health and Human Services, which includes SAMHSA, the Center for Mental Health Services, the Center for Substance Abuse Treatment, and the Center for Substance Abuse Prevention.

Health Care Reform is one of SAMHSA's eight key initiatives, and the agency is taking a lead role in shaping policies regarding home- and community-based services for individuals with mental and substance abuse disorders. Most important is SAMHSA's goal to integrate physical health (primary care) and behavioral health for individuals with chronic conditions.

According to SAMHSA Administrator Pamela S. Hyde, J.D., it is estimated that up to one-third of individuals without insurance coverage are people with mental health and substance abuse disorders. The Affordable Care Act is scheduled to bring health insurance coverage to 32 million people who are currently uninsured. Of those 32 million people, it is anticipated that six to ten million individuals have untreated mental illnesses or addictions that can now be helped.

There are many reasons why people don't have insurance, but sometimes

it is because insurance companies exclude people with pre-existing conditions. Other times, it is because people with serious mental health conditions are not employed, and so don't have insurance. "Thirty-nine percent of individuals who are now served by state mental health authorities have no insurance," stated John O'Brien, Senior Advisor for Health Financing at SAMHSA. The Affordable Care Act changes that because beginning in 2014, insurance companies will no longer be allowed to deny coverage because of pre-existing conditions or raise premiums if conditions develop.

U.S. Department of Health and Human Services Secretary Kathleen Sebelius, M.P.A., describes that this is a transformation of healthcare, a shift from "sick care" to health care. The goal is to focus on prevention, early intervention, and ongoing wellness care, rather than waiting until people need acute care, develop chronic conditions, or need hospitalizations.

To read SAMHSA News online, go to www.samhsa.gov/samhsaNewsletter. For more information on the Affordable Care Act, visit <http://www.healthcare.gov>. It is important for everyone to stay informed and get involved by sharing your input.

The ACA may be affected by a lawsuit filed in Federal Court, but this is the Act as passed and signed into law in 2010:

This timeline was taken from SAMHSA News:

The Affordable Care Act Timeline

The Affordable Care Act doesn't go into effect overnight. While some key provisions have already taken effect, other changes will be phased in gradually through 2014 and beyond. Year by year, this timeline shows you what's happening when.

2010

March 23: President Obama signs the Affordable care Act, a set of comprehensive health insurance reforms.

April 1: States can receive federal matching funds to cover additional low-income individual and families.

July 1: A temporary Pre-Existing Conditions Insurance Plan provides coverage options for people who have been uninsured for at least 6 months because of pre-existing conditions.

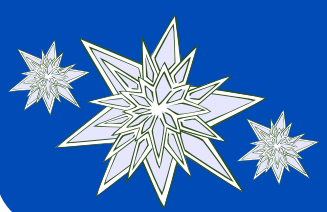


~ Cynthia McClaskey, Ph.D.
With Tipi & Chief

WHAT AM I?

I'm in the air, but I'm still on the ground. I have ropes but I do not stand.

Answer on Page 11



From the Director, continued

September 23: The following are in effect (for health plan years beginning on or after this date):

- Young adults can stay on their parents' plans until they turn 26.
- Insurers can no longer deny coverage to children under 19 because of pre-existing conditions.
- Plans must cover certain preventive services without requiring copayments or deductibles.
- Insurance companies can no longer impose lifetime limits on essential benefits and face new restrictions on annual limits.
- Insurance companies' use of annual dollar limits on coverage is restricted for new plans in the individual market and in all group plans.
- Insurance companies can no longer use innocent errors on customers' applications to deny payment for services when customers get sick.

October: All state Medicaid programs must cover smoking cessation programs for pregnant women. States gain more flexibility in offering home- and community-based services under Medicaid.

A new \$15 billion Prevention and Public Health Fund begins investing in proven prevention and public health programs, such as smoking cessation and combating obesity.

New funding will support the construction and expansion of services at community

health centers, allowing them to serve 20 million new patients.

2011

January: States can opt to receive enhanced Federal funding to support health homes to coordinate care of persons with chronic illnesses, including those with mental and substance use disorders.

October 1: A new Community First Choice Option allows states to offer home- and community-based services to people with disabilities via Medicaid rather than institutional care in nursing homes.

2012

January 1: Physicians receive incentives for coming together in "Accountable Care Organizations" to better coordinate care, improve quality, prevent disease, and reduce unnecessary hospitalizations.

2013

January 1: States receive new funding to cover preventive services for Medicaid patients at little or no cost.

2014

January 1: Individuals whose employers don't offer insurance can buy insurance directly in an exchange - a new competitive marketplace for individuals and small business to buy affordable health plans. Americans who earn less than 133 percent of the poverty level can enroll in Medicaid; states will receive 100 percent Federal funding for the first 3 years and 90 percent in subsequent years to support this expanded coverage.

Tax credits make it easier for the middle class to afford insurance and become available for people with incomes above the 100 percent and below the 400 percent of the poverty level who aren't eligible for or offered other affordable coverage.

New plans and existing group plans may no longer impose annual limits on coverage (including hospital stays and other essential benefits).

Insurance companies can no longer refuse to sell coverage or renew policies because of pre-existing conditions; they can also no longer charge higher rates because of health status or gender.

For more information, visit <http://www.healthcare.gov/law/timeline/index.html>.



Travel Tip

Did you know that parking and toll expenses are reimbursable? A receipt is required for reimbursement when each individual expense is greater than \$10.00. The expense must be claimed on the Travel Expense Reimbursement Voucher under the column "other expense."

For questions regarding this tip, or any other questions related to the SWVMHI and State travel procedures, please contact the Fiscal Office at extension 529.

~ Missy Allison, VCA -- Accounts Payable Coordinator



Motivational Interviewing

In our continuing effort to promote mental health and assist people in their recovery, SWVMHI will be providing training on Motivational Interviewing for all direct-care staff. All staff to be trained will be identified as either Level I or Level II.

Motivational interviewing is defined by Miller and Rollnick (2002) as a “directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence. Compared with nondirective counseling, it is more focused and goal-directed. The examination and resolution of ambivalence is its central purpose, and the counselor is intentionally directive in pursuing this goal.”



A survey/questionnaire has been developed for the Level I staff to complete in order to elicit information and make this training as meaningful as possible to each person in attendance.

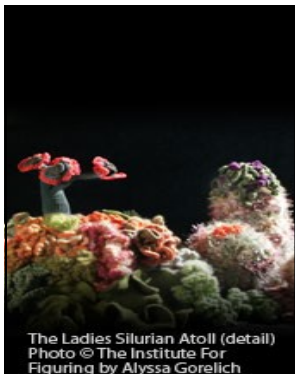
The survey/questionnaire will be distributed on January 7, 2011, and will need to be returned by January 14, 2011. Your supervisor or designee will ensure that each person intended to participate will receive a copy of the survey/questionnaire, and will let

you know where to turn it in once completed.

If you are selected to participate in the survey/questionnaire, please be sure to complete it, as your responses are essential to the value of this learning opportunity.

Thank you in advance for your assistance.

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



A Crochet Reef

A new exhibit at the Smithsonian Museum of Natural History highlights the work of many fiber artists, including some from southwestern Virginia. Staff and customers from A Likely Yarn in Abingdon submitted yarn "coral" for inclusion into the Smithsonian's Community Reef exhibit, which is part of The Hyperbolic Crochet Coral Reef, a project by the Institute for Figuring in Los Angeles, California. Individuals and groups of people who crochet from all around the world were invited to participate, and the reef is still growing! The exhibition will be on display through April 24, 2011, in case you are planning a visit to Washington, DC. Or you can view some examples of yarn "coral" and find more information about the project at www.mnh.si.edu/exhibits/hreef/index.html

The Ladies Silurian Atoll (detail)
Photo © The Institute For Figuring by Alyssa Gorelich

From the Library

The following is a list of some of the newer books we have in the Library. A huge thank you all of the staff who have been so generous with such great donations:

On the Edge, On the Brink, and Loose Gravel by Ralph Stokes

Final Dawn Over Jerusalem by John Hagee

Avenger by Frederick Forsyth

Compulsive Eaters and Relationships by Aphrodite Mataskis

Slapped Together: The Dilbert Business Anthology by Scott Adams

New Moon by Stephanie Meyer

Talleur's Basic Fly Tying by Richard Talleur

7 Steps to Bonding with Your Stepchild by Suzen Ziegahn

The Seashell People: Growing Up in Adulthood by Martha Horton

Out Stealing Horses by Per Petterson

The Known World by Edward P. Jones

Our Story by Quecreek Miners

Golf My Way by Jack Nicklaus

Lance Armstrong: Images of a Champion by Lance Armstrong

The Library would also like to thank the following people for donations, including the many anonymous cards, magazines, and books:

- Katherine Hogston
- Russ McGrady
- Angela Berry
- Ward C/D
- Ward H
- Stacy Brown
- Roxanne Bowles
- Charlene Wilson
- Lori & Ashley King
- Melinda Haynes
- Laurie Goral
- Lesu Cole



~Christina Quillen, Librarian

Rumors: The Enemy of Clear Communication

Rumors are falsehoods dressed in the cloaks of plausible truth. As such, rumors strike at the heart of the SWVMHI Value of Communication. Communication itself is desired *but not all communication is desirable*. Valued communication is clear, direct, accurate, consistent, concise, timely, inclusive, and relevant. Rumors seem to contain all of these characteristics, but the information in rumors is distorted. Rumors are passed by word of mouth. In this process, the information becomes distorted due to the

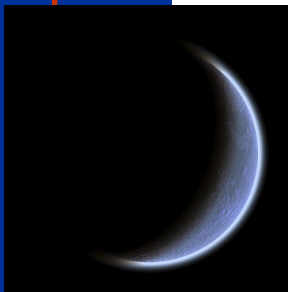
shrinking of the message and the infusion of emotion-laced beliefs into the message. These emotion-laced beliefs can come from the speaker, the receiver, or both. Interestingly, rumors fall into three categories; hopeful rumors, fear-based rumors, or wedge-driving rumors intending to undermine loyalty to the group. Sadly, most of the rumors that occur are fear-based and wedge-driving. Rumors, like cockroaches, retreat under the bright light of truth. If we put our SWVMHI Value of Communication into action we 1)

avoid passing rumors, and 2) seek the truth from our supervisors when we hear a rumor.

We end the fear that drives the rumor. Eleanor Roosevelt wisely noted, "You gain strength, courage and confidence by every experience in which you really stop to look fear in the face."

~ James Moon, Ph.D.
Psychology Supervisor

January Lunar Phases



January 4
New Moon
January 12
First Quarter Moon
January 19
Full Moon
January 26
Last Quarter Moon



Environmental Trivia

(Not So) Fun Fact

The average North American gains seven to twelve pounds over the Thanksgiving and Christmas holidays.

Which generates more greenhouse gas emissions, the average house or average car?

- A. They are about the same
- B. The average house
- C. The average car
- D. The greenhouse effect purported to cause global warming has not been proven.

Answer: B



~ Environmental Resource Center
<http://www.ercweb.com>

Chaplain's Corner

"When they saw the star, they rejoiced exceedingly with great joy. After coming into the house, they saw the Child with Mary His mother; and they fell to the ground and worshiped Him. Then, opening their treasures, they presented Him gifts of gold, frankincense, and myrrh. And having been warned by God in a dream not to go back to Herod, they returned to their country by another way" (Matthew 2:10-12, NASB).

Where these Magi came from or how many there were is uncertain. But this is known, they traveled far from the east across the desert, in difficult circumstances, facing heat and cold, thirst and weariness of body for weeks to follow a star. A star that stood out from all the others in the heavens. A star that led them on a quest to find what the prophecies of old had foretold. Nothing, it seemed, could sway them from their mission. Wills determined and bearing gifts, they came in search of a King. Though called the "King of the Jews," the one the Magi sought was no ordinary king, no mere earthly king. This King was not of this earth, though the earth was His and all that was in it. Born of a woman, and clothed in human flesh, this King had laid down his royal garments and left his royal throne where no mortal had trod. This King had come for a purpose: "Turn to Me and be saved, all the ends of the earth; for I am God, and there is no other. I have sworn by Myself, the word has gone forth from My mouth in righteousness and will not turn back, that to me every knee will bow, every tongue will swear allegiance" (Isaiah 45:22-23).

So they came, the Magi, to find the King. And when they did, they were overjoyed and humbled. What does one do in the presence of God, even though wrapped in human flesh? Whatever their thoughts at that moment, whatever their emotions, whatever the impres-

sion that may have moved upon their spirit by One greater than their own, they were humbled to be in the presence of this King. We are reminded in the scriptures that "where your treasure is, there your heart will be also" (Luke 12:34). With their new found treasure before them the Magi surrendered their hearts, fell to the ground, and worshiped.

"Where your treasure is,
there your heart will be
also."

Luke 12:34

But can one offer genuine worship without sacrifice? King David once said, "I will not offer... to the Lord my God which cost me nothing." (Samuel 24:24) So, gifts they brought; gifts worthy of a King. Giving the very best they had to offer -- their hearts -- they now presented to Him gold, frankincense, and myrrh. How easy it must have been to give these earthly gifts when their hearts had already been freely given in worship and devotion. Perhaps, the treasures of earth do seem frail in comparison when one has found the Treasure of Life.

Mission accomplished by the Magi, by Divine instruction, they traveled home "by another way," and with them go the mystery of all that had happened, deeply embedded in their minds and hearts. For a time, no matter how brief, they were allowed to cross the threshold that separates what is common among men, and allowed to see what is Sacred and Holy. Now they are called to make a decision to travel life's journey by another way. They left their home following a star, and they go back home challenged to follow a King.

The New Year begins for all, but begins how? Where will it lead and how will it

end? What star will you follow? Will it lead you to where you want to go or should go? Are you satisfied with your journey or do you need to travel "by another way?" There are many stars in our earthly quest, some that lead us down the wrong path, and others that are credible and worthwhile. But, is it THE STAR that compels us to cross the threshold from what is common to what is Sacred and Holy? Is it a star that seeks the treasures of earth that are grand and glorious in the eyes of men, or is it THE STAR that points the way to the Treasure of Life? Every morning we leave home to follow a star, but will it be THE STAR that challenges us to follow a KING.





Word Search

How many words can you find related to the month of January?

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

Blizzard

Boots

Earmuffs

Hockey

Hot Chocolate

Ice Skating

January

Jacket

Mittens

New Year

Plow

Resolutions

Scarf

Ski

Sled

Slippery

Snow

Snowflake

Super Bowl

Winter



Clinical Documentation = Critical Communication

Too often health care providers can overlook the critical role that documentation plays in providing quality services to our clients; yet, clinical documentation forms the basis for communication between health professionals and serves as a very valuable source of data:

- It provides vital information about the care provided, the treatment and care planned, and the outcome of that care as a continuous and contemporaneous record.
- It provides a record of the care and the clinical assessment, professional judgment, and critical thinking used by a health professional in the provision of that care.
- It is often used to evaluate professional practice as a part of quality assurance mechanisms such as performance

reviews, audits and accreditation processes, legislated inspections and critical incident reviews.

In an effort to strengthen staff knowledge in performing the mission-critical task of clinical documentation, the HPO Communications Team will present a series of newsletter articles that explores the principles of *good, better, and best documentation practices*. Each month a new guiding principle will be examined in depth. The chart below summarizes

the focus points of the upcoming articles and the characteristics of good clinical documentation. Please join us each month for this informative series.

Special thanks to Kimberly Ratliff, RHIT, Health Information Management Director, for providing information critical to this series.

~ **Communications Team**



Eye Care and Glaucoma Awareness Month

January is National Eye Care Month and also National Glaucoma Awareness Month. Please take a moment to reflect upon how much attention you pay to the health and well-being of your eyes. When was your last eye checkup? Do you use appropriate eye safeguards when necessary? Both of these are important elements of safeguarding your vision.



Did you know that approximately three million people have glaucoma, but almost half of them do not realize it? There are usually no warning symptoms of this disease, which is the second leading cause of

blindness in the United States. Experts suggest that everyone schedule an eye exam annually, if they want to maintain their vision.

Another critical component of eye care is work or career related. According to the Bureau of Labor Statistics, more than 200,000 American workers suffer a work-related eye injury every year, most of which could have been avoided by wearing appropriate safety equipment and observing safe working practices. People who work with the following items are most likely to experience an eye injury:

- Tools
- Welding Equipment
- Adhesives
- Bleaches
- Household Repair Items
- Lawn Mowers
- Paints, Varnishes, Shellacs and Removers
- Chemicals

So do your part. Keep eye protection a priority. Set up an appointment with an eye care professional and always observe safe working practices and have appropriate eye safety equipment available. Take care of your eyes....they are the only ones you have.

~ **Safety Committee**



PERSONNEL CHANGES

New Employees

Ellen Campbell, PI4 Food Service Technician	Nov 10
Matthew Surber, PI4 Food Service Technician	Nov 10
Kimberlee Hubbard, Office Services Assistant, Human Resources	Nov 22
Reva Neel, RNCA	Nov 29
Amy McMillan, PI4 Psychiatric Aide	Nov 29
Jada Conklin, PI4 Psychiatric Aide	Nov 29
Bethany Weddle, PI4 Psychiatric Aide	Nov 29
Shannon Deichman, PI4 LPN	Nov 29
Andrew Mone, MD, PI4 MOD/Hospitalist	Nov 29

MONTHLY PATIENT CENSUS

**November
2010**

Admissions 73

Discharges 83

Passes 10

**Average Daily
Census
137**

Separations

Elizabeth Meek, RN	Nov 9
Kimberly Medley, Psychiatric Aide	Nov 29
Gale Greer, Food Service Technician	Nov 30

Promotions/Role Changes

Vicki Copenhaver, PI4 Timekeeper to Q32 Timekeeper	Nov 22
Michael Debord, Trades Utilities Worker to Plumber/Steamfitter	Nov 25
Michelle Wilkinson, Psychiatric Aide to Wellness Educator	Nov 25

Meals in Minutes -- Hearty Corn, Chili, & Potato Soup

This unique combination of flavors creates a soup that is hearty enough to make a meal.



Estimated Times

Preparation Time: 15 mins

Cooking Time: 30 mins

Servings: 8 servings

Ingredients:

2 tablespoons butter
2 stalks celery, sliced
1 medium onion, coarsely chopped

2 1/2 cups water
2 cups diced potatoes
1 can (14 3/4 oz.) cream-style corn
1 can (11 oz.) whole kernel corn, undrained
1 can (4 oz.) diced green chiles
2 Chicken Flavor Bouillon Cubes
1 teaspoon paprika
1 bay leaf
1 can (12 fl. oz.) Evaporated Milk
2 tablespoons all-purpose flour

Directions:

MELT butter in large saucepan over medium-high heat. Add celery and onion; cook for 1 to 2 minutes or until onion is

tender. Add water, potatoes, corn, chiles, bouillon, paprika, and bay leaf. Bring to a boil. Reduce heat to low; cover.

COOK, stirring occasionally, for 15 minutes or until potatoes are tender. Stir a small amount of evaporated milk into flour in small bowl to make a smooth paste; gradually stir in remaining evaporated milk. Stir milk mixture into soup. Cook, stirring constantly, until soup comes just to a boil and thickens slightly. Season with salt and ground black pepper.

~ <http://www.meals.com/Recipes/>

Just because something doesn't do what you planned it to do doesn't mean it's useless.

~ Thomas Alva Edison

Evaluating Risk

In the IT and accounting worlds, we often hear about risk. We make decisions and implement controls based on risk. The problem is that humans are incredibly bad at evaluating risks because we often have a distorted perception about how things really are.

When evaluating risks, the textbooks generally say to

consider two things. First, consider the impact (or

what could happen) and secondly, consider the likelihood that it will happen. Unfortunately, our perception of what could happen and the likelihood that it could happen are often incorrect. For example, many people are afraid to go into the water at the beach because of the sharks. That's because we know that the impact of a shark attack is highly significant because a shark could kill you. However, the likelihood or probability of being killed by a shark is extremely low; it's only 1 in 300 million. But, I learned at a recent seminar that we should be more worried



about vending machines. The chance of being crushed and killed by a vending machine that tips over is 1 in 112 million. In other words, death by a vending machine is more than twice as likely to occur as death from a shark attack. Yet, we don't fear vending machines, but we do fear sharks. Here are some other high impact risks and the likelihood of occurrence:

- Chance of fatally slipping in bath or shower: 1 in 2,232
- Chance of drowning in a bathtub: 1 in 685,000
- Chance of being struck by lightning: 1 in 576,000
- Chance of being killed by lightning: 1 in 2,320,000
- Chance of being murdered: 1 in 18,000
- Chance that a meteor will land on your house: 1 in 182,138,880,000,000
- Chance of dying in a car accident: 1 in 18,585
- Chance of dying in an airplane accident: 1 in 354,319

- Chance of dying from a fall: 1 in 20,666
- Chance of dying from contact with a venomous animal or plant: 1 in 3,441,325
- Chance of dying from heart disease: 1 in 5
- Chance of injury from mowing the lawn: 1 in 3,623
- Chance of being on a plane with a drunken pilot: 1 in 117
- Chance of being audited by the IRS: 1 in 175
- Chance of having your identify stolen: 1 in 200
- Chance of getting the flu this year: 1 in 10
- Chance of contracting the human version of mad cow disease: 1 in 40,000,000

~ **Helpful IT Security Tips newsletter, November 29, 2010**



Recovery Heroes

A Spotlight on Our Employees Using TOVA Skills and Assisting People with Their Recovery



Last week I was talking with one of the new nurses who had just completed her first day of unit observation. During her time on the unit, two “Code Responses” were called for the same individual. I thought it would be interesting to get her feedback since she had never worked in a mental health setting before. Also, at that point in her orientation, she had not had TOVA training yet.

She told me how impressed she was with the timeliness of the staff’s response. She said staff immediately recognized that the individual was escalating, and they began trying to calm her and use verbal de-escalation, maintaining the safety of the other individuals we serve, and continuing to support the individual in crisis.

Without knowing it, this new employee described the CALMS Model that we use in TOVA for “Supporting the Person with Escalating Behavior.”

- C: Connect - Establish a connection with the person in crisis.
- A: Assess - Assess the person’s state, needs, and the safety of everyone in the environment.
- L: Listen - One of the most important things we can do to support some-

one in crisis is to listen carefully to what he or she is communicating - what they are saying, what their concerns or fears are.

M: Maintain- Maintain safety, maintain distance, maintain an attitude of caring and support.

S: Support.

Congratulations to the day shift team of nurses and aides on ward AB. You took great care of the individual in crisis, with the grace and ease of the professionals that you are, while demonstrating the effectiveness of TOVA to a new employee. Great team work!

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



- o All employees must complete the VOPA CAI by January 31, 2010.
- o Outside Employment Request forms should be submitted to your supervisor annually in January. Questions should be directed to the Human Resources Office.

January Days to Celebrate

“Off the cuff” January holidays to celebrate:

- January 2**
Boo Boo Bear’s Birthday
- January 4**
National Spaghetti Day
- January 8**
Elvis’ Birthday, thank you very much
- January 14**
National Dress Up Your Pet Day



- January 20**
Penguin Awareness Day
- January 21**
Squirrel Appreciation Day
- January 24**
Give Someone a Compliment Day
- January 25**
National etisoppO Day
- January 27**
Chocolate Cake Day



Fireplace Safety

Fireplace fires can cause emergencies, and breathing wood smoke is bad for our lungs and our hearts.

The following suggestions will keep you and our community safer and healthier:

1. Saving your fireplace or woodstove for special occasions. Especially avoid using it during air pollution episodes and during inversions (when the air is very stagnant and does not move). Check the webpage of your local air pollution control district or air quality management district for current and anticipated air pollution conditions.
2. Don't burn trash. Don't burn: plastics, chemicals, wrapping paper, magazines, or colored or coated papers (including newspaper inserts, junk mail, etc.). Also don't burn charcoal, coal or holiday greens. All of these contain and can emit toxic chemicals when burned.
3. Be a good neighbor and notice your smoke. Build small hot fires rather than large smoldering ones. Use seasoned (dry, not green) hard woods that burn hot and provide complete combustion; this produces much less smoke. Avoid "roaring" fires -- they can start chimney fires and can lead to overheating of wall or roof materials.
4. Use a gas fireplace with artificial logs if you can. Better yet, replace it with a direct-vent, sealed combustion gas fireplace or woodstove; these models do not use room air for the fire and do not emit smoke into the room.
5. Have your chimney cleaned annually at the start of the wood burning season.
6. Never use gasoline, charcoal lighter, or other fuel to light or relight a fire because the vapors can explode.
7. Do not allow small children near a fireplace.
8. Never leave a fire unattended.
9. Be sure no flammable materials hang down from or decorate your mantel.
10. Make sure you have basic fire safety equipment. Keep a type ABC fire extinguisher near the fireplace, install a screen that completely covers the fireplace opening, equip your house with smoke detectors, and use a spark arrester on top of your chimney.

For information on alternatives to burning wood, reducing wood smoke, and getting more heat for your fuel dollar, see ARB's Wood-burning Handbook.

~ www.arb.ca.gov/newsrel/2010/tentips.htm



Grand Rounds

Grand rounds: Function: noun plural -- rounds involving the formal presentation by an expert of a clinical issue sometimes in the presence of selected patients. (Merriam-Webster's Medical Dictionary, © 2007 Merriam-Webster, Inc.)

Grand rounds originated as part of residency training wherein new information was taught and clinical reasoning skills were enhanced. Grand rounds today are an integral component of medical education. They present clinical problems in medicine by focusing on current or interesting cases.

At SWVMHI, Grand Rounds focus on current and interesting topics that enhance everyone's knowledge of issues critical to the care of the individuals we serve. Recent Grand Rounds topics have included wound care in the elderly and facility orientation.

It is anticipated that sessions can be presented on a monthly basis. Plans are currently underway to bring you sessions this spring on Veteran's Services in Virginia, the Wounded Warrior Program, Diabetes Education, and an "In Our Own Voice" presentation. Please watch the calendar or email announcements from the Staff Training and Development Department for details on these and other topics in the near future.

If you have any ideas, or would be interested in presenting a Grand Rounds session, please contact the Staff Training and Development Department.

**WHAT AM I
ANSWER:**

A Bridge

History From The Hill - Dr. Albert Priddy, Superintendent

Dr. Albert Priddy, served as third Superintendent of Southwestern State Hospital, from 1906 to 1908.

Dr. Albert Priddy, one of seven children, was born on his father's farm in Lunenburg County, Virginia, on December 7, 1885, the son of Robert and Martha (Gaulding) Priddy.

Dr. Priddy received his preparatory education in an academy at Keysville, then known as the Shotwell Institute; and from there he attended the College of Physicians and Surgeons in Baltimore, Maryland, graduating in 1886 at the age of 20.

Dr. Priddy was a member of numerous medical societies including the American Psychiatric Association, Association of Southern Railway Surgeons, the Association of Norfolk and Western Surgeons, Virginia State Medical Society, of which he served as Vice President, as well as the Southwest Virginia Medical Society, serving as its President from 1907 - 1908. He also served as President of the National Association for the study of Epilepsy in 1914 - 1915.

From 1893 - 1894 and again from 1900 - 1901, Dr. Priddy represented Charlotte County, Virginia in the House of Delegates. During his service to the General Assembly, he served on numerous committees, and was one of the authors of the first law providing pensions for Confederate soldiers who had become disabled since the war. In the 1899-1900 session, Dr. Priddy was



Courtesy of Special Collections, Library of Virginia. Noncommercial, educational use only.

the patron in the House of a bill which became a law, providing for the government of the state hospitals for the insane and the care of the insane.

Dr. Priddy was appointed as assistant physician at Southwestern State Hospital in 1901, and in 1906, he was elected Superintendent. He resigned in 1908 due to ill health, but in April 1910, Dr. Priddy became the Superintendent of the State Colony for Epileptics and Feeble-minded (now Central Virginia Training Center) in Lynchburg, Virginia. Dr. Priddy was central to the eugenics movement [eugenics is a science theory developed in the late

nineteenth century concerned with improving hereditary qualities in the human population by encouraging persons who are considered above average mentally and physically to have more children, and discouraging offspring from parents of lesser mental and physical abilities] in Virginia, and, at the encouragement of the Colony's board of directors, he sterilized between 75 and 100 young women without their consent between 1910 and 1918. Together with his friend and state legislator, he helped to author Virginia's sterilization law, which outlined the process to be followed, including appointing a guardian, hearings, and court appeals. In 1924, the Virginia General Assembly enacted a law permitting forced sterilization of "feeble-minded" or "socially inadequate person[s]."

In November of 1924, Dr. Priddy testified in a case before the Circuit Court of Amherst County, *Buck v. Priddy* [later *Buck v. Bell*], that Carrie Buck "would cease to be a charge on society if sterilized." The Circuit Court ultimately upheld the law and ordered the sterilization of Carrie Buck after the death of Dr. Priddy in 1925.

Sterilization of persons with intellectual disabilities still continued in the United States until the mid-1970's. However, by the close of the twentieth century, the *Buck v. Bell* decision had not yet been overturned.

References: "History of Virginia: Albert Sidney Priddy," University of Virginia Library; "Supreme Court

January Factoid

January is the first month of the year in the Julian and Gregorian calendars, and one of seven Gregorian months with the length of 31 days. The first day of the month is known as New Year's Day. It is, on average, the coldest month of the year within most of the Northern Hemisphere (where it is the second month of winter) and the

warmest month of the year within most of the Southern Hemisphere (where it is the second month of summer). In the Southern Hemisphere, January is the seasonal equivalent of July in the Northern Hemisphere.

January starts on the same day of the week as October in common years, and starts on

the same day of the week as April and July in leap years. In a common year, January ends on the same day of the week as February and October, and ends on the same day of the week as July in a leap year.



Blood Donation Awareness Month

QUICK FACTS

- Every two seconds someone in the U.S. needs blood
- More than 39,000 blood donations are needed every day
- One out of every 10 people admitted in a hospital needs blood
- Total blood transfusions in a given year: 14 million
- The blood type most often requested by hospitals is Type O
- A single car accident victim can require as many as 100 units of blood
- A healthy donor may donate red blood cells every 56 days
- The number of patients who receive blood in the U.S. in a year: 4.9 million
- The demand for blood transfusions is growing faster than the donations
- One donation can help save the lives of up to three people



During the winter months our nation's blood supply is traditionally lower due to the holidays, constant travel, inclement weather, and illness. The American Association of Blood Banks (AABB), in conjunction with America's Blood Centers and the American Red Cross, designated January "National Blood Donor Month" (NBDM) to encourage donors to give—or pledge to give—blood.

The goal of NBDM is to make sure that the supply of donor blood remains at a safe and necessary level in hospitals and emergency treatment facilities throughout the country. As donor qualifications become stricter, and as the donor population ages, the United States is at risk of a low blood supply.

Blood centers throughout the country aim to keep a three-day blood supply on hand at each facility, but with the uncertainty involving hospitals and emergencies, the supply

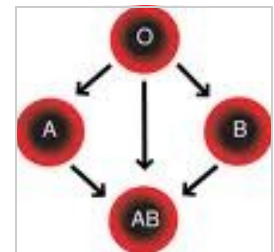
can vary constantly. When the amount of blood drops below the three-day level, the centers begin to contact local donors to increase the inventory.

Approximately 39,000 units of blood are required each day at U.S. hospitals; in fact, someone in the United States needs blood every two seconds, according to the AABB. The amount of blood used each day by these facilities requires a daily need for additional donor blood throughout the country.

If an individual is at least 17 years of age, weighs at least 110 pounds, and meets certain other donor requirements, he or she is eligible to give blood. One whole blood donation is approximately one pint of blood, and the human body contains 10 to 12 pints. The vol-

ume of fluids within your body adjusts within a few hours of a donation, and within a few weeks, the donated red blood cells regenerate. Just one single donation can save up to three lives. This January, help us observe NBDM and consider donating blood and encouraging others to do so as well.

~ www.hcpro.com and www.redcross.org



Tips for a Successful Blood Donation

- Maintain a healthy iron level in your diet
- Hydrate -- drink at least 16 oz of water before and after you donate
- Get a good night's sleep
- Have a healthy meal before you donate -- avoid foods high in fat just prior to donation
- Remember to bring your ID
- Wear clothing with sleeves that can be raised above the elbow.
- Relax, listen to music, talk to other donors, or read during the donation process.
- Avoid strenuous physical activity or heavy lifting for about five hours after donation.
- If you feel light headed, lie down, preferably with feet elevated, until the feeling passes.



**Southwestern Virginia
Mental Health Institute**

Address: 340 Bagley Circle
Marion, Virginia 24354
Phone: 276-783-1200
Fax: 276-783-9712

Comments, Suggestions or Ideas?
SHARE THEM!
Please send any comments, suggestions, or ideas you have regarding the newsletter to the Office of the Director.



This Month's Word Search Answer Key

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

Please submit articles for the next newsletter to Cheryl Veselik by January 20, 2011.

The next newsletter will be published February 1, 2011.