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From The Director



employees every day. Thank you for all that you do to make life fuller for individuals with mental illness, substance-use disorders and developmental disabilities throughout the Commonwealth. And again, congratulations to Cindy!”

Cindy told me that she has been able to be successful in her role because of the high caliber of employees that she works with at SWVMHI and their support of the Infection Control Program. Cindy notes, “I feel that my co-workers share my passion for quality healthcare for all. Together we can make a difference in so many lives.”

Hot Off The Press!

Cindy Jones, SWVMHI Infection Control Coordinator wins the 2011 Governor's Award for Public Service for Workplace Safety and Health.

At a ceremony on June 30 at the Governor's mansion, Governor Bob McDonnell congratulated Cindy. On a daily basis, Cindy demonstrates extraordinary innovation in her efforts to educate staff and patients on the small things they can do that will make a big differences controlling and reducing infec-

tions at SWVMHI. The Governor's Awards statewide program publicly recognizes outstanding employees for their hard work and dedication to the Commonwealth.

Commissioner Stewart stated, “I am very pleased to see her many accomplishments in making SWVMHI a safer place recognized in such a manner by the Governor. So many excellent nominations were submitted for the Governor's Award this year. We are fortunate to have such qualified and dedicated staff throughout our system and I am grateful for the efforts of all DBHDS

Cindy is the second DBHDS/SWVMHI employee to win a Governor's Award. Herb Firestone, Power Plant Supervisor, won a Governor's Award in 2007 for his work to make the Power Plant more efficient.

SWVMHI employees have many reasons to be proud. **Cynthia McClaskey, Ph.D.**

A life is not important except in the impact it has on other lives.
~ Jackie Robinson

Recognition Committee News

Service and Recognition Awards were given out in facility-wide ceremonies on May 19, 2011. Those receiving Service Awards were:

- Twenty years -- Eva Wagner, Lead Housekeeping Worker, and Sharon Kegley, Head Nurse/ERS;
- Fifteen years -- Don Chisler, Physical Plant Services Director;
- Ten Years -- Jeannette Heath, Rehab Specialist/Beautician; Karen Arnold, Health Information Records Clerk; Pamela Blake, LPN/Admissions; Theresa Blevins, RNCA/ERS; Patsy Hart, LPN/ERS; Betty Hash, Head Nurse/Admissions; Sam McClanahan, RNCA/ERS; and Karen Null, LPN/ERS
- Five Years -- Peggy Evans, Housekeeper, and Gary Vaught, Food Service Technician.

Those retiring were: Susan Sanslow, Psychiatric Aide, and Karen Chavers, Staff Training and Development Director.

Additionally, 54 individuals were recognized for earning a Making a Difference award during the previous quarter, 14 individuals were recognized for earning a cash or leave award during the previous quarter, four teams were recognized for earning a Team Award during the previous quarter, and two Employees of the Quarter were recognized as well: Bridgett Ford, RN/Geriatrics, and Amy Martin, RNCA/Admissions.

The theme for the recognition event was "Celebrating our SWVMHI Heritage" and photos going back to the beginning of the facility were on display, along with timelines, maps, and a color brochure showing all of the buildings in the SWVMHI history.

Games were available for staff on all three shifts. Winners of \$25 gift cards for the Minute-to-Win-It Games were: Julie Stoots (Day shift), Elizabeth Sturgill (Second shift), and Regina Osborne, Julie Garrick, and Lisa Sheets (Third shift). Winners of \$25 gift cards each for the Team Cornhole Game were Allen Hubbard and Leon Bise. The

horseshoe competition had to be postponed due to weather, but was held on June 9, and the winners of the \$25 gift cards for the winning team were Allen Hubbard and Willie Rich.

Drawings for \$50 gift cards from among those who received a Making a Difference award during the previous quarter were also held, and the following individuals were chosen: Linda Havens, Lead Housekeeper; Lisa Frye, LPN/Admissions; Wayne Vanhoy, Housekeeper; Bobby McGhee, Psychiatric Aide, and Thomas Terry, Psychiatric Aide.

Congratulations to all those receiving an award as well as those winning gift cards!

~ Recognition Committee

Helpful Hint

If your Word document is suffering from the "snowflake syndrome," in which almost no two paragraphs look alike, these strategies may help you.

- View and change formatting by using the Styles and Formatting task pane.
- Review formatting details and change formatting in the Reveal Formatting task pane.
- Compare similar formatting — in which two words or paragraphs look almost the same — and then apply identical formatting.

Car Safety

It is estimated that 70 percent of passenger vehicle tires are under inflated. Under inflated tires lower gas mileage by 0.4 percent for every one pound drop in pressure. So, if you're down ten pounds, you're losing 4 percent in fuel economy.

However, over inflating is not the answer! Over inflating tires is dangerous. Tires should be inflated to the recommended pressure. If you're not sure what that number is, you can find it on the door to the glove compartment or on the driver's side door pillar.

When the seasons change, keep an even closer eye on your tire inflation. For every drop of 10 degrees Fahrenheit in air temperature, your tires will lose one pound of pressure.



~ Excerpted from National Public Radio's "Car Talk"

Self-initiative: Our Personal Declaration of Independence

The SWVMHI Value of Self-initiative, in a sense, is all about our maturity and independence as an organization of caring, dedicated staff members.

We declare our readiness and ability to be a mature, independent organization by how well we express the SWVMHI Value of Self-initiative. We will do the right things at the right times for the right reasons. It is expected that we cannot know everything. We are encouraged to ask questions when in doubt. "Not knowing" is less of an issue than "not asking."

The way that Self-initiative is expressed is by doing things that need to be done, being mindful of the effect our actions



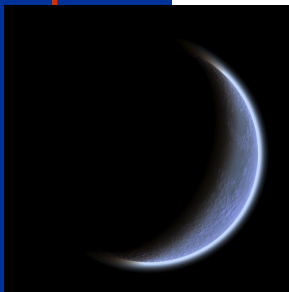
may have on others. We are expected to take the initiative, but we do so with the realization that our behaviors may well affect others. We try to avoid being "the bull in the china shop." We avoid barging ahead without regard to what others may have

already done. We value efforts to self-initiate.

The best examples of self-initiative are those efforts made with the personal, professional, and organizational respect for what might have already occurred. True self-initiative requires the combination of trust, trustworthiness, passion, communication, and unselfishness. We declare our independence by expressing Self-initiative.

~ James Moon, Ph.D.
Psychology Supervisor

July Lunar Phases



July 1
New Moon

July 8
First Quarter Moon

July 15
Full Moon

July 23
Last Quarter Moon

July 30
New Moon



Recreation Therapy Week is July 10 - 16

Pitchers did me a favor when they knocked me down. It made me more determined. I wouldn't let that pitcher get me out. They say you can't hit if you're on your back, but I didn't hit on my back. I got up.

~ Frank Robinson



Recreation Therapy is an integrate part of the Rehabilitation Department here at our facility. Recreation Therapy is the provision of Treatment Services and the provision of Recreation Services to persons with illnesses or disabling conditions. The primary purposes of Treatment Services are to restore, remediate, or rehabilitate in order to improve functioning and independence, as well as reduce or eliminate the effects of illness or disability.

We also provide Recreation Services to provide resources and opportunities to improve health and well-being. The purpose of the Recreation Therapy process is to improve or maintain physical, cognitive, social, and spiritual func-



tioning in order to facilitate full participation in life.

Individuals we serve are offered the opportunity to give input into their treatment goals and objectives as well as develop leadership skills within treatment groups and activities.

~ James Caudill CTRS
Recreation Therapy Supervisor



July is National Cell Phone Courtesy Month

July is National Cell Phone Courtesy Month. The intent is to encourage the increasingly unmindful corps of cell phone users to be more respectful of their surroundings. In addition to only using your cell phone as permitted at SWVMHI, use these simple cell phone etiquette principles:

1. **Be all there.** When you're in a meeting, performance, courtroom, or other busy area, let calls go to voicemail. If you must leave your phone on, put it on vibrate/silent mode.
2. **Keep it private.** Avoid discussion private or confidential information in public -- you never know who may be in listening range.
3. **Keep your cool.** Conversations that are likely to be emotional should be held where they will not embarrass or intrude on others.
4. **Avoid "cell yell."** Remember to use your regular conversational tone when speaking on your mobile phone. People tend to speak louder than normal and often do not realize how distracting they can be to others.
5. **Excuse yourself.** If you are expecting a call that cannot be postponed, alert others ahead of time and excuse yourself when the call comes in and take the call to another location.
6. **Send a message.** Use text messaging to send and receive messages without saying a word.
7. **Be a good Samaritan.** Use your cell phone to help others, especially in an emergency -- you may help save a life.
8. **Focus on driving.** Do not make or answer calls while in heavy traffic or in hazardous driving conditions. Place calls when your vehicle is not moving, and use hands-free devices when possible so you can focus on driving.

~ www.etiquetteexpert.com/cellphone.html

Just for Fun: The Name Game



1. Your real name:
2. Your witness protection name (your mother's middle name, then your father's middle name):
3. Your NASCAR name: (first name of your mother's dad, then first name of your father's dad):
4. Your Star Wars name (first three letters of your last name, then first two letters of your first name):
5. Your detective name (your favorite color, then your favorite animal):
6. Your soap opera name (your middle name, then the town in which you were born):
7. Your fly name (first two letters of your first name, then the last two letters of your last name):
8. Your street name (your favorite ice cream flavor, then your favorite cookie):
9. Your rock star name (a current pet's name, then your current street name):
10. Your gansta name (first three letters of your real name plus "izzle"):
11. Your goth name (Black plus the name of one of your pets):
12. Your J-Lo name (first letter of your first name plus the first two letters of your last name):

Revisions to the Emergency Operations Plan (EOP)

Based on the evaluations from recent drills, the Safety Committee made minor revisions to the Emergency Operations Plan (EOP). In the past, a personnel pool automatically assembled during a Code Orange (except during a Class IV). The revised EOP allows for the personnel pool to be assembled at the request of the Incident Commander. Therefore, during a Code Orange, if a personnel pool is needed, it will be announced over the intercom, an e-mail will be sent, and a Code Echo announced. In the old plan, the Command Center was established in the Administrative



Conference Room with Physical Plant as the back-up location. In the revised plan, the Incident Commander will determine where the Command Center will be established. Preferred locations for the Command Center include the AppaLink room, Clinical Services suite, Staffing Nurse Coordinator's office, Library, or

Radiology suite. The location of the Command Center will be announced via intercom and e-mail (with a Code Echo)

The revised EOP is posted in the Knowledge Center, and all employees are encouraged to read and be familiar with the EOP.

Should you have any questions, you should contact any member of the Safety Committee.

~ **The Safety Committee**

Chaplain's Corner

“... And who knows but that you have come to royal position for such a time as this.”

Esther 4:14

Wedged between the book of Nehemiah and its many lessons on victorious service, and the book of Job and its many questions on human suffering, is a small book of ten chapters known as Esther. Esther means “star” and it has all the makings of a Hollywood movie. It is a story of a young girl who goes from rags to riches: from being an orphan raised by her older cousin Mordecai to becoming the Queen of King Xerxes of the Persian Empire. As with any good story there is a villain (Haman) who, by hook or crook, tricks King Xerxes into issuing a decree that on a certain day citizens of the Persian Empire were to kill Jews dispersed throughout the nation. Mordecai, a Jew, learns of the plan and goes to Queen Esther (also a Jew, but unknown to King Xerxes at the time) to convince her that she should use her position as Queen to influence King Xerxes to change his mind, even if it meant the chance of facing her own death. Mordecai informed Esther, “For if you remain silent at this time, relief and deliverance for the Jews will arise from another place, but you and your father’s family will perish. And who knows but that you have come to royal position for such a time as this.” Esther calls on Mordecai to inform all the Jews in the area to pray and fast for three days and she and her maids will do the same. When the three days of prayer and fasting are over, “I will go to the King, even though it is against the law. And if I perish, I perish.” The ending of the book of Esther is a happy one as Esther is able to convince King Xerxes to change the decree; Haman is hanged on his own gallows he had prepared for Mordecai; Mordecai takes Haman’s position of command to the King, and Queen Esther lives happily ever after.

What is even more amazing in the book of Esther is that God is not mentioned once. It is the only book in the Bible in which God is not addressed in some way. Yet, the book of Esther speaks volumes of God’s Providence at work on behalf of his people.

Mordecai’s statement to Queen Esther, “And who knows but that you have come...for such a time as this” is considered a theological reflection. Mordecai could not say for certain, but he was suggesting Queen Esther’s rise from a Jewish orphan girl to becoming Queen of the Persian Empire was not by accident. Esther’s life had taken such a turn of events at just the right time, she was now in position to help her people from annihilation. It was not by chance or human choice all this occurred. Someone had to arrange the events of her life in such a way that she was in position to save her people. That someone was God.

The scriptures remind us, “Many are the plans in a man’s heart; but it is the Lord’s purpose that prevails” (Proverbs 19:21). Again, the scriptures tell us, “The Lord Almighty has sworn, surely, as I have planned, so it will be, and as I have purposed, so it will stand” (Isaiah 14:24). There is a great mystery to human freedom and Divine Providence and how they intertwine. Who can deny with certainty that the events that have occurred throughout human history were not in part orchestrated by God to fulfill his purpose for the greater cause of humanity and his people. The purposes and promises of God will be fulfilled in spite of human choice, even if those choices are in open defiance of the Will of God.

As we consider our own theological reflection regarding the book of Esther, we can conclude that in some way, somehow, and in a way mysterious to us, the God who worked through the life of Esther is the same God who works through our lives today. Our lives have so many twists and turns to it over the years that we often wonder how we got to where we are today. We may ask of ourselves, “How did I end up in this situation?” or “What am I doing here?” as we try to unravel the mystery of our own lives by the choices we made or the influence of choices others have made. Sometimes events happen that are unpleasant at first, but ultimately lead to a greater purpose for our good, in our character development, or for the benefit

of others. Some may have meant evil toward us, but God, by his Grace and Providence, worked things out for our ultimate good. We may talk about having wasted our life by one bad decision, but no life is wasted when God is working his Will through us in spite of that one bad choice. We may talk about feeling like failures, but it seems there is always someone who crosses our path in life that has a positive influence and moves us to want to change and do better. We may think we are doing nothing of any real human value only to discover that certain events in our life have placed us in a situation that enables us to accomplish something of significance. Life remains a mystery. God’s Providence in our lives and humanity is even a greater mystery. But every day we are faced with circumstance and events and we are called to make a choice as to how we will respond. It may be a situation that proves to be unpleasant, difficult, and even costly. It may be a time you would like to avoid if at all possible. And who knows... but that you have come for such a time as this.





Word Search

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

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

America

Betsy Ross

Colonial

Declaration

Fireworks

Flag

Freedom

Independence

John Adams

July

Liberty Bell

Patriotic

Picnics

Revolutionary

Stars and Stripes

Thomas Jefferson



"Every day is a new opportunity. You can build on yesterday's success or put its failures behind and start over again. That's the way life is, with a new game every day, and that's the way baseball is." ~ Bob Feller

Motivational Interviewing:

Enhancing Our Ability to Communication with the Individuals we Serve

MI Strategy: Open-Ended Questioning

Motivational Interviewing (MI) is a client-centered, empathetic, and directive style of interacting with individuals. One effective MI strategy for enhancing interaction is to ask open-ended questions. An open-ended question is one that requires more than a simple “yes” or “no” reply. By asking open-ended questions, staff members set



an interested, open, and collaborative tone in which the individual can begin to feel safe to express him or herself.

Open-ended questions help the individuals we serve start talking and encourage them to take control of the direction of the reply. They encourage the individual to provide more information, explore issues of concern, and reveal what is most important. At the same time, open-ended questioning prevents individuals from assuming a passive role in which they merely wait for the staff member’s question and respond with a short phrase or single word.

MI Trap To Avoid: The Expert Trap

One common trap that Motivational Interviewers avoid is “The Expert Trap.”



When the staff member gives the impression that he or she has all the answers, the individual is drawn into a passive role. Using the MI style requires that staff collaborate with individuals and provide them the opportunity to explore and resolve ambivalence for themselves. In MI the individual is the expert about his or her situation, values, goals, concerns, and skills.

~ Communication Team

Becoming a Winner

What do a star football player, a successful health services worker, and a boxing champion have in common? Each professional is a winner! So how does one win?

The football player must keep his eye on the ball at all times. He must stay in tune with what is happening on the field and with the players. He never lets down his guard. A loss of focus may cost him the game. Similarly, the boxing champ studies her opponent and keenly anticipates her next move. A one second distraction can cost her the match and perhaps result in a black eye or two.

Striving to attain the goal of safety in the workplace, the successful health services worker must maintain an equal or superior awareness of his or her surroundings and of safety concerns. He or she must stay conscious of issues that may present a hazard for him or herself, coworkers, and individuals we serve.

To maintain awareness, the nurse may ask him- or herself, “Upon my exit, did the facility door lock behind me properly? Do I

know my assigned individuals’ histories? Have I reviewed the Personal Safety Tools located on the unit? Am I wearing gloves and adhering to Standard Precautions?”

The person working in the cafeteria may ask, “Am I carefully using the kitchen utensils? Am I wearing gloves when appropriate? Am I wearing appropriate hair covering?”

The maintenance or housekeeping person may pose the questions, “Am I lifting the box or other equipment using proper body mechanics? As I open the parcel, am I careful with the box knife?” Routinely asking oneself these questions and others can help foster an awareness of safe practice.

Ongoing observation is another way for the health services worker to maintain awareness and increase safe performance. Critical observations include the following:

- Observing individuals we serve for signs of distress and/or any unusual

- behavior and thinking ahead to the possible meaning of the behavior, e.g.:
 - ⇒Why is the individual scratching her neck?
 - ⇒Could she be choking or experiencing an allergic reaction?
- Inspecting the exterior doors before an individual’s entry, e.g.:
 - ⇒Why does Mr. X frequently look at the gate?
 - ⇒Has his behavior changed recently?
- Looking around the lunch tray and laundry carts while pushing them, e.g.:
 - ⇒Is the path clear?
 - ⇒Can I see down the hall?

Just like the star football player or the champion boxer, we must continue to sharpen our professional skills. Developing a vigilant awareness will allow us at SWVMHI to win - not only for ourselves, but also for our coworkers and the individuals we serve. The goal? Safety in the workplace. The prize? The trophy of success!

~ Safety Committee

Important Language Considerations

Developing Person-Centered Plans

Despite the fact that the process behind a recovery plan may be largely recovery-oriented, the translation of this process into the actual language of the planning document itself continues to be a core challenge for all providers who are committed to creating person-centered plans. The following are offered as overarching guidelines that should be considered regarding language that is incorporated in both written documents and verbal interactions.

1. The language used is neither stigmatizing nor objectifying. At all times “person first” language is used to acknowledge that the disability is not as important as the person’s individuality and humanity. For example, “a person with schizophrenia” versus “a schizophrenic” or a “person with an addiction” versus “an addict.” Employing person-first language does not mean that a person’s disability is hidden or seen as irrelevant; however, it also is not the sole focus of any description about that person. To make it the sole focus is depersonalizing and derogatory, and is no longer considered an acceptable practice.
2. The language used also is empowering, avoiding the eliciting of pity or sympathy, as this can cast people with disabilities in a passive, “victim” role and reinforce negative stereotypes. For example, just as we have learned to refer to “people who use wheelchairs” as opposed to “the wheelchair bound,” we should refer to “individuals who use medication as a recovery tool” as opposed to people who are “dependent on medication for clinical stability.”



3. Words such as “hope” and “recovery” are used frequently in documentation and delivery of services.
4. Providers attempt to interpret perceived deficits within a strengths and resilience framework, as this will allow the individual to identify less with the limitations of their disorder. For example, an individual who takes their medication irregularly may be automatically perceived as “non-compliant,” “lacking insight,” or “requiring monitoring to take meds as prescribed.” However, this same individual could be seen as “making use of alternative coping strategies such as exercise and relaxation to reduce reliance on medications” or could be praised for “working collaboratively to develop a contingency plan for when medications are to be used on an ‘as-needed’ basis.”
5. Avoid using diagnostic labels as “catch-all” means of describing an individual (e.g., “Is a 22-year-old borderline patient with...”), as such labels often yield minimal information regarding the person’s actual experience or manifestation of their illness or addiction. Alternatively, an individual’s needs are best captured by an accurate description

of his or her functional strengths and limitations. While diagnostic terms may be required for other purposes (e.g., classifying the individual to support reimbursement from funding sources), their use should be limited elsewhere in the person-centered planning document.

In addition to the above overarching guidelines regarding the use of language, the following are some additional language tips that can be used as simple ways in which to enhance the recovery-orientation of written planning documents:

- Instead of “resistant” a person can be “not open to...” or “chooses not to.....”
- Instead of “unmotivated” a person can be “not interested in what the system has to offer.”
- “High-functioning vs. low functioning” could be stated as “person’s symptoms interfere with their relationship (work habits, etc.) in the following way....”
- Instead of “suffering from” a person could be “working to recovery from.”
- Instead of “untreated alcoholic” a person can be “not yet in recovery.”
- Instead of “patient” can be a “person in recovery” or an “individual we serve.”

These are just a few examples of person-centered language tips to use, and are not meant to be all-inclusive.

~ Cheryl Rhey
Unit Programs Director
Central Rehab Services



PERSONNEL CHANGES

New Employees

Barbara Buckwalter, Psychiatric Aide	May 10
Danny Hall, Psychiatric Aide	May 10
Toni Tauscher, Psychiatric Aide	May 10
Tiffany Skidmore, Psychiatric Aide	May 10
Sherri Hall, Registered Nurse	May 10
Molly Powers, Q32 Registered Nurse	May 10
Gaynelle Davis, P14 Cosmetologist	May 10
Randy Reedy, P14 Psychiatric Aide	May 10
Connie Adams, P14 Office Services Assistant	May 20
Sheila Buchanan, P14 Nursing Timekeeper	May 25
Kimberly Hall, P14 Patient Registrar	May 25
Tara Brewster, P14 Rehab Specialist	May 25
Jennifer Tuell, Clinical Social Worker	May 25

MONTHLY PATIENT CENSUS

May
2011

Admissions 70

Discharges 65

Passes 11

**Average Daily
Census**

143

Separations

Stefanie Bowie, Psychiatric Aide	May 6
Krista Jones, Office Services Assistant	May 13
Tommy Harvey, Psychiatric Aide	May 19
Lori Wagner, Psychiatric Aide	May 22
Heather Owens, Social Worker	May 27

Promotions/Role Changes

Regina King, P14 Psych Aide to Registered Nurse	May 10
Jamie Anderson, Registered Nurse to RNCA	May 10
Jennifer Dempsey, Clin Social Worker to Clin Social Worker Supervsr	May 10

Meals in Minutes -- Chicken and Berry Salad

What could be better in the summer than a quick meal made with fresh, garden ingredients? You are just 15 minutes away from a nutritious, quick meal that fits the bill:

Ingredients:

- 1 package (6 oz) refrigerated grilled chicken strips, cut in half if necessary
- 5 cups bite-size pieces mixed salad greens
- 1 cup strawberry halves
- 1/2 cup blueberries
- 1/2 cup raspberries
- 1/4 cup honey-roasted peanuts

- 1/4 cup vinaigrette dressing
- 2 tbsp crumbled blue cheese



In large bowl, toss all ingredients.

If you prefer a fruitier flavor, you can use raspberry vinaigrette in place of

regular vinaigrette. The salad, however, will have pink overtones.

Summer is a great time to use all the different varieties of garden greens. If you're looking to save time, though, use 5 cups from a purchased bag of torn mixed greens. Blue cheese lovers will want to add more blue cheese to this salad. Sprinkle crumbled cheese over the top before serving.

~ www.bettycrocker.com



All staff are reminded that the CAI on Infection Control must be completed between July 1 and July 31, 2011.

Recovery Heroes

A Spotlight on Employees using TOVA Skills and Assisting People with their Recovery

Teamwork is defined as “a cooperative, coordinated effort on the part of a group of persons acting together in the



interests of a common cause.” Congratulations to Patty Moore, Pat Reedy, Jayne Barker, Karen Branson, and Louetta Carnell for the great teamwork that they recently displayed on ERS.

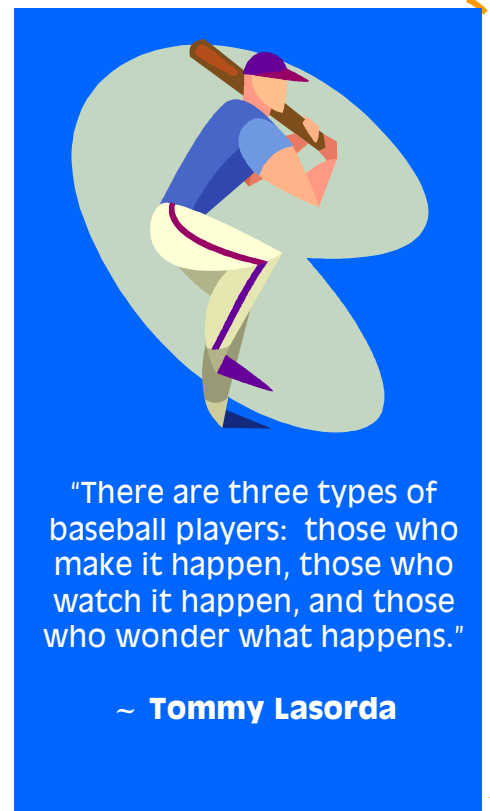
Kandace Miller-Phillips, MSW, said the effective teamwork of these five employees successfully prevented the use of seclusion and restraints with an indi-

vidual we serve who was showing increased agitation.

We all know that the concept of teamwork is extremely important to the success of any sports team or business, but is especially important in mental health. Our staff working as one cohesive unit is a very important key to the recovery of the individuals we serve.

Congratulations again to Patty, Pat, Jayne, Karen, and Louetta. Thanks for being such great team players and always putting the needs of the individuals we serve first. When you see these employees remember to tell them “great job!”

**Robin Poe, MSN, RN-BC
Coordinator of Nursing
Staff Development**

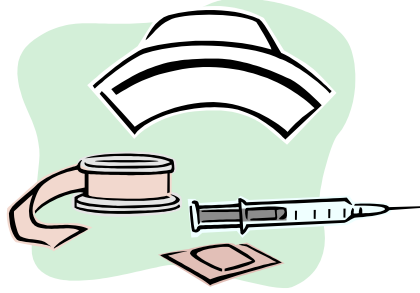


“There are three types of baseball players: those who make it happen, those who watch it happen, and those who wonder what happens.”

~ **Tommy Lasorda**

Old Nursing War Stories Between Debbie and Deresa

Deresa did not always want to be a nurse – at the age of six, she decided she would be a Veterinarian after helping her kitten who was “runned over” by a car and had his front leg broken. After having watched a Bristol Veterinarian, Dr. B. A. Jones, “doctor the cows” and take care of her barn cats previously, she made a splint out of a tree limb she cut from the same cherry tree that her mother used to make her get her “switch” off of when she was a girl. She placed the kitten’s leg on the limb, made it straight, and taped his leg to the limb. At the age of ten, Deresa remembers admiring the white nursing uniform of the neighbor’s daughter, and watching her assisting Dr. Blanton, a Bristol surgeon. It was then that she decided that she wanted to be in a helping profession and that she would be a nurse. When she was a teenager, Deresa became a candy striper at Holston Valley Hospital, but worried each week that, because of gas rations in place at the time, she would be unable to make it to her new job.



Deciding to become a nurse “was one of the right things that I have done in my life. My work has given me much joy and reward,” stated Deresa.

Debbie always thought and had been told that she was “not smart enough to be nurse.” Her first job was in high school where she worked as a receptionist/switchboard operator at the small community Grundy Hospital. She worked with a girl there who she had gone all through school with – and she was a fabulous nurse. Debbie knew that her grades were much better than her nurse friend’s from school, and decided that if her friend could become a nurse, so

could she. So she submitted her application for LPN school. “I like to say I accidentally fell into the right field, but I think there was some divine intervention involved,” said Debbie. “If I had a ‘do over,’” she added, “I would choose nursing again.”

Debbie has raised a family on a nursing salary, and likes payday like anyone else. But when you walk down the street and run into someone that you know would not be here were it not for something you did, “that’s better than payday,” Debbie says. She added, “If I left this world today, I feel that I have made a positive impact on the lives of others through this wonderful mission of nursing that I chose. And isn’t that all any of us can hope for in that we made someone’s world better?”

~ Deresa Hall, FNP. GNP
and Debbie Magee, FNP

SWVMHI Values at Work

On June 23, 2011, following a Code ECHO, an “all staff” email was sent by Don Chisler, Physical Plant Services Director, regarding intermittent problems being experienced with the red/green indicator lights for the key shunts servicing the Bagley Building magnetic door locks. Doors to several doors throughout the Bagley Building were affected and were unlocked between the hours of approximately 1045 and 1130 on June 23, 2011. Maintenance personnel were posted at each affected door to help monitor

patients while other Maintenance personnel worked on fixing the problem.



Immediately after the Code ECHO, a Code Alert was called on Ward A/B, and Mr. Chisler’s

staff were right there to assist in the rapid and safe ingress and egress to and from the unit.

The actions taken were an impressive show of the facility Values of Teamwork, Leadership, and Communication, and showed an exceptional sensitivity to security issues. The staff of the Physical Plant Services Department are commended for a job well done!!

~ James Moon, Ph.D.
Psychology Supervisor

Flag Facts

By the Numbers

27: The number of official U.S. flags since the original with thirteen stars

\$349 million: The approximate annual dollar value of shipments of fabricated flags, banners, and other similar emblems by U.S. manufacturers.

\$3.4 million: The dollar value of flags imported into the United States in 2008 from other countries. Most were from China.

~ The New Yorker



Your Eyes and the Sun

July is UV Safety Month. While most people think about protecting their skin from the damaging UV rays of the sun, often forgotten is another important organ -- the eyes.



Sunglasses that block 100 percent of UV-A and UV-B rays should be

worn, especially during the summer months. By protecting your eyes from the sun's ultraviolet (UV) rays with sunglasses, you can reduce risks for some minor or serious eye problems. UV damage adds up over time, so the sooner you begin protecting your eyes, the better, even if you're in your teens or early adult years. Doing so may reduce risks for pterygium (a benign growth), cataracts, age-related macular degeneration, and uveal cancer (similar to skin cancer). Also, make sure children and older family members are protected.

Keep these additional tips in mind, especially during summer and during water or snow sports, since these conditions intensify light reflection into the eyes. Light is also more intense at higher altitudes.

✓ **Wear a hat** with a broad brim, in addition to sunglasses.

✓ **Don't be fooled by clouds:**

The sun's rays can pass through haze and thin clouds. Sun damage to eyes can occur anytime during the year, not just in the summertime.



✓ **Take special care at peak sun times:** It is especially important to wear sunglasses between 1000 and 1400 when the sun's UV rays are the strongest.



Think you are safer in the tanning booth? Think again. Doctors warn that indoor tanning can cause damage to your eyes just like the sun, so if you use a tanning booth, be sure to protect your eyes as well.

~ Adapted from the American Academy of Ophthalmology
www.aao.org

July Days to Celebrate

"Off the cuff" July holidays to celebrate:

July 1

International Chicken Wing Day

July 10

Teddy Bears' Picnic Day

July 15

Gummi Worm Day

July 16

Cow Appreciation Day



July 17

National Ice Cream Day

July 20

National Lollipop Day

July 27

National Take your Houseplant for a Walk Day

July 28

National Chili Dog Day

July 29

National Talk in an Elevator Day

July 30

Cheesecake Day



History From The Hill - Frank Merker, M.D.-- Superintendent

Dr. Frank F. Merker replaced Dr. Kasinoff as Superintendent of Southwestern State Hospital (SWSH), on March 15, 1972. Dr. Merker was also the last "Superintendent" of SWSH, as after his administration, the chief administrator became known as the "Director."

A native of Brooklyn, New York, born on July 2, 1909, Dr. Frank F. Merker graduated Johns Hopkins University in Baltimore, Maryland, in 1931, and received his medical degree from the Medical College of Virginia in Richmond, Virginia in 1943. He interned with the U.S. Marine Hospital in Baltimore Maryland before serving two years in the U.S. Army Air Force. After leaving the Air Force, Dr. Merker trained at the School of Psychiatry at the Veterans Administration (VA) Hospital in Topeka, Kansas.

During his career, Dr. Merker served as the Chief of Staff at the VA, Salem from 1958-1960; Director of the VA, Roseburg, Oregon from 1960-1966; Director of the VA Hospital, Coatesville, Pennsylvania from 1966 - 1969; and as Director of the McGuire Hospital, Richmond, Virginia from 1969-1972. He was a member and fellow of numerous medical societies, was Board Certified in Psychiatry and Neurology, and served as an Associate Professor of Psychiatry at the Medical College of Virginia.



Dr. Merker first moved to Marion, Virginia in 1935 when he was stationed here during an active duty assignment with the U.S. Army Engineer Corp. It was in Marion where he met and married his wife.

Under Dr. Merker's administration, a work-release program was instituted to promote the idea of patient rehabilitation. The program was based on the belief that a patient could be returned to the community within 90 days as long as a psychiatric team was available to establish a program for the patient's recovery.

Also under Dr. Merker's administration, capital improvement projects started or completed included the renovation of the laundry facilities, conversion of the steam generation plant from coal-fired to gas or oil-fired boilers, completion of the second new geriatric building, and the installation of auxiliary electric power in the power plant.

In 1976, the hospital implemented the unit system approach to treatment, where each unit consisted of a treatment team comprised of a doctor, psychologist, social worker, nurses, occupational and recreational therapists, and direct care staff. This is the same basic team approach used today.

Dr. Merker resigned as Superintendent effective March 15, 1978, at the age of 68 to become the Chief of Medical Staff, stating that he wanted to continue with some of the programs he initiated while Superintendent. He transferred to the Department of Corrections on September 15, 1980, and died in Roanoke, Virginia, on July 23, 1994.

References: "A Brief History of the Southwestern State Hospital, 1887 - 1987" by Joan Tracy Armstrong, 1987; "Smyth County News," Marion, Virginia, February 15, 1972; "Smyth County News," Marion, Virginia, February 9, 1978.



My motto was always to keep swinging.
Whether I was in a slump
or feeling badly or having trouble off the field,
The only thing to do was keep swinging.

~ Hank Aaron



Your supervisor is sending you to training in Richmond, but you have no idea where to stay. Employees can now check for hotels that honor the state rates by checking the following website: www.eva.state.va.us/dps/Buyers/docs/hot97.htm.

~ Missy Allison Wiles

Computer Problems?

If you have a computer problem, **please call the VCCC Help Desk at 866-637-8482**. If you leave a message on Brian Combs' phone, it may be several hours or days before he hears it. Brian is not exclusive to SWVMHI, but also is assigned to DOC, DGIF, Health Dept., etc. He may be away from this facility helping other users and if you leave a voice message, your request doesn't get into the list for his attention. **PLEASE** utilize the Help Desk to ask for computer assistance rather than leave a voice mail for Brian.



Independence Day 2011 Events in the Area

If you are looking for local events to help you celebrate Independence Day, look no further. There are plenty to choose from in southwest Virginia.



- **Hometown Fourth of July Celebration** takes place in Marion, Virginia on July 4, and admission is FREE. Food will be served and a Giant fireworks display, coordinated to patriotic music on WZVA Z-103.5FM will take place starting at 2030 at the Marion Senior High School Stadium.
- **Independence Day Festival** will take place on July 4 in downtown Independence, Virginia, starting with an old fashioned parade, music, entertainment, kids games, vendors, crafters, and more. The parade starts at 1000 and fireworks start at 2130.

- **4th of July Celebration at Historic Smithfield Plantation** in Blacksburg, Virginia, takes place from 1000 to 1400 on July 4. Come for music, dancing, Revolutionary re-enactments, children's crafts and games, walks through the magnificent plantation and more. Picnic areas will be open, so bring your lunch and your family!



- If you are in the mood for fife and drums, visit the **Independence Day Celebration at Jefferson's Poplar Forest** in Bedford County, Virginia. The celebration will feature music, dance, living history interpreters, historic craft

demonstrations, storytelling, interactive children's games, and a stirring reading of the Declaration of Independence from the porch at 1330. Admission is \$5 for adults but children under 16 are free.

- What could be more inspiring than celebrating Independence Day at **Monticello** in Charlottesville, Virginia? Since 1963, more than 3000 people have taken the oath of citizenship at the annual celebration. This year's celebration will include performances by the Municipal Band of Charlottesville, the Old Guard Fife and Drum Corps, and the West Point Color Guard.



Measles Cases Up in Virginia



Virginia has had an unusually high number of measles cases within the last month. We have had four confirmed cases (adult and pediatric) and one additional likely case under investigation. These cases have occurred in multiple regions around the state. The most recent cases occurred in Charlottesville and may have led to the exposure of a significant number of individuals including visitors to the area.

The increased number of measles cases in Virginia mirrors a nationwide trend. As reported in the May 20, Morbidity and Mortality Weekly Report (MMWR) (<http://www.cdc.gov/mmwr/PDF/wk/mm6020.pdf>), during the first 19 weeks of 2011, 118 cases of measles were reported nationwide, the highest number reported for this period since 1996. Primary contributing factors to this trend include increased importation of infections in returning travelers and decreasing rates of measles vaccination among areas of the U.S. population. This trend could be reduced by vaccinating all eligible patients (international travelers should be fully vaccinated at least two weeks prior to travel).

The Virginia Department of Health has alerted physicians and hospitals to have a high index of suspicion for measles in clinically compatible cases. Measles is a highly infectious, viral disease spread through coughing, sneezing, and contact with secretions from the nose, mouth, and throat of an infected person. Typically, it is

characterized by fever $>101^{\circ}\text{F}$, cough, coryza (symptoms of a head cold), and conjunctivitis. After 3-7 days of illness, this stage progresses to a maculopapular rash that begins on the face and generalizes to the rest of the body. Persons with measles are contagious from four days prior to rash onset through four days after rash onset. In patients who are symptomatic and measles are suspected, you should have the following actions:

- Do not allow such patients to remain in your waiting area.
- Immediately provide a surgical mask to the patient and place the masked person in a private, negative pressure room if available, or a room with a closed door. This room should not be used for two hours after a suspect measles patient leaves.
- Use standard and airborne precautions.
- Only permit health care workers with immunity to measles to attend to the patient.
- For patients being transmitted through EMS service, EMS and the receiving hospital should be notified prior to arrival, so that the masked patient may be directed immediately to an appropriate exam room.
- Notify your local health department.
- Collect serum, a throat swab, and urine and coordinate with the local health department to test for measles IgM and IgG antibodies and viral isolation. Patients who are asymptomatic may present to you because they believe they have been exposed. For those who are not immune, provide vaccination as appropriate. Any patient who has been exposed and develops signs and symptoms should stay at

home and contact you or the local health department immediately.

People who work in health care facilities in any capacity are at increased risk of exposure to measles. To ensure staff are immune to measles, they must have documentation of two doses of measles vaccine, laboratory evidence of immunity to measles, or physician-diagnosed measles. Birth prior to 1957 is not acceptable evidence of immunity for health care providers. Susceptible personnel who have been exposed to measles should not have contact with patients or be in a health care facility from the 5th to the 21st day after exposure, regardless of whether they received vaccine or immune globulin after the exposure.

In summary:

- Maintain a high index of suspicion in your patients who present with measles-like symptoms
- Ensure that all eligible patients are adequately vaccinated against measles
- Contact your local health department immediately to report a suspected case and for additional guidance on testing and control measures. After hours call 1-866-531-3068.
- Seek out additional clinical information about measles at <http://www.cdc.gov/measles/index.html>.

Please contact either your local health department or the Virginia Department of Health at 804-864-8055 if you have any questions.

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



**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	V	O	L	U	T	I	O	N	A	R	Y
				F	I	R	E	W	O	R	K	S				
	N		L	R												S
L	O	A	E			A										E
I	S	G	E	E		M						C				P
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R	F		E	M			I					O		A		T
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Y	E		N		C		A					I		A		D
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Please submit articles for the next newsletter to Cheryl Veselik by July 20, 2011.

The next newsletter will be published August 1, 2011.