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1

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A history of outdoor therapy programming at Oregon State Hospital

By Todd Trautner, Outdoor Specialist

1982-1984: *Developing a clinical model of treatment: The formalization of outdoor experiential therapy at OSH - The Debbie Rios years.*

In the early 1980s, OSH Activity Therapy Program Director Debbie Rios ((M.A., certified therapeutic recreation specialist (CTRS))) focused on applying her clinical therapeutic recreation abilities to her outdoor recreation risk management knowledge. This began a new era of outdoor experiential therapy at OSH. In the years to follow, Debbie developed strong affiliations with Eastern Washington University (EWU) in Cheney, Wash. EWU had the perfect combination of academic programs to help Debbie construct a clinical model with the intention of blending OET with RT (recreation therapy) at OSH. EWU had students who could access academic majors in both therapeutic recreation and outdoor recreation. Debbie collaborated with Dr. Paul Green, professor of outdoor recreation. Dr. Green is also a professional legal witness in the outdoor recreation litigation world.

Debbie began recruiting Dr. Green's top students, beginning with Ralph Summers. Debbie and Ralph worked closely to develop a comprehensive, clinically focused, outdoor therapeutic treatment model. Their effort effectively carried forward the tradition Dean Brooks had begun in 1969. Debbie and Ralph's primary goal was to solidify the clinical identity of OET at OSH. Their new model began by assessing treatment care plan (TCP) issues and then prescribing purposeful outdoor recreation, education and leisure experiences, which naturally provided OSH

residents with authentic life opportunities and situations that helped individuals and groups achieve their treatment goals. The process they followed insured that OET would no longer be viewed as a diversion activity, but as a recognized treatment modality. Debbie and Ralph's efforts culminated when they produced a documentary film on the OSH outdoor program. Debbie entered the film in a national therapeutic film forum where it won runner-up!

1984-1991: *The OSH OETP model and format continued to undergo clinically relevant modifications.*

In the years to follow, Debbie Rios continued work to establish a formalized, therapy-based outdoor program by hiring a full-time rehabilitation therapist with specific credentials for providing perceived high-risk outdoor adventure activities as treatment.

In 1984, the first outdoor specialist was Steve Lusted, a graduate of Dr. Green's program. Together with Steve, Debbie developed the first OSH Outdoor Program, Policies and Procedures Manual. Dr. Green was consulted on this project and approved their work. Along with Debbie, Steve Lusted deserves much credit in establishing the detailed, outdoor adventure activity risk management model and the outdoor education curriculum. Steve's template continues to educate and inform present day OSH residents and staff. Steve also developed staff training experiences that require staff to maintain adequate levels of outdoor skill proficiency. When staff completed training, documentation was kept and clinical privileges were granted.

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OSH Recovery Times

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Psychosocial Rehabilitation (PSR) Treatment Mall

By Arthur Tolan

Oregon State Hospital continues to move rapidly toward the opening of a new, up-to-date psychiatric hospital.

But, as everyone is acutely aware, we are not waiting until the new hospital is constructed to make changes in care and treatment for patients.

One of many recovery-focused transitions taking place is the opening of treatment malls. Portland Campus and the geropsychiatric programs have been operating treatment malls for more than two years. The

Transition Treatment Mall opened in March 2009. Although the logistics have been challenging, the end result is that treatment malls offer a more appropriate and efficient setting in which to provide multiple group opportunities for the patients we serve.

We are now beginning to formulate a strategic plan for the opening of the Psychosocial Rehabilitation (PSR) Treatment Mall, which will be housed on the street-level floor of the 50-Building (50A, 50B and

the 77-Building gymnasium). This will be the largest and most complex treatment mall opening that Oregon

State Hospital has undertaken. The tentative opening will be in November 2009, which is seven months from initial planning to grand opening.

This will not be accomplished without the support and input of OSH clinical and ancillary staff. We will be calling on staff, convening work groups and soliciting input from patients throughout this

process. We will additionally learn from and build upon treatment mall experiences we have already had.

Very soon we will be disseminating a strategic plan for accomplishing this task. We will be asking for your careful review and comments to ensure that we are not missing critical tasks to accomplish this initiative. Success will only be possible with everyone's involvement.



What's cooking in the kitchen?

By Patty J. Thompson



Food and Nutrition

Services is proud to announce the opening of Café 35. The cafeteria's primary purpose is to provide meal service for patients who are participating in the 40-Building Treatment Mall.

Café 35 also is open to employees. It is a lunch-only operation, from 10:45 a.m. to 1:15 p.m., Monday through Friday. It also is a no-cash operation — meals are purchased with OSH meal tickets, which are available in the Business Office.

Lunches include soup, a specialty sandwich or build your own from multiple choices of meat, cheese and bread. There also is a selection of salads, fruits and beverages. The amazing, well-stocked condiment bar has a myriad of choices for your salad or sandwich.

Update on construction on the south side: Food and Nutrition Services is beginning to feel very small and insignificant with all the huge machinery and construction/demolition going on around us. The "J" has been taken out of the J building, currently it is down to the first floor, and debris is being scooped up to be hauled away. Although it is sad to see the old place go, we have to realize that every day brings us closer to a shiny new kitchen — something that is long past due.



Keeping up on policy changes

By *Ted Ficken, director of Quality Improvement*

Change is afoot at Oregon State Hospital, which also means that hospital policies and procedures are constantly being

reviewed and updated. How do staff learn about policy changes? How can staff give input into policy changes? What is changing? What is driving those changes?

About two years ago Sue Zakes, acting program director of Forensic Psychiatric Services, and I were asked to do a preliminary review of all policies in the main OSH Policy and Procedure Manual. The goal was to review all associated references for each policy, and to determine if the policies were still needed. Administration asked that, whenever possible, policies be moved from the main hospital manual to department, discipline or program manuals. Following that initial review, a Policy Review Panel was established. The panel currently includes Sue Zakes, Nancy Griffith, Roma Long, Mesme Tomason, Maria Prokhorova, Michael Duran, Cynthia Gregory, Davita Wright and myself. The panel continues to meet weekly to review all hospital policies. Our goal is to review approximately three policies per week, but the review schedule is flexible and requires frequent adjustment. Reasons for adjustment include: bargaining unit issues that may affect policies, changes in DHS or DAS policies, U.S. Department of Justice-related concerns, changing standards of the Joint Commission, CMS requirements, the need for additional review by specific disciplines, etc.

Each OSH policy is assigned to a point person. When a policy is due for review, the policy is sent to that person 90 days before the target review date. The point person is responsible for soliciting any needed input from stakeholders, reviewing the references for the policy to make sure they are current, and recommending any revisions to the Policy Review Panel. The panel then discusses the suggested changes, and may request additional input. Once changes are agreed to, a final draft is presented to the Superintendent for approval and signature. The

Superintendent also may decide that additional review is needed before he signs the final policy.

This process is an open process. Staff may give input at any time. Any staff member can request the latest copy of the policy review schedule, or can call me to ask what policies are coming up for review. In the future, we will make the policy review schedule available to all employees on the shared drive of their computers.

Currently, the entire OSH Policy and Procedure Manual is available in the Forms and Publications folder on the I:drive. This electronic version is in .pdf format, and is searchable. The long-range goal is to have all hospital manuals available electronically. Staff will be able to go to the electronic library of manuals and search for specific policies by key words.

Some very important policies recently have been reviewed and revised, in direct response to some of the remedial measures recommended by the U.S. Department of Justice. The Incident Reporting policy now includes line-by-line definitions for the elements on the Incident Reporting form. This policy will undergo one final review with our U.S. DOJ consultants, and will then be distributed. A second important policy, Use of Seclusion or Restraint, also has been reviewed and updated. It currently is being reviewed by Disability Rights Oregon. Following that review, and a final review by our U.S. DOJ consultants, the policy will be distributed.

Davita Wright plays an important role in this entire process. She prepares the final drafts of all policies that go to the Superintendent for approval and signature. Once approved, she places the revised policy on the I:drive, and sends hard copies to a list of individuals who hold OSH policy manuals. Those individuals are responsible for alerting staff that an updated policy has been received. Davita also places a notification in the OSH manual if a policy has been moved to another manual, so that staff know where to find it. It is important that employees be aware of changes in policies. We will be working to improve communication of changes in policies. Your input is welcome.

BHIP tailors opportunities to update your computer skills

"I have never used a computer and don't ever intend to."

"I don't like computers!"

"Computers scare me!"



BHIP Business Analyst Janelle Jegglie works with OSH Mental Health Therapist Genalyn Moore on computer skills.



If any of the above thoughts have crossed your mind, *BHIP has a deal for you*. The BHIP team has been conducting one-on-one basic computer skills classes for staff at Oregon State Hospital during the past few months. Each month the number of staff taking the classes has increased.

While the training has a basic outline, each class is tailored to the needs of the particular student. For example, if you know all about using a mouse, then we don't go over that with you. But if you aren't sure about the cut-and-paste function, then we will spend extra time working with you on that process.

The class covers the following topics:

- The physical computer
- Logging into the network
- The desktop: what's on it
- The task bar: definition, purpose and features
- The mouse: use and tips
- The start menu: features and function
- The program menu: purpose, organization and use
- Program windows: minimizing, maximizing, closing and switching
- The keyboard: layout, key function, basic use and resources
- Windows menus: location, use, function
- Saving a document

Some quick facts about the classes:

- One-on-one training
- Two-hour classes
- Relaxed environment
- Students set the pace
- Taught to the level and need of the student

Here are some comments from staff who have attended the trainings:

"This is the best computer class I have ever taken."

"My son will be so proud of me! I can't wait to go home and show him what I can do!"

"This was so helpful. Can I email my boss and tell her?"

"Everyone who needs it should sign up."

"I was so scared, but you made it so fun! I learned a lot!"

Staff from Planning, Analysis and Research (PAR), and Medical Records staff are lending assistance to our training team. With their help, we hope to extend the classes into the summer. If you are interested in learning more about the classes or registering for a class, send an e-mail to bhip.project@state.or.us. Remember to have your supervisor's approval before registering.

Piecing together Continuous Improvement: Making progress

By Rick Varnum, director of Strategic Planning

The Continuous Improvement Plan (CIP) is a much talked about document. Written in January last year, it is intended to guide our efforts to improve patient care. But just what is it?

The short answer is two things.

First, the principles the Oregon State Hospital will use to guide our work, namely:

- Recovery and rehabilitation;
- Mutual patient and staff respect;
- A culture of non-violence and safety;
- Strength-based and person-centered care and treatment;
- Psychosocial rehabilitation;
- Integrated hospital and community services.

Second, the CIP consists of more than 200 tasks that we will accomplish during the next few years. The plan includes big tasks, such as replacing our existing facilities, to relatively small tasks such as acquiring teleconferencing capacity for communicating with stakeholders.

The good news is that after a year of hard work 28 percent of the tasks in the Continuous Improvement Plan are finished. By the end of this year, we hope to have another 30 percent of the plan completed.

With appreciation to literally hundreds of OSH staff who have worked hard on

implementing the CIP, here are just a few of our accomplishments:

- Creation of a Peer Bridger Program — The program employs trained mental health care consumers who develop relationships with OSH patients and become a part of their support network as they enter the community after discharge from the hospital.
- Implementation of the Short-term Assessment of Risk and Treatability (START) tool — OSH is the first hospital in the United States to utilize START. START will ensure assessments are comprehensive; promote consistent and accurate communication among treatment team members; monitor changes in patient behaviors, attitudes and emotional states over time; and engage patients in treatment.
- Implementation of scheduling software for the treatment mall — New software is being used to schedule patients in the Portland, gero, and transition malls. Attendance also will be tracked so we can demonstrate how many patients are receiving 20 hours of active treatment a week.
- Improving communication with the Extended Care Management Unit (ECMU) —

There are several noteworthy accomplishments. A list of patients waiting for services at OSH was created and shared among stakeholders. Weekly meetings with ECMU are being held to improve communication; a monthly meeting with ECMU and the acute care hospitals assists with transitioning patients through the continuum of services.

- Standardized referral form — A new multi-page form was developed and implemented. Patient referrals can now occur more quickly and with appropriate patient information for the referral source.

There are many more improvements worth noting: the medication reconciliation process is now used throughout the hospital; Chemical Dependence and Drug Counseling (CADC) training has been greatly expanded; physicians are using a new discharge summary and many, many more upgrades are in place.

Nichole Bathke is coordinating our CIP efforts. Please contact Nichole or me if you'd like to learn more about the current status of the CIP. The CIP is available on the OSH Web site at www.oregon.gov/DHS/mentalhealth/osh/main.shtml.

Working together, we've got a lot to be proud of.

Details about MRSA

MRSA, or methicillin-resistant *Staphylococcus aureus*, is not new to our environment at OSH. MRSA is a strain of staph that is resistant to almost all antibiotics except Vancomycin. The CDC (Centers for Disease Control and Prevention) reports that MRSA is on the rise in health care settings. Because it is being monitored more closely, the prevalence of infections is increasing. MRSA generally is becoming more common in health care settings. Now there is a new strain called CA-MRSA, otherwise known as community-associated MRSA. CA-MRSA is seen in otherwise healthy people and is responsible for serious skin and soft tissue infections, as well as pneumonia and urinary tract infections. Because OSH is a community of its own, CA-MRSA is a concern.

Staph bacteria usually are found in the nose or on the skin of one out of every three people, but not all of these people will show signs of illness. Some people who have staph with no infections are referred to as being “colonized.” A person who is “colonized” can spread staph to others. Staph bacteria usually are harmless when present on the skin. MRSA bacteria, however, tend to prey on people with weakened immune systems and serious infections can develop if MRSA bacteria enter the body through a wound. Staph or MRSA infections in a community usually are skin infections, such as pimples

and boils, occurring among people who are basically healthy. The area of infection is red, swollen and painful, and may have pus or other drainage. The bad news is that these staph infections can lead to more serious illnesses, such as blood-stream infections or pneumonia, causing symptoms such as shortness of breath, fever and chills.

The University of East London is studying the effects on MRSA of garlic in its allicin (natural compound) form with positive outcomes. The garlic is sprayed on wounds, or the patient takes capsules, with the outcome being a full recovery in four to 12 weeks. Maybe this will prove to be more effective than Vancomycin, maybe not. It seems that garlic has a lot of good qualities.

The first step in preventing staph and MRSA infections is to prevent infections in general in health care settings.

The good news is that MRSA is preventable. The spread of MRSA can be stopped by washing your hands.

Watch next month for the risks of MRSA specific to the patients you care for and how you can help prevent the spread of MRSA in our community environment.

References:

www.cdc.gov/incidod/dhqp/ar_mrsa

www.mayoclinic.com/

www.mirror.co.uk/life-style/sex-health/health-news/2008/06/10/scientists-say-garlic-can-beat-superbug-mrsa-89520-20601849/

40-Building Treatment Mall training: A success!

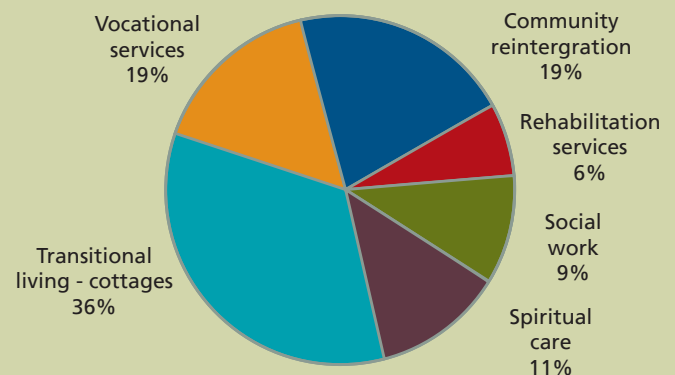
By Tom Shrewsbury

I am pleased to announce successful completion of the 40-Building Treatment Mall training! More than 53 staff participated in this six-week training sequence coordinated by Sue Wimmer and Jim Mills.

Professionals from various disciplines gained information and skills in best-practice interventions. A whopping total of 1,771 NAADAC-approved CEUs were earned by the dedicated staff who completed our trainings! With the help of Diversity Consultant Rebecca Sweetland, we plan to develop our training curricula by making it more responsive to, and representative of, the patients we serve.

If you have questions or suggestions, please e-mail me at James.T.Shrewsbury@state.or.us.

Disciplines Represented, n=53



A History of Outdoor Therapy Programming at Oregon State Hospital

(continued from page 1)

These outdoor skill competencies also require staff to pass a refresher course every two to three years for clinical privileges to be maintained.

Student worker and intern positions were also developed during this period to help provide adequate staffing levels for the outings. Mike Patton, currently 35 C recreation therapist, was one of these students. Debbie was also wise to partner the outdoor specialist with a direct-care rehabilitation therapist, in order to always be present during any given group or on off-grounds outings. This assured hospital residents that they would have one of their primary care therapists with them at all times. This strategic alliance provided collaborative treatment opportunities for the outdoor specialist and other activity therapists. This insured meaningful, safe and consistent treatment. Clinical therapy and proper outdoor risk management are effectively provided via this professional staff alliance.

Around this time it is interesting to note that the extended wilderness outings were again shortened from the 12-day format to a three-day format. This modification and those to follow may have been directly attributed to legal decisions.

Steve Lusted carried the torch from 1983 to 1987, until the jovial Joe Letourneau, another EWU graduate, took over for the next four years through 1991.

During an eight-year span, this abundant and accessible OET treatment model provided OSH residents with single-day adventure activity treatment opportunities in rock climbing, day hiking, cross-country skiing, snowshoeing and white water rafting. The new model also offered residents a series of three-day two-night mini-expeditions in wilderness backpacking, lodge-based cross-country skiing and Deschutes River white water rafting trips. As it was from the beginning, the OET Program achieved continued high scores on resident satisfaction surveys, making it a preferred perennial treatment choice of OSH residents and staff alike. Toward the end of this chapter, Joe Letourneau received OSH employee of the year honors and Ted Ficken became Therapeutic Activities Department (TAD) director in 1990. No matter what we call the program today, everybody from those days will always just refer to the treatment activities as “The Outdoor Program.”

(continued next issue)



Nutritious fast food for busy people

Munching on the road

Despite the proof, most of us devote almost no time to breakfast. Fact is, most of us eat breakfast on the go. Researchers say that a majority of Americans eat breakfast in their cars. This isn't ideal, but if you must eat on the go, try to get the most mileage out of your food. Here are five healthy, “car-friendly” suggestions:

1. Fruit

The possibilities are endless! Try apples, bananas, pears, peaches or nectarines. Fruit is low in calories and contains some of the fiber necessary for a healthy diet. Eating it early in the morning will give you a head start on your five recommended daily servings of fruit and vegetables.

2. High-fiber toast

Just pop bread in the toaster before you head into the shower, and grab it on your way out the door. Spread a little peanut butter on top for a good dose of protein.

3. Breakfast or cereal bar

All you need to do is unwrap them. But read the label; some are about as nutritious as a candy bar.

4. Hard-boiled egg

Mother Nature outdid herself with this one. Eggs are highly nutritious, full of protein and a good source of Vitamin B-12 and riboflavin. And they're easy to cook ahead of time, then just grab and go.

5. Smoothie

For late-risers, here's a breakfast option you can toss into the blender the night before, refrigerate and whip up just before you walk out the door: Before bed, combine 1/2 cup of nonfat yogurt, a banana, four strawberries and 1/2 cup apple juice in a blender. In the morning, add ice and blend until smooth.

Dining at your desk

If you'd rather eat at your desk, here are three easy meals:

1. Oatmeal, cream of wheat or grits

It's simple to keep packets of these in your desk. Just add hot water and you're set. All three are high in carbohydrates and fiber and relatively low in calories.

2. Breakfast sandwich

This is worth it for the high nutritional payoff — and you can make ahead, keep in the fridge and reheat. Toast a light, high-fiber English muffin, top it with three scrambled egg whites, onions and a strip of turkey bacon. You're getting fiber, protein and carbohydrates all in one.

3. Low-fat yogurt

The classic healthy standby you can just grab from the fridge. Yogurt is also a good source of calcium. Bulk it out with fresh fruit such as strawberries or chopped apricots.

Reduce your high blood pressure with the DASH diet

By Vicki Duesterhoeft, M.S., R.D., L.D.

In the DASH study (Dietary Approaches to Stop Hypertension) people with high blood pressure followed a special eating plan that included 4 to 5 cups of fruits and vegetables a day and 2 to 3 cups of low-fat dairy foods. Participants saw their blood pressure go down after only one month on the DASH diet, and those with the lowest sodium intake had the biggest fall in blood pressure. (Too much sodium causes blood pressure to rise. Potassium counteracts the effect of sodium on blood pressure. Fruits and vegetables are naturally high in potassium and low in sodium.)

The DASH eating plan:

- Emphasizes fruits, vegetables, whole grains, and fat-free or low-fat milk and milk products;
- Includes lean meats, poultry, fish, beans, eggs and nuts;
- Is low in saturated fats, trans-fats, cholesterol, salt (sodium) and added sugars;
- Allows only very small amounts of red meat, sweets and sugar-containing drinks.

People who consume the DASH diet are likely to lower their blood pressure and cholesterol, and have a reduced risk of stroke and other cardiovascular diseases. In addition, people eating a diet rich in fruits and vegetables have a lower chance of getting cancers of the mouth, throat, lung, stomach and colon.

Eat more, weigh less

In addition to improving blood pressure, the DASH diet combined with an active lifestyle can help you manage your weight. Most fruits and vegetables are low in calories and fat with lots of water and fiber to help you feel full. You can eat fewer calories and still eat a satisfying amount of food when you eat more fruits and vegetables and fewer foods high in fat and added sugars.

Obesity and the typical "American" diet are strong risk factors for developing type 2 diabetes. The DASH diet and physical activity can help to lower your chances for diabetes.

To learn more about the DASH diet and how it can work for you, visit www.dashdietoregon.org.

EDD May 2009 events

Following is a list of classes being offered at the OSH Education and Development Department (EDD) during the remainder of May. Classes are located at EDD unless otherwise noted. For more information about these classes, call 503-945-2875

1:1 Precautions: May 1, 15, 22
1-5pm

Contraband/Search Training: May 4
1-5pm

OSH Education Fair: May 5
10am-2pm

RN In-Service Day: May 5-6
8am-5pm

ACT Training: May 8
8am-5pm

Boundary Issues: May 11
1-5pm

Preventing Patient Abuse: May 4, 18
8-Noon

General Orientation: May. 11-15, & 18-22
8am-5pm

Ed Day: May 12 or 26
8am-5pm

Pro-Act:
May 5-6, (5th 8-5) & 6th 8-Noon)
May 7-8. (7th-8-5 & 8th 8-Noon)
May 19-20 (19th 8-5 & 20th N-noon)
May 21-22 (21st 8-5 & 22nd 8-Noon)

CMA Pharmacology: May 20
1-5pm

RN Leadership Day: May 27
(Required for all New RN/LPN)
8am-5pm

Nurse In-Service: May 28
8am-5pm

Drivers Training: May 13, 27
1-3pm

Assertive Boundary Communications: May 18
1-5pm

Timekeeping Training: May 19
8:30am-11:30am

Active Listening: May 27
8am-Noon