

OSH RECOVERY TIMES

Volume 6, Issue 1

1

January 2010

50 Building Treatment Mall coming soon

By Frank Warner, R.N., 50 Tx Mall

In the near future the 50 building will begin offering our treatment mall. This will be a shift in delivery of care and treatment. Rather than living and receiving treatment in individual units, patients will leave their units at certain times each day and proceed to the neighborhood mall area. Here staff and individuals from multiple wards will come together to provide and receive mental health services. It will be similar in concept to a junior college; patients will select from a course catalog containing numerous skills-based classes that meet their specific treatment objectives. Here are some core points about the treatment mall:

- Mall hours will be from 9 a.m. to 11 a.m. and 1 p.m. to 3 p.m. Monday through Friday.
- Morning session will be for wards 50D, 50E and 50I.
- Afternoon session will be for wards 50C, 50F, 50G and 35C.
- We hope to eventually have all wards participating the entire day.
- Special accommodations will be made for those patients whose work schedules limit ability to attend other mall classes.
- The mall is based on a recovery model of care that emphasizes the central role each individual has in his or her own recovery. This approach will increase responsibility, provide choices and promote independence.
- We will strive to honor what each patient wants while providing guidance through each individual's treatment team.

Our 50 Building mall area will be the entire first floor. 50B north end will house the Computer Lab and Quest School where patients can learn computer skills and take classes ranging from GED preparation to online college courses. 50B south end houses classrooms, a re-engagement room, our patient pay green house area, kitchen for cooking classes and life skills as well as our band room and exercise room.

Imagine live music while you work out across the hallway on the gym equipment. You won't get that at any health club! 50A will house the majority of the classrooms, the canteen, the hair salon, medication/exam room and the satellite medical clinic. The previous canteen area will be our staff and chart room. There will also be small meeting rooms for individual therapy or meetings between clinicians and patients. The gym and visitors center will also be used for groups and classes. On-grounds activities for those who have privileges and outdoor groups in the yard areas will also be available, weather permitting. Exciting new opportunities exist for staff as well.

Have you ever wanted to teach a class, share a skill or spend some time with patients in a small group setting? If you answered "yes," please let Christie Gallegos, Sue Wimmer or Dena Alawaj know and we can work on adding your curriculum to the next session. Staff working the 40 Building Treatment Mall report great success and satisfaction with their new roles. Now these will be available for the 50 Building as well. See you soon.

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OSH Recovery Times

is edited by Jeff Jessel.
Contact him at 503-945-2892
with questions, comments or suggestions.

Coming soon...

50 Building Treatment Mall

- Fun learning and teaching opportunities!
- Classes include, but are not limited to:



- Arts and crafts
- Cooking
- Diet and exercise
- Education
- Medication management
- Mental illness recovery
- Nutrition
- Physical fitness
- Therapeutic recreation
- Therapeutic skills building

- Gym and outdoor activities
- Socialization
- Choices for all!

Water Safety and Accident Prevention

By RSD Staff

Staff Training

“Reach — Throw — Don’t Go — Call 911 — Go, only if the conditions are safe and your wearing a PFD.”

These water safety steps are highlighted in a new staff training program called WSAP (Water Safety and Accident Prevention), which has replaced the Red Cross swimming pool lifeguard training at OSH.

The advent of WSAP training came about because OSH no longer has a swimming pool facility.

The extensive program development process required a team effort comprised of rescue equipment innovation, policy and training development, risk review, legal review and — finally — administrative approval. Many thanks go out to everyone who participated in bringing this project to fruition.

On Nov. 2-5, 2009, 15 OSH staff members participated in the WSAP training co-facilitated by Jason Ryther, CTRS; Todd Trautner, Outdoor Specialist, MS; and Kurtis Drake, CTRS, MS, who provided Red Cross CPR for the Professional Rescuer training.

Robert Smith from Oregon State Parks and Recreation also participated as an instructor, providing valuable insight into the risk management concerns around beach and ocean environments. Robert coordinates community education programs in beach safety as his primary job. Many OSH staff evaluated Robert’s instruction as a highpoint of the WSAP training.

Classroom instruction included video clips (You Tube footage) from actual beach and river rescue caught live from various locations around the globe, and vivid footage of how powerful ocean rip currents and river currents can be to the unsuspecting.

The class went very well, culminating in a field day in gale force winds with big swells and high tides at the Oregon coast. These conditions reinforced the training principles and helped staff put it all together.



WSAP outdoor classroom session with Robert Smith from Oregon State Parks and Recreation.
Michelle Swanger, Eric Luvaas, Pat Mitchell, Robert Smith.

The training also provided ample time to become familiar with the new WSAP rescue packs, which received significant use at the Oregon Coast and Cascade Gateway Park during the training. Participants practiced rescuing victims with reach sticks, throw buoys and PFDs (personal flotation devices).

In evaluating the training, the newly WSAP-trained OSH staff said it was practical and applicable, given the types of outdoor recreation and community reintegration outings commonly taking place at OSH.



Throw buoy practice.
Kris Wright and Todd Trautner

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BHIP

BHIP high-level schedule

“Which parts of the new electronic health record (EHR) system will be turned on first?”

People across the hospital are eager to learn the answer to this question, since most of the new initiatives currently under way need robust technology to help them work efficiently. The current target date for the first rollout is late fall 2010. Which functions will be turned on first will be based on a gap analysis, system dependencies and — of course — business needs.

A requirement gap analysis is an assessment tool. It identifies which functional requirements the Avatar system meets “out-of-the-box” with no changes; it also identifies those requirements that require additional work or that the system cannot meet. This analysis provides the foundation for both technical work and process change within the hospital.

An initial, “high-level” gap analysis was requested as a part of each vendor’s system proposal. This information helped OSH staff choose a system that met the majority of requirements without significant modification. The formal gap analysis drills down to a much more detailed level.

The formal gap analysis begins with validation of requirements by hospital staff. The validation process is primarily to ensure Netsmart project staff question the meaning of each requirement in the context of Oregon State Hospital (OSH) and Blue Mountain Recovery Center (BMRC). In preparation for this, Netsmart project staff provided a “first look” training to walk hospital staff through the core system. This helps clinical, technical and project staff all be on the same page.

The next step is to compare each functional requirement to the Avatar system specifications. Due to an extremely short time frame for the first rollout, functional requirements met “out-of-the-box” will jump to the head of the line of system implementation.

The next few BHIP OSH Recovery Times articles will focus on areas in the high-level schedule for the first rollout due late fall 2010.

The first steps, started in December, are requirement validation, gap analysis and determination of functions in the first rollout. This step’s deadline is spring 2010.

Determining which data will be converted into the new system will be completed in spring, with data conversion activities scheduled for late spring and summer 2010.

Summer 2010 will see configuration or setting up of the business rules with user acceptance testing following as soon as possible.

Finally, training will begin in fall, just in time for the first implementation in late fall 2010.

The second area reviewed will be **system dependencies**, or assessing which system functions need to work before other functions can be turned on. For example, billing functions can only be turned on when multiple clinical and pharmacy functions are working smoothly.

The final consideration determining what can be turned on in the first rollout is **business needs**. This is an evaluation of what system functionality would support the most urgent clinical needs.

Due to the amount of work and deliberation required, determining which system functionality rolls out first will be time consuming. A list of detailed functionality for the first rollout will be prepared in early spring.

Therefore, the OSH and BMRC staff will help determine which parts of the new EHR system will be turned on first. The decision will be based on the gap analysis, system dependencies and business needs. This will be a lot of work, but, in the end, it will be well worth the time. Thank you in advance for the work you will do to ensure a successful EHR implementation.

Transition to the new Oregon State Hospital

By Rick Varnum, Director of Strategic Planning

“Life is like riding a bicycle. To keep your balance you must keep moving.”
Albert Einstein



Can you imagine -- Walking through the new Anchorage, Bay and Cove treatment mall?

Can you imagine – a sparkling new kitchen with the latest in food preparation technology?

Can you imagine – six patient units all with private and semi-private patient rooms?

John Lennon, in his famous song “Imagine”, wrote that “It’s easy if you try.” If it’s not easy for you to imagine, I suggest making a visit to one of the six remodeled cottages on the Salem campus. These cottages, which accepted patients from the old 41 Building just eight months ago, were transformative for the patients who live there now. Likewise, the Phase I completion of the Hospital Replacement Project will forever change the way we deliver patient care.

During the next 12 months OSH will focus on the areas of construction scheduled for completion in 2010 . These include the kitchen, vocational services, pharmacy, and the admission/behavior/corrections units (ABC) that will be known as Anchorage, Bay and Cove.

Everyone at OSH is already busy with day-to-day responsibilities. The addition of moving into a new facility and using an electronic medical record will test the limits of our collective resources. Help is on the way as we change the way we deliver services to our patients in the years to come.



New staff are hired or being recruited. Derek Wehr and Nichole Bathke now head up a Strategic Planning Unit and will be highly involved in the transition process. Dan Pasch, director of Technology Services Management, is hiring four clinicians to assist in training and implementing the new electronic medical record; Nena Strickland, Interim Deputy Superintendent, is adding staff to assist in the logistics of moving.

In addition to staff, several members of the Superintendent’s Cabinet will meet weekly to oversee the transition efforts, and six workgroups have been chartered to focus on specific aspects related to the new facility: Pharmacy, Kitchen (FNS), Vocational Services, ABC Milieu Mixture and Design of Patient Residences, Admission/Transfer Criteria and Process, and Service Integration.

At this time, all workgroups will be scheduled to meet weekly. A wide cross section of hospital staff has been invited to participate.

It will take a team effort to move into our new home. What can you do? Watch the Webcam through a link on the OSH Replacement Project Website. Stay informed – We will continue to provide updates in Recovery Times and elsewhere. Get involved — If there is a workgroup you would like to join, please let me know. Remember Rosanne Cash’s quote, “The key to change... is to let go of fear.”

NOW, More than ever



February 1-26, 2010

FOOD DRIVE

www.oregon.gov/fooddrive



- Donate nonperishable food
- Participate in fundraisers
- Make a payroll deduction
- Write a check
- Meet the Governor's Challenge



Governor's State Employees

Caring tree wrap-up

By Jeffrey M. Jessel



A grand total of 750 festively wrapped gifts were delivered to OSH patients during the Caring Tree Project for 2009. Each year I am truly amazed by the number of people who come together to make sure that each patient at OSH will have a personal gift to unwrap and enjoy.

I would like to thank all of the OSH staff and outside volunteers who gave time, money and gifts to make this project work. The staff and/or members of 30 different organizations and state agencies donated hundreds of gifts. Volunteers spent approximately 250 hours collecting, sorting, wrapping and delivering the gifts.

On behalf of all of the patients at OSH, thank you to everyone who helped to make the Caring Tree Project possible.

Patient Viewpoints

This series of articles features the personal stories of patients who currently live or formerly lived at OSH. In this edition of Patient Viewpoints, we feature the story of “Bruce.”

“Bruce”

For many people, the best way to overcome a problem is to actively seek the solution. This is a sentiment shared by “Bruce,” a long-time resident of Oregon State Hospital. Over the past few years, he has eagerly sought opportunities to be involved in his treatment and recovery. One of these opportunities has included working through hospital-sponsored programs. “I consider [work] treatment,” he says. “I enjoyed the work. I enjoyed the autonomy. I enjoyed helping [others].”

Bruce stresses the importance of clear communication between clients and staff. He recalls one staff member who made a point of speaking with him whenever there were changes in his treatment or progress. This approach was, as Bruce calls it, “no nonsense and fair.” It allowed him to feel as if he had direction over some part of his treatment, making him an active participant in the process.

Recently discharged from the hospital, Bruce feels that he has gained new skills and knowledge. In addition to what he’s learned in groups and classes, he has a better understanding of public health services. He says, “[I’m] more informed... about the whole mental health system.”

Water Safety and Accident Prevention

Staff Training

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The WSAP low-risk rescue philosophy stresses teaching accident prevention before and during hospital outings. Serious rescue situations will always be turned over to more technically skilled rescue teams such as the U.S. Coast Guard or Marion County Search and Rescue, available through calling 911.

The future of recovery-based community programming looks bright considering the commitment exhibited by those who participated in this new training.



WSAP staff training group shot.

Top Left: Mike Patton, Cheuk Chan, Katie Hurckes, Chuck Porter, Guy Forson, Todd Trautner, Kris Wright, Pat Mitchell, Robert Smith, Kurtis Drake, Lori Page, Eric Luvaas. Bottom Left: Teresa Patton, Lani Wright, Linda Counts, Michelle Swanger. Photographer, Jason Ryther.

Taking care of yourself

Caregivers sacrifice so much of themselves that their own quality of emotional and physical health can suffer. As nurses at Oregon State Hospital, we give our emotional best to each patient, each day. This can cause a lot of stress given the populations we work with. In order to do our best, we must first take care of ourselves.

We must all have a life outside of OSH. Some of the things you can do to remain focused include:

1. Make some quiet time for yourself each day;
2. Go for a walk with a friend;
3. Read a book;
4. Do anything that helps you maintain/regain your control and is not self-destructive.

Remember, we are a team at OSH. No matter what department you work in or what your job is, we all want the same things — to do the best job we can for our patients and help each other have a safe and productive day.



OSH new hires and retirees for January

Welcome to OSH

Ysmael Angeles	Mental Health Therapy Technician	Joy O Hearn	Operations and Policy Analyst 2
Jonathan Barazza	Mental Health Therapy Technician	Svetlana V Poroshina	Mental Health Registered Nurse
James Campbell	Principal Executive/Manager D	Maribel Roa	Mental Health Therapy Technician
Sherry Chrisco-Mckee	Office Specialist 2	Theresa L Robinson	Mental Health Therapist 1
April M Cruz	Mental Health Registered Nurse	Elaina M Sciarrotta	Mental Health Registered Nurse
Sangay Dorjee	Mental Health Registered Nurse	Sharon R Sipe	Executive Support Specialist 1
Larry L Furman	Mental Health Therapy Technician	Ken Sniffen	Transporting Mental Health Aid
Lydia J Johnson	Mental Health Supervising RN	Laura E Stenlund	Mental Health Registered Nurse
Theodore Q Kobara	Mental Health Registered Nurse	Kandi I Storms	Office Specialist 2
Steven R Larson	Painter		
Jatu Lomax	Mental Health Therapy Technician		

Promotions and reassignments

Lindsey A Anderson	Mental Health Therapist 1	Kent E Slawson	RN Epidemiologist
Nichole M Bathke	Operations and Policy Analyst 2	Lisa Louise Summerlin	Medical Transcriptionist 2
Jeanette Baxter	Mental Health Therapist 1	Donald R Tucker	Principal Executive/Manager D
Richard Alan Ott	Principal Executive/Manager D		

Retirees

Norma J Brundidge	Dietetic Technician	Vickie J Lee	Mental Health Therapist 1
William J Fields	Mental Health Security Technician	Dana L Petre Miller	Principal Executive/Manager D
Maynard E Hammer	Principal Executive/Manager H	Larry D Smith	Rehabilitation Industries Rep
Rocky L Kygar	Recreational Specialist		

January 2010 EDD events

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

Boundary issues: Jan. 21

8 a.m. to noon.

Assertive boundaries communication: Jan. 8

8 a.m. to noon.

Patient abuse prevention: Jan. 20

8 a.m. to noon.

General orientation: Jan. 11-15, 19, 25-29

all 8 a.m. to 5 p.m.

Ed day: Jan. 12 and 26

8 a.m. to 5 p.m.

Pro-act refresher:

Jan. 5-6 (5, 8 a.m. to 5 p.m.)(6, 8 a.m. to noon)

Jan. 7-8 (7, 8 a.m. to 5 p.m.)(8, 8 a.m. to noon)

Jan. 21-22 (21, 8 a.m. to 5 p.m.)(22, 8 a.m. to noon)

RN leadership training: Jan. 21

(Required for all new RNs/LPNs)

8 a.m. to 5 p.m.

OSH drivers' training: Jan. 9

10 a.m. to noon.

Emergency equipment training: Jan. 11

8 a.m. to noon.

Contraband training: Jan. 8

1 p.m. to 5 p.m.

Active listening communication: Jan. 21

1 p.m. to 5 p.m.

Humor as a therapeutic tool: Jan. 11

1 p.m. to 5 p.m.

CMA pharmacology: Jan. 12

1 p.m. to 5 p.m.

RN orientation: Jan. 20

START training: Jan. 20

9 a.m. to 11 a.m.