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OREGON STATE HOSPITAL
HOPE · SAFETY · RECOVERY

Music plays role in recovery for some OSH patients

Music therapist Laurel Lee Pond (center) accompanies patient Stephen Eastman in a song while patient Greg Nohrenberg keeps the beat during band group. Band group is just one of the many ways music therapy is used at OSH to engage patients while working on their treatment goals.

Part of providing individualized care is identifying a patient's interests and using those interests as therapeutic tools. As Oregon State Hospital continues to expand its treatment options to meet the unique needs of all its patients, interventions such as music therapy, which engages patients' interests while addressing their therapeutic needs, are playing a larger role in the lives of many patients.

"Really, music is just the byproduct of what we're learning in group," said patient Greg Nohrenberg. "For me, it's learning patience and tolerance and understanding people's limitations and being able to work with them."

As part of his therapy, Nohrenberg regularly plays drums with fellow patients in one of the hospital's band groups. And although the patients obviously enjoy playing music together, that is not the primary goal of the group. Rather, the music is used as a facilitator — it creates an environment where patients can pursue an interest while they're working on life skills necessary to reach their treatment goals.

While learning new songs and performing together, the band members are also learning how to effectively communicate in a positive manner with one another, solve

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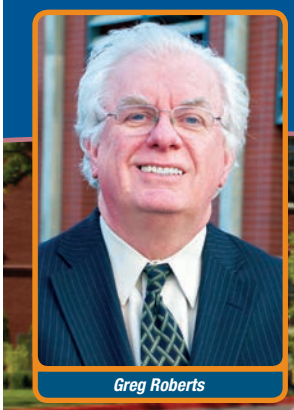
OSH Recovery Times is edited by Robert Yde. Contact him at 503-947-9982 with questions, comments or suggestions.

Message from the superintendent


Greg Roberts

Dear OSH Team:

The past year-and-a-half has been full of changes at OSH. From the completion of our beautiful new hospital to changes in our approach to treatment, it sometimes seems as though every day brings something new. Most of these changes have been overwhelmingly positive, but with so much going on and a limited amount of time and resources, recognizing which projects and initiatives are the top priorities can sometimes be difficult.

In order to provide some clarity and ensure we are focusing our efforts on the areas of critical impact and need, OSH leadership has identified three priorities to guide our work for the rest of this biennium ending in June 2013. You'll note that each priority has a specific goal with measurable outcomes. Many of the current initiatives under way at the hospital will be incorporated into one of the three priorities.

2012-13 OSH priorities

1. **Safety:** Safety is essential for all that we do. Patients cannot move toward recovery and staff can't provide proper treatment if they don't feel safe.

   Goal: "We will eliminate moderate and severe injuries to staff and patients due to assaults."

2. **Patient care:** The hospital's new electronic health record will provide the foundation for care and treatment. We all must be engaged to ensure a useful, comprehensive tool that helps us do our work and meets our needs.

   Goal: "We will improve patient care and safety through the successful implementation of the electronic health record, Avatar."

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Message from the superintendent

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3. **Fiscal:** OSH cannot afford the current levels of overtime. Besides the cost, mandatory overtime is a hardship for our employees and their families, and tired employees are less capable of providing optimum care.

Goal: "We will live within our budgetary means, primarily by minimizing the use of overtime."

As you can see, these three priorities are interconnected, so we must concentrate our efforts on all to meet the goals for each one. We must be strategic in how we coordinate our efforts so that progress on one priority does not adversely affect another. For example, we want to be sure training for Avatar does not create more overtime than absolutely necessary.

Each priority has a cabinet sponsor who will be leading the efforts to meet its goals. Chief Medical Officer Rupert Goetz, M.D. is the sponsor of the Safety priority; Director of Quality Management Bob Gebhardt is the sponsor of the Patient Care priority; and Chief Financial Officer/Chief Operating Officer Lee Hullinger is the sponsor of the Fiscal priority. All three will be working closely with other hospital leaders to ensure each priority's success.

Finally, I want to be clear that these priorities are meant to align our overall goals, not to exclude other projects. Some important initiatives, such as Lean, do not fall neatly under the umbrella of one of these priorities; however, this does not mean they will be neglected. In fact, Lean will play an even larger role going forward, as we continue to integrate Lean methods and tools into all of our projects.

Achieving these goals will require a hospital-wide effort, and I encourage you to take some time to think of where your work fits into the priorities and what you can do to help us meet our goals.

If you have any questions, please feel free to contact any of the priority sponsors or myself. Everyone on the OSH team is a part of this, and we'd love to hear from you.

Sincerely,

Greg Roberts
Superintendent

Flower 2 patient Claudia Russon works on a blanket in the unit's common room. She said she likes to make items for her family to help her stay connected to them.

In response to a request from Flower 2 staff, the OSH Donations Program collected more than 200 balls and skeins of yarn during late-February and early-March. The majority of the yarn was donated by OSH staff.

The OSH Donations Program is operated by the Volunteer Services Department and accepts donations on a regular basis for units and patients. If you would like to learn more about the OSH Donations Program, please contact Director of Volunteer Services **Jeff Jessel** at **503-945-2892**.

FW 2 patients connect through crocheting

By Jeanette Jensen, FW2

Recently, Flower 2 received several boxes of donated yarn from Volunteer Services. For some of the girls on the unit who enjoy crocheting, this was a really big deal, and I'd like to thank Director of Volunteer Services Jeff Jessel, as well as everyone who made a donation.

I first learned to crochet here at Oregon State Hospital in 2002. A fellow patient showed me how to make small purses, and I discovered I had a natural gift for crocheting. Since then I have crotched all types of items, and have found crocheting to be a great way to connect with my peers.

It gives us a great chance to socialize with each other while we sit and work on our blankets, scarves or hats. As I have gotten better, I've enjoyed teaching my peers new stitches and patterns and watching them take on their own projects. Often, when new patients came to the unit we would make them something to help them feel more at home. Working with the different types and colors of yarn to create new things also gives us an important outlet for our creativity.

Not only is crocheting a tool to build relationships at the hospital, but it has also given us a way to stay connected with our families. Many of the items we make we send home to our children and grandchildren, which they find especially comforting.

This past winter I began making hats, which patients were wearing all over the hospital. The hats have been so popular that I'm now making hats and blankets for the clothing shop so that even more people can enjoy them next winter.

Again, thank you for the yarn — this thoughtful gift is appreciated more than you can imagine.

Patient Kelsey Knox models one of the hats made by fellow patient Jeanette Jensen. Jensen is currently working on hats for next winter that she plans to donate to the clothing shop.

"Lab ladies' " diverse, distinct skills play an important role in patient care

By Sandy Cordes,
Medical Laboratory Scientist

Medical Laboratory Scientist Sandy Cordes (foreground) uses a microscope to examine a specimen while lab technicians Ronda Bruce (left) and Pam Lewis discuss the recent findings of another test.

National Lab Week was April 22-28, but due to the behind-the-scenes nature of our work, this annual event usually comes and goes with little fanfare. This year, we'd like to take the opportunity to share a little bit about what we do and give you a chance to meet our team of "lab ladies."

Here at OSH, we have two groups of lab ladies: medical laboratory scientists (MLS) and laboratory technicians, both of which bring a diverse and distinct skill-set to the lab.

We have four MLSs in our lab: Sandy Cordes, Susie Dawson, Pam Gordon (aka Pam 1) and Lab Manager Jan Rutherford. Together we have a whopping 128 years of varied laboratory experience, ranging from working in Beverly Hills among the rich and famous (Pam 1) to managing a winery lab (Sandy).

MLSs perform a full range of tests and analyses on body fluids such as blood, urine, sputum and stool. In addition, we are also responsible for confirming the accuracy of test results and reporting laboratory findings to physicians. The information that we provide to the doctor influences the medical treatment a patient will receive. We operate complex electronic equipment, computers and precision instruments for urinalysis, chemistry and hematological testing.

Our three lab technicians comprise our second group of lab ladies — Ronda Bruce, Adrianne Clevinger, Pam Lewis (aka Pam 2). Each lab technician is a certified phlebotomist and highly skilled in venipuncture. Educational requirements range from a three-month intensive hands-on course to a two-year associate's degree, with a typical graduation requirement of 160 hours practicum and 100 successful sticks.

With 63 years of combined phlebotomy experience, each of our lab technicians has had some pretty interesting jobs outside of OSH's medical lab. Ronda once worked at an exotic animal farm, and if you ever need to capture a kangaroo or lasso a camel, she's your lady. Prior to coming to OSH, Pam 2 worked for the Lion's Eye Bank as an enucleator technician responsible for harvesting eyes for transplant and research. Kind of creepy, Pam 2.

Aside from phlebotomy, our lab technicians also perform a variety of other tasks such as basic kit testing under direct supervision by an MLS, specimen processing and assisting with office duties.

Together, our team is committed to providing quality laboratory service to our patients and staff. So this year, take a moment and stop by to let a lab lady know she's appreciated — a little of that goes a long way with us!

For more information on OSH's laboratory, please contact a "**lab lady**" at **503-945-7121**.

DBT offers acceptance, provides continuity of care for OSH patients

By Robert Yde, Public Affairs Specialist

Psychologist Catherine Marshall listens as patient Kim Applegarth talks about the progress she's made participating in the hospital's DBT program. DBT is a multi-faceted behavioral intervention based on the idea that patients can be more successful in therapy if they feel accepted, are encouraged to set their own goals and have a systematic support structure in place to help them achieve those goals.

For many, change is difficult. We are creatures of habit who tend to fall back on past behaviors, whether they've proven to be effective or not. This can be especially true for people suffering with mental illness; however, staff from Oregon State Hospital-Portland (POSH) are using a relatively new approach to treatment known as Dialectical Behavioral Therapy (DBT) where acceptance is the catalyst for positive change.

Unlike other types of behavioral treatments that focus solely on identifying and changing a patient's maladaptive behaviors, the philosophy of DBT is to accept patients for who they are and where they currently are in their life. By taking this approach, it helps a patient to see his or her therapist as an ally rather than an adversary. With this new perspective, patients are often more open to working with their therapist and listening to their suggestions.

After establishing a partnership, the next step is to empower patients by letting them determine their own goals, and then ensuring a systematic support structure is in place to help them stay on track and reach their goals.

"I think it works because it is explicitly welcoming of people's challenges," explained Psychologist Jennifer Hill, Ph.D. "DBT offers real relationships between real people — both clients and clinicians bring all of who they are to the treatment, so it's less stilted than some other treatments."

Designed in the early-1980s, DBT is a behavioral treatment originally used to treat suicidal patients who were typically disengaged in their therapy. In the past decade the use of DBT has been expanded, and it is now recognized as an effective treatment for a range of dysregulated behaviors, such as substance addiction, self-harm, anger issues and obsessive compulsive disorder.

Hill said that while psychologists at POSH have been using DBT in some form for nearly eight years, the program really took off six months ago when administrators made the decision to make DBT an integral and visible part of treatment in OSH's Adult Treatment Services program.

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ACP offers more accessibility to addiction counseling education

By Christina Steiger Morris,
Addiction Counselor Program Coordinator

An estimated 80 percent of OSH patients have a substance-related issue in addition to their mental illness, so it's important to provide all of our treatment providers with the opportunity to strengthen their skills in assessing and treating substance abuse as a co-occurring disorder.

To reach as many staff as possible with this important information, the Education and Development Department has made some changes to the Certified Alcohol & Drug Counselor (CADC) Program, starting with its name. The program is now known as the Addiction Counselor Program (ACP), and the name change signifies a transition from a certification program to an educational program.

The biggest change you'll find is that all OSH staff can now take classes that were previously reserved for CADCs and CADC candidates. OSH currently has more than 50 staff who are CADC or Master Addiction Counselor (MAC) certified or are seeking certification. You will still have the option of pursuing certification if you choose, but by broadening the focus of the program, you can increase your knowledge of these issues without becoming certified.

At this time, the program's efforts will be primarily focused on two areas. The first is to offer trainings that are approved by The Addiction Counselor Certification Board of Oregon (ACCBO). We have a large number of well-qualified staff and subject matter experts who will offer presentations on various topics related to addictions treatment.

The second focus is increasing the number of staff who can provide clinical supervision for CADCs and CADC candidates. Clinical supervision is a requirement for earning and maintaining certification, but we currently have an insufficient number of supervisors. We are working to credential and train current CADCs and MACs so they can provide the supervision necessary for the certification program to continue to grow.

To learn more about the Addiction Counselor Program and other educational opportunities, visit the EDD website at *https://inside.dhsoha.state.or.us/oha/addictions-mental-health/osh/staff-support/edd.html.*

If you have questions or would like to get involved in the Addiction Counselor Program, please contact **Christina Steiger Morris** at **503-947-1011** or *christina.r.steigermorris@state.or.us.*

Hope, Safety and Recovery

I move through this space with hope, safety and recovery
perched on my shoulders,
engaging my mind,
filling my heart.

I listen and watch
to find traces of these things
where they are hidden.
Camouflaged, in the pictures on the walls
or peaking around the corner.
Whispering; a voice
just audible above the constant din.

When I find them I shine the spotlight to that place.
I dance, I sing.
I shout encouragement from the rooftops
to breathe life into the flickering idea.

Joyfully, I watch as hope, safety and recovery
grow in front of me
until they walk on their own.
Unsupported, vibrant and powerful
out into the world.

- Anonymous staff member

A Culture of Safety and the six core strategies: Work force development

By the Seclusion and Restraint Committee

As we know, safely reducing the use of seclusion and restraint is an important step toward creating a culture of safety at OSH. Last month, we wrapped up our discussion of leadership's role, which is the first of the six core strategies developed by the National Technical Assistance Center (NTAC) to Reduce the Use of Seclusion and Restraint. This month, we turn our attention to the second core strategy — work force development.

Ensuring that each of us has the tools needed, not only to perform our work but also to enhance our work and the hospital, is a key component in creating the safe and therapeutic environment our patients need. In order to measure a facility's level of work force development, NTAC offers a number of questions that should be asked. Some of those relevant to OSH include:

- Has staff development introduced recovery/resiliency, prevention and performance improvement theory and rationale to staff?
- Has the facility revised the organizational mission, philosophy, and policies and procedures to address the above theory and principles?
- Do education and training address the experiences of patients and staff, assumptions and myths, trauma's effect on all, core skills and non-confrontational limit setting?
- Does the facility encourage staff to explore unit "rules" to analyze for logic and necessity beyond safety?
- Are person-centered care and trauma-informed care integrated into treatment activities on a daily basis?
- Are there competencies and measurements for the above questions?

The six core strategies developed by the National Technical Assistance Center to Reduce the Use of Seclusion and Restraint:

- Leadership's roles
- Work force development
- Using data to inform practice
- Using seclusion and restraint reduction tools
- Consumer roles
- Debriefing techniques

So, how would you grade OSH on the above questions right now?

In the past year-and-a-half, we have made a number of strides in addressing the first three bullets. The most obvious change was adopting a new vision and mission statement, which are based on the values of hope, safety and recovery. The other two questions revolve around staff training, and we continue to improve in this area. We currently have an array of trainings designed to assist staff in their professional growth. Examples

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Hard work, flexibility key to FNS staff adjusting to new home, new roles

By Patty Thompson,
Food Service Manager

Looking back now, it's hard to believe that 3 ½ years have gone by since we broke ground on the new hospital. During that time, most of us underwent numerous changes and adjustments as we settled into our new home. This was especially true for Food and Nutrition Services staff who had to constantly adjust to new hours and new days off. In the end though, we were fortunate enough to not only get a beautiful new home, but also a rewarding new role in patient care as well.

Early in the planning stages for the hospital, it was decided that building the new kitchen first would be the best way to continue to provide meals in a consistent manner. While our staff was excited about moving to a new kitchen, there were some concerns we had to address.

Our most immediate concern was how to ensure food and equipment stayed sanitary with the constant construction and destruction activity happening all around us. There were many days when you would look outside and the kitchen appeared to be a small island, surrounded on all sides by mud, dump trucks and construction. Throughout this time though, Hoffman staff were always very conscientious about their actions and communicated their plans with us on a daily basis, helping us to keep our food and employees safe.

Once the new kitchen was complete, our immediate reaction was simply, "wow!" New equipment, shiny stainless steel — most of us had never worked in a brand new kitchen with brand new equipment. Although everyone enjoyed working in our new space, moving there created yet another obstacle to overcome.

While we were now on the south side of Center Street, the majority of patients were still on the other side of the street, so we had to figure out the most efficient and safest way to deliver food to them. In the past, we moved food through the tunnels on electric carts, but once the tunnels were deactivated, we were left with few options. The idea of driving our carts back and forth across Center Street in the winter wasn't very appealing, so we began conducting our daily deliveries by truck.

Food and Nutrition Services workers Wanda Barber (left) and Jacquelyn Wertz serve lunch to Trails patient Kimberly Murphy. FNS staff say they enjoy the increased patient interaction fostered by the new kitchens and dining halls.

This was soon followed by one of the biggest changes in our department — expanding our role from solely food prep and delivery to serving meals as well. For us, this was a huge paradigm shift. Most of our staff spent nearly all their time in the kitchen and had very little, if any, contact with our patients. Taking on this new role led to some

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A Culture of Safety and the six core strategies: Work force development

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include motivational interviewing I and II, the addiction counselor program, boundaries training, trauma-informed care, learning styles, ProACT, and show-of-concern drills. We will continue to develop and roll out new trainings, such as person-centered care and trauma-informed care, both of which will be available later this year.

The final three bullets are questions that we are addressing, but need further development. Soliciting as much input from staff "on the floor" will be crucial as we determine the best way for OSH to answer these questions. Their experience and knowledge will help us clarify rules and develop new trainings and competencies based on real-life experiences.

Your input is important, so please contact the Seclusion and Restraint Committee with any suggestions, observations or comments. Next month, we will continue to discuss work force development and explore some future-state options for OSH.

For more information on the Seclusion and Restraint Committee, please contact Assistant Director of Standards and Compliance **J.S. "Doc" Campbell** at *James.CAMPBELL@state.or.us.*

Hard work, flexibility key to FNS staff adjusting to new home, new roles

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nervousness and apprehension among some of our staff at first; however, we soon embraced it.

Not only were we able to help unit staff by freeing up some of their time so they could focus on other responsibilities, but we found the regular interactions with patients very fulfilling. In many ways, adding this final step of serving the food provided much of our staff with some closure to the process. No longer were we just preparing food for faceless patrons. We were now spending time with our patients, talking with them, seeing them enjoy their meals and discovering the rewards of customer service.

With our new centralized dining halls, we've been able to continue getting to know our patients, learning their specific likes and dislikes and offering them even more choice at meal time.

If you haven't already, please stop by one of our dining halls and let us show you the food service team we've had the opportunity to become.

Staff who would like to eat in one of the dining halls should purchase a meal ticket from the business office. Tickets cost $3.50, and staff should write their name, the date and the meal on the back of the ticket before redeeming it. All dining halls are open for lunch from 11 a.m. to 1 p.m.

For more information on Food and Nutrition Services, please contact Food Service Manager **Patty Thompson** at **503-945-2873**.

Music plays role in recovery for some OSH patients

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problems as a group, reach compromises together and work toward a common goal.

Band group is just one example of how music therapy — a clinical and evidence-based intervention that uses music to help patients work toward their individual treatment goals — is used at OSH. Depending on a patient's acuity level and goals, music can be used in a variety of ways, such as helping patients to lower their guard and engage in treatment, creating a calming environment, enhancing other therapeutic activities, assisting with physical therapy needs or motivating patients to work toward their other goals.

All of OSH's music therapy groups are facilitated by a credentialed music therapist who has completed, at a minimum, undergraduate coursework focused on music and psychology, as well as 1,200 hours of clinical training.

"So a person might walk by and think we're just having a sing-a-long, but it's so much more than that," said Music Therapist Teesha Lane. "The clinician in me is observing and making notes — that person is helping his peer, that person is attending to something, that person is not getting upset with her peers and that person is vocalizing and participating— based on the goals in each patient's treatment care plan."

Because the primary purpose of the groups is not about making music, patients do not need to have any type of musical background to participate or benefit from music therapy.

"Music is deeply tied to our emotions and that's all you need to enjoy it," Lane said. "You don't need to know how to play or understand the theory behind it — you can like it just because you like it. This is why music is something that is so universal and brings people together."

Patient Michael Chapman plays keyboards during his weekly band group on the hospital's downtown treatment mall. Chapman said that music therapy groups have helped him reach his goal of learning to read sheet music. "It's very therapeutic to feel like you're accomplishing something," he said.

For Nohrenberg and others in band group, it's their collective appreciation for making music that has brought them together in a therapeutic setting that Nohrenberg said is perfectly in line with the hospital's vision of hope, safety and recovery.

"We have a group of people that would otherwise never come together in a recovery setting who are creating a safe environment by coming to class every week supporting each other and accomplishing something together," Nohrenberg said. "And anytime you have a sense of accomplishment that gives you hope."

DBT offers acceptance, provides continuity of care for OSH patients

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"We saw an opportunity to take what we were already doing and grow our program, and it's been really effective," said Hill, who is part of the hospital's interdisciplinary DBT consultation team.

Patients can participate in the DBT program through a self-referral or a referral from their treatment teams. They begin with an introductory group to learn about the program and decide if it is something they think will benefit them.

If they choose to use DBT, patients set concrete goals and commit to participate in group therapy twice a week, individual therapy once a week and daily interaction with the "skills coaches" on their unit.

Whatever goals patients choose to work toward — to stop harming themselves, to build better relationships with staff or to improve their communication skills so they can one day have a job — they work on them within all the hospital's different treatment environments. So whether it's treatment mall, individual therapy or back on their unit during off hours, patients are consistently working toward the same, self-identified goals.

"The program is multi-faceted and requires all of these different pieces to work." Hill said. "You really have to have a team of people committed to applying DBT 24/7 for it to be effective."

This has led members of the DBT consultation team to spend much of their time in recent months offering training to as many POSH staff as possible — everyone from direct-care staff to housekeeping and security staff. The goal is that within the next few months, the DBT team will have provided the initial two-hour training to all hospital staff.

"If you work here, we want you to know something about DBT and be able to speak the language of the treatment," Hill said.

In addition, more than 40 nurses have already received an additional four hours of training to learn practical applications of DBT and become skills coaches for their units. Skills coaches work with patients outside of formal treatment to help them stay on track to meet their goals. This can be anything from a gentle reminder to helping them with their coping skills to just lending an ear.

"The nursing staff has really warmed to the idea of DBT," Director of Nursing Services Artyce Robison said. "It has given us a connection to our patients' actual therapy, and provides them with wonderful continuity of care throughout their treatment."

Introducing the OSH Standards and Compliance Department

By Ted Ficken, Director Standards and Compliance

This month we continue our introduction of OSH's restructured Quality Management Department by taking a closer look at the role of the Standards and Compliance Department.

Formerly known as Quality Management, our department was renamed Standards and Compliance due largely to Liberty Healthcare's suggestion that OSH create a clear distinction between its compliance functions and performance improvement functions.

As reflected in our new name, the department's main focus is to ensure that the hospital is compliant with external and regulatory standards. This is similar to eating in a restaurant that has been inspected by the health department, flying on a plane that has had all of its safety checks completed, or having a thorough inspection before buying a house.

Our job is to make sure that OSH is meeting or exceeding the national, regional and local standards for a psychiatric hospital. This includes standards set by The

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Introducing the OSH Standards and Compliance Department

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Joint Commission (TJC), the Centers for Medicare and Medicaid Services (CMS), the Addictions and Mental Health Division of the Oregon Health Authority (AMH-OHA), as well as others.

So how do we make sure that the hospital is compliant with all of these various standards?

1) **Cross-functional work teams (CFWTs)** – We have created CFWTs to review and monitor standards. These teams meet on an ongoing and continuous basis to ensure that we are compliant.
2) **Audits** – We conduct regular audits and monitoring activities. For example, those of you who work on a patient-care unit have probably seen us auditing your medical records or walking through the unit to check environment-of-care standards.
3) **Committees and work groups** – We work with various hospital committees and work groups to provide resources and suggest corrective actions when areas of non-compliance are identified.
4) **Staff training** – We provide staff training on compliance-related issues. For example, we provide units and departments with National Patient Safety Goals posters, and we've been involved with designing trainings related to suicide prevention, fall reduction, person-centered care and other topics.
5) **Policy reviews** – We are involved in policy and procedure reviews at all levels of the hospital.

These are just a few examples of some of the work we do at OSH. Standards and Compliance will soon be publishing and distributing a comprehensive catalogue to provide more details of all of our services.

For more information about the Standards and Compliance Department, please contact Director **Ted Ficken** at **503-945-0916**.

Meet your Standards and Compliance Department

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OSH Quality Management – 'Informing the Pursuit of Excellence'

New department/unit	Former name	Leadership contact	Phone
Quality Management	Health Information Group	Bob Gebhardt	503-945-9403
Health Information	Medical Record Services	Joni DeTrant	503-945-2981
Standards & Compliance	Quality Improvement	Ted Ficken	503-945-0916
Performance Improvement	Lean Team – Strategic Planning	Derek Wehr	503-945-9034
Data and Analysis	PAR (Planning, Analysis & Research)	Aaron Dunn	503-947-1029
Technology Services	Technology Services Management	Marie Horton-Carrillo	503-945-7745

Team OSH looks to build off last year's successful NAMI Northwest Walk

By Brian Little, D.O.
Chief of Medicine

After last year's overwhelming success, Team OSH members are once again lacing up their walking shoes for the National Alliance on Mental Illness (NAMI) Northwest Walk.

Join us for the 10th annual walk to raise awareness for mental illness. This year's event will be held on Sunday, May 20, at the Vera Katz Eastbank Esplanade in Portland. Last year, more than 100 hospital employees, residents, families and friends walked together as part of Team OSH and raised more than $13,000 for NAMI. This made us the largest fundraising team in Northwest Walk, and the ninth largest fundraising team in the nation.

This year, if you raise more than $50 online, NAMI will place your name in a drawing to win a voucher for a seven-day/six-night cruise for two. This contest will remain open until midnight on Friday, May 25, and a winner will be randomly selected the following week.

By raising more than $100 online, each Team OSH member will be entered into an OSH-exclusive prize drawing. Additionally, the OSH unit that raises the most money online will receive a plaque and the unit staff will receive prizes and a pizza party.

Here are just a few of the people who have already signed up — come walk with them and support Team OSH:

Dr. Brian Little, Chief of Medicine – Team Captain
Greg Roberts, Superintendent
Nena Strickland, Deputy Superintendent
Dr. Rupert Goetz, Chief Medical Officer
Bob Gebhardt, Director of Quality Management
Billy Martin, Director of Human Resources
Richard Ott, Director of Recovery Services

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More than 100 staff, residents, friends and family members made up Team OSH during last year's NAMI Northwest Walk. Raising more than $13,000, Team OSH was the largest fundraising team in the event. This year's walk will take place at Portland's Vera Katz Eastbank Esplanade on May 20.

Earlier this month Dr. Little gave the keynote speech at the NAMI Northwest Walk's kick-off luncheon. In addition to touting the all-around awesomeness of OSH, his speech included the poem below:

We are all here today for the NAMI NW Walk Lunch
This is the big kick-off, the opening round punch
The teams are gathering members, there are more than a bunch
This will be the best year yet, I have a pretty good hunch.

There is Providence and Adventist and Legacy too
Family Care and Peace Health are also in the milieu
Which one of these teams will raise the most to shine through?
And also which contingent will have the biggest crew?

There's also Cedar Hills Hospital and Life Works NW
Or will Morrison Child and Family be the "team best"?
Columbia Community Mental Health is in the contest
Or will Clackamas County Health be number one as professed?

Then there is Oregon State Hospital, a relatively new team
Not too long ago this alliance with NAMI was only a dream
Just remember all you teams, don't be too quick to strut
It is Oregon State Hospital that will again kick your butts!

GO TEAM OSH!!!

OSH safety corner

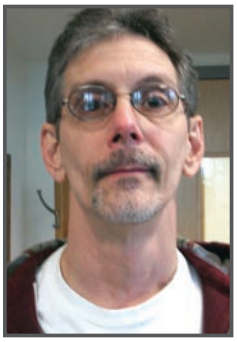
By Teresa Ketchum, Safety Specialist

With our final moves into the new facility last month, the Salem campus is coming together — quite literally — and this is a very exciting time at OSH. However, as we put the finishing touches on our new hospital, it is important to keep in mind that safety requires an ongoing effort, and all of us are responsible for keeping an eye out for potential concerns or issues.

As an example, I'd like to share with you some concerns that have recently arisen about the breezeways. During wet weather, the tile floors of this heavily traveled pathway can become very slippery, increasing the potential for a patient or staff member to fall. Because this was brought to our attention, facilities staff are now experimenting with a variety of products to try to reduce the slipperiness of the tile during winter.

In addition, the breezeways have seen an increase in kitchen and warehouse cart traffic, so patients and staff will need to take extra care when walking through these areas. Pay attention to the new markings and signs in the breezeways, and note which lane is designated for carts and which is for pedestrians. Another thing to keep in mind is that a number of doors open directly into the breezeways, so watch out for these potential obstacles as well.

Finally, I'd like to share with you some changes to our Central Safety Committee. Our chair is now Jeff Heltsley, a mental health tech (MHT) in Salem, and our co-chair is Tom Lenox, an MHT in Portland. Becky Birky from Housekeeping is our new committee coordinator. To ensure that we have representatives from throughout the hospital to report and discuss safety issues and concerns, a new policy will soon be in effect designating who is required to participate on the committee. However, anyone who would like to participate is invited to attend our monthly meetings.



Jeff Heltsley, Becky Birky and Tom Lenox (not pictured) make up the new Central Safety Committee. The committee meets the second Friday of every month from 10:30 a.m. to noon to discuss safety issues and concerns and is open to anyone who would like to participate.

The Central Safety Committee meets the second Friday of every month. We usually meet from 10:30 a.m. to noon in either the Callan or Brooks Conference Room located on the third floor of Kirkbride. If you would like to participate, please let me know and I will add you to our mailing list.

Remember, if we watch out for each other, everyone stays safer. Thanks for all your help.

For more information on safety practices and policies at OSH, please contact Safety Manager **Bob Cox** at **503-945-9901**.

Team OSH looks to build off last year's successful NAMI Northwest Walk

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Dr. Jenna Hietstand, Psychiatrist
Dr. Kathleen McCann, Supervising Dentist
Sue Johnson, Associate Director of Nursing Services
Diane Wyss, Associate Director of Nursing Services

If you live outside of the Portland area, we will have carpools leaving from OSH.

To sign up to walk with Team OSH, go to *www.nami.org/namiwalks12/NOR/OSH*. Remember, even if you are not available to walk, you can still sign up and raise money!

For more information on Team OSH and the NAMI Northwest Walk, please contact Team Captain **Brian Little** at **503-947-9954**.

The Nursing Department would like to congratulate the following staff who have had no call outs for at least three consecutive months. Thank you for all your hard work.

Flower 1	**Crystal Huston, LPN** — 3 months
Leaf 1	**Jodi Parker, RN** — 3 months
	Debra Ruff — 3 months
	Misty Strasser, RN — 6 months

May 2012 EDD events

The following is a list of classes being offered at the OSH Education and Development Department (EDD) during May. Classes are located at EDD unless otherwise noted. For more information about these classes, call 503-945-2876.

Avatar training
Held in 310 Computer lab
May 9 (8 a.m. to 5 p.m.) RN/LPN
May 30 (8 a.m. to 5 p.m.) RN/LPN

Avatar group notes training
Held in 310 Computer lab
May 15 (1 p.m. to 3 p.m.)

Avatar non-clinical training
Held in 310 Computer lab
May 16 (1 p.m. to 5 p.m.)

Pro-ACT refresher
Held in 344 Integrity
May 8 (8 a.m. to 5 p.m.) Day 1
May 9 (8 a.m. to 12 p.m.) Day 2
May 10 (8 a.m. to 5 p.m.) Day 1
May 11 (8 a.m. to 12 p.m.) Day 2
May 22 (8 a.m. to 5 p.m.) Day 1
May 23 (8 a.m. to 12 p.m.) Day 2

Pro-ACT refresher for NEC
Held in 308 Partnerships
May 17 (8 a.m. to 5 p.m.) Day 1
May 18 (8 a.m. to 12 p.m.) Day 2

General orientation
Held in 342 Leadership
May 1-4 (8 a.m. to 5 p.m.) Day 2-5
May 7 (8 a.m. to 5 p.m.) Day 6
May 8 (8 a.m. to 5 p.m.) Day 7 (310 Computer lab)
May 14-18 (8 a.m. to 5 p.m.) Day 1-5
May 21 (8 a.m. to 5 p.m.) Day 6
May 22 (8 a.m. to 5 p.m.) Day 7 (310 Computer lab)

ED day/CPR
Held in 344 Integrity
May 1 (8 a.m. to 5 p.m.)
May 15 (8 a.m. to 5 p.m.)
May 29 (8 a.m. to 5 p.m.)

FPS nursing orientation
Held in 306 Service Excellence
May 24 (8 a.m. to 5 p.m.)

Contractor orientation
Held in 308 Partnerships
May 10 (9 a.m. to 11 a.m.)

Motivational interviewing Step 1 and Step 2
Held in 344 Integrity
May 3 (8:30 a.m. to 2:30 p.m.) Step 1
May 17 (8:30 a.m. to 2:30 p.m.) Step 2

CMA pharmacology
Held in 306 Service Excellence
May 16 (1 p.m. to 5 p.m.)

START training
Held in 308 Partnerships
May 16 (9 a.m. to 12 p.m.)

Learning styles- co-worker dynamics
Held in 306 Service Excellence
May 9 (8:30 a.m. to 12 p.m.)

Trauma informed care
Held in 306 Service Excellence
May 22 (8:30 a.m. to 12 p.m.)

Nursing orientation
Held in 306 Service Excellence
May 10 (8 a.m. to 5 p.m.)
May 23 (8 a.m. to 5 p.m.) (308 Partnerships)

ISURF training
Held in 308 Partnerships
May 16 (2 p.m. to 4 p.m.)

Professional boundaries
Held in 342 Leadership
May 30 (8 a.m. to 12 p.m.)

ACT training
Held in 342 Leadership
May 23 (8 a.m. to 12:15 p.m.)

Volunteer orientation
Held in 308 Partnerships
May 24 (8 a.m. to 12 p.m.)

Open computer lab
Held in 310 Computer lab
May 15 (3 p.m. to 4:30 p.m.)

Group facilitation
Held in 342 Leadership
May 31 (1 p.m. to 5 p.m.)