

OSH RECOVERY TIMES

Volume 7, Issue 3

1

March 2011



Greg Roberts

Message from the superintendent

Dear OSH Team:

As we move forward in our continuous improvement efforts, it's important to know where we are going. We can't just change for the sake of changing. We have to know what we want to become.

To that end, the OSH Cabinet recently collaborated, with the assistance of Kaufman Global consultants, to define our goals for the hospital. Together, we were able to put words to our vision:

OSH vision

We are a psychiatric hospital that inspires hope, promotes safety and supports recovery for all.

I believe these three words — hope, safety and recovery — are ideas we can all get behind and carry with us as we do our work every day. These are not new ideas, but they clarify the ideals we are striving for. They are concepts essential to the success of a psychiatric hospital.

Many of you may be wondering what the new vision means in the grand scheme of things. It means we have defined guiding principles by which to perform our work. Every time we make a decision or take action, we should ask ourselves, “Does it support recovery? Will it promote safety? Can it inspire hope?” These principles will help guide us through our day-to-day operations, as well as our continuous improvement efforts, to help us set priorities and ensure we stay on the right path.

After understanding who we are, the next step is to clarify why we are here. As an organization, what is our objective? Many of us feel we have been called to this line of work, but that work has lacked definition. The Cabinet did a very good job of describing the fundamental purpose of the hospital:

(continued on page 2)

In this issue...

Message from the superintendent.....1

Animal-assisted therapy outcomes: A brief summary3

BHIP: What about the paper?4

It's raining, it's pouring... More than rain fell during March storm.....5

OSH CNA program honored.....6

The Joint Commission will visit this year.....8

Infection control: One big “whoop-de-doo”10

Nutrition news you can use: March is National Nutrition Month.....11

April 2011 EDD events.....12

OSH new hires and retirees12

OSH Recovery Times

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

Message from the superintendent

Continued from page 1

OSH mission

Our mission is to provide therapeutic, evidence-based, patient-centered treatment, focusing on recovery and community reintegration, all in a safe environment.

Let's discuss these terms in a bit more detail.

Therapeutic – As a hospital, our goal is to help our patients get better.

- Evidence-based – In order to best treat our patients, we will rely on methods and practices proven by research and scientific studies to help people recover.
- Patient-centered – We will listen to our patients and follow their lead in the recovery process.
- Recovery – Recovery from mental illness is both possible and likely for most of our patients.
- Community reintegration – Our constant goal for patients, from the day they are admitted to the hospital, should be their eventual discharge.
- Safe environment – Safety for both patients and staff is always a top priority in whatever we do.

With the new vision and mission statements, we have a vivid, clear picture of the hospital we want to be. They provide inspiration and instill pride in the work we do every day.

Whether you're a mental health technician or an administrator, a doctor or a housekeeper, all of you contribute to the hospital's mission of recovery and community reintegration. It's easy to see how direct-care staff contribute, but those who support the direct-care staff are just as essential. They provide training and keep us safe. They feed the patients and maintain the buildings. They improve services and make sure we get paid – countless tasks that allow recovery to take place.

Working together, we can make the hospital a place of healing of which we can all be proud. OSH is improving every day, in important ways. The excellence we seek will take time, but we have all the tools we need to be successful – a beautiful new building in Salem, a creative and passionate staff, and the clear dedication to our vision to build a psychiatric hospital that inspires hope, promotes safety and supports recovery for all.

Sincerely,



Greg Roberts
Superintendent

Animal-assisted therapy outcomes: A brief summary

By Callie H. Lambarth
Research analyst

“Bailey has helped me feel loved, wanted and protected.”
– Group participant

“Bailey Time” and “Jemma Management” are the animal-assisted therapy (AAT) groups offered at Oregon State Hospital. The groups are named for the two black Labrador retrievers, Bailey and Jemma, who group leaders Mike Patton and Selena Hess use during therapy.

The curriculum for these groups is designed to: (a) reduce participants’ anxiety levels; (b) increase the frequency of positive interactions with the therapy dog and between group participants; and (c) increase social-emotional connectedness and self-confidence by having positive contact with the therapy dog.

Pretest and posttest questionnaires were collected from patients who attended Bailey Time or Jemma Management groups in 2010. Planning, Analysis and Research (PAR) analyzed the data from these questionnaires to measure the change in patients’ self-reported anxiety over the course of individual one-hour classes. PAR also examined data collected over the treatment mall term, which ranged in length from five to nine weeks. Participants were invited to complete the State-Trait Anxiety Inventory for Adults (STAI), which measures short- and long-term features of anxiety. Only the state scale results are reported here.

A total of 89 patients attended 15 AAT groups over four treatment mall terms in 2010. There were two to seven participants per class with an average of five per class. Of the 89 patients who attended groups, a total of 43 patients completed pretests and posttests at both their first and last classes. Most respondents were male (88 percent) and white (90 percent). Respondents were 38 years old on average and 73 percent attended an AAT group through the 50 Treatment Mall. Respondents attended an average of 91 percent of their classes during the term and 26 percent said they had previously attended Bailey Time.

This study resulted in two main findings. First, state-level, or short-term, anxiety was significantly reduced over the course of the first and last classes of the group.

“[Bailey Time] has acted as another coping tool to help me calm down when I was feeling anxious or worried about everyday problems.”

– Group participant



Bailey Time

The state scale of the STAI consists of 20 items related to state-level anxiety and how the respondent feels in the moment. Each item is rated from one to four, with one representing “not at all,” and four representing “very much so.” The scale was administered at the start of the first and last classes before Bailey and Jemma were introduced, and again after participants spent an hour in the class with the group leader and dog.

The mean score of the state scale during the first class was 35.4 at pretest and 31.4 at posttest. The mean score during the last class was 33.3 at pretest and 31.1 at posttest. The change suggests that Bailey Time and Jemma Management groups help reduce short-term anxiety for participants.

“Letting me be around Bailey makes a difference in my life, keeps my spirits up and keeps me from feeling bad ... Bailey is like a good luck charm.”

– Group participant

The second finding was related to group attendance. Through the tracking of group attendance records, it became clear that attendance fluctuated throughout the treatment mall term. Although the attendance rate was high for respondents (91 percent of classes), it was much lower (52 percent of classes) for participants who attended

(continued on page 10)

What about the paper?



It's been a pleasure for the BHIP team to be located on the Oregon State Hospital Salem Campus with such fine individuals, all working hard to serve the patients. When BHIP team members are out and about on the Salem and Portland campuses, we often are asked about the current volume of paper records that the hospitals have today. *Do we know how much paper exists today? How are we going to get all that paper into the new electronic health record (EHR)? How long is it going to take? Will we have access to the paper charts after "go live"?*

It would be nice if we had a machine that we could toss all the charts into and out would come the EHR. Unfortunately, that technology isn't here yet. We are, however, taking the information you are using today and putting it in the new EHR. We call this data conversion, and we have a 60-page data conversion plan that describes the process. In a nutshell, here's what we are doing:

1. **Electronic data conversion** – Information about all the current patients at OSH is in the Oregon Patient Resident Care System (OPRCS). We have their names, dates of birth, medical record numbers, legal statuses and other key demographic information. All of this will be transferred or converted to Avatar (the new EHR for OSH). To date, we have completed four electronic data conversion tests and they have gone well.

Electronic data conversion has already begun and will continue until go live.

2. **Data entry** – There are some additional items that are not in OPRCS, but need to be in Avatar when we go live. These include location (unit, room and bed), allergies, lab results, diagnosis, height and weight, trust account balances and current orders (pharmacy, lab, dietary, etc.). We anticipate data entry to take some time, and this time-consuming effort will begin two weeks before go live.
3. **Scanning of paper records/charts** – While many of the historical documents, such as past assessments and progress notes, currently exist in the chart, and the blue chart will still remain on the units for awhile, there may be some documents that need to be scanned as part of the EHR implementation. A representative group of staff from the hospital called the "data decision team" has provided BHIP with valuable information about what needs to be available to staff to help them as they begin to use the EHR. Additional decisions remain, and we will work through that group to make sure that hospital staff needs are met.

Data conversion is important, and it will provide hospital staff with information on those clients currently at OSH. We appreciate the help of the technical and nontechnical staff who have assisted us with planning for the data conversion. The goal is that on go live all the information you need to do your job is available to you, and this will ensure we have a successful implementation. As always, if you have any questions, please contact PROJECT, BHIP in GroupWise.

It's raining, it's pouring ... More than rain fell during March storm

*Story and photos by Robert Yde
Public Affairs Specialist, OSH*

It's said if March comes in like a lion, then it will go out like a lamb. If there is any truth to this old wives' tail, then we should be in for a beautiful spring at Oregon State Hospital's Salem campus.

On the afternoon of March 13 a powerful storm passed through Salem producing heavy rains, hail and wind gusts up to 54 miles per hour. In the aftermath, the hospital's campus was littered with fallen branches and tree limbs – some up to 16 feet in length and more than a foot in diameter.

While no major damage was reported on campus, several large tree limbs fell across the intersection of Greenway Drive and 24th Street, blocking the only entrance leading to the hospital's cottages and Kirkbride Building.

Casey Wegner, hospital fleet manager, said he and his crew were called in around 3 p.m. to clear the intersection.

"That intersection serves as our fire exit, so it was our highest priority," Wegner said.

The grounds crew worked into the evening to clear the road; but Wegner said, due to the large amount of debris, cleaning up the entire campus is expected to take a couple of weeks.

"We've had a few downed trees and large limbs in the past," Wegner said, "but this is probably the most we've gotten hit with at one time."

(continued on page 9)



A member of the OSH grounds crew cuts through fallen tree debris that was left scattered across the hospital's campus following a storm on the afternoon of March 13.



OSH CNA program honored

Story by Robert Yde,
Public Affairs Specialist, OSH



Recipients of the OHA Director's Excellence Award pose with OSH Superintendent Greg Roberts and OHA Director Bruce Goldberg. (Left to right) Diana Marshall, Dawnielle Lorren-Roberts, Roberts, Bernadette Murphy, Goldberg, Nancy Stephen, Marilyn Nichols, Nancy Frantz-Geddes, Kathy Deacon, Becky Hawkins.

Driving down Center Street in Salem, one can see the obvious physical changes happening at the Oregon State Hospital, but it's the internal changes that often have the greatest effect on the hospital's ability to assist its patients down the path to recovery.

In yet another example of the ongoing transformation process, OSH was recently recognized for its successful certified nursing assistant program. Oregon Health Authority Director Bruce Goldberg presented the staff members responsible for the development and

implementation of the program with the Director's Excellence Award on March 8.

The CNA program, which has been described by the Oregon Board of Nursing as "a role model for all programs in the state," requires students to undergo 200 hours of instruction and training, with the goal of preparing students to pass the State Board of Nursing's certified nursing assistant examination.

(continued on page 7)

OSH CNA program honored

Continued from page 6

Students who are accepted into the program are placed in a 90-day temporary position with OSH, and those who graduate from the program and earn their certification are then able to apply for permanent employment at the hospital as mental health therapists.

Not only are the graduates of the program qualified to take the CNA examination, but they also gain a unique understanding of the hospital and the treatment and recovery of its patients, giving them a competitive advantage as they begin their careers.

The CNA program also provides several benefits to OSH by establishing a substantial applicant pool, which has led to the hiring of numerous qualified personnel at the hospital. As a result of hiring CNAs who are both highly qualified and already familiar with the hospital, the retention rate for CNAs has increased. This has helped control the costs of hiring and orientation, as well as ensure the hospital has a high-caliber staff to serve patients.

Dr. Goldberg praised the team for taking the initiative to resolve a staffing issue faced by the hospital.

“The program is a phenomenal success,” said Goldberg. “It’s a great example of staff being proactive and working collaboratively, with wonderful outcomes to show for it.”

These outcomes are due in large part to the efforts of the Education and Development Department’s (EDD) Nursing Education Team, who spent months preparing the curriculum for the program. Members of the nursing team also actively participate in the hiring process, serve as instructors for the program, and often put in additional time with students who need extra help. EDD Director Christopher D. Wilson submitted the nomination for the Director’s Excellence Award.

“What our nurses did is nothing short of amazing given the complex requirements, aggressive deadlines, and the pressure of knowing anything less than success was not an option,” Wilson said.



Dawnielle Lorren-Roberts, a nurse educator at OSH, receives a certificate from OHA Director Bruce Goldberg during an awards ceremony for the hospital’s CNA program on March 8.

While the Nursing Education Team has played a crucial role in designing and administering the CNA program, Wilson stressed that the program has been a collaborative effort among several hospital departments. Along with the EDD and the Nurse Education Team, staff members from the Office of Human Resources, administrative assistants and hospital leadership have all played important roles in the program’s success.

“Everybody involved has exhibited our organization’s core values, which are transparent within the quality of work that was accomplished,” Wilson said. “The true measure of this work is through the positive outcomes for the people we serve.”

The following individuals received a DHS/OHA Director’s Excellence Award Feb. 10: Kathy Deacon, chief nursing officer; Nancy Frantz-Geddes, director of nursing; Kaitlin Hand, human resource analyst; Becky Hawkins, human resource analyst; Dawnielle Lorren-Roberts, nurse educator; Diana Marshall, executive support and Education Department coordinator; Fay Melius, nurse educator; Cheryl Miller, human resource manager; Bernadette Murphy, nurse educator; Marilyn Nichols, executive support for nursing services; and Nancy Stephen, EDD nurse education manager.

The Joint Commission will visit this year



Seven months ago, we mentioned that the window for The Joint Commission to survey the Oregon State Hospital began on Aug. 1, 2010. From that date, The Joint Commission had 21 months to visit and perform a comprehensive survey.

That time frame was shortened by three months on Jan. 1, which means they will survey OSH this year.

Have you been through The Joint Commission survey process before? If so, it may have been a bit overwhelming at first, and you may have felt like a deer in headlights. This time, however, we have provided some ways to prepare.

The surveyors want to know if you are qualified to do your job, and they will ask about your new employee and ongoing training.

- Do you have a license or certification?
 - » If so, that counts.
- How much new employee training did you receive?
 - » You should have had at least a week for general orientation. Some units have an additional week.
- Are your annual competencies for existing employees current? What other trainings, colloquiums or workshops have you attended?
 - » Harbors staff had a three-day training event and a full-day retreat. You can also include any inter-shift inservices.

The surveyors will ask you (especially newer employees) what hospital-wide improvement activities have been happening.

- Hint: Continuous rounding, treatment care plans, treatment malls, patients with serious medical conditions
- You can also look at your plastic badge that has the National Patient Safety Goals on one side and the 2011 OSH QI Goals on the other. (If you don't have yours yet, please contact the QI Department at 503-945-2857.)

Joint Commission surveyors will ask if there have been any significant safety incidents.

- Yes, we have had safety incidents. We have more than 500 patients so safety incidents do occur; however, we have used these incidents to help us improve the hospital. Here are some examples of what we're doing to make the hospital a safer environment for both staff and patients:
 - » Continuous rounding, shift reports, documentation, treatment plans;
 - » Constant observation levels for high-risk patients;
 - » Improved monitoring of physical health issues;
 - » Addition of 500 staff and increased training.

When a patient has a complaint what do we do?

- Attempt to handle the complaint right away.
- Review the OSH internal grievance/complaint process with the individual.
- At any time patients can always contact The Joint Commission at 1-800-994-6610 or by e-mail at complaint@jointcommission.org. The contact information is also posted on the Patient Rights board on every unit.

Finally, the surveyors will perform a "tracer" during which they trace a patient through all of the services at the hospital. They often pick a patient nearing discharge or one who has had a serious incident, and work their way back through the process to see if there were any areas we can improve.

The Joint Commission is an external review that happens every three years. However, at OSH, we act as our own surveyors, frequently conducting our own reviews to ensure the safety of the patients and staff. To that end, what is one thing about the hospital that you think needs improvement? Can it be done now, or do you need some assistance? If you find something and need approval or assistance to make it happen, talk to your supervisor or manager, or contact your Quality Improvement Team at 503-945-2857.

It's raining, it's pouring ... More than rain fell during March storm

Continued from page 5

This is the second time in less than two weeks that high winds have caused major damage to trees on campus. A fir tree fell across Center Street on the morning of Feb. 28, knocking down power lines and leaving the street closed for several hours.

Wegner said several options for disposing of the wood will be explored. In the past, wood has been: placed into a public brush pile and made available on a first-come, first-served basis; given to the hospital's sweat lodge for use in Native American ceremonies; or donated to the Marion County Juvenile Detention Hall, where the youth bundle it and deliver the wood to the elderly.

In order to ensure the safety of both the patients and the staff, Wegner said he plans to hire an arborist to assess the health of the trees that were damaged during the most recent storm, and hopes to have a complete assessment of the hospital's trees in the near future.

"If we know which trees need some extra attention, we might be able to prevent this kind of damage in the future," Wegner explained.



Large limbs and branches littered the OSH-Salem campus the morning after a powerful storm swept through the area March 13.

Infection control

One big “whoop-de-doo”

Whooping cough is much more than just a childhood disease of little concern to the health care community. Formally known as pertussis, whooping cough remains a huge problem and has been the third or fourth most commonly reported disease in Oregon, surpassed only by chlamydia, gonorrhea and sometimes syphilis. Nearly 50 children died in California during a recent 2010 outbreak, and several children die from pertussis in Oregon each year.

While the pertussis vaccine for children has been available for years, tests have shown that, over time, our immunity to the disease wanes. This can leave adults susceptible to the disease; however, due to adults' wider airway passages, pertussis is typically not a serious problem for them, but it can easily be passed on to unvaccinated children.

Over the past few years, there has been an available pertussis vaccine (Tdap) for adults. It is added to the tetanus/diphtheria (Td) vaccine, which should be received once every 10 years, or if a person faces an exposure to tetanus, once every five years.

There is a strong push in the health care community to get all health care workers vaccinated against pertussis as soon as possible. Here are the guidelines as put forth by the Centers for Disease Control and Prevention:

Health care personnel who work in hospitals or ambulatory care settings and have direct patient contact should receive a single dose of Tdap as soon as feasible.

An interval as short as two years (or less) from the last dose of Td is recommended for the Tdap dose.

This is a “one-time-only” recommendation. Once you receive the Tdap, you will get the regular Td in any future tetanus vaccinations. Infection Control/Employee Health will soon offer free Tdap vaccinations to any staff who would like the protection it offers. We strongly encourage staff to take advantage of this opportunity when it becomes available. It's good for you, and it's good for our patients. Keep an eye out for more notices to find out when we will start offering vaccinations for this disease.

For more information on the Tdap vaccination, please contact the Infection Control Department at 503-945-2826. Infection Control has relocated to the second floor of the Kirkbride Building room B01-227.

Animal-assisted therapy outcomes: A brief summary

Continued from page 3

the group but did not complete pretests and posttests at the first and last class due to missed classes.



Jemma Management

The study did not investigate reasons for missed classes, but possibilities include patients' illnesses, transfers to other units or other appointments. Group attendance could have implications for this and other studies of group outcomes, and learning how to encourage more consistent group attendance should be a consideration in future planning processes. Nevertheless, for respondents who provided pretests and posttests during the first and last classes, overall short-term anxiety lessened over the course of AAT classes.

“[Bailey Time] has helped me feel calmer when I was stressed or frustrated. Animals are really good company.” – Group participant

To obtain a copy of the Executive Summary or Final Report, please contact Aaron Dunn, PAR chief analyst, through GroupWise.

Nutrition news you can use

March is National Nutrition Month

Adapted by Vicki Duesterhoeft, MS, RD, LD

from the "American Dietetic Fact Sheet: Medical Nutrition Therapy – A Solution That Saves!"

Nutrition is one of the most basic elements of life. From the moment we are conceived, it plays a critical role. Nutrition influences how we grow, how our brain develops, how we feel, and how our bodies prevent and fight disease.

Medical nutrition therapy plays a major role in treating some of the most threatening illnesses. It can significantly improve the quality of life of seriously ill patients and result in cost savings to the health care system. Medical nutrition therapy saves money in a variety of ways. It can reduce the need for medicines, reduce acute care hospital admissions and the length of stay, and reduce many painful and dangerous complications.

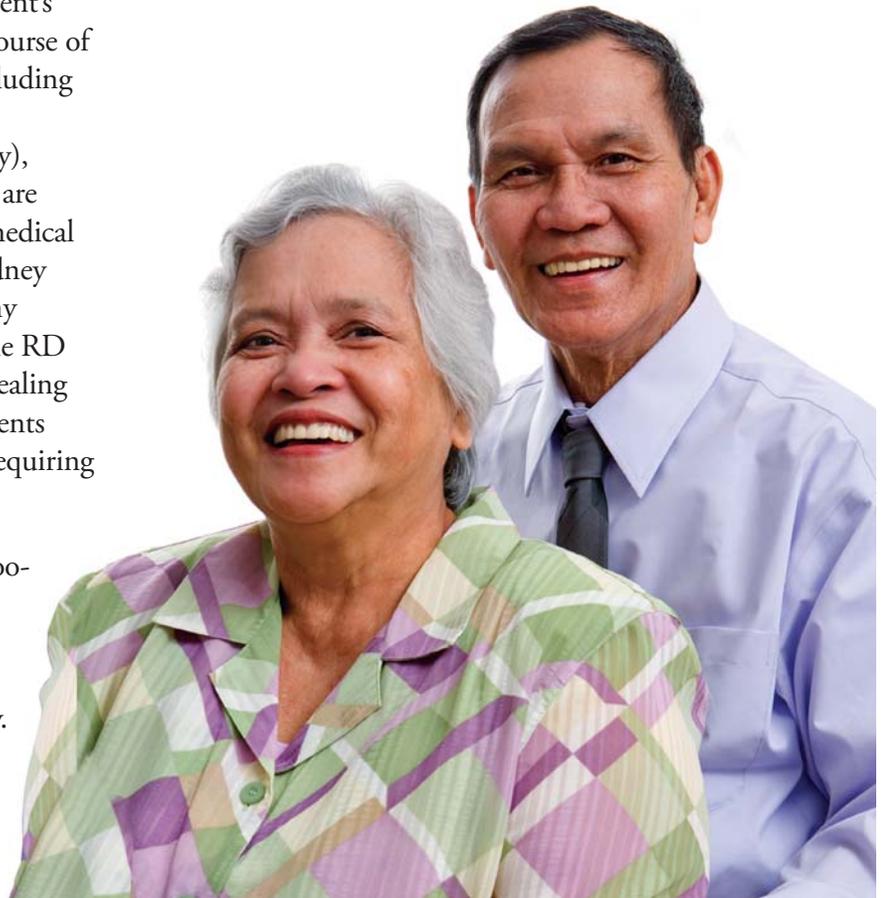
What is medical nutrition therapy?

Medical nutrition therapy is the service provided by a registered dietitian (RD). The dietitian assesses the patient's overall nutrition status, and prescribes a personalized course of treatment. An RD may consider a range of factors, including disease, medications, food/drug interactions, physical activity, other complex therapies (such as chemotherapy), and the patient's ability to feed himself or herself. RDs are critical members of the health care team and provide medical nutrition therapy for patients with cancer, diabetes, kidney disease, high cholesterol, metabolic syndrome and many other diseases and conditions. In each of these cases, the RD develops a plan that will improve health or move the healing process along as rapidly as possible. The results are patients who need fewer medicines, have fewer complications requiring a doctor's visit, and have fewer surgeries.

For the tragic ailment of painful bedsores and the all-too-common occurrence of geriatric malnutrition, medical nutrition therapy is often the key to cost-effective and successful treatment. Medical nutrition therapy is critical to getting these patients on the road to recovery.

Vital health care team players: registered dietitians

Doctors, nurse practitioners, nurses, registered dietitians, pharmacists and a host of other health care professionals all make important and distinct contributions to patient care. RDs, however, have the expertise necessary to thoroughly manage the complex area of nutrition science. Having earned either a bachelor's or master's degree, as well as completed extensive internships and certification requirements, RDs have more than five years of training specifically devoted to nutrition – more than any other group in the health care system. Medical nutrition therapy provided by a registered dietitian incorporates the best of a multidisciplinary, "whole patient" view of health care, and this is a point of view that all players in the health care system can look to with great hope.



April 2011 EDD events

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

Pro-ACT refresher

Held in 306 Service Excellence
 Apr. 12 (8 a.m. to 5 p.m.) Day 1
 Apr. 13 (8 a.m. to 12 p.m.) Day 2
 Apr. 14 (8 a.m. to 5 p.m.) Day 1
 Apr. 15 (8 a.m. to 12 p.m.) Day 2
 Apr. 26 (8 a.m. to 5 p.m.) Day 1
 Apr. 27 (8 a.m. to 12 p.m.) Day 2
 Apr. 28 (8 a.m. to 5 p.m.) Day 1
 Apr. 29 (8 a.m. to 12 p.m.) Day 2

General orientation

Held in 306 Service Excellence
 Apr. 4-8 (8 a.m. to 5 p.m.)
 Apr. 11 (8 a.m. to 5 p.m.)
 Apr. 18-22 (8 a.m. to 5 p.m.)
 Apr. 25 (8 a.m. to 5 p.m.)

ED day/CPR

Held in 344 / 346 Integrity / Health Equity
 Apr. 5 (8 a.m. to 5 p.m.)
 Apr. 19 (8 a.m. to 5 p.m.)

Nursing orientation

Held in 333 Rogers
 Apr. 12 (8 a.m. to 5 p.m.)
 Apr. 26 (8 a.m. to 5 p.m.)
 Apr. 27 (8 a.m. to 5 p.m.)

Trauma informed care

Held in 344 Integrity
 Apr. 8 (1 p.m. to 4:30 p.m.)

CMA pharmacology

Held in 346 Health Equity
 Apr. 13 (8 a.m. to 12 p.m.)

Generations

Held in 344 Integrity
 Apr. 6 (1 p.m. to 5 p.m.)

Wellness: mind/body connection

Held in 344 Integrity
 Apr. 4 (8 a.m. to 12 p.m.)

Nurse mentor training

Held in 333 Rogers
 Apr. 7 (8:30 a.m. to 4:30 p.m.)

Contraband training

Held in 344 Integrity
 Apr. 4 (1 p.m. to 5 p.m.)

Boundary issues

Held in 344 Integrity
 Apr. 6 (8 a.m. to 12 p.m.)

De Escalation training

Held in 306 Service Excellence
 Apr. 15 (1 p.m. to 5 p.m.)

Nursing roles

Held in 344 Integrity
 Apr. 20 (1 p.m. to 5 p.m.)

Intro to motivational interviewing

Held in 344 Integrity
 Apr. 21 (8 a.m. to 12 p.m.)

FPS nursing orientation

Held in 333 Rogers
 Apr. 28 (8 a.m. to 5 p.m.)

Learning styles co-worker dynamics

Held in 344 Integrity
 Apr. 29 (8 a.m. to 12 p.m.)

OSH new hires and retirees for March

Welcome to OSH

Guevara, Todd	Chaplain	Edwards, Pamela K	Mental Health Registered Nurse	Baker, William L	Mental Health Therapy Tech
Ball, Nicole	Clinical Psychologist 2	Haas, Dawn M	Mental Health Registered Nurse	Cain, Aaron J	Mental Health Therapy Tech
Dimeglio, Paul	Food Service Wroker 2	Hamm, Jennifer J	Mental Health Registered Nurse	Hernandez-Mayo, Karla	Mental Health Therapy Tech
Turnage, Yvonne	Food Service Wroker 2	Johnson, Jessica L	Mental Health Registered Nurse	Berrell, Ruthie	Nurse Manager
Mcintyre, James Alec	Laborer/Student Worker	Jones, Meghan	Mental Health Registered Nurse	Collier, Teresa	Occupational Therapist
Parker, Michael W	Laborer/Student Worker	Kenoy, Melissa	Mental Health Registered Nurse	Moore-Gibson, Judith	Occupational Therapist
Anyanwu, Victoria	Licensed Practical Nurse	Moore, Vanessa A	Mental Health Registered Nurse	Bergerson, Tiffany A	Office Specialist 2
Bowman, Polly	Licensed Practical Nurse	Philpott, Katherine L	Mental Health Registered Nurse	Haning, Jay	Program Analyst 2
Lee, Christina Marie	Licensed Practical Nurse	Rule, Brittany M	Mental Health Registered Nurse	Ringnalda, Cagney	Psychiatric Social Worker
Pierce, Nathan D	Licensed Practical Nurse	Scott, Dara J	Mental Health Registered Nurse	Carey, Justin	Recreational Specialist
Ramsay, Nancy E	Licensed Practical Nurse	Sharp, Kristen A	Mental Health Registered Nurse	Francisco, David	Recreational Specialist
Schaefer, Sara L	Licensed Practical Nurse	Spencer, Debra	Mental Health Registered Nurse	Jablo, Howard A	Rehabilitation Therapist
Sweet, Ana Grace	Licensed Practical Nurse	Storm, Camillie A	Mental Health Registered Nurse	Johnson, David	Rehabilitation Therapist
Wait, Michelle L	Licensed Practical Nurse	Wood, Dana M	Mental Health Registered Nurse	Lane, Teesha	Rehabilitation Therapist
Wake, Michelle A	Licensed Practical Nurse	Abrego, Elias	Mental Health Security Tech	Morgan, Linda	Rehabilitation Therapist
Basom, Barbara	Mental Health Registered Nurse	Booth, Brian	Mental Health Security Tech	Little, Brian	Supervising Physician
Beatty, Tracy L	Mental Health Registered Nurse	Fort, Cassie S	Mental Health Specialist		
Dodd, Janet L	Mental Health Registered Nurse	Irmen, Deborah E	Mental Health Supervising RN		

Promotions and reassignments

Stocking, Diane	Food Service Wroker 3	Tucker, Nathan	Mental Health Therapist 1	Lowry, Steven T	Nurse Manager
Hall, Myrna T	Mental Health Specialist	Winer, Kyle	Mental Health Therapist 1	Robison, Artyce A	Nurse Manager
Cady, Elizabeth O	Mental Health Supervising RN	Manibusan, Andrew A	Mental Health Therapist 2	Hamilton, John F	Principal Executive/Manager F
Morreira, Russell	Mental Health Therapist 1	Miller, Shawn G	Mental Health Therapist 2		
Rose, Debra	Mental Health Therapist 1	Rose, Melissa L	Mental Health Therapist 2		

Retirees

Jeanne, Carol	Nurse Manager	Musgrove, Jaime L	Principal Executive/Manager D	Page, Wendell A	Training and Development Specialist 2
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Separations

White, Tonya Marie	Administrative Specialist 2	Rodriguez, Kristene K	Mental Health Registered Nurse	Diamond, Mark	Principal Executive/Manager J
Dimeglio, Paul	Food Service Wroker 2	Casey, Paul	Mental Health Specialist	Moreno, Rebecca E	Psychiatric Social Worker
Jay, Joanne M	Food Service Wroker 2	Pelley, David D	Mental Health Therapist 1	Jablo, Howard A	Rehabilitation Therapist
Lillie, Nicole L	Licensed Practical Nurse	Johnson, Johnathan	Mental Health Therapy Tech	Itzaina, Robin F	Support Services Supervisor 1
Wake, Michelle A	Licensed Practical Nurse	Aga, Vimal Mohun	Physician Specialist	Drake, Richard K	Transporting Mental Health Aide
Body, James J	Mental Health Registered Nurse	Robinson, Michael E	Physician Specialist		