

OSH RECOVERY TIMES

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1

September 2011

Patients move to Trails, find a place of healing

By Rebeka Gipson-King, Public Affairs Officer

Patients were greeted by smiling faces, open spaces and welcome baskets as they walked into their new units at Oregon State Hospital Aug. 16.

The move was the second in a series of three patient moves into the new facility. The hospital is opening in phases as each new section is completed. The third and final move is planned for early 2012.

Trails, the newest living and treatment wing, houses 174 patients in the community rehabilitation program. The three-story structure contains nine living units, two treatment malls and two dining halls.

Superintendent Greg Roberts said the move went well overall. "It was as smooth as silk," Roberts said. "The success was the result of the excellent preparation and hard work by the planning committees."



Guy Forson, recreational therapist, and Kim Salzillo, one of the new residents of Trails, sit in an "air court" on the second floor of Trails. Each unit in the new hospital has an open-air space where patients can go to relax and get some fresh air.



Lynn Jones unpacks her things in her new room. Jones says the extra space in Trails has a calming effect on patients.



Patients and staff socialize in one of two activity rooms on "Flowers 2," one of the nine new units in Trails. Trails is the hospital's new community rehabilitation program, currently housing 174 patients.

Roberts also spoke of the advantages the new building has over the old 50 Building where most of the patients had been living.

"The new building is a great improvement over the old one, with more treatment space and smaller staff-to-patient ratios. Trails is much

(continued on page 15)

In this issue...

Patients move to Trails, find a place of healing... 1

Message from the superintendent.....2

Aloha OSH.....4

OSH patients find hope through nature-based therapy.....5

BHIP: Interest in super user training exceeds capacity6

Props, kudos and congratulations! Findings from OSH chart audit, 2nd quarter 2011.....7

OSH patients help create art piece for hospital lobby8

Pharmacy prepares to move to automated system this fall9

Preparing for flu season.....10

Meet your Human Resources team12

September 2011 EDD events.....15

OSH new hires and retirees16

OSH Recovery Times

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

*Greg Roberts*

Message from the superintendent



Dear OSH Team:

As you know, September marks my one-year anniversary with the Oregon State Hospital. The first 12 months have flown by, and I would like to take this opportunity to do a brief “year in review” looking back at all we have achieved in the past year. Thanks to the hard work of hundreds of people throughout the hospital, we can be proud of how far we’ve come.

When I first arrived at OSH, we had just received a report from Liberty Healthcare that was quite critical of the hospital. It cited a lack of planning, a culture of indecisiveness and uncoordinated performance improvement projects. If Liberty were to visit OSH this year, they would find a much different place.

With the help of Kaufman Global, we launched the Excellence Project to streamline our continuous improvement efforts. We prioritized our improvement projects, so we don’t try to do too much at once, and we established a clear process to get the projects done. We differentiated between performance improvement initiatives and practices to comply with hospital standards. We eliminated redundancies by reducing the number of committees reporting to cabinet to only eight and clarifying each committee’s roles and responsibilities. We made the first steps in restructuring the organizational chart and streamlined cabinet into an effective, decision-making body that facilitates progress.

We improved patient care by moving approximately 260 patients into a new facility that provides a modern, safe and therapeutic environment. We improved treatment by creating a separate program just for treatment malls to standardize operations across the six malls. We also started planning treatment mall programming around the needs of our patients. We created the Recovery Services Department where recovery specialists (consumers) share an equal role with other members of the treatment team, and we increased our ability to meet the medical needs of our patients by hiring a chief of medicine and providing more on-site medical coverage, including during evening hours.

We boosted internal communication efforts through frequent Superintendent Updates, biweekly newsletters and a more robust Recovery Times. Cabinet members made regular administrative rounds to ensure staff at all levels have access to OSH leadership, and we launched the Staff Suggestion program, enabling employees to propose solutions to some of the most challenging issues facing the hospital.

(continued on page 3)

Message from the superintendent

Continued from page 2

In addition, we enhanced our community partnerships through programs like Outside Inside and an outstanding showing by the OSH team at the NAMI Northwest Walk in May.

While this list of achievements is impressive, I can't stress strongly enough that we still have a long way to go in order to reach our vision of a world-class psychiatric hospital that inspires hope, promotes safety and supports recovery for all. Much of what we did the past year — improving processes and restructuring the organization — was building the foundation for the hard work yet to come. Here's a preview of the year ahead.

Resolving the issue of mandatory overtime will be our top priority, and I'm relying on staff and management alike to come together to find a solution. The newly ratified union contracts include specific language on this issue, and we will work collaboratively with union leaders to quickly implement the agreement. In this vein, we will continue empowering staff to identify and resolve issues by rolling out the Lean Daily Management System® throughout the hospital. We will also invest in our employees by offering more hands-on training and making performance evaluations a priority.

We will soon establish a Legal Affairs Office to ensure the hospital is always prepared for Psychiatric Security Review Board (PSRB) hearings and to create a process for discharging those forensic patients who, per Senate Bill 420, will fall under the jurisdiction of the Oregon Health Authority beginning Jan. 1, 2012.

"Communication contacts" will help facilitate the flow of information both to and from work units throughout the hospital, acting as team representatives at staff meetings and partnering with the public affairs office. The hospital will also launch its own intranet site to provide a central location for internal communication and intradepartmental information sharing.

We will continue our transition to person-centered care and enhance our peer-delivered services. Soon, patients who receive peer mentor training will be able to work through the vocational rehabilitation program to teach new patients how to navigate the hospital system. We will also increase our connection and communication with patients' families by enhancing the friends and family webpage, holding town hall meetings and inviting them to be a part of their loved ones' recovery.

And, last but not least, we will begin using electronic health records and complete the transition of the Salem campus to the new facility, with all patients and operations moved to the south side of Center Street.

This may seem like a lot to take on, but considering all that we've already accomplished, I have no doubt that we'll get the job done. Working together and focusing on our strengths, there's nothing we can't do.

Sincerely,



Greg Roberts
Superintendent

Aloha OSH

*By Rupert Goetz, M.D.
Chief Medical Officer*

The spirit of welcome I felt in my first days at OSH was such that I couldn't resist the Hawaiian-language greeting as I say "hello." I am thrilled to be here and find myself ever more excited to be part of the OSH team.

Settling in, my thoughts began with a reflection on my personal path: How a family doc realized that mental health was what I knew the least about; how an emergency psychiatrist saw opportunities to improve care through administrative involvement; how an Oregon community psychiatrist found himself working to make the state hospital in Hawaii a stronger community partner; and, while there, how recovery is not just an individual experience of healing, but also an organizational one.

Now, I'm back home in Oregon and have the chance to work with the great OSH team.

As my thoughts continued to what I believe I was asked to do at OSH, I found myself checking my clinical tools. As a psychiatrist, medical treatment was the start, and as a psychiatrist trained in Engel's bio-psycho-social model, this included the expectation of such treatment being an interdisciplinary process.

Now, with additional experience, I find myself relying on the lessons of recovery: hope, a meaningful life, and an individual path to personal responsibility. Recovery for me now includes seeing the person we serve as part of the team, and bringing that person's life experiences and aspirations to the table.

So, what should I do to help everyone providing clinical care at OSH come together around our vision? My immediate answer was to seek our strengths. This may be individual staff who have maintained their personal hope and dedication in difficult times; it may be opportunities afforded by the huge investment in our new facility.

To me, my most important task is to give clinical hope and assure a collaborative, interdisciplinary focus on our

accountability. We know prevention works, treatment is effective and recovery is real. Please guide me on our history and our strengths.

But clinical thinking occurs not only at the individual level; it also includes the organization and the community. How do OSH disciplines come together as a team that recognizes its responsibility to patients and community? The history of community mental health includes not only trauma for persons suffering from mental illness, but also for those dedicated to providing care. Stigma remains powerful. Trauma-informed care principles recognize this: It's not "what's wrong with you," it's "what happened to you?"

Thankfully, we have dedicated leadership and community partners who understand our past and have a vision. We also have a clear understanding of how inseparable mental and physical health are, and how this hospital is part of the larger health care system. Please help me support all clinical disciplines at OSH as they collaborate to become a model for community health.

Meeting with so many people these past days, I am extremely aware of how much change there has been. That can be additionally traumatizing, and can lead to confusion and apathy. Hope can get buried in a day-

(continued on page 14)



OSH's new chief medical officer, Rupert Goetz, M.D., visits with social worker Cynthia Leigh (left) and nurse Denise Byers during a barbecue for patients and staff of 35B.



OSH patients find hope through nature-based therapy

By Robert Yde, Public Affairs Specialist

Outdoor Specialist Todd Trautner (left) walks through Washington Park in Portland with Oregon State Hospital patients Joel Searls (middle) and Jessie Bratcher. Trautner heads up the hospital's Outdoor Experiential Therapy Program, which provides patients with nature-based recovery services.

People have long recognized the benefits from being outdoors, and Oregon offers an abundance of opportunities. With its great natural beauty and scenic landscapes people can find inspiration, adventure and — for a group of Oregon State Hospital patients — hope.

“When you’re walking along a trail and it’s two people just talking, you tend to let your defenses down and you’re less guarded,” Todd Trautner, an outdoor specialist at OSH explained. “It’s like a window opens to all the things you’d really like to say — especially your dreams and goals. It can make a big difference in how you see your future.”

For 20 years, Trautner has been providing nature-based recovery services for patients by leading small-group day excursions into the Oregon wilderness as part of the hospital’s Outdoor Experiential Therapy Program (OETP).

During his career at OSH, Trautner said he has seen time and time again the positive effects of nature-based therapy. Not only does the experience help break down one’s personal barriers, making it possible to be more honest and open with others, but the outings also help patients with community reintegration, improve their fitness level, and learn to replace negative lifestyle choices with new, healthy ones.

Using the natural world as a therapeutic environment is nothing new at OSH. In the early 1970s, then-superintendent Dean Brooks, M.D., created one of the country’s first such programs for a state psychiatric hospital.

Since that time, nature has been a component in the treatment of thousands of OSH patients.

Today, OETP is available to patients through their treatment mall. To sign up for OETP, patients must pass security and risk reviews and meet physical fitness requirements. Also, a doctor must recommend the program as part of the patient’s treatment care plan.

Groups are generally limited to four to eight patients per outing, and each outing is supervised by two to four

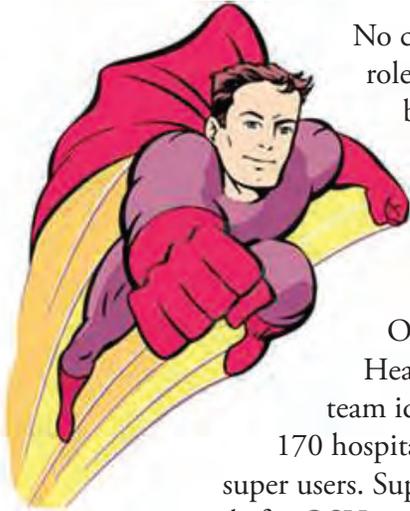
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Robert Minor, a patient at Oregon State Hospital, talks with Outdoor Specialist Todd Trautner while hiking in Portland’s Washington Park. According to Trautner, patients tend to lower their guard while in a natural environment, making hikes such as this an ideal time for open and honest communication.

BHIP**Interest in super user training exceeds capacity**

By Patricia Feeny, Communication Manager
OSH Replacement Project



No capes, cowls or starring roles in summer blockbusters, but in the end they could save the day and feel like superheroes to more than 1,300 new Avatar users.

OSH and the Behavioral Health Integration Project team identified and trained 170 hospital staff in August to be super users. Super users are the go-to people for OSH staff as they train for and transition to Avatar.

By becoming local experts on Avatar, OSH super users can provide on-site assistance and first-tier support for the Avatar software program. While the group's members represent a variety of disciplines from throughout the hospital, they have a common goal — to ensure a smooth transition to the new system.

“Assigning a personal and familiar face to support staff at this stage of implementation assures a smoother transition to the new system,” said Ben Kahn, BHIP manager. “Our end users will have quick and effective, hands-on and in-person help from members of their own hospital staff.”

End-user training is scheduled to begin this month in both Salem and Portland and will be provided by professional trainers from Netsmart, the Avatar software vendor. In preparation, the BHIP team organized, collated and assembled 1,750 Avatar Basics training guides earlier this summer.

At the end of this implementation phase, more than 1,300 OSH staff will have been trained on Avatar as either an end or super user. Kahn described the overwhelming response from OSH clinical, nursing, non-nursing and medical staff who wanted to be super users.



170 OSH staff were trained to be Avatar super users in August. These newly trained super users will be the first line of support and assistance once Avatar is implemented later this year.

“We only had the capacity to train 170 individuals as super users so we did have to turn people away,” he said. “Our team appreciates the sincere interest and great enthusiasm of each person who took the time to apply. It is very humbling to have this kind of response.”

To the OSH staff and their super users: Truth, justice and the Avatar way.

For more information on Avatar super- and end-user training, please contact the **BHIP team** at **BHIP.Project@state.or.us** or by phone at **503-945-9245**.

Props, kudos and congratulations! Findings from OSH chart audit, 2nd quarter 2011

By OSH Quality Improvement staff



The Quality Improvement Department recently completed a full hospital review of all available charts. We reported highlights from the first half of the audit in the May edition of "Recovery Times." This month we'd like to report on some of the positive findings from the second half of the review.

- **34A:** Treatment care plans (TCPs) had 10 categories at 100 percent with some very creative and individualized interventions. Staff also excelled at behavior intervention observation recommendation (BIO-R) charting.
- **P1A:** TCPs had 12 categories at 100 percent. All seclusion and restraint documentation met standards.
- **P1B:** TCPs had 11 categories at 100 percent. Mental health therapists (MHTs) had consistent BIO charting. Social Work was close to 100 percent in almost every category.
- **35A:** Individualized active treatment (IAT) schedules were up-to-date. RN inter-unit transfers were close to 100 percent. TCP short-term goals were 100 percent with comprehensive descriptions of the interventions.
- **50C:** Case monitor notes were consistent, detailed and often typed. RN summaries were thorough, and 14 TCP categories were above threshold. All charts were very well organized.
- **50D:** Almost 100 percent of IATs were current. MD progress notes were at or above the threshold. MHT progress notes emphasized strengths-based treatment. *Best practice: One TCP had a four-month case formulation.*

- **50E:** All unit staff had consistent group notes. Rehabilitation Services Department (RSD) met or exceeded standards. Psychology and Social Work were at 100 percent in most areas.
- **P6A:** TCPs contained measurable plans with specified frequencies and durations. Most RNs used BIO-R in their notes, and MHTs often used BIO format for theirs as well. Short-Term Assessment of Risk and Treatability (START) were 100 percent complete.
- **50F:** MD progress notes and Social Work notes were at or above threshold. All dietary documentation had been reviewed and was complete.
- **50G:** Social Work was at 100 percent. Psychology was at or above threshold, with many at 100 percent. TCPs contained good documentation using patients' own words or presentation. MD documentation exceeded standards.
- **50H:** All charts were well organized and included regular group and RSD notes. MD progress notes exceeded standards.

The QI Department wants to thank all the units for providing extended access to your charts, as well as your excellent and dedicated work. In next month's "Recovery Times," we will detail the next cycle of improving documentation. As always, we welcome any suggestions, criticisms or ideas.

For more information on the OSH chart audit, please contact the **Quality Improvement Department** at **503-945-0901**.

OSH patients help create art piece for hospital lobby

By Robert Yde, Public Affairs Specialist



Patient Jimmy Lee Cox puts the finishing touches on his zoo-themed board. Cox said he was excited to take part in the project and proud to help create a piece of art that will be part of the hospital for many years.

When visitors walk into the lobby of the Oregon State Hospital next year, one of the first things they'll see is a bronze relief sculpture depicting the stories, dreams and ideas of more than 40 of the hospital's patients.

The sculpture is part of Oregon's Percent for Art program, which requires all state construction and remodeling projects in excess of \$100,000 to spend at least one percent of their budget on artwork to display in the building. Portland artist Bill Will recently worked with OSH patients to create the piece for the new hospital.

"This is the only project that patients have worked on at the hospital, and I was really excited to have the opportunity to be part of it," Will said. "I thought I'd probably be able to make some contributions, but I think I've probably learned more than I've given."

The challenge for Will was figuring out how to incorporate the work of so many people into a quality piece of artwork that would be fitting for a prominent place in the hospital. Eventually, he came up with the idea of each patient creating smaller pieces, which he would compile and arrange into a larger composition.

Each patient chose from hundreds of small plastic items, toys and knick-knacks and was given one to two hours to decorate a 12-by-12-inch board. The boards were covered in a one-inch layer of clay, which held the items to the board creating a three-dimensional arrangement.

(continued on page 13)



Artist Bill Will labels patient Lewis Brown's decorated board. OSH patients created more than 40 boards that will be bronzed and arranged into a larger composition by Will. The project is part of Oregon's Percent for Art program.

Pharmacy prepares to move to automated system this fall

By Marie Horton-Carrillo, Project Manager
Technology Services Management



Nurses Diane Frederick (left) and Connie Newman are given a demonstration of an automated pharmacy system during the vendor selection process. OSH will begin rolling out pharmacy automation this fall.

After months of reviewing proposals and sitting through demonstrations, OSH's Inpatient Pharmacy Evaluation team has chosen a vendor for the hospital's pharmacy automation project. OmniCell, a California-based technology company that designs and manufactures automated health care equipment, will soon begin work on the project.

"They are extremely user-friendly," Chief Nursing Officer Kathy Deacon said of Omnicell's products. "I have many years of experience with Omnicell and am a big fan of both their technology and system support."

Beginning this November, pharmacy automation will be rolled out in phases. This will coincide with the implementation of Avatar, and each technology will be compatible and complement the other.

The new pharmacy equipment will feature carousel inventory storage and secured narcotics cabinets, and provide high-speed packaging — all of which will improve the flow of the pharmacy's operations. Unit and treatment mall medication rooms will have secure medication cabinets and provide controlled doses tied directly to pharmacy orders received through Avatar.

"It is exciting to have the opportunity to work on a project that will improve medication distribution and help make the patient care process safer," said Bill Beck, director of Pharmacy.

As part of the selection process, representatives from Omnicell spent two days at OSH to provide hospital staff with a formal evaluation and an open house so OSH staff could get a firsthand feel for the equipment.

(continued on page 13)



A vendor explains the advantages of an automated pharmacy system to LPNs Cindy Myers (left) and Renee Tiffany-Luna.

Preparing for flu season

By Kent Slawson, RN
Infection Control/Employee Health

Despite our beautiful late-summer weather, the onset of fall is fast approaching, and with it comes influenza season. Infection Control/ Employee Health staff and patients have already started preparing for the 2011-2012 flu season to ensure that OSH staff have early and ready access to the vaccine.

Before I talk about this year's flu vaccination campaign, though, I'd like to share some information gathered from last season's vaccination initiative.

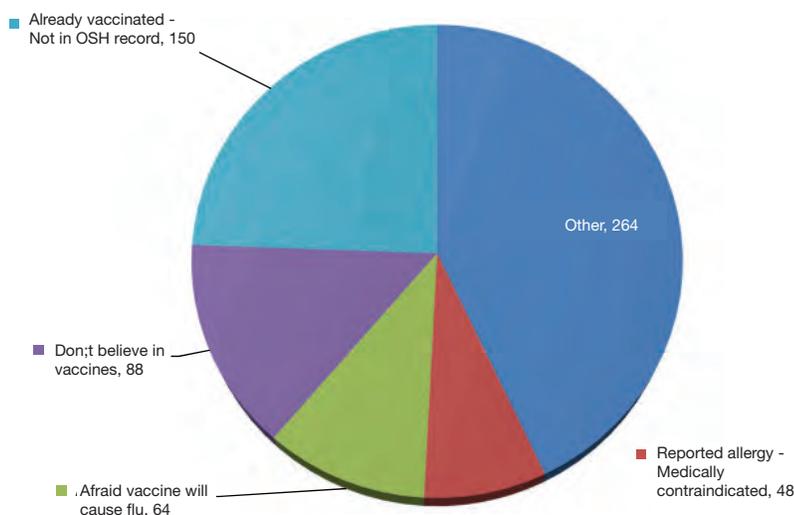
Last year, 614 hospital staff signed "Declination of Seasonal Influenza Vaccination" forms. The form asks you to choose from five reasons why you're declining the flu vaccination. We have compiled and analyzed this data and would like to present our findings and dispel some myths surrounding this vaccine.

Reason #1 – I have already received a vaccination from a source other than OSH Employee Health. (24 percent)

Response – Great! If you prefer to get your flu shot from your own provider, a pharmacy or another source, it's perfectly acceptable. The

(continued on page 11)

Reason for declination - 2010-11



The OSH Infection Control/Employee Health office will offer the influenza vaccine on the following dates:

- Sept. 20
- Sept. 23
- Oct. 11 (POSH)
- Oct. 12

**Location and times:
TBA**

Preparing for flu season

Continued from page 10

important thing is to get immunized. Simply bring your medical documentation to our office this fall, and you'll satisfy the OSH influenza vaccination policy. If you do not provide documentation, you'll be required to complete a declination form for 2011-2012.

Reason #2 – I don't believe in vaccines. (14 percent)

Response – OK, fair enough. OSH policy does not require staff to receive a flu vaccination, but you are required to sign the annual declination form if you choose not to be vaccinated. Remember, if you choose to go unvaccinated, you may be required to wear a mask while working if there is an outbreak of influenza at OSH.

Reason #3 – I'm afraid I'll get the flu from the vaccine. (10 percent)

Response – Injectable influenza vaccine is formulated from inactivated (killed) virus and cannot give you influenza. If you feel sick after receiving a flu shot, it may simply be a coincidence, but the vast majority of recipients experience no serious side effects. Minor side effects include soreness or swelling at the injection site, low-grade fever and body aches. These symptoms typically last one or two days.

Reason #4 – I have a medically contraindicated allergy to influenza vaccine. (8 percent)

Response – Severe allergy to chicken eggs is the only medically recognized allergic contraindication to receiving the influenza vaccine. If you can eat eggs, or products that contain eggs, you should have no problems with a flu shot. However, if you have had a severe reaction to influenza vaccine in the past or a history of Guillian–Barre syndrome, you should consult your doctor before receiving it again.

Reason #5 – Other (44 percent)

Response – While most staff chose not to elaborate, some did offer an explanation. Staff comments ranged from safety concerns due to vaccine preservatives to fear of needles.

If you plan to decline this year's influenza vaccination, we ask that you first weigh your reasons against the well-established medical benefits. Also, keep in mind we have a responsibility to keep our patients healthy, and this starts by keeping ourselves healthy. Stay tuned for more information about influenza vaccine and flu shot clinics at OSH in the next "Recovery Times."

For more information about influenza vaccination, please contact **Kent Slawson** at **503-945-9247**.

Meet your Human Resources team

By *Patty Foster, Workforce/Recruitment Consultant*
Human Resources Department

Our mission:

“To serve as a strategic partner in providing proactive, comprehensive human resource services, in alignment with agency and program missions and goals.”

Beginning this month, the Human Resources team will have a monthly column in “Recovery Times” to share information and answer your questions.

For our first column, I’d like to introduce the HR team and invite you to drop by our office with any questions, concerns or issues. We are:



The HR office is located on the second floor of the Kirkbride Building, Room B01-210. When you enter HR, please go to the reception desk on the right. If no one is at the desk, ring the bell, and we will be happy to assist you.

In the next issue, I’ll explain our specific roles and the areas each of us serve. As always, we look forward to serving you.

For more information about the Human Resources Department, contact **Patty Foster** at **503-945-7135**.

Billy Martin – HR Manager

Becky Hawkins – Labor Relations Coach

Bonnie Barasch – Labor Relations Coach

Luisa Amori – Employee/Management Coach

Audray Hunter – Employee/Management Coach

Lila Lokey – Workforce/Recruitment Consultant

Patty Foster – Workforce/Recruitment Consultant

Jeff Davis – Workforce/Recruitment Consultant

Karen Nixon – Workforce/Recruitment Consultant

Kristi Fox – Workforce/Recruitment Consultant

Annie Williams – Human Resource Assistant

OSH patients help create art piece for hospital lobby

Continued from page 8



OSH patients Jaime Wilkinson (left) and Josh Jagchke look over their choices as they decide what to use to decorate their 12-by-12-inch boards. Wilkinson and Jagchke were two of more than 40 patients who participated in a project to create an art piece that will hang in the hospital's new lobby.

“They loved it, and they’re really proud of what they created,” Pat Fording, OSH’s creative arts therapies director, said. “What’s beautiful about it is patients have been doing autobiographies on their boards — one patient did a square foot about his family, another on life at OSH and another on his cultural heritage.”

Each board will be cast in bronze before Will arranges them into the final piece, which he expects to be 4-by-12 feet. He said the bronze will provide a new texture and depth to the objects, leaving some easily recognizable, but transforming most into something new.

Patient Jimmy Lee Cox decorated his board in a zoo theme. He said he enjoys art and was excited to have the opportunity to work with other artists and gain new ideas.

“Art is something I like to practice,” he explained. “I keep getting better at it, and it gives me something to focus my mind on, which helps with my illness.”

Cox said what he liked most about the project was it gave him a chance to help create something that will be part of the hospital for many years.

“I’ll never be a famous artist,” he said, “but now, it’s like there will always be a piece of me here even after I’m gone.”

For more information on this Oregon Percent for Art project, please contact **Pat Fording** at **503-947-9005**.

Pharmacy prepares to move to automated system this fall

Continued from page 9

Along with Omnicell, two other vendors were invited to the hospital, and each vendor was asked to demonstrate the same 18 topics focused on medication administration and pharmacy operations. Each of the three vendors had a great product and fantastic presentation; however, Omnicell emerged with a slightly higher total score. Its score combined with an excellent written proposal put Omnicell over the top.

“Omnicell was well organized, detailed and experienced with the technology and process systems of their product,” Clinical Pharmacy Manager Cydreese Aebi said. “It should help us with inventory management, cost controls and narcotic management.”

Kudos to the entire evaluation team: Bill Beck, Pharm.D. — Director, Pharmacy Services; Cydreese Aebi, Ph.D. — Clinical Coordinator, Pharmacy; Galen Bywater, CPhT — Pharmacy; Kathy Deacon, RN — CNO; Cathie Krahenbuhl, RN; David Jobe, M.D. — medical staff, Psychiatry, and Chairman, Pharmacy and Therapeutics Committee; Dianne Fredrick, RN; Lori Martin, RN; Nancy Johnston, RN; Maryann Grieve, RN; Patrick Sprauer, RN; Marleah Gonzales, RPh; Robin Ramsey, CPhT; Leilani Tucker — BHIP; Carol Pelton — Replacement Project; Kristie Felter — TSM; Dan Pasch, — Director, TSM; Craig King — OIS; and Marie Horton-Carrillo — Project Manager and TSM. Good job and thank you!

For more information on the pharmacy automation project, please contact **Marie Horton-Carrillo** at **503-945-7745**.

OSH patients find hope through nature-based therapy

Continued from page 5



Staff and patients from Oregon State Hospital's Outdoor Experiential Therapy Program hike the Wildwood Trail in Portland's Washington Park. OETP is designed to help patients with community reintegration, practice team-building skills, improve their fitness level, and learn to replace negative lifestyle choices with new, healthy ones.

hospital staff depending on the size of the group.

Over the course of ten weeks, patients participate in activities such as day hiking, bike riding, snowshoeing, fishing, crabbing and navigating a ropes course.

"The way we structure the group really engages people," Trautner said. "From the very first week, we work on teambuilding, and patients work together to use the life skills they've developed during their therapy at the hospital."

In order to foster a team concept, Trautner involves patients in every aspect of the planning and decision making processes. Together, patients and staff decide which activities they'd like to do, where they'd like to go and what their goals will be for the outings.

"The staff facilitating this group are really supportive," patient Jessie Bratcher said. "They give us room to make decisions and they're there to help us in our recovery. It's one of the best groups I've been part of."

Bratcher said he was drawn to the group because he grew up hiking and always enjoyed the outdoors. He said through OETP, he has had the chance to demonstrate personal responsibility and to show staff he can be trusted.

For other patients like Jacob Spears, who signed up for OETP to lose weight, these types of outdoor recreational activities are a new experience.

"It's given me more options of things I can do when I get out of here," he explained. "Now I can go hiking or biking instead of wasting my time using drugs and getting in trouble."

Trautner said that whatever their reason for signing up, patients benefit from the experience mentally, emotionally and physically, which is clearly evident in their attitudes after an outing.

"It's pretty significant to see how it positively affects their outlook and the way they feel," he explained. "Some people might say, 'oh, they're just going hiking,' but it's much, much more than that. It's a therapeutic tool that reconnects people to nature, their base feelings, and ultimately, helps them in their recovery."

For more information on the Outdoor Experiential Therapy Program project, please contact **Todd Trautner** at **503-945-2890**.

Aloha OSH

Continued from page 4

to-day grind of new demands. Please help me focus on essentials. Our lean processes show how we can maintain our momentum.

So, thank you for your welcome — mahalo! Please

accept my warmest aloha and gratitude at being given this opportunity to serve.

Allow me a parting Hawaiian proverb that seems apropos: "E lauhoe mai na wa'a; i ke ka, i ka hoe; i ka hoe, i ke ka; pae aku i ka 'aina." (Paddle together, bail, paddle; paddle, bail; paddle towards the land.) I am sure there is both hard paddling and some bailing ahead, but I feel energy and direction in the canoe.

Patients move to Trails, find a place of healing

Continued from page 1

more therapeutic and enables us to provide a wider variety of treatment options.”

Many of the patients seemed pleased with Trails and happy with their new rooms.

“This is great. I love the color of the tiles, and the paint is nice. The lights are not too bright,” said Rickie Montgomery. “It feels pretty relaxed and comforting here, more serene.”

Montgomery was not the only one who mentioned how much more tranquil the new environment felt compared to the old, where up to five people would share a room and entire units used the same shower room.

“I have a stronger sense of personal space here than I did in the 50 building,” said Lynn Jones. “There’s more room, which takes away that crowded feeling. More room creates a calming effect.”

“My room is beautiful, and I like having my own bathroom,” said Carol Munton.

She also talked about how Trails offers more choice and autonomy, both of which are very important for recovery. “I

like that I don’t have to ask staff to go outside or use the ice machine. I like that I can walk to my bench work job [in the vocational program] from here.” This flexibility is possible because all of the new hospital’s services are located inside the same secure area.

Kim Salzillo added, “I especially like that there are no [razor] wires on the wall.”

Recreational therapist Guy Forson said he is excited about having living units close to the treatment areas, as well as to the enhanced treatment opportunities provided by the new building.

“The new mall makes it easier to teach a variety of different classes,” Forson said. “We have twice the space, the rooms are nicer and we can have a larger number of people in a group.”

Forson also said the new building looks much more like a hospital. He believes patients will be more apt to invite their families to visit this more open environment .

“It’s really nice to have a good facility for them to live in. It means a lot to see them happy. This building will raise their quality of life.”

September 2011 EDD events

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

Pro-ACT refresher

Held in 40C room 212

Sept. 1 (8 a.m. to 5 p.m.) Day 1

Sept. 2 (8 a.m. to 12 p.m.) Day 2

Sept. 13 (8 a.m. to 5 p.m.) Day 1

Sept. 14 (8 a.m. to 12 p.m.) Day 2

Sept. 15 (8 a.m. to 5 p.m.) Day 1

Sept. 16 (8 a.m. to 12 p.m.) Day 2

Sept. 27 (8 a.m. to 5 p.m.) Day 1

Sept. 28 (8 a.m. to 12 p.m.) Day 2

Sept. 29 (8 a.m. to 5 p.m.) Day 1

Sept. 30 (8 a.m. to 12 p.m.) Day 2

General orientation

Held in 342 Leadership Classroom

Sept. 12-16, 19 (8 a.m. to 5 p.m.)

Sept. 19-23, 26 (8 a.m. to 5 p.m.)

(NOTE: second class on the 19th is held in 344 / 346 Integrity / Health Equity)

ED day/CPR

Held in 344 / 346 Integrity / Health Equity

Sept. 6 (8 a.m. to 5 p.m.)

Sept. 20 (8 a.m. to 5 p.m.)

Nursing orientation

Held in 306 Service Excellence

Sept. 6 (8 a.m. to 5 p.m.)

Sept. 20 (8 a.m. to 5 p.m.) (Held in 333 Rogers)

Sept. 28 (8 a.m. to 5 p.m.)

Trauma informed care-3.5 CE

Held in 306 Service Excellence

Sept. 7 (1 p.m. to 4:30 p.m.)

Contractor orientation

Held in 344 / 346 Integrity / Health Equity

Sept. 9 (9 a.m. to 11 a.m.)

Wellness: Mind/body connection

Held in 306 Service Excellence

Sept. 15 (8:30 p.m. to noon)

CMA pharmacology

Held in 344 / 346 Integrity / Health Equity

Sept. 22 (1 p.m. to 5 p.m.)

START training

Held in 344 / 346 Integrity / Health Equity

Sept. 21 (9 a.m. to 11 a.m.)

Volunteer orientation

Held in 306 Service Excellence

Sept. 23 (8 a.m. to noon)

FPS nursing orientation

Held in 306 Service Excellence

Sept. 29 (8 a.m. to 5 p.m.)

OSH new hires and retirees for June and July

Welcome to OSH

George, Daniel J	Cook 1	Arvidson, Joseph F	Custodian	Steckler, Amber Marie	Mental Health Therapist 2
Herrera, Chera	Cook 1	Helmer, Jeanne M	Custodian	Whitson, Jesse D	Mental Health Therapist 2
Lyons, Amanda	Cook 1	Ballew, Kenneth Roland	Food Service Worker 2	Abbott, Lisa D	Mental Health Therapy Tech
Unruh, Lou Anne	Cook 1	Costello, Deana	Food Service Worker 2	Arklander, Emily	Mental Health Therapy Tech
Wertz, Jacquelyn A	Cook 1	Flores, Roberto	Food Service Worker 2	Barnes, Courtney E	Mental Health Therapy Tech
Nolen, Adam	Custodian	Hut, Chansophanny	Food Service Worker 2	Becker, Heidi K	Mental Health Therapy Tech
Hut, Chansophanny	Food Service Worker 2	Lopez, Beverley	Food Service Worker 2	Blatchley, Donald Bruc	Mental Health Therapy Tech
Porras Paniagua, Marin	Food Service Worker 2	Miller, Michael	Food Service Worker 2	Cheyne, Jasmine T	Mental Health Therapy Tech
Pullom, Felicia F	Food Service Worker 2	Pham, Cuong	Food Service Worker 2	Crocker, Laura D	Mental Health Therapy Tech
Rodriguez, Aurelia S	Food Service Worker 2	Schillinger, Elizabeth	Food Service Worker 2	Deenin, Patricia E	Mental Health Therapy Tech
Turnage, Yvonne	Food Service Worker 2	Strauch, Janet E	Food Service Worker 2	Fischer, Jack B	Mental Health Therapy Tech
Jeffers, Eric M	Grounds Maintenance Worker 1	Clark, Anthony L	Laborer/Student Worker	Glendinning, Jamie L	Mental Health Therapy Tech
Clark, Anthony L	Laborer/Student Worker	Daniels, David B	Laborer/Student Worker	Hash, Theresa m	Mental Health Therapy Tech
Tiffany-Luna, Renee M	Licensed Practical Nurse	Prather, Priscilla D	Licensed Practical Nurse	Headley, Sehala K	Mental Health Therapy Tech
Duede, Denise	Medical Transcriptionist 2	Sylvia, Danielle	Licensed Practical Nurse	Hughet, Erin R	Mental Health Therapy Tech
Fery, Linda Lee	Medical Transcriptionist 2	Yesmant, Beverly R	Licensed Practical Nurse	Kettor, Lydia G	Mental Health Therapy Tech
Annoh, Phillis N	Mental Health Registered Nurse	Fery, Linda Lee	Medical Transcriptionist 2	Laurent, Kathy S	Mental Health Therapy Tech
Farley, Audrey C	Mental Health Registered Nurse	Beatty, Tracy L	Mental Health Registered Nurse	Lemus, Nadia J	Mental Health Therapy Tech
Frank, Britney L	Mental Health Registered Nurse	Evelove, Shannon N	Mental Health Registered Nurse	Leverman, Joeleen M	Mental Health Therapy Tech
Genson, Julie L	Mental Health Registered Nurse	Jones, Meghan	Mental Health Registered Nurse	Lulay, Della D	Mental Health Therapy Tech
Henderson, Jamie R	Mental Health Registered Nurse	McGrady, Elizabeth A	Mental Health Registered Nurse	Martinez, Crystal	Mental Health Therapy Tech
Knutson, Heidi	Mental Health Registered Nurse	Nguyen, My T	Mental Health Registered Nurse	McCarthy, Glenn R	Mental Health Therapy Tech
Massey, Brenda R	Mental Health Registered Nurse	Reyes, Julie A	Mental Health Registered Nurse	Renault, Tara M	Mental Health Therapy Tech
Monnes, Jacob R	Mental Health Registered Nurse	Ruff, Debra R	Mental Health Registered Nurse	Schmitt, Virginia L	Mental Health Therapy Tech
Nguyen, My T	Mental Health Registered Nurse	Steiner, Cherie L	Mental Health Registered Nurse	Soni, Apinder	Mental Health Therapy Tech
Rogers, Karrie A	Mental Health Registered Nurse	Stuck, Faith Anne	Mental Health Registered Nurse	Strebel, Eroya R	Mental Health Therapy Tech
Valley, Beth A	Mental Health Registered Nurse	Theobald, Lisa D	Mental Health Registered Nurse	Susee, Brian C	Mental Health Therapy Tech
Wolfe, Jennifer N	Mental Health Registered Nurse	Eslinger, Branden	Mental Health Security Tech	Teichroeb, Laura J	Mental Health Therapy Tech
Ali, Tsehai T	Mental Health Therapy Tech	Forty, Jeffrey Myron	Mental Health Security Tech	Vigue, Savannah Rea	Mental Health Therapy Tech
Blatchley, Donald Bruc	Mental Health Therapy Tech	Hafer, Tina Marie	Mental Health Security Tech	Wanjiru, Maureen G	Mental Health Therapy Tech
Evans, Justin W	Mental Health Therapy Tech	Hales, Zachary S	Mental Health Security Tech	Curry, Rebecca L	Occupational Therapist
Hamer, Courtney A	Mental Health Therapy Tech	Mathers, Bradley A	Mental Health Security Tech	Kohut, Dorothy	Occupational Therapist
McGee, Johnny W	Mental Health Therapy Tech	Obrien, Mark	Mental Health Security Tech	Henthorn, Therisa L	Office Specialist 2
Otoikhian, Moses L	Mental Health Therapy Tech	Rodriguez, Antonio	Mental Health Security Tech	Knight, Heide L	Office Specialist 2
Reinders, Holly A	Mental Health Therapy Tech	Hatch, Heather M	Mental Health Supervising RN	Felter, Kristie	Operations and Policy Analyst 2
Harris, Jessica	Office Specialist 2	Carbone, Michele A	Mental Health Therapist 2	Quinlan, Lauren E	Operations and Policy Analyst 2
Baer, Aaron P	Program Analyst 3	Charlton, Greg	Mental Health Therapist 2	Bednar, Justin	Pharmacist
Cox, Sarah	Psychiatric Social Worker	Chong, Rolando Luis	Mental Health Therapist 2	Bryant, Pete	Pharmacist
Leigh, Cynthia	Psychiatric Social Worker	Godoi, Wesleonardo G	Mental Health Therapist 2h	Erorita, Melody	Pharmacist
Hitsman, Cory W	Recreation Specialist	Hobbs, Patrick B	Mental Health Therapist 2	Rios, Debra W	Principal Executive/Manager J
Malster, Sarah	Rehabilitation Therapist	Ingram, David M	Mental Health Therapist 2	Birlew, Amber R	Psychiatric Social Worker
Pond, Laurel Lee	Rehabilitation Therapist	Kulush, Tatyana	Mental Health Therapist 2	Cox, Sarah	Psychiatric Social Worker
Worthan, Kirk	Support Services Supervisor 2	Love, Margaret E	Mental Health Therapist 2	Leigh, Cynthia	Psychiatric Social Worker
Dermody, Michelle	Training & Development Spec 2	Lucero, Taune S	Mental Health Therapist 2	Oulette Blair, Kather	Psychiatric Social Worker
Hunt, Denise	Administrative Specialist 1	Mambu, James B	Mental Health Therapist 2	Fleener, Jeremy	Recreational Specialist
Nerio, Jose L	Chaplain	Mills, Andrew	Mental Health Therapist 2	Herring, John W	Recreational Specialist
Boatwright, James	Cook 1	Miranda, Nancy	Mental Health Therapist 2	Wooden, Shannon R	Recreational Specialist
Enriquez, Ashley	Cook 1	Moler, Sandra	Mental Health Therapist 2	Jablo, Howard A	Rehabilitation Therapist
Herrera, Chera	Cook 1	Place, Toni S	Mental Health Therapist 2	Rees, Jennifer	Rehabilitation Therapist
Lyons, Amanda	Cook 1	Remi, Maria	Mental Health Therapist 2	Eastman, John A	Research Analyst 3
May, Jered	Cook 1	Roppe, Rod J	Mental Health Therapist 2	Aquinas, Malcolm M	Social Service Specialist 1
Wertz, Jacquelyn A	Cook 1	Shellenbarger, Jeanne	Mental Health Therapist 2		

Promotions and reassignments

McCarty, Samantha A	Food Service Worker 2	Lockhart, Lloyd E	Mental Health Therapist 2	Stanley, Glenn A	Recreation Specialist
Baxter, Tonya L	Mental Health Therapist 2	McCart, Theresa	Mental Health Therapist 2	Swanson, Kirsten	Rehabilitation Therapist
Call, Debra	Mental Health Therapist 2	Miller, Karl J	Mental Health Therapist 2	Phillips, Tracy	Supply Specialist
Desantis, Martha M	Mental Health Therapist 2	Ostrander, Cynthia S	Mental Health Therapist 2	Bevier, Kari R	Administrative Specialist 1
Esqueda, Crystal T	Mental Health Therapist 2	Ovalle, Cynthia B	Mental Health Therapist 2	Warner, Mina S	Clinical Psychologist 2
Gabrys, Hanna U	Mental Health Therapist 2	Perez, Travis	Mental Health Therapist 2	Blakemore, Yvonne J	Mental Health Supervising RN
Green, Stacy	Mental Health Therapist 2	Smith, Melissa	Mental Health Therapist 2	Imig, Judi L	Mental Health Supervising RN
Hamm, Hal Travis	Mental Health Therapist 2	Victor, Ronald M	Mental Health Therapist 2	Landers, Angela M	Mental Health Supervising RN
Hamman, Sean William	Mental Health Therapist 2	Weller, Gerald R	Mental Health Therapist 2	Schilz, Michelle D	Mental Health Supervising RN
Kiluw, Blaise L	Mental Health Therapist 2	Wood, Kaarin M	Mental Health Therapist 2	Shechtman, Rhonda Beam	Mental Health Supervising RN
King, Tonya Sue	Mental Health Therapist 2	Hillweg-Dunn, Becki A	Office Specialist 2	Teufel, Annette M	Mental Health Supervising RN
Knight, Guy Vernon	Mental Health Therapist 2	Jalabert, Jeremy D	Operations and Policy Analyst 3	McQuade, Justin	Mental Health Therapist 2
Kuhlman, Karen K	Mental Health Therapist 2	Nellist, Marcie Daniel	Operations and Policy Analyst 3	Irmen, Timothy	Principal Executive/Manager D
Lastomirsky, Phyllis J	Mental Health Therapist 2	Lindbloom, Melissa J	Program Analyst 2	Ott, Richard Alan	Principal Executive/Manager D
Lefore, Cheyanne L	Mental Health Therapist 2	Martinez, Sarah B	Recreation Specialist		