

Ceramics group offers creative outlet for Harbors



Patient Evie Tyler (left) participates in a ceramics group with Recreation Specialist Shelley Davidson (middle) and Art Therapist Cassie Fort (right).

By Jason Stringer, Public Affairs Coordinator

Finding creative and more effective ways to engage and treat patients is an on-going project for Oregon State Hospital clinicians, and Rehabilitation Services Department Art Therapist Cassie Fort embraces this challenge with open arms.

Amongst other creative arts therapy coursework, the Harbors-based clinician has created a new ceramics group for patients from Lighthouse 2, Lighthouse 3 and Anchors 3.

The program is the first of its kind in the

two-and-a-half-year-old Harbors program. Fort hopes the group will help revive a version of an old program that thrived for periods in higher-acuity areas of the “old hospital.”

To start, Fort’s group is focused on creating “coil pots,” which require only hands and clay. “If things go well, hopefully we’ll be able to start using a [pottery] wheel,” added Fort.

Besides being a new activity, the group also is one of the few in the history of

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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:

In recent weeks, we have been talking a lot about safety here at the hospital. A safe environment for both patients and staff is the foundation on which we build everything else. Patients need to feel safe before they can progress in their recovery, and staff need to feel safe in order to foster therapeutic relationships with the people in their care. Before I go further, I want to remind you that the overwhelming majority of our patients are not violent. In 2012, 78 percent of our patients had no aggressive events at all. Of the remaining 22 percent, most had only one or two events. Only about 10 patients were responsible for about 28 percent of all the aggressive events. This statistic is important to note, so we do not contribute to the stigma against people with mental illness.

Simply stated, only a handful of patients are responsible for most of the aggressive incidents at the hospital, but the fact is, any amount of violence is unacceptable, and it is essential that we all work together to address this issue. That is why Chief Medical Officer Rupert Goetz and I have been meeting with SEIU leadership and members to discuss ways to improve safety at OSH. One immediate result of these meetings is a Chief Medical Officer's Directive about assaults with the use of a weapon. The directive requires an immediate call to Dr. Goetz, regardless of the time or day, and emphasizes the input of direct care staff when treatment teams are considering safety measures. As these meetings progress, the group will explore training resources beyond what's offered in Pro-ACT as well as additional safety equipment.

At the same time, the Protection from Harm Committee continues its Culture of Safety efforts. The Safe Containment training in Harbors has achieved positive results, and I would like to congratulate the staff who worked diligently to make it happen. Since training started, patient-to-staff assaults have dropped from an average of 9.8 to 5.1 per week, and staff injuries sustained from these assaults have fallen from an average of 4.6 to 2.1 per week. We have already begun Safe Containment training in Portland and in Trails.

Yet, Safe Containment only comes into play after an incident has occurred. The best and most effective way to keep people from getting injured is still prevention – through active treatment, training, and achieving recovery-oriented

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Message from the superintendent

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cultural change at the hospital. We are working on a full range of prevention interventions. Almost ready for pilot is “Safe Together,” which hones our verbal de-escalation skills. Earlier in the prevention spectrum are Collaborative Problem Solving and Trauma-Informed Care, with a kick-off for the latter scheduled for late July.

Also related to the topic of safety is bullying. Bullying has no place at this hospital, and I’m asking both patients and staff to help address this issue. I am convening a workgroup to develop a detailed anti-bullying plan. Look for upcoming emails about the workgroup and information on how to participate, or contact Director of Peer Recovery Services Richard Ott.

In closing, we all deserve a safe place to work and to heal. By working together to generate a culture of hope, safety and recovery, we will achieve this goal. As with other long-standing, difficult problems, full resolution will not occur immediately. It will take time. A proverb says, “a journey of a thousand miles begins with a single step.” We’ve taken that step, and will continue to do so until the issues are resolved.

Sincerely,



Greg Roberts
Superintendent



Ceramics group offers creative outlet for Harbors

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Harbors that has been offered for longer than an hour, from 1-2:45 p.m. on Tuesdays. Fort said that this allows patients not only take on more time-intensive projects, but work on other skills.

“Patients at the hospital often feel a lack of control over their own lives,” said Fort. “The use of clay has a forgiving and re-workable nature, and the step-by-step processes learned in group can help [patients] achieve a feeling of balance and control.”

Fort also added that the group can give the patients a “feeling of pride and self-worth” when they receive compliments or other people appreciate their creations.

Patients have been enjoying the projects thus far, creating pots, bowls, jugs, plates and artistic sculptures. “I like [the group] because there is no pressure,” said patient Evie Tyler. “They gave me some helpful hints, but there was no criticism.”

Trails Rehabilitation Therapist Guy Forson, who began

offering pottery groups in the late '80s, believes strongly in the value of pottery groups at OSH.

“An advantage [of pottery] is it can be super-simple or very complex, so you can work with people at a very basic level and a very complex level,” said Forson. “If you’re working with guys who have been here for a while, you can keep them interested.”

“[Pottery] also can also be very functional, or it can be very artsy,” added Forson. “For example, I can make a cup that performs well, or I can make a dragon’s mouth.”

Pottery, ceramics and related art therapy groups are also available in other programs around the hospital. Staff of potentially qualified and interested patients should contact the patient’s treatment care plan specialist to explore the possibility of signing up for a related group.

For more information about the group, please contact Cassie Fort at cassie.s.fort@state.or.us.

Donating blood - An easy way to save a life

By Jeff Jessel, Volunteer Services



Through the simple act of donating blood, ordinary people just like you and me can help save a life. Just an hour of your time and a pint of your blood can make a real difference to a person in need. Accident victims, cancer patients and others suffering from a variety of illnesses or emergencies are often in need of this life-saving gift. Please help ensure blood is available for the next person who needs it by taking a little bit of time to give blood.

The next Red Cross Blood Drive at Oregon State Hospital will be held Thursday, June 27, from 10 a.m. to 3 p.m. If you would like to participate, please make

an appointment to donate at www.redcrossblood.org (sponsor code: OregonStateHospital). Remember, you must have an appointment to donate, and before you donate, you will need to check in at the Red Cross table, which will be located inside the main entrance of the Kirkbride Building.

Thank you for giving the gift of life.

For more information on the OSH Red Cross Blood Drive, contact Director of Volunteer Services Jeff Jessel at 503-945-2892 or jeffrey.m.jessel@state.or.us.

Team Recognition: April 2013

By the Employee Recognition Committee

The Employee Recognition Committee would like to congratulate the April recipient of the Team Recognition Award — the staff of the Portland treatment mall. Below is a description of the team's accomplishments.

Category:

Improving Quality

Recipient:

Portland's treatment mall staff

Nominated by:

Treatment Mall Manager Nichole Wirth and Nurse Manager Kathy Roy

Last November, the Portland treatment mall added mall space and increased mall time from two to four hours for all the campus' patients. Since then, the

team has worked creatively to provide services in their new space and expand their treatment options.

Even with these changes, the treatment mall continues to have an average patient attendance of more than 90 percent, and less than one percent of groups are cancelled due to the group leader being absent.

In addition to the services offered during mall hours, the



Members of Portland's treatment mall staff and the Superintendent's Cabinet.

team also provides patients with after-hours activities, such as computer lab time, 2:1 and 1:1 passes and fitness opportunities. Congratulations to Portland's treatment mall staff.

For more information on the Team Recognition Award, contact Employee Recognition Committee Chair Sara Walker, M.D., at 503-945-8872 or sara.walker@state.or.us.

Congratulations to:

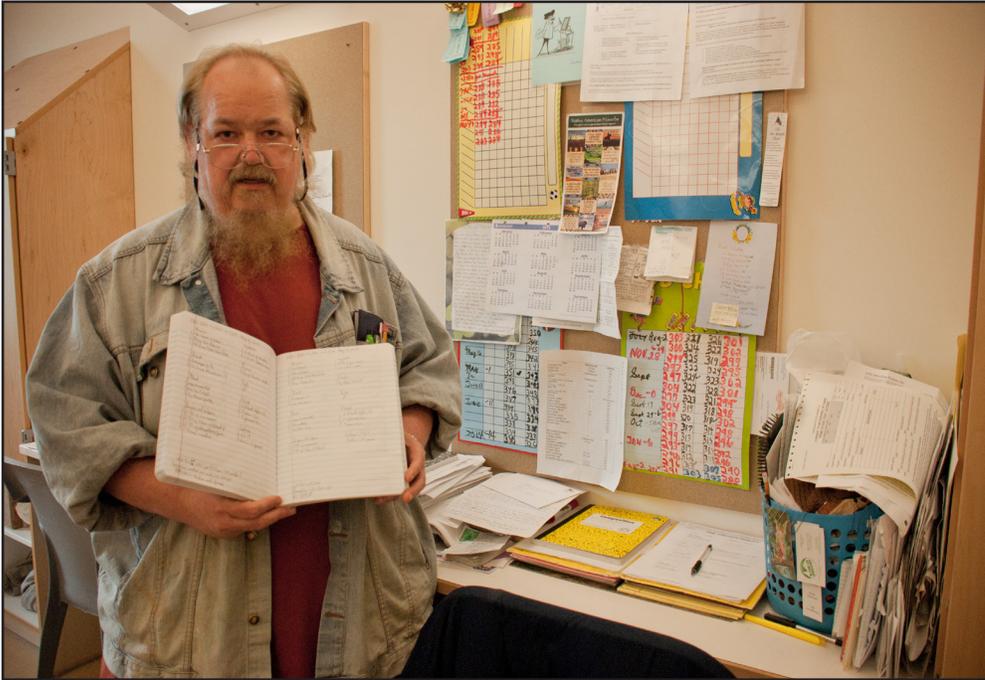
Joanne Devereux
Javad Farza
Erika Gordon
Barb Houser

Aisha Krebs
Alicia Kromah
Phyllis Lastomirsky
Bo Lockhart
Barbara Martin

Lynn Olszewski-Adams
Marianne Russo
Kara Supalla
Jerry Weller

Persistence, commitment key to OSH patient's life-changing weight loss

By Robert Yde, Public Affairs Specialist



Joe Rockwood, a patient on Butterfly 3, displays one of his food logs, which have been an important tool in his long-term weight loss plan. On the charts behind him, Rockwood methodically tracks his daily intake of food and drink, his exercise and his weight. Thanks to his persistence and guidance from OSH doctors and dieticians, Rockwood has lost more than 200 pounds during his four years at the hospital.

There is a strong correlation between our mental health and our physical health, which is why Oregon State Hospital strives to treat the whole patient — both mind and body. When Joe Rockwood arrived at OSH in February 2009, he was a self-described mess. In addition to his mental illness, Rockwood was approaching 500 pounds, had a body fat percentage of nearly 50 percent, and needed a wheelchair to move more than a few steps.

“I had no energy, and it had a tremendous effect on me – mentally, physically, emotionally and spiritually,” said Rockwood, a patient on Butterfly 3.

As part of his recovery, Rockwood wanted to address his physical health as well as his mental health. For most of his life, Rockwood said he struggled with his weight, attributing it to many factors, including genetics. However, he said the single biggest contributor was his sleep apnea. Unable to get the sleep at night necessary to recharge his body, Rockwood spent most of his waking

hours eating in search of the energy he needed to just get through the day. Over time, these eating patterns became ingrained in him, and even after receiving a continuous positive air pressure (CPAP) machine, which controlled his apnea allowing him to sleep through the night, Rockwood continued to find comfort in food.

Soon after his arrival at OSH, Rockwood began working with dietician Connie Mickelson and he said that the lessons he learned from Mickelson on healthy eating and portion control made all the difference in his life-long effort to lose weight.

“I didn’t know I was eating so many empty calories,” Rockwood said. “Connie helped me keep track of and understand what I was eating.”

At Mickelson’s urging, Rockwood began following the DASH diet (Dietary Approaches to Stop Hypertension), which is a diet that stresses increased servings of fruits and vegetables with moderate amounts of lean protein, low-fat dairy and whole-grain breads.

“The DASH diet helped me learn what is normal for a healthy diet,” Rockwood said. “I’ve tried many diets, but this is the only one with long-term results.”

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Persistence, commitment key to OSH patient's life-changing weight loss

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Under the guidance of OSH doctors and dieticians, Rockwood began a long-term plan with the goal of losing one pound a week. Now after four years of hard work, Rockwood is down to 282 pounds, and well on his way to reaching his recommended weight of 182 pounds. In addition to eating better, Rockwood also began keeping detailed food logs of everything he ate and drank throughout the day. This helped him track his calories and identify and adjust his eating patterns to ensure his diet was balanced.

Mickelson said that like most people, Rockwood has had some ups and downs in his effort to lose weight, but that he has remained motivated and committed, which has been key to his success.

As his diet improved, Rockwood found that he had more energy and was able to incorporate a moderate amount of exercise into his daily routine. Starting with hydrotherapy, Rockwood was soon able to walk for extended distances, and now walks one mile and does

100 sit ups every day.

Mickelson said that Rockwood's success has become an inspiration for other patients struggling with their weight.

"They look at him as an example of someone who has been successful in making a significant lifestyle change," she said.

Losing weight, Rockwood said, has improved every aspect of his health, and by sticking to his daily diet and exercise plan, Rockwood hopes to lose another 100 pounds over the next two years.

"It really wasn't hard," he said of his lifestyle changes. "When I realized how my poor choices were actually affecting me, it was very easy to make changes.

"Healthy choices are now part of my lifestyle. I'm no longer just living to eat...now, I'm eating to live."

Patients, staff connect at Open Mic

By Jason Stringer, Public Affairs Coordinator

Music therapy "is the use of music to achieve non-musical goals," according to Interim Director of Creative Arts Therapy Christy Hey. It often inspires, improves mood and introduces new leisure interests and healthy interventions for patients on their road to recovery.

Once a month at the Oregon State Hospital's Salem Campus and once a term at the Portland campus, patients have an opportunity to show off their talents and interact with peers at Open Mic events. Patients from Trails, Springs and Bridges have their event the first Thursday of every month in the Kirkbride Gym. Harbors hosts its

shindig the first Friday of each month in the Harbors Gym, and Portland generally has its Open Mic as a special activity on an afternoon during "break week" in the POSH Treatment Mall.

With help from her coworkers, Music Therapist Kirsten Swanson launched the newest Open Mic last November in Harbors, and consistently has an attendance of at least 30 patients each month, which is approximately a third of the program's total population. Around eight to 12 patients perform, often using the experience as a recital for projects they've worked on in treatment mall groups or in their free

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Patients, staff connect at Open Mic

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time on the unit. Other patients, such as Rodger Underhill, use the opportunity to connect with their peers.

“I get to relax and listen to where different people are at (with their recovery),” said Underhill after hearing spoken word performed by a peer at a recent Harbors Open Mic. “When someone shares, it gives you a chance to see where they are emotionally, and when someone plays a song you like or one you know, you can relate to them.”

Organizer and Trails Music Therapist Stacey Castor said the Kirkbride Gym event draws an audience of 30 to 65 patients and staff, and they usually have time for 10 performances.

“A lot of patients do not often have the opportunity to connect with people in other programs,” said Castor. “Open Mic is great because it brings together our different programs, patients and staff, and truly connects us as a larger hospital community.”

Castor said some her favorite performances are surprises.

“I worked with a woman in Springs who studied dance and was a dance instructor back in the day,” said Castor. “She still loved to dance and wanted to share that. She was incredibly nervous to perform again, but when she took to the stage, she moved as if she had never left. The beauty and expression in her performance touched everyone – I think there were very few dry eyes in the audience.”

Castor also stressed that Open Mic is not just about the performers.

“There was an amazing community of people supporting this woman through her performance,” added Castor.

The care and respect with which they received her – and have received numerous other performers – is (just as important) to the success of Open Mic as the performances.”

For more information about Open Mic at Oregon State Hospital, please contact the following staff through Outlook:

- Harbors: Kirsten Swason
- Trails/Bridges/Springs: Stacey Castor
- Portland: Jim Lowry.

Sylvania Louangsisongkham performs at the Harbors Open Mic in May.



Wellness Committee receives Director's Excellence Award

By Jason Stringer, Public Affairs Coordinator



Recreation Specialists Rob O'Meara (left) and Justin Carey helped furnish the employee fitness room through an Aspiring Leaders Program project and a donation from the SEIU. O'Meara, Carey and fellow OSH Employee Wellness Committee members received the Oregon Health Authority Director's Excellence Award for their efforts on the project.

It was announced last month that the Oregon State Hospital Employee Wellness Committee received the Oregon Health Authority Director's Excellence Award for the first quarter of 2013 for its efforts organizing the staff fitness room.

Committee members who worked on this project include Chair Bernadette Murphy, James "Doc" Campbell, Justin Carey, Jeff Davis, Patricia Davis-Sayler, Erica Johnson, Aisha Krebs, Brian Little, Rob O'Meara and Jason Ryther.

The fitness room received a jolt of support when Harbors recreation specialists O'Meara and Carey adopted the project as their own while enrolled in the Aspiring Leaders Program last year. They teamed up with classmates Julia Brown and Thomas Clark of Department of Human Services to formulate a plan.

O'Meara and Carey tracked down a rehabilitation facility that was selling off its free-weight equipment for a meager \$1,200. The two then worked with Service Employees International Union (SEIU) to secure a grant to fund the first purchase, and moved the equipment themselves with the help of fellow recreation specialists Glenn Stanley, Justin Hageman and Bruce Bell.

Davis then worked with a local business to lease used treadmills, stationary bikes and elliptical machines, and the fitness room was fully furnished in a few short months.

Carey says the \$5-per-month fitness room fee "goes toward the self-sufficiency of the room, because the state can't pay for any upkeep." He also mentioned that

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A Culture of Safety and the Six Core Strategies

From your Seclusion and Restraint Committee

This month marks the final installment of our 12-part series examining the National Technical Advisory Council's (NTAC) Six Core Strategies for Reducing Seclusion and Restraint. To review, the six strategies we have discussed are:

- Leadership's roles;
- Workforce development;
- Using seclusion and restraint reduction tools;
- Debriefing techniques;
- Using data to inform practice; and
- Consumer roles.

Each one of these six strategies will be important as we continue to develop our Culture of Safety initiative at OSH. For our final article, we will look at the important roles played by our peer recovery specialists.

Insight and understanding gained through a lived experience can never be replicated through training, which is why Oregon State Hospital's patients and staff greatly benefit from the first-hand voice and perspective only our team of peer recovery specialists can provide.

OSH is one of the only state hospitals in the country with a Department of Peer Recovery Services, which puts us on the leading edge of developing an effective peer support model in this type of environment.

In many ways, peer recovery specialists act as a bridge between patients and staff, providing each with a better perspective of the other. Rather than using clinical terminology, peer recovery specialists use language based on common experiences that is very much person-centered (Davidson, et. al, 1999). In turn, they are often the ones who set the foundation that helps patients begin to build up trust in the mental health system.

Due to their own personal experiences, peer recovery



specialists are “uniquely qualified to assist individuals in identifying goals and objectives that form the context of the peer support relationship,” (Chinman, et. al, 2006). Not only do they listen to the needs or concerns of patients, peer recovery specialists may also act as a voice for those who have difficulty self-advocating. For their fellow staff, peer recovery specialists are an invaluable resource, whose unique perspectives help them continually find ways to better meet the needs of their patients.

While juggling these many roles — advocate, educator, coach, mentor, motivator, problem solver and role — peer recovery specialists must also monitor and manage their own recovery.

Their voices have been an important part of the culture change we have experienced at OSH during the past

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A Culture of Safety and the Six Core Strategies

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several years, and as we continue toward our goal of becoming a truly person-centered hospital, our peer recovery specialists will remain at the forefront as one of our most powerful resources.

If you have suggestions or feedback for the Seclusion and Restraint Committee, please contact J.S. “Doc” Campbell, CPHQ at james.campbell@state.or.us.

References

Chinman, M., Young, A.S., Hassell, J., Davidson, L. (2006) Toward the implementation of mental health consumer provider services. *Journal of Behavioral Health Services & Research*. 33 (2) 176-195.

Davidson, L., Chinman, M., Kloos, B., Weingarten, R., Stayner, D., and Tebes, J.K. (1999) Peer support among individuals with severe mental illness: A review of the evidence.

Clinical Psychology: Science and Practice. 6 (2) 165-187.

Wellness Committee receives Director’s Excellence Award

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a little revenue has been generated, and that will eventually go toward the purchase of new equipment.

Besides the staff fitness room, O’Meara says the Employee Wellness Committee also helps with projects like “Biggest Loser and the NAMI Walk.”

To sign up for the staff fitness room, contact Education and Development Department’s Pat Davis-Salyer via Outlook or at 503-945-9450. More information about the Employee Wellness Committee can be found on the OSH Intranet.

Nextel Conversion: Your new Sprint cell phone

By Jason Stringer, Public Affairs Coordinator

Hospital-issued Nextel Motorola devices will no longer work as of June 30, and Oregon State Hospital Facilities Services is issuing new Sprint cell phones that will allow the Direct Connect (formerly Push-to-Talk) feature.

Not everyone has received, nor has a need for the Direct Connect feature, so these staff have been issued the Samsung M400.

Cell phone plans and usage will remain the same for the new phones, which means, no texting or emailing is allowed on cell phones.

Online device user guides can be located at I:\PUBLICATIONS\Operations\Cell Phone Info\Cell Phone Guides.

Additional information about the hospitals switch to Sprint cell phones includes:



With Sprint’s Nextel network scheduled to shut down at the end of this month, staff assigned Nextels have been in the process of exchanging them for new Sprint phones, similar to the ones above.

- Most of the hospital will have migrated by June 7. If you haven’t heard about exchanging your Nextel device by June 14, contact Facilities Services at 5-2845.

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State Hospital Review Panel, Risk Review Panel: Answers to some common questions

By Mickey Logan, J.D.
Director of Legal Affairs

OSH staff often contact the Legal Affairs Office with questions regarding the roles of the State Hospital Review Panel (SHRP) and the Risk Review Panel (RRP). Below you'll find general information for some of the most common questions. For more specific questions, please feel free to contact our office.

What is the State Hospital Review Panel (SHRP)?

In 2011, legislation created two tiers of offenders who are found guilty except for insanity: "tier one" offenders are under the jurisdiction of the Psychiatric Security Review Board (PSRB), and "tier two" offenders are under the jurisdiction of the Oregon Health Authority's State Hospital Review Panel (SHRP) while they are in the hospital.

SHRP is a five-person panel consisting of a psychiatrist, a psychologist, a probation officer, an attorney and a member of the general public. Panel members are selected by the director of the Oregon Health Authority based on their qualifications and objectivity and appointed to one-year terms.

SHRP is responsible for determining if and when a tier two patient is able to live successfully in the community under conditional release or discharge. After a "tier two" offender is conditionally released by SHRP, jurisdiction transfers to the PSRB for monitoring and supervision in the community.

Who is "tier one" and who is "tier two"?

Tier one offenders are individuals whose offenses were:

- (a) Aggravated murder as defined in ORS 163.095;
- (b) Attempt or conspiracy to commit aggravated murder as defined in ORS 163.095;
- (c) Murder as defined in ORS 163.115;
- (d) Attempt or conspiracy to commit murder as defined in ORS 163.115;
- (e) Manslaughter in the first degree as defined in ORS 163.118;

(f) Manslaughter in the second degree as defined in ORS 163.125;

(g) Assault in the first degree as defined in ORS 163.185;

(h) Assault in the second degree as defined in ORS 163.175;

(i) Kidnapping in the first degree as defined in ORS 163.235;

(j) Kidnapping in the second degree as defined in ORS 163.225;

(k) Rape in the first degree as defined ORS 163.375;

(L) Rape in the second degree as defined in ORS 163.365;

(m) Sodomy in the first degree as defined in ORS 163.405;

(n) Sodomy in the second degree as defined in ORS 163.395;

(o) Unlawful sexual penetration in the first degree as defined ORS 163.411;

(p) Unlawful sexual penetration in the second degree as defined ORS 163.408;

(q) Sexual abuse in the first degree as defined in ORS 163.427;

(r) Robbery in the first degree as defined in ORS 164.415;

(s) Robbery in the second degree as defined in ORS 164.405;

(t) Arson in the first degree as defined in ORS 164.325;

(u) Using a child in a display of sexually explicit conduct as defined in ORS 163.670;

(v) Compelling prostitution as defined in ORS 167.017; or

(w) Aggravated vehicular homicide as defined in ORS 163.149.

Tier two offenders are individuals whose offenses are not listed above.



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State Hospital Review Panel, Risk Review Panel: Answers to some common questions

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How do individuals under PSRB or SHRP jurisdiction get discharged?

For an individual to be fully discharged (as opposed to conditionally released) so that he or she is no longer under anyone's jurisdiction, the evidence must establish that the individual: (1) does not have a qualifying mental illness; (2) does not present a substantial danger to others when his or her illness is active; or (3) if he or she does present a substantial danger to others, the dangerousness is not because of his or her mental illness. Note that the statute states that an individual whose mental illness is in a state of remission is still considered to have a mental illness.

How do individuals under PSRB or SHRP jurisdiction get conditionally released?

ORS 161.351(3) states that, "[i]n determining whether a person should be committed to a state hospital or secure intensive community inpatient facility, conditionally released or discharged, [PSRB and SHRP] shall have as their primary concern the protection of society."

Thus, for an individual to be conditionally released from the hospital, the PSRB and SHRP must determine that any risks presented by the individual have been managed while at the hospital and can continue to be managed in the community.

At an individual's conditional release hearing, the most critical evidence needed is how an individual's risks have been addressed. For example, if there is insufficient evidence demonstrating how an individual's sexual offending risks have been addressed, the individual will not be conditionally released.

With this in mind, interdisciplinary team (IDT) members can best assist their patients to be conditionally released by having a thorough understanding of:

- What caused their patient to come to the hospital;
- The conclusions of the various clinical

assessments; and,

- What is needed for the patient's risks to be mitigated and managed.

In addition, everything regarding the patient's treatment and recovery should be well-documented. PSRB and SHRP cannot simply assume that the risks have been addressed. The evidence and exhibits presented to the PSRB and SHRP must support a conditional release; if there is insufficient evidence, the patient will not be conditionally released.

What is Risk Review's role?

The hospital's Risk Review Panel (RRP) plays a critical role in helping patients and IDTs prepare for eventual discharge through PSRB or SHRP. The RRP is not intended to be the "bad cop" to the IDT's "good cop"; it is a neutral body that reviews the IDT's submission and the patient's progress. Requests should not be moved to the RRP unless the IDT believes that the necessary work has been done and documented showing that risk have been addressed. The RRP is instrumental in two ways:

1. The RRP hears proposals for privileges; and
2. The RRP hears proposed conditions for release.

The RRP speaks for the hospital on matters of whether or not risk has been sufficiently modified to proceed. That means the RRP hearings should be used as opportunities to help patients and IDTs prepare for the eventual PSRB or SHRP hearing that will decide whether a patient is ready for conditional release. The sooner that IDTs identify risk factors that may adversely affect their patient's recovery and help the individual decrease those risks and develop plans for managing any remaining risks, the better the likelihood of the patient gaining a conditional release.

If you have questions about the role of the Legal Affairs Department, please contact Legal Affairs Director Micky Logan at 503-947-2937 or micky.f.logan@state.or.us.

OSH rolls out new 24-hour Nursing unit report

By Bobby Van Scoyck, Manager
Centralized Staffing Office

One of the hospital's most important tools for ensuring continuity of care is the Nursing unit report. These daily reports are completed by nursing staff from each unit and summarize that day's noteworthy actions, such as admissions, discharges, leaves, hospital transfers, failing lists, seclusions and restraints, psychiatric emergencies, medical emergencies and infection control issues.

These reports are a particularly important resource for interdisciplinary team members, because they ensure each member is getting the same information and helps the team monitor the progress of their patients.

However, for these reports to be effective, they must be concise, consistent and easy to read. To that end, a rapid process improvement (RPI) work team began meeting last year to examine the various processes being used by different units to complete the reports and design a standardized process that would be used hospital-wide.

On May 5, following nine months of comprehensive testing that included two separate pilot programs, the new 24-hour Nursing report form and process was rolled out.

After nearly a month of use, the new report format is providing numerous benefits.

- While the form is standardized, it was designed in a way that allows each program some flexibility to meet its unique needs.
- The format of the report is helping Nursing administrative staff prioritize information that is distributed during huddles.
- The new report is aligned with the hospital's existing policy and procedures.
- Due to the report's user-friendly format, staff can now review a unit's daily events at a glance.

The entire process leading up to the new report was an excellent example of staff from throughout the hospital coming together to make a positive change at OSH that

directly improves our ability to meet our patients' needs.

The RPI work team would like to offer a special thank you to our pilot units. The success of this project is due to the time and feedback of the staff from the following units: Anchor 2, Lighthouse 3, Leaf 1, Tree 2, Bridge 2, Butterfly 2, Butterfly 3, P1A, P6A and the treatment malls.

For more information on OSH's new 24-hour Nursing unit report, please contact Centralized Staffing Office Manager Bobby Van Scoyck at 503-947-2324, or roberta.vanscoyck@state.or.us.

Nextel conversion: Your new Sprint cell phone

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- Should you have a concern about the new type of device you received due to HIPAA concerns (i.e. appropriate use of a camera phone), please contact Facilities Services at 5-2845.
- Facilities Services has received complaints about dropped calls and dead zones throughout the hospital with new cell phones. The department has installed mini towers to help boost the signal. In addition, Sprint will be making improvements during the course of the next six months as they eliminate Nextel devices and are able to allocate bandwidth to new cell phones.

Now that the transition to the new Sprint cell phones is nearly complete, Operations Director John Hamilton would like to thank Operations Support Specialist Vicki Bosik "for spearheading the project and for working tirelessly to insure that all staff phone needs were met."

If you still have questions or would like more information about the Nextel conversion, please contact Vicki Bosik at 503-945-8877 or victoria.l.bosik@state.or.us.

Parting shots: Around OSH



The 11th annual NW NAMI Walk was held May 19 at Portland's Vera Katz Eastbank Esplanade. For the third year in a row, Team OSH led the way as the top fundraising team. Sporting tie-dyed, '60s-themed t-shirts, 94 OSH employees, family members and friends walked in this year's event raising \$12,342 for the National Alliance of Mental Illness of Oregon. Congratulations to Team OSH!



On May 14, five OSH staff were among the 35 graduates of the 2012-2013 DHS/OHA Leadership Academy. Congratulations to (from left) Nichole Wirth, Portland Treatment Mall Manager; Dena Alawaj, Trails Treatment Mall Nurse Manager; Nichole Bathke, Transition Manager; Will Newbill, Ph.D., Chief of Psychology; and Michelle Swanger, Director of Occupational Therapy.



Author Jane Kirkpatrick discussed her latest novel, "One Glorious Ambition," during a museum-hosted event in the Kirkbride gym on May 25. Her book examines the life of Dorothea Dix, a 19th-century American activist for people with mental illness, combining historical accuracy with the narrative of a woman who recognized suffering when others turned away. For more information on upcoming events sponsored by the OSH Museum of Mental Health, please visit their website at <http://oshmuseum.org>.



Oregon Health Authority Director Bruce Goldberg, M.D. (seated at right), poses with Vocational Services staff (from left) Bryan Baker (seated), Scott McCord, Dominic vanLith, and Penny VanSanten, after purchasing two Adirondack chairs and table May 16. The furniture was handmade by OSH patients as part of our Vocational Services program, and can be purchased by contacting either Scott at 503-932-8067 or Penny at 503-932-8018.

OSH Education and Development Department (EDD): June classes

For more information about these classes, call 503-945-2876.

June 2013				
Monday	Tuesday	Wednesday	Thursday	Friday
<p>3</p> <p>New Employee Orientation Day 1 Leadership Room, #342</p> <p>ProACT Refresher for 13/20 shift: 7:30 a.m. - 9 p.m. Integrity Room, #344</p> <p>My Avatar for Psychiatrist Computer Lab, #310</p> <p>*BLS CPR Part 2</p>	<p>4</p> <p>New Employee Orientation Day 2 Leadership Room, #342</p> <p>ED Day: 8 a.m. - noon Integrity Room, #344</p> <p>My Avatar for Psychiatrist Computer Lab, #310</p>	<p>5</p> <p>New Employee Orientation Day 3 Leadership Room, #342</p> <p>Nursing Orientation Partnership Room, #308</p> <p>My Avatar for Psychiatrist Computer Lab, #310</p> <p>CMA Pharmacology: 1 - 5 p.m. Service Excellence Room, #306</p>	<p>6</p> <p>New Employee Orientation Day 4 Leadership Room, #342</p> <p>Avatar for LPN/RN Computer Lab, #310</p> <p>LEAN Overview: 8 a.m. - noon Service Excellence Room, #306</p> <p>Motivational Interviewing Step 1: 8:30 a.m. - 3 p.m. Integrity Room, #344</p>	<p>7</p> <p>New Employee Orientation Day 5 Leadership Room, #342</p> <p>My Avatar for CSO: 7 - 10 a.m. Computer Lab, #310</p> <p>My Avatar for Psychiatrist: 11 a.m. - 5 p.m. Computer Lab, #310.</p> <p>Attachment, Trauma & Emotional Regulations: 1 - 4:30 p.m. Service Excellence Room, #306</p>
<p>10</p> <p>New Employee Orientation Day 6 Leadership Room, #342</p> <p>ProACT Refresher for Operational Staff: 8 a.m. to 5 p.m. Integrity Room, #344</p> <p>Avatar for non-clinical staff: 8 a.m. - noon Computer Lab, #310</p> <p>My Avatar Training: noon - 5 p.m. Computer Lab, #310</p>	<p>11</p> <p>New Employee Orientation Day 7 Computer Lab, #310</p> <p>ProACT Refresher Day : 8 a.m. - 5 p.m. Integrity Room, #344</p>	<p>12</p> <p>ProACT Refresher Day 2: 8 a.m. - noon Integrity Room, #344</p> <p>Nursing Orientation Service Excellence Room, #306</p> <p>Trauma Informed Care: 8:30 a.m. - noon Leadership Room, #342</p> <p>*BLS CPR Part 2</p>	<p>13</p> <p>ProACT Refresher Day 1: 8 a.m. - 5 p.m. Integrity Room, #344</p> <p>Avatar for LPN/RN Computer Lab, #310</p> <p>Volunteer/Contractor Orientation: 8:30 a.m. - noon Partnership Room, #308</p> <p>Professional Boundaries: 1 - 5 p.m. Service Excellence Room, #306</p> <p>*BLS CPR Part 2</p>	<p>14</p> <p>ProACT Refresher Day 2: 8 a.m. - noon Integrity Room, #344</p> <p>Avatar Training Group Notes: 8 - 10 a.m. Computer Lab, #310</p> <p>My Avatar Training: 1 - 5 p.m. Computer Lab, #310</p>
<p>17</p> <p>New Employee Orientation Day 1 Leadership Room, #342</p> <p>ED Day 8 a.m. - noon Integrity Room, #344</p> <p>Ethics for ACP: 3 - 5 p.m. Integrity Room, #344</p> <p>My Avatar: 8 a.m. - 5 p.m. Computer Lab, #310</p>	<p>18</p> <p>New Employee Orientation Day 2 Leadership Room, #342</p> <p>ED Day: 8 a.m. - noon Integrity Room, #344</p> <p>Shield Usage & Protocol: 1:30 - 3 p.m. Partnership Room, #308</p>	<p>19</p> <p>New Employee Orientation Day 3 Leadership Room, #342</p> <p>Learning Styles: 8:30 a.m. - noon Integrity Room, #344</p> <p>ACL Training: 1 - 5 p.m. Integrity Room, #344</p>	<p>20</p> <p>New Employee Orientation Day 4 Leadership Room, #342</p> <p>Motivational Interviewing Step 2: 8:30 a.m. - 3 p.m. Integrity Room, #344</p>	<p>21</p> <p>New Employee Orientation Day 5 Leadership Room, #342</p> <p>ProACT Refresher for 13/20 staff: 7:30 a.m. - 9 p.m. Integrity Room, #344</p>
<p>24</p> <p>New Employee Orientation Day 6 Leadership Room, #342</p>	<p>25</p> <p>New Employee Orientation Day 7 Computer Lab, #310</p> <p>ProACT Refresher Day 1: 8 a.m. - 5 p.m. Integrity Room, #344</p> <p>Nursing Leadership - Communications: 8 a.m. - 5 p.m. #342 Leadership Room, #342</p> <p>Contraband/Yard-Room Search Training: 8 a.m. - noon Service Excellence Room, #306</p>	<p>26</p> <p>ProACT Refresher Day 2: 8 a.m. - noon Integrity Room, #344</p> <p>Nursing Orientation Leadership Room, #342</p> <p>Generations: 1 - 4:30 p.m. Integrity Room, #344</p> <p>Behavioral Emergency Equipment Refresher: 1 - 5 p.m. EDD Lab, #312</p> <p>*BLS CPR Part 2</p>	<p>27</p> <p>ProACT Refresher Day 1: 8 a.m. - 5 p.m. Integrity Room, #344</p> <p>FPS Nursing Orientation Partnership Room, #308</p> <p>Nursing Leadership - Communications: 8 a.m. - 5 p.m. Leadership Room, #342</p>	<p>28</p> <p>ProACT Refresher Day 2: 8 a.m. - noon Integrity Room, #344</p> <p>Avatar for RN/LPN Computer Lab, #310</p> <p>ED Day 1-5 p.m. Integrity Room, #344</p> <p>Motivational Interviewing Step 3: 1 - 5 p.m. Leadership Room, #342</p> <p>*BLS CPR Part 2</p>

* To register for BLS CPR Part 2, please contact Diana Marshall at diana.l.marshall@state.or.us.