

Special points of interest:

- Incident Management Hotline
- Safety Care Tidbit
- Noticed by the Gnome
- Taking Flight
- ECRH Jobs List

"It's a funny thing about life; if you refuse to accept anything but the best, you very often get it."

W. Somerset Maugham

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<u>Georgia Department of</u> Behavioral Health & Developmental Disabilities



VOLUME 12, ISSUE 15

FEBRUARY 15, 2016

East Central Regional Hospital

<u> Clinical Director's Corner - Dr. Vicky Spratlin</u>

Happy Belated Valentine's Day! I hope everyone received expressions of love yesterday and continues to receive them throughout the year. Love and affection are paramount to leading a happy life. St. Valentine knew this and defied an order banishing all marriages. He was a priest who continued to marry



couples in secret. For this good deed(s), he was executed on February 14, 278 (AD). In celebrating on the day of his death, we celebrate his life.

Black History Month

In February, we also celebrate the lives of many others who died doing the right thing. February is, of course, Black History month. There have been many detractors, (of all races), who say there should be no black history month because black history <u>IS</u> history. I agree that history is made up of persons of all religions, races, ideologies, and both

genders. Equality, however, among the various groups has not (and unfortunately is still not) always been the case. Therefore, why not single out the fabulous achievements of African Americans, especially when most of what we celebrate was accomplished during times of unparalleled racism. In fact, maybe we should have Women's History Month, Hispanic History Month, Chinese History Month, Native American History Month, LGBT History Month, and even Those With Mental Illness/Intellectual Disabilities Month. We are a country made up of countless groups of people, but until we no longer see our differences as more important than our similarities, we need Black History Month as well as other celebrations of those who defied the odds and the prejudices to do great things for our country.

Changing gears, I would like to recognize two of ECRH's best:

Deloris Grant (who Matt McCue dubbed General Grant, then promoted her to President Grant), without whom no CMS plan of correction would ever have been completed. Deloris is returning to her previous job as Administrative Assistant to the Associate RHA for Gracewood. This is her second term in office.

(Continued on page 2)

Tidbits of ECRH History

Tidbits contributor Brian Mulherin is currently in the hospital. ECRH sends it's best wishes and prayers to Brian and his family for a speedy and complete recovery. We miss you Brian.

ECRH also wishes to express our condolences to the family of Sam Pursley. Mr. Pursley was the former Farm Director and Cottage Life Director at Gracewood and Administrator of Georgia Regional Hospital-Augusta.



Front Row(L-R): Nancy Okeyp, LPN; Margaret William, LPN; Shante Wells, LPN

Back Row(L-R): Vontegius Burnett, Program Assistant; Maria Ortiz, Vehicle Driver; Jackson Bush, LPN

WELCOME

Clinical Director's Corner - Dr. Vicky Spratlin

(Continued from page 1)

Gisela Rosa-Administrative Assistant to the Clinical Director (that's me)-Gisela has done such a great job of keeping things running smoothly even when I have been out with a knee injury and parental health issues.

I will close by recognizing Brian Mulherin, our "un-employee" of the century. After a long and wonderful career at ECRH, Brian has been a tireless volunteer, logging more hours than some of our full time folks. Please join me in offering your thoughts and prayers to Brian and his family during his time of illness.



The many faces of Brian Mulherin at ECRH

Employee of the Month - January



RHA Paul Brock, Amanda Brooke, and Ranita Keener.

Ms. Brooke is a joy to work with as she always has a smile and a positive attitude. She is very eager to work with our individuals and with any issues the Treatment Team identifies. The Treatment Team enjoys working with her because of her attitude and her determination to follow through. It's truly wonderful to see how our individuals respond to Ms. Brooke.

Not only does she go above and beyond for her individuals, but she does so with a positive attitude and she really promotes putting the individuals first. She has definitely impacted the lives of the individuals on Forensics I in a very positive way.

Congratulations to Amanda Brooke for being our January Employee of the Month.

Infection Control - Zika Virus

Zika virus is spread to people through mosquito bites. The most common symptoms of Zika virus disease are fever, rash, joint pain, and conjunctivitis (red eyes). The illness is usually mild with symptoms lasting from several days to a week. Severe disease requiring hospitalization is uncommon.

Outbreaks of Zika have occurred in areas of Africa, Southeast Asia, the Pacific Islands, and the Americas. Because the Aedes species mosquitoes that spread Zika virus are found throughout the world, it is likely that outbreaks will spread to new countries. In December

2015, Commonwealth of Puerto Rico reported its first confirmed Zika virus case. Local vector-borne transmission of Zika has not been reported elsewhere in the United States, but cases of Zika have been reported in returning travelers.

Zika virus and pregnancy

Zika virus can be spread from a pregnant woman to her unborn baby. There have been reports of birth defects and other poor pregnancy outcomes in babies of mothers who were infected with Zika virus while pregnant. Until more is known, CDC recommends special precautions for the following groups:

- Pregnant women should consider postponing travel to the areas where Zika virus transmission is ongoing.
 Pregnant women who must travel to one of these areas should talk to their doctor or other healthcare professional first and strictly follow steps to avoid mosquito bites during the trip. Until we know more, if your male sexual partner has traveled to or lives in an area with active Zika virus transmission, you should abstain from sex or use condoms the right way every time you have vaginal, anal, and oral sex for the duration of the pregnancy.
- Women trying to become pregnant should consult with their healthcare professional before traveling to these areas and strictly follow

Scientists at CDC and the Pan American Health Organization are working with public health experts in Brazil and other affected countries to investigate the possible link between Zika virus infection and microcephaly.

For more information please visit: http://www.cdc.gov/media/dpk/2016/dpk-zika-virus.html

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Pharmacy Update

Hazardous Drugs



Which may be used at East Central Regional Hospital:

1. Antineoplastic drugs with manufacturers' safe handling guidance:

Hydroxyurea (Hydrea) Megestrol (Megace) – Liquid Methotrexate (Rheumatrex) Tamoxifen (Nolvadex)

- 2. Non-antineoplastic drugs that meet one or more of the NIOSH criteria for a hazardous drug including those with manufacturers' safe handling guidance (MSHG):
 - Azathioprine (Imuran)

Medroxyprogesterone acetate (Provera)

Mycophenolate mofetil (Cellcept)

Progesterone (Prometrium)

Estrogens (Premarin = Conjugated Estrogens; Estrace = Estradiol)

3. Non-antineoplastic drugs that primarily have adverse reproductive effects:

Dutasteride (Avodart) Finasteride (Proscar) Misoprostol (Cytotec)

Medication Administration and Standard Precautions – Nursing utilizes standard precautions prior to, during, and after medication administration of hazardous medication (e.g., washes/sanitizes hands before setting up medications, wears gloves during administration, washes/sanitizes hands after administration, discards safety needles uncapped in approved sharps container immediately after giving injection, etc.). Refer to Medication Administration Policy 03-553.

The list of hazardous drugs will be updated periodically as new drugs are added to the NIOSH website.





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Pharmacy Update



According to DBHDD Policy 03-530 – "Management of Medication Brought to a State Hospital", the <u>Individual</u> <u>must consent to the disposal of his/her personal medications</u> on the "Individual Consent for Disposal of Medication Form" (Attachment B), <u>before the medications can be destroyed</u> by the Pharmacy.

L Individual Consent For Dis File Edit View Window	sposal of Medication Brought To State Hospital (version 11-03-14).pdf - Adobe Acrobat Pro Help			
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	Individual's Consent Decision: (initials) Yes, I consent to disposal of this medication. The reason(s) why my physician recommends that the medication identified above should be returned to me upon discharge have been described to me, and I have had the opportu- to discuss this with my physician. (initials) No, I do not consent to disposal of this medication, and I request that it returned to me. The reason(s) why my physician recommends that the medication identified above should be returned to me. The reason(s) why my physician recommends that the medication identified above should be returned to me have been described to me, and I have had the opportunity to discuss the with my physician. I fully understand that my doctor does not recommend that this medication be returned to me upon discharge. Date Individual's Signature	nity be not nis		Î
	Date			18 C
F	Physician's Signature			
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<u>Pharmacy Update</u>



Medication Administration in DBHDD Hospitals, 03-553 Multi-dose vials:



A. Medication Room

- 1. The medication room is kept clean, neat, and orderly.
- 2. Medications:
 - Multi-dose medication containers (e.g., vials, bottles and tubes) are kept closed to prevent contamination and to ensure liquids will not evaporate or spill and creams and ointments will not dry out.
 - Re-label multi-dose vials with a revised expiration date of 28 days once the multi-dose vial is opened or rubber diaphragm is pierced or punctured. If the manufacturer's original expiration date is shorter than the revised expiration date, then the shorter date must be used. If sterility is questioned or compromised, the multi-dose vials should be discarded regardless of the date.

Management of Standard Unit Inventory, 03-429 Multi-dose vials:

A. Expiration Guidelines

- 1. All multiple dose containers, Nitroglycerin Sublingual tablets, Liquids, Suspensions, and Concentrates are good until the expiration date printed on the container or written on the container as may be directed by the manufacture. These do not require dating when opening.
 - a. For all multi-dose injectable medications and multi-dose pens that have been opened or accessed (either by needle-puncture or removal of the vial cap), a revised expiration date of 28 days must be attached to the vial as provided in <u>Medication Administration in DBHDD Hospitals</u>, 03-553. The vial or pen must be discarded within 28 days unless the manufacturer specifies a different (shorter or longer) date for that opened vial.
- 2. Glucose Meter Control Solution is good for 90 days.

Date Vial Opened	
Date Vial Expires	
Discard After 28 Days	



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Pharmacy Update

MEDICATION WARNING LABELS (Policy 03-432)

HIGH RISK – HIGH ALERT MEDICATIONS (ICAN = Insulin, Clozapine, Anticoagulants and Narcotics/Opiates)

HIGH RISK/ ALERT MEDICATION DOUBLE CHECK DOSAGE AND CALCULATION

HAZARDOUS DRUGS

(Hydroxyurea, Megestrol Liquid, Methotrexate, Tamoxifen, Azathioprine, Medroxyprogesterone acetate, Mycophenolate mofetil, Progesterone, Estrogens, Dutasteride, Finasteride, Misoprostol)



LOOK-ALIKE – SOUND-ALIKE MEDICATIONS (See Policy 03-432 Attachment B)



Quality Management - The Joint Commission

ECRH Elopement Precaution Awareness



"Wait! Watch! Report!"



- <u>WAIT</u> to see if the doorway is clear of individuals before entering/exiting. Refraining from entering/exiting when individuals are transporting in the same area is encouraged.
- WAIT to ensure that doors are secured behind you when entering/exiting.

Watch!

- <u>WATCH</u> individuals who are elopement risks by history, expressing to leave, constant observation of exits, desire for objects outside of their assigned areas, aggression triggers and etc.
- <u>WATCH</u> for triggers in the environment, weak points, windows, gates, locks, doors and ensure that they are all in good repair.

Report!

- <u>REPORT</u> to unit management and treatment team for review of treatment plan, identification of antecedents and review of observation levels, as warranted.
- <u>REPORT</u> any lost keys immediately. Conduct unit search, as warranted.
- <u>REPORT</u> any safety concerns immediately.

DID YOU KNOW?

- <u>Elopement (A37)</u>: Elopement is defined as occurring when an individual is not accounted for and is off the hospital grounds.
- <u>Elopement attempt (A38)</u>: Individual is attempting to leave hospital grounds or staffs' supervision when on or off grounds, or is not present where expected to be, but remains on the grounds of the facility.



HR Partners

ECRH Human Resources Team Doug Fine - HR Manager

Elaine Biley – HR Generalist/Operations Manager– Oversees HR Operations, Payroll/Kronos, and Personnel Records Management. Assist with Leave-keeping Issues/Audits, Benefits, Management Training, Workers' Compensation program and Special Projects

Rhonda Vivor – Employee Relations Specialist – Coordinates Employee Relations including: employee/manager issues and concerns, HR Investigations, Grievances, Unemployment, Performance Management, Management Training and EAP information, oversees criminal background process.

Ron Watson Recruiter – Oversees the local Recruitment Process: Maintains/updates job vacancy website. Coordinates Resume Review, Phone Screens, Reference Checks, Selection/New Hire Processing, HR Training, and supports Criminal Background Process

Brenda Fedrick --- Benefits and Leave Coordinator - Coordinates and assists with: Employee Benefits, Leave of Absences LOA), Family and Medical Leave (FMLA), Retirement, HR Training

Bonita Wilson --- Benefits and Leave Coordinator Coordinates and assists with: Employee Benefits, Leave of Absences (LOA), Family and Medical Leave (FMLA), Retirement, HR Training

Melanie Harris- Recruitment Technician- Coordinates and assists with: Selection/New Hire Processing, Hire Packet Processing Pre-Employment Processing and HR Training. Assists and supports the Recruiter as a back-up as needed. Facilitates Criminal Background Check Process

Dameka Garner – HR Transactions and Payroll Specialist - Coordinates Payroll and Transactions, Kronos, HR Training, Performs audits and special projects.

Nadine Williams – HR Transactions and Payroll Specialist – Coordinates Payroll and Transactions, Kronos, HR Training, Performs audits and special projects.

Sharyle Courtney-Garrett – HR Assistant 2 – Critical Hire Coordinator, Drug Screening Coordinator, Employment Verifications, Out-Processing, Staffing and compensation research and reporting. Assistant to the HR Manager.

Chiquita Young - Workers' Compensation Coordinator

Vacant – HR Assistant - Manages the HR Front Desk/Lobby Area, Assistant to the HR Team and HR Manager, Faithful Service Awards

Human Resources Department ECRH Main Office Telephone Number- 706-792-7177 Main Office Fax Number 706-792-7328 Office: Gracewood Campus Building 103-A



HR Partners - Employee Assistance Program



Policy Reminders:

Professional Licensure (DBHDD/HR Policy #22-2001)

All employees in positions which require licenses) including driver's licenses), certificates or registrations are responsible for ensuring these documents are current. Employees are responsible for renewing required licenses, certificates or registrations, as necessary. Failure to obtain or maintain valid licenses, certificates or registrations is a basis for separation of employment. Please review this policy via <u>https://gadbhdd.policystat.com</u>.

Mid-Point/Interim Performance Management Reviews (DBHDD/HR Policy #22-701)

Managers/Supervisors are expected to conduct at least 1 mid-point/interim review during the performance plan year (*July 1 to June 30*). This is typically done at the mid-point in the plan year, which would be now. You should follow the guidelines in the Performance Management Policy #22-701. For a copy of this policy, and any other HR policies, please visit: http://gadbhdd.policystat.com, or see your supervisor. Managers/Supervisors, you can move forward and start conducting your reviews now.

Leave of Absences Update (LOA)

Attention Managers:

Please contact Bonita Wilson or Elaine Biley HR when an EE has been or plans to be out for **three or more work days**. We will need to evaluate the situation to see if a Leave of Absence (LOA) is needed. Once an employee is placed on an approved LOA, **ALL medical documentation should be routed to and received in HR** and communication should coordinated via Bonita or Elaine.

If you have an employee that is out of work/missing work due to a Workers Compensation incident please make contact with Chiquita Young, Workers' Comp Coordinator **immediately**.

Any employee that is out of work for medical reason (s) requires a **Return to Work Release** and this information must be received and reviewed by HR prior to the employee returning to work/duty. If there are any

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HR Partners

(Continued from page 10)

questions about an employee's return, and to coordinate their return, please contact Bonita Wilson or Elaine Biley.

Team Georgia Self-Service: Access your Team Georgia account to do the following: address change, change W-4 or GA-\$, change banks or account numbers for Direct Deposit, look at your leave balances, view your paycheck, review your performance evaluations (PMFs / MRFs), update your educational achievements, change your email address of record. Note: Name changes require a visit or a phone call to HR.

Safety Shop

In March 2008, a historic EF-2 tornado tore a 6-mile path through the heart of downtown Atlanta, severely damaging many landmark buildings including the Georgia World Congress Center, CNN Center and the Georgia Dome. The next day, two people were killed and hundreds of structures were damaged when another tornado touched down, cutting a 16-mile swath through rural Polk, Floyd and Bartow counties. In March 2007, a record 21 tornadoes touched down in east, middle and south Georgia. The storms left nine people dead, nearly 100 injured, and hundreds of millions of dollars in damage. The 143-bed Sumter Regional Hospital in Americus took a direct hit from a violent EF-3 tornado with winds of up to 165 mph. The tornado that hit the hospital was a mile wide and cut an astounding 38-mile path through Webster, Sumter and Macon counties.

Tornadoes are nature's most violent storms. They can appear without warning and be invisible until dust and debris are picked up or a funnel cloud appears. Be prepared to act quickly. Planning and practicing specifically how and where you take shelter is a matter of survival. Tornadoes can occur at any time of the year, making advance preparation vitally important.

Prepare for a Tornado

- Familiarize yourself with the terms that are used to identify a tornado hazard.
- A tornado watch means a tornado is possible in your area.
- A **tornado warning** means a tornado has been spotted in your area, and you need to take shelter immediately.
- Determine in advance where you will take shelter in case of a tornado warning. Storm cellars or basements provide the best protection.
- Here at ECRH we have a plan in place to let you know what to do in case of severe weather. It is in the Emergency Operation Plan(EOP) it's called the Severe Weather Annex.

Plan to Take Shelter

- If local authorities issue a tornado warning or if you see a funnel cloud, take shelter immediately.
- Stay in the shelter location until the danger has passed.

Stay Informed

- Local authorities may not immediately be able to provide information on what is happening and what you should do. However, you should listen to <u>NOAA Weather Radio</u>, watch TV, listen to the radio or check the Internet often for official news and instructions as they become available.
- After a tornado, be sure to remain out of damaged buildings and stay clear of downed power lines.
- Help injured or trapped people. Check on others who may require special assistance, such as the elderly, children and people with disabilities.



Hospital Security - Vehicle Registration

Employees are reminded that all personal vehicles parked on our campuses must be registered and must display ECRH parking decals as per the hospital Security Management Plan. Citations are issued for failing to display parking decals and corrective action may result.

Decals, as well as temporary parking permits for short term use, are issued at Gracewood Campus Building 13 and at the Augusta Campus Gatehouse, and are available on a 24/7 basis. If an officer is not present at the moment, simply call and we will be happy to accommodate you.

E.C.R.H. 001531

Safety Care Tidbit - Engineer Your Environment

It is important to remember that anything has the potential to be a dangerous object or substance and It's not possible to create a therapeutic setting that is completely free of both. However, by limiting access to items that have therapeutic value (i.e., tools, sports equipment, arts and craft materials and even utensils), but that could potentially be used to harm self or others and removing/securing items considered unsafe we can try to create an area that is both therapeutic and safe.

Examples of dangerous objects could include arts and craft supplies, office supplies, eating utensils, radios, frozen beverage bottles, cleaning equipment and sporting goods equipment. While examples of dangerous substances, could include mouth wash, hand sanitizer, cleaning products and home improvement products.



Noticed by the Gnome - December

During the month of January, 2016, we received 17 nominations for our employees to be Noticed by the Gnome. A big THANK YOU goes out to these employees and to those who took the time to recognize the good work that was being done by others.

Dr. Holly Tabernik Tara Gilliam Gemmot Cox Deloise Perkins Bill Carter Elizabeth Hanson Demerital McNeil Esta Cox Patricia Christian Lisa Clayton Myra Wright Gabriel Few

Hikair Wills Diana Clark Dion Blount Nicole Holloman Melissa Simpkins



"I just wanted you to know that the staff who work in the Warehouse are awesome. They all have a friendly and positive attitude. They are young, but strong on spirit and an example of how we all should conduct ourselves."

"I would like to publically thank our 3 amazing Work Therapists on the Augusta Campus: Bill Carter, Elizabeth Hanson, and Demerital McNeil. They each have unique strengths that contribute to making our Work Therapy Program the best that it can be."

"I would like to recognize the ladies in Central Supply they are always working hard to make sure our individuals have the best supplies on the market. These ladies will go out of their way to help you find any piece of equipment or needed supply."

"Gemmot Cox and Deloise Perkins, Program Assistants on Forensics 2/ Step Down, worked hard and fast to make sure that our Kronos was ready for me to approve before 11am, which was well before the deadline at 12noon for my approval. Their hard work made my attendance at a scheduled meeting that I was sure I was going to have to miss possible. I so much appreciate how well they work for me and together to get deadlines met. I couldn't do all I do without them."

"I would like to recognize Ms. Tara Gilliam from 76-5. One of the individuals was upset while waiting on trays to arrive, and began to cry. Ms. Gilliam stopped what she was doing and comforted her until she (the individual) stopped crying."

"Dr. Tabernik goes above and beyond to assist team and non-team members to navigate the complex legal issues which arise from serving individuals on the Forensics Units. She always offers to assist other teams and team members whenever she can. Thank you Dr. Tabernik for your commitment and helpful spirit."

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DD Services

ECRH Incident Management Hotline Procedure

The purpose of this Hotline is to establish an alternate means of reporting incidents in a timely manner. The Hotline is to be utilized by any employee, contractor, family member, visitor and volunteer that may feel uncomfortable reporting an incident or allegation of abuse, exploitation or neglect in person. This is an alternate reporting system and by no means will it replace the current protocol outlined in the IM Policy.

Hotline Number:

(706) 945-7150



this process.

auestions.

PRIDE IN PLACE - It Starts with Me

"If you change the way you look at things, the things you look at change." - Wayne Dyer

Our Role in Protecting Our Individuals from Harm





























Training at a Glance - February

Class	Date	Time	Place
NEO Principles of Recovery	2/16/2016	9:30 a.m10:30 a.m.	BLDG 103-D E&R
EMR Nursing	2/16/2016	8:00 a.m1:30 p.m.	BLDG 103-C Room C-18
NEO PBS Training	2/16/2016	8:00 a.m12:00 p.m.	BLDG 20 Gracewood
Ostomy DD Training	2/16/2016	12:30 p.m4:30 p.m.	BLDG 103-C Lab
CPRC	2/16/2016	8:00 a.m12:00 p.m.	BLDG 103-C Room C-23
Updated PNS Professional	2/16/2016	8:00 a.m10:00 a.m. 10:00 a.m12:00 p.m.	BLDG 103-C Lab
Updated Seizure Management	2/16/2016	1:00 p.m2:30 p.m. 3:00 p.m4:30 p.m.	BLDG 103-C Room C-23
Updated Safety Care Level #2	2/16/2016 2/17/2016	8:00 a.m4:30 p.m. 8:00 a.m12:00 p.m.	BLDG 99B
NEO Infection Control and Preven- tion+Handwashing	2/17/2016	9:00 a.m10:30 a.m.	BLDG 103-D E&R
DD-Incident Management Annual	2/17/2016	7:30 a.m9:30 a.m. 9:30 a.m11:30 a.m. 12:30 p.m2:30 p.m. 2:30 p.m4:30 p.m. 4:30 p.m6:30 p.m.	Bldg. 103-C, C-23 Bldg. 103-C, C-23 Bldg. 20, Gracewood Bldg. 20, Gracewood Bldg. 103-D, E&R
Updated PNS End User	2/17/2016	8:00 a.m9:00 a.m. 9:00 a.m10:00 a.m. 10:00 a.m11:00 a.m.	BLDG 103-C Lab
NEO Safety Care Level #1	2/18/2016 2/19/2016	8:00 a.m4:30 p.m. 8:00 a.m12:00 p.m.	BLDG 99F
NEO Safety Care Level #2	2/18/2016 2/19/2016 2/22/2016	8:00 a.m4:30 p.m. 8:00 a.m4:30 p.m. 8:00 a.m12:00 p.m.	BLDG 99L
DD-Incident Management Annual	2/18/2016	7:30 a.m9:30 a.m. 9:30 a.m11:30 a.m. 12:30 p.m2:30 p.m. 2:30 p.m4:30 p.m.	Bldg. 20, Gracewood Bldg. 20, Gracewood Bldg. 20, Gracewood Bldg. 20, Gracewood
First Aid	2/18/2016	8:00 a.m12:00 p.m.	BLDG 103-C Room C-23
CPRA	2/18/2016	1:00 p.m4:30 p.m.	BLDG 103-C Room C-23
Infection Control and Prevention+ Handwashing	2/18/2016	8:00 a.m9:30 a.m. 10:00 a.m11:30 a.m.	BLDG 103-D E&R
Defensive Driving	2/19/2016	8:00 a.m2:30 p.m.	BLDG 103-C Room C-23
DD-Incident Management Annual	2/19/2016	7:30 a.m9:30 a.m. 9:30 a.m11:30 a.m. 12:30 p.m2:30 p.m. 2:30 p.m4:30 p.m.	All will be in BLDG 103-D E&R
CPRC	2/22/2016	8:00 a.m12:00 p.m.	BLDG 103-C Lab

Training at a Glance - February

Class	Date	Time	Place
Updated PNS End User	2/22/2016	8:00 a.m9:00 a.m.	Bldg. 103-D, E&R
-		9:00 a.m10:00 a.m.	
		10:00 a.m11:00	
		a.m.	
DD-Incident Management Annual	2/22/2016	7:30 a.m9:30 a.m.	Bldg. 20, Gracewood
6		9:30 a.m11:30 a.m.	Bldg. 20, Gracewood
		12:30 p.m2:30 p.m.	Bldg. 20, Gracewood
		2:30 p.m4:30 p.m.	Bldg. 20, Gracewood
NEO CPRA	2/23/2016	8:00 a.m11:30 a.m.	BLDG 103-C
			Room C-23
NEO CPRC	2/23/2016	8:00 a.m12:00 p.m.	BLDG 103-C
			Lab
NEO First Aid	2/23/2016	12:30 p.m4:30 p.m.	BLDG 103-C
			Room C-23
Infection Control and Preven-	2/23/2016	8:00 a.m9:30 a.m.	Bldg. 103-D, E&R
tion+Handwashing		10:00 a.m11:30	
		a.m.	
Updated Seizure Management	2/23/2016	1:00 p.m2:30 p.m.	Bldg. 103-D, E&R
opaatoa oolza o managomoni		3:00 p.m4:30 p.m.	2.ag. 100 27 2an
DD-Incident Management Annual	2/23/2016	7:30 a.m9:30 a.m.	Bldg. 20, Gracewood
	2/23/2010	9:30 a.m11:30 a.m.	Bldg. 20, Gracewood
		12:30 p.m2:30 p.m.	Bldg. 20, Gracewood
		2:30 p.m4:30 p.m.	Bldg. 20, Gracewood
Updated Safety Care Level #2	2/23/2016	8:00 a.m4:30 p.m.	BLDG 99L
	2/24/2016	8:00 a.m12:00 p.m.	
NEO Medical Emergency Response	2/24/2016	8:00 a.m12:00 p.m.	BLDG 103-D
System	2/24/2010	0.00 a.m 12.00 p.m.	E&R
NEO Seizure Management	2/24/2016	12:30 p.m2:30 p.m.	BLDG 103-D
NEO Seizure Management	2/24/2010	12.30 p.m2.30 p.m.	E&R
Updated Safety Care Level #1	2/24/2016	8:00 a.m2:30 p.m.	BLDG 99B
Updated PNS Professional	2/24/2016	8:00 a.m10:00 a.m.	BLDG 103-C
opuated PNS Professional	2/24/2010	10:00 a.m12:00	Lab
			Lab
CPRA	2/24/2016	p.m. 8:00 a.m11:30 a.m.	BLDG 103-C
CPRA	2/24/2010	8:00 a.m 11:30 a.m.	
	2/24/201/	12.20 1.20	Room C-23
First Aid	2/24/2016	12:30 p.m4:30 p.m.	BLDG 103-C
	0 /0 / /001 /	7.00.000.000	Room C-23
DD-Incident Management Annual	2/24/2016	7:30 a.m9:30 a.m.	Bldg. 20, Gracewood
		9:30 a.m11:30 a.m.	Bldg. 20, Gracewood
		12:30 p.m2:30 p.m.	Bldg. 20, Gracewood
		2:30 p.m4:30 p.m.	Bldg. 20, Gracewood
NEO Observation of Individual to Ex	2/25/201/	4:30 p.m6:30 p.m.	Bldg. 103-D, E&R
NEO Observation of Individual to En- sure Safety	2/25/2016	8:00 a.m10:30 a.m.	BLDG 103-D E&R
NEO Seclusion and Restraint	2/25/2016	1:30 p.m4:30 p.m.	BLDG 103-D
	2/23/2010	1.30 p.m4.30 p.m.	E&R
Updated Safety Care Level #1	2/25/2016	8:00 a.m2:30 p.m.	BLDG 99B
Updated Safety Care Level #2	2/25/2016	8:00 a.m4:30 p.m.	BLDG 99L
	2/26/2016	8:00 a.m12:00 p.m.	

Training at a Glance - February

Class	Date	Time	Place
DD-Incident Management Annual	2/25/2016	7:30 a.m9:30 a.m.	Bldg. 20, Gracewood
		9:30 a.m11:30 a.m.	Bldg. 20, Gracewood
		12:30 p.m2:30 p.m.	Bldg. 20, Gracewood
		2:30 p.m4:30 p.m.	Bldg. 20, Gracewood
NEO Therapeutic Incentive Program	2/26/2016	8:30 a.m10:00 a.m.	BLDG 103-D
			E&R
First Aid	2/26/2016	8:00 a.m12:00 p.m.	BLDG 103-C
		-	Room C-23
CPRA	2/26/2016	1:00 p.m4:30 p.m.	BLDG 103-C
			Room C-23
DD-Incident Management Annual	2/26/2016	7:30 a.m9:30 a.m.	Bldg. 20, Gracewood
Ũ		9:30 a.m11:30 a.m.	Bldg. 20, Gracewood
		12:30 p.m2:30 p.m.	Bldg. 20, Gracewood
		2:30 p.m4:30 p.m.	Bldg. 20, Gracewood
Updated Safety Care Level #2	2/27/2016	8:00 a.m4:30 p.m.	BLDG 99L
(Weekend)	2/28/2016	8:00 a.m12:00 p.m.	
NEO PNS Professional	2/29/2016	8:00 a.m12:00 p.m.	BLDG 103-C
		_	Lab
NEO PNS End User	2/29/2016	12:30 p.m4:30 p.m.	BLDG 103-D
			E&R
Updated Safety Care Level #2	2/29/2016	8:00 a.m4:30 p.m.	BLDG 99L
	3/1/2016	8:00 a.m12:00 p.m.	
DD-Incident Management Annual	2/29/2016	7:30 a.m9:30 a.m.	Bldg. 20, Gracewood
5		9:30 a.m11:30 a.m.	Bldg. 20, Gracewood
		12:30 p.m2:30 p.m.	Bldg. 20, Gracewood
		2:30 p.m4:30 p.m.	Bldg. 20, Gracewood
Updated Safety Level #1	2/29/2016	8:00 a.m2:30 p.m.	BLDG 99B

Unit designated scheduler should e-mail all CPR and First Aid requests to Rodriegus P. Gardner and all other class requests to Runtha Giddens.

Check DBHDD University for training needs and information.

Classifieds



2BR, 1BA House

Monthly Rent: \$550.00

Deposit: \$550.00

Application fee: \$45.00

Available: 03/15/2016

No indoor/house pets

References Required

Location: 1948 Williams Drive (off Old Louisville Rd.), Augusta GA 30906

Condition: Newly remodeled, ceramic tile, new windows, fenced yard, central heating & air system

Contact (706) 840-4409 or (706) 840-4139 for additional information.

Published Twice Monthly



Paul Brock

Matt McCue

Clinical Director Mickie Collins

REGIONAL HOSPITAL Serving Georgia's citizens since 1921 **Our Mission** The mission of East Central Regional Hospital is to provide safe, competent and compassionate services to persons with mental illness and/or developmental disabilities. **Our Vision** The vision of our Facility is to be a center of excellence in the provision of comprehensive, **Regional Hospital Administrator** responsive and compassionate care for consumers and their families. **Our Values** Interim Associate Regional East Central Regional Hospital is caring and therefore, responsive to our consumers, their Hospital Administrator, Gracewood families, stakeholders and our employees through commitment to our core values: Dr. Vicky Spratlin ntegrity Communication & Collaboration **Chief Operating Officer** Augusta Campus Accredited **A**ccountability 3405 Mike Padgett Highway by Augusta, Georgia 30906 The Joint Commission **R**ecognition through Relationships **Gracewood Campus** 100 Myrtle Boulevard Empowerment through Excellence Gracewood, Georgia 30812 Harold "Skip" Earnest ***** Editor/Photographer **Campus Marquees** ◀ ◀ DBHDD Vision and Mission ◀ Deadline for submission of 4 MARCH MESSAGES Mission

ST CENTRA

Items for publication must be submitted in written form. The upcoming issue's deadline is February 22, 2016. All articles and notices submitted for publication in the East Central Regional Hospital Bulletin are subject to editorial discretion. Please contact the Bulletin editor if you have questions regarding editorial decisions.

Kristen Burdett

Publisher

NOTICE

Vision and independence for the people we serve





DBHDD

February 22, 2016

Submit information to Skip Earnest

Gracewood Campus

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◀

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◀

Extension 2102

(Information must be submitted on or before the indicated date to be placed on Marquees for the following month.)

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FR-1228379.1-0615-0717

ECRH Jobs List

	For further information regarding these positions, ple	ase go to the DBHDD webpage at www.dbhddjobs.com.
A	ctivity Therapist - ECRH Forensics Treatment Mall - Days 198544	Laundry Worker - ECRH - 69995

Activity Therapy Leader - ECRH Camellia Unit - 69154	Licensed Practical Nurse (LPN) - Gracewood Campus
Activity Therapy Leader - Gracewood Campus	Licensed Practical Nurse (LPN) - Augusta Mental Health Campus
Assistant Housekeeping Director	Licensed Practical Nurse - Hourly/Part-time - Gracewood Campus
Auditor - Social Work	Licensed Practical Nurse - Hourly/Part-time -Augusta Campus
Behavioral Health Counselor - ECRH PBS Team - 193820	LPN - Gen Mental Hith - 7a-3:30p
Behavioral Health Counselor - ECRH Treatment Mall	LPN - Infection Control - ECRH 8am-5pm
Clerical Worker - MHS Admissions - Parttime 8:00p-4:30a	Maintenance Craftsman, General Trades - ECHR - 70750
Client Support Worker - Community Integration Home - 11PM - 7:30AM -	Maintenance Worker - 1st Shift
<u>181464</u>	Mechanic Foreman - ECRH Plant Operations - 70748
<u>CNA - ECRH Camellia - 69505</u>	Medical Records Info Tech - ECRH - 76412
<u>CNA - ECRH SNF - FT 3rd Shift - 69639</u>	Medical Technologist
CNA Lead - ECRH Camellia 11pm - 7:30am - 69899	Medical Technologist
Corporal - ECRH Hospital Security - 70799	Motor Vehicle Operator
Counselor - Group Facilitator	Nurse Manager - Gracewood Campus
Dental Assistant	Nurse Practitioner - Skilled Nursing Facility
Dental Assistant 2 - ECRH - 68888	Office Manager Switchboard - Hospital Operations - 68836
Dentist - Gracewood Campus 7:30am - 4:00pm	Operations Analyst - Accounting or Finance - ECRH - 68990
Director of Clinical Information Systems	Painter
<u>Electrician</u>	Pharmacy Technician - ECRH - 69048
Food Service Operations Worker 1	Program Assistant - Admissions - 12:00p-8:30p
Food Service Operations Worker 2/Senior	Program Assistant - Admissions - 2nd Shift
Food Service Supervisor (2 Open Positions)	Program Assistant - Admissions - 70756
Food Service Supervisor - ECRH - 70105	Program Assistant - ECRH Nursing - Redbud 69714
General Trades Craftsman	Program Assistant - Forensic Treatment Mall - FT Days
Groundskeeper - ECRH - 1st Shift - 208498	Program Assistant - Redbud Unit - Gracewood Campus
Group Facilitator/Counselor - AMH Mall	Program Associate - ECRH - SNF Camellia - 208391
Health Service Technician 1 - Augusta Mental Health Campus	Psychiatric Nurse Practitioner - Augusta Mental Health Campus
Health Service Technician 1 - Gracewood Campus	Psychologist - Forensic Outpatient
Health Services Technician 2 - Augusta Mental Health Campus	Registered Nurse (RN) -Gracewood Campus
Health Services Technician 2 - Gracewood Campus	Service Director/Charge Nurse
Housekeeper - ECRH - 70171	Shift Supervisor - Augusta Campus - 3rd Shift
Housekeeping Team Leader	Shift Supervisor - Augusta Mental Health Campus - 1st Shift
Houseparent	Shift Supervisor - Gracewood Campus
HR Assistant - ECRH - 74397	Shift Supervisor Developmentally Disabled - ECRH Redbud 3rd shift - 69925
HVAC Repair Technician - ECRH Plant Operations - 70740	Skilled Utility Worker
Instructor 1 - ICF/MR Treatment Mall -ECRH	Steam Plant Operator
Laboratory Services Worker (part time hourly)	Vehicle Operator
Laundry Supervisor - ECRH - 70200	Work Instructor 1 - Gracewood Campus
Laundry Worker - ECRH - 69933	tore instructor re-ordeentood odinpds

Issue 64

January 2016

Taking Flight

A Briefing from Project GREAT Georgia Recovery-Based Educational Approach to Treatment

A RECOVERY STORY -Meet Reverend Susan

Reverend Susan Gregg-Schroeder is a pastor in a California church. In 1991, she began feeling anxious and was experiencing most of the symptoms of major depression, though she did not understand that at the time. She even considered taking her own life. When she finally sought help, she was scared. What would her colleagues think of her? Would she be able to continue her work as a pastor?

Feeling alone and ashamed, Susan isolated herself, which further increased her feelings of worthlessness. After speaking with the senior pastor at her church, Susan decided to share her story with her congregation. Susan was met with an outpouring of support and understanding. Now that Susan had removed the invisible barrier known as "stigma," members of her congregation felt free to come to her with stories of how mental health challenges have impacted their own lives. Susan's decision to share her story with her congregation allowed her congregation to seek support and guidance from her, and it allowed her congregation to provide Susan with the understanding and support that she needed to heal.

healing are those we put up ourselves. For those in recovery from mental illness, the thought of sharing their personal story with others can seem daunting and frightening – the thought of putting oneself "out there," to be exposed to the judgement of others, is quite understandably intimidating. They have to risk the possibility of being shunned to see if, instead, they find empathy and understanding. However, this is easier when there is a reasonable expectation that the community will be supportive and receptive to the disclosure.

Research indicates that interactions between people who are living in recovery from mental illness and the community go a long way toward reducing the stigma surrounding mental health challenges. To reduce stigma long-term, people with lived experiences must continue to share their stories. Moreover, communities must be prepared to support them with understanding and educational outreach efforts, which will in turn encourage more people to come forward by letting them know it is safe to do so.

See Reverend Susan's inspiring recovery story and others at http://www.eachmindmatters.org/stories/.

By Toni Merkey, Ph.D.

Learning Point

Reverend Susan Gregg-Shroeder's story helps us understand how, in some instances, the biggest obstacles to finding support and Corrigan, P. W., Kosyluk, K. A., & Rüsch, N. (2013). Reducing self-stigma by coming out proud. *American Journal Of Public Health*, 103(5), 794-800.

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