

Special points of inter-

Art Show Awards Program

Safety Care Tidbit

WRAP Seminar

ECRH Jobs List

What's in a Month

Blood drive Honor Roll

est:

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



VOLUME 12, ISSUE 16

FEBRUARY 29, 2016

(Continued on page 2)

### East Central Regional Hospital

### Tidbits of ECRH History

On Friday morning, February 19, 2016, Brian Mulherin passed away. On Sunday, February 21st, Bill Kirby's column in the *Augusta Chronicle* paid homage to Mr. Mulherin and Mr. Kirby has graciously allowed the *Bulletin* to reprint his column here. Thank you Mr. Kirby, for you have said it very well. We will miss you Brian.



Brian Mulherin had that great voice. The longtime Augustan who passed away Friday at age 92 leaves many good memories, but I can't forget the way he sounded.

Gracious. Warm. Unhurried. As smooth as something you'd spread on a biscuit.

His voice was so distinctive. I mention the latter because in 25 years, it was the only one Pat on our newsroom switchboard seemed to know without asking.

"He called and asked for you," she'd tell me as I came through the door, "...left a message on your desk phone."

She never had to tell me who "he" was.

"He" was Brian, and "he" was calling to thank me for something I'd done, or to offer a compliment for something I'd said.

Now here is the remarkable thing. The rare thing.

I don't know that over the past four decades he ever asked me for anything in return.

No favors. No requests to cover this or write up that. Just being nice. A true gentleman. A great friend.

He was just being Brian Mulherin, as if that was the easiest thing in the world, when we all know such behavior isn't.

I smile at the memory of the last time I saw him at a public function - the big *Augusta Magazine* party last fall at Sacred Heart Cultural Center.

Here was a man in his 90s, with his lovely wife Neita on his arm, introducing ma to people I might not know, but that he did.

Of course he did.

He knew everybody, and everybody knew him. He seemed to think it was his job - his mission - to connect us all to each other.

He was a master of such ceremonies.

*"Well done thou good and faithful servant."* 

Matthew 25:21



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# Tidbits of ECRH History

(Continued from page 1)

What a talent. What a gift. And what a résumé.

Brian Mulherin served Augusta like few before him. All those years as a leader at Georgia Regional Hospital and later a volunteer at Gracewood. All those years with the Augusta Red Cross. Years in the Army and the Reserves. All the public appearances and civic work. All those decades he served as a Santa Claus "helper". He started doing that in the 1950s, and later told a *Chronicle* reporter he wore out three Santa suits.

"It's something I enjoy doing because I like to make kids and their parents happy. It makes me happy to make them happy."

Who talks like that? Who acts like that?

Brian Mulherin did.

Now he is gone and our community is diminished.

At least it was blessed for 92 years by a singular gentleman who gave us a living example of how to take each day and treat each person with whom we come into contact.

We might not reach his level, but in trying, we will certainly make our town a better place, much as he did. Remarkable.

### Some pics of Brian from his 90th Birthday party and other functions.



## From the Desk of the RHA - Paul Brock



On February 1, East Central Regional Hospital had surveyors arrive on the Gracewood Campus for the ICF/IID Annual Recertification Survey. They arrived with a seven-member survey team, met with the RHA, Clinical Director, and Associate RHA and provided us with their overall two-week survey schedule. They immediately requested our individual roster along with their diagnosis. The surveyors completed environmental rounds on the day program, residential areas, and the laundry. Im-

Outstanding CMS Annual Recertification Survey

mediately following these rounds, the surveyors requested numerous reports including 12 months of Incident Reports, Fire Drills, along with identified lists of individuals requiring hospitalization, psychotropic medications, special observation levels, and adaptive equipment. Surveyors reviewed staff rosters, medication schedules, observed medication passes, and active treatment. Fire Marshall's arrived and completed a Life Safety Code review with the Safety Officer. During the second week, surveyors continued to conduct unit observations of medication passes, meal temperatures and deliveries. They conducted extensive chart reviews, evaluating progress notes, ISP goals and objectives, and even contacting family members to determine their level of satisfaction with the facility services.

Now, you may ask "why are you providing me with this level of detail?" The Executive Team believes it is imperative that each of you understand the level of inspection and thoroughness that was provided in the examination of the services that each of you provide daily to the individuals served. It also provides you with a deeper appreciation for the excellent service that was recognized by this survey team. At the conclusion of this extensive facility review, the survey team wanted to thank every one of you for your marvelous hospitality and for the outstanding care that each of you provide to our individuals. Special recognition was given to the Incident Management staff, Mr. Matt McCue, and the Dietary Services staff. Ms. Smith, RN, Survey Team Leader stated, "The (Continued on page 4)

### New Employees



Front Row(L-R): Pernell Rutledge, CNA; Annunetta Smith, HR Assistant; Samuel Scott, HST; Latraille Dixon, HST

Back Row(L-R): Dennis Mayhand, HST; Donald Powell, LPN; Cameron Hooks, HST; Charlene Moreland, LPN

Front Row(L-R): Ebony Lovett, LPN; She'eere White, HST; Joyce Richards, RN; Elizabeth Black, CNA

Back Row(L-R): Courtney Ramey, Housekeeping; A'Tonya Thomas, CNA; Melvin Jones, Laundry



# From the Desk of the RHA - Paul Brock

care provided to the individuals at Gracewood has vastly improved and it shows". Congratulations to each of you for contributing to the exceptional improvement in the continuity of care brilliantly reflected in this nine-day survey. Thank you all for the care you provide and for a job well done!

Sincerely, Paul Brock



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Annual Multi-Media Art Show Awards Program

27th



# When: March 2<sup>nd</sup> 2016

# Where: ECRH Gymnasium

# **Time: 10am - 12pm**

# Self Injurious Behavior

# SELF INJUR AWARENES DAY

March 1st

judge less, understand more.

### What is it?

Self-injury, also known as cutting or self-mutilation, occurs when someone intentionally and repeatedly harms herself/himself. The method most often used is cutting but other common behaviors include burning, punching, and drinking something harmful, like bleach or detergent.

It's estimated that about two million people in the U.S. injure themselves in some way. The majority are teenagers or young adults with young women outnumbering young men. They are of all races and backgrounds.

Self-Injury is also termed self-mutilation, self-harm or self-abuse. The behavior is defined as the deliberate, repetitive, impulsive, non-lethal harming of

one's self. Self-injury includes: 1) cutting, 2) scratching, 3) picking scabs or interfering with wound healing, 4) burning, 5) punching self or objects, 6) infecting oneself, 7) inserting objects in body openings, 8) bruising or breaking bones, 9) some forms of hair-pulling, as well as other various forms of bodily harm. These behaviors, which pose serious risks, may by symptoms of a mental health problem that can be treated.

• **Warning Signs.** Warning signs that someone is injuring themselves include: unexplained frequent injury including cuts and burns, wearing long pants and sleeves in warm weather, low self-esteem, difficulty handling feelings, relationship problems, and poor functioning at work, school or home.

• **Incidence & onset.** Experts estimate the incidence of habitual self-injurers is nearly 1% of the population, with a higher proportion of females than males. The typical onset of self-harming acts is at puberty. The behaviors often last 5-10 years but can persist much longer without appropriate treatment.

• **Background of self-injurers.** Though not exclusively, the person seeking treatment is usually from a middle to upper class background, of average to high intelligence, and has low self-esteem. Nearly 50% report physical and/or sexual abuse during his or her childhood. Many report (as high as 90%), that they were discouraged from expressing emotions, particularly anger and sadness.

• **Behavior patterns.** Many who self-harm use multiple methods. Cutting arms or legs is the most common practice. Self-injurers may attempt to conceal the resultant scarring with clothing, and if discovered, often make excuses as to how an injury happened.

• **Reasons for behaviors.** Self-injurers commonly report they feel empty inside, over or under stimulated, unable to express their feelings, lonely, not understood by others and fearful of intimate relationships and adult responsibilities. Self-injury is their way to cope with or relieve painful or hard-to-express feelings, and is generally not a suicide attempt. But relief is temporary, and a self-destructive cycle often develops without proper treatment.

• **Dangers.** Self-injurers often become desperate about their lack of self-control and the addictive-like nature of their acts, which may lead them to true suicide attempts. The self-injury behaviors may also cause more harm than intended, which could result in medical complications or death. Eating disorders and alcohol or substance abuse intensify the threats to the individual's overall health and quality of life.

Please visit for more information <u>http://www.mentalhealthamerica.net/self-injury</u>.

# Pharmacy Notes

# "Pharmacy for Nurses" Class:

ALL nurses are encouraged to attend the "Pharmacy for Nurses" class:

Gracewood Campus - Building 103B:

during New Employee Nursing Orientation

March 2, 2016 March 16, 2016 March 31, 2016

1:30pm – 2:30pm

Please contact Casandra Roberts or Adeola Oke in the Pharmacy for more information (ext. 2496)

# 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 <u>alternate</u> reporting system and by no means replaces the current protocol outlined in the Incident Management Policy.

# Hotline Number:



### PRIDE IN PLACE - It Starts with Me

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



# Safety Shop - Seatbelts

As we all know, it is a State law as well as a State policy that you and all of your occupants are to wear a seat belt while you are in a vehicle. I am still finding a lot of State vehicles that are in violation of the Transportation policy by occupants not wearing their seatbelts. **Citations will be given if you or your individuals are caught in a state vehicle not wearing seatbelts.** 

Below are some statistics of injuries or deaths related to not wearing your seatbelt. As you can see, the percentage of injury is very high. Think of it this way, would you drive a van load of toddlers around without having them seat belted in?

Be Safe and make sure to buckle up.



<u>HELP ME HELP YOU</u> make ECRH a safe place for our individuals, visitors, and staff. For safety related issues, contact Kenneth Hillman at 790-2400.

# **Occupational Health - Healthy Hearts**



Why do you need to keep a healthy heart? - Heart disease is the #1 cause of death in men and women, greater than the next five causes of death combined! According to the latest estimates by the American Heart Association, over 64 million Americans have one or more forms of cardiovas-cular disease (CVD).

There are ways to significantly lower your chances of developing heart disease and reverse the effects of a current heart condition you may or may not be aware of. Lower cholesterol, triglycerides, homocysteine, and CRP levels are a start to promoting healthy hearts. With a few lifestyle changes a heart healthy dist and exercise regiment you can maintain a healthy heart for life.

along with a heart healthy diet and exercise regimen, you can maintain a healthy heart for life!

**Risk Factors Heart Disease -** Learning the risk factors of heart disease is the first step towards lowering your chances of having a heart attack, stroke, or similar health condition. Although you may have a genetic predisposition, there are many dietary and lifestyle changes you can implement to not only reduce the risk, but actually reverse the damage of heart disease.

There are four blood indicators you need to be concerned with, and all are important risk factors for heart disease. The next time you get a blood test, insist that your doctor also check your triglycerides, homocysteine, and CRP levels in addition to your cholesterol...it could save your life!



**High cholesterol:** High cholesterol, specifically LDL, can clog your arteries and lead to a heart event. Interestingly, only 20% of your body's cholesterol comes from your diet...the other 80% is manufactured by your liver. So even if you follow a low cholesterol diet, you might still have high LDL, which is why you need to have your levels checked.

**Triglycerides:** Triglycerides, or fats, are directly influenced by what you eat, and are one of the major heart disease risk factors. Triglycerides thicken your blood, increasing the risk of clotting and blockage.

**Homocysteine:** An abnormal protein that can damage your arteries if not cleared out of your system properly. This risk of heart disease is caused by a lack of B Vitamins (Folic Acid, B6, B12) in your diet. Most of us get an ample supply of B Vitamins, and needn't worry too much about high homocysteine levels. However, vegetarians should be concerned about this condition.

**C Reactive Protein:** C Reactive Protein, known as CRP, is a measure of inflammation in the blood. Studies show that CRP is a very accurate predictor of future heart problems, and may double your chances of having a stroke. Anti-inflammatories can treat elevated CRP levels.

### Ways to Lower Your Risk of Heart Disease:

- 1. FOLLOW A HEART HEALTHY DIET Limit intake of trans fats and hydrogenated oils found in margarine, fast food, fried food, etc., Limit refined sugar intake from cakes, cookies, candy, etc., Use extra virgin olive oil and garlic in cooking - they can lower cholesterol, and Add Omega 3 Fatty Acids to your diet - the best source is Fish Oil.
- 2. EXERCISE REGULARLY Try to exercise 3-4 times per week, for at least a half hour at a time., keep your routine going, and start off slow always stretch before and after training., keep yourself hydrated/ rest between sets.
- 3. LEAD A HEALTHY LIFESTYLE- You should also try to do the following: stop smoking / avoid second hand smoke, limit intake of alcohol excessive alcohol can deplete your body's supply of vitamins and other nutrients., reduce stress and anxiety, keep your weight within recommended limits.

(Continued on page 9)

# **Occupational Health - Healthy Hearts**

(Continued from page 8)

4. KEEP TABS ON THE (4) BLOOD INDICATORS OF DEVELOPING HEART DISEASE - Make sure you get tested for increased cholesterol, triglycerides(fat), homocysteine and C Reactive Protein levels, and follow protocols to reduce if elevated.

Information Taken From: healthy-heart-guide.com



# Safety Care Tidbit - Differential Reinforcement

Differential Reinforcement (DR) is a way to reinforce positive behavior instead of challenging behavior. If we do that then the challenging behavior will probably happen less often.

### How to use DR

Identify and define the specific challenging behavior Praise and reinforce the individual when not engaged in the challenging behavior. Withhold attention and reinforcement when the individual is engaged in challenging behavior.

### Ways of Delivering DR

**Continuous DR**: When one staff person stays with one individual to provide reinforcement and praise when the challenging behavior is not happening, even for just a few seconds.

**Random DR**: When we catch an individual or several individuals not engaged in the challenging behavior we provide praise and reinforcement.

**Structured DR**: When expectations are set and reinforcers are identified for individuals. As the individual meets the expectation (goal) he/she will then receive the reinforcer (i.e., stickers, personal time, TIP points or any other item/activity that the individual may value, that was previously identified). Schedules, point sheets and checklists can help the individual to keep track of the expectations (goal) and the reinforcers.



# Training at a Glance - March

Class	Date	Time	Place
NEO Principles of Recovery	3/1/2016	9:30 a.m10:30 a.m.	BLDG 103-D E&R
Updated Safety Care Level #1	3/1/2016	8:00 a.m2:30 p.m.	BLDG 99F
MH-Incident Management Annual	3/1/2016	1:00 p.m2:30 p.m.	All will be in
C C		3:00 p.m4:30 p.m.	BLDG 99L
CPRC	3/1/2016	8:00 a.m12:00 p.m.	BLDG 103-C
			ROOM C-23
DD-Incident Management Annual	3/1/2016	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 Seizure Management	3/1/2016	1:00 p.m2:30 p.m.	BLDG 103-C
		3:00 p.m4:30 p.m.	Room C-23
NEO Infection Control and Preven-	3/2/2016	9:00 a.m10:30 a.m.	BLDG 103-D
tion+Handwashing			E&R
MH-Incident Management Annual	3/2/2016	8:00 a.m10:00 a.m.	
-		10:00 a.m11:30 a.m.	All will be in
		1:00 p.m2:30 p.m.	BLDG 99L
		3:00 p.m4:30 p.m.	
EMR Nursing	3/2/2016	8:00 a.m1:30 p.m.	BLDG 103-C
			Room C-18
NEO PBS Training	3/2/2016	8:00 a.m12:00 p.m.	BLDG 20
			Gracewood
DD-Incident Management Annual	3/2/2016	7:30 a.m9:30 a.m.	Bldg.103-C, Lab
		9:30 a.m11:30 a.m.	Bldg.103-C, Lab
		12:30 p.m2:30 p.m.	Bldg. 20 Gracewood
		2:30 p.m4:30 p.m.	Bldg. 20 Gracewood
		4:30 p.m6:30 p.m.	BLDG 103-D E&R
Ostomy DD Training	3/2/2016	12:30 p.m4:30 p.m.	BLDG 103-C Lab
First Aid	3/2/2016	8:00 a.m12:00 p.m.	BLDG 103-C
			Room C-23
CPRA	3/2/2016	1:00 p.m4:30 p.m.	BLDG 103-C
			Room C-23
Infection Control and Preven-	3/3/2016	1:00 p.m2:30 p.m.	BLDG 103-D
tion+Handwashing		3:00 p.m4:30 p.m.	E&R
NEO Safety Care Level #1	3/3/2016	8:00 a.m4:30 p.m.	BLDG 99F
2	3/4/2016	8:00 a.m12:00 p.m.	
NEO Safety Care Level #2	3/3/2016	8:00 a.m4:30 p.m.	BLDG 99L
-	3/4/2016	8:00 a.m4:30 p.m.	
	3/7/2016	8:00 a.m12:00 p.m.	
CPRA	3/3/2016	8:00 a.m11:30 a.m.	BLDG 103-C
			ROOM C-23
First Aid	3/3/2016	12:30 p.m4:30 p.m.	BLDG 103-C
			ROOM C-23
Updated PNS Professional	3/3/2016	1:00 p.m3:00 p.m.	BLDG 103-C

# Training at a Glance - March

Class	Date	Time	Place
DD-Incident Management Annual	3/3/2016	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
Infection Control and Prevention+	3/4/2016	8:00 a.m9:30 a.m.	BLDG 103-C
Handwashing		10:00 a.m11:30 a.m.	Lab
DD-Incident Management Annual	3/4/2016	7:30 a.m9:30 a.m.	All will be in
-		9:30 a.m11:30 a.m.	BLDG 103-D E&R
		12:30 p.m2:30 p.m.	
		2:30 p.m4:30 p.m.	
Updated PNS End User	3/4/2016	1:00 p.m2:00 p.m.	BLDG 103-C
-		2:00 p.m3:00 p.m.	Room C-23
		3:00 p.m4:00 p.m.	
MH-Incident Management Annual	3/4/2016	8:00 a.m10:00 a.m.	All will be in
-		10:00 a.m11:30 a.m.	BLDG 103-C
			ROOM C-23
Updated Seizure Management	3/7/2016	8:00 a.m9:30 a.m.	BLDG 103-D
1 5		10:00 a.m11:30 a.m.	E&R
CPRC	3/7/2016	8:00 a.m-12:00 p.m.	BLDG 103-C
		<b>-</b>	ROOM C-23
Updated PNS Professional	3/7/2016	1:00 p.m3:00 p.m.	BLDG 103-C
	0, ,, 2010	3:00 p.m5:00 p.m.	Lab
MH-Incident Management Annual	3/7/2016	8:00 a.m10:00 a.m.	All will be in
	0/ // 2010	10:00 a.m11:30 a.m.	BLDG 103-C
			Lab
Updated Safety Care Level #2	3/8/2016	8:00 a.m4:30 p.m.	BLDG 99L
	3/9/2016	8:00 a.m12:00 p.m.	
Infection Control and Prevention+	3/8/2016	1:00 p.m2:30 p.m.	BLDG 103-D
Handwashing	5/0/2010	3:00 p.m4:30 p.m.	E&R
MH-Incident Management Annual	3/8/2016	8:00 a.m10:00 a.m.	
Min-Incluent Management Annual	3/ 8/ 2010	10:00 a.m11:30 a.m.	All will be in
		1:00 p.m2:30 p.m.	BLDG 99F
		3:00 p.m4:30 p.m.	
Updated PNS End User	3/8/2016	1:00 p.m2:00 p.m.	BLDG 103-C
opuated FNS End Oser	3/0/2010	2:00 p.m2:00 p.m.	Lab
		3:00 p.m4:00 p.m.	Lab
NEO CPRA	3/8/2016	8:00 a.m11:30 a.m.	BLDG 103-C
NEO CPRA	3/0/2010	8.00 a.m 11.30 a.m.	Room C-23
NEO CPRC	3/8/2016	9.00 a m 12.00 m m	BLDG 103-C
	3/8/2010	8:00 a.m12:00 p.m.	Lab
NEO First Aid	2/0/201/	12.20 mm 4.20 mm	BLDG 103-C
NEO First Aid	3/8/2016	12:30 p.m4:30 p.m.	
	0/0/001/		Room C-23
Updated Safety Care Level #1	3/9/2016	8:00 a.m2:30 p.m.	BLDG 99F
MH-Incident Management Annual	3/9/2016	8:00 a.m10:00 a.m.	All will be in
		10:00 a.m11:30 a.m.	BLDG 103-C
		1:00 p.m2:30 p.m.	Lab
		3:00 p.m4:30 p.m.	
First Aid	3/9/2016	8:00 a.m12:00 p.m.	BLDG 103-C
			Room C-23

# Training at a Glance - March

Class	Date	Time	Place
CPRA	3/9/2016	1:00 p.m4:30 p.m.	BLDG 103-C Room C-23
NEO Medical Emergency Response Sys- tem	3/9/2016	8:00 a.m12:00 p.m.	BLDG 103-C Room C-23
NEO Seizure Management	3/9/2016	12:30 p.m2:30 p.m.	BLDG 103-D E&R
MH-Incident Management Annual	3/10/2016	8:00 a.m10:00 a.m. 10:00 a.m11:30 a.m. 1:00 p.m2:30 p.m. 3:00 p.m4:30 p.m.	All will be in BLDG 99F
CPRA	3/10/2016	8:00 a.m11:30 a.m.	BLDG 103-C Room C-23
First Aid	3/10/2016	12:30 p.m4:30 p.m.	BLDG 103-C Room C-23
Defensive Driving	3/10/2016	8:00 a.m2:30 p.m.	BLDG 103-C Room C-23
Updated Safety Care Level #2	3/10/2016 3/11/2016	8:00 a.m4:30 p.m. 8:00 a.m12:00 p.m.	BLDG 99L
NEO Observation of Individual to Ensure Safety	3/10/2016	8:00 a.m10:30 a.m.	BLDG 103-D E&R
NEO Seclusion and Restraint	3/10/2016	1:30 p.m4:30 p.m.	BLDG 103-D E&R
NEO Therapeutic Incentive Program	3/11/2016	8:30 a.m10:00 a.m.	BLDG 103-D E&R
MH-Incident Management Annual	3/11/2016	8:00 a.m10:00 a.m. 10:00 a.m11:30 a.m. 1:00 p.m2:30 p.m. 3:00 p.m4:30 p.m.	All will be in BLDG 99F
Updated Safety Care Level #2 (Weekend)	3/12/2016 3/13/2016	8:00 a.m4:30 p.m. 8:00 a.m12:00 p.m.	BLDG 99L
NEO PNS Professional	3/14/2016	8:00 a.m12:00 p.m.	BLDG 103-C Lab
NEO PNS End User	3/14/2016	12:30 p.m4:30 p.m.	BLDG 103-D E&R
Defensive Driving MH-Incident Management Annual	3/14/2016 3/14/2016	8:00 a.m2:30 p.m. 1:00 p.m2:30 p.m. 3:00 p.m4:30 p.m.	BLDG 99F All will be in BLDG 103-C Room C-23
Updated Safety Care Level #2	3/14/2016 3/15/2016	8:00 a.m4:30 p.m. 8:00 a.m12:00 p.m.	BLDG 99L
MH-Incident Management Annual	3/15/2016	8:00 a.m10:00 a.m. 10:00 a.m11:30 a.m. 1:00 p.m2:30 p.m. 3:00 p.m4:30 p.m.	All will be in BLDG 99F
First Aid	3/15/2016	8:00 a.m12:00 p.m.	BLDG 103-C Room C-23
CPRA	3/15/2016	1:00 p.m4:30 p.m.	BLDG 103-C Room C-23
Updated Seizure Management	3/15/2016	1:00 p.m2:30 p.m. 3:00 p.m4:30 p.m.	Bldg. 103-D E&R

### VOLUME 12, ISSUE 16

# Out & About

# Red Cross Disaster Drill













# **Camellia Black History Celebration**



March 1	Amber K. Hayes	March 14	Rohelia E. Okeys
	Barbara A. Martin		John Douglas Pearson
March 2	Amanda C. Brooke		Thelma M. Ross
	Tracey L. Evans	March 15	Jeffrey W. Carson
	-		Ronald M. Watson
March 3	Milledge Tyler		Shameeka T. Webster
March 4	Tyandra D. Rackins Vincent B. Averhart	March 16	Nakia K. Graham
	Christine Rosetti Collins		Robyne Denise Jackson
	Kimberly J. Evans		Carletta Michelle Lewis
	Lola S. Hopkins	March 17	Nechelle O. Logan
	Erica Denise Williams	March 17	Tony Brooks
March 5	Jeanette Burdett		Chelsea M. Carson
March 6	Debra E. Chenault		Sequoia Elite Hatcher Graham
	Summer R. Steele		Stephanie M. Johnson
March 7	Dominique C. Gilchrist		Elizabeth C. Porter
	Vanessa M. Miller	March 18	Michelle Osborne
	Camerlitta M. Shooks-Berry		Danny J. Robinson
March 8	Malika J. Lodge	March 19	Stephanie N. Armand
	Bethany L. Nixon		Terri D. Hattaway
March 9	Jennifer L. Alexander	March 20	Paul Edward Benjamin
March 10	Yvonne M. Hicks		Chanda R. Coleman
	Geri Agneta Kemp		Nessie M. Davis
	Sara N. Rogers		Joyce Ann Gathers
	Jimmie Small		Omaira Estela Raiford
March 11	Claudia Marie Frazier		Annette Devoe Walker
	Michelle R. Furse		Velma H. Goodson
	Donald Lee Pyle	March 21	Nina M. Kemp
	Samuel Lee Scott III		Takisha N. Richburg
	Sherry Louise Wilson		Karen Walker
March 12	Steven L. Miller		Nancy A. McFerrin
March 13	Earnest W. Brown	March 22	Natalie M. Brinson
	Denise W. Echols		Freda M. Hughes
	Yolanda Jenkins		Annunetta Smith
	Nitarshi S. Landburg	March 23	Fannie P. Chester
	Delores W. Lewis		Kim D. Cunningham
March 14	Marvin Dunnom		Teresa A. Morgan
	Christina N. Hall		Deborah Deanne Gunnin
	Jayquan R. Lewis	March 24	Yolanda K. Evans
	Mattie Lou Lyons		Tracy D. Howard

# More March Birthdays

March 24	Ranardia Caroline Gaillard
March 25	Lawanda M. Collins
	Lizzie B. Henry
	Annie M. Hill
	Tina A. Landy
	Georgene Mashel Tolbert
	Victoria R. Walker
	Damien R. Willis
	Courtney Allison Moody
March 27	Jessica D. Garrison
	Joni Lee Gill
	Clarence O. Johnson III
March 28	Juanita Allen
	Erin M. Klosson
March 29	Marcus D. Callender
	Clara T. Jenkins
	Florence D. Townson
	Monica L. Wilson
March 30	Robert W. Adams
	Mary A. Bennett
	Shanica S. Boatner
	Carol Coleman-Dougherty
	Uzella Jackson
	Felicia Dubose Jenkins
	Cynthia Liller Doss
March 31	Alexander E. Brinson
	Kenya Dennison
	Tanaysa T. Green





A two day WRAP (Wellness Recovery Action Plan) seminar was held on February 17th & 18th. This two day training session is the training pre-requisite for attending the 5-day WRAP Facilitator training course.

The session reviews the key concepts for mental health recovery (hope, personal responsibility, education, self-advocacy, and support) and walks participants through the different components of WRAP. All sections of WRAP development (Wellness Toolbox, Daily Maintenance List, Triggers, Early Warning Signs, When Things are Breaking Down, Crisis, and Post Crisis Plans) are thoroughly reviewed. Additionally, this workshop presents and discusses other topics important in mental health recovery (including, but not limited to, selfesteem, peer support, work related issues, trauma, living space, and lifestyle

The instructors were Barry D. Jones, Denis Mack (not in picture), and Vanessa Dunton. The participates were Tamara Comb, Clayton Andrew, Charles Bickley, Pat Capers, and Loretta Ray.



## Thanks!

Thank you to Anthony Clarke for assisting Medical Records in getting items out of a water damaged room on the spur of the moment!



## Language Line Services

ECRH's Language Access Coordinator is Cindy White. The LAC ensures that both language and sensory impairment needs of the consumers and families of East Central Regional Hospital are addressed. Did you know that Spanish is the second most spoken language in the United States? East Central Regional Hospital has two certified staff that speak Spanish. The hospital contracts with Latin American Translators Network, Inc. (LATN) for interpreting services for both language and sensory impairment needs.

If you have a consumer or family that needs interpreting services please notify the Language Access Coordinator, Cindy White, at 706-792-7006 for assistance. After hours, contact the Admitting/Receiving staff at 706-792-7006 so that arrangements can be made for interpreting. You can also e-mail Cindy White at <u>Cynthia.White@dbhdd.ga.gov</u>.

The Notice of Free Interpretation Services should be posted in all public and consumer areas. Language Line services may be used in emergency cases or when you have an immediate need for interpreting. To access the language line, follow the instructions below:

### When receiving a call:

- 1. Tell the Limited English speaker to please hold.
- 2. Press the "Tap" button on the phone.
- 3. Dial 9-1- (866) 874-3972.
- 4. Enter on the telephone keypad or provide to the representative the 6 digit Client ID below: \* 6-digit Client ID: 5 1 3 3 0 8
  - \* Press 1 for Spanish
  - \* Press 2 for all other Languages (Speak the name of the language at the prompt) an interpreter will be connected to the call.

### You may press 0 or stay on the line for assistance.

- 5. Brief the Interpreter. Summarize what you wish to accomplish and give any special instructions.
- 6. Press "Tap" button to connect the Limited English speaker.

### When placing a call to a Limited English speaker, begin at Step 2 above.

### When a Limited English speaking person is present in the workplace:

- Use the Gold Language Identification Card showing the geographical region where you believe the limited speaker may come from. The message underneath each language says: "Point to your language. An Interpreter will be called. The interpreter is provided at no cost to you."
- 2. Refer to the Quick Reference Guide to access an interpreter through Language Line Services.
- 3. If unable to identify the language, the representative will help you.

For more information you may visit the Language Line Services website at www.languageline.com.

## What's in a Month?

## March is...

Irish American Month Music in Our Schools Month National Craft Month National Frozen Food Month National Nutrition Month National Peanut Month

### And...

March 1 National Pig Day Peanut Butter Lovers' Day March 2 Old Stuff Day March 3 If Pets Had Thumbs Day I Want You to be Happy Day National Anthem Day Peach Blossom Day March 4 **Employee Appreciation Day** Holy Experiment Day Hug a GI Day National Salesperson Day March 5 Multiple Personality Day March 6 Dentist's Day National Frozen Food Day March 7 National Crown Roast of Pork Day March 8 Be Nasty Day International Women's Day March 9 Panic Day March 10 Money Day Middle Name Pride Day Popcorn Lovers' Day March 11 Johnny Appleseed Day Worship of Tools Day March 12

Stop Smoking Day Girl Scouts Day Plant a Flower Day March 13 Ear Muff Day Jewel Day March 14 National Pi Day Learn About Butterflies Day National Potato Chip Day March 15 **Dumbstruck Day** Everything You Think is Wrong Day Ides of March Incredible Kid Day March 16 Freedom of Information Day Everything You Do is Right Day March 17 St. Patrick's Day Submarine Day March 18 National Agriculture Day Goddess of Fertility Day Supreme Sacrifice Day March 19 National Quilting Day Poultry Day March 20 International Earth Day **Extraterrestrial Abduction Day** Proposal Day St. Joseph's Day March 21

National Women's History Month

**Red Cross Month** 

Social Workers Month

**Umbrella Month** 

Noodle Month

Mirth Month

Hoops Madness Poetry Month Youth Art Month Ethics Awareness Month Help Someone See Month Kite Month

Fragrance Day Flower Day <u>March 22</u> National Goof Off Day <u>March 23</u> Melba Toast Day National Chip & Dip Day Near Miss Day <u>March 24</u>

Credit Card Reduction Day

National Chocolate Covered Raisin Day March 25

Pecan Day Waffle Day Good Friday

<u>March 26</u> National Spinach Day Make Up Your Own Holiday Day

> March 27 Easter National "Joe" Day

<u>March 28</u> Dyngus Day Something on a Stick Day

March 29 National Mom & Pop Business Owners Day

> Smoke and Mirrors Day <u>March 30</u> National Doctor's Day

I Am In Control Day Take a Walk in the Park Day

<u>March 31</u> Bunsen Burner Day National Clam on the Half Shell Day

### **East Central Regional**



Paul Brock

Regional Hospital Administrator

Matt McCue

Interim Associate Regional Hospital Administrator, Gracewood

Dr. Vicky Spratlin

**Clinical Director** 

**Mickie Collins** 

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Publisher

### NOTICE

Items for publication must be submitted in written form. The upcoming issue's deadline is March 8, 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. 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, responsive and compassionate care for consumers and their families.

### Our Values

East Central Regional Hospital is caring and therefore, responsive to our consumers, their families, stakeholders and our employees through commitment to our core values:

### ntegrity

**C**ommunication & Collaboration

**A**ccountability

**R**ecognition through Relationships

Empowerment through Excellence

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### **Campus Marquees**

Deadline for submission of

### APRIL MESSAGES

March 24, 2016

Submit information to Skip Earnest

Gracewood Campus

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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### DBHDD Vision and Mission

#### Vision Easy access to highquality care that leads to a life of recovery and independence for the people we serve

DBHDDD Mission Mission Leading an accountable and effective continuum of care to support Georgians with behavioral health challenges, and intellectual and developmental disabilities in a dynamic health care environment



Accredited

by



## Visit the Gracewood Post Office today and ask Frank Deas about renting a Post Office Box!





# ECRH Jobs List

# For further information regarding these positions, please go to the DBHDD webpage at www.dbhddjobs.com. Activity Therapist - ECRH Forensics Treatment Mall - 190769 Licensed Practical Nurse (LPN) - Gracewood Campus

Activity Therapist - ECRH Forensics Treatment Mall - Days 198544 Licensed Practical Nurse (LPN) - Augusta Mental Health Campus Activity Therapy Leader - ECRH Camellia Unit - 69154 Licensed Practical Nurse - Hourly/Part-time - Gracewood Behavioral Health Counselor - ECRH PBS Team - 193820 Campus Behavioral Health Counselor - ECRH Treatment Mall Licensed Practical Nurse - Hourly/Part-time -Augusta Campus Clerical Worker - MHS Admissions - Parttime 8:00p-4:30a LPN - Gen Mental HIth - 7a-3:30p Client Support Worker - Community Integration Home - 11PM -LPN - Infection Control - ECRH 8am-5pm 7:30AM - 181464 Maintenance Craftsman, General Trades - ECHR - 70750 CNA - ECRH Camellia 2nd Shift - 69505 Maintenance Worker - 1st Shift CNA - ECRH Camellia/SNF 1st Shift - 69200 Mechanic Foreman - ECRH Plant Operations - 70748 CNA - ECRH SNF - FT 3rd Shift - 69639 Medical Records Info Tech - ECRH - 76412 CNA Lead - ECRH Camellia 11pm - 7:30am - 69899 Motor Vehicle Operator Corporal - ECRH Hospital Security - 70799 Office Manager Switchboard - Hospital Operations - 68836 Custodial Services Worker (Part-time) - Laundry - 151853 Painter Dental Assistant 2 - ECRH - 68888 Pharmacy Technician - ECRH - 69048 Dentist - Gracewood Campus 7:30am - 4:00pm Program Assistant - Admissions - 2nd Shift **Director of Clinical Information Systems** Program Assistant - ECRH Nursing - Redbud 69714 Program Assistant - Forensic Treatment Mall - FT Days Food Service Supervisor - ECRH - 70105 Program Assistant - Redbud Unit - Gracewood Campus General Trades Craftsman Program Associate - ECRH - SNF Camellia - 208391 Groundskeeper - ECRH - 1st Shift - 208498 Psychiatric Nurse Practitioner - Augusta Mental Health Cam-Health Service Tech 1 - 7:00am - 3:30pm - Gracewood DDS Red-<u>pus</u> bud - 69450 Service Director/Charge Nurse Health Service Tech 1 - 3p - 11:30pm - Gracewood DDS Redbud -69184 Shift Supervisor - Augusta Campus - 3rd Shift Health Service Technician 1 - Adult Mental Health - 1st Shift Shift Supervisor - Augusta Mental Health Campus - 1st Shift Shift Supervisor - Gracewood Campus Health Service Technician 1 - Adult Mental Health - 2nd Shift Health Service Technician 1 - Augusta Mental Health Campus Shift Supervisor Developmentally Disabled - ECRH Redbud 3rd shift - 69925 Health Service Technician 2 Lead - Gracewood Camellia - 69493 **Skilled Utility Worker** Health Services Tech - 11:00pm - 7:30am - Gracewood DD Red-Social Worker, NonLicensed 2 - ECRH DD Services - 69508 bud Health Services Technician 2 - Augusta Mental Health Campus **Steam Plant Operator** Teacher - ECRH Forensic Treatment Mall - 68925 Housekeeper - ECRH - 70171 HVAC Repair Technician - ECRH Plant Operations - 70740 **Vehicle Operator** Instructor 1 - Intermediate Care Facility/MR Treatment Mall -Work Instructor 1 - Gracewood Campus 69061 Laundry Supervisor - ECRH - 70200 Laundry Worker - ECRH - 69933

Laundry Worker - ECRH - 69995