

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



VOLUME 12, ISSUE 22

MAY 31, 2016

East Central Regional Hospital

From the Desk of the RHA - Paul Brock

Special points of interest:

- Forms Updates
- Decubitus Skills Fair
- Out & About
- What's in a Month
- Taking Flight
- ECRH Jobs List

"Those who bring sunshine to the lives of others cannot keep it from themselves."

James Matthew Barrie

Inside this issue:

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Extension of DOJ Settlement Agreement

This month, Governor Nathan Deal and DBHDD Commissioner Frank Berry announced that the state of Georgia and the U.S. Department of Justice signed an extension agreement related to the 2010 settlement agreement. For the past six years, Georgia has invested notable resources in the improvement of services for individuals with behavioral health

and intellectual and developmental disability needs. Based upon findings by the Independent Reviewer appointed by the court to monitor the original settlement agreement, Georgia was in substantial compliance with a majority of the obligations set forth in the original 2010 settlement, and has made significant progress in the transformation of the intellectual and developmental disability service system. The extension agreement will allow DBHDD to continue supporting improvements to our statewide service delivery system, and is effective through June 30, 2018.

This extension is a reflection of the hard work of our dedicated team of health care professionals at ECRH working in conjunction with DBHDD leadership and community providers. It will allow ECRH to continue to maintain planning for individuals that are appropriate for community placement and to conduct these transitions at a reasonable pace, using comprehensive support waivers. ECRH will continue to serve individuals remaining in Gracewood providing each of them with the most integrated setting and services appropriate to their needs.

The extension agreement will require the DBHDD service regions to create a "high risk surveillance list" for the purpose of monitoring individuals with intellectual and developmental disability needs who are residing in the community. It also requires DBHDD to implement statewide clinical oversight, uniform support coordination, and enhancements to supported housing.

A summary of the extension agreement can be found below: https://dbhdd.georgia.gov/ sites/dbhdd.georgia.gov/files/related_files/site_page/Extension%20Agreement% 20Overview%205.18.16.pdf

Full text of the extension agreement:

https://dbhdd.georgia.gov/sites/dbhdd.georgia.gov/files/related_files/site_page/Dkt.% 20258%20Joint%20Motion%20to%20Enter%20Extension%20of%20Settlement% 20Agreement%205.18.20....pdf

> Sincerely, Paul Brock

VOLUME 12, ISSUE 22

New Employees



Front Row(L-R): Sharon Norris, HLPN; Akeyla Thomas, HST; Torie Strickland, CNA; Khala Thompson, CNA

Back Row(L-R): Kutisha Nelson, CNA; Alicha McNair, CNA; Carey Smith, Craftsman; Tyler Sheehan, Lifeguard



<u>Front Row(L-R)</u>: LaRhonda Williams, Food Service Worker; Shalunder Turner, Food Service Worker; Parris Parks, CNA; Tiffany Owens, Activity Therapist

Back Row(L-R): Bridget Parks, HST; Cameo Wilson-Coley, HST; Franklin Green, Food Service Worker; Dequan Hill, HST



Front Row(L-R): Tybrisha Bell, CNA; Anatasia Figiel-Gates, HST; Zedrick Ingram, HST; Angela Lowery, CNA

Back Row(L-R): Jesse Dantignac, Assistant Housekeeping Director; Lormar Kelsey, HST; Lawrence Bacote, Warehouse Worker; Robert Camanini, Jr., Craftsman



HR Partners

Recognizing Panic Disorder

Imagine you're safe at home, sitting comfortably in front of the TV when out of nowhere, you feel your heart rate accelerate, your breathing becomes erratic, and you experience true terror for no reason whatsoever. This is the experience of the panic sufferer.

People suffering from panic disorder may not be anxious all of the time. However, they do experience unanticipated "attacks" that recur after periods of normal functioning. These "attacks" are sudden, overwhelming periods of intense fear (panic attacks) that seemingly come out of nowhere. Quite often, a person suffering from a panic attack will believe he or she is suffering from a heart attack and dying.

COMMON SYMPTOMS

Typically beginning in the teens or early adulthood, common symptoms of panic attacks include shortness of breath, dizziness, heart palpitations, nausea, numbness or tingling, chest pain, a sense of "strangeness" or being detached from one's surrounding and fear of going "insane" or dying. The person suffering from panic disorder often develops anticipatory anxiety, tension and worry that the panic will happen again.

GETTING HELP FOR PANIC DISORDER

The key symptom of panic disorder is the persistent fear of having future attacks. If you or a family member suffers from repeated panic attacks, and especially if you have had a panic attack and are in continued fear of having another, these are signs that you should consider getting help from a mental health professional who specializes in panic and anxiety disorders. Most specialists agree that a combination of cognitive and behavioral therapies are the best treatment for panic disorder. Medication may also be appropriate in some cases.

If you or a family member needs help, call your Employee Assistance Program (EAP) for confidential counseling, referrals or information. EAP counselors are specially trained to help people get the right kind of help for panic disorder.

Why Do We Over-Commit?

Are there too many things on your calendar each day to get done? If your answer is "yes," you may be guilty of a common assumption made by many people, say researchers.

According to a study reported by the American Psychological Association, research reveals that people over-commit because we expect to have more time in the future than we have in the present. Of course, when tomorrow turns into today, we discover that we are too busy to do everything we promised. Keep this fact in mind. It will help you to better-plan your days and avoid unnecessary frustration.









HR Partners

(Continued from page 3)

THREE WAYS TO IMPROVE YOUR PRODUCTIVITY AT WORK

How can you improve your productivity and get more things done each day? Here are three strategies that can help:

1. Schedule your time for work – Be consistent. Don't do personal things when you are scheduled to work. Make a "To Do" list and prioritize your tasks. A list is most effective for those of us who need to consult a reference or see it in writing. When you have completed a task, cross it off your list. You'll get a real sense of completion and satisfaction as you see your list getting shorter and shorter.

2. Do the most-difficult, time-consuming, least-favorite job first – It may sound crazy but you'll be doing it when you have the most energy and motivation. If you tackle the toughest job first, the rest of your tasks will seem that much easier.

3. Don't allow yourself to get interrupted by other people's "emergencies" – How many times have you had your tasks and activities planned, so you could finally get caught up with your own work, and all day long other people keep coming to you with their last minute problems that only you can fix? You don't want to say no, you want to be a team player, but you have stuff to get done too, right? Remember, that being a team player also means respecting others' time and realizing that others have responsibilities too. If your co-workers can't grasp this, you have to. Learn to say no in a polite but firm manner: "I would really like to assist you with that, and I know you have a deadline. Unfortunately, I have a project which I must complete for my boss today. If you can come back tomorrow or another time, or better yet, schedule some time with me so that it is on my calendar, I would be more than happy to help you."



How To Stop Workplace Bullying

Workplace bullying can be a serious problem. If you are presently concerned about a bullying situation at work, the information below can help you determine a plan of action.

What is workplace bullying?

Workplace bullying is the deliberate, repeated mistreatment of a targeted employee, conducted by one or more persons at the place of work and/or during the course of employment, which creates a risk to the targets' physical and psychological health and threatens the targets' job security.



Workplace bullying is best understood through the bully's behaviors:

• Deliberate actions to humiliate, intimidate, undermine or destroy the targeted individual The withholding of resources (time, supplies, support, equipment) necessary for the targeted individual to succeed

(Continued on page 5)

HR Partners

(Continued from page 4)

While some workplace bullying may involve verbal abuse and physical violence, bullying can also be subtle intimidation with inappropriate comments about personal appearance, constant criticisms, isolation of employees from others, and unrealistic, embarrassing or degrading work demands.

Top 10 workplace bullying behaviors

- 1. Constant blame for "errors"
- 2. Unreasonable job demands
- 3. Criticism of ability
- 4. Inconsistent compliance with the rules
- 5. Threats of job loss
- 6. Insults and put downs
- 7. Discounting or denial of accomplishments
- 8. Exclusion, "icing out"
- 9. Yelling, screaming
- Stealing credit

Source: The Bully At Work, by Gary Namie, Ph.D. and Ruth Namie, Ph.D., Sourcebooks, Inc.

Impact on the targets' health

Each individual will react differently to bullying behavior. It is likely, though, that employees who are bullied will experience some of the following effects:

- Stress, anxiety, sleep disturbance
- Ill health, headaches, heart palpitations, or fatigue
- Panic attacks or impaired ability to make decisions
- Incapacity to work, concentration problems, loss of self-confidence and reduced performance at work
- Depression or sense of isolation
- Deteriorating relationships with family, friends or co-workers

WHAT CAN YOU DO ABOUT IT?

Workplace bullying can be stopped. If you are being bullied, call your Employee Assistance Program (EAP) and speak with an EAP counselor. Your EAP counselor can help you develop a plan for dealing with a bully at work,

support you throughout the process of resolving the problem, and also help you deal with the effects of bullying.

If you are being bullied, you can take action informally or follow formal procedures. Informal action is recommended as a first approach. Some of the actions your EAP counselor may suggest include:

Seek advice - Seek advice from your grievance officer, safety and health representative, human resources officer or union official. You should not make allegations about bullying behavior or harassment to people who are not involved in the handling of complaints in your workplace.

Keep a record - Make a detailed record of what happened - place, date, time, persons





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Infection Control - Foodborne Illness

Foodborne Illness: Who's at Risk?

Food poisoning or foodborne illness can affect anyone who eats food contaminated by bacteria, viruses, parasites, toxins, or other substances. But, certain groups of people are more susceptible to foodborne illness. This means that they are more likely to get sick from contaminated food and, if they do get sick, the effects are much more serious. By following these basic rules of food safety, you can help prevent foodborne illness for yourself and others. Some of these high risk groups of people include:

Cancer patients, Children under five years of age, diabetes patients, HIV/AIDS patients, older adults, persons with autoimmune diseases and pregnant women.

If you, or someone you care for, are included in one of these groups, follow our four basic steps to food safety and the additional tips included below.

Clean: Wash hands and surfaces often

Separate: Separate raw meat and poultry from ready-to-eat foods

Cook: Cook food to the right temperatures

<u>Chill</u>: Chill raw meat and poultry as well as cooked leftovers promptly (within 2 hours)

Becoming a Safer Shopper

- Check "sell-by" and "use-by" dates. Do not buy products that are out of date.
- Do not buy or use damaged, swollen, rusted, or dented cans.
- Choose unbruised fruits and vegetables.
- Do not eat "self-serve" foods or free food samples.
- Do not buy or use cracked or unrefrigerated eggs.
- Pick up frozen and refrigerated items just before you check out at the grocery store.
- Refrigerate groceries right away, and never leave perishable foods out for more than 2 hours.
- Separate raw meat, poultry, and seafood from other items in your shopping cart and in your grocery bags.

Dining Out

- Go out to eat early to avoid large crowds. Busier restaurants may be more likely to make a mistake with your food.
- Always ask that your food be prepared fresh.
- Avoid high-risk food sources, such as salad bars, delicatessens, buffets, potlucks, and street food vendors.
- Do not eat raw fruits or vegetables (i.e. salads) when eating out since you cannot be sure that these foods were properly washed.
- Avoid "fresh-squeezed" juices; always ask if juices are pasteurized.
- Ask if pasteurized eggs are used in dishes containing egg.

Infection Control - Foodborne Illness

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 When taking food to-go, always put the food in the to-go container yourself instead of having the server do it for you.

Selecting Safer Alternatives

Type of Food	Recommended	High Risk
Meat and Poultry	Meat or poultry cooked to a <u>safe minimum internal</u> temperature	• Raw or undercooked meat or poultry
Seafood	 Cook fresh seafood to 145 °F Heat previously cooked seafood to 165 °F Canned fish and seafood 	 Any raw or undercooked fish, or shellfish, or food containing raw or undercooked seafood (e.g., sashimi, sushi, or ceviche) Refrigerated smoked fish Partially cooked seafood, such as shrimp and crab
Milk	Pasteurized milk	Unpasteurized (raw) milk
Eggs	• Use pasteurized eggs/egg products when prepar- ing recipes that call for raw or undercooked eggs	 Foods that contain raw/undercooked eggs, such as: Homemade Caesar salad dressings Homemade raw cookie dough Homemade eggnog Homemade mayonnaise
Sprouts	Cooked sprouts	 Raw sprouts (alfalfa, bean, or any other sprout)
Vegetables	 Washed fresh vegetables, including salads Cooked vegetables 	Unwashed fresh vegetables, including lettuce/ salads
Cheese	 Hard cheeses Processed cheeses Cream cheese Mozzarella Soft cheeses that are clearly labeled "made from 	• Soft cheeses made from unpasteurized (raw) milk, such as: -Feta, Brie -Camembert -Blue-veined -Queso fresco
Hot Dogs and Deli Meats	 Reheat hot dogs, luncheon meats, and deli meats to steaming hot or 165 °F 	• Hot dogs, deli and luncheon meats that have not been reheated
Pâtés	Canned or shelf-stable pâtés or meat spreads	Unpasteurized and/or refrigerated pâtés or meat spreads

Often when we cook at home or eat out at restaurants, there are leftovers. Safe handling of leftovers is very important to reduce your risk of foodborne illness. Store leftovers within 2 hours (1 hour if the temperature is over 90 $^{\circ}$ F). When you are ready to eat your leftovers, be sure to reheat them to 165 $^{\circ}$ F, and use a food thermometer to measure the temperature.

For more on Food Safety please visit: <u>http://www.cdc.gov/foodsafety/challenges/index.html</u>

Forms Update

Form Number	Title of Form	Comment		
ADM351	Visitors Pass (Rev. 5/16)			
CLN040	Body Inspection Form (Rev. 4/16)			
	Obsolete			
No Form #	RACF Application			
ADM001	Request for New Technology			
ADM002A	Computer Access/Network User Request			
ADM033	Avatar Provider Registration			
ADM309	Quarterly Ice Machine Cleaning Schedule			
ADM310	Ice Scoop & Tray Daily Cleaning Schedule Replace by 03-284			
ADM359	Equipment Status Change - 5086			
ADM750	Warehouse Augusta Campus Urgent Form			
ADM751	Warehouse Gracewood Campus Urgent Form			
DD389	Bowel Eliminator Excreta Record	Replaced by 03-556 Attachment D		
MH389	Bowel Eliminator	Replaced by 03-556 Attachment D		

Please destroy all blank forms on hand when form is revised or becomes obsolete.

PLEASE destroy all blank forms with GSSH or old GRHA MH numbers on them!!!





JUNE 1, 2, 6, 7 7:00AM- 11:00AM/ 1:00PM- 5:30PM JUNE 4 SATURDAY 8:00AM – 1:00PM

MANDATORY FOR ALL PROFESSIONAL/PARAPROFESSIONAL STAFF DIRECT CARE STAFF & NURSING STAFF

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

June 1, 2016 June 16, 2016 July 1, 2016 July 19, 2016 August 2, 2016 August 16, 2016 August 31, 2016

1:30pm - 2:30pm

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

PLEASE DATE ALL GLUCOSE METER QUALITY CONTROL SOLUTIONS WITH A REVISED EXPIRATION DATE WHEN THE BOTTLE IS OPENED. THE QUALITY CONTROL IS STABLE FOR UP TO 90 DAYS AFTER OPENING OR UNTIL THE EXPIRATION DATE, WHICHEVER IS FIRST:



NOVA STAT STRIP GLUCOSE METER

QC must be done every 24 hrs or as needed (i.e. pt symptoms do not match results, drop meter, etc.) At ECRH, Level 1 & Level 3 are used.

Quality Control Solutions

Always Date Vials When Opened

- Three levels of Quality Control are available
- Store controls at room temperature.
- · Keep the vials tightly closed when not in use.

· Expiration date is printed on the control vials.

 Once opened, Quality Control is stable for up to 90 days or until the expiration date, whichever is first.

· Write the Date Opened and Discard Date on the vial.











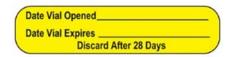
Medication Room

- 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:

Expiration Guidelines

- 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.





Safety Shop - Heat Illness

HEAT ILLNESS

Heat illness includes a range of disorders that result when your body is exposed to more heat than it can handle. Heat-related illness can affect anyone not acclimated to hot weather, especially when it's combined with high humidity. Those especially at risk include employees working in the heat, athletes and people who like to exercise outside, and individuals taking medications that alter sweat production.

Symptoms of heat illness:

- Severe thirst and headache
- Profuse sweating
- Clammy or pale skin
- Dizziness or fatigue
- Nausea or vomiting
- Rapid pulse

What to do:

- Move to a half-sitting position in the shade
- Call for emergency medical help immediately
- If humidity is below 75%, spray head and neck with water and vigorously fan. If humidity is above 75%, apply ice packs on neck, armpits or groin.
- Drink cool water or a sports drink
- Stretch affected muscles if having cramps

Prevention:

- Follow the ECRH Heat Plan pertaining to curtailing outside activities.
- Carry a source of water with you. Take drinks frequently—every 15 minutes.
- Take frequent breaks in the shade or in a cool environment during the hottest times of the day.

						Te		at In eratu	dex ure (°	F)							With Prolonged Exposure and/or Physical Activity
	80	82	84	86	88	90	92	94	96	98	100	102	104	106	108	110	Extreme Danger
40	80	81	83	85	88	91	94	97	101	105	109	114	119	124	130	136	Heat stroke or sunstroke
45	80	82	84	87	89	93	96	100	104	109	114	119	124	130	137		highly likely
50	81	83	85	88	91	95	99	103	108	113	118	124	131	137			Danger
55	81	84	86	89	93	97	101	106	112	117	124	130	137				
60		84	88	91	95	100	105	110	116	123	129	137					Sunstroke, muscle cramps,
65	82	85	89	93	98	103	108	114	121	126	130						and/or heat exhaustion likely
70		86	90	95	100	105	112	119	126	134							Extreme Caution
75	84	88	92	97	103	109	116	124	132								Sunstroke, muscle cramps,
80	84	89	94	100	106	113	121	129									and/or heat exhaustion possibl
85	85	90	96	102	110	117	126	135									
90	86	91	98	105	113	122	131										Caution
95	86	93	100	108	117	127											Entique neccible
100	87	95	103	112	121	132											Fatigue possible

<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.

Safety Shop

The following employees won certificates from the Office of Safety and Emergency Management. Please collect your certificate from the Office of Safety and Emergency Management, if you have not already.

Name of The Employee	Department	Nominated by
Cassandra Lacy-Jackson	Security	Capt. Gavitt
Nicole Holloman	Warehouse	Melissa Simpkins
Ken Flakes	Pharmacy	Casandra Roberts
Cindy Kucela	Pharmacy	Casandra Roberts
Jacqueline Leverett	Admissions	Veronica Harris
Britteny Freeman	Admissions	Veronica Harris
Castara Garnett	Tip Program	Regenia Harrison-Moore
Harriett Braddy	Tip Program	Regenia Harrison-Moore
Jarviq Gaiters (pronounced Jar vee) AC	Dietary	Cheryl Bragg
Dennis Copeland - GW	Dietary	Cheryl Bragg
Patricia Christian	Central Supply	Lisa Clayton
Sequoia Durant	Camillia	Jimmy Small
Robert Adams	Camillia	Jimmy Small
Anthony Clark	SSS AC	Kenneth Hillman
Jewel Bryant	HSK	Kenneth Hillman

List of Employees for Safety Certificate



<u>Out & About</u>



Gracewood Elementary students visited ECRH for their annual Talent Show.

Plant Operations workers install decorations for our Spring Dinner/Dances.



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 Cynthia.White@dbhdd.ga.gov.

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.

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Occupational Health - Stroke



Stroke is an emergency and a brain attack, cutting off vital blood flow and oxygen to the brain. Stroke can happen to anyone at any time, regardless of race, sex or age. Two million brain cells die every minute during stroke, increasing risk of permanent brain damage, disability or death. Recognizing symptoms and acting FAST to get medical attention can save a life and limit disabilities.

Types of Stroke: Ischemic stroke occurs when arteries are blocked by blood clots or by the gradual build-up of plague and other fatty deposits. About 87 percent of all strokes are ischemic. Hemorrhagic stroke occurs when a blood vessel in the brain breaks leaking blood into the brain. Hemorrhagic strokes account for thirteen percent of all strokes, yet are responsible for more than thirty percent of deaths stroke deaths.

Reducing Stroke Risk: Many risk factors are beyond your control, including being over age 55, being a male, being African-American, having diabetes, and having a family history of stroke. If you have one or more of these risk factors, it is even more important that you learn about the lifestyle and medical changes you can make to prevent a stroke. However, everyone should do what they can to reduce their risk for stroke

Medical stroke risk factors include: Previous stroke, previous episode of TIA (or mini stroke), high cholesterol, high blood pressure, heart disease, atrial fibrillation and carotid artery disease. These risk factors can be controlled and managed with the help of a healthcare professional.

Lifestyle stroke risk factors include: Smoking, being overweight and drinking too much alcohol. You can control these risk factors by guitting smoking, exercising regularly, watching what and how much you eat and limiting alcohol consumption.

Stroke Prevention Guidelines: Maintain healthy blood pressure. Identify atrial fibrillation (abnormal heartbeat). Stop smoking. Control alcohol use. Maintain healthy cholesterol levels. Control/manage diabetes. Exercise and manage diet. Adhere to treatment for circulation problems. Act FAST and Call 9-1-1 at the first warning sign of stroke (SUDDEN numbress or weakness of face, arm or leg - especially on one side of the body, SUDDEN confusion, trouble speaking or understanding, SUDDEN trouble seeing in one or both eyes, SUDDEN trouble walking, dizziness, loss of balance or coordi-



nation, or SUDDEN severe headache with no known cause).

FAST test to remember warning signs of stroke:

- **F** = **FACE** Ask the person to smile. Does one side of the face droop?
- A = ARMS Ask the person to raise both arms. Does one arm drift downward?
- **S** = **SPEECH** Ask the person to repeat a simple sentence. Does the speech sound slurred or strange?
- T = TIME If you observe any of these signs (independently or together), call 9-1-1 immediately.

Information Taken From: National Stroke Association





Training at a Glance - June

Class	Date	Time	Place
CPRC	6/1/2016	8:00 a.m12:00 p.m.	BLDG 103-C ROOM C-23
EMR Nursing	6/1/2016	8:00 a.m1:30 p.m.	BLDG 103-C Room C-18
NEO PBS Training	6/1/2016	8:00 a.m12:00 p.m.	BLDG 20 Gracewood
NEO Principles of Recovery	6/1/2016	9:30 a.m10:30 a.m.	BLDG 103-D
Ostomy DD Training	6/1/2016	12:30 p.m4:30 p.m.	E&R BLDG 103-C
Updated PNS Professional	6/1/2016	8:00 a.m10:00 a.m.	Lab BLDG 103-C
Updated Safety Care Level #2	6/1/2016	10:00 a.m12:00 p.m. 1:30 p.m4:30 p.m.	Lab BLDG 99L
	6/2/2016	8:00 a.m4:30 p.m.	
CPRA	6/2/2016	1:00 p.m4:30 p.m.	BLDG 103-C ROOM C-23
First Aid	6/2/2016	8:00 a.m12:00 p.m.	BLDG 103-C ROOM C-23
MH-Incident Management Annual	6/2//2016	8:00 a.m9:30 a.m.	BLDG 103-C
je na se		10:00 a.m11:30 a.m.	Lab
NEO Infection Control and Preven- tion+Handwashing	6/2/2016	9:00 a.m10:30 a.m.	BLDG 103-D E&R
Drivers Improvement (Defensive Driv- ing)	6/3/2016	8:00 a.m2:30 p.m.	BLDG 103-C Lab
NEO Safety Care Level #1	6/3/2016	8:00 a.m12:00 p.m.	BLDG 99F
NEO Safety Care Level #2	6/3/2016	8:00 a.m4:30 p.m.	BLDG 99L
5	6/6/2016	8:00 a.m4:30 p.m.	
Updated PNS End User	6/3/2016	8:00 a.m9:00 a.m.	BLDG 103-D
•		9:00 a.m10:00 a.m.	E&R
		10:00 a.m11:00 a.m.	
		11:00 a.m12:00 p.m.	
Updated Seizure Management	6/3/2016	1:00 p.m2:30 p.m.	BLDG 103-D
		3:00 p.m4:30 p.m.	E&R
CPRA	6/6/2016	8:00 a.m11:30 a.m.	BLDG 103-C ROOM C-23
First Aid	6/6/2016	12:30 p.m4:30 p.m.	BLDG 103-C ROOM C-23
NEO PBS Training	6/7/2016	8:00 a.m12:00 p.m.	BLDG 20 Gracewood
MH-Incident Management Annual	6/7/2016	8:00 a.m9:30 a.m. 10:00 a.m11:30 a.m.	BLDG 103-C
CPRC	6/72016	12:30 p.m4:30 p.m.	ROOM C-23 BLDG 103-C
Updated PNS Professional	6/8/2016	1:00 p.m3:00 p.m.	ROOM C-23 BLDG 103-C
NEO CPRA	6/8/2016	3:00 p.m5:00 p.m. 8:00 a.m11:30 a.m.	Lab BLDG 103-C
NEO CPRC	6/8/2016	8:00 a.m12:00 p.m.	Room C-23 BLDG 103-C
			Lab

Training at a Glance - June

Class	Date	Time	Place
NEO First Aid	6/8/2016	12:30 p.m4:30 p.m.	BLDG 103-C Room C-23
Updated PNS End User	6/8/2016	8:00 a.m9:00 a.m.	BLDG 103-D
		9:00 a.m10:00 a.m.	E&R
		3:00 p.m4:00 p.m.	
Updated Safety Care Level #1	6/8/2016	8:00 a.m11:30 a.m.	BLDG 99F
Updated Safety Care Level #2	6/8/2016	8:00 a.m4:30 p.m.	BLDG 99L
	6/9/2016	8:00 a.m11:00 a.m.	
Updated Seizure Management	6/8/2016	10:00 a.m11:30 a.m.	BLDG 103-D
		1:00 p.m2:30 p.m.	E&R
		5:00 p.m6:30 p.m.	
Infection Control and Preven-	6/9/2016	8:00 a.m9:30 a.m.	BLDG 103-C
tion+Handwashing		10:00 a.m11:30 a.m.	Room C-23
NEO Medical Emergency Response	6/9/2016	8:00 a.m12:00 p.m.	BLDG 103-C
System	((0 (004 (40.00	Room C-23
NEO Seizure Management	6/9/2016	12:30 p.m2:30 p.m.	BLDG 103-D E&R
DD-Incident Management Annual	6/9/2016	12:30 p.m2:30 p.m.	BLDG 103-C
		2:30 p.m4:30 p.m.	Lab
Updated Safety Care Level #2	6/9/2016	1:30 p.m4:30 p.m.	BLDG 99L
	6/10/2016	8:00 a.m4:30 p.m.	
NEO Observation of Individual to En- sure Safety	6/10/2016	8:00 a.m10:30 a.m.	BLDG 103-D E&R
NEO Seclusion and Restraint	6/10/2016	1:30 p.m4:30 p.m.	BLDG 103-D E&R
Updated PNS Professional	6/10/2016	8:00 a.m10:00 a.m.	BLDG 103-C
-		10:00 a.m12:00 p.m.	Lab
Updated Safety Care Level #2	6/11/2016	8:00 a.m4:30 p.m.	BLDG 99L
(weekend)	6/12/2016	8:00 a.m11:00 a.m.	
First Aid	6/13/2016	8:00 a.m12:00 p.m.	BLDG 103-C ROOM C-23
CPRA	6/13/2016	1:00 p.m4:30 p.m.	BLDG 103-C ROOM C-23
Infection Control and Preven-	6/13/2016	8:00 a.m9:30 a.m.	BLDG 103-C
tion+Handwashing		10:00 a.m11:30 a.m.	Lab
Drivers Improvement (Defensive Driv- ing	6/13/2016	8:00 a.m2:30 p.m.	BLDG 99F
NEO Therapeutic Incentive Program	6/13/2016	8:30 a.m10:00 a.m.	BLDG 103-D E&R
Updated Safety Care Level #2	6/13/2016	8:00 a.m4:30 p.m.	BLDG 99L
- •	6/14/2016	8:00 a.m11:00 a.m.	
Updated Seizure Management	6/13/2016	3:00 p.m4:30 p.m.	BLDG 103-C
	(/4 / / 2004 /	10.00	Room C-23
NEO PNS End User	6/14/2016	12:30 p.m4:30 p.m.	BLDG 103-D E&R
NEO PNS Professional	6/14/2016	8:00 a.m12:00 p.m.	BLDG 103-C Lab

Training at a Glance - June

Class	Date	Time	Place
Updated Safety Care Level #2	6/14/2016	1:30 p.m4:30 p.m.	BLDG 99L
	6/15/2016	8:00 a.m4:30 p.m.	
Updated PNS End User	6/15/2016	8:00 a.m9:00 a.m.	BLDG 103-D
		9:00 a.m10:00 a.m.	E&R
		3:00 p.m4:00 p.m.	
Updated Seizure Management	6/15/2016	10:00 a.m11:30 a.m.	BLDG 103-D
		1:00 p.m2:30 p.m.	E&R
		5:00 p.m6:30 p.m.	
MH-Incident Management Annual	6/15/2016	8:00 a.m9:30 a.m.	BLDG 103-C
		1:00 p.m2:30 p.m.	Room C-23
		3:00 p.m4:30 p.m.	
Updated Safety Care Level #1	6/15/2016	8:00 a.m11:30 a.m.	BLDG 99F

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.

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:

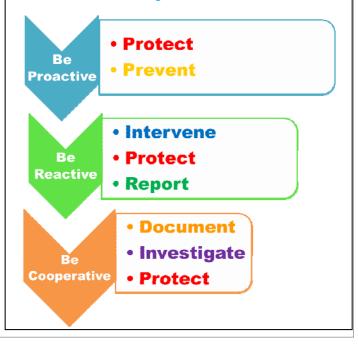
(706) 945-7150



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



June 1	Kenyata M. Baliem	June 14	Casandra L. Roberts
	Jennifer Lynn Mass		Ginger A. Williams
	Teresa R. Frazier	June 15	Anthony Clark
June 2	Debbie L. Haynes	11	Erin S. Ratliff
June 3	Mary B. Snelling Harris	11	Tiffany N. Snow
June 4	Pamela Y. Nelson	11	Christopher C. Streeter
June 5	James E. Evans	June 16	Dwala A. Jackson
	Thomas S. Lee	11	Valecia C. Pope
	Evelyn B. Riles	11	Sonya Smith
	Daisy C. Wright	June 17	Anthony B. Hawes
	Angela L. Dunbar	11	Ericka L. Lowery
June 6	Tamika Adams Coffield	11	Lashanda D. Martin
	Aaron L. Johnson	11	Shantelle M. McElroy
June 7	Marquiz L. Collins	11	Keith Lane Ward
	Maria Davis	11	Michael G. Wilkens
	Rodriegus P. Gardner	June 18	William Lewis Hamilton, Jr.
	Ted M. James	11	Yvonne Hardy
	Christopher C. Miller	11	Johnny Jones
	Cory B. Scott	11	Holli E. Pender
	Nadine Sherree Williams	June 20	Herbert L. Davis
June 8	Sarah La'Tonya Fegan	11	Joseph Diggs, Jr.
	Janie Avery Mathis	11	Charlene M. Martin
	Crystal T. Noel	11	Joseph A. Myers
	Starelene T. Thomas	11	Jacqua J. Reed
	Kimberly Geneen Whitehead	11	Malissa A. Tucker
June 9	Mary Ann Green	June 21	Larry Hazel
	Trintarian Tiara Trottie	11	George M. Hughes
	Tamikka R. Turner	June 22	Natasha D. Bates
June 10	Shabakka L. Shank	11	George Dwain Copeland
	Joanette Warr Terry	11	Andrea M. Dawson
June 11	Ella M. Bradford	June 23	Elizabeth Collins Flowers
	Jewel V. Bryant	11	Laura Michelle Giles
	Fred T. Jones	June 24	Lillian D. Wilson
	Bryan Jamal Belcher	June 25	Tyesha D. Boone
June 12	Patricia E. Capers	11	Jennifer Thomas Outlaw
	Nancy J. Fleming	11	Dannie Bernard Tanksley
	Shaniece Danielle Griffin	11	Virginia Hooks-Williams
June 14	Agnes A. Bradley	June 26	Britney J, Hearns
	Adeola G.T. Oke	11	Damion M. Mance

June Birthdays

June 27	James Troy Rollins	(Continued from page 5)
	Brandon Walters	
	Latesha R. Moore	and what was said or done. Ensure that your records are
June 28	Tyqueelaah S. Davis	accurate. This information may be useful later, particular
	Kathryn L. Parent	ly if more formal steps need to be taken.
	Robin M. Powell	Approach the bully - If any form of bullying happens to
	Joshua Matthew Littleton	you, make it clear to the bully as soon as possible that
June 29	Twyla E. Bell	the behavior is unwanted and unacceptable, and you
	Daryl D. Givens	won't tolerate it.
	Terry Kimball Morgan	If you choose to deal with a situation personally:
June 30	Princess T. Ross	• Do not retaliate or try to get even. Discuss your in-
		tended approach with a grievance officer first. Consider

Don't forget your PPD!





ach with a grievance officer first. Consider what will be said to the bully. Focus on the unwanted behavior, rather than on the person.

Make a note containing the facts about the approach, the outcome and any follow-up.

If you do not feel comfortable approaching the bully yourself, ask someone else, such as a grievance officer or supervisor, to approach the bully on your behalf, or to mediate or facilitate face-to-face discussions to find an acceptable resolution.

Use more formal procedures - You may wish to lodge a formal written complaint if informal approaches are unsuccessful, or if the allegations are so serious that other approaches are inappropriate.

YOUR EAP IS HERE TO HELP

Remember, your EAP is always available to help you or your dependents with any personal, family or workrelated concern. If you need help with a problem at work, call an EAP counselor for FREE and CONFIDENTIAL assistance. Why not call today? We're here to help.



What's in a Month?

June is...

Candy Month Rose Month Adopt a Shelter Cat Month Graduation Month Hamburger Month Flower Month Egg Month

And...

June 1

Dare Day Flip a Coin Day June 2 National Bubba Day National Rocky Road Day Yell "Fudge" at Cobras Day Festival of Utter Confusion Day June 3 Repeat Day National Doughnut Day Tattoo Day Egg Day Cancer Survivor's Day June 4 Applesauce Cake Day National Trails Day Hug Your Cat Day Old Maid's Day Frozen Yogurt Day Cheese Day June 5 World Environment Day June 6 National Gardening Exercise Day D-Day National Yo-Yo Day Cake Day June 7 National Chocolate Ice Cream Day

June 8 Best Friends Day Name Your Poison Day World Ocean's Day June 9 Donald Duck Day June 10 Iced Tea Day Children's Day June 11 National Corn on the Cob Day June 12 Red Rose Day Nursing Assistant's Day June 13 Sewing Machine Day Juggling Day Kitchen Klutzes of America Day June 14 Flag Day Monkey Around Day June 15 Smile Power Day Fly a Kite Day June 16 Fresh Veggies Day June 17

<u>June 17</u> Eat Your Vegetables Day <u>June 18</u> International Picnic Day Dairy Month Fight the Filthy Fly Month Gay Pride Month Turkey Lovers Month National Accordion Awareness Month National Fresh Fruit & Vegetables Month

Aquarium Month

Go Fishing Day International Sushi Day National Hollerin' Contest Day International Panic Day National Splurge Day World Juggler's Day June 19 Father's Day National Kissing Day World Sauntering Day Juneteenth June 20 **Finally Summer Day** Ice Cream Soda Day Vanilla Milkshake Day Bald Eagle Day West Virginia Day June 21 Go Skate Day International Yoga Day June 22 National Chocolate Eclair Day Auto Race Day June 23 National Columnists Day National Pink Day

June 24 Swim a Lap Day Take Your Dog to Work Day Teddy Bear Day

America's Kid's Day June 25 National Catfish Day Log Cabin Day Strawberry Parfait Day June 26 Beautician's Day Forgiveness Day June 27 Sun Glasses Day June 28 Insurance Awareness Day Paul Bunyan Day June 29 Camera Day Hug Holiday International Mud Day

> Waffle Iron Day June 30 Meteor Day Sky Day

Et's SUMMER!

East Central Regional



Paul Brock

Regional Hospital Administrator

Matt McCue

Interim Associate Regional Hospital Administrator, Gracewood

Dr. Vicky Spratlin

Clinical Director

Mickie Collins

Chief Operating Officer

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NOTICE

Items for publication must be submitted in written form. The upcoming issue's deadline is June 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.

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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

Communication & Collaboration

Accountability

Recognition through Relationships

Empowerment through Excellence

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<u>Campus Marquees</u>

Deadline for submission of

JULY MESSAGES

June 23, 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

Accredited

by

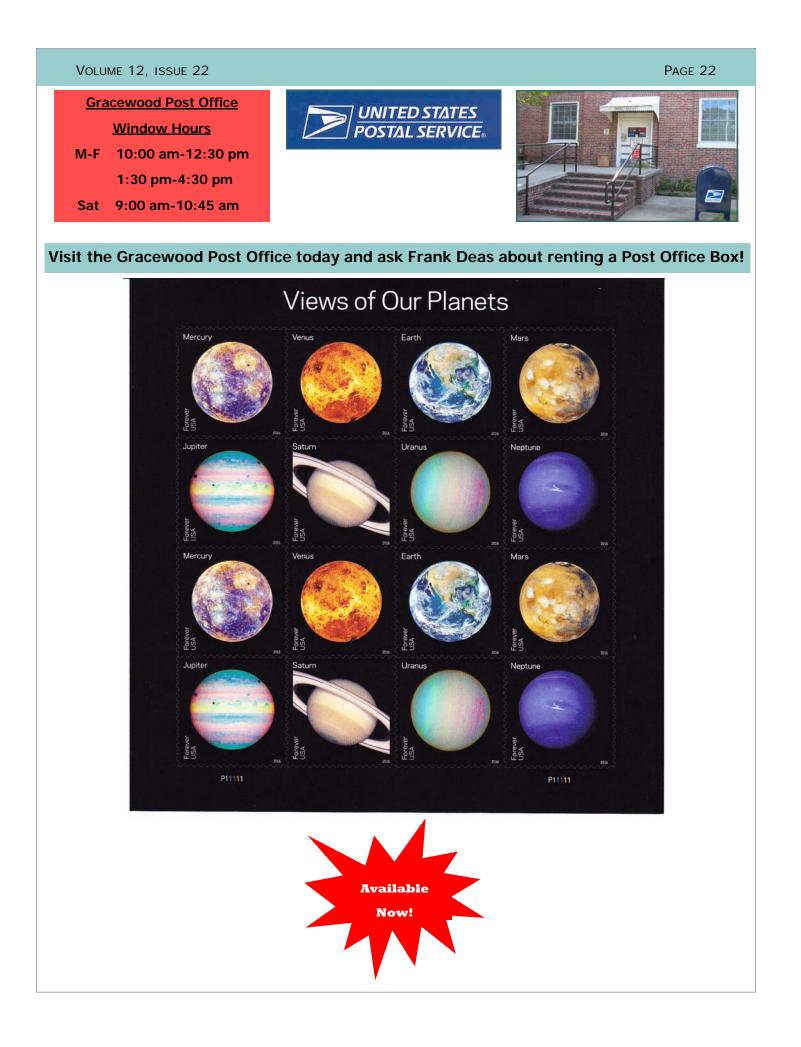
The Joint Commission

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



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

Page 21





Issue 67

May 2016

# Taking Flight

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

A RECOVERY STORY -In 1942,

Viktor Frankl, a prominent psychiatrist and neurologist in Vienna, was arrested and transported to a Nazi concentration camp with his wife and parents. For three years, he endured the most horrific conditions of deprivation, disease and death imaginable. In his book, "Man's Search for Meaning"1, he wrote that in the Nazi concentration camps that he was rarely afforded the opportunity to work with individuals in psychotherapy. And when he did, most of Frankl's efforts were a kind of "life-saving procedure" (p.125). In his book, he described two men that were strikingly similar in their desperate feelings of hopelessness. Both had concluded that there nothing more to expect from life, and consequently both had intentions to commit suicide. For these two men, Frankl writes of his therapeutic efforts, "it was a question of getting them to realize that life was still expecting something from them; something in the future was expected of them (p.126)." For one man, it was his child whom he adored and was waiting for him in a foreign country. The other man was a scientist, and if his life's work was to ever be completed he must be the one to finish the series of scientific writings that he had begun. Thus their meaning in life and their very survival was to be found very uniquely in the realization that each one could never be replaced. In this work among those imprisoned in the Nazi concentration camps, Frankl came to the conclusion, "A

man who becomes conscious of the responsibility he bears toward a human being who affectionately waits for him, or to an unfinished work, will never be able to throw away his life. He knows the 'why' for his existence, and will be able to bear almost any 'how' (p.127)."

#### Learning Points:

We are but a speck of dust on the earth which is but a speck of dirt in the galaxy. We are so small and life is so fragile and so brief. Yet life is our moment and if we will we can make our moments matter, knowing full well that once the moments of our lives pass, we never get them back. And, if we are to overcome adversity and flourish in our lives we must individually make the most of our opportunities by discovering and pursuing what matters most. The research is clear. Those who have an abiding sense of meaning in their lives experience more vitality, are more goaldirected, diligently look forward to and pursue the future, are more kind and compassionate toward themselves and others, and are more adaptable. Moreover, having a sense of meaning in one's life adds years to our life.<sup>2</sup>

By Alex Mabe

1, Frankl, V. E. (1973). Man's search for meaning. Simon and Schuster.

 Boyle, P. A., Barnes, L. L., Buchman, A. S., & Bennett, D. A. (2009). Purpose in life is associated with mortality among community-dwelling older persons. Psychosomatic medicine, 71(5), 574.

Department of Psychiatry and Health Behavior, Augusta University 997 St. Sebastian Way, Augusta, GA 30912, (706) 721-0162

## ECRH Jobs List

## For further information regarding these positions, please go to the DBHDD webpage at www.dbhddjobs.com.

Activity Therapist - 68983 Activity Therapist - ECRH Forensics Treatment Mall - 190769 Activity Therapist - ECRH Forensics Treatment Mall - Days 198544 Activity Therapist 2 Activity Therapy Leader - ECRH Camellia Unit - 69154 Activity Therapy Leader - Treatment Mall - 199661 Automotive Mechanic - ECRH Plant Operations - 70743 Behavioral Health Counselor - AMH Treatment Team FT Days - 196208 Behavioral Health Counselor - ECRH PBS Team - 193820 Behavioral Health Counselor 3 - MH/DD Team Leader - 69222 Behavioral HIth Counselor - ECRH AMN Treatment Mall - 194980 Clerical Worker 12p-8:30p - ECRH MHS Admission - 194428 Clinical Dietitian - AMH Treatment Team - 70120 CNA - ECRH Camellia 2nd Shift - 69505 CNA - ECRH Camellia/SNF 1st Shift - 69200 CNA - ECRH SNF - FT 3rd Shift - 69639 Corporal - ECRH Hospital Security - 70799 Custodial Services Worker (Part-time) - Laundry - 151853 Dental Assistant 2 - ECRH - 68888 Dental Worker - ECRH - 69076 Dentist - Gracewood Campus 7:30am - 4:00pm Dentist, Part-time hourly - ECRH - 201050 **Director of Clinical Information Systems** Electrician Groundskeeper - ECRH Plant Operations - 155607 HST 1 - 7:00am - 3:30pm - Gracewood DDS Redbud - 69450 HST 1 -3pm - 11:30pm - Gracewood DDS Redbud - 69184 HST - General Mental Health 2nd Shift - 200362 HST - General Mental Health 3rd Shift - 76569 HST 1 - Adult Mental Health - 1st Shift HST 1 - Adult Mental Health - 2nd Shift HST 1 - Forensic Inpatient 1 - 69391 HST 1 - General Mental Health 1st Shift - 194967 HST 2 - Forensic Inpatient 1 - 76522 HST 2 Lead - Gracewood Camellia - 69493 HST - 11:00pm - 7:30am - Gracewood DD Redbud Housekeeper - ECRH - 70171 HVAC Repair Technician - ECRH Plant Operations - 70740 Instructor 1 - Intermediate Care Facility/MR Treatment Mall - 69061

Laundry Worker - 69935 Lifequard (seasonal position) - Activity Therapy - 151845 Lifequard (seasonal position) - Activity Therapy -158132 LPN - Gen Mental Hlth LPN - Infection Control - ECRH 8am-5pm Maintenance Worker - Plant Operations Maintenance Worker Part-time Hourly - Plant Operations/ Groundskeeping - 6591 Maintenance Worker Part-time Hourly - Plant Operations/ Groundskeeping - 6592 Maintenance Worker Part-time Hourly - Plant Operations/ Groundskeeping - 6593 Maintenance Worker Part-time Hourly - Plant Operations/ Groundskeeping - 7590 Motor Vehicle Operator Painter Park Manager (Historic Site) - ECRH Plant Operations - 70807 Program Assistant (1st shift) - ECRH GMH - 198535 Program Assistant (1st shift) ECRH GMH - 00069710 Program Assistant - Admissions - 2nd Shift Program Assistant - ECRH - Redbud - 69437 Purchasing Assistant - ECRH Procurement - 68833 Recovery Team Facilitator (Behav HIth Couns) - ECRH AMH Treatment Teams - 200900 Recovery Team Facilitator (Team Leader) - Forensic Treatment Teams - 69051 Registered Nurse - FT 2nd Shift - Camellia SNF - 69491 Registered Nurse - GMH Part-time Hourly - 77005 Registered Nurse - Part-time Hourly - 70282 Registered Nurse - Part-time Hourly 2nd Shift - AMH -163327 Respiratory Therapist - Camellia PT Evenings - 171112 Service Director / RN Shift Supervisor Developmentally Disabled - ECRH Redbud 3rd shift -69925 Skilled Utility Worker ECRH Plant Oper - Carpentry/Upholstery -76913 Social Worker, Non-Licensed 2 - ECRH DD Services - 69508 Steam Plant Operator

Sterile Supply Technician (Health Aide) - ECRH Nursing Admin - 68875

Support Services Worker - Part-time Warehouse - 205695

Teacher - ECRH Forensic Treatment Mall - 68925