

Mental Health and Addictions.

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Vol. 30, No. 8 August 2020

## Logansport State Hospital Division of "People helpina people help themselves."



TOM Larson 2 South Treatment Team

Charged with treating patients on a unit in the hospital which was the first struck with a COVID 19 outbreak. the team members this of unit demonstrated exceptional team cohesion and treatment of under patients difficult

circumstances in

verv

Pictured L-R: TOM Recipients: Susan Manalo; Gabriella Dwiggins; Joy Scott; MorganaThomas; Ashlee Pollard; and Carol Parsley. Not pictured is Jennifer Grandstaff.

the following ways:

1. Volunteering to move all groups to the unit and to assist SA staff with the additional challenges of assisting patients exposed/potentially exposed to the virus. Treatment team staff literally increased their time on the unit by a large margin;

2. tirelessly working with patients to overcoming barriers to their cooperation with safety testing and follow up safety measures;

3. working to facilitate additional contact between concerned family members and patients:

4. maintaining a flexible schedule of program/group/service delivery to ensure that needed treatments continued to be provided;

5. demonstrating excellent communication skills with supervisors to prepare for potential coverage issues due to exposure to virus.

Team members exemplify care and courage, not in the absence of fear; but despite it.

Maria Becker, Ph.D., HSPP

I couldn't be more in agreement with this! They are so deserving! Angela Edwards, Larson Service Line Manager

## System Administrator Appreciation Day

July 31<sup>st</sup> is designated as System Administrator Appreciation Day. The LSH Information Management Department duties are important and wide-ranging. The department is tasked with making sure our networks are secure, our digital information is safe, and our computers, printers, and other devices are up and running. In addition, the IM Department provides the knowledge and skills to install, support, and maintain the servers and other complex computer systems that the rest of us take pretty much for granted. I would like to take this opportunity to express my thanks to the LSH Information Management Department for their efforts. Your dedication is recognized throughout the facility.

Sincerely,

Greg Grostefon Superintendent

With Thanks to LSH Information Management Department

- Matt Potrawski
- Stuart Rose
- Brian Shafer
- Stevon Williamson
- Cheryl Nance

SPECTRUM Logansport State Hospital		
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<i>The Spectrum</i> is published and distributed on the second payday of each month for employees, retirees, and friends of Logansport State	Mike Busch Interim Asst. Superintendent ext. 3612   Paula Green Scheffer Clerical Asst. ext. 3634   Gregory Grostefon Superintendent ext. 3637	2

# SuccessFactors Learning: Keys to a successful learning culture

## Key #4 - Learning as a part of work, and everyone's job description

Organizations that understand the power of learning incorporate it into their workforce planning. They see it as an investment into their employees and the organization's future, and not as a drain on employee productivity.



It is essential for learning to be a part of every employee's work

• Employees gain knowledge and develop skills at the point of need, and they have access to resources enhancing their productivity instead of diminishing it

• Employees become agile and can quickly adapt to change in the workplace; they avoid stagnation and burnout, and experience career longevity

• Employees become curious and creative; challenging the status quo is rewarded

#### Learning at work looks like the following:

• Peers teaching and coaching one another so they can obtain knowledge and skills to perform in real-time

• Learning accessible to employees regardless of physical location, time, or device

- Leaders seeking to integrate real-time learning into their teams' daily workflow
- Leaders enabling workers to learn when and how they see fit and offer learning opportunities that support individuals



Organizations incorporating learning into the daily workflow of their workforce create an engaging environment for their employees. These organizational learning cultures embrace employee development, eliminate the wasteful practice of training for the sake of exercise, take time to understand how their employees learn and provide them with the resources needed to thrive.

## Longcliff Museum

#### Art-n-Facts Longcliff Museum

The more I discover about the history of our hospital, the more it confirms the thoughts of Cathy Hickey, one of our museum founders, who spoke the words of our Longcliff Museum Motto out of the conviction of her heart: "*Preservation doesn't cost, in enriches.*"

A newly digitized treasure appeared on the Internet Archive this year. We had never seen a copy until now and it confirms all the good we have heard about the legacy of our hospital.

Today we have "Therapeutic Intervention" and "Bridge Building" and we receive e-mails about "Success Factors Learning: Keys to a successful learning culture." Looking at the culture of Logansport State Hospital in its early days, consider what gems can be found in the words of Dr. Joseph G. Rogers, our first Medical Superintendent.

The complete document is available online:

Regulations of the Northern Indiana Hospital for Insane at Longcliff, near Logansport <u>https://ia802802.us.archive.org/25/items/101732400.nlm.nih.gov/101732400.pdf</u>

#### CHAPTER XII.

#### DUTIES OF ATTENDANTS.

79. HEAD ATTENDANTS.—The head attendants in this Hospital are held responsible for the general conduct, management and condition of the ward to which they are attached; and are therefore, authorized to direct the work and conduct of the assistants and night attendant, and of all others belonging to

the ward or temporarily visiting the same, subject to the general regulations of the Hospital.

80. NIGHT ATTENDANTS.—At 6:00 o'clock P. M. night attendants will take supper; at 6:30 o'clock will report to head attendants on the ward and take charge of same while other attendants go to supper. From 7:00 o'clock to 9:30 o'clock will assist the attendant or attendants on duty in the care of patients, and in getting them to bed. At 9:80 o'clock will take sole charge, subject to the instructions of the medical officers and head attendant, and will remain on duty till 5:30 o'clock A. M., at which hour wake the day attendants and assist them in getting patients up and dressed and at the table ready for breakfast at 6:00 o'clock. At 6:05 o'clock night attendants will go to breakfast; at 6:30 o'clock will relieve day attendants during their breakfast; at 7:00 o'clock off duty.

81. Night attendants are expected to keep the ward and patients in it in a comfortable and *clean* condition, while on duty from 9:30 P. M. to 5:30 A. M., and to assist the other attendants in any needful work or duty, while on duty at other hours.

82. ALL offensive discharges must be removed and cleaned up at once.

83. Patients must be kept comfortably warm, with extra clothing if necessary; windows must be closed without delay when the weather justifies it.

84. Disturbed and violent patients must be carefully watched and cared for under the instructions of the medical officers.

85. The night attendants will call at the medical office about 8:30 P. M. each night for special instructions.

86. About midnight the night watch will deliver to each night attendant a lunch. If this is not satisfactory, report in detail on morning report.

87. The night attendants will each make a special report on the ward report before going off duty in the morning.

88. Night attendants are advised to eat a hearty breakfast and not to go to bed as soon as off duty, but to take exercise till 10 o'clock and then retire to their rooms until they have secured at least seven hours rest. By this method health will be maintained and they will be active and vigilant during duty hours.

89. ASSISTANT ATTENDANTS shall assist the head attendants with whom they are associated, subject to their direction, under the general regulations, in the performance of attendant's duty as herein elsewhere set forth.

90. DUTY OF ATTENDANTS TO PATIENTS.—The attendant must treat patients precisely as he would wish to be treated. This is the Golden Rule. It will amply cover all cases and conditions.

91. The attendant must care that no harm befalls the patient, either self-inflicted or other. To this end, access to implements, missiles, edged tools, broken glass, crockery, medicines, etc., which might be used harmfully, must be prevented by having a proper place for everything and keeping it there. All windows and doors through which a patient should not pass must be carefully closed.

92. Quarrelsome patients should be constantly watched, and, if needful, should be led by *polite strategy* to leave the neighborhood of the quiet and fceble.

93. The reliable attendant never quarrels with a patient never scolds—is never loud and boisterous.

94. If a patient becomes excited and is exciting other patients, he or she may be placed in a room for temporary seclusion, this being always done by two attendants where possible, both going into the room with the patient and leaving it only when the patient has been sufficiently soothed to permit them to do so without pushing him away from the door. This is the rule. Report all such cases to the Medical Office at once and ask for instructions.

95. Whenever needful to control the actions of a patient in any way, endeavor *first* to succeed by polite strategy, always however avoiding deceitful promises; if this source fail, and it be necessary to use force, do so firmly, promptly and efficiently, always using polite words, calculated to soothe, at the same time never allow any act on the part of the patient to excite manifest anger on your part, and never use angry words. It is always best that two attendants take part in the manual control secured at least seven hours rest. By this method health will be maintained and they will be active and vigilant during duty hours.

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## Wellness Committee

## Coronavirus (COVID-19) Update: FDA Reiterates Warning About Dangerous Alcohol-Based Hand Sanitizers Containing Methanol, Takes Additional Action to Address Concerning Products

## Agency Urges Consumers, Health Care Professionals Not to Use Certain Products, Citing Serious Adverse Events and Death

#### For Immediate Release:

### July 27, 2020

The U.S. Food and Drug Administration continues to warn consumers and health care professionals not to use certain alcohol-based hand sanitizers due to the dangerous presence of methanol, or wood alcohol – a substance often used to create fuel and antifreeze that can be toxic when absorbed through the skin as well as life-threatening when ingested. The agency has also taken additional action to help prevent certain hand sanitizers from entering the United States by placing them on an import alert. The FDA is proactively working with manufacturers to recall products and is encouraging retailers to remove products from store shelves and online marketplaces. As part of these actions, a warning letter has been issued to Eskbiochem S.A. de C.V. regarding the distribution of products labeled as manufactured at its facilities with undeclared methanol, misleading claims – including incorrectly stating that FDA approved these products—and improper manufacturing practices.

The FDA first warned about some of the methanol-containing hand sanitizers being sold in retail stores and online in June. The agency issued a further warning earlier this month about an increasing number of adverse events, including blindness, cardiac effects, effects on the central nervous system, and hospitalizations and death, primarily reported to poison control centers and state departments of health. The agency continues to see these figures rise.

"Practicing good hand hygiene, which includes using alcohol-based hand sanitizer if soap and water are not readily available, is an important public health tool for all Americans to employ. Consumers must also be vigilant about which hand sanitizers they use, and for their health and safety we urge consumers to immediately stop using all hand sanitizers on the FDA's list of dangerous hand sanitizer products," said FDA Commissioner Stephen M. Hahn, M.D. "We remain extremely concerned about the potential serious risks of alcoholbased hand sanitizers containing methanol. Producing, importing and distributing toxic hand sanitizers poses a serious threat to the public and will not be tolerated. The FDA will take additional action as necessary and will continue to provide the latest information on this issue for the health and safety of consumers." The agency has posted a do-not-use list of dangerous hand sanitizer products, which is being updated regularly. In most cases, methanol does not appear on the product label. However, methanol is not an acceptable ingredient in any drug, including hand sanitizer, even if methanol is listed as an ingredient on the product label. The FDA's ongoing testing has found methanol contamination in hand sanitizer products ranging from 1% to 80%.

Importantly, the FDA is urging consumers not to use any hand sanitizer products from the particular manufacturers on the list even if the product or particular lot number are not listed since some manufacturers are recalling only certain – but not all – of their hand sanitizer products. Manufacturers' failure to immediately recall all potentially affected products is placing consumers in danger of methanol poisoning. One of the reported deaths is associated with Blumen Hand Sanitizer, distributed by 4e North America and manufactured by 4E Global in Mexico, who recently expanded its recall to include additional lots of its hand sanitizer products. Additionally, the FDA is strongly urging distributors and retailers to stop distributing and selling hand sanitizers manufactured by the firms on the list immediately, even if the particular product is not included in a recall, due to the risk of methanol poisoning.

When identifying hand sanitizers from the FDA's do-not-use list, consumers should look for one or more identifiers from the list that match the product's labeling, including:

- Manufacturer name
- Product name
- National Drug Code (NDC) number

If any of the identifiers (name, company, or NDC) match a product on the list, the FDA urges consumers to immediately stop using the hand sanitizer. Dispose of the hand sanitizer bottle in a hazardous waste container, if available, or dispose of as recommended by local waste management and recycling centers. Do not flush or pour these products down the drain or mix with other liquids.

Methanol exposure can result in nausea, vomiting, headache, blurred vision, permanent blindness, seizures, coma, permanent damage to the nervous system or death. Although people using these products on their hands are at risk for methanol poisoning, young children who ingest these products and adolescents and adults who drink these products as an alcohol (ethanol) substitute are most at risk. Consumers who have been exposed to hand sanitizer containing methanol and are experiencing symptoms should seek immediate medical treatment for potential reversal of the toxic effects of methanol poisoning.

The FDA encourages health care professionals, consumers and patients to report adverse events or quality problems experienced with the use of hand sanitizers to FDA's MedWatch Adverse Event Reporting program (please provide the agency with as much information to identify the product as possible):

- Complete and submit the report online; or
- Download and complete the form, then submit it via fax at 1-800-FDA-0178.

Consumers, manufacturers or distributors who have questions for the FDA regarding hand sanitizers should email COVID-19-Hand-Sanitizers@fda.hhs.gov.

The FDA, an agency within the U.S. Department of Health and Human Services, protects the public health by assuring the safety, effectiveness, and security of human and veterinary drugs, vaccines and other biological products for human use, and medical devices. The agency also is responsible for the safety and security of our nation's food supply, cosmetics, dietary supplements, products that give off electronic radiation, and for regulating tobacco products.

<u>https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-</u> reiterates-warning-about-dangerous-alcohol-based-hand-sanitizers





The Wellness Committee consists of:

Mike Busch, Vicki Campbell, Mary Clem, Theresa Dexter, Maureen Guimont, Kris Keeler, Marcy LaCosse, Darrin Monroe, Julie Stapleton, Lucia Ward and Kenneth Zawadzki.

## **Culinary Corner**

Peach, Tomato and Ricotta Salad with Crouton Slivers

A summer ricotta salad layered with sweet peaches, sliced tomatoes, crispy crouton slivers, basil oil, and balsamic vinegar reduction.

Recipe Type: Salad Makes: 4 servings Author: Brooklyn Supper

## Ingredients

### For the Croutons

- I/2 small loaf stale sourdough bread
- 3 tablespoons extra virgin olive oil
- 1/4 teaspoon sea salt

### For the Basil Oil

- I cup loosely packed basil leaves (about 2 ounces)
- I/2 cup extra virgin olive oil 1/2 cup extra virgin olive oil

### For the Salad

- 2 ripe peaches, sliced thin
- 2 slicing tomatoes, cut into 1/4-inch thick slices
- 1 pint cherry tomatoes, halved
- sea salt
- freshly ground pepper
- 1/2 cup ricotta
- leaves for garnish
- 1/2 cup aged balsamic vinegar

## Instructions

- 1. To make croutons, preheat oven to 350 degrees F.
- Leave the crust on the bread and slice as thinly as you can manage. You'll have a few good size slices and a few bits and twists of bread it will all taste good. Brush everything on both sides with olive oil, sprinkle with sea salt, and arrange on a rimmed baking sheet. Toast 12 15 minutes or until bread is crisp and golden edged. Set aside to cool.
- 3. To make basil oil, immerse basil leaves in boiling water for 15 seconds. Immediately submerge in ice water. Wring water from leaves and press with paper towels to dry. Set leaves and olive oil in the pitcher of a blender and blend until smooth. Pour into a small jar and set aside. (Leftovers can be kept sealed in the fridge for a week.)
- 4. Sprinkle tomatoes with sea salt and pepper to taste.
- 5. To arrange salad, layer peach and tomato slices with croutons, dot with ricotta, and top with cherry tomatoes. Set aside while you make the balsamic reduction.
- 6. Set a small saucepan over medium/medium-high heat and add vinegar adjust heat so that vinegar bubbles moderately. Cook until reduced by two-thirds, 7 10 minutes. At the end of cook time, the bubbles will grow in size and the sauce will darken in hue pull as soon as this happens. Set aside briefly to cool.
- 7. Drizzle salad with 2 3 tablespoons basil oil and several tablespoons of the reduction. Finish with a pinch each sea salt and black pepper, give everything a gentle toss, and serve immediately.

https://brooklynsupper.com/a-summer-salad/

## Who Am I?

Can you guess who is posing behind the smiley face, pictured below? If you can, call Darrin Monroe at #3803 or e-mail Darrin at darrin.monroe@fssa.in.gov by September 25, 2020.

Employees' with correct answers will have their names put into a drawing, sponsored by the EMBRACE Committee, for a chance to win a free, five dollar Mr. Happy Burger gift certificate.

Winner Will Be Announced In The Next Spectrum.



Jared Dirrim



Jared Dirrim was pictured as the last Who Am I. No winner was selected since the Spectrum was not posted during the contest timeframe.

If you have a picture of an employee and would love to have a little fun with it, call Darrin Monroe at # 3803.