

# COMMUNITY CONNECTION

A NEWSLETTER FOR FRIENDS OF EVANSVILLE STATE HOSPITAL

## Challenges & Growth Opportunities

By Gene Schadler, Superintendent



In the January newsletter I noted, “We will continue to strengthen patient care using continuous improvement concepts known as High Reliability. This will include ongoing education and projects in every department that will allow us to view our challenges as opportunities for growth. This helps us to strengthen our communication, collaboration, and environment as we work to provide Hope and Recovery to all of our patients.” Little did we know that 2020 would be the year of COVID-19. This pandemic has brought many challenges but has also provided us many opportunities for learning and growth, which has magnified the above statement.

In healthcare, we depend on data to guide our actions; however, this virus with its unknowns and uncertainties became a challenge for the entire healthcare system, but with the ongoing data collection and gathering of information, it has provided a very important learning opportunity. One of the biggest challenges for ESH was when we had COVID-19 in the hospital setting. At one point ESH treated five patients with COVID-19 on a separate unit and returned back to their home unit within three weeks. This challenge provided ESH the opportunity to learn from this experience. We have an amazingly resilient staff and are blessed with the level of teamwork that has been and is still occurring.

With such practices as hand hygiene (hand washing/use of sanitizers), increased patient



Employee Harry Hollins tends to cleaning tasks.

education with regards to hygiene, increased cleaning by not just the Housekeeping Department but all staff, social distancing, and wearing masks, ESH has been able to help protect all patients and staff. Visitations were shifted to electronic platform in March to decrease the points of contact within our facility. We continue to look back on the past few months to gather what we have learned to help us continue to think through best practices to psychiatric rehabilitation.



On duty on C unit were Housekeepers Melody Kebortz and Ashley Mabrey.

As a response to the pandemic, different levels of treatment were established based on the response needs of the hospital, e.g. unit based treatment or a modified treatment where units move around the facility while continuing group therapies and Vocational Rehabilitation programs with multiple units. Departments will continue to gather information on what helped us to reduce risk and strengthen the care for our patients.

Just as difficult as managing the pandemic has been for our society, so too is addressing long-term inequalities with diversity and the need for inclusivity. All managers were requested to review information regarding diversity and have conversations with staff to address any concerns. This continues to build on our culture of listening and understanding with regards to Compassionate Communication.

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## Transitions Program Continues to Evolve

By Terri Morris, Vocational Rehabilitation Director

Change is everywhere within our hospital setting and in communities around the world. At ESH, the Transitions program is also changing and has evolved into a virtual program with the stay-at-home orders and social distancing recommendations for COVID-19. The Transitions program was initiated to help our patients acclimate back into the community and involved a multitude of hands-on activities and off-campus trips. How is this now occurring? Instead of riding the city bus, class participants watch a bus training video. Instead of visiting a community library, participants tour a library on-line. Instead of visiting local retail and grocery stores to comparison shop, participants walk through a mock store to meal plan and choose food and products within their fixed income. Class assignments might include writing and mailing out checks to pay bills weekly, and apartment hunting by calling rental facilities to inquire about terms, amenities, and nearby community resources. The class challenges one to problem solve with real-life scenarios such as who to contact if your apartment sink is clogged or when transportation is needed for an upcoming doctor's appointment. Participants are also coached on pedestrian safety by utilizing the hospital campus and adjacent expressway overpass. As society changes, the Transitions program will continue to advance forward to ensure our patients experience a smooth transition into community placements and are equipped with life skills to thrive in their new environment.



### Crossroads of America

summer event took place on Friday, June 26. Patients decorated their units for the Independence Day holiday.

Trivia, games, and crafts were offered along with national park and music videos. A patriotic meal of hot dogs, macaroni and cheese, slaw and apple pie was enjoyed as well as an afternoon ice cream social sponsored by Vicki Brasel, State Farm Insurance.

Cloth Face Masks-  
Creative Ladies Ministry-  
Boonville First Baptist

Well Wishes-  
Oak Hill Baptist Church  
Friend to Friend program sponsors

Shopping has been on hold during COVID-19 so your donations of body wash, shampoo, and AAA batteries have filled many patient requests—thank you!



### New Employees

Jenna Capehart, Nursing Service  
Charles'lan Duncan, Nursing Service  
Derrick Finn, Nursing Service  
Linda Garvin, Nursing Service  
Rachel Hunter, Nursing Service  
Dan Josefy, Nursing Service  
Daisjia Linton, Continuum of Care  
Arielle Sanderfur, Nursing Service  
Jennifer Stone, Nursing Service  
Sydnie White, Nursing Service



### Goodbye

Kathy Brown, Nursing Service  
Lisa Filippes, Nursing Service  
Ebony Henderson, Nursing Service  
Lila Mazkooori, Nursing Service

## Congrats & Best Wishes Chuck!

**Dr. Charles Smith** is retiring with over 30 years of service at Evansville State Hospital. His ESH career began in 1984 as an entry level psychologist before being promoted to program director, and then to Chief Psychologist.

**What's the most significant change you've seen since working at ESH?** First, state facilities of today attract a more diverse workforce with a greater level of expertise. Imagine a 600 bed facility with only 1 psychologist, and 1 fully accredited psychiatrist and you have ESH in the mid 80's. Second, Psychotherapy services are far more structured focusing on skill development than they were in the 80's. And finally the age of computers has profoundly affected the treatment delivery system, facilitating the advent of the treatment mall, treatment planning, and program material.

**What's the most challenging task in your duties you've had?** Recruitment continues to be difficult; however, ESH is blessed to have an outstanding group of staff. This has not come without effort. The other continual struggle has to do with "keeping your eye on the prize" so to speak. By that I mean keeping the focus on the needs of patients, and staff. There are many unintended forces both externally and internally that divert one from focusing on patient connection, and staff support.

**Memorable days?** Staff pranks and jokes bring back fond memories, including finding a large mannequin sitting in my chair that had been used in a hospital event the previous day; Halloweens highlighted by dressing up as a member of the rock group KISS; and then there were all the blind jokes told and taken with affection.

**What are you most proud of?** I've had many opportunities to walk down the road of recovery with patients too numerous to count. Patient success stories abound but tend to be



overlooked. These one-on-connections in some cases have been life changing. I still receive unsolicited phone calls from past families and patients. In addition to individual patient/family connections, ESH has played a leadership role in group program development. It's been a joy and inspiration to work with all the disciplines to develop this extensive list of patient services. I will never forget the initial team work fostered by the NVC Trauma informed care, bringing in the Sandtray model and room led by Gene Schadler, and the addition of the Wellness Recovery Action Plan program.

**Any stories you would like to share?** I arrived at ESH prior to the hospital being accredited. Being young and eager, and coming from an accredited facility, I was quick to point out shortcomings. At one point the superintendent called me into his office, where I was told in quite colorful language something along the lines of "you think you have all the answers, you've got 6 months to get the hospital ready for accreditation". Through these experiences I first experienced the drive, inspiration, and yes fun-loving nature of ESH. After 6 months with a successful accreditation, I found myself sitting in the superintendent's office...celebrating.

**What will you miss?** The smiles and connections with staff and patients. It's been a good ride. Not everything has worked out; I learned and went on. The growth that has come from these lessons, and the caring nature shown to me by the ESH community, is the lasting feeling I take with me on my future journey which involves moving closer to grandkids. My hope for each of you is that you also find this same caring love as you journey forward.

## COMMUNITY CONNECTION

*COMMUNITY CONNECTION is published every other month for friends of Evansville State Hospital. News items are welcome and should be submitted to the Community Services Office.*

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WE'RE ON THE WEB!  
WWW.IN.GOV

### **Zero Harm By Theresa Arvin, Community Services Director**

Zero Harm is a hospital goal tied to the quality of care we give at Evansville State Hospital. Imagine no incidents of falls, no incidents of injuries, no incidents of medication errors, no incidents of self harm, no suicides, no deaths. An ideal environment, right? Our quality improvement processes have been ongoing for decades striving to help us do better through constant review and evaluation. Health care standards by the Centers for Medicare & Medicaid Services, Indiana State Board of Health, and Joint Commission all drive us to provide quality patient care. Surveys by these organizations not only rate our performance and compliance with hospital-centered standards but educate and push us to excellence. Are we satisfied with only an improvement? Shouldn't zero harm be our goal all the time?

Zero harm involves everyone from our Executive Team to every staff member of every department, contract employees, volunteers, visitors, and patients. Education is key in helping everyone understand that the role of safety is shared by all. Education throughout the year involves, but is not limited to, orientation and annual training, safety drills, health and safety educational programs for our patients, and communication to family and visitors by way of phone, correspondence, and signage.

How do we get to zero harm? By embracing perseverance. When you see something, say something. Be proactive and reduce the risk of negative consequences. Be the one to deflect a potential crisis and identify a "good catch". Report safety concerns to a hospital staff member or administration. Educate yourself on hospital-wide policies and safety restrictions. Ordinary items may be restricted due to the material it is made out of and the potential for harm such as sharps, glass, long cords, spiral wiring, or small pieces. Be aware of unit rules and visitor guidelines. Ask for clarification. Get approval before bringing out items to your family or a loved one. Read and sign the confidentiality and safety agreement each time you visit. Visit only when you feel well to prevent the spread of germs and illnesses. Ensure continuity of care by checking with the social service specialist or unit staff for patient specific care decisions. Be non-judgmental. Be supportive. Be one of many reaching for the goal of zero harm!

