

Center Views

A Publication of UT-Harris County Psychiatric Center – An Operating unit of The University of Texas Health Science Center at Houston

Detox unit to close

Unit 3D, which has been open since the end of 2003 as a substance abuse detox unit, will close as of August 31 when its grant from the Texas Commission on Alcohol and Drug Abuse (TCADA) ends.

Chief Administrator **Lois J. Moore** said that after careful review of current revenues and analysis of projected costs, the University has decided not to seek funding from the state to keep the unit open and expand the number of beds.

“The efforts of the staff on 3D to develop the service are to be commended,” she said. “The program was a success and the patient satisfaction with the treatment was very high. Every effort will be made to allow Unit 3D staff the opportunity to apply for current openings at UTHCPC. I would like to thank everyone for their input and encourage you to continue to look for other ways to serve the community in a cost effective manner.” *

Does hospitalization help or hurt?

Under the provocative title, “Does hospitalization prevent or promote suicide?” Drs. **Katherine Cowan** and **Daniel Creson** discussed the impact institutionalization can have on patients with psychiatric disorders at the April 14 MSI Lecture/Grand Rounds.

“There are no well documented reported studies that address this specific question,” said Creson, who cited some approximate rates of suicide: 1/10,000 in the general population and 5.5/10,000 of inmates and 38/10,000 of mental hospital patients.

But he presented data from a British study on inpatient suicide, demonstrating that certain clusters of individual symptoms appear over and over again in those who attempt suicide: anxiety, panic attacks, insomnia, anger and aggression.

Creson discussed sociologist Irving Goffman’s concept of “total institutions,”
(See “Institutions,” Page 4)

Employee Recognition Week May 3 - 8

A week of festivities honoring and celebrating
ALL of UTHCPC’s professionals

Monday: Physician’s Day free breakfast! *

Tuesday: Administrative Staff Day...burgers and dogs on us

Wednesday: Nurse’s Day . . . don’t miss the BBQ

Thursday: Social Services Staff Day . . .visit the potato bar

Friday: Hospital Aide’s Day . . .Sundaes! (even on Friday)

Games, fun and lots of good food...for EVERY shift

* EVERYBODY shares in the all the freebies all week!

Calendar

MSI Lecture Series

(Wednesdays, 11 a.m., MSI Auditorium)

April 28

Melinda Stanley, PhD

Mark Kunik, MD, MPH

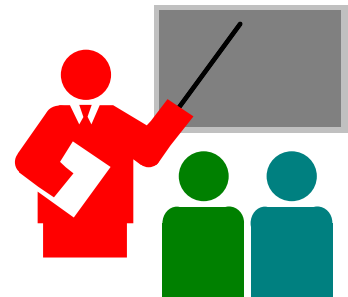
Baylor College of Medicine and
Geropsychiatry Health Service
Research, Veteran’s Affairs
Medical Center

“Finding and Treating
Psychological Problems
in the Medical Setting:
A Focus on COPD”

Hospital-wide Meeting

Tuesday, April 27

2 p.m. Auditorium



2nd and 3rd Shift Meetings will be held in
Conference Rooms 3A01/02 at:

7:30 p.m.

9:00 p.m.

Wednesday April 28, 2004

12:30 a.m.

1:45 a.m.

CenterViews
STATUS
MARCH/ADTs



	<u>2003</u>	<u>2004</u>
Admits	522	576
Discharges	507	593
Patient Days	5902	5753
Discharge Days	5506	6203
Avg. Daily Census	190.4	185.6
% Occupancy	85.8%	88%
LOS (days)	10.9	10.5
less extend, acute	8.4	8.4
	(222 beds)	(223 beds)

K * U * D * O * S

... **Velma Douglas**, who has been named Interim Assistant Nurse Manager for Unit 3C. She brings to the role 30 years of nursing experience, functioning in multiple roles.

T * H * A * N * K * S

I would especially like to thank nurses **Yen and Tom**, and techs **Ben, Nolan, Michael, Raymond, Cedric** and Miss **Chi** ... Thank you for helping me see myself in a new light hearted way. ... and thanks to **John, Dr. Cowan, and Gladys Jones**. Thank you for being healers, it takes so much courage.

Help wanted

UTHCPC is looking for a few good high school or college students.

"If your child would like to do something fun and constructive this summer," says Public Information Director **Geri Konigsberg**, "have him/her think about volunteering at UTHCPC."

She outlined the variety of jobs UTHCPC volunteers can do, including performing clerical duties (ages 14 and up); working in medical records (14 and up); folding clothing for patients (14 and up) working with patients (18 and up).

Student volunteers receive an orientation and must have a current TB skin test.

Interested faculty or staff and their children should contact **Carol Rone** in Volunteer Services at ext. 8692 for an application or stop by **Debbie Garcia's** desk, room 3A31.

"The rewards are many — helping others less fortunate than ourselves," says Konigsberg. *

New email requires UT address

Clean out your stored emails and start using your UT Houston email address. That's the advice from **Richard Montanye**, Director of MIS and **Seamus Sadai**, who is heading the implementation of the Microsoft Exchange email system at UTHCPC.

Testing on the new system will be done in June, with pilot implementation by the beginning of the new fiscal year.

The hospital will be one of the last UTHSCH facilities to switch to Exchange. The new facilitate communication between UTHCPC personnel and those around the HSC, even allowing one to schedule an appointment with someone or reserve a meeting space at any location within the HSC.

The system will also allow users to send much larger sized attachments with their emails.

Exchange will be accessed through the web, said Montanye, instead of being loaded on one's computer. This will allow staff to access their email from home.

"Most of us here mainly use the system to read and send emails," said Montanye, "and will not notice any change."

A major issue now being worked on by Montanye and Sadai is how to handle old email. "We haven't decided if or how users will transfer their old email to the new system; but they will need to weed them out because there is a space limit," Sadai said.

As part of the same system, UTHCPC people will also now have access to the

entire UTH email address book.

"We'll no longer be using our separate UTHCPC addresses, with "mind," but our shorter UTH addresses. For most users this will take the form of "firstname.middle initial.lastname @uth.tmc.edu." These addresses can be found by accessing the UTH Home Page and clicking the "People Directory" button and searching under the person's name. People who have the same name, i.e. John A. Smith, will have numerical suffixes to identify them.

Because of heightened security, users will also be required to make sure their user IDs conform to what UT has on file, and passwords will have to be eight characters long, six alpha and two numeric. Passwords will continue to be changed every 90 days and cannot be used over again.

Because Exchange is a high profile Microsoft product, the chance of viruses becomes greater, although Montanye believes the security system will be able to handle most problems.

However, because embedded viruses can be delivered in them, the system will filter out all .zip, .exe, and .vbs messages.

Our Exchange does no filtering of "spam" he said, but UTH is looking into a spam filtering program for the entire system.

In addition to the new email system, Montanye's department is also working on replacing the old Allegra patient registration and financial system with a new system before September 1. *

MENTORING THE NEXT GENERATION: Hospital-Wide Education hosted young women members of Texas Executive Women's mentor programs at Aldine High School for a day's seminar, during which they learned about educational requirements and career opportunities in the mental healthcare field. They toured the facility and had lunch with Chief Administrator, **Lois J. Moore**.



Performance Improvement Corner

We Heard You and We Care: Creating and Sustaining a Culture of Safety

by **Rachel McBride**, Director, PI

As we strive to create and sustain a culture of safety at UTHCPC, we must make safety our number one priority in our everyday practices. We should also review how we can create organizational-wide systems that will enable us to identify and eliminate hazards that pose risks to patients and staff. It is important to remember: We are all responsible for the system in which we work.

As a start, a safety survey was sent out to employees in all departments/disciplines to complete and fill out either online or in hard copy. To date, PI has received more than 125 surveys. Please see results below, and thanks to all of you who completed the survey.

See Charts below for results of the Staff Safety Survey (For a more detailed report, see the Safety Survey Results on the PI Website.)

What's Next?

The information has been shared with

Leadership and responsible managers will review and provide action plans to staff.

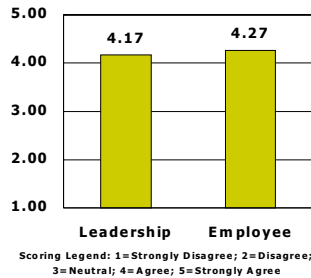
What else can we do?

As a team, we can:

- Promote a view that patient safety is everyone's responsibility.
 - Encourage open communication among leaders, staff, and patients regarding concerns
 - Empower staff to identify and reduce threat to patient safety
 - Educate staff/patients on their roles related to safe practices
 - Continue to support a blame free environment so that safety opportunities can be identified and improved on a continuous basis.
 - Complete a safety survey. (Please email Gene McCardle for a copy)
- All safety ideas are opportunities for improvement.** Thank you for making UTHCPC a safe place. *

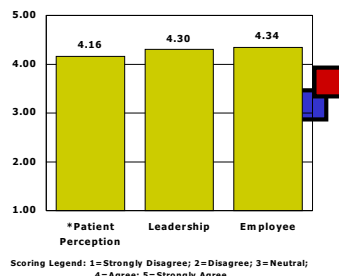
Do You Think HCPC Is a Safe Place to Work?

Overall Leadership and Employees rate HCPC slightly above "Agree" as a safe place to work.



Do You Think We Provide Safe Patient Care?

Overall patients, leadership and employees rate HCPC slightly above "Agree" when asked if they think HCPC provides safe patient care. Safety consistently rates in the top five areas of strength in the patient satisfaction survey



Patient Safety Improvement Suggestions From Leadership & Staff

Employees n=59	Leadership n=17
Escort 8% (5)	Medication Errors 29% (5)
Staffing 20% (12)	Environmental Safety 35% (6)
Smoke Free Environment 8% (5)	
Cell Phone Usage 5% (3)	
Seclusion / Restraint 7% (4)	

Do you know the Safety Related Performance Measures we assess at UTHCPC and Outpatient Services?

UTHCPC

Patient Safety

- Medication Errors
- Adverse Drug Events
- Noscomial Infections
- Patient Injuries
- Eloperments
- Seclusion/Restraint
- Suicide Attempts
- Results of Patient/Family Surveys regarding safety at UTHCPC

Employee Safety

- Employee Injuries
- Accident Investigation
- Educational programs on safety based on injury data
- Immunization
- Results of Staff Safety Surveys

- Communicable disease exposures

Environmental Safety

- Product recalls
- Drug Recalls
- Product/equipment malfunction
- Air and water quality
- Security Incidents
- Incidents of workplace violence
- Equipment Inspection
- Safety assessment of facility and grounds

Visitor Safety

- Visitor Incidents
- Results of Visitor Safety regarding Safety

Outpatient Behavioral Services

Patient Safety

- Adverse Drug Events
- Patient Injuries
- Escalating patients requiring transfers from outpatient to inpatient
- Results of Patient/Family Safety Surveys

Employee Safety

- Employee Injuries
- Immunization
- Communicable disease exposures

Environmental Safety

- Product recalls
- Drug Recalls
- Product/equipment malfunction
- Security Incidents
- Incidents of workplace violence
- Response time for UT police assistance

Visitor Safety

- Visitor Incidents



Institutions

(Continued from Page 1)

residences “where a large number of situated individuals are cut off from the wider society for a period of time and live together in a closed, formally administered round of life.”

By their very nature, Goffman believed, such institutions have social consequences for the patients: power over their personal actions is taken away from them and given to the staff, there are compulsory routines, often there is little intimate contact between staff and patients, and there is a loss of privacy. “And while the modern psychiatric hospital treatment is much different than when Goffman lived, Creson said, “there

are similarities.

“Hospitals are about a variety of things besides caring for patients: protection of the community, education, profit, and research. It’s not hard to see that in the name of patient care, the patient can be marginalized,” he said, “especially if the patient has no representation in the administrative or clinical meetings.

“Even if people conclude that the treatment they received at the hospital was beneficial for them, it is still true that a patient cannot do what he wants when they want. Certain relationships and rights are compromised, even though it is clear that help is needed.”

Looking at the vast literature about suicide prevention, Cowan reported that negative attitudes and behaviors of staff towards patients in distress increased the likelihood that they will be subjected to more restraint and supervision by these same employees. Other behaviors associated with suicidal behavior include lack of continuity of professional care, lack of supportive interaction, frequent staff changes, and depersonalizing

behaviors and negative comments or judgements and disturbed relationships with hospital staff (staff categorize patients as needy, annoying or manipulative). The data reported that the highest risk periods for suicide attempts in hospitals were during admission and after discharge.

We really don’t answer the question “Do they promote or prevent suicide?” Creson said. “Instead, we reduce the question to something much more basic: how can hospitals best be put together to reduce the incidence of suicide.

“We are not condemning hospitals, but we do want to raise the attention level about the ways hospitals may become instruments, unknowingly, for increasing the suicide rate—even in attempts to prevent it.

“They are institutions which serve vulnerable populations. It would be foolish for us to believe that an institution has the potential to have a negative effect. If we don’t ask and don’t look, we can be guaranteed that the risk will be increased.” *



Help “art” our patients

It’s “Spring Cleaning” time, so clean out those closets and drawers and donate all those odds and ends to the

UTHCPC Recreation/Art Therapy program on April 30.

Safety scissors	Fabric scraps
Glue/glue sticks	Lace or netting
Plastic	Felt
table cloths	Yarn and
Colored pencils/	embroidery floss
crayons/markers	Ribbons
Watercolor paints	String
Construction	Cotton balls
paper	Glitter
Craft tissue paper	Buttons
Wrapping paper	Beads
Poster board	Old jewelry
Boxes	Old potpourri
Egg cartons	Old perfume
Plastic bottles	Old scented oils
Plastic containers	Silk/paper flowers
Magazines	Old shoe polish
Cards	Wood/plastic
Wallpaper	picture frames
Old puzzles	Unused craft
Paper towel/	kits/ supplies
toilet paper rolls	



*IT TAKES A VILLAGE: Unloading two van loads of clothing collected for UTHCPC patients by Boy Scout **Ryan D. Wade** was a group effort. Wade (R), who hopes to soon become Eagle Scout, is a student at the Aldine 9th Grade Center and a member of the Aldine Pathfinders, Troop 358. Joining Ryan to deliver the goods to UTHCPC are (top, l to r) **Bert Warnken** of the BSA; Ryan’s mom, **Donna Wade Mota**; **Jackie Walton**, BSA and her two grandchildren. Ryan’s Scoutmaster is **Robert Padilla**.*

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