

# TSRH Nursing Progress Notes

## Nurses Shining Stars



**Janette Kennedy, Clerical Employee of the Month** because Janette asked two clients if they would mind letting another client go first as that client was in a wheelchair. Janette's interaction was professional, courteous, and genuine. Her concern for the wheelchair patient was noticed by the other two clients and they willingly helped out. Janette rewarded the two clients who had agreed to wait with candy.

**Position:** Clerk II, Med 2  
**Favorite Hobby/Activity:** Serving the Lord  
**Favorite Movie:** Any old movie  
**Favorite Meal:** Steak

If Janette could have a special dinner with three other people she would invite:

1. John F. Kennedy
2. Dr. Martin Luther King
3. Billie Holiday

**Janette likes working at Terrell State Hospital** because it is a place to give back what the Lord God has done for me. To make someone smile in a place where you think they would not feel like smiling.



**Nancy Abate, LVN Employee of the Month** because she is always friendly with great attendance. She assists with patient issues and when needed goes to the different units to provide the 2<sup>nd</sup> licensed staff required for the night shift to administer insulin. She is willing to assist and learn new tasks.

**Position:** LVN, Evening Shift, Admissions  
**Education:** TVCC, LVN School, Edgewood HS  
**Favorite Hobby/Activity:** Doing things with my family  
**Favorite Movie:** It's A Wonderful Life  
**Favorite Meal:** Hamburger with everything on it!!!

If Nancy could have a special dinner with three other people she would invite:

1. Bobbie Housewright
2. Diane Stone
3. Liz Pietzsch

**Nancy likes working at Terrell State Hospital** because I like helping others and see our patients get better from treatment they receive at our hospital. There is a lot of caring staff here and they are here because they want to be. People ask me where I work and I say, "Terrell State Hospital, my home away from home."



**Leo Rivers, PNA Employee of the Month** because he enlisted the Help of all of the PNA staff and got the patients involved in creating a “Recovery” wall in the De Ja Blue room. He worked with the TSH Peer Support staff to hold a “Pillows of Unrest” workshop. Leo is a kind, respectful, and dignified staff member who work to enrich the lives of our patients.

**Position:** PSPT, Day shift, Unit 7B  
**Education:** Going to school for Physical Therapist Assistant  
**Favorite Hobby/Activity:** Fishing  
**Favorite Movie:** Transformer  
**Favorite Meal:** Pizza

If Leo could invite three people to a special dinner he would invite:

1. My wife
2. My kids
3. President Obama

**Leo likes working at Terrell State Hospital** because I like working with clients and trying to help them to recover from their mental illness so they can go home to their families.



**Roxanne Fisk, RN Employee of the Month** because she is so efficient at her job that sometimes the other nurses turn to her with questions, as well as the doctor. One of the doctor’s was heard saying, “Roxanne’s got it...”. She is an amazingly kind person, an excellent nurse who cares about her staff and patients tremendously. She is a person who is liked by everyone because she shows over and over that she has a huge heart by her actions.

**Position:** RN, Forensics, Unit 8  
**Education:** AND from TVCC, 2007  
**Favorite Hobby/Activity:** Reading and Scrapbooking  
**Favorite Movie:** P.S. I Love You  
**Favorite Meal:** Anything with bacon

If Roxanne could have a special dinner she would invite:

1. Stephen King
2. J.R. Ward
3. My dad

**Roxanne likes working at Terrell State Hospital** because the family-like environment. I am able to go home everyday knowing that I helped someone. I work with wonderful people who make work fun. I truly love what I do.

Staff members who have been nominated previously for a “Shining Star” award are:

**January, 2011**

Laynie Wright, RN  
Connie Spille, RN  
Virginia Chilcoat, RN  
Jennifer Schasteen, RN  
Noah Cruz, LVN  
Diane Marical, LVN  
Alex Arredondo, PNA  
Maria Gonzalez, UC  
Kay Troyer, AA

**February, 2011**

Virginia Chilcoat, RN  
Judith Plott, RN  
Diane Stone, RN  
Judy Neighbors, LVN  
Joe Flowers, PNA  
Vickie Deason, PNA  
Bervin Brown, PNA  
Kathie Moore, MSA  
Susan Mann, Clerk

**Thank You** for all you do. To those that were nominated and to those that will be.....for all of our **SHINING** moments.....it is **GREAT** to be recognized for them!

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If you would like to nominate a Nursing Department staff member for Employee of the Month, please email Nakia Cole or Walt Davis the following information:

- Name of the Nominee
- Brief statement describing why the nominee deserves to be considered!

The four positions for Employee of the Month are:

1. Clerical                      2. LVN                              3. PNA                              4. RN

One from each position will be selected each month and honored in the TSH Nursing Progress Notes Newsletter.



## Meet Your Colleagues

### **Charlsie Fletes, RN, Unit 6**

After I graduated from Longview High School we moved to Malakoff. I went to school at Henderson County Jr College for basic classes. My father was a Land Surveyor so we moved to the area that he was getting work. So our next move was to the Dallas area and I attended Eastfield Jr College for the rest of my basic education. I was working for my father and always thought I would follow him into surveying. Then we had a long recession and the economy dropped out of sight. That's when I decided I had to make a change of plan. My mother was a Registered Nurse and making decent money. That's when I decided to try nursing. I attended Trinity Valley Community College for the nursing program. I had met my husband who was a long time resident of Kaufman County, so I moved to Kaufman. During my last year in the nursing program my instructor referred me to a couple that was looking for someone to help them with their son. He was born with Treacher Collins Syndrome and needed round the clock care. I went to work for this family. I stayed with them and traveled with them for about 4 years. They decided they could handle his care at that point. That's when I came to Terrell State, I found the ad in the newspaper, called and was

hired in 1993. It just made sense to start working toward my retirement, having good insurance and benefits, only 15 miles from home with no traffic to fight. I have managed to stay on the Intermediate unit since I started with Dr. Nguyen. I have been the back up coordinator, worked in the admission department, and have filled in for our nurse manager.

I stayed with Terrell State because of the group of people I work with on our unit. I enjoy our population of consumers, you never know what to expect. There are good days and bad days but more good than bad.

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## **Doris Davis, RN, BSN, MSN**

My Life Began In Nursing School.....



I have often thought and said to others “my life began in nursing school!” Prior to attending nursing school, I worked as a physical therapy technician at ETMC-Tyler.

The inspiration for nursing came from my grandmother, a nurse in Bryan-College Station. I will never forget seeing her in her crisp white uniform, cap, and shoes. I was impressed by her personal and professional commitment to the nursing profession and to those committed to her care. We lost her at 99 years of age shortly after I came to work here at Terrell State Hospital.

Nursing experience and highlights includes Emergency Room, Operating Room, Ambulatory Care Office and Clinic Nursing, Clinical Research Coordinator, Internal Medicine/ Rheumatology Clinic Management, Nurse Educator, ADN program, and Psychiatric Nursing.

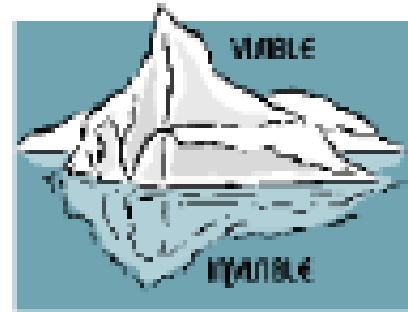
Working on the Forensic Unit at TSH for almost four years, has been fascinating, educational, and rewarding. I enjoyed working with consumers from the Forensic population at other state facilities prior to employment with TSH. Working here provides me with opportunities for meeting many of my personal and professional goals. Terrell is centrally located between children, and grandchildren. In addition, this location provides more frequent access to the arts and entertainment offered in the Metroplex. I plan to continue working with TSH until retirement.

When not at work, I enjoy the arts, travel, interior design, and being a grandmother. My four “Little People” are truly grand! Meeting and interacting with other cultures through travel confirms the realization that it is a small world, and we all have so much in common.

I value my experience at TSH and I look forward to opportunities for making positive contributions in the future. Thank you for this opportunity to share information regarding my interesting and rewarding nursing career.

# Best Practices

## Critical Bits of Information



### SKIN ISSUES-

Like the Iceberg—It is not what you see...

Our goal is to prevent decubitus or pressure ulcers. Would you consider our general psychiatric patient population to be at risk??

The major contributing factor to skin breakdown is immobility, poor nutrition and moisture. In psychiatric settings, the most common diagnosis are: impaired consciousness, dementia, depression, altered psychological behaviors, and Parkinson's Disease. Imagine what could happen if the patient's mental condition overrides the normal pain and pressure sensations that would cause one to move and shift positions? Skin breakdown is not just for the aged!

Patient care priority should be to inspect skin as part of our initial admission assessment and document any findings in the Nursing assessment. This provides a baseline for our continued observations.

Other questions to consider in our observations...

Are our patients mobile? Are they shifting positions as they sit, recline or sleep? Are they standing or sitting in one position for long periods of time? Do they have muscular impairment and need closer monitoring and assistance to turn and reposition?

Is their movement limited by EMI's or mechanical means? Are they demonstrating movement while their EMI is in effect? Are they catatonic? Is their diet well balanced?? Is their skin clean and dry? Are we frequently (every 2 hours) offering fluids to those who cannot assist themselves?

The simplest treatment is at times, the most effective.

We need consistent, planned intervention for observation and skin care. It all begins with that initial assessment!!...and follow up with the basics: Monitor movement, assist those who need help, maintain diet, and assist to keep their skin clean and dry. Make sure staff is informed and their care plan addresses their potential skin needs.

References: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2772234>  
<http://nursingtutor.blogspot.com/2010/01/evidenced-based-practice-for-pressure.html>

Special "Thanks" goes out to **Bessie Wiggs, RN** for her research and commentary on this Best Practice.

## Celebrating Nurses Week May 6-12, 2011



Just a bit of information to share just how far we have come to “Raising Health” in our hospital setting.

- Ancient philosophical thinker, Marcus Tullius Cicero actually wrote the first psychological questionnaire.
- In the 13<sup>th</sup> century- Medieval Europe built psychiatric hospitals to house the insane---but had no nurses.
- 1790 saw the beginning of “moral treatment”
- In the United States, Dorothea Dix was instrumental in opening 32 state asylums to care for the mentally ill. (A Psychiatric Hospital in Raleigh, NC, still bears her name)
- 1808 Psychiatry was formally recognized as a profession
- 1913 John Hopkins University became the first hospital in the United States to offer psychiatric nursing as part of its general curriculum
- 1920 The first psychiatric textbook was published. It was written by Harriet Bailey
- 1950 The National League of Nursing required all nursing schools to include a clinical experience in Psychiatric Nursing in order to receive national credit.  
At this time hospitals were over crowded and institutionalized. The infamous Kings Park Psychiatric Center, Long Island, NY was stated to have 33,000 residents and to require its own power plant.  
Nurses were called “attendants” to give a more humanitarian approach. During this time, the “attendants” role was to “keep the facilities clean, maintain order among the patients, and follow the orders of the physicians.”
- 1963 John F. Kennedy passed the Community Health Act. Public Law 88–164, signed by President Kennedy in 1963, reversed 109 years of federal noninvolvement in state services for the mentally ill as expressed in President Franklin Pierce's veto message of the Indigent Insane Bill in 1854. This mid-19th century bill, written and promoted by Dorothea Dix, would have provided a grant of land for "the relief and support of indigent, curable and incurable insane." Its passage by Congress was the culmination of more than six years of intense work by Dix and her allies in trying to provide asylums that would emphasize "moral treatment" approaches to mental illness (4). Dix's asylum movement emphasized the need for more humane treatment based on compassion and care rather than assigning mentally ill persons to jails, poorhouses, or a life on the streets as was common in 19th century America. The movement argued that orderly routine that incorporated social contact, exercise, and work could cure insanity much more humanely and effectively than efforts to rid the body of demonic possession and other extreme measures of corporal punishment (4).
- Psychiatric drugs were becoming more available. Asylums were too expensive and began shutting down.
- Nursing care became more intimate and holistic.
- 1973 The first standard of care was created by the Psychiatric division of the American Nurses Association which outlined the responsibilities and expected care of the nurses.

### As for TSH

TSH was originally named the North Texas Hospital for the Insane. This name applied from 1885-1925. The name was then changed to Terrell State Hospital.

It was originally opened July 17, 1885 with the admission of two clients.

Though there are pictures of nurses throughout the Terrell State Hospital History written by Benny Britton, there is not much detail regarding nursing activities recorded.

According to an interview of Ms. Marie Ballard as written in *The Fountain*, May 2010 issue, Ms Ballard is quoted as saying, "I always thought that the hospital and the community should be as one. So many people have the wrong idea about the hospital and the patients. The biggest difference between when I first began working as a nurse and now is the tranquilizer. That tranquilizer opened doors----you saw people coming out of locked rooms. What we had in the early days was electroshock, insulin shock, and lobotomy---before the tranquilizer."

### WHERE ARE WE NOW??!

We continue to do ECT under controlled circumstances, and with good results, but the days of lobotomies, and insulin shock therapy has passed. (hard to imagine??)

Nurses are role models for their staff and clients. Nurses are not mere thermometers gauging a climate, but are the Thermostats for establishing a therapeutic milieu for their patient group. In Psychiatric nursing, we, ourselves are the instruments or agents of improvement as we provide a therapeutic milieu for our clients.

The term "milieu" is French for "middle place", so in essence, we are to provide a safe place or "middle ground" for our clients. The word refers to the people, and all other social and physical factors in the environment in which the client interacts. This environment is designed to provide a secure retreat for persons whose capacities for coping with reality have deteriorated. It's a place for clients to gain adaptive coping skills and allows them to test these in a secure, comfortable physical facility. It provides recreational, occupational, social, psychiatric, medical and nursing therapies. It should protect clients from perceived pain, terrifying stressors, and from their own or other client's maladaptive behaviors.

Basically, Psychiatric nursing is involving SELF in caring for the whole patient.

Psychiatric nurses show understanding and empathy to give a positive balance.

They learn to know their patients in order to provide positive support.



They provide continuity of care, meeting not only the psychiatric assessments but the medical needs of the client.

They are genuine. They offer respect and dignity to their clients.

They set boundaries as needed, which provides the “safety net” for their clients to interact with others.

They have self awareness of their own needs and limitations.

**OUR GOAL IS RECOVERY!!**

Yes.....We do give medications.....We do provide therapeutic conversation with our clients....We do meet with each client and the treatment teams to develop a progressive care plan....We do activities....We do teach and provide instructions. We promote health!!

We are Raising Health!!  
We appreciate our nurses at TSH.....

*HAPPY NURSES WEEK  
THANK YOU FOR ALL YOU DO!!  
TO RAISE HEALTH!!*

Reference:

<http://psychservices.psychiatryonline.org/cgi/content/full/51/5/616>

[http://en.wikipedia.org/wiki/Psychiatric\\_and\\_mental\\_health\\_nursing](http://en.wikipedia.org/wiki/Psychiatric_and_mental_health_nursing)

Terrell State Hospital 1883-2008, Benny Britton,

“The Fountain”, “Marie Ballard Recalls Experiences at TSH” by Sheila Kunick, p.14; May 2010 edition



# Leadership



## What Followers Want From Leaders

**HONESTY.** This is most important. Followers want to be shown that leaders will do what they say they are going to do. Leaders must act in ways that mirror their values and beliefs, and in ways that show personal integrity. Honesty breeds trust, people entrusting their careers, energy, and time to you.

**COMPETENCE.** Your employees must believe that you know what you are doing, that you are more than just a technician (although you must achieve a certain minimal level of technical competence too). This means that you must bring something new to the job, something that will help your employees get more of what they want. This could include special expertise, political power, extra knowledge, new rewards, personal strength or other tangible or intangible qualities.

**A SENSE OF DIRECTION.** People want to believe that the leader knows where they are going—once that is clear to them, and presented in a desirable way, they will usually want to hop on board. Where do you want your group to be in six months? One year? Can you explain it in a clear way to others.

**INSPIRATION.** Once you have a goal for your group, it is necessary to paint an enthusiastic, positive picture so everyone can “own” it, too. People must have confidence in the values of the goal to them. If you don’t show excitement for your goals, why should they? Talk about your goals with conviction and passion, then be a cheerleader for people’s efforts in reaching them.

**CREDITABILITY.** People want leaders who are creditable. This creditability leads to security, to the feeling that it’s OK to be led by another, and to put your heart and mind into your work. Creditability comes from honesty, competence, and inspiration as described above. It must be earned gradually, through showing others that you are worthy of their trust and respect, and it must never be taken for granted.

**BUFFER.** Employees need the buffer that the leader provides. One of the leader’s most important roles is to better interface with the upper levels of management and with other work groups. Where the leader fails to provide such a buffer the team suffers and individual employees lose faith in the leader’s abilities.

Can you identify one area or one thing that you can, do, or not do today, that will help you grow as a leader at Terrell State Hospital???

# DSHS - Building Healthy Texans – Your Health, Your Future

## How Healthy is Your Cooking Style?

By Susan McQuillan

Reviewed by QualityHealth's Medical Advisory Board

Fried, sautéed, roasted, grilled. Here's how various cooking techniques stack up and why some are better than others when it comes to keeping you healthy. While some cooking styles are considered more or less healthy than others, that often has as much to do with your skill level in the kitchen and choice of ingredients as the technique itself. For instance, while fried foods are considered less healthful than most others, that often has less to do with the use of cooking oils than it does with thick breaded coatings and incorrect cooking temperatures that result in excess fat absorption. When a cooking style like deep-fat frying has a bad reputation among health experts, it also has to do with overindulgence. An occasional piece of fried chicken never hurt anyone, but a steady diet of fried foods over the course of a lifetime can certainly lead to weight problems and other health problems associated with a high-fat diet. For too many people, preparing and indulging in high-calorie, high-fat foods become a bad habit, and one that is difficult to break. Other than poaching, steaming, boiling and microwaving foods, most cooking methods use at least *some* fat, but none other than deep-fat frying require excessive amounts.



Here's how to keep cooking techniques as healthful as possible:

### **Baking**

As a cooking method, baking doesn't usually require added fat, but baked goods themselves usually contain a fair amount of fat. To make sure you are using healthier fats, try substituting light olive oil, canola oil or a blend of healthful cooking oils for one-third to one-half the solid fat (such as butter) called for in a cake, muffin, quick bread or drop cookie recipe.

### **Broiling and Grilling**

Make sure meat and other foods are grilled or broiled on a rack that allows excess fat to fall through rather than coat or be absorbed into the food. Choose lean cuts of meat and grill or broil at a safe distance from the flame or other heat sources to avoid charring and smoke flare-ups. Both of these conditions have been linked to the formation of cancer-causing chemicals.

### **Microwave Cooking**

The microwave oven cooks most foods quickly, which saves nutrients, and without added fat, which saves calories. Use only microwave-safe containers and covers to avoid chemicals migrating from plastic or other products that may touch the food.

### **Poaching**

A gentle form of boiling, poaching is sometimes used to cook seafood or fruit in a minimal amount of water, juice or seasoned broth in a covered pan at a low simmer so that the food maintains its shape yet is cooked through until tender.

### **Roasting**

Like baking, roasting is done in the oven, but usually at higher temperatures. Roast meat and poultry on a rack inside a roasting pan to allow fat to drip through.

### **Sautéing and Stir-Frying**

Both of these methods traditionally use fat to cook small or thin pieces of food such as cut-up vegetables and sliced meat or poultry. The difference between the two is that stir-fried food is cooked over a higher temperature and with frequent or constant stirring. In both cases, food can be cooked in a very small amount of oil, especially if you use a nonstick skillet or wok, or by coating the cooking utensil with nonstick cooking spray.

### **Steaming**

Since boiling foods such as fresh vegetables in water to cover can leach out important nutrients that end up being thrown out with the cooking water steaming is considered a healthier method. To steam properly, place the food in a steamer basket or on a rack that sits well above an inch or two of simmering liquid in a covered pan. Seasonings added to the food or the steaming liquid will help flavor the food.



(Hopefully we will not be like this-or maybe you are here now)

A little silver-haired lady calls her neighbor and says, “Please come over here and help me. I have a killer jigsaw puzzle, and I can’t figure out how to get started.”

Her neighbor asks, “What is it supposed to be when it is finished?”

The little silver-haired lady says, “According to the picture on the box, it is a rooster.”

Her neighbor decides to go over and help with the puzzle.

She lets him in and shows him where she has the puzzle spread all over the table. He studies the pieces for a moment, then looks at the box, then turns to her and says, “First of all, no matter what we do, we’re not going to be able to assemble these pictures into anything that resembles a rooster.”

He takes her hand and says, “Secondly, I want you to relax. Let’s have a nice cup of tea and, he said with a deep sigh.....

“Let’s put all the cornflakes back in the box.”