

Utah State Hospital Newsletter

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USH "Starts the New Year Running"

We've all had those times when we've thought "maybe things will slow down and we can take a moment and relax." Who are we kidding? As is typical for the Utah State Hospital, 2011 started like a race: the New Year Bell rang, and we jumped out of the shoots running. What better way to begin a new year than to be validated with a successful unannounced Joint Commission accreditation survey! We are very proud of how everyone responded to the survey. It reinforces the confidence we have in our organization knowing we are prepared at any moment for an intensive review. We do not have to preoccupy ourselves with "ramping up" to prepare when we are ready on any given day for a surveyor to walk in. The Joint Commission was very impressed with the professionalism of USH employees. Each department demonstrated excellent service and the patients themselves reported they are well-cared for. We thank you all for a job well done!

The Legislature has also kept us on our toes. The hospital has received much attention over the past few years from the privatization debates, pediatric services, request for the Building Consolidation capital development project as well as discussion of operational efficiencies and budget cuts. Once again, our stakeholders and other agencies across the state vocalized great support for USH and reiterated how much we are valued as a partner in the mental health array of services. Legislators, State Leaders and many others are becoming more aware of our mission, the challenges we face, and our achievements.

It is our responsibility at all times, regardless of the discussions, to continue towards more efficiency in our delivery of services and ongoing quality improvement efforts. The Legislature has asked the Department of Human Services and the Division of Substance Abuse and Mental Health to work with the mental health centers and other stakeholders to study these key issues over the next year.

We ended 2010 with our USH Manager's Conference setting the pace for the upcoming year. We reviewed our progress in 2010, compared ourselves with other hospitals in the Western United States and set direction for the upcoming year. Our discussions led to goals focusing on 3 main areas for improvement: (1) Ongoing efforts with our Patient Wellness programs; (2) Patient and Staff Safety; and (3) Staff Morale. Formal Process Improvement Committees will work on these focus areas over the next year.

The Debriefing Committee will focus on our hospital wide review and analysis protocols for incidents in the hospital to better evaluate our procedures, enhance our training programs, and give treatment teams and administration feedback as to ways to improve safety and reduce the use of seclusion and restraint. The Employee Morale Committee will be engaged in efforts to assist the hospital improve in our efforts to validate employees. We have a great hospital. It is great because of the wonderful people working at USH. We need to recognize everyone's efforts and ensure an environment where employees feel they are valued and respected. You are the reason we have been consistently successful and we are grateful for the work you do. We have confidence the work of these three groups will help our ongoing efforts to improve patient care.

I want to take this opportunity to thank everyone for making the Utah State Hospital a great place to work. We have had a number of retirements this past year and without fail, every person leaving has stated what they will miss the most is working with the people here. That's says a lot for what great co-workers you are!

- Dallas Earnshaw, Superintendent



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STRONG ROOM:

“We plan better for captive tigers.”

On March 31, 1932, Superintendent Frederick Dunn noted in a meeting of the State Board of Insanity that some action was needed to provide suitable accommodations for a “number of criminally insane patients who had become very much disturbed and are dangerous”. Actions taken after that statement stunted attitudes of mental illness for 25 years and profoundly affected the men of Ward Five.

Dr. Dunn referred to an incident where an attendant was knocked unconscious and severely injured by two patients. After visiting the disturbed Men’s Ward on the central building’s top floor, the board decided “no time should be lost in providing suitable steel cells where these patients should be kept”. On May 1, 1932, Claude Ashworth, a local architect, submitted a bid of \$1,055 for plans to convert a section of Ward Five into four still jail cells that would become known as the “strong room”, and one of the hospital’s most controversial wards.



Superintendent Dr. Owen Heninger remarked in his autobiography, “As physically austere and forbidding as this facility was, that was its least objectionable feature. Its operation was more like that of a medieval dungeon than the abode of sick people in the twentieth century.” Beginning his administration with a campaign against such treatment in 1942, Dr. Heninger finally succeeded when the strong room was finally removed in May of 1950. The iron bars, which had been used for locking up the criminally insane, were converted to hay mangers for the local dairy herd.

Bars were removed, but Ward Five continued to be problematic and old attitudes prevailed. A November 6, 1953 *Deseret News* article illustrated current conditions:

On the top floor of the administration building the superintendent opened a double locked door. It had a regular wooden door on the outside and a heavy-gauged wire screen door on the inside - we saw a long corridor in which a score or more of patients were moving about. Half way down the long corridor, we found a row of six small rooms with double doors similar to those by which we had entered the ward. In these rooms were the maximum security cases, the criminally insane men transferred from the state prison, one to a cell. The security cells have barred doors and windows, a bed and bare walls. Nothing else.

The article went on to describe circumstances the men in those rooms were subjected to. Seldom let out of the tiny room, they were accompanied by two attendants to use the bathroom and were never taken out for exercise for lack of a secure area outside. Security doors were opened only at meal time long enough to place trays and dishes in and out as two attendants stood close by.

Finally, after years of effort by Dr. Heninger and other staff, employee attitudes about the men on Ward Five began to change and living conditions began to improve. A small article “Real Progress,” appeared in the May 1957 issue of the hospital’s newsletter, *The Indicator*. The first written reference of the remarkable change for the patients of Ward Five, it noted these patients went on a canyon picnic and to a party on May 7th, activities so common among other wards, it was taken for granted. However for the patients on Ward Five, it was a milestone. Most of these men had not been anywhere for over 20 years and one who had spent 18 of his 27 years caged in the strong room.

“It was remarkable when the cells were removed in 1950, but both he and society climbed another rung in the ladder of progress last Tuesday in allowing him a breath of fresh air and sunshine in God’s great out-of-doors.” The article made “a call for a re-evaluation of our thinking as to the treatment of mental illness, in general and our patients in particular.”

Such issues are relevant today as ever, “having been too long shackled to out-dated and worn out concepts.” The strong room and Ward Five can be a cautionary tale about how we make decisions and their lasting impact. Perhaps a more measured approach to one incident in 1932 and a continued and careful review of our attitudes and decisions over the intervening years would have made a huge difference to those men on Ward Five.

“The Old Oaken Bucket Delusion”

Charles R. McKell (circa 1955)

While searching through old documents and artifacts of the hospital, a fascinating newsletter was found. One article highlighted an attitude that struck me funny for it holds true today . . . that we all have selective long term memory loss when thinking about the past and have some mythical beliefs that life was much better in “the good old days.”

Though change does not always work out for the better, for the most part, progress does bring about improvements; especially in regards to patient care and living conditions for both patients and staff.

In 1955, Charles McKell (author of our USH History) wrote an article reminding the staff about how things “used to be for them.” He started his article out as follows:

The “Old Oaken Bucket” is a once popular song, still occasionally heard, reflects the tendency to think of the past or of one’s childhood as “the good old days”; someone has called this tendency “the old oaken bucket delusion” because, while it may sound well in song or in theory, much of it is usually sentimental “phantasy.”

“Nowhere is this more apparent than in comparing the past and the present at the hospital,” said McKell. We doubt that there is anyone who would trade the present, with all its imperfections, for the sometimes glorified past, when it comes right down to it. There is in reality not much real incentive to return to the so-called “good old days.”

He then went on to describe the changes that had taken place in the hospital and that “labor and management” had not always worked together and it was hard for the one to understand the other. But, they did eventually work side by side to improve the hospital. McKell mentioned that many changes had been accomplished and went on to describe some of the old conditions. He described a time when the employees had no retirement system, no Holiday time for night shift workers, and only two units had more than one psych tech working on any shift.”

He also stated, “It seems to us that the atmosphere of the institution has changed tremendously and this has been due to a change in attitude on the part of both the employees and administration. Everyone wanted to provide the best treatment options for patients. These improvements of conditions for patients brought some benefits to employees in terms of hours and working conditions.”

As I reflect on the larger picture of where we have been and where we are at today. There are definitely things from the past that I have an appreciation for and wish at times we could have back those days. Yet, for every positive memory, there are thoughts that frankly make me shake my head wondering “what were we thinking?!”

Overall, despite the political and economic struggles, I am completely satisfied living in the present. Amongst all of our challenges, we have become a stronger more unified group of employees. Of course, I hope that our efforts to improve make it so that those working in the future look back on us and are grateful progress has continued. I like to look back with respect. It is important that we understand our history so we do not repeat the mistakes of the past. Yet, at the same time, understand that we are where we are today because the employees of the past were driven to learn and motivated to make continually do better.

- Dallas Earnshaw, Superintendent



Don't Fall for Trip and Fall Hazards

You don't have to fall from a great height to get injured. Many workplace fall injuries occur on level ground when employees trip over unexpected objects in their path. Worrying about trips and falls may not seem like a big deal compared to many of your other pressing safety concerns, but just remember that even a little trip can lead to injuries like muscle strains or sprains, torn ligaments, broken bones, back or spine damage, and even head injuries if an employee trips and falls head first down the stairs or crashes head first into a wall as a result of a trip.

Take a look around. You'll probably find more than a few trip hazards lurking in your workplace. Common trip hazards include:

- Sidewalk Cracks
- Cords in walkways
- Improperly stored materials
- Cluttered or poorly designed work areas
- Poor visibility
- Carelessness
- Open drawers
- Uneven, defective flooring



LOOK WHAT'S HAPPENING ON OUR CAMPUS!!



This is an exciting time for the State Hospital and the facilities campus wide. The hospital has the green light to proceed with building a Pediatric Building and a Clinics Building to replace the MS building, the Youth Center, and the Beesley Building. The Clinics Building will be built approximately where the Hyde parking lot is and will include Pharmacy, Central Supply, Clinics, ADT, IT, Nursing Education, Medical Records, the Clothing Center and other offices that are presently in the MS building. The Pediatric Facility will be built in the field next to the Beesley building and will have school and living and eating spaces for the Children's Unit, Boys Youth and Girls Youth as well as offices for the staff from those units. Programming for these buildings will begin in May.

There are many other things happening on campus too. The Central Utah Water Project and Provo City are completing a water pipe line and road that will border the south and west of campus. There will be a new round about at the west entrance of campus and also at the south entrance to campus. The south entrance will have double iron gates that open electronically through use of your ID badge. There will also be a wall between the hospital campus and the new Provo City road.

Other projects include replacing the locks and central control panels in the Forensic Building; upgrading our boilers in the heating plant; replacing the heating and air conditioning system in the Heninger Building, replacing the cement in the Rampton II courtyard and at the entrance to Rampton II (north side of the building), new pavement by the Heating Plant and on the road around the Forensic building as well as new pavement in front of the Heninger Building, replacing the tunnel supports in the tunnel on Center Street, improving the irrigation system to the orchards, trimming the large trees to keep them healthy (no we are not cutting the trees down!), building a retaining wall up behind the castle, putting pavilions at the campground, replacing the skylights in Rampton I (they leak), and several other smaller projects. Our Facilities staff are super busy and we are so glad they do so much for the hospital.

- Peggy Grusendorf, Asst. Superintendent

USH NEWSLETTER

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