



# Oregon

Theodore R. Kulongoski, Governor

**Department of Human Services**

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September 25, 2008

The Honorable Peter Courtney, Co-Chair  
The Honorable Jeff Merkley, Co-Chair  
State Emergency Board  
900 Court Street NE  
H-178 State Capitol  
Salem, OR 97301-4048



Re: Oregon State Hospital – Continuous Improvement Plan

Dear Co-Chairpersons:

## **NATURE OF THE REPORT**

The Department of Human Services (DHS) was directed by the February 2008 Supplemental Session Ways and Means Committee to return to the September 2008 State Emergency Board with a report on the progress in implementing the Oregon State Hospital (OSH) – Continuous Improvement Plan.

The attached report provides information on the implementation of the second phase of the plan.

## **AGENCY ACTION**

The department has compiled the information as requested above. The department's report on the status is attached.

## **ACTION REQUESTED**

The department requests that the Emergency Board acknowledge receipt of this report. While this letter does not formally request the release of the Special Purpose Appropriation, the department will make this request in the Financial Update Report.

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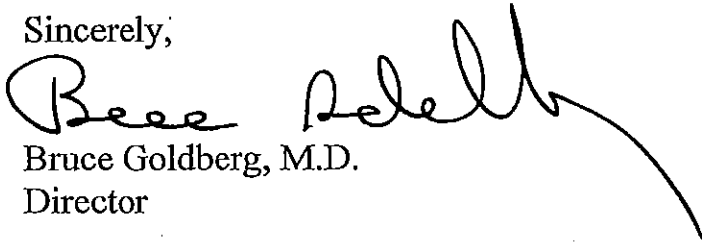


The Honorable Peter Courtney, Co-Chair  
The Honorable Jeff Merkley, Co-Chair  
August 8, 2008  
Page 2 of 2

**LEGISLATION AFFECTED**

None.

Sincerely,

A handwritten signature in black ink, appearing to read "Bruce Goldberg", with a long, sweeping underline that extends to the right.

Bruce Goldberg, M.D.  
Director

Enclosure

CC: Sheila Baker, Legislative Fiscal Office  
John Britton, Legislative Fiscal Office  
Michael Kaplan, BAM, Department of Administrative Services  
Blake Johnson, BAM, Department of Administrative Services

OREGON DEPARTMENT OF HUMAN SERVICES  
ADDICTIONS AND MENTAL HEALTH DIVISION  
REPORT TO THE STATE EMERGENCY BOARD  
OREGON STATE HOSPITAL  
CONTINUOUS IMPROVEMENT PLAN APPROPRIATION  
**SEPTEMBER 25-26 2008**

**BACKGROUND**

The purpose of this report is to provide an update on the Continuous Improvement Plan (CIP) implementation at the Oregon State Hospital. In addition, although the request for release of the \$2.4 million balance from the Special Purpose Appropriation will be part of the Financial Update given by a separate report to the Emergency Board, this report will address the status of the hiring and the remainder of the implementation of the Plan and hiring of both new and current vacancies.

This report includes an update of the regulatory compliance visits/audits of the Center for Medicare and Medicaid Services and the Joint Commission of Accreditation. The Oregon State Hospital is proud to report that the latest assessments were positive.

## **1. STATUS UPDATE ON THE FEBRUARY 2008 SUPPLEMENTAL SESSION APPROPRIATION**

### **STAFF ADDITIONS AT OSH**

As of the writing of this report (August 25, 2008) 58 of the 211 CIP new positions approved by the February 2008 Supplemental Session have been hired. This represents an increase of 37 newly filled positions since the June 2008 E-Board.

The original phase-in plan for CIP projected only 23 total filled positions by July 2008 putting the hiring process well ahead of first predictions.

Thirty-seven (37) of the filled positions are from external hires and twenty-one (21) are transfers from within OSH. A list of the total positions filled for CIP is attached in Appendix A.

As natural attrition and transfers to the new CIP positions cause additional vacancies in current positions we have also focused on filling current vacancies as well as the recruitment for the new staff. Total staff, including current and new positions, reached 1,242 employees as of August 1, 2008; an increase of 76 from the 1,166 FTE's reported on August 1, 2007. The increase of 76 staff is entirely from external hiring and not from internal. The vacancy rate at OSH is currently reported at 10% in August 2008 compared to 9% in August 2007. This increase is due to the addition of the 211 position added by Legislative Assembly in February 2008.

OSH continues to advertise and recruit qualified candidates for the remaining CIP positions and the existing vacancies at the hospital.

## **AGREEMENT WITH SEIU**

In May 2008, OSH entered into a Letter of Agreement with SEIU OPEU Local 503 to create the Acuity and Security Program, which allows OSH to hire 119 FTE positions (of the total 211 CIP positions) to be phased-in over the remainder of the biennium without regard to seniority in the following positions:

- 88 Mental Health Therapy Technicians
- 9 Mental Health Security Technicians
- 22 Transporting Mental Health Aides

Note: the Mental Health Aide positions were previously requested as Mental Health Therapy Technicians and these positions will need to be reclassified.

Seven (7) of the Mental Health Therapy Technician positions have been filled. Interviews are currently being held for seven (7) additional Mental Health Therapy Technician positions which have a phase-in date of October 2008.

In order to enhance recruitment efforts, OSH continues to train Certified Nursing Assistants (CNAs) due to a significant shortage in the marketplace. OSH has two (2) trainers who can each train up to 20 students at a time. OSH requires mental health therapists providing direct patient care to be licensed before caring for patients. The current class of 19 CNAs will complete their training by July 31, 2008.

OSH has 198 applications for the next two CNA classes (40 students) that will begin in mid-August 2008. An additional two (2) classes are scheduled to begin in October 2008; thus adding another 40 students to the program. OSH CNA graduates will be offered positions among the 88 new Mental Health Therapy

Technician positions authorized by the February 2008 appropriation as well as additional OSH vacancies that currently exist.

## **1. REGULATORY COMPLIANCE**

### **CENTER FOR MEDICARE AND MEDICAID SERVICES (CMS)**

A team of two (2) CMS surveyors made an unannounced visit to OSH June 16-18, 2008. The team was following-up on CMS surveys conducted in February and April of 2008. The survey team found OSH was in compliance with federal requirements for hospitals participating in Medicare and/or Medicaid programs. The team was complimentary of improvements to the Master Treatment Care Plan as well as patient engagement in the newly developed temporary Treatment Mall.

Because OSH was found to be in compliance with its remaining one (1) ward qualifying for Medicare eligibility, CMS rescinded its proposed plan to terminate OSH's Medicare provider agreement.

### **THE JOINT COMMISSION**

The Joint Commission conducted its triennial survey of OSH in August 2006. The survey resulted in 19 Requirements for Improvement (RFI). Of the 19 RFI's, 18 had been successfully satisfied by October 2007. On June 30, 2008, The Joint Commission resurveyed OSH for the last remaining RFI regarding medical record deficiencies.

On July 11, 2008, The Joint Commission notified OSH that the RFI had been met and OSH was granted full accreditation.

### **3. CONTINUOUS IMPROVEMENT PLAN (CIP) ACCOMPLISHMENTS UPDATED**

- Incident Reporting

The improved procedure for completing and submitting incident reports has been well received by staff. Incidents are reported daily and follow-up, when necessary, can happen immediately. The Incident Review Panel meets regularly and in a timely manner to assure incident reports and corrective actions taken are comprehensive and appropriate. Corrective actions taken have included modifications in patient behavioral plans, medication regimens and supervision, as well as enhancements to physical characteristics of select areas of the hospital. The Incident Review Panel is establishing a monitoring process to educate staff about incident trends as well as evaluate whether reviewed corrective actions have been effective in reducing the number of hospital incidents, both on an individual patient and system-wide basis.

- Treatment Plans

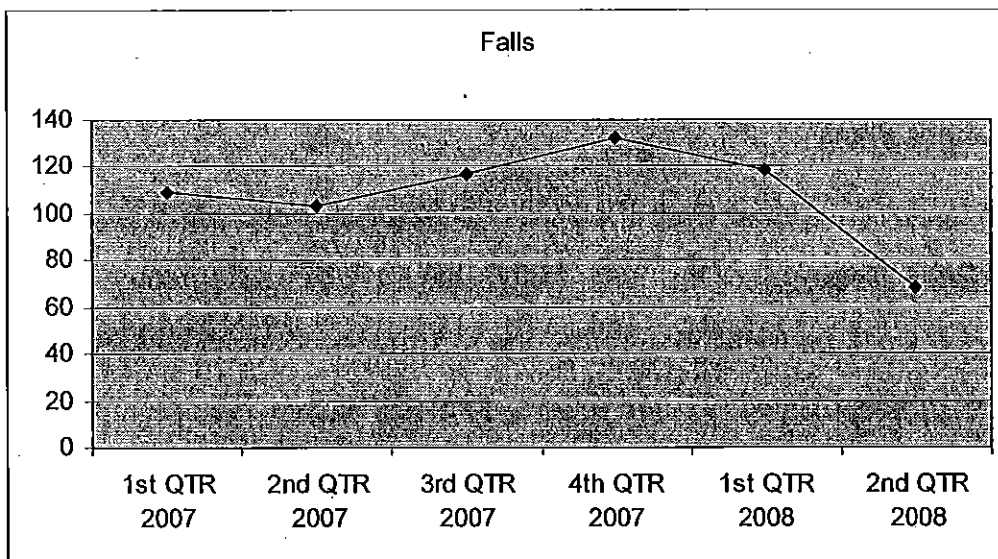
The Master Treatment Care Plan was revised twice and piloted on the Geropsychiatric Treatment Unit 34C. OSH successfully implemented the new Master Care Treatment Plan under the scrutiny of Centers of Medicare and Medicaid Services (CMS) surveyors. The new active Treatment Care Plan incorporates both long-term and short-term patient goals and actively engages the patient in their treatment. Continued use of our revised Master Care Treatment Care Plan is a commitment of OSH. The Treatment Care Plan is scheduled to be implemented on other treatment units in February 2009; commensurate with the scheduled beginning of the Forensic Treatment Mall.

- Fall Reduction Program

In the June 2008 OSH report to the E-Board, we reported that nursing staff had been trained in strategies to prevent patient falls. The patient assessment form was also revised to include a full patient fall risk assessment. Results show that a significant reduction in patient falls has occurred in the second quarter of 2008 (see TABLE 1). It is also important to note that none of the falls resulted in a serious injury to a patient or a need to change a patient's medication.

The reduction in falls can be attributed to staff training, improved assessment and identification of patients at-risk for falling, and follow-up on patient fall incidents.

**TABLE 1 – Falls Chart**





- Pharmacy Operations

The Pharmacy has recently added two (2) technicians and is recruiting for three (3) pharmacists and five (5) additional technicians. These positions will have varying shifts thus providing daily pharmacy coverage for OSH.

A pilot medication order-scanning program has been designed and will be piloted in August 2008. The scanning program will improve communication between the pharmacy and the patient units, reduce errors, and save time for both nursing and pharmacy through the elimination of telephone orders.

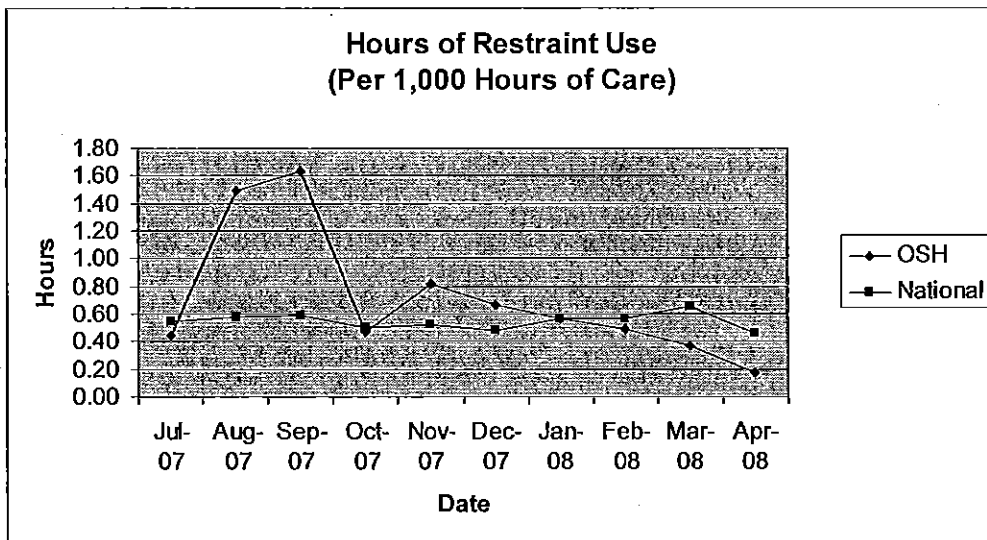
In addition, the Behavioral Health Integration Project (BHIP) will result in a hospital management system, including an electronic medical record at OSH. A team of planners is documenting current practices, interviewing potential vendors and securing the services of a quality assurance consultant to assist in vendor contract negotiation.

As a component of BHIP, vendor interviews are being held for the implementation of automated medication carts. These carts will revolutionize administration of medications on the patient units by reducing medication errors, controlling medication inventory, and improving the efficiency of both nursing and pharmacy staff in administering medications. OSH expects enhanced technology to aid in recruitment efforts. The pharmacy has also resolved HVAC problems ensuring medications are stored consistent with State Board of Pharmacy and Joint Commission requirements.

- Reduction in Seclusion and Restraint

In the past five (5) months, OSH has experienced a 75% reduction in the number of hours of patient restraint (see TABLE 2). The number of hours of patient restraint at OSH is now below the national average for State Hospitals.

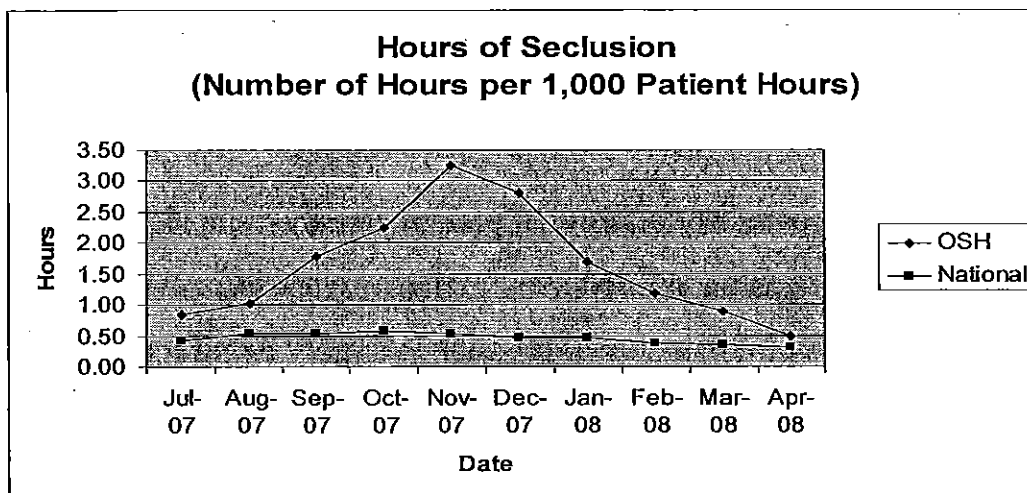
**TABLE 2 – Use of Restraints**



As required by The Joint Commission, OSH submits data on restraints and seclusion to the National Research Institute. OSH data, along with data from hospitals around the country, is analyzed and reported back to OSH resulting in a delay in the publishing of recent OSH results.

OSH has experienced an 80 percent reduction in the number of hours of patient seclusion used in the past six months (see TABLE 3). The number of hours of patient seclusion at OSH is now at the national average for State Hospitals.

**TABLE 3 – Seclusion Hours**



Reduction in the use of restraints and seclusions are due to many factors including the emphasis on Pro-Act training, the use of improved Treatment Care Plans and use of Behavior Support Plans for certain patients. OSH leadership has also committed, long-term, to a philosophy of zero restraint and seclusion.

The hospital CIP targeted reducing patient aggression towards other patients. During the second quarter of 2008, patient aggression towards other patients was down 35% when compared to the first quarter of 2008. However, this improvement is offset with a 28% increase in patient aggression towards staff members and a slight increase in patient aggression towards the facility, as shown in OSH property damage, during the same time period.

OSH is committed to reducing patient aggression towards staff members to provide a safe environment for all patients and OSH staff. To address the increase in patient-to-staff aggression, OSH has undertaken two initiatives. First, a quality improvement (QI) team has been established to understand and respond to patient aggression. At OSH, 1.5% of the population is responsible for 45% of the incidences of aggression. The QI team is identifying the patients with multiple

incidences and is developing alternative means of treatment for those patients. Second, staff are creating and using behavioral support plans as a supplement to the master treatment care plan. These plans provide treatment teams with additional strategies to more effectively reduce aggression.

OSH employees are successfully improving patient care by reducing the number of hours of restraint and seclusion and reducing patient aggression away from other patients; however, some of the patient aggression is simply being redirected towards OSH staff members. DHS and OSH will continue to focus on reducing these incidences.

## **SUMMARY**

The hiring of new staff and implementation of the initial elements of the CIP has contributed to numerous improvements at OSH. These improvements will be bolstered by the continued addition of staff provided by the legislative special purpose appropriation. We will continue to monitor the results of CIP efforts and report them to the Legislature as requested.

As of July 25, 2008, the actual filling of 58 CIP positions is 35 positions ahead of the projected phase-in of 23 positions. As a result, CIP expenditures related to the current staff are occurring earlier in the biennium than originally projected. DHS requests the remaining \$2.4 million in the SPA to be released and made available to address current staff expenditures relating to the 58 filled positions and new staff expenditures expected in October 2008.

DHS will fill the remaining 153 positions authorized by the legislature in February 2008, by the end of the 2007-2009 biennium. Due to the earlier than expected

hiring of many critical position, DHS will slow future hiring to stay within the budgeted limits set by the SPA.

The remaining balance of CIP positions and funds from the February 2008 Special Purpose Appropriation (SPA) are as follows:

<b>Timing</b>	<b>Positions</b>	<b>Funding</b>
Original February 2008 SPA	211	\$6,681,702
Released at the February 2008 Supplemental Session	21	\$1,811,647
Released at the June 2008 Emergency Board	22	\$2,435,028
Critical positions filled ahead of schedule	15	\$0
<b>Remaining Balance in SPA</b>		<b>\$2,435,027</b>

In the DHS Financial Report we are the remaining \$2,435,027 GF earmarked for the Continuous Improvement Plan be released and made available to OSH; enabling the CIP progress to continue. The release of these funds will allow us to meet the obligations accrued from the faster than expected hiring and continue to reduce the current vacancy rate at OSH.

Appendix A – List of CIP Positions Filled as of August 25, 2008

<u>Class Title</u>	<u>Hired Internal</u>	<u>Hired External</u>	<u>Total</u>
Administrative Specialist 1	0	1	1
Administrative Specialist 2	0	1	1
Clinical Dietitian	0	1	1
Clinical Psychologist 2	2	1	3
Clinical Recruiter	1	0	1
Custodian	7	14	21
Director of Strategic Planning	0	1	1
Mental Health Specialist	3	3	6
Mental Health Supervising RN-EDD	1	0	1
Mental Health Therapy Technicians	0	7	7
Nurse Manager – CNA II Program	1	0	1
Office Specialist 2	4	1	5
Office Specialist 2 – Housekeeping	0	1	1
OPS Policy Analyst 4	0	1	1
Pharmacy Technician 2	0	3	3
Research Analyst 3	0	2	2
RN Epidemiologist	1	0	1
<u>Training &amp; Development Specialist 2</u>	<u>1</u>	<u>0</u>	<u>1</u>
Totals	21	37	58