Preamble

Oregon State Hospital (OSH) cares for four distinct adult populations: people who are civilly committed, those that require older adult services, people found guilty except for insanity or incompetent to stand trial. These distinct populations have individual and overlapping needs that include legal mandates for the protection of the public and the provision of safe, effective care and treatment. The staff of OSH is committed to wellness, providing a continuum of quality mental health, physical health and addictions treatment services.

OSH's plan for continuous improvement related to consumers is grounded in principles and practices of:

- Recovery and rehabilitation,
- Mutual patient and staff respect,
- A culture of non-violence and safety,
- Strengths-based and person-centered care and treatment,
- Psychosocial rehabilitation, and
- Integrated hospital and community services.

These principles and practices are culturally informed, and rooted, where possible, on evidence based best practices and empirically supported models. Treatment, care and rehabilitation at OSH encourages patient participation to the maximum extent possible, focuses on providing clinically warranted hospital-level services, and assists patients' transition when community life better meets the patients' needs. While OSH pursues these practices for all patients, outside influences such as the judicial system may impose requirements and restrictions which limit the extent to which all patients can fully benefit from this continuous improvement plan.

All employees of the hospital are valued with the recognition that they are essential to meeting the goals of Oregon State Hospital. A successful continuous improvement plan involves a well supported and well trained work force whose practice is grounded in rehabilitation and recovery concepts, an atmosphere that enhances creativity, knowledge acquisition and proactive problem solving.

OSH is committed to meeting its legal obligations, professional standards, and its higher aspirations as well. Many aspects of this plan, therefore, have been designed to exceed minimum legal requirements and professional standards.

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APPENDICIES

1. OVERVIEW OF OSH PROGRAMS

1.1. Forensic Psychiatric Services (FPS) consists of 334 budgeted hospital-level beds on 10 units, and 100 budgeted residential-level beds on three units. Based on court orders, under Oregon Revised Statutes, FPS conducts psychological and psychiatric evaluations, including determination of an individual's ability to aid and assist their attorney in a trial and determination if a mental disease or defect limits a person's criminal responsibility. These evaluations are done on either an outpatient or inpatient basis, depending on individual needs. FPS provides care and treatment to adults found to be guilty except for insanity and sentenced to supervision by the Psychiatric Security Review Board. FPS also provides treatment to restore fitness to proceed in a trial to persons who were determined not competent to aid an assist their attorney.

1.2. Psychiatric Recovery Services consists of 247 budgeted hospital-level beds on nine units, located on both a Salem campus and a Portland campus. Five units serve adult patients who have been civilly committed to the hospital due to serious and persistent mental illness, one unit serves as a medical unit serving patients from all areas of the hospital who have a physical illness or other medical need, one unit serves patients who have suffered brain damage, and two units serve general geriatric patients.

2. PHYSICAL PLANT & SAFETY

2.1. Oregon State Hospital is slated to begin construction of new facilities in the spring of 2009. Contemporary creative and proactive planning and design will address the myriad of physical plant issues currently challenging the staff and patients in the existing facilities. The new facilities will be designed and built according to current fire and life safety, and seismic codes. The new facilities will support centralized programming in areas separate from patient residences. All environmental and life safety standards pertaining to the current facility will be continuously monitored, maintained and improved as resources and logistics allow throughout the planning, design and construction of the new facilities.

3. LEADERSHIP & ORGANIZATION

3.1. OSH is an agency of the Addictions and Mental Health Division within the Department of Human Services. As such, the hospital administrative and clinical executive leadership report to the Assistant Director of the Addictions and Mental Health (AMH) Division, the Governing Body.

3.2. OSH is overseen by an appointed Superintendent and Deputy Superintendent.

3.3. Clinical direction of the hospital comes from the Chief Medical Officer, Chief Psychiatrist and the Clinical Executive Team.

3.4. OSH will organize and develop its leadership and organizational structure with an emphasis on clinical teams to best serve the patients.

3.5. Review, revise and simplify the mission, values statements, and name of facilities.

4. STAFFING

4.1. OSH is committed to a safe and therapeutic treatment environment. Sufficient numbers of trained professional and mental health therapy staff are critical to achieving this goal. Quality-driven, contemporary behavioral healthcare hospital staffing patterns will be utilized.

5. ADMISSIONS & ASSESSMENTS

5.1. Mandates and Variables. OSH's Forensic admission process reflects legal requirements that direct admission within specified time frames without regard to the current or budgeted hospital census. Civilly committed admissions to OSH are scheduled when census allows with utilization management oversight by the AMH Extended Care Management Unit (ECMU).

5.2. Collaboration. Oregon State Hospital strives for a collaborative and continuous improvement process with its state, county, judicial/corrections, and community provider partners to improve the timeliness and appropriateness of admissions and assessments.

5.3. Admissions generally. Patients who meet the legal and clinical criteria for state hospital level of care will be admitted in a timely fashion. While statutes determine the legal criteria, OSH will pursue collaborative determinations as to the clinical criteria with acute care, state, county, and community agencies, applying the spirit of resource co-management.

5.3.1. Civil Admissions. OSH will improve liaison functions with the ECMU, acute care facilities, local county mental health authorities, and community mental health provider (CMHP) in order to improve the appropriateness of referrals to OSH to improve the timeliness and appropriateness.

5.3.1.1. On admission OSH physicians will determine and explicitly indicate if the patient meets criteria for state hospital level of care.

5.3.1.2. If not, immediate fast track discharge planning will be implemented.

5.3.1.3. If yes, discharge planning will begin immediately with the short term goal of stabilization and placement in concert with a long term goal of relapse prevention planning.

5.3.2. Forensic Admissions

5.3.2.1. OSH will improve liaison functions with county jails to facilitate receipt of adequate information about the patient prior to admission to facilitate appropriate evaluation and placement at OSH.

5.3.2.2. OSH will revise the current screening and coordination tools and processes.

5.3.2.2.1. OSH staff will conduct site visits with corrections employees to facilitate education.

5.3.2.2.2. Corrections employees will visit OSH for further education with OSH staff.

5.3.2.2.3. OSH will improve liaison functions with community mental health residential and treatment care providers to obtain

adequate information about the patient prior to admission, and to facilitate appropriate placement at OSH.

5.3.2.2.4. OSH will improve communication with the courts about the timeliness of court orders.

5.3.2.2.5. OSH will establish procedures for court communication related to judicial orders.

5.4. Assessments. OSH treatment team members shall complete assessments per the timelines specified in the Inter-Disciplinary Documentation Manual.

5.4.1. Psychiatry. OSH will re-design and implement a standardized format for initial psychiatric assessments.

5.4.1.1. OSH psychiatric assessments will include DSM-IV axis 1-5 diagnoses and historical and current data that supports these diagnoses.

5.4.1.2. Psychiatrists will designate certain diagnoses provisional (not "rule out") when indicated and specify the means to finalize the diagnosis.

5.4.2. Nursing

5.4.2.1. OSH will track and measure the effectiveness of nursing assessment improvements with standardized outcome measures.

5.4.3. Psychology

5.4.3.1. OSH will develop and implement a Psychology risk screening process to be completed prior to the seven day meeting. This process will address:

Suicide/self-harm;
Harm to others;
Sexual behaviors harmful to self or others;
Fire setting;
Substance abuse/dependence; and
Elopement.

5.4.3.2. Dependent upon the outcome of the screening and whenever clinically or legally indicated, Psychology will complete focused evaluations using standardized assessment tools and procedures

5.4.4. Social Work. OSH will use standardized tools for forming clinical judgment about community level of care and placement

5.4.4.1. OSH will complete comprehensive psychosocial history

5.4.4.2. OSH will identify and work toward resolving barriers to discharge at admission and throughout the hospital stay

6. FORMULATION AND TREATMENT CARE PLANNING

6.1. Generally. All patients shall have an individualized treatment plan formulated by the patient, family and the interdisciplinary treatment team. The treatment care plan will be contemporary, relevant, and continuously updated. All efforts directed by the treatment care plan will focus on improving the patient's ability to successfully recover, develop, and maintain the skills necessary to return to and remain in the community as life and legal circumstances allow.

6.2. Consultant and Training. OSH has retained a consultant to assist in the continuing process of revision and development of a new treatment care planning structure, content, and process. OSH will provide education and training of interdisciplinary treatment team staff as it relates to the implementation of a revised treatment care plan.

6.3. Structure

6.3.1. As the central member of the treatment team, every effort will be made to include the patient in meaningful participation in treatment care planning meetings.

6.3.2. The psychiatrist is the clinical leader of the interdisciplinary treatment team. Unit staff and clinical administrative leadership will work together to define and support the development of this role for the interdisciplinary treatment team.

6.3.3. OSH staff and patients will define the core members of the treatment team and require their attendance at all relevant patient treatment care planning meetings.

6.3.4. OSH will include other direct care staff as needed. They will be provided the resources and scheduling flexibility that supports their necessary attendance at individual treatment care planning meetings.

6.3.5. OSH will define external members of the treatment team and encourage attendance at treatment care planning meetings when indicated (e.g., significant others, family members, cultural specialists, advocacy organizations, community case managers, primary care providers).

6.4. Content

6.4.1. The patient's self described life goals, aspirations, strengths, spiritual and cultural identity and values are priority building blocks for the treatment care plan.

6.4.2. Treatment care plans will be focused, pragmatic, individualized recipes for action, will be written in naturalistic language, with minimal use of abbreviations, acronyms, and jargon, and will reflect an ultimate goal of discharge, preparing patients not to return for readmission, but to remain in the community.

6.4.3. All treatment care plans will be individualized and patient centered; will be informed by objective, relevant symptom and behavior data; and will incorporate the patient's stage of change.

6.4.4. The treatment care plan will clearly state specific, achievable goals in the service of preparing the patient for discharge and sustained successful community reintegration.

6.4.5. All treatment care plan objectives will reflect specific evidence-based interventions, where possible.

6.4.6. All treatment care plan goals will have well-defined timelines for accomplishment.

6.4.7. All treatment care plan interventions will have clearly identified staff responsible for them.

6.4.8. In rare cases, treatment teams may identify patients for whom discharge from the hospital and sustained community tenure are not currently assessed as realistic or safe goals given currently available treatment technologies and systems resources. These cases will be reviewed at a clinical executive level; treatment teams will develop active, in-hospital treatment care plans to maximize safety and quality of life. Regular clinical executive level and treatment team review will be conducted to determine whether new treatment technologies or systems resources have become available to allow transition to the community.

6.5. Process

6.5.1. Each treatment team will be supported by appropriate technology including a laptop computer, digital projector and skilled support.

6.5.2. Treatment care plans will be reviewed every 30 days, or more frequently as clinically indicated, and will be revised according to the changes in the patient's status, and implemented according to the revisions.

6.5.3. The treatment care planning meeting process will include a review of admission assessments, frequent reassessments, patient progress, case formulation and reformulation including applicable cultural issues, leading to a prioritized list of strengths and problems including barriers to discharge, treatment goals, and treatment interventions with target dates and review for completion.

6.5.4. Treatment care plans will be continuously revised in the treatment team meeting, and reprinted and posted for communication immediately after every treatment team meeting including copies to the patient.

6.5.5. Unit staff and clinical executive leadership will work together to define and support the organization of the treatment team meetings.

7. ACTIVE CARE AND TREATMENT

7.1. Generally. Active care and treatment will be based on rehabilitation and recovery concepts including engagement, trauma informed care and

motivational interviewing. Evidence based treatment interventions will be used when at all possible, and fidelity checks of these treatment interventions will be performed at specified intervals. All active care and treatment will be directed by the treatment care plan and culturally informed. Patients will receive active care and treatment off the unit to the maximum extent possible. All patients will have at least 20 hours per week of active care and treatment.

7.2. Consumer advocacy, empowerment and peer support. OSH will:

Enhance and expand existing advocacy program;
Develop ways to incorporate advocacy into active treatment;
Develop a peer support program including culturally relevant groups; and
Develop ways to incorporate peer support program into active treatment

7.3. Psychosocial rehabilitation. OSH will:

Establish multiple treatment malls;
Expand and improve vocational services for forensic patients;
Develop vocational services for civilly committed patients;
Expand educational services;
Expand community rehabilitation opportunities;
Expand cognitive rehabilitation programs; and
Focus on community reintegration and discharge preparation.

7.4. Medication

7.4.1. Evidence based, best practice prescribing. OSH will:

Reduce poly-pharmacy;
Evaluate and determine ongoing need for use of PRN psychotropic medication;
Reduce adverse medication interactions and outcomes;
Use psychotropic medication only used as an integral part of the patient's active care and treatment;
Prescribe dosages that are compatible with contemporary thinking and applicable OSH guidelines; and
Follow a complete and timely informed consent process that

prioritizes patient and family engagement and education.

7.4.2. OSH will improve individual and group patient medication education

7.4.3. OSH will improve pharmacy systems and develop co-management regarding adverse reactions

7.4.4. OSH will develop medication dosage/schedule utilization review and management to maximize therapeutic benefit and minimize cost

7.4.5. OSH will prioritize attention to metabolic monitoring and treatment to maximize patient health and safety.

7.4.6. OSH will implement a Quality Improvement initiative regarding medication reconciliation hospital-wide.

7.5. Psychotherapies. OSH will:

Expand Dialectical Behavioral Therapy services;
Expand Cognitive Behavioral Therapy services; and
Expand supportive psychotherapy and patient and family psychoeducation groups.

7.6. Sex Offender Treatment

7.6.1. At the seven day meeting the IDT will identify evidence of problematic sexual behavior harmful to the patient or others and refer to Sex Offender Treatment Program for further assessment and treatment as indicated.

7.6.2. OSH will expand sex offender treatment in the Forensic Services.

7.6.3. OSH will expand sex offender treatment to Recovery Services.

7.7. Dual Disorder Treatment (Mental Illness/Substance Abuse). OSH will:

7.7.1. Include screening for substance abuse in the nursing, psychiatric and social worker initial assessment and the psychologist risk screening tool.

7.7.2. At the seven day meeting the IDT will formulate and develop a treatment care plan to address and integrate issues of substance abuse or dependence which may include referral to the Co-Occurring Disorders Treatment Program.

7.7.3. Implement and expand the Co-Occurring Disorders Treatment Program to function hospital-wide.

7.7.4. Provide Certified Alcohol and Drug Counselor (CADC) training to staff in order to facilitate integrated hospital-wide services.

7.7.5. Following the above, sunset the Co-Occurring Disorders Treatment Program and create a consult service (as soon as each treatment team has achieved the capacity to do assessments and treatment).

7.7.6. Simultaneously, develop coordinated co-occurring disorders track in treatment mall(s).

7.8. Behavioral Plans

7.8.1. OSH will train psychologists to develop and implement behavioral support plans.

7.8.2. OSH will establish a Behavioral Support Plan Committee (consisting of Psychology department designees) who will be responsible for training and consultation.

7.8.3. OSH will establish an interdisciplinary Behavioral Support Plan Review Group (BSPRG) to be determined by clinical executive leadership. The BSPRG will:

Review proposed individual behavior plans
Monitor the implementation and effectiveness of individual behavior plans.

7.8.4. Psychologists will educate nursing staff on the implementation of the behavioral support plan.

7.8.5. Psychologists will monitor the effectiveness of the plan by analyzing data; psychologists will use the analysis to improve behavior planning at a specified frequency within the plan.

7.9. Training and evaluation. OSH will:

7.9.1. Continue legal skills education;

7.9.2. Develop a standardized curriculum, individualized for each patient;

7.9.3. Emphasize the development of individualized relapse prevention plans utilizing evidence based practices; and

7.9.4. Develop a continuous updating process for Risk Assessment.

8. TRANSITION, DISCHARGE, AND COMMUNITY REINTEGRATION

8.1. The IDT shall begin discharge assessment and planning upon admission and continue it throughout hospitalization.

8.2. Patient preferences will be an integral part of discharge planning at OSH.

8.3. OSH will work with community service agencies, guardians, and families to promote continuity of care by improving:

Communication between OSH and outpatient providers;
Timeliness of providing hospital records, specifically discharge summary;
Timely dissemination of reliable treatment care plan meeting schedules; and
Participation from remote locations.

8.4. OSH will explore methods of staff sharing between the hospital and community based providers.

8.5. OSH will work with community agencies and organizations to increase access to guardians.

8.6. Discharge planning will consider issues of culture, language and immigration status.

8.7. IDTs will develop, at the first treatment team meeting, and maintain throughout hospitalization, a transition plan for each patient that describes the incremental steps from inpatient to discharge status as determined by individual need, including:

Action steps by hospital personnel
Action steps by community personnel
Timelines for completion

8.8. IDTs will assist patients in developing Wellness Recovery Action Plan (WRAPs) or similar plans for community transition.

8.9. OSH will establish clinical and legal discharge criteria in the patient's treatment care plan; the patient's progress toward discharge will be reviewed at least every 30 days by the treatment team.

8.10. All interventions described in the treatment care plan will be directed toward improving the patient's level of functioning, and successful community reintegration.

8.11. IDT Members will document the patient's progress toward meeting discharge criteria in progress notes, treatment care plan reviews and updates, specific treatment group notes, individual therapy notes, and Social Work discharge planning notes.

8.12. OSH will use standardized evaluations and assessment tools (risk and level of care) necessary to inform discharge readiness and placement decisions.

8.13. OSH will work cooperatively with AMHD, counties and providers to develop and use a standard referral form.

8.14. For civil patients, the standard referral packet will be completed within two weeks of determining readiness for discharge.

8.15. For forensic patients, the treatment updates to the PSRB for consideration of conditional release will be timely and comprehensive.

8.16. OSH will improve the discharge of difficult to place patients by development of criteria for effective use of the Exceptional Barriers Committees.

8.17. OSH will develop a centralized database for sharing information critical to transition and discharge planning with other agencies

9. INTEGRATED PHYSICAL HEALTH CARE

9.1. The IDT psychiatrist will be responsible for the physical healthcare and treatment of the patient. The physical health practitioners will serve as consultants to the IDT psychiatrist. OSH physical healthcare practitioners may write orders pursuant to the physical healthcare needs of the patients.

9.2. OSH will review the physical healthcare of OSH patients at least monthly as part of the IDT 30 day review of the treatment care plan.

9.3. OSH will expand its capacity to provide physical health diagnosis, care and treatment by:

Reviewing utilization of current staffing models;
Creating and maintaining an on-call coverage list of credentialed Practitioners;
Reviewing the credentialing process for nurse practitioners and physicians assistants to include circumscribed care and treatment activities under the supervision of a physician;
Ensuring all medical and clinical services staff complete required pain management education and training as required by new state regulation; and
Exploring the utilization of complementary alternative therapies.

9.4. OSH will expand clinical services to include a wellness program (e.g., smoking cessation, obesity, hyperlipidemia, hypertension, diabetes, and sedentary lifestyle).

9.5. To address the immediately preceding goal, OSH will increase Food and Nutrition Services (FNS) dietician staffing to:

Provide every patient with a nutritional assessment on admission and annually;

Refine ordering, monitoring and ongoing management of patient diets; and
Enhance nutritional plans individualized to patients and incorporating patient preferences.

9.6. OSH will create nursing protocols related to identified physical care issues.

9.7. OSH will expand fall risk assessment guidelines and protocols currently in Geropsychiatric Treatment Services (GTS) to all areas of the hospital.

9.8. OSH will improve relationships with general hospitals and consultants to meet the medical physical needs of patients that cannot be met by OSH.

9.9. OSH will revise policies and procedures regarding communication on referral to and from external facilities.

9.10. OSH will explore ways to enhance gender specific integrated physical and psychiatric health issues.

10. PROTECTION FROM HARM

10.1. Generally. OSH will take all necessary steps to improve and maintain safety for all patients and staff. Clinical leadership in collaboration with unit based staff and patients will design, implement and monitor a shared process of clinical response, review and support as part of a plan to improve safety in the hospital with special attention to applicable national standards.

10.2. Patient Supervision. OSH will:

Create behavioral precaution guidelines protocol;
In-service all nursing staff on behavioral precaution guidelines and expectations;
Include guidelines in orientation packets for all new nursing staff;
Review, revise and implement Behavioral Precautions policy 6.010 with special attention to physician and IDT roles.

10.3. Patient & Staff Injuries. OSH will foster a culture of safety for patients and staff. OSH will carry out this commitment by:

Providing adequate staffing to meet acuity levels;
Completing a risk assessment on admission and whenever clinically indicated for each patient;
Incorporating the assessment data into the treatment care planning process;
Providing a strong therapeutic program;
Orienting patients and staff to their rights to be in, and responsibilities to maintain, a safe treatment care environment;
Increasing its capacity to train, manage, and track interventions for violence and assault by developing a safety improvement program;
Reviewing and revising its incident reporting system to provide qualitative and quantitative data that will directly impact treatment care planning, incident response, and continuous improvement initiatives; and
Developing a safety improvement advisory committee, membership to be determined (to include a representative cross section of staff and patients).

10.4. Seclusion or Restraint. OSH intends to reduce seclusion and restraint to an absolute minimum consistent with patient and staff safety.

10.4.1. OSH will:

10.4.1.1. Modify its policies, procedures, and practices consistent with the proposition that seclusion or restraint is not treatment.

10.4.1.2. Review and revise all documentation associated with seclusion or restraint.

10.4.1.3. Review and revise current treatment care plans to include patient de-escalation preferences and medical and trauma history status to guide treatment and care.

10.4.1.4. Not use seclusion or restraint as a substitute for inadequate staffing.

10.4.1.5. Revise *Use of Seclusion and Restraint* policy.

10.4.1.6. Formalize review and monitoring process external to the IDT.

10.4.2. The rare use of programmed seclusion or restraint shall be considered to be continuous emergency intervention and will be permitted as defined in the seclusion or restraint policy.

11. MEDICAL RECORDS, DOCUMENTATION AND INFORMATION MANAGEMENT

11.1. Generally. OSH is committed to a medical record that provides the OSH staff accurate, timely, concise and accessible documentation reflecting active treatment. Documentation communicates clinical care, provides legal defense, and justifies reimbursement. A currently planned integrated information system will increase administrative timeliness and efficiency to support improvement of clinical care.

11.2. Medical Records will meet the State of Oregon licensing, Joint Commission, Center for Medicare & Medicaid Services (CMS) and Health Insurance Portability and Accountability Act (HIPAA) standards.

11.3. OSH will participate in the creation and implementation of a system-wide computerized health information service, to include:

Electronic medical record; and
Integration of data collected by Quality Improvement, Risk Management, and Human Resources.

11.4. These integrated data will assist clinical executive leadership to:

Set priorities for clinical direction
Review, revise and develop policy and procedures
Provide direct, timely and relevant feedback to units for daily Operation
Develop education and training programs

11.5. These integrated data will enhance OSH's ability to interface with support and operations in order to increase efficiencies and timeliness of service delivery, enhance patient safety and treatment care services:

Pharmacy
Laboratory
Food and Nutrition Services
Plant Operations

Security
Ancillary medical services
Human Resources
Fiscal Services
Nursing Services

11.6. These integrated data will enhance OSH's ability to interface with state, county, hospital and community mental health and addictions providers in order to enhance communication, increase efficiencies in utilization management and improve patient outcomes, including:

PSRB
ECMU
Acute care hospitals
Addictions and Mental Health (AMH)
Department of Human Services (DHS)
Community mental health programs
Community residential providers

11.7. OSH will review, revise, and improve current medical record standards and organization.

11.8. OSH will examine structure, content, and process of current documentation to eliminate redundancy and increase efficiency, allowing staff to spend more time in treatment care services delivery.

11.9. OSH will provide training and education regarding documentation, including:

Progress notes and treatment care planning with a greater emphasis on formulation;
Synthesis of assessment data to drive active treatment;
Documenting of progress toward treatment goals, with a goal of discharge;
Organization and integration of services;
Other content; and
Timeliness.

11.10. OSH will develop and implement an ongoing monitoring system for documentation in order to provide consistent feedback regarding content and timeliness.

12. QUALITY ASSURANCE AND IMPROVEMENT

12.1. OSH's performance improvement will include the continuous study and adaptation of its functions and processes to better meet the needs of patients and to increase desired outcomes.

12.2. Continuous Quality Improvement (CQI) will be based on organized, strategic data collection and analysis integrated with patient, staff and advocacy input, risk management and peer review data. These integrated data will provide performance improvement feedback and direction to IDT's and Education and Development.

12.3. OSH performance improvement will have the following components including but not limited to:

Continuous Quality Improvement (CQI)
Medical records completeness review
QI document review for timely completion and standards compliance
Results to supervisors for correction and preventative action
Medical records quality review
Peer review as indicated utilizing internal or external experts
Results to supervisors for correction and preventative action
Medication utilization review
Physician and Pharmacy review
Results to OSH prescribers for performance improvement
Patient safety
Review for cultural and workforce diversity considerations
Readmission rates
Safety improvement to include violent incident reduction, elimination and prevention
Suicide prevention utilizing environmental and clinical risk assessment and mitigation
Falls reduction through hospital-wide implementation of successful gero psychiatric program
Medication error prevention

Metabolic and neurologic disease prevention or identification and treatment

12.4. Risk Management will include formal review, data tracking, trending, integration with QI and clinical services systems for follow up initiatives and outcome measurement activities for the following:

Incident reports, including seclusion or restraint
Sentinel events, and near-miss sentinel events
Medication variances
Patient grievances
State Accident Insurance Fund (SAIF) claims
Credentialing and privileging

12.5. Sufficient resources will be assigned to nursing to review and expand current privileging systems to enhance nursing skill mix for individual and aggregate patient populations.

13. STAFF EDUCATION AND DEVELOPMENT

13.1. Recognizing the value and contribution of every employee, OSH is committed to staff education and development and will allocate sufficient fiscal and employee resources to meet goals. The annual staff education and development plan goals will derive from the care and treatment philosophy of the hospital, the population the hospital serves, the hospital annual quality improvement plan, performance improvement findings and this plan, as directed by clinical and executive administrative leadership, and the Education Development Advisory Committee (EDAC).

13.2. The Education and Development Department will have sufficient staffing levels, training environments conducive to adult learning, and appropriate technologies to achieve the ongoing hospital commitment to a well-trained and educated work force.

13.3. Staff Education. OSH supports continuing education of its professional staff by providing in-house services, leave authorization and coverage, and fiscal support

13.4. Staff professional education activities will be informed by and in the service of the continuing improvement of hospital patient evaluation and treatment services.

13.5. Staff Education will reflect identified areas of Quality Improvement focus, staff competency needs, patient care needs, e.g., metabolic issues in psychiatric patients, falls reduction strategies, behavioral support planning, risk assessments, evidence based best practice medical and psychiatric care.

13.6. Staff Development. General orientation will be focused on knowledge and skills necessary for all staff before reporting to work commensurate with OSH's philosophy of care and regulatory requirements.

13.7. OSH will review the duration and timing of general orientation to achieve optimal learning and efficient utilization of Education and Development resources.

13.8. OSH will include in the general orientation computer based training, didactic classroom experience, and individual review of policies, procedures, and resources.

13.9. OSH clinical and administrative leadership will actively participate in orienting new employees towards a culture of safety, respect and positive change.

13.10. OSH outcome measures such as the following will inform the OSH General Orientation:

Patient satisfaction survey data
Staff course evaluation data
Staff competency evaluation
QI and Risk data specific to disciplines, units and teams

13.11. Continuing staff development will focus on additional knowledge and skill building specific to discipline and work area in concert with OSH's mission.

13.12. Continuing staff development will occur during the trial service period, annually, and as informed by identified outcome measured, staff development needs.

13.13. Delivery mechanisms will emphasize experiential unit-, discipline- or program-based training, and may include computer based training, didactic classroom experience, policy, procedure, and resource review.

13.14. Continuing staff development will be informed and directed by supervision.

13.15. OSH will develop clinical supervision standards and training for all disciplines.

13.16. Outcome measures particular to disciplines, departments and programs will inform the OSH continuing inservice training plan. Examples include:

Patient satisfaction survey
Staff course evaluation data
Staff competency evaluation
QI and Risk data specific to disciplines, units and teams

Appendix I

Bibliography of Suggested Readings

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