



Oregon

Theodore R. Kulongoski, Governor

Department of Human Services

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June 2, 2008



The Honorable Peter Courtney, Co-Chair
The Honorable Jeff Merkley, Co-Chair
State Emergency Board
900 Court St, 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 June 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 first phase of the plan.

AGENCY ACTION

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

"Assisting People to Become Independent, Healthy and Safe"
An Equal Opportunity Employer

The Honorable Peter Courtney, Co-Chair
The Honorable Jeff Merkley, Co-Chair
June 2, 2008
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ACTION REQUESTED

The department requests that the Emergency Board acknowledge receipt of this report.

LEGISLATION AFFECTED

None.

Sincerely,



Jim Scherzinger,
Deputy Director of Finance

cc: Sheila Baker, Legislative Fiscal Office
John Britton, Legislative Fiscal Office
Eric Moore, BAM, Department of Administrative Services
Bob Nikkel, Department of Human Services

OREGON DEPARTMENT OF HUMAN SERVICES
REPORT TO THE STATE EMERGENCY BOARD
JUNE 2008

OREGON STATE HOSPITAL
CONTINUOUS IMPROVEMENT PLAN APPROPRIATION

BACKGROUND

The purpose of this report is to provide an update on the status of the February 2008 Supplemental Session appropriation of \$6.7 million to the Oregon State Hospital (OSH), and to provide a brief update of Continuous Improvement Plan (CIP) efforts at the OSH.

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

STAFF ADDITIONS AT OSH

As of May 23, 2008 OSH has hired 7 of the 21 positions funded in the Phase 1 appropriation. The hospital will fill the remaining 14 positions by June 26, 2008. In addition, the hospital has expedited the filling of vacant positions critical to patient health and safety.

The list of Phase 1 positions, showing dates of hire and progress filling the positions is provided as Appendix A. Appendix B provides the information on the 22 positions included in Phase 2.

AGREEMENT WITH SEIU

To expedite the hiring of new staff, OSH entered into an agreement with SEIU on May 12, 2008 that allows OSH to hire without regard to seniority. The agreement creates a new hospital-wide program called the Acuity and Security Program. This new program provides flexibility in hiring and assigning staff to improve behavioral management, nursing care and staff protection. The program will facilitate hiring of 9 Mental Health Security Techs, 22 Transporting Mental Health Aides and 88 Mental Health Therapy Technicians. Advertising for these positions has begun and a first review of applications for all of these positions began May 27, 2008.

2. CONTINUOUS IMPROVEMENT PLAN (CIP) ACCOMPLISHMENTS TO DATE

The CIP was created by OSH as a multi-year plan to improve patient care at OSH. Although developed independently of the United States Department of Justice (US-DOJ) Civil Rights of Institutional Persons Act (CRIPA) investigation, the CIP anticipated the DOJ's identification of many areas needing improvement.

The November 2006 US-DOJ investigation of conditions and practices at OSH alleged deficiencies in five areas:

- Adequately protecting patients from harm;
- Providing appropriate psychiatric and psychological care and treatment;
- Use of seclusion and restraints in a manner consistent with generally accepted professional standards;
- Providing adequate nursing care; and
- Providing discharge planning to ensure placement in the most integrated settings.

In January 2008, 14 months after their November 2006 investigation, the USDOJ issued a report.

The CIP, created in February 2007, is comprehensive in nature and addresses all the areas of concern in the US-DOJ report. In addition, the CIP addresses the need for compliance with the Joint Commission, Centers for Medicare and Medicaid Services (CMS) and other regulatory agencies. The CIP also anticipates new OSH resources, namely the Hospital Replacement Project and the electronic hospital management system, Behavioral Health Integration Project (BHIP).

Highlights of improvements in the CIP include:

Adequately Protecting Patient from Harm

Changes to the hospital's internal **incident reporting system**. The computer interface for the system has been improved to make the reporting of incidents easier for employees. Incidents are now categorized into four levels of severity, and an Incident Review Panel has been created to review incidents. This results in timely review of incidents and assures that adequate corrective actions are taken. Over time this will lessen the number of critical incidents and the number of patients who are injured during critical incidents.

Providing Appropriate Psychiatric and Psychological Care and Treatment

Enhancement of **treatment care planning**. With input from two nationally recognized consultants, changes have been made to the functioning of treatment teams, and to the form and content of treatment care plans. A new Master Treatment Care Plan format was implemented in Geropsychiatric Treatment Services. Changes to Initial Treatment Care Plans, Treatment Team Review Notes, and Interdisciplinary Annual Reviews have been completed and will be implemented hospital wide, following the full implementation of the new Master Treatment Care Plan forms. These revised treatment care plans ensure that care is individualized and patient-centered. This results in all staff being informed about, and participating in, the patient's active treatment.

Improved **behavioral support plans**. Behavioral support plans are additions to regular treatment care plans, and are used for patients who have exhibited the most challenging behaviors. A team of psychologists has developed a format for behavioral support plans, conducted literature reviews to determine evidence-based interventions for common difficult behaviors, and completed the development of behavioral support plans for identified patients on the Portland campus and within the Geropsychiatric Treatment Program. This team has provided ongoing training and support to other staff members as the new behavioral support plans have been introduced. A multi-disciplinary team that includes the unit director, psychologist, physician, nurse, and social worker has been identified to review all behavioral support plans, and to determine effectiveness of the plans. This is significant because it results in addressing specific high-risk patient behaviors and reduction in patient assaults.

Providing Discharge Planning to Ensure Placement in the Most Integrated Setting

Changes to the **discharge planning process**. Wellness Action Recovery Plans (WRAPs) are being piloted on unit 50J, with plans to use WRAPs hospital wide as a replacement for Relapse Prevention Plans. WRAPs improve care by promoting physical and psychological wellbeing, encouraging patients to better manage their illnesses, and pursue their own recovery process. The hospital has also worked with the Extended Care Management Unit (ECMU) at the Addictions and Mental Health Division (AMH) to shorten time frames for the preparation of discharge packets. In addition, an expanded discharge

planning section has been added to the new Master Treatment Care Plan format. These plans articulate the patient's needs at the time of discharge and result in a discharge plan designed to improve successful community placements and to reduce readmissions to OSH.

Adequate Nursing Care

Improved **pain management**. Nursing admission assessments have been revised to include assessment of pain in patients. Medication Administration Records have been revised to include the use of pain rating scales to document the effectiveness of non-scheduled pain medications. All licensed health care workers, with the exception of social workers, are now completing mandatory training in pain management, as a requirement of license renewal. This is important because it improves the patient's experience within the hospital by assessing and effectively reducing or eliminating the patient's pain.

Enhanced **fall reduction** strategies. Nursing admission assessments have been revised to require a screening for fall risk on all patients. If a patient is identified as being at risk to fall, a full fall risk assessment is completed. A fall prevention training was developed and completion of the training is required for all nursing staff. These efforts will result in increased patient independence and fewer patient injuries from falls.

Use of Seclusion and Restraint in a Manner Consistent with Generally Accepted Professional Standards

Increased attention to **protection from harm**. The incident reporting system was revised to collect additional information related to assaults on staff. The hospital's Quality Council has chartered a multi-disciplinary work group to study those patients with the most incidents of assaultiveness. The group will make recommendations for actions to reduce the behavior, reduce the use of seclusion or restraint, reduce patient-to-patient aggression and patient-to-staff aggression, and recommend new treatment approaches for those patients. These changes will result in a reduction in restraint and seclusion.

The Joint Commission and CMS

OSH has attained conditional accreditation and has partial compliance with the one remaining Joint Commission Requirement for Improvement, medical record delinquencies. The rate of medical record delinquencies has been within compliance since February 2008. This effort has been achieved through collaboration with the medical staff.

OSH has also focused staff efforts on correcting deficiencies found in two recent visits by CMS surveyors. To address these deficiencies, the Psychiatric Recovery Services Distinct Part Unit (the unit that is permitted to receive Medicaid reimbursement for actively treating Medicare/Medicaid eligible patients) has been reduced from 114 to 30 beds. No patients have been removed from the hospital as a result, but the remaining patients in the

Distinct Part Unit are now receiving "active treatment" with the implementation of a treatment mall. These are patients that meet the new CMS requirements for patients who are capable of benefiting from active treatment. Documentation has been improved with the use of the new Master Care Treatment Plans. Two Rehabilitation Services staff have been reassigned to the Distinct Part Unit and additional rehabilitation therapy staff are being recruited. OSH will complete its Plan of Correction by June 13, 2008.

Hospital Replacement Project and Behavioral Health Integration Project

OSH has dedicated significant staff time to both of these efforts. As reported in another document, the replacement facility is in the schematic design phase. Planning efforts included a two-week visit by the design team to OSH to verify space planning and schematics.

The Behavioral Health Integration Project 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.

SUMMARY

The hiring of new staff and implementation of the CIP have led to improvements at OSH in a number of areas. These improvements will be bolstered by the continued addition of staff provided by the legislative special purpose appropriation. OSH will continue to monitor the results of CIP efforts and report them to the Legislature.

Therefore, OSH requests the next segment of the funds set aside for the CIP (22 Positions, 9.8 FTE and \$1,724,679 GF) for the period July 1, 2008 through September 30, 2008 be released and made available, enabling the CIP progress to continue. At the next reporting period, specific accomplishments will be reviewed resulting from newly hired CIP positions.

APPENDIX A – Phase 1 List with hires and the status of all others.

APPENDIX B – Phase 2 List of new employee positions.

Oregon State Hospital CIP Positions

as of 5/28/08

Class Title	Phase-In Date	# Positions	# Hired	# Remaining Vacant
Custodian	May-08	3	3	0
Office Specialist 2 (Housekeeping)	May-08	1	1	0
PEM/H (Dir. Strategic Planning)	Jun-08	1	1	0
Program Analyst 2 (Nurse Recruiter)	Jun-08	1	0	1
Office Specialist 2	Jun-08	1	1	0
Transporting Mental Health Aide	Jun-08	3	0	3
Mental Health Specialist	Jun-08	2	1	1
Program Analyst 2 (Clinical Recruiter)	Jun-08	1	0	1
RN Epidemiologist	Jun-08	1	0	1
Mental Health Therapy Technicians	Jun-08	7	0	7
Sub-Total		21	7	14

Status of unfilled positions:

- Program Analyst 2 (Nurse Recruiter) Interviews scheduled to start 6/3/08
- Transporting Mental Health Aide Applications being graded, list to hiring manager by 6/2/08
- Mental Health Specialist Interviews in process through 5/30/08
- Program Analyst 2 (Clinical Recruiter) Job offer made 5/28/08, candidate decision due 5/29/08
- RN Epidemiologist Interviews scheduled to start week of 6/2/08
- Mental Health Therapy Technicians Applications being graded, lists to hiring manager by 6/4/08

Appendix B

CRIPA-CIP Issues		No of Mos	Pos	FTE	Total	
Behavioral Management	CADC - Training Coordinator 1 - Trng & Dev/Spec 2	11	1	0.46	\$ 68,717	
Protection from Harm	Roving Security -- Swing, Night and Wkends 9 - Mental Health Security Tec	10	3	1.26	\$ 142,520	
Behavioral Management Service/Nursing	Patient Escort 22 - Mental Health Security Tec	11	3	1.38	\$ 147,345	
Nursing Care/ Behavioral Management	Develop/Implement Behavioral Health CNA II Program 1 - Nurse Manager	11	1	0.46	\$ 109,626	
Behavioral Management Service, Nursing Care, Discharge	Treatment Plan 22 - Mental Health Specialist	11	2	0.92	\$ 123,436	
Medication Management and Monitoring	Medication Management - 24/7 Pharmacy 3 - Pharmacists 7 - Pharmacy Tech 2's	10 11	1 1	0.42 0.46	\$ 66,320 \$ 72,952	
Behavioral Management Services/Discharge Planning	Metabolic Disorders - Clinical Internists 1 - Physician Specialist 1 - Nurse Practitioner	10 10	1 1	0.42 0.42	\$ 138,165 \$ 138,165	
Protection From Harm	Quality Assurance Research Staffing 1 - OPS/POL Analyst 4 1 - RA4 NEW 2 - AS2	12 10 11	1 1 2	0.50 0.42 0.92	\$ 76,812 \$ 64,010 \$ 98,520	
NEW	Supervising Physician for Portland	12	1	0.50	\$ 228,144	
Protection from Harm	NEW Infection Control/Housekeeping 12 - Custodians	10	3	1.26	\$ 107,000	
ASD Portion					\$ 142,897	
				22	9.80	\$ 1,724,679