

# OSH RECOVERY TIMES

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March 2009

## Oregon makes history with opening of transitional patient housing

*Visitors touring the home ask, "When can I move in?"*

*By Patricia Feeny*



Oregon's mental health care system reached a major milestone this month when Oregon State Hospital opened three of six transitional patient homes on its Salem campus. This signified not only the beginning of the handoff of the "keys" from the OSH Replacement Project to the hospital, but solidified the state's move toward a community-based mental health system with a continuum of care that includes comprehensive front-end and back-end services.

These cottages also represent how OSH is working to provide the best possible care for its patients while being a good neighbor and community member. The hospital opened up one of the cottages for tours to about 300 visitors, including patients, staff, neighbors, representatives from the city and state, and news media.

The tour featured a craftsman-style cottage, which was built in 1909 to house hospital staff and originally was designed as a two-family residence with separate front and back doors, kitchens, living areas and staircases. The remodeled cottage has a single kitchen, living room and a dining room. It also has five bedrooms and five bathrooms to accommodate the eight men who will be living there beginning this month.

Visitors observed firsthand the home-like atmosphere with its bright, but warm, light and inviting feel. They appreciated the preser-

vation of some of the original fixtures and the restoration of the exterior appearance. But the house also received approval for the upgrades to allow greater accessibility, including an outside ramp, and the addition of modern appliances and furnishings. Tour guides lost count of how many times they heard visitors who were not patients ask, "When can I move in?"

All six transitional cottages have been remodeled, are ADA accessible and can either accommodate five or eight patients. In addition to interior work, the exteriors of the cottages have been painted with colors that reflect the period when they were originally constructed, 1909-1915.

Transitional housing is critical to an individual's successful return to the community. The current state hospital grounds are ideally suited to meet this need, particularly with respect to the development of this step-down or an interim placement between the institutional and community settings.

In the past, OSH patients were discharged into various community housing programs. While many made a successful transition, there were those who could have benefited from this type of pre-community placement.

This transitional program is designed for low-risk patients who have progressed in treatment and are nearing their hospital

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### OSH Recovery Times

is edited by Jeff Jessel.  
Contact him at 503-945-2892  
with questions, comments or suggestions.

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# Piecing together continuous improvement – the Transformation Initiative

By Rick Varnum, Director of Strategic Planning

One sunny, warm week last fall a team of OSH pioneers met for three days. They met with purpose. Their goals were to reduce the time it took to provide an offer of employment to RNs interested in working at OSH and to reduce the RN vacancy rate. These hard-working folks have found success throughout a winter of rain, clouds, snow and sleet.

They used a technique call rapid process improvement (RPI). It is centered on a three-day meeting that seeks to understand a problem and create an action plan for change. Before the RPI was conducted, nearly one in four RN positions were vacant. Today that rate has been reduced to one in ten.

How did they do it? First they eliminated 11 unnecessary steps in the hiring process. Next HR and Nursing worked closely together to share information, created a weekly interview panel, and kept in touch with candidates.

How has OSH benefited? The answer is, in several ways. From October 2008 to January 2009, RNs hired after the RPI worked 726 days that would have been unfilled or filled through overtime or contract agency nurses. OSH has reduced the time it takes to process an application (from 80 days to 12 days) and saved valuable HR staff time. Care to patients has been improved by providing more consistent staffing patterns. And we've improved customer service to applicants as well as increasing word-of-mouth referrals to potential RN applicants.

Director of Nursing Services, Nancy Frantz-Geddes had this to say about the RPI: "The RPI process to Nursing is like exactly the right medicine at exactly the right time!"

A second RPI to improve dietary consultations set serious goals for the turnaround time of consultations. Before the RPI, consultations were taking 150 days to complete and nearly 100 patients were waiting for a dietician's consult.

How has OSH benefited? In just three months the number of consultations completed per month had nearly doubled and the backlog eliminated. The completion cycle time for consultations was reduced by nearly 90 percent to 17 days.

And in 2009 all new OSH patients will receive a dietary consultation.

Debbie Granum, director of Food and Nutrition Services (FNS), had this to say: "The RPI process is collaborative and innovative. It allows staff to review the issues and provides ideas that stimulate true action. While change is often difficult, this process has allowed FNS, in a very short time, to turn around a process that otherwise would have taken years to address. The outcomes have been significant and have positively impacted our staff by eliminating overdue assessments and improved response time to patients."

Two rapid process improvements and two successes! Each is an example of making jobs at OSH easier while improving services to patients.

Derek Wehr, Nikki Mobley and Penny VanSanten (503-945-7725) are leading our Transformation Teams. If you want to eliminate waste, reduce errors, increase efficiency and quality, Derek, Nikki and Penny want to hear from you.



## What's cooking in the kitchen?

By *Patty J. Thompson*



Change is happening on the grounds, and this means new programs for OSH Food and Nutrition Services (FNS). The transitional cottages are opening and we are preparing to provide them total meal service until they adapt to their new environment. We will provide frozen entrees, dry staples and perishable food items that cottage staff and patients will prepare.

35 Café, previously Sip-N-Safari, will open for patients and staff from the treatment mall beginning in early April. The café will be open Monday through Friday from 10:45 a.m. until 1:15 p.m. Each day several choices for sandwiches, including vegetarian and soft options, will be offered. There will be a special sandwich of the day. Two different soups, green salad with a variety of toppings, cottage cheese or yogurt, fresh fruit and rice will also be offered. This will be a “full meal deal” purchase, with no money transactions. Staff may purchase OSH meal tickets from the business office for \$2.75.

Watch for a new look for FNS employees. Staff is currently reviewing some new ideas for aprons and shirts before the opening of the 35 café in April.

## March is National Professional Social Work Month

Each year in March the National Association of Social Workers honors social workers across the country. This is an opportunity for reflecting on the history of social work, the important contributions of social workers, and for looking towards the future of the profession. The White House officially recognized Social Work Month in 1984 and each year since then there is a specific theme for reflection and education.

The 2009 theme is **Social Work: Purpose and Possibility**.

Many of you have been working with OSH social workers for some time now and may have a good idea of the roles and responsibilities involved in the profession within the OSH community. However, the role of social worker can extend far beyond the OSH community in unique ways.

Did you know that....

- There are approximately 30 social workers here at OSH within the various units and programs?

- All of OSH social workers have received master's degrees in social work and most of the social workers have a post-master's licensure?
- Social workers work in a variety of fields including: child/family/school, medical and public health, mental health and substance abuse, administration, policy and planning, advocacy, community organizing, private practice, and education and research?
- Social workers have unique training and education in seeing “purpose and possibility” in the lives of those they serve? This is rooted within the strengths perspective.

Throughout the month of March you will receive a series of GroupWise “mini articles” which will highlight the many unique contributions by social workers within OSH and within the profession. OSH is fortunate to have such talented and hard working social workers. Thanks for all that you do.

## Ready, set, and here we go!

By *Jamal Al-Awaj, Psychology Department*

We are marching through very historic times. The Oregon State Hospital is finally entering the action era toward building a new hospital and implementing a new culture. The treatment mall is one of the most challenging goals, but I have faith in our patients and staff to overcome and prevail over all obstacles.

Change usually brings a sweet sense of worry and stress: Figuring out so many new ways of

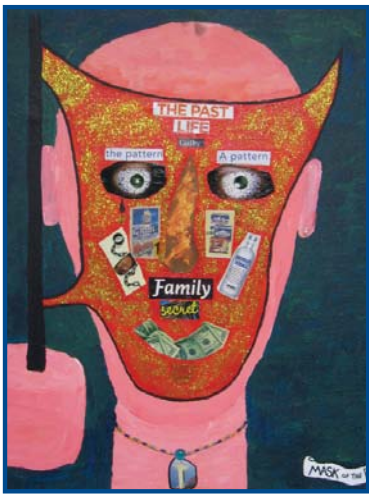
doing things, and who has the correct answers and knows the correct ways that things should run. What groups should we provide? Who is going to lead them? What materials should we use? ...and the list can go on and on. At times it seems we are so busy that we miss out on the exciting news!



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## OSH patients display artwork

By Sara Slack, ATR-BR, art therapist



Approximately 200 people gathered Wednesday, Jan. 21, in Salem for the National Alliance on Mental Health (NAMI) Oregon's Mental Health Day at the Oregon Capitol. Those attending included consumers from the Oregon State Hospital.

OSH's consumer artists — who are a part of the Art Therapy Program, Co-Occurring Disorders — displayed their paintings and art. In addition, our consumers spoke with attendees about their art and how it is a big part of their recovery process. The artwork attracted a lot of attention from all who strolled through the Galleria at the Capitol. OSH consumers also attended presentations by guest speakers from around the state.

This was a day to support the work that is being done for mental illness and to have the voice of the mentally ill heard. Many NAMI members met with their legislators to share their stories and express the need for assistance for programs that support the mentally ill.

OSH consumers' creations were displayed on easels donated by American Easel, a Salem-based company. Mental Health Day organizers invited our consumers to attend and participate in the event.

*Photos shown are of OSH consumers' artwork, displayed at the Mental Health Day event in the Oregon State Capitol, Salem, January 2009.*



## Oregon makes history with opening of transitional patient housing

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discharges. Although patients will be living in a home-like setting, the day-to-day schedule will be highly structured and supervised with a minimum of two staff in each cottage at all times. Patients will do chores, including meal preparation or clean-up, attend classes or meetings and participate in group activities. Such a setting affords greater opportunities to socialize, acquire important life skills and experience an authentic day-to-day living experience.

As 36 of the 620 total beds in the replacement hospital, the cottages set the stage for the direction the state is going with the care and treatment of Oregonians with mental illness. The recent raves and reviews of the transitional housing from patients, staff, advocates and others is assurance that the state is moving toward a mental health care system that Oregonians with mental illness and their families can believe in.

It is not enough to build a new hospital. Oregon's success depends on a well-functioning system where people have access to coordinated, comprehensive and community-based medical and social supports for their mental health needs.

For more information, call Patricia Feeny at 503-945-9073.

## Excellence in action

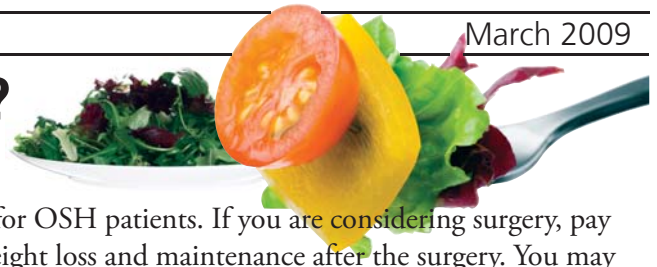
Congratulations to Lee Hullinger for winning the Director's Excellence Award. The award is given to individuals whose work has contributed significantly toward the department's efforts to provide excellent service to our customers, partners and communities.

Lee is the chief financial officer for Oregon State Hospital. Since taking that position in July 2008, his leadership has created a professional culture in managing finances for the state hospital. He is improving the staff performance in business practices and purchasing, which strengthens the hospital's fiscal operations and supports efforts to improve OSH's practices and processes. One of Lee's major accomplishments was

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## Are you considering bariatric surgery?

By Vicki Duesterhoeft, M.S., Registered and Licensed Dietitian



As you will see from the following article, bariatric surgery is not an option for OSH patients. If you are considering surgery, pay close attention to the life-long dietary restrictions necessary for successful weight loss and maintenance after the surgery. You may find that changing to a plant-based diet of fruits, vegetables and whole grains suddenly sounds much more appealing.

### Contraindications for bariatric surgery:

- Uncontrolled depression, anxiety or other mental illness; active substance abuse; unwillingness or inability to comply with program guidelines; severe cardiac or pulmonary disease; cancer; pregnancy; Prader-Willi syndrome.

### Types of bariatric surgery:

- Restrictive: Limits the volume of food consumed (Lap Band, gastric sleeve);
- Malabsorptive: Reduces calorie absorption by the intestines (biliopancreatic diversion with or without duodenal switch);
- Combination: Limits food volume and nutrient absorption (gastric bypass).

### How does the surgery work?

- Restriction due to the new egg-sized stomach pouch enforces smaller portion sizes. (An average adult stomach is the size of a football.)
- Altered gut hormones and changes in neural signals result in early satiety.
- Malabsorption results in decreased calorie absorption.
- Dumping syndrome is a powerful deterrent to eating sweets.
- Rapid weight loss is a powerful motivator.

### Lifelong diet (begins on the 15th day post surgery) and lifestyle:

- Follow a low-fat, low-carbohydrate diet. Each meal should be approximately two-thirds cup total.
- Always eat protein first at meals. Eat a minimum of 60 grams of protein per day.
- Eat three meals per day. Don't succumb to snacking or grazing.
- Eat slowly (20-30 minutes per meal). Chew each bite 30 times. Chew foods to paste consistency.
- Stop eating at the first sign of fullness.
- Drink 64 ounces (8 cups) of water per day between meals. Do not drink beverages with meals.
- Avoid sweets, juice, alcohol, caffeine and carbonated beverages.
- Take the recommended vitamin and mineral supplements as directed.
- Exercise daily.
- Journal and attend support group.

### Vitamin and minerals supplementation per American Society for Metabolic and Bariatric Surgery Guidelines 4(2008) S73-S108:

- Multivitamin plus minerals: two per day for gastric bypass, one per day for Lap Band;
- Calcium citrate: 1,500 mg daily (other forms of calcium are not absorbed);
- Vitamin B-12 (sublingual): 2,000 mcg weekly (gastric bypass only);
- Iron: as needed.

## Successful Joint Commission Survey *By Roy J. Orr, Superintendent*

Surveyors from The Joint Commission (TJC) were on site the last week of February at both the Salem and Portland campuses.

The surveyors visited many areas of the hospital, including the newly renovated transitional patient houses. They focused on processes related to patient safety, assessment and care/services, information management, medication management and communication.

Special meetings were held with groups of employees to discuss processes for infection control, management of the environment of care, medication management, credentialing and privileging, competency validation and medical record documentation.

Leaving no stone unturned, they even evaluated how we maintain license and immunization records for the dogs that exist on our campus.

Dr. Donald Geeze led the five-day survey. He expressed a wish to revisit the hospital in three years to observe our progress on our multiple improvement initiatives. He said that we have the potential to become one of the best state hospitals in the country. The survey team also included Virginia Jordan, MSN, RN; Dyana "Dee" Troester, MA, MSN; and Byron Kitagawa, a life safety specialist.

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# OSH staff support neighbors in need

By Jeff Jessel



During the entire month of February the employees at the Oregon State Hospital, once again, pulled together to support the local Food Bank. The Governor's State Employees Food Drive campaign was a huge success across the state, especially here in Salem. Local hungry Oregonians will greatly benefit from the overwhelming kindness and generosity of OSH staff.

This year OSH raised \$13,014, or the equivalent of 65,070 pounds of food for the Food Bank. Additionally, staff collected more than 500 pounds of food. Contributions were made in the form of money, food donations, payroll deductions and fundraiser participation. OSH employees who stepped up to facilitate and/or coordinate donations and fundraising events included Tammy Applegate, Charlene Barber, Rama Bikkina, Gloria Blair, Drew Brown, Adina Canales, Lesley Conahan, Dale Jones, Dianna Larsen, Linda Marshall, Jacqueline Miller, Sandy Moler, Marilyn Nichols, Diane Pankey, Susan Rose, Brenda Ross, Sridevi Talluri, Chris Wilson, Davita Wright, Zy Xiong, Jamal Al-Awaj, Kathleen McGann, Janet Opdahl and Janelle Jegglie. Many additional employees worked and operated these events. A big thanks to all of you for a job well done. OSH's substantial contribution to the Food Bank this year is due in large part to your hard work and effort. A special thanks to Diane Pankey for managing and distributing our OSH Food Drive e-mail daily announcements, events calendar and updates.

This year the Food Drive campaign at OSH included a variety of bake sales, candy bouquet sales, a silent auction, a book/CD/VHS sale, a variety of luncheons and feeds, chili cook-off contests, basket raffles, a variety of games and payroll deduction donations. It was truly awesome to see the outstanding support and participation of OSH staff during the Food Drive. The donations and contributions of time, money, food, event supplies and auction items were awesome and made the difference. On behalf of our hungry neighbors in need, thank you for all of your support.



*Food Drive Chili Cook-Off, Salem Campus. The winners from 19 Chili Cookers.... Chosen from 100 chili samplers...*

*Pictured; Jennifer Thorsted, 3rd place, Lora Cobb, 1st place Chili Champ, Jim Walker, tied 2nd place, & Jeff Jessel, tied 2nd place. Congratulations!*

## Ready, set, and here we go!

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I am excited about having a new hospital, just as I remember being excited when I got my first bicycle; the sweet stress energized me to learn how to ride it, and quickly! The moment is very special and exciting and all of us are part of it. I believe that, in the end, it will all work out.

The hospital has gone through a lot of changes since I joined the "people helping people" crowd, but this is the greatest by far! We moved from the most forceful, controlling ways and models to slowly adapting to the recovery model while maintaining safety, security and infection control.

The mini mall opened March 3, 2009, and we will do just fine. Patients and staff are experimenting and practicing until the opening of the real treatment mall in April or so.

It is very easy to destroy the old buildings, build new ones, or move from one building to another. However, it is very challenging to get rid of old cultures. I hope we can embrace this change with positive attitudes and mindful stances.

Everyone is asking: How would this change affect me and the delivery of my duties? Do I accept this change? What are my options? Awareness and knowledge of what is expected of me helps me figure out if I have the needed skills. If I do well, it's wonderful but, if not, I should focus on where and how can I get training. I need to avoid going backward and stressing over the things that I already stressed over and resolved.

By continually moving forward toward reducing the intensity of my stress while positively challenging and engaging the change process, I will be able to enjoy my growth with the hospital. Maintaining focus on me and taking charge of what I need to change in me will produce the expected services.

I am looking forward to seeing the new hospital, and I am hopeful that it will be — in a lot of areas — way better than the old one! I am also looking forward to the treatment mall. I will work on getting the needed training and celebrate the positive changes around me.

In the end it's not about me or any one individual. The event is huge and deserves our reflection. We are making history, so let's enjoy the moment and move forward toward a brighter future. I salute the hospital staff for the dedication that they provide to serving our public on all levels.

This article was written in February 2009 and, since then, the news from the mini treatment mall sounds great. The patients are embracing it and the staff are providing a wonderful example of teamwork.

## 2009 Colloquium Series

By Amanda Pasch

The Planning, Analysis and Research (PAR) group would like to invite OSH staff to attend the 2009 Colloquium Series. This series is designed to provide researchers, both internal and external to OSH, with a forum for sharing the results and analysis of research projects. Additionally, the presentations will provide an outlet for OSH employees, across various departments and disciplines, to share their knowledge and expertise with hospital researchers.

The overall goal of this series is to promote a culture of learning at the hospital and an open exchange of ideas between researchers and OSH employees. In 2009, presentations will take place each quarter. The schedule of presentations is below.

PAR would like to encourage anyone interested in presenting a colloquium topic to contact Aaron Dunn or Amanda Pasch. PAR also welcomes staff suggestions on potential topics for future colloquium presentations.

We hope you will join us at this year's Colloquium Series presentations!

**Topic:** Trends in Length of Stay at Oregon State

Hospital: 2000-2008

**Date:** March 30, 2009

**Time/Place:** Building 29, Brooks Conference Room, 12 noon

**Presented by:** Amanda Pasch, research analyst, OSH Planning, Analysis and Research

**Topic:** Comparison of Restrictive Event Rate between Deaf and Hearing Patients at OSH

**Date:** June 29, 2009

**Time/Place:** TBD

**Presented by:** Brian Hartman, Psy.D., OSH clinical psychologist

**Topic:** Investigating Environment of Care Incidents at OSH

**Date:** Sept. 28, 2009

**Time/Place:** TBD

**Presented by:** Jackie Yates, research analyst, OSH Planning, Analysis and Research

For more information, get in touch with Amanda Pasch 503-945-9784 or [alpasch@dhs.state.or.us](mailto:alpasch@dhs.state.or.us), or Aaron Dunn 503-947-1029 or [adunn@dhs.state.or.us](mailto:adunn@dhs.state.or.us).

## Successful Joint Commission Survey

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At Friday afternoon's exit briefing, the four surveyors shared their preliminary report. Four "direct impact" findings were discussed, primarily related to how we use the data that we collect for performance improvement and how we can standardize some of our processes and create a more integrated organization. In contrast, TJC identified 19 areas needing improvement at OSH in August 2006. Organizations are typically allowed to have 13 direct impact findings before accreditation status is affected.

The final report from TJC should be received in the next two weeks, but it appears that we will be granted full accreditation. This is good news on a number of levels.

Chiefly, TJC is the nation's predominant standards-setting and accrediting body in health care and is considered the gold standard seal of approval for quality and safety for U.S. hospitals. By the same token, it assures the public that we are doing a good job and are accountable for our actions and decisions. Conversely, failure to receive TJC accreditation would jeopardize funding for our student and residential programs and reimbursement from the U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services.

Surveyors complimented OSH staff and our dedication to the patients we serve. I would like to sincerely thank all of the employees who interacted with the surveyors. Your friendliness, enthusiasm, professionalism and dedication to our patients contributed to a very successful survey.

I would also like to thank Ted Ficken, Angelika Schmoll, Nancy Frantz-Geddes, Mesme Tomason, Arthur Tolan, Maria Prokhorova, John Hamilton and Todd Eisenberg who served as escorts for the surveyors. I will provide another update when we receive TJC's final report.

## Excellence in action (continued from page 4)

an improved process for projecting expenditures under the hospital's legislatively approved budget, which increases fiscal accountability, provides solid information to managers and holds those managers accountable for working within a budget. He also worked closely with the Office of Payment Accuracy and Recovery (OPAR) to improve the accuracy of billing for Medicare Part D revenue, which is critical to OSH.

# Why go electronic?

*By the Behavioral Health Integration Project (BHIP) Team*

Why is an Electronic Health Record (EHR) system needed here at OSH? The primary answer: better patient care and staff safety. Illegible writing, difficulty in accessing current patient information and misfiled forms have caused problems for accreditation, but more importantly have impacted patient and staff safety.

Patients receiving the wrong dose of a medication, staff not knowing whether or not the patient has an infectious disease, and treatment teams lacking information to determine the best plan for treatment are all examples of the difficulty in using paper charts and outdated systems. In addition, not having a comprehensive, integrated system of documentation means that all the great work that is being done here daily is not readily reportable.

According to a survey done by Virtual Medical Worlds, hospitals that have implemented electronic health record systems are reporting both tangible and intangible benefits. These include increased quality of care, enhanced patient and staff safety, significant reductions in error rates and time needed for documentation. A few examples include:

- Children's Hospital of Pittsburg has eradicated handwriting transcription errors completely and cut harmful medication errors by 75 percent.
- Heritage Behavioral Health experienced 70 percent reduction in cost of clinical documentation with EHR.
- University of Illinois at Chicago Medical Center gained significant financial benefits — estimated to be \$1.2 million — in reallocation of nursing time from manual documentation to direct care.

Investing in both the technology of a comprehensive EHR system and the training of staff to use the tool for integrated treatment planning and documentation will reap many rewards including:

- Improving individual care by increasing the emphasis of individual-centered planning and recovery, eliminating redundant data entry and time-consuming manual processes, and freeing up clinicians' time for direct patient care.
- Improving individual care through real-time access to all clinical information necessary to develop and implement an integrated, interdisciplinary plan of care.
- Enhancing continuity of individual care by seamless integration of services, assessments and documentation throughout the



In addition to results of studies of organizations that have implemented electronic health record

systems, the BHIP Team asked OSH staff "Why go electronic?" Here are additional responses to why OSH should move to an electronic health record system.

"I can set up reminders re: when AIMS exams, Informed Consents, progress notes (including regular notes and PSRB dictations), labs, etc. are due. I will be much less likely to miss them, which will improve our compliance with our own documentation and care standards. Even better if these reminders are tied to the record and not personal to me, so that if the patient is transferred, the new provider gets the reminders." – Dr. Sara Walker

"I am looking forward to having the integrated electronic charting program up and running because it will be like one stop shopping, hopefully all I need will be at my finger tips. I also think our patients will benefit by their information being all in one place." – Donell Chapman, MHTT

"Electronic medical records could save days of time due to only having to use one source to communicate the information, having some of the introductory information about the assessments already accessible, not having to repeat information that is already in the electronic chart such as patient information and history, and ready access to the electronic chart from anywhere in the hospital." – Sara Pickett OTR/L

hospital and as individuals move into the community for care.

- Improving medication management at the state hospitals.
- Supporting evidence-based-practices and compliance with the Joint Commission and other accreditation and regulatory agencies.
- Increasing revenues through improved billing and revenue cycle management.
- Improving strategic and operational management decisions based on accurate and reliable data.
- Improving the content and accuracy as well as the ease of obtaining information reported to the Oregon State Legislature and federal and grant funding sources.
- Improving the privacy and security of individual protected health information.

The primary goal of BHIP is to implement a comprehensive EHR solution that will provide the important benefits that have been achieved by other health care organizations. We look forward to working with staff and patients here at OSH as we move forward with the purchase and implementation of the new EHR system to make this a reality.