OREGON DEPARTMENT OF HUMAN SERVICES: OREGON STATE HOSPITAL

OSH RECOVERY TIMES

Volume 5, Issue 6 **1** June 2009

A history of outdoor therapy programming at Oregon State Hospital

By Todd Trautner, Outdoor Specialist

1991-2005: *Extended wilderness over-night programming comes to an end. Sequentially designed 12 week program modules are developed. All-Day outdoor recreation and education outings occur every Tuesday and Thursday, combined with weekly pre-trip planning sessions. This is the new treatment model of choice. (The Stan Mazur-Hart Years)*

In October 1991, Todd Trautner took over the helm of the OSH OET program as the third outdoor specialist. The Eastern Washington University era had ended. Todd Trautner attended both Prescott College in Arizona, and Mankato State University, in Minnesota.

This stretch of history began with the full-time, OSH Outdoor Instructor position being repositioned. In addition, three summer student instructors were eliminated. These changes made for a challenging period for the OSH OETP treatment model.

The 3-day wilderness outings also came to an end. It is clear, that the clinical model of outdoor therapy, established by Dean Brooks, Debbie Rios, Ralph Summers and Steve Lusted, is the primary reason why the OSH outdoor program survived this period of history. These visionary, competent leaders established a time-tested tradition of outdoor experiences being used in the treatment of mental illness.

The 2009 OETP Recovery/Wellness and Empowerment Model *(The Tradition Continues!)*

In the past 18 years the OSH OETP has conducted approximately 1,800 outdoor recreation outings. OSH residents experienced over 8,000 patient days in the field with a continued focus on community transition, and outdoor/education/recreation participation. The OETP treatment model is designed on purpose by patient driven input. Individualized and personalized year-round program planning helps each outdoor activities group foster shared community, purpose and hope. These treatment/life experiences encourage, shared peer support, shared mutual respect and shared group responsibility. Engaging patients in a non-linear way helps develop relevant, and thus effective, programming. This inclusive process begs the question, is active treatment the same as meaningful treatment?

Today, in 2009, we are optimistic that mental health treatment services within the state hospital setting will continue to grow and nurture a balanced system. A system where human rights are recognized and honored, and where-by a variety of expanded academic, vocational and recreational opportunities are available to hospital residents. Self-directed recovery is the national trend. The future plans for the OETP in the new facility are to expand programming to be available from intake to discharge. Through this process, OSH residents/patients will continue to have a dynamic, inclusive, empowering, and holistic form of recovery focused treatment.

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

BHIP: Buy vs. build

The purpose of the Behavioral Health Integration Project, or BHIP, is to purchase an integrated electronic health record (EHR) and hospital management system. Initially the EHR will be implemented at the Oregon State Hospital and Blue Mountain Recovery Center. Eventually, it will be used in the community behavioral health setting as well. You may ask yourself: "Why was buying a commercial off-the-shelf (COTS) system chosen rather than building a customized system?" The answer to that question is very straightforward: more efficient processes, less time needed to implement, and easier, less expensive upgrades in the future.

More efficient processes

One of the greatest advantages gained from implementing a new EHR system is the opportunity to look at current processes and see if they can be improved. Purchasing an EHR system that has been in use in other hospitals allows OSH to capitalize on more efficient processes that have been developed by other hospitals and EHR companies. Why reinvent the wheel if others have done the hard work of finding out what works well? While most of the new processes will lead to more efficient practices, such as less duplication of information entry, it's important to mention that learning a new way to do your job and learning a new computer system will be challenging. But, the results are well worth the effort.

Less time needed to configure and implement

The time and effort needed to design, build, test and implement a custom-built system is massive. It involves a much greater effort than purchasing, testing and implementing a COTS system that has been working in other hospitals for years. Time is of the essence as the EHR software needs to be in place before the new hospital buildings are complete. The new hospital was designed with the understanding that medical records would be electronic rather than physical. This way valuable space can be used for patient care rather than paper record storage. The time limitation imposed means that building a system from scratch is not feasible.

Less expensive upgrades

A COTS EHR system has one more major advantage: Future changes and upgrades are much easier than a customized, built-from-scratch system. When best practices in treatment change and technology grows, a COTS system will be updated by the vendor while a custom-built system would need expensive and time-consuming rework done. This is evident by the current Oregon Patient Resident Care System (OPRCS). One of the major challenges to adding even a small change to the current system is the limited number of people

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What's cooking in the kitchen?

By Patty J. Thompson

From all reports, Café 35 is a success with Treatment Mall patients and employees. Watch this month for new soups and specials. We continue to provide nutrition information to assist in making healthy choices. Weight Watchers points are also added for employees participating in the OSH group. Food and Nutrition Services (FNS) is proud our first venture into providing meal service after many years is a pleasant experience for patients, staff and FNS employees.

Beginning the first part of June, we will have "to-go" snack meals available for staff unable to eat in the dining room.

Buildings disappearing and machinery rumbling are a regular part of our days here in the main kitchen. Every day presents new scenery and challenges.

Plans are being developed for the cottages to order and prepare their own meals. FNS continues to discuss alternative methods to serve geriatric wards prior to moving into the new hospital.

The summer menu cycle, planned to begin July 6, is being developed to meet the national dysphasia standards. These standards address eating and swallowing issues that occur at our hospital. We are developing new recipes, textures and

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OSH implementing National Dysphagia Diet

By Vicki Duesterhoeft, M.S., R.D., L.D.

This summer, Food and Nutrition Services will start a new menu cycle while concurrently implementing the National Dysphagia Diet. Dysphagia is a swallowing disorder characterized by difficulty in oral preparation for swallowing (including problems positioning food in the mouth) or in moving food from the mouth to the stomach. Dysphagia compromises nutrition and can lead to aspiration pneumonia and dehydration. This diet was developed by the National Dysphagia Diet Task Force to provide standardization of the terminology and nutritional management of people with dysphagia. The task force was comprised of speech pathologists, registered dietitians and food scientists.

The National Dysphagia Diet is intended to become a standard of practice treating people with dysphagia. One of the major purposes of the National Dysphagia Diet is to simplify and improve communication across the continuum of care, from health care facilities to home settings.

OSH will adopt the National Dysphagia Diet using the following terminology and procedures:

- **Level 1** pureed = homogenous, very cohesive, pudding-like, requiring very little chewing ability;
- **Level 2** mechanically altered = cohesive, moist, semisolid foods, requiring some chewing;
- **Level 3** advanced = soft foods that require more chewing ability;
- A dental diet will be available for patients who have difficulty with chewing due to poor dentition or mouth pain;
- The regular texture diet will continue to be available for patients without difficulty chewing or swallowing;
- Liquids will be available in thin, nectar-like, honey-like, and spoon-thick (pudding) consistencies;
- The name for the puree diet will change to level 1 pureed;
- Patients currently on mechanical soft diets will be placed on level 2 mechanically altered, level 3 advanced or dental diets at the discretion of their physicians. (A speech language pathologist consult is recommended for patients currently receiving mechanical soft diets who do not clearly fall within one of the National Dysphagia Diet levels.)
- Patients currently on the no hard fruits or vegetables diet will be automatically changed to the dental diet.

OSH policies are currently being updated and new standardized forms are being developed. Physicians, nurses, ward and food services staff will be receiving information and training to enable us to provide a smooth transition for our patients to the National Dysphagia Diet.

M.D. billing RPI

By Derek Wehr

A DHS Transformation Initiative rapid process improvement (RPI) event was held in early April to streamline the OSH M.D. billing process.

The RPI team included:

- Vimal Aga, M.D.;
- Cheri Caldwell, IRS Medicare billings specialist;
- Joni Detrant, manager, Medical Records;
- Steven Fritz, M.D.;
- Janelle Jegglie, business analyst, BHIP;
- Dania Johnson, IRS program specialist;
- Russel Kittrell, IRS manager, OPAR;
- William Newton, M.D.;
- Laura Noble, medical records specialist;
- Maria Prokhorova, interim CMO;
- Michael Robinson, M.D.;
- Richard Stansfield, research analyst, PAR.

Over the course of three days, the RPI team was able to completely re-design the billing process. The technique that Dr. William Newton developed for billing created an excellent foundation for the team to build on. The team cut wasteful steps out of the existing process and simplified other steps to create a simple, efficient future state for M.D. billing. They also identified training needs and created incentives to boost M.D. participation.

The team developed a goal of increasing M.D. billing by 91 percent. This target is quite impressive, considering that our physicians' valuable time is already stretched very thin due to overcrowding, a rapidly changing OSH environment, and multiple demands.

Implementation of the new process was fast-tracked and is now underway. The RPI team developed five metrics, with the expertise of Richard Stansfield, that will be used to measure the success of the new process. A reinvestment plan was also created to make sure that the increased revenue is monitored closely and invested into other OSH high-priority areas of need. Dr. Prokhorova and Joni Detrant served as RPI Team co-leaders and plan to ensure that the changes made are sustainable.

The new M.D. billing process will result in an estimated $420,000 in new revenue by the second quarter of 2010, although the actual amount billed and reimbursed could be much higher.

"Anytime we can find ways to bring in additional revenue, we decrease our dependence on the state's General Fund and we become more financially self-sufficient," said Penny Vansanten, who co-facilitated the RPI with fellow Lean leaders Nikki Mobley, Patty Frazier and Derek Wehr.

"I've been involved in several process improvement opportunities over the years, and this one was by far the best I've been involved in," said Russell Kittrell, an RPI participant who serves as the manager of institutional revenue in the Office of Payment Accuracy and Recovery. "The charter and scope were on target and the right people were at the table. The team was open, participatory, flexible and left criticism and pessimism at home. This is the right thing to do for our patients, taxpayers and DHS."

The key to this event's success was that the team consisted of people who work on the front lines and OSH leadership clearly supported the RPI. When you bring together a group of talented people and empower them to streamline their own work, the innovation and creativity that can arise is magical.

To learn more about Transformation Initiative events happening at OSH and throughout the Oregon Department of Human Services, visit the Staff Tools internal Web site at www.dhs.state.or.us/tools/, click on the Transformation Initiative link and look for the First Quarter Progress Report.

*Photos taken by Dr. Steven Fritz.

Patient viewpoints — Putting a face to service

Submitted by the Planning, Analysis and Research (PAR) Unit

In an effort to learn more about the patients of OSH, the Planning, Analysis, and Research Unit recently collected a series of patient narratives. These personal stories highlight the patients' perspectives on their care and illustrate some of the challenges and achievements that real OSH patients experience on their journeys toward recovery. What follows is the story of one of the many patients who contributed to the project.

For many, treatment at OSH is a chance to address the true underlying causes of difficulties in their daily lives. This is especially true in the case of "Lynn." An OSH resident for the last few years, Lynn welcomed the chance to receive treatment when she first came to the hospital. She says, "I was very pleased when I was taken [to OSH]. I thought it was a good fit."

Lynn felt so accepting of her OSH stay partly because the hospital setting placed focus on her illness. "When I made a mistake, I wasn't seen as a criminal," she says. Working alongside staff, she has been able to develop a positive relationship with her treatment team. "Everybody seems to be on the same page," she says. "I have people that listen. I have doctors that care."

Lynn attributes much of her success to the wide variety of therapies and tools provided at OSH. In addition to medication and classes, she has also spent time doing paid work at the hospital. Work provided her not only with meaningful activity, but also gave her the means to maintain "little luxuries" that have added to her comfort.

Now living in one of the OSH cottages, Lynn is focusing on her treatment and making plans for the future. She looks forward to being discharged from the hospital and the opportunity to develop new skills. She is interested in continuing her education and pursuing a career in corrections. Whatever her future may hold, she is focused on making a better life for herself and her family. "I'm definitely going to be a lot more responsible. Knowing that it's not just me [to care for] makes me feel more empowered."

This is the first in a series of featured narratives. Additional patient viewpoints will be included in upcoming issues of Recovery Times.

What's cooking in the kitchen?

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procedures. There will be training for nurses, doctors and FNS staff.

FNS continues to re-create its work area, modify work schedules and reevaluate assignments to prepare us for the new production area and service style to be provided in the new hospital. Employees continue to experience change that we hope will lead to a smooth transition.

BHIP: Buy vs. build

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able to program in its antiquated computer language, and the effort to do so is very time consuming. We need to move away from this risky process.

Purchasing a COTS solution, already in use by other hospitals, allows OSH to improve business processes, spend less time getting the system user-ready and allows for easier and less expensive upgrades in the future. Other benefits of implementing a COTS solution include the fact that maintenance and support are transferred to the vendor, the system is of higher quality since it has been pre-tested, and it already meets the Health Information Portability and Accountability Act (HIPAA), as well as requirements set forth by the Center for Medicare and Medicaid Services (CMS) and The Joint Commission. It is for all these reasons that a COTS solution is preferred.

State psychiatric hospital hires a chief nursing officer

This spring, Oregon State Hospital welcomed its first chief nursing officer (CNO), Kathleen "Kathy" Deacon.

Kathy, the former chief nursing officer of McKenzie-Willamette Medical Center in Springfield, fills a brand new position critical to OSH's successful transition to the two new psychiatric hospitals being constructed in Salem and Junction City.

"In this role, Ms. Deacon will work closely with our existing nursing team whose members to date have done a great job of organizing and leading their division," said Superintendent Roy J. Orr. "But this division is growing and requires additional resources to meet existing and future needs."

As CNO, Deacon will have 24-hour oversight of all nursing care and will direct the overall operations of the hospital's nursing services. In addition, she will oversee laboratory and infection control programs.

"She is a dynamic and experienced leader who will play a critical part in the successful transition to the new hospital and continued implementation of a centralized model of care," said Orr. "In the role of CNO, she can help foster the integration of state and community services and work in close collaboration with staff and partners to assure Oregon has a comprehensive and coordinated mental health system."

Deacon, who has 38 years' experience in the nursing and health care fields, said she is looking forward to participating in planning, building and moving to the new hospital.

"This is an exciting and challenging time to be working in the state's mental health care system," said Deacon. "And an incredible opportunity to work with dedicated clinicians and support personnel to build a strong, competent and cohesive team that serves the needs of Oregonians with mental illness."

Deacon, a resident of Marcola, holds a master's degree in nursing and community health from Oregon Health and Science University. A master's or postdoctoral degree is a regulatory requirement for the position of chief nursing officer.

She has served in a number of local and state organizations, including the Northwest Organization of Nurse Executives, Lane Community College Health Occupations Health Advisory Council, Springfield School District 19, American Heart Association, Lane Memorial Blood Bank and United Way/Success by Six Campaign.

A History of Outdoor Therapy Programming at Oregon State Hospital

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The challenge of co-designing an OETP treatment model for the new hospital and treatment mall now lies before us. May the best practices of recovery philosophy and the medical model inform one another, and may the most important security concerns and treatment concerns inform one another. In the days ahead may we give the people of Oregon our very best effort in co-developing programs that continue to be inclusive for both client and staff ideas? May this new treatment approach be of authentic interest and meaning to the patients/residents of OSH, so their lives both inside and outside the hospital can flourish!

The Tradition Continues!

Todd Trautner

1-23-09

OSH campus tree removal update

By Roy J. Orr, Superintendent

One of Oregon State Hospital's most distinctive features is its picturesque, park-like setting. Preserving this landscape is very important to us and we have assured our neighbors and the greater Salem community that we will not take away their park.

So with that said, why have dozens of trees been removed during the past few months? In spring 2008, an arborist identified, inventoried and slated these trees for removal. In all, 570 individual trees were included in the inventory, representing more than 55 different tree species. According to the adjusted Walker Macy plan, 98 trees will be removed this year. Next year, 169 trees will be removed. To date, about 88 trees have been removed.

Many of these trees were identified as having conditions such as decay, termites, root and trunk damage, and dead and broken branches. While we have a wide variety of trees ranging from smaller flowering crabapples to medium-sized maples to large black walnuts, cedars, firs and pines, many of our trees are not native to this area and some have not aged well in our wet winters and soil. Several of these trees are in severe decline because of old age or their constant placement in saturated soil over many winters.

Other trees marked for removal would either impede construction of the new facility or would be located within

what will be the secure perimeter of the new hospital and present a safety risk. For example, a tree with low-hanging branches is a potential safety and security issue for patients and hospital staff.

When the trees' demolition was first bid, the price included the resale or reuse of the trees at the contractor's discretion in order to offset demolition costs. Since that time, however, the cost to fell and remove the trees has increased and the contractor would have to hire a company to take them away. But the commitment to reuse the wood has not changed, and the following actions are being taken:

- All fir trees are being given to the Marion County Juvenile Department. Youth participating in a community service program chop the logs into firewood and provide them free to seniors and people with disabilities.
- A certain number of the black walnut trees were sold to a furniture manufacturer. The vendor, who took the black walnut trees to the mill for furniture use, has donated a sizeable burl slab to OSH worth about $3,500. This could be incorporated into some form of art or furniture for one of the yards or entryways in the new hospital.
- Ten cords of wood are designated for the OSH sweat lodge.

I understand this removal concerns many of you. It concerns me, too, because trees are an important part of our campus. I want to assure you that our goal is to keep as many healthy trees as possible, plant more trees when and where it is safe to do so, and — with the help of landscape architects — incorporate existing trees into the new hospital design.

If you have questions about the tree removal plan, please contact me. As always, I welcome and appreciate your feedback.

OSH new hires and retirees

Welcome to OSH

Name	Position
Miguel L Aguirre	Mental Health Therapy Technician
Vanessa Baccarat	Occupational Therapist
Tracy R Barnes	Custodian
Thomas N Bickle	Food Service Worker 2
Tamra D Birkholz	Mental Health Therapy Technician
Martha Butler	Mental Health Therapy Technician
Debra L Canoy	Food Service Worker 2
Nate J Clampitt	Food Service Worker 2
Maris Crimmins	Executive Support Specialist 1
David Darold	Mental Health Registered Nurse
Samuel Davis	Mental Health Therapy Technician
Kathleen Deacon	Principal Executive/Manager G
Maria J Enriquez	Custodian
Evelyn Gabrielson	Mental Health Therapy Technician
Sheila Halvorson	Executive Support Specialist 1
Claudia Hernandez	Mental Health Therapy Technician
Diana G Hults	Custodian
Ramona L Huntley	Mental Health Therapist 2
Alice Kanaka	Public Service Rep 2
Debra Knight	Mental Health Registered Nurse
Gerald Macgregor	Mental Health Therapy Technician
Michael W Mcdermitt	Mental Health Therapy Technician
Kevin A Mcguire	Food Service Worker 2
Mellissa J McMinn	Mental Health Therapist 1
Ama Mensah	Licensed Practical Nurse
John E Meyer	Physician Specialist
Shawn Miller	Mental Health Therapy Technician
Grace Wangechi Ngere	Mental Health Therapy Technician
Maretta Peschel	Mental Health Therapist 2
Florin Petcu	Mental Health Registered Nurse
Oleg Popov	Psychiatric Social Worker
Michelle Praskievicz	Mental Health Therapy Technician
Nancy K Ripperda	Mental Health Therapy Technician
David Sanchez	Mental Health Therapist 1
Michelle D Schilz	Mental Health Registered Nurse
Katherine Schoeneman	Mental Health Specialist
Douglas W Smith	Mental Health Registered Nurse
Noel Dawn St Claire	Mental Health Registered Nurse
Sandra Stellavato	Mental Health Specialist
Kimberly A Thoma	Mental Health Therapy Technician
Sandra Trocha	Mental Health Therapy Technician
Sandra Utt	Pharmacy Technician 2
Jacee M Bangestel	Executive Support Specialist 1
Stephen A Veal	Mental Health Registered Nurse
Antonio D Villasenor	Food Service Worker 2

Promotions and Reassingments

Name	Position
Dagmar Amrein	Mental Health Registered Nurse
Jeffery S Birkholz	Mental Health Therapy Coordinator
Cheuk N Chan	Mental Health Therapist 2
Donell Chapman	Mental Health Therapist 1
Flor T Costley	Mental Health Therapist 1
Vicki L Duesterhoeft	Chief Clinical Dietician
Michelle T Giblin	Mental Health Supervising RN
Vivian M Iiams	Mental Health Therapist 2
Deborah Ingram	Mental Health Therapist 1
Nancy L Johnson	RN Epidemiologist
Michelle L Kedrowski	Mental Health Therapist 1
Tasi Keener	Mental Health Therapist 2
Henry C Laughrey Jr	Mental Health Therapist 2
Roger L Logue	Mental Health Therapist 1
Lisa Martinez	Mental Health Therapist 2
Heather A Matthews	Mental Health Registered Nurse
Nicole A Mobley	Nurse Manager
Jose M Moreno	Mental Health Therapist 2
Rebecca E Moreno	Psychiatric Social Worker
Denise E Munoz	Mental Health Supervising RN
Lorraine Oakes	Mental Health Therapist 1
Matthew N Obrien	Mental Health Therapist 2
Daniel J Pasch	Principal Executive/Manager D
Cody Lynn Pierce	Mental Health Therapist 2
Diane E Raiines	Office Specialist 2
Maria A Ramos-Rocha	Mental Health Therapist 1
Susan B Robinson	Mental Health Therapist 2
Hepsi A Rufle	Mental Health Therapist 1
Kristi K Steinbacher	Mental Health Therapist 2
Kathryn Thomson	Physician Specialist
Lisa C Werhan	Mental Health Therapist 1
Teresea R Wheeldon	Administrative Specialist 1
Patricia L White	Mental Health Therapist 2
Winfield Ward Widger	Mental Health supervising RN
Nicole Michelle Wirth	Principal Executive/Manager D
Alain N Yao	Mental Health Therapist 1

Retirees

Name	Position
Charlotte M Jeskey	Mental Health Spcialist
Tonie Louise White	Custodian
Gregory L Zurbrugg	Mental Health Spcialist

EDD June 2009 events

Following is a list of classes being offered at the OSH Education And Development Department (EDD) during the remainder of May. Classes are located at EDD unless otherwise noted. For more information about these classes, call 503-945-2875

Strength Based Practice: June 2
8 a.m. to 5 p.m.

1:1 Precautions: June 5 and 26
1 to 5 p.m.

Contraband/Search Training: June 1
8 a.m.to noon

Boundary Issues: June 8
1 to 5 p.m.

Preventing Patient Abuse: June 1 and 15
1 p.m. to 5 p.m.

General Orientation: June 1-5 and 22-26
8 a.m. to 5 p.m.

Ed Day: June 9 and 23
8 a.m. to 5 p.m.

Pro-Act Refresher:
June 2-3 (June 2: 8 a.m. to 5 p.m.)(June 3: 8 a.m. to noon)
June 4-5 (June 4: 8 a.m. to 5 p.m.)(June 5: 8 a.m. to noon)
June16-17 (June 16: 8 a.m. to 5 p.m.)(June 17: 8 a.m. to noon)
June 18-19 (June 18: 8 a.m. to 5 p.m.)(June 19: 8 a.m. to noon)
June 30-July 1 (June 30: 8 a.m. to 5 p.m.)(July 1: 8 a.m. to noon)

CMA Pharmacology: June 17
1 to 5 p.m.

RN Leadership Day: June 30
(Required for all New RNs/LPNs)
8 a.m. to 5 p.m.

Nurse In-service:: June 11
8 a.m. to 5 p.m.

OSH Drivers Training: June 3 and 18
1 to 3 p.m.

Active Listening: June 29
1 p.m. to 5 p.m.

Nurse Training-Psychotropic Medication Side Effects (Portland Campus): June 16
1 p.m. to 3 p.m. or 3:30 p.m. to 5:30 p.m.

Emergency Equipment Training: June 15
8 a.m. to noon

Solution Focused Brief Therapy: June
8 a.m. to 5 p.m.

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E-mail pfeeny@state.or.us , call 503-945-9073 (voice) to arrange for the alternative format that will work best for you.