OREGON DEPARTMENT OF HUMAN SERVICES: OREGON STATE HOSPITAL

OSH RECOVERY TIMES

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Superintendent's Message:
Update on U.S. DOJ return visit to OSH

By Roy J. Orr, Superintendent

I'm following up on my earlier message to you regarding the return of the U.S. Department of Justice to the Salem and Portland hospital campuses later this month.

Given that our own Oregon Department of Justice (DOJ) attorneys have been in close communication with the U.S. DOJ since the initial tour in 2006, this second visit is neither a surprise nor unexpected. U.S. DOJ has been monitoring our progress from a distance, and they are now returning to see our progress first-hand.

This visit should not be a disruption to, or distraction from, our hospital operations. The treatment and care of patients will continue to be the hospital staff's highest priority, which the U. S. DOJ visitors will respect. For example, if a patient requires attention while a group is on a ward, the members of the group will not interfere with staff members who need to attend to that patient.

To date, we have received the U.S. DOJ's documentation request and who will participate during the week-long tour beginning July 27 in Salem.

Members of the U.S. DOJ team will be escorted at all times when they are on the hospital campuses. There will be five groups comprised of a U.S. DOJ expert, a U.S. DOJ attorney, an Oregon expert, an Oregon DOJ attorney and an OSH tour guide.

The U.S. DOJ document request, which contains approximately 100 items, is similar to the request made before the 2006 visit. The areas of interest include staffing, medical and nursing care, behavior support and treatment plans, seclusion and restraint, suicide observation, policies on record keeping, patient education (ages 18-21), discharge planning and community integration.

As more details become available, I will provide updates on the U.S. DOJ visit.

Thanks to all of you for all that you do for our patients and for your fellow staff members, every shift of every day.

In this issue...

Superintendents Message...1

Oregon State Hospital Continuous Improvement Plan...2

What's cooking in the kitchen? ...2

BHIP: Everything you wanted to know about selecting the best software, but were afraid to ask ...5

The DIRT on cleaning, disinfecting and sanitizing...7

Sweet news you can use: Cocoa and chocolate! ...8

July 2009 events...8

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

Oregon State Hospital Continuous Improvement Plan November 2008 – May 2009

By Rick Varnum, director of Strategic Planning

Oregon State Hospital continues to use and refine, as necessary, the Continuous Improvement Plan (CIP) to guide its efforts in responding to issues raised by the U.S. Department of Justice.

Recent improvements include:

The Joint Commission

1. Received full accreditation from The Joint Commission in April 2009. Two surveys were conducted in February and March 2009 for the hospital and clinical lab.
2. Implemented the 2009 National Patient Safety Goals.
3. Completed three sentinel event/ root cause analyses.
4. Continued preparation to adopt national ORYX® behavioral health core measures.

Treatment Mall

5. Opened third mall location, the Transition Treatment Mall in the 40 Building, providing active treatment to 74 patients.
6. Remodeled and received approval for occupancy of a fourth mall location in the 50 Building. Currently OSH is defining staff roles and will begin hiring staff in late summer with a planned opening of Nov. 1, 2009. The 50 Building Mall will provide active treatment to approximately 200 patients.
7. Continued curricula development and an increased number of options for providing evidence-based practices.

Recovery and rehabilitation

8. Surveyed 507 direct care staff with the recovery self-assessment (RSA) tool to gauge how recovery-oriented practices are provided.
9. Held 30 focus groups to assess patient perceptions of recovery.
10. Created a recovery workgroup to lead OSH's efforts to better define recovery hospital-wide and implement recovery-oriented rehabilitation programming.
11. Implemented Peer Bridgers Program and hired three consumers to assist patients in transition to the community.

Leadership

12. Created Superintendent's Cabinet, a weekly meeting of the OSH senior leadership, to improve communications and facilitate decision making.

(continued on page 3)

What's cooking in the kitchen?

By Patty J. Thompson

Beginning June 8, Food and Nutrition Services (FNS) started a new delivery system that included above-ground travel. Since the tunnels have been closed, carts, hot cabs and trailers must be driven through the parking area on the north side of Center Street to the tunnel entry behind the physical plant, This is a temporary situation;we hope to return to the tunnels in six to eight weeks. We are very fortunate so far that the weather is dry and daylight is available during all our delivery times. If you park on the north side of Center, please be aware that electric carts pulling trailers behind are traveling in that area.

The summer menu will begin July 6; we have added some new items and brought back favorites from last summer. Again, this is when we begin implementing the National Dysphasia Diet, which better accommodates swallowing issues and dentition problems.

Café 35 continues to be a success. New soups and sandwiches are being offered, with daily specials that are nutritionally appropriate.

The residential cottages are starting to plan and prepare meals using raw ingredients. Instead of receiving frozen dinners, they will actually write menus and prepare meals from scratch. They have already begun ordering their staple and perishable products, which is the next step to becoming independent.

Oregon State Hospital Continuous Improvement Plan (continued from page 2)

13. Hired a chief nursing officer.
14. Interviewed several chief medical officer candidates; preparing a job offer for one of them.
15. Hired chief psychiatrist under an OHSU contract.
16. Restructured Quality Council to make it a more hospital-wide, clinically driven, decision-making body.

Staffing

17. Hired 312 new staff in calendar year 2008. Lost 98 staff to resignation and retirement (a turnover of 7.99 percent), for a net increase of 214 new employees. Of the new employees, 122 were hired as the result of a February 2008 CIP special appropriation. Physician staffing also continues to increase. With current commitments, OSH will have 20 staff physicians, two locums, 10 OHSU physicians and three supervising physicians dedicated to treatment teams by September 2009.
18. Conducted nurse hiring rapid process improvement (RPI). Reduced RN vacancy rate from 24 percent to 6 percent.
19. Created 2009-2011 policy option package (POP) presented to the Legislature. The POP contains a request for 438 additional staff.
20. Trained six OSH CNA staff to become RNs in the N2K Program. All six are now registered and providing services at OSH.
21. Implemented scheduling and attendance software to support all mall locations.

Census/community reintegration

22. Defined ready-to-discharge process that prepares patients for transition to the community.
23. Reduced daily census from an average of 686 in the third quarter of 2008 to 671 in the fourth quarter of 2008, and to 627 in the first quarter of 2009.

Admissions and assessments

24. Implemented the short-term assessment of risk and treatability (START) to improve risk assessment. Trained staff and PSRB to use START.
25. Established regular meetings with community mental health providers regarding appropriateness of civil admissions.
26. With assistance from the Governor's Special Master, educated local courts, attorneys and law enforcement regarding information required prior to admission to OSH.
27. Assessment workgroup reviewed all assessments and requirements for timely completion. Initial psychiatric assessment was redesigned to include diagnoses on all five DSM-IV-TR axes.
28. Initial assessments in 2008 were completed on time 92 percent of the time.
29. Revised the requirements for elements of psychosocial histories to expand information about substance abuse history.

Treatment care planning

30. Redesigned treatment planning including:
    a. Structure;
    b. Content;
    c. Process.
31. Trained clinical staff, including physicians, in treatment planning.
32. Gathered functional requirements for an electronic treatment care plan. The plan is now being developed by the Office of Information Systems for implementation in September 2009.
33. Defined core treatment team membership.
34. Provided 17 additional computer workstations on units to give treatment teams access to treatment care plans.

(continued on page 5)

Oregon State Hospital Continuous Improvement Plan (continued from page 3)

35. Created standardized agenda for treatment teams.
36. Established a mentoring system to support treatment teams.
37. Established a Treatment Care Planning Advisory Group.
38. Prepared a treatment manual for staff training on treatment planning processes.
39. Implemented a post-10-day comprehensive chart audit tool to monitor medical record completeness.
40. Established a Highly Aggressive Patient Workgroup and a patient care consulting process to assist treatment teams in planning for complex patients.
41. Created standardized hospital-wide schedule to facilitate patients' participation in malls and treatment team meetings.
42. Created a social work monthly progress note format that will become an addendum to each patient's Master Treatment Care Plan to better document discharge planning activities.
43. Provided training to interdisciplinary treatment teams (IDTs), which now include patients.

Active treatment

44. Increased percentage of evidence-based groups offered at OSH to 64 percent.
45. Established mall operations group to plan and implement the Transition Mall, opened in April 2009, and PSR Mall, scheduled to open in November 2009.
46. Developed plan to increase group offerings in all mall locations and implemented plan in Transition Mall.
47. Established key mall leadership positions and defined roles. Hired additional staff to provide leadership to Transition Mall.
48. Developed system of patient transport to ensure patients are supervised as they go from their cottages or wards to and from the Treatment Mall.
49. Implemented hospital-wide medication reconciliation.
50. Hired physician to lead Metabolic Disorders Program.
51. Began tracking and evaluating patient use of two or more psychotropic medications.
52. Trained additional staff to become certified alcohol and drug counselors.
53. Increased Behavior Psychology Services to three psychologists and 12 mental health specialists. Ten more mental health specialists will be hired in 2009. Increased use of behavior support plans.

Transition and discharge

54. Opened four transitional cottages housing 26 patients. Two additional cottages will open later in 2009. Moved patients from 41B and 41C and closed those units.
55. Implemented use of wellness recovery action plans.
56. Standardized physician discharge summary.
57. Created social work progress note templates to better document discharge planning activities.
58. Trained social work staff in exceptional barriers process.

Physical health care

59. Conducted dietary rapid process improvement (RPI) to reduce the time between ordering a dietary consult and providing the consult. As a result of the RPI, OSH increased by 100 percent the number of consults given. In 2009, all new patients will receive a dietary consult shortly after admission.
60. Hired a nurse practitioner to provide additional physical health care services.
61. Appointed a new chief dietitian and reassigned clinical dietitians to establish better hospital-wide coverage.
62. In 2008, educated all nursing staff on pain management.

(continued on page 5)

Behavioral Health Integration Project (BHIP):

Everything you wanted to know about selecting the best software, but were afraid to ask

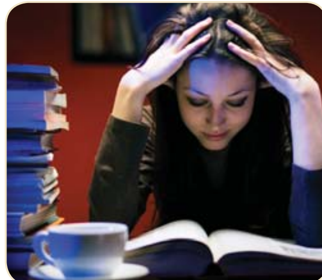
Purchasing an integrated electronic health record (EHR) system is a complicated process governed by state regulations and aided by best practices. The formal request for proposals (RFP) for an EHR system has been posted Oregon procurment website. All prospective vendors must submit written proposals showcasing how their EHR system meets the requirements listed in the RFP and functional requirements document. These proposals are due later this month. Evaluation of these proposals will ultimately determine which EHR system is chosen.

The purpose of formal steps and processes for evaluation of proposals received is to ensure that all potential vendors and proposals are treated and reviewed fairly. Each vendor must supply a proposal that meets strict criteria and is presented in the required format and submitted by the stated due date. Staff from across all areas of Oregon State Hospital will join area specialists from Blue Mountain Recovery Center (BMRC), Addictions and Mental Health Division, Office of Information Services, State Data Center and community partners in the evaluation process.

The evaluation process consists of five overall steps:

1. Review and assessment of all responsive written proposals;
2. Determination of competitive range;
3. Oral presentations;
4. Site visits;
5. Selection and contract negotiation.

The review of the written proposals begins shortly after the propsals due date and will continue for three weeks, to allow time for the 124 evaluators to complete their work. To ensure a fair appraisal, the proposals will be kept in a secure room. Evaluators will sign confidentiality agreements and will not be able to discuss the vendors or proposals with anyone. All evaluations will occur in the secure evaluation room.



The evaluators are assigned to groups, based on their areas of expertise. The written proposals will consist of the following three sections reviewed by these evaluators:

- **The management proposals** will be reviewed and assessed for the vendors' stability in the market, experience with large implementations and the qualifications of their proposed teams.
- **The business functions proposals** will be reviewed and assessed based on whether and/or how well the proposed solutions meet the functions listed in the functional requirements document (not on how well current OSH processes are met).
- **The system technology proposals** will be reviewed and assessed on how well each system meets or exceeds State of Oregon technology standards, and how the vendor proposes to accomplish tasks defined in the statement of work. This includes business transition, data conversion and training.

Once the written proposals have been scored, a separate team, who are not involved in scoring the first three sections, will review and score the cost proposal section. The scores from all sections will then be tabulated to determine the competitive range, from which the top two or three proposals will be selected. These will move on to the next steps in the evaluation process.

Once the competitive range is determined, the top vendors will travel to Salem for all-day oral presentations and demonstrations of their proposed EHRs. The vendors will present information about their companies and how users navigate in their EHR systems. They will also show

(continued on page 6)

Oregon State Hospital Continuous Improvement Plan (continued from page 4)

63. Contracted with a hospital equipment company to maintain and repair hospital equipment.

Protection from harm

64. Reduced the rate of restraint (hours of restraint per 1,000 hours of patient care) from .48 in the first quarter of 2008 to .32 in the first quarter of 2009. The national average is .52.
65. Reduced the rate of seclusion (hours of seclusion per 1.000 hours of patient care) from 1.26 in the first quarter of 2008 to .50 in the first quarter of 2009. The national average is .31.
66. Continued to monitor patient incidents through weekly meetings of the Critical Incident Review Panel led by the superintendent.
67. Reviewed and revised the behavioral precautions policy.
68. Reviewed and revised the incident reporting policy.
69. With the implementation of START, incorporated risk assessment information in treatment team planning.
70. Reviewed and revised seclusion and restraint policy.
71. Remodeled patient care unit to provide intensive treatment to five difficult-to-treat women patients.
72. Added three community members to the Seclusion and Restraint Committee.
73. Educating all nursing staff on suicide prevention in 2009.
74. Conducted a hospital-wide hand hygiene campaign, including a hand sanitizer product fair.
75. Completed analyses of incidents related to escapes from the hospital and self-harm behaviors. Based on analyses, assigned follow-up to appropriate hospital committees.

Medical records

76. Reduced delinquency rate to 6 percent.

Behavioral Health Integration Project (BHIP) (continued from page 5)

evaluators how their EHR proposed solutions will work in scenarios developed by hospital staff. There will also be a question-and-answer period. These presentations are scored separately from the initial written proposal evaluation.

One of the requirements is that the proposed system be, in whole or in part, currently functioning in another hospital or health care setting. An additional evaluation tool will be site visits to talk with actual system users and assess functionality. Site visits afford the additional opportunity to ask questions about implementations and lessons learned. These visits are scored separately from both the initial written proposal evaluation and the oral presentation.

The oral presentations and site visits should be concluded by mid-September. Selection of the best EHR system will be based on this formal evaluation process. When a vendor is selected, we then enter into contract negotiations, which can range from short and easy to longer and more complex.

BHIP believes the people of OSH and BMRC, with help from other area experts, need to choose the EHR system, which wil be implemented at their sites. We understand the immense time and effort of this formal evaluation process and we want to say thank you to the people who have willingly taken on this important task.

The DIRT on cleaning, disinfecting and sanitizing

By Nancy Johnston, R.N., B.S.N.

What are the differences between cleaners, sanitizers and disinfectants? Do I use bleach, do I mix a bottle of bleach solution, do I use the red bucket, or do I use the Virustat TBQ™? What is the difference between a cleanser/detergent, sanitizer and disinfectant? In general, cleaners don't disinfect, and disinfectants don't clean.

Confused? Read on to clear up confusion around cleansing your environment, as well as what product to use at OSH and why.

- **Cleaners/detergents** remove the soil, dirt, dust and germs (e.g., bacteria, viruses and fungi). Cleaners or detergents work by washing the surface to lift dirt and germs off surfaces so they can be rinsed away with water. Rinsing is an important part of the cleaning process. Use these products for routine cleaning of surfaces.

- **Sanitizers** are used to reduce germs from surfaces but not totally get rid of them. Sanitizers reduce the germs from surfaces to levels that are considered safe. An example of this would be the hand sanitizer that you carry on your belt so that it is readily available.

- **Disinfectants** are chemical products that destroy or inactivate germs and prevent them from growing. Disinfectants have no effect on dirt, soil or dust. Disinfectants are regulated by the U.S. Environmental Protection Agency (EPA). You can use a disinfectant after cleaning for surfaces that have visible blood or drainage from infected skin.

The OSH standard disinfectant is Virustat TBQ™. It is a ready to use cleanser, disinfectant and deodorizer. Virustat TBQ™ will kill the blood-borne pathogens of HIV, hepatitis B and hepatitis C, and is also effective against hepatitis A, Norwalk, MRSA, VRE, multiple bacteria and viruses.

- To use Virustat TBQ™: Spray the clean surface, and let it sit for the recommended time; then wipe it clean. It is available in the warehouse to order as a spray bottle for your unit. TBQ is available to be used in any area except the kitchen for disinfecting. The best part is there is no mixing, and it's better than mixing bleach and water to put in a spray bottle.

In the kitchen areas of units, OSH standard is to use bleach. Virustat is not to be used in kitchen areas.

- Before and after each meal service, the areas of the kitchen should be cleansed with bleach water.

- Every unit has a red bucket in which to mix the bleach for cleansing the kitchen areas. Fill the red bucket to the designated line, add the bleach packet and then mix the solution.

- Keep the red bucket under your sink in your kitchen area; only use this bucket for mixing a bleach solution and cleaning kitchen areas.

- Packets of bleach are available to order from the warehouse to put in your red buckets.

Before using any cleaner/disinfectant, read the instructions on the label so you will know the following important facts:

- How to apply the product to a surface;

- How long you need to leave it on the surface to be effective (contact time).

- If the surface needs to be cleaned first and rinsed after using;

- If the disinfectant is safe for the surface;

- Whether the product requires dilution with water before use;

- Proper safety protection, e.g., gloves, goggles, etc. used before mixing any chemicals;

- Mix in a safe area away from others.

For more information, go to *www.cdc.gov/*.

Sweet news you can use: Cocoa and chocolate!

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

Recent findings suggest that components of cocoa and chocolate, which include antioxidants called flavanols, impact the cardiovascular system, kidney function, brain health, immune system, diabetes and blood pressure. So far, researchers have reported that cocoa and chocolate have the following health benefits:

- Help limit buildup of plaque in arteries by lowering LDL (bad) cholesterol;
- Help raise HDL (good) cholesterol;
- Help blood platelets to be less "sticky," which promotes healthy blood flow;
- Reduce blood pressure in people with high blood pressure;
- May also have beneficial effects on maintaining healthy blood sugar levels, increasing blood flow in the brain and keeping skin healthy.

Chocolate can be part of a healthy diet when used in moderation. To avoid weight gain and maximize health benefits try the following:

- Keep daily portion size to a maximum of 1 ounce.
- Look for cocoa, cocoa mass, or cacao as the first ingredient on the label.
- Look for labels that state 70 percent (or more) chocolate.
- Avoid milk chocolate and bars containing marshmallow, caramel or cream. **Heart-healthy nuts, such as almonds, walnuts and hazelnuts are OK**.
- Choose non-alkalized (natural) or lightly alkalized ("dutched") cocoa.
- Include other flavanol-rich foods, such as apples, berries, beans, nuts, purple grapes and tea in your diet.

EDD July 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

Contraband/search training: July 9
8 a.m. to noon

Boundary issues: July 16
1 to 5 p.m.

Preventing patient abuse:
July 8 (1 to 5 p.m.)
July 20 (8 a.m. to noon)

General orientation: July 6-10, 13-17, 20-24, 27-31
all 8 a.m. to 5 p.m.

Ed day: July 7 and 21
8 a.m. to 5 p.m.

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

Pro-act refresher:
July 1, cont. 8 a.m. to noon;
July 14-15 (14, 8 a.m. to 5 p.m.)(15,,8 a.m. to noon)
July 16-17 (16, 8 a.m. to 5 p.m.)(17, 8 a.m. to noon)
July 28-29 (28, 8 a.m. to 5 p.m.)(29, 8 a.m. to noon)
July 30-31 (30, 8 a.m. to 5 p.m.)(31, 8 a.m. to noon)

CMA pharmacology: July 7
1 to 5 p.m.

RN leadership day: July 28
(Required for all New RNs/LPNs)
8 a.m. to 5 p.m.

OSH drivers' training: July 9 and 22
1 to 3 p.m.

Active listening: July 16 and 20
1 to 5 p.m.

Emergency equipment training: July 8
8 a.m. to noon

Assertive boundaries: July 6
1 to 5 p.m.

Nurse in-service: July 20
8 a.m. to 3 p.m.

Humor as therapeutic tool: July 9
1 to 5 p.m.

DHS
Oregon Department of Human Services

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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.