

TO ALL OSH EMPLOYEES:

FOCUS ON FIVE

As you know, OSH leadership began making rounds to all the patient units in September. We met with staff, took notes and learned a lot. One common theme we heard was the lack of, or incomplete, communication about what is happening at the hospital. To address this, we have identified five topics that will be the focus of our communication this month. These will be the focus of discussions among managers and their staff, agenda items at meetings, and topics that OSH leadership will address during rounds. Each month we will identify five additional topics. But we need your help. If you have suggestions for topics, please forward to Rick Varnum at richard.varnum@state.or.us

Universal Schedule

OSH is committed to the use of Interdisciplinary Teams (IDTs) to plan and deliver mental health services within the hospital. Beginning next month, OSH will implement a universal clinical schedule. With the new treatment malls, it has been increasingly difficult to get all members of an IDT to the meetings. The Campus Wide Clinical Schedule is a uniform schedule for IDT meetings and mall hours across campus on all units. This schedule will allow for 11 hours of IDT time for each unit and help us reach our goal of 20 hours of active treatment for each patient every week by freeing up IDT members from reviews during mall hours. It will also facilitate better treatment for our patients by ensuring that IDT members are not double booked during IDT times.

50 Treatment Mall

The goal is to open the 50 Building Mall on December 14 for a one week holiday session. This will enable staff and patients to adjust to the new schedule and make modifications as needed. Staff is currently in training and developing curriculum for the new mall. Clinical group leaders will meet with the 50 Building Treatment Mall staff and Sue Wimmer weekly until curriculum is developed for the first 10-week cycle. In addition, the 50 Building Treatment Mall staff will meet regularly with the 50E Treatment Team to ensure appropriate classes are designed for the men living on 50E. The 50 Building Treatment Mall staff also will meet regularly with units to answer questions and address concerns and issues. The rooms on 50A and 50B have been designated for appropriate group rooms and inventory of the current available equipment has been completed.

Master Treatment Care Plan

The Master Treatment Care Plan is a comprehensive and individualized plan that is patient-centered, strengths-based and recovery-oriented and will be used to guide the entire scope of patient treatment including medication, diet and nutrition, lab and rehabilitation, transition and discharge. Gero patient services teams are currently using the new plan. And beginning in November, units 50J, 50F, 35A and the cottages will be part of a two-month pilot. Following the pilot, Portland will begin using in late January. Units 35C, 50G, 50H, and 50I will begin in mid-February and units 48B, 48C, 50C, 50D and 50E in late February. MTCP is a temporary, but critical pre-cursor to the work being done by the Behavioral Health Integration Project Team.

BHIP Vendor

Members of the Behavioral Health Integration Project Team are in the process of finalizing the selection of a new electronic health record (EHR) system to enhance the quality, safety and efficiency of patient care. This past week, Siemens Medical Solutions USA, Inc. and Netsmart Technologies, Inc. participated in the best and final offer or BAFO process. Final cost proposals are due this week. One of the primary benefits of information technology implementation in health settings is the improvement of patient safety. Studies have shown that effective implementation can result in reduction of medical errors and improvement in quality, care coordination, and safety for patients.

Performance Evaluations

Performance-based communication is essential to growing the kind of organization we want now and in the future and performance-based discussions should become an integral part of the hospital's culture of conversation. With that said, The Joint Commission recently brought to light that several of the human resource files reviewed did not have current performance appraisals in them. We are establishing a four-month track record by which an average of 90 percent of performance appraisals that are due are completed. Managers have been provided a list of those employees whose appraisals need to be completed within this timeframe.