

January 2010

We reached several milestones in 2009 and achieved a number of our Continuous Improvement Plan goals for patient care and safety, including increased hiring and expanded training. We also upgraded technology, introduced new communication tools, expanded research and studies, and updated policies and procedures.

Additional staff continue to be hired monthly. Most of the new staff serve patients in clinical positions. The ratio of direct care to non-direct care is 3.87 to 1. In 2009, our new hires included a chief medical officer and a chief nursing officer. Eight additional physicians have been hired reducing case loads to an average of 21. Supervising physician responsibilities have been modified so that they can provide additional support to unit-based physicians. All of these positions are critical to OSH's successful transition to the two new psychiatric hospitals.

One of our more notable accomplishments was a decrease in the nursing vacancy from 24 percent in 2008 to zero in 2009, which can be credited to aggressive retention and recruiting efforts. Among those were the DHS Transformation Initiative "lean" methods applied to the nurse hiring process that eliminated steps and unnecessary actions that decreased the time it took to hire a nurse from 80 days to seven.

In other accomplishments, we opened the Metabolic Clinic to improve patient health by addressing health risks for diabetes and heart disease. Nursing services implemented continuous rounds to further assure patient safety and well being, Patient falls declined significantly in 2009, as did the use of seclusion and restraint.

In early 2009, OSH received the gold standard of approval for health care when it earned full accreditation from The Joint Commission. Year 2009 also saw the advent of the OSH Advisory Board, established by the Legislature, to provide additional oversight and help assure continuing improvement to the care, safety and security for Oregonians with severe mental illness.

The OSH Replacement Project continues to operate on time and opened six transitional patient cottages on the Salem campus in February followed by the opening of the transitional patient treatment mall in April. In June, a Secretary of State audit commended the DHS for good contract management of the \$458 million replacement project. The project also received positive attention for giving the local and state economy a boost with millions of dollars worth of contracts.

This winter, the project reached a critical milestone when it identified and contracted with Netsmart Technologies, Inc, to implement an electronic record for the new hospital. The adoption and implementation of the EHR is being led by the Behavioral Health Integration Project (BHIP).

A precursor to the EHR is the new electronic Master Treatment Care Plan (MTCP) which is now being piloted in geriatric services. This template, which will be implemented in

all units by the end of March, will assure consistent and uniform treatment care planning for our patients. A Treatment Care Planning resource manual also was completed and distributed to all patient units and clinical staff to assist in using the new MTCP and improving the communication and performance of the Interdisciplinary Treatment Teams (IDTs). Because OSH is committed to the use of IDTs to plan and deliver mental health services within the hospital, a hospital-wide clinical services schedule has been implemented. The schedule facilitates two OSH priorities: at least 10 hours per week for treatment teams to devote to treatment care planning; and 20 hours per week devoted to treatment mall hours.

Communicating timely and accurate information is a challenge for an institution of this size. In 2009, we implemented some new methods to manage communication. Each month we produce a Focus on Five report to highlight significant hospital changes. We had our first Coffee with Cabinet. This is an informal opportunity for staff to meet with OSH leadership to discuss issues and offer input or feedback. Last fall Cabinet members also began making monthly rounds to the individual wards to exchange information, answer questions and receive feedback. We were able to purchase and install teleconferencing equipment in both Salem and Portland to facilitate communication and educational programs. Grand Rounds via teleconference began on Jan. 19 this year and will occur three times monthly. We entered into an agreement with Oregon Health & Sciences University to provide this Continuing Medical Education for physicians at OSH.

Lastly, we formed a Transition Team to guide OSH as it begins moving into the replacement facility and to address challenges in service delivery during ongoing construction. The Transition Team, which meets weekly, also has several workgroups focused on day-to-day operations, informatics, and organizational structure.

This is by no means a complete summary of the 2009 accomplishments but I hope it give you an idea of just how much progress we are making. With the new hospital set to open later this year, 2010 promises to be one of most exciting, albeit challenging, years for OSH. I am looking forward to the months ahead and to working with all of you in this New Year.