

OSH RECOVERY TIMES

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1

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BHIP



How OSH staff chose the new electronic health record system

Choosing a new electronic health record (EHR) system is a difficult and complicated process. Members of the Behavioral Health Integration Project (BHIP) realized very early on that the people using the system needed to be closely involved in choosing it. Like hiring a new coworker, a number of formalized steps needed to be taken to ensure the right choice.

Gathering, validating and prioritizing requirements

The first step occurred more than two years ago: determining which of the requirements were needed for the system. More than 200 people, who will be working directly with the new system, were interviewed. These included staff from Oregon State Hospital (OSH), Blue Mountain Recovery Center (BMRC) and various

community programs. More than 700 system requirements were identified in this process. This variety ran from clinical to technological to system security requirements. The final product was the detailed functional requirements document (FRD).



By the numbers . . .

750 – Number of system requirements identified in the BHIP Functional Requirements Document

113 – Number of staff that participated in the evaluations of written proposals

1,000 – The limit to the number of pages per proposal

9 – Number of hospitals visited by BHIP staff members

35 – Number of state hospitals using the Netsmart software

To ensure that the requirements were still valid and in order to prioritize them prior to purchasing a system, BHIP organized a full-day session on Nov. 18, 2008. More than 30 OSH personnel representing all program units and disciplines within the hospital, as well as the Addictions and Mental Health Division (AMH) and OSH executive and administrative staff, came together. They discussed and prioritized both the 10 high-level functional components and the detailed requirements under each of those components.

During the meeting, the 10 high-level BHIP functional components were ranked and

(continued on page 2)

In this issue...

BHIP: How OSH staff chose the new electronic health record system1

OSH safety5

Focus on five6

Patient viewpoints7

Nutrition news you can use.....7

Staff and patient suggestions welcomed..8

OSH new hires and retirees8

November 2009 EDD events.....8

OSH Recovery Times

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Continued from page 1

placed in priority order twice. The first ranking occurred at the beginning of the meeting. The second was at the end of the day, after staff had participated in discussions and heard other opinions. In the final ranking, only one component was modified from the initial ranking: Food and Nutrition Services moved from priority 10 to priority eight. The following is the final ranking:

1. Electronic health record/patient care services
2. Admission/discharge/transfer (a/d/t)
3. Scheduling
4. Pharmacy services
5. Medical services
6. Laboratory services
7. Facility administration, finance and billing
8. Food and nutrition services
9. Utilization review, quality assurance and quality improvement
10. Community program support

Staff also prioritized the detailed functional requirements within each high-level component. Nearly all the detailed functional requirements were prioritized as required for the BHIP solution system to “go-live” with that functional component.

Because no single system has all 10 high-level functional components, the prioritization process showed which were the most important to have in the beginning and which could be supplemented with additional systems or processes. The group, through discussion and voting, agreed that the core system would need to include the high-level functional components one through six. Components seven, eight and nine could be supplemented with a partner system or process. Component 10 isn’t currently funded, but the system would need to be able to handle that function at a later date.

RFP: The formal procurement process

Once BHIP knew what the EHR system needed to do, the formal request for proposal (RFP) process began. The RFP process is like posting a job opening on the state system. Like the state employment Web site, Oregon requires that RFPs be posted in a system designed to ensure a standardized process for purchasing products and services. Vendors respond with a written proposal showing how their system meets the requirements listed in the FRD and the RFP. The RFP was structured so that the proposal would only need to show how the system would meet the top six high-level functional components. This was done to foster a large group of proposals to choose from, and in accordance with the staff prioritization of functional components. The other four functional components could be addressed optionally, becoming the bid and cost separately portion of the RFP. In addition to opening a larger pool of systems to choose from, the cost of these four components could be negotiated separately.

Written proposal evaluations

Traditionally, when hiring new staff, reviewing the PD 100s and interviewing applicants fall to a small handful of people. The procurement process usually mirrors this. Because this project covers so many different clinical and non-clinical areas, BHIP couldn’t select a handful of people and ensure that everything was expertly evaluated.

The evaluation review group included a total of 113 people.

The majority of evaluation reviewers were from OSH and BMRC. These evaluators were staff who would be using the system directly. All programs and disciplines were covered — doctors, nurses, mental health therapists, psychologists, social workers, mental health specialists as well as staff from

(continued on page 3)

BHIP | How OSH staff chose the new electronic health record system*Continued from page 2*

the pharmacy, lab and medical clinic. Other participants included staff from non-clinical hospital support areas, hospital management, the Psychiatric Security Review Board and representatives from community programs. In addition, OIS and SDC staff members, who will support the system, were brought in to review and evaluate the technical specifications including reliability and security. The large, diverse group allowed experts in each area to determine if the system met the requirements.



While the written proposals were limited to 1,000 pages, only a handful of people were required to read and evaluate all of each proposal. Instead, most participants reviewed a functional area within their specialty, such as EMR/patient care, pharmacy or scheduling. Because of confidentiality and legal requirements, all copies of the proposals were kept in a secure room. A reviewer would come to the room and sign out the score sheets and a copy of the proposal to evaluate. It was a difficult and tedious process to find all the information needed.

The scores from this first round of evaluations indicated that three vendors, with close scores, were at the top. Each of the top three systems had significant strengths and each had some weaknesses.

The next steps in the evaluation process included oral presentations from each vendor, site visits to hospitals using those EHR systems, reference checks and, finally, review of costs.

Oral presentations

The oral presentations allowed vendors to show their individual systems with a focus on implementation, usability and workflow. For the first half of the presentation, each vendor was to talk about the company's history and demonstrate its understanding of both the project's and the hospital's needs. The vendor also was to provide an overview of how its system is organized, how to navigate within that system and how well the various areas are integrated. This was followed by a question-and-answer period. The second half of the presentation was focused on vendors walking their system through scenarios that touched on admission, treatment care planning and discharge. Each scenario was followed by a question-and-answer session.



The scenarios were developed by a cross-discipline group of staff. The intent was to see the system work through standard day-to-day operations. While the amount of time available for each portion was limited, the scenarios touched on each of the six core requirements of patient care, admission/discharge/transfer, scheduling, pharmacy, laboratory, and medical clinic.

The oral presentations were evaluated by a diverse group of staff. In addition to the evaluators, a number of staff attended and contributed by asking clarifying questions.

(continued on page 4)

BHIP | How OSH staff chose the new electronic health record system*Continued from page 3***Hospitals visited:**

- Aurora Mental Health Center, Aurora, CO
- Kaweah Delta Health Care, Visalia, CA
- Idaho State Hospital, Blackfoot, ID
- Memorial Hospital of Sweetwater County, Rock Springs, WY
- Wyoming State Hospital, Evanston, WY
- Yakima Valley Memorial Hospital, Yakima, WA
- Nevada State Hospital, Sparks, NV
- Midland Memorial Hospital, Midland, TX
- Texas State Hospital, Austin TX
- Also had conference calls with numerous other facilities.

Site visits and reference checks

The other two aspects of the second round's evaluation process, site visits and reference checks, were focused on how well implementations were handled and how maintenance and support of the system is currently handled. BHIP staff visited nine hospitals in six states during a three-week period. One of the most important lessons learned from all of the site visits was to include staff in the implementation process as early as possible.

Cost proposals

The scoring of cost proposals is the last portion of the selection process and represents 25 percent of the overall score. To ensure a comparison of apples to apples, the Best and Final Offer (BAFO) process was initiated. The BAFO discovery process provides additional information to vendors for use in finalizing their cost proposals.

The two finalists, Siemens Medical Solutions USA, Inc. and Netsmart Technologies, Inc., joined BHIP team members and OSH staff for a total of three days of information gathering and clarification during the week of Oct. 5. Representatives from both vendors commented on how passionate OSH staff are about providing great care to patients.

And the winner is . . .

The final cost proposals were due the week of Oct. 19. A formal Intent to Award has been issued. We will be in contract negotiations with Netsmart Technologies, Inc. We are excited about this vendor and will be providing more detailed information about the company in future issues of the Recovery Times.

From the first day of the project, BHIP has endeavored to form a working partnership with the staff of Oregon State Hospital. That will always be our goal as we strive to continue this challenging and fascinating project. Thank you for your support and for helping to choose the right EHR for OSH.



OSH safety

By Rick Varnum, director of strategic planning

Staying safe is important to us all.

In the spirit of improving safe working conditions, the OSH-SEIU Labor Management Committee recently asked that reporting accidents and incidents be streamlined. The Technology Services Management Department, working in cooperation with staff from the Office of Information Services (OIS), has responded by creating a desktop icon for all computer users at the hospital. The icon is a shortcut to the 801 injury report, the incident report form and other helpful information.

This improvement will help staff more easily report injuries and accidents. But what are we doing to reduce them?

First let's look at the numbers. Between January and August 2009, OSH has experienced a 26 percent reduction in patient aggression. This is a good outcome, but not nearly good enough. Consider a recent study, Organizational Stress as a Barrier to Trauma-Sensitive Change and System Transformation. The study reported that persons employed in the mental health sector have the second highest rate of any occupation, next to law enforcement, of being victimized at work or on duty.

How did OSH achieve a significant reduction in aggressive incidents? Part of the answer was the creation of 48W. A significant reduction (84 percent) in aggression was seen in the women that transferred to 48W. There was a corresponding decrease in incidents on the units where the women transferred from, with a significant decrease on 50J. While initial results are positive, aggression will be closely monitored.

How else are staff being supported? A program of trauma-informed care, including trained trauma responders, is being developed. Under the leadership of Kathy Deacon and Laura Frazier, a Trauma Response Survey was completed in October. More than half of the 209 survey responses listed trauma-informed training, increased staffing levels and enforcement of safety and security policies as ways to reduce traumatic incidents. In addition, a majority of responders identified the need for debriefing following an incident. Survey results will be used in training critical incident responders and in developing other methods of trauma response.

As we develop programs to care for staff needs, our challenge is to become "trauma-sensitive" to the way in which past and present overwhelming experiences impact individual performance, leadership styles, and the hospital's overall performance. This sensitivity is important for all who work at OSH.

We can apply the lessons learned from trauma-informed care to how OSH functions. Organizations are living systems with varying degrees of health or dysfunction. When not functioning well, organizations can cause stress for those who work within them. Let's plan to use trauma-informed care training to better understand the problems faced by OSH and find innovative approaches to continuously improve.



to make a claim for a work-related injury or illness, fill out the worker portion of this form and give to your employer. If you are the employer, fill out the employer portion of this form and give to your employee.

file a workers' compensation claim with the insurance company, do not sign the signature line. Your employer will sign for you.

Worker

Report of Job Injury or Illness
Workers' compensation claim

Date of injury or illness: a.m. p.m.

Time of injury or illness: a.m. p.m.

What is your illness or injury? What part of the body was affected?

Date you left work: a.m. p.m.

Time you left work: a.m. p.m.

Time you began work on day of injury: a.m. p.m.

Check the box that applies: Right foot Left Right hand Left

Focus on five

By Roy J. Orr, superintendent



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 was the lack of, or incomplete, communication about what is happening at the hospital. To address this, we have identified five topics as the focus of our communication this month. These will be the subjects 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 subjects. But we need your help. If you have topic suggestions, 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 IDT members 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 Dec. 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 weekly with the 50 Building Treatment Mall staff and Sue Wimmer 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 completion of the current equipment inventory.

Master Treatment Care Plan

The Master Treatment Care Plan is a comprehensive and individualized plan. This patient-centered, strengths-based and recovery-oriented plan 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. 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 the plan 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 precursor to the work being done by the Behavioral Health Integration Project Team.

BHIP vendor

Members of the Behavioral Health Integration Project (BHIP) team are completing contract negotiations with Netsmart Technologies, Inc. for a new integrated electronic health record (EHR) system. Netsmart's EHR system is a behavioral health-specific system in 35 state facilities across the United States. Netsmart's vision is recovery-oriented, integrated care. 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. 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 human resource files reviewed did not have current performance appraisals in them. We are establishing a four-month track record to complete an average of 90 percent of performance appraisals by their due date. Managers have received a list of those employees whose appraisals need to be completed within this timeframe.

Patient Viewpoints

This series of articles features the personal stories of patients who are currently living, or have recently lived, at OSH. In this edition, we feature the story of “Jim.”

“Jim”

Sometimes, facing challenges helps people fulfill their potential. No place is this more evident than in the case of “Jim.” An OSH patient for several years, Jim feels that overcoming obstacles here has helped him develop new skills and build a plan for a better future.

Just a few years ago, Jim found himself in a difficult situation. Struggling with behavior difficulties, he was reprimanded (placed on maximum security units) several times. “I was having trouble with my illness,” he says. With things looking so dire, he felt there “wasn’t a chance” that he would ever be discharged from the hospital.

Happily, Jim’s situation slowly improved. As he participated in his treatment and worked with the hospital staff, he began to notice a change. “[I learned] how to control myself and how to cope with mental illness,” he says. Anger management classes showed him how to stay “focused on solutions instead of problems.” As Jim progressed, he began to work and found joy in taking music classes, which gave him a chance to express himself. As he puts it, “They focused on things that make us a creative person.”

Jim’s progress toward recovery has been rewarding not only for himself, but for his family. Jim says the hospital worked with members of his family in order to keep them involved in his treatment. They, too, have noted Jim’s growth and improvement. “They said they’ve seen more change in me than they ever thought possible,” he notes.

Jim acknowledges that he has gained a lot through his experience at OSH. He says, “[The staff] helped me see the positive side of myself that I didn’t see before.” However, while most of his experience has been positive, he notes that “there’s a little negative too.” Problems, such as aggression among clients, have challenged his sense of safety. He says, “Within these walls, I’ve had to protect myself by fighting.”

Jim is now looking forward to the future. He hopes to continue his education and learn more about the things that interest him. He would like to study the creative arts, and is interested in pursuing a degree in music or mathematics. He encourages all of the members of the OSH community to focus on promoting healing. “Love and be serious about your relationships with the patients,” he says. “There is [more] hope for people with mental illness or problems than what they see for themselves.”

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

Nutrition news you can use

Healthy eating at holiday parties and into the new year

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

- Eat breakfast every day.
- Eat a healthy snack such as whole grains, fruits or vegetables prior to leaving home to prevent overeating at the party.
- Bring a healthy dish to share.
- Check out the available food options and plan ahead what and how much you will eat.
- Use a small plate to help you cut down on portion sizes.
- Move away from the buffet after you fix your plate to avoid grazing while chatting.
- Go easy on toppings such as mayonnaise, butter, sour cream and salad dressing.
- Remove skin and fat from meat.
- Drink plenty of water.
- Share a single dessert.
- Support your family and friends by encouraging them to eat healthy.
- Party hard! Focus on family, friends and activities rather than food.

Staff and patient suggestions welcomed

By Ted Ficken

For the past three years, OSH has had a formal program for receiving staff and patient suggestions. A form was developed to solicit suggestions related to the following key result areas: patient assessments, treatment care planning, treatment services, medication management, paperwork/record keeping, medical and physical care of patients, discharge planning and community transition, protection from harm, hospital program structure, staffing, and quality improvement. Suggestion forms are sent to the Quality Improvement Department, either as attachments to e-mails by staff members or in written form by patients.

The Quality Improvement Department reviews all of the suggestions, enters them into a tracking system, and forwards them to appropriate individuals, committees, departments and/or workgroups for consideration. For example, a suggestion related to social work services would be forwarded to the director of social work.

As with any system, there is always room for improvement. We are currently working to create an electronic suggestion form for staff members and a modified suggestion form for patients. We are also investigating software to manage suggestion and idea programs.

It is gratifying to see that many staff and patient suggestions have already resulted in positive actions. We will continue to look for ways to improve our suggestion program and to listen to our staff and patients.

November 2009 EDD events

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

Boundary issues: Nov. 9

8 a.m. to noon.

Assertive boundaries communication: Nov. 5

8 a.m. to noon.

Patient abuse prevention: Nov. 10

1 p.m. to 5 p.m.

General orientation: Nov. 16-23, 30-Dec. 7

all 8 a.m. to 5 p.m.

Ed day: Nov. 10 and 24

8 a.m. to 5 p.m.

Pro-act refresher:

Nov. 3-4 (3, 8 a.m. to 5 p.m.)(4, 8 a.m. to noon)

Nov. 5-6 (5, 8 a.m. to 5 p.m.)(6, 8 a.m. to noon)

Nov. 17-18 (17, 8 a.m. to 5 p.m.)(18, 8 a.m. to noon)

Nov. 19-20 (19, 8 a.m. to 5 p.m.)(20, 8 a.m. to noon)

RN leadership training: Nov. 25

(Required for all new RNs/LPNs)

8 a.m. to 5 p.m.

OSH drivers' training:

Nov. 5 (10 a.m. to noon)

Nov. 17 (1 p.m. to 3 p.m.)

Emergency equipment training: Nov. 4

1 p.m. to 5 p.m.

Contraband training: Nov. 9

1 p.m. to 5 p.m.

Active listening communication: Nov. 4

8 a.m. to noon

Humor as a therapeutic tool: Nov. 5

1 p.m. to 5 p.m.

START training: Nov. 18

9 a.m. to 5 p.m.

CMA pharmacology: Nov. 18

1 p.m. to 5 p.m.

DSM IV axis I: Nov. 24

8 a.m. to 5 p.m.

OSH new hires and retirees for November

Welcome to OSH

Shanti Akayla	Mental Health Specialist	Russell Morreira	Habil Train Tech 1
Jon Paul Becerra	Temporary Employee	Mark Niklas	Habil Train Tech 1
Brettaigne Blodgett	Mental Health Therapy Technician	Brad Nordness	Mental Health Security Technician
Matthew Coopersmith	Mental Health Specialist	Tim Owens	Mental Health Therapy Technician
Yolanda Cruz Quintero	Temporary Employee	Dominic A Pangallo	Mental Health Registered Nurse
Mark Diamond	Principal Executive/Manager J	Angelica Pena	Mental Health Therapy Technician
Vanessa A Garcia	Pharmacy Technician 2	Mina Perard	Mental Health Specialist
Cecilia Garcia-Flores	Mental Health Therapy Technician	Jamie Perry	Habil Train Tech 1
Bonnie Gilkey	Temporary Employee	Grefory R Powell	Custodian
Adam Guerrero	Temporary Employee	Daniel Reisner	Habil Train Tech 1
Wayne R Hayes	Custodian	Michael JR Rempel	Habil Train Tech 1
Sarah Hoffman	Mental Health Therapy Technician	Ashleich C Ritz	Mental Health Therapy Technician
Marie Horton-Carrillo	Operations and Policy Analyst 3	Debra Rose	Habil Train Tech 1
Roledria K Hudson	Temporary Employee	Matthew Russell	Habil Train Tech 1
Colin W Hutchins	Temporary Employee	Jeffery Saechao	Habil Train Tech 1
Roselyn B Lucas	Mental Health Therapy Technician	Benjamin Sanders	Habil Train Tech 1
Karen Marshall	Mental Health Specialist	Kathrine Shirley	Mental Health Therapy Technician
Justin McQuade	Temporary Employee	April Spinney	Mental Health Therapy Technician
Maria I Mendez	Mental Health Therapy Technician	Ashley L Thrasher	Habil Train Tech 1
Sally J Mitchell	Mental Health Registered Nurse	Christy A Wiessner	Mental Health Supervising RN
Casey Molan	Temporary Employee		

Promotions and reassignments

Tamyca S Lucas	Mental Health Therapist 1
Jacqueline T Yates	Research Analyst 3

Retirees

Linda S Fryar	Mental Health Therapy Shift Coordinator
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