Addictions and Mental Health (AMH)
Oregon State Hospital
February 27, 2013

Greg Roberts, Superintendent, Oregon State Hospital
Introduction

Vision

We are a psychiatric hospital that inspires hope, promotes safety and supports recovery for all.

Mission

Our mission is to provide therapeutic, evidence-based, patient-centered treatment focusing on recovery and community reintegration all in a safe environment.
Introduction

State hospital services

• Adults needing intensive psychiatric treatment for severe and persistent mental illness who are civilly or criminally committed to OHA for mental health treatment

• In 2012, OSH provided care for a total of 1,183 people who could not be served in the community

• Hospital level of care: 24-hour nursing and psychiatric, on-site credentialed professional staff, organized medical staff, treatment planning, pharmacy, laboratory, on-site food and nutritional services, as well as vocational and educational services

• These services are essential to restore patients to a level of functioning that allows a successful transition back to the community
Introduction

Civil program
• Three units (72 beds) on the Portland campus and one unit (26 beds) on the Salem campus – patients who have been civilly committed or voluntarily committed by a guardian. Civilly committed patients are those who are dangerous to themselves or others, or who are unable to provide for their own basic needs due to their mental illness.

Neuropsychiatric program
• Four units (88 beds) on the Salem campus – patients who require a hospital level of care for dementia, organic brain injury, or other mental illness, often with co-occurring significant medical issues.
Introduction

16.5 units (410 beds) and four cottages (26 beds) – Salem campus

Guilty Except for Insanity (GEI)
• People who have been convicted of a crime related to their mental illness.
• Depending on the nature of their crime, patients are under jurisdiction of either the Psychiatric Security Review Board (PSRB, Tier 1) or the Oregon State Hospital Review Panel (SHRP, Tier 2) while hospitalized.

Aid and Assist (.370)
• Ordered to the hospital by the courts under Oregon law (ORS 161.370) for mental health treatment that will enable them to understand the criminal charges against them and to assist in their own defense.
# OSH Overview

## OSH Census By Commitment Type

<table>
<thead>
<tr>
<th>Commitment Type</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>GEI-Tier 1</td>
<td>134</td>
<td>22.9%</td>
</tr>
<tr>
<td>GEI-Tier 2</td>
<td>77</td>
<td>13.2%</td>
</tr>
<tr>
<td>Aid and Assist (.370)</td>
<td>120</td>
<td>20.5%</td>
</tr>
<tr>
<td>Revocation of Conditional Release-Tier 1</td>
<td>62</td>
<td>10.6%</td>
</tr>
<tr>
<td>Revocation of Conditional Release-Tier 2</td>
<td>28</td>
<td>4.8%</td>
</tr>
<tr>
<td>Civil Commit – Portland</td>
<td>51</td>
<td>8.7%</td>
</tr>
<tr>
<td>Civil Commit – Salem</td>
<td>59</td>
<td>10.1%</td>
</tr>
<tr>
<td>Voluntary Guardian</td>
<td>51</td>
<td>8.7%</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>0.3%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>585</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

The neuropsychiatric units include patients with a variety of commitment codes. These units housed 82 patients on 2/7/2013.

* As of 2/7/2013
Care and Treatment Improvements

Culture of Safety
• Physical Plant Improvements at Salem facility (final patient move in March 2012)
  – More space for treatment and activities
  – No more than two patients in a room
  – Each bedroom has its own bathroom
  – Improved lines of sight
  – Comprehensive video camera system
Care and Treatment Improvements

Culture of Safety
• Staffing Improvements
  – Re-distribution of direct care staff to ensure each part of the hospital has the right number of staff
  – Revised nursing staff schedules to improve familiarity with patients and continuity of care
  – Creation of a relief pool to fill in behind sick and vacation days
  – Improved physician recruitment
Care and Treatment Improvements

Culture of Safety

• Staff training is essential
  – Safety is not a question of more staff, it’s a question of appropriately trained staff
  – Direct care staff need systemic training and support
  – Staff development must keep pace with changes in the hospital’s patient population
  – Clinical Education Committee is developing training improvements
    • Mentoring
    • Hands-on experience in a real-world environment
    • Demonstrated competency
Care and Treatment Improvements

**Transparency and Communication**
- Hospital Advisory Board
- Disability Rights Oregon
- Internal / external publications
- Focus on families
- Consumer Council
- Community providers
- General staff meetings

**Staff Issues**
- Cabinet staffing plan
- Employee recognition
- Employee wellness
- Management reductions
2011-2013 Highlights – Streamlined Committees

OREGON STATE HOSPITAL COMMITTEE STRUCTURE

Superintendent

OGH Advisory Board

Superintendent's Cabinet
OGH Executive Steering Committee (Quality Issues)

Institutional Review Board (IRB)

Consumer/ Superintendent Advisory Council

Medical Staff
Medical and Allied Health Professional Staff (MAHPS)

Clinical Exec

Protection from Harm

CRP

Quality Council (Compliance Issues)

Employee Support

OGH Technical Advisory Committee (OTAC)

Policy Review Panel

Bylaws

Patient Grievances

Joint Commission PPH Work Teams

Wellness

Credentialed and Privileging

Clinical Education & Development

CMS Compliance Work Team

HEART Team

Medical Performance

Research Committee

Emergency Preparedness

Employee Recognition

Ethics

Metabolic Syndrome Review

Environment of Care

Medical Records

Falls

Non-Clinical Education & Development

Infection Control

Seclusion & Restraint

Valuing Diversity

Utilization Review

CRF

Emergency Preparations

Native American Advisory Group

Infection Control

Environment of Care

Continuing Medical Education

Falls

Emergency Medical Services

Policy Review Panel

* 11 main committees
* 27 sub-committees
* 1 Advisory board
  (items may be standing agenda items of main committee)
2011-2013 Highlights

Improvements through Lean methodology

• **Visitor list** – reduced the visitor approval process from 43 days to 48 hours or less

• **Staff redistribution** – reduced overtime use and balanced the staff schedule

• **Physician billing** – reduced process steps by 28 percent and clarified documentation requirements to ensure Medicare compliance

• **Interpreter services** – standardized hospital-wide process to match patients with the most appropriate, least costly service to meet their needs for a cost savings of $100,000 per month
2011-2013 Highlights

Improvements through Lean methodology

• **370 admissions** – reduced patient length of stay, reduced errors in legal information sent by the courts, and increased transparency

• **Off-grounds “trip slip” authorization** – reduced handoffs between staff from 21 to five and created an automated process

• **Clinical assessments** – increased “on-time” rate for assessments from 53 to 91 percent

• **Risk review** – implemented a new risk review model with an independent panel to approve patient privileges

• **M.D. recruitment** – reduced process steps by 47 percent and reduced the recruitment cycle time by 93 percent

• **Treatment mall planning** – reduced scheduling time by 50 percent and reduced communication hand-offs by 67 percent
2011-2013 Highlights
Fiscal Discipline – Total OSH overtime expenditures and hours
2011-12
2011-2013 Highlights

Fiscal Discipline - Nurse agency spending
2010-2012 by fiscal year, mean per month

- FY 2010-11: $204,167
- FY 2011-12: $272,500
- FY 2012: $115,000
2011-2013 Highlights

Fiscal Discipline – Nursing overtime in hours
July 2011 to December 2012
2011-2013 Highlights

Nursing Services Mandates – October 2011 to December 2012
## OSH Staffing Overview

<table>
<thead>
<tr>
<th>Department</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatrists</td>
<td>39</td>
</tr>
<tr>
<td>Psychology</td>
<td>28</td>
</tr>
<tr>
<td>Mental Health Specialists</td>
<td>27</td>
</tr>
<tr>
<td>Rehabilitation/Vocational</td>
<td>97</td>
</tr>
<tr>
<td>Treatment Malls</td>
<td>79</td>
</tr>
<tr>
<td>Social Work</td>
<td>37</td>
</tr>
<tr>
<td>Medicine</td>
<td>32</td>
</tr>
<tr>
<td>Dieticians</td>
<td>7</td>
</tr>
<tr>
<td>Nursing – Admin/Support, Central Staffing, Unit Staffing</td>
<td>946</td>
</tr>
<tr>
<td>Consumer Representatives</td>
<td>8</td>
</tr>
<tr>
<td>Security</td>
<td>100</td>
</tr>
<tr>
<td>Quality Improvement</td>
<td>34</td>
</tr>
<tr>
<td>Staff Education</td>
<td>9</td>
</tr>
<tr>
<td>Food Service</td>
<td>88</td>
</tr>
<tr>
<td>Housekeeping</td>
<td>70</td>
</tr>
<tr>
<td>Plant Services</td>
<td>46</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>37</td>
</tr>
<tr>
<td>Legal Affairs/Risk Management</td>
<td>18</td>
</tr>
<tr>
<td>Financial Services</td>
<td>21</td>
</tr>
<tr>
<td>Administration</td>
<td>17</td>
</tr>
<tr>
<td>Chief Medical Officer – Treatment Care Specialists</td>
<td>33</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>1773</strong></td>
</tr>
</tbody>
</table>

- **Managers**: 144
- **Non-Managers**: 1627
- **Ratio**: 1 to 11.2
OSH Overview

Forensic Evaluation Services

Total evaluations by ORS commitment type
OSH Overview

Forensic Evaluation Services
Final .370 Evaluation Results

<table>
<thead>
<tr>
<th>Year</th>
<th>Unique Patients</th>
<th>Episodes of Care*</th>
<th>Able</th>
<th>Never Able</th>
<th>Other**</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>363</td>
<td>383</td>
<td>262</td>
<td>67</td>
<td>54</td>
</tr>
<tr>
<td>2012</td>
<td>382</td>
<td>405</td>
<td>257</td>
<td>76</td>
<td>72</td>
</tr>
</tbody>
</table>

* Episodes of Care (some patients had more than one admission under ORS 165.370 in the year)

** Includes patients who received a "Not at this time" or "No opinion" evaluation, some of these patients may still be at the hospital and their evaluation is ongoing.
OSH Overview

Total Seclusions
January 2011 to January 2013
OSH Overview

Seclusions Without Outliers
January 2011 to January 2013
OSH Overview

Total Restraints
January 2011 to January 2013
OSH Overview

Restraints Without Outliers
January 2011 to January 2013
OSH Overview

Staff Injuries from Patient-to-Staff Aggression
January 2011 to January 2013

OSH Policy 1.003 Staff Injury

*Mild Injury:* Mild soreness, surface abrasions, scratches, or small bruises.

*Moderate Injury:* Major soreness, cuts or large bruises.

*Severe Injury:* Severe laceration, bone fracture, head injury, loss of limb, or death.
## OSH Overview

### SAIF Trending Data

**Your Year to Date**

<table>
<thead>
<tr>
<th>FY Beg 7/1</th>
<th>Total Claims</th>
<th>Accepted Claims</th>
<th>% Denied</th>
<th>Incurred Losses</th>
<th>Avg Incurred Losses</th>
<th>Paid Losses</th>
<th>Avg Paid Losses</th>
<th>TL Claims</th>
<th>TL Days</th>
<th>Avg TL Days</th>
<th>Paid TL Losses</th>
<th>Avg TL Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>161</td>
<td>137</td>
<td>7%</td>
<td>$605,442</td>
<td>$3,761</td>
<td>$226,759</td>
<td>$1,408</td>
<td>52</td>
<td>1,091</td>
<td>21.0</td>
<td>$84,054</td>
<td>$1,616</td>
</tr>
</tbody>
</table>

**Your trending data for past 5 fiscal years**

<table>
<thead>
<tr>
<th>FY Beg 7/1</th>
<th>Curr Std Prem</th>
<th>Total Clms</th>
<th>Acpt Clms</th>
<th>% Denied</th>
<th>Incurred Losses</th>
<th>Avg Incurred Losses</th>
<th>Paid Losses</th>
<th>Avg Paid Losses</th>
<th>TL Claims</th>
<th>TL Days</th>
<th>Avg TL Days</th>
<th>Paid TL Losses</th>
<th>Avg TL Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>$971,241</td>
<td>295</td>
<td>256</td>
<td>13%</td>
<td>$994,057</td>
<td>$3,370</td>
<td>$2,113</td>
<td>107</td>
<td>2,271</td>
<td>21.2</td>
<td>196,326</td>
<td>$1,835</td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>$889,852</td>
<td>224</td>
<td>185</td>
<td>17%</td>
<td>$754,396</td>
<td>$3,368</td>
<td>$2,398</td>
<td>74</td>
<td>1,500</td>
<td>20.3</td>
<td>120,225</td>
<td>$1,625</td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td>$751,779</td>
<td>224</td>
<td>192</td>
<td>14%</td>
<td>$795,029</td>
<td>$3,549</td>
<td>$2,185</td>
<td>84</td>
<td>2,021</td>
<td>24.1</td>
<td>114,331</td>
<td>$1,361</td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td>$668,991</td>
<td>259</td>
<td>194</td>
<td>25%</td>
<td>$950,529</td>
<td>$3,670</td>
<td>$2,267</td>
<td>70</td>
<td>1,948</td>
<td>27.8</td>
<td>166,477</td>
<td>$2,378</td>
<td></td>
</tr>
<tr>
<td>2007</td>
<td>$589,121</td>
<td>238</td>
<td>196</td>
<td>18%</td>
<td>$484,182</td>
<td>$2,034</td>
<td>$1,426</td>
<td>72</td>
<td>1,276</td>
<td>17.7</td>
<td>83,519</td>
<td>$1,160</td>
<td></td>
</tr>
</tbody>
</table>

**All SA including Pre 7/1/12 Universities Only trending data for past 5 fiscal years**

<table>
<thead>
<tr>
<th>FY Beg 7/1</th>
<th>Curr Std Prem</th>
<th>Total Clms</th>
<th>Acpt Clms</th>
<th>% Denied</th>
<th>Incurred Losses</th>
<th>Avg Incurred Losses</th>
<th>Paid Losses</th>
<th>Avg Paid Losses</th>
<th>TL Claims</th>
<th>TL Days</th>
<th>Avg TL Days</th>
<th>Paid TL Losses</th>
<th>Avg TL Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>$29,270,144</td>
<td>2,379</td>
<td>1,971</td>
<td>17%</td>
<td>$14,228,512</td>
<td>$5,981</td>
<td>$3,260</td>
<td>639</td>
<td>18,510</td>
<td>29.0</td>
<td>1,681,664</td>
<td>$2,632</td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>$29,323,902</td>
<td>2,443</td>
<td>2,007</td>
<td>18%</td>
<td>$11,556,941</td>
<td>$4,731</td>
<td>$2,761</td>
<td>637</td>
<td>15,848</td>
<td>49.4</td>
<td>1,428,211</td>
<td>$2,242</td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td>$27,953,933</td>
<td>2,356</td>
<td>1,902</td>
<td>19%</td>
<td>$13,403,322</td>
<td>$5,689</td>
<td>$3,024</td>
<td>667</td>
<td>20,604</td>
<td>30.9</td>
<td>1,567,424</td>
<td>$2,350</td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td>$27,576,218</td>
<td>2,526</td>
<td>2,012</td>
<td>20%</td>
<td>$13,121,302</td>
<td>$5,194</td>
<td>$2,744</td>
<td>629</td>
<td>16,681</td>
<td>26.5</td>
<td>1,509,681</td>
<td>$2,400</td>
<td></td>
</tr>
<tr>
<td>2007</td>
<td>$26,005,429</td>
<td>2,525</td>
<td>2,048</td>
<td>19%</td>
<td>$11,001,628</td>
<td>$4,357</td>
<td>$2,606</td>
<td>625</td>
<td>16,544</td>
<td>26.5</td>
<td>1,399,601</td>
<td>$2,239</td>
<td></td>
</tr>
</tbody>
</table>
OSH Overview

Patient Injuries from Patient-to-Patient Aggression
January 2011 to January 2013

OSH Policy 1.003 Staff Injury

*Mild Injury:* Mild soreness, surface abrasions, scratches, or small bruises.

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*Severe Injury:* Severe laceration, bone fracture, head injury, loss of limb, or death.
Looking ahead

Planning for 2013-2015

• Expansion of beds certified by the Centers for Medicare & Medicaid Services (CMS)
• Treatment Improvements
  – Expand person-centered care
  – Increase use of evidence-based practices
  – Enhance vocational opportunities
• Expansion of family programs
• Focus on workforce development