
Addictions and Mental Health Division (AMH) Oregon State Hospitals March 14-16, 2011

*Greg Roberts, Superintendent, Oregon State Hospital
Lee Hullinger, Deputy Superintendent-Operations*



ADDICTIONS AND MENTAL HEALTH DIVISION

Oregon State Hospital vision

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

Oregon State Hospital mission

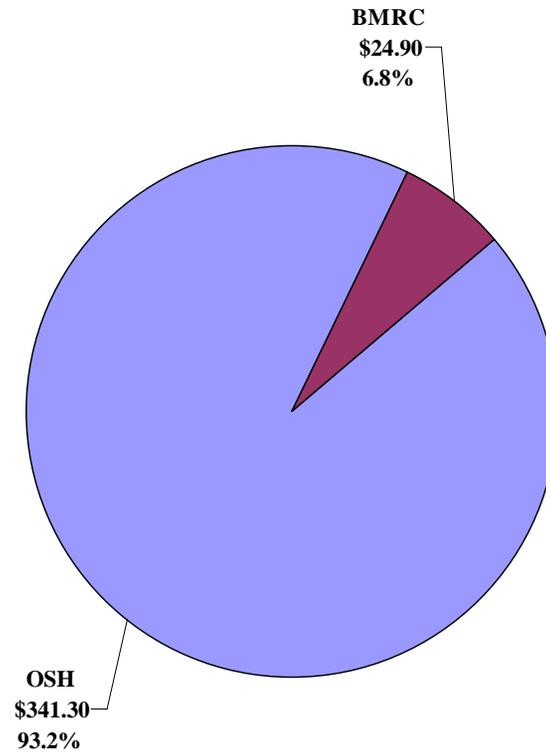
Our mission is to provide therapeutic, evidence-based, patient-centered treatment focusing on recovery and community reintegration all in a safe environment.

State hospital services

- Adults needing long-term intensive psychiatric treatment for severe and persistent mental illness who are civilly or criminally committed to OHA receive treatment at:
 - Oregon State Hospital campuses in Salem and Portland
 - Blue Mountain Recovery Center in Pendleton
- A total of 1,400 people received treatment in 2009-2010 that required hospital level of service that could not be provided in the community
- These services are essential to restore patients to a level of functioning that allows successful community living

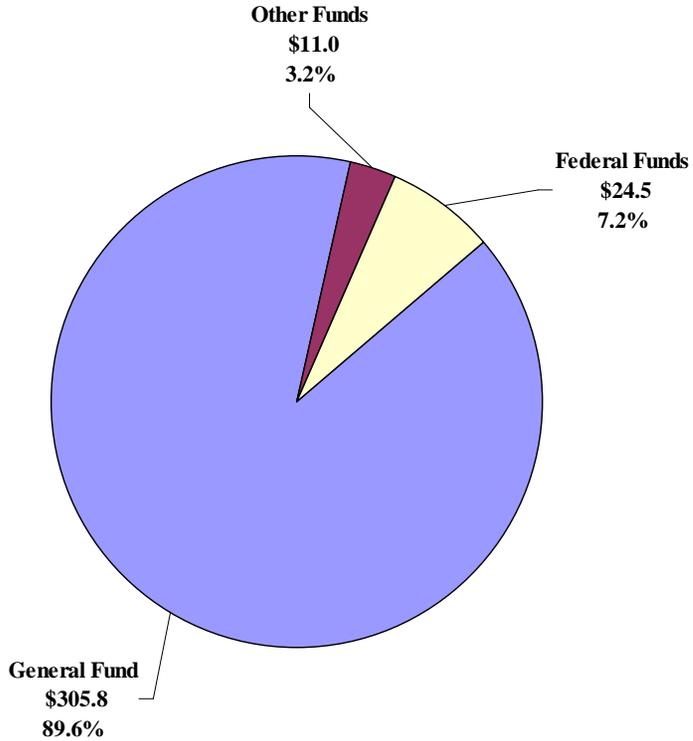
**2011-13 Governor's Balanced Budget
Addictions and Mental Health Division
OSH and BMRC
\$366.2 Total Funds**

(dollars in millions)



**2011-13 Governor's Balanced Budget
Addictions and Mental Health Division
Oregon State Hospital
by Fund Type
\$341.3 Total Funds**

(dollars in millions)

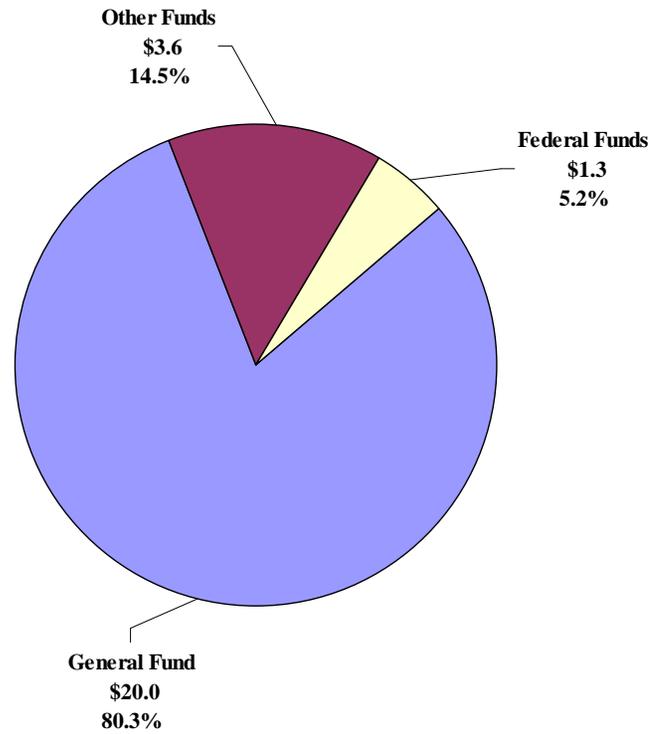


Oregon State Hospital

- **Adult treatment services**
 - 92 beds in Portland
 - Civilly committed individuals 18 to 65
- **Neuro–psychiatric services**
 - 114 beds in Salem
 - Elderly patients with mental illness
 - Neurologically impaired adults of all ages
- **Forensic psychiatric services**
 - Hospital services
 - 413 beds on 14 units in Salem (includes newly opened Harbors beds)
 - Residential transitional services
 - 36 beds in 6 cottages

**2011-13 Governor's Balanced Budget
Addictions and Mental Health Division
Blue Mountain Recovery Center
by Fund Type
\$24.9 Total Funds**

(dollars in millions)



Blue Mountain Recovery Center

- 60 beds in Pendleton
- Civilly committed clients
 - 133 admissions per year on average
 - Serves as primary state hospital in central and eastern Oregon
 - Close working relationship with St. Charles Medical Center

Themes

- A real sense of hope that the Oregon State Hospital is on the road to recovery
- Improved performance in numerous clinical areas
- Increased provision of active treatment on treatment malls
- Emphasis on consumer empowerment
- Emphasis on family services
- Improved physical medicine services
- Improved/faster process for hiring direct care staff

Patient care improvements

- Geller & McLoughlin
 - Purpose: Assist OSH in continuous improvement efforts
 - Value:
 - Guide improvements in patient care
 - Assessments
 - Treatment care planning
 - Treatment mall development
 - Considered national experts in patient-centered care
 - Assisted Oregon in avoiding costly litigation

Patient care improvements continued

- Liberty Healthcare Consultation
 - Purpose: Conduct an unbiased, quality and compliance review to help speed up performance improvement processes
 - Recommendations:
 - Establish accountability at all levels of the organization through:
 - Renewed leadership
 - Engaging front-line staff
 - Clear and decisive lines of authority
 - Streamlining committees
 - Re-vitalizing Quality Improvement
 - Improving personal management
 - Consultation served as foundation for Kaufman Global

Patient care improvements continued

- **Kaufman Global Consultation**

- Purpose: Provide the organizational expertise to streamline processes, find efficiencies, and create management structures necessary to implement the changes recommended in the Liberty Report
- Accomplishments
 - Conducted cultural assessment
 - Revised vision and mission statements, emphasis on therapeutic treatment, not public safety
 - Reduced size of Hospital Executive Team to improve accountability and prioritize performance improvement efforts
 - Reorganized approach to transition planning for new facility
 - Unified all treatment malls under a single manager
 - Implemented staff competencies related to recovery principles

Patient care improvements continued

- Registered Nurse (RN) hiring
 - Reduced RN vacancy rate from 22% to 1%
 - Reduced hiring time from 80 days to 14 days
- Certified Nursing Assistant (CNA) hiring
 - Reduced CNA vacancy rate from 13% to 3%
 - Hired 146 CNAs (May 2010 – January 2011)
 - Reduced mandated overtime
- Dietary Consultation
 - Increased monthly consultations from 60 to 142
 - Decreased time from request to consultation from 150 days to 4 days

Patient care improvements continued

- Group Notes
 - Standardized process for collecting and filing group notes in the medical record.
 - Attained 90% compliance after 30 days. Audits continuing
- MD Billing
 - Increased monthly collections from \$10K per month to \$20K per month
 - Trained physician and billing staff to ensure compliance

Patient care improvements continued

- Accomplishments that drive quality patient care
 - New Superintendent hired
 - Hospital Executive Team streamlined
 - Implemented Administrative Rounds
 - Created new organizational chart
 - Cabinet to restructure committees
 - Implemented unit-based 100% chart audit of medical record documentation
 - Focused on completion of annual performance appraisals
 - Increased meeting frequency of Interdisciplinary Treatment teams
 - Ensured chronic medical conditions were identified for all patients
 - Increased the number of treatment mall and hours of active treatment

Patient care improvements continued

- First state hospital to create a consumer-led Department of Consumer Affairs
- Six consumers (former recipients of mental health services) hired and recruiting 19 additional staff to advocate for OSH patients as they transition to the community by:
 - Ensuring patient centered treatment care planning
 - Leading groups
 - Focusing on community reintegration
 - Peer support counseling
- Improved communication with families by:
 - Adding family web page to OSH website
 - Creating new patient and family handbook for all units and involving family members
 - Revising policy on communications with families and ensuring all clinical staff are knowledgeable and can demonstrate competency

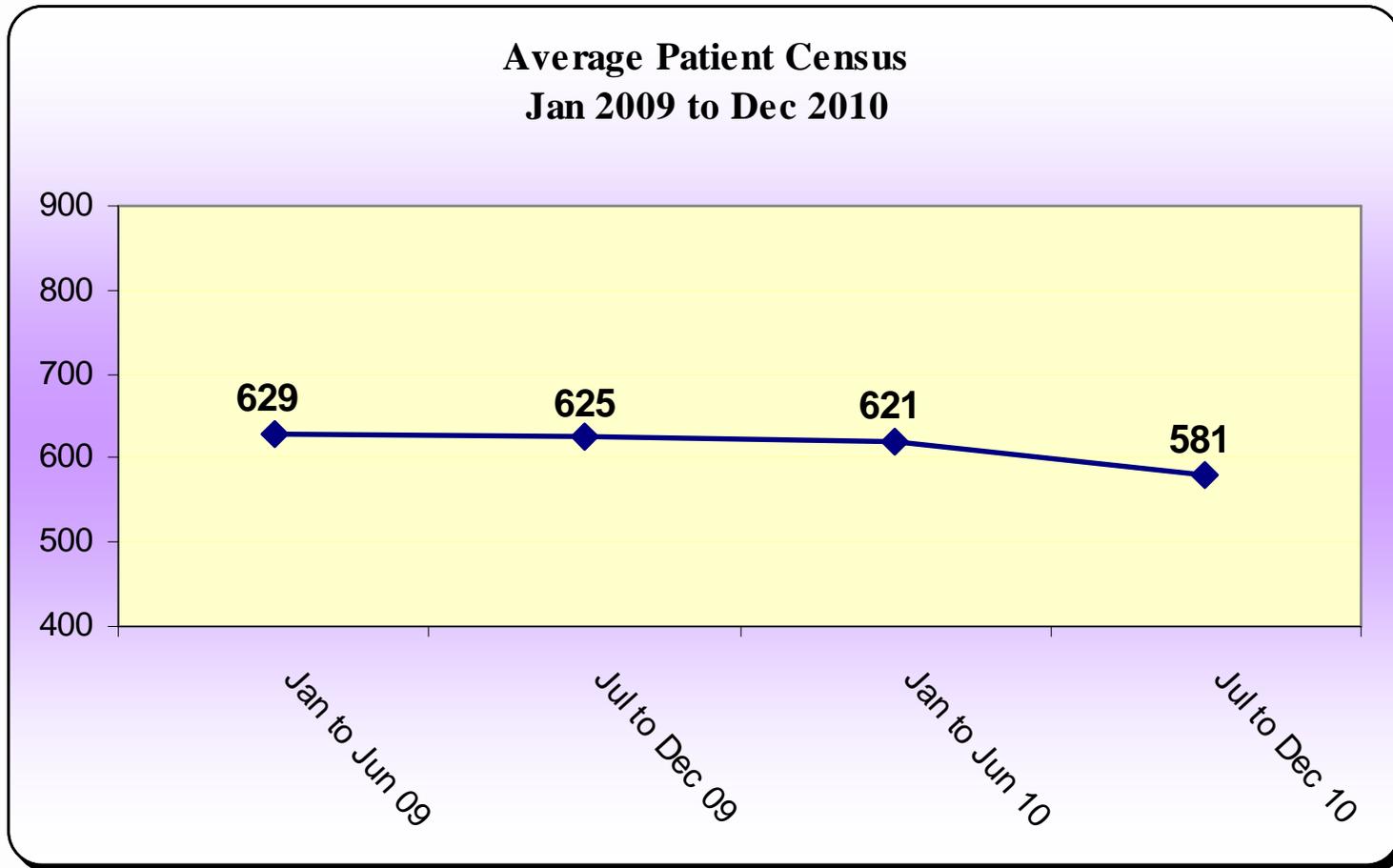
Patients served in 2010

Adult Treatment (Portland) & Neuro-Psychiatric (Salem)	332	29%
Forensic - Guilty Except for Insanity	435	38%
Forensic - Aid & Assist	382	33%
Total Served	<u>1,149</u>	<u>100%</u>

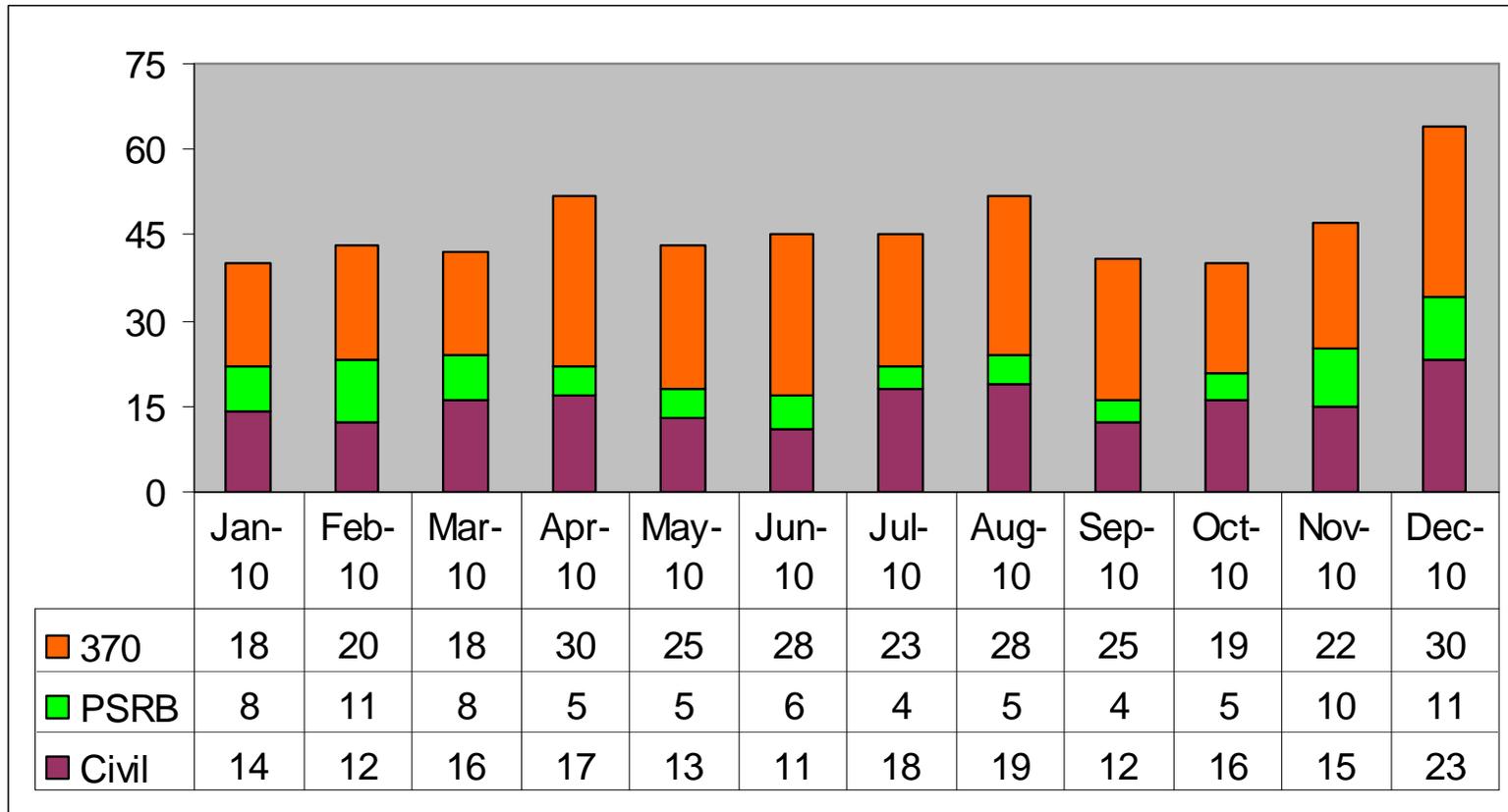
Current census (March 8, 2011)

Adult treatment (Portland)	88	15%
Neuro-psychiatric (Salem)	61	11%
Forensic - Guilty except for insanity	324	57%
Forensic - Aid and Assist	98	17%
Total Served	<hr/> 571	<hr/> 100%

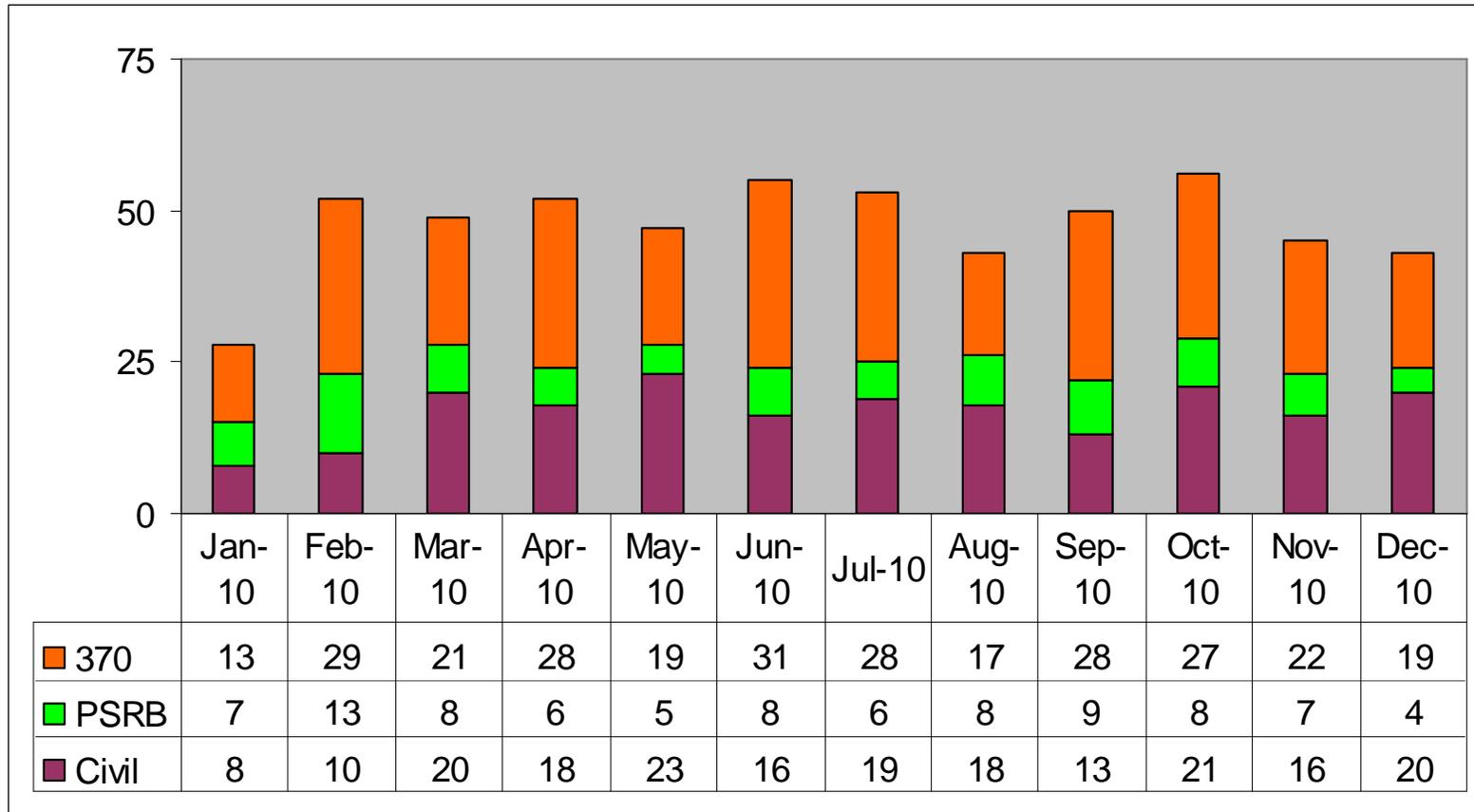
7% reduction in census



2010 Admissions



2010 Discharges



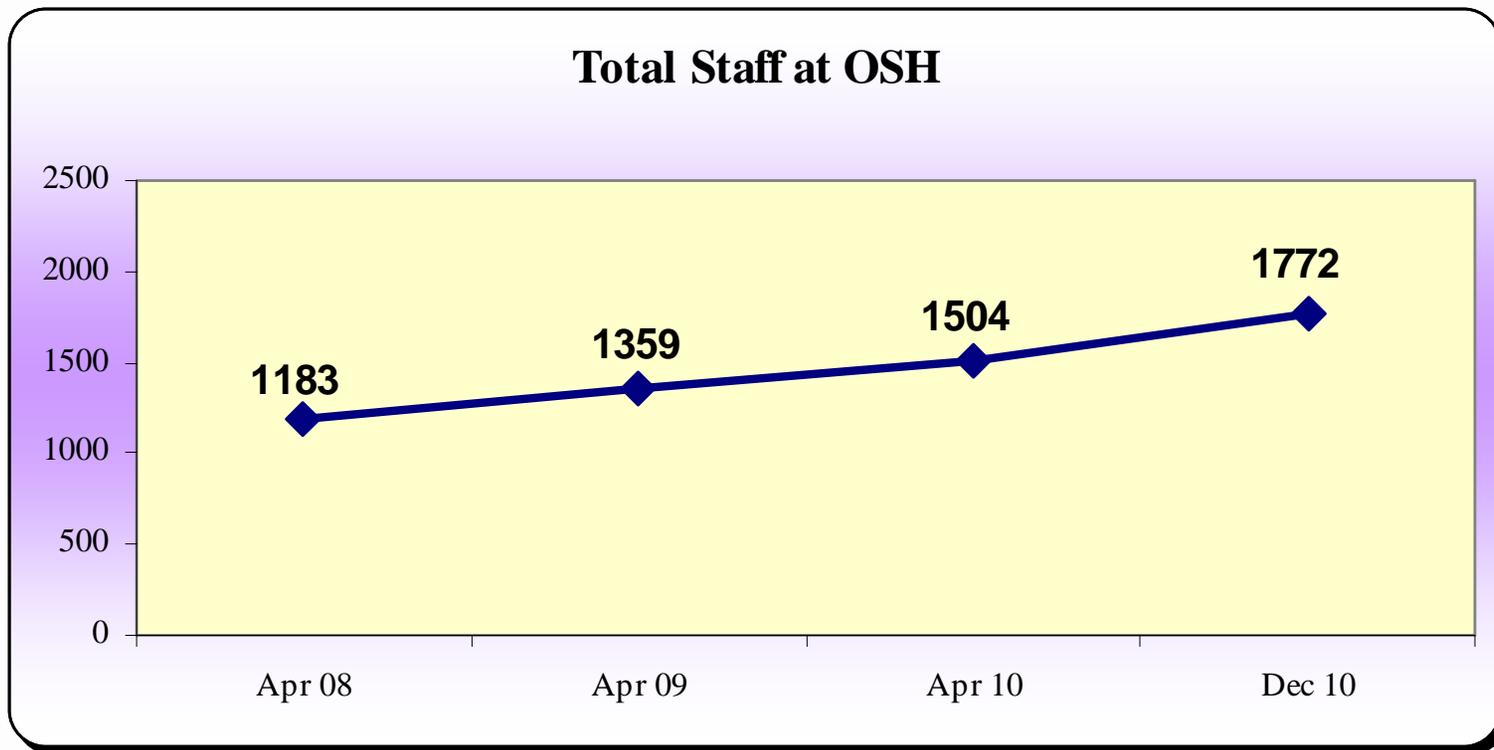
2010 Changes in admissions vs. discharges

Type	Admits	Discharges	Change
370	286	282	4
PSRB	82	89	(7)
Civil	<u>186</u>	<u>202</u>	<u>(16)</u>
Total	554	573	(19)

Census reduction strategies

- Discharges
 - Complete Rapid Process Improvements (RPIs)
 - Define criteria for discharge readiness
 - Improve information flow to PSRB
 - Improve internal risk review and discharge process
- Admissions
 - Support legislation related to forensic patients – HB3100

Current staffing



Staff needed

2009-2011 Base staffing	1,514
2009-2011 Policy option package	<u>527</u>
Total staffing authority	2,041

Current staffing mix (filled positions)

Managers/Supervisors	163	9%
Non-management/Non-supervisory	<u>1609</u>	<u>91%</u>
Total	1772	100%

Current staffing by classification

Physician	24	2%
Registered Nurse (RN)	300	17%
Licensed Practical Nurse (LPN)	75	4%
Mental Health Therapist	632	36%
Psychologists	36	2%
Social Workers	31	2%
Rehab Therapists/Specialists	79	4%
Other staff (Security, food service, housekeeping, quality improvement, financial services, maintenance, etc)	595	33%
Total	<u>1772</u>	<u>100%</u>

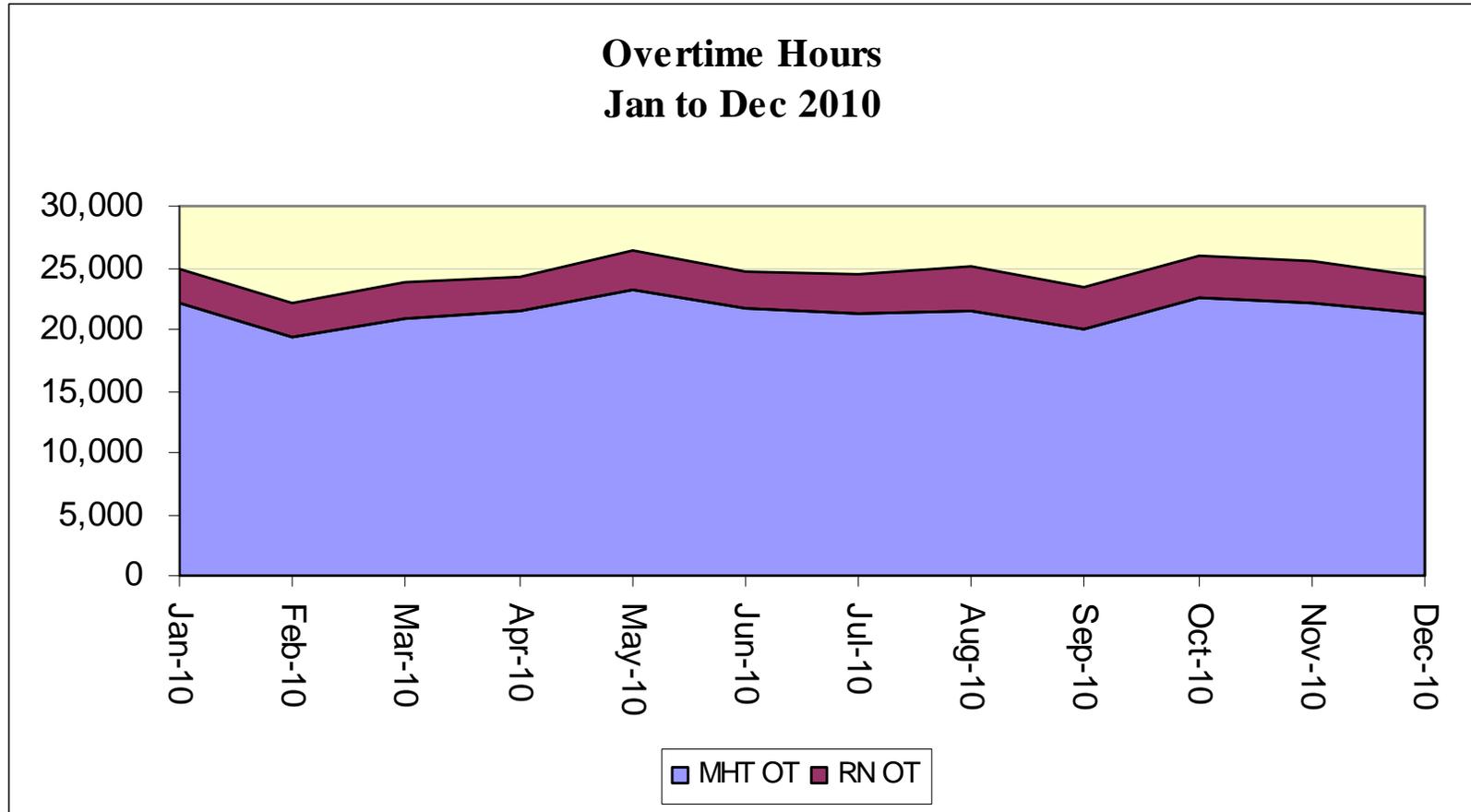
New staffing initiatives

- Key leadership additions
 - Greg Roberts, Superintendent
 - Lee Hullinger, Deputy Superintendent-Operations
 - Brian Little D.O., Chief of Medicine
 - Nikki Mobley, Director of Mall Operations
- New staffing methodology
 - Nursing staffing – using USDOJ hours per patient day
 - Clinical services – using USDOJ recommended ratios
- Recruiting Chief Medical Officer

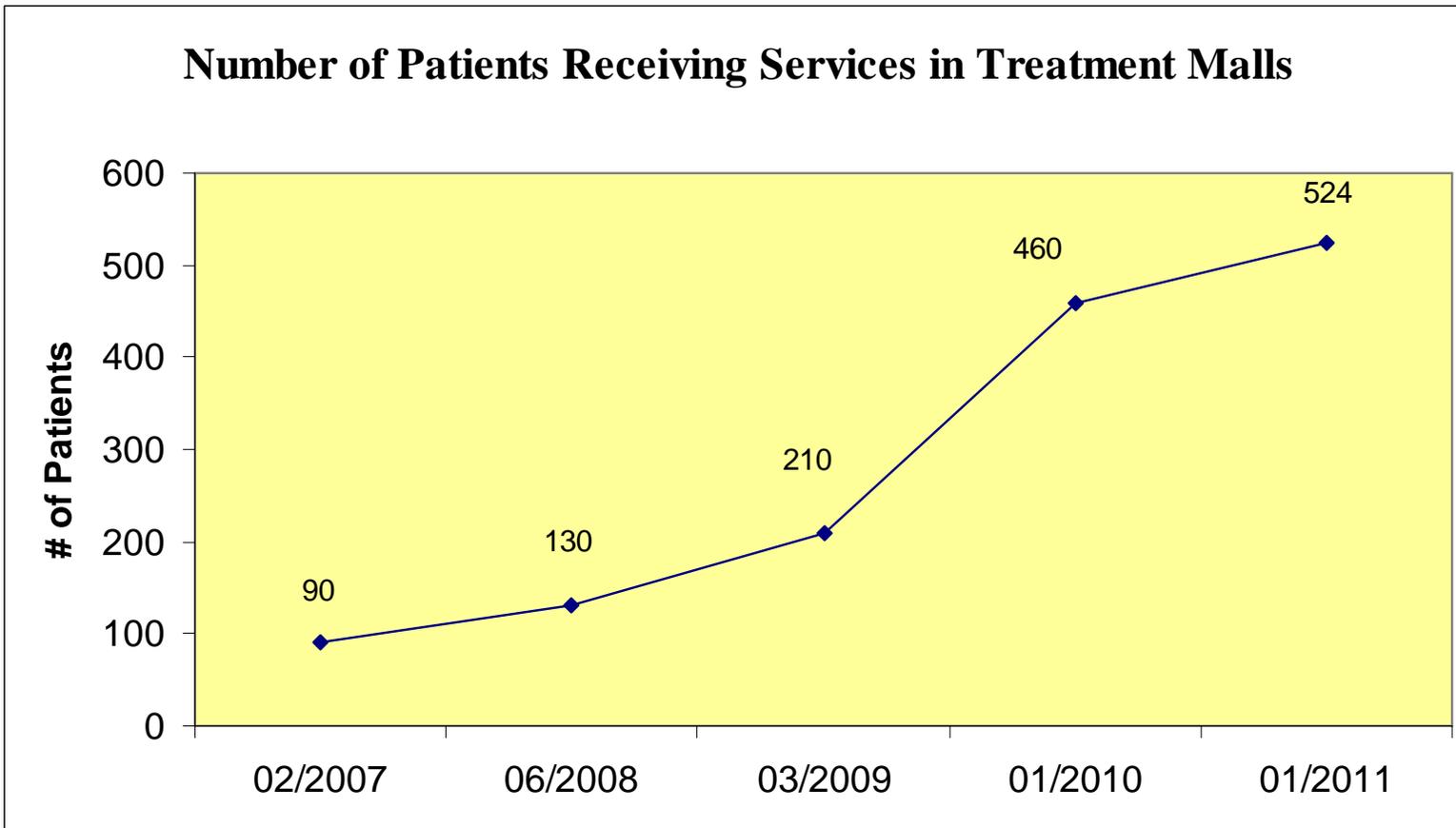
Reduction in RN agency staff

<i>Nurse Agency Spending</i>	
<u>2009</u> <i>Total Spent</i>	\$5.09 Million
<u>2010</u> <i>Total Spent</i>	\$2.87 Million
<u>Total Savings 2010 over 2009</u> <i>Savings</i>	\$2.22 Million

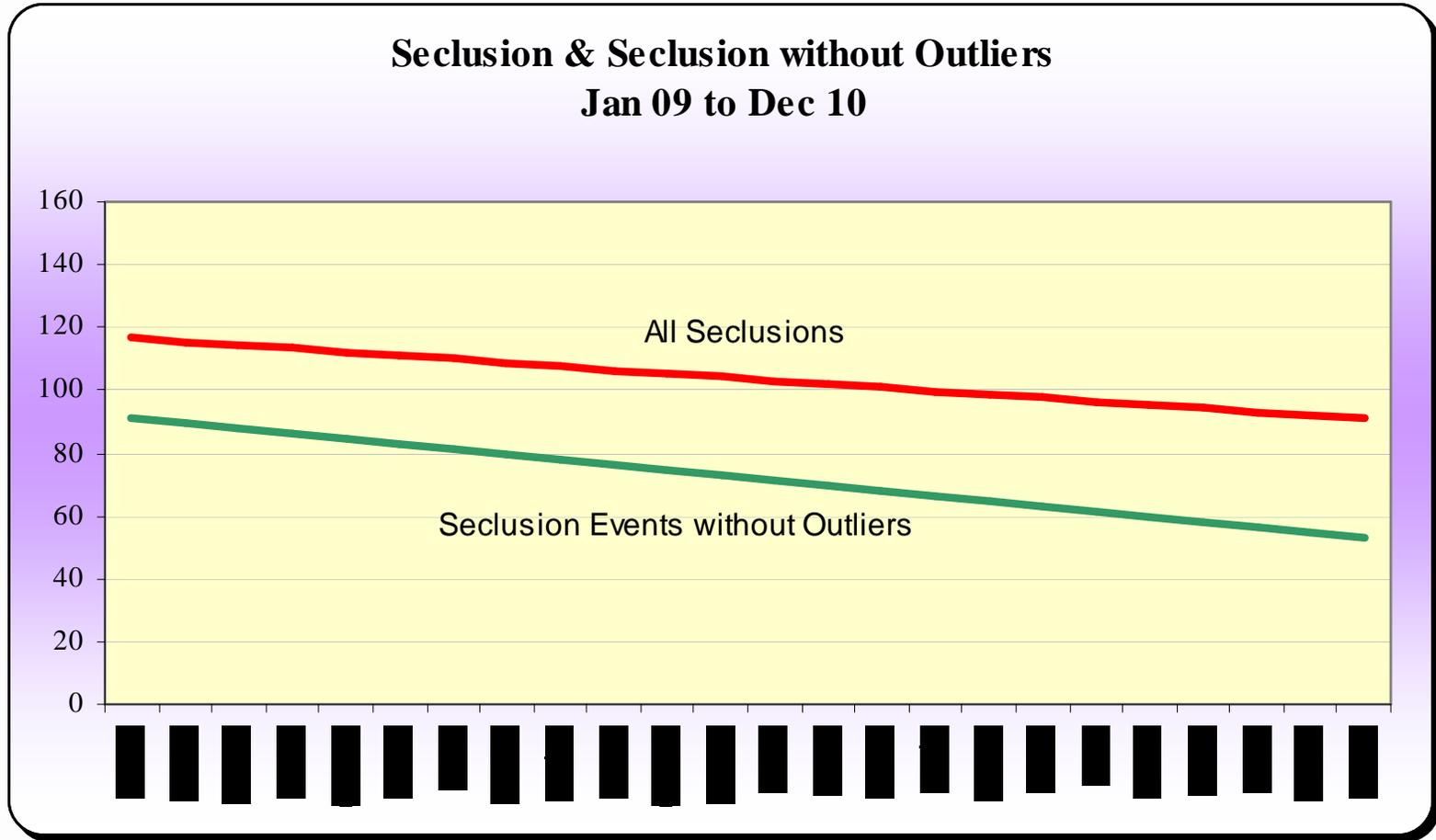
Use of overtime



Implementation of centralized treatment malls

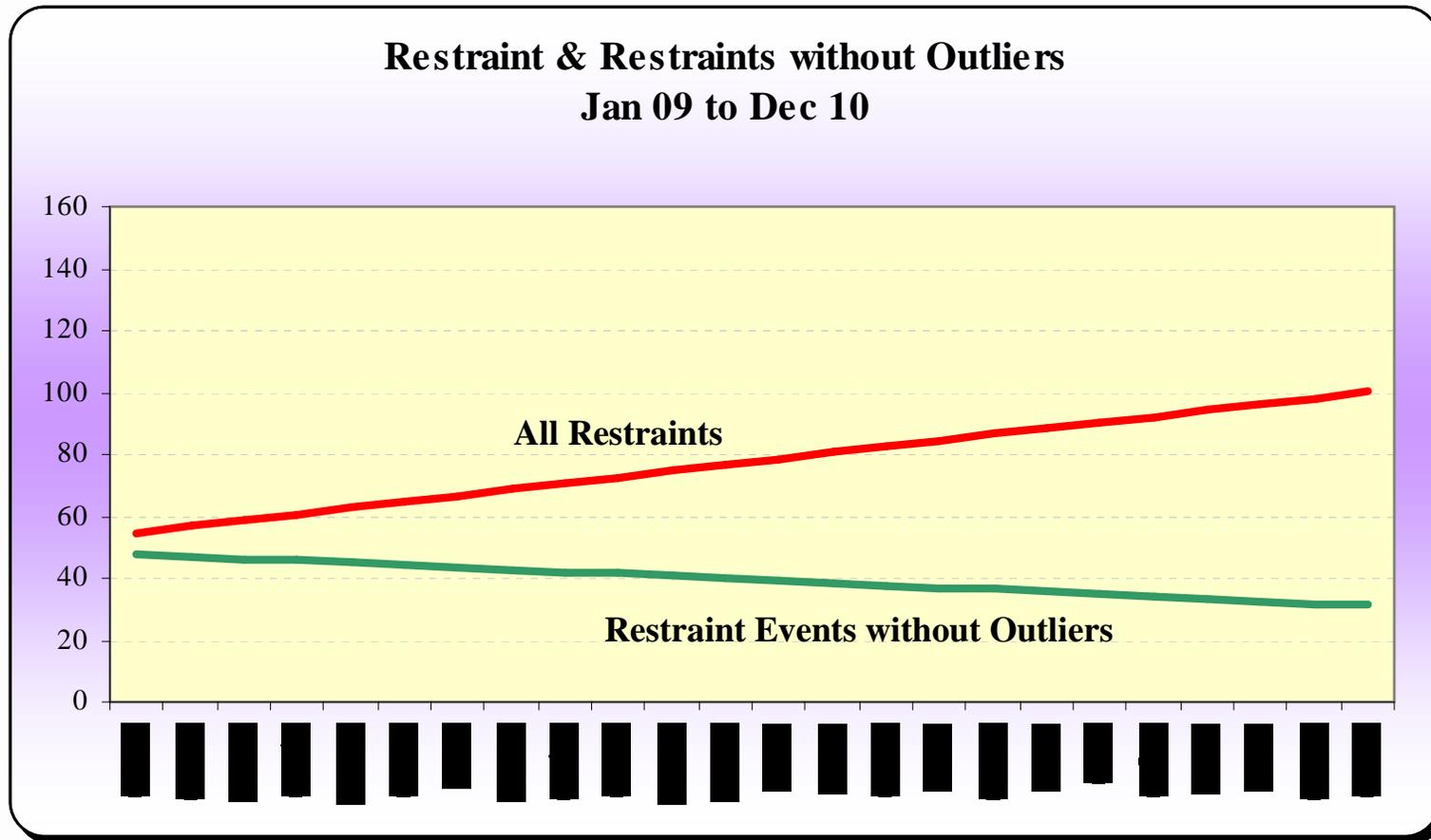


Use of seclusion



Percent of patients secluded ~ 6-8%

Use of restraint



Percent of patients restrained ~ 5%

2011-13 Budget: strategies

- The strategies outlined as follows reflect a continuation of effective management actions already in place at Oregon State Hospital and Blue Mountain Recovery Center, and then follow with necessary full-time equivalent (FTE) reductions in 2011-13 to balance to the Governor's Balanced Budget. FTE reductions will be necessary to achieve the \$36 million General Fund reduction (\$40.8 million total funds) as 80% of operating costs are related to personal services (payroll and overhead)
- Continued strategic management in the hiring and backfilling of positions with highest priority placed on direct patient care positions, while holding some non-direct patient care positions vacant. Estimated Savings: \$4 - \$6 million total funds.
- Risks: continuing to staff Oregon State Hospital at levels below US DOJ recommended levels increases risk of potential legal action. This limits the ability to provide 20 hours of active treatment per patient per week and 5.5 nursing hours per patient per day.

2011-13 Budget: strategies

- Reduction of overtime and nurse agency costs by ensuring tighter controls in scheduling overtime and nurse agency use with (1) the creation of a centralized staffing office and (2) implementing “card-swipe” time and attendance technology. Estimated savings: \$6 - \$10 million total funds
 - Risks: significant reductions in overtime and nurse agency costs assume a fully-staffed hospital; therefore, estimated savings may not fully result if staffing levels at OSH are kept below US DOJ recommended levels.

2011-13 Budget: strategies

- Continued strict cost control measures among all OSH operating divisions and overall reduction in supplies and services. Estimated savings: \$2 - \$4 million.
 - Risks: continued reductions in services and supplies needed to support staff and patient care may hamper efforts to meet the treatment, information, and policy actions necessary to address these issues as outlined in the Civil Rights of Institutionalized Persons Act (CRIPA) report.

2011-13 Budget - Strategies

- Reduction of full-time equivalent (FTE) positions in 2011-13 necessary to balance the Budget. Estimated FTE reduction: 80 – 135 FTE; Estimated savings: \$15 - \$25 million; depending on phase-out schedule
 - Risks: regardless of whether the FTE reductions result from reduced beds in Salem, reduced beds in Portland, movement of some gero-psychiatric patients to the community, or a declining census of forensic patients in Salem, there are underlying risks to all scenarios, including:
 - a) Civil-committed patients who require hospital level of care may be discharged without appropriate community alternatives;
 - b) Gero-psychiatric patients with medical, behavioral, and mental health needs may be discharged to the community programs that were unable to meet their complex needs in the first place

2011-13 Budget - Strategies

- Continued improvement in Medicare billings for billable physician services. Management actions implemented in Summer 2010 resulted in the identification of billable physician services 100% above previous levels. The implementation of an electronic medical record in 2011 will automate the documentation of billable services and further improve revenue opportunities. Estimated additional revenue in 2011-13 (i.e. savings): \$1 - \$2 million federal funds.
 - Risks: none

2011-13 Budget: challenges

During the division overview in February, it was noted that the GBB does not include staff and funds for the state to support all of the new computer-driven hospital management systems, including electronic laboratory, pharmacy and health records. These funds were requested by the agency in a policy option package.

In order to reduce the cost of the system and maintain acceptable levels of support, staff reviewed the request and recommended reallocation of 2 positions from supporting and developing community systems to supporting hospital systems. In addition one position was eliminated. This reduces professional support to the hospital staff. These changes create risk for improvement in systems managing community data used for performance monitoring. These are acceptable risks in order to reduce the cost.

In order to fund the necessary supports for successful implementation of the EHR and other systems, OSH will be required to force an additional \$8.2 million in savings by further reducing the FTE by about 45.

2011-13 Budget: challenges

The revised request includes:

- State Data Center charges for housing and system supports - \$3.9 million
- Ongoing maintenance and licensing for vendor software - \$1.4 million
- Reallocation of two information services positions from division support, establishment of three Oregon State Hospital informaticists, and establishment of eight Information Services positions that would be dedicated to support of the new technology at the state hospital. - \$2.9 million (includes on-call costs based on historical experience).
- Total request is \$8.2 million

Managing a modern 24-hour care environment

Clinical Care

BHIP Systems

Electronic Health Record

Laboratory System

Pharmacy System

Treatment Mail Scheduling

Allied Systems

Pharmacy Automation Systems

Radiology information System

Dental Information System

Management Systems

Workforce Management

Document Management

Facility Maintenance

Management systems of modern hospital

- Patient Care
 - Rapid Access to Patient Information
 - Electronic Order Entry
 - Integrating Treatment Planning with Care Delivered
 - Quicker Service Delivery
 - Data for Quality Improvement and Assurance
- Patient and Staff Safety
 - Immediate Clinical Decision Support
 - Reduced Medical and Medication Errors
 - Safer Environment of Care
 - Improved Incident Tracking
 - Reduced Staff Mandates and Overtime Costs

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