



Main entrance of the new Oregon State Hospital Junction City campus (above).

## Patients move into Junction City and Salem campuses, and the Portland campus closes

March was a month of transitions for the hospital. On March 11, patients moved in to the first three living units of the new campus in Junction City. To ensure their continuity of care, the same staff who had been working with the patients in Salem transferred to Junction City on the same day. The same thing happened March 31, when the remaining patients and staff from the Portland campus transferred to the Salem campus.

The planning teams did an amazing job preparing for both moves, and hundreds of staff were involved in making both transitions successful. Patients were welcomed to their new living units with gift bags and festivities. In addition, the opening of Junction City was heralded with a series of open houses and a ribbon-cutting ceremony. There was also a farewell celebration for the Portland campus that recognized the staff there and the important place it has in the history of the hospital.

The closure of the Portland campus completes a series of transitions, which began in January 2011 when patients moved into the newly constructed psychiatric hospital in Salem. In 2007, the Legislature authorized construction of the two new sites — one on the grounds of the old Salem hospital, and the other in Junction City. The successful completion of both locations culminates 10 years of planning and development.

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### OSH Recovery Times

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with questions or comments.



Dr. Rupert Goetz

## Message from the Chief Medical Officer

*For this issue of the Recovery Times, I am yielding the floor to Chief Medical Officer Rupert Goetz. Along with hope and recovery, safety is one of our top priorities at Oregon State Hospital. Dr. Goetz, as the leader of the Culture of Safety Initiative, has this update.— Greg Roberts, Superintendent*

To the staff of Oregon State Hospital,

This spring we are celebrating the final chapter of our hospital's external transformation. We now have two beautiful new facilities that provide a safe and therapeutic environment for our patients and staff.

Through the "Culture of Safety Initiative" we continue to focus on the hospital's internal transformation, improving how we care for patients and how we keep everyone safe. Today, I would like to give you an update on how we're doing in these efforts.

One of the first things we did to improve safety was to boost staffing levels and redistribute staff to the parts of the hospital where they are needed the most. Oregon State Hospital has achieved staffing levels enviable to other psychiatric hospitals throughout the country. In fact, in 2014 our hospital had the fourth-highest staff-to-patient ratio of the 24 Western Psychiatric State Hospitals reported.

With improved staffing levels, our focus has shifted

to making sure staff have the skills and training they need to do their jobs safely. I'm pleased to report that we made great strides in this area during 2014.

We continued safe containment training, which teaches staff, when they have no other alternative to going "hands-on," how to do it in a way that prevents both staff and patients from getting hurt. So far, between 50 percent and 75 percent of staff on target units have been through the training.

We also launched training for collaborative problem solving, which is a whole new approach for how staff interact with patients. Collaborative problem solving gives staff the skills to better work with patients and help avoid situations in which safe containment would have to be used. Patients and staff develop their skills together as a foundation for individual treatment.

So far, more than 400 staff have completed collaborative problem solving training, and we have hired 10 collaborative problem solving coaches who are working with staff on the four units with the highest rates of seclusion and restraint. Although it is still too early to expect changes in metrics, anecdotal information shows staff using wonderful creativity in resolving difficult situations.

*(Continued on page 3)*

*(CMO's message continued from page 2)*

Are these efforts making a difference? While we can't claim a cause-and-effect relationship, we can say that the number of staff who report feeling safe in their jobs has increased by 11 percent since 2012. Last year, 79 percent of staff rated the hospital as "acceptable" or "excellent" for staff safety, and 85 percent of staff rated hospital as "acceptable" or "excellent" for patient safety. While we are pleased to see these numbers go up, we will keep working until we reach 100 percent.

In 2015, we are continuing expanding the "Culture of Safety" initiative as the roadmap to reaching our vision of hope, safety and recovery:

- Collaborative problem solving – We plan to train an additional 600 staff and providing advanced training for another 75.
- Safe communication – This training helps staff defuse a crisis. The objective is to avoid restrictive events and reconnect patients to their treatment after the crisis has passed. It will take several years to implement safe communication throughout the entire hospital, but this year we expect to complete initial training and begin a drill cycle for all clinical staff on all units.
- Safe containment – Again, we expect to complete training for all staff on all units and put a regular schedule of drills in place by the end of the year.
- Case formulation – All treatment team members will complete case formulation training, which teaches clinicians to use patient assessment information to establish an understanding of a patient's underlying challenges and strengths and focus treatment where it will be most effective.
- START (Short Term Assessment of Risk and Treatability) – All treatment team members will complete START training. START is a tool clinicians use to identify a patient's risks that require treatment and management. The objective is reliable risk mitigation (reduction) and management of remaining risk. In addition, treatment malls will match the groups they offer

to the needs identified by this tool, making it easier to identify useful groups.

- Trauma-informed care – To be a trauma-informed hospital and nurture a culture of safety and healing, we must recognize and address the pervasive nature of trauma. This year we will begin a multi-year action plan to deal with trauma, including trauma screening, trauma-informed services and trauma-specific treatments.
- This year, we will also launch two new Culture of Safety efforts:
  - Emergency response teams – Building on ideas explored in 2014, we will pilot the use of emergency response teams on our units with the highest acuity. Emergency response teams are a group of up to five specially-trained staff who respond to code greens. The teams bring special clinical and safety expertise to behavioral emergencies, ensuring a skilled, standardized response that focuses on defusing situations in a safe manner.
  - Treatment care planning – Safety begins with a comprehensive, well-designed treatment care plan for each patient. Building on our experience with case formulation, this year we will review and update our treatment care planning process to ensure each plan focuses on a patient's underlying challenges and strengths and is a useful tool for all staff providing treatment interventions.

Throughout all of these efforts, we will be using metrics to monitor how we are improving. That means we'll be looking to see if we are reducing the number of patient and staff injuries, reducing the number of seclusion and restraint events, and improving patients' and staff's perception of safety.

However, one key ingredient for the "Culture of Safety" that needs more emphasis is recovery. As we continue the efforts listed above, we must begin to shift from a "Culture of Safety" to a "Culture of Safety and Recovery."

*(Continued on page 5)*

*(Junction City open house continued from page 1)*



Salem OSH staff stand ready to greet patients and staff transferring from the Portland campus.

Oregon State Hospital now has two beautiful facilities that were designed to provide a therapeutic environment and support the active treatment necessary for people to recover from mental illness. The campus in Salem can serve up to 620 patients and Junction City can serve up to 174.

The hospital is using a regional approach for patient admissions. The goal is to keep patients as close as possible to their communities, family and friends. Junction City will primarily serve patients from Lane County and seven southern Oregon counties — Coos, Curry, Douglas, Jackson, Josephine, Klamath and Lake. Salem will serve the rest of Oregon, including the Portland metro area.



An open house welcomes new Crossroads staff to the Salem campus.



Flower 2 staff on move-in day.



Portland staff and patients on the move in buses, vans and cars traveling to Salem.

*(CMO's message continued from page 3)*

We know that feeling safe is essential for recovery, but we must also realize that the safest environment is one that provides the most recovery-oriented environment.

If we focus on understanding trauma, providing active treatment and helping our patients recover, we can help them avoid the “revolving door” many face on the road to a meaningful life in the community.

The Substance Abuse and Mental Health Services Administration uses 10 principles to define the road to recovery. The road is lit by hope, is person-driven, has many pathways, is holistic, includes peer support, is relational, becomes a culture, addresses trauma, builds on strengths and responsibilities, and always shows respect.

In a hospital setting, the key to safety is developing a therapeutic, recovery-oriented relationship with the people we serve. Connecting with others is a skill itself, for both patients and staff, and building relationships can be hard, because both patients and staff have often

been traumatized in the past. However, connecting with others helps our patients develop skills they need on their own personal road to recovery. Through techniques like collaborative problem solving and principles like trauma informed care, staff can help patients build the necessary relationships and skills.

I encourage you to make suggestions for how we can improve safety and recovery by submitting continuous improvement (CI) sheets on your work area's primary visual display board. Share your ideas with your supervisor and, with your supervisor's permission, volunteer to serve on the various committees and work groups dedicated to the “Culture of Safety.” For the hospital truly achieve a “Culture of Safety and Recovery,” all of us must be a part of the solution.

Thank you for your time.

## Trauma-informed care more than another buzz phrase

By Malcolm Aquinas, team lead for trauma-informed care Project Committee

Like flies at a summer picnic, there are many phrases buzzing around Oregon State Hospital as we continue our efforts to make the services we provide second-to-none. And like those picnic flies, the buzz words can get a little annoying.

For many, *trauma-informed care* is such a phrase.

If you are confused or uncertain about what trauma-informed care is, take heart; you are in good company.

First, there is no universally agreed-upon phrase for this subject. When reviewing literature, scanning seminars, or perusing trainings, you can expect to find any one, or a combination, of these phrases: trauma-informed care, trauma informed services, trauma informed practice or trauma informed approach. And, for good measure, there may or may not be a hyphen. For consistency and clarity, I will use trauma-informed approach in this article.

Fortunately, it matters little what we call it. What matters is that we know what it is and feel confident in our ability to provide it.

Second, trauma-informed approach is more a *way of being* than a *way of doing*. It is *how* we do what we do. There are many wonderful tools available that can help us be more successful in what we do, such as motivational interviewing, non-violent communication and collaborative problem solving. Applying a trauma-informed approach to how we use these tools increases our effectiveness.

Trauma-informed approach, has been described as bringing the heart to service delivery or, more simply, creating an experience of shared humanity. People need to think that we care before they care what we think. Trauma-informed approach helps to show that we care.

So what does trauma-informed approach look like?

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# Joint Commission Survey a Success

Oregon State Hospital is dedicated to providing the best possible treatment for its patients. To be sure it delivers safe, effective, high-quality care, the hospital works with a national accrediting organization called the Joint Commission. The Joint Commission evaluates and accredits more than 20,000 health care organizations and programs across the United States. To maintain its Joint Commission accreditation, the hospital must undergo an on-site survey by a Joint Commission team every three years. The most recent survey was conducted in March 2015. The preliminary Joint Commission's report shows the survey was a success.

## Standards

The Joint Commission on-site survey process is data-driven and patient-centered. It evaluates how an organization takes care of patients. There are thousands of standards by which the surveyors assess an organization's performance levels. Standards are based on key functional areas such as patient rights, patient treatment, medication safety, and infection control. They focus on setting performance expectations and assessing the organization's ability to provide safe, high-quality care.

## Survey

Joint Commission surveys are unannounced, which is why Oregon State Hospital follows the principle of being "survey ready, every day." This way, the surveyors get to see the Oregon State Hospital during its normal, everyday operations.

In March 2015, five Joint Commission surveyors spent a week at Oregon State Hospital, including both the Salem and Junction City campuses. The team comprised two registered nurses, a certified therapeutic recreation specialist, a life safety code/environment of care engineer, and a psychiatrist. They spent most of their time speaking to patients and staff, visiting each living unit at least once, and examined other areas and functions including health information, human resources, technology services,

data and analysis, performance improvement, the dental clinic, physical therapy, the medical clinic, and operations. They also attended a training session for "safe containment" for defusing potentially violent incidents without injury to staff or patients.

## Findings

The surveyors found only 17 areas that needed improvement, and several of them were resolved before the survey was complete. This is a significant improvement over the 29 findings in 2012 and 55 in 2009.

## Feedback

The feedback for the 2015 site visit was overwhelmingly positive. The surveyors used the terms "uniformly very good," "wonderful," "exceptional," "brilliant," "amazingly good shape," and "phenomenal." They encouraged the hospital to share its work on the Joint Commission's "best practices" website and to apply for national honors, such as the prestigious Baldrige Award.

The survey team was especially impressed that the hospital had so many positive accomplishments during a prolonged period of significant change – building the new hospital in Salem, closing Blue Mountain Recovery Center, opening the Junction City campus and closing the Portland campus.

Here are some quotes from the surveyors during their weeklong visit to Oregon State Hospital:

- The hospital environment is "beautiful, beautiful, beautiful! It is very conducive to therapy and treatment ... It is clear that a lot of thought has gone into the design."—registered nurse

*(Continued on page 7)*

*(An inspector calls continued from page 6)*

- The hospital's quality management "was quite an experience for me. It was something I have never experienced in many years. You are far beyond the curve [with data and quality management] even compared with larger hospital systems. You have made a number of significant improvements." – registered nurse and psychiatrist
- "You are well on the path. I did not realize I had been here six years ago, this is a completely different and better hospital!" – life safety code/environment of care engineer
- "You are doing good things here." – psychiatrist
- "The Safe Containment Drill was really exceptional. It is clear staff are enthusiastic and involved." – registered nurse and psychiatrist
- "I enjoyed every moment of working with all of your staff. Everyone was welcoming, open, and transparent." – psychiatrist

More information contact [ted.ficken@state.or.us](mailto:ted.ficken@state.or.us) or call 503-945-0916

## New EDD training location at Cottage 22

Early this year, OSH Education and Development Department (EDD) opened a new training site in one of the cottages. So when you receive your next ProACT training reminder, look closely at the location, which might be Cottage 22.

Cottage 22 is located at the west end of campus. Its spacious environment provides extra room for staff to practice ProACT techniques. Keep an eye out for more Cottage 22 training opportunities later this year, such as a fully equipped room in which to practice contraband searches.

Training is essential to the hospital's efforts to improve safety and provide recovery-oriented care. In 2014, EDD provided new employee orientation to 564 staff, and trained 1,672 staff in ProACT, 115 in motivational interviewing and 456 in collaborative problem solving (CPS) in partnership with the CPS team.

For more information about Cottage 22 or EDD, please contact Nancy Stephen, director of education and development, at [nancy.e.stephen@state.or.us](mailto:nancy.e.stephen@state.or.us).



Cottage 22 (above).

*(Trauma-informed care continued from page 2)*

There are volumes written in response to that question, but the following Seven Traits of Trauma-Informed Approach is a good place to start:

1. **Openness** – Approach each encounter without judgment.
2. **Honesty** – Say what you know and do what you say.
3. **Genuineness** – Be a fully present, authentic person.
4. **Empathy** – Connect with and validate another's experience.
5. **Compassion** – Be motivated to do your part to improve someone's situation.
6. **Vulnerability** – Slowly step out of your comfort zone.
7. **Transparency** – Ensure people know what is happening and how things work related to their treatment and care.

I have yet to meet anyone who has mastered all seven traits. Most people find they have an intuitive grasp and natural ability for one or two, but need practice and coaching for the others. The good news is that all of these traits can be acquired. Each of us can get better at being more empathetic, more open, more compassionate, and so on.

## Food for Lane County and OSH unite for apples

On March 7, Food for Lane County planted 200 apple trees along Recovery Way, the front entrance to the Oregon State Hospital Junction City campus. Their fruit will be available for patients to eat and also will provide food to hungry people in Lane County.

The semi-dwarf trees will produce Liberty apples, a semi-sweet variety that is disease resistant and has very few blemishes. Food for Lane County is offering the trees for public adoption for a donation of \$50 per tree. Their hope is to raise \$10,000 towards the trees.

In Lane County 41% of the population is eligible for food assistance. OSH is working with Food for Lane County to ensure that patients will be involved with the trees and apples. Patient vocational experiences may include watering, harvesting, dehydrating, packaging, as well as leisure or relaxation activities.

What are some of the anticipated benefits? Here are a few:

- Decrease in restrictive events (e.g., restricted to ward, seclusion and restraint);
- Decrease in critical incidents (e.g., assaults, self-injury, suicide);
- Shorter lengths of stay;
- Decrease in medications (e.g., lower dosages, reduced polypharmacy);
- Increased staff job satisfaction;
- Decreased absenteeism;
- Increased resident satisfaction.

In the next Recovery Times, we will detail some of the things we are doing at Oregon State Hospital that support our movement toward the trauma-informed approach.

*For more information about trauma-informed approach, please contact peer recovery specialist Malcolm Aquinas, at [malcolm.m.aquinas@state.or.us](mailto:malcolm.m.aquinas@state.or.us).*



**New apple trees planted near the entry in Junction City (above).**

*For more information about the trees go to [www.foodforlanecounty.org/en/home/adopt\\_a\\_tree/](http://www.foodforlanecounty.org/en/home/adopt_a_tree/)*

# Collaborative Problem Solving Update

By Ryan Stafford, Collaborative Problem Solving Coach

Collaborative Problem Solving (CPS) is coming to a unit near you – or it's already there. The first four units to use CPS are Lighthouse 1, Lighthouse 2, Anchor 2 and Bird 2. OSH leadership expects to guide the interactions between patients and staff on all of these units. That means each of us will assume that, when others fail to meet our expectations, it is the result of lagging skills and that people do well if they can. Fortunately, these lagging skills can be improved over time.

In every environment, we all have certain expectations of others, and ultimately, we have three choices. We can use force, punishment, or coercion to get an individual to meet our expectations, which we call Plan A. This approach is only necessary when there is clear and immediate danger of physical harm.

Alternatively, we can ignore a behavior for the time being because we choose to focus our energy elsewhere, which we call Plan C. This does not mean that Plan C is letting the behavior go. Rather, it means that we are prioritizing other changes and choosing not to focus on this particular issue for the time being. We will address it later after other problems have been dealt with.

However, the hallmark of CPS is Plan B, where we seek to understand the perspective of the other person through dialogue about the issues they are facing, then put our concerns on the table, and finally invite them to generate potential solutions for us to try together. Hearing the concerns of the other person first is paramount to CPS. This involves comforting the person and clarify their concerns when they are becoming upset – a natural part of discussing problems or looking back on difficult times.

Plan B conversations use open-ended questions and educated guesses to drill down to the root cause of problems. Only when we have a very clear understanding of the other person's concerns do we voice our concern with the behavior or problem. Whenever possible, the Plan B approach is preferred. Through this practice of solving problems, individuals gain skills in language and communications, attention and working memory, cognitive flexibility, emotion and self-regulation, and social thinking skills. These represent the core areas of CPS.

As we move forward in implementing CPS, we will continue to provide ongoing training. CPS Coaches are available to offer staff all levels of consultation and help, so that OSH is successful in implementing this new treatment model. *Please feel free to contact the CPS Coaches with any questions or suggestions at [cps.osh@state.or.us](mailto:cps.osh@state.or.us).*



Collaborative Problem Solving Training (above).

## OSH Psychology Receives Grant for Internship Program

By Kimberly Mccollum, Clinical Psychologist

Oregon State Hospital (OSH) Psychology Department has been awarded a grant of nearly \$20,000 by the American Psychological Association (APA) to develop an internship program. An Internship Training Committee has been formed and includes members Kim McCollum, Erica Leeper, Will Newbill, Jen Snyder, Brian Hartman, Carlene Shultz, Stephen James, Franz Kubak, Sara Phillips, Andrew Weitzman, and Mandy Porter. The first class of three full-time interns will begin on-site in September 2015. Each intern will participate in two six-month major rotations, either in admitting or transitioning patient populations. Interns will also choose two six-month minor rotations, which offer overview in Risk Assessment, Dialectical Behavior Therapy (DBT) or Geropsychology.

*For more information about the OSH Psychology Internship Program, contact Dr. Kimberly Mccollum, at [kimberly.r.mccollum@state.or.us](mailto:kimberly.r.mccollum@state.or.us).*



## Safety and Emergency Management Team helps OSH increase the Culture of Safety

OSH's Safety and Emergency Management Team is strengthening the hospital's ability to respond to a crisis. The team consists of Program Manager Josiah Roldan, Timothy Icalia, Robert "Bob" Cox, Patrick Sangster, Marilyn Brooks and Jon "JD" Davis. Serving the whole hospital, the team has staff available 24 hours a day, seven days a week.

In December, the team helped OSH conduct a hospital-wide emergency preparedness exercise called Operation Shake-Up. Six county and state agencies participated. The exercise involved a 9.1 earthquake, complete with disruption of operations, injury to staff, and property damage. The aim was to test the Emergency Operations Plan (EOP) and test the Hospital Incident Command System's ability to manage and coordinate the incident.

"Emergency exercises are designed to address top hazards and provide a learning opportunity to address weaknesses to avoid a hazard. They let us know where we can improve," said Roldan.

However, emergency preparedness extends beyond the hospital. "Staff plays an important role in order to accomplish the hospital's mission," said Roldan. "The number one way to be prepared for an emergency at the hospital is for each staff to be prepared. If the individual is prepared at home, then they can report to the hospital and concentrate on their job."

Preparation at home can include having a pre-identified caretaker for kids and pets, and having food, medication, and other essential items to last for five days.

Roldan said the recent move of patients and staff from Salem to Junction City and Portland to Salem provided a perfect opportunity for emergency preparedness and developing contingency plans. During the transition, the hospital activated the Emergency Operations Center to track movement and help ensure everything went smoothly. The Safety and Emergency Management Team also developed plans in case of a code blue (medical

distress) or code green (behavioral emergency) or even a car accident. This planning assured the safe transition and movement of patients.

Look for more reports, emails, and articles featuring the Safety and Emergency Management Team, as they help OSH staff stay prepared to handle crisis events.

*For more information about emergency preparedness at the state hospital, contact the Safety and Emergency Management Office in Salem at 503-945-2845, or in Junction City call 541-981-9423.*

**All photos below taken during Operation Shake-Up test exercise**

**Command Center**



**Staff practice responding to an injury**

**Emergency Tents**



**Staff reporting to designated areas outside**

# Team Recognition: December 2014

**Category:** Supporting Recovery

**Recipient:** Bridge 2 Team

**Nominated by:** Nancy Frantz-Geddes

## Bridge 2 Team

Larry Belcher	Vickie McGuire
Jennifer Boaz	Sue McHugh
Kara Brady	Lori McLean
Jody Brazeau	Doug Miller
Lee Brown	Helen Miller
Lena Chavez	Pat Mitchell
Adriana Cole	Sandra Moler
Jim Cook	John Nguyen
Gilbert Guerrero	Lisette Ortega
Rubina Gundroo	Linda Perez
Joe Harold	Kosol Puth
Tiffany Hawks	Sydria Reese
Christy Hey	Rakesh Sharma
Deborah Howard	Dan Sikich
Danielle Kingsberry	Doug Smith
Ha Mai	Doreen Williams
Justine Mallari	Lani Wright
Heather Matthews	Kris Wright

At OSH, hospital services and support from staff provide life-changing, positive experiences for patients. Sometimes, however this support becomes such a vital part of a patient's life that discharging from the hospital can be stressful.

This was the case for one patient who had lived in the hospital for 38 years. Along with the challenge of finding benefits, community support and housing, the patient was apprehensive about moving away from an environment that provided structure and 24-hour, hospital-level support.

It took some creative thinking and a team collaboration to find a way for the patient to successfully transition.

The result was a combined effort between the patient and the Bridge 2 team, which included bi-weekly visits to the individual's residence for four months after discharge.

Although the saying "It takes a village," comes up in many of our stories, there's no better way to describe the collective efforts from the Bridge 2 team that made the community transition for this patient a reality.

Congratulations to the Bridge 2 team, winner of the December 2014 Team Recognition Award for Supporting Recovery.

## Supporting Recovery!



Members of the Bridge 2 Team, the Employee Recognition Committee and the Superintendent's Cabinet.