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

Greg Roberts, Superintendent, Oregon State Hospital

Oregon Health Authority

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

GEI-Tier 1	134	22.9%
GEI-Tier 2	77	13.2%
Aid and Assist (.370)	120	20.5%
Revocation of Conditional Release-Tier 1	62	10.6%
Revocation of Conditional Release-Tier 2	28	4.8%
Civil Commit – Portland	51	8.7%
Civil Commit – Salem	59	10.1%
Voluntary Guardian	51	8.7%
Other	3	0.3%
Total	**585**	**100%**

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

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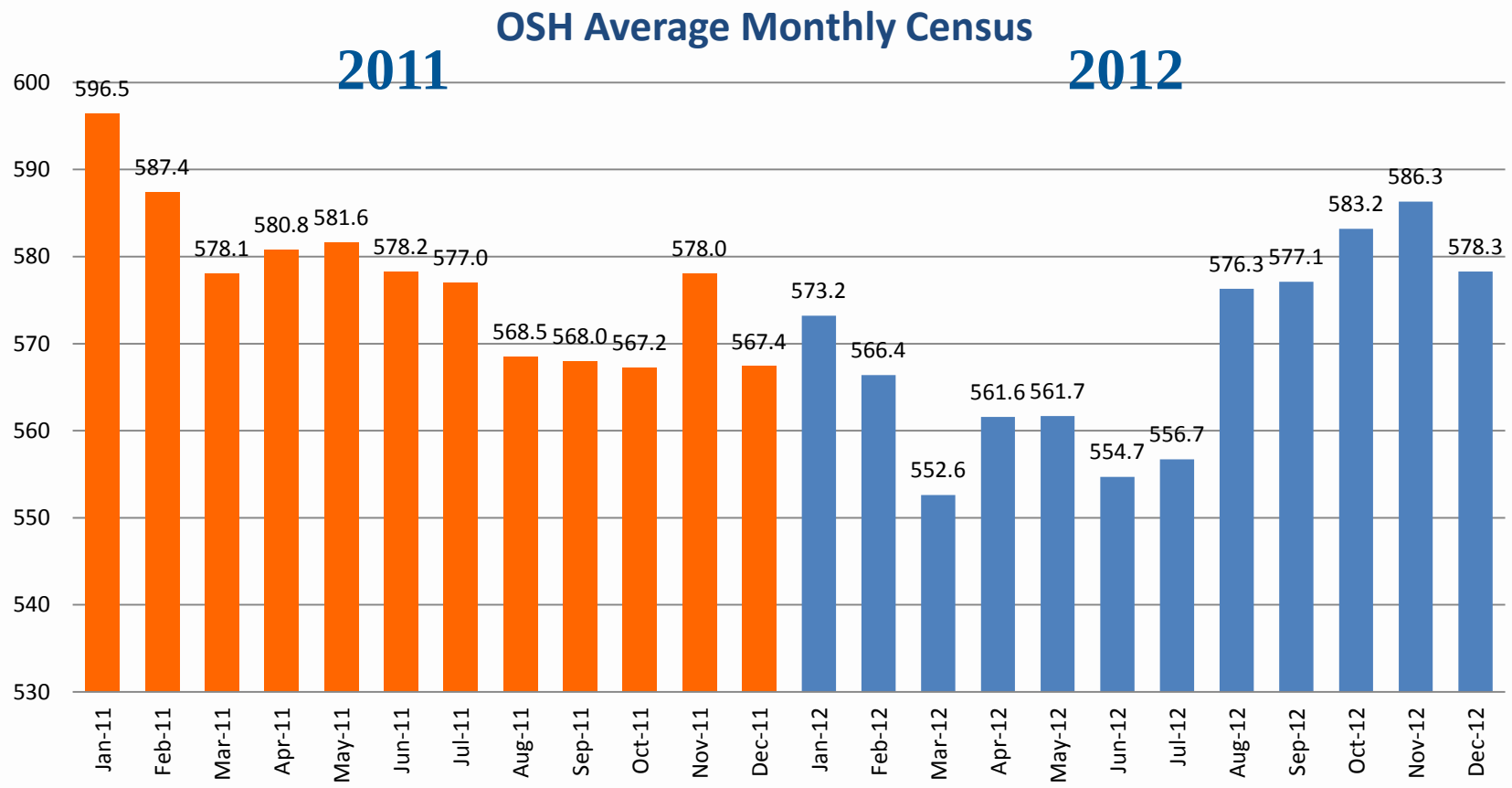
OSH Overview



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

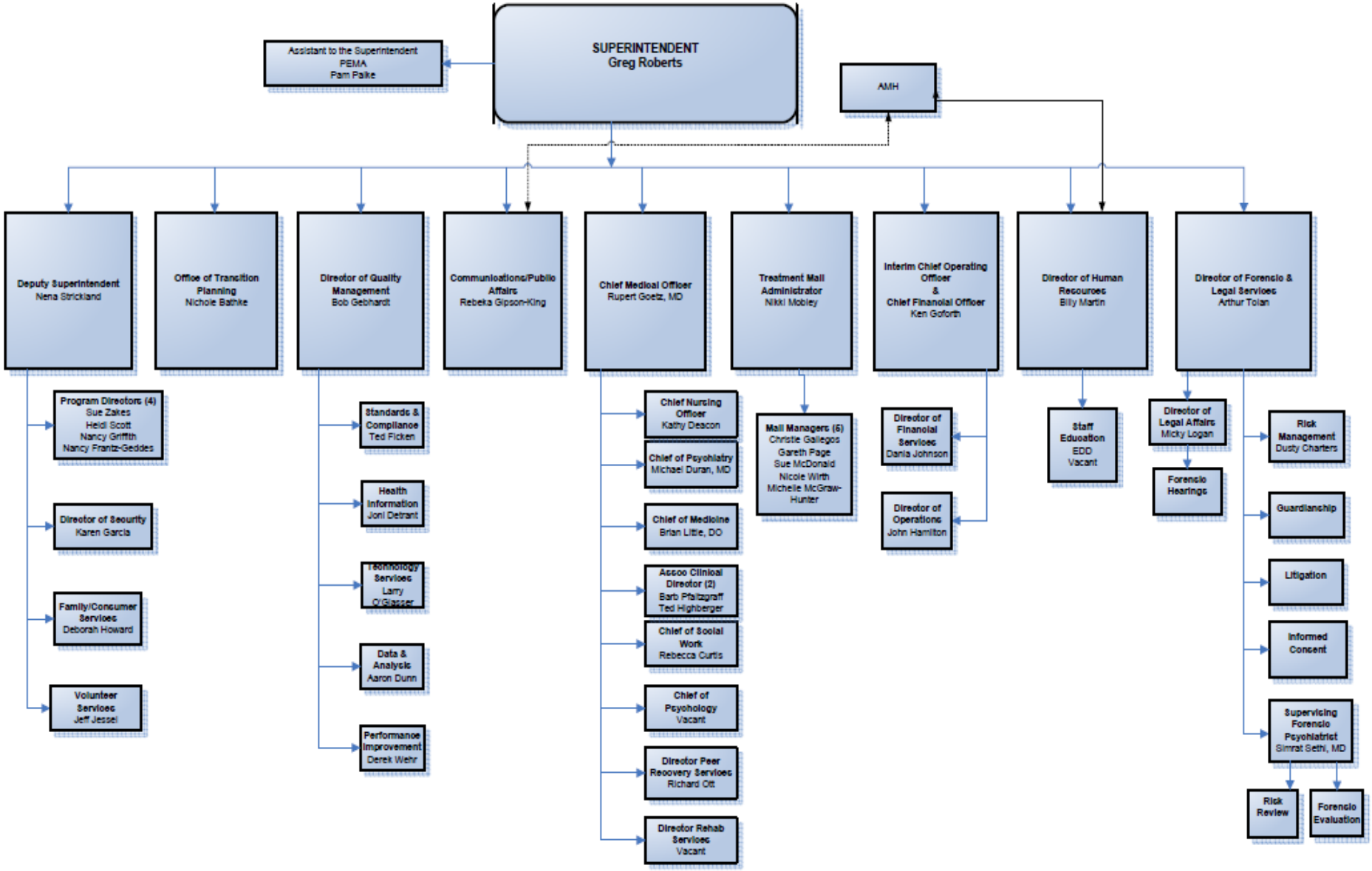
Transparency and Communication

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

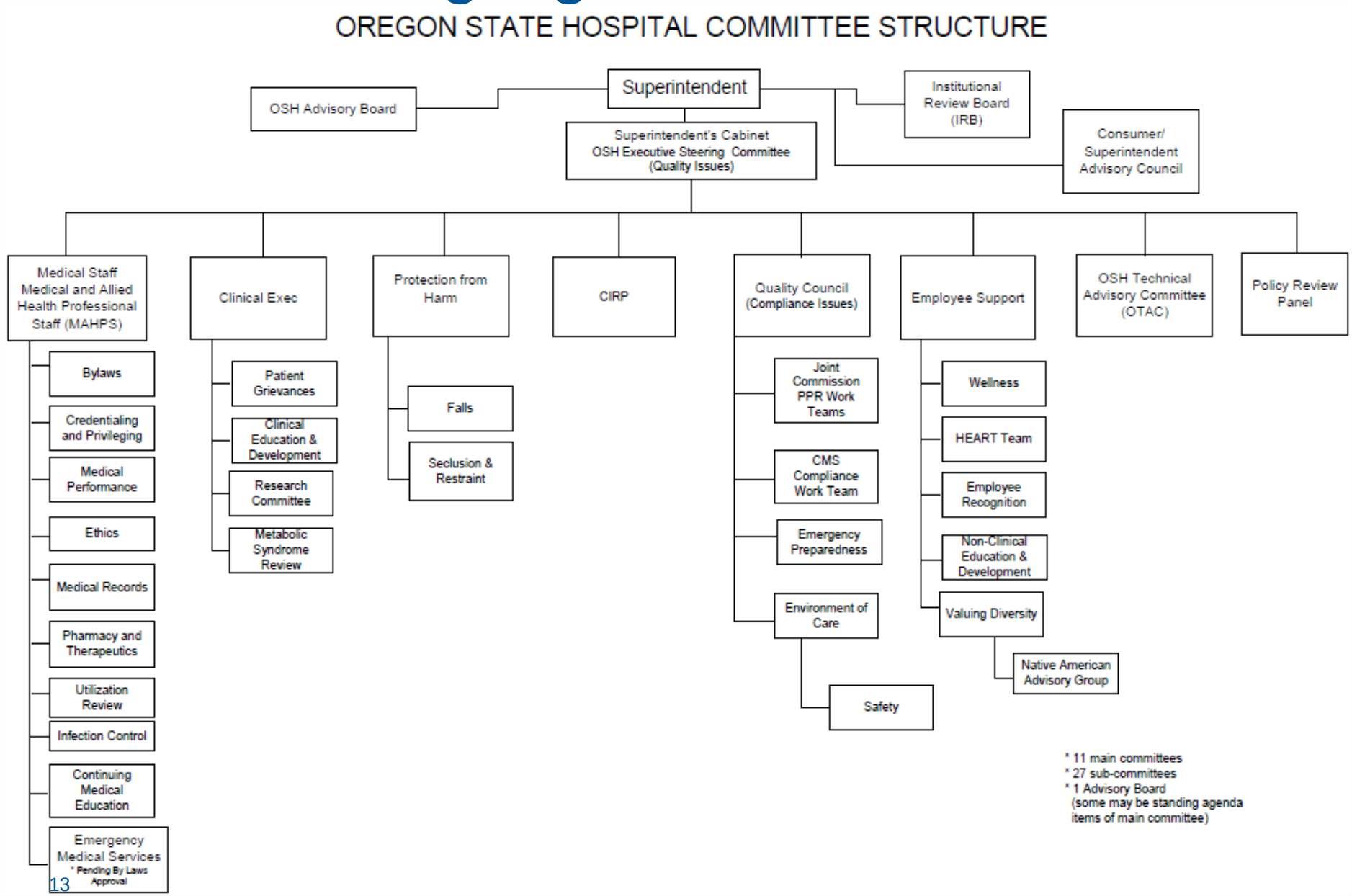
Staff Issues

- Cabinet staffing plan
- Employee recognition
- Employee wellness
- Management reductions

2011-2013 Highlights – Streamlined Leadership



2011-2013 Highlights – Streamlined Committees



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

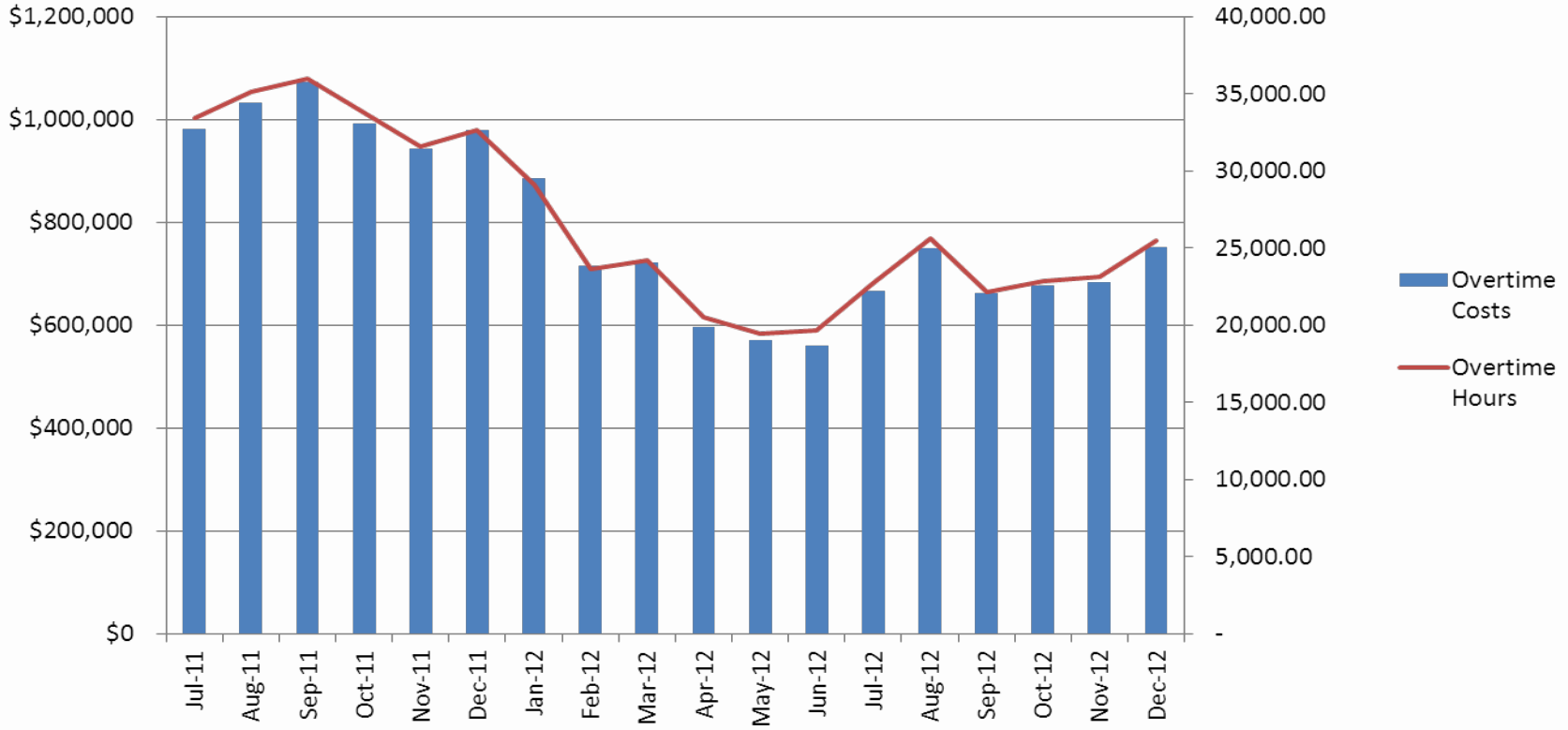
Improvements through Lean methodology

- **.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

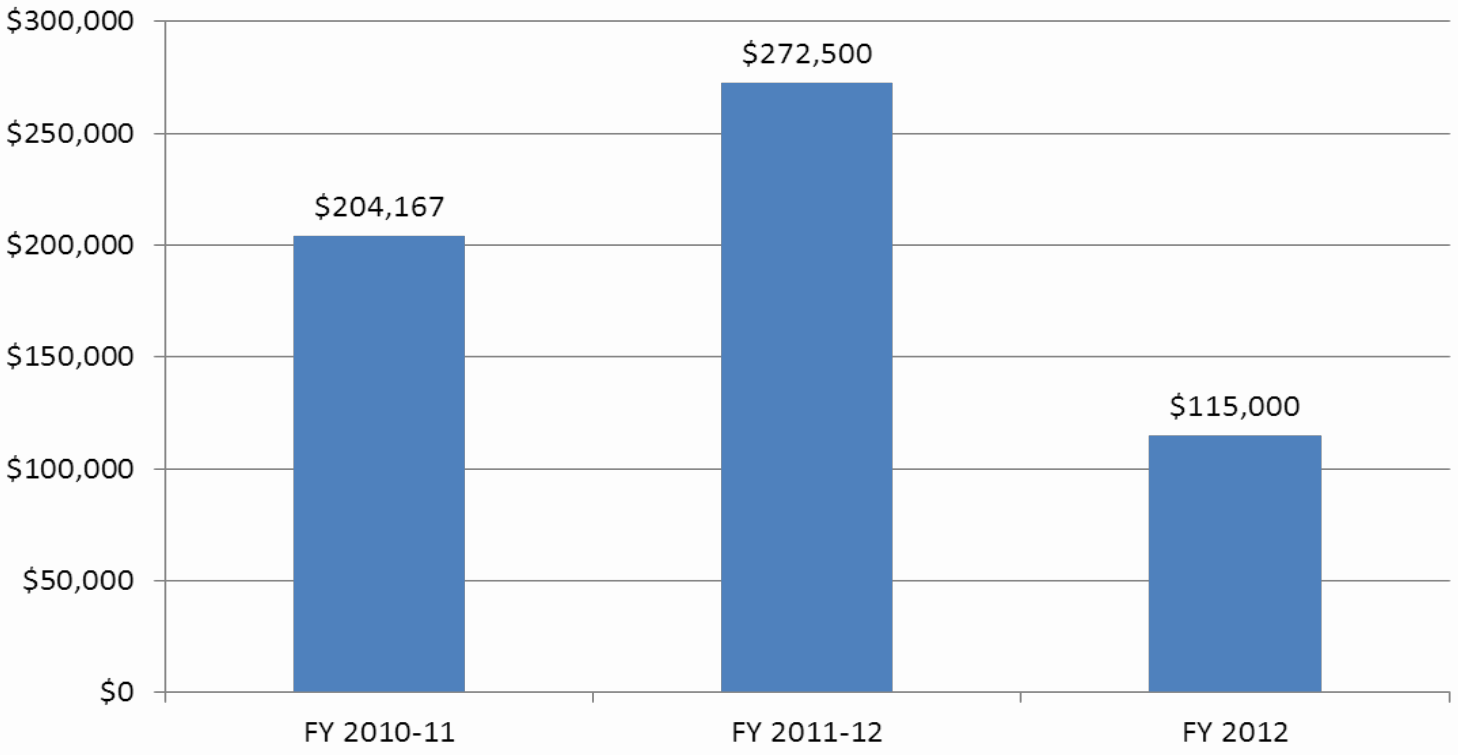
2011-12



2011-2013 Highlights

Fiscal Discipline - Nurse agency spending

2010-2012 by fiscal year, mean per month



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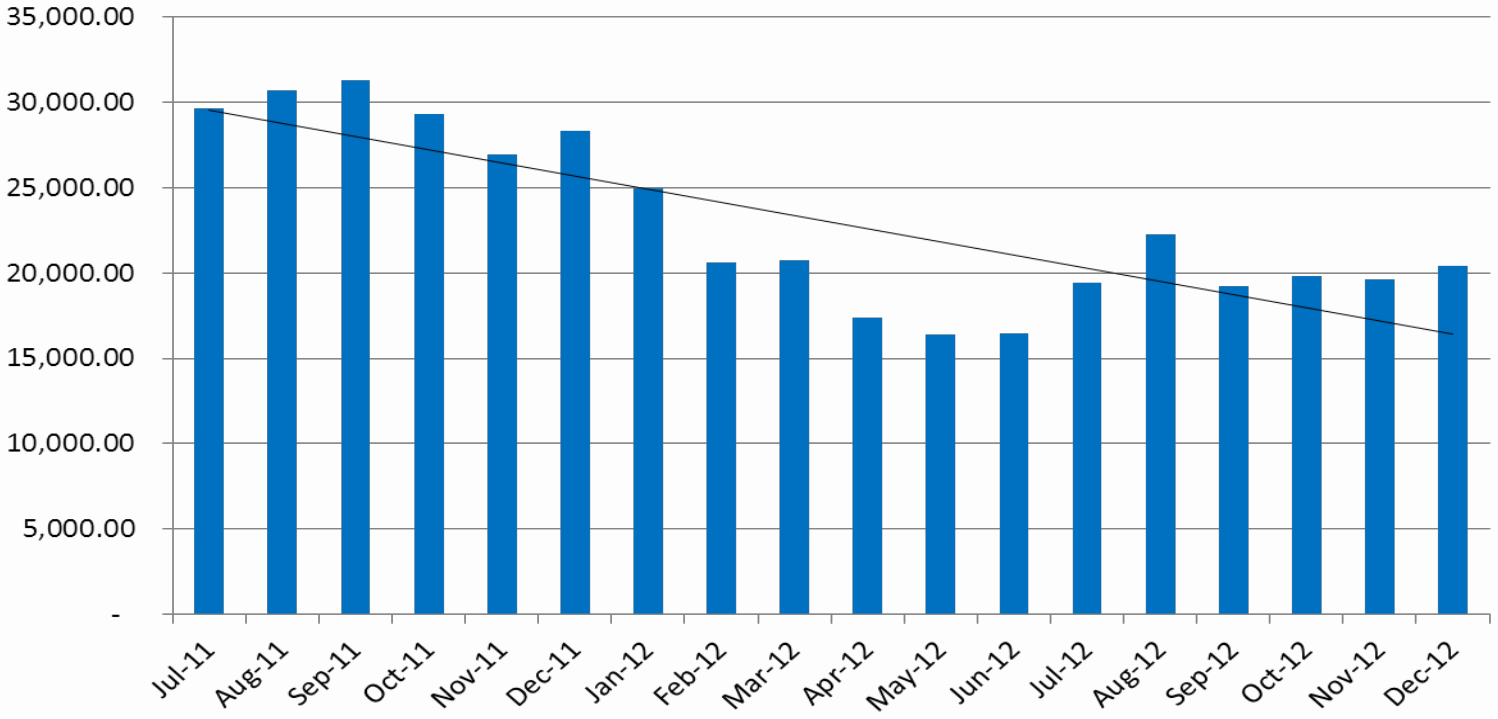
2011-2013 Highlights

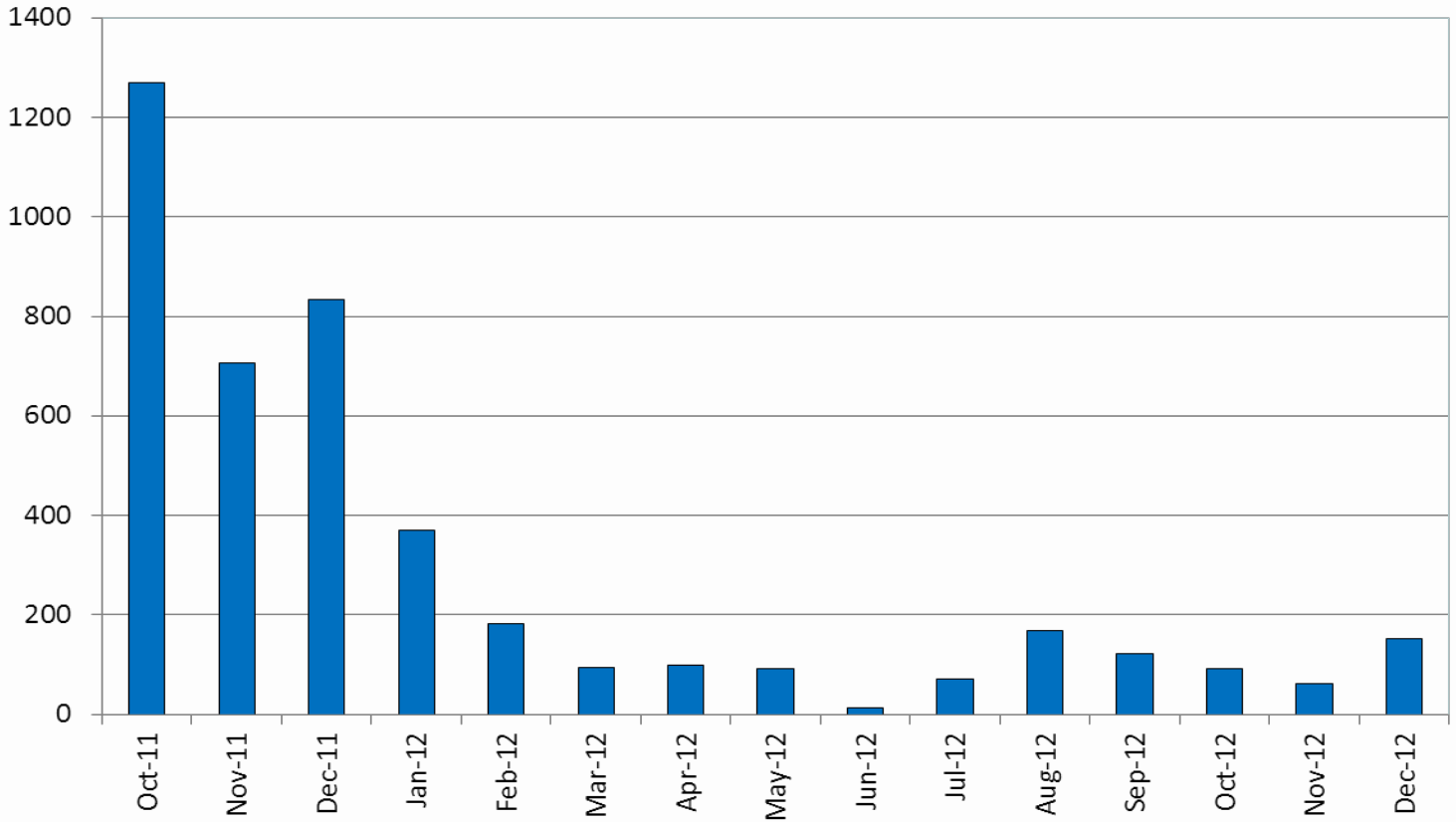
Fiscal Discipline – Nursing overtime in hours

July 2011 to December 2012



2011-2013 Highlights

Nursing Services Mandates – October 2011 to December 2012



OSH Staffing Overview

Managers
144

Non-Managers
1627

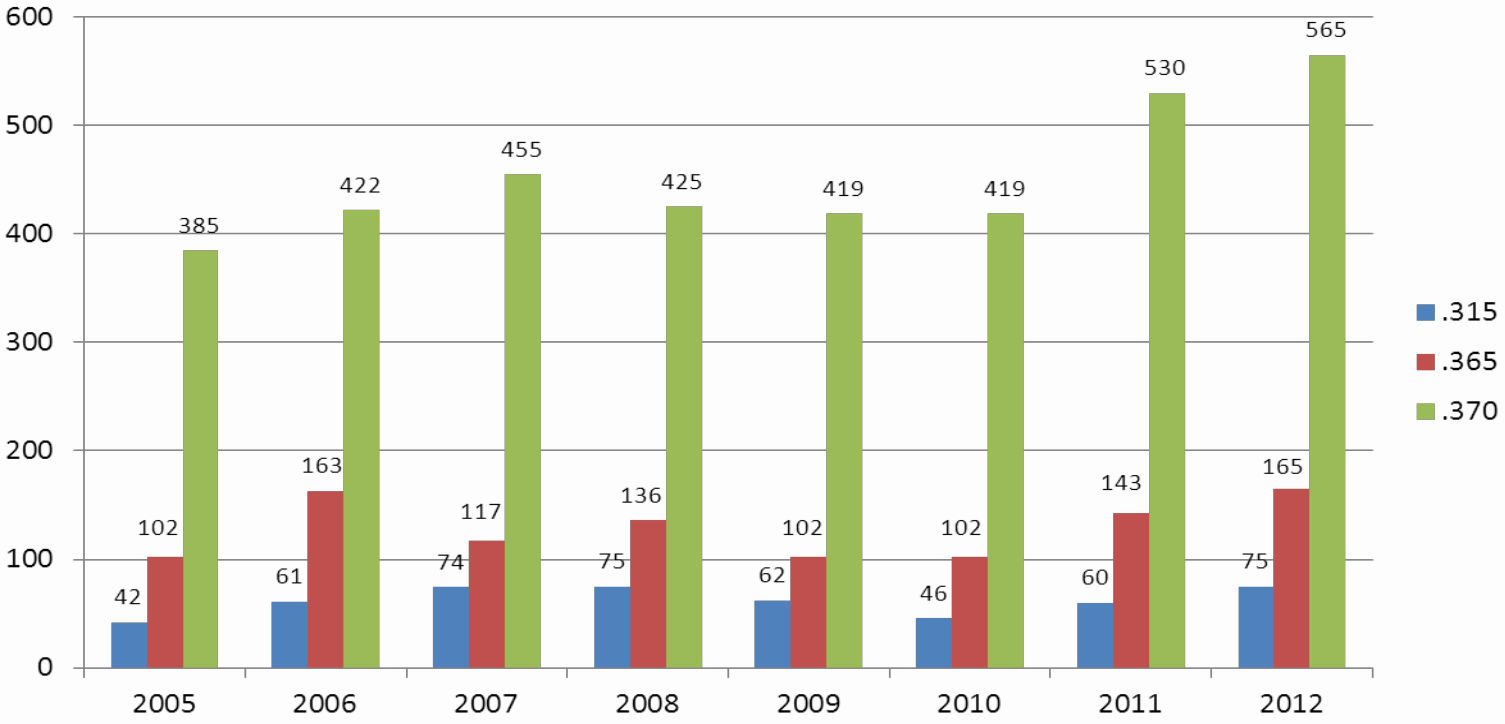
Ratio
1 to 11.2

Psychiatrists	39
Psychology	28
Mental Health Specialists	27
Rehabilitation/Vocational	97
Treatment Malls	79
Social Work	37
Medicine	32
Dieticians	7
Nursing – Admin/Support (6), Central Staffing (21), Unit Staffing (919)	946
Consumer Representatives	8
Security	100
Quality Improvement	34
Staff Education	9
Food Service	88
Housekeeping	70
Plant Services	46
Pharmacy	37
Legal Affairs/Risk Management	18
Financial Services	21
Administration	17
Chief Medical Officer – Treatment Care Specialists (26)	33
TOTAL	**1773**

OSH Overview

Forensic Evaluation Services

Total evaluations by ORS commitment type



OSH Overview

Forensic Evaluation Services

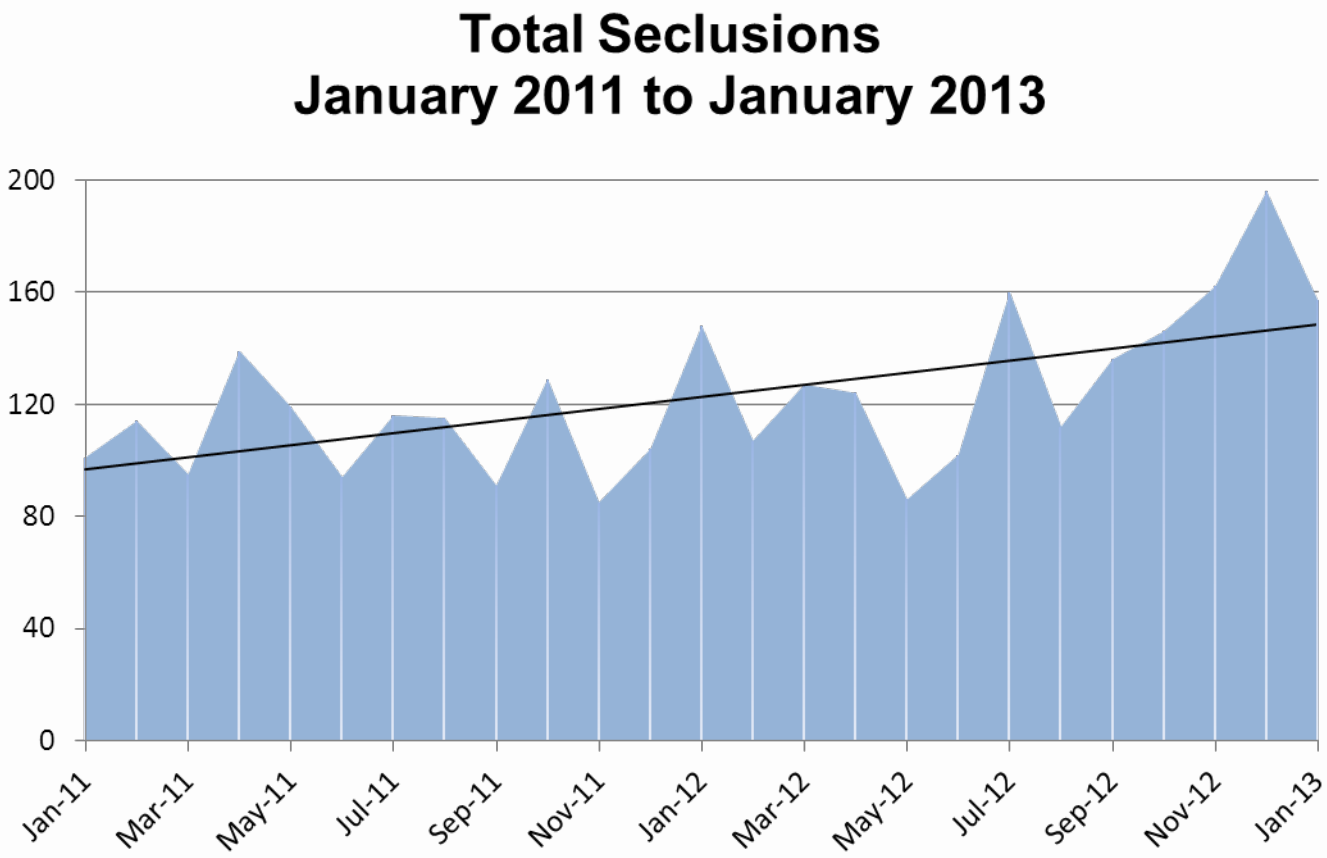
Final .370 Evaluation Results

Year	Unique Patients	Episodes of Care*	Able	Never Able	Other**
2011	363	383	262	67	54
2012	382	405	257	76	72

* 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



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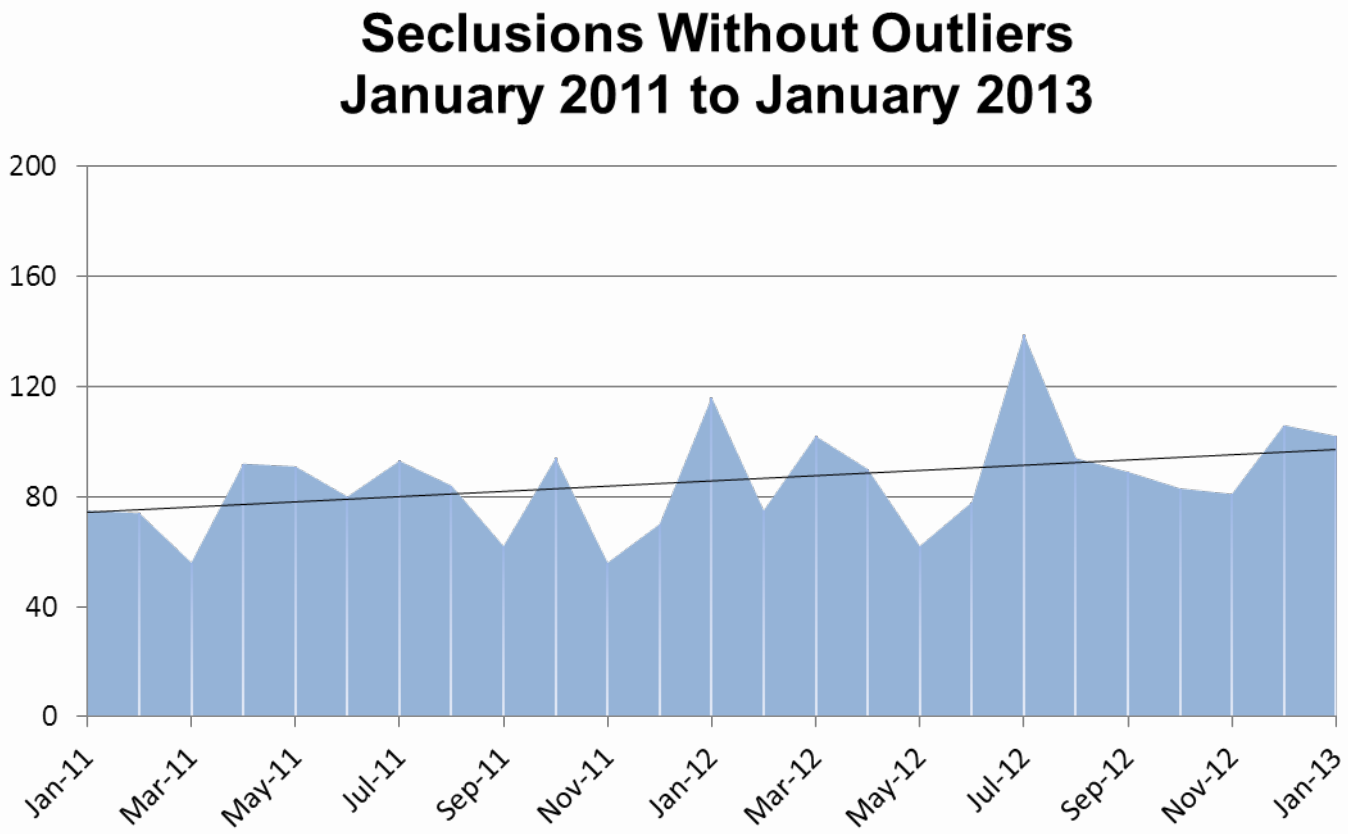

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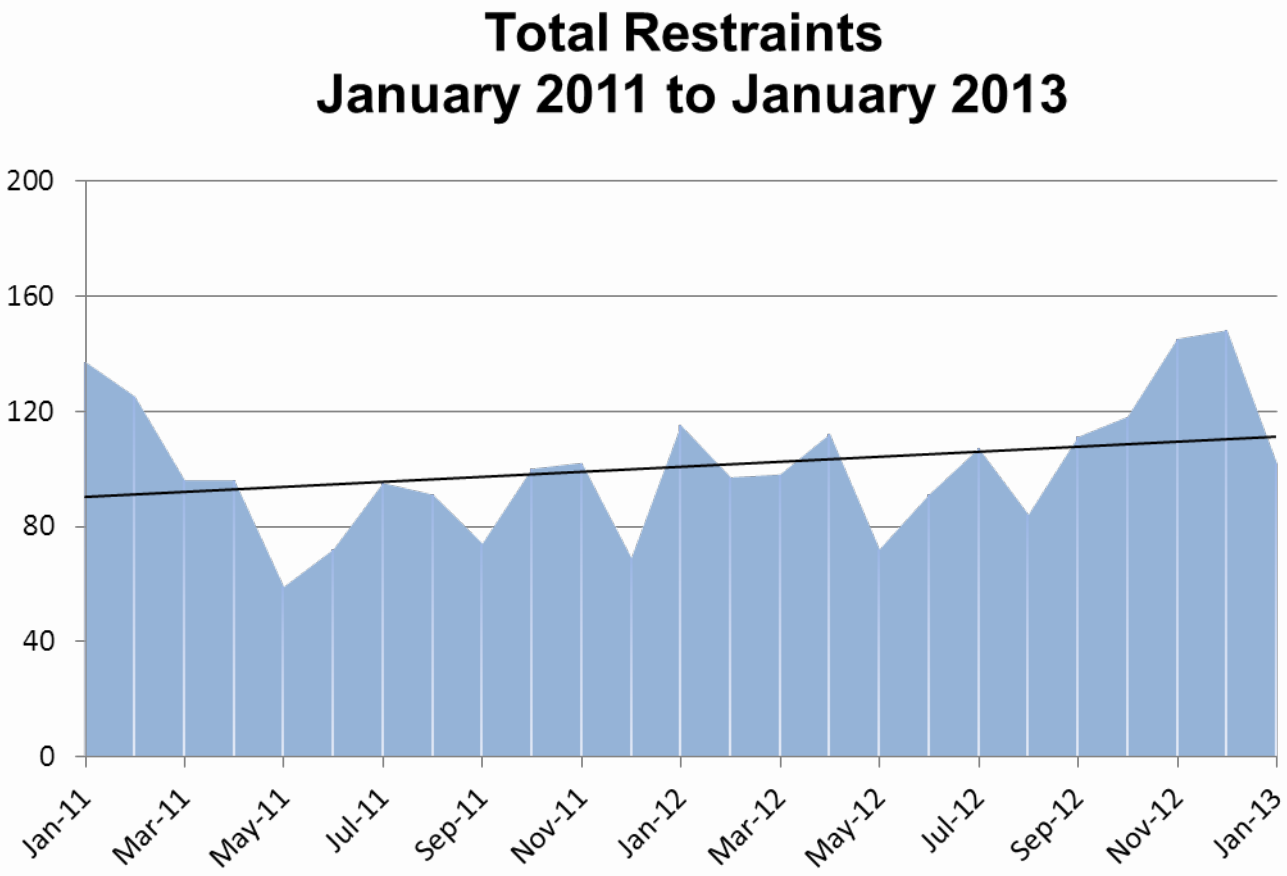

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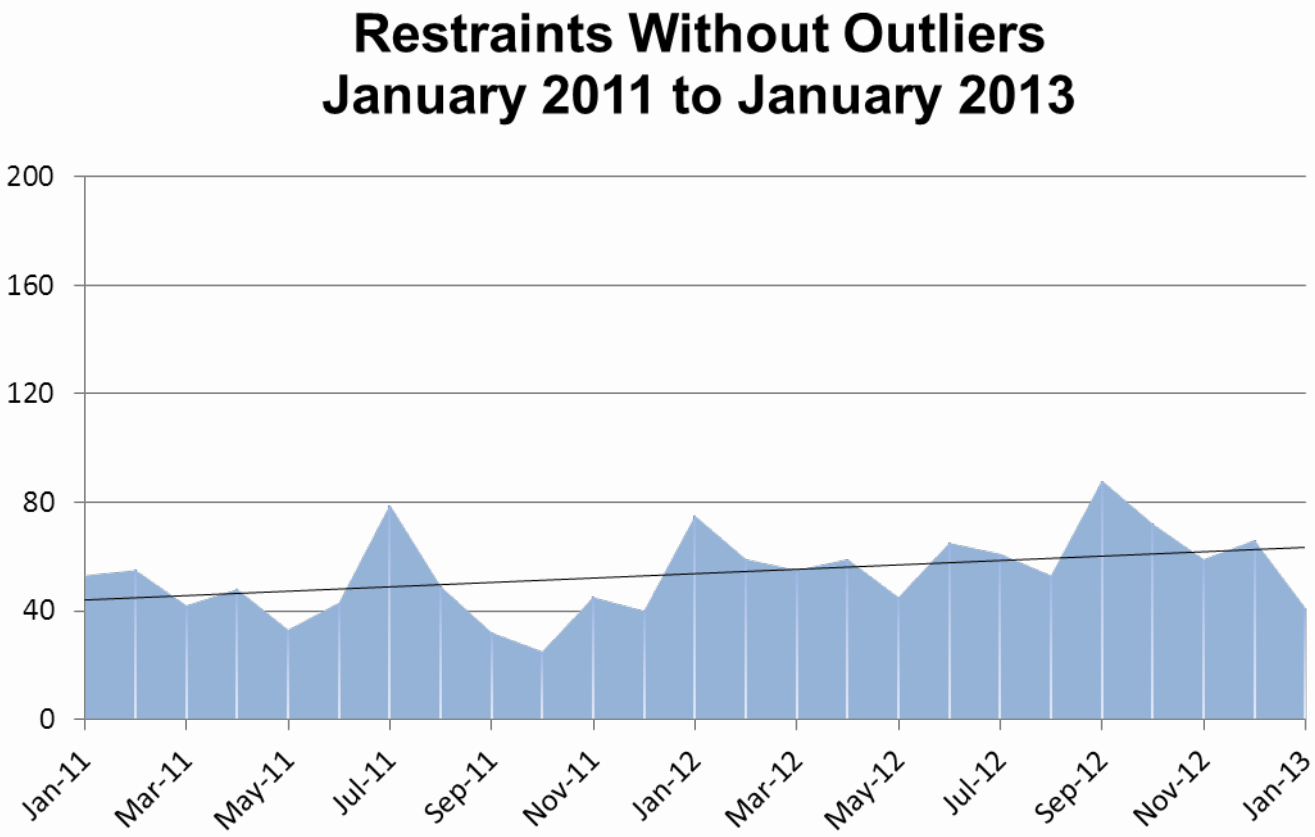
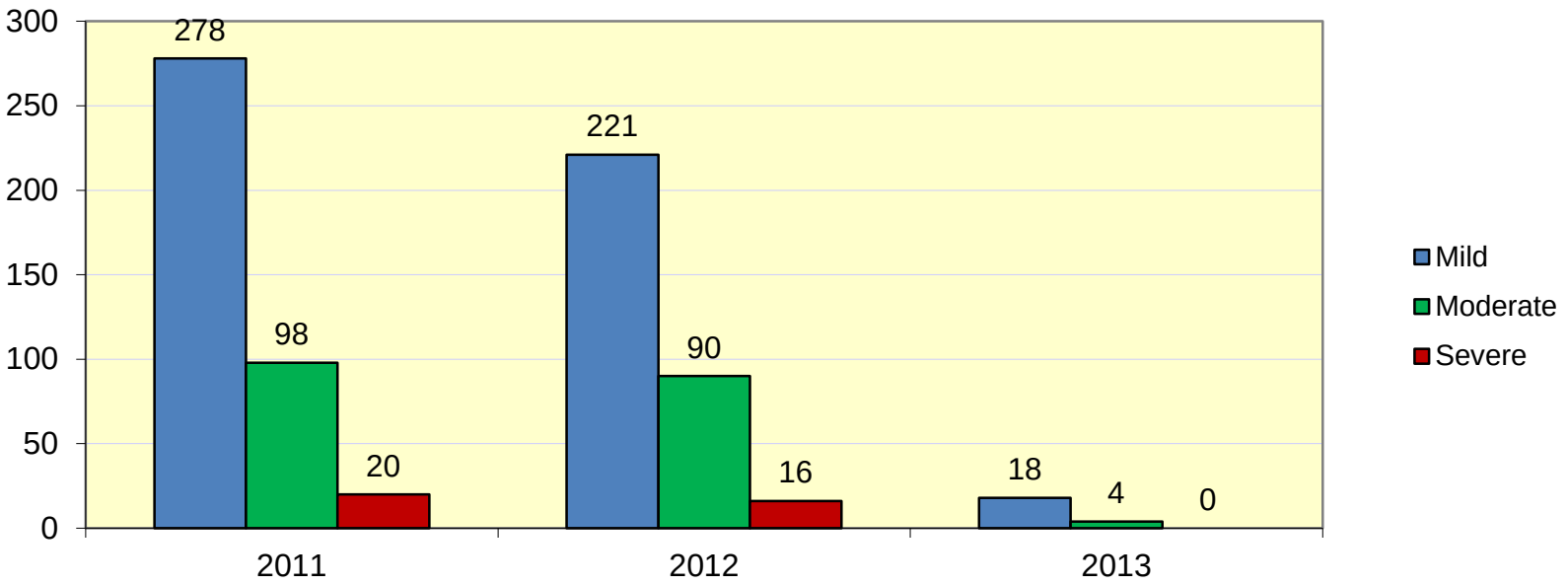


OSH Overview

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 *(data as of 2/14/2013)*

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

Your trending data for past 5 fiscal years *(valued 90 days after end of fiscal year)*

FY Beg 7/1	Curr Std Prem	Total Clms	Acpt Clms	% Denied	Incurred Losses	Avg Incurred Losses	Paid Losses	Avg Paid Losses	TL Claims	TL Days	Avg TL Days	Paid TL Losses	Avg TL Paid
2011	$971,241	295	256	13%	$994,057	$3,370	$623,271	$2,113	107	2,271	21.2	$196,326	$1,835
2010	$889,852	224	185	17%	$754,396	$3,368	$537,182	$2,398	74	1,500	20.3	$120,225	$1,625
2009	$751,779	224	192	14%	$795,029	$3,549	$489,511	$2,185	84	2,021	24.1	$114,331	$1,361
2008	$668,991	259	194	25%	$950,529	$3,670	$587,111	$2,267	70	1,948	27.8	$166,477	$2,378
2007	$589,121	238	196	18%	$484,182	$2,034	$339,357	$1,426	72	1,276	17.7	$83,519	$1,160

All SA including Pre 7/1/12 Universities Only trending data for past 5 fiscal years *(valued 90 days after end of fiscal year)*

FY Beg 7/1	Curr Std Prem	Total Clms	Acpt Clms	% Denied	Incurred Losses	Avg Incurred Losses	Paid Losses	Avg Paid Losses	TL Claims	TL Days	Avg TL Days	Paid TL Losses	Avg TL Paid
2011	$29,270,144	2,379	1,971	17%	$14,228,512	$5,981	$7,756,626	$3,260	639	18,510	29.0	$1,681,664	$2,632
2010	$29,323,902	2,443	2,007	18%	$11,556,941	$4,731	$6,744,812	$2,761	637	15,848	24.9	$1,428,211	$2,242
2009	$27,953,933	2,356	1,902	19%	$13,403,322	$5,689	$7,123,933	$3,024	667	20,604	30.9	$1,567,424	$2,350
2008	$27,576,218	2,526	2,012	20%	$13,121,302	$5,194	$6,931,290	$2,744	629	16,681	26.5	$1,509,681	$2,400
2007	$26,005,429	2,525	2,048	19%	$11,001,628	$4,357	$6,580,005	$2,606	625	16,544	26.5	$1,399,601	$2,239

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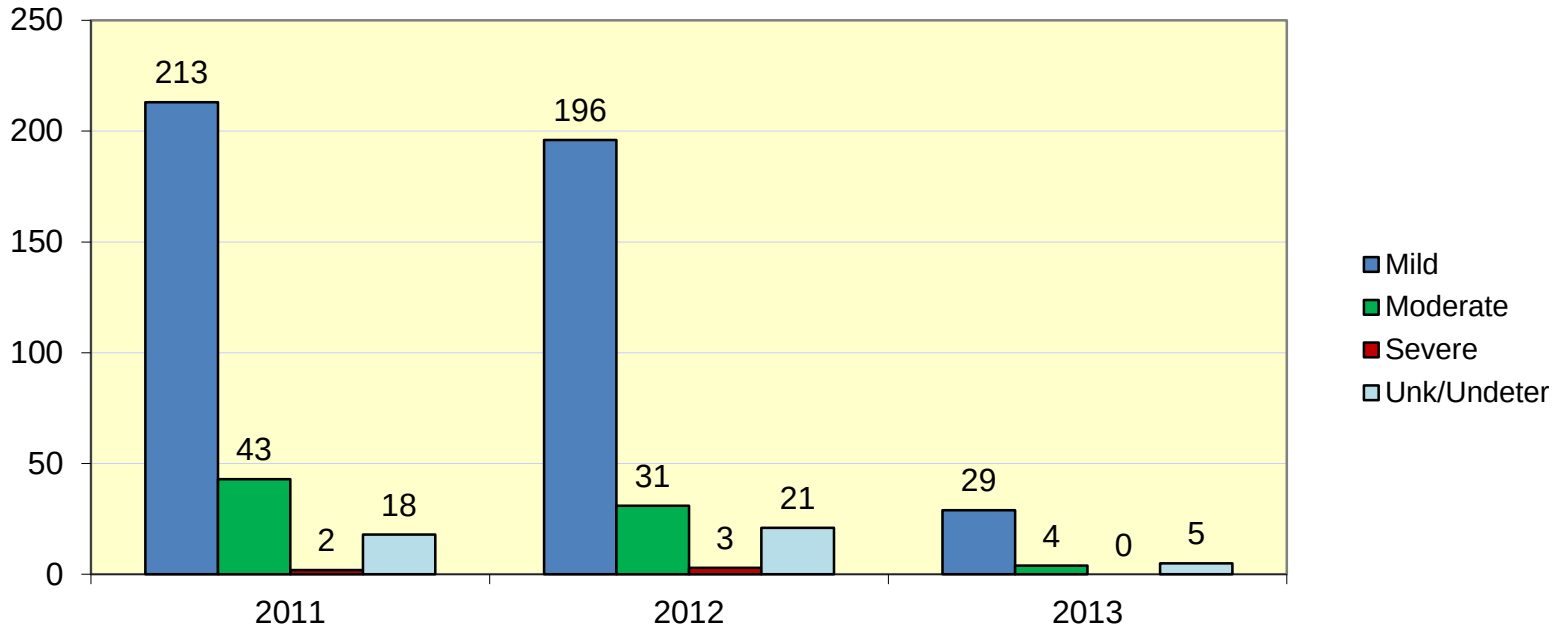
OSH Overview

Patient Injuries from Patient-to-Patient Aggression

January 2011 to January 2013



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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