Addictions and Mental Health (AMH)
Oregon State Hospital
Overview
March 1, 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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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

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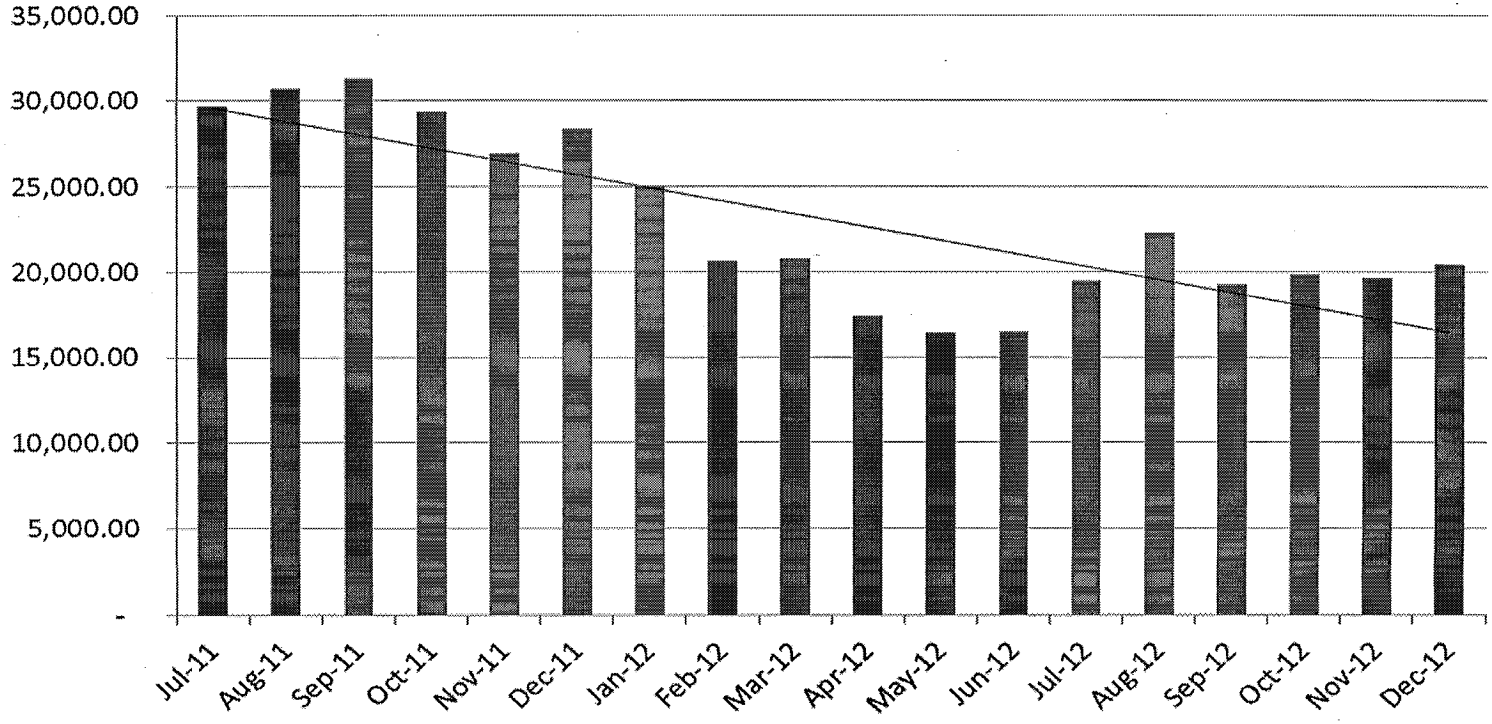
2011-2013 Highlights

Fiscal Discipline – Nursing overtime in hours

July 2011 to December 2012



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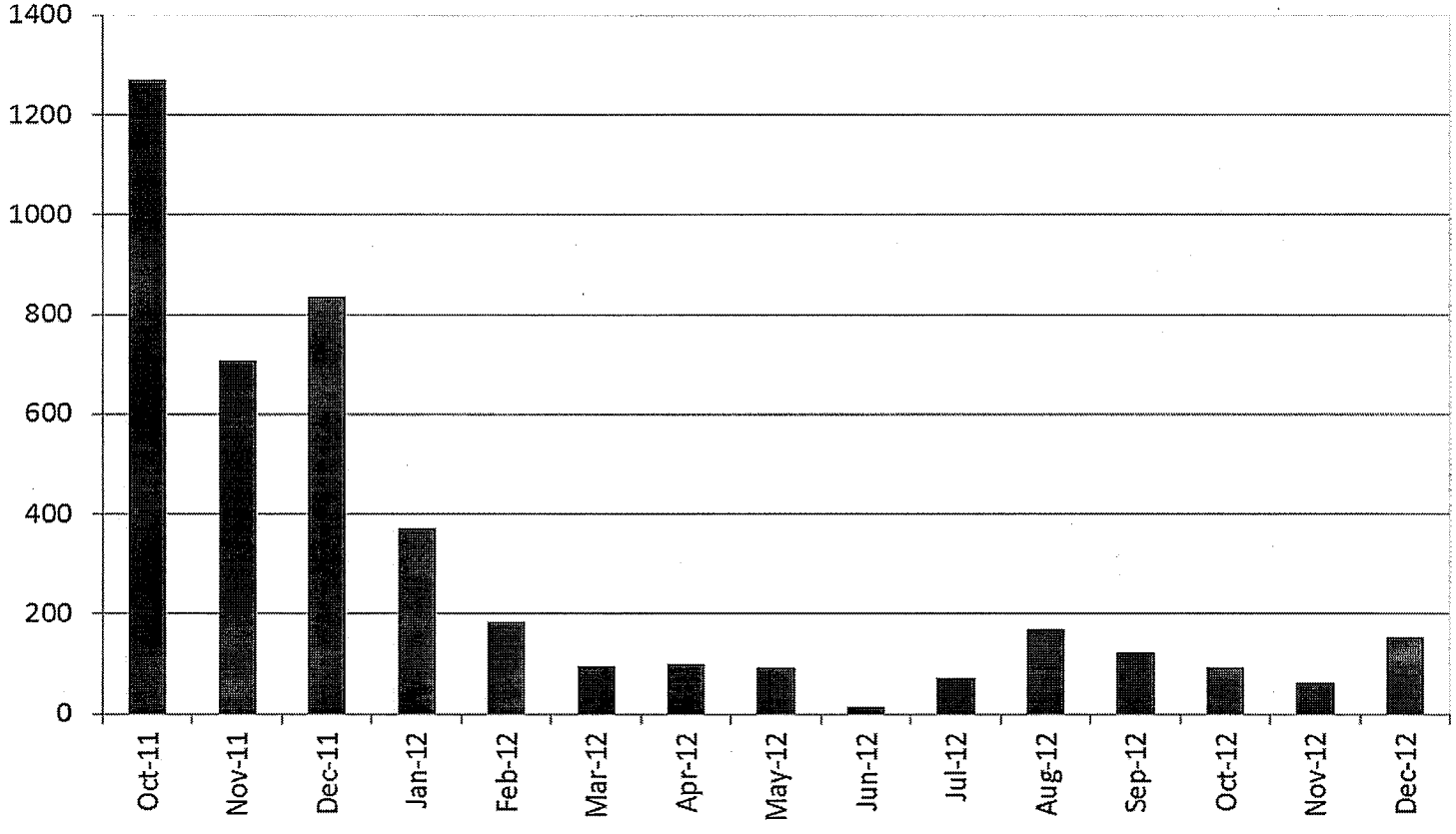
2011-2013 Highlights

Nursing Services Mandates – October 2011 to December 2012



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OSH Staffing Overview

Managers
144

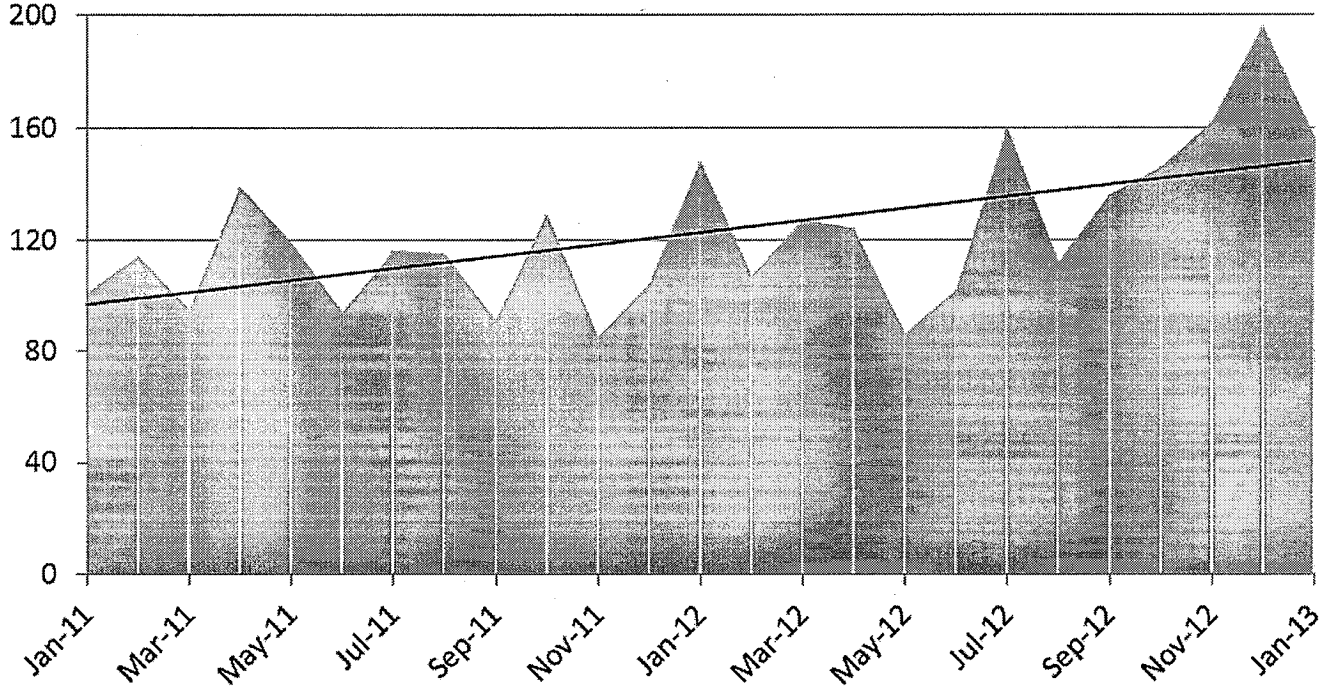
Non-Managers
1627

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**

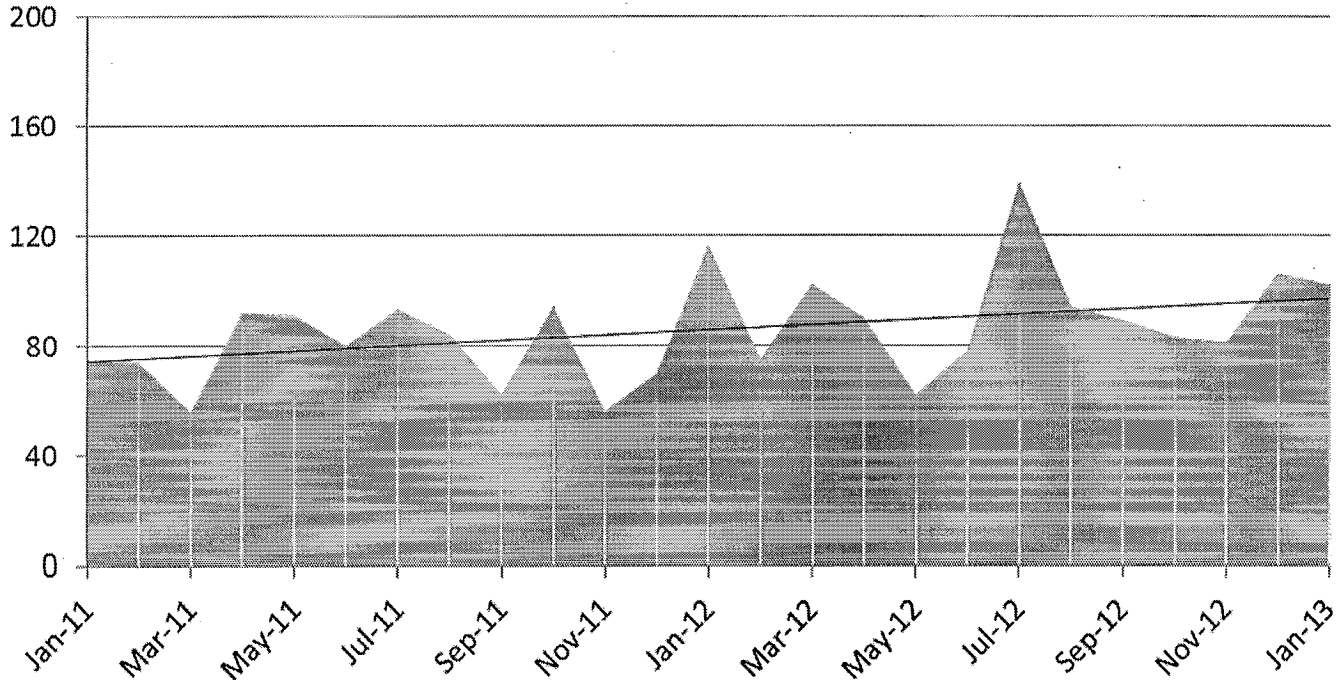
OSH Overview

Total Seclusions
January 2011 to January 2013



OSH Overview

Seclusions Without Outliers
January 2011 to January 2013



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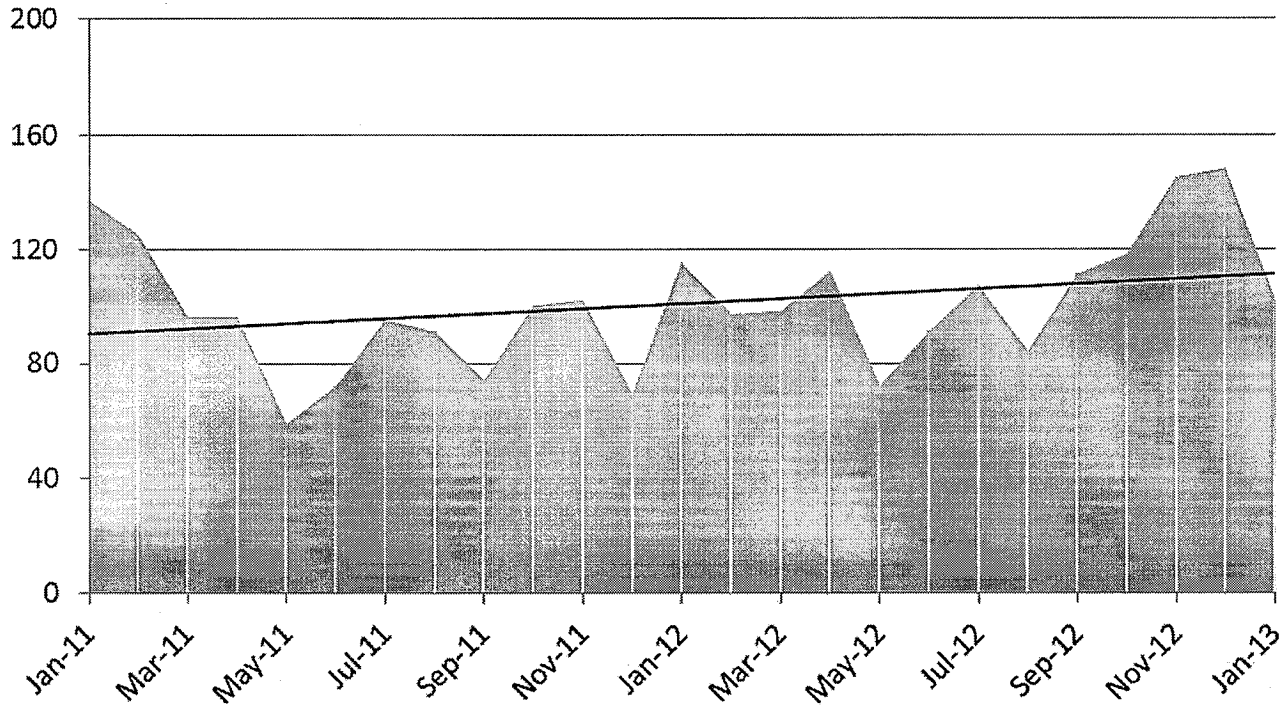
OSH Overview

Total Restraints
January 2011 to January 2013



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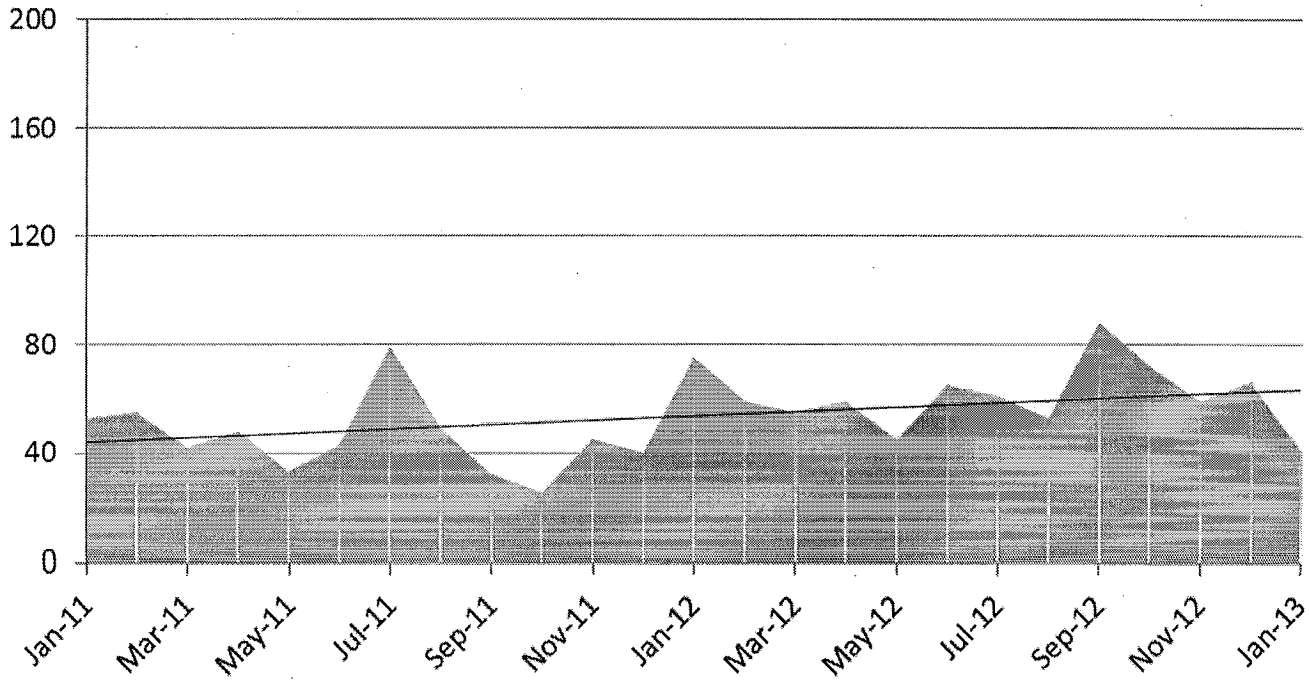
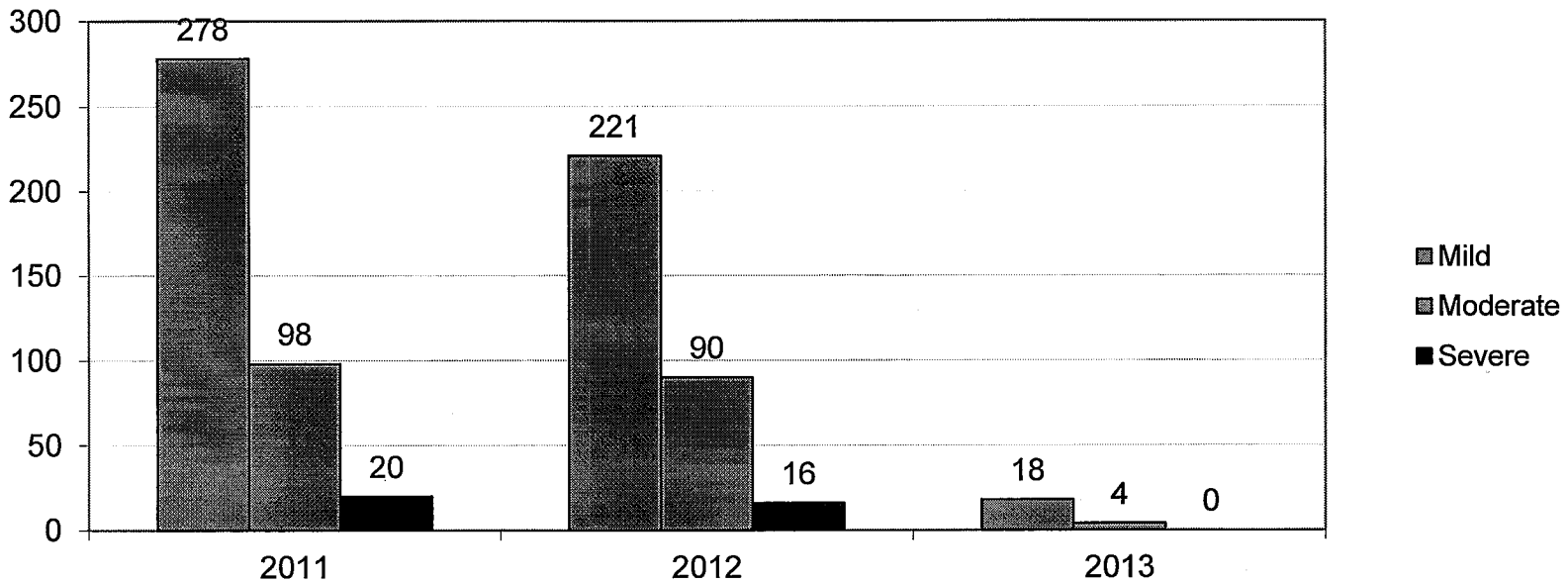
OSH Overview

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.

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OSH Overview

Patient Injuries from Patient-to-Patient Aggression

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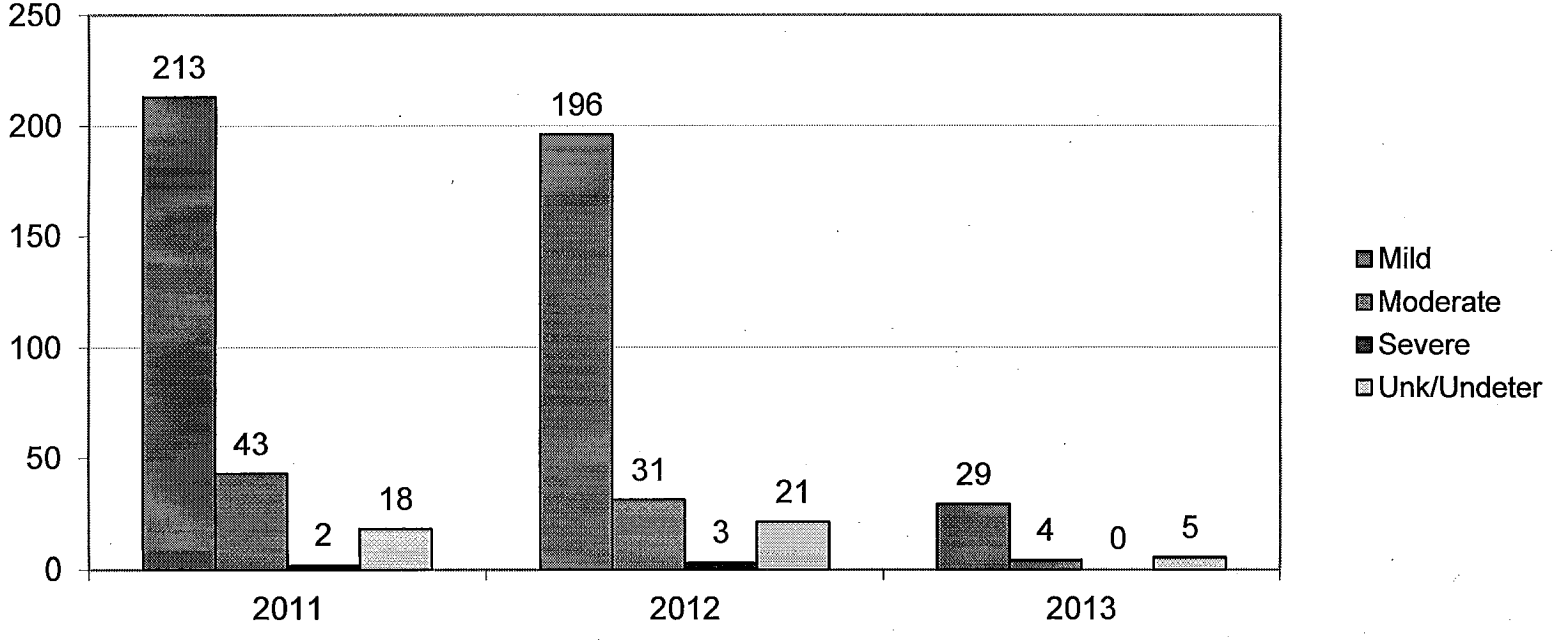

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Looking ahead

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