DHS: ADDICTIONS AND MENTAL HEALTH DIVISION

OSH RECOVERY TIMES

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Oregon State Hospital, 2009 accomplishments

By Roy J. Orr, Superintendent

We reached several milestones in 2009 and achieved a number of our Continuous Improvement Plan goals for patient care and safety, including increased hiring and expanded training. We also upgraded technology, introduced new communication tools, expanded research and studies, and updated policies and procedures.

Additional staff members continue to be hired monthly. Most of the new staff serve patients in clinical positions. The ratio of direct care to non-direct care is 3.87 to 1. In 2009, our new hires included a chief medical officer and a chief nursing officer. Eight additional physicians have been hired, reducing caseloads to an average of 21. Supervising physician responsibilities have been modified so that they can provide additional support to unit-based physicians. All of these positions are critical to OSH's successful transition to the two new psychiatric hospitals.

One of our more notable accomplishments was a decrease in the nursing vacancy from 24 percent in 2008 to zero in 2009, which can be credited to aggressive retention and recruiting efforts. Among those were the DHS Transformation Initiative "Lean" methods applied to the nurse hiring process. The revised process eliminated steps and unnecessary actions that decreased the time it took to hire a nurse from 80 days to seven.

In other accomplishments, we opened the Metabolic Clinic to improve patient health by addressing health risks for diabetes and heart disease. Nursing services implemented continuous rounds to further assure patient safety and well-being. Patient falls declined significantly in 2009, as did the use of seclusion and restraint.

In early 2009, OSH received the gold standard of approval for health care when it earned full accreditation from The Joint Commission. Year 2009 also saw the advent of the OSH Advisory Board, established by the Legislature to provide additional oversight and help to assure continuing improvement to the care, safety and security for Oregonians with severe mental illness.

The OSH Replacement Project continues to operate on time and opened six transitional patient cottages on the Salem campus in February, followed by the opening of the transitional patient treatment mall in April. In June, a secretary of state audit commended the DHS for good contract management of the $458 million replacement project. The project also received positive attention for giving the local and state economy a boost with millions of dollars worth of contracts.

This winter, the project reached a critical milestone when it identified and contracted with Netsmart Technologies, Inc. to implement an Electronic Health Record (EHR) system for the new hospital.

A precursor to the EHR is the new electronic Master Treatment Care Plan (MTCP), which is now being piloted in geriatric services. This template, which will be implemented

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OSH Recovery Times is edited by Jeff Jessel. Contact him at 503-945-2892 with questions, comments or suggestions.

BHIP

Introducing the Netsmart Project Management Team

Arriving from across the United States, the Netsmart Project Management Team joined the BHIP Team in mid-December. While numerous Netsmart staff will provide their expertise along the way, Sheri Botts, project manager, Shawn Doose, business transition manager, and John Henick, implementation manager, will spend most of their time on the Oregon State Hospital campus sharing offices with the BHIP Team. To help OSH staff get to know them better, we asked a few questions.

What would you like OSH folks to know about you?

Sheri Botts "I was born in Manhattan, Kansas, and my father was career Army so I moved around a lot. I've been married for 31 years and have two grown children. When not in Oregon, I live in Wake Forest, North Carolina."

Shawn Doose "I was born and raised in Prescott, Wisconsin, where I still reside. I have been a project manager for 20 years and have worked for Netsmart for eight years. I am married with two children, and I am the proud grandma of two."

John Henick "I was born, raised and currently reside in California. I am married with three children and four grandchildren."

Tell us a little about Netsmart and the company's evolution.

John Henick "Netsmart Technologies, Inc., founded in 1968, became a privately held company in 2006 and serves 18,000-plus customers, including more than 35 state systems. The corporate headquarters is in Great River, New York, with offices in Ohio, California, Florida, South Carolina and Massachusetts.

In 2006, the Certification Commission for Healthcare Information Technology (CCHIT) announced that Netsmart Technologies is CCHIT-certified for the EHR portion of its Avatar 2006 product and meets CCHIT ambulatory electronic health record (EHR) criteria for 2006.

Where are some of the other locations you've implemented Netsmart Avatar?

Shawn Doose "I managed the implementation of several state entities, two of these being Minnesota State Operated Services and Iowa Department of Human Services. Both implementations included Avatar Practice Management, Avatar Clinician WorkStation, and Avatar Order Entry with interfaces to third-party vendors. Through other implementations I have had the privilege of working with the majority of the products included in our suite of applications."

What are your first impressions?

Sheri Botts "I was so impressed with the passion that the BHIP Team expressed when first explaining the project vision and the planning that had gone into the project thus far. We don't often find that our clients anticipate the challenges related to changes to their business processes, so the fact that the BHIP Team has already been paving the way is wonderful!"

Shawn Doose "Wow – Where to start? The pre-planning put into this project is astounding. As mentioned to others on the BHIP Team, I was so impressed with all of the project plans available when I was first brought into the project. In past experiences, I've found myself often pushing for the pre-planning. With OSH it was already done and supplied to our Netsmart Team with an enormous amount of very important information, allowing us to jump right in."

What is it like to work with BHIP?

Sheri Botts "To quote one of our partner vendors, it is really cool to BHIP!"

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Introducing the Netsmart Project Management Team

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Tell us a little about the road ahead.

Shawn Doose "The biggest hurdle with any large implementation of this magnitude is showing everyone that change really can happen and can be positive in so many ways. The BHIP Team is well versed in this challenge, so the hurdle has already been reduced significantly. Through this change you will find you can greatly improve patient care simply by having the ability to immediately retrieve information from the system instead of pulling the information together from various resources, including paper charts."

Sheri Botts
Netsmart Project Manager

Shawn Doose
Netsmart Business Change Manager

John Henick
Netsmart Implementation Manager

Oregon State Hospital, 2009 accomplishments

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in all units by the end of March, will assure consistent and uniform treatment care planning for our patients. The Oregon State Hopsital Treatment Care Plan Manual also was completed and distributed to all patient units and clinical staff to assist in using the new MTCP and improving the communication and performance of the interdisciplinary treatment teams (IDTs). Because OSH is committed to the use of IDTs to plan and deliver mental health services within the hospital, a hospital-wide clinical services schedule has been implemented. The schedule facilitates two OSH priorities: at least 10 hours per week for treatment teams to devote to treatment care planning and 20 hours per week devoted to treatment mall hours.

Communicating timely and accurate information is a challenge for an institution of this size. In 2009, we implemented some new methods to manage communication. Each month we produce a Focus on Five report to highlight significant hospital changes. We had our first Coffee with Cabinet. This is an informal opportunity for staff to meet with OSH leadership to discuss issues and offer input or feedback. Last fall Cabinet members also began making monthly rounds to the individual wards to exchange information, answer questions and receive feedback. We were able to purchase and install teleconferencing equipment in both Salem and Portland to facilitate communication and educational programs. Grand rounds via teleconference began on Jan. 19 this year and will occur three times monthly. We entered into an agreement with Oregon Health & Science University to provide this continuing medical education for physicians at OSH.

Lastly, we formed a Transition Team to guide OSH as it begins moving into the replacement facility and to address challenges in service delivery during ongoing construction. The Transition Team, which meets weekly, also has several workgroups focused on day-to-day operations, informatics and organizational structure.

This is by no means a complete summary of the 2009 accomplishments, but I hope it gives you an idea of just how much progress we are making. With the new hospital set to open later this year, 2010 promises to be one of most exciting, albeit challenging, years for OSH. I am looking forward to the months ahead and to working with all of you in this new year.

The Addiction Counselor Program at Oregon State Hospital

By Tom Shrewsbury

Do you work with patients who have a history of abusing drugs such as tobacco, alcohol, pot, cocaine, meth, heroin or prescription drugs? Has past drug use led to trouble with the law? Relationship problems? Health consequences? Financial difficulties? Unemployment or problems at work? Homelessness? Would they have a better life if they stopped using? Would you offer support if you knew you could help?

What is the Addiction Counselor Program?

The Addiction Counselor Program (formerly, the CADC Program) at Oregon State Hospital was created to help staff work more effectively with patients who have substance use disorders. The goal of this program is to educate staff about the facts of this devastating and potentially fatal social problem. So far, the Education and Development Department (EDD) and the Co-occurring Disorders Treatment Program (CODTP) have both provided and sponsored classes in the following subjects:

The goal of this program is to educate staff about the facts of this devastating and potentially fatal social problem.

- Psychopharmacology (drugs of abuse)
- Addiction counseling ethics
- Basic counseling skills
- Group counseling skills
- Motivational interviewing
- Assessment of substance abuse disorders
- Infectious disease risk assessment and reduction
- Clinical supervision of addiction counselors

Many staff have used their professional education and supervised experience to become certified addiction counselors. For more information about certification as a drug and alcohol counselor in Oregon, visit *http://accbo.com/*.

But does counseling really work? Can people change?

Decades of research in the field of substance abuse counseling demonstrates clearly that counseling works and people can change. Experts in the field emphasize that **people change what they want to when they are ready**. It has also been demonstrated that changing addictive habits (such as quitting smoking) often requires practice. This means that relapse is a normal part of the recovery process where somebody is literally learning how to live a new life. Researchers have also pointed out that the best predictor of sustained change is social support. This is why group counseling and self-help groups such as AA are so effective.

FACTS:

- ☑ People change what they want to when they are ready.
- ☑ Counseling works.
- ☑ People can change.
- ☑ Relapse is a normal part of recovery.
- ☑ The best predictor of sustained change is social support.

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The Addiction Counselor Program at Oregon State Hospital

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What's in it for me?

Increasing your professional knowledge and skills. You wouldn't want someone performing open heart surgery on you if that person had not studied cardiac medicine. That would be very dangerous, not to mention illegal. The same goes for working with people with substance abuse disorders. To do your job effectively, you need the latest information and most up-to-date facts about how addiction affects a person, the body, the mind, the family and the community. Skills you will gain include learning how to work successfully with resistant individuals who need your help. You will also learn how to help patients recognize substance abuse problems and co-create action plans for positive change. If you participate in the Addiction Counselor Program, you will have access to first-class education and clinical supervision that will help you move forward in your career.

Who can participate in the Addiction Counselor Program?

Everyone can take advantage of the addiction counseling classes offered through the Education and Development Department. Staff members who demonstrate a sincere desire to help patients with substance use disorders will be sponsored through the education and experience prerequisites for certification as alcohol and drug counselors.

Minimum qualifications to apply for the Addiction Counselor Program include:

- Completed trial services;
- Support of their direct managers;
- Strong communication skills (especially listening and writing skills);
- Ability to complete at least 150 hours of AOD education (about 25 full days of training in a 12-month period);
- Ability to lead or co-lead groups on their units or in their work areas;
- Commitment to meet with a clinical supervisor for one hour per week.

Do you think you have what it takes? Stay tuned… **Applications will be available through the EDD Web site by March 1, 2010**.

What's the program plan?

Currently, the Addiction Counselor Program is focused on providing substance abuse education to all staff at the hospital. Classes are offered in core addiction counseling and advanced competency areas. A module on co-occurring disorders was added to the new employee orientation in the past few months. Classes including Motivational Interviewing, Group Facilitation Skills, and Curriculum Development have been provided to help staff prepare and/or improve services on the 40, 50 and POSH treatment malls. We expect 13 staff to pass written and oral counselor certification exams by March. Courses on substance abuse counseling will continue to be offered through the Education Department to help staff work more effectively with patients overcoming substance use disorders.

Where can I get more information?

For more information about the Addiction Counselor Program, visit the OSH EDD Web site: www.dhs.state.or.us/amh/osh/edd/index.html. You may also e-mail Tom Shrewsbury at James.T.Shrewsbury@state.or.us.

OSH committees get makeovers

By Ted Ficken

Over the past year — with involvement from Superintendents Cabinet, Quality Council, U.S. Department of Justice consultants and numerous staff groups — the entire OSH operating committee structure was reviewed and updated. During December 2009, several meetings were held with committee chairs and committee coordinators. The meetings were designed to provide resources to committees, standardize agenda and minutes' formats, create a more action-oriented focus, define reporting expectations, and set the stage for committee work during 2010. Committee meeting times and meeting rooms were all scheduled for 2010, attempting to minimize conflicts with treatment team meeting times and treatment mall times.

One of the goals for 2010 is to make committee information available to all staff members. As one method to accomplish this, a committee Wiki site has been created. All staff members can go to the following site to view information related to OSH committees: *http://wiki.hr.state.or.us:8080/display/OSHCOMM/Home*.

Staff are encouraged to visit the new Wiki site and to send any comments to the individual committees, the Quality Improvement Department or members of the Superintendent's Cabinet. At the site, there are fact sheets about each committee, which provide information about the committee's membership, purpose and goals. Along with other committee information, there is a diagram showing all of the OSH committees and their reporting relationships.

A group of students from Pacific University, studying organizational development, will assist us with analyzing committee effectiveness. The students are developing a data collection tool and will attend committee meetings to make observations. The data will be used to identify opportunities to improve the functioning of our hospital committees. One of our 2010 goals is to look for ways to involve more consumers on our hospital committees.

Many of the hospital committees are required by standards or regulations, but some of them are in response to internal quality improvement initiatives. We hope staff will visit the new committee Wiki site, send comments or input to committees, and have better information about how OSH committees operate.

Patient-owned dietary supplements no longer allowed after March 1

As of March 1, 2010, the new Nutritional Supplement Policy will take effect, where patients will no longer be able to take self-supplied (self-purchased) nutritional/herbal supplements or any of their own prescription medications while at OSH. This change in policy is designed to promote patient safety because many nutritional supplements interfere with prescription medicine, laboratory tests or food absorption. They can also cause untoward side effects. The change is also occurring to comply with the hospital's modernization of its medication distribution system as we move closer to opening the new hospital. There will be limited space for products in the new medication carts.

The Oregon Department of Justice, Disability Rights Oregon, medical staff and the Executive Cabinet have reviewed and approved the policy change. Highlights of the new Nutritional Supplement/ Patient-supplied Medication Policy include:

- Prohibiting the use of patient-supplied (self-purchased) nutritional, herbal or miscellaneous supplement products.

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Nutrition news you can use

Nonalcoholic fatty liver disease

By Erica Johnson, BS, and Vicki Duesterhoeft, MS, RD, LD

When a person becomes obese and/or develops insulin resistance, it can affect the liver's ability to break down fat, causing the liver to store fat instead. Nonalcoholic fatty liver disease (NAFLD) is the most common chronic liver disease in the United States, affecting approximately 33 percent of the adult population.

NAFLD is associated with coronary heart disease and metabolic syndrome (obesity, hypertension, insulin resistance and dyslipidemia). The risk of developing NAFLD increases along with increasing body mass index (BMI).. Although the majority of cases tend to be benign, NAFLD can lead to a more serious condition called nonalcoholic steatohepatitis (NASH). The risk of developing NASH also increases with increasing BMI. Ten percent of people who develop NASH eventually develop cirrhosis, which is one of the top ten causes of death by disease in the United States.

Currently, consensus statements agree that lifestyle modification, including diet therapy, is the cornerstone of therapy. The current recommendations for nutrition and physical activity include the following:

- Decrease weight by 10 percent of baseline, if the person is overweight; recent research shows that a weight loss of 5 percent or more can be effective in treating NAFLD.
- The goal for weight loss is 1 to 2 pounds per week; faster weight loss is not desirable.
- Decrease saturated fat to less than 7 percent of total calories.
- Decrease total fat to no more than 30 percent of total calories.
- Increase insulin sensitivity and promote weight loss with regular exercise.
- For people with hyperglycemia, the goal for hemoglobin A1C is less than 7 percent.

References:

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- Sullivan, S, Implications of diet on nonalcoholic fatty liver disease, Current Opinion in Gastroenterology (2010) 26:000-000.

Patient-owned dietary supplements no longer allowed after March 1

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- OSH will arrange for the acquisition and purchase of approved supplements use for patients pursuant to an order from a physician. This approval process is based upon best evidence for safety, purity, effectiveness, therapeutic value and packaging logistics with our new bar-coded medication carts.
- Approved products will be listed on the hospital formulary and may be prescribed by the patient's physician. This will allow better continuity of care and provide for improved medication safety to each patient.

After March, any requests for nutritional/herbal supplements that are not already included in the OSH Formulary must be initiated by the patient's physician. These requests will require Pharmacy and Therapeutics Committee review and approval prior to any provision or use of the proposed supplement.

To date, approved and non-approved products are listed below:

Approved: Melatonin, cranberry tablets and coenzyme Q10 (for statin-induced myopathy only). Other products that will continue on formulary include fish oil caps, calcium, chlorophyll, clove oil, magnesium, lactobacillus (acidophilus), levocarnitine, lysine, niacin, vitamins, selenium, senna, psyllium and zinc.

Not approved: Aloe capsules, astragalus, bilberry, bitter orange, black cohosh, cat's claw, creatine, chromium, DHEA, echinacea, eleuthero, feverfew, glucosamine/chondroitin/MSM, garlic, ginger, ginkgo, ginseng, kava, lecithin, L-tryptophan, lutein, lycopene, milk thistle, policosanol, red clover, resveratrol, SAMe, St. John's wort, triphala, whey protein, valerian and yohimbe.

Please take time to remind your patients of this new policy and help them to get ready for this transition. Let them know that dietary supplements may have serious drug interactions with their other medications and have detrimental side effects. Since these products are not tested before market or sent through an approval process with the FDA, suggest there may be "tested and approved" products on the market (over-the-counter and Rx) plus different diet choices that can replace the need for supplementation.

OSH new hires and retirees for February

Welcome to OSH

Tricia M Beyer	Mental Health Registered Nurse	Callandra H Lambarth	Research Analyst 3
Yvonne J Blakemore	Mental Health Registered Nurse	Jaine Niktab	Mental Health Therapy Tech
Claudia Corral-Paez	Mental Health Therapy Tech	Paul E Pastoor	Food Service Worker 2
Kelly D Henry	Mental Health Registered Nurse	Julie A Reyes	Mental Health Registered Nurse
Corinne M Howard	Mental Health Registered Nurse	Sergio E Ruiz	Food Service Worker 2
Erica A Johnson	Clinical Dietician	Elena G Savin	Mental Health Registered Nurse
Richard L Johnson	Mental Health Therapy Tech	Kimberly Williams	Mental Health Therapy Tech

Promotions and reassignments

Dena M Al-Awaj	Nurse Manager	Derek Wehr	Principal Executive/Manager E
Nathaniel B Thomas	Principal Executive/Manager F	Zy Xiong	Executive Support Specialist 1

February 2010 EDD events

Following is a list of classes being offered at the OSH Education And Development Department (EDD) during February. Classes are located at EDD unless otherwise noted. For more information about these classes, call 503-945-2875.

Boundary issues: Feb. 17
8 a.m. to noon.

Assertive boundaries communication: Feb. 3
8 a.m. to noon.

Patient abuse prevention: Feb. 22
1 p.m. to noon.

General orientation: Feb. 1
(day 6 of Jan. 25 - Feb. 1 session)
all 8 a.m. to 5 p.m.

Ed day: Feb. 9 and 23
8 a.m. to 5 p.m.

Pro-act refresher:
Feb. 2-3 (2, 8 a.m. to 5 p.m.)(3, 8 a.m. to noon)
Feb. 4-5 (4, 8 a.m. to 5 p.m.)(5, 8 a.m. to noon)
Feb. 18-19 (18, 8 a.m. to 5 p.m.)(19, 8 a.m. to noon)

RN leadership training: Feb. 18
(Required for all new RNs/LPNs)
8 a.m. to 5 p.m.

OSH drivers' training:
Feb. 8 (1 p.m. to 3 p.m.)
Feb. 17 (10 a.m. to noon)

Emergency equipment training: Feb. 19
1 p.m. to 5 p.m.

Contraband training: Feb. 3
1 p.m. to 5 p.m.

Active listening communication: Feb. 18
1 p.m. to 5 p.m.

Humor as a therapeutic tool: Feb. 18
1 p.m. to 5 p.m.

CMA pharmacology: Feb. 25
1 p.m. to 5 p.m.

RN orientation: Feb. 2 and 17

Motivational interviewing: Feb. 12
Cherry Avenue Training Center