Challenging cultures

to improve care
at state hospitals

Who we are

- **Oregon State Hospital's Salem campus**

- **State psychiatric facility serving more than 500 people:**

  - **Who successfully pled "guilty except for insanity" to criminal charges.**

  - **Who have been charged with a crime, but a judge determined were not able to "aid and assist their attorney" due to an active mental illness.**

  - **Who have been civilly committed by a judge because they are an immediate risk to themselves or others because of a mental illness.**

  - **Who have been committed by their guardian**

Who we are

- **Leadership members of Oregon State Hospital's Treatment Services Department**

- **Our department oversees the clinical supervision of:**
  - **Occupational Therapy and Physical Therapy**
  - **Creative Arts Therapy and Recreation Therapy**
  - **Vocational Rehabilitation**
  - **Spiritual Care**
  - **Educational Services**
  - **Peer Services**
  - **Coordination of the above services as well as other psychoeducation and psychotherapy by other disciplines.**

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Who we are

Art therapy room

Who we are

Training kitchen

Who we are

Classroom

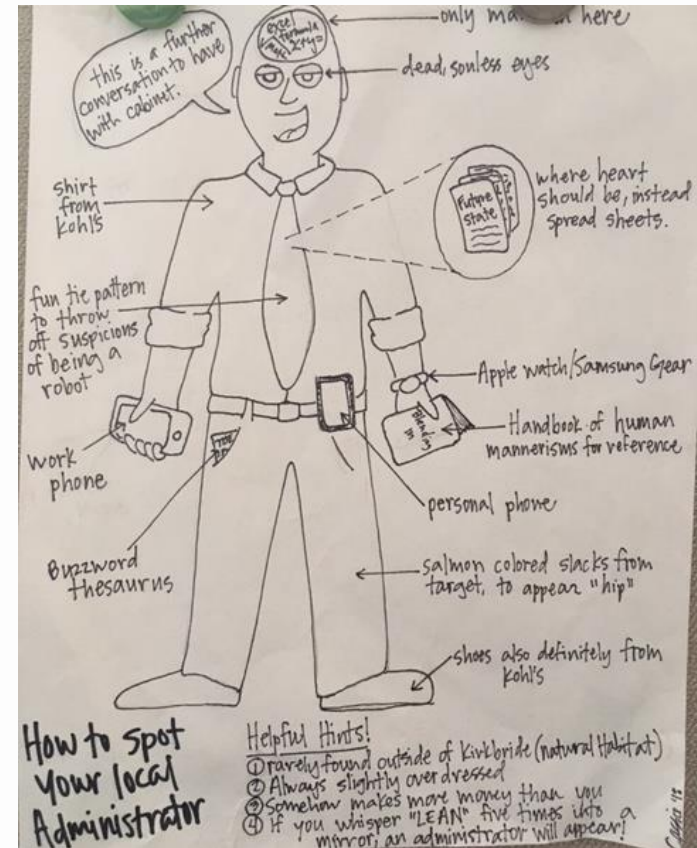# Who we are

Music therapy

Who we are

Fitness room

Who we are

Jason Stringer

- Treatment Mall Director and interim Rehab Therapy Director at Oregon State Hospital Salem campus.

- Six sigma black belt

- Certificate in change leadership from Cornell University

Who we are

Sean Looman-Nelson

- Treatment Mall Manager for Oregon State Hospital Salem campus' admission & stabilization program.

- Six sigma black belt student

Sean, with a cute
dog to appear likeable

Our story

OSH's history

- Founded in 1862
- Notoriety with "One Flew Over The Cuckoo's Nest"
- CRIPA Report in 2008
  - Failed to:
    - Adequately protect its patients from harm
    - Provide appropriate psychiatric and psychological care and treatment
    - Use seclusion and restraints in a manner consistent with generally accepted professional standards
    - Provide adequate nursing care
    - Provide discharge planning and to ensure placement in the most integrated setting.

Our story

OSH's history

- Received funding for:
  - New hospital
  - Training
  - More staff
  - New departments
    - Which included something called "performance improvement"
  - New services
   - Which included something called a "Treatment Mall"

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Our story

Our department

- OSH received funding for a Treatment Mall
- Built an excellent new facility
- Hired a bunch of staff
- What do we do now?
  - Problems:
    - Lack of experience with new system
    - Who do we ask for advice?

Our story

A broken system: A lot of resources and not much of an idea of how to use them
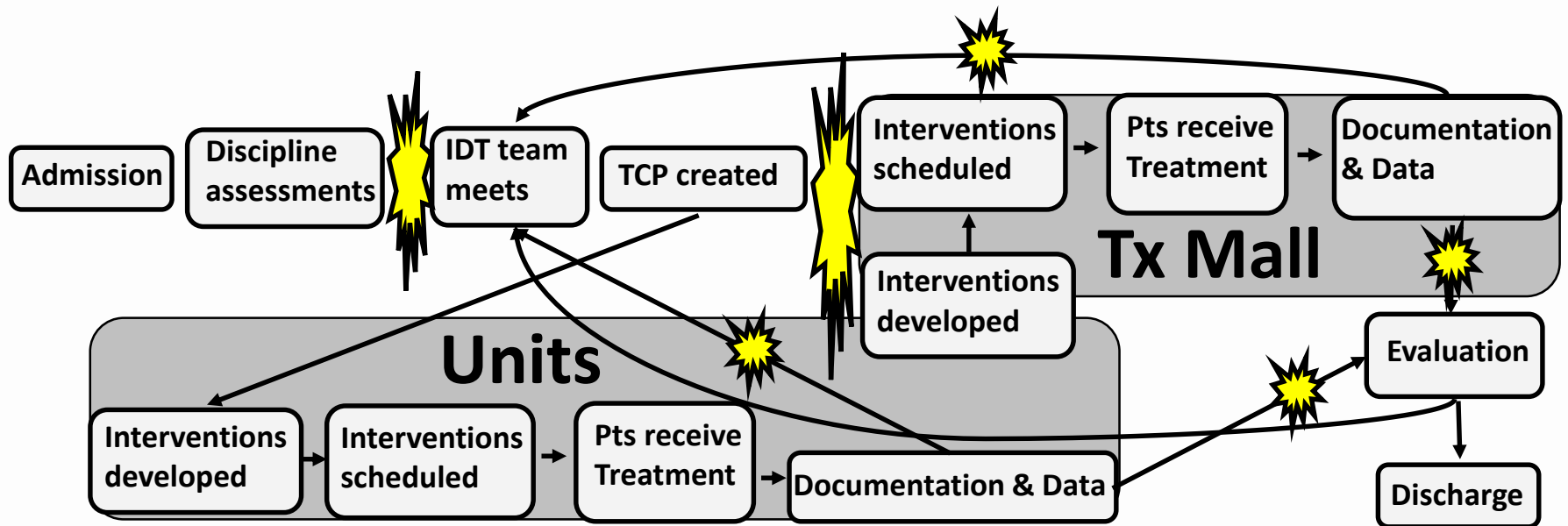
Our story

Secretary of state audit

- More resources, higher expectations
- Audit in 2015
- Improvements in many areas, but the Treatment Mall hadn't met expectations
  - "Hospital staff did not use patients' treatment goals when selecting classes to offer on the treatment malls."
  - "It is unclear whether hospital staff designed therapy groups to help patients address [their] goals."
  - "The hospital does not have policies and procedures to ensure patients schedule classes that address their treatment goals and hospital staff do not use treatment goals to evaluate class effectiveness."

Our story

Secretary of state audit

Deficiencies in Treatment related to:

- **Planning**
- **Coordination**
- **Fidelity**

Can we do better?

Questions we asked

- Why do patients come to Oregon State Hospital?
- What are patients' common barriers to discharge?
- What is the scope of practice of our current team(s)?
- What kinds of treatment have evidence that they address those barriers?
- How do we ensure that all patients receive the right treatment, at the right time, in the right environment?
- What have other hospitals done to do this work well?
- … and finally, what kind of training do we need to accomplish all of this work?

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Frameworks we used

Six sigma and Lean

- DMAIC
- SIPOC
- Voice of the Customer
- PDCA
- Performance Metrics
- A3
- Standard Work

Our department's first cohort for the Lean Six Sigma Green Belt training.

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Frameworks we used

DMAIC

- DMAIC stands for "Define, Measure, Analyze, Improve and Control."
- It is a good framework for systems project management.
- It ensures the participants are taking a mindful approach to their overhaul of the system in question.

SIPOC

- "Suppliers, Inputs, Process, Outputs, Customers
- A good tool to better understand a system's current-state.
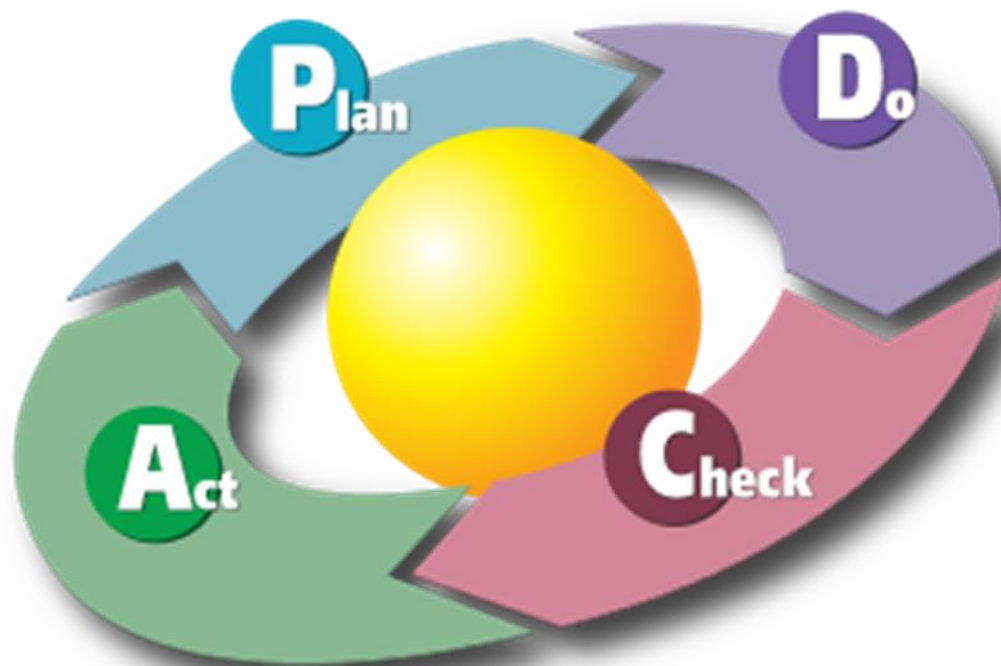
Frameworks we used

Voice of the customer

- Help define our mission
- Celebrate strengths
- Find areas for improvement

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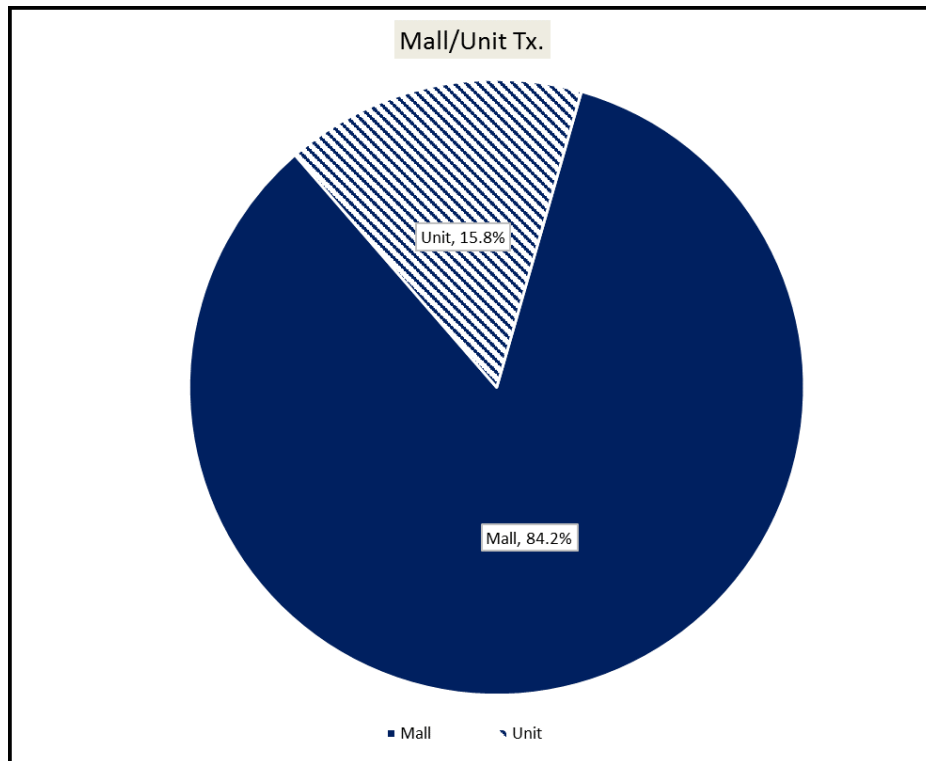
Frameworks we used

PDCA

Framework for continuous improvement

Frameworks we used

Performance metrics

Data to determine base-line, and highlight improvements, concerns and risks.

Mall/Unit Tx.

Unit, 15.8%

Mall, 84.2%

■ Mall   ↘ Unit
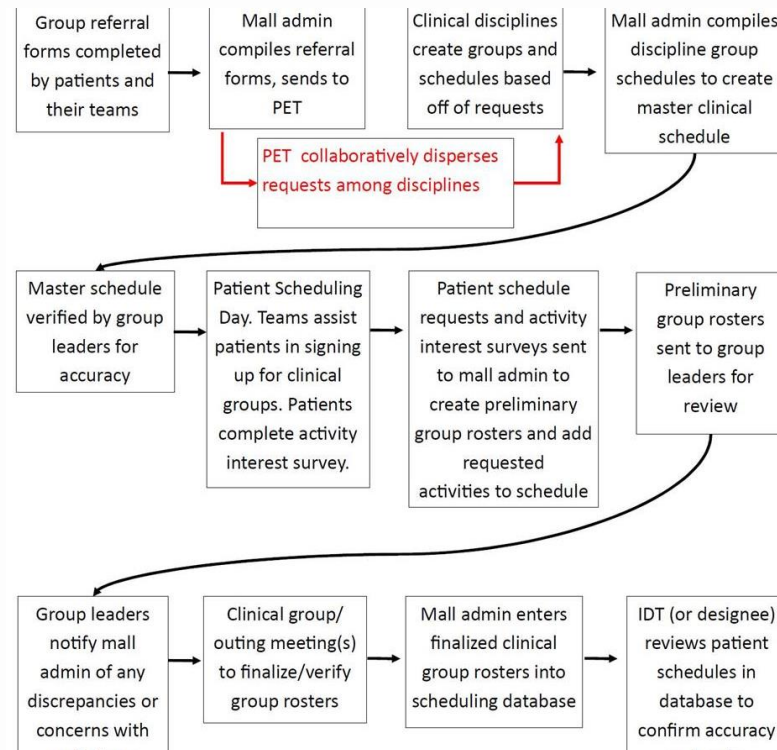
Frameworks we used

A3

- A proposal format
- Ensures the following are considered:
  - Necessary stakeholders
  - Historical information
  - Desired outcomes
  - Root causes
  - Measures
  - Resources
  - Barriers
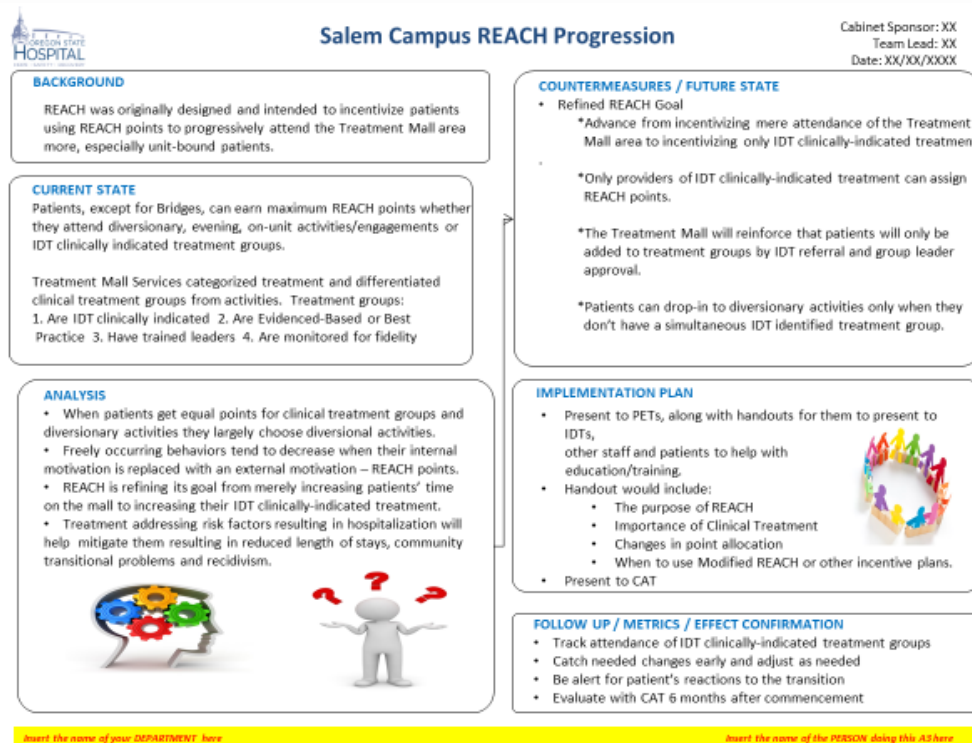
Frameworks we used

Standard work

- Writing things down
- Standard format
- Reduces errors
- Better ensure best practices
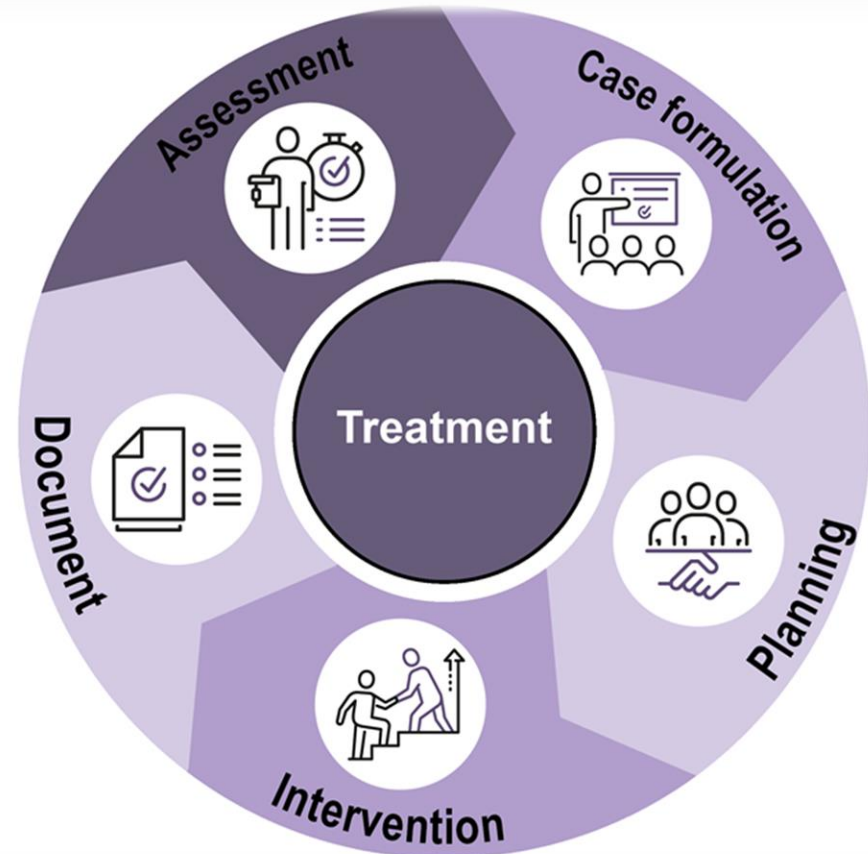- Base-line for future improvements

Example of process map

What we created

Treatment cycle

To visually articulate our new vision, we created a high-level process map that doubles as a logo. It's modeled after **PDCA**.

What we created

Active Treatment Checklist

Hearing from our stakeholders through "**Voice of the Customer**" exercises that there needed to be clarification on what "active treatment" is.

Active Treatment Checklist:

- Is it clinically indicated?
- Is the intervention a reasonable practice to address the treatment focus?
- Is the provider operating within their scope?
- Is the intervention being conducted with fidelity?
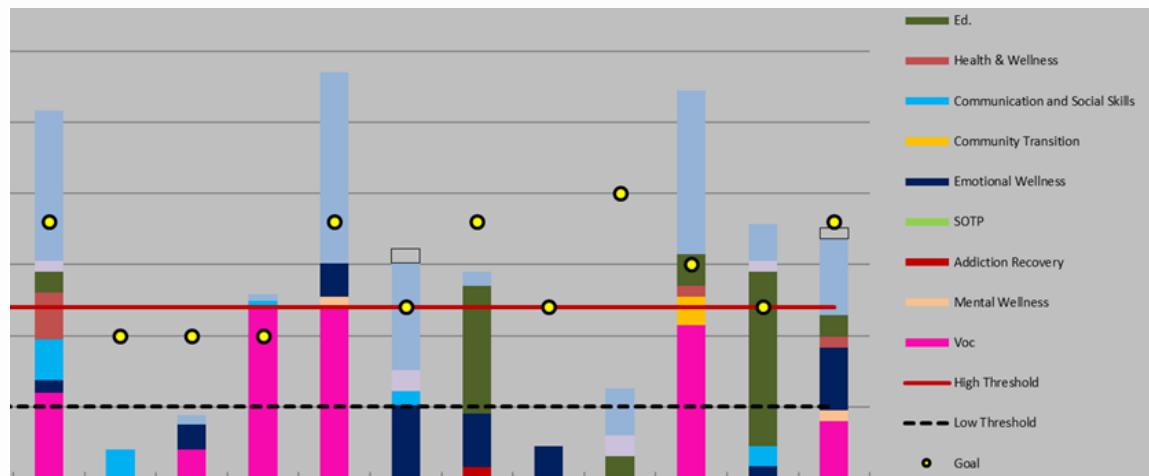
What we created

Treatment categories

To streamline communication and coordination between treatment planning and the services provided, we created **standard language** around common treatment focuses.

The treatment categories are…

- *Substance Use Treatment and Support*
- *Emotional Wellness*
- *Mental Wellness*
- *Health and Wellness*
- *Communication and Social Skills*
- *Legal Understanding*
- *Engagement*
- *Community Transition*

What we created

Order form

Using the treatment cycle as a guide, the treatment categories as a structure, and the active treatment checklist as a measure of what we could offer, we created a survey for patients and their team to use to direct what groups would be offered. We also created **standard work** on how to interpret and use the information.

What we created

Measurements

To help monitor success, we began tracking metrics around:

- Participation in treatment
- Fidelity
- Patient perception of care

What happened?

The challenges

"One of the biggest challenges I faced was explaining a new process, and the reasoning for it, to an already established and successful team. What I realized was that I really needed to focus on establishing the relationships prior to 'selling' them on something new."

Chanc Casey, Springs Treatment Mall Manager

What happened?

The challenges

"As a stakeholder, the biggest challenge I saw was people not having a clear understanding of the 'why' or the philosophy behind the improvement projects, which led to cross-communication. It resulted in more effort by Treatment Mall leadership to ensure the new systems were implemented correctly."

Anthony Cornell, Archways Program Director

What happened?

The challenges

"One of the bigger challenges we've faced while improving our processes in the last year has been breaking away from our individual priorities and values to address the larger organizational needs. Making improvements to systems with so many stakeholders, customers, and resources, requires careful root-cause analysis, stake-holder and customer inclusion, and the ability to recognize the true impact of implementation."

Micah Lewis, Treatment Services Nurse Manager

What happened?

The challenges

"Standardization of processes was perceived by some stakeholders as taking away their ability to be creative in their treatment delivery. Working on the systems together – cross discipline – was helpful for everyone because people were all on the same page about intentions, advantages and opportunities of the new standard work."

Kris Wright, Crossroads Treatment Mall Manager

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What happened?

Outcome

After one year of education and work invested in our team around these improvement projects, we were found no longer deficient in:

- **Planning**
- **Coordination**
- **Fidelity**

of Treatment!

… but we're not done!

Moving forward

Vision

We ensure a trauma-informed, and therapeutic environment that supports individuals in recovery. We utilize data to coordinate, plan, and provide staffing support that assists with individualized, person-centered best practices in active treatment.

Moving forward

A culture of continuous improvement

- We strive to find ways to better align with our vision.

- Future projects to better achieve our vision:
  - Using our team to coordinate individual therapy
  - Standardize group therapy outcome evaluations
  - Have more managers complete Lean Six Sigma trainings.
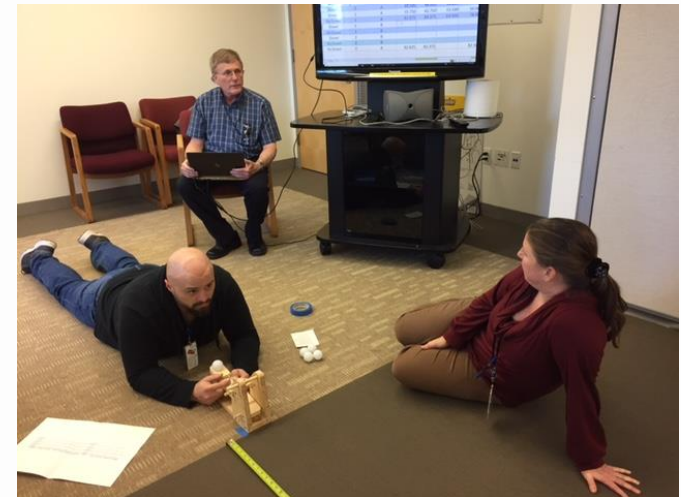
Treatment Services team members learn about "design of experiment."

Moving forward

Connecting with other hospitals

- A few other hospitals reached out for advice.
  - One contacted Jason through social media
  - Another two through a consultant
  - All three were struggling to find people who could help
- The three hospitals all had great ideas too
- Why shouldn't we expand our vision and culture of continuous improvement to our peers?

Inter-hospital meeting

Invitation

- Invited original three hospitals we talked with.

- Other hospitals asked to join

- First meeting in October, 2018
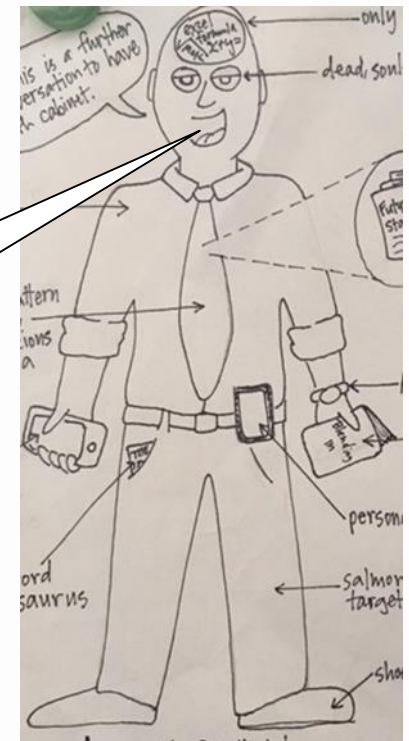
Inter-hospital meeting

Current group

- **Arizona**
- **California:** Atascadero, Coalinga, Metropolitan, Napa, Patton
- **D.C.:** St. Elizabeth
- **Florida:** Northeastern, Chattahoochee
- **Hawaii**
- **Michigan:** Walter Reuther
- **Nevada:** Southern
- **North Dakota**
- **Oregon:** Salem and Junction City
- **Utah**
- **Washington:** Western and Eastern
- **Wisconsin:** Winnebago

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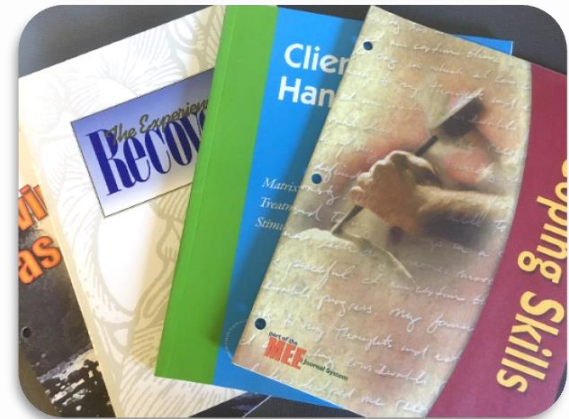Authority

Inter-hospital meeting

Format

- Teleconference
- Two-hour meeting
- Once a quarter
- Agenda and format expectations sent to participants in advance
- On-site meeting facilitator
- Follow-up outside of meeting via phone or email

Inter-hospital meeting

Improvement topics discussed so far...

- Discipline roles and workload
- Strategies to engage patients
- Group curriculum
- Departmental organizational structures
- Treatment Mall environments
- Incentive programs
- Vocational programs

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Questions?