

SUSTAINING THE TRANSFORMATION

After the Fanfare



Katie Hurckes, Lead Worker Lean Leader
Liz Rife, Lead Worker Lean Leader

WHO WE ARE

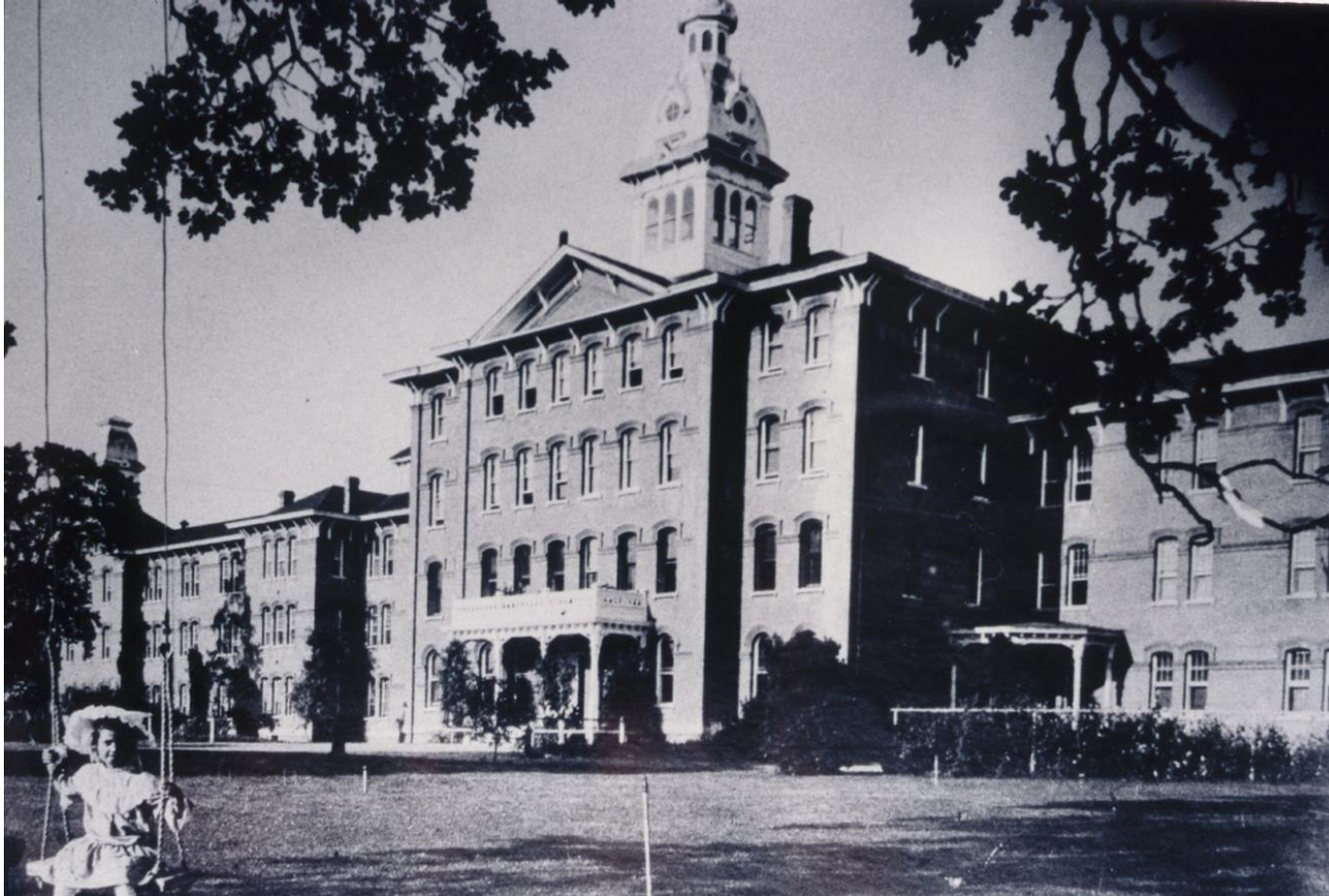
- Serving adults needing intensive psychiatric treatment for severe mental illness. Providing Hospital level of care
 - 24-hour on-site nursing and psychiatric care
 - credentialed professional and medical staff
 - treatment planning
 - pharmacy, laboratory
 - food and nutritional services
 - vocational and educational services
- Helping patients achieve a level of functioning that allows them to successfully transition back to the community



- Square feet – 1,550,000
- Employees – 2,300 (approx.)



WHERE WE WERE



THE CHALLENGE BEGINS...



- **2003** - Governor's task force recommends a "sweeping overhaul" of Oregon's mental health system
- **2004** – Senate President Peter Courtney tours hospital
- **2005** – *Oregonian* editorial series
– Oregon State Hospital
- **2006** – USDOJ begins investigation
- **2008** – USDOJ issues findings
- **2010** – Liberty Healthcare Report

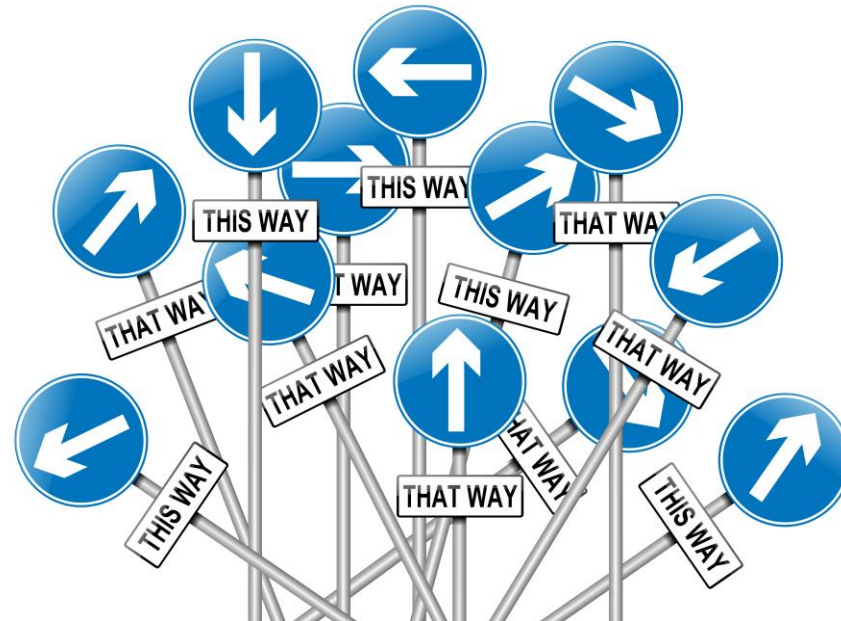
USDOJ FINDINGS (2008)

- Inadequate protection from harm
- Failure to provide adequate mental health care
- Inappropriate use of seclusion and restraint
- Inadequate nursing care
- Inadequate discharge planning and placement in most integrated setting



LIBERTY HEALTH CARE REPORT (2010)

1. Staff Compliance versus Quality Improvement
2. Need for stronger front-line engagement by Cabinet and leadership
3. Need for clear and decisive authority
4. Proliferation of committees and diffusion of leadership authority
5. Health Information Group and Quality Management is disorganized and ineffective



HOW WE MOVED FORWARD



OSH EXCELLENCE PROJECT (2010)

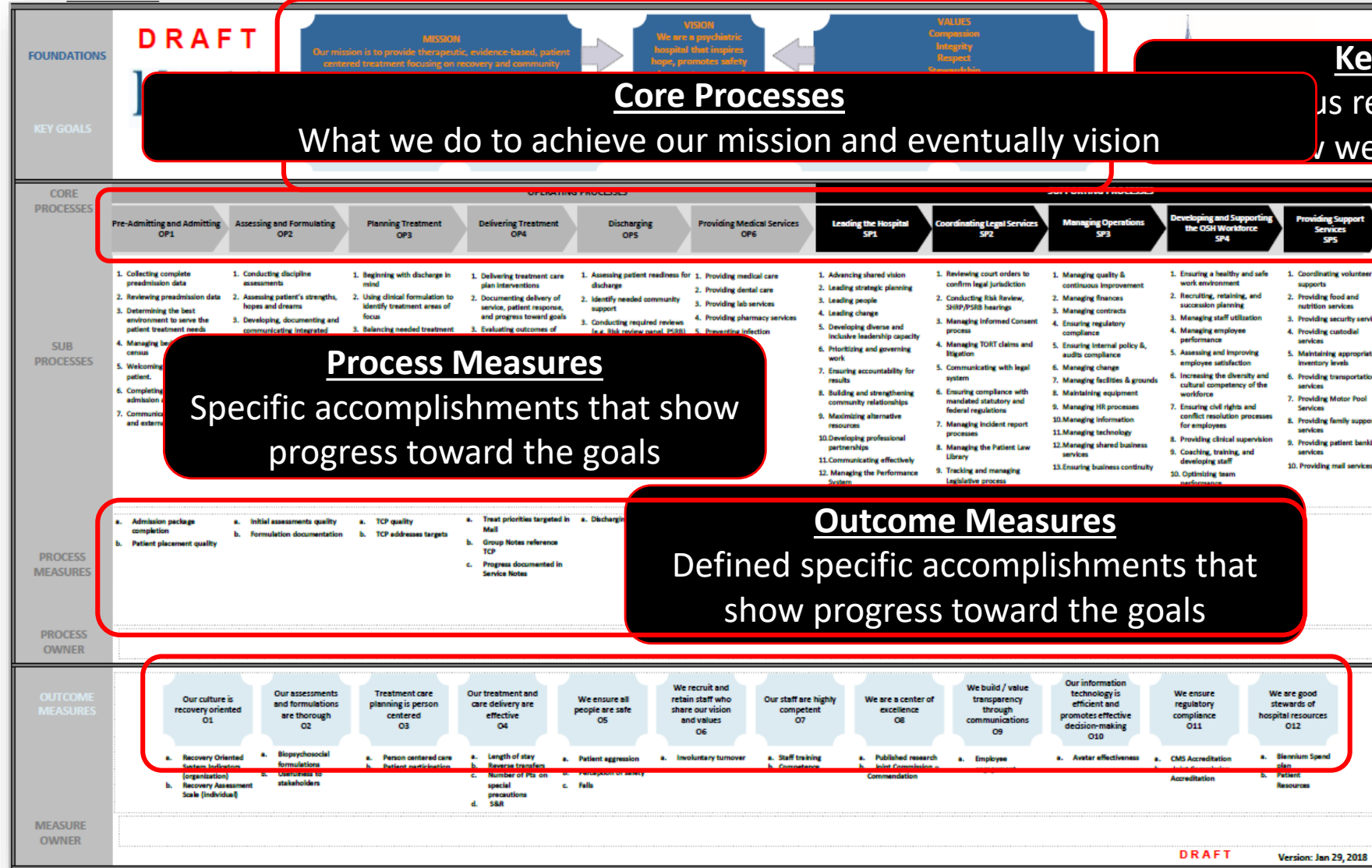
- Assess current cultural norms and identify strategies for culture change
- Establish objectives and measures that define success as a world class psychiatric facility
- Streamline continuous improvement projects
- Assist in developing a model organization and work structure
- Assist in developing a change management plan
- Assist in developing a communication strategy
- Identify business processes and workflow
- Assist in developing a plan for staff training



OREGON STATE HOSPITAL (OSH) PERFORMANCE SYSTEM

Foundation

Our Vision, Mission and Values



In July 2011, Greg Roberts, the former OSH Superintendent, created the Office of Performance Improvement (PI).

PI MISSION

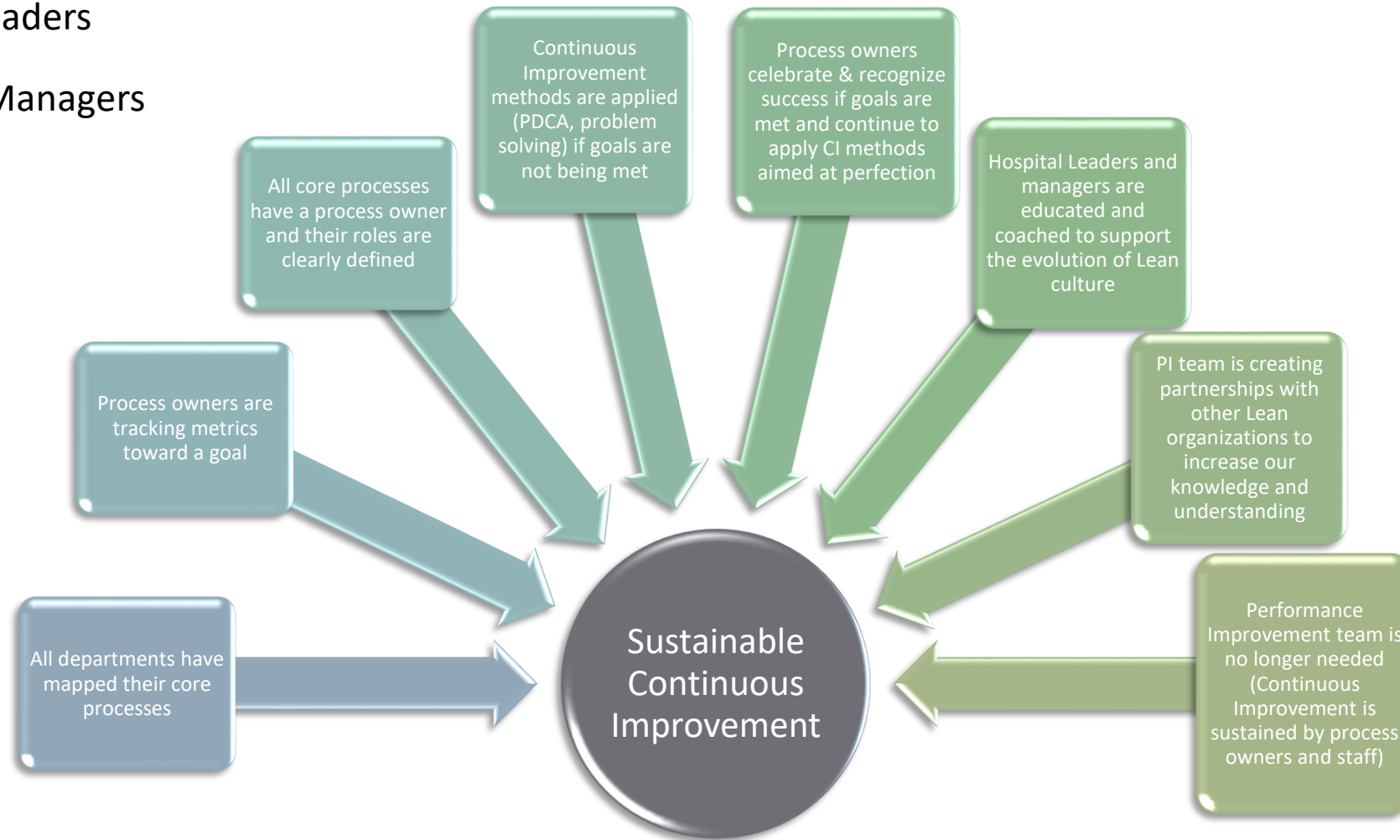


We serve as consultants who inspire and equip people to achieve a culture of Organizational Excellence.

Every Person. Every Place. Every Time.

OFFICE OF PERFORMANCE IMPROVEMENT

- 1 Director
- 11 FTE Lean Leaders
- 3 FTE Project Managers



Performance Improvement Team



Dan Mussatti

Lean Leader

503-269-4524

Treatment Services Leadership, Treatment Malls; Collaborative Problem Solving



Heide Knight

Lean Leader

503-381-1914

Crossroads PET: RN Leadership, Flower 1, Flower 2, Leaf 2, Leaf 3



Robert Lee

Project Manager

503-490-6180



Steve Unwin

Lean Leader

503-753-0326

Operations Management, Food Services, Nutrition Services, Environmental Services, Facilities/Garage, Facilities Leadership, Safety and Emergency Management, Warehouse, Security Team



Liz Rife

Lean Leader

503-269-6056

Archways PET: Archways Leadership, Tree 1, Tree 2, Tree 3, Leaf 1, Flowers 3



Rudy Torres

Project Manager

503-449-6738



Larry Dompierre

Lean Leader

503-884-3441

RSD Management, Voc Services- Client Employment, Social Work Management, Pharmacy, Dental Clinic, Laboratory, Medical Clinic, Infection Control

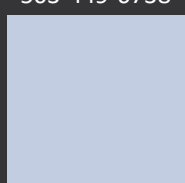


Katie Hurckes

Lean Leader

503-269-3223

Springs PET: RN Leadership, Butterfly 1, Butterfly 2, Butterfly 3, Chief Nursing Officer



TBD

Project Manager

TBD



Tony Guillen

Lean Leader

503-884-9758

Harbors PET: RN Leadership, Lighthouse 1, Lighthouse 2, Lighthouse 3, Anchor 1, Anchor 2, Anchor 3; Forensic Evaluation Services, Legal Affairs, Admissions, Health Information, Consumer and Family Services, Hospital Relations



Bill Bahl

Lean Leader

503-756-7612

Patient Resource Services, Accounting Office, Benefit Coordinators, Business Analysts, Central Timekeeping Office



Camille Clark Wallin

Lean Leader

503-385-7781

Data and Analysis, Standards and Compliance, Technology Services, Performance Improvement, QM Administration, EDD, Human Resources

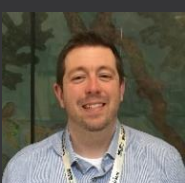


Toni Gyatso

Lean Leader

541-731-1458

Junction City



Nate Gillard

Lean Leader

503-884-3389

Bridges/Pathways PET: RN Leadership, Bridge 1, Bridge 2, Bridge 3, Bird 1, Bird 2, Bird 3, Psychology Management



Director

Kimberly Ross

Cell: 503-884-5850



PI SUPPORT

- Breakthrough Management
- Rapid Process Improvements
- Work Team Initiatives
- Project Management
- Lean Daily Management support
- Executive Coaching
- Value Stream Mapping
- Strategic Planning
- Team Building
- Meeting Facilitation
- Lean Training



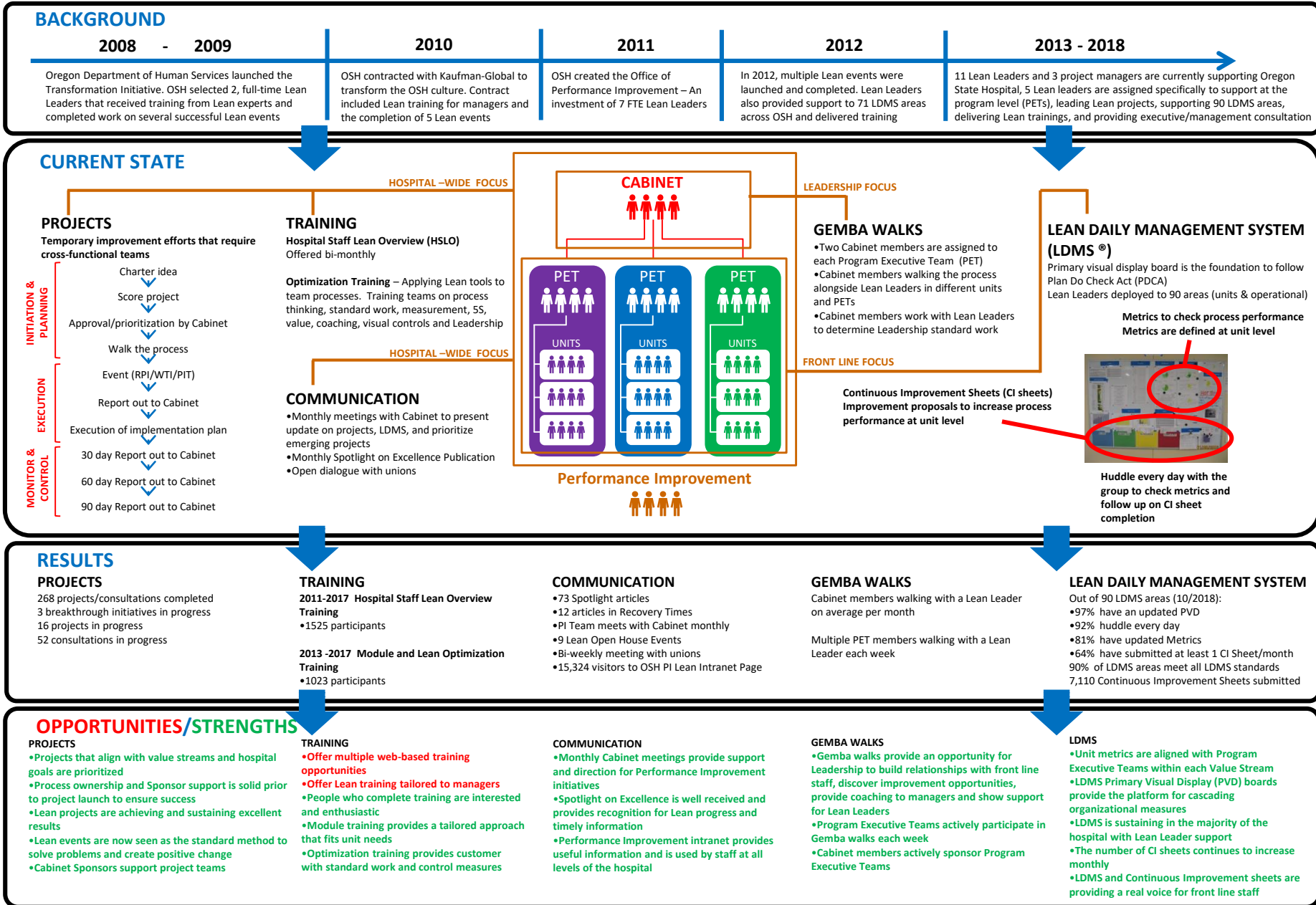
SUPPORT SYSTEM

SPONSOR

- Executive level support
- Determine project parameters/scope
- Determine acceptance criteria
- Approve change requests
- Be available throughout the event and stop in to support
- Remove barriers to project implementation
- Provide project updates to Cabinet or Clinical Administration Team



Lean Implementation – Oregon State Hospital



OSH LEAN IMPLEMENTATION RESULTS

PROJECTS

- 292 completed
- 18 projects in progress
- 49 consultations in progress

TRAINING

- 2011-2018 Hospital Staff Lean Overview Training
 - 1525 participants

LEAN DAILY MANAGEMENT SYSTEM

- 92% of 90 LDMS areas meet all LDMS standards
- 7,107 Continuous Improvement sheets submitted

COMMUNICATION

- 77 Spotlight articles
- 12 articles in Recovery Times
- Monthly Superintendent Cabinet updates
- 9 Lean Open House Events
- 15,324 visitors to OSH PI Lean Intranet Page

FOUNDATIONAL LEGACY



2018 JOINT COMMISSION SURVEY



READINESS

REEVALUATION

- Reevaluate “in house” survey process
- Results of reevaluation uncover more deficiencies (19 to 147)



SITE VISIT PREP

- Communication plan
- Survey Operation Support (SOS) Center
- Practice Mock Visit
- Response Plan

CORRECTIONS

- Root Cause Analysis
- Assign Sponsor
- Assign Owner
- Corrective Action Plan

JOINT COMMISSION SURVEY QUOTES



- “Top 5% of hospitals in the nation for environment of care and life safety issues”
- “Against all hospitals, including academic medical centers, this is a very special place”
- “Lean is built into the fabric of everything you do here”
- “Leading the country in medication management”
- “Magnificent effort to replicate real life; patients are given plenty of choices”
- “We’ve never surveyed a hospital that has such a robust performance improvement and data management system in place”
- “We’re having trouble finding B tags; we’re going to have trouble explaining that to headquarters”



SURVEY

The Joint Commission Findings Tracker									
C	Finding/EP	EP	EP Text	Observation	Account	Lead	Lean Lead	Project	Notes
1	EC.02.02.01	EP 11	For managing hazardous materials and waste, the hospital has the permits, licenses, manifests, and safety data sheets	Part 1). Observed in Document Review at Oregon State Hospital (2600 Center Street, NE, Salem, OR) site. It was observed that none of the staff signing biohazardous waste manifests had the training	John Swanson	Clayton Creasey	Robert Lee	Submission	
2	EC.02.03.03	EP 03	When quarterly fire drills are required, they are unannounced and held at unexpected times and under varying conditions. Fire drills include transmission of fire alarm signal and simulation of emergency fire conditions. Note 1: When drills are conducted between 9:00 P.M. and 6:00 A.M., the hospital may use alternative methods to notify staff instead of activating audible	Part 1). Observed in Document Review at Oregon State Hospital (2600 Center Street, NE, Salem, OR) site. In 5 out of 5 quarterly 3rd shift fire drill records, it was observed that the fire drills did not	Kerry Kelly	Jaime Manrique/ Tom Kranites	Robert Lee	Submission	
				Part 2). Observed in Document Review at Oregon State Hospital - Junction City (2600 Center St NE, Salem, OR) site. In 4 of 5 quarterly first shift fire drill records, it was observed that the drills were	John Swanson	Joe Pickering/Chip/Tom Kranites	Robert Lee		
				Part 3). Observed in Document Review at Oregon State Hospital - Junction City (2600 Center Street, NE, Salem, OR) site. In 5 of 5 quarterly 3rd shift fire drill records, it was observed that there was	John Swanson	Tom Kranites	Robert Lee		
3	EC.02.03.05	EP 02	Every 6 months, the hospital tests vane type and pressure-type water flow devices and valve tamper switches on the inventory. The results and completion dates are documented. Note 1: For additional guidance on performing tests, see NFPA 72-2010: Table 14.4.5. Note 2: Mechanical water flow devices (including, but not limited to,	Part 1). Observed in Document Review at Oregon State Hospital - Junction City (2600 Center Street, NE, Salem, OR) site. It was observed that there were 18 water flow devices tested in 2016 and 19 water flow devices tested in 2017 indicating that one water flow	Kerry Kelly	Tom Kranites	Liz Rife	Submission	
				Part 2). Observed in Document Review at Oregon State Hospital - Junction City (2600 Center Street, NE, Salem, OR) site. It was observed that there were 39 tamper switches tested in 2016 and only 36 tested in 2017 indicating that 3 tamper switches were not tested	Kerry Kelly	Tom Kranites	Liz Rife		
4	EC.02.03.05	EP 19	Every 12 months, the hospital tests automatic smoke-detection shutdown devices for air-handling equipment. The results and completion dates are	Part 1). Observed in Document Review at Oregon State Hospital - Junction City (2600 Center Street, NE, Salem, OR) site. It was observed that there was no accurate inventory of automatic smoke-detection shutdown devices for the air-handling equipment.	Kerry Kelly	Tom Kranites/ Jerry Frampton	Liz Rife	Submission	
5	EC.02.05.01	EP 09	The hospital labels utility system controls to facilitate partial or complete emergency shutdowns. Note 1: Examples of utility system controls that should be labeled are utility source valves, utility system main switches and valves, and individual circuits in an electrical distribution panel. Note 2: For example, the fire alarm system's circuit is clearly labeled as Fire Alarm Circuit; the disconnect method (that is, the circuit	Part 1). Observed in Building Tour at Oregon State Hospital (2600 Center Street, NE, Salem, OR) site. It was observed that the information regarding the dedicated branch circuit for the fire alarm panel was not on the panel and the fire alarm circuit was not marked in red. This finding was observed during survey activity, but	John Swanson	Tom Kranites/ Josiah Roldan/ Joe Pickering	Liz Rife	Submission	
				Part 2). Observed in Building Tour at Oregon State Hospital (2600 Center Street, NE, Salem, OR) site. In 1 out of 6 electrical panel checks, it was observed that panel ELLP-KBS-1A had no panel legend identifying the individual circuits. This finding was observed during survey activity, but corrected onsite prior to the surveyors	John Swanson	Tom Kranites/ Joe Pickering	Liz Rife		
6	EC.02.05.05	EP 08	The hospital meets NFPA 99-2012: Health Care Facilities Code requirements related to electrical systems and heating, ventilation, and air conditioning (HVAC). (For full text, refer to NFPA 99-2012: Chapters 6 and 9) Note: For hospitals that use Joint Commission accreditation for deemed	Part 1). Observed in Building Tour at Oregon State Hospital (2600 Center Street, NE, Salem, OR) site. In 2 out of 2 emergency generator inspections, it was observed that the fuel shutoff valves were on the external of the units #1 and #2 and they were not secured from tampering. The gate to the area was kept open during the day.	John Swanson	Jerry Frampton	Liz Rife	Submission	Leadership Involvement : John Swanson

FINDINGS

- 31 Citations
 - 1 citation with required revisit in 60 days

RESPONSE PLAN

- Assign Sponsor
- Assign Owner
- Assign Lean Leader
- Gather team members
- Utilize lean methodology for any process changes
- Correct citations

PDCA

- Quality Council



HOW WE SUSTAIN AND CONTINUE



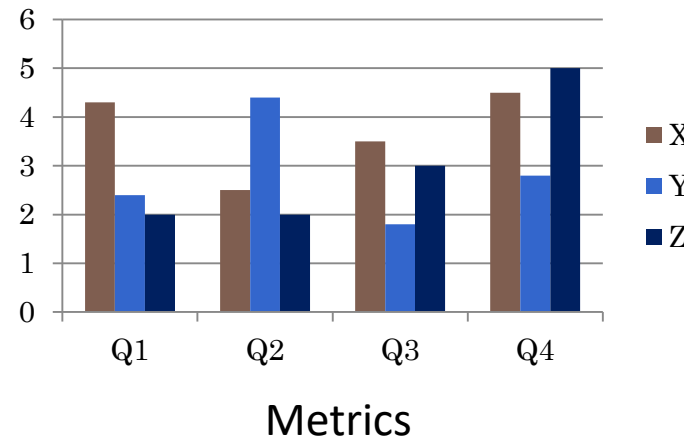
Lean Daily Management System



Primary Visual Display Boards



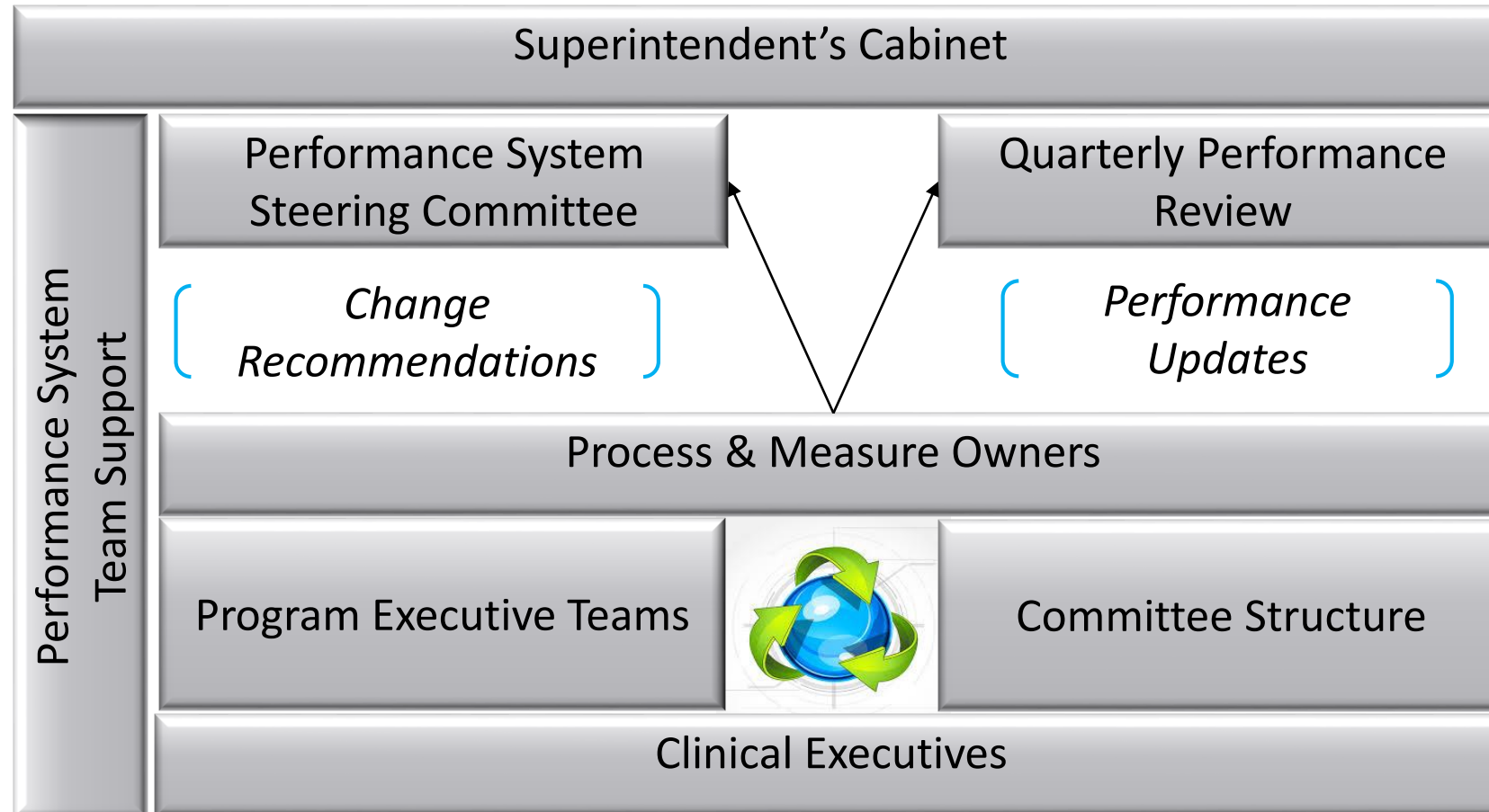
Routine Huddles



Continuous Improvement Sheet		Date:	Item #
Person Doing the CI Sheet Name:		Area or Process Name	
Contact Info:		Manager / Supervisor Name:	
Problem Description (list supporting data)		Expected Results/Benefits	
Proposed actions to be taken		Future State (draw picture)	
Current State (draw picture)		Is this a safety issue? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please notify the Safety Manager:	
This CI sheet will be successful if:			

Continuous Improvement (CI) System

PERFORMANCE SYSTEM INFRASTRUCTURE



PERFORMANCE SYSTEM FUNCTIONAL ROLES

Steering Committee

- PS Process oversight
- PS Process recommendations
- Communication

Superintendent's Cabinet

- Develop performance strategies
- Sponsor Breakthroughs/Projects
- Break through barriers
- Champion

Program Directors

- Define measures/processes
- Problem solve
- Ensure action
- Communication
- Champion



Clinical Advisory Team

- SME Clinical relevance
- Champion
- Communication

Measure Owners

- Problem solve
- Take action
- Accountable
- Make recommendations
- Identify risks/barriers
- Communication

QUARTERLY PERFORMANCE REVIEWS (QPRs)

“Quarterly Performance Reviews (QPRs) create the discipline to review status of the routine work (Fundamentals) and initiatives (Breakthroughs), and to drive problem solving as needed to achieve the goals of the organization”

PURPOSE:

- Frequent reminder of what is most important to us
- Performance becomes visible in a safe environment, values in action
- Enables people involved to share accomplishments
- Sets the stage for addressing problems (not solving it during the QPR)
- Keeps everyone focused on results & outcomes, not just activity
- Creates the heartbeat for “Plan –Do –Check – Act”
- Helps us assess and pursue organizational health.. “taking our vital signs”



QUARTERLY PERFORMANCE REVIEWS (QPRs)



ATTENDEES:

- Hosted by Data and Analysis
- Superintendent's Cabinet
- Program Executive Teams
- Measure Owners
- Lean Leaders
- Performance System Team
- Treatment Mall
- Clinical Executives
- Guests

MEASURES IN THE RED

ID	Measure	Description/ Definition	Owner	Reporting Frequency	Data Source	Targets		Red	Green	By Quarter						
						Long-Term Target	Current Target			Quarter 1 2017	Quarter 2 2017	Quarter 3 2017	Quarter 4 2017	Quarter 1 2018	Quarter 2 2018	
O3 Treatment care planning is person centered																
O3.b	Patient Treatment Participation	% of patient weeks that met threshold	PET Directors	Monthly	Tx Mail Tracker	90%	≥ 70%	≤ 60% (R)	≥ 70% (G)	50.2%	60.7%	58.6%	56.3%	55.9%	60.0%	
	Harbors					90%	≥ 70%	≤ 60%	≥ 70%	44.6%	53.1%	61.1%	48.4%	44.3%	52.9%	
	Archways					90%	≥ 70%	≤ 60%	≥ 70%	45.4%	60.0%	56.5%	55.3%	54.3%	57.0%	
	Pathways					90%	≥ 70%	≤ 60%	≥ 70%	58.5%	65.9%	61.3%	61.4%	67.8%	65.6%	
	Bridges					90%	≥ 70%	≤ 60%	≥ 70%	52.9%	64.2%	56.3%	54.4%	50.7%	59.0%	
	Crossroads					90%	≥ 70%	≤ 60%	≥ 70%	48.1%	64.9%	71.0%	73.4%	70.2%	73.9%	
	Springs					90%	≥ 70%	≤ 60%	≥ 70%	62.1%	64.3%	59.3%	70.1%	78.3%	72.2%	
	Junction City					90%	≥ 70%	≤ 60%	≥ 70%	49.0%	57.2%	40.7%	35.4%	39.3%	46.5%	
O3.b.2	Patient Engagement	% of patients receiving less than 5 hours of services	PET Directors	Monthly	Tx Mail Tracker	TBD	≤ 0%	≥ 5% (R)	≤ 0% (G)	20.6%	13.0%	13.5%	15.5%	18.0%	15.6%	
	Harbors					TBD	≤ 0%	≥ 5%	≤ 0%	30.3%	19.5%	12.9%	26.8%	29.9%	25.3%	
	Archways					TBD	≤ 0%	≥ 5%	≤ 0%	23.8%	14.3%	19.9%	20.2%	21.0%	21.4%	
	Pathways					TBD	≤ 0%	≥ 5%	≤ 0%	16.5%	13.2%	14.7%	13.9%	15.0%	17.8%	
	Bridges					TBD	≤ 0%	≥ 5%	≤ 0%	7.2%	6.6%	8.3%	8.7%	10.0%	4.5%	
	Crossroads					TBD	≤ 0%	≥ 5%	≤ 0%	28.1%	12.4%	7.4%	4.5%	6.5%	5.1%	
	Springs					TBD	≤ 0%	≥ 5%	≤ 0%	12.4%	10.1%	10.0%	7.7%	3.0%	5.7%	
	Junction City					TBD	≤ 0%	≥ 5%	≤ 0%	15.8%	11.2%	19.3%	18.4%	28.8%	19.8%	

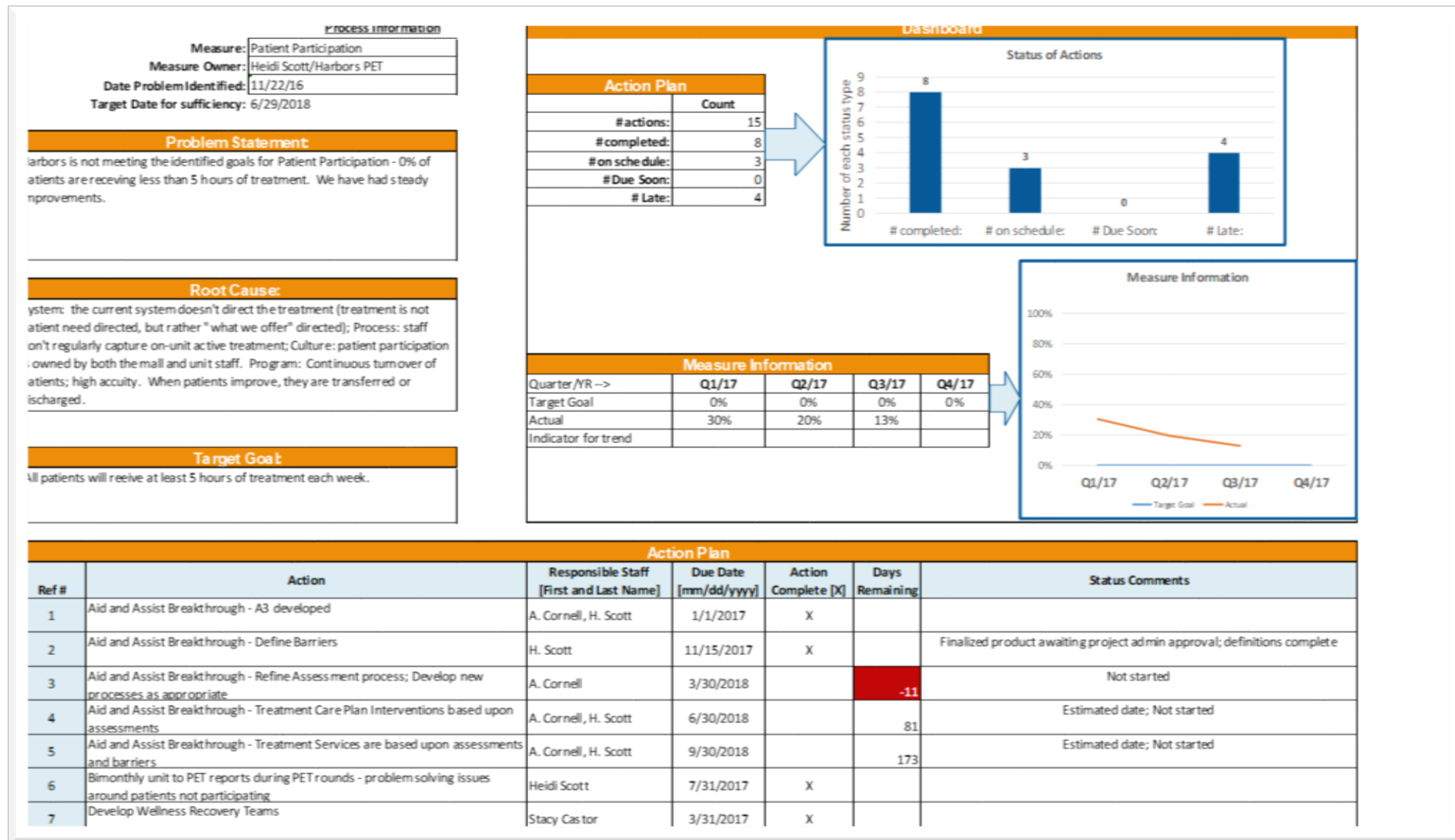
Correlation Fundamentals
 What we are measuring
 How we define the measure

Ranges of possible performance

Trending Results

Desired level of performance for the planning cycle

MEASURE ACTION PLAN (MAP)



Genchi Gembutsu

Engage

Muda, Mura, Muri

Be Respectful

Analyze

現場

GEMBA PROCESS



Daily walks

- All questions are curious and phrased about the “why”

Focused walks

- Same specific questions from each member to the staff
- All questions are curious and phrased about the “why”

GEMBA CURRENT STATE

“Great exposure to people I don’t otherwise see.”

Superintendent

“If you’re an executive leader and not out there on the front line, seeing if what you’re trying to implement is being heard, there is no way you are going to know if it’s working or not”

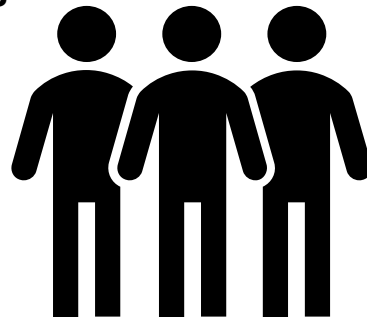
Deputy Superintendent

“I like building relationships and letting people know who I am”

Chief Nursing Officer

“I love being able to problem solve in the moment and help someone”

Director of Treatment Services



“When leadership is out and about, it’s empowering to the people to want to do better work”

Mental Health Technician

“It makes us feel heard, like we have a voice”

Registered Nurse

“I appreciated just a show of support. Offering guidance for collaboration as a resource.”

Psychologist

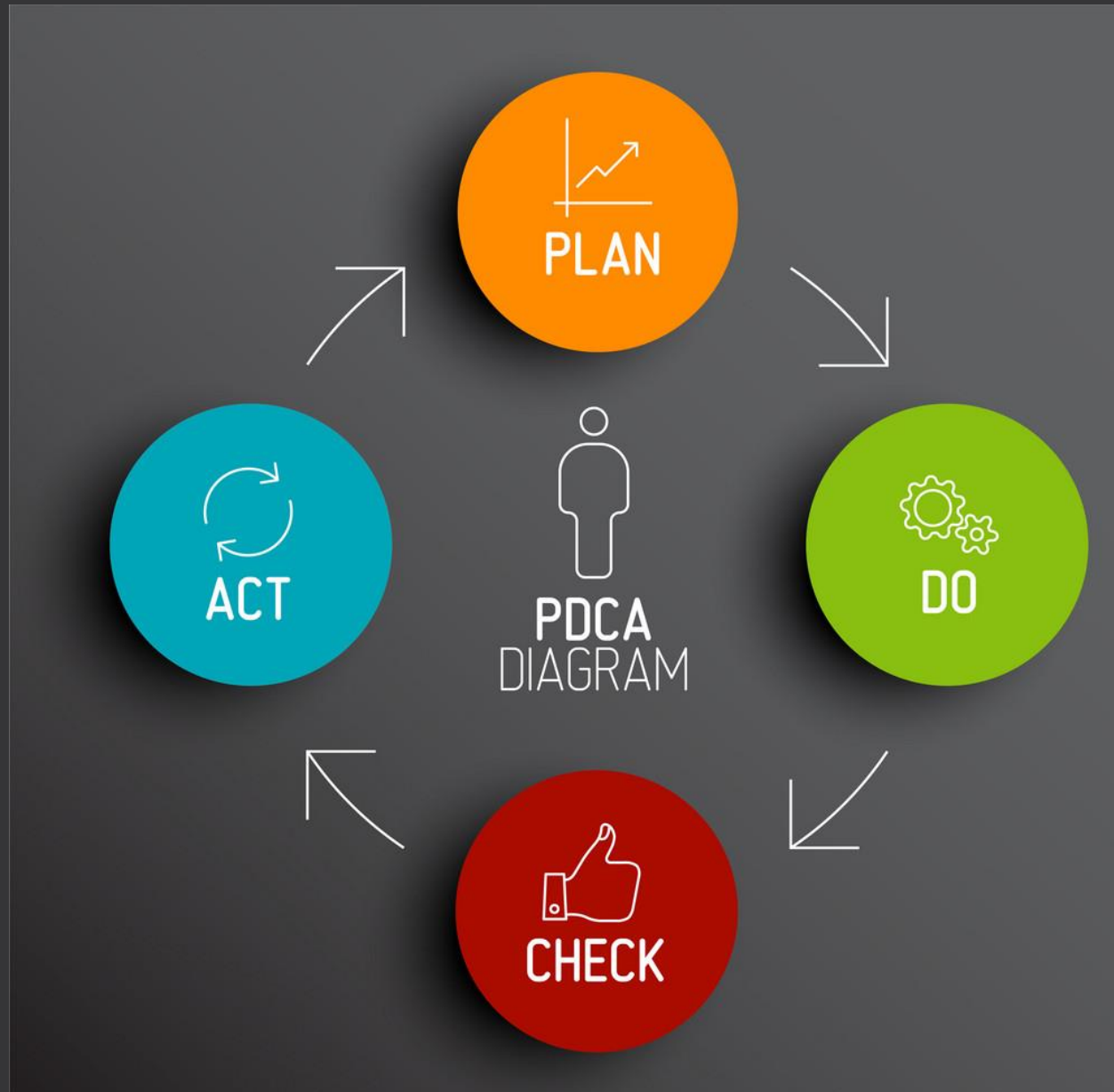
UNIVERSAL SCHEDULE

Standard Weekly Schedule

Time / period	Monday	Tuesday	Wednesday	Thursday	Friday
8-9	Program/Mall Huddles & Unit Morning Report	Program/Mall Huddles & Unit Morning Report	Program/Mall Huddles & Unit Morning Report	Program/Mall Huddles & Unit Morning Report	Program/Mall Huddles & Unit Morning Report
9-10	Clinical Work	Clinical Work	Clinical Work	Clinical Work	Clinical Work
10-11	Clinical Work	Clinical Work	Clinical Work	Clinical Work	Clinical Work
11-12	PET	Clinical Work	Clinical Work	Clinical Work	Clinical Work
12-1	Lunch Hour	Lunch Hour	Lunch Hour	Lunch Hour	Lunch Hour
1-2	Clinical Work	PET	PET	PET	Open for supervision/ meetings/work/disciplines
2-3	Open for supervision/ meetings/work/disciplines	PET	PET	PET	Open for supervision/ meetings/work/disciplines
3-4	Open for supervision/ meetings/work/disciplines	Clinical Discipline Department Meetings	Open for supervision/ meetings/work/disciplines	Open for supervision/ meetings/work/disciplines	Open for supervision/ meetings/work/disciplines
4-5	Open for supervision/ meetings/work/disciplines	Clinical Discipline Department Meeting	Open for supervision/ meetings/work/disciplines	Open for supervision/ meetings/work/disciplines	Open for supervision/ meetings/work/disciplines

EXECUTIVE LEADERSHIP SUPPORT





Quality Management - *Office of Performance Improvement*