Office of Performance Improvement
TRANSFORMATION AND SUSTAINMENT

“Out of the Ashes”

Kimberly Ross, Director of Performance Improvement
Dan Mussatti, Lean Leader
WHERE WE ARE NOW
- 2017-19 budget – $547 million
- Square feet – 1,550,000
- Position authority – 2,225
- Average census – 619
- Capacity – 33 units (756 beds)
- Operating – 28 units (653 beds)
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
**WHO WE SERVE**

**Guilty except for insanity (GEI)**

- People who committed a crime related to their mental illness. Depending on the nature of their crime, patients are under the jurisdiction of:
  - Psychiatric Security Review Board (PSRB, Tier 1)
  - Oregon State Hospital Review Panel (SHRP, Tier 2)

**Civil commitment**

- Patients civilly committed or voluntarily committed by a guardian
- Those who are imminently dangerous to themselves or others, or who are unable to provide for their own basic needs due to their mental illness
OSH KEY GOALS

- Recruiting and engaging outstanding staff
- Ensuring safety in our care environments
- Improving our processes and performance
- Employing information technology effectively
- Excelling in recovery-oriented care and treatment for the people we serve
OFFICE OF PERFORMANCE IMPROVEMENT

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

All departments have mapped their core processes. Process owners are tracking metrics toward a goal. All core processes have a process owner and their roles are clearly defined. Continuous Improvement methods are applied (PDCA, problem solving) if goals are not being met. Process owners celebrate & recognize success if goals are met and continue to apply CI methods aimed at perfection. Hospital Leaders and managers are educated and coached to support the evolution of Lean culture. PI team is creating partnerships with other Lean organizations to increase our knowledge and understanding. Performance Improvement team is no longer needed (Continuous Improvement is sustained by process owners and staff).
Lean Leader Assignments


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

Crossroads PET: RN Leadership, Flower 1, Flower 2, Leaf 1, Leaf 2; Pharmacy, Dental Clinic, Laboratory, Medical Clinic, Infection Control

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

Harbors PET: RN Leadership, Lighthouse 1, Lighthouse 2, Lighthouse 3, Anchor 1, Anchor 2, Anchor 3

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

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

Bridges/Pathways PET: RN Leadership, Bridge 1, Bridge 2, Bridge 3, Bird 1, Bird 2, Bird 3; Psychology Management, Treatment Services Leadership, Treatment Malls (Crossroads, Archways, Bridges/Pathways, Springs)

Psychology, RSD Management, Voc. Services-Client Employment, Social Work Management

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

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PI SUPPORT

- Rapid Process Improvements
- Work Team Initiatives
- Breakthrough Management
- Project Management
- Lean Daily Management support
- Lean Training
- Executive Coaching
- Value Stream Mapping
- Strategic Planning
- Team Building
- Meeting Facilitation
WHERE WE WERE
THE CHALLENGE BEGINS...

- **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
IN THE NEWS

- Lawmakers Question Agency’s Efforts to Improve Safety
- State legislators Questioning Conditions at Oregon State Hospital
- “The Cuckoo’s Nest Needs Rebuilding” (Letter to Editor)
- The Hospital That Won’t Let People Go
- Neglect Comes to Roost at State hospital
- Governor hires judge to Fix Hospital
- Feds Slam State hospital Safety
IN THE NEWS

- **December 2003**: Governor's task force recommends a "sweeping overhaul" of Oregon's mental health system -- and more money.
- **January 2005**: The Oregonian exposes the storage of thousands of cremated patients' ashes in corroding canisters and the need to replace the 123-year-old J Building, likely to collapse in an earthquake.
- **May 2005**: Consultants conclude the buildings are decrepit, hold too many patients and would likely collapse in an earthquake.
- **December 2005**: Class-action lawsuit alleging "dangerous conditions" at the hospital is settled after legislators agree to spend an extra $9.2 million to hire workers and improve conditions.
- **January 2008**: U.S. Department of Justice says hospital care and conditions threaten patients' safety and constitutional rights.
USDOJ FINDINGS (2008)

A. Inadequate Protection from Harm
   1. Inadequate Incident Management
   2. Inadequate Quality Management
   3. Failure to Provide a Safe Living Environment

B. Failure to Provide Adequate Mental Health Care
   1. Inadequate Psychiatric Assessment and Diagnoses
   2. Inadequate Behavioral Management Services
   3. Inadequate Medication Management and Monitoring

C. Inappropriate Use of Seclusion and Restraint
   1. Planned Seclusion and Restraint
   2. Use of S&R as Informal Alternatives to Treatment & as Punishment
   3. Use of Ad Hoc Restrictive Measures
   4. Failure to Assess Patients in Seclusion and Restraint
USDOJ FINDINGS (2008) CONT.

D. Inadequate Nursing Care
   1. Staffing
   2. Failure to Provide Basic Care
   3. Failure to Provide Feedback to Treatment Teams
   4. Medication Administration
   5. Infection Control

E. 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 GOT HERE
"LEAN"? YOU KEEP USING THAT WORD

I DO NOT THINK IT MEANS WHAT YOU THINK IT MEANS
Lean Implementation

- **2008** – Oregon DHS launched the Transformation Initiative. OSH selected 2 Lean Leaders that received training from Lean experts and completed work on several successful Lean events.
- **2010** – Greg Roberts, hired as superintendent
- **2010** – Kauffman Global- Launch of Excellence Project
- **2011** – OSH created the Office of Performance Improvement- Investment of 7 FTE Lean Leaders
- **2013** – Mass Ingenuity- Launch of Performance System
- **2013** – Investment of 5 additional FTE Lean Leaders
- **2017** – Investment of 3 additional FTE PI Project Managers
BUT...

WE'VE ALWAYS DONE IT THIS WAY
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
In July 2011, Greg Roberts, the OSH Superintendent, created the OSH 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.
VISITOR APPLICATION RPI

Before
• 67 process steps
• 17 decision points
• 20 handoffs
• Up to 43 day process

After
• 38 process steps
• 7 decision points
• 9 handoffs
• 3 day max process
MD RECRUITMENT RPI

Before:
• 53 Process Steps
• Recruitment Duration up to 381 Days

After
• 28 Process Steps Recruitment
• Duration no more than 25 Days
Lean Daily Management System

Routine Huddles

Primary Visual Display Boards

Continuous Improvement (CI) System

Metrics

- X
- Y
- Z
METRICS
CONTINUOUS IMPROVEMENT (CI) SYSTEM
## Continuous Improvement Sheet

<table>
<thead>
<tr>
<th>Person Doing the CI Sheet</th>
<th>Area or Process Name</th>
<th>Manager / Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
<td>Name:</td>
</tr>
<tr>
<td>Contact Info.</td>
<td></td>
<td>Contact Info.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Problem Description (list supporting data)</th>
<th>Proposed actions to be taken</th>
<th>Expected Results/Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

| Is this a safety issue?   | Yes ☐ No ☐ |
|                          |            |
| If yes, please notify the Site Manager: |            |

<table>
<thead>
<tr>
<th>Current State (draw picture)</th>
<th>Future State (draw picture)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

This CI sheet will be successful if:

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Quality Management – Office of Performance Improvement

'Informing the Pursuit of Excellence'

7/2017
PRIMARY VISUAL DISPLAY (PVD)
GEMBA
Lean Implementation – Oregon State Hospital

**BACKGROUND**

Oregon Department of Human Services launched the Transformation Initiative. OSH selected 2, full-time Lean Leaders that received training from Lean experts and completed work on several successful Lean events.

OSH contracted with Kauffman-Global to transform the OSH culture. Contract included Lean training for managers and the completion of 5 Lean events.

OSH created the Office of Performance Improvement – An investment of $772,000.

In 2012, multiple Lean events were launched and completed. Lean Leaders also provided support to 11 LDMS areas across OSH and delivered training.

11 Lean Leaders are currently supporting Program Executive Teams (PETS), Value Stream Mapping at the program level, leading Lean projects, supporting 12 LDMS areas, delivering Lean training, and providing executive/management consultation.

**CURRENT STATE**

**PROJECTS**
Temporary improvement efforts that require cross-functional teams

- Charter idea
- Select project
- Approval/prioritization by Cabinet
- Walk the process
- Event (85% WTI/LDMS)
- Report out to Cabinet

Execution of implementation plan

- 30 day Report out to Cabinet
- 60 day Report out to Cabinet
- 90 day Report out to Cabinet

**TRAINING**
Hospital Staff Lean Overview (HSLO)
Offered bi-monthly

Optimization Training – Applying Lean tools to improve processes. Training teams on process thinking, standard work, measurement, 5S, value, coaching, visual controls and Leadership.

**COMMUNICATION**

- Monthly meetings with Cabinet to present update on projects, LDMS, and prioritize emerging projects
- Monthly Spotlight on Excellence Publication
- Open dialogue with unions

**PROJECTS**

183 projects/consultations completed
- 18 projects in progress
- 31 projects classified as consultation in progress

**TRAINING**

2011-2017 Hospital Staff Lean Overview Training
- 1,025 participants

2013-2017 Module and Lean Optimization Training
- 1,023 participants

**COMMUNICATION**

- 73 Spotlight articles
- 12 articles in Recovery Times
- PI Team meets with Cabinet monthly
- Lean Open House Events
- Bi-weekly meeting with unions
- 10,144 sectors to OSH PI Lean Intranet Page

**RESULTS**

185 projects/consultations completed
- Out of 31 LDMS areas:
  - 93% have an updated PVD
  - 95% huddle every day
  - 93% have updated Metrics
  - 78% have submitted at least 1 CI Sheet/month

92% of LDMS areas meet all LDMS standards
- 78% have submitted at least 1 CI Sheet/month
- 5,680 Continuous Improvement Sheets submitted

**OPPORTUNITIES/STRENGTHS**

- Projects that align with value streams and hospital goals are prioritized
- Process ownership and Sponsor support is solid prior to project launch to ensure success
- Lean projects are active on Lean training excellent results
- Lean events are now seen as the standard method to solve problems and create positive change
- Cabinet Sponsors support project teams

**TRAINING**

- Offer multiple web-based training opportunities
- Offer Lean training tailored to managers
- People who complete training are interested and enthusiastic
- Module training provides a tailored approach that fits unit needs
- Optimization training provides standard work and control measures

**COMMUNICATION**

- Monthly Cabinet meetings provide support and direction for Performance Improvement initiatives
- Spotlight on Excellence is well-received and provides recognition for Lean progress and timely information
- Performance Improvement Internet provides useful information and is used by staff at all levels of the hospital

**LEADERSHIP FOCUS**

- Two Cabinet members are assigned to each Program Executive Team (PET)
- Cabinet members walking the process alongside Lean Leaders in different units and PETs per week
- Cabinet members work with Lean Leaders to determine Leadership standard work

**LEAN DAILY MANAGEMENT SYSTEM (LDMS)**

Primary visual display board is the foundation to follow Plan Do Check Act (PDCA) Lean leaders deployed to 88 areas (units & operations)

Metrics to check process performance
- Metrics are defined at unit level

Continuous Improvement Sheets (CI sheets) Improvement proposals to increase process performance at unit level

Huddle every day with the group to check metrics and follow up on CI sheet completion

**LEADERSHIP FOCUS**

- Leadership to build relationships with front line staff, discover improvement opportunities, and enthusiastic
- Leadership standard work
- Standard work
- Control measures
- Gemba walks provide an opportunity for Leadership to build relationships with front line staff, discover improvement opportunities, provide coaching to managers and show support for Lean Leaders
- Program Executive Teams actively participate in Gemba walks each week
- Cabinet members actively sponsor Program Executive Teams

**COMMUNICATION**

- Monthly Cabinet meetings provide support and direction for Performance Improvement initiatives
- Spotlight on Excellence is well received and provides recognition for Lean progress and timely information
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**LEAN DAILY MANAGEMENT SYSTEM**

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92% of LDMS areas meet all LDMS standards

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9/25/2017
PERFORMANCE SYSTEM (2013) FUNDAMENTALS MAP

DRAFT

Oregon State Hospital

Foundations

Key Goals

- Recruit and engage outstanding staff
- Ensuring safety in our care environment
- Embracing culture of innovation and transformation effectively

Core Processes

- Pre-Admission/Outpatient
- Acute Inpatient/Outpatient
- Planning/Construction
- Administration/Clinical
- Operations/Support

Sub Processes

- Administration
- Fiscal Management
- Performance Improvement
- Quality Assurance
- Operations

Process Measures

- Administrative efficiency
- Fiscal performance
- Patient satisfaction
- Staff retention

Outcome Measures

- Overall inpatient hospitalization rate
- Outpatient visit satisfaction
- Treatment care effectiveness
- Cost-effectiveness
- Community engagement

Measure Owner

- Rupert Dees, MD
- Michael Dees, MD
- Ken Sontag, MD
- Gary Fitch, MD
- Joy M. Russell, RN
- Wolf H. Linzer, MD
- Arrington T. Agnew, MD
- E.T. Handle
- Bill Israel
- Tom Field
- Cherisse

Support Process

- Hospital-wide services
- Administrative services
- Fiscal services
- Performance improvement

Version:

- July 2013

DRAFT

March 7, 2014
Foundations
Mission, Vision and Values

Key Goals
Helping us realize our mission and how we achieve success

Outcome Measures
Define the specific accomplishments that show progress toward the goals.
GOALS AND OUTCOMES
MEASURE ROLL UP

Measures Roll-up and Reporting

METRICS & GOALS
- Clear definition of what success means and how to influence performance changes
- Clear alignment between goals at Cabinet level and PETs level through the scorecards at each level
- Clear definition of goals and thresholds about when to take action
- Clear follow up process to check performance and generate action
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”
OSH Lean Implementation Results

Projects
- 185 completed
- 18 projects in progress
- 31 projects classified as consultation in progress

Training
- 2011-2017 Hospital Staff Lean Overview Training
- 1525 participants
- 2013 -2017 Module and Lean Optimization Training
- 1023 participants

Lean Daily Management System
Out of 92 LDMS areas:
- 92% of LDMS areas meet all LDMS standards
- 5,680 Continuous Improvement Sheets submitted

Communication
- 73 Spotlight articles
- 12 articles in Recovery Times
- PI Team meets with Cabinet monthly
- 9 Lean Open House Events
- Bi-weekly meeting with unions
- 15,324 visitors to OSH PI Lean Intranet Page
WHERE WE ARE GOING

SUCCESS IS A JOURNEY, NOT A DESTINATION
Lean Thinking
150mg

WARNING
Contains
Common Sense