Oregon State Hospital

OSH 30-day Stabilization Plan

Friday, April 11, Governor Kotek made Dave Baden acting superintendent of Oregon State Hospital and directed the agency to make a 30-day plan to address issues related to patient care and safety, effective immediately. The OSH 30-day Stabilization Plan will focus on immediate changes to improve patient care and safety, and it will grow and adjust in continued pursuit of improvement.

The plan is built on many actions already underway at OSH in response to findings by the Centers for Medicare and Medicaid Services (CMS) and The Joint Commission (TJC) related to patient safety. The objectives of the plan are to put strategies in place that will decrease likelihood of sentinel events and also provide staff with clearer direction and empowerment to keep patients safe.

Objective 1: Find the next sentinel event before it happens

OSH staff provide care and treatment for some of the most vulnerable and ill people in Oregon. There are daily risks and events that do occur, but sentinel events such as major injuries, death, or severe temporary harm should not occur. Focusing on how to prevent the next sentinel event before it happens will drive needed immediate change and also lead to the longer-term systematic changes needed to assure patient safety and quality care.

What this means:

OSH staff are taking immediate steps to survey the number of patients who are high-risk. They will assess whether patients have appropriate plans in place to mitigate a patient's particular risks and warning signs. Staff will utilize all available options to elevate and act before a patient or staff is harmed.

Actionable steps:

- Ensure all appropriate mitigation plans are in place for high-risk patients.
- Implement system improvements and clinical process changes to reduce risks to patient safety and improve awareness among members of a patient's care team.
- Develop procedures and practices for identifying, reporting, and acting on risks to ensure that staff are responding to warning signs.
- Mandatory executive rounding to ensure more executives have eyes on patients and hear from staff regularly.
- Resurface previously shared ideas that may improve patient safety.

Measuring success:

- Decrease in incidents attributed to system failures.
- Staff feedback indicates improvement in measures related to escalating and acting on concerns.

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Objective 2: Operate like a 24/7 hospital

The patient mix at OSH has dramatically changed over the past 10 years and OSH needs to continue to adjust to make sure that the needs of these more complex and higher acuity patients are met. That includes better escalation channels at all times of day or night and assuring patients have the needed treatment 24/7.

What this means:

OSH is taking immediate steps to address staff shortages at the Medical Clinic. This will include ensuring industry standards of practice, such as timely patient documentation, are being consistently applied. Staff are being appropriately trained and assigned to units based on matching patient needs to staff abilities. Unsafe or inappropriate patient conditions are identified, escalated, and acted upon with urgency by authorized decisionmakers.

Actionable steps:

- Decompress Medical Clinic provider workload through temporary supplemental staff while recruitments are unfrozen and initiated.
- Standardize practices and protocols to allow for more flexibility in adjusting staffing across units to meet the needs of patients based on patient acuity and staff competencies.
- Establish decision authority so that when issues are identified, it is clear who can make the decision to change something related to the patient's care and initiate an internal communications campaign to foster a culture of safety.
- Remove telework for patient-facing positions to reassess the appropriateness of remote work.

Measuring success:

- Fewer incidents are occurring on nights and weekends.
- Increase in activities such as assessments and care planning on nights and weekends.
- Staff feedback indicates improvement in measures related to patients getting the care they need when they need it.

Objective 3: Clarify roles, share responsibility

Staff and managers are elevating concerns around job expectations and the training they are receiving to adequately do their jobs. Additionally, staff have stated that expectations vary from unit to unit and that protocols are not being followed consistently.

What this means:

Frequent policy changes (from audits and other compliance actions) have resulted in unclear expectations, inconsistent application of policies, and no consequences for failure to follow policies. There must be a shared responsibility for patient safety. This requires an environment where people are able to speak up when they see a problem, and when required actions are not taken, progressive interventions (including disciplinary measures) occur. Staff must have the training they need to do the work, which may include on-the-job rotations to provide hands-on training. Units that are required to collaborate on patient care can find themselves unsure of who holds the primary responsibility for certain activities, creating the likelihood of gaps in care.

Actionable steps:

- Ensure policies have parallel protocols which describe behavior and activities and do not require staff to interpret.
- Move to require all staff who interact with patients receive sufficient education and training before allowing them to work on high-acuity units to ensure patient and staff safety.
- Explore internal job shadowing to enhance skill development and remediate skills gaps.
- Clarify the scope, purpose, inputs and outputs of internal committees and ensure there are sensible responsibilities and clear escalation pathways.

Measuring success:

- Employee feedback indicates improvement in measures related to expectations being clear and easily understood, and measures related to having the skills and training needed to be successful.
- Complete a review of collective roles and responsibilities.