

Oregon State Hospital (OSH) Case Study: Transforming a State Mental Health Hospital

Problem

In 2008, a report by the U.S. Department of Justice found that the care and conditions at OSH violated patients' safety and their constitutional right to good care. In 2009, an unannounced audit by The Joint Commission, a national accrediting organization, found that Oregon State Hospital (OSH) was noncompliant with 55 performance standards. In 2010, an independent health care auditor issued a report that identified a number of serious problematic issues. Most of the issues centered on a lack of strong leadership, unclear roles and responsibilities, and a fundamental confusion between compliance and quality management.

Later that year, the state hired a new superintendent and brought in a large consulting firm to implement a Lean quality management program at OSH. As a result, the hospital established a robust, formalized continuous improvement system, which had enabled OSH to resolve many of the problems by 2012. However, the executive leadership team lacked an overall performance system to provide a cohesive continuous improvement strategy throughout OSH. While Lean provided the foundational technical components, the hospital lacked the ability to review and assess the effectiveness of all the simultaneous efforts as a whole.

Solution

In 2013, Mass Ingenuity helped OSH build upon its Lean foundation by consulting directly with the executive team to create alignment across the entire Lean body of work and link it to the strategy and sustainability mechanisms required for success. By helping create the OSH Performance System, Mass Ingenuity gave hospital executives and managers the framework needed to routinely and strategically review and assess the hospital's organizational health. The consulting team translated and helped assimilate the multiple disciplines of Lean, performance management, change management, executive sponsorship, communication, and employee engagement into the work of the leadership team.

Results and Impact

Using tools like the Fundamentals Map, OSH has been able to communicate and align continuous improvement efforts with the hospital's key goals. By holding regular Quarterly Performance Reviews, staff throughout the hospital routinely measure, monitor and continuously improve organizational performance in order that quarterly reports are fully informed by daily work. At each QPR, the hospital

reviews a number of measures that are aligned with the processes and desired outcomes identified in the OSH Fundamentals Map. This lets leaders know what is working, what is not, and when to intervene. For example, by using this method, the hospital has been able to strategically target and implement efforts to reduce the use of patient restraints. As a result, the hospital has reduced its incidents of restraint by 46 percent since the first QPR was held in early 2014.

Another example of the hospital's success is its most recent Joint Commission survey. The surveyors returned for their triennial unannounced visit in March 2015. They measured OSH against thousands of standards and relevant federal requirements, and they spent most of their time on the units speaking to patients and staff.

Despite the surprise visit, OSH passed with flying colors at both their Salem and new Junction City campuses. The surveyors found only 17 areas that needed improvement, and several of them were resolved before the survey was complete. This is a significant improvement over the 29 findings in 2012 and 55 in 2009. The feedback was overwhelmingly positive, and the surveyors were glowing in their praise for what they saw and experienced. Two of the surveyors had been to OSH in 2009, and they could not believe this was the same hospital. They used words like "uniformly very good," "you're far beyond the curve," "exceptional," "brilliant," "amazingly good shape," and "phenomenal." The team was impressed that so many positive accomplishments had been achieved during a prolonged period of significant change. They encouraged OSH to post their efforts and success on The Joint Commission's best practices website and to apply for the prestigious Baldrige Award.

Quote from OSH Superintendent Greg Roberts

In sharing The Joint Commission survey news with his OSH staff, Superintendent Roberts said, "For perspective, it is important to remember that The Joint Commission surveys both public and private hospitals all across the country, even in other countries. So when we hear such praise from them, we should realize how well our performance compares to thousands of other facilities. Praise from The Joint Commission is high praise indeed! To me, the best part of this is that the surveyors were so impressed after seeing the hospital as it really is. Because the survey team arrives unannounced, we can only do things the way we normally do; there's no 'putting on a show.' Being 'survey ready every day' has become a reality here..."