

1 Problem / Desired Outcome

**Problem**

Community alternatives to OSH Junction City Geropsychiatric Treatment Services beds needs to be identified and developed.

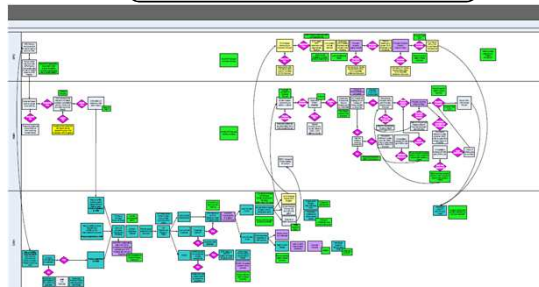
**Current Metrics:**

- 66 beds at OSH Junction City facility are designated for neuro/gero patients
- \$20.7 Million construction costs for 66 OSH beds
- Estimated \$4.4 Million start up costs over 6 bienna for community beds

**Scope**

All areas involved in the OSH referral/admission and discharge/placement planning process for older adults and younger adults with disabilities at risk for GTS hospitalization.

2 Define Current State



**Current State Results**

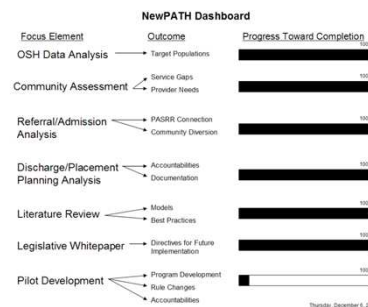
- 85% of April 2010 GTS census were likely SPD service eligible at discharge
- Behavior is primary reason for OSH GTS referral
- Six areas of ‘heartburn’ were identified for further work

**Current State Revealed a Need To Focus On:**

- New funding models
- Community long-term care capacity
- Revised admission criteria

3 Describe Future State

- AMH champion for older adults
  - New cross divisional unit in AMH
- Indirect cost reimbursement for MH
- Alignment of AMH, SPD and OSH policies
  - Revised admission criteria
- Habilitative long-term care model
  - Person-centered care
  - Provider accountability
    - Training
    - Performance contracts
- Performance measures for managers



4 Resources

**Project Report Binder**

- OSH Replacement Project, OSH Cottage 10

**Project Charter**

- <http://www.oregon.gov/DHS/transformation/amh/initiatives/osh-diversion-charter.pdf>

**PDF files of report and appendices**

- <http://www.oregon.gov/DHS/transformation/amh/index.shtml>

5 Outcomes and Next Steps

**Outcomes**

- Resources added from SPD for earlier discharge planning
- Identification of barriers to placement has informed current planning efforts

**Next Steps**

- Future lean event focused on Enhanced Care Services referral and placement and capacity (future state)
- Creation of new AMH unit to develop, integrate and monitor physical and behavioral health services for older adults and younger adults with disabilities

7 What We Learned

- Using project management tools and a dedicated project manager was invaluable in keeping the team on task and within scope.
- While Lean tools were used during the course of the project, some team members were unable to identify them as “Lean” per se, or resisted the need for the tools prior to their use.
- Executive champions were key to problem solving and decision making; yet there was sometimes confusion about ultimate project authority.
- Stronger middle management would have helped to align division and unit goals, timelines and project roles.
- Because the output of this project was a paper for legislative review, it was difficult to identify meaningful metrics as a transformation initiative.
- Some felt the scope of the project was too large.
- The “On The Move” project (SPD) competed, at times, with the NewPATH transformation initiative for resources.
- While there was anecdotal understanding of the barriers to discharge and gaps in community services for this population, using a process map and conducting data analysis gave leadership visual and timely statistical illustrations of barriers to discharge.
- Without a champion for implementation of the NewPATH recommendations, a clear future state has not been mapped and the areas of ‘heartburn’ remain unchanged.

6 Defined Metrics

- Track length of stay for NewPATH population
- Track referrals and admissions for NewPATH population
- 70 new community long-term care beds by 2025

