MHCA

ExecutiveReport

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2007 Fall Conference Convenes in Phoenix

The Intersection of Technology, Business and Society

If you sometimes feel overwhelmed by the avalanche of fresh information crashing toward you each and every waking hour, don't despair. You are capable of handling it. You are an "information omnivore". You just have to learn how to relinquish control of how you've organized information in the past and learn to reap rewards from the deluge of information in modern work and life. Enter David Weinberger, a fellow at Harvard's prestigious Berkman Center for Internet & Society, who will keynote MHCA's 2007 Fall Conference in Phoenix, Arizona on October 31. Dr. Weinberger is one of the most respected thought-leaders at the intersection of technology, business and society. He is a widely read author, commentator, technology columnist, dot com entrepreneur (and did we mention, gag writer for Woody Allen and senior internet advisor for Howard Dean's presidential campaign?). Join us for this unique presentation as Weinberger looks ahead and shows the broad and deep changes technology is having on the basics of business.

Our Fall Conference is being held at the beautiful JW Marriott Desert Ridge Resort beginning Tuesday, October 30 and concluding on Friday, November 2. Registration materials have been mailed to MHCA members and invited guests. You can also access the agenda and register online at www.mhca.com.

At this conference, the MHCA/IOM Trans-formation Workgroup continues its series of meetings with an all day gathering on Tuesday. To date some 20 organizations have committed to this coordination of MHCA's bench-marking data with the six behavioral health transformation aims of the Institute of Medicine. Their work continues in Phoenix where facilitators Allen Daniels, EdD and Neal Adams, MD will provide leadership.

General Session presentations on Thursday will include a visit from Linda Rosenberg, President/CEO of the National Council for Community Behavioral Healthcare. Rosenberg will report on current legislative priorities and initiatives of the National Council. Her address will be followed by a panel presentation on Affirmative Businesses provided by MHCA members whose local programs have received high acclaim.

Two ongoing MHCA focus groups will convene in Phoenix – the Information and Technology Focus Group on Wednesday and Thursday and the Applied Research Focus Group on Wednesday. Wednesday's IT Focus Group will include a presentation by Frank Collins, MHCA Information Director, on accessing resources within MHCA's website. This presentation is part of our new "Learn About It" series featuring MHCA products and services. Everyone will benefit from this exploration of the association's website, and newer members especially will be introduced to the wealth of information provided there. Both the News Trends Forum and the Futures Forum will meet as well. Watch for Forum topic development at our website agenda.

On Thursday evening Phoenix based Scottsdale Insurance will host shareholders of the Mental Health Risk Retention Group for a reception and dinner at their headquarters offices. MHCA receptions will be held both Wednesday and Thursday evenings at the hotel.

Make your travel plans now, reserve your hotel accommodations and join us for a great Fall Conferrence. ❖

A Message from the President

MHCA launches new project using the Institute of Medicine's aims as a framework for Quality Assessment and Improvement.

Don Hevey

In considering potential opportunities for improving quality and systems performance, MHCA has adopted a project of assessing quality of care based upon the six aims outlined by the Institute of Medicine (IOM). These aims will be cross walked with indicators contained in MHCA's Customer Satisfaction Management System and our Corporate Benchmarking Survey for measuring and improving quality.

Fifty-eight staff from 45 MHCA member organizations attended an information meeting at our Summer Conference in San Diego to learn about the project and decide if they want to participate and are willing to commit the time and staff resources necessary. Participation requires attendance at the next five MHCA conferences where project meetings will be held. In addition there will be work assignments in between meetings.

The goals of the project will be to utilize the existing MHCA benchmarking and customer satisfaction data bases and processes to support the work of quality improvement within the IOM aims. Additional objectives for the collaborative will include establishing a consensus definition of transformation as well as examining how the IOM aims and reports can support and promote desired change. A final goal of the initiative will be to evaluate how this process can be developed into a generalized and transferable model for mental health/ substance abuse systems change that can be applied in other settings across other service systems.

Facilitating these meeting and the overall collaboration are Allen Daniels, EdD of the University of Cincinnati, Department of Psychiatry and Neal Adams, MD of the California Institute for Mental Health (CiMH). ❖

Above: ***Facilitators Allen Daniels and Neal Adams with MHCA member and project participant Diana Knaebe, Heritage Behavioral Health Center.***

Right: ***Transformation Work Group members deliberating on August 7 in San Diego.***

MHCA MISSION STATEMENT

MHCA is an alliance of select organizations that provide behavioral health and related services. It is designed to strengthen members' competitive position, enhance their leadership capabilities and facilitate their strategic networking opportunities.

THE EXECUTIVE REPORT

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143 Members in 34 States

Negley's Risk Management Awards Increase in Value

Since 1990 the annual Negley Awards for Excellence in Risk Management have recognized outstanding programs among behavioral healthcare organizations that reduce danger to clients, staff and community. This year awards are increased in value to include $15,000 for the first place winner and $7,500 for two runner-up winners. For the first time, travel expenses of $1500 per winning organization will also be paid by Negley Associates, underwriting management company for the Mental Health Risk Retention Group (MHRRG).

Materials were mailed in late August to all MHRRG shareholders, and all members of both MHCA and the National Council. Submissions should describe a well-documented plan aimed at reducing risk to the community behavioral health center. The plan should be based on sound principles of clinical and administrative intervention, and both the plan and methodology should be transferable to other behavioral healthcare organizations.

Applications will be reviewed and winners selected by the Board of Directors of MHRRG whose decision is final. The three finalists present their papers first at MHCA's annual meeting, February 19-22, 2008 in St. Pete Beach, Florida. After award designations are determined, recipients present their programs again at the 2008 Annual Conference of the National Council for Community Behavioral Healthcare. That meeting will be held May 1-3 in Boston, Massachusetts. ❖

Joint Commission's
Fourth National Conference on Behavioral Health Care
From Ethics to Evidence: Supporting Behavioral Health Care Decision Making

December 12-13, 2007
Chicago, Illinois
www.jcrinc.com/education
877-223-6866

Nominate and Elect

MHCA is presently conducting its nomination and election process to fill seven positions on our Board of Directors. Those Directors whose terms will expire in February 2008 are Susan Rushing, Harriet Hall, Bill Sette, Ken Jue, David Guth, Jerry Mayo and Dennis Morrison. Eligible for nomination are any MHCA member CEOs in those Board regions with terms up for election who are not filling an interim position and who have attended at least one quarterly meeting since becoming CEO. In addition, of course, those other current Directors whose terms have not expired are not potential candidates.

This year the entire nomination and election process will be handled electronically. CEOs should have received notice that nominations are due by September 14. After reviewing nominations and receiving acceptances, the balloting will begin October 19. All ballots are to be returned to MHCA by November 9. If run offs are necessary, they will be conducted in December.

In keeping with our bylaws, balloting for election of officers of the MHCA Board of Directors will be conducted by the Board members in early January. All results will be announced at MHCA's annual meeting on February 20 and new directors and officers will begin their terms on February 22 following the close of the Board meeting in St. Pete Beach, Florida. ❖

West Bergen Celebrates Gift from Major Donor & Friend

It's been nearly a year since Michael Tozzoli, CEO of New Jersey's West Bergen Mental Healthcare announced the receipt of a $5 million gift to the West Bergen Foundation. In making the September 2006 announcement Tozzoli described the donor, "David F. Bolger is a long-term friend best known as West Bergen's Guardian Angel. In making this gift to the Children's Services Endowment, Mr. Bolger has chosen to support West Bergen's goals of hiring expert professional staff and underwriting the cost of care for those who can least afford it. So many times during our history David Bolger has made the difference."

At MHCA we were reminded of this wonderful donation when we heard the keynote address on fund development and soliciting major gifts at our recent 2007 Summer Conference. Though the West Bergen gift was more than significant by any measure, we were assured by keynoter Bill Sturtevant that the large gifts are not beyond our grasp.

West Bergen's relationship with philanthropist, David F. Bolger began in 1983 at the opening of a group home after intense community opposition and a lawsuit. Mr. Bolger subsequently supported all of West Bergen's capital projects and has made numerous grants for specific client needs. On announcing the gift, Tozzoli said, "David has always been aware of the needs of others revealing a remarkable concern for the lives of those who suffer with major mental disorders. Mr. Bolger is a well-known philanthropist in the local area as well as in Sarasota, Florida and specific other areas in the US."

Tozzoli commented further that, "West Bergen Chairman, Philip Wilson, developed a close relationship with Mr. Bolger over the years he (Wilson) was CEO. In Philip's new position as Chairman he focuses on major gifts and continues to maintain regular contact with David as well as having a major role with the Foundation. Mr. Bolger has been our Guardian Angel for many years. We greatly value him and will maintain our relationship with him as we have over the years."

For further information about West Bergen, please contact Michael Tozzoli at West Bergen Mental Healthcare, 201-444-3550 or MTozzoli@WestBergen.org ❖

San Diego, California

Reflections on a Summer Conference

"This is what MHCA is all about!" claimed a member as they evaluated our 2007 Summer Conference in San Diego. Indeed, the August 7-10 meeting was rich in both content and connections.

Beginning on Tuesday afternoon, nearly 60 members representing 45 organizations participated in the first of six meetings to advance the Institute of Medicine's (IOM) agenda for transformation of the behavioral healthcare sytem. Deliberations will focus on the aims of patient centered timeliness, efficiency, effectiveness, safety and equity. At the end of Tuesday's gathering, 18 organizations had "signed on" to participate in the full project and it is expected that at least another five to ten will do so.

Wednesday's Keynoter Bill Sturtevant wowed his audience with energized, practical information on developing and implementing cultivational plans for major gifts. Not satisfied with bake sales or begging, Sturtevant convinced listeners to think big, attract major donors and sustain continued benevolence toward their behavioral health care organizations. He followed up his keynote by visiting with the Marketing/Fund Development Focus Group where questions posed in general session were explored in more detail. Enlarging on the fund development theme, Thursday panelists David Guth, Ken Jue, Gail Lapidus and Doug Stadter made a strong case for the central role of CEOs in successful fundraising as they described real life scenarios from their individual organizations.

And talk about energy, who better than John Van Camp, CEO of Southwest Solutions in Detroit, could make the topic of housing development come alive? As John named the numerous endeavors he and his staff are pursuing to provide affordable, sustainable housing in an otherwise depressed urban environment one could only wonder...when does this man sleep? Not only is Southwest Solutions providing new possibilities for its clients but as they do so, they are reclaiming deteriorated but historically significant buildings and breathing life into theretofore discouraged

RIGHT: ***David Guth (left), Chairman of MHCA's Marketing Committee, visited with keynoter Bill Sturtevant.***

ABOVE: ***Sturtevant participates in the Marketing and Fund Development Focus Group session.***

RIGHT: ***(from left to right) Doug Stadter, Gail Lapidus, Ken Jue and David Guth, panelists on "The CEO-Central to Fund Development"***

neighborhoods. It's good for the clients; it's good for the city; it's good for Southwest Solutions. It's just good. Or do three goods make a great. We think so.

It's a tough act to follow two such successful presentations, but Nancy Maudlin, MBA, Director of MHCA's National Data Center, and Doug Philipon, President of iCentrix, introduced their own brand of excitement by providing an update on recent enhancements to MHCA's Benchmarking Survey. The Survey, now in its third year, will be completely electronic as participants submit data this fall. Over time survey data has been collected that will serve as a central research component in the ongoing collaboration between MHCA and the Institute of Medicine (IOM) for "transformation" of the behavioral health care system.

These general session presentations were followed on Wednesday and Thursday afternoons by committee meetings, forums and focus groups. The first course in our new "Learn About It" series showcased the Mental Health Risk Retention Group's insurance products and especially offered new members an opportunity to understand this valuable benefit of MHCA membership. Additional products and services of MHCA will be highlighted in this series over our next several conferences.

Three Leadership Focus Group sessions were held in San Diego to interview members about their MHCA experiences. Researcher Phillip Downs of Kerr and Downs Research facilitated the groups and will be providing guidance to MHCA's Board of Directors as they continually seek to improve membership benefits and services.

Finally we want to thank our generous conference sponsors including Duke University Behavioral Health Informatics, Essential Learning, Genoa Healthcare, iCentrix, MHRRG/ Negley Associates, QoL Meds and Qualifacts. Their exhibit booths provided helpful information on their products, and their sponsorship enhanced the social scene! ❖

TOP: Don Hevey (left) greets long time friend and MHCA member John Van Camp who described his organization's housing initiatives in Thursday's General Session.

BOTTOM: Mary Lu Kiley (left) talked with presenters Doug Philipon of iCentrix and Nancy Maudlin of MHCA's National Data Center.

Learn About It Series Features MHRRG

On August 9 in San Diego, MHCA's first presentation in its new series, "Learn About It" featured the Mental Health Risk Retention Group. MHRRG was established in 1986 as a general and professional liability company run by mental health professionals for the behavioral health industry. MHRRG board members as well as underwriting company representatives described the excellent insurance products.

Pictured seated left to right: ***Gil Aliber, MHRRG Board Chair; Sue Cohen and Nancy Erickson, Negley Associates.*** **Standing left to right:** ***MHRRG Board members Wes Davidson, Howard Bracco and David Dangerfield; Nick Bozzo of Negley Associates and Ron Zimmet, MHRRG Counsel.***

A Successful Proactive Medication Variance Reporting Program

by Bayview Center for Mental Health, Inc.

Winner: Board of Directors' Award, 2007 Negley Awards for Excellence in Risk Management

As with most behavioral health programs, the majority of our treatment revolves around medication management. Long before the Institute of Medicine came out with its original report presenting the number of medical errors throughout the country and the concomitant morbidity and mortality associated with these errors, most, if not all, healthcare facilities tracked and trended this type of data.

The most common of such medical errors are medication errors — even in behavioral health. Due to the variety of clients and programs at Bayview, medication errors can occur because of any one of a number of reasons and involve medical, nursing, as well as other direct care staff who have no specific clinical background but are responsible for observing clients taking their medications on a daily basis.

At Bayview, each dose of a particular medication involved in an incident counts as one medication variance. For example, if a client was prescribed three different medications to be taken once daily and the medications were not given for two days, we would count this as six medication variances. The significance of this definition will become more apparent when data is presented.

This essay focuses primarily on medication variances involving clients in supervised housing programs, but the data includes all our programs combined. We began tracking our medication variance data in 1994. Although we had fewer programs then than we do today, the number of incidents that were reported (20) was far below what we knew to be occurring and certainly well below the national norm. We averaged between 15 and 27 medication variances annually between 1994 and 2000.

There has always been a stigma associated with reporting incidents and medication errors and we initially embarked on a rather uncoordinated effort to get staff to report medication incidents. Medication variances, then referred to as medication errors, were documented on the same form used to report other client incidents and were trended in six different sub-categories including wrong time/dosage/route, wrong medication, inventory discrepancies related to narcotics, adverse drug reactions, pharmacy errors, and omissions. We also looked at who was responsible for the error and in which program they were working; corrective actions generally involved admonishment. Our attempts to convince staff to report these incidents simply on the basis that they would improve the quality of care we provided were for naught.

Then unexpectedly in FY2000-01, the number of reported incidents jumped to 138. The majority of these incidents involved omissions reported by our supervised housing program where clients, who live in apartments, present themselves daily to the lay (non-nursing) Housing Advisors who observe them taking their medications. Although we were excited that we were finally getting reports, the sudden increase, particularly from a program where there was no actual medication administration, prompted us to form an IOP (Improving Organizational Performance) team. This team uncovered a number of process issues related to medication monitoring, reordering of medications, improper documentation, untrained staff, and poor communication. Our preliminary process improvements in the Housing program included:

- Purchasing pill counters so that medications could be counted weekly;

- Using only two outside pharmacies for medication deliveries;

- Eliminating the back-up medication drawer;

- Assigning Housing Advisors to regularly monitor the medications of the residents for whom they were responsible; and

- Developing a medication review form that the psychiatrist would complete following the medication management appointment and which informed the Housing Advisors anytime a client's medication was changed or discontinued (Attachment 1). The client brought this form to the appointment and handed it to the psychiatrist.

During the following year (2001-02), we developed and administered a survey instrument to assess the staff's willingness to report medication incidents (Attachment 2), and the number of reports increased to 437. Although more programs were reporting incidents, the bulk of the incidents were still occurring in the Housing programs. The intensive training (Attachment 3) of the Housing Advisors provided by the Supported Housing Director and Division Director for Community Housing & Rehabilitation was paying off. It was not that more incidents were occurring, but rather that staff now recognized how to identify errors and how to report them.

The IOP team continued to meet and address the types of errors that were being reported. Some of the new issues we identified as contributing to medication incidents included that clients were not keeping their scheduled appointments and running out of medications; clients were not getting their

refills for a variety of reasons; and the Housing Advisors were not being informed in a timely manner of changes in the clients' medications after their medication management appointments. A second set of improvements was implemented including:

1) Having the Housing Advisors fax each client's medication review form directly to our Health Information Management (HIM) department who placed it in the clinical record prior to the medication management appointment. Following the client's appointment, the medication review form was faxed back to the Housing Advisors;

2) Having the Housing Advisors complete weekly medications inventories and faxing them to the Case Management Coordinator for follow-up;

3) Specifically assigning each Housing Advisor two apartments (with 3-4 clients in each one) for which (s)he was responsible;

4) Having medications picked up by either the Case Manager or the client because of the problems we were having with the outside pharmacies;

5) Placing old medications in a box designated for disposal;

6) Discouraging the use of PRN prescriptions;

7) Having Case Managers follow-up with non-Bayview primary care physicians regarding refills for non-psychiatric medications;

8) Counting medications before the client went out on pass and after (s)he returned;

9) Counting new medications before they were stored; and

10) Having the Case Management Coordinator be responsible for assuring that consultation forms were faxed daily from the clients' medical clinic.

We completed the Medication Safety Self-Assessment, distributed by the Institute for Safe Medication Practices, and began working on additional changes we could make to our systems. We considered the increased reporting of medication incidents as extremely positive, congratulated the staff, and continued to encourage them so that opportunities for improvement could be uncovered and addressed. To emphasize this point, we stopped disciplining staff after reporting incidents and started disciplining staff for failing to report incidents.

> "A multidisciplinary team effort and ongoing collaboration among all the parties involved are essential to positively reinforcing the benefits of reporting variances and creating a safer environment for the clients."

The number of reported incidents (900) peaked in FY 2002-03. The majority of the incidents (85% or 765 variances) were still being reported by the Housing programs. It was clear that we needed a better way to identify the problem processes causing the variances.

An ad hoc committee was formed consisting of risk management, nursing, and housing staff to develop a separate form and procedure to report medication variances (Attachments 4 and 5). This was the year we stopped using the term "medications errors" and starting using the term "medication variances", another step in reducing the stigma associated with reporting these incidents.

In FY 2003-04, Risk Management placed the reporting form on Microsoft Access so that each specific category could be trended (Attachment 6). The result was very specific data including the types of variances, the medications involved, where they started, system failures, contributing factors, and the level of harm, if any, caused to the client. By the end of the year, the number of variances started to decrease (401 variances compared to 900 the previous year). This was also the first significant decrease in the number of variances reported by the Housing program (35% versus 85% the prior year). This was also the first time that near misses were being reported.

In FY 2004-05, the number of variances decreased again and we were finally starting to see an increase in the number of variances reported by some of our other programs. We continued to positively reinforce the staff in reporting medication variances and this reinforcement filtered to other types of incident reporting. in FY 2005-06, the last year for which data is currently available, we had a significant increase in medication variances due to two incidents involving over 1500 expired samples. However the Housing programs' variances represented only 8% of the total.

This truly was a significant achievement. In mid-2006, a Medication Variance Training questionnaire was developed and is now used to train all direct care staff Agency-wide (Attachment 7).

Conclusion

A multidisciplinary team effort and ongoing collaboration among all the parties involved are essential to positively reinforcing the benefits of reporting variances and creating a safer environment for the clients.

We believe this program has improved the quality of our services because we have (1) almost completely eliminated the number of medications missed by the Housing program clients, (2) improved the knowledge base of our Housing Advisors as well as

See Medication Variance, page 8

Medication Variance, from page 7

other staff, (3) taught our clients to be more responsible and self-sufficient as indicated by our client satisfaction survey, (4) increased the number of days our clients spend in the community (reduced the readmission rate due to medication noncompliance), (5) made staff more aware of the potential for serious outcomes if variances are not reported and corrected, and (6) helped staff to understand the importance of reporting near misses. This proactive program has reduced our liability exposure by assuring that our clients get the right medications at the right time and perhaps, most importantly, it was implemented before a sentinel event occurred.

If we can prevent even one client from decompensating and/or potentially injuring him/herself or others, then we have reduced our risk exposure. Our staff satisfaction survey results indicate that over 85% feel comfortable reporting medication variances and adverse events today, compared to 35% when this process started. This prevention and training program can be undertaken by any behavioral health facility and additional resources (other than time) were/are not required to implement it.

We have been very fortunate that we have never had a truly serious outcome resulting from a medication variance. However, since we treat our clients therapeutically with a variety of medications, the potential for error and serious injury will always exist, and we will continue to look for ways to improve our processes as we face new challenges. ❖

ABOUT BAYVIEW:

Opened in 1981, Bayview Center became accredited in 1995. It offers a continuum of therapeutic and support services to clients in Miami-Dade and Boward Counties in SE Florida. The Center operates with a $19.7 million budget and 300 FTEs. Long time and current CEO Robert S. Ward has recntly announced his impending retirement. At presstime, no appointment has been made. Attachments mentioned in this article are available from Bayview Center's Office of Corporate Compliance (305-892-4646).

An Unexpected and Untimely Loss

MHCA's sincere condolences are extended to the family and friends of Richard D. Sassano, President/CEO of QoL Meds and Sassano & Associates Accountants, who died unexpectedly August 9, 2007. Richard had visited with MHCA at our Summer Conference in San Diego August 8-9 and was returning to his home in North Hills (Pittsburgh area), Pennsylvania when he died enroute. He was a graduate of the University of Dayton and is survived by his wife Janine.

CALENDAR

MHCA 2007 Fall Conference
Dates: October 30-November 2, 2007
Location: JW Marriott Desert Ridge, Phoenix, Arizona
Phone: *800-835-6206*
Rate: $249 single/double
Deadline: September 27, 2007

Joint Commission Fourth National Conference on Behavioral Health Care
From Ethics to Evidence - Supporting Behavioral Health Care Decision Making
Dates: December 12-13, 2007
Location: Sheraton Hotel, Chicago, Illinois
Program Fee: $595
Early Bird Fee: $550 (30 days prior)
To Register or find out more information, contact Joint Commission Resources' Customer Service at 877-223-6866 or visit www.jcrinc.com/education

MHCA 2008 Annual Meeting
Dates: February 19-22, 2008
Location: Don CeSar Beach Resort, St. Pete Beach, Florida
Phone: *800-282-1116*
Rate: $264 single/double
Deadline: January 17, 2008

MHCA 2008 Spring Meeting
Dates: May 2008
Location: New Orleans, Louisiana
Specifics TBA

Arts in Healthcare Grants Available

Johnson & Johnson (J&J) working in partnership with the Society for the Arts in Healthcare (SAH) seeks to promote the use of the arts to enhance the heatlhcare experience for patients, their families and caregivers. From 2001 - 2007 J&J/SAH have provided funding to 107 programs in the US and Canada representing leading models and initiatives in high quality healthcare through the use of arts. Proposals are now being sought from healthcare and/or arts organizations that have established arts in healthcare programs operating in or warranting replication in underserved communities. For more information and eligibility requirements, review the guidelines available at www.thesah.org. Letter of Inquiry deadline: September 19, 2007.