MHCA

ExecutiveReport

Published by Mental Health Corporations of America, Inc. *Second Quarter 2004*

Get on Board for MHCA's Summer Meeting

San Francisco. If you've been there before, you want to go back. If you have never been there, you've always wanted to go. It has something to do with the heart…

Now's your chance. MHCA heads for the City by the Bay for its 2004 Summer Meeting, August 3-6. We'll convene at the lovely, historical Palace Hotel, a 4 Star/4 Diamond property first opened in 1875. Completely renovated as recently as 1991, the hotel will enchant you with its famous "Garden Court" and beautifully appointed guest rooms. It is centrally located and within walking distance of major "must see" spots on the map. It is also just fifteen miles from both the San Francisco and Oakland International Airports.

That's the location. Here's the program. Following our Spring Meeting, where MHCA's typical agenda yielded to the combined program of SAMHSA and IIMHL, our Summer Meeting will return to our regular format to include committee and forum meetings in addition to our general session. Wednesday's Keynoter will be Lynn Upshaw, author and consultant in the field of branding/marketing. A Marketing Focus Group will follow his presentation.

Our newly appointed New Trends Steering Group will identify several "hot topics" for ad hoc discussion groups, and our other committees and forums will meet on Tuesday and Wednesday. On Thursday in general session we will hear a panel presentation on corrections and mental health. Speakers will represent MHMR of Tarrant County (Texas), Thresholds (Illinois) and Seattle Mental Health (Washington). Two members of MHCA's IT Committee together with two SATVA representatives will describe common mistakes and solutions for selection and implementation of IT systems. Following their presentation, there will be a "fishbowl" discussion of the issues. IT Chair Grady Wilkinson will moderate this portion of the program. MHCA member Dennis Wool, PhD will give a presentation on the FISH organizational motivation program first made famous by the Seattle seafood folks, and we will hear an update on MHCA's second annual Benchmarking Survey. Rounding out general session on Thursday will be a report by Fran Silvestri and others on the recent IIMHL international leadership exchange program and conference in Washington, DC.

A Guest/New Member/New CEO orientation luncheon will be held on Wednesday. Since we suspended guest invitations for the Spring Meeting, we hope many of you will extend a San Francisco invitation to those you wish to introduce to MHCA *(prior approval required – contact the MHCA office)*. In addition, our Mental Healthcare America Board will meet on Tuesday evening, and the Mental Health Risk Retention Group Board of Directors will meet on Friday morning immediately following our MHCA Board meeting.

Please plan to be with us for this *first time ever* San Francisco MHCA meeting! ♥

President's Column by Donald J. Hevey

Don Hevey

At the beginning of every new MHCA chairman's term, we schedule a visit to the MHCA headquarters office. We were delighted in April to welcome Susan Buchwalter to Tallahassee to "tour" the office, visit with staff and spend time discussing the upcoming year. We reviewed her goals and desires for MHCA and discussed my performance goals as they relate to our recently completed three-year strategic plan. We finalized those goals at our recent Executive Committee meeting, and I will post them on our web site soon.

One of the tasks we had identified to accomplish during Sue's visit was the review of existing committee and forum chairs and the appointment of new chairs where this made sense. Our guiding principle was to appoint new chairs unless the committee was in the midst of a significant project and continuity in leadership was desired. Our reason was twofold - to give relief to those who have worked hard in this role for the past two years and to provide others with an opportunity for leadership within MHCA. We asked Ann Borders, Grady Wilkinson and Dan Ranieri to continue as chairs of their committees because of their continuing projects, i.e., benchmarking, work with SATVA, and the action plan regarding member recruitment and the potential for international members.

A few of our committee chairs are automatic by virtue of the individual's office, e.g., the Chairman of MHCA heads the Executive Committee, the Vice Chairman is Chair of the Executive Development Committee (soon to be renamed), and the Past Chair leads the Nominating Committee.

We are grateful to those who have accepted the responsibility to chair our committees and forums for this year. Our intent is to appoint vice chairs of all committees and forums where appropriate to provide continuity when the chair cannot attend a meeting and for succession planning in our leadership. We are still contacting individuals to accept these responsibilities as of this writing.

We are especially thankful to those who are "retiring" after two years of providing leadership to a committee or forum. They are: Dick DeSanto who streamlined and brought efficiency to the Executive and Finance Committee meeting process, Erv Brinker for guiding the budget process and keeping track of our investments, Sue Buchwalter who kept everyone on task in the Executive Development Committee, Harriet Hall for her good work with the Nominating Committee, Bill Sette who continuously sought ways to "push the envelope" as chair of the Futures Forum, Tony Kopera who made New Trends the "place to connect" for new members of MHCA, Ken Jue for propelling us into the international arena, and Charley Maynard for expanding our initial concept of branding to that of Marketing.

Thank you all.

Committee/Forum	Chairman	Vice Chairman
Executive	Sue Buchwalter	Erv Brinker
Executive Development	Erv Brinker	N/A
Finance	Denny Morrison	N/A
Futures	Jim Gaynor	TBA
Information/Technology	Grady Wilkinson	Rick Doucet
International Planning	Wes Davidson	Barbara Daire
Marketing	David Guth	Nelson Burns
Member Services	Ann Borders	Karl Wilson
New Trends	Diana Knaebe	Steering group: Gary Kreuchauf, Jerry Mayo, Hank Milius, others
Nominating	Dick DeSanto	N/A

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

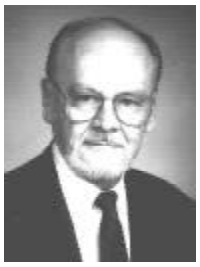
THE EXECUTIVE REPORT: Information printed in the *Executive Report* does not necessarily represent the opinion or policies of MHCA. Content is intended for informational purposes only. The *Executive Report* is published four times per year by Mental Health Corporations of America, 1876-A Eider Court, Tallahassee, Florida 32308. Tara S. Boyter, Editor

8 MHCA 2004

MHCA
1876-A Eider Court, Tallahassee, Florida 32308
Telephone: 850-942-4900 FAX: 850-942-0560
WEB PAGE: http://www.mhca.com

Kay Whittington Is Dunn's CEO

Kay Whittington



Dick Edwards

Kathryn D. Whittington, PhD has been selected to replace Richard L. Edwards as Chief Executive Officer at Dunn Center in Richmond, Indiana. Edwards had announced his impending retirement to MHCA in February. Dr. Whittington is well known to many MHCA members through her affiliation with several behavioral health organizations in Indiana over the past 25 years. Since 1979 she has been involved in the leadership of such organizations as the Center for Mental Health in Anderson, Indiana, Geminus Corporation in Crown Point, Indiana, and Community Health Care Foundation, Inc. in Bloomington, Indiana.

Klatzker Takes Reins at Providence

Dale K. Klatzker, PhD will become CEO July 1 at The Providence Center in Rhode Island following the retirement of founder and long-time CEO Charles E. Maynard. Klatzker has provided executive leadership at Riverbend in Concord, New Hampshire for the past decade. He was named 1997 CMHC Administrator of the Year by the New Hampshire chapter of the Alliance for the Mentally Ill. He is the National Council's current Board Chairman.

Dale Klatzker

Maynard's retirement is being recognized in part by establishment of The Charles E. Maynard Fund for the Future that "will ensure that The Providence Center (he) built will have the resources to develop innovative treatment services for Rhode Islanders now and in the future."

Charles Maynard

NCCBH Selects Rosenberg

The National Council for Community Behavioral Healthcare (NCCBH) has selected Linda Rosenberg, MSW, CSW, to lead the organization as its new President/CEO. She will officially begin August 2, 2004.

For the past seven years Ms. Rosenberg has been Senior Deputy Commissioner for the New York State Office of Mental Health. "We are enormously enthusiastic about the opportunity to have Linda as our new President and CEO. She understands our agenda and has an absolute passion for community based services," says Dale Klatzker, Chair, NCCBH Board of Directors.

In beginning to outline her focus as NCCBH's CEO, Rosenberg said the pressing issue of the behavioral healthcare workforce would be one of her most important areas of emphasis. Rosenberg's broad experience as a provider, clinician, teacher and leader at the state government level were key elements of her selection to lead the National Council, Klatzker noted. "She clearly has a passion for behavioral healthcare and an understanding of the field's complexities. She also possesses a collaborative yet determined style."

Rosenberg is a certified social worker, as well as a trained family therapist and psychiatric rehabilitation practitioner. She has extensive experience in the design, implementation and management of hospital and community programs. Rosenberg has taught and served as a field instructor for many of the New York City graduate schools of social work and holds a faculty appointment as a public service professor at the School of Social Welfare at Albany, State University of New York.

The National Council's search efforts began in January, assisted by the search firm, The Meyers Group of Silver Spring, MD. Charles G. Ray, who had been CEO for almost 16 years, tendered his resignation last November. ❖

Mental Health Leaders Express Common Vision for Inclusion and Transformation at MHCA/IIMHL International Conference

SAMHSA's Charles Curie welcomed MHCA and IIMHL to Washington, DC

Fran Silvestri (L) thanks panelists Kathryn Power, Pamela Hyde and Dan Fisher, MD, PhD

Elimination of Seclusion and Restraints ***panelists Paolo del Vecchio, Charles Curie, Kevin Ann Huckshorn and Aidan Altenor***

Promoting Community Based Services and Supports ***panelists Gail Hutchings, Steve Simpson, Carol Bianco and Paul Gorman***

"It's Not About Us Without Us" (from left) Marlo Gillis, Steve Simpson and his father Sam Simpson and Lawrence Bryant

A rich mix of accents hinted that this wasn't the ordinary MHCA meeting…New Zealanders, Brits and Canadians convened with U.S. regulars May 19-21 in Washington, D.C. for the 2nd Annual Conference of the International Initiative for Mental Health Leadership and MHCA's Spring 2004 General Membership Meeting. Government representatives of the U.K. (NIMHE), New Zealand (Ministry of Health) and the U.S. (SAMHSA) met with community behavioral health leaders to share in the experience. SAMHSA Administrator Charles G. Curie, NIMHE Director of Care Services Antony Sheehan and NZ Ministry of Health Deputy Director Janice Wilson welcomed the group on Thursday morning along with MHCA's Chair Susan Buchwalter and IIMHL Director Fran Silvestri.

A three-member panel including SAMHSA's Kathryn Power, New Mexico's Pam Hyde and the National Empowerment Center's Dan Fisher reported on the U.S. President's New Freedom Commission on Mental Health and the Federal Action Agenda. Their emphasis on "transformation" was further explained and explored in discussion groups later in the day. Presentations on *Elimination of Seclusion and Restraints* and *Promoting Community Based Services and Supports* rounded out the first day's agenda.

On Friday, David Guth and Bob Vero of Centerstone in Nashville, Tennessee described their successful *Electronic Care Management System* followed by a report on the *Dartmouth Workgroup on Leadership* given by Paul Gorman of the West Institute at New Hampshire-Dartmouth Psychiatric Research Center and Fran Silvestri. The afternoon agenda included a description of England's *Access Booking and Choice Program* as implemented in New Zealand and an enthusiastic report by Wes Davidson and his English "match" Graham Elderfield on their 2003 IIMHL visit and subsequent professional alliance.

Behavioral health service consumers were included on several panels adding a critically important voice to each of the presentations.

Don Hevey thanked Bob Vero (L) and David Guth (R) for their presentation on Centerstone's electronic care management system.

MHCA's Don Hevey (L) and NIMHE's Antony Sheehan

Fran Silvestri (L) visited with Graham Elderfield, Wes Davidson and Robyn Shearer following their description of a successful exchange and professional partnership.

IIMHL Director Fran Silvestri (L) with Robyn Shearer of NZ Mental Health Workforce Development Programme

A wonderfully warm and uniquely "Kiwi" welcome was issued, with song, Friday afternoon for the 2005 IIMHL Exchange to be held in New Zealand and Australia. Gifts were exchanged among representatives of participating nations, and a special farewell salute was given to MHCA's Charley Maynard who retires this year after 30+ years of service at The Providence Center in Rhode Island. ❖

MHCA Chair Sue Buchwalter receives gift from Charles Curie, SAMHSA

Charley Maynard (R) was recognized by Don Hevey for career-long service

New Zealanders Sing Their Invitation for 2005

Dr. Janice Wilson (4th from left) joins others to encourage participation in the 3rd IIMHL Exchange to be held February 28 - March 3 in New Zealand and Australia.

Medication Variations Performance Improvement Project: 2002-2003

By ***Coastal Behavioral Healthcare***

Winner: Chairman's Award, 2004 Negley Awards for Excellence in Risk Management

Coastal Behavioral Healthcare, Inc.'s (CBH) mission is to offer affordable behavioral healthcare services that exceed customer expectations for quality, availability, and satisfaction. CBH's commitment to customer satisfaction and excellence in care is reflected by its utilization of MHCA's Customer Satisfaction Survey since 1996.

Together our Quality and Performance Improvement (QPI) and Risk Management Systems promote immediate problem identification and enhance clinical services to improve client care. High-risk and problem-prone areas in the service delivery system are analyzed monthly through a number of committees. Trends are identified across CBH programs, and QPI and Risk Management staff work with management to address findings, make recommendations for remediation of problem areas, assist in the implementation of preventive and/or corrective actions, and monitor the resolution of identified problem areas. Quarterly reports for corrective action and preventive solutions are presented to management staff and the Board of Directors.

Nationally the prevalence of errors in medication administration has caught the attention of healthcare providers, insurance companies, patients, and government leaders. The Joint Commission On Accreditation of Healthcare Organizations in January of 2003 required the implementation of National Patient Safety Goals and related recommendations and standards that include medication use.

QPI and Risk Management staff elected to examine the CBH system of administering medication and the prevalence of medication variations in CBH programs. Identifying the existence of medication errors within services, staff presented its Medication Variations Performance Improvement Project (MVPIP) aimed at reducing medication errors. We presented the findings of this project to our Executive Leadership Committee and to the JCAHO on-site reviewer during our 2003 JCAHO survey. The MVPIP was initiated at our CBH Kreisman Center Crisis Stabilization Unit (CSU), chosen for its high volume of clients and high number of medication passes on an annual basis. The CSU is a 24/7 facility that provides emergency treatment for clients in need of immediate intervention due to a life-threatening psychiatric emergency. The majority of adult clients are admitted to the CSU involuntarily. The CSU operates a 20-bed Adult Unit and a 10-bed Children's Unit. CSU clients present with a variety of diagnoses and symptoms, frequently acutely psychotic, severely depressed, manic, intoxicated, or unable to think clearly. It is the responsibility of CSU staff to ensure that clients are treated safely and effectively. In the past year we served 1,400+ clients, logging a daily average of 180 medication passes on the adult unit and 15 on the children's unit.

The purpose of the MVPIP was to develop and implement long-term strategies for safe, effective, efficient medication administration practice. The objectives of the project were to assess the current system, identify patterns of problematic practice, and establish a plan of action to address identified weaknesses. At the end of the research phase, CBH began implementing short-term and long-term strategies to strengthen the medication administration process. Once the quality improvement strategies identified through this project have been fully implemented at the CSU, CBH will periodically evaluate the outcomes on the client, staff, and process levels to ensure that time-tested solutions have resulted in positive program changes as hypothesized through this project. MVPIP objectives and action steps were organized using the "PLAN-DO-CHECK-ACT" configuration of the Shewart four-step process.

In the planning phase, a literature review regarding medication errors in nursing practice was conducted. It revealed that most medication errors are due to multiple system failures. These findings offered a starting point for investigating why medication administration errors occurred at the CSU and how the number of instances might be reduced. We determined that assessment processes would have to include several different factors. The literature review also reinforced the importance of creating an environment that encourages error and near error reporting in a non-punitive manner, which has been shown to decrease medication errors. Although a practice at CBH for many years, this needed to be reinforced with staff to ensure that incidents were reported in a timely manner. We then assessed the current medication administration system in place at the CSU. The nursing staff identified problem areas. With this information, a cause and effect analysis was used to explore problem areas. The following problem areas were

identified and examined closely: (1) Resources/ staffing that influence medication administration (2) Policies and Procedures for medication administration (3) Current monitoring/measurement tools for medication errors (4) Area/Environment where medications are administered.

Staffing needs and patterns were analyzed, including physician, nurse, and psychiatric technician scheduling and availability as related to staffing needs. At the time of the analysis, the CSU had just one physician who was primarily responsible for covering both the Adult and Children's Units. This physician shortage had an impact on the transcription process, which was immediately identified as one potential cause for an increase in medication errors. Concurrently, CBH was grappling with a nursing shortage and had to depend on nursing staff referred by temporary staffing agencies. Similarly, the CSU was experiencing retention problems with psychiatric technicians, constantly training new employees or using employment agency technicians for daily staffing needs.

Nursing staff indicated that the policy and procedure for medication administration and the Medication Administration Record (MAR) used to report client medication needs and administration were confusing and inefficient. They suggested a redesign of the MAR to simplify directions for administering routine and PRN medications, developing a separate MAR for treatments, and implementing a specific MAR just for diabetic protocol. Nursing staff further indicated that the policy and procedure for medication administration was not always clear even to core CBH staff. Coupled with the constant flow of "temps" who required supervision and on-the-job training, CBH nurses spent a significant amount of time explaining medication policies and interpreting the use of the complicated MAR.

Changes made as a result of direct feedback from nursing staff have resulted in successful implementation of a new, more user friendly MAR instrument, the establishment of consistent training protocols to ensure new staff members receive the same level of education in utilizing these tools, and installation of a constant cycle of measurement of the new process to continue to monitor medication errors. Blame free reporting of medication errors is emphasized and supported at the CSU, which ensures that the nursing staff plays a key role in improving the medication administration process. CSU nursing staff now recognizes that prompt reporting of medication errors can help identify weaknesses in the process, contribute to increased client safety and promote consistent improvement of the process itself. Nurse feedback prompted the consulting CSU pharmacist to begin conducting weekly order/transcription checks, which are reported to the Nurse Manager weekly. These variations are reported to the Clinical Standards and Medical Standards committees in monthly QPI reports. Involvement by the pharmacist ensures the fostering of a team atmosphere for all CSU clinical staff and a checks and balances system designed to reduce the occurrence of medication errors.

Nursing feedback also reported problems with the environment of the adult unit nurses' station, where medication is administered to clients. Nurses indicated dissatisfaction with the medication cart, noisiness and distractions in the area where the medication nurse transcribed orders and poured medications, and structural problems with the nurses' station prohibiting the checking of orders and transcriptions. Plans are underway for renovation of the adult nurse*s' station to implement improvements. *(Editor's Note: CBH's Negley Award of $5,000 will be spent on these renovations.)*

Once the findings from the research phase of the project were analyzed, the following strategies were implemented to rectify each identified problem area:

Staffing:

Stabilized physician coverage by hiring a Physician for the adult unit.

Worked on retention of our core nursing staff. HR Department conducted salary surveys, salary adjustments were implemented, and recruitment efforts were increased. This resulted in hiring of new staff and retaining CBH current nursing staff thereby improving scheduling consistency.

Worked on the retention of psychiatric technicians by improving salary range and creating additional advancement opportunities. CBH also increased its pool staff in order to decrease its use of "temp" techs.

Policy and Procedures:

CBH discussed, reviewed, revised, and created new policies and procedures in QPI committees and staff meetings. CBH revised the MAR, created standardized procedures, and improved orientation by lengthening

See MVPIP, page 8

MVPIP, continued from page 7

orientation time and using mentors for continued support. The CSU continues to assess and collect feedback at monthly nursing meetings.

Monitoring/Measurement:

Utilized data from Pharmacists review, (weekly, monthly, quarterly).

Utilized data from QPI/Risk Management.

Implemented Nursing QPI strategies, including review of nursing medication process, monitoring of shift checks, and the timely identification and correction of problems to prevent medication errors.

Implemented medication administration competency evaluations.

Area/Environment:

The medication administration area was given a temporary solution, including designated space for the medication nurse to chart.

CBH has plans to physically modify the nurses' station, to provide decreased distractions.

Conducted a review of available styles of medication carts, obtained nursing feedback, and purchased a new medication cart.

Milieu:

Reviewed client programming and Medication Group effectiveness.

Increased core staff and revised staffing patterns for consistency.

Implemented ID bracelets along with photo ID in MAR for client identification.

Still in the CHECK phase, the MVPIP is currently in operation. Two revisions of the MAR have occurred as a result of recent staff feedback, which has created the opportunity for nursing staff to have a direct impact on CBH procedures and tools. Data collected in QPI reports continues to be analyzed in an effort to determine the effectiveness of implemented changes on the goal of the project, which was to reduce the number of medication errors committed by CSU staff.

The MVPIP was, as measured on the client level, a tremendous success in its early implementation. Based on an analysis of medication variations for the past 21 months, it is anticipated that the CSU will demonstrate a 20% decrease in medication variations for 2003 when compared with the 2002 medication variation numbers.

We utilize MHCA's Customer Satisfaction Survey to evaluate customer satisfaction and benchmark CBH services to other like programs. Indicator (la) "Overall, how would you evaluate the quality of service you received?" for the CSU adult units shows an increase in customer satisfaction from 2002 (82.9%) when compared to the first three quarters of 2003 (86.4%). While this increase in satisfaction may not be directly related to the reduction in medication errors, it may reflect many of the other changes implemented as a result of the project that have lead to a more therapeutic and safe milieu. CBH considers receiving such a high approval rating from clients, the majority of who have been involuntarily admitted to the CSU, an admirable achievement. ❖

Calendar

MHCA 2004 Summer Meeting
Dates: August 3-6, 2004
Location: Palace Hotel
San Francisco, California
☎ 1-800-325-3589
Rate: $189/single or double
Registration Deadline: June 30, 2004

MHCA 2004 Fall Meeting
Dates: November 2-5, 2004
Location: JW Marriott
New Orleans, Louisiana
☎ 1-800-771-9067
Rate: $209/single or double
Registration Deadline: September 30, 2004

MHCA 2005 Annual Meeting
Dates: February 8-11, 2005
Location: Omni Orlando Resort
at ChampionsGate
Orlando, Florida
☎ 1- 321-677-6664
Rate: $189 + $10/day resort fee
Registration Deadline: January 11, 2005

About Coastal Behavioral Healthcare: CBH is a not-for-profit, community-based corporation that began as a one-room storefront more than 30 years ago. Since that time, CBH has grown with the needs of the communities it serves and today provides an integrated system of care in mental health, substance abuse, criminal justice, prevention, intervention, and treatment services. CBH is a licensed provider for the Florida Department of Children and Families and maintains accreditation with the Joint Commission on Accreditation of Healthcare Organizations. CBH currently provides a continuum of care to children, adults, seniors, and families through 58 programs in 21 locations throughout six counties in Southwest Florida. CEO is Dr. Christine A. Cauffield. Contact: Sandra Cohen, MA, OTR/L, CPHQ or Denise Flynn, BSN, RN-CSU Nurse Manager at 941-927-8900.