



AHS News January 2009

HBIPS-JCAHO Updates

Fourth quarter 2008 was the first quarter that all psychiatric inpatient facilities who are Joint Commission (JCAHO)-accredited must transition to the process of gathering and submitting data for the new Hospital Based Inpatient Psychiatric Services (HBIPS) standards.

These quality and “best practice” standards or indicators are now “core”—any behavioral health facility that is JCAHO-accredited must review and report on these each quarter. Prior to HBIPS, many indicators were approved for reporting – but organizations could select any nine indicators from the extensive list.

There are 16 indicators on the two-page focus sheet that each hospital in the Arbour Health System (AHS) is required to fill out:

- Point of origin
- Psychiatric care setting
- Patient strengths
- Psychological trauma history
- Substance use
- Total leave (transfer, AWOL, etc.) days
- Discharge status
- Number of antipsychotic medications prescribed at discharge
- Appropriate justification for multiple antipsychotic medications
- Violence risk to others within past six months
- Violence risk to self within past six months
- Continuing care plan
 - Principal discharge diagnosis
 - Discharge medications
 - Next level of care
 - Reason for hospitalization
- Patient referral to next level of care provider.

Now – with every facility in the country responding to the same core quality indicators – there will be a much larger pool of information, allowing facilities to compare and trend internally, as well as in the company, and even more extensively compare with other similar JCAHO-accredited facilities within the country.

HBIPS focus studies are established in the Midas software – where medical record chart audit results are

entered. One hundred percent review of restraints and seclusions must be entered while with HBIPS studies a sampling of the patients is randomly generated by the software by the tenth of each month, generally around 20-25 percent of the monthly discharges. Certain minimum subsets two of seven must be sampled by patient age grouping – which are all set by the Joint Commission.

With small populations (example: discharges of children within a primarily adult facility), this could include 100 percent of the discharges. All reviews must be completed quarterly for the data harvest to be done – which generally happens within two months after the end of the quarter.

Each hospital in AHS has its own method for collecting and submitting the data required. The medical records staff of Arbour Hospital in Boston handles Arbour’s submissions. Arbour-Fuller, one of three pilot hospitals for the HBIPS program, and Westwood Lodge each have two departments teaming up. At Arbour-Fuller, Quality Improvement is assisted by the patient advocate in the auditing process, while at Westwood the Director of Clinical Services and case managers do the auditing while the Director of Quality Improvement handles the inputting of data. At both Pembroke and Arbour-HRI, the Quality Improvement departments are solely responsible for gathering the information and submitting it.

JCAHO presides over a growing national, comparative performance measurement database that will inform internal health care organization quality improvement activities, external accountability and pay for performance programs.

Have a story idea?

We welcome your story ideas for AHS News – those that would be of interest to all staff of AHS organizations. Send your news items to:

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Spotlight On: Family Stabilization Teams

The Family Stabilization Team (FST), a service based out of both Lowell Treatment Center and Arbour Counseling Services' Allston site, provides short-term, intensive home-based services to assist parents and other caregivers in stabilizing children and adolescents in their home settings.

Children or adolescents are referred to the programs as a treatment alternative to hospitalization and/or as a "step-down" program, easing the transition between a foster care or other out-of-home placement or hospitalization as they return home.

FST clinicians and case managers work toward stabilizing chaotic environments, providing transitional support, and assisting families in establishing relationships with permanent sources of support. In addition, FST staff consult regularly with teachers, guidance counselors, outpatient therapists, psychiatrists, DCF, DMH and probation case managers and others who have regular contact with the child or other family members.

The FST case coordinators in Lowell and Allston have knowledge and expertise in the areas of family treatment, parenting, and behavior management, along with an awareness of community services and resources. The clinicians have been trained in family, adolescent, and child treatment providing direct assistance and support to the parent or caregiver, as well as the identified client, offering coping skill techniques and play therapy.

Each family's case coordinator is available to provide assistance to the family twice weekly during planned sessions and by phone providing crisis intervention on a 24 hour/seven day-a-week basis.

Over the past several years, FST has grown to accommodate the growing need for in home services for families in Massachusetts. Lowell Treatment Center FST currently has 15 case coordinators (two fluent in Spanish) and the team maintains an average census of 55 clients. The design of FST allows coordinators to see families in pairs, with the Master's level clinician providing the clinical intervention, while the Bachelor's level provides intensive case management services for the client and family.

At the Allston site, the FST has 22 Bachelor and Master's level clinicians whose language capabilities include English, Spanish, French, Creole, Italian and Turkish. Staff have several specialties including, but not limited to, behavioral issues, trauma, developmental disabilities, refugees, veterans affairs, marriage and family systems, step families and adoption.

Referrals to the Family Stabilization Team can be made by any school, current service provider, emergency crisis team, hospital, or parent. Lowell Treatment Center FST serves 27 cities in northeast Massachusetts and select towns in southern New Hampshire.

AHS Patients Say Thank You

From Arbour Hospital:

- "I loved staying here; all the staff were great."
- "The hospital was good for me and I appreciate the way I was taken care of. I even called my ESP to recommend the hospital to others because of my good experience."

From Arbour-Fuller Hospital:

- "The reason I am writing you this letter is to express my thanks to my nurse practitioner and social worker. These two women could not have been more helpful to me in discussing my son's treatment and progress. In all the times I have been involved in my son's hospital stays, the experience with your hospital has been the best. A concerned parent thanks you and your staff."
- "I am writing this letter in regards to three of your employees who work on Unit 4 from time to time. I was a patient at your hospital. These three employees gave me the utmost greatest respect and treatment that I have never gotten before in a hospital. I would greatly appreciate it if these individuals could be recognized for their fine work in helping their patient on the unit. They went above and beyond the call of duty. Please consider their wonderful deeds. Thank you."

From Pembroke Hospital:

- "Thank you for all the staff who helped during recovery, keep up all the good work."
- "Thanks to all the staff. Words cannot express our heartfelt thanks to all of you for your great care of our mother."
- "Dear nurses thank you for taking such good care of me while I was sick, you made me feel at home."
- "Treasure life for it is short and I'll never forget you all, Thank you from the bottom of my heart for being caring, loving and the beautiful people that you are."

From Lowell Treatment Center FST:

- "Staff were very pleasant and helpful for me. They had respect for me and how I felt. I would recommend your program to anyone."

To inquire about the Lowell area team, call (800) 727-6324 x7. To inquire more about FST service in Allston, a team that services 72 towns in the Boston area and the South Shore, call (617)782-6460 x218.

Arbour Health System Continues to Make an Impact Among Referral Sources

Paul O'Donnell, a Tufts utilization review staffer from Emerson Hospital for an inpatient at Arbour-HRI Hospital, had the following to say:

"The women's program at Arbour-HRI is top-notch. I hear this from my colleagues as well as women who present at Emerson's ED for psych evaluations because they often request referral to your partial."

He went on to say that he is confident that his subscriber is getting a high quality of care and that this knowledge helps him because he "doesn't have to micro-manage" the case.

Arbour-Fuller, Pembroke, Westwood Lodge Welcome Directors of Nursing, Human Resources, Adolescent Services

Arbour-Fuller Hospital has hired a new Director of Nursing, Barbara Stepkowski. Ms. Stepkowski comes to Arbour-Fuller after working as a nurse manager at the Thoreau Center and three years as the director of behavioral health services at Health Alliance Hospitals. She has worked in the New England area in a behavioral health capacity for nearly 40 years after receiving her degree from Wagner College School of Nursing.

Pembroke Hospital has also appointed two new directors - a Director of Nursing and a Director of Human Resources.

Former Acting Director of Nursing Pam Kirby has been appointed Director of Nursing. She has a wealth of clinical experience and has successfully managed the adolescent unit for eight years. Ms. Kirby was the nurse manager for adolescent services at Pembroke from September 2000 to 2008 when she was named interim director of nursing.

Dorothy "Petey" Law is Pembroke's new Director of Human Resources. She comes to the hospital after four years with Vanguard Car Rental and 11 years with Verizon Communications. Ms. Law received her Bachelor's from Lesley College and holds a Master's in HR Management from Emmanuel College.

Westwood Lodge named Michael Sills as its new interim Director of Nursing and Jennifer Haythorn the Director of Adolescent Services. Mr. Sills comes to Westwood from Queen's Medical Center in Honolulu, Hawaii where he worked as a registered nurse. Prior to that he spent seven years as the Primary Psychiatric Nurse Coordinator at Northwestern Memorial Hospital. He received his nursing degree from Salem State College in 1994.

Director of Adolescent Services Jennifer Haythorn previously worked at St. Anthony's Hospital in St. Petersburg, Fla. and Yale-New Haven Hospital in New Haven, Conn. She received her Bachelor's in Nursing from Villanova University in 1995.

Intake Director Participates in Best Practice Forum

Since October 2006, the Massachusetts Behavioral Health Partnership (MBHP) has been working with about 30 representatives of hospital emergency departments, inpatient mental health providers, emergency services programs, the Massachusetts Hospital Association, Massachusetts Association of Behavioral Health Systems (MABHS), and the Department of Mental Health to improve the flow of consumers with behavioral health needs through the emergency services system and into acute behavioral health care. Arbour Health System is represented on this "Access To Care" task force by Judith Merel, the regional director of business development for Arbour Health System.

One of the outcomes of the meetings has been identification of best practices within Massachusetts related to access to care and specific systems changes or cultural shifts within organizations to facilitate patient access. Hospitals working with the task force identified Arbour Health System's ACCES/Intake Department as a best practice and invited Director Shelley Baer to present at a program on Jan. 8 sponsored by MBHP and MABHS. Other best practice presenters included Heywood Hospital and Northeast Health Corporation.

In her presentation, Ms. Baer outlined the approach taken by the department in managing referrals for 514 inpatient beds and over 20 partial hospitalization programs. She provided an overview of AHS as well as the intake department. Ms. Baer noted that AHS was a best practice in terms of intake services due to system staff having a clear understanding of the role of ACCES and the mission to provide service excellence, efficient and effective processing of evaluations and admissions and communication with internal staff to get to "yes." Also discussed was AHS' expectation related to timeliness of response to referral sources, upfront identification of exclusionary criteria and cases requiring medical or administrative review and current knowledge of bed availability and unit status.

Some of the features of the AHS ACCES Department which were also highlighted and very specific as distinctive capabilities included:

- The electronic bed board, which allows for timely updating of beds for each unit as well as tracking of patients accepted.
- Maintenance of a "waiting list" for patients when an appropriate bed is not available.
- Database development including routine review of delayed/diverted patients to identify trends for quality/process improvement.
- Regular monitoring of referrer satisfaction with the intake process and system services.

Wrapping Up 2008 Major Mental Health Initiatives

by David Matteodo, Executive Director, Massachusetts Association of Behavioral Health System (MABHS)

This past year was a very productive one for Governor Deval Patrick and the Massachusetts Legislature in taking steps to improve access to behavioral health services for children and adults.

Economy's effect: Massachusetts, like the rest of the country, is being negatively impacted by the significant downturn in the economy. The state budget has already experienced significant cuts, and there is the potential for more difficult decisions in the coming months. The MABHS will be actively monitoring the status of the budget and working to minimize any potential negative impact on behavioral health consumers and hospitals.

Parity: In August, Governor Patrick signed a new parity law that builds on the 2000 legislation, requiring full insurance coverage for nine biologically based conditions that constitute many of the more severe mental illnesses.

The new law added four diagnoses to the list: substance abuse, eating disorders, post-traumatic stress disorders and autism. It also allows the state Department of Mental Health (DMH) Commissioner to add to that list other conditions in the *Diagnostic and Statistical Manual of Mental Disorders*.

Also of significant importance in 2008 was the passage of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Act, which seeks to provide parity on a national level to 113 million Americans who work for businesses with 51 or more employees.

Child mental health: The Governor signed legislation for children in August, creating new requirements and establishing a legislative mandate for current practices.

The legislation represents a victory for a broad coalition of mental health advocates. Key provisions include creation of a children's behavioral health research and evaluation council; a requirement that DMH be consulted in the design and implementation of behavioral health services being planned by other Executive Office of Health and Human Services (EOHHS) agencies; a mandate for multi-agency teams to address complex cases; authorization for the Department of Early Education and Care to provide mental health consultations to children in early education and care programs; requirements for EOHHS to imple-

ment new policies regarding "stuck kids" in hospitals and creation of a task force on behavioral health and public schools.

Quality and cost containment: This summer the Governor signed a new law containing important provisions regarding medical records retention and consistent coding for billing. The legislation included a mandate for providers to implement electronic medical records by 2015 as well as other provisions around access, transparency and cost containment.

Arbour-HRI Holds Holiday Charity Drive

Arbour-HRI's philanthropic efforts continued through the holiday season after holding a canned food drive in November for Thanksgiving. Arbour-HRI participated in Toys for Tots in December, directed by Allison Scrivens, a clinical coordinator in the women's partial program. The donation box sat in the lobby for several weeks and the staff participated in a Jeans Friday with a donation of a toy to promote the drive.

Catching the Holiday Spirit at Arbour-Fuller Hospital

Arbour-Fuller Hospital was filled with holiday cheer as the hospital held a patient holiday party and put on its annual staff luncheon in December.

The annual patient party was held on Dec. 18, 2008. All inpatient units participated and, with the help of the music therapist, dietary department, unit and AT staff, Arbour-Fuller put on the holiday event. This year the staff performed "Mele Kalikimaka" (the Hawaiian Christmas Song) while the Developmental Disabilities unit (DDU) performed a Chanukah song. Patients and staff also played holiday bingo and sang various other holiday favorites.

This year the staff was fortunate to have assistance from two DDU patients who helped the music therapist and sang along. All the patients were very pleased and enjoyed the party.

The dietary staff held the annual staff holiday luncheon on Dec. 22. Over the last several years this evolved into a wrapping party, as staff assist the AT department by wrapping gifts for patients to be distributed on Christmas morning. Staff happily came in and wrapped several gifts apiece, listened to holiday music and enjoyed getting into the holiday spirit.

The patient gifts, wrapped by staff at the holiday luncheon, are distributed to the units on Christmas Eve so they can be given to patients on Christmas morning. Gifts ranged from personal hygiene products, journals, photo albums and games. The patients very much appreciated the gesture, and it was a nice way for the staff to show their compassion for them.