



Executive Report

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World Class City Features Sophistication and Southern Hospitality

Charlotte, North Carolina Will Host MHCA's Spring Conference

MHCA will hold its 2005 Spring Conference at Charlotte, North Carolina's Marriott City Center. Meeting dates are May 17-20, 2005.

Keynoting the Conference on May 18 will be Dr. Joseph L. Mancusi. His public message addresses issues of motivation, organization and leadership. Dr. Mancusi has been honored by a presidential commendation for his work in the President's Commission on Executive Exchange and has addressed audiences throughout the U.S., New Zealand, France, England, Argentina, Canada and the former U.S.S.R. He is a highly-rated instructor at the Center for Financial Studies, the Institute for Management Studies, the American Management Association, the Canadian Management Centre and the Young Presidents' Organization. Dr. Mancusi formerly directed over 1,400 doctoral psychologists in 171 hospitals for the Department of Veteran's Affairs in Washington, D.C. He earned his PhD from Duke University in clinical psychology and has held faculty appointments in graduate and medical schools in the District of Columbia, North Carolina and Tennessee.

Also on Wednesday we will hear from long time MHCA associate Stuart Meyers, MBA, EdD, who heads The Meyers Group, a professional recruiting service specializing in behavioral and general healthcare and biotechnical industries. Dr. Meyers will be joined by several MHCA members in a presentation that will cover both recruitment issues and succession planning within behavioral healthcare. On Wednesday afternoon, Paul M. Lefkowitz, PhD, President of Behavioral Pathway Systems (BPS), will lead an interactive New Trends Forum discussion on Process Benchmarking. Located in Indianapolis, Indiana, BPS is an organization that provides performance and outcomes management services to the behavioral health industry. Since last year, the company has marketed MHCA's Benchmarking Survey to non-members. The Information & Technology Committee will coordinate a two-part IT Focus Group beginning on Wednesday afternoon as well.

Thursday's program includes a morning presentation by financial advisor John McKeever of the Delaware Valley Financial Group and Dr. Neal Cutler, Vice President, Dean of Educational Programs for the American Institute of Financial Gerontology (AIFG). Dr. Cutler oversees AIFG curriculum development and certification standards. He holds the Boettner/Gregg Chair in Financial Gerontology at Widener University in Chester, Pennsylvania, where he directs Financial Literacy 2000, a research program focusing on the impact of aging on issues of finance, health, retirement and families. John McKeever, in addition to his work at Delaware Valley Financial Group, serves on the Board of Directors of Mental Health Risk Retention Group (MHRRG) and is MHCA's corporate financial advisor. In addition to this informative presentation, Thursday's agenda includes a Member Showcase, the Futures Discussion Forum, various User Groups and a continuation of the IT Focus Group.

Plan now to join MHCA for this exciting meeting! Charlotte is the largest and most accessible city between Washington, D.C. and Atlanta, Georgia. It is the largest trading center in the southeast and second largest financial center in the United States. This bustling and charming city is located close to the border of South Carolina, just a three-hour drive to the beaches of the Carolinas or to the west, the scenic mountains. In Charlotte, there is always something new to entice, interest and amaze. Charlotte's southern culture represents a colorful spectrum from the fine artwork of the Mint Museum to the engine-racing thunder of NASCAR that draws more than one million visitors each year. The area boasts 42 public golf courses including the Ballantyne Resort Golf Club, recently named among the "Top 38 Great Golf Resorts in the World" by *PGA Magazine*. The Marriott City Center is located within easy access to Charlotte's finest restaurants, shops, nightlife, and museums. You are assured of finding activities that are just right for your visit. ❖

President's Column

by Donald J. Hevey



Don Hevey

I am looking forward to our Spring Conference in Charlotte, North Carolina where a dynamic keynote address and a strong line-up of general session and forum presentations will serve our members well. As you make plans to attend this meeting, I urge you to make your hotel reservations at our Conference hotel, the Marriott City Center. When making your reservation, remember to identify yourself as an MHCA conference attendee (the hotel may recognize "MHCA" or "Mental Health Corporations of America").

It is by contracting rooms for our attendees that we can significantly reduce hotel charges for *meeting room* rental. In addition, due to recent hotel contracting requirements, when the contracted sleeping rooms are not utilized, MHCA faces significant financial penalties. With costs going higher each year, we are working very hard to negotiate the very best hotel rates and continue avoiding conference registration fees. We appreciate you helping us in this endeavor.

In February we had a record attendance at our Annual Conference in Orlando. Still, many of you were unable to attend - I do hope to see you in May. Put Charlotte on your calendar and avail yourself of MHCA's best resource - member interaction!

Calendar

MHCA 2005 Spring Conference

Dates: May 17-20, 2005
Location: Marriott Charlotte City Center
 Charlotte, North Carolina
 ☎ 1-800-228-9290
Rate: \$129 single/double
Registration Deadline: April 25, 2005

MHCA 2005 Summer Conference

Dates: August 9-12, 2005
Location: Four Seasons
 Newport Beach, California
 ☎ 1-949-759-0808
Rate: \$215 single/double
Registration Deadline: July 7, 2005

MHRRG Board of Directors Meeting

Dates: August 26, 2005
Location: Top Notch Resort
 Stowe, Vermont
 ☎ 802-253-9263

MHCA 2005 Fall Conference

Dates: October 25-28, 2005
Location: The Westin Kierland Resort
 Scottsdale, Arizona
 ☎ 1-480-624-1000
Rate: \$219 single/double
Registration Deadline: September 22, 2005

MHCA 2006 Annual Meeting

Dates: February 21-24, 2006
Location: Don CeSar Beach Resort
 St. Pete Beach, Florida
 ☎ 800-282-1116
Rate: \$209 single/double
Registration Deadline: January 17, 2006

MHCA Board of Directors

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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.

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New Faces, Record Membership

At the dawn of 2005 MHCA gladly welcomed six new members, one returning member and recognized a unique member reconfiguration that resulted in a “two for one” addition. When the noses were counted, our membership swelled to a record high of 138 as reported by Board Chairman Susan Buchwalter to the Annual Meeting in Orlando on February 9. Please welcome these organizations and their CEOs:

Ronald A. Allison (Ron), Executive Director
Cumberland Mountain Community Services Board
P.O. Box 810, Cedar Bluff, VA 24609
TEL: (276) 964-0300; Email: rallison@cmcsb.com
WEB: www.cmcsb.com; Budget: \$13.0 Million; FTE: 265

Cumberland Mountain is a former member. CEO Ron Allison attended our meeting in Orlando and renewed acquaintances with many of you. CMCSB serves Virginia’s Russell, Tazewell and Buchanan Counties.

Peggy DeCarlis, Chief Executive Officer
HopeRidge
725 N Highland Avenue, Winston-Salem, NC 27101
TEL: (336) 725-7777; Email: peggy.decarlis@hoperidge.org
WEB: www.hoperidge.org; Budget: \$14.9 Million

This one gets a little complicated...when North Carolina recently revamped their behavioral health delivery system, HopeRidge became one of the service organizations under the management umbrella of our existing member, CenterPoint (former CEO, Ron Morton). We are very pleased to welcome Peggy DeCarlis as CEO. You will note that HopeRidge now exists at the former CenterPoint address.

Janet W. Eustis, MSSA (Jan), Chief Executive Officer
Ruth Cooper Center
2789 Ortiz Avenue, Fort Myers, FL 33905-7806
TEL: (239) 275-3222; Email: eustisj@rcbhc.org
WEB: www.ruthcoopercenter.org; Budget: \$17 Million

The Ruth Cooper Center was founded 30 years ago as the Lee Mental Health Guidance Clinic and continues its legacy of service in southwest Florida. CEO Jan Eustis visited MHCA meetings twice before joining at the end of 2004.

Gary Larcenaire, Chief Executive Officer
El Paso MHMR
P.O. Box 9997, El Paso, TX 79995-0997
TEL: (915) 887-3410; Email: glarcenaire@epmhm.org
WEB: www.epmhm.org; Budget: \$24 Million

Before joining MHCA, Gary Larcenaire and El Paso’s COO Davin Magno visited MHCA at our 2004 Summer Conference in San Francisco. As new members, Gary and Chief Medical Officer Jean Vanderpool attended our 2005 Annual Conference in Orlando.

Amanda L. Murphy, PhD, President/CEO
Hopewell Center
1504 S. Grand, St. Louis, MO 63104
TEL: (314) 531-1770; Email: amurphy@hopewellcenter.com
WEB: www.hopewellcenter.com; Budget: \$6.0 Million

In their own words, “...nothing that Hopewell has accomplished has come easily. It serves in a community (where) unemployment, poverty, violence and the incidence of mental illnesses are high and resources available for help are often severely limited.” However, Hopewell has recently expanded its services to include an array of comprehensive psychiatric and rehabilitative services in a newly renovated facility.

Pete Radakovich, President/CEO
Northwood Health Systems
P.O. Box 6400, Wheeling, WV 26003-0801
TEL: (304) 234-3500
Email: emodar@northwoodhealth.com
Budget: \$23 Million; 500 FTE



Ron Allison

With no other members in WV, Northwood invited MHCA CEO Don Hevey to visit them in October 2004 so that he might assess their operations and consider their membership which was, indeed, accepted in December.

Mary Ruiz, President/CEO
Manatee Glens
P.O. Box 9478, Bradenton, FL 34206-9478
TEL: (941) 782-4299
Email: ruizm@manateeglens.com
WEB: www.manateeglens.com
Budget: \$22.7 Million; FTE: 367



Peggy DeCarlis

Founded in 1955, Manatee Glens serves over 10,000 clients in southwest Florida. CEO Mary Ruiz visited MHCA at our 2004 Fall Conference in New Orleans and joined at the close of the year.

Betty P. Taylor, Esq., Chief Exec. Officer
CenterPoint Human Services
4045 University Parkway
Winston-Salem, NC 27106-3325
TEL: (336) 714-9102; Email: btaylor@cphs.org
WEB: www.cphs.org
Budget: \$44.8 Million; FTE: 375



Jan Eustis

As we said above, North Carolina has made significant behavioral healthcare system changes, and MHCA hopes to accommodate the organizational reconfigurations that have resulted. CenterPoint has renewed its MHCA membership and is now headed by Ms. Taylor.



Betty Taylor



Pete Radakovich



Mary Ruiz



Amanda Murphy



Gary Larcenaire

MHCA Board Officers Re-Elected

In an election prior to its annual meeting on February 9, the MHCA Board of Directors re-elected the current slate of officers for 2005. They are: Susan D. Buchwalter, PhD, Chairman; Ervin R. Brinker, Vice Chairman; Dennis P. Morrison, PhD, Treasurer; Anthony A. Kopera, PhD, Secretary, and Susan Rushing, Director-at-Large. Richard J. DeSanto continues on the Executive Committee as Immediate Past Chairman. As previously reported, newly elected Board members are Kenneth Jue and David C. Guth, Jr. ❖



David Guth



Ken Jue

Monadnock Creates Wellness Program

In SHAPE is a new wellness program of Monadnock Family Services, Keene, New Hampshire. Its goal is to improve physical health and quality of life, reduce the risk of preventable diseases of individuals with severe mental illnesses, and extend lifespans to normal life expectancy. In its pilot program, In SHAPE participants have already reported weight loss, lowered blood pressure, smoking cessation, lowered cholesterol levels, higher energy, improved moods, reduction and elimination of some medications, and more restful sleep.

The Los Angeles Times recently featured Monadnock's In SHAPE program resulting in inquiries from other community and mental health agencies from half a dozen states and from governmental agencies in three countries. In January the organization hosted a visitor from SAMHSA. The federal agency is interested in learning whether In SHAPE might serve as a national model.

Activities offered through In SHAPE are provided in the community, and this innovative program involves numerous community partners. Funding partners include the New Hampshire Endowment for Health, the Hoffman Family Foundation, The New Hampshire Charitable Foundation, The Monadnock Community Foundation, and the Monadnock United Way. In SHAPE is supported by a matching grant from The Robert Wood Johnson Foundation and The NH Endowment For Health, The Hoffman Foundation, The Monadnock Community Foundation, The NH Charitable Foundation, Cogswell Benevolent Trust, Monadnock United Way, and Harvard Pilgrim Health Foundation.

You can learn more about this program by visiting www.mfs.org ❖

Philip Wilson Honored

On March 13 West Bergen Mental Healthcare of Ridgewood, New Jersey honors one of its own, CEO Philip E. Wilson, LCSW. Wilson will receive the organization's Distinguished Service Award, celebrating his 25 years of service to West Bergen. In announcing their selection for the annual award, Russell D. Kamp, President of West Bergen's Board of Trustees said, "For 25 years, Philip has been West Bergen's heart and soul. He symbolizes the spirit of West Bergen and is the moving force that has taken the Agency from a staff of 30 to 160 serving 2500 individuals each year."



Philip Wilson

Prior to joining West Bergen in 1980, Wilson served for more than 11 years with various social welfare agencies in New York. He also served two years as a Peace Corps volunteer in Kenya where he met his wife Jane, a nurse from England.

Philip is a graduate of the Training Institute for Mental Health Practitioners, the Fordham University Graduate School of Social Service and Wheaton College in Wheaton, Illinois. He has been a dedicated member of MHCA since 1994. ❖

Vinfen Takes Top Negley Honors

Vinfen Corporation of Cambridge, Massachusetts was chosen to receive the President's Award in the 2005 Negley Awards for Excellence in Risk Management at MHCA's Annual Conference on February 11. The award includes an unrestricted cash gift of \$15,000. Their program is described on pages 8-10.

Vinfen's mission is to transform lives by building the capacity of individuals, families, organizations, and communities to learn, provide, and achieve their goals. Founded in 1977, Vinfen has become the largest provider of its kind in New England, annually serving over 3,000 individuals at approximately 278 program sites in Eastern Massachusetts and Connecticut. The company provides a wide range of services for adults and children including outpatient services, emergency services, day and vocational programs, an extensive array of residential and community supports options, HIV services, nursing home services, and substance abuse services. Approximately 40% of Vinfen's revenue is derived from services for individuals with mental retardation and developmental disabilities, while 60% comes from services for individuals with psychiatric disabilities. Vinfen has an annual budget of \$84,000,000 and employs over 2,000 staff. The organization has been accredited by CARF since 1988. ❖

MHCA Celebrates Twentieth Anniversary with Record Attendance

Of the original 19 MHCA founders, only three are still part of the organization, but all would be proud to know that since 1985, MHCA has held steadfast to its original mission of providing resources to strengthen members' competitive position, enhance their leadership capabilities and facilitate their strategic networking opportunities. We celebrated these successes at MHCA's 2005 Annual Conference in Orlando, Florida, February 8-11, with a record registration of 170 members and guests.

Wednesday's Keynote by former Proctor and Gamble exec Lou Pritchett explored three themes, "Changing the Game," "People as Capital," and "Tips for Those Who Must Lead." One evaluation comment summed it up... "Lou went to the heart of leading companies - it's all about getting things done through your human capital." Additional presentations by members and guest speakers on Wednesday and Thursday were equally well received.



MHCA CEO Don Hevey (left) and Board Chairman Susan Buchwalter visited with Keynote Lou Pritchett in Orlando.



Manisses Communications Group Executive Editor Gary Enos offered a behavioral health journalist's viewpoint on the "state of the industry". Here he visits with Barbara Daire, CEO, Suncoast Center.



Recovery Based Programs were described by moderator Dan Ranieri (standing), Keith Frankel and Eugene Johnson of META Services, William Greer, CEO, and Peggy Michaelis, MHS of Dane County.



CenterSite President Mike McDonald described website enhancement services offered by his company. Here he visits with Diana Mimms, MD, CMO of Peace River Center.



2005 Negley Award Finalists and Sponsors: (Seated left to right) Dorraine Reynolds and Dennis Vollmer, Boys Town National Research Hospital; Marilyn Udis and Sue Cohen, Negley Associates. (Standing left to right) Anthony Zipple, Mary Rychener and Gordon Schweigerdt of Thresholds, Inc., Bruce Bird, Chalee Trainor and Madeline Becker of Vinfen Corporation.

Our conference was held at the newly opened Omni Resort at ChampionsGate in Orlando and for the most part, Florida's weather cooperated with warm days and sunshine. Pleasant evening receptions were hosted by Genoa Healthcare and MHRRG/Negley Associates.

We delighted in welcoming retired CEOs Glenda Bussell (North Central MHS), Mary Aleese Schreiber (Counseling Associates), Jerry Medow (Northwest MHC) and Lloyd Sidwell (Family Services). At our Annual Meeting/Luncheon outgoing Board Members Harry Shulman and Bob Ward were recognized and thanked for their service, and David Dangerfield received a special *Servant Leader Award* (see page 6).

Another good meeting, a very happy celebration! ❖

David Dangerfield - A Servant Leader

As a Founder and Charter Board member of MHCA, David E. Dangerfield, DSW has been an integral part of this organization since our first days in 1985.

In Orlando, Florida at MHCA's 2005 Annual Conference where we celebrated our 20th Anniversary, Dangerfield was honored for his work and recognized by MHCA CEO Don Hevey at the Annual Business Meeting and Luncheon. Hevey said this about Dangerfield:

“In addition to the numerous offices you have held over all these years, you have simply made it your business to be here for us. You have been a steady rock, an encouraging voice, a great friend.

You were a brave MHCA Founder and Charter Board member. You also were a Founder of the Mental Health Risk Retention Group and MHRRG Charter Board Member, serving as Chairman in 1988 and ever since then as Secretary. You chaired MHCA's first initiative in the managed care field - The Committee on the National Managed Care Plan, which led to the formation of Mental Healthcare America. You then again stuck your neck out as a Founder and Chair of MHA and were key to the development of our products - EAP America and Mental Health Review America. For a number of years you chaired MHCA's Outcomes Committee. In that capacity you were instrumental in developing our Customer Satisfaction Management System and our Staffing Patterns Guidelines which led to the present Corporate Benchmarking project. David Dangerfield...you personify all that MHCA stands for.

You are entrepreneurial.

You are committed to the heart of our social mission.

You have shouldered responsibility each time this organization has called on you.

You have welcomed new members and served as a model member yourself.

When MHCA decided in 2003 to create a video that would capture the history and vision of MHCA, you and

14 other CEOs were interviewed about your career and your concept of community behavioral healthcare. Each of the participants in that video spoke from the heart and contributed important footage to what we believe is an excellent archival and educational product.

But it was something you said that led us to name the video...*You Can't Not Do That....* you were chagrined when we told you we were going to quote you for the title. You said your mother taught you better grammar than that! But in a heartfelt moment you said exactly what you believe and what you have proven over the years. We know what so many others know about you - David Dangerfield just 'can't not do that'. You know what this world needs in the way of behavioral healthcare service, and you have given yourself to that work. We at MHCA are proud to recognize your years of service within this organization and want to tell you so by giving you this Servanthood Leadership Award. Thank you David. Thank you from all of us.” ❖



David Dangerfield (right) received the Servant Leader Award, here congratulated by MHCA and MHRRG colleague Gil Aliber. The cast? A snow skiing injury...that's David!

Human Resources Focus Group

MHCA's HR Focus Group is a lively bunch, chaired by Linda Brannon of Circles of Care, Melbourne, FL. In Orlando at their two-day meeting, the Group named Nancy Gongaware of the Crider Center, Wentzville, MO as Co-Chair to assist Linda and assume the lead role next year.

Three Directors Returned to MHRRG

The Board of Directors of Mental Health Risk Retention Group (MHRRG) announces re-appointment of Harriet Hall, PhD and John McKeever by MHCA and re-election of David Dangerfield, DSW by Class C Shareholders.

Compensation Report Distributed

MHCA's Annual CEO and Top Management Compensation Report was mailed to member CEOs in late February. This valuable presentation and analysis of data submitted by members is completely confidential and reported in the aggregate only. MHCA's five geographical region-groups are studied. The report is provided in written form to CEOs and made available on the CEO-restricted archive section of MHCA's website. Sixty-nine percent of the membership participated in the survey for 2004.

Coastal Recognizes Quinco for Kindness



David Harpenau and Shirley Arney of Indiana's Quinco Behavioral Health Systems received gifts of appreciation from Dr. Christine Cauffield (center) of Florida's Coastal Behavioral Healthcare.

At MHCA's 2005 Annual Conference, one member organization recognized another for a gift made to assist in hurricane recovery. Dr. Christine Cauffield, CEO of Coastal Behavioral Healthcare in Sarasota, Florida made the presentation with these words:

"Last year, in the aftermath of Florida's infamous hurricanes, Don Hevey, through MHCA's Listserv system, provided detailed information on the devastation wreaked on our communities by these fierce storms.

When Leah Freeland, Assistant Vice President of Quinco Behavioral Health Systems in Columbus, Indiana, saw the email, she passed it on to the CEO of this wonderful organization, Bob Williams. Leah consequently sent an email to me explaining that staff teams at Quinco receive money from their organization based on the results of their customer satisfaction surveys. Ordinarily they would use the money to purchase something for the office, treat themselves to lunch, or donate to a worthy cause. The Continuing Care team received \$75.00 recently, and they voted unanimously to donate the funds to a mental health center in Florida that had been impacted by the hurricanes. This extremely generous group of fellow behavioral healthcare workers chose Coastal Behavioral Healthcare as the recipient of this donation to be used to help our consumers.

We were quite astonished when the donation arrived at our offices in Sarasota – the amount had grown from \$75.00 to \$2,075.56. The Quinco staff had very generously made personal donations, and an equally generous Bob Williams matched their total contributions.

It gives me great pleasure to present this plaque recognizing Quinco's generosity to Shirley Arney and David Harpenau who are here today representing all the team members of Quinco Behavioral Health Systems. In addition, I am presenting this painting created by one of our clients. It is of a lighthouse casting illumination on a stormy scene - the client said that Quinco's generosity was like this lighthouse, casting comfort and aid to our battered community." ❖

Awards Presented for Best Practices in Customer Satisfaction

In the world of behavioral healthcare, best practices serve as benchmarks for improving delivery of care. MHCA's Customer Satisfaction Management System (CSMS) has been recognized as a reliable measurement instrument. Since its creation in 1994, CSMS has built a database of over 400,000 client surveys and 5,260 staff surveys from 140 organizations. In 2000, MHCA began recognizing best practices in 12 CSMS categories. Awards are presented at MHCA's Annual Conference each year. This year, at MHCA's 2005 Annual Business Meeting/Luncheon, nine organizations received recognition for providing excellence in the following areas:



Customer Satisfaction Best Practice Award Winner Representatives: (left to right) Jerry Mayo, Pine Belt; Candace Clevenger, Heritage; Greg Speed, Cape Counseling; Carol Hargy, ACT, and Philip Wilson, West Bergen

Inpatient Services
ACT Corporation
Daytona Beach, FL

Outpatient Services
Family Resources Center
Houston, TX

Partial/Day Treatment Care
Southlake Center for
Mental Health
Merrillville, IN

Residential Care
Pine Belt Mental Healthcare
Resources
Hattiesburg, MS

Case Management Services
Cape Counseling Services
Cape May Court House, NJ

Emergency Services
Heritage Behavioral
Health Center
Decatur, IL

Vocational Services
ACT Corporation
Daytona Beach, FL

Client Referral Services
Behavioral Connections
of Wood County
Bowling Green, OH

Staff Satisfaction
Clermont Recovery Center
Batavia, OH

Overall Best Practices
(1-2 services)
Family Resource Center
Houston, TX

Overall Best Practices
(3-4 services)
West Bergen Mental Health
Ridgewood, NJ

Overall Best Practices
(5-6 services)
ACT Corporation
Daytona Beach, FL

Best Practices for Prescribing and Administering Medications to Maximize Recovery and Avoid Adverse Events

By **Vinfen Corporation**, Cambridge Massachusetts

Winner: President's Award, 2005 Negley Awards for Excellence in Risk Management

Providing individuals with psychiatric and developmental disabilities with safe and effective medication administration, and helping them learn self-administration are essential to their living successfully in the community. It is also an area of significant risk. In the 1970s, community programs developed where non-licensed direct care staff administered medications and subsequently raised concerns with safety and liability issues. In 1993, the Commonwealth of Massachusetts and residential service providers collaboratively developed a training, certification and oversight process: the Medication Administration Program (MAP). The purpose of the program is to balance safety with a cost effective, community based system of providing medications. Vinfen, the largest human services provider in Massachusetts, worked closely with the Departments of Mental Health, Mental Retardation and Public Health to develop and implement the accountable and responsive statewide MAP program.

From the inception of MAP, Vinfen participated in the statewide MAP committee's development and revisions of curriculum and initiatives, and served as a leader in creating protocols to decrease medication errors. Vinfen first created a Proof of 3-Way Check protocol^A to decrease the number of medication errors due to transcription errors, which MAP adopted as a statewide policy in 1993. We also created the first MAP Recertification Refresher training^B which in 1997 became a best practice standard adopted by the Department of Public Health^C and is now included in the official MAP Training Manual.

To ensure the most effective implementation and management of its internal MAP system, Vinfen's continuous quality improvement system has developed training curricula, service planning systems, data collection techniques, reporting and monitoring systems, and risk management programs. These efforts have resulted in low medication error rates and high quality care that empowers the people it serves.

Medication errors occur despite policies, procedures, protocols, and systems implemented as part of MAP. As part of our risk management program Vinfen closely monitors and quickly responds to all medication errors, and reviews data, serious incidents, and trends as part of monthly risk management committee meetings^D. All errors are reported and analyzed, and preventative or corrective actions are taken to improve systems, and train (or re-train) staff or persons served. We continuously refine these systems and seek improvements in our data and analyses. The results have been a remarkably low rate of errors for the agency, and in special risk management projects, the elimination or substantial reduction of medication errors in targeted programs for up to one year after intervention. This application for the 2005 Negley Award provides details on the technologies that Vinfen employs to produce measurable, reproducible results to lower medication error rates.

Empowerment and Skill-building:

Vinfen's Medication Management Skills Training^E follows the Massachusetts MAP five step protocol levels in which certified staff train persons served in a graduated system of skill-building. MAP is step by step process in which staff work side by side with the person served to ensure that the person served understands the actions being taught, and accomplishes specific tasks and objectives. In Level 1 of the protocol, staff work with persons served to make and keep their appointments with their prescribing physicians, obtain their prescriptions and take their medications. Level 2 focuses on taking medications as the staff sit with and coach the person served as they self-medicate. In Level 3, staff help teach the person served to recognize symptoms and medication side effects, fill prescriptions at a pharmacy and obtain the correct prescriptions and dose. Level 4 allows the person served more independence in taking medications as staff observe the person in the process. In Level 5, the person served takes his or her own medication with monitoring by staff at longer intervals (1 day, 3 days, week, month, etc.). Within the past two years, 799 of persons served in Vinfen's community programs worked towards the goal of self-medicating and made progress towards their goals. Vinfen does serve individuals who are totally self-medicating, and others, who are not actively working on self-medication.

Risk Management and Medication Occurrence Reporting :

The Vinfen Risk Management system gathers self-report data on medication errors from programs, provides for audits by nursing staff, sends all data to Vinfen's Risk Management Committee (including the COO, Medical Director, Director of Nursing, Quality Director, and Division Directors) which reviews individual, serious MOR's, trends in data, and takes actions to prevent or reduce risks. The Committee also plans and monitors specific risk management initiatives at the agency or program level, which are designed to address issues in targeted programs.

Medication Occurrence Reporting:

Although regulations require medication errors to be reported to the funding agency within 7 days, Vinfen requires staff to submit immediately, and at least within 24 hours, all medication occurrences (errors) reports (MORs) in their programs^F. MORs are then distributed by Quality Department staff to the program's managers, nurse, and the Director of Nursing. This allows the manager, nurse, and Director of Nursing to immediately review each medication error and quickly provide the program with recommendations to address needed care reduce the risk of similar errors re-occurring. MOR data is reviewed and categorized, first by degree of seriousness (non-serious or serious), then by type

for review at the monthly Risk Management Committee meeting⁶. We track the five types of MORs which mirror the five “rights”. These include medication that is administered to the wrong individual, wrong medication, at the wrong time, wrong dose, or wrong route. “Non-serious” medication occurrences are any deviance from the health care provider’s medication order in the five types of occurrences that do not require a medical intervention. “Serious” occurrences require a medical evaluation and possible intervention. This five point analysis provides the detail needed to isolate problems, determine causes, develop solutions and then determine outcomes based on continued measurement. The key to the entire Vinfen Medication management system is that we encourage staff to self-report occurrences. The extent of our success with this approach can be demonstrated when we compare the high number of self-reported serious occurrences (11 in 2004) to the relatively low number of serious occurrences that are found by audits (2 in 2004).

Routine Audits:

Vinfen nursing staff audit all medications for a given week for every individual served at every community program at a frequency between monthly and quarterly, depending on the program’s history of occurrences. Program managers self-audit their MAP programs monthly. Occurrences discovered by audits are immediately addressed in program-specific action plans, to be implemented by program staff with other assistance as needed. Serious occurrences are immediately reported to and reviewed by the Vinfen Director of Nursing. They become the subject of targeted program-specific risk management initiatives, and may trigger division or agencywide initiatives. Such initiatives may include changing program-specific or agency policies or practices, training at the program or agency level, resource tool development, environmental changes, or staff corrective actions.

Annual Audits:

As part of an annual self-evaluation, nursing staff conduct a special quality audit of each program’s medication administration. Findings of occurrences from these audits, like those of routine audits, may produce program or agency-specific actions to improve medication administration.

Staff Training and Support:

The MAP certification process ensures that staff are trained and tested in medication administration. As part of Vinfen’s New Employee Training, all staff participate in a two-day medication training⁷. Before staff administer any medication, they must pass both a written 50 question multiple choice test with at least an 80% score and a practicum skills test (demonstrating the 5 rights and 4 checks), administered for DPH by the American Red Cross. The sixteen hour Vinfen MAP training course, longer than the twelve hours required by the state, includes an introduction to the human body, the effect of medication on its various systems, side effects of medication, how to store medication, how to encourage and support residents who may be resistant to taking medication. The course includes instruction in specially-developed protocols detailing the skills needed to safely administer medi-

cation, and reduce the possibility of adverse events. A large part of the course is spent on practicing skills. Staff learn to transcribe a health care provider’s (HCP’s) order from a training exercise workbook. They practice medicating safely and accurately by “dosing” each other under the supervision of the nurse trainer. Vinfen trains staff to check and compare the health care provider’s order, the medication sheet and the pharmacy label (3 way check) in a uniform and consistent manner to ensure that all documents match before administering the medication. We also instruct staff in the five “rights”: right individual, right medication, right dose, right time and right route. Staff are instructed in how to train persons served in these skills. (See above.) The 4 checks requires staff to compare a provider’s order with a medication sheet, compare the order sheet with the pharmacy label and how to then safely “check” that the orders, the transcription, the resident and the documentation are accurate and match. Throughout the training, we reinforce the lesson that a break in the 5 rights protocol precipitates a Medication Occurrence Report (MOR) and requires that they contact their MAP consultant (RN’s at Vinfen) who then advises them how to proceed. Staff repeatedly practice learning the 4 checks, a tool that further reduces the possibility of an adverse medication event.

Once a staff member passes the MAP certification exam, a MAP recertification exam (and training course) must be taken and passed after 2 years. As an additional safeguard, Vinfen requires that when a staff member is first certified, the front-line direct care supervisor or designee supervise the new staff to ensure their adherence to MAP procedures. We implemented this requirement in 2001 when we found newly certified staff making a lot of errors. Nursing Support: Over the past ten years Vinfen has increased the number of nursing positions in the organization to support MAP. In 1993 Vinfen had one full time nursing position that provided MAP support in community programs. Today Vinfen has 22 full time nurses who are assigned across programs. A Vinfen nurse is always available for consultation on medication issues. He or she also provides specialized training to the staff and persons served, e.g., helping staff care for individuals who need blood glucose monitoring, checking vital signs, and oxygen administration. The nurse primarily is responsible for supervising the execution of doctor’s orders. Persons served in need of additional nursing services are linked to agencies such as the VNA and Americare, with staff follow up to ensure persons served continue to receive all needed services. Our Medical Director and Director of Nursing are also on-call 24 hours a day to provide consultation, support and training.

The MAP communication systems feedback loop:

In addition to administering medications, a vital part of the staff’s role is to coordinate care. Staff learn to utilize the MAP systems communication feedback loop, essential to coordinating care of persons served. The loop has six steps. 1) Staff observe and report changes in behavioral, emotional and physical conditions to the Primary Healthcare Provider (HCP), administrator on call and program nurse. 2) Staff assist persons served with their visit to the HCP. 3) Staff assist

See Medications, page 10

Medications, continued from p. 9

persons served to obtain meds from the pharmacy. 4) Staff report and document information from the HCP visit and store medication correctly. 5) Staff administer medication. During the medication administration time, staff also train persons served regarding their medication. 6) After the administration of medication, staff continue to observe and report changes in behavioral, emotional and physical conditions to the HCP, administrator on call and program nurse are trained continually to observe and report. This communication helps the HCP to prescribe medication and provide best care.

Under MAP, direct care staff assume partial responsibility to check that the HCP is accurate in his/her orders and directions. To facilitate accuracy, Vinfen adapted its psychiatrist provider order sheets to include information to further limit the possibility of adverse events¹. Safeguards include the listing of all medication the person served is taking so that the possibility of drug interactions is reduced. The tool requests parameters for vital signs, asks psychiatrists to assess for tardive dyskinesia, other side effects and to review the medication mix at least every 3 months.

Risk Management: Examples of Initiatives and Results:

The following examples illustrate how the Vinfen MAP and Risk Management System have worked to reduce medication errors for the agency, or selected programs:

- As a result of the Vinfen MAP Risk Management system, the total medication error rate over the past four years has averaged 10.9 per 10,000 doses for total errors, and .48 per 10,000 doses for serious errors, on an average of over 2,085,000 doses annually¹. This is attributable partly to specific initiatives, and partly to continued vigilance and management of the entire system. Most importantly, as trends and patterns have developed over time, the Vinfen MAP system has evolved to respond to reported trends.

- Total medication errors dropped from 11.94 per 10,000 doses in FY 2003 to 8.4 per 10,000 doses in FY 2004, with a rate of only .05 serious incidents per 10,000 doses while administrations have climbed to 2.7 million in FY 2004. Perhaps equally important has been an analysis of the pattern of errors, which has indicated a relatively small number of errors likely to cause serious harm (giving the wrong medicine to an individual, vs giving the right medicine but the wrong dose or at the wrong time).

- In FY-03 we found that relief staff were pre-pouring medications (wrong dose) and making transcription errors. We revised the MAP curriculum to address pre-pouring issues and transcription errors with a three-way check, dramatically reducing these types of errors.

- The Risk Management Committee noted an increase in medication errors in several new programs that opened in FY-03. In response, Vinfen modified its Community Site Start-Up Checklist^k to include MAP and QM procedures to ensure medication systems would be established prior to each new program opening.

- In FY-04 an analysis of three incidents of pre-pouring (an inappropriate and risky procedure) in a specific program over a period of six months found that medications were stored downstairs and administered upstairs. The medication storage cabinet was moved to the location where the medications

were administered. Since then no incidents of pre-pouring have been reported over a 12 month period.

- From 2003-2004, Vinfen increased the number of staff that pass MAP's certification exam from an average of 61 % to 80%^l, higher than reported state averages. We attribute this to our expansion of the Vinfen MAP Training program to include 4 more hours than required by the State to include role-playing and additional hands-on practice.

- Serious medication occurrences significantly decreased in FY-01 from 1.82/10,000 doses to .05/10,000 doses in FY-02. Total medication occurrences decreased in FY-01 from 12.8/10,000 doses to 10.8/10,000 doses in FY-02. We attribute these reductions to two related initiatives. In FY-01 we noted a series of errors caused by transcription errors, not following health care provider orders, not following policies and procedures. To address these problems, Vinfen required a medication officer assigned within each program to oversee the MAP systems alongside the program nurse and site manager. We provided additional training to all staff. Program nurses performed a complete MAP review when a serious error occurred and followed-up on all recommendations.

- Also in FY-02 Vinfen implemented a special MAP Supervisor Training^m for managers to supervise, monitor, and provide additional training to relief and weekend staff. As part of this protocol, current managers were retrained if significant problems were identified in their program(s).

- The agency's MAP Technical Assistance Toolⁿ which was developed in FY 2000 has been used extensively by staff and supervisors to help guide adherence to MAP procedures.

Continued Development of the Risk Management System:

In FY 2005, we will implement new medication data entry screens and a medication administration record on our web based client Outcome And Records System (OARS) that will decrease the number of transcription errors made by staff. Our new Risk Management module will enable staff to directly enter medication error data into the system. This will provide for on-line medication error reporting, communication, data collection and analysis, and will be linked to OARS. This will greatly expedite detection of patterns and trends within programs, program clusters, or the agency as a whole.

Conclusion: We believe that Vinfen's Medication Administration Program and Risk Management System can be applied by other human service providers in other states. While MAP certification is a regulatory mandate required for all community service providers in Massachusetts, we believe its curriculum and practices can be replicated and make a real difference in reducing medication errors. We also believe that our Risk Management System, with its tools, reporting system, problem solving approach, and quality initiatives, can also be duplicated elsewhere and can affect outcomes and improve quality of care while reducing risk. Finally, we feel that our Medication Administration Program is a powerful tool for empowering persons served to become independent and in control of their recovery and rehabilitation. We look forward to an opportunity to further discuss our program and share our results with other providers. ❖

Note: Attached references (A-N) available through Vinfen. Description of the Vinfen Corporation is found on page 4.