

PART 3: LEADERSHIP DISCUSSIONS

Emergency Department Backlogs Discussed at 2007 NAPHS



Annual Meeting

Members of the NAPHS Committee on Behavioral Health Services within General Healthcare Systems served as discussion leaders for a special session at the 2007 NAPHS Annual Meeting devoted to "Fixing the System: The Role of the Emergency Department in Partnering to Improve Community Behavioral Health."

Moderator **Dennis P. King** (at podium below) is joined by panelists



Gregory B. Gattman (center), vice president, behavioral services, Palmetto Health Behavioral Care, Columbia, SC; and **Alan Barry, Ph.D.**, administrative director, department of psychiatry, Norwalk Hospital, Norwalk, CT. Mr. King is CEO of Spring Harbor Hospital and vice president, behavioral health, MaineHealth.

Shown below are Gregory B. Gattman (left) and Alan Barry, Ph.D. (right).



Setting a New Standard: Malcolm Baldrige and the AIA Guidelines



In a session devoted to two “firsts” in behavioral health, meeting participants had a chance to focus on quality issues.



NAPHS Board member **John Eiler**, executive vice president—network behavioral health operations, SSM Health Care – St. Louis, described how the Malcolm Baldrige Award – given for the first time in history to a healthcare system – has impacted the behavioral health specialty within SSM Health Care (recipient of the award).



NAPHS consultant on safety issues **David M. Sine, C.S.P., A.R.M.** (left), updated meeting participants on new American Institute of Architects (AIA) guidelines that – for the first time – have a chapter on inpatient psychiatric environments.



Along with moderator and NAPHS Board member **Valerie Devereaux, M.S.N.** (right), vice president of operations, GEO Care, Inc., in Boca Raton, FL, panelists joined in a discussion of ways facilities can improve patient safety and reduce risk and liability.

Here **David Sine** talks with **Mary Hanrahan, CSW**, government relations specialist, New York-Presbyterian Hospital, New York, NY.



Special Education



NAPHS Youth Services Committee Chair **Isa Diaz**, vice president, public affairs, Psychiatric Solutions, Inc., Miami, FL, introduces a session on “Special Education: Integrating Education and Therapeutic Programming.”



NAPHS Treasurer and Board and Executive Committee member **Kevin Sheehan** describes models used at Youth and Family Centered Services in Austin, TX, where he is chairman, CEO, and president.



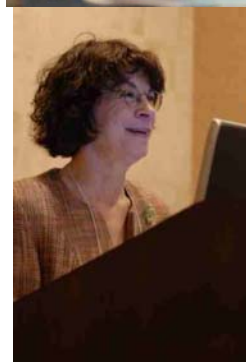
Karen E. Fitzhugh, Ph.D., head of school, King George School, Universal Health Services, Inc., in Sutton, VT, shares perspective from her program.



Here she joins panelist **Paul Livelli, Ph.D.** (far right), director of autism services, Sheppard Pratt Health System, Baltimore, MD, in a discussion.



Mike Lyons (below), vice president, behavioral educational services, Psychiatric Solutions, Inc., Melbourne, FL, adds examples on a range of issues. NAPHS consultant **Myrna R. Mandlawitz, Esq.** (right), added perspective on how the new *Individuals with Disabilities Education Act* (IDEA) regulations impact services. Ms. Mandlawitz is president of MRM Associates, Washington, DC.



Workforce Issues: How to Get, Keep, and Best Use a Highly Qualified Clinical Team

In an interactive discussion, panelists **Dorothy Hill, R.N., C.** (left), CEO, The Acadia Hospital, Bangor, ME; NAPHS President-elect **Jeff Borenstein, M.D.** (center), CEO/medical director, Holliswood Hospital,

Holliswood, NY; and **Jeri Davis, M.B.A.** (right), president, Jeri Davis International (JDI) Healthcare Consultants and Recruiters, Memphis, TN, led meeting participants through a brainstorming session.



Discussion began with an analysis of how the patient – at the center of care – has changed...and how those changes are affecting the type of workforce that facilities will need to attract and retain in the coming years. Audience members noted that patients being seen in today's treatment settings have complex needs. Dual diagnoses, medical complications, cultural diversity and many languages,

homelessness, diverse family structures or lack of family involvement, risk of violence, and aging populations are among many issues identified.

At the same time, issues affecting the workforce include (among other things) a greater diversity (leading to a need for cultural diversity/competence), a mix of Generation X and Generation Y in workforce (bringing different needs, expectations, and different ideas of "satisfaction"), aging baby boomers (who are changing what it means to "retire," who are leaving key leadership positions), more interest in consumer involvement (on boards, as peer support, etc.), and more people in recovery working in treatment programs.



From the perspective of administrators, there remains pressure on bottom line, responsibility of administrators to stay patient-focused, new technologies, increased regulation/oversight/liability, and an interest in working for a "place of integrity."

Jeff Borenstein, M.D. (left below) shared examples of strategies used at Holliswood Hospital to attract and retain physicians. **Dorothy Hill, R.N., C.** (center below) described how The Acadia Hospital came to be the first freestanding psychiatric hospital to have achieved "Magnet" status. The Magnet Recognition Program® developed by the American Nurses Credentialing Center (ANCC) recognizes healthcare organizations that provide nursing excellence. The program also provides a vehicle for disseminating successful nursing practices and strategies. See www.nursecredentialing.org/ancc/magnet for details. **Jeri Davis** (3rd photo) talks about recruitment and retention strategies with **Mike Zieman** (3rd photo center), administrator, Memorial Behavioral Health at Gulfport, MS, and NAPHS Board member **Steve Witt** (3rd photo right), CEO, College Hospital Cerritos, CA.



Performance Measurement

NAPHS-member hospitals participating as pilot test sites in the behavioral healthcare field's national effort to identify inpatient psychiatric core measures had the opportunity to meet and share their experiences at the NAPHS Annual Meeting.

As of January 1, 2007, pilot-testing has begun through the "Hospital-Based Inpatient Psychiatric Services (HBIPS) Performance Measurement Initiative." (For details and ongoing updates, see



www.jointcommission.org/PerformanceMeasurement/PerformanceMeasurement/Hospital+Based+Inpatient+Psychiatric+Services.htm.) This is an industry-wide project that evolved from a public-private partnership focused on improving quality and accountability.

The process being used to develop psychiatric core measures has been parallel to – and as rigorous as – that used to develop core measures for heart failure and other specialties.

The original collaboration between the National Association of Psychiatric Health Systems (NAPHS), the National Association of State Mental Health Program Directors (NASMHPD), and the NASMHPD Research Institute (NRI, Inc.), which began more than eight years ago, led to teaming in 2004 with the Joint Commission to begin to identify a core measure set for inpatient psychiatric services.

The project has included input from 24 stakeholder organizations, including consumers, families, providers, researchers, and others. While the initial core measures are focused on inpatient hospital care, the entire process has been designed with the expectation that many of the concepts may ultimately be useful to other levels of care. Under the leadership of a Technical Advisory Panel (TAP) chaired by NAPHS's **Frank Ghinassi, Ph.D.** (right), of Western Psychiatric Institute & Clinic, hospitals were sought to voluntarily test a set of potential measures for a one-year period beginning in 2007.



More than 190 hospitals have volunteered to participate in the HBIPS pilot test in 2007. Measures are now being tested by volunteer sites throughout 2007.

Among those attending the Annual Meeting discussion were **Karen Johnson** (1st picture below), vice president, clinical services, Universal Health Services, Inc.; **W. Chad Stephens, M.D.** (2nd picture below), of Forsyth Behavioral Health; **Dietmar Henklemann**, (3rd picture below), southern regional coordinator, Quality Indicator project; and **Glenda Sublett**, administrator, Peninsula Hospital; and NAPHS Director of Clinical and Regulatory Affairs **Kathleen McCann, R.N., Ph.D.** (4th picture below), who is the NAPHS staff liaison to the core measures project, shown here with **Frank Ghinassi, Ph.D.**

