



May 16, 2017

Ms. Liz Kowalczyk
Health Care/Medical Writer
The Boston Globe
135 Morrissey Boulevard
Boston, MA 02125

Dear Liz:

In response to your request for comment on our hospitals in Massachusetts, I believe the following context about our operations, scope of services, and protocols will be insightful to you. Many of the questions that you raised in your email were related to specific patients or employees and, as you know, we cannot comment on these patients due to HIPAA and confidentiality laws. We also do not disclose information related to our employees. I do appreciate the opportunity, however, to take a step back and provide an overview of our hospitals, the patients that we treat, and our focus on quality and performance improvement.

There are five Arbour Health System hospitals in Massachusetts for which I provide oversight as Group Director – Arbour Hospital (including satellite The Quincy Center), Arbour-Fuller Hospital, Arbour-HRI Hospital, Pembroke Hospital and Westwood Lodge (including satellite Lowell Treatment Center) and 13 Arbour Counseling Services outpatient centers. While each operates independently, all share the same focus on providing an array of high quality mental health services to patients with a wide range of needs. Across all the hospitals, we have 565 licensed beds and annually provide psychiatric care and behavioral health services to approximately 16,000 inpatients and 400,000 hours of service to outpatients either in clinic or community-based settings. Our staff of approximately 1,800 employees includes psychiatrists, internists, psychiatric nurse practitioners, registered nurses, social workers, mental health counselors, and other clinical, support and administrative staff.

The hospitals have a long tradition of serving residents of the Commonwealth of Massachusetts and for over 33 years have cared for patients of all ages who experience mental illness and addictions issues. Over 15,000 calls each month are logged on our admissions line from patients, families, or referrers who are seeking help. Patients have been served for decades with accessible, quality services. All the hospitals maintain Centers for Medicare and Medicaid (CMS) certification and accreditation by The Joint Commission. The outpatient centers are accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), another nationally recognized organization.

Our organizations offer mental health and addictions services to children, adolescents, adults, and older adults. These services are provided across a continuum of care including community-based, outpatient, intensive outpatient programs (IOP), partial hospitalization programs (PHP),

and inpatient care. Outreach by clinicians to community-based locations includes, but is not limited to, homes, schools, nursing homes and assisted living facilities.

The patient population that the hospitals treat has changed somewhat over time as specialized services were developed in response to community needs including for those patients with intellectual disabilities, co-occurring addictions disorders, or who are exhibiting assaultive or aggressive behavior. Many of the patients we serve are referred from Emergency Departments across Massachusetts including those who may be difficult to place based upon their co-occurring disorders and special needs. Over the past five years, the central intake department has received over 100,000 calls for patients in Emergency Rooms looking for inpatient treatment.

We specialize in providing care and support for individuals who are vulnerable and face complex behavioral health issues. There are industry-wide challenges associated with caring for this population such as shortages of community-based services including those for children and adolescents, a fragmented system that may prevent patients from accessing care until there is a crisis, a concerning national shortage of psychiatrists and other clinical staff, and a growing number of more complex patients including those with co-occurring addictions or medical issues.

Within that environment, we are focused on maintaining a high level of quality care and assuring that as many inpatient beds as possible are available within our network to allow access when needed. We are grateful to our employees for their dedicated efforts in providing each patient supportive, individualized care. From a staffing perspective, we do not accept patients (even if we have available, licensed beds) unless we have the proper staff to meet their needs, and we routinely adjust staffing patterns based on the acuity of our patient population.

At the same time, we engage in a process of continuous performance improvement. Every interaction with regulatory and licensing agencies, including DMH, represents an opportunity to identify best practices as well as refine our policies, procedures, and training. In response to surveys, we submit action plans and reports with appropriate timeframes and monitoring procedures. Any unanticipated patient outcome results in a thorough internal review and assessment to identify opportunities for improved practice. We are highly committed to serving the community with the best possible care.

You have asked about a few serious adverse events at Arbour Health System facilities since 2002. It is important to realize that these represent a very, very small percentage of the total number of patients cared for at our facilities. While even one unintended outcome is one too many, the overwhelming majority of patients are treated without incident. Over the past 15 years, Arbour Health System hospitals have admitted more than 200,000 inpatients representing more than 1,500,000 patient days. Most, if not all, healthcare organizations treating highly acute, complex patients will regrettably face occasional unforeseen incidents – this is not unique to us.

We work very hard to follow-up on any adverse incident with conscientious internal review and timely appropriate response. Realizing that any adverse event can be devastating to all involved, our goals are communication, disclosure, empathy, support, resolution, learning, and improvement. Reviews have resulted in organizational improvements including, but not limited to, focused staff training and education, or policy and procedure changes, and we work diligently

to ensure these positive changes are monitored and sustained over time to benefit all future patients.

Change management has been a significant part of leadership over the past year. A Strategic Clinical Plan continues the focus on core strategies including person-centered treatment, restraint reduction, compassionate care training, environment of care, documentation, risk assessment, patient and family satisfaction. The plan is a focused effort on the part of all staff to ensure sustainable and positive outcomes.

As a system, we undertake other initiatives that support the community. In the last 10 years, the hospitals and outpatient centers have provided education and training for over 500 physicians, nurses, pharmacists, social workers, mental health counselors and others. AHS organizations paid in excess of \$100,000,000 in taxes to the Commonwealth of Massachusetts. Facility improvements including investment in capital and maintenance exceeded \$20,000,000. Much of this expense is not recognized in reports generated for the Commonwealth of Massachusetts and may not fully reflect true hospital margins and re-investment in the community. Hospital leaders participate in community events and with other agencies to improve awareness about mental health and addictions resources, reduce stigma associated with behavioral health and provide input into discussions about how to improve behavioral health access and treatment. Our hospitals have been core members of the Massachusetts Association of Behavioral Healthcare Systems (MABHS) for many years.

We take great pride in our service to the thousands of Massachusetts residents we have successfully cared for over the past decade. In many, many cases, we have come to know these individuals and their families personally. We have received much positive feedback on the care received and referrers understand the value of the system in caring for an acute, complex patient population.

In summary, the Arbour Health System hospitals and outpatient centers remain a vital part of the behavioral health care system and we are committed to ensuring the highest quality of care for our patients. We are the only mental health system in Massachusetts that has such a broad continuum of services and cares for such a significant number of patients. This is a humbling responsibility, and one that I and our staff take very seriously.

Sincerely,

Dania O'Connor
Group Director, Massachusetts Behavioral Health Division
Arbour Health System

For the Record

In addition to the letter Dania O'Connor, Group Director of Arbour Health System, sent to The Boston Globe, we responded to multiple individual emails from the Globe reporter asking for information.

Please see below for two clarifications and additional information provided to the Globe, most of which were not referenced in their story:

CLARIFICATIONS

- *The letter states that AHS hospitals paid in excess of \$100,000,000 in taxes to the Commonwealth of Massachusetts over the past 10 years.* Our Massachusetts hospitals actually paid \$133 million in state and federal taxes over the past ten years, including categories of real estate, unemployment, and imputed state and federal income tax.
- *The letter referenced 565 licensed beds in the Arbour Health System, with 536 Department of Mental Health (DMH) licensed beds.* There are currently a total of 550 DMH licensed, inpatient beds for adolescents and adults. The number changed since this letter was sent to the Globe and subsequently updated with the reporter. With approval from DMH, a DPH licensed acute residential treatment program at one of the hospitals was converted for patients with primary psychiatric and secondary addictions disorders. With this change, the new system total is 550 DMH licensed beds.

FURTHER INFORMATION PROVIDED

- Regarding Arbour Health System's quality improvement program
 - Change management has been a significant part of leadership over the past year. Efforts have been made to update and improve the system including new leadership, development of a new nursing hierarchy, a focus on training, and new housekeeping protocols. The plan is a concentrated effort on the part of all staff to ensure sustainable and positive outcomes. We work very hard to follow-up on any adverse incident with conscientious internal review and timely appropriate response. Realizing that any adverse event can be devastating to all involved, our goals are communication, disclosure, empathy, support, resolution, learning, and improvement.
- Regarding Arbour Health System's staffing and admissions
 - As with all mental health providers, recruitment and retention has been a challenge during a time of unprecedented demand for inpatient beds and acuity of patient population. We are committed first and foremost to the safety of our staff and patients in making admissions decisions. Each of our hospitals makes a decision to accept patients for admission based upon their available bed capacity and clinical capability. We do not accept patients (even if we have available, licensed beds) unless we have the proper staff to meet their needs, and we routinely increase staffing patterns based on the acuity of our patient population. If there is a high level of acuity on a unit with an available bed, the hospital will assess the risk to staff and other patients, and must have proper staffing before accepting such an admission.

- Regarding an internal employee Town Hall meeting where the CEO discussed inpatient deflections
 - The purpose of the Town Hall meeting was to both reassure and remind staff of our considered approach to admitting patients with a high level of acuity, including assaultive and aggressive behaviors. In the Town Hall meeting that was referenced, the CEO was communicating a commitment to accepting difficult patient referrals based on appropriate staff levels to best manage the patient population.

- Regarding Arbour Health System patient care protocols
 - Should a patient sustain an injury, he or she is promptly evaluated by a physician. If an injury is determined not to require urgent assessment at an emergency room, the patient is monitored over time in the hospital. Follow-up care is pursued if the condition does not resolve, if it worsens, or otherwise as deemed appropriate by physicians and clinical staff.

 - As a psychiatric hospital, we accept patients with multiple co-occurring medical conditions. The hospital stocks supplies to address common medical conditions but not to the extent of a medical-surgical hospital. On the occasion that a patient has needs that are atypical for our facility, required supplies are ordered and are made available as soon as possible.