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Center for Discovery

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The Renfrew Center
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The Joint Commission

- Independent
- Not-for-profit
- Private sector, non-governmental organization
- Mission: To continuously improve health care for the public, in collaboration with other stakeholders, by evaluating healthcare organizations and inspiring them to excel in providing safe and effective care of the highest quality & value.
The Joint Commission

- Ambulatory Health Care
- Behavioral Health Care
- Critical Access Hospital
- Home Care
- Hospital
- Laboratory Services
- Nursing and Rehabilitation Center
- Accredited over 20,000 health care organizations
Accrediting Behavioral Health organizations since 1969
Accredited over 2,000 Behavioral Health organizations
Range of settings/services
Our focus: helping behavioral health organizations help the people they serve.
Who can become accredited under the Behavioral Health accreditation requirements?

- Community-based Mental Health Services
- Services for Children and Youth
- Addiction Treatment Services
- Medication-Assisted Opioid Treatment Programs
- Services for People with Intellectual/Developmental Disabilities
- Services for Individuals with Eating Disorders
Today’s Roundtable Topic

Programs/Services for Individuals with Eating Disorders
Organizations accredited for treating individuals with eating disorders

- Common/Core Accreditation Requirements
- Setting Specific Accreditation Requirements
- Additional requirements for Specific Population
CTS.02.03.09: Assessment of Food-related behaviors

- EP 1. Assess beliefs, perceptions, attitudes and behavioral regarding food
- EP 2. Assessment includes family observations regarding food-related behaviors, when available
CTS.04.02.17: Monitoring of weight and food-related behaviors

- EP 1. Monitors weight based on organizational policy
- EP 2. Monitors food-related behaviors
Primary Physical Health Care Standards

**CTS.04.02.19**

The organization provides basic prevention, screening, and physical health care services.

- Behavioral Health Care (BHC) organizations that directly provide primary physical health care either at their own facility or by contracting with another organization to provide primary physical health care on behalf of the BHC organization.
The organization provided basic prevention, screening, and physical health care services to individuals served through a referral agreement with a primary physical health care provider.

- BHC organizations that have a formal agreement to refer individuals to a particular organization for primary physical health care.
### Site Description

Select one:
- Behavioral Health Care services at this site are provided directly. **(Recommended)**
- Behavioral Health Care services at this site are limited to Administrative Services or Billing only. By selecting this option, additional site information such as volume and services will not be collected. This site will be listed on quality check.

### Services/Volume

<table>
<thead>
<tr>
<th>Residential Care</th>
<th>Adult</th>
<th>Child/Youth</th>
<th>ADC</th>
<th>Licensed/ # of Beds</th>
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<tr>
<td>Mental Health Services (including dual diagnosis)</td>
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<tr>
<td>Addictions (excluding methadone detoxification and maintenance treatment programs)</td>
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<td>Eating Disorders</td>
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<tr>
<td>Persons with Intellectual/ Developmental Disabilities</td>
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<td>Post-Acute Acquired Brain Injury</td>
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<table>
<thead>
<tr>
<th>Day Treatment/Intensive Outpatient Services/Partial Hospitalization</th>
<th>Adult</th>
<th>Child/Youth</th>
<th>ADC</th>
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<tbody>
<tr>
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<tr>
<td>Eating Disorders</td>
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<thead>
<tr>
<th>Outpatient Behavioral Health Services</th>
<th>Adult</th>
<th>Child/Youth</th>
<th>Total Annual Visits</th>
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<tbody>
<tr>
<td>Mental Health Services (including dual diagnosis)</td>
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<tr>
<td>Addictions (Include Buprenorphine if 0-300 patients per physician)</td>
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<tr>
<td>Eating Disorders</td>
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<td>455</td>
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<tr>
<td>Persons with Intellectual/ Developmental Disabilities</td>
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</table>

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Quality Check
## Sites and Services

* Primary Location

An organization may provide services not listed here. For more information refer to the [Quality Report User Guide](#).

<table>
<thead>
<tr>
<th>Locations of Care</th>
<th>Available Services</th>
</tr>
</thead>
</table>
| **Main Street Medical Center**<br>123 Center St<br>Oakbrook, IL 60181 | Services:  
- Eating Disorders (Day Programs - Adult/Child/Youth)  
- (Non 24 Hour Care - Adult/Child/Youth)  
- (Partial - Adult/Child/Youth) |
| **Main Street Center**<br>123 Main St.<br>Oakbrook, IL 60181 | Services:  
- Eating Disorders (Day Programs - Adult/Child/Youth)  
- (Non 24 Hour Care - Adult/Child/Youth)  
- (Partial - Adult/Child/Youth) |
| **Main Street Center of Illinois**<br>5431 Oakland Ave<br>Oakbrook, IL 60181 | Services:  
- Eating Disorders (Day Programs - Adult/Child/Youth)  
- (Partial - Adult/Child/Youth) |
| **Main Street Center of Texas**<br>174 Union Street<br>Austin, TX 60000 | Services:  
- Eating Disorders (Day Programs - Adult/Child/Youth)  
- (Non 24 Hour Care - Adult/Child/Youth)  
- (Partial - Adult/Child/Youth) |
Center for Discovery & The Joint Commission

Greg Corbin, MA, LMFT, Director of Performance Improvement
Jen Henretty, PhD, Director of Outcome & Research
Our Mission Statement

**Discover** verb -1. To make *known.* 2. To *obtain* sight or knowledge of for the *first* time.

- Discovery is the process of uncovering and revealing, that which had been previously unknown. We at Discovery choose as our Mission to provide an intensive therapeutic experience aimed at profoundly and creatively facilitating behavioral, emotional, and spiritual growth for our resident/clients and their families.
- In addition, Discovery combines the finest traditional inpatient approaches with creative, innovative and individualized interventions at a substantially reduced, cost efficient fee, and positions our therapeutic experience at the forefront of adolescent treatment.
Center for Discovery Overview

• Founded in 1997 by Dr. Craig Brown and Jerry Carminio
• First Accredited in the summer of 1997 through the behavioral health manual
• Our first six bed facility completely dedicated to eating disorder treatment opened in 1999
• Currently operating 13 Eating Disorder facilities, treating adult women and adolescent boys and girls
• Offering RTC, PHP and IOP levels of care
• Expanding national footprint with treatment centers in 5 regional areas: CA, CT, IL, VA and WA with 68 beds (14 additional beds available Jan. 2014)
• Sponsoring iaedp Eating Disorder Certification for all Program Directors, Primary Therapists, and Dietitians
• Committed to ongoing research for quality improvement and the enhancement of the industry
• Led by a Clinical Advisory Board of ED thought-leaders
Clinical Model of Care

- Small, intimate settings, treating a maximum of 6-8 residents
- Individual and family therapy 4x per week
- Family inclusion
  - Intensive family psychoeducation, coached family meals, family communication sessions, and family support group
- Treatment team includes physician, psychiatrist, and dietitian
- Hands on kitchen and food experience
- Multiple therapeutic modalities including CBT, DBT, ERP, & Equine Therapy
- Community-based
  - Rather than expanding centrally, we expand into new, underserved communities
  - Work closely with community treatment teams
  - Provide community outreach, including Discovery in Recovery support groups and other free community resources
  - Treatment takes place in the community (e.g., restaurant outings, grocery store challenges)
- Comprehensive Discharge Planning
Research & Outcomes (HEDIS Impact)

- Collection of intake and discharge data since 2006
  - Utilizing standardized pre/post measures (e.g., EDI-3, Beck Depression and Anxiety Inventories)
  - Have teamed with the North Shore LIJ and The Feinstein Institute for Medical Research to analyze data and publish findings
- Preliminary Results:
  - Weight restoration (approximately 2 lbs per week)
  - Reduction of purging behavior (from 28 purges per week at intake to 0.3 at discharge)
  - Improvement in symptoms of anxiety and depression (from moderate-severe at intake to mild at discharge)
- Collection of additional follow-up data (7, 30, 90, 180, & 365 days post discharge)
  - Examining factors including rate of need for readmission and discharge to higher level of care, aftercare follow-through, medication compliance, and maintenance of symptom improvement
- Participation in RED-C study and collaboration with UCLA on several ED studies (e.g., to explore brain functioning after weight restoration)
Benefits of Accreditation

- Attracting and retaining excellent clinicians
- Creates an environment of safety and security for staff and clients
- Joint Commission staff provide support, direction and clarity on what are best practices and guidance relative to continual improvement
- Affording our clients, their families, our staff, and third-party payers the assurance of a quality treatment experience
- Accreditation is required by most third party payers – JCAHO accreditation provides an opportunity for the best contractual rates
- Facilitating our becoming a treatment leader
RENFREW’S MISSION STATEMENT:
EMPOWERING WOMEN TO
CHANGE THEIR LIVES

The Renfrew Center and The Renfrew Center Foundation are dedicated to treatment, training, research, prevention and advocacy in the field of eating disorders.

In a safe and healing community we provide women with the skills and support to recover from anorexia, bulimia and binge eating disorder, and to create meaningful, satisfying lives.
FACTS ABOUT THE RENFREW CENTERS

First Residential Treatment Facility specifically for the treatment of Eating Disorders in the U.S.

- Established in 1985

98 residential beds in 2 facilities—

- Philadelphia, PA—58 beds
  - 27 acres located on the outskirts of center city
- Coconut Creek, FL—40 beds
  - 10 acres located north of Ft. Lauderdale
LOCATIONS

- Pennsylvania—Philadelphia & Radnor
- New Jersey—Ridgewood & Mt. Laurel
- Maryland—Bethesda & Baltimore
- Florida—Coconut Creek
- New York—Manhattan
- Connecticut—Old Greenwich
- North Carolina—Charlotte
- Tennessee—Nashville
- Texas—Dallas
- Georgia—Atlanta
- Massachusetts—Boston *(opening early 2014)*
OPERATIONS

- Clinical Excellence Board oversees the quality of Renfrew’s Programs & Services

- Fully accredited by the Joint Commission on Healthcare in all sites

- Licensed in all States

- Program Information Call Center responsive to patient, family, professionals’ needs
RENFREW’S CONTINUUM OF CARE

Recognized for the continuum of care and consistency of treatment philosophy

- Residential
- Day Treatment Program (DTP/PHP)
- Intensive Out-Patient (IOP)

Out-Patient
- Individual
- Family
- Groups
RENFREW CLINICAL EXCELLENCE BOARD

- Established January 2011
- Sets clinical standards & philosophy
- Established a program model to provide a general framework from which to assess, implement and revise delivery of services for individuals in its care
- Established “Clinical Training Department” and provides infrastructure for on-going staff training
- Incorporates both internal & external research findings to assess treatment outcomes and the quality of the clinical program
- Established a Clinical Standardization Committee to oversee and evaluate compliance with the clinical standards in all Renfrew sites
RENFREW PROGRAM HIGHLIGHTS

Able to customize patients’ treatment by offering unique programming features

- Adolescent track
- Emotional Eating track
- Substance Abuse track
- Trauma & Abuse track
- Jewish Programming
- Christian Programming
- Specialized Exercise Program
- Experiential & Creative Therapies (i.e., art, psychodrama, dance movement)
FAMILY INVOLVEMENT

*Values the importance of family in treatment and recovery*

- Family members participate in admission day
- Family sessions with the patients weekly
- Families participate in regular Multi-Family Groups
- Holds Family Weekends at both Residential campuses that combines education and experiential groups
COLLABORATION WITH REFERRING PROFESSIONALS

Collaborating with the patient’s external team is key in insuring coordination of care

- Process begins during the assessment phase of care
- Continues throughout treatment
- Involved in the aftercare plan
- Ultimate goal is to return the patient to their external team when she is ready
- Offering ongoing educational webinars, workshops and the annual conference
INDIVIDUAL THERAPY & NUTRITION SERVICES

*Treatment is always individualized, non-judgmental and respectful*

- Individual therapist meets on a regular basis based on patient’s need
- Registered dietician works with the patient regarding meal plan and incorporates special needs (i.e., diabetic, food allergies, Kosher, etc.)
- Meal support therapy after each meal
PSYCHIATRIC SERVICES

Systems for managing and monitoring psychiatrically complex eating disordered patients

- Psychiatric visits bi-weekly and as needed
- Board Certified psychiatrists & nurse practitioners
- Psychiatrists are integral part of the patient’s team
MEDICAL SERVICES

Systems for managing and monitoring medically complex eating disordered patients

- Medical Nurse Practitioner & Internist coverage
- 24 X 7 Nursing Care
- Lab and Pharmacy Services
- Nursing staff trained to perform EKGs & administer tube feedings
- Nurses are part of the patient’s team
AFTERCARE SERVICES

*Essential to recovery are aftercare and alumni services*

- Aftercare planning begins at admission
- Coordination with managed care organization and other providers essential
- All patients are eligible for free Alumni Services
ALUMNI SERVICES

Commitment to Patient recovery extends beyond discharge

- Monthly webinars led by Alumni Director and Alumni Liaison
- In-person events at all sites
- *Connections* Newsletter written by and for alumni offer encouragement & support
- Social Media support: Facebook, Twitter, Instagram
- Alumni have opportunities to tell their story at Renfrew events and/or to the media
RENFREW RESEARCH

The following information & tools are utilized to capture research data about patients

- Demographics: age, primary diagnosis, comorbid diagnoses
- Eating Disorders Examination Questionnaire (EDE-Q)
- Eating Disorders Quality of Life Scale
- CESD Depression Inventory
PATIENT SATISFACTION

Feedback about services are integral to continued improvement

- Residential campuses offer opportunity for patients to rate usefulness of specific groups
- Nursing feedback surveys monthly
- Comments are encouraged beyond the “ratings”
- All non-residential sites solicit feedback monthly on: registration process, clinical services, and facility
JOINT COMMISSION AND THE RENFREW CENTER PARTNERSHIP ESTABLISHED IN 1985

Advantages of our partnership

- Promotes continuous quality improvement
- Elevates standards of care through an integrated clinical framework
- Ensures patient, staff and visitors’ safety through the Environment of Care, Emergency Management and Life Safety standards
- Monitors and assesses efforts related to prevention and control of infection risk
PARTNERSHIP ADVANTAGES CONTINUED

Advantages of our partnership

- Provides a comprehensive set of requirements for clinical documentation
- Recognizes the importance of rights and responsibilities for the individuals served
- Protects the privacy, security and integrity of data, ensuring confidentiality
- Holds the leadership accountable for establishing the foundation for effective performance
AS THE RENFREW RENTER GROWS

*Joint commission provides ongoing support*

- Provides a platform for seamless compliance to the treatment model
- Promotes standardization throughout all of Renfrew’s sites
- Offers educational opportunities through webinars and conferences
- Knowledgeable staff available for questions and clarification on Joint Commission standards
- Provides consultative services for new Renfrew sites
The Joint Commission’s Gold Seal of Approval™ means your organization has reached for and achieved the highest level of performance recognition available in the behavioral health field.
Coming Soon:
Behavioral Health Home Certification

- Effective Jan 1, 2014
- Accredited under the Behavioral Health Care (BHC) program
- Integrated behavioral and physical health care
- Pre-Publication BHH Standards
- [http://www.jointcommission.org/standards_information/prepublication_standards.aspx](http://www.jointcommission.org/standards_information/prepublication_standards.aspx)
Upcoming Complimentary Webinars*

- Jan 22 – Accreditation Basics: Myth-Busters Session
- Feb 12 – Roadmap to Accreditation: The Path to Success
- Mar 12 – Strategies for a Successful Survey

* Already conducted webinars posted on BHC website