

# DPHHS Governing Body Meeting

*Key Quarterly Updates for MSH*

July 18<sup>th</sup> – 3:00 pm MT



DEPARTMENT OF  
**PUBLIC HEALTH &  
HUMAN SERVICES**



**MONTANA  
State Hospital**

*Making a difference one life at a time*

# Agenda

- I. **Summary: Facilities Update**
  - I. **Data & Trends**
- II. **Montana State Hospital: CMS Certification Update**
- III. **New / Updated Medical Staff By-Laws and Policies**
- IV. **Approved Changes to Medical Staff Job Requirements / Credentialing**
- V. **Key Quality Measures & Metrics**
- VI. **HR: Staffing / Hiring / Turnover**
- VII. **Financial / Budget Update**
  - I. **Operating Budget**
  - II. **Capital Expenditures**
  - III. **Contracted Services**
- VIII. **Special Events**
- IX. **Public Comments and/or Questions**
- X. **Adjourn**



# Governance Board Members – Role Call by Kristin Finucane, Exec Admin Assist

## *Meeting Location: Virtual (ZOOM)*

Member Name	Title	Membership Type
Rebecca De Camara	Interim Executive Director, Medicaid and Health Services	Voting (Chair)
Dr. Doug Harrington	State Medical Officer	Voting (Vice Chair)
Kim Aiken	Chief Financial Officer	Voting (Secretary)
Dr. Micah Hoffman	Medical Director, Montana State Hospital	Voting
Meghan Peel	Interim Administrator, Behavioral Health & Developmental Disabilities Division	Voting
Chad Parker	Deputy Chief Legal Counsel	Voting

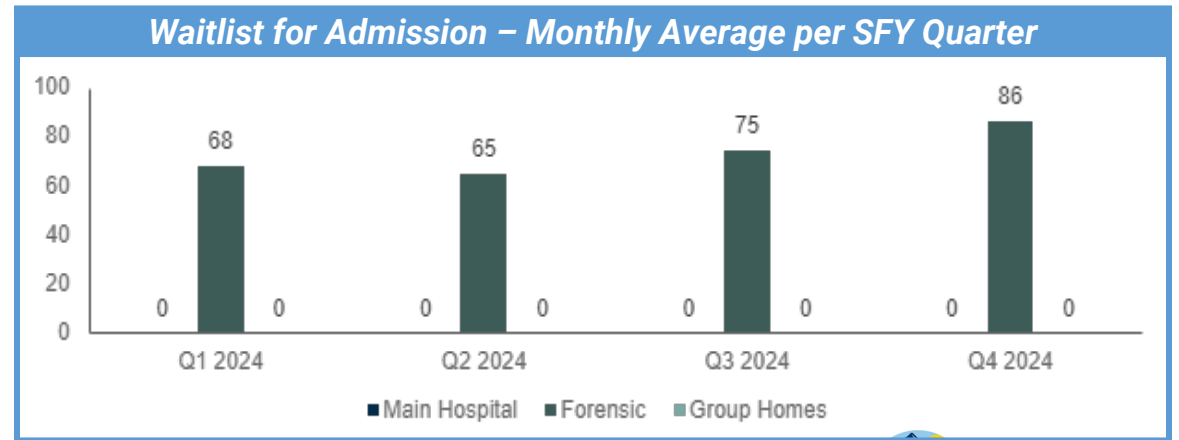
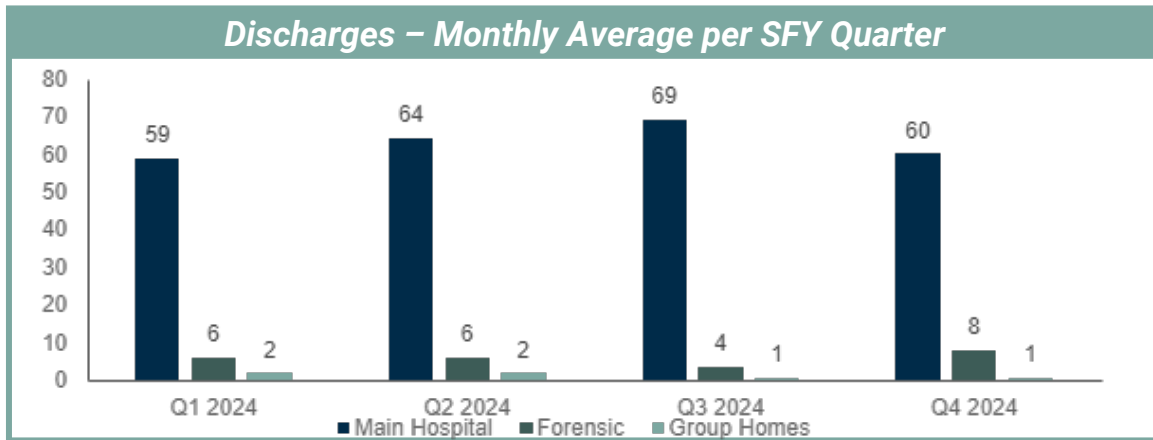
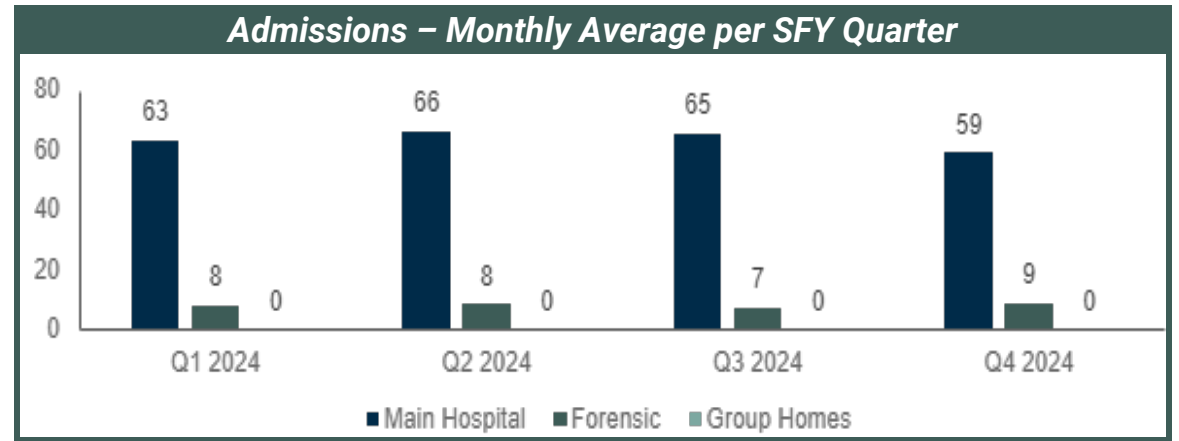
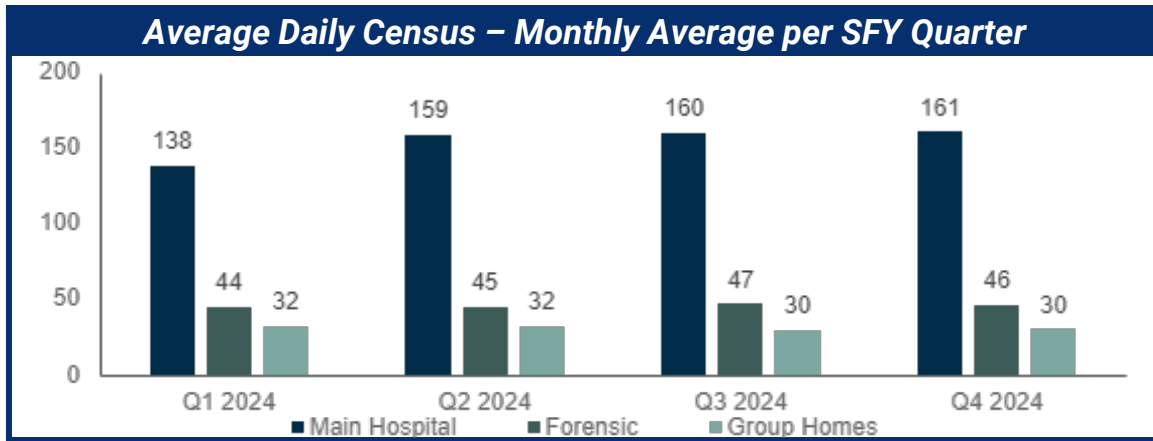


# Summary: Facilities Update



# Summary: Facilities Update

– Presented by Dr Harrington, State Medical Officer/Acting MSH CEO



*Note: Data reflects the monthly average for each quarter.*

# MSH: CMS Certification Update




# CMS Certification Update – John Hazel, A&M Consultant

<b>Overall Status:</b> 	<b>Key Accomplishments</b> <ul style="list-style-type: none"> <li>The hospital hired a CEO with a tentative start date of early August 2024</li> <li>DPHHS and MSH have identified a strong, full-time candidate for the Medical Director position, and working through final rounds of interviews</li> </ul>	<b>Challenges / Barriers to Address</b> <ul style="list-style-type: none"> <li>Lack of sustainability of certain processes by the organization once they have been implemented</li> <li>Vacancies of key leadership positions; some of which are required by CMS</li> <li>Initiating the capital projects for regulatory compliance</li> </ul>	<b>Recommendations / Decision Points</b> <ul style="list-style-type: none"> <li>Expedite the filling key positions</li> <li>Obtain timelines from A&amp;E for the required capital projects</li> </ul>
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## Key Initiatives Update

#	Initiative	Description	Related CMS Regulation	Current Status	Target Completion Date	Barriers to Discuss	MSH Owner
1	Performance Improvement Projects	Working on 4 PIPs for the facility: <ol style="list-style-type: none"> <li>Shift Handoff Tool</li> <li>Treatment Planning</li> <li>Seclusion &amp; Restraint</li> <li>Workplace Violence</li> </ol>	§482.21	<i>On Track</i>	12/31/2024	<ul style="list-style-type: none"> <li>Support completion of PIP charter documents and tracking of progress / status</li> </ul>	<ul style="list-style-type: none"> <li>Identified PIP leads / Amanda G.</li> </ul>
2	HIM Action Items	Implement the recommendations from Savista related to HIM at MSH	§482.24	<i>In Process</i>	12/31/2024	<ul style="list-style-type: none"> <li>Resource challenges within the department; technology challenges</li> </ul>	<ul style="list-style-type: none"> <li>Chris G.</li> </ul>

# CMS Certification Update – John Hazel, A&M Consultant

<b>Overall Status:</b>		<b>Key Accomplishments</b> <ul style="list-style-type: none"> <li>• Director of Social Services implemented the updated policies for the Social (Psychosocial) Assessment and Treatment Planning and Discharge</li> <li>• Director of Social Services deployed a new standardized SUD assessment template in TIER</li> </ul>	<b>Challenges / Barriers to Address</b> <ul style="list-style-type: none"> <li>• Scheduling interdisciplinary treatment team meetings to ensure full team attendance</li> <li>• Vacancies of key positions; some of which are preventing necessary functions per CMS CoPs</li> <li>• Training &amp; Development of staff related to quality goals and outcomes</li> </ul>	<b>Recommendations / Decision Points</b> <ul style="list-style-type: none"> <li>• Expedite the filling key positions</li> <li>• Standardized progress note(s) template(s)</li> <li>• TIER updates to Initial Social Assessment (ISA) Form</li> </ul>
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## Key Initiatives Update

#	Initiative	Description	Related CMS Regulation	Current Status	Target Completion Date	Barriers to Discuss	MSH Owner
3	Social Services	Collaborating on the PIP plan with the Director of Social Services (e.g., Timeliness of Treatment Plans, Standardized Assessment, Interdisciplinary Involvement)	§482.61	<i>On Track</i>	12/31/2024	<ul style="list-style-type: none"> <li>• Lacking necessary clinical staff to complete ISAs; Challenges scheduling interdisciplinary or full-team meetings; Integration of standardized assessment tools</li> </ul>	<ul style="list-style-type: none"> <li>• Kaila T.</li> </ul>
4	Recruitment & Retention	Continue to identify HR barriers and facilitate collaboration between departments	§482.24	<i>In Process</i>	12/31/2024	<ul style="list-style-type: none"> <li>• Inaccurate JDs; Lack of therapy license reciprocity; delays in interview scheduling</li> </ul>	<ul style="list-style-type: none"> <li>• Sharon C./ Kaila T.</li> </ul>



# Updates to Medical Staff By-Laws / Policies / Privileging



# Updates to Medical Staff By-Laws – Presented by Dr Hoffman, Chief Medical Officer

Review of changes, or amendments, to medical staff by-laws

#	By-Law Topic	Description of Changes	MEC Approved Date
		<b>NO CHANGES OR AMENDMENTS TO REPORT</b>	

# Medical Staff Privileging – Presented by Dr Hoffman, Chief Medical Officer

Review of Medical Exec Committee updates / changes to medical staff privileges

#	Name	Initial Appointment or Re-Appointment or Change to Privileges	Rationale	MEC Approved Date
1	Nora Schillo	Re-Appointment	Unit Provider – Bravo	5/20/2024
2	Dr Stoddard	Re-Appointment	Unit Provider – Alpha	4/1/2024
3	Toni Deer	Initial Appointment	Locum – Med Clinic	6/4/2024
4	Angela Fontenot	Initial Appointment	Locum – Bravo	5/13/2024
5	Scott French	Initial Appointment	Locum – Med Clinic	5/28/2024
6	Sonya Goodin	Initial Appointment	Locum – Med Clinic	5/13/2024
7	Regina Hudson	Initial Appointment	Locum - Echo	4/9/2024
8	Dr Kim	Initial Appointment	Locum – Galen	6/19/2024

# MSH Policy Updates – Presented by Dr Harrington, State Medical Officer/Acting MSH CEO

## Review of MSH policy updates

#	MSH Policy Name / ID	Policy Topic	Description of Change	MEC Approved Date
1	Hazardous Drug Handling Policy	Policy identified hazardous drugs and ensures the appropriate precautions surrounding these drugs.	Review and updated Pharmacy Policy	6/7/2024
2	Methadone Use for Opioid Dependence Policy	Policy outlines the use of methadone for the treatment of opioid dependence.	New Pharmacy Policy	6/7/2024
3	Medical Emergency Response and Review Policy	Policy outlines the process for requesting medical assistance and medical emergency/code blue reporting, response, and documentation and review of all medical emergency/code blue events.	New Patient Care Policy	6/7/2024
4	Clinical Nutritional Services Policy	Policy documents compliance with CMS standards for nutritional assessments by a Registered Dietitian Nutritionist, and development of nutritional plans, when appropriate.	New Patient Care Policy	6/7/2024
5	Incident Reporting and Event Review Policy	Policy identifies policy and process for defining an incident, reporting an incident and the follow up event review by the Quality Improvement Dept.	Review and updated policy to include medication error reporting.	6/7/2024



# MSH Policy Updates (continued) – Presented by Dr Harrington, State Medical Officer/Acting MSH CEO

Review of new MSH policies or updates to policies

#	MSH Plan Name / ID	Policy Topic	Description of Change	MEC Approved Date
6	Cleaning and Disinfection of Shared Patient Equipment Policy	Required Infection Prevention policy to address the cleaning and disinfection of equipment per the manufacture and CDC recommendations.	New Infection Prevention Policy	6/7/2024
7	Multidrug-Resistant Organism Management Policy	Required Infection Prevention policy to address detection and management of MDROs to prevent spread of infection	New Infection Prevention Policy	6/7/2024
8	Construction and Renovation Policy and Procedure	Required Infection Prevention policy to address infection prevention coordination when there are construction or renovation projects.	New Infection Prevention Policy	6/7/2024
9	Discharge Criteria and Planning Policy	Required policy to meet the MCA discharge plan and process for MSH Alpha, Bravo, Echo and Spratt units	New Patient Care Policy	6/7/2024



# MSH Retired Policies/Procedures – Presented by Dr Harrington, State Medical Officer/Acting MSH CEO

## Retired MSH policies

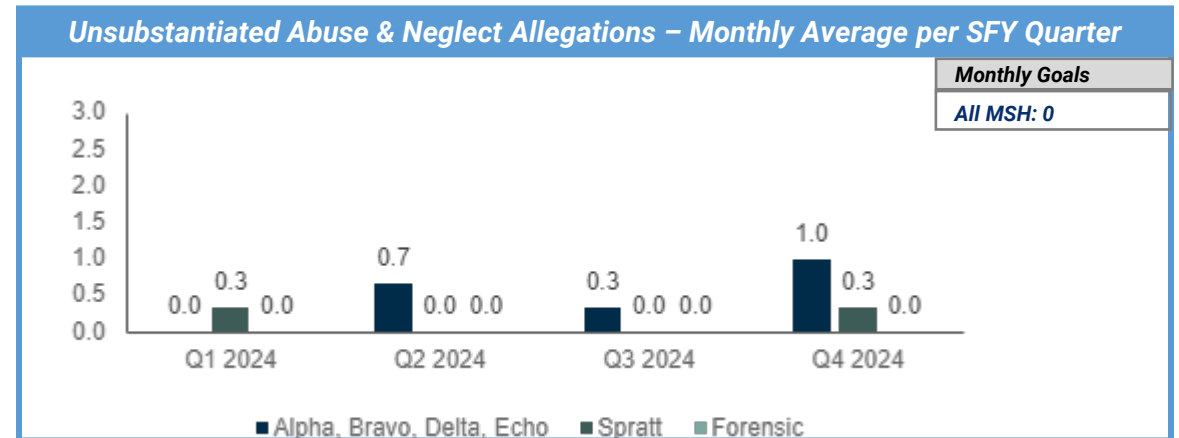
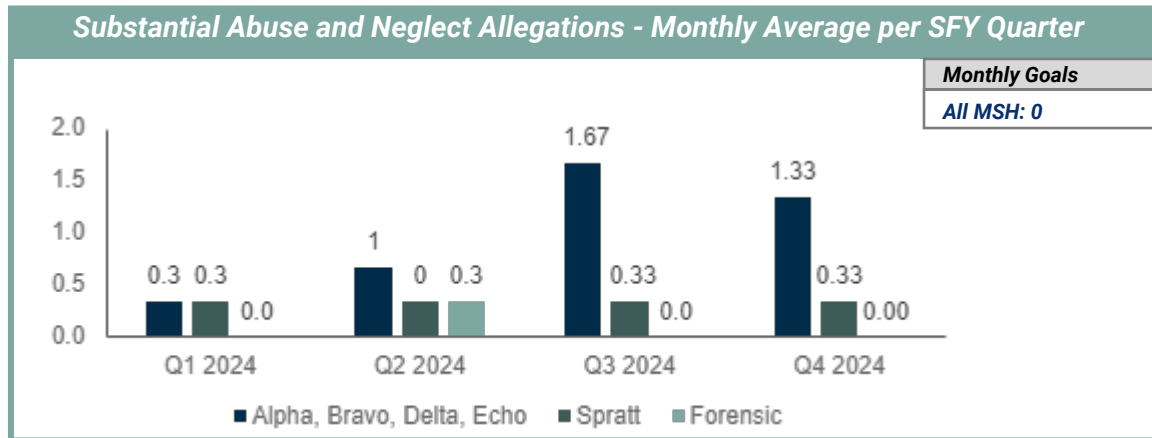
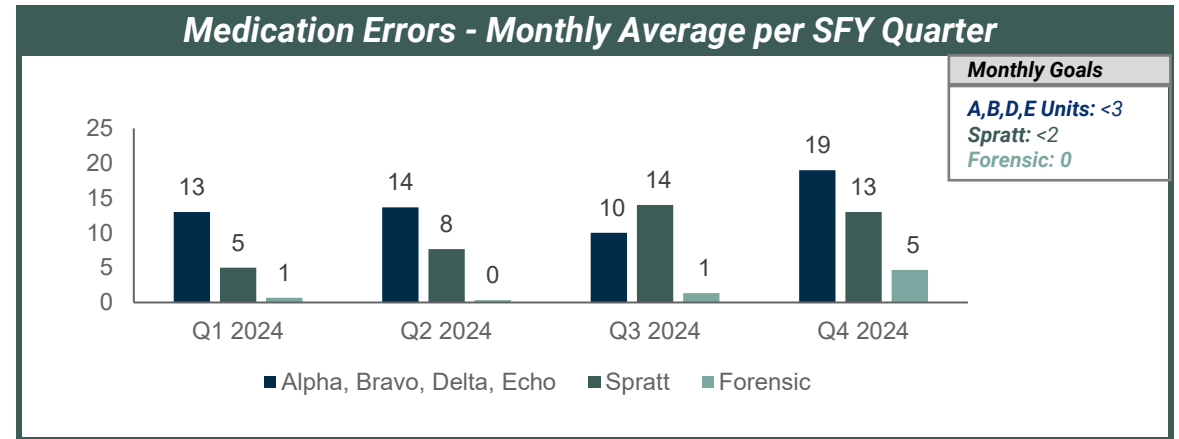
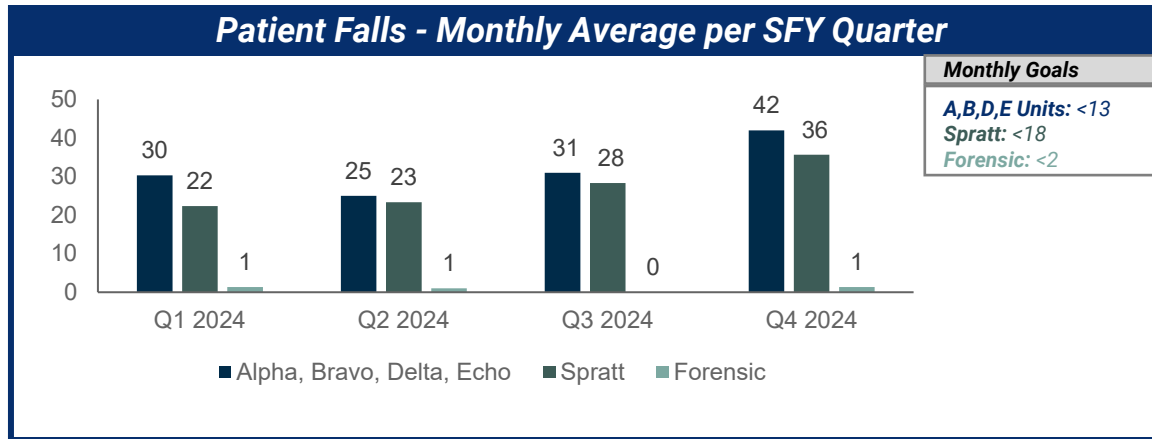
#	MSH Policy Name / ID	Reasoning
1	Methadone and Buprenorphine Authorized Use of Opioid Dependence	Replaced with Methadone Use for Opioid Dependence
2	Multidrug Resistant Organism Guideline Nursing Procedure	Replaced with Multidrug-Resistant Organism Management Policy
3	Cleaning of Non-Critical Reusable Patient Care Equipment	Replaced with Cleaning and Disinfection of Shared Patient Equipment
4	Medical Emergency Response – Initiating a Code Blue	Replaced with Medical Emergency Response and Review Policy
5	Body Piercing and Tattooing Prohibited	Retired – This practice is not allowed at MSH. No need for this policy.
6	Patient Travel	Retired – Relevant information included in the Discharge Criteria and Planning Policy
7	Medication Error Reporting	Retired – Included in the Incident Reporting and Event Review Policy

# Key Quality Measures & Operating Metrics



# Key Quality Measures & Metrics – Presented by Amanda Groos, Quality Improvement Manager

- Patient Safety



**Notes:** Due to improved reporting requirements and redefined methodologies, the metrics above for SFY24 Q2 exhibit increased accuracy and completeness compared to historic data. Data reflects the monthly average for each quarter. Goals reflect monthly goals.

Substantiated Abuse & Neglect indicates formal allegation submitted by patient / representative / other person that was investigated by MSH Abuse & Neglect Committee (QI Manager, CMS Compliance Specialist, Administrator/CEO, hospital attorney, and the DON and/or ADON) and determined by consensus vote to be substantiated



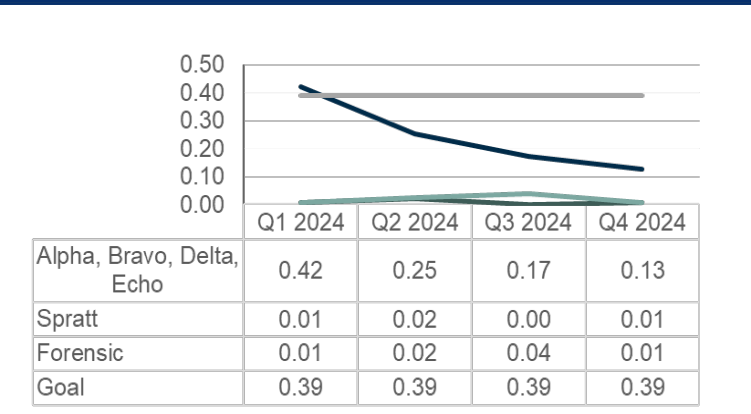
Quarter Period Aligned with MT State FY Calendar



# Key Quality Measures & Metrics – Presented by Amanda Groos, Quality Improvement Manager

- Quality Measures – Inpatient Psychiatric Care

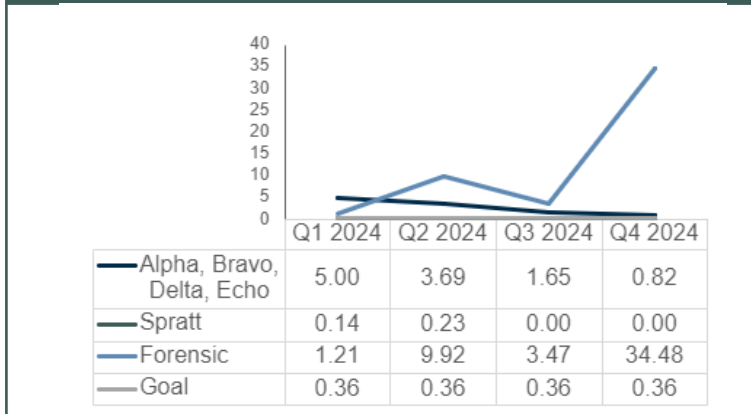
**Hours of Physical Restraint Use / 1k Patient Hours – Monthly Average per SFY Quarter**



**Comments**

Hours of physical restraint on ABDE has trended down throughout the entire year, with Q4 average being at approximately 8 minutes per 1000 patient hours. Hours of physical activity restraint per 1000 patient hours has remained at 0 for the past two quarter on Spratt, and at Galen(Forensic).

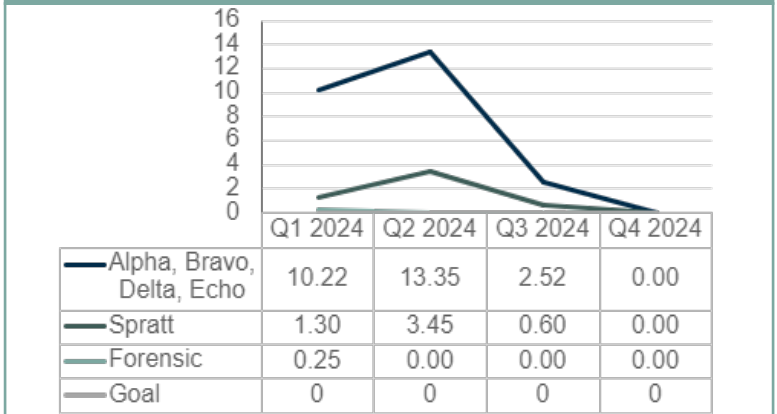
**Hours of Seclusion Use / 1k Patient Hours – Monthly Average per SFY Quarter**



**Comments**

Hours of seclusion on ABDE has trended down throughout he entire year, with the Q4 average being approximately 49 minutes per 1000 patient hours. Hours of seclusion per 1000 patient hours on Spratt has remained at 0 over the past two quarters. There is a spike in hours of seclusion at Galen(Forensic) per 1000 patient hours from Q3 to Q4. This spike is reflective of several patients having been in long term locked seclusion for the majority of the quarter and a handful of patients being in seclusion throughout the quarter.

**Chemical Restraint Occurrence / 1k Patient Days – Monthly Average per SFY Quarter**



**Comments**

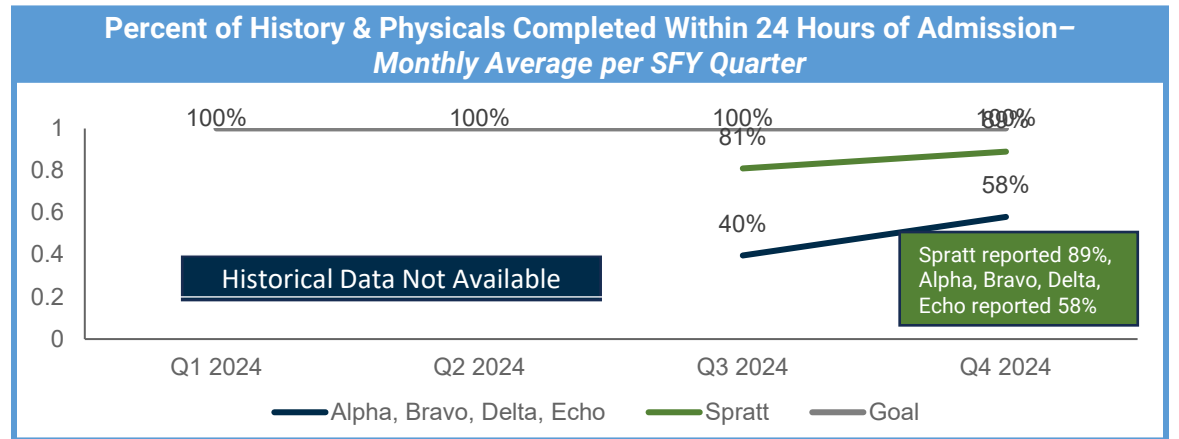
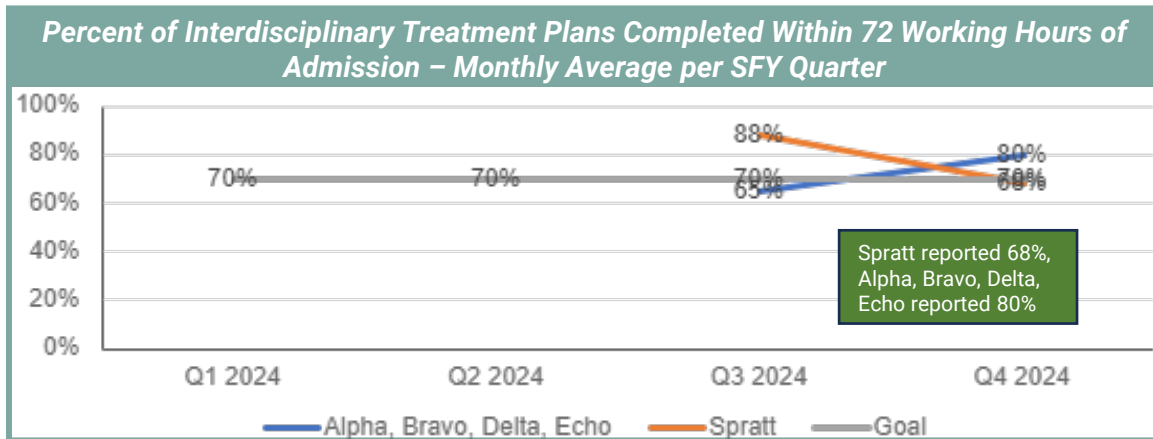
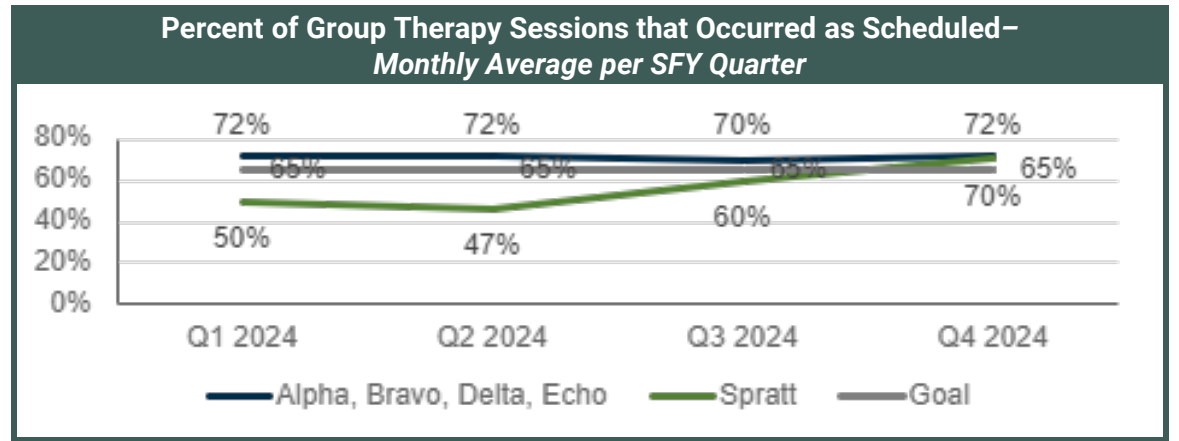
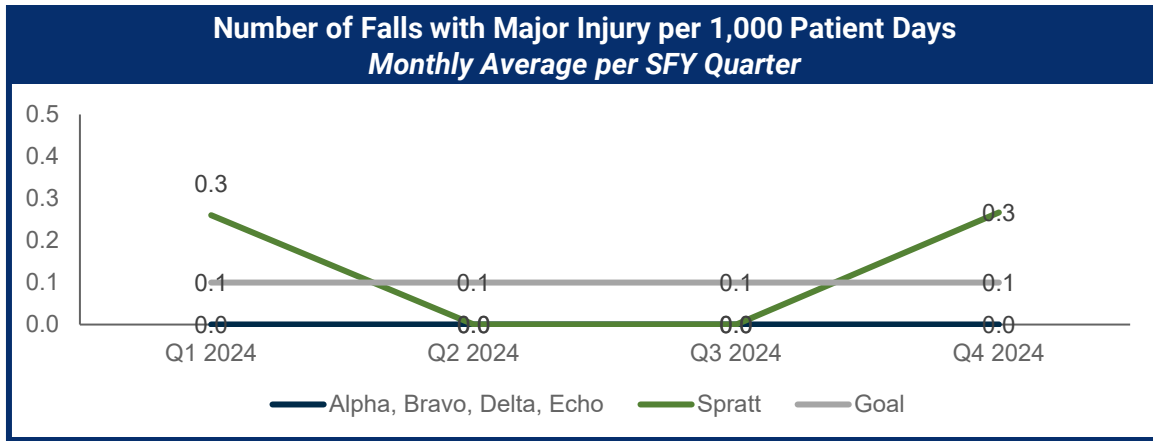
There is a downtrend in data from Q3 to Q4 on ABDE and Spratt. Chemical Restraint usage for Q4 is at 0 for ABDE, Spratt, and Galen (Forensic).

**Notes:** Due to improved reporting requirements and redefined methodologies, the metrics above for SFY24 Q2 exhibit increased accuracy and completeness compared to historic data. Data reflects monthly average for each quarter. Goals reflect monthly goals.



# Key Quality Measures & Metrics – Presented by Amanda Groos, Quality Improvement Manager

- Supplemental Quality Indicators

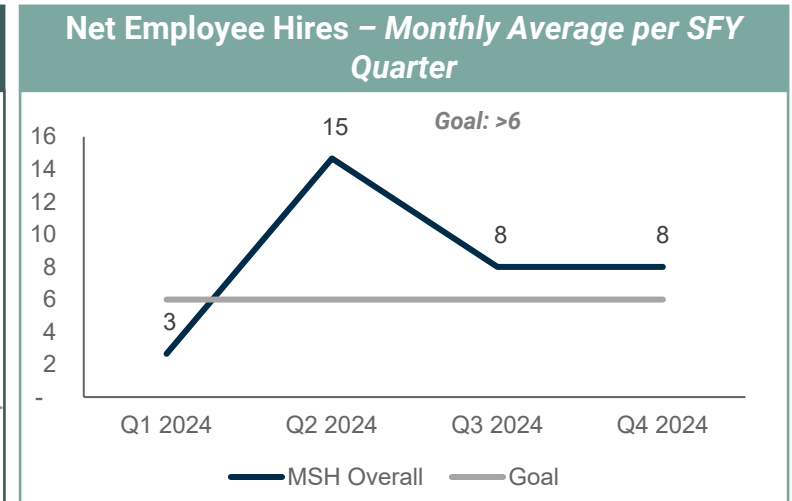
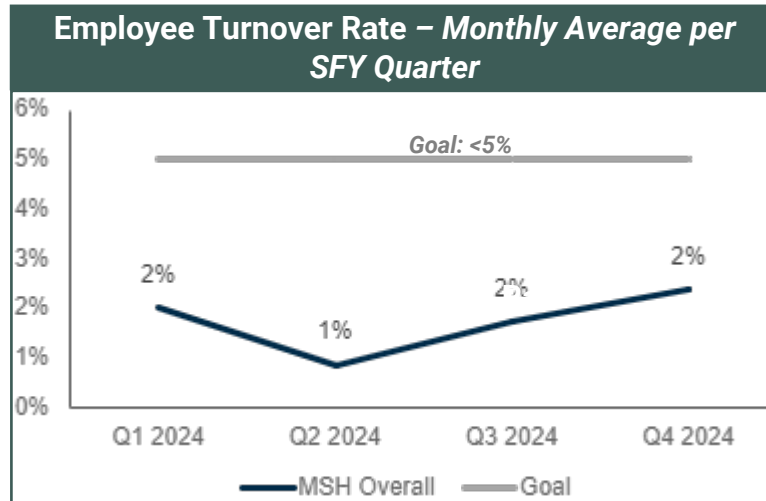
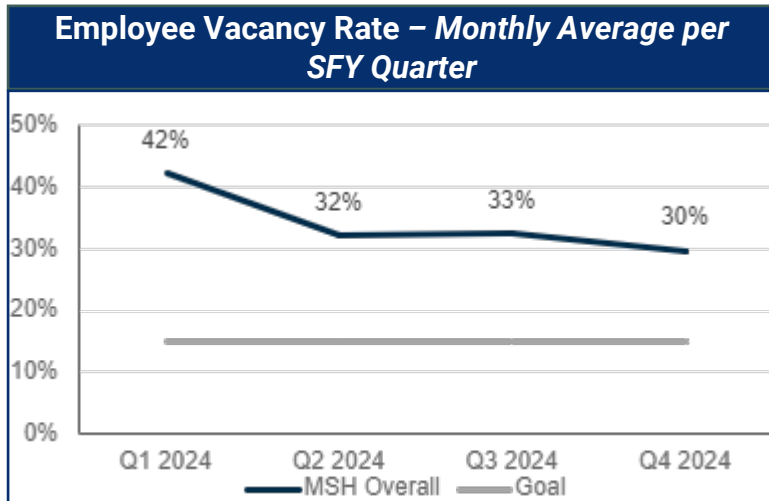


**Notes:** Due to improved reporting requirements and redefined methodologies, the metrics above for SFY24 Q2 exhibit increased accuracy and completeness compared to historic data. Data reflects monthly average for each quarter. Goals reflect monthly goals.

# Human Resources Update



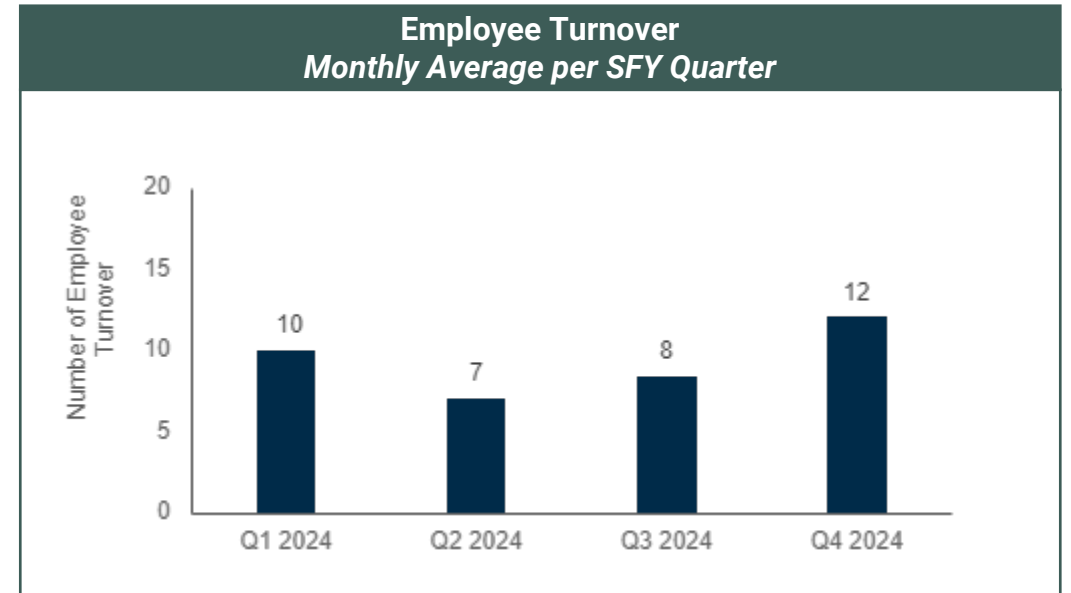
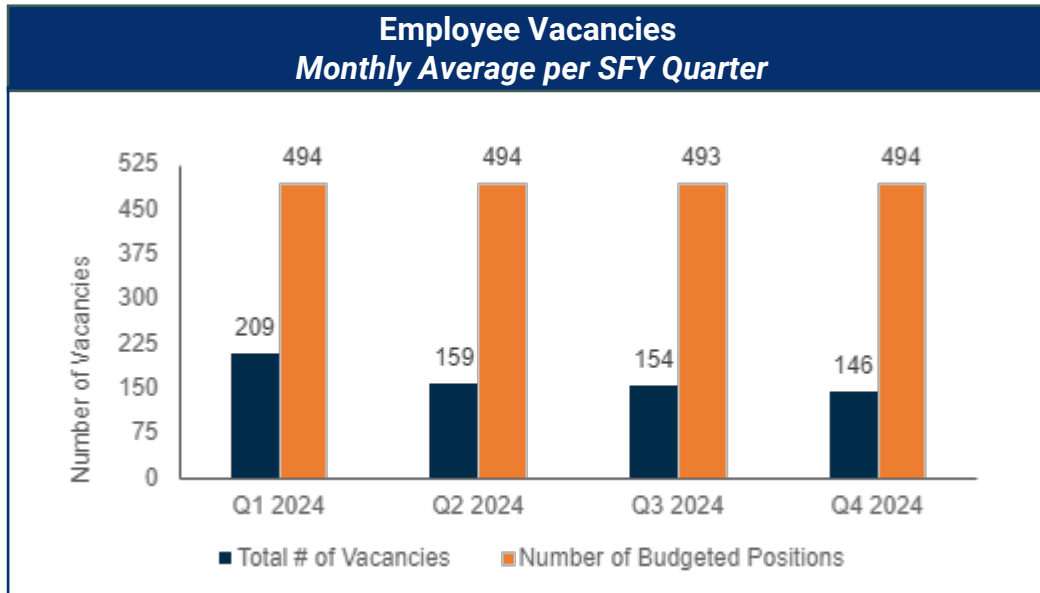
# HR Update & Metrics – Presented by Dr Harrington, State Medical Officer/Acting MSH CEO



## Key Takeaways

Employee vacancies are dwindling down. This could be in part because of the robust team making initial contact with applicants and expeditiously moving them through the hiring process if they meet qualifications.

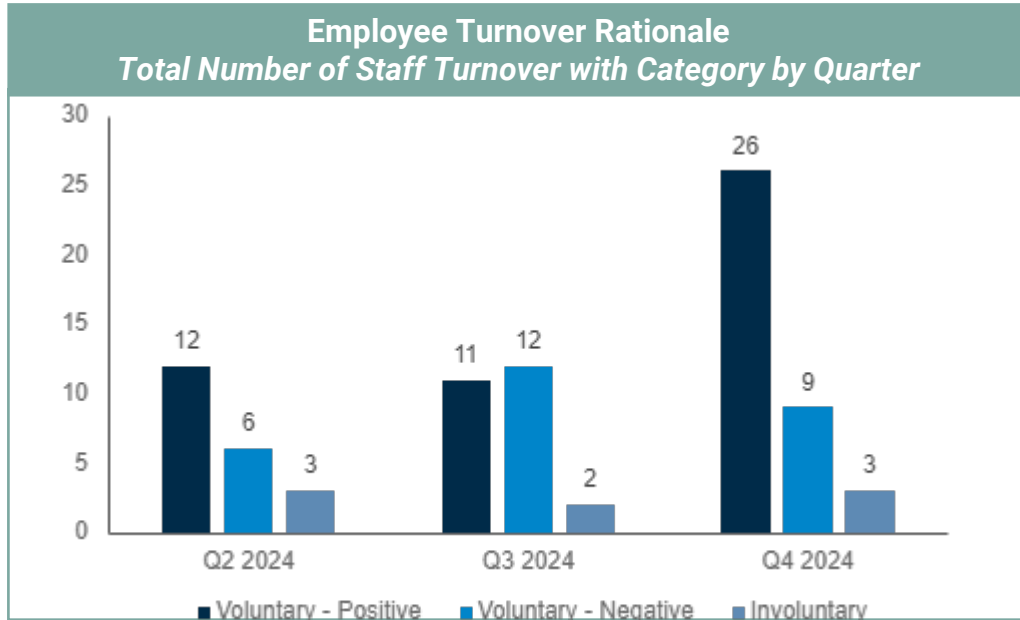
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# HR Update & Metrics – Presented by Dr Harrington, State Medical Officer/Acting MSH CEO



Category	OHR Action Reason	Definition
<b>Voluntary – Positive Reason</b>	Career Choice	Employee quit the position for another career opportunity
	Relocation	Due to a change in location, the employee quit the position
	Family Reasons	Family circumstances caused employee to quit the position
	Retirement	Employee retired from the workforce
<b>Voluntary – Negative Reason</b>	Leadership	Due to the leadership team, the employee quit
	Work Conditions	Due to the work environment / conditions, the employee quit the position
	Job Abandonment	Employee stopped arriving to work - no prior notice or other explanation has been received by OHR
<b>Involuntary</b>	For Cause	Employee was involuntarily terminated from the position
	Probationary Period	Employee is on probation for a violation

## Key Takeaways

With the implementation of the hiring incentive and retention bonus, the desire is to see fewer resignations. We will continue to track this trend in the coming quarters.

# Finance & Budget Update



# Operating Budget – Presented by Dr Harrington, State Medical Officer/Acting MSH CEO

Financial Position Q4 SFY24	SFY 2024 Budget	Expended 7/1–3/31/2024	SFY Projected Expenditures As of 6/30/24
Montana State Hospital	\$ 81,360,232	\$ 57,338,912	\$ 86,241,190

## Facility Position:

- General Fund Deficit is projected to be **(\$4,880,958)**
- Total Budget amount includes the appropriated contingency funds for contracted staffing of \$25,182,171. However, the restricted use MSH Bond Debt Service Transfer of \$1,752,500 is not included as MSH does not have any bond service expenses for the fiscal year.





# Special Events



# Special Events or Occurrences – Presented by Dr Harrington, State Medical Officer/Acting MSH CEO



May 27<sup>th</sup>

- Conducted a barbeque (BBQ) and grilling event for patients and staff across the hospital



June 19<sup>th</sup>

- Organized and conducted a cornhole tournament, with participation and involvement from both patients and staff



June 21<sup>st</sup>

- Organized a *Wheel of Fortune* event in the hospital rotunda, with participation and involvement from both patients and staff



June 28<sup>th</sup>

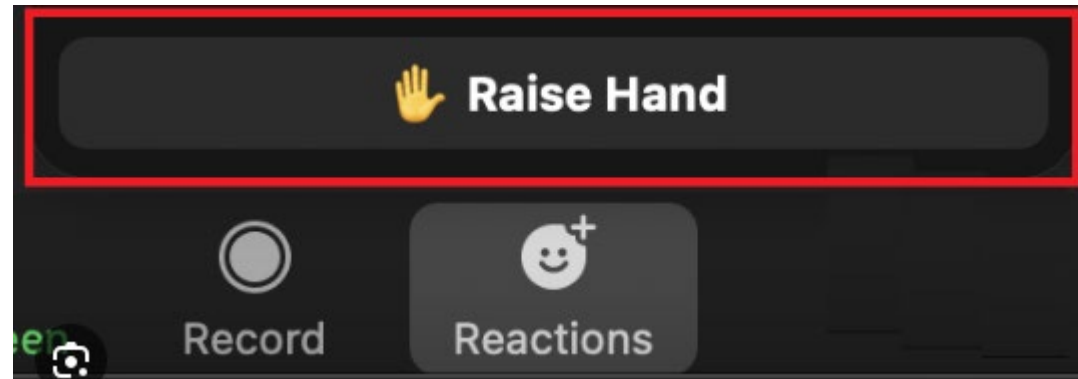
- Organized and played bocce ball outside, with involvement from patients and staff

*Leadership and staff at the hospital are actively working to ensure that patients have opportunities to participate in a range of activities and enrichment events, whether 1:1, in group settings, or with their community (i.e., other patients and staff)—which is a vital component of treatment, patient well-being and progress towards their individual goals, and morale.*



# Public Questions or Comments

*The meeting is now open to the public for questions or comments.  
Please use the "Raise Hand" to maintain order.  
Thank you*



Meeting Adjourned - following public interaction.