

MSH Governing Board Meeting

Key Quarterly Updates for MSH

December 18th – 3:00 pm MT



DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**



MONTANA
State Hospital

Making a difference one life at a time

Agenda

I. Call to Order: Chairperson

II. Summary: Facilities Update

I. Data & Trends

III. Montana State Hospital: CMS Certification Update

I. MSH State Licensure Survey 9.16 – 9.20

II. Governing Board Bylaws Review

III. Governing Board Agenda Review

IV. Governing Board Membership

IV. Updates to Medical Staff By-Laws and Policies

V. Approved Changes to Medical Staff / Credentialing

VI. MSH Policies and Procedures

VII. Key Quality Measures & Metrics

VIII. HR: Staffing / Hiring / Turnover

I. MSH Leadership Assignments

IX. Special Events

X. Public Comments and/or Questions

XI. Adjourn



Governance Board Members

Meeting Location: Virtual (ZOOM)

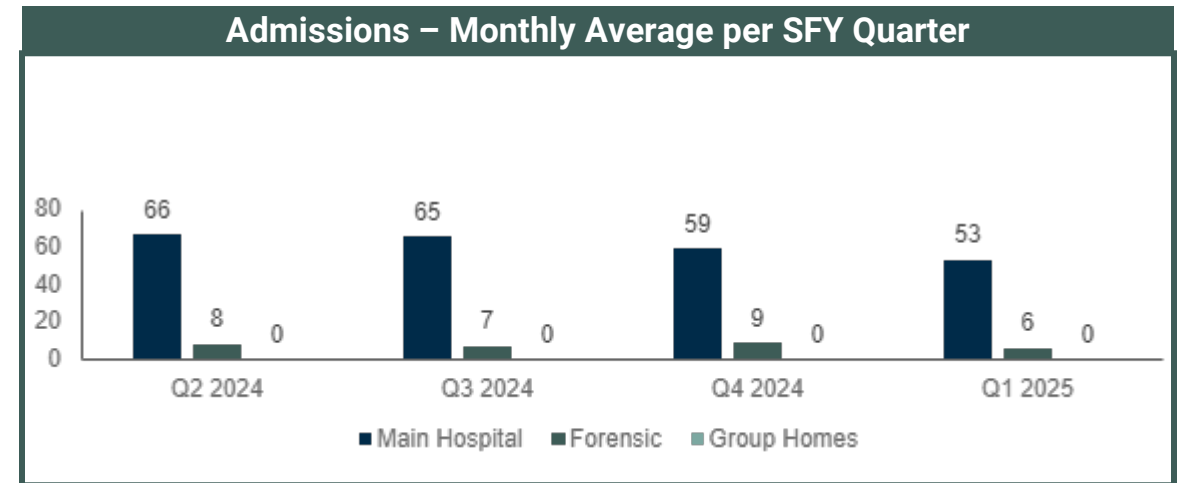
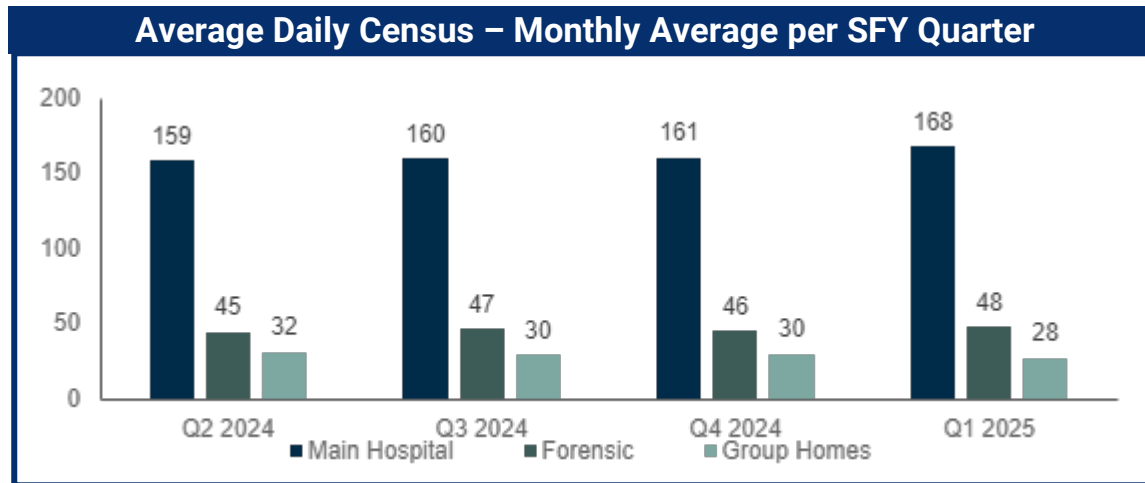
Role Call by Rebecca De Camara, Chairwoman

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



Summary: Facilities Update

Presented by Dr. Kevin S. Flanigan, MSH CEO

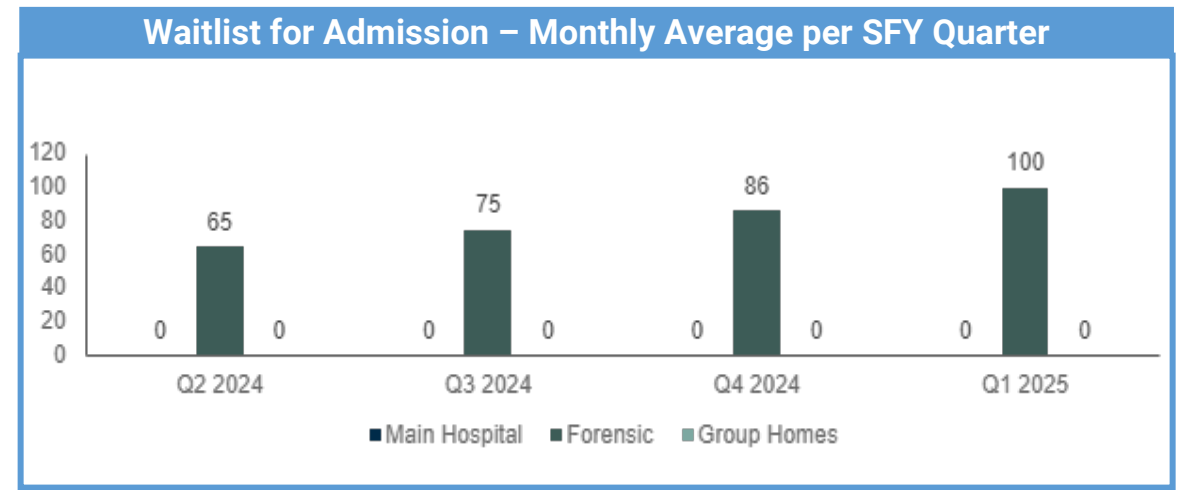
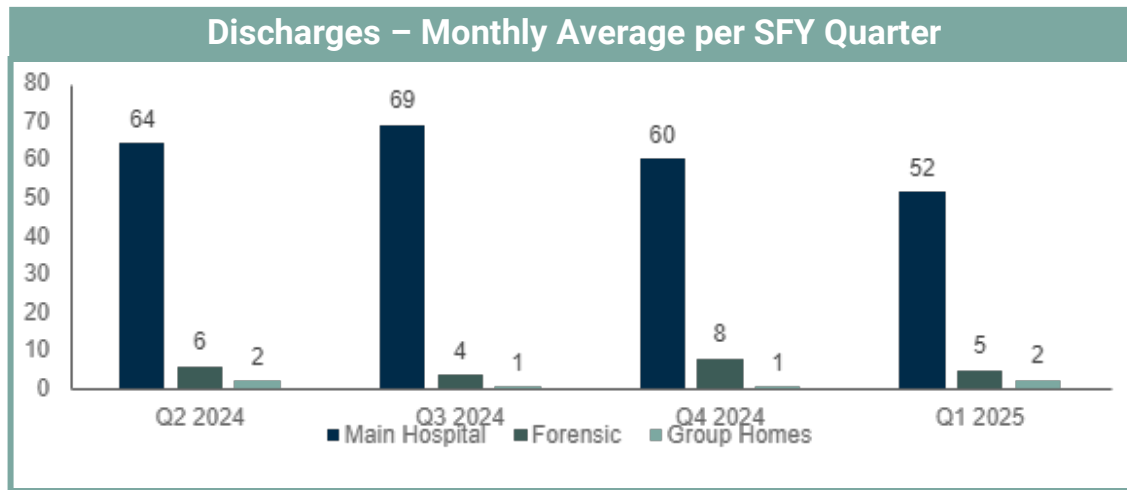


Note: Data reflects the monthly average for each quarter.

Quarter Period Aligned with MT State FY Calendar

Summary: Facilities Update

Presented by Dr. Kevin S. Flanigan, MSH CEO

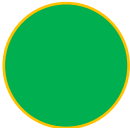


Note: Data reflects the monthly average for each quarter.

Quarter Period Aligned with MT State FY Calendar

CMS Certification Update

Presented by Dr. Kevin S. Flanigan, MSH CEO


Overall Status:		Key Accomplishments	Challenges / Barriers to Address	Recommendations / Decision Points
		<ul style="list-style-type: none"> Supporting MSH Grasslands standup and transition in preparation for MSH capital projects / renovations slated to start by the end of CY 2024 	<ul style="list-style-type: none"> MSH renovations work at the facility and supporting a dual campus model as capital projects are underway may require additional resources and support Management of timelines related to MSH Grasslands relocation and capital projects kick off 	<ul style="list-style-type: none"> Continue to work closely with DPHHS, A&E, and contractors to manage timelines and proactively mitigate challenges as they arise Keep communication lines open

Key Initiatives Update

#	Initiative	Description	Related CMS Regulation	Current Status	Target Completion Date	Barriers to Discuss	MSH Owner
1	Continue to support MSH Grasslands standup	Supporting background legwork / due diligence to ensure facility is ready for patients to be transferred	§482.41	<i>Completed</i>	11/16/2024 (completed)	<ul style="list-style-type: none"> Management of defined timelines and mitigation of delays 	<ul style="list-style-type: none"> Dr. Flanigan
1b	Ongoing assessment and support for identified issues post-relocation	After patient relocation to MSH Grasslands, MSH will need ongoing support from A&M and DPHHS around the development of solutions / mitigation strategies for identified issues as they arise	N/A	<i>In process</i>	12/31/2024	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Dr. Flanigan

CMS Certification Update


Presented by Dr. Kevin S. Flanigan, MSH CEO

Overall Status:		Key Accomplishments	Challenges / Barriers to Address	Recommendations / Decision Points
		<ul style="list-style-type: none"> Transitioning major workstreams to MSH owners, with A&M taking a supporting role as engagement winds down 	<ul style="list-style-type: none"> Open positions create a concentrated distribution of CMS work / tasks to a smaller MSH team 	<ul style="list-style-type: none"> Continue to expedite the filling of key positions Allocation of additional resources, where necessary, to support MSH leadership with various ongoing projects until vacancies can be filled

Key Initiatives Update							
#	Initiative	Description	Related CMS Regulation	Current Status	Target Completion Date	Barriers to Discuss	MSH Owner
2	Continue transition work	A&M's current SOW ends 12/31/2024, and we are working with MSH leadership to transition ownership of all CMS related activities	All	<i>In process</i>	12/31/2024	<ul style="list-style-type: none"> Leadership vacancies will potentially lead to concentrated distribution of work to a select few staff members 	<ul style="list-style-type: none"> Various MSH leadership

CMS Certification Update


Presented by Dr. Kevin S. Flanigan, MSH CEO

Overall Status:		Key Accomplishments	Challenges / Barriers to Address	Recommendations / Decision Points
		<ul style="list-style-type: none"> Supporting the buildout / updating of various MSH Quality Dashboards and tracking tools 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Continued standardization and simplification of QI tools to make tracking and trending of data easier to interpret

Key Initiatives Update							
#	Initiative	Description	Related CMS Regulation	Current Status	Target Completion Date	Barriers to Discuss	MSH Owner
3	Continue support of MSH Quality Department and development of tools prior to end of SOW	Working closely with MSH Quality Department to update and revise various QAPI tracking tools, and finalization / wrap-up for CY24 PIPs (i.e., Treatment Plans, Hand-Off Communication, Seclusion and Restraint Reduction, and Workplace Violence)	§482.21	<i>In process</i>	12/31/2024	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> QI Dept

CMS Certification Update

Presented by Dr. Kevin S. Flanigan, MSH CEO

Overall Status:		Key Accomplishments	Challenges / Barriers to Address	Recommendations / Decision Points
		<ul style="list-style-type: none"> Scheduling interdisciplinary treatment team meetings to ensure full team attendance Evaluation and modification of collected data to ensure meaningful results are achieved and reported to QIC Working closely with clinical therapy staff and IT developer to create new TIER forms 	<ul style="list-style-type: none"> Vacancies of key positions, some of which are preventing necessary functions per CMS CoPs Training and development of staff related to quality goals and outcomes 	<ul style="list-style-type: none"> Provide education related to patient-centered, behavioral health-focused, treatment planning Troubleshooting state license reciprocity/delays for travel of clinical therapy staff

Key Initiatives Update							
#	Initiative	Description	Related CMS Regulation	Current Status	Target Completion Date	Barriers to Discuss	MSH Owner
4	Social Services	Collaborating on the PIP plan with the Director of Social Services (e.g., Quality of Treatment Plans, Utilization of Standardized Assessment)	§482.61	<i>In process</i>	12/31/2024	<ul style="list-style-type: none"> Lacking necessary clinical staff to complete ISAs; integration of standardized assessment tools; 	<ul style="list-style-type: none"> Kaila T.
5	Recruitment & Retention	Continue to identify HR barriers and facilitate increase in vital social services staff	§482.24	<i>In process</i>	12/31/2024	<ul style="list-style-type: none"> Inaccurate JDs; lack of therapy license reciprocity; appropriate qualifications of hospital staff related to position requirements 	<ul style="list-style-type: none"> Charly A. / Kaila T.

MSH State Licensure Survey

9.16 – 9.20

Governing Board:

- **Governing Board Bylaws Review**
- **Governing Board Agenda Review**
- **Governing Board Membership**

Updates to Medical Staff By-Laws

Presented by Dr. Kevin S. Flanigan, MSH CEO
Review of changes, or amendments, to medical staff by-laws

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



Medical Staff Privileging

Presented by Dr. Kevin S. Flanigan, MSH CEO

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	Angel Snipes	Initial Appointment	Locum – Alpha	7/3/2024
2	Christine Walsh	Re-Appointment	MSH Provider –Spratt	7/10/2024
3	Dr. Steven Murrell	Initial Appointment	Locum – Med. Clinic	7/17/2024
4	Dishina Singer	Initial Appointment	Locum – Alpha	7/19/2024
5	Ryan Singer	Initial Appointment	Locum – Bravo	7/19/2024
6	Kara Larsen	Initial Appointment	Locum – Spratt	8/9/2024
7	Jacqueline Ustache	Initial Appointment	Locum – Echo	8/26/2024
8	Tara Broadwater	Initial Appointment	Locum – Galen	8/26/2024
9	Cory Daniels	Re-Appointment	Provider – Echo	8/28/2024
10	James English	Initial Appointment	Psychologist	9/9/2024
11	Melody Wilkinson	Re-Appointment	MSH Provider – Med. Clinic	9/17/2024



MSH Policy Updates

Presented by Dr. Kevin S. Flanigan, MSH CEO
 Review of new MSH policies or updates to policies

#	MSH Policy/Procedure Name	Topic	Description of Change	MEC Approved Date
1	Involuntary Medications Policy – Non-Forensic	Policy defines the circumstances under which patients, for whom the court has authorized the use of involuntary psychotropic medications, may be administered involuntary medications, and defines the administrative review process under which Montana State Hospital (MSH) may authorize involuntary medications.	Policy updated to reflect that any member of the MSH Medical Staff may chair the Involuntary Medication Review Board (IMRB)	7/25/2024
2	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.	Language added to clarify that the med. room nurse who responds to the medical emergency is responsible for the documentation. Clarification surrounding staff response during normal business hours and after hours.	8/29/2024
3	Suicide Screening and Prevention Procedure and Documentation	MSH guidelines for the use of interventions intended to prevent self-inflicted injuries or death in suicidal patients. Patients will be assessed for suicidal potential as part of the hospital's admission procedures. Staff will continue to assess suicide risk on a regular basis as part of ongoing clinical procedures. Patients believed to be at significant risk for suicide will be placed on high or moderate suicide precautions that prescribe specific steps staff will take to reduce risk and provide treatment for patient's condition.	Clarification that nursing needs to document on a Progress Note and added the following statement: "During the course of a patient's hospitalization, if there are signs of self-harm, the Columbia Suicide Screening process will be initiated."	8/29/2024



MSH Retired Policies/Procedures

Presented by Dr. Kevin S. Flanigan, MSH CEO
Retired MSH policies

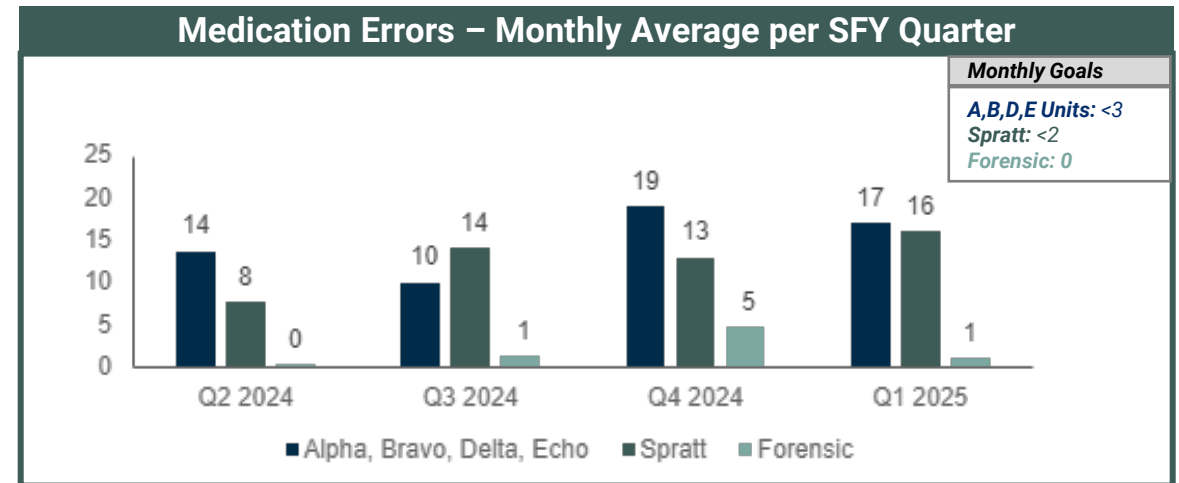
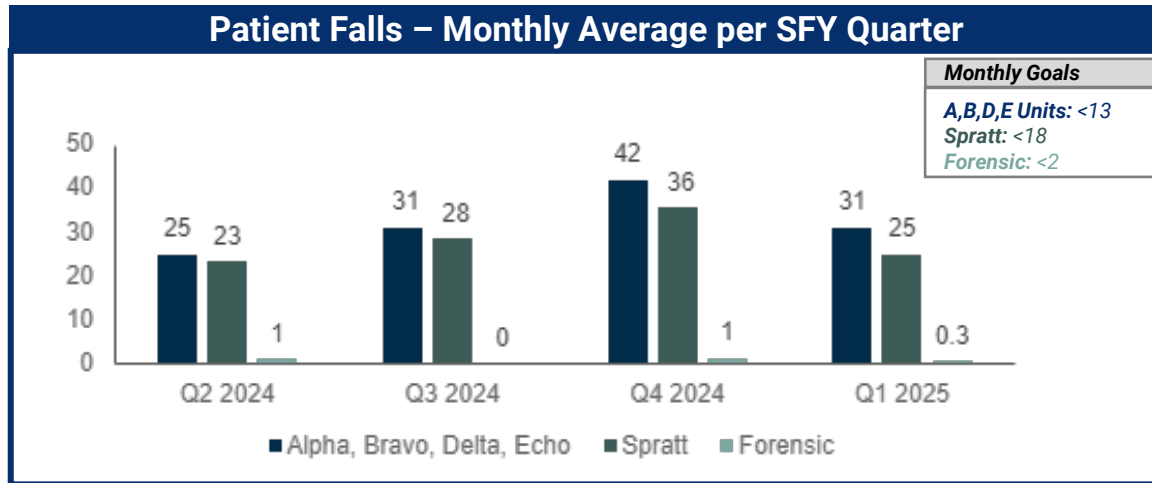
#	MSH Policy/Procedure Name	Reasoning
1	Safety Committee	Part of the MSH Workplace Safety/Life Safety Plan
2	Fire, Emergency, and Disaster Plan	Part of the MSH Workplace Safety/Life Safety Plan
3	Response and Notification of Authorities in the Event of a Serious Emergency	Information is contained in other policies/procedures
4	Anesthesia Use in Dental Procedures	Dental procedures are no longer performed at MSH
5	Quality Improvement Policy 2021	Replaced with current annual Quality Improvement Plan
6	Governance Policy	Information is covered in the By-Laws. Separate policy is not needed.
7	Patient Riot - Emergency Response	Part of the MSH Workplace Safety/Life Safety Plan
8	Weapon on Campus	Part of the MSH Workplace Safety/Life Safety Plan
9	Animal Assisted Therapy	Not provided at MSH



Key Quality Measures & Metrics

Presented by Dr. Kevin S. Flanigan, MSH CEO

- **Patient Safety**



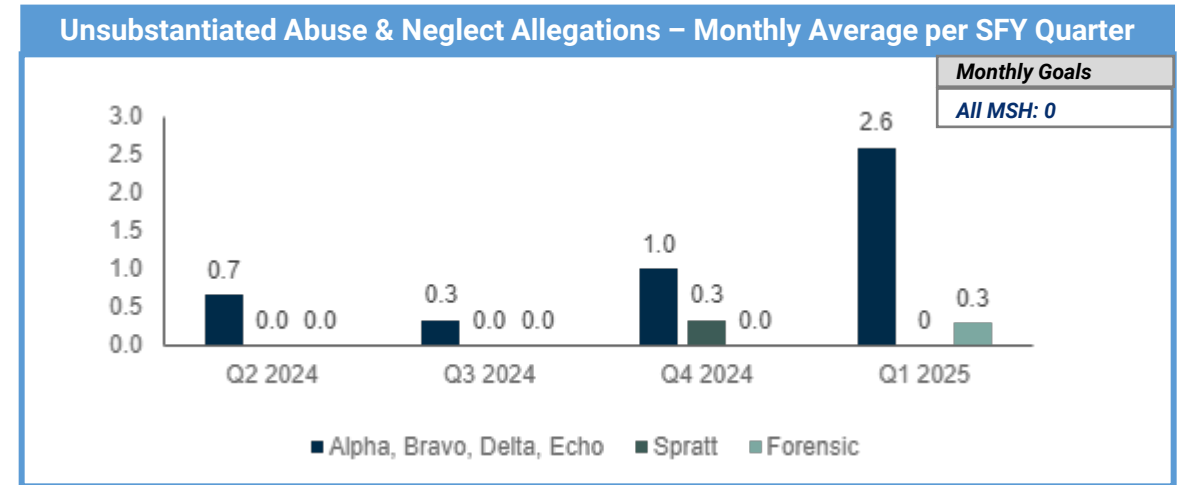
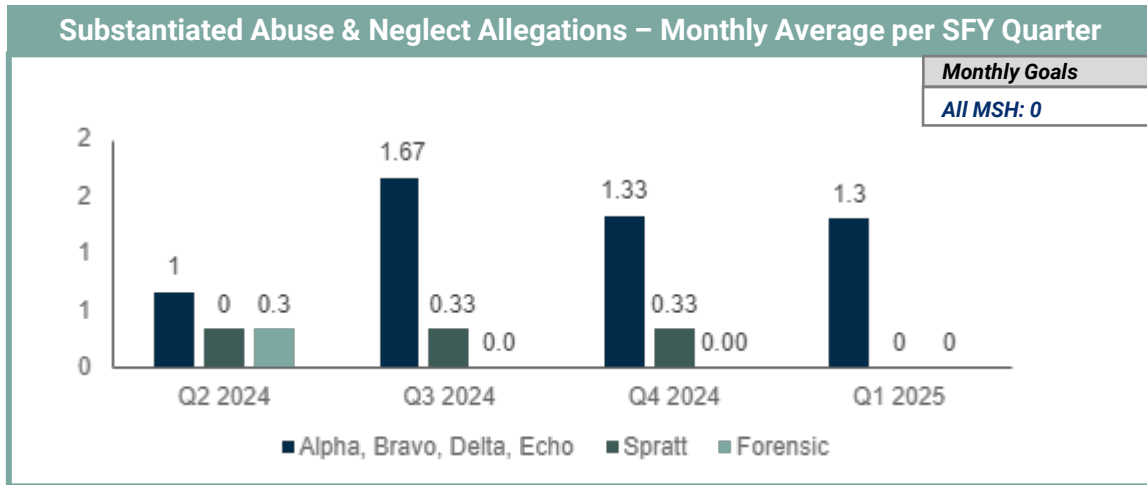
Notes: Due to improved reporting requirements and redefined methodologies, the metrics above for SFY24 exhibit increased accuracy and completeness compared to historic data.

Quarter Period Aligned with MT State FY Calendar

Key Quality Measures & Metrics

Presented by Dr. Kevin S. Flanigan, MSH CEO

- **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.

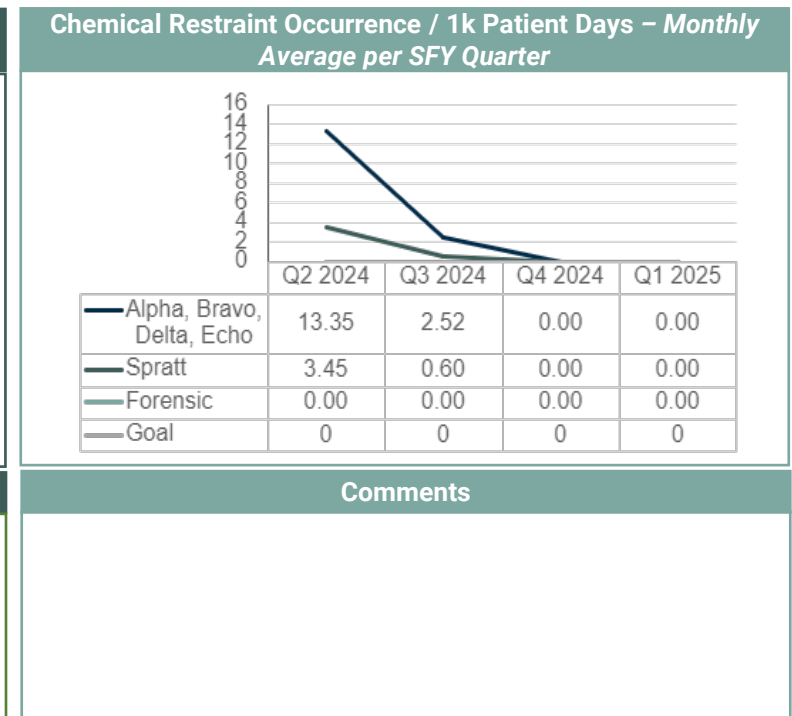
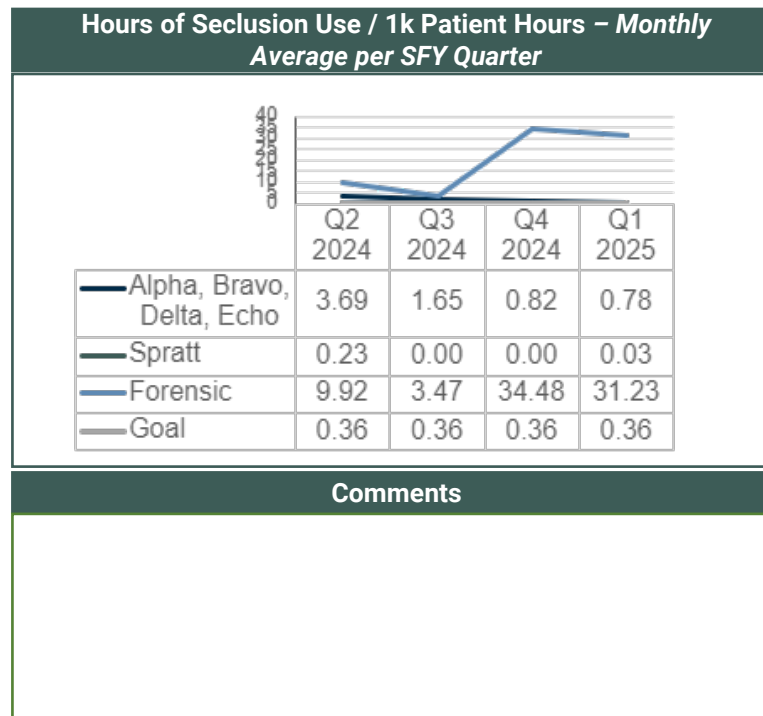
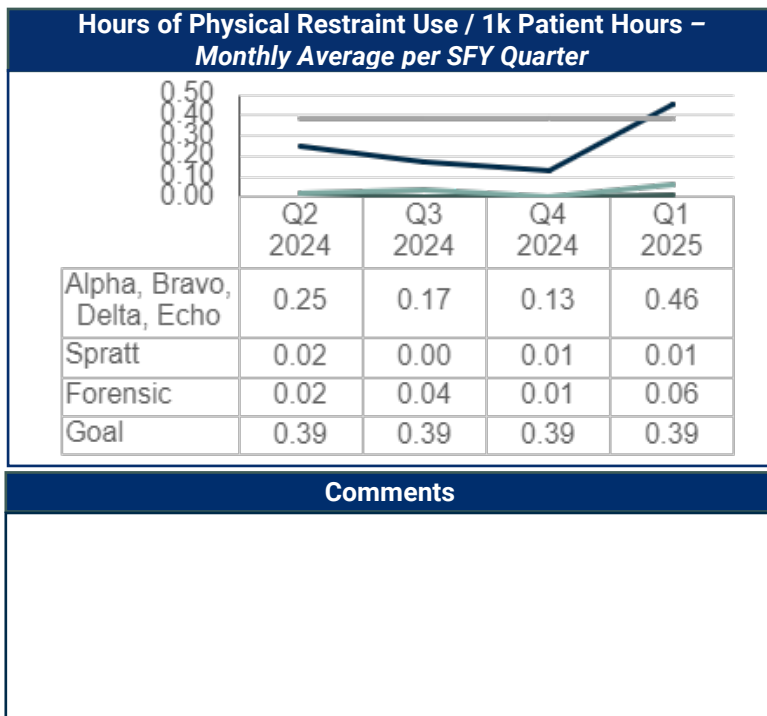
Substantiated Abuse & Neglect indicates formal allegation submitted by patient / representative / other person that was investigated by MSH Abuse & Neglect Committee (QI Manager, CMS Compliance Specialist, Administrator/CEO, hospital attorney, and the DON and/or ADON) and determined by consensus vote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

Quarter Period Aligned with MT State FY Calendar

Key Quality Measures & Metrics

Presented by Dr. Kevin S. Flanigan, MSH CEO

- Quality Measures – Inpatient Psychiatric Care

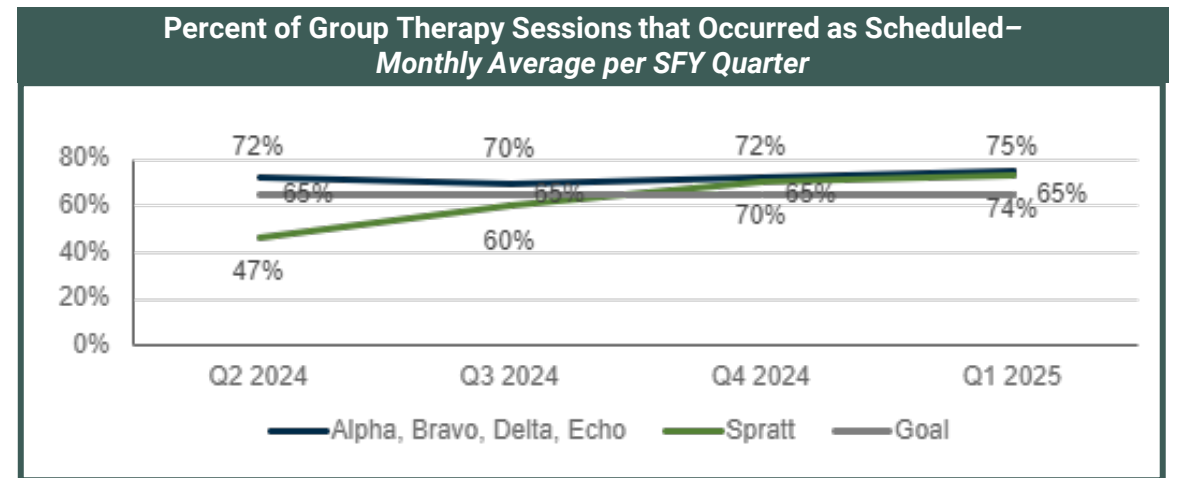
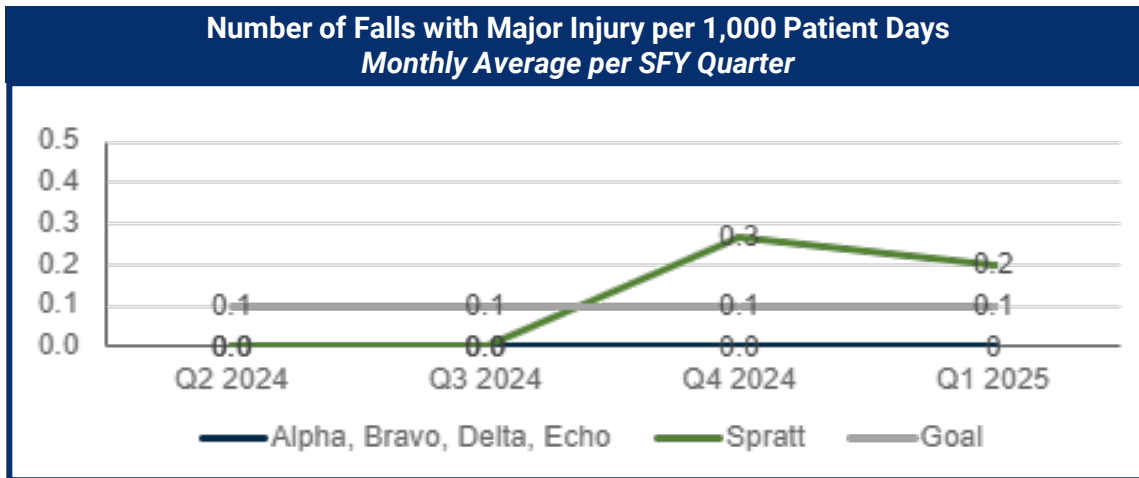


Notes: Due to improved reporting requirements and redefined methodologies, the metrics above for SFY24 Q2 exhibit increased accuracy and completeness compared to historic data. Data reflects monthly average for each quarter. Goals reflect monthly goals
 Quarter Period Aligned with MT State FY Calendar

Key Quality Measures & Metrics

Presented by Dr. Kevin S. Flanigan, MSH CEO

- **Supplemental Quality Indicators**



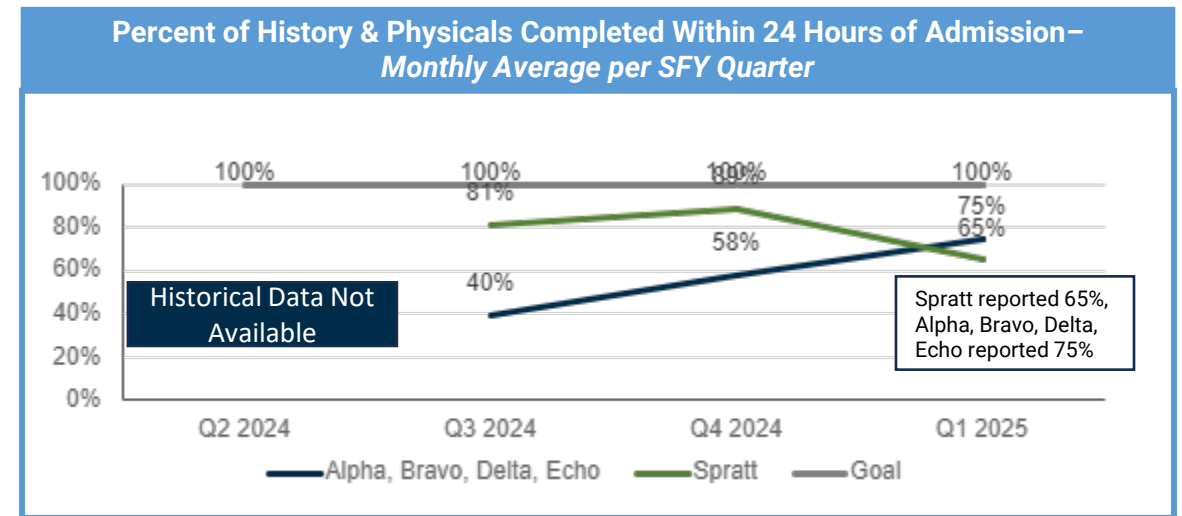
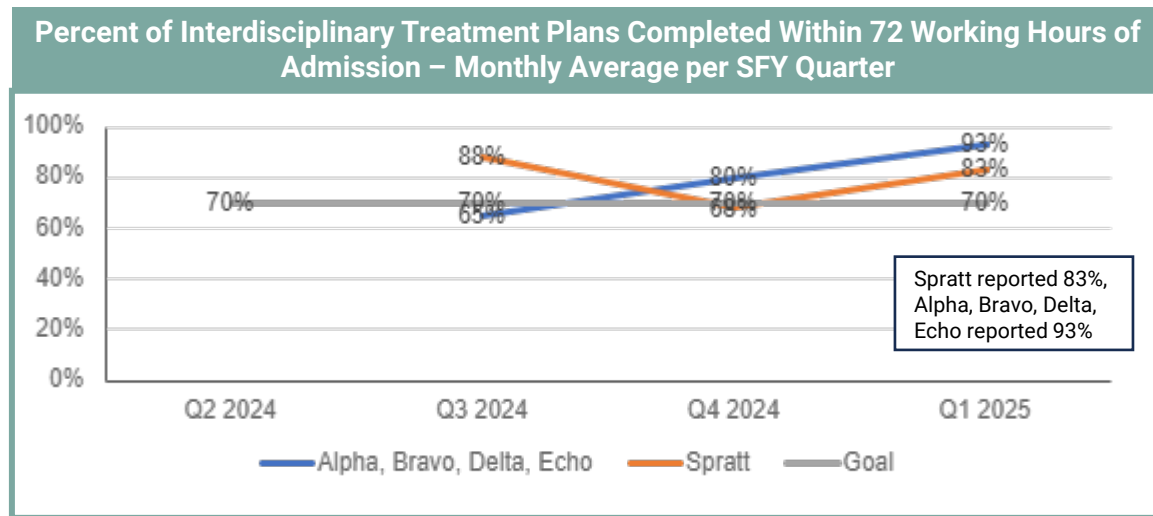
Notes: Due to improved reporting requirements and redefined methodologies, the metrics above for SFY24 Q2 exhibit increased accuracy and completeness compared to historic data. Data reflects monthly average for each quarter. Goals reflect monthly goals

Quarter Period Aligned with MT State FY Calendar

Key Quality Measures & Metrics

Presented by Dr. Kevin S. Flanigan, MSH CEO

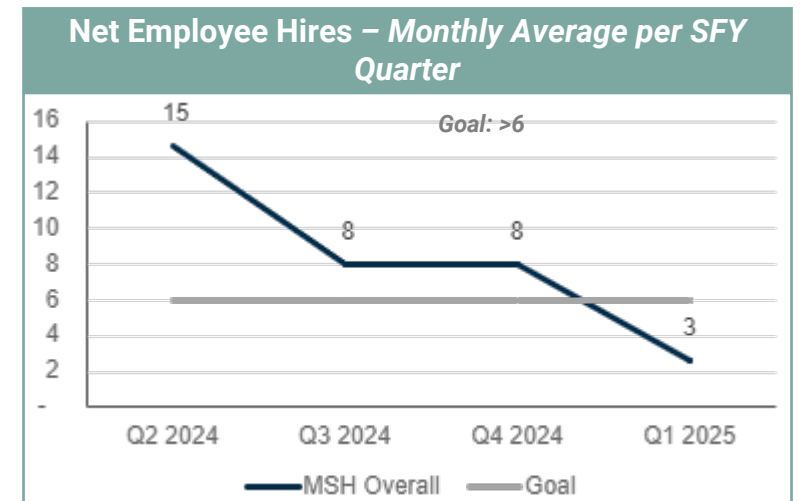
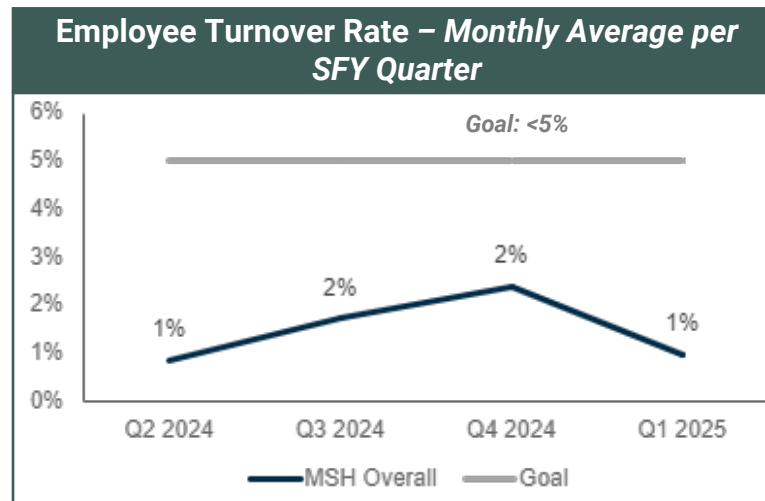
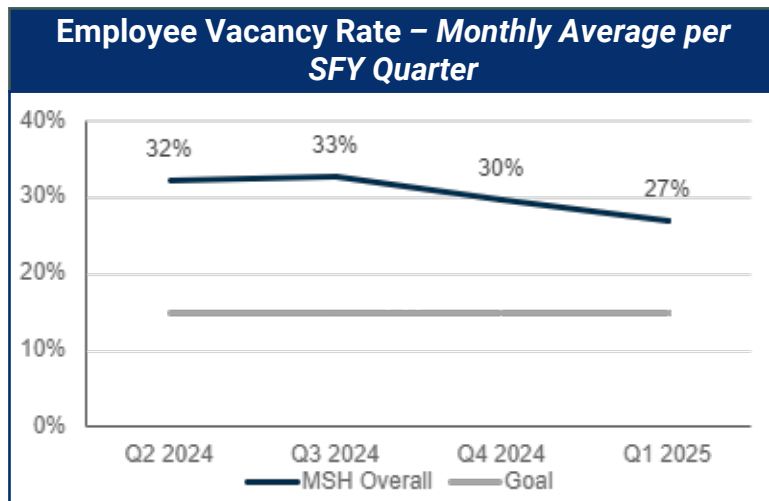
- **Supplemental Quality Indicators**



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
 Quarter Period Aligned with MT State FY Calendar

HR Update & Metrics

Presented by Dr. Doug Harrington, State Medical Officer

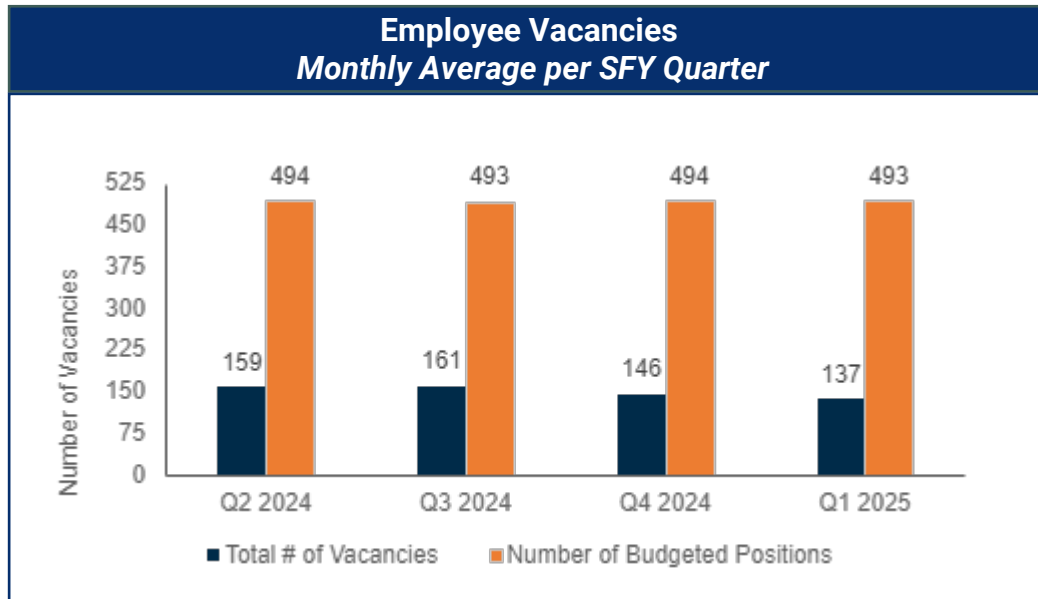


Key Takeaways

Note: Data reflects monthly average for each quarter. Goals reflect monthly goals.
Quarter Period Aligned with MT State FY Calendar

HR Update & Metrics

Presented by Dr. Kevin S. Flanigan, MSH CEO

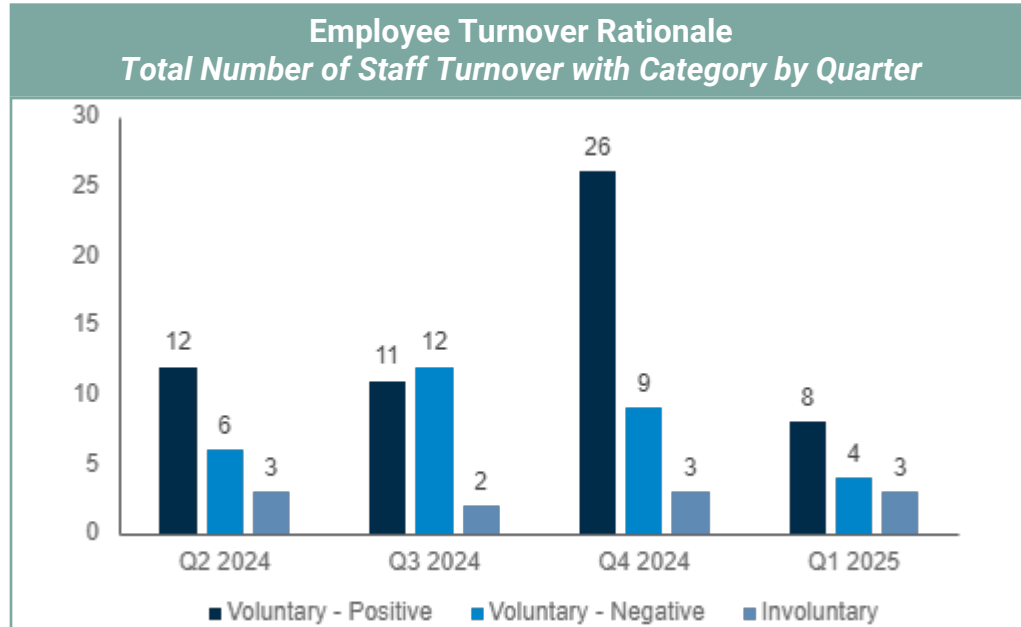


Key Takeaways

Note: Data reflects monthly average for each quarter. Goals reflect monthly goals.
Quarter Period Aligned with MT State FY Calendar

HR Update & Metrics

Presented by Dr. Doug Harrington, State Medical Officer



Category	OHR Action Reason	Definition
Voluntary – Positive Reason	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
Voluntary – Negative Reason	Leadership	Due to the leadership team, the employee quit the position
	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
Involuntary	For Cause	Employee was involuntarily terminated from the position
	Probationary Period	Employee is on probation for a violation

Key Takeaways

Quarter Period Aligned with MT State FY Calendar

MSH Leadership Assignments



Special Events or Occurrences

Presented by Dr. Kevin S. Flanigan, MSH CEO



July 2024

- Conducted a barbeque (BBQ) for patients to celebrate the 4th.



August 2024

- Organized and conducted a potluck for the Group Home patients.



September 2024

- Organized a “Carnival” for the patients and staff.
- Conducted a BBQ for Galen Patients and staff



Friday Patient Events

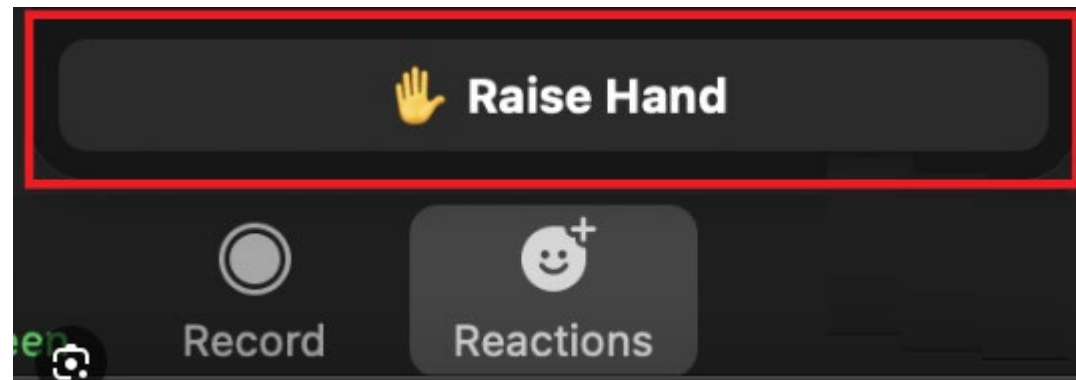
- Bingo
- Line Dancing
- Chalk Painting
- Music Trivia
- Charades

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, 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.

Thank you for joining!
Meeting adjourned.

