

DPHHS Governing Body Meeting

Key Quarterly Updates for MSH

February 13th – 3 pm MT



DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**



**MONTANA
State Hospital**

Making a difference one life at a time

Attendees

Meeting Location: Virtual (Teams)

Member Name	Title	Membership Type
Mike Randol	Executive Director, Medicaid & Health Services	Chair, Voting
Jennifer Savage	Chief Administrative Officer, Healthcare Facilities Division	Voting
Dr. Doug Harrington	State Medical Officer	Voting
Dr. Micah Hoffman	Medical Director, Montana State Hospital	Voting
Rebecca De Camara	Administrator, Behavioral Health & Developmental Disabilities Division	Voting
Chad Parker	Deputy Chief Legal Counsel	Voting
Kim Aiken	Chief Financial Officer	Non-Voting



Agenda

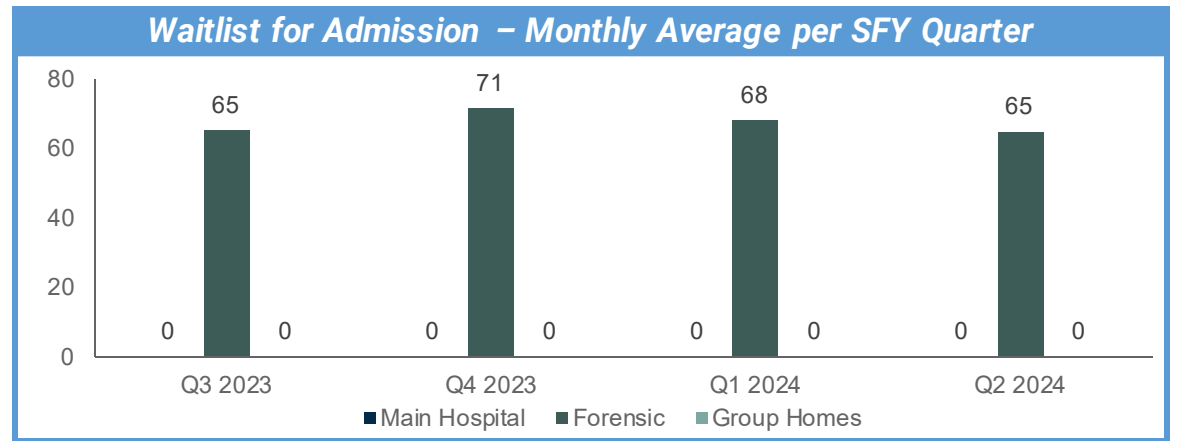
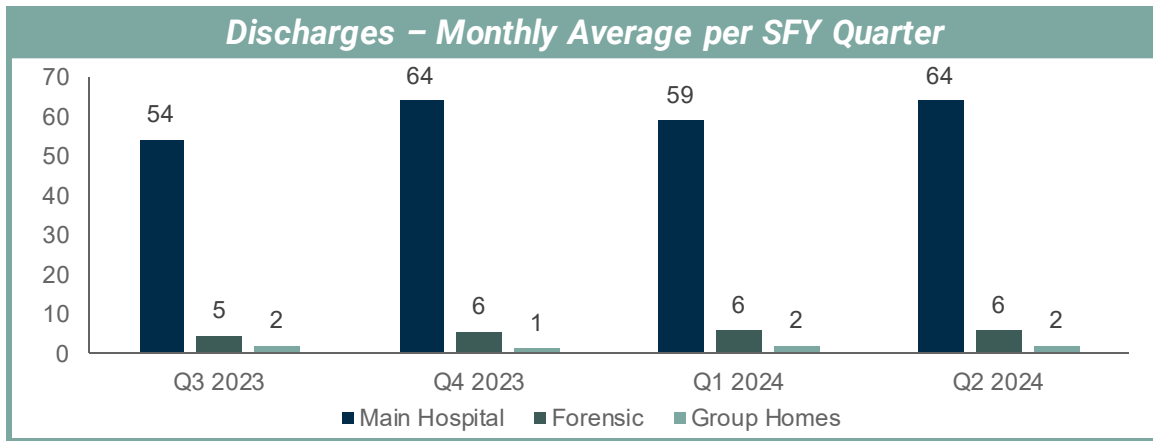
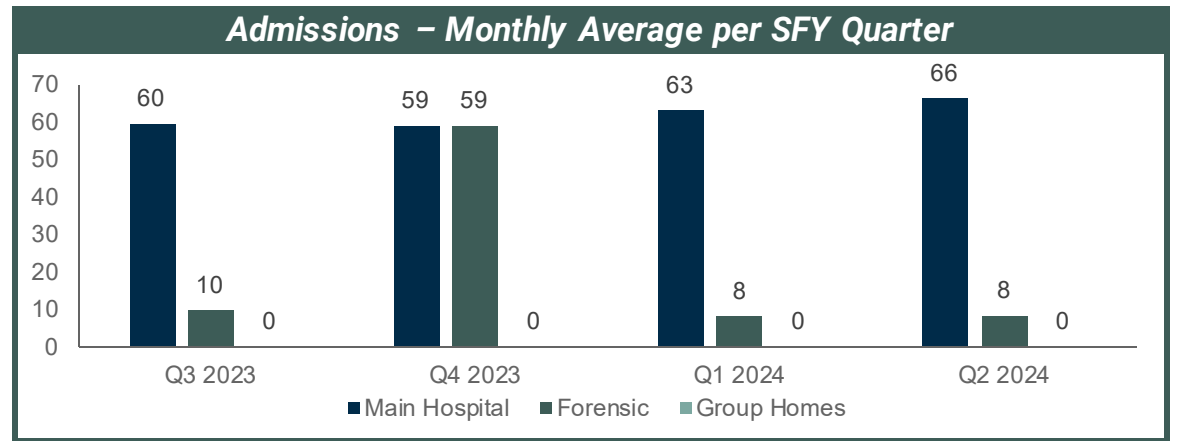
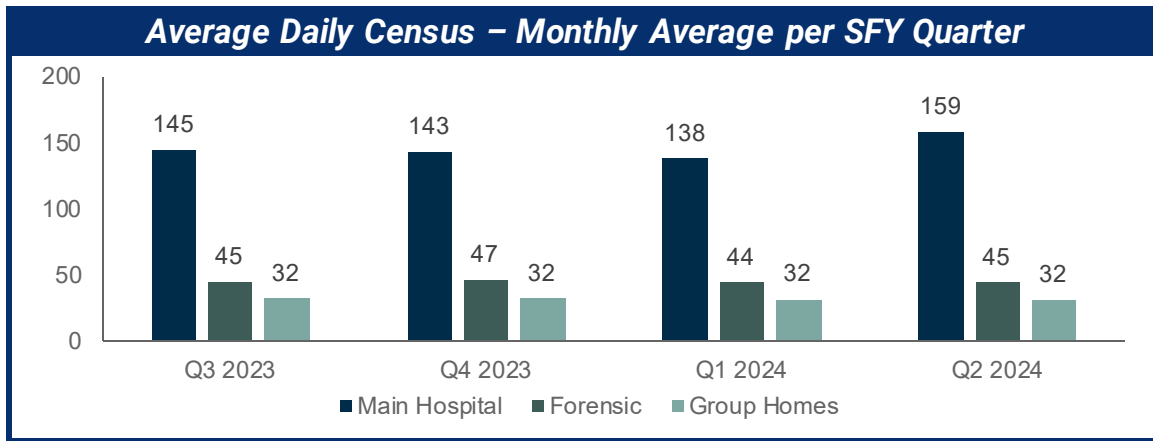
- I. Summary: Facilities Update**
 - I. Data & Trends**
- II. Montana State Hospital: CMS Certification Update**
- III. New / Updated Medical Staff By-Laws and Policies**
 - I. Approved Changes to Medical Staff Job Requirements / Credentialing**
- IV. Key Quality Measures & Metrics**
- V. HR: Staffing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



Summary: Facilities Update



Summary: Facilities Update




Note: Data reflects the monthly average for each quarter.

Quarter Period Aligned with MT State FY Calendar

MSH: CMS Certification Update



CMS Certification Update

Overall Status: 	Key Accomplishments <ul style="list-style-type: none"> Revised Medical Staff Bylaws Completed QAPI plan for 2024 Emergency Plan reviewed and revised Hired and onboarded a new Director of Social Services aligned with CoP requirements 	Challenges / Barriers to Address <ul style="list-style-type: none"> Sustainability of processes once implemented Organization-wide accountability for deliverables and key due dates HIM assessment recommendations Key leadership vacancies 	Recommendations / Decision Points <ul style="list-style-type: none"> Implementation of HIM recommendations from the assessment Medical Staff By-laws GB Approval QAPI plan GB approval
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Key Initiatives Update

#	Initiative	Description	Related CMS Regulation	Current Status	Target Completion Date	Barriers to Discuss	MSH Owner
1	Interdisciplinary Treatment Planning & Teams	Implementing interdisciplinary treatment planning across all units at MSH	§482.61(c)	<i>On Track</i>	2/29/2024	<ul style="list-style-type: none"> Staff / provider accountability will be crucial to ensuring sustained success 	<ul style="list-style-type: none"> Janette Reget / Dr. Hoffman (Medical Director)
2	Seclusion & Restraint	Revising seclusion & restraint policy; working on staff education around the use of restraints	§482.13(e)	<i>On Track</i>	Policy Approved: 1/25/2024 Rollout to be completed by 2/29/2023	<ul style="list-style-type: none"> Documentation requirements are critical to seclusion & restraint usage; must ensure staff understand CoP requirements 	<ul style="list-style-type: none"> Ian Lux

CMS Certification Update (Continued)

Overall Status:		Key Accomplishments (Continued)	Challenges / Barriers to Address	Recommendations / Decision Points
		<ul style="list-style-type: none"> Initial HIM assessment conducted by Savista Onboarding of new Medical Director Seclusion & Restraint and Grievance policies have been revised and approved 	<ul style="list-style-type: none"> Sustainability of processes once implemented Organization-wide accountability for deliverables and key due dates HIM assessment recommendations Key leadership vacancies 	<ul style="list-style-type: none"> Implementation of HIM recommendations from the assessment Medical Staff By-laws GB Approval QAPI plan GB approval

Key Initiatives Update

#	Initiative	Description	Related CMS Regulation	Current Status	Target Completion Date	Barriers to Discuss	MSH Owner
3	Patient Rights & Grievances	Revising patient grievance policy, attestation, and grievance form	§482.13(a)(2)	<i>On Track</i>	Policy approved 1/25/2024 Implementation 2/29/2024	<ul style="list-style-type: none"> Need to standardize grievance form across HFD and all facilities 	<ul style="list-style-type: none"> Linda Mason
4	HIM Assessment Recommendations	Implement recommendations from Savista HIM assessment	§482.24	<i>On Track</i>	Implementation plan is in process with DPHHS and target completion dates are being set	<ul style="list-style-type: none"> Resource challenges within the department 	<ul style="list-style-type: none"> Chris Graves

Updates to Medical Staff By-Laws / Policies



Updated to Medical Staff By-Laws

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

#	By-Law Topic	Description of Changes	MEC Approved Date
1	Multiple	Medical Staff By-Laws were reviewed and edited by the State Medical Officer, Office of Legal Affairs, and MSH's Medical Director to align with state and federal laws and regulations, leading practice per the guidance of new MSH / DPHHS clinical leadership, and CMS Conditions of Participation compliance (with assistance from Alvarez & Marsal).	02/06/24

MSH Policy Updates

Review of new MSH policies or updates to policies

#	MSH Policy Name / ID	Policy Topic	Description of Change	MEC Approved Date
1	Standard and Transmission-Based Precautions	Required Infection Prevention policy to address process to limit	New Infection Prevention Policy	11/30/2023
2	Hazardous Drug Handling	Precautions for compounding, manipulating, preparing, administering and disposing of hazardous drug	New Pharmacy Related Policy	11/30/2023
3	Contraband and Searches	Ensure patients State & Federal rights are preserved, while preserving the safety of the patient, other patients, staff and visitors	Stand review of policy	11/30/2023
4	Pharmaceutical Industry Representative	Rules surrounding Pharmaceutical Representatives	Standard review of policy	11/30/2023
5	Access to Patients and Treatment Areas by Designated Protection and Advocacy System	Ensures Protection & Advocacy System representatives have the access to the correct areas per State & Federal regs.	Standard review of policy	11/30/2023
6	Use of Seclusion, Restraint, and Protective Hood	Updated information regarding seclusion and restraint used to meet CMS standards	Combined the Seclusion & Restraint and Use of Protective Hood into one policy	01/25/2024
7	Patient Rights and Grievance	Updated information regarding patient rights and grievance process	Meets State agency and Federal requirements	01/25/2024

MSH Plan Updates

Review of MSH plan updates

#	MSH Plan Name / ID	Plan Topic	Description of Change	MEC Approved Date
1	Infection Prevention and Control Plan FY23/24	Infection Prevention and Control	Annual Infection Prevention and Control Plan	01/25/2024
2	5 Step Targeted Focus Infection Prevention and Control Plan Hand Hygiene	Standards for hand hygiene	New Infection Prevention and Control Plan	01/25/2024
3	5 Step Targeted Focus Infection Control Plan SSTI	Standards for mitigating Skin and Soft Tissue Infections	New Infection Prevention and Control Plan	01/25/2024
4	5 Step Targeted Focus Infection Prevention and Control Plan Environmental Cleaning	Standards for Environmental Cleaning	New Infection Prevention and Control Plan	01/25/2024
5	5 Step Targeted Focus Infection Prevention and Control Plan Environmental Plan MDROs	Standards for mitigating Multi Drug Resistant Organisms	New Infection Prevention and Control Plan	01/25/2024
6	Quality Assurance and Performance Improvement Plan	Quality Assurance and Performance Improvement Plan	Annual QAPI plan	01/25/2024



MSH Retired Policies/Procedures

Retired MSH policies

#	MSH Policy Name / ID	Reasoning
1	Clozaril Standard Titration Schedule Policy	There is an order set for Clozaril titration
2	Standard Precautions Policy	Now part of Standard and Transmission-Based Policy
3	Guidelines for Isolation Precautions	Now part of Standard and Transmission-Based Policy
4	Personal Protective Equipment	Now part of Standard and Transmission-Based Policy
5	Infection Control Risk Assessment & Workplace Hazard	Now part of Infection Prevention Plan
6	Management of an Employee with an Occupational Exposure to a Bloodborne Pathogen	Part of Addressed in Annual Infection Control Plan
7	Covid-19 Mandate	Current information in Annual Infection Prevention Plan
8	Documentation and Tracking of Vaccinations Status for CMS Final Rule on COVID 19 Vaccination	Current information in Annual Infection Prevention Plan
9	Post Fall Care Non-Nursing Procedure	Part of Fall Assessment, Prevention Strategies and Post Fall Assessment Policy
10	Nitroglycerin Use Nursing Procedure	Part of Nitroglycerin Administration Order Set
11	Hypoglycemia Nursing Protocol	Part of Hypoglycemia Order Set
12	Oxygen E-Cylinders Procurement, Storage and Patient Transport	Part of Medical Gas Policy



Medical Staff Privileging

- Updates to Medical Staff Privileging

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	Dr. Micah Hoffman, MD	Initial Appointment	New Medical Director	
2	Dr Chang	Initial Appointment	Medical Staff	10/30/2023
3	Jennifer Palmer	Initial Appointment	Medical Staff	10/2/2023
4	Melody Wilkinson	Initial Appointment	Medical Staff	12/22/2023
5	Bradley Rhatigan	Initial Appointment	Medical Staff	10/16/2023
6	Dr Ugorji Onyinye	Initial Appointment	Medical Staff	11/27/2023
7	Krystal Rall	Initial Appointment	Medical Staff	12/18/2023

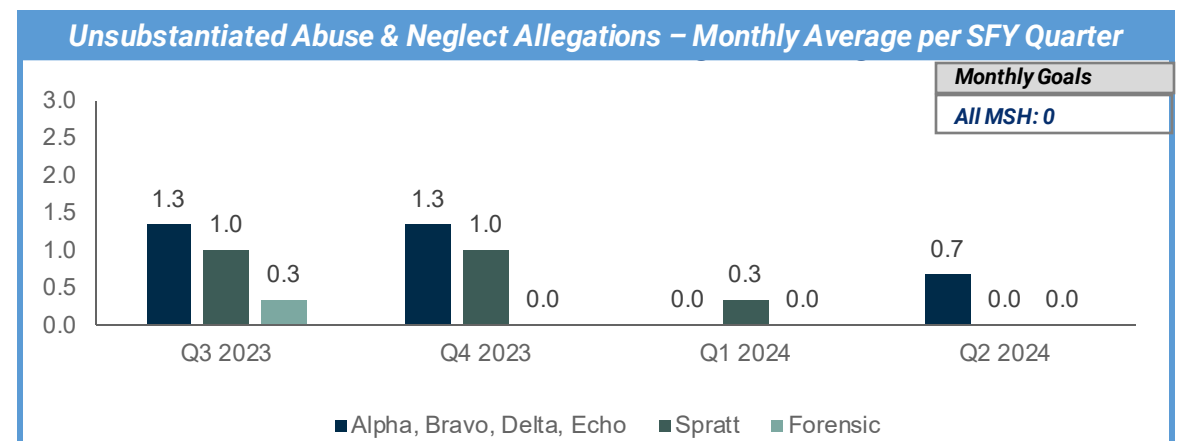
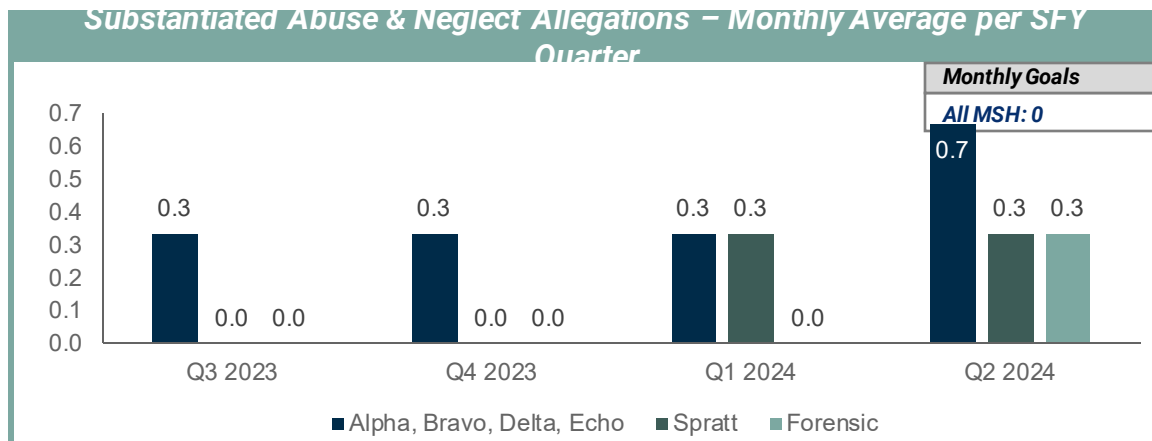
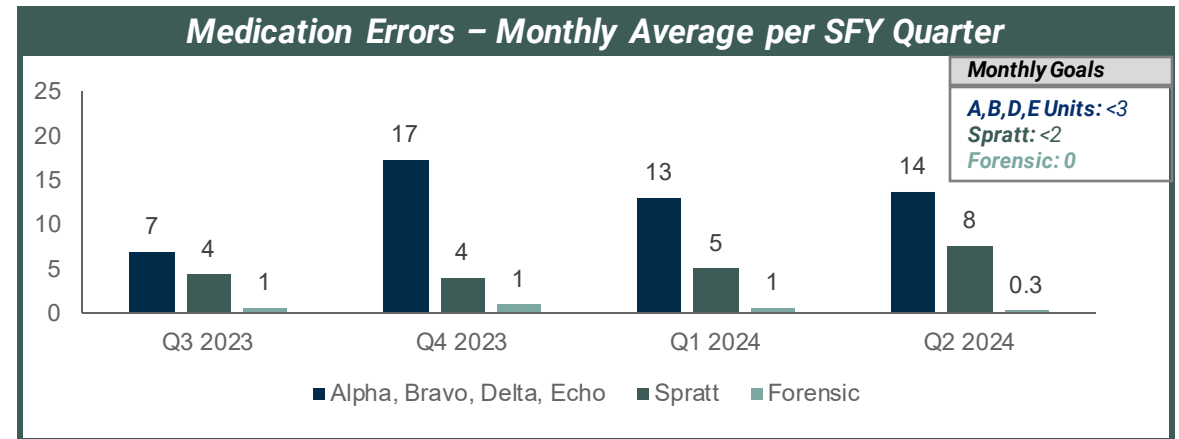
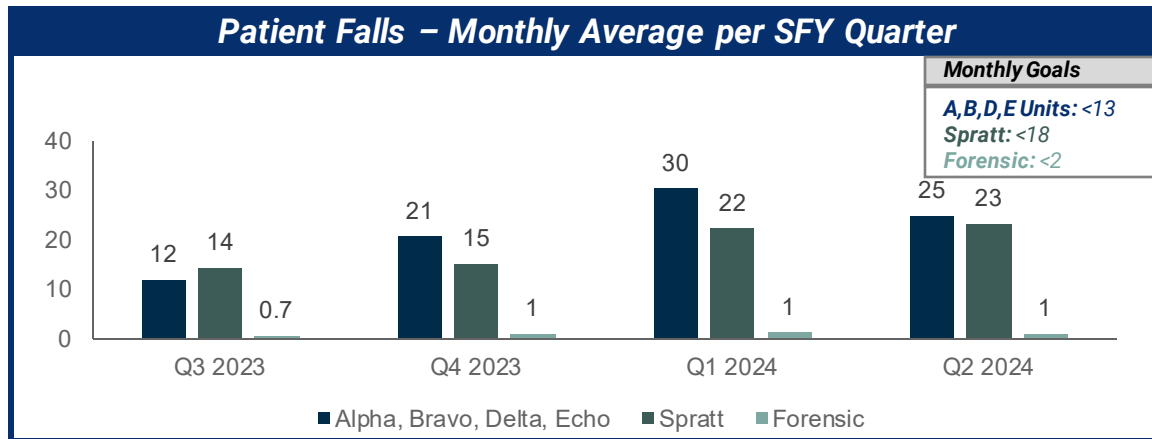


Key Quality Measures & Operating Metrics



Key Quality Measures & Metrics

- Patient Safety



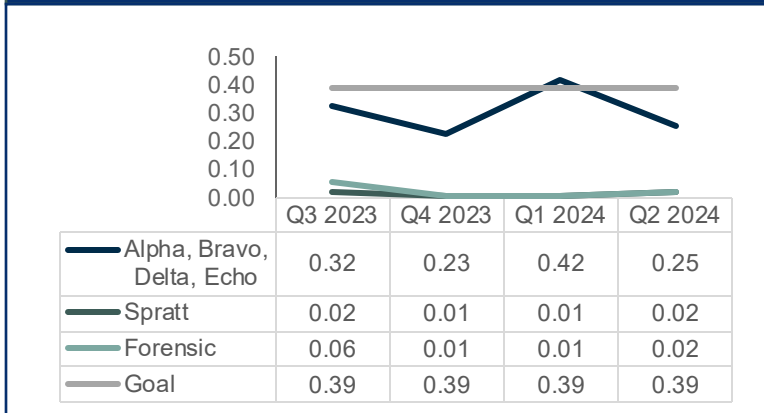
Notes: Due to improved reporting requirements and redefined methodologies, the metrics above for SFY24 Q2 exhibit increased accuracy and completeness compared to historic data. Data reflects the monthly average for each quarter. Goals reflect monthly goals.

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

Key Quality Measures & Metrics

- Quality Measures – Inpatient Psychiatric Care

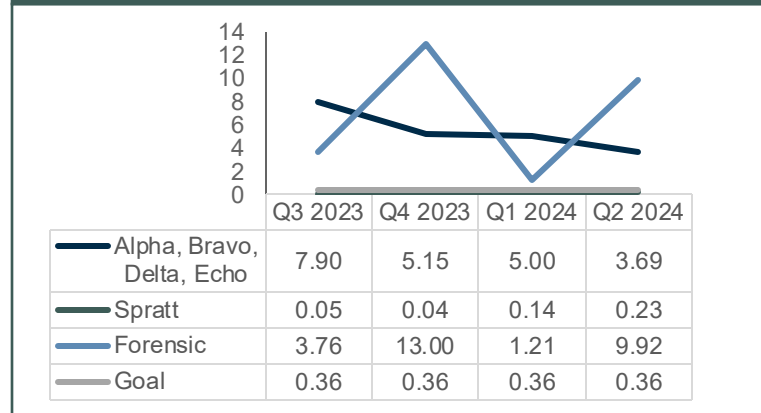
Hours of Physical Restraint Use / 1k Patient Hours – Monthly Average per SFY Quarter



Comments

- CPI de-escalation is in process of being implemented at MSH. The seclusion and restraint policy was updated and trainings to proceed.

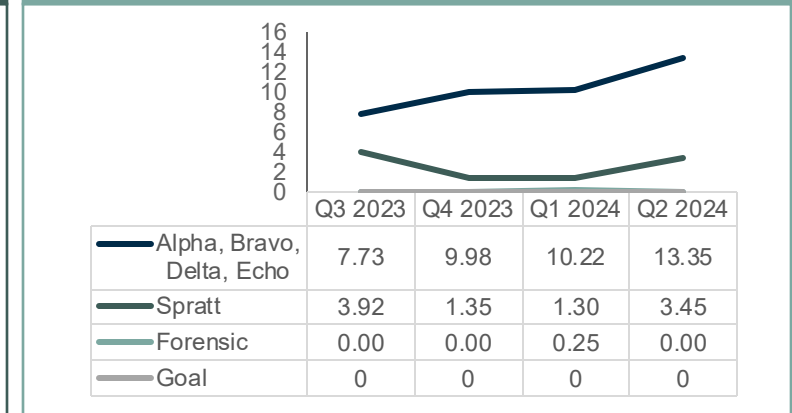
Hours of Seclusion Use / 1k Patient Hours – Monthly Average per SFY Quarter



Comments

- CPI de-escalation is in process of being implemented at MSH. The seclusion and restraint policy was updated and trainings to proceed.

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



Comments

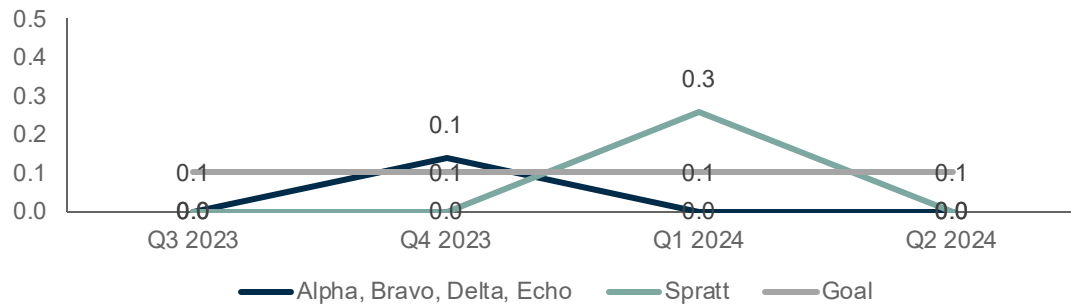
- Beginning in SFY24 Q3, leadership anticipates that the reported number for chemical restraint occurrence will decline due to the change in MSH methodology that aligns with the CMS definition / methodology

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.

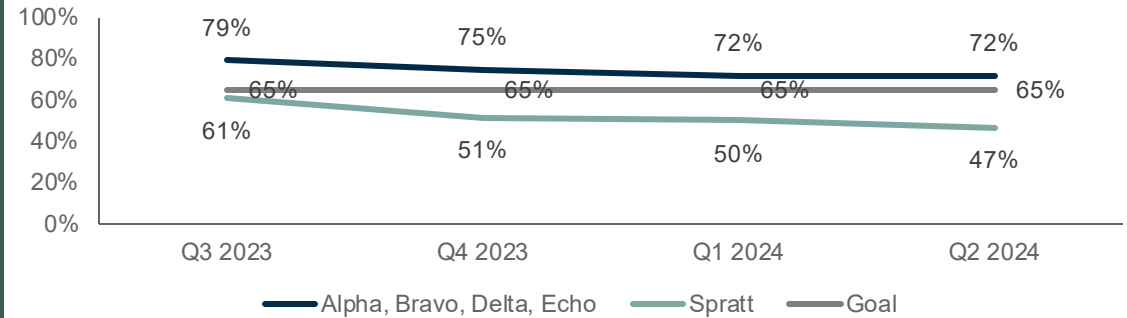
Key Quality Measures & Metrics

- Supplemental Quality Indicators

Number of Falls with Major Injury per 1,000 Patient Days
Monthly Average per SFY Quarter



Percent of Group Therapy Sessions that Occurred as Scheduled
Monthly Average per SFY Quarter



Percent of Interdisciplinary Treatment Plans Completed Within 72 Working Hours of Admission
Monthly Average per SFY Quarter

Historical Data Not Available

Percent of History & Physicals Completed Within 24 Hours of Admission
Monthly Average per SFY Quarter

Historical Data Not Available

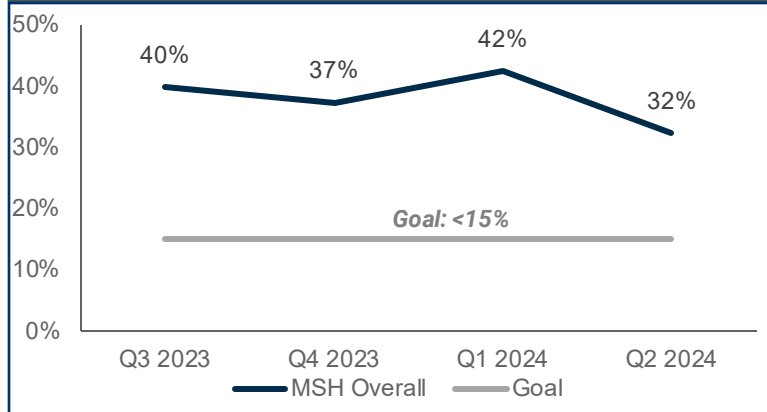
Notes: Due to improved reporting requirements and redefined methodologies, the metrics above for SFY24 Q2 exhibit increased accuracy and completeness compared to historic data. Data reflects monthly average for each quarter. Goals reflect monthly goals.

Human Resources Update

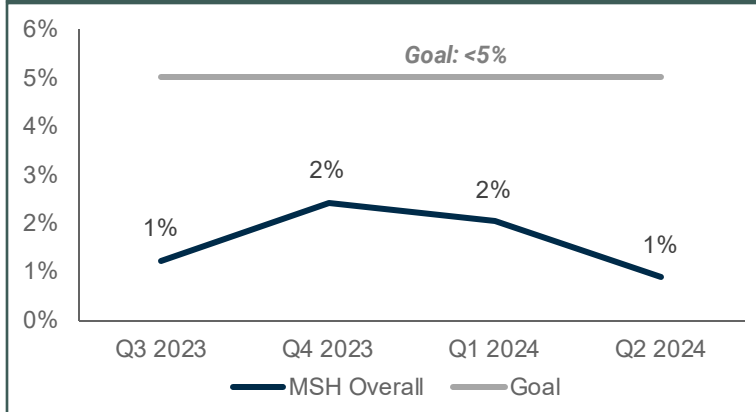


HR Update & Metrics

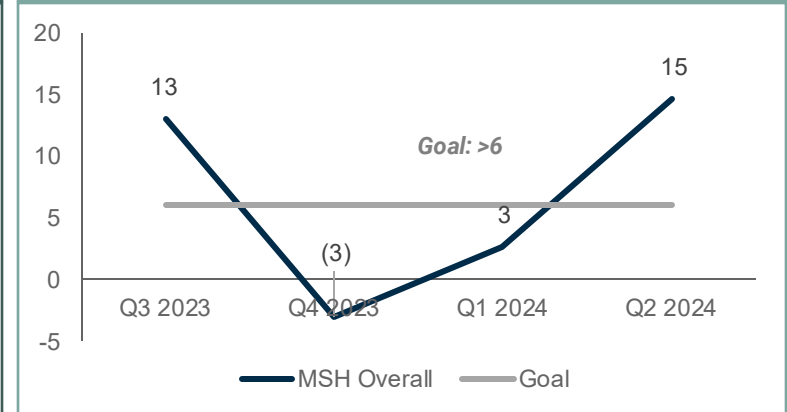
Employee Vacancy Rate – Monthly Average per SFY Quarter



Employee Turnover Rate – Monthly Average per SFY Quarter



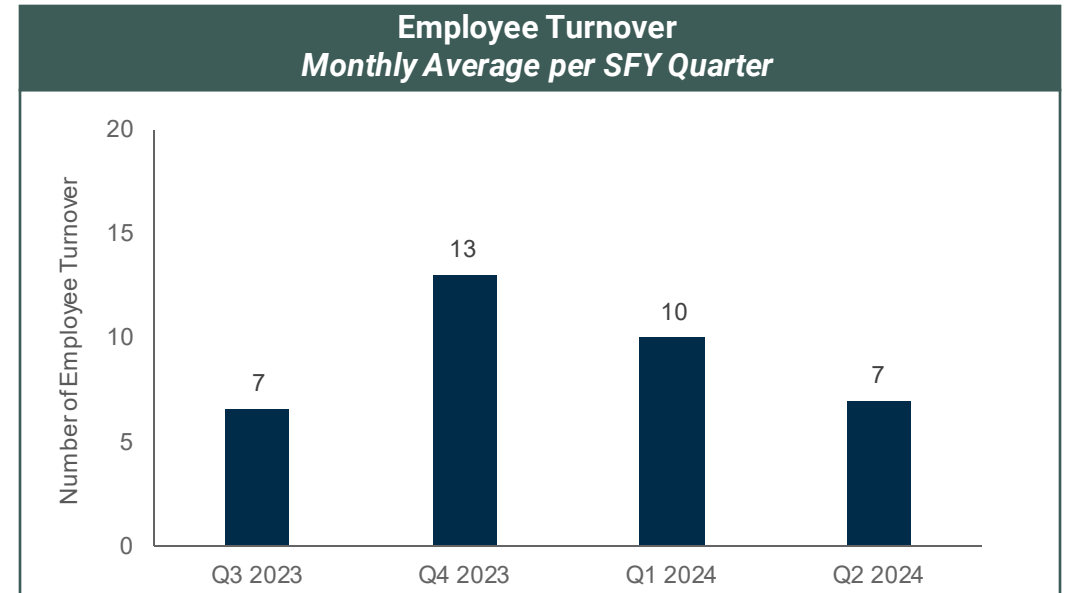
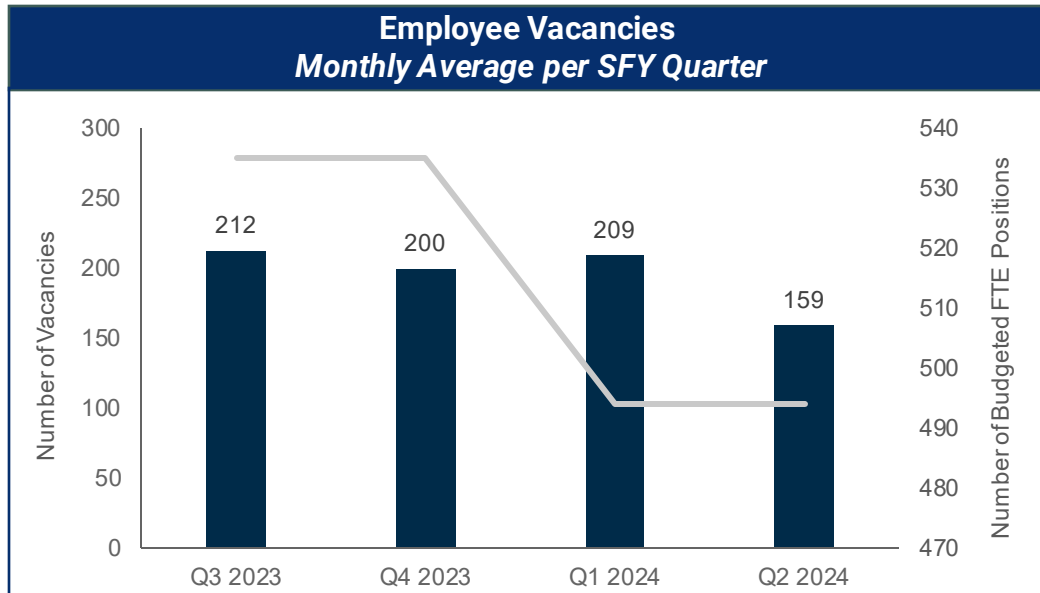
Net Employee Hires – Monthly Average per SFY Quarter



Key Takeaways

- The number of budgeted positions [a component of the vacancy rate calculation] decreased from SFY23 to SFY24 (please reference the next slide).
- The Employee Vacancy Rate decreased in Q2 of SFY24 from Q1 of SFY24.
- An emphasis on proactive recruitment has resulted in a significant net of new hires since the beginning of the calendar.
- In an effort to address positions experiencing the highest vacancy rates, DPHHS will also provide retention bonuses and historic hourly wage increases for registered nurses, licensed practical nurses, psychiatric technicians, forensic mental health technicians, and direct support professionals currently employed at MSH.

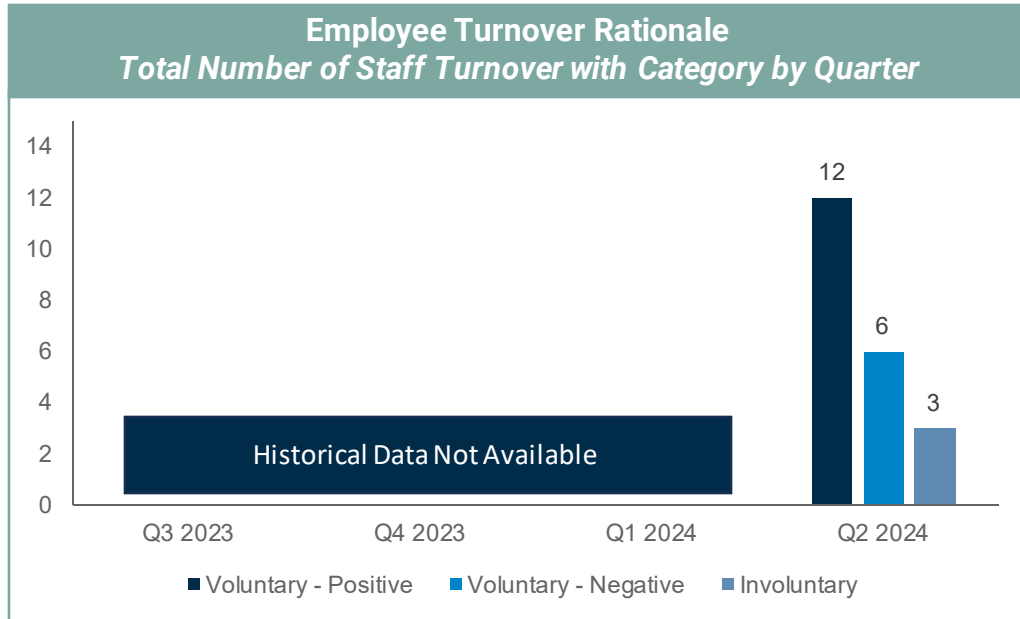
HR Update & Metrics



Key Takeaways

- The number of budgeted full-time employee positions decreased from 535 to 494, SFY23 to SFY24.
- DPHHS is expanding resources within its Office of Human Resources (OHR) to include a new Healthcare Facilities Division (HFD) HR Manager and Recruiter.
- For consistency in approach to recruitment and retention strategies, all facility-based HR staff will now report to the new Helena-based HFD HR Manager

HR Update & Metrics



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
	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

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

Financial Position Q2 SFY24	SFY 2024 Budget	Expended 7/1–12/31/2023	SFY Projected Expenditures As of 12/31/23
Montana State Hospital	\$ 81,451,166	\$ 34,265,555	\$ 86,685,251

Facility Position:

- General Fund Deficit is projected to be **(\$5,234,084)**
- 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.
- The Department is hopeful that the recent announced pay reform initiative will result in a decrease in projected expenditures over the coming months.



Contracted Services

#	Contracted Vendor	Service(s) Provided	Contract Effective Date	Contract Term Date
1	Anaconda Disposal	Garbage Disposal Services	1/1/2019	6/30/2026
2	A&M EFD	CMS recertification	4/18/2022	12/31/2024
3	AYA Healthcare	Nursing Services	1/1/2023	TBD
4	Barton Associates	Locum Psychiatric Services	7/1/2019	6/30/2024
5	Big Sky Mobile Imaging	Radiology Services Oversight	7/1/2021	6/30/2024
6	BNSF	Affiliation	1/9/2014	1/9/2039
7	CCCS	Lease of building	2/1/2016	1/31/2036
8	CPS	Pharmaceutical Services	8/10/2020	6/30/2027
9	Craddock, Mike	Clinical supervision	10/17/2022	10/31/2024
10	Culberson, David	MSH Administrator	3/10/2023	1/31/2024
11	DocStar	Locum Psychiatric Services	7/1/2019	6/30/2024
12	Iron Mountain	Record Management	3/31/2022	3/31/2024
13	Kirby Bates	Interim Leadership Services	4/21/2023	1/27/2024; 5/18/24
14	Kirsh, Dr. Laura	Psychiatric Services	7/1/2021	6/30/2024
15	Lab Corp (PAML)	Lab & Pathology Services	RFP In Process	TBD
16	Maxim Staffing	Nursing Services	1/1/2023	TBD

Contracted Services (Continued)

#	Contracted Vendor	Service(s) Provided	Contract Effective Date	Contract Term Date
17	MCE	Laundry	7/1/2006	until terminated
18	MCE	Food Services	7/1/2006	until terminated
19	Mountain Pacific Quality Health	Support Services	7/1/2022	12/31/2024
20	Murphey, Jim	Psychiatric Services	3/1/2020	6/30/2024
21	Opportunity Fire Dept	Fire Suppression Services	7/1/2022	6/30/2025
22	Prairie Travelers	Nursing Services	1/1/2023	TBD
23	PrimeTime Healthcare	Nursing Services	1/1/2023	TBD
24	Scolatti, Mike	Psychiatric Services	3/1/2020	6/30/2024
25	SHC	Nursing Services	1/1/2023	TBD
26	Southwestern MT Oral/Dr Sims	Oral Surgeon	7/1/2019	6/30/2024
27	Stratford, William	Psychiatric Services	10/26/2018	6/30/2024
28	Sunbelt Staffing	Nursing Services	8/30/2023	TBD
29	Sysco	Food Services	11/1/2016	TBD
30	Traditions Psychiatry Group	MSH Medical Director	11/1/2023	7/31/2025
31	Worldwide Travel Staffing	Nursing Services	1/1/2023	TBD
32	Shafi Ali Khan Lodhi	Forensic Psychiatrist	01/01/2024	10/31/2024

Special Events



Special Events

- **Updates on Other Programs & Initiatives**

- On Thursday, December 21, 2023, the hospital hosted a prime rib dinner for all patients. The staff set up tables in the Tundra, decorated a tree, and served the patients dinner.
- The hospital organized a gingerbread house competition for the Group Homes.
- The Spratt Unit hosted a cookie decorating contest.
- The staff took photos of patients to send to their families.

