



MONTANA State Hospital

Making a difference one life at a time

Governing Board Meeting

Meeting November 14th 2023 @ 3:00pm - 5:00pm

Meeting Location: Virtual {ZOOM}

Member Name	Title	Membership Type
Mike Randol	Executive Director, Medicaid and Health Services	Chair, Voting
Dr Douglas Harrington	State Medical Officer	Voting
David Culberson	Interim Administrator, Montana State Hospital	Voting
Rebecca De Camara	Administrator, Behavioral Health and Developmental Disabilities Division	Voting
Chad Parker	Deputy Chief Legal Counsel	Voting
Jennifer Savage	Deputy Division Administrator	Voting
Kim Aiken	Chief Financial Officer	Non-voting

1. Call to Order – Called to order @ 3:03pm
 - a. Public Comment Period (*MCA 2-3-201 et seq.*) – No comments.
 - b. Board Comment Period – No comments
2. Old Business
 - a. Approval of Previous Meeting Minutes from August 1, 2023 – Approved via email 8.4.2023
3. New Business
 - a. Discussions and Decisions Required (David Culberson)
 1. Discussion
 - a) No Items for Discussion
 - b. Project Updates
 - a) Capital Projects 2023-2025: Attachment A is a list of capital projects that have been approved by legislature.
 - c. Reports
 1. Facility Administrator Report (David Culberson, Interim CEO) – See attachment B.
 2. Director of Nursing Report (Deferred)
 3. Medical Executive Committee (Dan Bemporad, D.O.) – Med Executive Committee meets once a month, recently the topic has been policies and procedures, going over them and approving them to be rolled out or requiring revisions prior to being rolled out hospital wide.
 4. Quality Improvement Committee (Troy Dawes) – See attachment F
 5. Finance (Deferred)
 6. Human Resources (Deferred)
 7. Infection Prevention (Deferred)
 8. Safety Committee (Troy Dawes) – See attachment G
 9. Legal (Deferred)

4. Adjournment - Adjourned @ 3.:36pm

Attachments:

A: Project Updates

B: Facility Administrator's Report

C: Director of Nursing Report: Deferred

D: Infection Prevention Report: Deferred

E: Finance & HR Report: Deferred

F: Quality Improvement Committee

G: Safety Committee Report

H: Legal Report: Deferred

Montana State Hospital Governing Body Report – November 2023

Administrative Report – David Culberson Interim CEO

1. Centers for Medicare and Medicaid Services (CMS) Recertification
 - a. Conditions of Participation (CoP) Compliance Weekly Review
 - i. Multidisciplinary Care Plan Revision
 - ii. Seclusion and Restraint (S&R) Policy Review and Revision
 - iii. Quarterly Biomed Maintenance Completed
 - iv. S&R and De-escalation Training: CPI New Vendor, MSH Training Teams
 - b. Physical Plant and Environmental Readiness
 - i. Nurse Call System Repair – Johnson Controls
 - ii. Patient Common Area Carpet Replacement
 - iii. Annual Ligature Assessment Completed October 21, 2023
2. Licensure Surveys
 - a. Annual MSH Licensing Survey: September 4-8, 2023
 - i. Plan of Correction Submitted and Accepted
 1. Electrical Outlet Safety Plugs
 2. Quality Improvement/Performance Improvement Plan
 3. Oversight of Therapy Staff by Licensed Social Worker
 4. Disaster Preparedness Plan Updated and Drills Documented
3. Capital Projects
 - a. \$15.9 M: Recertification and Deferred Maintenance
 - i. Spectrum Architects Selected as Project Manager
 - ii. Project Coordinated with Montana State Architecture and Engineering
 - b. \$27.6 M: Electronic Health Record System
 - i. Deloitte Assisting with Development of Project Scope
 - ii. Project Manager has been Assigned by DPHHS IT
4. MSH Staff Leadership Recruitment
 - a. Vacant Positions
 - i. Chief Operating Officer
 - ii. Director of Human Resources
 - iii. Medical Director
 - iv. Quality Improvement Manager
 - v. Senior Manager, Clinical Services
 - vi. Assistant Clinical Services Manager
 - vii. Clinical Therapy Manager
 - viii. Vocational Program Manager
 - ix. Treatment Manager B-Unit
 - x. Infection Control Practitioner
 - b. Recent Recruitments/Recruitments
 - i. Admissions/Discharge Manager MSH
 - ii. Admission/Treatment Manager Galen
 - iii. Nursing Manager E-Unit

5. COVID-19

- a. August – October Activities: Staff and Patient Exposures and Positives
- b. Bravo Unit and Half of Spratt Established COVID Units
- c. Adequate PPE Available: N95 Respirators, Eye Protection, Procedure Masks
- d. Guidance Provided by Infection Control Practitioner with Assistance from Montana Infectious Disease Branch

6. Other Items

- a. Supplemental Staff Usage: Focus on Overtime Reduction
- b. Spratt: HB 29: Alzheimer's, Dementia, Traumatic Brain Injury Patients
- c. Board of Visitors Survey August 28-30, 2023: Awaiting Report

Attachment F
Quality Improvement Committee

Summary of July thru September 2023

- **Falls**

- To align with CMS reporting guidelines¹, what events constitute a “fall” was reviewed at Medical Executive Committee last quarter, and the data collection method was changed. Assisted falls are now being recorded as a fall while falls associated with altercations or patient disputes are no longer reflected in the data; behavioral falls are still included in the data.

This has resulted in increased fall volume. However, with new reporting mechanisms for detailed collection of fall data, it is being recommended by the Quality Improvement Department to report falls with injuries in addition to the total number of falls.

- 2023 Falls without injury: - 88% (309 Falls)
- 2023 Falls with Injury: – 38 - Level 2 (10.8%), 2 - Level 3 (0.6%), 2 - Level 4 (0.6%), 0 - Level 5 (0.0%)
 - Level 1 Fall – No Injury
 - Level 2 Fall – Basic aid (bandage for abrasion/scrape, ice for discomfort, superficial bruise, complaint of pain etc.)
 - Level 3 Fall – Medical Intervention/Transfer out (stitches, broken bone, sprain, altered mental status, etc.)
 - Level 4 Fall – Hospitalization
 - Level 5 Fall – Patient Expiration/Death
- Accurate reporting - efforts are ongoing to educate staff on what is considered a fall under the new CMS guidelines and how to report one.
- Monitoring efforts are being developed to assess the effectiveness of the recently implemented John Hopkins fall risk assessment tool (an industry recognized tool) and related process changes. The assessment tool has assisted in identifying patients with higher fall risks. Interventions once patients are identified as a fall risk aid the communication to staff about the fall risk. Early recognition of fall risk by using the assessment tool has assisted in implementation of items to mitigate injuries from falls.
- **Main Hospital:** Continues to be higher than target rate month over month. This is expected to be reduced as the new assessment tool is implemented.
- **Spratt:** Has been trending up on fall volume for the last quarter. This is to be expected based on the new definition of falls.
- **Galen:** Falls continue to be low, averaging only 1 per month in 2023.

- **Medication Errors – July thru September**

- In collaboration with the on-site pharmacy management team (CPS), a new medication error collecting and reporting software is being made available to MSH. This will use an industry standard format for error definition and allow for notification and communication of errors. Currently MSH is in the process of working with representative to import historical medication errors and current formulary.
- The number one medication error remains omission or transcription error.
 - Omission errors have been reduced since the implementation of a new practitioner order sheet. This action reduced the amount of different order sets on one page from 5 to 2.
- Electronic Medication Cabinets are expected to reduce the amount of medication errors and are part of the Capitol Improvement Budget that was approved last session. Currently MSH is in the cost comparison phase of product selection.

- **Patient Safety Events – July thru September**

- Top 3 Event types are Violence, Falls, & Hospital Property being damaged.

- CPI (Crisis Prevention Institute) was implemented as the new de-escalation tool on October 18, 2023. Staff have been educated about the appropriate use of de-escalation and redirection techniques as the first step to reduce violence and property damage.

- **Restraints & Seclusion – July thru September**

- **Main Hospital:** Alpha and Delta have been trending up on the use of locked seclusion. Alpha has steadily increased the use of mechanical restraint since June.
- **Spratt:** Spratt continues to have one of the lowest utilization rates for seclusion and restraints of all units at Montana State Hospital across all restraint and seclusions categories.
- **Galen:** Galen typically maintains low volume of all types of restraints, but occasionally has intermittent spikes in the use of locked seclusion and brief holds, which are normally the highest of the restraint types for the facility. Mechanical restraints utilization remains almost non-existent for 2023.

- **Abuse & Neglect and Patient Grievances - July thru September**

- Abuse & Neglect & Patient Grievances
 - Working collaboratively with Board of Visitors on process of grievances, how data is collected and reported to better allocate resources to develop resolutions and corrective actions.
 - Current data reflects most grievances come from a small number of patients. Most grievances come from Galen.
 - Galen - 115 Grievances (63.5%)
 - 5 patients submitted 78.
 - 1 Patient submitted 43.
 - Main Campus – 66 Grievances (36.5%)
 - 7 patients submitted 29.
 - 1 patient submitted 6.
 - Currently RN managers or Program managers are the first step in the grievance process and working to address concerns or complaints at the unit level.

MSH is currently adopting CMS terminology of “Substantiated” in the findings and data. This is intended to reflect recognition of issues being brought to the facilities’ attention for action and resolution. The Quality Improvement department is reviewing the grievance policy to reflect the CMS guidance more closely on the grievance process.

The current policy is being revised to eliminate grievances that occur outside the MSH, Galen and Group Home facilities. The suggested changes to the policy include language from CMS² that would allow more time and effort to address grievances that fall within the “care, treatment, and facility”.

Abuse & Neglect allegation investigations are down 60%, and substantiation rate is down 20% Year-Over-Year, from 2022 through September 2023.

1. <https://www.cms.gov/files/document/pocket-guideddefinitions-coding-section-j-fall-items.pdf>

2. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf

Safety Committee Report

July – October 2023

- Communications Resources

Two -Way Radio system replacement contract was approved October 19, 2023. System delivery and training dates will be developed with assistance from the vendor. It is anticipated the new system will be implemented before the end December 2023.

- Life Safety/Disaster Preparedness Policy and Procedure and Related Documents

- Completed Hazard Vulnerability Assessment based off information available for the last 2 years.
- 13 Hazards were identified and will be addressed in the Life Safety/Disaster Preparedness Document. The Kaiser Permanente Hazard Vulnerability Analysis (HVA) tool was used to quantify hazards and emergencies for Montana State Hospital. Those Hazards are:
 - - Inclement Weather – Pandemic – IT System Outage – Extreme Temperatures – Sewage Failure – HVAC Failure – Patient Elopement – Internal Flood – External Fire (Wildfire) – Supply Chain Shortage – Planned Power Outage – Air Quality Issue – Drought
- Document will include components related to:
 - Emergency Evacuation
 - Mutual Aide Agreements
 - Disaster Response/Emergency Preparedness
 - Prioritizing Resource Deployment to Mitigate Effects of Identified Vulnerabilities
 - Disaster Drills
- Fire drills resumed in May of 2023 for Montana State Hospital campus and have been completed for all facilities on a quarterly basis on each shift as required. Ongoing education and issue resolutions are addressed as they arise or are discovered.
 - Currently working with fire alarm system contractor (Johnson Controls) to resolve fire panel memory issues in main hospital. The system functions properly but the panel must be operated manually to clear past activated detector locations.
- Annual community based-emergency drill.
 - “The Great Montana Shake Out” was completed October 19, 2023 @ 10:19am. A review of the drill will be presented at the November 2023 Safety Committee meeting.
- Pro-Active Ligature Risk Assessment – An environmental risk assessment focused on patient safety with an emphasis on ligature risks and their mitigation is required to be completed per CMS Conditions of Participation.
 - Inpatient units, including Spratt, will be completed by end of October 2023.
 - Plan is to work with new construction project manager, Spectrum Architects, to identify and address issues in MSH CMS compliance scope of work document. In the meantime, MSH will document mitigation and planned solutions to identified issues.
 - Major items identified at MSH include:
 - Handrails on all units except Spratt are not anti-ligature and will be part of capital improvement project to be completed with assistance from Spectrum Architects.
 - Delta Unit’s door hinges and plumbing fixtures are not compliant and will be included in the construction project inventory for CMS compliance purposes.

- Elopements

- 3 Patient elopements occurred in 3 months July – September 2023.
 - 2 were a result of doors in need of repair and lack of redundant safeguards such as fencing.
 - 1 was a result of doors being used as entrances to the unit that are only intended as emergency exits and lack of redundant safeguards such as fencing.

- Fencing of Inpatient unit egress areas has been included as a line item in the current capital budget.
- Quality Reporting Metrics have been developed and will be reported out at future Governing Board and MSH meetings. Two of those meetings include the Safety Committee and Quality Improvement Council.
 - Ongoing education by the security guards focused on emergency codes, proper display of employee ID badges, and secure storing of personal keys were completed following MSH events.
 - Additional Updates Transition of de-escalation training to CPI from Mandt
 - Mandt Training for de-escalation compliance for direct care staff at time of hire and annually there-after has been ongoing in 2022 and 2023. However, the Montana State Hospital Campus has transitioned to CPI (Crisis Prevention Institute) beginning October 2023. Future reporting of compliance will reflect CPI program activities and remove reference to Mandt training. The week of October 16, 2023, was the first orientation class using CPI as the training tool. MSH has selected seven staff members to train and trained 17 employees during the first sessions. CPI training will continue at each New Employee Orientation every two weeks. Annual training of existing staff will also be completed under the CPI module by MSH-trained staff.