

GOVERNING BOARD MEETING MMHNCC

Date: 8/1/2023

Time: 3:30 pm

Meeting called to order by: Michael Zwicker

IN ATTENDANCE

Present at MMHNCC: Michael Zwicker, Administrator MMHNCC
John Parker, A and M Consultant
Adrienne Castillo, IP RN
Danielle Wichman, Quality Improvement Mgr.

Present online: Mike Randol, Executive Director Medicaid and Health Services
William Evo, Chief Healthcare Facilities Officer
Rebecca De Camara, Admin. Behav. Hlth. and Dev. Disabilities
Chad Parker, Deputy Chief Legal Counsel
Kim Aiken, Chief Financial Officer
Ian Lux, Assistant DON MSH – Infection Preventionist

OLD BUSINESS

None

NEW BUSINESS

Approved minutes from 4/11/2023

REPORTS

MMHNCC Administrator Michael Zwicker

- In April there was snowstorm – implemented disaster drill.
 - Opened D wing for staff to rest and spend the night.
 - Several people picked up staff and brought them to work.
 - Command center updated road conditions hourly.
 - Several staff stayed over and picked up extra shifts.

Reports continued

- Mountain Pacific came and performed ICAR assessments with team.
 - They found multiple areas for opportunities for improvement.
 - These areas were embraced by the team to improve care for our residents.
 - Our team has used this information to prepare for our annual survey.
 - Our team meets weekly to remedy issues and works proactively together.
- HR, DON, state HR and administrator met with union reps. for a bargaining meeting.
 - Meeting produced a positive outcome such as increased communication between union reps. and management at MMHNCC; win/win for both parties.
 - Monthly meeting that was canceled due to COVID has been resurrected.
 - Monthly meeting will aid both parties to work more collaboratively together.
- MMHNCC completed 3 mock surveys in preparation for our annual state survey.
 - Mock survey team completed 2 mock facility surveys and 1 life safety mock survey.
 - 2nd mock survey went better than the first.
 - Staff conducts weekly rounds 2x per week; continue to catch issues that will create a better outcome for our annual survey.
 - Staff now are better prepared when asked questions and if they don't know the answer they let people know they will find the answer, we are looking forward to our next survey.

Jessica Homme Interim DON / Presented by John Parker Consultant with A and M

- Updates:
 - Compliance store is being used to review and update CMS and CDC requirements.
 - PIP used for oral care/bathing documentation current rate 91% for oral care 83% for bathing. Resident appearances suggest cares are being completed but staff is not documenting.
 - Mocks surveys conducted and areas that needed improvement were addressed. We are continuing to prepare staff for our annual survey.
 - Cleaned and organized medication/treatment carts and supply storage areas.
 - POC continued quarterly audits ensuring compliance of implemented interventions from citations during last survey.
 - New O2 vendor from Great Falls; new processes for cleaning, ordering and storing O2 supplies.
 - New stethoscopes, oximeters, and thermometers for wings.
 - W/C supplies reviewed, and orders placed for W/C nurses needs for treatment.
 - Hoppers capped off on all wings; this was an IP issue; O left functioning in soiled laundry with shield and proper PPE use while being used.
 - Staffing ratios:
 - **Core staff:**
 - CNAs = 25(5 part-time; 5 relief)
 - ADON = 1
 - RN Sup. = 1
 - RNs = 8(7 full-time; 1 part-time)
 - Med. Aides = 3
 - LPNs = 0
 - IP Nurse = 1
 - MDS Nurse = 1 full-time; 1 back-up
 - Rounding/WC Nurse = 1
 - **Travel staff:**
 - CNAs = 18(2 part-time)
 - Travel LNs = 10(7 contracts; 3 PRN)
- Issues:
 - Secure care bands system to be updated; ordered and pending installation.
 - Security system is needed throughout facility; currently only two wings have cameras and old system will not allow an update for cameras on all wings. This issue is currently being discussed regarding replacement.

- EMR system needed; state has a plan to implement this soon (House Bill 10).

Danielle Wichman Quality Improvement

- Falls:
 - Last quarter saw an increase in falls; higher than previous reporting in 2022.
 - Increased falls in resident with higher medical acuity; falls increased on recreation outings but outings have increased compared to previous year.
 - Falls committee conducted root cause analysis; implemented appropriate interventions accordingly ex. Additional staff on outings.
 - No falls with major injury reported this quarter.
- Patient Safety Events:
 - Top safety events attempted elopement and peer on peer abuse.
 - Review of peer-to-peer abuse allegations found recurring factor was due to MSH admissions; all were sent back on fail 30-day pre-placement visit.
 - No safety events that required medical attention.
 - Root cause analysis conducted on attempted elopement; changed policy to restrict outings until 30-day preplacement completed and identify list of residents suitable for outings.
- Restraints & Seclusion
 - 1 individual has order for restraint; tracking being documented appropriately.
- Patient Grievances:
 - 6 grievances from 2 individuals; all investigated and unsubstantiated.
 - Social Services working diligently with individuals to ensure care needs are being met.

Finance and HR Report Michael Zwicker/ John Jenkins presented.

- Updates:
 - Delivery of care matrix reviewed.
 - Reduction in falls and UTIs.
 - Staffing vacancy 39%.
 - \$600 bed cost daily.
 - 4.3 M revenue to date
 - Traveler staffing cost up; invoices still coming in.
 - Updated invoice process and only two people review invoices.
 - Have addressed with agencies to submit invoices in a timely manner.
- Questions:
 - Low capacity due to staffing analysis?
 - Mike clarified that we could take more admissions, but they need to be an appropriate fit for the facility.
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Adrienne Castillo Infection Preventionist

- MMHNCC completed ICAR in April. IP Risk Assessment completed in May. 3 high risk level priorities included:
- Inadequate staff adherence to facemask and goggle.
 - Use is required when precautions are in place.
 - IP Nurse has provided training and policy updates, frequent staff audits.
 - Goal is to improve staff compliance during outbreaks, precautions and throughout the year.
- Low rate of resident acceptance of pneumococcal immunizations.
 - Guardians mailed consent forms for immunizations due.
 - 1 immunization clinic with 406 Pharmacy; follow immunization clinic will be offered.
 - Each resident will be offered vaccines they are due for throughout the year.

IP Report continued.

- Ventilation delivery and indoor air quality.
 - IP Nurse has applied for and received two HVAC grants.
 - Grants include HVAC assessment and filters.
 - Communication to remain fluid with maintenance department on various projects; provide resources as available.
- ICAR team broke down facility assessment and noted ICP and infrastructure had 3/7 elements met.
 - Two elements unmet due to no access to EMR and Point-Click-Care.
 - 6/8 elements met in hand hygiene; all 8 elements met.
 - POC testing had 3/4 elements satisfied: currently compliant.
 - Laundry has 1 element not met due to pending HVAC assessment.
 - Audits continue to be conducted in preparation for annual survey; hand hygiene, PPE, DON/Doffing, EVS cleaning and antibiotic stewardship.

Next Meeting

Governing Board will meet quarterly. Motion for adjournment and second

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