

Montana State Hospital Action Plan



Mountain-Pacific Quality Health has engaged with the Montana State Hospital (MSH) to provide consultative, clinical, technical assistance (TA) to improve patient safety, staff safety, active treatment requirements and patient outcomes. Technical assistance includes:

- A combination of remote and onsite engagement per a mutually agreed upon schedule.
- Continued support, development and implementation of the established action plan to assist in the resolution of Centers for Medicare & Medicaid Services (CMS) areas of concern and quality improvement.
- Assess the current clinical management model and provide recommendations for changes in scope, coaching, training and competency requirements and support consistent policy implementation across units.
- Based on a gap assessment, provide recommendations for clinical and medical staff education, training, the need for subject-matter expertise with clinical policies, procedures, care planning, care management and documentation. Areas of emphasis include incidents of violence, fall prevention, infection prevention, medication management, restraints and seclusion, sentinel events and patient abuse.
- Recommend and assist with enhancement of clinical documentation processes.
- Chart review and data collection to support an active Quality Assurance and Performance Improvement (QAPI) program.
- Collaboration and alignment of activities with Montana Department of Public Health and Human Services (DPHHS), as well as the Governing Body and Quality Improvement Council at MSH.
- Collaboration and alignment of activities with other consultants and contractors, such as Alvarez & Marsal and Collaborative Safety.

About Mountain-Pacific: Mountain-Pacific Quality Health is a nonprofit health care improvement organization that partners within our communities to provide solutions for better health. We first opened our doors in Helena, Montana, in 1973. Since that time, we have partnered with health care providers, practitioners, stakeholders, patients and families on a variety of quality improvement initiatives to achieve better care, better population health and lower health care costs.

December 2022 Update: While activities toward these goals continue, the focus of the past month has been on revising and preparing the quality improvement program and leadership team to lay a new foundation at MSH that will support future successful certification. Due to the effort of these strategic planning and leadership activities this month, there are no newly completed tasks to report.*

| Goals | Completed Tasks |
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| Patient's Right to Safety, Fall Prevention: Revise fall prevention program and data monitoring | |
| Consistent decrease in falls with injury | <ul style="list-style-type: none"> ✓ Fall reductions on Spratt Unit: Q1 to Q3 (21.1% reduction in falls) ✓ Comprehensive evaluation of fall program to include assessment tool and available safety devices and mechanisms ✓ Program training refresher with existing staff (95%) and at new employee orientation ✓ Baseline chart audit and preliminary program review |
| Program performance feedback will be routinely provided to each unit, quality improvement (QI) council, medical staff and governing body | <ul style="list-style-type: none"> ✓ QI and nursing updated method of tracking patient falls with injury ✓ Fall program huddles with redundancy in huddle leadership ✓ Hand-off communication between shifts |
| Infection Prevention (IP) and Antibiotic Stewardship Program: Implement updated infection prevention and control program | |
| Admin will review infection control (IC) resource benchmarking and implement a resource action plan in 6 months | <ul style="list-style-type: none"> ✓ Implementation of IC rounding and follow-up for corrective action ✓ Improved communication with routine updates on COVID-19 status on display board ✓ Added support staff to infection prevention (IP) program ✓ Updated IP and antibiotic stewardship program and COVID-19 plan |
| Improve and maintain personal protective equipment (PPE) and hand hygiene compliance at > 95% | <ul style="list-style-type: none"> ✓ Proactive testing of staff and new patients per new protocols and guidelines ✓ Trained existing staff on updated plans (94%) and at new employee orientation ✓ Added quarterly antibiotic stewardship data monitoring to IP team agenda |
| Contain COVID-19 in staff and newly admitted patients to prevent outbreaks | <ul style="list-style-type: none"> ✓ Increased IP team meetings to monthly ✓ Reviewed terminal room cleaning procedures with housekeeping ✓ Improved PPE and hand hygiene compliance |
| Patient's Right to Freedom from Restraint: Develop and implement updated restraint and seclusion program to include utilization monitoring and improvement | |
| Improve appropriate use of restraint/seclusion and eliminate use of <i>pro re nata</i> (PRN)/standing order for restraint | <ul style="list-style-type: none"> ✓ Pilot for new seclusion/restraints documentation successful and implementation facility wide initiated ✓ Created new interdisciplinary Seclusion/Restraints Task Force that reports to Quality Improvement Council (QIC) |

| Goals | Completed Tasks |
|--|---|
| | <ul style="list-style-type: none"> ✓ Implement routine pharmacy monitoring and evaluation of PRN psychotropic medications ✓ Completed review and update of all PRN orders by medical staff ✓ Medical staff revised and updated medication order policy to include PRN psychotropic ordering guidelines ✓ Medical staff revised and updated restraint/seclusion policy to clearly define all roles, define utilization of medications and update monitoring procedures ✓ Revised data collection methodology for ongoing monitoring |
| Staff Training and Development: Revise staff training and development program | |
| <p>Provide consistency and clarification of training roles, responsibilities and processes in order to achieve compliance with staff training requirements</p> | <ul style="list-style-type: none"> ✓ *Number of employees trained during 2022: <ul style="list-style-type: none"> - Orientation = 474 (January 1 – December 31, 2022) - Annual Trainings = 80 (August 31 – December 31, 2022) ✓ New employee orientation survey (+) Responses and over 75% completion rate (Actual = 77%); includes 332 surveys (from April to November 2022) ✓ Training policy completed to include role-based training matrix, restarted annual orientation ✓ Updated tracking processes ✓ Determined regulatory requirements (CMS, applicable Montana Code Annotated [MCA] and Administrative Rules of Montana [ARM] and Occupational Safety and Health Administration [OSHA]) |

(*) This item was updated with this report.