

Employee Town Hall

July 15, 2022

Montana Mental Health Nursing Care Center



Agenda & Ground Rules

Agenda

- DPHHS Updates (Will Evo)
- Climate & Culture Survey Results (Chris Baglio)
- Facility Updates (Dianne Scotten)

Ground Rules

- The presentation materials will be shared after the meeting.
- Please mute your microphone.
- We will answer questions received before today.
 - Questions related to specific personnel issues were provided to HR.
 - If you have a new question, please type it into the chat. We may have time to answer these questions at the end of the meeting. Either way, we will include the question and answer in the notes that will be shared later.
 - If you have a question after the meeting, you can submit your question via this link: <https://bit.ly/3Ntc2hh>

DPHHS Updates

Introducing... William Evo



- Will joined DPHHS in May 2022 as Deputy Administrator, Healthcare Facility Operations.
- Prior to DPHHS, he spent 7+ years at Trinity Health system, located in Michigan, in various director-level roles, including Quality, Patient Safety, Medical Staff Services, Clinical Integration, Physician Alignment and Regulatory Services.
- Will's professional focus areas include Zero Harm, Just Culture, Lean Six Sigma and process improvement.
- Will earned a bachelor's degree in Business Administration from Michigan State University, and a juris doctorate in Healthcare Law from the University of Detroit Mercy.

Leadership Transition

- Adam Meier is resigning as DPHHS Director, and his last day will be August 12.
- Charles Brereton, current DPHHS Chief of Staff, will take over as Director.
- This change will have no impact to your day to day.

Building A Health System

- We are on a Journey – “Building A Health System”
 - All 7 state-run health care facilities are now under one leader in their own DPHHS division.
 - We will all work closer together and function more like a system of care.
 - We will leverage our size and scale to better support facilities and our patients.
- Change is needed
 - There is a long road ahead of us – electronic health records, sustainable staffing, moving beyond COVID, improving employee satisfaction and morale...
 - I will be a visible and supportive leader for you.

A&M Assessment

- DPHHS hired A&M to conduct an assessment and create performance improvement plans of our state-run health care facilities.
- You may have seen them onsite at your facility or helping them with information requests.
- They are going to help us create long-range strategic plans to identify where we are headed and how to get there.
- Hiring them is an investment in you – and we are grateful for their partnership.
- Our promise is to keep you informed throughout this journey.

Q&A for DPHHS

Why did only some staff receive raises? This was never addressed with the staff who did not get raises.

Wage increases are negotiated with union leadership for each collective bargaining unit. If you have questions about the negotiation process, please contact your union representative. If you are non-union and have questions about pay, please contact HR.

Although wonderful raises were just given to most of the staff, what was done for those who have longevity? There wasn't even acknowledgement.

The State of Montana offers a Longevity Allowance. The Longevity Allowance is negotiated with union leadership and members of management representing all State Agencies. It is a percentage rate on top of your base salary. You can find the different percentage rates on the State's website.

Q&A for DPHHS

Are there any plans for restructuring the employee grievance investigation process so that employees submitting a grievance or concern can be confident that they are protected from retaliation, and that the investigation was fully followed through by an unbiased investigator? What I mean is, managers currently back each other up, and employees are labeled as "troublemakers" and are not considered for management positions regardless of qualifications. So managers are selected with no management or clinical experience. Can you guys assure that this can be remedied?

Retaliation is never acceptable, and it needs to be addressed with HR. We are not looking at changing the existing employee grievance process; it is dictated by State policy and each Collective Bargaining Agreement. Please reach out to HR for more information about the grievance process.

Our goal is to recruit and hire the best candidates. While some people may not agree with a hiring decision, we must all support each other and create a positive work environment.

Why does it take so long for the background checks? Some applicants have accepted other jobs during the lengthy time it takes for the background check to come back. Is there another service available that would be more timely?

The standard turnaround time for background checks is 3-7 business days. If something comes up on a candidate's background check, the candidate must provide a written response and then HR must evaluate the response. This slows down the process.

Q&A for DPHHS

Why do only certain positions at the facility have to clock in and out through the time clock? Many positions here at the facility submit their time on their computer and have the ability to fill out their entire time card at one time. The only person who should be exempt from using the time clock is the Facility Administrator.

We are looking into the state's policy and regulatory requirements. We hope to release updated guidance about who should be clocking in and out by time clock or using their computer.

Why doesn't people in Helena come and actually talk to the staff instead of always listening to the administration. The staff are not really disgruntled workers like Helena is being told?

We are making changes under Will's leadership and Helena will be more active and visible with staff. Will comes from an organization with a strong rounding culture, and this means you will see Will at your facility. He will be talking to staff to understand the issues they face. Right now, we have results from the climate and culture survey, which indicate that there are opportunities to improve the culture and morale.

Q&A for DPHHS

Are you planning on going into all of the specific ancillary job roles and what people are doing hour by hour through the day? Would this be a good way to ensure accountability amount management and ancillary staff? How else are people held accountable? How is management being held accountable?

A&M's engagement does not include a "desk" audit of all positions. They are looking across all facilities to identify long-range strategic improvements. Will's goal in his job is to help everyone be successful in their role and be the best that they can be.

Would there be a benefit to a complete restructuring of management? And new personal in the higher up leadership roles? Is this something your company can do?

A&M and DPHHS are looking at required resources to help make people the most successful in their work.

Climate & Culture Survey

Survey Response Rate by Facility – Closing Results

The below table provides a summary of the total number of responses to the DPHHS Facilities Climate and Culture Survey.

Facility	Licensed Beds	Total # of Possible Responses	Total # of Responses Received	% Responses Rate
Montana State Hospital	270	586	155	26%
Montana Mental Health Nursing Care Center	117	163	62	38%
Intensive Behavior Center	12	76	17	22%
Montana Chemical Dependency Center	48	68	46	68%
Columbia Falls Montana Veterans' Home	117	196	81	41%
SW Montana Veterans' Home	36	70	22	31%
Eastern Montana Veterans' Home	80	100	23	23%
Other	N/A	N/A	4	N/A
Total	680	1100	410	33%

Results Summary – Employee Satisfaction Level

MCDC and SWMVH have the highest overall employee satisfaction levels. MMHNCC and MSH had the lowest overall employee satisfaction levels. Across all facilities, employees reported highest satisfaction with accomplishment and lowest satisfaction with salary. This is particularly the case for CFMVH where the median home cost is over \$450,000.

Methodology: Employees responded to survey questions within each dimension using a 1 to 5 scale. A satisfaction level was created for each employee by averaging the scores for each survey question response. This represents each respondent’s satisfaction level regarding the corresponding dimension.

Dimension	Average Satisfaction Level							
	Overall	MSH	MMHNCC	IBC	MCDC	CFMVH	SWMVH*	EMVH*
Accomplishment	3.7	3.5	3.4	3.6	4.1	4.0	4.1	3.8
Supervision	3.5	3.4	3.2	3.7	3.8	3.6	3.9	3.9
Workload	3.1	3.1	2.8	3.1	3.8	2.8	3.7	3.6
Recognition	3.1	2.7	2.6	2.9	3.5	3.6	3.8	3.5
Support	3.0	2.7	2.5	2.9	3.7	3.2	3.5	3.2
Development	2.9	2.7	2.8	2.8	3.1	3.1	3.2	3.3
Salary	2.5	2.7	2.4	2.6	2.8	1.9	3.3	3.0
Overall	3.1	3.0	2.8	3.1	3.6	3.2	3.6	3.5
<i>Count</i>	<i>410</i>	<i>155</i>	<i>62</i>	<i>17</i>	<i>46</i>	<i>81</i>	<i>22</i>	<i>23</i>

*Southwestern Montana Vets Home (SWMVH) and Eastern Montana Vets Home (EMVH) are run by contractors.

Survey Questions Rating – Salary

Within the dimension of *Salary*, employees reported dissatisfaction with salaries and felt their salaries were not competitive with similar jobs.

These survey results were gathered after recent wage increases at the facilities. A comparison of wages at the contracted facilities (SWMVH and EMVH) and state-run facilities is needed to understand the differences in salary satisfaction levels. There may be a need to conduct further wage studies, especially at CFMVH, considering recent inflationary pressure and wage growth among competing employers.

Survey Question	Average	MSH	MMHNCC	IBC	MCDC	CFMVH	SWMVH	EMVH
1. I am satisfied with the salary and benefits	2.6	2.8	2.5	2.6	3.0	2.0	3.2	3.0
2. Our salaries are competitive with similar jobs	2.5	2.6	2.4	2.6	2.7	1.9	3.4	2.9
Overall Salary Satisfaction	2.6	2.7	2.4	2.6	2.8	1.9	3.3	3.0
<i>Count</i>	406	155	62	17	46	81	22	23

Area	Facility	Cost of Living Index
Bozeman		125.3
Kalispell	CFMVH	112.7
Missoula		103.4
Helena		104.2
Billings		95.7
Great Falls		91.1

Salary satisfaction appears to align with the cost-of-living index, which may partially explain the low satisfaction of CFMVH in Kalispell.

Scores are based on a 5-Point Likert Scale = 1-Strongly Disagree, 2-Disagree, 3-Neutral, 4-Agree, 5-Strongly Agree
 Source: AdvisorSmith Cost of Living Index, 2021

Survey Questions Rating – Workload Impact

Within the dimension of *Workload Impact*, employees primarily reported that they could perform all the tasks associated with their position and had a manageable workload.

The only areas where the average rating was below 3.0 (i.e., neutral) pertained to being emotionally exhausted and having unrealistic expectations. This was most pronounced at MMHNCC and CFMVH suggesting these facilities may need to re-evaluate their Employee Assistance Programs (EAP).

Survey Question	Average	MSH	MMHNCC	IBC	MCDC	CFMVH	SWMVH	EMVH
8. I am capable of performing all the tasks associated with my position	4.1	4.0	3.9	4.2	4.4	4.0	4.3	4.0
1. I have a manageable workload	3.4	3.4	3.2	3.2	4.0	3.2	3.5	3.8
2. I am able to spend enough time working with my facility's patients/clients	3.2	3.1	3.0	3.8	3.9	3.0	3.9	3.4
3. My job pressures do not overlap with my personal life	3.1	3.0	2.8	2.8	3.8	2.8	3.5	3.7
6. I am not burned out from my job (recoded)	3.0	3.0	2.5	3.2	3.8	2.5	3.6	3.5
7. My personal health is not impacted by the demands of my job (recoded)	3.0	3.2	2.6	2.8	3.6	2.3	3.7	3.5
9. Work is distributed equally with my co-workers	3.0	3.0	2.5	2.6	3.7	2.7	3.4	3.3
4. What the agency expects of health care workers is realistic (recoded)	2.9	2.7	2.6	2.8	3.5	2.7	3.5	3.5
5. I am not emotionally exhausted from my job (recoded)	2.7	2.7	2.2	2.6	3.5	2.3	3.6	3.3
Overall Workload Impact Satisfaction	3.1	3.1	2.8	3.1	3.8	2.8	3.7	3.6
<i>Count</i>	406	155	62	17	46	81	22	23

Scores are based on a 5-Point Likert Scale = 1-Strongly Disagree, 2-Disagree, 3-Neutral, 4-Agree, 5-Strongly Agree

Note: Questions #4, #5, #6, and #7 were re-written for clarity. Original questions asked were: "4. What the agency expects of health care workers is unrealistic", "5. I am emotionally exhausted from my job", "6. I am burned out from my job", and "7. My personal health is impacted by the demands of my job". Ratings for "negative" questions were recoded as follows for consistency in summarizing statistics: 5 to 1, 4 to 2, 2 to 4, 1 to 5

Survey Questions Rating – Recognition

Within the dimension of *Recognition*, employees reported viewing their position as highly desirable when they started, but felt their facility was not held in high regard in the community.

Additional review is needed to understand MCDC’s and CFMVH’s success with community engagement and how it could be replicated at other facilities. Similarly, recognition best practices should be taken from SWMVH to inform programs at MSH, MMHNCC, and IBC.

Survey Question	Average	MSH	MMHNCC	IBC	MCDC	CFMVH	SWMVH	EMVH
4. I viewed this position as highly desirable when I started	3.9	3.9	4.0	3.7	3.8	4.1	4.2	3.7
1. I earn recognition from doing a good job	2.8	2.6	2.2	2.7	3.5	3.0	3.7	3.3
3. I am satisfied with the recognition of my work	2.8	2.6	2.3	2.5	3.3	3.0	3.6	3.4
2. My facility is held in high regard in the community	2.7	1.8	1.9	2.5	3.4	4.3	3.8	3.5
Overall Recognition Satisfaction	3.1	2.7	2.6	2.9	3.5	3.6	3.8	3.5
<i>Count</i>	406	155	62	17	46	81	22	23

Scores are based on a 5-Point Likert Scale = 1-Strongly Disagree, 2-Disagree, 3-Neutral, 4-Agree, 5-Strongly Agree

Survey Questions Rating – Development

Within the dimension of *Development*, employees reported there were limited professional development and training opportunities at the facilities. Employees were also dissatisfied with opportunities for promotion.

Performance management systems, goals setting, and career tracking are areas that facilities should continue to invest in to improve development and satisfaction. *Note: DPHHS implemented “Talent,” a new performance management system in May 2022.*

▪ Most employees reported that they plan to stay at their facility within the next 12 months. We explore reasons why employees might leave their facility in later sections of this report.

Survey Question	Average	MSH	MMHNCC	IBC	MCDC	CFMVH	SWMVH	EMVH
6. I plan on staying at this facility within the next 12 months (recoded)	3.5	3.6	3.5	3.2	4.0	3.2	3.3	3.5
2. I receive sufficient training to complete my job effectively	3.0	2.6	2.9	2.8	3.3	3.7	3.2	3.6
4. I am satisfied with my ability to laterally transfer (if desired)	3.0	2.8	2.7	3.0	3.0	3.2	3.4	3.2
5. There were few other job opportunities for me when I accepted this position	2.7	2.7	2.9	2.6	2.7	2.7	2.3	2.7
1. I am satisfied with the opportunities for promotion	2.7	2.5	2.5	2.8	2.7	2.7	3.3	3.4
3. There are adequate professional development opportunities	2.6	2.4	2.4	2.6	3.0	2.8	3.2	3.2
Overall Development Satisfaction	2.9	2.7	2.8	2.8	3.1	3.1	3.2	3.3
<i>Count</i>	406	155	62	17	46	81	22	23

Scores are based on a 5-Point Likert Scale = 1-Strongly Disagree, 2-Disagree, 3-Neutral, 4-Agree, 5-Strongly Agree
 Note: Question #6 was re-written for clarity. The original question asked was: “I plan on leaving this facility within the next 12 months”. Ratings for “negative” questions were recoded as follows for consistency in summarizing statistics: 5 to 1, 4 to 2, 2 to 4, 1 to 5

Survey Questions Rating – Accomplishment

Within the dimension of *Accomplishment*, employees primarily reported that they sought this line of work due to their commitment to health care, and that they have a sense of accomplishment from doing their job.

The survey results also help highlight an opportunity at MSH, MMHNCC, and IBC to clarify the purpose of their facility, including the services they deliver and population they support.

Survey Question	Average	MSH	MMHNCC	IBC	MCDC	CFMVH	SWMVH	EMVH
3. I got into this field because of my commitment to health care	4.0	3.9	3.9	4.2	4.0	4.1	4.1	3.8
1. I have a sense of accomplishment from doing my job	3.8	3.6	3.4	3.6	4.2	4.0	4.1	3.9
2. I feel like I am making a difference	3.8	3.6	3.3	3.8	4.2	4.0	4.3	3.7
4. I am satisfied with the mission of the facility	3.3	3.0	2.9	2.8	3.9	3.8	4.0	3.8
Overall Accomplishment Satisfaction	3.7	3.5	3.4	3.6	4.1	4.0	4.1	3.8
<i>Count</i>	406	155	62	17	46	81	22	23

Scores are based on a 5-Point Likert Scale = 1-Strongly Disagree, 2-Disagree, 3-Neutral, 4-Agree, 5-Strongly Agree

Survey Questions Rating – Support

Within the dimension *Support*, employees reported that they received sufficient support from co-workers and that their co-workers were experienced. Communications and support from facility administration were rated poor overall.

These survey results suggest a need to improve communications at all levels in the facilities. Further examination of the communication practices (e.g., newsletters) at MCDC and SWMVH may provide insight into strategies that can be adopted at MSH and MMHNCC where staff perception of communication is lowest.

Survey Question	Average	MSH	MMHNCC	IBC	MCDC	CFMVH	SWMVH	EMVH
3. A sufficient number of my co-workers are experienced at their job	3.6	3.2	3.3	3.5	4.2	4.0	3.6	3.9
2. I have sufficient support from my co-workers	3.6	3.6	3.0	3.1	4.2	3.6	3.7	3.6
1. The people I work with treat each other with respect	3.2	3.2	2.4	2.8	4.1	3.2	3.7	3.4
4. I am satisfied with the support I receive from the facility's Leadership Team	2.7	2.3	2.1	2.9	3.5	3.1	3.5	3.3
5. I am satisfied with the support I receive from DPHHS Central Office	2.7	2.4	2.4	2.7	3.1	2.8	3.4	3.1
7. Communications I receive from Administration are timely, accurate, and understandable	2.6	2.3	2.1	2.7	3.5	2.9	3.3	2.7
6. I am satisfied with the communications and level of information I receive from Administration	2.5	2.1	2.0	2.7	3.4	2.9	3.3	2.8
Overall Support Satisfaction	3.0	2.7	2.5	2.9	3.7	3.2	3.5	3.2
<i>Count</i>	406	155	62	17	46	81	22	23

Scores are based on a 5-Point Likert Scale = 1-Strongly Disagree, 2-Disagree, 3-Neutral, 4-Agree, 5-Strongly Agree

Survey Questions Rating – Supervision

Within the dimension of *Supervision*, employees reported that they like their direct supervisors and were overall satisfied with the supervision they receive. There is an opportunity to improve employee participation in process improvement activities at MMHNCC and MSH.

Survey Question	Average	MSH	MMHNCC	IBC	MCDC	CFMVH	SWMVH	EMVH
1. I have frequent contact with my supervisor	3.8	3.7	3.6	3.7	3.9	4.0	4.0	3.8
2. I have an available supervisor	3.8	3.7	3.5	3.8	4.0	3.8	4.1	4.0
3. I have a competent supervisor	3.6	3.4	3.3	4.1	4.0	3.8	4.0	3.9
4. I have sufficient support by my supervisor in debriefings	3.4	3.3	3.0	3.6	3.7	3.4	3.9	3.8
5. My opinions and input are respected and appreciated	3.3	3.3	2.8	3.4	3.7	3.4	3.9	3.7
6. I am encouraged to participate in process improvement	3.3	3.1	2.9	3.5	3.6	3.3	3.7	4.0
Overall Supervision Score	3.5	3.4	3.2	3.7	3.8	3.6	3.9	3.9
<i>Count</i>	406	155	62	17	46	81	22	23

Scores are based on a 5-Point Likert Scale = 1-Strongly Disagree, 2-Disagree, 3-Neutral, 4-Agree, 5-Strongly Agree

Intent to Leave – By Facility

We evaluated employees' responses to the question, *"I plan on leaving this facility within the next 12 months,"* and compared the percentages of employees selecting each rating.

Across all facilities, less than 18% of employees said they intend to leave the facility within the next 12 months. A third of employees at Montana Mental Health Nursing Care Center said they plan on leaving within the next 12 months. Over half of employees said they intend to stay.

We discuss the main reasons why employees would leave their job in the next slides. We also review written responses to this question in the qualitative analysis section of this report.

Facility	<i>"I plan on leaving this facility within the next 12 months"</i>					Intent to Leave (Agree + Strongly Agree)
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
MMHNCC	24%	18%	24%	29%	6%	35%
MCDC	16%	31%	29%	11%	13%	24%
MSH	17%	26%	37%	8%	12%	20%
EMVH	13%	48%	26%	4%	9%	13%
CFMVH	26%	27%	36%	7%	4%	11%
IBC	39%	37%	15%	2%	7%	9%
SWMVH	14%	45%	32%	9%	0%	9%
Overall	21%	30%	31%	9%	9%	18%

Multivariate Linear Regression Analysis – Intention to Leave

In **predicting employees’ intentions of leaving**, we have identified the **strongest predictor variables in each facility**. Focusing energy and resources on improving these key areas in each facility is expected to lower employees’ intentions of leaving.

- R squared is a measure of our model’s fit. Higher R squared values (closer to 1) imply that the model’s predictor variables explain more of the variance in employees’ intentions of leaving. Facilities with higher R squared values will benefit most from improving the listed variables.
- Work in the areas identified within the table below (i.e., predictor variables) should have the greatest positive impact on employee retention. This work should be done at the facility level as well as by the Department.

Strongest predictors of intent to leave by facility, in order of contribution to R squared

Facility	Predictor Variables	R squared
MSH	Perception of Making a Difference; Training; Burn Out	0.139
IBC	Promotion Opportunities; Work Distribution; Unrealistic Expectations; Peer Support	0.807
MCDC	Supervisor Support; Work Distribution; Training	0.397
MMHNCC	Perception of Making a Difference; Salary and Benefits; Employee Health Status	0.432
CFMVH	Reputation of Facility in Community; Job Impact on Health; Sense of Accomplishment; Commitment to Healthcare	0.319
SWMVH	Facility Administration Communication; Work Distribution; Peer Support; Professional Development; Opportunities to Transfer; Availability of Other Jobs; Promotion Opportunities	0.947
EMVH	Support from DPHHS; Commitment to Healthcare	0.614
Overall	Perception of Making a Difference; Training; Job Impact on Health; Promotion Opportunities; Commitment to Healthcare	0.244

Climate and Culture Survey Next Steps at MMHNCC

Opportunities for Improvement

Staff reported they are emotionally exhausted from their job.

Staff reported their facility is not held in high regard within the community.

Ways We Are Working to Improve

- Employee Assistance Program
 - Adding travel nursing staff
 - Reviewing and adjusting CNA schedules to improve work/life balance, assigning to “core” wings for consistency and preference
 - Restart employee potlucks and grazing days
 - Start a monthly mindfulness group
-
- Restart bringing residents to community outings (movie theatres, restaurants, parades, county fairs)
 - Explore “meet and greet” in courtyard to introduce residents to community members
 - Restart volunteer visits (4 H, churches, Prairie Preservation, sing-along groups, etc.)

Climate and Culture Survey Next Steps at MMHNCC

Opportunities for Improvement

Staff report they are not satisfied with the communications and level of information they receive from administration. They also indicated that they don't receive timely, accurate, and understandable communication.

Ways We Are Working to Improve

- IDT is primary communication channel for updates – we are looking for ways to better distribute & communicate notes from these meetings
- Continue monthly employee forums, fliers, posters, and signs
- Work with supervisors to have daily huddles with their staff
- Seek ideas to improve communications and newsletter

MMHNCC Updates

Where We've Been & Where We Are Going

- **We know there are challenges, and we are working to address them**
 - COVID
 - Staffing
 - Climate and culture
 - Patient outcomes
- **There are no easy or quick solutions. We all need to be partners in making change.**
- **Recent Wins**
 - Wage increases
 - New hires
 - Resident engagement
 - Activity committee fundraisers for staff

Q&A for MMHNCC

Questions related to Culture

How do we get back our caring reputation? We have personnel holding positions or titles that are only in it for the money. They stay in their offices with their doors shut. This gives the message they do not want to be bothered. We never used to send off this kind of vibe. Most of the titled do not acknowledge a staff member or resident when they pass them in the hall. Until the titled come down off of their pedestals we will continue down this horrible road we are on. No matter how much education or money a person has they should never look down on someone else. This is the wrong place to work if they have that mind set. We should be providing a nurturing caring atmosphere. Not "I'm better than you". The titled have special privileges. Painting their offices and getting new rugs, making sure they have what they want is always more of a priority than helping the floor staff.

This starts with creating a team-member culture. We need to create and implement a “5-foot” rule. If a team-member, no matter of title, is within 5-feet of a co-worker then they are to greet them and acknowledge them with a smile and a friendly hello and state their name in the greeting.

What can be done about the current negative culture?

We will reinforce our “Open Door Policy” in the workplace. Managers at every level need to keep their door open; and this means so much more than their office door. They need to be ready to listen to their employees in person or over digital means we use at work. They should establish a culture of trust and communication in their team. This also applies to senior management who should remain approachable for everyone in the organization. Team members are free to communicate their thoughts with upper management. Of course, this policy extends to HR. If you have serious matters on your mind, ranging from concerns over your compensation to workplace harassment, feel free to come to us.

Q&A for MMHNCC

Questions related to Policy Enforcement

Why do we have a clear cell phone policy and no smoking policy that are not enforced? Why have policies if only a certain select do not have to follow?

We do have a cell phone policy and no smoking policy, and we are looking at making updates because it is out of date.

Why are our policies and procedures not followed? Some staff are allowed to do things differently than others.

Everyone needs to follow our policies and procedures. If they are not being followed, please notify your supervisor. If there continue to be issues, please let the facility administrator or compliance officer know.

Why are policies made if they are not going to be followed? Example: Smoking policy. Dianne approved a smoking area on the state property. Dianne even approved an area with a bench, ash tray and sign for the smokers. Cell phone policy might as well be tore up. Break areas: DON said as long as staff can hear the fire drill you can go wherever you want to break even though there are designated break areas. Many other policies are made and not followed.

We are in the process of updating the policies. Our policies should reflect how we are running.

Q&A for MMHNCC

Questions related to Staffing

When working short why can't the Med Aids help with resident care duties? They still have their CNA license but choose not to help us. No one has addressed their abundance of downtime.

We need time to review job descriptions and assignments to make sure that we are maximizing care for patients. This will be part of the review that we do to address new CMS staffing guidelines that should be coming out soon.

How do you plan to get new help in and also to retain the staff that are already here? There are staff that are willing/have left to go to other jobs for less pay and less benefits.

There are multiple ways we are working to recruit and retain staff. DPHHS has hired a recruiting company and we are working with them now. We recently raised wages. We are also working to improve the climate and culture at our facility through employee input.

How can we get more core staff and do better to keep current core staff.

See above.

Q&A for MMHNCC

Questions related to Staffing

We have been trying to get new staff in our building, During the interview process it is talked about help with moving expenses and help with temporary housing. But as we learned when we had a nurse try to move up here and take a job it was not so. How are we ever going to be able to recruit if there is no housing available in this area and the facility has empty apartments for travelers?

We need more information to understand why moving expenses were not provided in your situation. Generally, there are certain criteria that must be met to qualify for moving expenses or temporary housing.

Have you looked at exit surveys of staff who have quit in the last 2 years? Was there a common theme issues? If yes, what were they and how would you propose to fix the issues to help employee retention?

Yes, we are looking at exit surveys. Main themes: unhappy with supervision, burn out from COVID. Still in process of working with A&M to analyze the exit surveys. This is an ongoing process and we're still figuring out how to address this.

Q&A for MMHNCC

Other Questions

How do you get upper management to appreciate the value of the employees that they have working with the residents on the floor? This could help a lot with employee retention.

Great question! We are taking steps in the retention of our employees such as increase wages. With A&M and Will, we have been looking at any cultural changes we can make including training needs.

What do you think are the three biggest issues at MMHNCC? How do you propose to fix these issues?

- 1. HR & Staffing – I have heard concerns from you regarding HR issues and complaints. I can't share information at this time because HR issues are confidential, but I want you to know we are working through these. Another challenge will be looking at new staffing guidelines that will be coming out from CMS soon, and figuring out how we will meet those new guidelines.**
- 2. Quality indicators – We are looking at our care delivery model to improve quality of care. We need to help staff understand quality indicators and how this will help us along our journey.**
- 3. Improve access – When we look at the next 6-12 months, a big question is what our facility needs to look like. How will we reopen D-Wing? What are our current services, and what should those services look like in the future?**

And... Employee Spotlight: **Carol Berg**

- Carol is a C.N.A. and has served our residents for **18-years, since 2003**.
- Carol has contributed many of her talents to our organization. A few of those talents are ***optimist, producer, and mentor***. Here are some examples of these talents:
 - ***Optimist***: Her attitude represents our facility statement and always carries a smile of warmth on her face.
 - ***Producer***: she cannot stay idle. When there is down time, she finds a task to be done. Because of this talent she improves her team efficiency.
 - ***Mentor***: Carol was a C.N.A. Buddy Mentor in 2017. She was chosen because she represented our organization in a positive manner, held in high regard from her peers, she is patient, knowledgeable of her job, and follows organization core values.
- Carol takes a team approach and is willing to participate in all activities to care for the residents at our facility. She does not hesitate to lend a hand across all departments when needed. Carol leads by example and sets the mood for her team.

