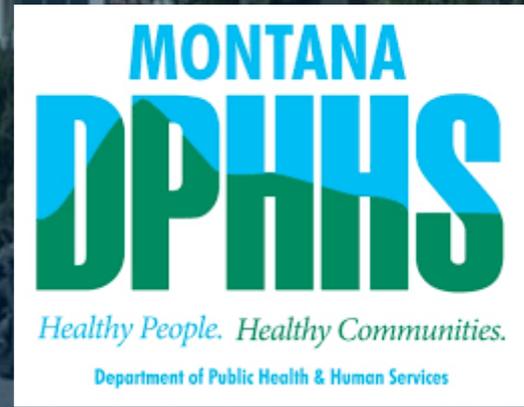


# Employee Town Hall

July 26, 2022

## Montana State Hospital



# Agenda & Ground Rules

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## Agenda

- DPHHS Updates (Will Evo)
- Climate & Culture Survey Results (Chris Baglio)
- Facility Updates (Carter Anderson)

## 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 question after the meeting, you can submit your question via this link: <https://bit.ly/3Ntc2hh>

# DPHHS Updates

## Introducing... William Evo

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- 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

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- 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

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- 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

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- 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

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

*Why is the Maintenance dept. not receiving a wage increase?*

*Will there be a bonus to the employees who are determined to continue their work through this pandemic?*

*Considering that travel staff make more than double the pay rate as state employees, why is overtime not double time?*

**Wages and 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

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*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

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*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

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*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.**

*Are we going to have jobs or are we going to close?*

**No. Our facilities will continue to provide the same services to its patients and there will not be a disruption in care.**

## Q&A for DPHHS

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*Are we going to see changes down the road? What can we look forward to for patients and staff?*

**Carter has already started making some changes to MSH's structure. We are on a quality improvement journey to improve patient health and safety. DPHHS is working with A&M and Mountain Pacific Quality Health to identify opportunities and develop long-range strategic plans for improvement.**

*What wisdom will you bring to the health care facilities and teach us?*

**We are working to bring evidence-based best practices to the Facilities Division and MSH. This includes the expertise of our consultants, A&M, who have extensive experience across the State's healthcare continuum. MSH also has a new Facility Administrator, Carter, who is a very experienced leader with a lot of knowledge to share in this space. I will also be doing my best to bring my knowledge and experiences to the Facilities Division. Most importantly, YOU are subject matter experts, working to take care of our patients' day in and day out, and we will need your input, ideas and feedback as we go through this process – It is a partnership. Thank you again for your questions that you submitted.**

# 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
<b>Total</b>	<b>680</b>	<b>1100</b>	<b>410</b>	<b>33%</b>

# 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
<b>Overall</b>	<b>3.1</b>	<b>3.0</b>	<b>2.8</b>	<b>3.1</b>	<b>3.6</b>	<b>3.2</b>	<b>3.6</b>	<b>3.5</b>
<i>Count</i>	410	155	62	17	46	81	22	23

\*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
<b>Overall Salary Satisfaction</b>	<b>2.6</b>	<b>2.7</b>	<b>2.4</b>	<b>2.6</b>	<b>2.8</b>	<b>1.9</b>	<b>3.3</b>	<b>3.0</b>
<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
<b>Overall Workload Impact Satisfaction</b>	<b>3.1</b>	<b>3.1</b>	<b>2.8</b>	<b>3.1</b>	<b>3.8</b>	<b>2.8</b>	<b>3.7</b>	<b>3.6</b>
<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
<b>Overall Recognition Satisfaction</b>	<b>3.1</b>	<b>2.7</b>	<b>2.6</b>	<b>2.9</b>	<b>3.5</b>	<b>3.6</b>	<b>3.8</b>	<b>3.5</b>
<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
<b>Overall Development Satisfaction</b>	<b>2.9</b>	<b>2.7</b>	<b>2.8</b>	<b>2.8</b>	<b>3.1</b>	<b>3.1</b>	<b>3.2</b>	<b>3.3</b>
<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
<b>Overall Accomplishment Satisfaction</b>	<b>3.7</b>	<b>3.5</b>	<b>3.4</b>	<b>3.6</b>	<b>4.1</b>	<b>4.0</b>	<b>4.1</b>	<b>3.8</b>
<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
<b>Overall Support Satisfaction</b>	<b>3.0</b>	<b>2.7</b>	<b>2.5</b>	<b>2.9</b>	<b>3.7</b>	<b>3.2</b>	<b>3.5</b>	<b>3.2</b>
<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
<b>Overall Supervision Score</b>	<b>3.5</b>	<b>3.4</b>	<b>3.2</b>	<b>3.7</b>	<b>3.8</b>	<b>3.6</b>	<b>3.9</b>	<b>3.9</b>
<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%
<b>Overall</b>	<b>21%</b>	<b>30%</b>	<b>31%</b>	<b>9%</b>	<b>9%</b>	<b>18%</b>

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



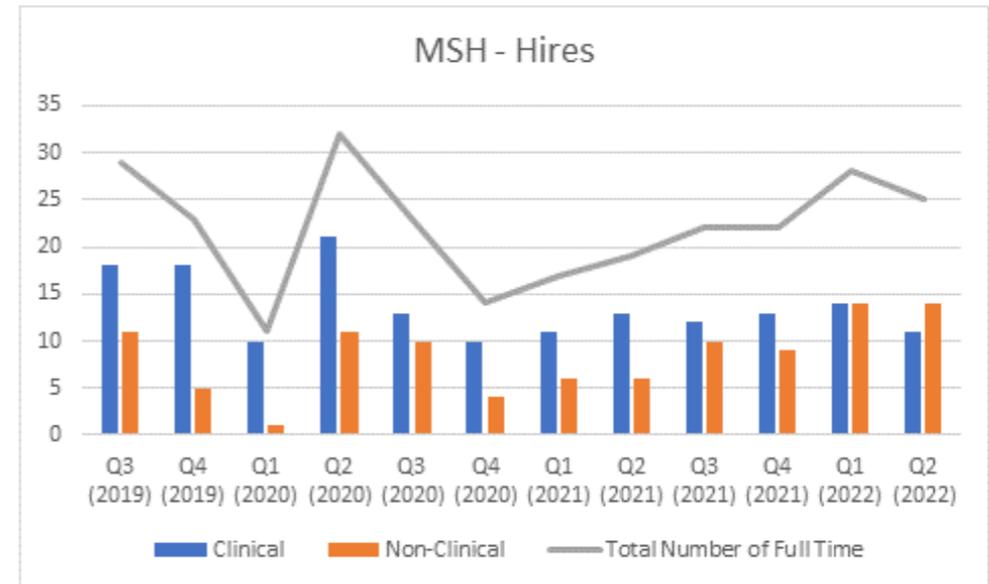




# MSH Updates

# Where We've Been & Where We Are Going

- **We know there are challenges, and we are working to address them**
  - Training
  - COVID
  - Staffing
  - Climate and culture
- **There are no easy or quick solutions. We all need to be partners in making change.**
- **Recent Wins**
  - Clinical Improvement Efforts



# Climate and Culture Survey Next Steps at MSH

## Opportunities for Improvement

*Staff reported they are emotionally exhausted from their job.*



## Ways We Are Working to Improve

- Working in mental health field can be difficult on all of us. We need everyone to be sure they are managing their personal lives as best as they can to ensure your time away from work can be as restorative and low stress as possible. We want you to be as refreshed and ready as possible for the new challenges with each day.
- We are making improvements to shift hand off process.
- Debriefing of critical incidents & working with the Collaborative Safety Program to look at systemic issues to improve the Quality of Programing and reduce future incidents.

# Climate and Culture Survey Next Steps at MSH

## Opportunities for Improvement

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



## Ways We Are Working to Improve

- All of us are here working to make a difference, one life at a time. Sometimes this hard work isn't for everyone or you may have had a negative experience which concerns you, yet you endure in your commitment to that effort. Don't let one voice or one event get you down. Drown out those voices and events with the positive things which do happen here everyday. Be proud in what you do. I'm proud in what you do, I'm proud of what gets done here everyday, help me carry that message out into the world and help change the perception of MSH.

# Climate and Culture Survey Next Steps at MSH

## 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

- Restart Labor Management meetings.
- Exploring other communication methods like newsletters, recognition, etc.
- Communication is a core component to every relationship, change, task, and instruction. We all communicate daily with our words, our actions, and our decisions. The management team here strives to communicate the right information to the right people at the right time. This means some people will not always be a part of every message.
- As we move forward, if you can please help us be better by providing specific examples of a thing that happened and how we missed the mark in communicating it to you, so we can evaluate and be better. Help us be better in our communications so we can help you be better in your work.

## Q&A for MSH

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*There are less than 10 full time RN's on staff at MSH. What is the plan to retain and recruit more RN's?*

*What steps are being taken to hire more permanent long term state employees?*

**HR at MSH is engaged with several avenues of recruitment. These include:**

- **Cherry Creek Media** who is running a campaign for us involving multiple social media sites.
- **The HR Department** regularly refreshes all open positions every 90 days. This maintains the positions as fresh on job boards such as Indeed.
- **MSH is in the process of hiring a 3<sup>rd</sup> HR Generalist.** The addition of which will provide more opportunity to engage in community events such as job fairs and tracking of recruitment tools such as loan repayment programs. The new position will also allow quicker processing of applicants.
- **MSH utilizes Team or Zoom meetings almost exclusively** to mitigate the need for applicants to travel potentially long distances for interviews.

## Q&A for MSH

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*Why can a low-level management position override policy to the effect of making their job easier and it more difficult for those that serve under them?*

**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 does the hospital assign to staff new tasks that are out of scope and qualifications? Then they deny request for training. Then criticize them when they do it wrong.*

**We are in the process of reviewing job descriptions, roles and responsibilities, and the overall facility structure.**

*How come Supervisors tell you to not put opinions in the report, but then negatively evaluate you for not putting opinions in the report?*

*Why would a Manager provide educational material to their staff and negatively critique staff when they accurately follow it?*

**More information is needed to understand what this is referring to. Please submit a follow up question with more information.**

## Q&A for MSH

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*What is actually happening to help us meet Licensing?*

**The Licensing survey has already been completed. We are waiting on the results, and we will develop corrective action plans as required.**

*With Covid cases why do we allow people to come in with no masks and walk around and not check in?*

*They have a protocol of any visitors coming in to sign and get to check station. Half of the time when it is upper personnel they take them right in?*

**All employees and visitors need to follow MSH's PPE policy. Please let your supervisor know if you observe someone not following the PPE policy.**

*With the exodus of qualified employees and a low rate of hires, how do you maintain safety and care/treatment?*

**MSH has had lower staff turnover rates in the past few months. There is a lot of investment into the success of MSH, including the use of temporary staff to ensure we have adequate staff to meet the needs of our patients in a safe manner. We are also working with our safety committee and are partnering with Collaborative Safety to support our efforts in this space.**

## Q&A for MSH

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*Will there be training for management as the negative reinforcement has manifested a poor condition to work in / many feel attacked instead of supported...*

**At MSH, we are working with our leadership team and managers to better equip them with the skills and resources needed to support staff they supervise. We want all staff to have the tools needed to be the most successful in their roles.**

*Who do we talk to about concerns when we feel unsupported by our supervisors / how do we contact this person or people?*

**The MSH front office has an open-door policy. If you feel you are unsupported by your supervisor, please feel free to arrange a time to talk with me about this.**

## Q&A for MSH

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*As new administration arrives, what is a reasonable timeline to expect changes or will there be a dialogue with staff or potential upcoming changes?*

**Changes are already being made. As we go through our quality improvement initiatives, we will continue to make changes.**

*What efforts will you bring to support staff and reduce burnout?*

**Three areas we are working to support our staff and reduce burnout include: (1) Update our training and deliver ongoing refresher training to staff; (2) Improving communication so staff are aware of what is happening, better preparing them for their shift. This includes making improvements to shift hand off processes; (3) Emphasis on safety through debriefing of critical incidents as well as sentinel events involving staff and through our partnership with Collaborative Safety, where we are looking at systemic opportunities to improve quality of care and reduce the risk of future events.**

## Q&A for MSH

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*What does care and patient concerns fit into your agenda as they have a voice too so please if nothing else, give them the upperhand in quality of care – we have lost too many patients that was preventable.*

**Patient and staff safety are a top priority. We are in the process of identifying key quality indicators that will be tracked and reported over time. We will make it a point to obtain input from both staff and patients in future quality initiatives.**

## And... Employee Spotlight: **Gladys Watkins**

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Gladys goes above and beyond for all the patients that are admitted to MSH. She treats every person with compassion, empathy, and respect and is a shining example of how employees at MSH should interact with all patients.

Gladys also goes above and beyond in her role, often guiding others both internal to MSH and external agencies with her experience. Her commitment to MSH is clear to all who work with her every day!



## And... Employee Spotlight: **Galen Rehab Department**

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We want to give much deserved recognition to the Galen Rehab Department. The staff's activities and involvement has led to a reduction of seclusion and restraint events.

Highlights of their recent work include taking patients outside daily, organizing barbecues, making snow cones outside, serving Fridays morning coffee outside, even making popcorn during movie times. The involvement between staff and patients has led to several weeks without an event occurring and better compliance with patients towards their own treatment. In addition, this has a positive impact on improved staff morale at the facility.

In short, a **well deserved “Thank You” to Sherry Spear, Brandy Thrasher, Dylan McEneny, Ken Durkee, and Ben Sparrow.**

Galen staff appreciate your dedication to patient care, your efforts have been noticed.

