DPHHS Governing Body Meeting

Key Quarterly Updates for MSH

May 14th – 3:00 pm MT

DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

MONTANA
State Hospital

Making a difference one life at a time

Attendees

Meeting Location: *Virtual (Teams)*

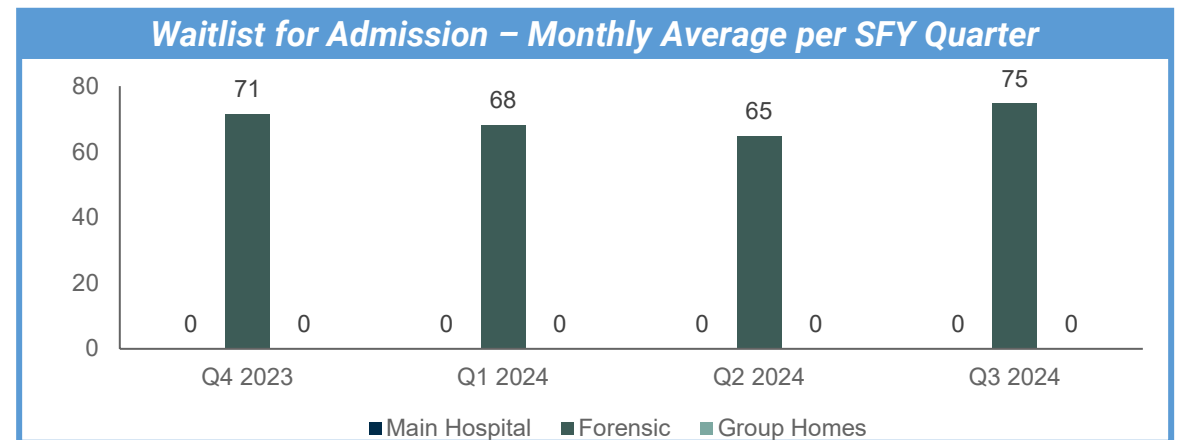| Member Name	Title	Membership Type
Rebecca De Camara	Interim Executive Director, Medicaid and Health Services	Voting (Chair)
Jennifer Savage	Chief Administrative Officer, Healthcare Facilities Division	Voting
Kim Aiken	Chief Financial Officer	Voting
Dr. Doug Harrington	State Medical Officer	Voting
Dr. Micah Hoffman	Medical Director, Montana State Hospital	Voting
Meghan Peel	Interim Administrator, Behavioral Health & Developmental Disabilities Division	Voting
Chad Parker	Deputy Chief Legal Counsel	Voting

Agenda

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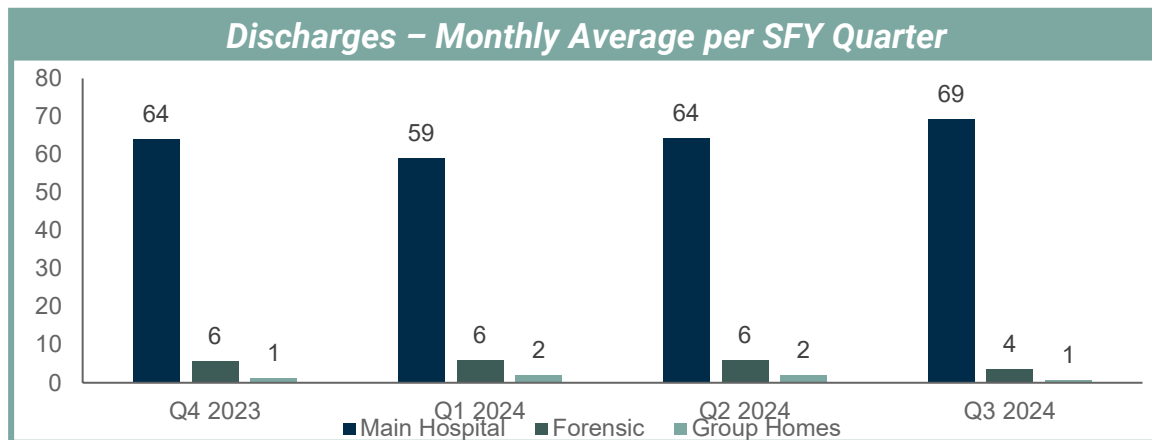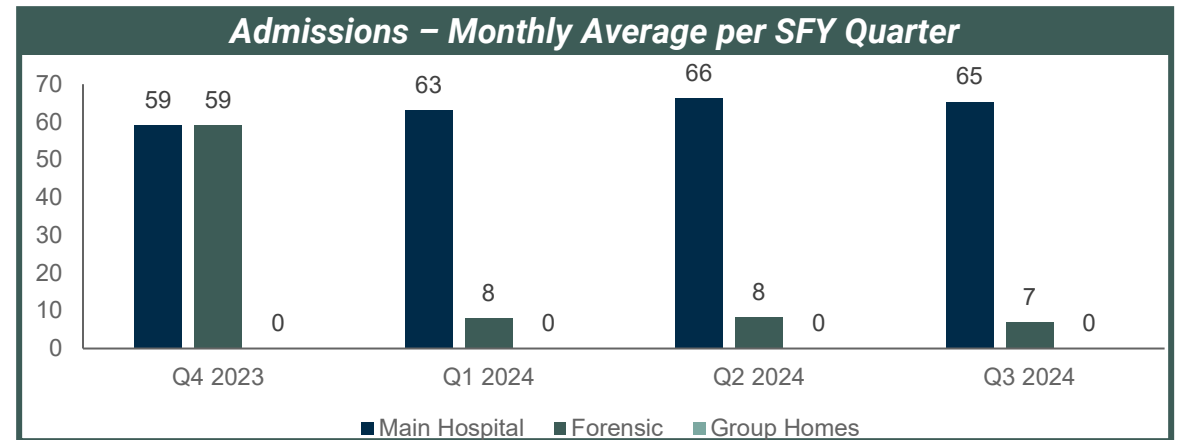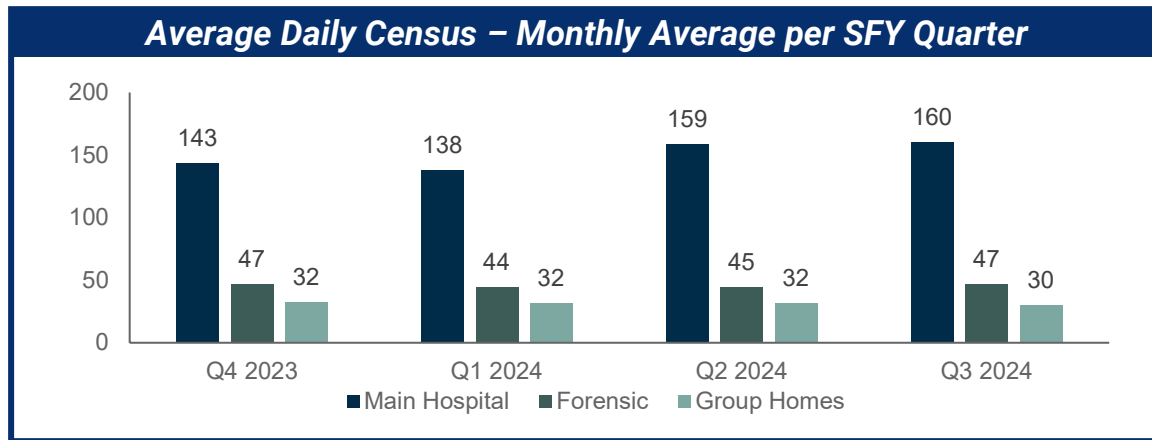PUBLIC HEALTH &
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Summary: Facilities Update

Summary: Facilities Update

NOTE: The increase for the Forensic waitlist is due to an increase in orders for evaluation and an increase in sentencing orders.

Average Daily Census – Monthly Average per SFY Quarter

	Q4 2023	Q1 2024	Q2 2024	Q3 2024
Main Hospital	143	138	159	160
Forensic	47	44	45	47
Group Homes	32	32	32	30

Admissions – Monthly Average per SFY Quarter

	Q4 2023	Q1 2024	Q2 2024	Q3 2024
Main Hospital	59	63	66	65
Forensic	59	8	8	7
Group Homes	0	0	0	0

Discharges – Monthly Average per SFY Quarter

	Q4 2023	Q1 2024	Q2 2024	Q3 2024
Main Hospital	64	59	64	69
Forensic	6	6	6	4
Group Homes	1	2	2	1

Waitlist for Admission – Monthly Average per SFY Quarter

	Q4 2023	Q1 2024	Q2 2024	Q3 2024
Main Hospital	0	0	0	0
Forensic	71	68	65	75
Group Homes	0	0	0	0

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Note: Data reflects the monthly average for each quarter.

Quarter Period Aligned with MT State FY Calendar

MSH: CMS Certification Update

CMS Certification Update

Overall Status:		Key Accomplishments	Challenges / Barriers to Address	Recommendations / Decision Points
	●	• Assisted the MSH Quality department with kicking off 2024 Performance Improvement Projects (PIPs) • Conducted mock survey covering various CoP chapters at MSH	• Lack of sustainability of certain processes by the organization once they have been implemented • Vacancies of key leadership positions; some of which are required by CMS • Initiating the capital projects for regulatory compliance	• Monitor new processes to maintain compliance • Comply with the new process for candidate reviews to expedite filling key positions • Obtain timelines from A&E for the required capital projects

Key Initiatives Update

#	Initiative	Description	Related CMS Regulation	Current Status	Target Completion Date	Barriers to Discuss	MSH Owner
1	Performance Improvement Projects	Working on 4 PIPs for the facility: 1. Shift Handoff Tool 2. Treatment Planning 3. Seclusion & Restraint 4. Workplace Violence	§482.21	*On Track*	12/31/2024	• Support completion of PIP charter documents and tracking of progress / status	• Identified PIP leads / Amanda G.
2	Admission Criteria	Working with MSH and DPHHS around admission criteria for MSH	§482.12(c)(2)	*In Process*	5/1/2024	• Challenges with civil commitment process	• Dr. Hoffman

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CMS Certification Update (continued)

Overall Status: ⬤

Key Accomplishments	Challenges / Barriers to Address	Recommendations / Decision Points
• Assisted the MSH Quality department with kicking off 2024 Performance Improvement Projects (PIPs) • Conducted mock survey covering various CoP chapters at MSH	• Lack of sustainability of certain processes by the organization once they have been implemented • Vacancies of key leadership positions; some of which are required by CMS • Initiating the capital projects for regulatory compliance	• Monitor new processes to maintain compliance • Comply with the new process for candidate reviews to expedite filling key positions • Obtain timelines from A&E for required projects

Key Initiatives Update

#	Initiative	Description	Related CMS Regulation	Current Status	Target Completion Date	Barriers to Discuss	MSH Owner
3	Mock Survey Plans of Correction (PoCs)	Work with key stakeholders to develop action plans to correct issues identified during mock survey	§482.12, 482.13, 482.42, 482.61	*In Process*	5/31/2024	• Potential resource challenges	• Jennifer S.
4	HIM Action Items	Facilitate the implementation of the recommendations from Savista related to HIM at MSH	§482.24	*In Process*	12/31/2024	• Third-party contract negotiations • Resource challenges within the department; technology challenges	• Chris G.

Updates to Medical Staff By-Laws / Policies

Updated to Medical Staff By-Laws

Review of changes, or amendments, to medical staff by-laws

#	By-Law Topic	Description of Changes	MEC Approved Date
1	Multiple	Medical Staff By-Laws were reviewed and edited by the State Medical Officer, Office of Legal Affairs, and MSH's Medical Director to align with state and federal laws and regulations, leading practice per the guidance of new MSH / DPHHS clinical leadership, and CMS Conditions of Participation compliance (with assistance from Alvarez & Marsal).	02/06/24

MSH Plan Updates

Review of MSH policy updates
*Note: Policies approved during the January 2024 MEC meeting were included in the February 2024 Governing Body Meeting

#	MSH Policy Name / ID	Policy Topic	Description of Change	MEC Approved Date
1	Handling Soiled and Clean Linen and Patients Personal Laundry Policy	Required Infection Prevention policy to address the proper handling of soiled and clean linen	New Infection Prevention Policy	2/29/2024
2	Management of the Patient with Lice, Bed Bugs, and Scabies Policy	Required Infection Prevention policy to address the proper management of patients with lice, bed bugs or scabies	New Infection Prevention Policy	2/29/2024
3	Tuberculosis Exposure Control Plan	Required Infection Prevention Plan to address prevention and early detection of TB in staff and patients and appropriate patient management.	New Infection Prevention Plan	2/29/2024
4	Patient Observation Policy	Providing patient observation with an optimal level of safety in the least restrictive manner.	New Patient Care Policy	2/29/2024
5	Marijuana Possession by Patients Policy	Rational for why MSH patients may not possess or be prescribed marijuana and disposal instructions if found.	Standard annual review & updates to policy	2/29/2024
6	Suicide Screening and Precautions Documentation Policy and Procedure	Procedure for suicide screening, appropriate precautions, and documentation requirements.	Update to Suicide Screening and Precautions Policy and Procedure	2/29/2024

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MSH Policy Updates

Review of new MSH policies or updates to policies

#	MSH Plan Name / ID	Policy Topic	Description of Change	MEC Approved Date
7	Medical Equipment Preventative Maintenance Program	Meet the CMS standard to ensure the quality and operational reliability of medical equipment.	New Environment of Care Policy	2/29/2024
8	Retention and Destruction of Medical Records Policy	Record retention and destruction that complies with legal, regulatory and accreditation requirements.	New Health Information Management Policy	3/28/2024
9	Release of Information Policy	Release of Information process that complies with HIPPA/Privacy legal, regulatory and accreditation requirements.	New Health Information Management Policy	3/28/2024
10	Patient Rights and Grievance Policy	Ensure the rights of the patient's admitted to MSH are protected under state and federal law and understand the grievance process.	Review, update and consolidate separate policies and procedures into one policy	3/28/2024
11	Consultation and Referral Services Policy	Concise process for obtaining medical consultation from MSH Medical Clinic or referral for outside medical or dental services.	Review and update policy with changes in consultation and referral process	3/28/2024

MSH Retired Policies/Procedures

Retired MSH policies

#	MSH Policy Name / ID	Reasoning
1	Close Observation	Replaced with Patient Observation Policy
2	Guideline for Isolation Precautions	Part of Standard and Transmission-Based Policy
3	Tuberculosis Surveillance for Patients	Part of Tuberculosis Exposure Control Plan
4	Suicide Screening and Precautions Policy	Part of the Suicide Screening and Precautions Documentation Procedure
5	Pre-Placement Visit	Process no longer used
6	Dental Services	Service no longer available at MSH
7	Infection Control - Care of Contaminated Articles	Replaced with Handling Soiled and Clean Linen and Patient's Personal Laundry Policy
8	Pediculosis, Pthirus, Scabies and Bed Bugs	Replaced with Management of the Patient with Lice, Bed Bugs, and Scabies Policy
9	Guidelines for Release of Information	Replaced with Release of Information Policy
10	Patient Rights and Procedure Information	Replaced with Patient Rights and Grievance Policy
11	Patient Grievance Procedure	Replaced with Patient Rights and Grievance Policy

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Medical Staff Privileging

- **Updates to Medical Staff Privileging**

Review of Medical Exec Committee updates / changes to medical staff privileges

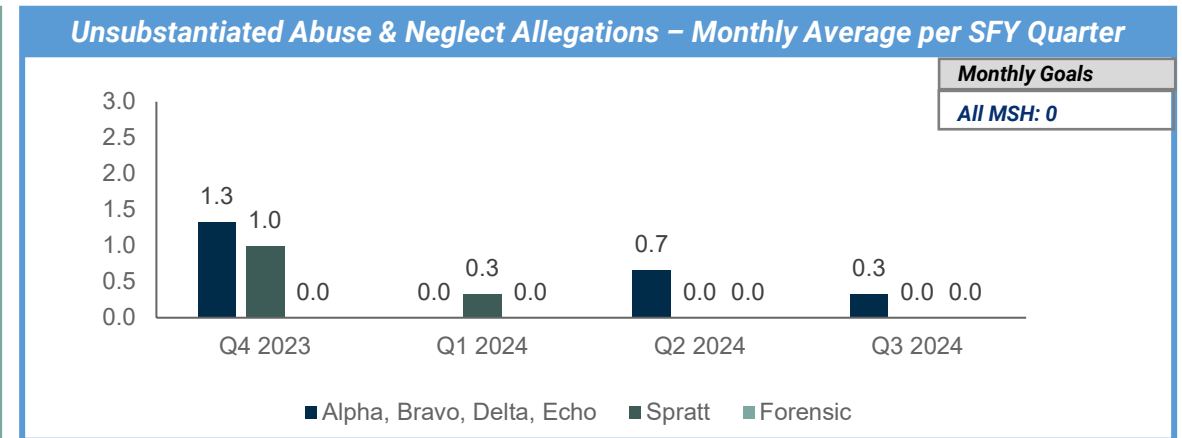| #	Name	Initial Appointment or Re-Appointment or Change to Privileges	Rationale	MEC Approved Date
1	Dr. Thomas Gray	Re-Appointment	Unit Provider – Delta	1/10/2024
2	Dr McCall	Re-Appointment	Unit Provider – Echo	1/7/2024
3	Dr Mann	Initial Appointment	Locum – Delta	1/2/2024
4	Dr Dubin	Initial Appointment	Locum – Delta	3/20/2024

Key Quality Measures & Operating Metrics

Key Quality Measures & Metrics

- ## Patient Safety

Patient Falls – Monthly Average per SFY Quarter

Monthly Goals

A,B,D,E Units: <13
Spratt: <18
Forensic: <2

Quarter	Alpha, Bravo, Delta, Echo	Spratt	Forensic
Q4 2023	21	15	1
Q1 2024	30	22	1
Q2 2024	25	23	1
Q3 2024	31	28	0

Medication Errors – Monthly Average per SFY Quarter

Monthly Goals

A,B,D,E Units: <3
Spratt: <2
Forensic: 0

Quarter	Alpha, Bravo, Delta, Echo	Spratt	Forensic
Q4 2023	17	4	1
Q1 2024	13	5	1
Q2 2024	14	8	0
Q3 2024	10	14	1

Substantiated Abuse & Neglect Allegations – Monthly Average per SFY Quarter

Monthly Goals

All MSH: 0

Quarter	Alpha, Bravo, Delta, Echo	Spratt	Forensic
Q4 2023	0.3	0.0	0.0
Q1 2024	0.3	0.3	0.0
Q2 2024	1	0	0.3
Q3 2024	1.67	0.33	0.0

Unsubstantiated Abuse & Neglect Allegations – Monthly Average per SFY Quarter

Monthly Goals

All MSH: 0

Quarter	Alpha, Bravo, Delta, Echo	Spratt	Forensic
Q4 2023	1.3	1.0	0.0
Q1 2024	0.0	0.3	0.0
Q2 2024	0.7	0.0	0.0
Q3 2024	0.3	0.0	0.0

Notes: *Due to improved reporting requirements and redefined methodologies, the metrics above for SFY24 Q2 exhibit increased accuracy and completeness compared to historic data. Data reflects the monthly average for each quarter. Goals reflect monthly goals.*

Substantiated Abuse & Neglect indicates formal allegation submitted by patient / representative / other person that was investigated by MSH Abuse & Neglect Committee (QI Manager, CMS Compliance Specialist, Administrator/CEO, hospital attorney, and the DON and/or ADON) and determined by consensus vote to be substantiated
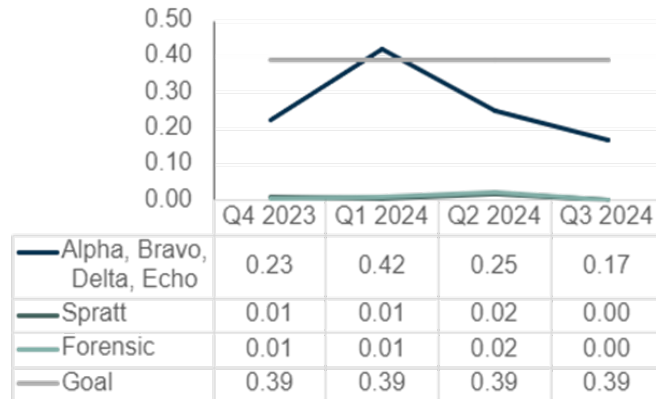
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Quarter Period Aligned with MT State FY Calendar

Key Quality Measures & Metrics
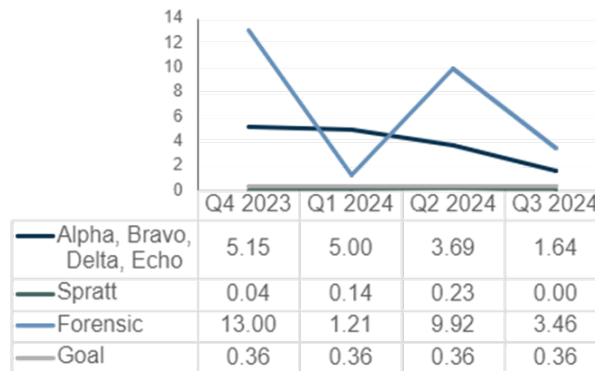
- ## Quality Measures – Inpatient Psychiatric Care

Hours of Physical Restraint Use / 1k Patient Hours – *Monthly Average per SFY Quarter*

	Q4 2023	Q1 2024	Q2 2024	Q3 2024
Alpha, Bravo, Delta, Echo	0.23	0.42	0.25	0.17
Spratt	0.01	0.01	0.02	0.00
Forensic	0.01	0.01	0.02	0.00
Goal	0.39	0.39	0.39	0.39

Comments
- CPI de-escalation is in process of being implemented at MSH. The seclusion and restraint policy was updated and trainings to proceed.

Hours of Seclusion Use / 1k Patient Hours – *Monthly Average per SFY Quarter*

	Q4 2023	Q1 2024	Q2 2024	Q3 2024
Alpha, Bravo, Delta, Echo	5.15	5.00	3.69	1.64
Spratt	0.04	0.14	0.23	0.00
Forensic	13.00	1.21	9.92	3.46
Goal	0.36	0.36	0.36	0.36

Comments
- CPI de-escalation is in process of being implemented at MSH. The seclusion and restraint policy was updated and trainings to proceed.
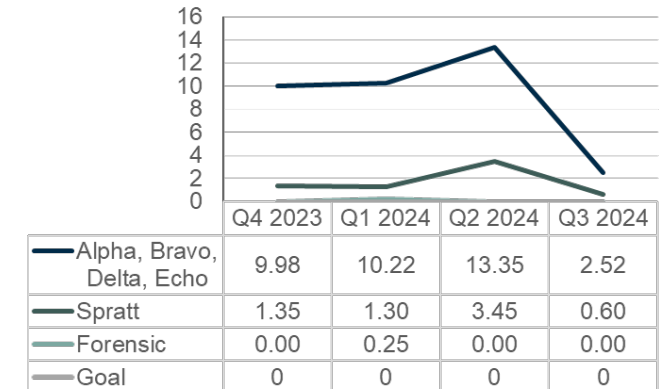
Chemical Restraint Occurrence / 1k Patient Days – *Monthly Average per SFY Quarter*

	Q4 2023	Q1 2024	Q2 2024	Q3 2024
Alpha, Bravo, Delta, Echo	9.98	10.22	13.35	2.52
Spratt	1.35	1.30	3.45	0.60
Forensic	0.00	0.25	0.00	0.00
Goal	0	0	0	0

Comments
- Beginning in SFY24 Q3, leadership anticipates that the reported number for chemical restraint occurrence will decline due to the change in MSH methodology that aligns with the CMS definition / methodology

Notes: *Due to improved reporting requirements and redefined methodologies, the metrics above for SFY24 Q2 exhibit increased accuracy and completeness compared to historic data. Data reflects monthly average for each quarter. Goals reflect monthly goals.*

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Key Quality Measures & Metrics

- **Supplemental Quality Indicators**

Number of Falls with Major Injury per 1,000 Patient Days — Monthly Average per SFY Quarter

Legend: Alpha, Bravo, Delta, Echo — Spratt — Goal

Quarter	Alpha, Bravo, Delta, Echo	Spratt	Goal
Q4 2023	0.1	0.0	0.1
Q1 2024	0.0	0.3	0.1
Q2 2024	0.0	0.0	0.1
Q3 2024		0.0	0.1
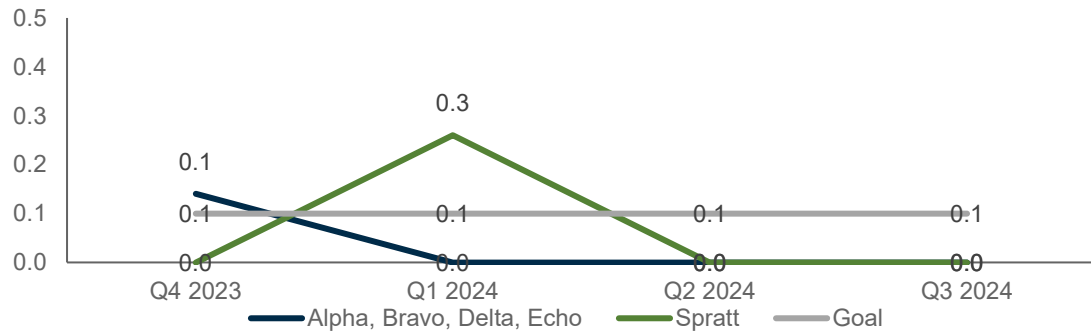
Percent of Group Therapy Sessions that Occurred as Scheduled — Monthly Average per SFY Quarter

Legend: Alpha, Bravo, Delta, Echo — Spratt — Goal

Quarter	Alpha, Bravo, Delta, Echo	Spratt	Goal
Q4 2023	75%	51%	65%
Q1 2024	72%	50%	65%
Q2 2024	72%	47%	65%
Q3 2024	70%	60%	65%

Percent of Interdisciplinary Treatment Plans Completed Within 72 Working Hours of Admission — Monthly Average per SFY Quarter

Historical Data Not Available

Spratt reported 76%, Alpha, Bravo, Delta, Echo reported 83%

Goal: 70% (Q4 2023), 70% (Q1 2024), 70% (Q2 2024), 70% (Q3 2024); 83% / 76% (Q3 2024)

Legend: Alpha, Bravo, Delta, Echo — Spratt — Goal
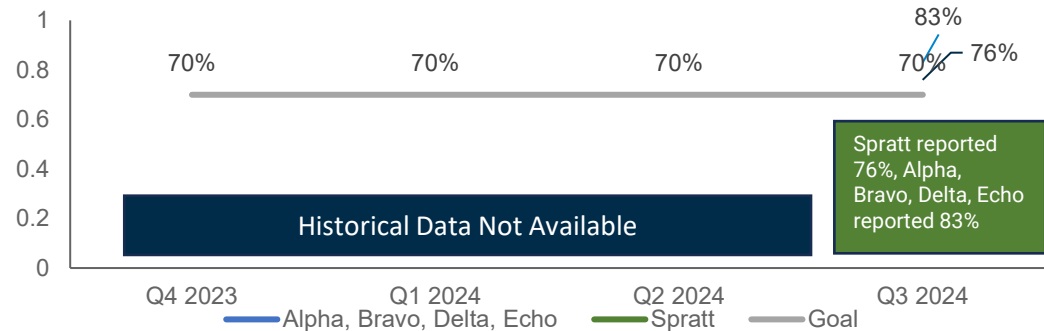
Percent of History & Physicals Completed Within 24 Hours of Admission — Monthly Average per SFY Quarter

Historical Data Not Available

Spratt reported 81%, Alpha, Bravo, Delta, Echo reported 40%

Goal: 100% (Q4 2023), 100% (Q1 2024), 100% (Q2 2024), 100% (Q3 2024); 81% / 40% (Q3 2024)

Legend: Alpha, Bravo, Delta, Echo — Spratt — Goal

Notes: Due to improved reporting requirements and redefined methodologies, the metrics above for SFY24 Q2 exhibit increased accuracy and completeness compared to historic data. Data reflects monthly average for each quarter. Goals reflect monthly goals.
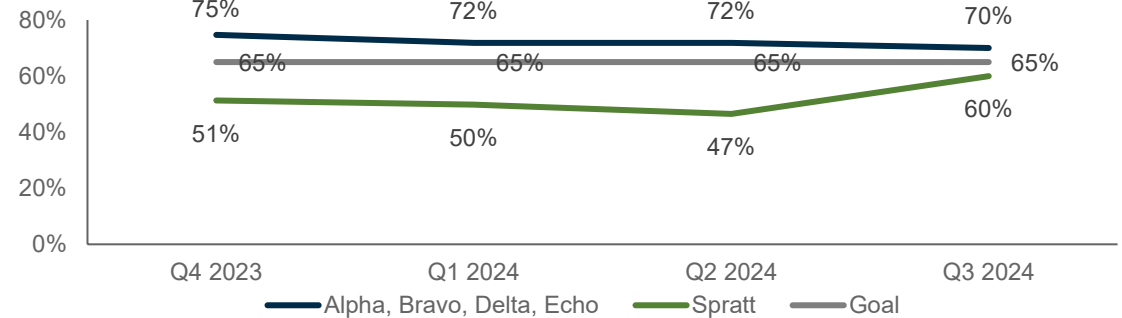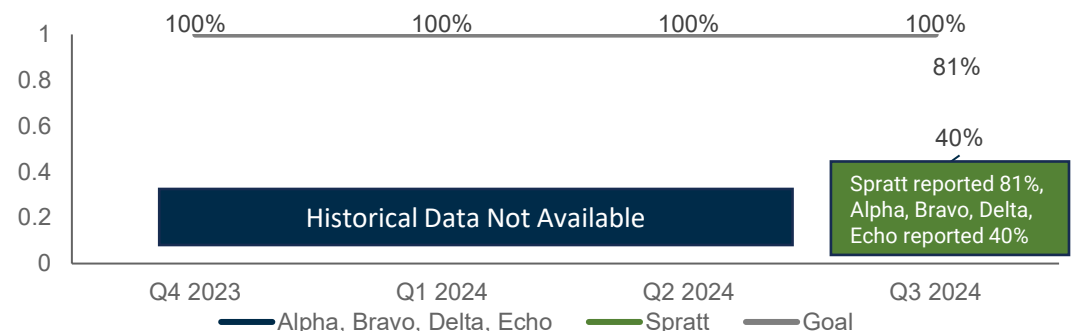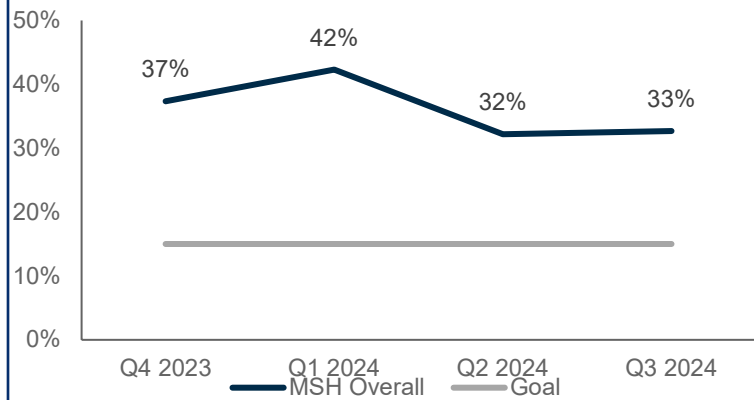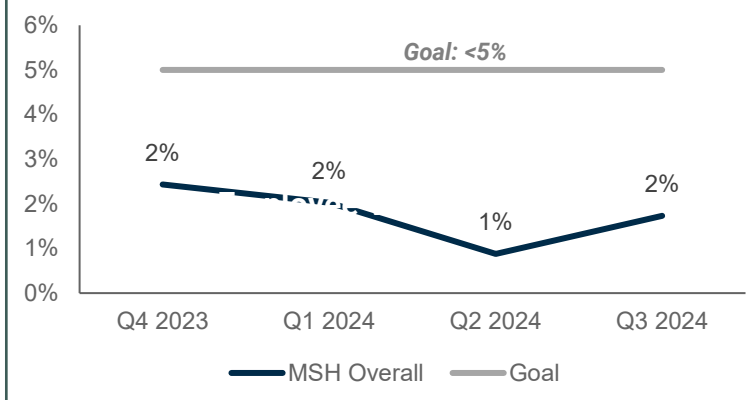
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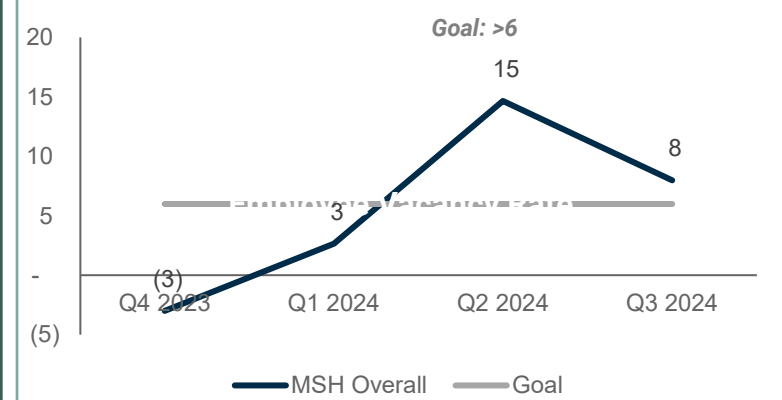
Quarter Period Aligned with MT State FY Calendar

Human Resources Update

HR Update & Metrics

Employee Vacancy Rate – *Monthly Average per SFY Quarter*

- 37% (Q4 2023)
- 42% (Q1 2024)
- 32% (Q2 2024)
- 33% (Q3 2024)
- MSH Overall — Goal

Employee Turnover Rate – *Monthly Average per SFY Quarter*

Goal: <5%

- 2% (Q4 2023)
- 2% (Q1 2024)
- 1% (Q2 2024)
- 2% (Q3 2024)
- MSH Overall — Goal

Net Employee Hires – *Monthly Average per SFY Quarter*

Goal: >6

- (3) (Q4 2023)
- 3 (Q1 2024)
- 15 (Q2 2024)
- 8 (Q3 2024)
- MSH Overall — Goal

Key Takeaways

- The number of budgeted positions [*a component of the vacancy rate calculation*] decreased from SFY23 to SFY24 (please reference the next slide).

- The Employee Vacancy Rate has increased slightly from Q2 2024 due to employee resignations.

- In an effort to address positions experiencing the highest vacancy rates, there has been a focus on shortening the time to fill for these key roles.

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Note: Data reflects monthly average for each quarter. Goals reflect monthly goals.

Quarter Period Aligned with MT State FY Calendar

HR Update & Metrics

Employee Vacancies
Monthly Average per SFY Quarter

Quarter	Vacancies	Budgeted
Q4 2023	200	535
Q1 2024	209	494
Q2 2024	159	494
Q3 2024	154	493
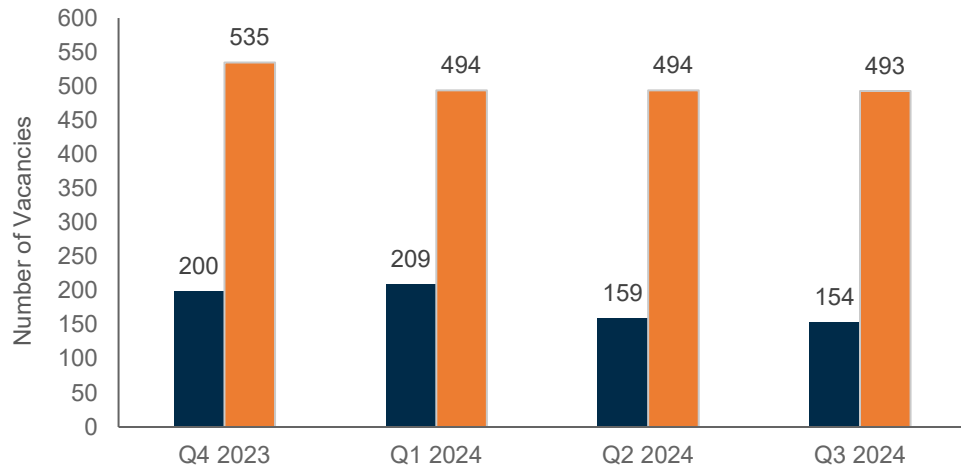
Employee Turnover
Monthly Average per SFY Quarter

Quarter	Number of Employee Turnover
Q4 2023	13
Q1 2024	10
Q2 2024	7
Q3 2024	8
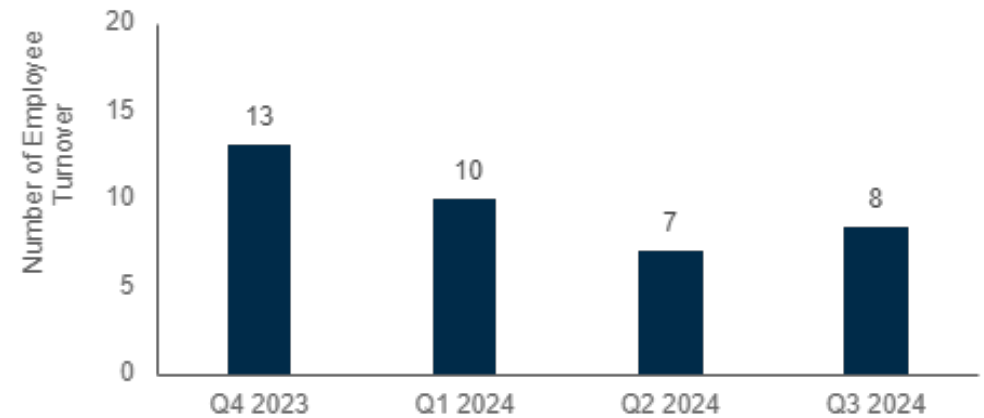
Key Takeaways

- The number of budgeted full-time employee positions decreased from 535 to 493, SFY23 to SFY24 in Q3
- One (1) position (Occup Safety & Security Supervisor) was transferred from MSH to the Director's office
- Shortening the time to fill vacant positions has been and will continue to be a focus.
- For consistency in approach to recruitment and retention strategies, all facility-based HR staff will now report to the new Helena-based HFD HR Manager

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Note: Data reflects monthly average for each quarter. Goals reflect monthly goals.

Quarter Period Aligned with MT State FY Calendar

HR Update & Metrics

Employee Turnover Rationale
Total Number of Staff Turnover with Category by Quarter

Chart showing turnover by quarter:
- Q4 2023: Historical Data Not Available
- Q1 2024: Historical Data Not Available
- Q2 2024: Voluntary - Positive: 12, Voluntary - Negative: 6, Involuntary: 3
- Q3 2024: Voluntary - Positive: 11, Voluntary - Negative: 12, Involuntary: 2

Legend: ■ Voluntary - Positive ■ Voluntary - Negative ■ Involuntary

Category	OHR Action Reason	Definition
Voluntary – Positive Reason	Career Choice	Employee quit the position for another career opportunity
	Relocation	Due to a change in location, the employee quit the position
	Family Reasons	Family circumstances caused employee to quit the position
	Retirement	Employee retired from the workforce
Voluntary – Negative Reason	Leadership	Due to the leadership team, the employee quit
	Work Conditions	Due to the work environment / conditions, the employee quit the position
	Job Abandonment	Employee stopped arriving to work - no prior notice or other explanation has been received by OHR
Involuntary	For Cause	Employee was involuntarily terminated from the position
	Probationary Period	Employee is on probation for a violation

Key Takeaways

With the implementation of the hiring incentive and retention bonus, the desire is to see fewer resignations. We will continue to track this trend in the coming quarters.

Finance & Budget Update

Operating Budget

Financial Position Q3 SFY24	SFY 2024 Budget	Expended 7/1–3/31/2024	SFY Projected Expenditures As of 3/31/24
Montana State Hospital	$ 81,360,232	$ 57,338,912	$ 86,241,190

Facility Position:

- General Fund Deficit is projected to be ($4,880,958)
- Total Budget amount includes the appropriated contingency funds for contracted staffing of $25,182,171. However, the restricted use MSH Bond Debt Service Transfer of $1,752,500 is not included as MSH does not have any bond service expenses for the fiscal year.

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Contracted Services

#	Contracted Vendor	Service(s) Provided	Contract Effective Date	Contract Term Date
	NO NEW CONTRACTS TO REPORT			

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Contracted Services (Continued)

#	Contracted Vendor	Service(s) Provided	Contract Effective Date	Contract Term Date
	NO NEW CONTRACTS TO REPORT			

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Special Events

Special Events

- **Updates on Other Programs & Initiatives**

  o   On Thursday & Friday, March 21st & 22nd, 2024, the MSH hosted a 3 on 3 Patient and Staff Basketball Tournament. Staff and patients set up the TLC Gym. Support staff volunteered to referee and help in any way. The units brought other patients to the tournament to watch and cheer – it was a huge hit! The winners of the tournament received a pizza party on Friday March 29th, 2024.