



SFY25 Q1 Governing Board Meeting Attendance 12.18.2024

Meeting Attendees

No.	Name	Organization and Title / Role
1	Rebecca De Camara	Interim Executive Director, Medicaid and Health Services
2	Dr. Doug Harrington	State Medical Officer
3	Kim Aiken	Chief Financial Officer
4	Meghan Peel	Interim Administrator, Behavioral Health & Developmental Disabilities Division
5	Chad Parker	Deputy Chief Legal Counsel

Note: Please add additional rows as needed to account for all attendees at the meeting.



SFY25 Q1 Governing Board Meeting Agenda with Details and Minutes 12.18.2024

Meeting Title and Details	Governing Board – SFY25 Q1 Quarterly Meeting
Date and Time	12.18.2024 at 3:00pm
Owner(s)	Governing Board Members
Purpose / Objectives / Topics	Report MSH Departments Quarterly Data
Key Documents, Policies, or Links	PowerPoint Presentation

Meeting Issues, Key Discussion Points, and Follow-Up Items

No.	Issue	Key Discussion Points	Follow-Up / Action Items
1	Reviewed Meeting Minutes from July 18, 2024	<ul style="list-style-type: none"> ○ Attached to meeting invite 	<ul style="list-style-type: none"> ○ Approved by Board
2	Facilities Update	<ul style="list-style-type: none"> ○ Summary of Census, Admissions, Discharges and Galen waitlist for SFY24 Q3 	<ul style="list-style-type: none"> ○ Average Daily Census: <ul style="list-style-type: none"> ○ 168 for Main Hospital. ○ 48 for FMHF. ○ 28 for Group Homes ○ Average Monthly Admissions: <ul style="list-style-type: none"> ○ 53 for Main Hospital. ○ 6 for FMHF. ○ Average Monthly Discharges: <ul style="list-style-type: none"> ○ 52 for Main Hospital. ○ 5 for FMHF. ○ 2 for Group Homes. ○ Galen Waitlist – Monthly Average: 100
3	CMS Certification Update	<ul style="list-style-type: none"> ○ Key Accomplishments <ul style="list-style-type: none"> ○ Supporting MSH Grasslands standup and transition in preparation for MSH capital projects / 	<ul style="list-style-type: none"> ○ N/A



No.	Issue	Key Discussion Points	Follow-Up / Action Items
		<ul style="list-style-type: none"> renovations slated to start by the end of CY 2024 ○ Transitioning major workstreams to MSH owners, with A&M taking a supporting role as engagement winds down ○ Supporting the buildout / updating of various MSH Quality Dashboards and tracking tools ○ Scheduling interdisciplinary treatment team meetings to ensure full team attendance ○ Evaluation and modification of collected data to ensure meaningful results are achieved and reported to QIC ○ Working closely with clinical therapy staff and IT developer to create new TIER forms ○ Challenges / Barriers to Address <ul style="list-style-type: none"> ○ MSH renovations work at the facility and supporting a dual campus model as capital projects are underway may require 	



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		<p>additional resources and support</p> <ul style="list-style-type: none"> ○ Management of timelines related to MSH Grasslands relocation and capital projects kick off ○ Open positions create a concentrated distribution of CMS work / tasks to a smaller MSH team ○ Vacancies of key positions, some of which are preventing necessary functions per CMS CoPs ○ Training and development of staff related to quality goals and outcomes ○ Recommendations / Decision Points <ul style="list-style-type: none"> ○ Continue to work closely with DPHHS, A&E, and contractors to manage timelines and proactively mitigate challenges as they arise ○ Keep communication lines open ○ Continue to expedite the filling of key positions ○ Allocation of additional resources, where 	



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		<p>necessary, to support MSH leadership with various ongoing projects until vacancies can be filled</p> <ul style="list-style-type: none"> ○ Continued standardization and simplification of QI tools to make tracking and trending of data easier to interpret ○ Provide education related to patient-centered, behavioral health-focused, treatment planning ○ Troubleshooting state license reciprocity/delays for travel of clinical therapy staff 	
4	CMS Certification Update	<ul style="list-style-type: none"> ○ Performance Improvement Projects ○ Admission Criteria ○ Mock Survey Plans of Correction (PoCs) ○ HIM Action Items 	<ul style="list-style-type: none"> ○ Working on 4 PIPs for the facility – On track for completion date 12.31.2024: <ul style="list-style-type: none"> ○ Shift Handoff Tool ○ Treatment Planning ○ Seclusion & Restraint ○ Workplace Violence ○ Working with MSH and DPHHS around admission criteria for MSH - In Process 5.1.2024. ○ Work with key stakeholders to develop



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			<p>action plans to correct issues identified during mock survey – Target Completion Date 5.31.2024</p> <ul style="list-style-type: none"> ○ Facilitate the implementation of the recommendations from Savista related to HIM at MSH – Target Completion Date 12.31.2024
5	Updates to Medical Staff By-Laws	<ul style="list-style-type: none"> ○ No updates or changes to report. 	<ul style="list-style-type: none"> ○ N/A
6	MSH Policy Updates	<ul style="list-style-type: none"> ○ Policies & Procedures worked on in SFY25 Q1 	<ul style="list-style-type: none"> ○ Involuntary Medications Policy – Non-Forensic approved by MEC 7.25.2024 ○ Medical Emergency Response and Review Policy approved by MEC 8.29.2024 ○ Suicide Screening and Prevention Procedure and Documentation approved by MEC 8.29.2024
7	MSH Retired Policies/Procedures	<ul style="list-style-type: none"> ○ Safety Committee ○ Fire, Emergency, and Disaster Plan ○ Response and Notification of Authorities in the Event of a Serious Emergency ○ Anesthesia Use in Dental Procedures ○ Quality Improvement Policy 2021 ○ Governance Policy ○ Patient Riot - Emergency Response 	<ul style="list-style-type: none"> ○ No action needed.



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		<ul style="list-style-type: none"> ○ Weapon on Campus ○ Animal Assisted Therapy 	
8	Medical Staff Privileging	<ul style="list-style-type: none"> ○ Updates to Medical Staff Privileging 	<ul style="list-style-type: none"> ○ Angel Snipes - Initial Appointment – 7/3/24 ○ Christine Walsh - Re-Appointment – 7/10/24 ○ Dr. Steven Murrell - Initial Appointment – 7/17/24 ○ Dishina Singer - Initial Appointment – 7/19/24 ○ Ryan Singer - Initial Appointment – 7/19/24 ○ Kara Larsen - Initial Appointment – 8/9/24 ○ Jacqueline Ustache - Initial Appointment – 8/26/24 ○ Tara Broadwater - Initial Appointment – 8/26/24 ○ Cory Daniels - Re-Appointment – 8/28/24 ○ James English - Initial Appointment – 9/9/24 ○ Melody Wilkinson - Re-Appointment – 9/17/24
9	Key Quality Measures & Metrics	<ul style="list-style-type: none"> ○ Patient Safety 	<ul style="list-style-type: none"> ○ Patient Fall – Monthly Average: <ul style="list-style-type: none"> ○ Main Hospital – 31 ○ Spratt – 25 ○ FMHF – 0.3 ○ Medication Errors – Monthly Average: <ul style="list-style-type: none"> ○ Main Hospital – 17 ○ Spratt – 16 ○ FMHF – 1 ○ Substantiated Abuse & Neglect Allegations – Monthly Average:



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			<ul style="list-style-type: none"> ○ Main Hospital – 1.3 ○ Spratt – 0 ○ FMFH – 0 ○ Unsubstantiated Abuse & Neglect Allegations – Monthly Average <ul style="list-style-type: none"> ○ Main Hospital – 2.6 ○ Spratt – 0 ○ FMFH – 0.3
10	Key Quality Measures & Metrics	<ul style="list-style-type: none"> ○ Quality Measures – Inpatient Psychiatric Care 	<ul style="list-style-type: none"> ○ Hours of Physical Restraint Use – Monthly Average <ul style="list-style-type: none"> ○ Main Hospital – 0.46 ○ Spratt – 0.01 ○ FMHF – 0.06 ○ Hours of Seclusion Use – Monthly Average <ul style="list-style-type: none"> ○ Main Hospital – 0.78 ○ Spratt – 0.3 ○ FMHF – 31.23 ○ Chemical Restraint Occurrence – Monthly Average <ul style="list-style-type: none"> ○ Main Hospital – 0 ○ Spratt – 0 ○ FMHF – 0
11	Key Quality Measures & Metrics	<ul style="list-style-type: none"> ○ Supplemental Quality Indicators 	<ul style="list-style-type: none"> ○ Number of Falls with Major Injury – Monthly Average <ul style="list-style-type: none"> ○ Main Hospital – 0 ○ Spratt – 0.2



No.	Issue	Key Discussion Points	Follow-Up / Action Items
			<ul style="list-style-type: none"> ○ Percent of Group Therapy Sessions that Occurred as Scheduled- Monthly Average <ul style="list-style-type: none"> ○ Main Hospital 75 % ○ Spratt 65% ○ Percent of Interdisciplinary Treatment Plans Completed Within 72 Working Hours of Admission – Monthly Average <ul style="list-style-type: none"> ○ Main Hospital – 93% ○ Spratt – 83% ○ Percent of History & Physicals Completed Within 24 Hours of Admission- Monthly Average <ul style="list-style-type: none"> ○ Main Hospital – 75% ○ Spratt – 65%
12	HR Update & Metrics	<ul style="list-style-type: none"> ○ MSH Employee Stats 	<ul style="list-style-type: none"> ○ Employee Vacancy Rate Monthly Average - 27% ○ Employee Turnover Rate Monthly Average – 1% ○ Employee Hires Monthly Average- 3
14	Special Events	<ul style="list-style-type: none"> ○ Updates on Other Programs & Initiatives 	<ul style="list-style-type: none"> ○ July 2024 - Conducted a barbeque (BBQ) for patients to celebrate the 4th. ○ August 2024 - Organized and conducted a potluck



No.	Issue	Key Discussion Points	Follow-Up / Action Items
			for the Group Home patients. <ul style="list-style-type: none"> ○ September 2024 - Organized a “Carnival” for the patients and staff and conducted a BBQ for Galen Patients and staff ○ Friday Patient Events – <ul style="list-style-type: none"> ○ Bingo ○ Line Dancing ○ Chalk Painting ○ Music Trivia ○ Charades
15	Public Comment	○ N/A	○ N/A

Note: Items above that are orange or in orange cells are recurring topics for discussion at each standing meeting.

PLEASE ATTACH THE SIGN-IN / ATTENDANCE SHEET TO THE AGENDA / MINUTES