



Montana Mental Health Nursing Care Center

800 Casino Creek Drive
 Lewistown, MT 59457
 406-538-7451

Governing Board Meeting

Date/Time: August 1, 2023, at 3:30 pm (MT)

Meeting Location: Virtual (MS Teams)

| Member Name | Title | Membership Type |
|--------------------|---|----------------------------|
| Mike Randol | Executive Director, Medicaid, and Health Services | Chair, Voting |
| William Evo | Chief Healthcare Facilities Officer | Voting |
| Mike Zwicker | Administrator, MMHNCC | Voting |
| Rebecca De Camara | Administrator, Behavioral Health, and Developmental Disabilities Division | Voting |
| Chad Parker | Deputy Chief Legal Counsel | Voting |
| Kim Aiken | Chief Financial Officer | Non-voting |
| Ian Lux | Assistant Director of Nursing. Montana State Hospital-Infection Preventionist | Non-voting Member at-large |

1. Call to Order
 - a. Public Comment Period (*MCA 2-3-201 et seq.*)
 - b. Board Comment Period
 - c. Agenda changes
2. Old Business
3. New Business
 - a. Consent Agenda
 - a) Approval of Meeting Minutes from 4-11-2023 **ACTION**
4. Reports
 - a. Administrator (Mike Zwicker)
 - b. Director of Nursing (Jessica Homme)
 - c. Quality Improvement Committee (Dani Wichman)
 - d. Finance & Human Resources (Mike Zwicker)
 - e. Infection Prevention (Adrienne Castillo)

Attachments:

A: Administrator’s Report

B: Director of Nursing Report

C: Quality Assurance and Performance Improvement Report

D: Finance & Human Resources Report

E: Infection Prevention Report



Attachment A

Administrator's Report (Mike Zwicker, MMHNCC)

MMHNCC Administrator's Board Report

July 11, 2023

On April 19, 2023 Lewistown received a brutal snow storm that paralyzed the town along with the roads leading into and out of town. The storm dumped approximately 20 inches of snow making it nearly impossible for staff to come to work and or leave work. At this point we decided to activate our emergency preparedness plan and implemented an Incident Command Center located in our business office. As a few staff members shuttled employees to and from work, leadership kept everyone up to date with the weather and road conditions. The Incident Command Center was up and running for approximately eight hours. This was a huge opportunity for what went well but also what opportunities presented themselves. Leadership had a debriefing session several days later the situation and updated our emergency preparedness from the areas of improved opportunities.

Mountain Pacific came on site to perform an ICAR (infection control assessment and response) assessment with our team. They found multiple areas for opportunities for improvement. These opportunities are embraced to improve the quality of care for our residents and staff. Our team immediately went to work to remedy these opportunities in preparation for our annual state survey inspection. Our team currently meets weekly to address any issues that needs remedied and to proactively work together.

The HR director, DON and I, along with state HR, met with the union representatives for the union bargaining meeting. I believe the outcome was very positive and beneficial on both sides of the aisle. Furthermore, these positive negotiations led to an increase in communication between the union representatives and management here at MMHNCC. In addition, these negotiations also led to resurrecting a monthly meeting between management and the union representatives to improve the communication desperately needed to work more collaboratively together.

Finally, as MMHNCC waits for our annual surveyors to come on site, our leadership was proactive in providing three separate mock surveys. One mock survey was conducted for life safety along with the other two that included the entire facility. These surveys were spaced out several weeks apart and these mock surveys were treated as if the real surveyors were on site. The staff has not had this training here before and the feedback was very positive. We found many "low hanging fruit" that was immediately remedied and brought to light many areas that we are currently working on. MMHNCC is preparing for RED-Ready Every Day.

Respectfully submitted,
Mike Zwicker
Administrator MMHNCC



Attachment B

Director of Nursing Report (Jessica Homme, MMHNCC)

Updates:

- Currently we are still using the compliance store to review and update policies following CMS and CDC requirements and recommendations.
- PIP for oral/bathing documentation most recent compliance rates are 91% for Oral Care and 83% for bathing compliance of documentation for the month of June. The resident appearances show that cares are being completed, just not documented. Continued education with staff on importance of documentation.
- Survey preparedness/mock surveys conducted- areas that needed improvement were addressed and corrected, along with education for preparing staff for our annual survey.
- Cleaning and organization of medication and treatment carts and supply storage areas.
- POC continued quarterly audits and ensuring compliance of interventions implemented from citations received.
- New oxygen vendor from Great Falls with new processes for cleaning, ordering supplies, and storing.
- Medical equipment ordered for wings, stethoscopes, oximeters, and thermometers.
- Wound care supplies reviewed, and orders placed for new wound care nurse needs for treatments.
- Hoppers capped off on all wings this was an infection prevention issue. The only one left functioning in the building is in the soiled laundry room with shield and proper PPE use while utilizing the hopper.
- Staffing/travel ratios:
 - CNA Core = 25 (5 are relief and 5 are part time)
 - CNA Travel = 18 (16 are full time and 2 are part time)
 - 1 ADON
 - 2 RN Supervisors
 - RN core = 8 (1 part time, 7 full time)
 - Travel LNs = 10 (3 PRN, 7 Contracts)
 - Medication aides 3
 - 0 LPNs
 - 1 Infection Prevention Nurse
 - 1 MDS & 1 backup recently applied and accepted
 - 1 Rounding nurse/wound care

Issues:

- Secure card band system outdated and not functioning properly (safety issue). New system has been ordered, pending installation.
- Security system (cameras) need to be throughout building, currently only have cameras on two wings. Current server will not allow for more cameras (safety issue). This is a newly discovered deficit and replacement to be addressed in upcoming discussions.
- Requesting an Electronic Medical Records System (Ideally, PointClickCare) to assist with compliance of documentation. (Safety and compliance issues)



Attachment C

Quality Assurance and Performance Improvement Report (Dani Wichman, MMHNCC)

Quality Summary of April to June Calendar Year 2023 Trends

- Falls
 - The facility has had a slow uptick in the number of falls occurring monthly. This quarter had a higher number of falls in comparison to the previous reporting in 2022.
 - The facility observed more falls in residents with higher medical acuity. The facility also observed an increase in falls on recreational outings. There has been a noted increase in recreational outings in comparison to the previous year's reporting.
 - The facilities Fall Committee conducted a Root Cause Analysis to determine the increase in falls and implemented appropriate interventions with continuous monitoring for improvement.
 - There were no falls with major injury this quarter.
- Patient Safety Events
 - The top two Patient Safety Events were attempted elopement and peer on peer abuse.
 - When evaluating substantiated peer to peer abuse allegations within the last quarter, the recurring factor was recent admission from the Montana State Hospital, all of which were sent back on a failed 30-day pre-placement visit.
 - There were no patient safety events that required immediate medical attention.
 - The facility conducted a Root Cause Analysis and incident debriefing on the attempted elopement and made appropriate policy changes and increased education regarding elopement attempts.
- Restraints & Seclusion
 - There is one individual within the facility that is currently ordered a posey lap belt restraint, posey pelvic restraint and a "onesie" restraint. This places the facility slightly above national nursing home average of long-stay residents' who are physically restrained. Physical restraint occurrence within the facility has increased from the last year. Chart audits and frequent monitoring of the individual ensure proper compliance with long-term care regulations regarding restraints.
- Patient Grievances



- The facility received six grievances between April and June of 2023 from two separate individuals. Involved in responses to the grievances include the Quality Improvement Committee and medical providers. All grievances were unsubstantiated, however, social services is working closely with the individuals to ensure care needs are met.



Attachment D

Finance & Human Resources Report (Mike Zwicker, MMHNCC)

| Facility | Performance Indicator | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Goal |
|---------------------------------|--|---------------|---------------|---------------|---------------|----------------|---------------|---------------|---------------|----------------|----------------|----------------|----------------|-------|
| Delivery of Care Metrics | | | | | | | | | | | | | | |
| MMHNCC | Licensed Beds | 117 | 117 | 117 | 117 | 117 | 117 | 117 | 117 | 117 | 117 | 117 | 117 | N/A |
| MMHNCC | Census - Number | 67 | 68 | 67 | 67 | 67 | 66 | 66 | 65 | 65 | 66 | 66 | 65 | >105 |
| MMHNCC | Census - % | 57% | 58% | 57% | 57% | 57% | 56% | 56% | 56% | 56% | 56% | 56% | 56% | >90% |
| MMHNCC | Admissions | 3 | 0 | 2 | 1 | 1 | 2 | 0 | 1 | 1 | 2 | 0 | 3 | N/A |
| MMHNCC | Discharges | 1 | 2 | 0 | 0 | 0 | 4 | 0 | 1 | 0 | 0 | 1 | 3 | N/A |
| MMHNCC | Waitlist for Admission | 3 | 4 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 2 | 2 | 2 | <1 |
| Operations Metrics | | | | | | | | | | | | | | |
| MMHNCC | Employee Vacancy Rate | 25.0% | 28.5% | 29.9% | 29.8% | 29.9% | 31.3% | 34.0% | 34.0% | 33.0% | 36.0% | 33.0% | 39.0% | <15% |
| MMHNCC | Employee Turnover Rate | 0.0% | 1.9% | 3.0% | 4.0% | 1.0% | 8.1% | 1.1% | 4.2% | 0.0% | 3.5% | 3.0% | 3.5% | <5.0% |
| MMHNCC | Net Employee Hires | 1 | (1) | (1) | 2 | 1 | (6) | 3 | 0 | 1 | (2) | 2 | (4) | >4 |
| Finance Metrics | | | | | | | | | | | | | | |
| MMHNCC | Starting Budget - Current SFY | \$ 12,411,241 | \$ 12,411,241 | \$ 12,411,241 | \$ 12,411,241 | \$ 12,411,241 | \$ 12,411,241 | \$ 12,411,241 | \$ 12,411,241 | \$ 12,411,241 | \$ 12,411,241 | \$ 12,411,241 | \$ 12,411,241 | N/A |
| MMHNCC | Actuals - Current SFY to Date | \$ 543,464 | \$ 1,676,039 | \$ 2,921,826 | \$ 4,033,390 | \$ 4,644,391 | \$ 5,841,382 | \$ 7,328,190 | \$ 7,857,259 | \$ 8,794,087 | \$ 9,304,130 | \$ 9,975,568 | \$ 12,070,574 | N/A |
| MMHNCC | Projected Expenses - Current SFY | N/A | N/A | N/A | N/A | \$ 13,581,961 | \$ 12,536,095 | \$ 12,536,095 | \$ 13,007,644 | \$ 14,245,384 | \$ 14,529,132 | \$ 14,513,703 | \$ 14,350,870 | N/A |
| MMHNCC | Variance - Budget to Projected Expenses | N/A | N/A | N/A | N/A | \$ (1,170,720) | \$ (124,854) | \$ (124,854) | \$ (596,403) | \$ (1,834,143) | \$ (2,117,891) | \$ (2,102,462) | \$ (1,939,629) | >\$0 |
| MMHNCC | Cost per Bed Day | N/A | N/A | N/A | N/A | \$ 555 | \$ 511 | \$ 511 | \$ 548 | \$ 600 | \$ 603 | \$ 602 | \$ 605 | N/A |
| MMHNCC | Revenue - Current SFY to Date | \$ 59,297 | \$ 754,784 | \$ 1,398,669 | \$ 1,463,201 | \$ 2,102,129 | \$ 2,429,573 | \$ 2,769,787 | \$ 3,081,961 | \$ 3,380,432 | \$ 3,719,074 | \$ 4,039,764 | \$ 4,376,469 | N/A |
| MMHNCC | Traveler Spend | \$ 166,466 | \$ 189,942 | \$ 233,362 | \$ 224,525 | \$ 141,231 | \$ 120,885 | \$ 148,753 | \$ 164,596 | \$ 172,226 | \$ 258,319 | \$ 147,834 | \$ 251,726 | N/A |
| MMHNCC | Monthly Reduction in Traveler Spend | N/A | 14% | 23% | -4% | -37% | -14% | 23% | 11% | 5% | 50% | -43% | 70% | <-10% |
| Quality Metrics | | | | | | | | | | | | | | |
| MMHNCC | Quality Indicator #1: Reduce Falls with Major Injuries | 4% | 1% | 0% | 0% | 1.40% | 0.00% | 1.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | <1% |
| MMHNCC | Quality Indicator #2: Comply with Monthly Weighting Requirements | 97% | 99% | 100% | 100% | 95% | 95% | 92% | 98% | 98% | 98% | 95% | 96% | 100% |
| MMHNCC | Quality Indicator #3: Reduce UTIs | N/A | N/A | N/A | N/A | 1% | 3% | 1.0% | 3.0% | 1.5% | 3.0% | 1.0% | 0.0% | <2.9% |
| MMHNCC | Quality Indicator #4: GDR Attempts | N/A | N/A | N/A | N/A | N/A | N/A | 3.1% | 7.7% | 12.0% | 12.0% | 9.0% | 8.0% | >10% |
| MMHNCC | Training Compliance | 74% | 72% | 88% | 87% | 91% | 73% | 84% | 85% | 85% | 91% | 94% | 90% | 100% |



Attachment E

Infection Prevention Report (Adrienne Castillo, MMHNCC)

MMHNCC completed an ICAR this April which included recommendations of an annual facility risk assessment. The Infection Prevention Risk Assessment was completed in May. Three of our high-risk level priorities include:

1. **Inadequate staff adherence to facemask and goggle** use when precautions are in place. I have provided facility training with policy updates and frequently audit staff and provide in person feedback. My goal is to improve staff compliance during outbreak, precautions and throughout the year.
2. **Low rate of resident acceptance of pneumococcal immunizations.** All resident guardians have been mailed consent forms for immunizations due. I have had one immunization clinic with 406 Pharm and am offering vaccines to residents. 406 Pharm will be returning to aid our facility with immunization rates. My goal is to offer each resident vaccines they are due for through the year.
3. **Ventilation delivery and indoor air quality.** I have applied for and received two HVAC grants. The grants include an HVAC assessment and filters. My goal is to ensure communication remains fluid with the maintenance department on various projects and provide resources as available.

The ICAR team broke down the facility assessment into categories including elements needing to be met for each category. ICAR noted the ICP and infrastructure had 3/7 elements met. Only two of the elements remain unmet due to no access to electronic medical records and point-click-care. They noted 6/8 elements were met in Hand hygiene; all eight elements are currently met. Point of care testing had ¾ elements satisfied and is currently compliant. Laundry has one element not met due to pending approval of HVAC assessment. In preparation for our annual survey our facility is continuing with audits that include hand hygiene, PPE, DON/Doffing, EVS cleaning and antibiotic stewardship.