



SFY24 Q3 Governing Board Meeting Attendance 5.14.2024

Meeting Attendees

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

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



SFY24 Q3 Governing Board Meeting Agenda with Details and Minutes 5.14.2024

Meeting Details

Meeting Title	Governing Board – SFY24 Q3 Quarterly Meeting
Date and Time	5.14.2024 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 February 13, 2023	<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"> 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: <ul style="list-style-type: none"> 160 for Main Hospital. 47 for FMHF. 30 for Group Homes Average Monthly Admissions: <ul style="list-style-type: none"> 65 for Main Hospital. 7 for FMHF. Average Monthly Discharges: <ul style="list-style-type: none"> 69 for Main Hospital. 4 for FMHF. Galen Waitlist – Monthly Average: 75



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3	CMS Certification Update	<ul style="list-style-type: none"> ○ Key Accomplishments: <ul style="list-style-type: none"> ○ Assisted the MSH Quality department with kicking off 2024 Performance Improvement Projects (PIPs) ○ Conducted mock survey covering various CoP chapters at MSH ○ Challenges / Barriers to Address <ul style="list-style-type: none"> ○ 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 	<ul style="list-style-type: none"> ○ 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
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.



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			<ul style="list-style-type: none"> ○ Work with key stakeholders to develop action plans to correct issues identified during mock survey – Target Completion Date 5.31.2024 ○ 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"> ○ 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). 	<ul style="list-style-type: none"> ○ MEC Approves 2.6.2024
6	MSH Policy Updates	<ul style="list-style-type: none"> ○ Policies & Procedures worked on in SFY24 Q3 	<ul style="list-style-type: none"> ○ NOTE: Policies approved during the January 2024 MEC meeting were included in the February 2024 Governing Body Meeting ○ Handling Soiled and Clean Linen and Patients Personal Laundry Policy - New Infection Prevention Policy approved by MEC 2.29.2024



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			<ul style="list-style-type: none"> ○ Management of the Patient with Lice, Bed Bugs, and Scabies Policy - New Infection Prevention Policy approved by MEC 2.29.2024 ○ Tuberculosis Exposure Control Plan - New Infection Prevention Plan approved by MEC 2.29.2024 ○ Patient Observation Policy - New Patient Care Policy approved 2.29.2024 ○ Marijuana Possession by Patients Policy - Marijuana Possession by Patients Policy approved by MEC 2.29.2024 ○ Suicide Screening and Precautions Documentation Policy and Procedure – Updated and approved by MEC 2.29.2024 ○ Medical Equipment Preventative Maintenance Program - New Environment of Care Policy approved by MEC 2.29.2024 ○ Retention and Destruction of Medical Records Policy - New Health Information Management Policy approved 3.28.2024 ○ Release of Information Policy - New Health



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			<p>Information Management Policy approved by MEC 3.28.2024</p> <ul style="list-style-type: none"> ○ Patient Rights and Grievance Policy - Review, update and consolidate separate policies and procedures into one policy approved by MEC 3.28.2024 ○ Consultation and Referral Services Policy - Review and update policy with changes in consultation and referral process approved by MEC 3.28.2024
7	MSH Retired Policies/Procedures	<ul style="list-style-type: none"> ○ Close Observation ○ Guideline for Isolation Precautions ○ Tuberculosis Surveillance for Patients ○ Suicide Screening and Precautions Policy ○ Pre-Placement Visit ○ Dental Services ○ Infection Control - Care of Contaminated Articles ○ Pediculosis, Pthirus, Scabies and Bed Bugs ○ Guidelines for Release of Information ○ Patient Rights and Procedure Information ○ Patient Grievance Procedure 	<ul style="list-style-type: none"> ○ No action needed.
8	Medical Staff Privileging	<ul style="list-style-type: none"> ○ Updates to Medical Staff Privileging 	<ul style="list-style-type: none"> ○ Dr. Thomas Gray – Reappointment 1.10.2024



No.	Issue	Key Discussion Points	Follow-Up / Action Items
			<ul style="list-style-type: none"> ○ Dr McCall – Reappointment 1.7.2024 ○ Dr Mann – Initial appointment 1.2.2024 ○ Dr Dubin – Initial appointment 3.20.2024
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 – 28 ○ FMHF – 0 ○ Medication Errors – Monthly Average: <ul style="list-style-type: none"> ○ Main Hospital – 10 ○ Spratt – 14 ○ FMHF – 1 ○ Substantiated Abuse & Neglect Allegations – Monthly Average: <ul style="list-style-type: none"> ○ Main Hospital – 1.67 ○ Spratt – 0.33 ○ FMFH – 0 ○ Unsubstantiated Abuse & Neglect Allegations – Monthly Average <ul style="list-style-type: none"> ○ Main Hospital – 0.3 ○ Spratt – 0 ○ FMFH – 0
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 - .017 ○ Spratt – 0 ○ FMHF – 0



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			<ul style="list-style-type: none"> ○ Hours of Seclusion Use – Monthly Average <ul style="list-style-type: none"> ○ Main Hospital – 1.64 ○ Spratt – 0 ○ FMHF – 3.46 ○ Chemical Restraint Occurrence – Monthly Average <ul style="list-style-type: none"> ○ Main Hospital – 2.52 ○ Spratt – 0.60 ○ 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, Spratt & FMHF – 0 ○ Percent of Group Therapy Sessions that Occurred as Scheduled – Monthly Average <ul style="list-style-type: none"> ○ Main Hospital 70 % ○ Spratt 60% ○ Percent of Interdisciplinary Treatment Plans Completed Within 72 Working Hours of Admission – Monthly Average <ul style="list-style-type: none"> ○ Main Hospital – 83% ○ Spratt – 76% ○ Percent of History & Physicals Completed



No.	Issue	Key Discussion Points	Follow-Up / Action Items
			Within 24 Hours of Admission– Monthly Average <ul style="list-style-type: none"> ○ Main Hospital – 40% ○ Spratt – 81%
12	HR Update & Metrics	<ul style="list-style-type: none"> ○ MSH Employee Stats 	<ul style="list-style-type: none"> ○ Employee Vacancy Rate Monthly Average - 33% ○ Employee Turnover Rate Monthly Average – 2% ○ Employee Hires Monthly Average- 8
13	Operating Budget	<ul style="list-style-type: none"> ○ Financial Position Q3 SFY24 	<ul style="list-style-type: none"> ○ 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.
14	Special Events	<ul style="list-style-type: none"> ○ Updates on Other Programs & Initiatives 	<ul style="list-style-type: none"> ○ On Thursday & Friday, March 21st & 22nd, 2024, the MSH hosted a 3 on 3 Patient and Staff Basketball Tournament. pizza party on Friday March 29th, 2024.
15	Public Comment	<ul style="list-style-type: none"> ○ Mental Disabilities Board of Visitors, through Jeremy Hoscheid, submitted public comment to DPHHS, in the form of an email on Wednesday, May 15, 2024 regarding the Montana State 	<ul style="list-style-type: none"> ○ Mr. Hoscheid was notified on 5/22/24 that his public comment was received.



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		Hospital Patient Grievance Policy change.	

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