Mountain-Pacific Quality Health has engaged with the Montana State Hospital (MSH) to provide consultative clinical technical assistance (TA) to improve patient safety, staff safety, active treatment requirements and improved patient outcomes. Technical assistance includes:

- A combination of remote and onsite engagement per a mutually agreed upon schedule.
- Continued support, development and implementation of the established action plan to assist in the resolution of CMS areas of concern and quality improvement.
- Assess the current clinical management model and provide recommendations for changes in scope, coaching, training, competency requirements and support consistent policy implementation across units.
- Based on a gap assessment, provide recommendations for clinical and medical staff education, training, the need for subject-matter expertise with clinical policies, procedures, care planning, care management and documentation. Areas of emphasis include incidents of violence, fall prevention, infection prevention, medication management, restraints and seclusion, sentinel events and patient abuse.
- Recommend and assist with enhancement of clinical documentation processes.
- Chart review and data collection to support an active Quality Assurance Performance Improvement program.
- Collaboration and alignment of activities with State of Montana Department of Public Health and Human Services (DPHHS), as well as the Governing Body and Quality Improvement Council at MSH.
- Collaboration and alignment of activities with other consultants and contractors such as Alvarez and Marsal and Collaborative Safety.

**About Mountain-Pacific:** Mountain-Pacific Quality Health is a nonprofit health care improvement organization that partners within our communities to provide solutions for better health. We first opened our doors in Helena, Montana in 1973. Since that time, we have partnered with health care providers, practitioners, stakeholders, patients and families on a variety of quality improvement initiatives to achieve better care, better population health and lower health care costs.
<table>
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<tr>
<th>Goals</th>
<th>Completed Tasks*</th>
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| **Patient’s Right to Safety, Fall Prevention:** Revise fall prevention program and data monitoring | ✓ Program training refresher with existing staff (95%) and at new employee orientation  
✓ Baseline chart audit and preliminary program review  
✓ QI and nursing updated method of tracking patient falls with injury  
✓ Fall program huddles with redundancy in huddle leadership  
✓ Hand-off communication between shifts |
| Consistent decrease in falls with injury                            |                                                                                |
| Program performance feedback will be routinely provided to each unit, quality improvement (QI) council, medical staff and governing body | ✓                                                                                     |
| Infection Prevention (IP) and Antibiotic Stewardship Program: Implement updated infection prevention and control program | ✓ Improved communication with routine updates on COVID status on display board  
✓ Added support staff to infection prevention (IP) program  
✓ Updated IP and antibiotic stewardship program and COVID plan |
| Admin will review infection control (IC) resource benchmarking and implement a resource action plan in 6 months | ✓ Proactive testing of staff and new patients per new protocols and guidelines  
✓ Trained existing staff on updated plans (94%) and at new employee orientation  
✓ Added quarterly antibiotic stewardship data monitoring to IP team agenda |
| Improve and maintain personal protective equipment (PPE) and hand hygiene compliance at > 95% | ✓ Increased IP team meetings to monthly  
✓ Reviewed terminal room cleaning procedures with housekeeping  
✓ Improved PPE and hand hygiene compliance |
| Contain COVID in staff and newly admitted patients to prevent outbreaks |                                                                                |
| **Patient’s Right to Freedom from Restraint:** Develop and implement updated restraint and seclusion program to include utilization monitoring and improvement | ✓ Completed review and update of all PRN orders by medical staff  
✓ Medical staff revised and updated medication order policy to include PRN psychotropic ordering guidelines  
✓ Medical staff revised and updated restraint/seclusion policy to clearly define all roles, define utilization of medications and update monitoring procedures  
✓ Revised data collection methodology for ongoing monitoring |
| Improve appropriate use of restraint/seclusion and eliminate use of pro re nata (PRN)/standing order for restraint | ✓                                                                                     |
| **Staff Training and Development:** Revise staff training and development program | ✓ Updated tracking processes  
✓ Training policy in progress  
✓ Determined regulatory requirements (Centers for Medicare & Medicaid Services [CMS], MCA/ARM and Occupational Safety and Health Administration [OSHA]) |