

# DPHHS Healthcare Facilities Division

September 8, 2023

HB 872



DEPARTMENT OF  
**PUBLIC HEALTH &  
HUMAN SERVICES**



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# State Licensure and Board of Visitors – Site Visit Updates

The State Licensure and Board of Visitors were onsite at the Montana State Hospital during the week of August 28<sup>th</sup>. **DPHHS has been working to foster collaboration and partnership with both parties to propel goals for high-quality patient care and compliance.** The finalized reports have not been issued, yet.

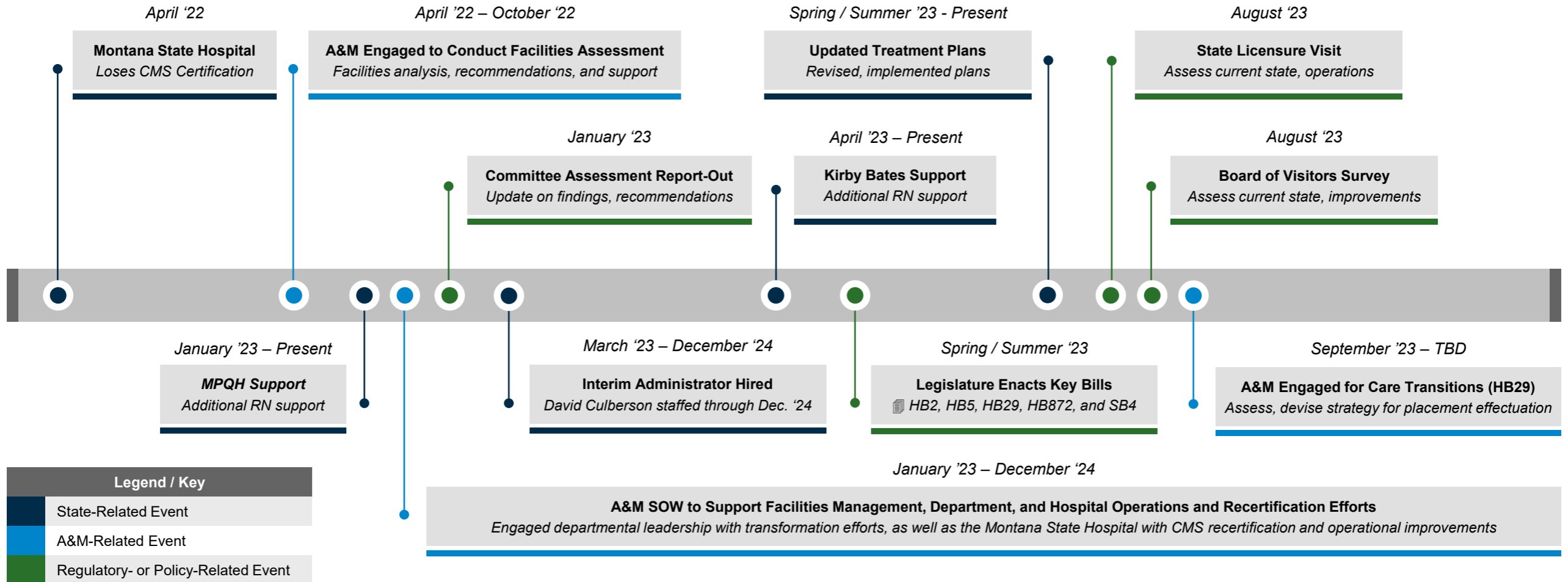
## Examples of Board of Visitors' Feedback

- Staff morale and knowledge has improved
- Montana State Hospital has made numerous improvements from the prior survey
- Spratt Unit has significantly improved:
  - There was an adequate number of staff, their engagement with patients has increased
  - The new sensory garden has enhanced the therapeutic social environment

## Examples of State Licensure's Feedback

- Noted improvement in cleanliness, enriched documentation in patient's records, including documentation of individual care planning
- Positive comments on the work of numerous staff members contributing to make patients feel comfortable in a healing environment
- A few deficiencies were noted with recommendations
  - Improve the Quality Assurance Performance Improvement plan and processes
  - Conduct regular emergency disaster drills per CMS regulations
  - The Social Services Department will require a different reporting structure

# Timeline | Key Events at the Montana State Hospital



**Ongoing:** Facility, Department, and Hospital Leadership Implement and Track Key Performance Metrics; Implement Select Changes from Facilities Assessment; and Effectuate Operational and Clinical Improvements (Identified and Newly Discovered) to Bolster Care / Treatment Quality and Align with Regulations (i.e., CMS CoPs) for CMS Recertification

# Overview | Key Recertification Accomplishments and Efforts

Leadership and Governance	Workforce and Personnel	Clinical and General Operations, Tools (Continued)	Regulatory, Administrative, and Other
<ul style="list-style-type: none"> <li>• <b>Governing Board:</b> Resurrected quarterly governing board meeting; comprehensive list of contract services has been developed, tracked</li> <li>• <b>Facility Leadership:</b> Interim Chief Executive Officer hired to support CMS recertification journey, will stay on through 2024</li> <li>• <b>Medical Executive Committee:</b> Stand-up of Medical Executive Committee, occurring monthly; sample of work includes process to screen providers against OIG exclusion list and an outside peer review process to review quality of care concerns</li> <li>• <b>Committee Stand-Up:</b> Formal committee structure established, including Leadership Council, Medical Executive, Quality Improvement, Clinical Care, Infection Prevention, Pharmacy and Therapeutics, Safety, and Education</li> <li>• <b>Committee Purview:</b> Committees have, among other duties, ownership of policies in their given area and support organizational and operational changes to bolster recertification efforts and improve patient treatment, overall quality of care</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Staffing Strategy:</b> Creation of one agency contract to ensure that the facility is adequately staffed to meet patient needs; presently executing large recruitment and retention focus to improve staffing levels</li> <li>• <b>Leadership Training:</b> Conducted leadership training at the facility with the entire leadership team</li> <li>• <b>Infection Control RN:</b> Onboarded full-time infection control nurse; supported by an infection control subcontractor</li> </ul> <hr/> <div data-bbox="780 853 1399 954" style="background-color: #0070C0; color: white; padding: 5px; text-align: center;"> <b>Clinical and General Operations, Tools</b> </div> <ul style="list-style-type: none"> <li>• <b>Treatment Planning:</b> Revising entire treatment planning process, to include steering committee stand-up to review the current process at the facility, make needed changes to how treatment plans are written; updating treatment plan completion timeframe to match best practices; and creation of interdisciplinary treatment team meetings (all units, 2x/wk)</li> <li>• <b>Transitions of Care:</b> Assess, support facilitation of discharge planning process, transitions to appropriate care settings</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Falls Tool:</b> Implemented Fall Risk Assessment Tool from Johns Hopkins to align with national best practices; tool implemented as a result of a quality improvement initiative at Spratt regarding falls, and documented as part of CMS CoP requirement</li> <li>• <b>Suicide Tool:</b> Implemented the Columbia Suicide screening tool to align with industry standards</li> <li>• <b>Ligature Assessments:</b> Conducting ongoing facility ligature assessment of all patient treatment and care areas</li> <li>• <b>IT Improvements:</b> Updating TIER system to improve clinical processes and workflows and to ensure compliance with statutory requirements</li> <li>• <b>Auditing and Monitoring:</b> Implemented formal auditing and monitoring process to review treatment plans, seclusion and restraints, and falls and suicide tools</li> <li>• <b>Infection Control Plan:</b> Restarted development, implementation of infection control plan, and review of gaps around standard precautions and best practices</li> <li>• <b>Hygiene Operations Plan:</b> Established universal operation plan for hand hygiene</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Compliance Assessment:</b> Conducted initial assessment in October of 2022, delivered final report to DPHHS outlining areas of noncompliance with CMS CoPs, as well as a review of needed capital improvements</li> <li>• <b>Licensure Survey:</b> Successfully underwent licensure survey by the State in 2023; plan of correction was required based on cited deficiencies, which the organization submitted and accepted</li> <li>• <b>Bylaws Refresh:</b> Conducted rewrite, update of medical staff bylaws to be current and up-to-date</li> <li>• <b>Policy, Procedure Review:</b> Implemented formal policy and procedure review process, to ensure all policies reviewed on regular basis, remain current</li> <li>• <b>Emergency Preparedness Requirements:</b> Ongoing, including development of an operations plan; training and testing (e.g., fire drills); hazard vulnerability analysis by quality and risk resources; Failure Modes and Effects Analysis (FMEA) process being utilized to evaluate high-risk processes for the facility, and results are documented for recertification process</li> </ul>

# Hospital CMS Recertification Project Plan (July 2023 – December 2024)

This project plan outlines anticipated end dates for implementation. For CMS compliance, these initiatives need to continue after implementation. The Department and A&M continuously collaborate to create sustainability and a post-contractor environment.

#	CMS Workstream / Initiative	7/23	8/23	9/23	10/23	11/23	12/23	1/24	2/24	3/24	4/24	5/24	6/24	7/24	8/24	9/24	10/24	11/24	12/24
1	Governing Body							→	→	→	→	→	→	→	→	→	→	→	→
2	Patient Rights						→	→	→	→	→	→	→	→	→	→	→	→	→
3	Emergency Preparedness							→	→	→	→	→	→	→	→	→	→	→	→
4	QA and PI Program							→	→	→	→	→	→	→	→	→	→	→	→
5	Medical Staff								→	→	→	→	→	→	→	→	→	→	→
6	Nursing								→	→	→	→	→	→	→	→	→	→	→
7	Medical Records							→	→	→	→	→	→	→	→	→	→	→	→
8	Food and Dietetic Services		→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→
9	Utilization Review								→	→	→	→	→	→	→	→	→	→	→
10	Physical Environment																		
11	Infection Prevention and Control							→	→	→	→	→	→	→	→	→	→	→	→
12	Special Medical Record Requirements							→	→	→	→	→	→	→	→	→	→	→	→
13	Foundation of Cultural Transformation																		



**MONTANA State Hospital**

*Making a difference one life at a time*

Key Weekly Items / Deliverables

- A. Weekly (Wednesday) CMS-Task Tracker – Updates on assigned tasks
- B. Weekly Updates (Friday) for CMS MSH and MMHNCC
- C. Project Plan (PPT and Excel)
- D. Leadership Calls [with Charlie Brereton] 2x per Week

Legend / Key for Project Plan

- Continuing Effort = →
- Current Position = █

# House Bill 29 | Transition review committee

HFD is working to facilitate the transition review committee in coordination with the Legislative Branch.

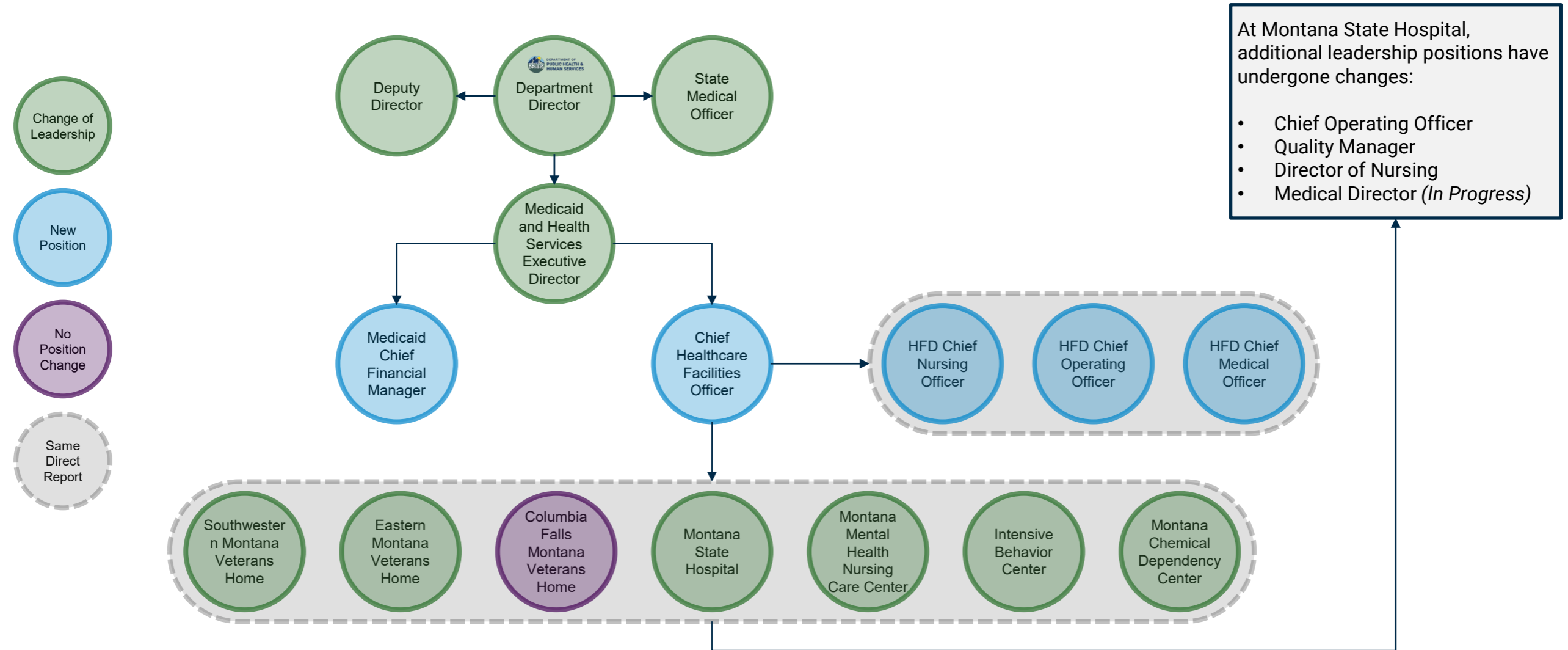
Membership Type	Potential Appointment	Appointed By	# of Members
Senators	TBD	Committee on committee appoints one member from each party	2
House Representatives	TBD	Speaker of the house appoints one member from each party	2
Statewide Association representing SNFs/ALFs	Heather O'Hara (MHA)	Governor or designee	1
Protection & Advocacy System	Mike Lahr (DRM)	Governor or designee	1
Statewide Association representing Alzheimer's, dementia	Melanie Williams (Alzheimer's Assoc.)	Governor or designee	1
Statewide Association representing individuals with traumatic brain injury	Anne Geiger (Liberty Place)	Governor or designee	1
Geriatric Psychiatrist	Dr. Reza Ghomi (Frontier Psychiatry)	Governor or designee	1
Family member or guardian of an individual committed to MSH with Alzheimer's, dementia, or TBI within past 5 years	Sarah Hanson-Baiamonte (daughter of Spratt patient, Attorney)	Governor or designee	1
DPHHS Representative	Mike Randol (DPHHS)	Governor or designee	1
<b>Total</b>			<b>11</b>

## Requirements:

- **First Meeting Scheduled for October 24, 2023**
- Two legislators appointed must have served on Section B Joint Appropriations committee
- Two legislators appointed must have been members of the House Human Services committee or Senate Public Health, Welfare, and Safety committee
- Committee shall elect a presiding officer and vice presiding officer from among the legislative members of the committee
- Shall meet quarterly during the biennium beginning July 1, 2023
- Legislative services division will provide administrative support for the committee

# Updated DPHHS Organizational Structure

Since April 2022, DPHHS reorganized HFD, including a completely new leadership team to oversee all facility operations to improve communication and workflow





# Healthcare Facilities Division’s Leadership Recruitment Update

DPHHS Healthcare Facilities Division (HFD) has been actively recruiting for various leadership positions. Below is a snapshot of priority positions pertaining to the Montana State Hospital and HFD.

Position	Facility	Open/Filled	HFD Next Steps
Facility Administrator	Montana State Hospital	Open [Interim Leadership from David Culberson]	In Process
Chief Operating Officer	Montana State Hospital	Open - Posted	In Process
Medical Director	Montana State Hospital	Open – Not posted	Traditions Behavioral Health
Chief Operating Officer	N/A – HFD	Open	In Process
Chief Nursing Officer	N/A – HFD	Open	In Process
Chief Medical Officer	N/A – HFD	Open – Not Posted	In Process