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Quarterly Report on Anoka Metro Regional Treatment Center (AMRTC), Minnesota Security Hospital (MSH) & Community Behavioral Health Hospitals (CBHH)

Third Quarter FY2017

January 1, 2017 through March 31, 2017

This report is being provided as required under Minnesota Statutes Section 246B.035. Please refer to the attached notes and definitions for additional information. Contact Dan Kitzberger, Direct Care and Treatment Legislative Director (651-431-3783 or Daniel.Kitzberger@state.mn.us) with questions.

Census Information

The table below provides a snap shot as of the last day of the quarter. See 'Notes' for more detail.

	AMRTC	MSH	CBHHs
Licensed Bed Capacity	175	494	96
Budgeted Bed Capacity	110	401	84
Average Daily Census	93	350	58
Occupancy Rate	84.5%	87.3%	69.0%

OSHA Recordable Injuries

The table below provides the number of OSHA recordable injuries during the quarter. Note, the numbers may change from quarter to quarter depending on when the injury was actually recorded.

	AMRTC	MSH	CBHHs
Total OSHA Recordable Cases	6	21	2
Total OSHA Recordable Aggressive Behavior	3	13	2

Clinical Positions

The table below provides a snap shot as of the last day of the quarter.

	AMRTC	MSH	CBHHs
Budgeted/Funded FTEs	67.00	172.31	67.90
Filled FTEs	54.55	156.58	47.65
Percent Budgeted/Funded FTEs Filled	81.4%	90.9%	70.2%
Number of FTEs Actively Recruiting	9.00	19.00	11.80

Direct Care Positions

The table below provides a snap shot as of the last day of the quarter.

	AMRTC	MSH	CBHHs
Budgeted/Funded FTEs	285.30	596.64	311.30
Filled FTEs	244.95	518.75	239.20
Percent Budgeted/Funded FTEs Filled	85.9%	86.9%	76.8%
Number of FTEs Actively Recruiting	16.20	54.90	47.15

Notes

Census Information

AMRTC: Census continues to be lower due primarily to lack of clinical provider coverage and not being fully staffed with direct care employees (At the time this report was published, two clinical staff have been hired).

MSH: Includes the new Community Competency Restoration Program. The program opened 1/18/2017.

CBHHs: *Budgeted* capacity is 14 at each site (Alexandria, Annandale, Baxter, Bemidji, Fergus Falls, and Rochester). At the time this report was published, all sites are *operating at 14*, except Annandale and Rochester due to lack of clinical providers. At the time this report was published, in Annandale, a Locum APRN started and staff clinician returned after absence, so ADC will adjust accordingly. In Rochester, Locum will begin in late June (pending license approval). ADC will remain lower until then.

CBHHs: Actual ADC per site for the month of March, 2017 ranged from 8-15 with an average of 11. There has been a steady increase in ADC from month to month, and this is anticipated to continue. ADC can vary based on a variety of factors, such as patient acuity and turnover rate. Patients with higher acuity (more challenging behaviors) may require higher staff to patient ratios (one-to-one or two-to-one) and census will be aligned to maintain safe staffing ratios.

Budgeted/Funded vs. Filled FTEs

AMRTC continues to have issues with staff turnover and recruiting qualified candidates; therefore, the filled FTEs percentage is lower than expected.

MSH Budgeted/Funded and Filled FTE counts include the new Community Competency Restoration Program.

CBHHs' budgeted FTEs includes the additional staff needed to bring the census back to full capacity.

Internal Action

Current interventions by DCT to address the barriers impacting recruitment and retention and/or census:

- Census and acuity is monitored daily by leadership.
- Recruitment efforts, primarily for RN's, LPN's, and HST's are being done in collaboration with each CBHH and Forensic Leadership.
- Position Control have been normalized in CBHHs to ensure actual to budgeted positons are maintained.
- Clinical Areas have a defined staffing plan that outline the skill mix needed to care for the population served.
- Staffing is monitored, reviewed, and adjusted according to acuity of patient care and safety needs.
- Locum Tenens and/or permanent provider recruitment is improving based on new salary adjustment/rate adjustment. Locum Tenen's hourly rate was increased to remain competitive to external market.
    - Dr. KyleeAnn Stevens promoted to Medical Director for Direct Care and Treatment.
    - Dr. Sonija Hirachan moved from staff psychiatrist to Medical Director for Forensic Services. Dr. Hirachan replaced Dr. KyleeAnn Stevens
    - Two MD providers (Psychiatrist's) have signed on for an effective start date of July 2017.

Definitions

AMRTC
Anoka Metro Regional Treatment Center

MSH
Minnesota Security Hospital – includes all Forensic Services: MSH, Competency Restoration Program (on-campus and community), Forensic Nursing Home, and Transition services.

CBHHs
Community Behavioral Health Hospitals – located at Alexandria, Annandale, Baxter, Bemidji, Fergus Falls, and Rochester. The St. Peter CBHH closed Nov. 7, 2016.

Census Information
Licensed Bed Capacity – the number of beds licensed by the Department of Health

Budgeted Bed Capacity – the number of beds able to operate within available funding

Average Daily Census – the average census for each day during the quarter

Occupancy Rate – the average daily census divided by budgeted bed capacity

OSHA Recordable Injuries
OSHA Recordable Cases – an injury or illness is considered OSHA Recordable if it results in any of the following:

- Death, days away from work, restricted work or transfer to another job, medical treatment beyond first aid (see below for first aid definition), or loss of consciousness.
- A significant injury or illness diagnosed by a physician or other licensed health care professional, even if it does not result in death, days away from work, restricted work or job transfer, medical treatment beyond first aid, or loss of consciousness.
- Injuries include cases such as, but not limited to, a cut, fracture, sprain, or amputation.
- Illnesses include both acute and chronic illnesses, such as, but not limited to, a skin disease (i.e. contact dermatitis), respiratory disorder (i.e. occupational asthma, pneumoconiosis), or poisoning (i.e. lead poisoning, solvent intoxication).
- OSHA's definition of work-related injuries, illnesses and fatalities are those in which an event or exposure in the work environment either caused or contributed to the condition. In addition, if an event or exposure in the work environment significantly aggravated a pre-existing injury or illness, this is also considered work-related.

Aggressive Behavior - a disabling injury stemming from the aggressive and/or intentional and overt act of a person, or which is incurred while attempting to apprehend or take into custody such person.

OSHA Recordable Aggressive Behavior - meets both criteria for an OSHA Recordable case and Aggressive Behavior.

First Aid – for determination of OSHA Recordable cases includes:

- Using a non-prescription medication at nonprescription strength (for medications available in both prescription and non-prescription form, a recommendation by a physician or other licensed health care professional to use a non-prescription medication at prescription strength is considered medical treatment for recordkeeping purposes)

- Administering tetanus immunizations (other immunizations, such as Hepatitis B vaccine or rabies vaccine, are considered medical treatment)
- Cleaning, flushing or soaking wounds on the surface of the skin
- Using wound coverings such as bandages, Band-Aids™, gauze pads, etc.; or using butterfly bandages or Steri-Strips™ (other wound closing devices such as sutures, staples, etc., are considered medical treatment)
- Using hot or cold therapy
- Using any non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc. (devices with rigid stays or other systems designed to immobilize parts of the body are considered medical treatment for recordkeeping purposes)
- Using temporary immobilization devices while transporting an accident victim (e.g., splints, slings, neck collars, back boards, etc.)
- Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister
- Using eye patches
- Removing foreign bodies from the eye using only irrigation or a cotton swab
- Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means
- Using finger guards
- Using massages (physical therapy or chiropractic treatment are considered medical treatment for recordkeeping purposes)
- Drinking fluids for relief of heat stress

Clinical and Direct Care Positions

Clinical Positions – includes 1) Mental Health Professionals – licensed clinicians such as psychologists, psychiatrists, and social workers who provide clinical direction to the treatment team; 2) Professional Staff who provide clinical assessments, direction to staff, and who also provide direct professional services that do not require oversight

Direct Care Positions – includes 1) staff providing the day to day provision of care to clients on a 24/7 basis (e.g., nurses and Human Services Technician); 2) staff providing direct services under the direction of a Mental Health Professional (e.g., Occupational and Recreational Therapist)

FTE – Full Time Equivalent

Budgeted/Funded FTEs – the number of FTEs needed to maintain the budgeted bed capacity

Filled FTEs – the total number of actual filled positions within Sema4 as of the last day of the quarter

Percent Budgeted/Funded FTEs Filled – total number of filled FTEs divided by the Budgeted/Funded FTEs

Number of FTEs Actively Recruiting – the number of FTE positions the Human Resources department is working to fill