

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

First Quarter FY2018

July 1, 2017 through September 30, 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](mailto:Daniel.Kitzberger@state.mn.us)) with questions.

## Census Information

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

	AMRTC	MSH	CBHHs
Licensed Bed Capacity	175	494	96
Budgeted Bed Capacity	110	395	96
Average Daily Census	93	359	83
Occupancy Rate	84.5%	90.9%	86.5%

## 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	7	21	4
Total OSHA Recordable Aggressive Behavior	5	17	2

## Clinical Positions

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

	AMRTC	MSH	CBHHs
Budgeted/Funded FTEs	71.80	197.08	71.30
Filled FTEs	52.65	156.18	51.35
Percent Budgeted/Funded FTEs Filled	73.3%	79.2%	72.0%
Number of FTEs Actively Recruiting	8.30	17.00	11.30

## Direct Care Positions

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

	AMRTC	MSH	CBHHs
Budgeted/Funded FTEs	293.85	648.95	314.50
Filled FTEs	239.60	519.10	259.85
Percent Budgeted/Funded FTEs Filled	81.5%	80.0%	82.6%
Number of FTEs Actively Recruiting	22.30	86.40	25.35

# Notes

- Budgeted bed capacity at MSH is down slightly from FY17 due to the delay in the approval of the MSH Phase 2 bonding request. Phase 2 includes renovating living units, reconstructing bedroom wings and constructing new acute care and transition housing units. The Phase 2 project is projected to begin by the end of October, 2017.
- Budgeted bed capacity within the CBHHs has increase to 16 at each site.
- OSHA recordable injuries are down within all 3 programs – most significantly at AMRTC.
- Budgeted/Funded Clinical and Direct Care positions (FTEs) have increased from FY17 within all programs:
  - AMRTC – 4.80 Clinical and 8.55 Direct Care
  - MSH – 24.77 Clinical and 52.31 Direct Care
  - CBHHs – 3.40 Clinical and 3.20 Direct Care
- Forensic Services Job Fair held in September was attended by 158 individuals and resulted in 30 hires (5 RNs and 25 Security Counselors).
- Recruitment continues to occur for hard to fill position in all Direct Care and Treatment Programs.

# 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