



# Legislative Report

## Quarterly Clinical Report

**Third Quarter Fiscal Year 2019**

**Direct Care and Treatment**

May 2019

**For more information contact:**

Minnesota Department of Human Services  
Direct Care and Treatment  
P.O. Box 64979  
St. Paul, MN 55164-0979

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This report is being provided as required under Minnesota Statutes Section 246.131. Please refer to the attached notes and definitions for additional information. Contact Laura Lane, Direct Care and Treatment Legislative Director ([Laura.E.Lane@state.mn.us](mailto:Laura.E.Lane@state.mn.us) or 651-431-3783) with questions.

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# I. Census Information

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

	AMRTC	MSH	CBHHs
Licensed Bed Capacity	175	424	96
Budgeted Bed Capacity	110	395	96
Actual Bed Capacity	94	395	89
Average Daily Census	85	367	84
Occupancy Rate of Budget/Actual Bed Capacity	77.3% / 90.4%	92.9% / 92.9%	87.5% / 94.4%

# II. Occupational Safety and Health Administration (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	21	16	3
Total OSHA Recordable Aggressive Behavior	18	8	0

### III. Clinical Positions

The table below provides a snap shot as of the last day of the quarter. NOTE: New FTEs may be partially funded for the first year due to timing of hiring (e.g. 1.0 FTE may be only funded at 0.75); therefore, the sum of the filled and activity recruiting FTEs may be greater than budget.

	AMRTC	MSH	CBHHS
Budgeted/Funded FTEs	83.70	182.18	74.00
Filled FTEs	64.2	180.77	64.85
Percent Budgeted/Funded FTEs Filled	76.7%	99.2%	87.6%
Number of FTEs Actively Recruiting	8.00	20.00	7.75

### IV. Direct Care Positions

The table below provides a snap shot as of the last day of the quarter. NOTE: New FTEs may be partially funded for the first year due to timing of hiring (e.g. 1.0 FTE may be only funded at 0.75); therefore, the sum of the filled and activity recruiting FTEs may be greater than budget.

	AMRTC	MSH	CBHHS
Budgeted/Funded FTEs	340.00	602.45	319.50
Filled FTEs	251.00	578.95	288.35
Percent Budgeted/Funded FTEs Filled	73.8%	96.1%	90.3%
Number of FTEs Actively Recruiting	41.60	52.70	19.60

## VI. Notes

### Census Information:

- Actual bed capacity and census at Anoka continues to be impacted overall by general acuity, patients requiring Intensive Care Areas (ICAs) and the anti-ligature project required by Centers for Medicare & Medicaid Services (CMS).
- The occupancy rate for Forensic Services has not changed from last quarter.
  - The wait list for MSH was 18 as of March 31, 2019.
- Actual bed capacity within the CBHHs continues to be limited due to vacant medical practitioner positions and the length of time to it takes to recruit and hire qualified candidates.

### OSHA Recordable Injuries:

- OSHA recordable injuries at AMRTC are up from last quarter. Patient turnover has increased the acuity of the patient mix, which contributed to the increase in injuries. AMRTC staff continue to analyze events and develop proactive risk management plans. AMRTC has also implemented an incident command system which is focused on site based support in response to aggressive patients.
- Recordable injuries at MSH and the CBHHs are down from last quarter.

### Budgeted/Filled Positions:

- The percent of clinical positions filled is up slightly from last quarter for both AMRTC and MSH.
- The percent of direct care positions filled is up from last quarter at AMRTC.
- Recruitment continues to occur for hard to fill position (high demand and low supply) in all Direct Care and Treatment Programs.
- Job markets in greater Minnesota continue to be tight and the pool of qualified candidates is smaller and competition for those candidates is strong based on complete benefits and wages in the private sector.

# VII. Definitions

## ***AMRTC***

Anoka Metro Regional Treatment Center

## ***MSH***

Minnesota Security Hospital – includes all Forensic Services: Forensic Mental Health, 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

**Actual Bed Capacity** – the number of beds able to operate within available staffing and physical plant limitations

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

**Occupancy Rate** – the average daily census divided by budgeted/actual 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

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**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