

Soldiers' Home in Holyoke Board of Trustees Operations Committee Meeting

A meeting of the Board of Trustees Operations Committee of the Soldiers' Home Holyoke (HLY) was held virtually and telephonically on Tuesday, August 24, 2021. The meeting began at 6:00 PM.

Committee Members Present on WebEx:

Sean Collins, Chairman; Mark Bigda and Carmen Ostrander

Also Present on WebEx:

Patti Spirito, Ombudsman (HLY); Michael Lazo, Interim Superintendent (HLY); Kelly Hansen, Quality Manager, (HLY); Dr. Dietzen, CMO (HLY); Caitlin Menard, Director of Social Services (HLY); and Kathleen Denner, Recording Secretary (HLY).

Roll Call:

Chairman Collins conducted a Roll Call as follows: Mark Bigda (Yes), Cindy Lacoste (Yes).

Pledge of Allegiance - All present recited the Pledge of Allegiance.

Public Comment: None requested.

Approval of Minutes

Upon motion by Trustee Ostrander and seconded by Trustee Bigda, it was unanimously VOTED to accept the minutes of the BoT Operations Committee Meeting held on May 25, 2021.

Trustee Collins conducted a Roll Call vote on the approval of the minutes of the BoT Operations Committee meetings on May 25, 2021. The Roll Call vote is as follows: Mark Bigda (Yes), Sean Collins (Yes), Carmen Ostrander (Yes). It was unanimously VOTED to approve the minutes.

Old Business

Elopement Policy

Trustee Collins stated the policy looks great. He asked who can order the WanderGuard, is that a nursing function or do you need a doctor's order. Mr. Lazo deferred to Dr. Dietzen and Ms. Hansen. Ms. Hansen answered that the need is based on the wander and risk assessment evaluation which is done on admission and a quarterly basis. She reported it is deemed as needed, if they verbalized wanting to elope or leave the building or they acted like they wanted to leave the building then they would be assessed and based on the score it would decide if they need a WanderGuard. Ms. Hansen said it has to be run by and ordered by the physician and part of their order set. Trustee Collins asked if this has been exercised or tested to see if it works. Mr. Lazo reported a veteran was missing and the policy was acted out; the staff was deployed around the building to search as appropriate and the veteran was on the unit in the solarium. Trustee Collins asked about wander and elopement on the dashboard and what are they defining. Ms. Hansen defined wandering is someone who is wandering about their floor or the building and not sure where they are they may be verbalizing looking for someone or something but not verbalizing or demonstrating that they are trying to leave the building. She stated this would trigger a wander risk assessment and depending on the results they may or may not need a WanderGuard. She defined an elopement as folks who are successfully making it out of the building or talking about leaving the building.

List of Credentialed Providers/expiration dates

Trustee Collins thanked Mr. Lazo for sending the list of credentialed providers with expiration dates. He shared that the list had both employed physicians and staff as well as contracted providers. Trustee Collins stated that Dr. Yen the dentist will be coming due in November and everything looks good.

Privileging Policy/Bylaws

Trustee Collins asked for clarity on item III "scope" and item F6 "Application Process". He asked if we got a copy of what Chelsea uses, do they have a policy and procedure that we can look at? Mr. Lazo said they do and Dr. Higgins did look at it and that was one of the reasons we went from bylaws to policy to mirror what Chelsea does. Mr. Lazo shared that Dr. Higgins felt their document was not very thorough, so he used some information but developed a lot of this from our Bylaws.

Trustee Collins stated that the scope applies to all independent practitioners and he struggles with that because as you heard in our last full board meeting there was a lot of discussion going on about seeing particular packages being sent to the full board meeting. Trustee Collins questioned who do we need to be credentialing; is it someone that diagnose, treat, orders therapeutics and medications? Because we are doing a licensed clinical social worker and the question is if that social worker is doing therapy which may require privileging. This is the delineator doing therapy, versus a pharmacist or a registered nurse who is working within the scope of their license. He would like to see more clarity on the scope of what credentialing is looking for to bring to the board. Dr. Dietzen stated her understanding was that is people who were providing services independently and that was the reason for including Healthdrive practitioners and providers of therapy not sure if that is a standard elsewhere but feels it is a good standard. Trustee Collins commented that a dental hygienist was sent to the full Board and some of the trustees were pushing back as to why the full Board are seeing it and leads to questioning who do we need to be looking at? Trustee Collins wants to make sure the committee is doing their due diligence to help Dr. Dietzen. Trustee Collins questioned item 6 where the CMO will recommend to the board the granting of certain privileges based on Dr. Dietzen's recommendation. Trustee Collins went through our bylaws (and specifically the Operations Committee) and it says the oversight of the approval of the appointment of the medical staff. This is where it gets into the weeds a little bit regarding who is on the medical staff, and that it is not just the physicians but could be mid-level providers like the advanced practice nurses, so he would like to have a little more clarity as we move forward. He shared that the full board did not see the need to review those packets, and that it is within the committee jurisdiction. What has been delegated to the Operations Committee includes the oversight, approval, appointing medical staff, reviewing policy and taking care of credentialing packets. Trustee Collins questioned if the scope needs to be further delineated and that will be up to Dr. Dietzen. Mr. Lazo asked if the packets of all levels go through the Operations Committee and then to the Board for full vote. Trustee Collins answered the Operations Committee is charged with the oversight and approval except the CMO goes to the full board. Dr. Dietzen confirmed that she will continue to create full packages and send to Operations Committee. Trustee Collins replied that this is acceptable and is better for us have our eyeballs on it.

Committee listings – Active / in-development

Trustee Collins shared his appreciation of the terrific governance plan and structure for the committees, there are 26 committees listed. He asked if there was a relationship between the orange color scheme medical staff, CQI, safety and operations to the ones that are below it. Mr. Lazo informed him the green committees report into the orange committees which then report to the blue committee. Mr. Lazo said not all of these are fully active and some are adhoc and even some for example Human Resources is one person that will report out to Operations. Trustee Collins CQI committee charter is excellent and being used as a template as we go through our monthly meetings, we will highlight a couple of things to talk about.

Trustee Collins asked if under membership for CQI the director of pharmacy if we employ or do you contract a pharmacist. Mr. Lazo reported our pharmacy is contracted they are based in Tewkesbury and we are one of the only in-house pharmacy's in long term facilities in the state.

Trustee Collins asked if he serves in a role for our staff in regard to pharmacy matters. Trustee Collins asked who tracks his licensure. Dr Dietzen said he is employed by another agency that is responsible for tracking the credentials. Ms. Hansen said the pharmacy is not directly contracted to Home they are contracted through SOPS (State Office for Pharmacy Services) so the credentialing would go through SOPS. Trustee Collins asked if we could track down his licensure and it may be somewhere in the building already.

Employee evaluations

Trustee Collins went thru updates and asked Mr. Lazo regarding the employee evaluations if he has a status of completion. Mr. Lazo reported that non-clinical teams are at 99% we have complete 102 out of 103 complete, the one employee is new and there is discussion on whether he need to close out and on the clinical side we are at 89% complete there are couple out and on some on FMLA and a couple that have been out for various other reasons but are being tracked.

Standard Agenda Items (Updates) / Dashboards

KPI Update

Trustee Collins asked Ms. Hansen if there were any items she would like to address. Ms. Hansen highlighted the falls numbers. She shared that the veteran care coordinators put a tremendous amount of work into the fall program which has spread across the building including maintenance helped with work on the bed pumps and the front-line staff has put a lot of work into reducing veterans falls. She stated it is a huge accomplishment to have decreased the number of falls under 3 and far less falls with injury in 2021. She reported under quality looking at infection control metrics the catheter infection number has gone way down and hand hygiene is heading in a good direction. She shared that the service metrics this month from the Pinnacle family surveys starting to trend in the right directions and is not out of the red yet but making small gains in nursing care and response to problems. Ms. Hansen shared they are making sure we are communicating clearly to families are aware where and why veterans are going somewhere.

Trustee Collins wanted to know why restraints went up in July and what kind of restraints is it referring to. Ms. Hansen taking about a Velcro seat belt that goes across their lap and when you separate the two layers of Velcro it makes a noise or there are a few trays with Velcro on their chairs these are mostly hospice veterans it provides extra eating options because of the way the

table attaches to the chair it is considered a restraint. She explained the increase from June to July is the addition of one seatbelt to a veteran who fell 5 times so far this year and have tried multiple strategies with this veteran and now has a lap belt and he still gets up but staff has a chance to respond and help him transfer.

Trustee Collins asked Ms. Hansen to discuss further decreasing the anti-psychotic medication in regard to behavior events going up. Ms. Hansen replied that there is no way to directly correlate them there are too many factors in play, the subtractions that were made in close conjunction with providers over a period of time. When she reviewed the reductions in July there were none on the behavior list and any reduction of doses were done with Healthdrive, medical team and social services. Trustee Collins applauds the efforts of getting the veterans off the psychotic medications.

Chairman Trustee Collins asked when he reviewed the June 2021 Quality Measure Compare document, he wanted to know how it was related to the main dashboard? Ms. Hansen replied the document is taken out of the MDS submission and it is retrospective behavior care of the last quarter. She said it give us something to compare our selves against and identifies the trends on the dashboard and on the MDS process and they correlate pretty well. Ms. Hansen said you can compare to the national benchmark and they calculate their end differently because it is based on the number of patients who have an MDS submission for that quarter. Trustee Collins asked is it done quarterly? Ms. Hansen said the monthly evaluation is a quarter of the patients and each patient gets evaluated 4 times per year.

The other question Trustee Collins has is understanding the 30/60/90 weight change significance. Ms. Hansen replied the way it is measures is also based off of MDS and it is significant weight change over 30, 60 and 90 days and is weight gain or loss greater than or equal to 5%, then 10%. The dietician and physician will make appropriate interventions. There medical status on fluid can play a role in weight and getting a dry weight to hopefully be more consistent and depending where people fall in the 30/60/90 timeframe if your weight stabilizes you can also fall off, but if meet the 10% could fall into the 90 day. Trustee Collins does every veteran have weight put in system. Ms. Hansen stated at a minimum a monthly weight is documented and if necessary then a physician order will be in place to be weighed more often but during Hospice this can be discontinued. Ms. Hansen said if they are weighed daily it is noted in the nursing MAR.

Trustee Collins noticed while reviewing the report that there are problems weekends and evening shifts and how do we mitigate. Ms. Hansen the report easily points out some of the trends and we try to gear interventions to those items and one of the items we have action from is the out of bed falls. She said they are looking for ways to put certain intervention at certain time of days to prevent and when there are times that staffing is tougher, recreation department is helping especially in the evening. She also shared that the very early in the morning 6am seems to be a troublesome time and trying to work with staff to prioritize those veterans.

Trustee Collins asked Ms. Hansen to explain the case mix index. Ms. Hansen informed us that the case mix index comes out of MDS is generally on a scale of 1, occasionally someone will go over 1 if they have a lot of care needs, it is designed to drive long term care reimbursement and is shows how acute or how much care long term care needs. She stated it takes into account how much assistance they need with various activities for example if they are independent, 1 assist or 2 assists, dressing eating showering that may require nursing assistance? She shared the lower the number that is how much care they need and as you get to 1 they need a lot of care with possibly 2

assists. Ms. Hansen stated another factor that plays into this is rehabilitation so if they are receiving services it is a higher level of care as they start to physical therapy and occupational therapy, they gain early confidence and become higher risk falls. She said we look at here to look at how acuity is distributed across the floors not for reimbursement and this gives us something to start to have a basis for staffing and it does drive CMS reimbursement. Trustee Collins asked if this is a monthly snapshot, Ms. Hansen replied yes.

Trustee Collins commented on the skin injury charter and outcome statement is great also, the skin care plan this year is driving your goals of reducing by December. He said the readmission project charter template is very helpful for the items you are trying to get after and address.

Trustee Collins asked how the Podiatrist Dr. Kate Jones is engaged with Soldiers' Home. Ms. Hansen replied she is a contractor with Foot Care Nurses. Trustee Collins felt the statistics they shared were very interesting. He shared 41% had venous arterial insufficiency, 62% had some type of pathology of the nails, 57% had thick dystrophic nails, 47% had a skin concern, 62% had some sort of deformity. He stated that Dr. Kate Assisting with stiffness and therapeutic function and is appreciative that our veterans are getting the full care they need.

Trustee Collins commented that the July numbers for the pinnacle report and the trend lines are looking great except for two and Ms. Hansen already touched on communication and recommend to others but overall looking over a years' time the comments from veterans and families are very positive. He stated for the majority we are trending up on everything else.

Trustee Collins asked Mr. Lazo to give an update the current census and that we keep the dashboard updated so the full board to be able to see. Mr. Lazo reported on the current census in the home and the domiciliary, in the Home we have 90 long term care and 1 veteran in acute care; in the domiciliary we have 11 and 1 veteran long-term leave of absence; for a total of 103. Trustee Collins asked Mr. Lazo how are we doing with the waiting list and Mr. Lazo responded that there are 44 on the list from pre-COVID with 43 new applicants for a total of 87 active, with 16 of the veterans are comfortable at home but want to have paperwork in an active state. Trustee Collins asked Mr. Lazo if we have admitted any new veterans and Mr. Lazo answered that a few from domiciliary were brought over who are no longer appropriate for independent living but we have not accepted anyone from the community yet.

Medical Staff Update

Trustee Collins would like the discuss the medical staff vote for credentialing that was sent back to Operations Committee by the full Board of Trustees and then was sent to the Operations Committee for approval. A motion was made by Trustee Ostrander to approve Lisa Fragnoli as LICSW and was seconded by Trustee Bigda. Trustee Collins conducted a Roll Call vote on the approval Lisa Fragnoli as LICSW. The Roll Call vote is as follows: Mark Bigda (Yes), Sean Collins (Yes), Carmen Ostrander (Yes). It was unanimously VOTED to Lisa Fragnoli.

Dr Dietzen shared that the medical staff agenda is full for meetings and they are experimenting on how many topics to be put on the agenda and how the information get disseminated. Trustee Collins asked Mr. Lazo if an EMR vendor has been selected, Mr. Lazo replied the EMR vendor has not been selected and they are still in negotiations. He stated that once contract is in place then we can discuss the vendor.

Trustee Collins asked Mr. Lazo regarding the refresh project is it 2North or 1North that is being refreshed. Mr. Lazo explained that we have just completed the 2North refresh and the veterans in 1North went to 2North and the 1North refresh will start August 30.

Trustee Collins asked Mr. Lazo if there was any movement on finding a 24/7 local pharmacy and Mr. Lazo replied has not been finalized Michael Lynch our CFO is working with a local CVS and has been referred to regional manager. He shared that if a veteran needs medication and a physician can write the script one of us can go pick it up but will have to pay out pocket at this time. Trustee Collins what is the resistance the billing relationship. Mr. Lazo does not think that CVS has had a similar relationship and is surprised they do not have a relationship with a long-term care facility. Ms. Hansen said that long term care facilities have contracts with private pharmacy, and they have an emergency box onsite.

Trustee Collins asked Dr. Dietzen for vaccination guidance for staff and is there is a plan for booster at the home. Dr. Dietzen shared that there are two things being worked on in regard to the COVID vaccine third dose, there is a small group of patients who should receive the third dose as soon as possible and we have been working with state to provide that and we are also working with the state on paperwork for the roll out in the fall for all staff and veterans.

Outside Agency Audits / Inspections

Trustee Collins gave his congratulations to the Home for the accreditation letter. He asked Mr. Lazo about the 36-month cycle from 2019. Mr. Lazo replied the visit we had in July was a follow up to a complaint visit we had last year outside of our cycle. Trustee Collins asked Mr. Lazo about the DPH takeaways from the verbal out brief, Mr. Lazo has not seen a written statement yet but has reached out to our Infection Prevention Nurse to see if she has received anything official. Trustee Collins said there was a recommendation to exercise if a positive outbreak and how would the Home handle it, Mr. Lazo said the process is moving along and Dr. Dietzen and Mr. Hevy had a walkthrough of the plan today. Mr. Lazo has sent the plan to DVS for review and approval before we execute and do not want to upset veterans or staff. Trustee Collins asked about the VA visit in March and we have a provisional certificate from June and we did a great response to their findings for the Home. He stated the reports can be overwhelming with 7980 pages and 174 criteria that met standard which is 92% and 15 did not meet which is 8% and the Domiciliary 156 met criteria which is 96% met standards and only 4% did not. Trustee Collins suggested we could do a double check to see where we are with the action plan. He shared that some of the daily costs were miscalculated in the domiciliary and the home and asked Mr. Lazo if that was that picked up by the Finance Committee. Mr. Lazo replied that Mr. Lynch is working with local VA on some of the findings, Mr. Lazo could find out from Mr. Lynch which standards they are referring to but some of the findings have been retracted because they were not accurate finding.

Trustee Collins stated one did come up item #1137 on page 48 the standard 51.120J nutritional status and body weight so obviously the staff are tracking things appropriately and the VA want to see nutrition consult and you have a plan spelled out, but some of the dates may be in the future to be able to fully implement. We will take these items and create a tracker to make sure we are addressing moving forward.

Supporting Patients / Families / Staff / Community Stakeholders

Trustee Collins introduced the new ombudsmen Patti Spirito that started a few weeks ago. He also sent an announcement to board of trustees. He shared that Ms. Spirito had a few weeks of up and running. Ms. Spirito shared that she has been visiting the veterans and building a rapport and explain her role. She stated that Mr. Joe Delaney has also started long term care ombudsman program and he will be part of our program in September. She has gotten to know Caitlin Menard and Kelly Hansen. Trustee Collins asked if she has been able to visit a few of the units. She shared that she has been on all of the units and the domiciliary; she tries to be here 3 days a week, so they are getting use to her. Trustee Collins reported that her contact info is posted throughout the building and she will be invited to a full board meeting in September or October when Chairman Keefe can get it on the agenda.

Trustee Collins mentioned the flyer that went out weekly with the information for support for the staff, kudos to the team for reaching out and making that happen for the employees. Ms. Menard said the program is Mass Support they have a grant right now working and Riverside Trauma is also working with them. They have 8-9 staff members and are onsite almost everyday and during all shifts and also offer video conferencing. Ms. Menard has heard from the staff that is very helpful. She shared that the group did a needs assessment and will be writing up what they feel will be beneficial for our staff. Ms. Menard said Mass Support has someone that will be coming in to have therapeutic interacting with the veterans through music therapy and providing group work. The grant ends in October but if Riverside sees a need they will continue.

Trustee Collins has read the complaint memo and he was asked by the trustees to make sure policies are posted. He stated there are nine different avenues employees or anyone in home can message a complaint. Trustee Mass went on the floors to review the posters. Mr. Lazo shared there are resident rights posted but the giant posters are on back order also the ombudsmen information posted. Mr. Lazo will place the complaint memo with ombudsmen posters so if employees are looking, they will see both.

Discussion & Review The Soldiers Home in Holyoke Transitional Plan

Trustee Collins said the transition plan that was created by Val Liptak that Mr. Lazo and his team did a terrific job creating the tracker. He reported that the tracker will be used to follow the items and we will discuss further in meetings to come.

Mr. Lazo reported that these are the items that are remaining, this was so we were able to pull the important items out of the long transition plan to make sure we have good visibility and we will continue to update as we complete items.

New building status

Trustee Collins asked Mr. Lazo to give an update on the new building status. Mr. Lazo said we have a few staff working on new building issues, they are Rich Polwrek the Director of Facilities, Glen Hevy the Deputy Superintendent and hi is managing the VA grant submission. Mr. Lazo also shared we have a good team from DVS and DCAMM that we work with regularly. He told the group that there are weekly update calls and design periodically during the week. Trustee Collins asked if there is an update sequence that you are tracking that you can share with board. Mr. Lazo updates are on design process, little bit of value engineering in that we are very close to our budget so we are trying to maximize space. Mr. Lazo reported that at the time of planning we did not expect the

giant increase in labor as well as materials like steel and lumber. Trustee Collins questioned if the board ever had a full timeline, is there a document like that that exists? Mr. Lazo does not believe a document like that exists, but I have spoken with Chairman Keefe to have an update at the next board meeting.

New Business / Interest Items

Antibiotic Stewardship Program

Dr. Dietzen reported that the committee was started before she got here they are meeting regularly with the goal of looking at infections in the building and trying to go beyond to specific recommendations of how to minimize infections and use antibiotics appropriately. She also shared they receive reports from pharmacy and infection control staff and we do presentations and discussions in that forum. Trustee Collins asked Dr. Dietzen if they set the formulary thru that program and therapeutics committee.

Review KPI's for Operations committee review and further reporting Discussed above

Referred by Full BOT

Management Advisory Council (MAC) as used by US Dept of Veterans Affairs as template for Veterans

Trustee Collins asked Mr. Lazo regarding the coalition to be more cohesive and permanent part of a committee structure with relationship to the board. Mr. Lazo stated the first thing we need to do is identify the stakeholder; coalition and friends of the home and different groups, he is not sure if membership or advising the board. Trustee Collins asked if they have a standing committee or relationship with Home itself? Mr. Lazo replied the coalition has no official relationship but there are some former employees and family members of the veterans are part of the coalition. He also shared that there is another group called the Friends of the Soldiers' Home which does a lot of fundraising like motorcycle rallies and an occasional picnic for veterans but again no association to home. Trustee Collins stated management advisory council is hard to glean the actual mission of that group and if we could use as a template, he is not sure how it would integrate into the management of the Soldiers' Home. Mr. Lazo replied that has not had a chance to follow up with Director Gill, the director of the VA, but looking at their agenda they had at their last meeting it is very similar to our board meetings in terms of periodic operational updates and the roll out of their EMR, COVID implementations. He stated the civilian organizations can talk to the board but not sure how to make that an official entity to the board. Trustee Collins asked if this is a relationship with the Home itself in the organizational structure and running of the home versus strictly being an advisory role to the board, both are options but which one is it. Trustee Collins said MAC is a federal home so is a little bit different. Mr. Lazo will reach out to the Director again to clarify what the stakeholders do, if they do something with policy or do they advise the VA. Trustee Collins offered to be on call if it would be helpful.

Outpatient Department

Trustee Collins reported that this was sent to the operations committee to have a discussion what is the hear and now. He feels that will be a lot of discussion for full board of trustees with questions like who has authority or not. He would like to have an update on how many patients are not being served and how are we communicating to them what the transition plan is. Mr. Lazo replied that it is still a little uncertain the number of veterans on our books. He reported that 1600 letters went out to veterans not knowing if they have moved or found other providers. He also shared that some of the letters are coming back, some have started scheduling appointments and the transition process starting September 1 will go through April. He also informed the group that when a Veteran comes in they will be seen by a physician and social worker and any insurance questions can be answered. Mr. Lazo shared that an outside social worker group will be available to assist the veterans until they are sure all the veterans have care. He reported that the DAV, MassHealth, social work and we will get the veterans situated with a primary care physician. He said we have been in contact with the VA central/western mass and the medical center and suboxone centers all clinics have availability within a week to 10 days. Trustee Bigda asked what the daily volume of patients being seen right now in our clinic? Dr. Dietzen replied veterans are not coming in due to infection prevention protocols but the Outpatient Department are receiving 10-20 phone calls a day, filling prescriptions and virtual appointments. Dr. Dietzen shared that the 1600 patients that have been seen in the last three years, a vast majority have medical insurance and are transferred to a primary care already. Mr. Lazo informed the group that in 2019 we averaged 400 visits a month with 5100 for the year.

Domicile

Trustee Collins asked Mr. Lazo for an update. Mr. Lazo reported when the announcement first came out about the Dorm being closed it was not communicated very well to the veterans in the domiciliary since that announcement Ms. Menard and her team have done excellent help in finding housings for veterans, we are at 11 veterans right not with 4 veterans are coming to long term home care side, the remaining 6-7 veterans are working with Ms. Menard to find housing.

Wrap up / Adjournment

Next meeting September 28

Motion made by Trustee Ostrander to adjourn and it was seconded Trustee Bigda.

Roll Call vote as follows: Mark Bigda (Yes), Sean Collins (Yes), Carmen Ostrander (Yes). It was unanimously VOTED to conclude Operations Committee Board of Trustees Meeting at 7:57 pm.

Respectfully submitted,

Kathleen Denner
Acting Secretary for the Board of Trustees