

**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, June 28, 2022. The meeting began at 6:06 PM.

Committee Members Present on WebEx:

Chairman, Sean Collins, and Carmen Ostrander

Committee Members Not Available:

Mark Bigda

Also Present on WebEx:

Michael Lazo, Interim Superintendent (HLY); Kelly (Hansen) Jones, Quality Manager, (HLY); Dr. Dietzen, CMO (HLY); Caitlin Menard, Director of Social Work, (HLY), Carolyn Fenn, State Ombudsman, (ELD); and Kathleen Denner, Recording Secretary (HLY).

Roll Call:

Chairman Collins conducted a Roll Call as follows: Carmen Ostrander (Yes), and Sean Collins (Yes).

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

Approval of Minutes

Grammatical corrections from Trustee Collins. Upon motion by Trustee Ostrander and seconded by Trustee Collins to accept the minutes as amended of the May 24, 2022, Board of Trustees Operations Committee meeting, it was unanimously VOTED to accept the minutes of the Board of Trustees Operations Committee meeting held on May 24, 2022.

Old Business

ADM-002 Admissions

Trustee Collins waiting for finalized version to have a final look at.

Update on Contract Listing Review

Trustee Collins is putting this on a quarterly update. Ms. Jones asked if this is the clinical contracts. Trustee Collins replied that the Operations Committee looks at all contracts. Ms. Jones stated that the clinical contracts all report quarterly through the CQI, including footcare, rehab all of these folks clinically speaking report quarterly and will be covered under CQI. Trustee Collins added that this is to have a listing of them but not necessarily getting in the details. Trustee Collins asked Ms. Jones if she has a quarterly month that you do it in. Ms. Jones replied that they are on an annual calendar for reporting, so they are a first quarter, second quarter. Ms. Jones shared that there is almost one a month but it is a different agencies so there will be footcare, rehab, hospice, so all of these report to CQI on a quarterly basis. Trustee Collins stated that he is looking at in the interest of when contracts are coming up and Mr. Lynch can share with us like dental hygienist for renewal dates, so we will looking at it quarterly opposite of the other reports or meetings will get too long.

Falls

Trustee Collins did not see the report in the attachments but we did discuss at the last meeting as well.

Standard Agenda Items (Updates) / Dashboards**KPI Updates**

Trustee Collins stated that Ms. Jones is still working the issues with nursing hours and agency hours and they are holding stable over the last few months. Ms. Jones said that getting and retaining nurses is hard. She is hoping over the next few months to have a little movement. Ms. Jones reported that the State did have increased pay for LPN and CNA's so she is hoping to get some movement. Trustee Collins asked when you are hiring nurses do you take new grads, experience or looking for a certain level of nursing. Ms. Jones replied that a year of experience and as we build our education program in the next 2 months with a new nurse educator onboarding the goal would be to expand that and take new grads, we open our doors for nursing students and next logical step we be to recruit some of those. Trustee Collins stated that a lot of the hospitals are in the same situation with their nurse intern program and take them on for 6 months to give them the experience as a new nurse, it is different today than it used to be to have nurses there to support you and with staffing so tight everywhere even if you can get a few nurses that have an interest in long term care and care o veterans that will be a good opportunity. He continued that they may have to have nurse training program for 6 months to build up their confidence and that this is a battle that everyone is fighting with all hospitals using traveling nurses and it is a challenge.

Trustee Collins said the falls in May came down a little bit. Ms. Jones replied that June looks a little bit better. She continued that they have spent a little bit of time this month looking at May's numbers there was a little bit of jumps in our falls out of bed wo we did a walk around talking about the inflatable mattress with staff and we found two that were corrected, so far there has only been one in the month of June. She continued that addressing the sort of spikes trends where we can find them and working on mobility in general.

Trustee Collins asked Ms. Jones to send him to background on the falls so he can look at since there is no meeting in July in case the full board has some questions.

Trustee Collins reviewed in the behavioral events that they continue to be challenging but better getting better at reporting. Ms. Jones replied that we are getting better reporting. She continued that looking back at May there were two folks that are repeating back and forth with one on the radar of the behavior care team and is somebody who ebbs and flows, escalates and chills out then escalates a little bit and he is on a behavior care plan so this had an impact for the numbers for May. Trustee Collins shared that it may be helpful to educate us the Operations Committee what are the kinds of behaviors you may be seeing to help us better understand.

Trustee Collins stated he did not see anything else and that the skin injuries is something that is an evolution to be determined and had no further issues with anything else.

Trustee Collins said the case mix report is looking stable and that on the spread sheet 2 West for June had gone up a peak. Ms. Jones answered that it was a combination of two people more complex and a new admission wo there is some rehab happening in the mix which increases that case mix and it was highlighted on the spread sheet for a talking point for the CQI people and it will

impact the way the nursing supervisors in the staffing department staff the units. Trustee Collins asked how often is the calculation run, Ms. Jones replied every month.

Trustee Collins stated he likes the foot consultant's reports. He shared some of the statistics and 46% of the patients had some pathology of the nails and I think that is good for this age population less than have. He continued that 53% had thick toenails, 40% had some type of Venus arterial issue with the vast majority in the mild to moderate category. Trustee Collins shared one of the incidental notes which was that more than half were wearing the appropriate compressions. Kudos to the staff that the veterans are wearing the correct footwear. He continued that the breakdown for dry flakey skin the in the mild to moderate was 76% good for this population and those with any kind of pressure wound issues is in the mild category with the same for edema which you are keeping after as well. Trustee Collins stated that the issue with shoe fit is fascinating as well with the vast majority of the 94% were excellent or acceptable so they are wearing the right type of footwear. Ms. Jones will be discussing with Dr. Clinton Jones comparing one person across time instead of and put the story behind. Trustee Collins likes to see the trend over time.

Trustee Collins discussed the HIMMS quarterly review which is up 64% since last time and are sustaining the success. Trustee Collins continued that everything was doing well but asked how many charts are audited or is it a random sample. Dr. Dietzen thinks it says it on the report that it is 48 so that would be half of the charts.

Trustee Collins continued on to the antibiotic stewardship and was looking for the trending over time. Dr. Dietzen replied that the reports are done monthly and given back to the medical staff but the reports are not trended. She continued that some have the trends but the individual cases are not trended. Trustee Collins reviewed that two antibiotic so you have a 50% accuracy so a low denominator so if we could see what that really means over time and how things were investigated and maybe it was the wrong antibiotic for the wrong bug. Dr. Dietzen stated that with such a small number of cases it is really the individual feedback about each one that matters and , does not meet the criteria there may be other reasons that the clinician is able to provide that is something that requires correction. She continued that this is the part we are wrestling with and meeting the criteria is helpful but sometimes there can be other clinical reasons that someone may be prescribed an antibiotic. Trustee Collins stated that tracking at that level of detail with the investigation but what are you doing with it, is there education, discussed at the staff Dr. Dietzen replied that it is discussed at staff meetings and during the individual quarterly review and we have done some education based on it although we need to do more. Trustee Collins stated that the level of detail is great and you get a good perspective of what the findings for and how they are treating something that was not clinically responsive.

Trustee Collins stated that the SBAR's trended for March, April, May. He wants to know if there is a goal for this, the SBAR completion rate in May is 38%, is there a threshold. Ms. Jones replied that there is no threshold and that there should be every case. Dr. Dietzen said that they have recognized that that is an issue and we have had some discussions about it. We have a plan to improve that. We have recognized that we need to try to track each and everyone in real time so people get in the habit of doing it. Trustee Collins asked if there is a process to that saying the nursing staff starts or is it on the providers. Ms. Jones shared that for the most part nursing starts it

they are the ones noticing there is an issue and are going through the SBAR to give to the provider to help the provider make a decision to go to the next level. Ms. Jones has seen the providers going through with staff and sometimes the staff feels a little bit on the spot with the nursing staff feeling like they would like that to be investigated and the provider gets pushed up against the wall and she feels the completion is on nursing.

Trustee Collins believes that the EMR will capture a lot of this data, and facilitate success of taking actionable data.

Trustee Collins moved on to the Infection Prevention report and that the spreadsheet has a lot of great information and when he looked at it there were two new infections. He continued that there was only one eye and ear and 3 E.coli organisms identified, so is this for the month or a running total. Ms. Jones will ask and get back to Trustee Collins not sure where the 3 E.coli came from.

Trustee Collins reviewed the Rehab Functional Scale and it looks like they are doing great work with the average change, he noted that the one thing that did go up was the days from referrals to evaluation with it going from 4.08 days to 6.03 days this quarter and the footnote was they are having an issue with staff. He stated that progress is being made and asked Ms. Jones if that is what she is finding. Ms. Jones thinks that Kari Davis works very hard to try do everything she can for OT and has had some PT staffing challenges. Those are the folks that do the emails up front and they do have PPA on staff who essentially can carry out they do the plans after they are made by the PT. She continued that Kari is working very hard, but it is not showing on the veteran end, you can see on the eval score that they are making progress. Ms. Jones shared that the time to refer from between referral and evaluation was historically added on here because it had been way up and she has streamlined the process, better off than historically had been.

Medical Staff Update

Trustee Collins discussed how the snapshot of that day the red is that staff assigned for the day vs the calendar have budgets for how do you 1.5 people assigned on the shift are they, Ms. Jones replied that they can be split between floors, we also do have open pick up half a shift, there are certain parts of the shift heavier than other, the 23-7 shift 75% from 3-11 work being done. 3-11 happens from 3-7 nights is the opposite ending for their shift, occasionally we will take people to pick up half a shift. .5 are combination of splitting between two areas or half shift. Trustee Collins do you trend anything for the week. Ms. Jones we do the day and the month not the week.

Trustee Collins asked Dr. Dietzen regarding the minutes on the lab ordering slips is that for Holyoke Hospital or stat labs, Dr. Dietzen replied that it is for Holyoke Hospital when lab tech comes in, it is used for their billing. Dr. Dietzen they needed to do quality control on themselves.

Trustee Collins recognized that the geriatric report looks great for the staff to participate in the teleconference.

Trustee Collins asked about the hospice consultation that Dr. Smith brought up an issue he had with a consultation with one of the agencies but was it care provided or access to the care, what was the issue. Dr. Dietzen replied that he was having trouble in speaking with her directly to talk about her recommendations and it has been clarified.

Trustee Collins reviewed the packages for renewal for Dr. Byrne, Dr. Munro, and Dr. Smith, he noted regarding the substance registration for Dr. Byrne expired on 6/23, please double check. Trustee Collins recommend we approve the 3 renewals for the medical staff. Trustee Ostrander made a motion to approve the 3 renewals and Trustee Collins seconded. Motion passed.

Trustee Collins reviewed the Dental Hygienist Taylor Hadacchi package, and it looks good, he asked Dr. Dietzen if she is a hygienist and not a provider then should be looking at her package. Dr. Dietzen replied that it is a good question and she has not gotten a solid answer to that. Her understanding is that if she is practicing independently than we do. Dr. Dietzen will research it further. Trustee Ostrander asked if she need to have a dentist present if she does any procedures. Dr. Dietzen replied that the hygienist can do cleaning. Trustee Collins shared that hygienist can up their licensure to give Novocain. Trustee Ostrander made a motion to approve the package of Taylor Hadacchi and Trustee Collins seconded. Motion passed

Outside Agency Audits / Inspections / Review of Tracker

Trustee Collins asked if there was any feedback on what was submitted or is there anything coming your way awaiting inspection any day now. Mr. Lazo replied that we had the Joint Commission in the building on June 14 and 15th. He continued that the survey went exceptionally well, we had 9 low level findings with only 1 or 2 that were considered patterns and the rest were just one off. Mr. Lazo shared that the team tried to count up the number of standards that the Joint Commission carries and it is somewhere around 760 so 9 out of 760 is a good ratio. We have a few more weeks before to the corrective action plan needs to be submitted. Trustee Collins send it our way when you submit it.

Supporting Patients / Families / Staff / Community Stakeholders

Trustee Collins stated that on the Pinnacle report the results were that “they all approved” this month with Ms. Menard adding the with new admission we got more people involved in the survey. Trustee Collins shared that when he looked at the trend lines, just month over month, over the last year and just the trend line for communication has really gone up over the entire year. He continued that we took some hits on professional therapy but now it is back up to where it was. Ms. Menard said we have the pulse on some of those areas where people are worried about the professional therapy it has to do with some billing and some logistics around that was billing. She continued that a lot of the new admissions did participate and it is feels good that we are getting on the right track.

Ms. Menard reported that they had a Family Advocacy Meeting and it was similar things, continue to communicate the communication around COVID and people really appreciate that. She continued that there was some feedback around their veteran being at the end of the hallway and concerns about their coffee or the food being cold, there were some questions about young children visiting and now that people know we are opened they are very excited to get to visit their veteran.

Ms. Menard reported that the Veteran Meeting was a little different because the president and vice president did not feel well. She continued that there were some laundry concerns and an individual concerned about obtaining a recliner and a high back wheelchair and one of our veterans who

wants to make sure we are recycling more. Ms. Menard shared that we are trending in the right way the veterans are excited about the Canteen opening, getting scratch tickets and more families and veterans opening a little bit more.

Update The Soldiers' Home in Holyoke Transition Plan August

Census Update

Trustee Collins saw the numbers that were reported and asked Mr. Lazo if he had any additional comments. Mr. Lazo shared that the Home continues to admit folks and the Admission Committee is doing a really good job and we have hit our stride in terms of reporting the updates from the Admission Committee. He continued that there has been some good discussion about medical situations for various veterans and the process is working well now. Mr. Lazo reported that we have a veteran coming in tomorrow and his is veteran 38 of 104 on-site, with only 6-7 beds available before we are hitting capacity.

New building update / Status

Mr. Lazo reported that the most recent timeline from DCAMM is that they expect construction manager to fully mobilize in December and the Domiciliary will come down in February, the next step after that would be the chiller equipment that is in a small building to the left of the Domiciliary will be moved into the main building and the small building will come down. Trustee Collins asked if this will happen even if they do not have official notification of the funding. Mr. Lazo responded that this is one of the things causing the schedule to slide a bit the sooner we can hear from them of what is funded the sooner we can start going forward. Trustee Collins asked if there is any contemplation to take the building down even if there is no funding, Mr. Lazo replied that there has been no discussion that he is aware of.

New Business / Interest Items

Ombudsman Report

Ms. Fenn Caroline provided a summary of the report and explained a little bit about how it works. She continued that we began our affiliation with the Holyoke Soldiers' Home last August we committed to providing quarterly reports to DVS and the facility. Ms. Fenn shared that they have a database called Ombud Manager that tracks complaint cases and activities. She continued that this is really in the interest as much of your work in the Operations Committee in terms of identifying trends and brainstorming about ways to move the needle for the residents and their families.

Ms. Fenn stated that the most recent report is the January through March report and what she has done is the way the program is set up is a federal program to the administration is supposed to be living and the database is designed to be more retrospective over greater periods of time. She continued that although she can give us the things that only happened in a quarter, I feel like looking at trends and patterns is more useful where we just have the 1 facility in your database. Ms. Fenn shared that between January and March there were only 4 complaints that were officially opened. She continued to tell us what that means, we get a lot of phone calls with Patty and Joe doing a lot of visits to the facility meet a lot of people and spend time with people, but not every

conversation, comment or concern becomes a complaint. Ms. Fenn shared that the definition of a complaint with regards to the ombudsman program is something that the veteran or the next of kin ask that we advocate for, so usually that means if something comes up and they have either tried to work through it with the staff or family members but they feel they need extra help. She continued that a lot of the times the calls can also be general questions it is not uncommon when people are new to the environment that they do not understand what it is all about. Ms. Fenn said even the best orientation to a new admission does not capture the whole experience, living in an environment with other people is a unique experience and some have been through it before and many have not.

Ms. Fenn shared that often times our conversations are helping them talk through their general question or concern. They do not necessarily result in a complaint.

Ms. Fenn reported that since the inception of the program they have worked or opened 34 complaints and the other thing she would point out that since that time 76% of all the cases or complaints that we have opened have been closed and 67% were partially or fully resolved to the satisfaction to the resident. She continued that we cannot always satisfy the resident they may have reasonable and realistic request and sometimes they don't. She said the fact that 67% of the cases or complaints are partially or fully resolved is pretty good. Ms. Fenn shared that people can ask for outrageous things and it is our job as advocates that we are the voice of the veteran even if it is something crazy like they want to smoke in their room which is clearly contra indicated or against regulations. She continued that these statistics are pretty similar to what we find in the general long term care arena, in nursing homes, rest homes and assisted living in Massachusetts and across the country.

She shared that the areas of concern or complaints admittedly though a small sample relate primarily to 3 separate broad areas. She continued by explaining the areas with the first being autonomy choice and right which is about 32% of the complaints, the second is care coming in at 26.5%, and finally financial or property concerns at 14%. She continued explaining what these mean that autonomy choice and right is a very broad category the report itself does try to break it down into subcategories but even sometimes they are a little bit hard without looking at the particular cases.

Ms. Fenn shared that autonomy choice and rights has to do with having choices about they receive their healthcare, what kind of healthcare they receive and respecting someone's advance directive, whether or not they have a healthcare proxy, a request to live in a less restrictive setting and it would also encompass other things like dignity and respect. She continued that if a veteran feels that somebody scolded him or otherwise disparaging him in some way this would fall under this category.

Ms. Fenn went on to explain care incorporates things like responses to request for assistance, call light issues, staffing shortage, personal hygiene i.e. bathing schedule, and oral hygiene, access to healthcare services, if a they need someone to go out for services there may be difficulty making the appointment, transportation issue because some areas in the state ambulance providers are struggling and had affected some residents in nursing homes to get dialysis treatment any of these

would fall under access to healthcare related services. She continued that also in this category would be use of equipment i.e. wheelchairs, lifts, walkers, or rehab services.

Ms. Fenn stated that financial or property is when they are missing their stuff, laundry not coming back to them, billing question. She continued that a lot of times, not specific to the Home, there are a lot of questions on how billing works, how the finances work, how their insurance programs work and what they are supposed to do in terms of patient paid amount, how much money they can keep themselves. These are not uncommon issues or questions and they come to us only if the veteran or their family member cannot resolve them on a facility level or don't know who to ask or feel like they have been rebuffed. Ms. Fenn stated we will only open a complaint if they tried some of those steps and they have not had success.

Ms. Fenn shared that besides cases and complaints the other category we report on has to do with activities in the quarter. She continued that activities are how many routine visits, how many non-routine visits, whether we attended any of the veteran advisory or family advisory counsels, the intent to capture, at a snapshot, other kinds of calls that we get that do not end up in complaints or cases being opened. Ms. Fenn reported that for this period there were 38 routine visits with a 1000 resident contacts, which means in a quarter, Patty and Joe visited the facility 38 times on what is called the routine visit and that means a standard go to the facility and walk around visit with people, talk to people, introduce themselves and explain the programs and see how things are going and if they have concerns that we can assist them with. Obviously you don't have 1000 residents, but that literally means how many folks we talked to each time we go. Ms. Fenn shared that there was one non-routine visit and that is usually if we get a call from a veteran or family member, or another stakeholder that there is a concern and we feel that in order to learn more about that concern and brainstorm a solution to that concern we need to go and visit the individual and have a conversation with them, generally people are more comfortable speaking in person. She continued that anybody can call us, complainants could be a veteran, a family member, a friend, a staff member, somebody from the community, somebody from the council on aging, a case manager at the hospital, a legislatures. Ms. Fenn added that anybody can call us that does not mean that we respond always to the individual because at the heart of our program is the notion that we provide resident centered advocacy so no matter who calls us if it is not the veteran themselves we work really hard to try and speak to the veteran with regards to whatever issue is being presented, find out if it is an actual concern and most importantly find out if the veteran wants us to pursue anything in terms of advocacy. Ms. Fenn said if a veteran is alert and oriented they can tell us, yes that is a problem and I would like help with it or not that is not a problem it is just my wife being worried about stuff and I don't want you to do anything. She added that there are times when the veteran is not able to tell how they feel about the concern they may not even be aware of it if they have dementia or some other medical disability, which makes that difficult and in that case the voice of the resident defers to whoever their decision maker is, whether it is a healthcare proxy or guardian. She shared that we go to the residents and get their permission to work on or not and we try to keep them involved through the process to make sure that the issue is resolved to their satisfaction.

Ms. Fenn reported that for Family Council we had 3 during the period and one Veteran Council attendants and that is important information because it is common in ombudsman work for us to be attendees. She continued that we do have to be invited by the residents or the family if there is a

Family council meeting but it is a way that we can provide education and support and it is helpful for us in terms of hearing about general issues or concerns or validating concerns we might already hear about. She gave an example that dietary, I don't think there has ever been a resident council meeting or a veterans council meetings that didn't mention food, it is very important to the veterans and I just want to say that is great and we can laugh about that but we all have to remember that the life of the veterans is absolutely confined to your facility that is their 100% world. She continued that when things are not going well with food or things are not going well with the laundry, for you and I that might seem like a small thing, but you know what we can come home and cook what we want, we can go out to eat, we can get a new washing machine if our existing one just shreds our clothes the residents and veterans are completely dependent on the facility for these things, so even if they seem like small things if they are important to the veterans, they need to be important to us. Ms. Fenn reported that she was happy to hear the changes in the dietary department and the opening of the canteen, so I am sure that you are looking at your satisfaction reports and hopefully seeing some good changes.

Ms. Fenn gave the group an idea of that kinds of general things because in addition to taking concerns from the veterans or there stakeholders, we do look around and we might have some general observations or there might be a case where a veteran does not want to complain and that is why the resident voice is so important and that is why we try to get their consent, even though all of your staff is well meaning the veterans are in a vulnerable position and some of them feel that there could be retaliation if they complain. She continued that not necessarily because of anything you at Holyoke Soldiers' Home is doing, it is just because of the dynamics of the environment in which they are living. Ms. Fenn stated that we not only listen to them they might say I am really unhappy with the food my breakfast is cold but I don't want to say anything because I can see they are working really hard and they are short staffed so please don't mention my name. She shared that they won't do that but we can walk around and ask how the food is or we might observe a meal and we might find that there is an issue that is bigger than just one individual in which case we feel we can bring it up as a general concern without having to violate the confidentiality of that particular veteran. I am bringing that example up just to give you an idea of how cases and complaints come to be and how they can work their way through the system.

Ms. Fenn shared the final activity type that we record is the instances of information and assistance to individuals and basically this is everything else that is not a case or complaint. She continued that anytime they get a phone call having to do with the Holyoke Soldiers' Home from anybody that could be information and assistance to the individual. Ms. Fenn reported that this is a very board category and we had 32 instances of that in the quarter which is not a lot. She stated this could be general questions like my dad was just admitted a couple of weeks ago and I do not understand about this care plan meeting, it could be any of those types of things or a complaint that a veteran or a family member want to work through themselves and may want to brainstorm about who they can go to, how they should proceed or a question about the regulations that we can help them unpack and address for them. She stated this is the kind of data we track and we have no other really general comments to make and it sounds like folks are making great gains there in terms of tracking data, getting admissions back on track, very encouraged about the communication issue, communication style and the communication dynamics and very happy to hear that there is now a grievance policy and feels this is a good tool for fostering closed loop two way communication amongst the stakeholders.

Summer Months Activities/Coverage

Trustee Collins reminded everyone that the picnic coming up and if there is anything specific for the veterans outside of the picnic to bring to the group. Mr. Lazo shared there is a 4th of July picnic coming up, the DAV will host bingo, and the Vietnam Veterans will also be in the day after host bingo an additional bingo. Trustee Collins asked Mr. Lazo if folks are coming into the Soldiers' Home are they still being tested or screened for COVID. Mr. Lazo replied yes, they have to have a vaccination card with booster, and they get screened every time they come in. Trustee Collins asked if that is with Binax, and Mr. Lazo replied yes.

Policy Review

No July meeting concluded at 7:28 pm.

Wrap up / Adjournment

Kathleen Denner

Acting Secretary for the Board of Trustees

Attachments:

