

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, March 22, 2022. The meeting began at 6:00 PM.

Committee Members Present on WebEx:

Chairman, Sean Collins; Mark Bigda; and Carmen Ostrander

Also Present on WebEx:

Michael Lazo, Interim Superintendent (HLY); Kelly Hansen, Quality Manager, (HLY); Dr. Dietzen, CMO (HLY); Caitlin Menard, and Kathleen Denner, Recording Secretary (HLY).

Roll Call:

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

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

Approval of Minutes

Upon motion by Trustee Ostrander and seconded by Trustee Bigda to accept the minutes with minor edits of the January 25, 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 January 25, 2022.

Trustee Collins conducted a Roll Call vote on the approval of the minutes of the Board of Trustees Operations Committee meetings on January 25, 2022. The Roll Call vote is as follows: Mark Bigda (Yes), Carmen Ostrander (Yes), Sean Collins (Yes). It was unanimously VOTED to approve the January 25, 2022 minutes.

Old Business

Follow up Policy # ADMIN-127 Credentialing/ Clarity of process of credentialing/licensure of pharmacist

Trustee Collins appreciates the update on the ADMIN127 he received the matrix and would like to know if add policy letter or rolled into the policy itself. Mr. Lazo replied that it will be rolled into the policy as an addendum for a visual representation. Trustee Collins would like to add dental hygienist that we were credentialing before so that the licenses are checked by somebody else because they are not independent.

ADM-002 Admissions

No updates. Under new business

Evaluation form

Trustee Collins stated that this was discussed at the main board meeting and then we touched base here, were there any samples as it may fall to us, did anyone provide samples. Mr. Lazo replied that there were no samples but at the Finance Committee meeting he agreed to share with Trustee Jourdain his summary of Mr. Lynch's goals for the year. He continued that they have been advised by EOHHS HR that we cannot share any documents because they are confidential. He does not know if Secretary Poppe will agree to share as I did the goals and expectations may or may not agree. Trustee Collins asked Mr. Lazo if he should email Secretary Poppe requesting a summary to share with the committee. Mr. Lazo stated that if Trustee Collins requests a summary

and then she can deem what is necessary. Trustee Collins shared that we have to keep evaluation private because that is a personnel record and the laws require that we work with you and we are able to evaluate responsiveness and your engagement with the team so to me that is part of the evaluation, . He continued the conundrum that we talked about if your boss thinks you are doing a bad job and we don't have visibility of that it gets to be a concern for the board. Trustee Collins will reach out to Secretary Poppe and ask her for that.

Standard Agenda Items (Updates) / Dashboards

KPI Updates

Trustee Collins shared that the dashboard numbers are looking better in regard to staffing and reduced agency hours. Ms. Hansen shared that the shift from January to February how some organic staff are back at work and COVID exclusion staff getting back to normalish. She continued that 85/15 that we would want to see it push a little more towards organic staff so brings February back in the 2021 normal.

Trustee Collins reviewed the quality indicators for winter months tracking urinary tract infections is getting better, the skin injuries ticked up a bit in February and the skin injuries is that what was rolled into that. Ms. Hansen replied that they are considered separately we have next to none, I have the skin injury in yellow in the tba this is new addition for this year, there really is not a national benchmark to go off of. She continued that 11 is higher February over January but hard to say where that number should be. Ms. Hansen stated thinking about the numbers and what is going to happen with them, I will talk with Dr. Dietzen as a new request and working through what it means. At the moment skin injuries encompasses, bruises, skin tears, small scratches, bump a leg on a chair and wonders if it makes sense to take bruises out of it so more to come as we develop what it is going to look like. This tool came out of one of the medical staff meeting and will work with the group to see what it means and what gets included as we start collecting it in this way we can start seeing the averages and what a concerning number is, it is all new for us. Trustee Bigda added that looking at the numbers it is amazing, I have been dealing with nursing homes all my career this is great, Ms. Hansen gave kudos to our wound care nurse Jenn Dewitt.

Trustee Collins stated the case mix report and that is looking stable, a lot more admissions and placing people in the right places keeping numbers stable, the veterans are going to the right unit. Ms. Hansen the goal is to keep it even, the 4th floor will always be a little lower because the way the building is set up. There are more veteran bathrooms on 4th floor, so the admission team has been trying to make sure those who use the facilities get put into a room with facilities. So those folks reflectively because they are using the bathroom, they get a little less care but other than that it should average out across the building and look stable.

Trustee Collins reviewed the CMS compare chart. He reported that in the December metric we are a little in the arrears, just as a question what warrants a veteran getting a catheter medically. Ms. Hansen replied that only a few specific reasons that they are allowed or that they would be prescribed one ongoing basis. She continued that a urinary outlet obstruction, something in the way, prostrate in the way, neurogenic bladder does not empty in the correct manner leaving urine behind causing chronic UTI and we do not have if you were trying to heal a wound. She stated that ours mostly fall into the first two categories. Dr. Dietzen agreed and added that once they are put in

we monitor them and get the guidance of urologist about how to manage and when it can come out or transition into something permanent.

Trustee Collins asked regarding CQI quality agenda oral care, what do you do for oral care, do you have it as a trackable project. Ms. Hansen replied yes it is a trackable project, the performance charter is not attached so she will send out. She continued that this came from a couple of different places family meetings, concern brought up on the floor getting good oral care. Ms. Hansen shared that if you hear rumors of a problem then there usually is a problem. She shared that they put together a project and the Educational team was already in the process of planning a skills fair so all of the clinical staff reviewed oral care, care of dentures, including both nurses and CNS's. She continued that we changed how oral care is charted, so that it is its own line so we can look back and see what is going on. She added that veterans receive oral care twice a day and in order to audit our process to see what we talked about is working each of the veteran care coordinators and supervisors is doing an audit twice a shift. Ms. Hansen reported that the audits have been going well and we are making sure the process continues; this was a smaller scale performance improvement project over the last quarter.

Trustee Collins discussed the OT/PT report and that they did add on the last quarter days of referral and you see the improvement going from 4.6 days to 4.0 days great as a team. Ms. Hansen shared that the team has worked their tails off this quarter with staffing challenges out of their control and still exceeded their previous quarter. Trustee Collins asked if there were any comments to remind us on the average scoring that 2.0 is significant functional change that PT being 1.56 and OT being 2.67. Ms. Hansen replied that there are several ways you can measure PT/OT progress, we chose the patient specific functional scale knowing that it has its ups and downs, so it is exactly what is and it is what patient reports. She shared that it is dependent upon that persons feedback. Ms. Hansen stated that we are different than other places and a lot of the time the veterans are paying for their rehab services, so it is important that it is meaningful to them. She added that she wants to make sure the veterans are taking something away to the work they are putting in. Some of the reasons the scores may be the way they are they had a temp who did not collect scores on one person and the person can decline and one veteran did, few others that just filled it in mindlessness.

Trustee Collins discussed the readmission chart audit and the amazing, incredible work being done on the audit and the educational piece on how well the organization did on the audit, impressive what you are looking for and what your are getting. Trustee Collins asked on the Norton Scale complete one is done on the initial on 5 day or 14 day with only one missing, Ms. Hansen replied that they are getting better every month. Ms. Hansen stated this was one of the bigger initiatives from the end of last year to make sure the documentation changes that we had put into place to come into line with best practices, keeping our pressure injuries low and keeping on top of the Norton scale national score is key in that process. She continued making sure it is done at day 1, 5, and 14 enhances and puts more eyes on them. Trustee Collins stated that medication reconciliation is so important, and your team is doing great work.

Trustee Collins reviewed the weight change metric from January to March 14 trending in the right direction. Ms. Hansen shared that there were only 2 folks in the pool, so for the 30 day 3 people triggered and for the 60 day 6 people triggered and only one or two not the goal or came up as potentially something needed to be looked into. She continued when folks are in hospice or the end of life you expect weight loss, when you are working on them decreasing weigh loss it triggers

the same. Her biggest takeaway is it looks like we are getting our weights in timely fashion, and no answer that do not make sense from one month to the next. Ms. Hansen said we are getting more stable weights across the board and getting them in on time. She continued that there will always be a weight report to review but the timeliness this month was markedly better over the previous month and we are not getting out of left field answers this tells her that nursing is paying closer attention. Trustee Collins saw the documentation behind the scenes where saw the great notes and a lot of effort is going into address the issues.

Medical Staff Update

Trustee Collins two items that popped out from Medical Staff meeting minutes. He continued in the February 10 minutes there was an issue with the fee for the vaccination from Big Y, was that resolved. Dr. Dietzen replied that they screened the veterans insurance to see what is covered and to see if there is a co pay then we discuss that before the vaccines are administered. Trustee Collins asked Mr. Lazo if we have an idea of the cost for veterans out of pocket costs. Mr. Lazo will talk to Mr. Lynch. Dr. Dietzen said it varies by vaccine and the insurance plan. Trustee Collins stated if the veteran is willing to get a vaccine and they are in our facility we should find a way to offset that, as a committee we should see how we can facilitate that. Dr. Dietzen shared that the really expensive one is the shingle vaccine Trustee Bigda shared that the cost is \$400. Trustee Ostrander stated that she used to work for them and it can cost \$450 if they did not meet their deductible it is \$250. Dr. Dietzen said that none of them today had a copay of more than \$100. Trustee Collins shared when I see veteran in my clinic and they do not want to go to the VA for something I will say how much you pay for your insulin and they will say I have a good copay it is only \$40 and I respond wouldn't you rather pay nothing. He continued the he wants to take good care of our veterans and maybe the board can take up the revenue. If the average cost is couple hundred out of their pocket maybe we can get the department to pay for it or see if the trustee funds could be used. Dr. Dietzen said we will be meeting to review the Big Y vaccine process so we can discuss it there.

Trustee Collin noted on the March 10 Medical Staff minutes on the optometry, is there a number on the contract that you have to send so many veterans. Dr. Dietzen replied that it is not an exact number, but you have to have enough work for the optometrist, at least a half day of work and they have to be eligible and are ready to be visited. She continued that there is a separate consent forms from family because it is billed to their insurance. Trustee Collins asked if audiology is the same, Dr. Dietzen said yes.

Supporting Patients / Families / Staff / Community Stakeholders

Trustee Collins said the Pinnacle report he was impressed that for March we exceeded the 12-month average. He continued the average recommendation rate on the report the actual was 80% with a benchmark of 86% and I was having a hard time figuring out what is driving it down, and it was communication. He saw overall lit is getting better, he asked Mr. Lazo how we are getting after that to see how we can move the number up a little bit. Mr. Lazo replied we have frequent conversations any time there is an incident the veteran's family is called and we have interdisciplinary meetings with the families. He thinks some of the challenges we have are that we can only send information to the health care proxy so depending on the family dynamic the health care proxy does not always share with the whole family. We try to be as open and transparent as possible to make sure that families are engaged in the care planning and the treatment plan so we continue to reach out as we can. He continued that we have our Family Advocacy meeting for family questions and concerns. I participate in those meetings with Deb Foley, Caitlin Menard and

Kelly Hansen so we are all there to answer any questions and share as much information as we can and hopefully that will move the need on that number. Trustee Collins stated that for the month improved but overall, it is stagnate. Trustee Collins asked Ms. Menard is she has any comments in regard to the issue of communication. Ms. Menard stated that the really hard thing about that is that it does not break down what the concern is and it is a very general bucket, Dr. Dietzen and her have met and are trying to find a way to ask questions to get clarity about what the concern is, communication in general is large and some families are still upset about when COVID was ramped up and one person that answered the questions this time is having a frustrating so when she did the survey that is what she reported. Ms Menard continued that they are trying to figure out some detailed questions in the survey so we can break it down. Trustee Collins feels disappointed for the team that the number is not budging after all great effort that is being done. Ms. Caitlin reported that we have had very positive reports and families are complementary, the new admissions are going better than expected. She continued that we did have parade Sunday and the community was very supportive, and it was very restorative for staff too. Overall, she is receiving positive feedback and any hiccup that occurs is individualized and comes to a resolution quickly. Trustee Collins asked Ms. Menard regarding the activity report if it is summarized in the productivity report. Mr. Lazo replied that the activity report comes from recreation department and they do provide a summary that we see periodically at our CQI meetings that show how many activities were attended by how many veterans attended each activity, if it is below a certain threshold then the recreation team will try to engage them further. Ms. Hansen added that it is reported quarterly to CQI. Ms. Menard added that they do behavior rounds every week led by social work, but we try to make that as interdisciplinary as possible to try to see those who might be struggling with anything like a new medication, being reclusive. Trustee Collins asked Ms. Menard if there is anything they do on a routine basis where you can summarize we would love to see it, for all the great work that is getting done any of those metrics he would love to capture to process and discuss.

Outside Agency Audits / Inspections / Review of Tracker

Discussed below.

Update The Soldiers' Home in Holyoke Transition Plan

We will do it quarterly so we will do at the next meeting.

Census Update

Mr. Lazo reported that right now we have 97 veterans in house. 1 is on long term leave of absence from the domiciliary. Since we opened admissions back in December, as of tomorrow, we will have 21 new veterans added into the facility. Our waitlist has shrunk a bit and it has been a little more closely refined with list of veterans ready to admit, and we have a list of veterans who are still in need of certain paperwork to update and finalize their packets. He shared that one thing we are running into is that we are seeing a bottleneck in our secure unit admissions, we have 1 North which is a secure unit which has been closed as it is now acting as our isolation unit. Mr. Lazo stated that we have 5 to 6 veterans that can be admitted that need a secure unit. He added that the admission process is going well and we are bringing in 1-2 veterans a week and will continue to do so until we are full.

New building update / Status

Mr. Lazo reported that they have been having geothermal well testing in various location on the property and also providing soil samples. He continued that DCAMM reported that they are doing a lot of behind the scenes work getting ready for the project including city permit fire department and working on where to put dirt when we dig the whole. Mr. Lazo stated that DCAMM and Payette will have a full report for the board in April. Trustee Collins asked Mr. Lazo did Secretary Poppe say that the decision is usually made around the end of this month. Mr. Lazo replied that it depends on where we are at with the new federal congress's budget resolution, he is not sure if the VA can award grants. He continued that we are right now really stuck on where the budget ends up and it is right around this time of the year that the VA will put out the priority list. Trustee Collins asked if he has heard the impact of the closing of the VA in Northampton and will that have any impact on funding, Mr. Lazo replied that he has heard nothing in regard to funding. Mr. Lazo did sit in on a call with Director of Boston VA including the director of the Northampton VA and as of right now it is just recommendations and the Director of Boston said it would be at least 10 years before anything should happen. He continued that our state delegation is taking notice and raising flags on some issues they see coming forward.

New Business / Interest Items**Credentialing review of Caitlin Menard and Karen Krause**

Trustee Collins and committee have reviewed the credentialing packages, all licenses are current. He asked that these are state employees or contracted? Dr. Dietzen replied that they are employees of the Soldiers' Home.

Trustee Bigda made motion to approve the credentialing packages as submitted. Trustee Ostrander seconded. Roll call vote Trustee Bigda (Yes), Trustee Ostrander (Yes), and Trustee Collins (Yes). The motion passes.

Admission Policy update – by-law sub committee

Trustee Collins saw the email from Trustee Lacoste with general counsel weighing in, do we know how this is moving forward. Mr. Lazo replied that we had multiple silos working on the same thing but based on some statutory language the board has the obligation to promulgate rules and regulation in regard to admissions. He continued that we will wind up doing that is different from Chelsea's board, we are trying to align policies on admission with Chelsea as close as we can. There will be some divergence based on populations so what we wind up doing is the work that the bylaws committee is doing will create our policy and we will establish a procedure under that policy that will align to that policy. Mr. Lazo stated we have a policy now that we work under as we conduct our admissions but we will adjust that will align our process as much as we can with Chelsea but we will marry our process to the policy as written by the bylaws committee.

VA Survey findings

Trustee Collins shared that Mr. Lazo gave a verbal update at the board meeting and follow up with some comments by emails in regard to the DPH audit and you also had a VA audit could you give us any updates on those findings. Mr. Lazo reported that the VA survey two weeks ago it was a virtual survey and we had points of contact that worked with their VA counterpart via the iPad and this was the same way as last year. He continued that the survey went extremely well, we had some paperwork issues in terms of sharing agreements with the VA, we just have to clarify

who is paying what when somebody goes to services at the VA . He also shared that from a clinical standpoint there was one issue noted but education was completed the next day.

Policy Review

DIET-010 Dining Room Meal Pass – no issues

DIET-019 Menu Planning and Substitutions - no issue, but questions – Trustee Collins asked if anyone could explain the Geri menu. Ms. Hansen said the Geri menu is there program. It is a commercially available planner software and there are certain regulations when putting a menu together they have to have food groups, certain portions. She continued that Geri menu prevents that from being a manual process. Ms. Hansen shared that Geri menu puts out one version will come out of Geri menu, and then it is copied into excel, the Geri menu comes out with abbreviations and not easy for veterans to read and then it is put on larger paper for veterans to read.

DIET-023 Overtime Meal Policy- no issues

DiET-026 Providing Safe Food – no issues

DIET-027 Purchasing Received Food – no issues

IP-050 Antimicrobial Stewardship – no issues

IP-057 Employee Return to Work Criteria COVID-19 – no issue – Trustee Collins is curious in regard to return to work the policy does not say it is required is that a personal policy, that you must be tested. Ms. Hansen replied that it depends on why you were out of work, someone who is COVID positive would not test for 90 days, if you put out due to exposure then you would have to test prior to coming back.

IP-062 Visitation Communal Dining and Congregate Activities Following COVID-19 State of Emergency – no issues, but questions - Trustee Collins asked Mr. Lazo because I know Trustee Mass had asked about veterans dining issues. Mr. Lazo replied that he could not remember what the issue may have been but he did add that congregate dining was reopened as of this Monday, for the veterans, now that Omicron is on the downside.

SOC-015 The Role of the Social Services Department – no issues

Wrap up / Adjournment**Next meeting April 26**























Trustee Collins concluded the meeting at 7:07 p.m.

Trustee Collins asked Mr. Lazo regarding the matrix of quarterly reporting that he would like to look at contracts and review them. Trustee Collins will put it on agenda for next time.

Respectfully submitted,

Kathleen Denner
Acting Secretary for the Board of Trustees

Attachments:

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| Patient Specific Functional Scale.pdf | SOC-015 The Role of the Social Services DePlan | Master Transition Open Item Track | IP-062 Visitation Communal Dining anc | IP-057 Employee Return to Work Criteri | IP-050 Antimicrobial Stewardship 01-2022. |
|  |  |  |  |  |  |
| DIET-027 Purchasing Receiving Food 01-20 | DIET-026 Providing Safe Food 01-2022.pc | DIET-023 Overtime Meal Policy (RR 02 2 | DIET-019 Menu Planning and Substitu | DIET-010 Dining Room Meal Pass Polic | credential grid for ops.docx |
|  |  |  |  |  |  |
| Caitlin Menard-LICSW.pdf | MS-3-10-22-cc.docx | Karen Krause-LICSW.pdf | Customer Satisfaction Results - March 2022. | March 2022 CQI Agenda.pdf | 2022 Census Master 03.21.22.xlsx |
|  |  |  |  | | |
| Dashboard 2022.xlsx | Case Mix 2022.xlsx | Re-Admit Chart Audits.pdf | QM with VA & CMS compare.xlsx | | |