

Montana State Hospital TOWN HALL Summary

On March 28, 2022, over 70 MSH employees met in Anaconda for a Town Hall meeting to inform union and elected leaders on the working conditions at MSH and suggest solutions. Below are issues and solutions presented.

- **ISSUE 1 - PAY**

- Management waited until “crisis” mode to address need for better pay
- Wages are not competitive to draw people to the hospital
- Wage increases unfair among staff. Increases for some, but not all within bargaining units, do not follow any written policies/guidelines/criteria
- Traveler’s differential not equitable for permanent staff
- Legislative budget needs to be addressed
- Raises are needed straight across the board - ALL departments
- CNA’s pay 2x or 3x higher than psych techs
- Galen employees do not receive pay differential when using vacation or sick time
- Wage increases unfair and inequitable among staff and mostly leave out members with many years of service/longevity with MSH

- **ISSUE 2 - WORKING CONDITIONS**

- Employees getting hurt
- Times with no security guards, often on weekends, Have received emails notifying staff there are no security guards on weekends
- Contract Staff working multiple/long shifts - some as long as 16 hours
- Cannot get breaks
- Verbal abuse from management
- Patient care neglected due to understaffing/overworking
- COVID/MRSA infection procedures are insufficient
- Flow of patients into Hospital needs to be improved
- Inappropriate placement of patients upon admission
- No or very limited active treatment for patients
- Management watching/spying on employees not patients; micromanagement, Management watches cameras to “supervise” employees - this practice violates policy which allows for cameras to be reviewed only when an investigation of patient abuse occurs.
- Told “not to worry about mental health” of patients...are we not a mental health facility?
- Dirty and/or broken equipment
- Safety concern example: Incident when a patient drug an employee by her clothing and “threatened with rape”;
- Instances of patient threats not taken seriously by management
- Job bids pulled from long term employees
- Department (TLC) closed/opens with no explanation
- No one available to take temperatures and give masks

- **ISSUE 3 - STAFFING**

- Travelers untrained, disengaged
- Rather than invest in permanent staff, management chose to invest in travelers
- CNA travelers being paid to work at AWARE - told that AWARE is a “sister organization” to MSH; some MSH staff also going to AWARE
- Trainers not competent in their positions, nor to provide essential training
- Staff performing job functions for positions not hired for and pay not reflective of this practice
- At least 80% of the current RN staff are travelers
- Management regularly misrepresenting staffing numbers; staff NOT appropriate
- Leadership qualifications; people being hired in higher level positions with no experience
- RN staff have gone from 47 in Dec of 2015 to only 10 as of today. Loss of active treatment staff - Three years ago had 11.5 clinical FTE, today only 3.0 FTE
- In 2018 25 housekeeping staff, today 7

- MSH Staff RNs as of December:

- § 2015 - 47
- § 2016 - 39
- § 2017 - 36
- § 2018 - 30
- § 2019 - 23
- § 2020 - 17
- § 2021 - 10

- Independent Local 5070 #s as of December:

- § 2017 - 314
- § 2018 - 294
- § 2019 - 251
- § 2020 - 239
- § 2021 - 144

- Headlines say over 70% positions are open, but only 28 job postings on mt.gov
- Travelers makes most of the medication errors
- Inadequate staffing leads to unsafe working conditions

- **ISSUE 4 - MORALE**

- Staff are told they are replaceable
- Intimidation by management
- Poor treatment by management
- Verbal abuse; admin frequently yells at staff
- Favoritism/discrimination - Select staff receive promotions, even when less qualified
- MANY open positions; inadequate staffing
- When staff asks for help or assistance, being told they “are stupid”
- Hopeless.... believe nothing will improve
- Safety officer followed another employee home - told was due to an investigation and no member of management ever followed up on this incident or investigation
- Fear of losing state pension and benefits

- **ISSUE 5 - MANAGEMENT**

- Intimidating
- Upper management is frequently absent
- Lack of concern for employees/treated as second class citizens
- Job Descriptions rewritten to favor specific people; People selected in advance for management positions.
- Pay caps not being followed
- Do not follow purchasing orders properly
- Supervisors discriminating against employees over job classifications and placement
- Management uncaring/flexing power over staff
- Underqualified management at all levels
- Staff are told they are not allowed to reach outside of the hospital for help. Told it brings attention to the hospital
- Can't get a labor management meeting scheduled and once scheduled management will not relieve staff to attend
- Extremely inadequately qualified people being placed in department manager positions over more qualified applicants
- Underqualified, nepotistic work environment for friends, family and former co-workers of Kyle Fouts
- Too many layers of management; Concern over creation of so many management positions. Why does administration need twice as many people as before?
- Office workers treated disrespectfully

- **ISSUE 6 - LEADERSHIP TRAINING**

- Not in the interest of personnel and patients
- MANDT/CPR trainings not occurring
- Not being notified when job required certifications need renewal; when ask management...not provided with a response
- Person in charge of the Electronic Record (TIER) used for records management does not know how to use the program
- Several people are using TEAMS to send confidential patient information. Believe this is a breach of HIPAA. Has been brought to management and there has been no change
- Staff feel management has been short cutting training to save money
- Staff are not acknowledged by management unless under investigation or discipline
- Deterioration of professional standards for professional jobs. No MSWWs, not requiring appropriate level of education and clinical experience
- No leadership. Management appears fake and untrustworthy.
- Do not understand union rights

- **ISSUE 7 - ESSENTIAL JOB TRAININGS NOT BEING PROVIDED**

- MANDT
- CPR
- Restraints
- Charting
- Group home training
- Computer skills
- Food safety
- De-escalation
- Biohazard
- Infection control

POSSIBLE SOLUTIONS:

- Competent Leadership Training for management
- Immediately reinstate Essential Employee Trainings listed above
- Change management personnel
- Holding management accountable for going around/behind employee union(s)
- Competency- hiring people with appropriate certifications and qualifications
- Hiring board- creating a hiring board that includes current employees of the affected unit
- Pass laws to improve patient processing
- Legislative advocacy (educate legislators on conditions, etc.)
- Funds appropriation
- Judicial Standard Commission - for training judges for patient classifications
- Check CMS rules for improved oversight, advocacy
- Provide biweekly updates on covid status and infection control developments
- Awards/raffles to boost morale
- Honor employees monthly with outstanding achievement awards
- Reduce safety hazards with ongoing involvement
- Communicate regular, goal-oriented emails
- Proper safety reporting, processes used for remedy and for follow up.
- Provide trauma support to staff after an incident rather than just giving them the Employee Assistance Program information. MSH has trained professionals that can assist employees
- Encourage employees through positive reinforcement