

Minutes

Logan Health Medical Center Patient and Family Advisory Council

February 17, 2025 - 5:30 pm- 7:00 pm -Paintbrush

- i. **Call to Order**
- ii. **Approval of minutes**
- iii. **Share Patient-Family Story and Thank you cards**
- iv. **Guest:** *Behavioral Health Update with Leslie Nyman. (See detailed notes below)*
- v. **Goals for 2025**—discussed with group further engagement in various committees that need patient/family advisors. Revisit members interest in rounding on patients. Possibility of being ‘assigned’ a unit, they can get to know staff, managers and work closely with them to visit with patients and potentially recruit for more members through rounding.
- vi. **Breast Center Community Report**—Dr. Kaptanian interested in community perception of treatment and office. Discussion arose about imaging that is not a mammogram. Will ask Dr. Kaptanian, but she needs exact name of imaging to further investigate.
- vii. **QAPI updates with MJ-DNV** (company that certifies care) accreditation coming to LH. Culture of Safety survey going out to employees in 2025 to assess how staff feel about the safety of their workplace. Emergency Preparedness—discussion on decontamination specifically related to bear spray. September MCI for large scale plane crash. Infection Prevention-CLABSI (central line associated bloodstream infections) 11 occurred in 2024, which is high, just completed 100 days of no infections. Medication safety—discussed need for cameras on the medication dispensers through hospital.
- viii. **Future Meeting/Topics**—walk through 2nd surgical unit and present options for PFAC to be involved in other committees, looking at decreasing PFAC meetings to quarterly to allow for more engagement.
- ix. **Adjourn 1900**

Next Meeting Date: Next Meeting – March 17, 2025 5:30-7pm in Beargrass

PFAC Members

x	Ava Harwood, Chair		Bert Blyth		Joan Bird		Lisa Blyth
x	Lisa Harris		Peter Newbury	x	Ruth Brado		
	Sue Justis		Teresa Kennedy				

Ad Hoc Committee Members

Cassidy Lilienthal, RN, LHMC Planetree Program Manager	Kelly Bilau, Administrator, Brendan House
Mary Jane Lowrance, RN, Executive Director Clinical Quality Improvement	Torr Anderson, Supervisor Experience Program
Morgan Johnson, Health Equity Coordinator	

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Leslie Nyman, Behavioral Health-- Employee at Pathways in 1995 and again in 2001 when it was not hospital affiliated.

Pathways Overview:

Pathways operates a 40-bed unit with four medical doctors, serving both adults and adolescents. Currently, the unit does not admit patients under the age of 12 but identifies this as a future need.

- **Current Length of Stay:**
 - Adults: 4 days
 - Adolescents: 10 days
- **Chemical Dependency Treatment:** Pathways previously treated chemical dependency but no longer offers detox services. Detox begins in the hospital, and patients are sometimes then transferred to inpatient behavioral health or referred to outpatient services.

Outpatient Care:

- **Adult Care:** Five doctors, one nurse practitioner (NP), and three therapists.
- **Pediatrics:** Located at Claremont, with three medical doctors (MDs), one NP, and three therapists.
- **School-Based Therapists:**

In 2002, Pathways expanded by adding school-based therapists in most local school districts, including Somers, Lakeside, Bigfork, Columbia Falls, Whitefish, and Kalispell. These therapists primarily address behavior-related issues, including generational trauma, poverty, and anxiety, particularly among high-functioning adolescents affected by the challenges of COVID.
- **Maternal Care Program:**

The Meadowlark Initiative, Montana's first maternal care program, addresses mental health concerns related to pregnancy, families and children.
- **Collaborative Care:**

Collaborative care is growing in importance across the valley. This model connects primary care providers with psychiatric professionals to offer more tailored episodic care for both adults and children. For instance, if an adolescent struggles with ADHD, the primary care provider can consult with a psychiatric provider to customize the care plan without requiring the patient to seek care elsewhere. Additionally, many women are referred for medical issues that may, in fact, be mental health related.

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- **Screening Tools:**

The use of screening tools has proven beneficial for tracking patients' progress and highlighting "small wins." These tools also help justify the need for ongoing treatment.

- **Nurse Practitioner Training:**

There is a program for nurses to become nurse practitioners (NPs) in behavioral health, which may lead to an increase in these positions in the future.

- **Suicide Prevention and Risk Factors in Montana:**

Montana has a high rate of suicides. Factors contributing to this include:

- Access to firearms
- Veterans and Native Americans' increased risk
- High altitude and its potential correlation
- Family history of suicide and mental health disorders
- Less sunlight and alcohol abuse

- **Youth Risk Behavior:**

Data from youth risk behavior assessments show a decrease in marijuana and alcohol use, but an increase in sexual assault incidents, even among middle school students. Domestic violence is likely underreported. Additionally, there is an increase in psychosis, possibly linked to Kratom use, an herbal substance available at convenience stores that produces opioid- and stimulant-like effects. Kratom is marketed as an energy booster, mood lifter, pain reliever, and withdrawal remedy. Its use often leads to psychosis.

- **Narcan and Addiction:**

A question was raised about the availability of Narcan and its potential link to rising addiction rates. Leslie reassured the group that Narcan has been instrumental in saving lives and enabling professionals to address the underlying issues of addiction.