

API Governance Committee Meeting Minutes – Draft

Date: Friday, September 28, 2018 / Time: 2:00 p.m. – 4:11 p.m.

	Valerie Davidson, DHSS Commissioner	X	Anthony Blanford, M.D., API Chief of Psychiatry	X	Mark Kraft, API CSW
X	Gennifer Moreau-Johnson, Acting DBH Dir.	X	Gavin Carmichael, API COO		
	Jay Butler, M.D., SOA Medical Examiner	X	Cynthia Montgomery, API Acting DON	X	Guest: Monique Martin, DHSS
X	Duane Mayes, API CEO	X	Jacqueline Adelman, API QIC	X	Guest: Laura Russell, DBH
X	Charlene Taufest, AMHB Member	X	Tina Williams, API CFO	X	Guest: Jillian Gellings, DHSS

(Voting members in blue)

#	Standing Agenda Items	Lead Assigned	Discussion	Action Item	Due Date
A.	Welcome Introductions (Roll call) Review and Approve Agenda	CEO	Roll taken. Group reviewed agenda.	Quorum established to conduct Governance business	Completed
B.	Review August 24, 2018 Governance Meeting Minutes	CEO	Minutes unavailable for review.	Approval of the previous meeting minutes was tabled to next meeting.	December 2018

The API GC is a “Review Committee” under AS 18.23.070 (5) and is confidential and not subject to subpoena or discovery as per AS 18.23.030

		QIC	<p>that requires funding. Just finished the installation of a fall restraint system on the roof. Also need to install a door in the courtroom to the main street. Another item is to fully implement a risk assessment tool for patients for staff to become better at predicting violence in API's patient population.</p> <ul style="list-style-type: none"> • Improper recordkeeping for Workers' Compensation claims. This has been rectified. • Currently have five pending Disability Law Center (DLC) investigations. The one regarding T-12 wait times was closed in July. Need to continue to monitor T-12 wait times, which continue to be a problem. <ul style="list-style-type: none"> • Another pending long-standing investigation is the use of restraint and seclusion on Chilkat, which has been open since 2016. • Another restraint and seclusion investigation for Chilkat as well as an injury to a youth in Chilkat opened in March of 2018. • Another investigation regarding inappropriate discharge opened this year. • Investigation regarding overall patient care. DLC is suspending this investigation pending the outcome of the State Ombudsman's special investigation. <p><u>Health Facility Certification and Licensing and CMS Surveys</u> There was one outstanding survey from 2016 that</p>	<p><u>Action:</u> CEO will continue to be kept abreast of DLC investigation status.</p>	
--	--	-----	---	--	--

		<p>API came into compliance with, a plan of correction was followed, and it was closed. It happened again in 2017, plan of correction was followed, and API came back into compliance. In March of 2018, API was cited for nine violations of patient rights, improper use of restraint and seclusion, in a complaint survey. Plan of correction was written, and the compliance date was June 15th. Before API was able to come back into compliance, another complaint survey on May 31st found six patient rights violations, but some were the same violations from the first survey. The POC compliance date was August 6th, the POC was completed, and API anticipates them coming back and clearing API for both surveys, with the exception of one of the citations because it wasn't a patient rights issue but rather timely completion of performance evaluations. They have until October 1st to comply.</p> <p>Prior to the compliance date for the patient's rights violations, a CMS federal team came back in July and surveyed API under the B-tags, which are special conditions for psychiatric hospitals, wherein API was cited again for nine violations of patient rights as well as one violation of the medical staff. The themes were around seclusion and restraint, failure of the governing board to take action when presented with data, failure to perform peer reviews, outdated emergency operations plan, and additional ligature risks. B-tags also have to do with the requirement for psychiatric hospitals to provide treatment planning documents that are individualized and driven by assessment that capture the diagnoses and what types of treatment API will provide patients. API's treatment planning process was</p>		
--	--	--	--	--

found to be inadequate as well as the provision of active treatment. Plan of correction was due September 15th but has been extended to November 16th.

Accomplishments Toward Compliance:

- Tightened up the process for taking appropriate action when staff are not treating patients with dignity and respect.
- Several revisions of the Conduct Involving Patients Policy have been done.
- Keeping the GB informed of staff who are potentially mistreating or mistreating patients with regard to actions taken with those staff.
- Risk management tool to be utilized for lesser staff mistakes that ensure additional training to prevent future mistakes.
- Nursing department process reviews are being responded to. A consultant has been hired to clear the backlog.
- Will be reporting to the GB any near misses or sentinel events. A near miss occurred in May of 2018, and appropriate action was taken after the incident.
- Updated policy regarding locator checks to remain on the floor at all times.
- Continue to provide the Office of the Ombudsman documentation for the open investigation.
- API patient advocate is responsible for investigating potential patient maltreatment by staff. Staff interviews are conducted, CCTV footage is reviewed, and recommendations are made.

Recommendation:

Hire an outside contractor to conduct staff investigations.

Action:

Executive team to meet to discuss and bring issue before the GB at next meeting.

	(3) Readmission Data	QIC	<p><u>Weekly 30- and 180-Day Readmission Reports</u> CMS has requested that API pay close attention to their readmission rates, because they are very high when compared to other similar hospitals. Last week there were a total of 8 readmissions, and 4 of them were less than 180-day readmissions. Prior to that there were 11 readmissions, 10 of them within 180 days.</p> <p><u>Per CEO:</u> The state’s budget has impacted API’s ability to provide adequate programming. It is a priority to build more programming to enhance patients’ skills to reduce readmission.</p> <p><u>Per DOP:</u> Discharges by the court are problematic because often people who are very ill are being discharged to the street with very few resources. Discharge AMA by the court is an option on the discharge form. Need to make sure this is being completed on the discharge forms to collect data to see how many patients are returning after discharge AMA from court. There is proof that people’s brains show changes when psychosis and mania is allowed to go unchecked, and early release by court may be worsening the course of patients’ overall illnesses. Currently API is restricted to approximately 72 hours, which is not a realistic timeline for evaluation.</p>	<p><u>Recommendation:</u> Review the Alaska statutes. Review statutes in other states to see if they address this gap. Educate the public on this issue.</p> <p><u>Action:</u> CEO, Laura Russell, DOP, DON, and a representative from legal will meet to discuss this issue in greater depth to create steps to effect change at the highest level.</p>	
	(4) Seclusion Data	QIC	<p><u>API Weekly Seclusion Report</u> CMS has repeatedly cited API on the improper use of seclusion. API’s use of restraint is good when compared to the Joint Commission’s data comparing API to other hospitals. The use of seclusion, though, has consistently been high over at least the last three years.</p>		

	<p>(5) Hospital Services Plan</p>	<p>QIC</p>	<p><u>Steps Taken:</u></p> <ul style="list-style-type: none"> • Addressing the weekly seclusion report each week at the Senior Management meeting, which includes the number of patients in seclusion and the length of time they spend in seclusion. Looking to ensure the patient has an individual behavior plan, if indicated; their treatment plan is updated; and that the LIP is spending extra time reviewing their medication. • Typically the pattern of seclusion is that API has one or two patients in-house that present the vast majority of the incidents of seclusion. These patients may or may not be clinically indicated to receive care in this setting, and yet they are here because this is the only setting available. <p><u>Per DOP:</u> There is one patient that accounts for almost 60 percent of this series of seclusion events.</p> <p><u>API Staff Injury Rates per 1,000 Inpatient Hours</u> This data is being tracked for compliance with OSHA to look at bringing the rates of injury down. The format of the tracking sheet was explained to the GB, and it was noted that there was a spike in patient injury rate for all causes in July, and a spike in August for staff injury rates. The chart explained the total number of assault incidents, the number or unique patient aggressors, and the total number of patient aggressors and victims involved in assault events. It is broken down further by patient counts and by staff counts.</p> <p>When API attempts to compare themselves to</p>	<p><u>Action:</u> A copy of the hospital services plan will be e-mailed to the GB because it is a Joint Commission requirement that this body review it.</p>	
--	-----------------------------------	------------	--	--	--

	(6) Medical Staff Bylaws Update	DOP	<p>national data, states don't readily share that information. They can compare themselves through OSHA when there is an injury requiring treatment, but they are grouped in with all other types of hospitals, not just psychiatric hospitals, so the comparison is not apples to apples.</p> <p><u>Medical Staff Bylaws Update</u></p> <p>The bylaws and medical staff rules and regulations need to be updated. The following changes were noted as having been presented and approved by the medical staff:</p> <ul style="list-style-type: none"> • Page 5, Medical director/chief of psychiatry. If there is no medical director, the medical director's responsibilities go to the chief of psychiatry. • Page 33, Credentialing mid levels. References must be from practitioners of a comparable level of training or above that of the applicant. • Page 45, Ongoing professional practice evaluation. CMS regulations indicate that LPPEs need to be done at intervals, but no more than six months apart. • Medical staff rules and regulations – documentation of progress notes. The first note in the EHR occurs within 72 hours of admission, and then a follow-up note needs to be written within the 72 hours, and then it becomes twice weekly. It is within the medical staff rules and regulations that history and physical is documented within 24 hours of admission for billing purposes. • Medical staff rules and regulations. Per CMS guidance, physician assistants (PAs) are not supposed to order seclusion and 	<p><u>Action:</u></p> <p>The GB will review the electronic copy of the Medical Staff Bylaws to provide feedback and approval for implementation.</p>	
--	---------------------------------	-----	--	---	--

			<p>restraint. But upon further investigation, as long as PAs are privileged and have someone to supervise them, they can order seclusion and restraint. It needs to be stated in the bylaws as such.</p> <ul style="list-style-type: none"> • Restraint does not include safety equipment or orthopedic devices. • Face to face by a LIP or a trained nurse assistant. There is a policy coming out in regards to that. 		
	<p>(7) Summary of Peer Review Findings</p>	<p>DOP</p>	<p><u>Policy: Management of Patient Behavior</u> There was a concern by the medical staff that in D-2 under seclusion that by including all the examples, it comes across to some staff as greatly restricting their capability to make a judgment on their own.</p>	<p><u>Recommendation:</u> Propose to take this out of policy and focus on education and training. Continue the use of mock code drills. Enhance staff’s ability to review audio/visual of the events as a learning tool with appropriate, skilled supervision as to educate staff on the subtle nuances of each situation.</p>	
	<p>(8) Active Treatment Update</p>	<p>DOP</p>	<p><u>Medical Staff Performance Quality Improvement Through Peer Review</u> The peer review was completed by selecting random charts from each provider, which included admission, physical, psychiatric evaluation, and progress notes. Because they are currently going through changes, they will continue to improve on the reporting for this process.</p> <p><u>Clinical Services</u> There is a lot of activity going on to shore up the department, and they are working to capture the active treatment they’re providing on the electronic records. CSD is working with I-T to get templates formatted so they can accurately record the work they are doing.</p>		

		<p><u>Per QIC:</u> It will be important to note in future quarterly meetings the improvements they have made as far as creating additional training content for PNAs, who often only have high school educations and yet are providing the bulk of active treatment to patients. PNA’s providing the service is not adequate, and API needs to have additional skilled professionals providing treatment through the clinical services department.</p> <p><u>Per CEO:</u> Meetings continue with the PNA staff to engage them in helping elevate their roles at API.</p> <p>Discussion ensued among the GB regarding aftercare and follow-up with community mental health providers after discharge. There used to be someone embedded in API that was an employee of a community mental health provider but worked at API. The program has died out, but it was only a portal into one agency. This type of program needs to be more robust to help with the discharge planning process. There was also a position with ANTHC called the Rural Aftercare Program to follow up specifically with Alaska Natives who were discharging from API to rural communities to help facilitate connections in those difficult service areas. CMS noted that follow up upon discharge was not required but is suggested. Discussion ensued by board members regarding the reliability of community partners and their ability to satisfy the needs of patients being discharged by API. Other issues included inadequate availability of community providers throughout Alaska, and oftentimes community providers decline API patients.</p>	<p><u>Recommendation:</u> Enroll PNAs in Mental Health First-Aid.</p> <p><u>Recommendation:</u> Continued discussions by the GB on the issue of aftercare.</p> <p><u>Recommendation:</u> Explore options for expanding the Alaska Medicaid Coordinated Care Initiative (AMCCI) through DHSS for a face-to-face connection for individuals who are being discharged from API.</p> <p><u>Action:</u> QIC will e-mail GB with the data on the percentage of Native Alaskan patients at API.</p>	
--	--	--	--	--

	(9) Trauma-Informed Care	DOP DON	<p>The CSD has been working with two WICHE consultants, and the active treatment report provided to the GB is a summarization of a lot of that work.</p> <p><u>Trauma-Informed Care</u> The first class on trauma-informed care was August 24th with 24 staff that included PNAs, nurses, and some nurse managers. The next class will be October 3rd from 8 – 2. The training is an in-house training hosted by the Hospital Education Department. The GB was invited to participate.</p> <p><u>Seclusion, Restraint, and Patient Safety Policy</u> As part of the POC, this policy has been revised and presented to the GB for review. The new policy has been brought into alignment with CMS regulations.</p>		
--	--------------------------	----------------	--	--	--

#	Standing Agenda Items	Lead Assigned	Discussion	Action Item	Due Date
D.	Other Business 1.) Discharge Barriers/Delays	CSW	<p><u>Discharge Barriers/Delays</u> Barriers to discharge list presented to GB detailing the problematic patients due to length of stay. Much of the barrier to discharge for these patients has to do with lack of services and difficulty with obtaining supports for various reasons. Another issue stems from the patients with developmental disabilities or dementia not having their public benefits activated while at they're at API. Certain programs require those benefits to be activated before they will accept them into their programs, so that creates</p>		

	<p>2.) Facilities Update</p>	<p>COO</p> <p>COO</p> <p>COO</p>	<p>roadblocks. Communications with OPA are also a problem as well. Many of the patients that are more than 100 days of stay prevent API from admitting many other adults whose average length of stay is around 10 – 15 days.</p> <p><u>Per CEO:</u> The API leadership attended an AADD face-to-face provider meeting where they discussed the need for community partners to work together with API to address these populations that are housed at API indefinitely.</p> <p><u>Staff Safety</u> A contract has been in place with Wisdom, Education, Knowledge, and Experience to provide security services from morning till evening at API. This has been a successful model, and the contract is currently under review.</p> <p><u>Repairs and Maintenance</u> The facility is in need of a variety of repairs and maintenance, and the COO and CFO are working closely to move through the capital request process.</p> <p><u>Ligature and Safety Risk Assessment Tool</u> This document was created in response to a request from CMS and licensing surveyors to document facility safety from both a physical as well as operational perspective. This document tracks those issues, assigns dollar values to them, and demonstrates where items are at in terms of completion.</p>		
--	------------------------------	----------------------------------	---	--	--

	3.) Governance Committee Bylaws	CEO	<p><u>Governance Committee Bylaws</u> The Governance Committee bylaws have not been updated since 2015, and due to recent changes in the reporting hierarchy of the organization, these bylaws are in need of updating.</p> <p>A discussion ensued regarding the history of the API Advisory Board and no executive order by the Governor for continuation. The advisory board continued and operated as an API governing body, which is a requirement of CMS regulations, but as an advisory board, they had no oversight and authority, which is not the intent of the regulations. The API Advisory Board was terminated and a governing body was convened as per regulations to give authority over API's structure, mission, and services.</p>	<p><u>Recommendation:</u> Consult with DHSS Assistant Commissioner O'Brien regarding the structure the State would like to see in terms of reporting hierarchy. CEO work with Commissioner Davidson to formalize the relationship as far as pulling API out from DBH and then bring back to the GB the associated documentation changes to the bylaws or organizational structure for DHSS. Recommended also to continue to include DBH with the activities of API for continuity of discharge service provision.</p> <p><u>Recommendation:</u> CEO work with the executive team of API to determine if there are other partner entities that would be beneficial to approach to serve in an advisory capacity without creating another board.</p>	
#	Standing Agenda Items	Lead Assigned	Discussion	Action Item	Due Date
E.	Division of Behavioral Health Acting Director	Gennifer Moreau-Johnson	Acting Director of the Division of Behavioral Health Gennifer Moreau-Johnson introduced herself to the board and provided some background information about her previous experience.		

The API GC is a "Review Committee" under AS 18.23.070 (5) and is confidential and not subject to subpoena or discovery as per AS 18.23.030

			She reported that the substance use disorder components of the 1115 Behavioral Health Demonstration Waiver have been fast tracked, and CMS approved an exemption from the IMD exclusion, so they can bill for facilities over 16 beds for substance use disorder treatment, but it is explicitly prohibited for mental health beds.	Action: A presentation will be made at the next meeting to provide more details regarding the current status of the 1115 Behavioral Health Demonstration Waiver.	
#	Standing Agenda Items	Lead Assigned	Discussion	Action Item	Due Date
F.	Good of the Order	ADMIN CFO QIC	<ul style="list-style-type: none"> The next meeting of the GB will take place the first week in December. API has taken action for 2019 supplementals and turned in the package. The positions have been put in the RP log, and they have a packet that explains what API has been doing. Staff anticipate auditing processes of plan of correction items the first two weeks in November in preparation for the Health Facilities Certification and Licensing visit between November 16 – 30th. 	Members will be contacted by Doodle poll to determine the best date and time.	
Meeting Ends	Adjourned at 4:11 p.m.				

Minutes prepared by: Paula DiPaolo 9/30/18Approved by: Duane Mayes _____
(Initial) _____
Date