

API Governing Body Meeting Minutes - Minutes

Date: Thursday, April 11, 2019 / Time: 1:30 p.m. – 4:30 p.m. Alaska Psychiatric Institute Susitna Room

X	Albert Wall, DHSS Deputy Commissioner, Acting API CEO	X	Adam Rutherford, Chief Mental Health Officer, AK Dept. of Corrections	X	Shane Coleman, M.D., Tribal Behavioral Health Director
X	Deborah Guris, M.D., API Acting DOP	X	Gerald Martone, API	X	Leilua Fadely, API Admin
X	Dr. Lily Lou, State Medical Officer	X	Laura Russell, DHSS	X	Elizabeth King, ASHNA
X	Gavin Carmichael, API COO	X	Steven Bookman, AAG		Jillian Gellings, DHSS
	Charlene Tautfest, AMHB Member	X	Summer LeFebvre, CBC Behavior Specialist UAA		Christie Wilcheck, AHFC
X	Jason Lessard, Executive Director NAMI	X	Lezlee Henry-Dupoux, API		Beverly Schoonover, Acting Executive Director MH Board
X	Katie Baldwin-Johnson- AMHTA	X	Julie Taylor, CEO AK Regional Hospital, ASHNA		Brian Wilson, Executive Director AKCH2
X	George Gintoli, Vice President, Hospital Administration, API	X	Ron Cowan- API Patient Advocate		Leslie Rohr, AKCH2
X	Glen Klinkhart, API QAPI Director	X	Joanna Bacareta, API Acting Director of Nursing	X	Alyssa Hutchins, DHSS
X	Karen Galin, API VP Behavioral Health	X	Brenda Moore, AMHB		

(Voting members in blue)

#	Standing Agenda Items	Lead Assigned	Discussion	Action Item	Due Date
1.	Welcome Introductions (Roll call) Review and Approve Agenda	CEO Al Wall	Roll taken. <u>Jillian Gellings</u> : Few additions for medical policies as well as the EOC annual assessment. Motion to approve – Julie Taylor Second – Katie Baldwin	Quorum established to conduct Governance business. Hearing no objection, the motion passed.	Completed Completed
2.	Review March 14, 2019 Governance Meeting Minutes	CEO	Motion to approve – Katie Baldwin Second – Deborah Guris	Hearing no objection, the motion passed and the minutes were approved as presented.	Completed

3.	New Member Orientation	CEO	<p><i>Per CEO</i> – Expanded the API Governance Body to include a broad spectrum of representation from the community and across the state. Broken down into two types of membership, voting members and non-voting members. The governing body is a part of the accreditation. The joint commission requires all facilities to have a governing body that is responsible for certain things. The governance body have authority to change and approve policies, provide the final sign off on accreditation for doctors and providers that work at API, and hold the CEO accountable for a number of things. A policy committee is to be set up to review policies tri-annually, starting by reviewing a segment of policies every month based off of the QAPI directors schedule that is put forth.</p> <p><i>Governing Body Document</i> – Living document to be updated as needed. MEMBERSHIP – In section 4a, looking to add the phrases “voting, non-voting, and member at large” to membership. NAMI will designate one of their advocates to be the voting member at large, appointed for a year, and renewable. Jason Lessard- NAMI advocate, current acting member at large.</p> <p>No Motion Set Forth</p>	Designate a policy review committee. Clinical and additional committees to follow in upcoming GB meetings.	
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4.	Wellpath Transition Update	George Gintoli	<p><i>George Gintoli</i> – In the process of rewriting a lot of policies and procedures, in accordance with the appropriate standards. Working with the state on recruitment to hire a mixture of state and outside Wellpath employees.</p> <ul style="list-style-type: none"> • Lezlee Henry-Dupoux is the coming over from Northstar Hospital to be the new assistant hospital administrator. • Hired a new risk manager, coming in from PAMC • Interviewed a QAPI director, coming on as a new state employee. • Hired a new safety director who comes on in May to oversee safety operations. 		

<p>4. (cont'd)</p>			<p><u>Per CEO</u> – Wellpath is not interviewing for state positions. They are hiring for positions within their organization. Some positions will coincide with both Wellpath and the State of Alaska.</p> <ul style="list-style-type: none"> • Recruitment. There are 9 interviews for State of Alaska nurses in the upcoming week. In addition, 2 new rehab specialists were brought on this week as state employees. • Psychiatrists have been hired both on the Wellpath and state side. • There are currently 28 patients, 30 tomorrow, and next week we will be adding 5 or 6. The goal is to increase by 5 patients per week until bed capacity is met. • Working on recidivism and correcting Alaska's fragmented system of care. Where do patients go after API? • CAP Tracker. Collected all corrected action plans for the Master CAP Tracker. Wellpath holds complete responsibility for CAP tracker, and will meet every two weeks to ensure progress. • Phase one of Wellpath transition concerns putting systems, processes, policies, recruitment, CAPs, and procedures in place. Performance will be evaluated in 30-60 days based off of deliverables and performance, with the intent of entering phase 2 if all goes well. • Fourth unit will be opening today • Program Creation. Working on creating a more therapeutic treatment environment for patients <ul style="list-style-type: none"> ○ Wellpath's model requires 4 or more hours a day of active treatment Monday-Friday. ○ On weekends, 4 hours or more of social recreational time. ○ Developing program schedules and models, looking for ways to incentivize programs to encourage participation. Wellpath will fund some incentives for these activities moving forward. • Training. 90% of staff has gone through seclusion and restraint training and trauma informed training. 	<p>Dates concerning phases and permanent Wellpath employment TBD.</p>	
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<p>4. (cont'd)</p>			<ul style="list-style-type: none"> • Verbal and physical de-escalation training using the MANT program had begun, with 80% of staff having already been trained. • MANT approach is the closest form of de-escalation training to evidence based practices. API to adopt MANT as sole training program. • Nursing care plan training is also being conducted to improve quality of care. • API has been conducting RCA's (root cause analysis) reviewing past situations, and identifying what could have gone better. • Conducting a complete overhaul of performance improvement committee structure. QAPI committee will be head of all interdepartmental committees and chairs of each individual committee are also a part of the QAPI committee. • Electronic Incident Reporting System. API is moving away from the paper reporting system and planning to report incidence through an electronic system which is easy to aggregate and analyze. <p>ERMA. Working on implementing a full blown HER. The current record is half electronic half paper, so by having one record it will make for a much more efficient system and stream line communication.</p> <p><i>Per CEO –</i> Pioneer homes are currently seeking a level three facility for patients that meet that level of care. An agreement is in the works with HOPE and CON for a skilled nursing facility. Our 1115 Medicaid got accepted and the next piece of that is how we bill overall for mental health. We have built this level of care into the billing structure because we believe that if billed, people would provide the services. The Joint Commission granted API full accreditation for 3 years and recommended to CMS that we retain certification.</p>	<p>Expected to be implemented by end of the year.</p>	
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5. a)	Governing Body Document and Medical Staff Bylaws Discussion of Recommended Edits	CEO	<p><i>Per CEO</i> – We will go through each page and address each line of change as it comes and put it to vote as to whether or not we accept the change.</p> <p><u>Page 1</u> – No changes to page.</p> <p><u>Page 2</u> – Change typo from APL to API.</p> <p><u>Page 3</u> – Item 3D, does not follow regulation.</p> <p><u>Page 4</u> - Item 4A3</p> <ul style="list-style-type: none"> • Adding voting and non-voting • Adding member at large • Add voting after all of the voting members, the first 9 members. • Addition of State in the title of ASHNA <p><u>Page 5</u> – Structural changes only</p> <ul style="list-style-type: none"> • Item 4Ba, “<i>At least three voting members establishes a quorum</i>”, was suggested to be changed to four members. <p>Motion to approve – Jason Lessard Second – Deborah Guris</p> <p><u>Page 6</u> – Item 4C2c- Responsibilities of the Governing Body</p> <ul style="list-style-type: none"> • Wherever it says <i>Commissioner</i>, change it to <i>Deputy Commissioner</i>. • 4C2e – Change of tense from “will delegate” to “delegates”. • 4C2h – Section deleted. 	<p>Change put to vote. Passed.</p> <p>Change not accepted. Move to clarify and address at next GB meeting.</p> <p>Change put to vote. Passed. Change put to vote. Passed. Change put to vote. Passed.</p> <p>Change put to vote. Passed.</p>	Next GB Meeting.

<p>5a. (cont'd)</p>			<ul style="list-style-type: none"> • 4C2j - Change of tense from “will delegate” to “delegates”. <p><u>Page 7-</u></p> <ul style="list-style-type: none"> • 4C2k-n - Wherever it says <i>Commissioner</i>, change it to <i>Deputy Commissioner</i> • 4C3a – Addition of the verbiage for voting. • 4C3b – Addition of the verbiage for voting. <p><u>Page 8-</u></p> <ul style="list-style-type: none"> • 4C3d – Addition of the verbiage for voting. <p><u>Page 9-</u></p> <ul style="list-style-type: none"> • 4C3e – Addition of voting rights for the Chief of Psychiatry. <p><u>Page 11-</u></p> <ul style="list-style-type: none"> • 4C3f - Addition of voting rights for the Chief Operations Officer. • 4C3g – The delegate of the Alaska Mental Health Trust Authority shall provide specific perspective and guidance pertaining to their constituents. • 4C3h - The delegate of the Alaska Mental Health Board shall provide specific perspective and guidance pertaining to their constituents. • 4C3j- The representative of the Alaska State Hospitals and Nursing Home Association shall: <ul style="list-style-type: none"> ○ Be a non-voting member ○ Be recommended by the Alaska Hospitals and Nursing Home Association ○ Provide specific perspective and guidance pertaining to their constituents. <p><u>Page 12-</u></p> <ul style="list-style-type: none"> • 4C3k - The representative of any contractor filling the role of administrative services shall: <ul style="list-style-type: none"> ○ Be a non-voting member ○ Be recommended by the contractor ○ Provide specific perspective and guidance on behalf of the contractor. • 4C3l - The representative of The Department of Corrections shall: <ul style="list-style-type: none"> ○ Be a non-voting member 	<p>Change put to vote. Passed.</p> <p>Change put to vote. Passed.</p> <p>Change put to vote. Passed. Change put to vote. Passed.</p> <p>Change put to vote. Passed.</p>	
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<p>5a. (cont'd)</p>			<ul style="list-style-type: none"> ○ Be recommended by the Department of Corrections ○ Provide specific perspective and guidance on behalf of the Department of Corrections. ● 4C3m - The representative from University of Alaska shall: <ul style="list-style-type: none"> ○ Be a non-voting member ○ Be recommended by the University of Alaska ○ Provide specific perspective and guidance on behalf of the University of Alaska. ● 4C3n - The representative from the Office of Public Advocacy shall: <ul style="list-style-type: none"> ○ Be a non-voting member ○ Be recommended by the Office of Public Advocacy ○ Provide specific perspective and guidance on behalf of the Office of Public Advocacy. ● 4C3o- The representative from the Alaska Housing Finance Corporation shall: <ul style="list-style-type: none"> ○ Be a non-voting member ○ Be recommended by the Alaska Housing Finance Corporation ○ Provide specific perspective and guidance on behalf of the Alaska Housing Finance Corporation. ● 4C3p - The representative from the Alaska Coalition on Housing and Homelessness shall: <ul style="list-style-type: none"> ○ Be a non-voting member ○ Be recommended by the Alaska Coalition on Housing and Homelessness ○ Provide specific perspective and guidance on behalf of the Alaska Coalition on Housing and Homelessness. ● 4C3q - The Representative from Tribal Behavioral Health shall: <ul style="list-style-type: none"> ○ Be a non-voting member ○ Be recommended by the Tribal Behavioral Health Committee of the Alaska Native Tribal Health Consortium 	<p>Change put to vote. Passed.</p> <p>Change put to vote. Passed</p>	
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6.	Policy & Procedure System	CEO	<p>Antimicrobial Stewardship Program PT-060-01. – No changes to specific policy except in the procedure, an added web link was included to provide more definitions.</p> <p><i>Motion to approve</i> – Gavin Carmichael <i>Second</i> – Katie Baldwin</p> <p>Emergency Medications After Regular Pharmacy Hours PT-060-01.14 – Delineate a method of medication if a pharmacist is not on duty at API.</p> <p><i>Motion to approve</i> – Jason Lessard <i>Second</i> – Katie Baldwin</p> <p>Medication Reconciliation PT-NPSG - It is the policy of API to obtain a patient’s medication history upon admission to API and reconcile those medications with medications provided throughout the patient’s stay.</p> <ul style="list-style-type: none"> • The only change to this document is procedural changes. • Pulling all procedures associated with this policy for Dr: Lilly lou to review with the committee. <p><i>Motion to approve</i> – Glen Kilnkhart <i>Second</i> – Deborah Guris</p>	<p>Policies and Procedures are already in place, updates will be in effect tonight.</p> <p>Pull all procedural policies for review.</p>	

Policy and Procedure System INT-001-02 - It is the policy of API to ensure a transparent and reliable process for development, revision and review of policies and procedures that provide API staff with guidance and direction in the management of the hospital. Policies and Procedures will be:

1. Presented in a common format
2. Formally approved by the authorized body
3. Maintained centrally and accessible to all interested parties
4. Linked electronically to procedures and applicable forms.

No changes to policy, just procedural changes.

Motion to approve – Gavin Carmichael
Second – Katie Baldwin

Policy Review Committee - Committee on policy review that will meet prior to the Governing Body Board meeting. Reviews the policies and packages them for passage by the full board. Then the board can completely accept what the committee has done and have the ability to look at the policies before the board meeting and pull out policies that you have questions and concerns about.

Policy Review Committee Volunteers

- Lezlee Henry-Dupoux
- Glen Klinkhart
- ASHNA Designee
- Charlene Tautfest.

Action: Set up policy review schedule, amend bylaws to reflect new committees.

<p>7. (cont'd)</p>	<p>c) Administrative Executive Staff Update</p> <p>d) Fiscal Status Update</p> <p>e) QAPI</p>	<p>George Gintoli</p> <p>CEO</p> <p>Glen Klinkhart</p>	<p>Wellpath has contracted with a couple of physicians. For the next few months they will be at API and providing care. A few locum positions are coming in, 2 started this week and a couple more will start in May. For the summer API will have adequate coverage. In September Wellpath will need to work on a more long term plan.</p> <p><u>Per George Gintoli</u> – We're doing a lot better right now regarding provider prescribers. We will have adequate staffing for an 80 bed facility this summer</p> <p>Hired a new risk manager from Providence. The safety director who is currently a Wellpath employee is interested in coming up here, he's been in security systems for 13 years and is a current hospital administrator. We have a very strong QAPI candidate that were hoping to sign by tomorrow. Currently still looking for a compliance director. On the state side, the year is closing out and we will need a new financial officer to help assist us with closing out books for this year.</p> <p>Financially API is not in the best place. We did have to ask for a supplemental loan. Some of the bills have not been getting paid and some of the vendors are starting to cancel accounts. The Deputy Commissioner of the finance department is assisting us with day to day bills ensuring that they get paid.</p> <p>The biggest thing is that we re-structured QAPI committees, made new schedules, meet less regularly, with the idea that employees will be able to have more time serving API without having to attend meetings every Tuesday, Wednesday, and Thursday attending meetings.</p> <p>QAPI committee was re-structured so that now instead of people having to go to all different areas, all committees are feeding information or data.</p>		
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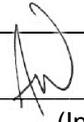
<p>7e. (cont'd)</p>	<p>f) Litigation Status</p>	<p>Steve Bookman</p>	<p><u>Per Ron Callan (Grievance Committee Chair)</u> – Grievance Committee. The first project we are working on is to look at ways we collect data and to look at other ways to identify subsets within larger groupings. Most of analysis is done manually and were working on streamlining it. His visions is to have some additional staff to be more proactive rather than being reactive to create a greater presence of peer support.</p> <p>A new system is being used by placing grievance boxes in every unit. The grievance boxes get picked up and analyzed to create grievance driven data for analysis.</p> <p>Our triage process is based off of the determined level of the grievance to determine whether something needs to be dealt with immediately. Regardless of grievance level, all patients are seen no longer than 24 hours after grievance has been received.</p> <p><u>Per Glen Klinkhart</u> – Root Cause Analysis classes are beginning to be held by Wellpath.</p> <p>The Incident Reporting Systems is another important change. The current paper system has not allowed for the delivery of sound data, when an incident happens it's all based off of how the employee writes it.</p> <p><u>Per George Gintoli</u> - Creating strategic teaching plan for API in June, allowing board members to participate. This will drive goals and objectives for API in regard to patient care. It will teach staff how to do stay interviews, include training for hiring managers, and include three sessions of training.</p> <p>We have finished the preliminary motions for civil patients. Ruling is TBD. A number of law suits brought by prisoners that want to be brought to API, they are calling it a habeas corpus case. Nothing is happening as of now, but they are briefing whether those cases are mute or not. Currently making efforts on forensic capabilities. Review hearings are continually being requested, and will continue until forensic capabilities are properly addressed.</p>	<p>Continue to hire forensic providers to alleviate situation.</p>	<p>All Litigation Dates TBD</p>
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<p>7. (cont'd)</p>	<p>g) Information Only</p>	<p>CEO</p>	<p><u>Plans of Correction</u></p> <ul style="list-style-type: none"> • Had a CMS team in the building for the last 3 days. We still have pockets of staff that have been trained and aren't implementing training correctly. • Passive reporting processes have also been noted, not allowing for information to go where it needs to go and is not allowing for action to be taken fast enough. • Potential for Immediate Jeopardy regarding inappropriate use of restraint. • <u>Corrective Action:</u> Bringing information to governance body, and creating action item, being anything that needs to be acted on. • Provide summary of immediate jeopardies findings and exit interview for board members to review. • Link to plans of correction on the API website. • As soon as we get the summary, the board members will be given them. • Staff recognition of waist belt being too big and the action to correct, was good according to George. Patient was not out of site at all during this episode. It will be challenged. • The overall picture is that we are on a provisional license until June. We will be visited by a larger CMS team in June. 	<p>Provide board members with report summary prior to next meeting.</p>	
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8.	Environment of Care	Gavin Carmichael	<p>An annual Joint Commission requirement to do an evaluation of our environment. This document will migrate in the future as we move into phase 2 with Wellpath because there will be new working relationships that will need to be documented. In addition, the standardization of the data included in the document will need to be worked on to reflect annual changes in bed count as it corresponds to reportable data.</p> <p><u>Page 4</u> – Hazardous Surveillance Rounds</p> <ul style="list-style-type: none"> • Hazardous Surveillance Rounds are safety and security rounds that go on around the hospital. • Aimed at keeping API’s physical and operational environments safe. <p><u>Page 5</u> – Fire Drills</p> <ul style="list-style-type: none"> • Required to do one fire drill per shift per quarter. • Contains overarching projects we’ve worked on throughout the year. <p><u>Page 10</u> – Emergency Management/Operations Plan</p> <ul style="list-style-type: none"> • EMP. API responded very well for the earthquake, power went out, generator kicked in, and we learned little things such as the need for power outlets in the gymnasium. • Staffing Disaster declared by DHSS in December. Team put together to help streamline the procurement process. <p>Areas of Improvement: Building strike contracts into the facility requirements, which essentially allows API when a disaster occurs to contract needed services, such as food for a state of emergency to feed staff and patients.</p> <p>Motion to approve – Gavin Carmichael Second – Katie Baldwin</p>	Hearing no objection, the motion passes for the acceptance for the Environment of Care.	

#	Standing Agenda Items	Lead Assigned	Discussion	Action Item	Due Date
	Good of the Order	CEO	<p><u>Next GB Meeting:</u> The next meeting of the Governance Committee is scheduled for Thursday, May 16, 2019 at 1:30 P.M.</p> <p><u>Per CEO :</u> Offered tour of Susitna unit, which will be open shortly after meeting adjourns.</p> <p><u>Motion to adjourn</u> – Gavin Carmichael <u>Second</u> – Deborah Guris</p>		
Meeting Ends	Adjourned at 4:27 p.m.				

Minutes prepared by: Alyssa Hutchins 4/11/19

Approved by: Albert E Wall: 
(Initial)

4/16/19
Date