

API Governing Body Meeting Minutes - Minutes

Date: Thursday, May 16, 2019 / Time: 1:30 p.m. – 4:00 p.m.

Alaska Psychiatric Institute Conference Room A27C

X	Albert Wall, Chairman & DHSS Deputy Commissioner	X	Constance Woulard, API Director of Nursing	X	Alyssa Hutchins, DHSS
X	Matt Dammeyer, API CEO	X	Joanna Bacareta, API	X	Lynn Cole, Wellpath
X	Dr. Lily Lou, CMO	X	Laura Russell, DHSS	X	Josiah Leigh, DHSS
X	Lezlee Henry-Dupoux, API COO	X	Steven Bookman, AAG		Jasmine Kahn, ACEH Executive Director
	Charlene Tauffest, AMHB	X	Summer LeFebvre, ABHA		Jillian Gellings, DHSS
X	Jason Lessard, NAMI		Shane Coleman, Southcentral Foundation		Daniel Delfino, AHFC
X	Katie Baldwin-Johnson, AMHTA	X	Elizabeth King, ASHNA		Beverly Schoonover, MHB
	James Farley, API CFO	X	Ron Cowan, API Patient Advocate		Brian Wilson, AKCH2 Executive Director
X	Erica Steeves, API QAPI Director	X	Laura Brooks, DOC Medical Director		Leslie Rohr, AKCH2

(Voting members in blue)

#	Standing Agenda Items	Lead Assigned	Discussion	Action Item	Due Date
1)	Welcome Introductions (Roll call)	Chairman Al Wall	<i>Per Chairman:</i> Discussion on amending the current bylaws, which appoint the CEO as chairman of the board, to reflect the Deputy Commissioner as chairman of the board. Roll taken.	Quorum established to conduct Governance business.	Completed
	Review and Approve Agenda			Hearing no objection, the motion passed.	Completed

2)	Review April 11, 2019 Governance Meeting Minutes	Chairman Al Wall	<p><u>Jason Lessard</u>: Correction, changing the name from the National Alliance for the Mentally Ill to the National Alliance on Mental Illness.</p> <p>Motion to approve – Charlene Tautfest Second – Katie Baldwin-Johnson</p>	Hearing no objection, the motion passed and the minutes were approved with noted correction.	Completed
3a)	Appoint Matthew Dammeyer as CEO	Chairman Al Wall	<p><u>Per Chairman</u>: Introduces Matt Dammeyer as new CEO and presents a motion to appoint him as CEO.</p> <p><u>Per Matt Dammeyer</u>: For the past 17 years he has been affiliated with Central Peninsula Hospital on the Kenai Peninsula. Held position as the clinical director for the mental health center and spent the last 10 plus years in senior management roles for the hospital. In January he began working as a consultant with hospitals on the issue of patients being bottled in emergency department's settings in Alaska. In addition, Matt sits is a member for the Board of Examiners of Psychologists and Psychological Associates.</p> <p>Motion to approve – Katie Baldwin-Johnson Second – Charlene Tautfest</p>	Hearing no objection, Matt Dammeyer appointed CEO.	Completed
b)	Wellpath Update	Constance Woulard	<p><u>Per Constance Woulard</u>: RiskQual electronic incident recording system training has been taking place this week. All the core nursing and supervising staff have been trained and will serve as trainers themselves.</p> <p>Currently implementing PolicyTech, an electronic housing policy system that signals when policies need to be revised and updated.</p> <p>Next week on the 23rd of May The Family and Friends Advisory Meeting, which is a part of the Office of Public Advocacy, will be here at 6:00 P.M.</p> <p><u>Per Ron Cowan</u>: Meeting is for family members and guardians, so that they can not only talk amongst themselves and with relevant API staff, but be able to learn more about the services API provides and how they provide them. Ron sought out permission from all the individuals served at API to let them know that there wouldn't be any discussions about their personally identifiable information,</p>		Completed

			<p>just general questions about the hospital. Sent out invitations for RSVP's and will also have representatives from NAMI. Food and drink will be provided as well as an opportunity for people to participate by phone. Call in number and code will be provided for members served who have family living outside of Anchorage who wish to participate.</p> <p><i>No Motion Set Forth</i></p>		Completed
#	Standing Agenda Items	Lead Assigned	Discussion	Action Item	Due Date
4)	Robert's Rules Presentation	Alyssa Hutchins, Intern	<p><u>Per Chairman:</u> We are doing this specifically because this has been lacking in this body. Historically, this has been an advisory body and then a governance body, but they didn't follow any procedure. When CMS and the accrediting body comes to look at our minutes, what they are looking for is authoritative action that has taken place that produces change within the organization. Items such as the approval of policies, hiring and firing, and disciplinary actions come out of this body and there has to be a formal motion, second, discussion, and vote taken for approval to be in accordance with our bylaws.</p> <p><u>Per Alyssa Hutchins:</u> Robert's rules are commonly used in governance bodies to allows for democratic speech and action, preservers order, allow the rights of the organization to supersede the rights of individuals, facilitate group decisions, and to help stick to the agenda. Robert's Rules will be adopted by this governing in order to maintain efficient and effective meetings, which produce evidence of the actions being taken at API for CMS and the accrediting bodies.</p>		

<p>4) (cont'd)</p>			<p>Guidelines;</p> <ul style="list-style-type: none"> • Obtain the floor (the right to speak) by being the first to stand when the person speaking has finished; state Mr. /Madam Chairman. Raising your hand means nothing, and standing while another has the floor is out of order! Must be recognized by the Chair before speaking. • Debate cannot begin until the Chair has stated the motion or resolution and asked "are you ready for the question?" If no one rises, the chair calls for the vote. • Before the motion is stated by the Chair (the question) members may suggest modification of the motion; the mover can modify as he pleases, or even withdraw the motion without consent of the seconder; if mover modifies, the seconder can withdraw the second. • No member can speak twice to the same issue until everyone else wishing to speak has spoken to it once. • All remarks must be directed to the Chair. Remarks must be courteous in language and department - avoid all personalities. • The agenda and all committee reports are merely recommendations. When presented to the assembly and the question is stated, debate begins and changes occur. <p>The Rules:</p> <ul style="list-style-type: none"> • Main Motion: Brings new business (the next item on the agenda) before the assembly • Orders of the Day (Agenda): A call to adhere to the agenda (a deviation from the agenda requires Suspending the Rules) • Point of Order: Infraction of the rules, or improper decorum in speaking. Must be raised immediately after the error is made • Point of Information: Generally, applies to information desired from the speaker: "I should like to ask the (speaker) a question." 		
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<p>4) (cont'd)</p>			<ul style="list-style-type: none"> • Amend: Inserting or striking out words or paragraphs, or substituting whole paragraphs or resolutions • Withdraw/Modify Motion: Applies only after question is stated; mover can accept an amendment without obtaining the floor • Commit /Refer/Recommit to Committee: State the committee to receive the question or resolution; if no committee exists include size of committee desired and method of selecting the members (election or appointment). • Limit Debate: Closing debate at a certain time, or limiting to a certain period of time • Postpone to a Certain Time: State the time the motion or agenda item will be resumed • Lay on the Table: Temporarily suspends further consideration/action on pending question; may be made after motion to close debate has carried or is pending • Take from the Table: Resumes consideration of item previously "laid on the table" - state the motion to take from the table • Reconsider: Can be made only by one on the prevailing side who has changed position or view • Previous Question: Closes debate if successful - may be moved to "Close Debate" if preferred • Commit/Refer - when additional time or information is needed, the item may be sent to a committee or task force (either an existing or newly created) <p><u>Per Chairman:</u> The in-depth portion of Robert's Rules are for large and highly contentious groups and is designed to keep business moving and actually accomplish what's set forth on the agenda. Non-voting board members can sit on and vote in committees, so they can vote as a group for something to get pushed up to the board for full consideration.</p> <p>No Motion Set Forth</p>	<p>Set up more committees; clinical committee, personnel committee, executive committee, etc.</p>	<p>TBD</p>
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5)	Further Discussion - Policy & Procedure Committee & Governing Body Document	Chairman Al Wall	<p>Establishment of the Policy Review Committee.</p> <p><i>Per Laura Russel:</i> The committee has met and had some discussion and votes. In your binder is the red-line version, allowing you to see what has been altered, the idea is that the document will be finalized and adopted today.</p> <p><i>Per Chairman:</i> Committees are formed for thorough discovery by board members that are experts in that matter. The committees make recommendations to present to the full board.</p> <p><i>Per Laura Russel:</i> Under the current set up, the Policy Review Committee Chair is either myself or Glen Klinkhart. Since Glen has been gone, I have been leading the committee's review. The document was overly detailed and didn't allow for any movement within API without Governing Body approval. Right now we're under particularly tight deadlines and we need the ability to change a policy and train staff on it in order to fulfill a promise we made in our plan of corrections. The goal of this revised policy and procedure document is to make it easy enough to use for implementation while remaining compatible with the new management system. In addition, we're in the process of implementing an electronic policy and procedure management system.</p> <p><i>Per Chairman:</i> This body reviews specific policies, not procedures. In regard to this specific policy, the amendment essentially says that policies will be regularly reviewed and updated, to be available to all API staff on approval by the CEO. The policy system that API uses corresponds and reflects the joint commission's numerology and systems.</p> <p>Motion to approve – Dr. Lilly Lou Second – Jason Lessard</p> <p><i>Per Dr. Lilly Lou:</i> Proposed an amendment to the first page with the insertion of policies and procedures.</p>	Hearing no objection, the motion passed with the proposed amendment.	Completed

#	Standing Agenda Items	Lead Assigned	Discussion	Action Item	Due Date
6a)	Hiring Process Discussion	Dr. Lily Lou	<p><i>Per Dr. Lilly Lou:</i> We as Governing Body members get requests of approval for hires, but there is very little information that comes with it. My suggestion is that we consider seeing a little more information, including letters of recommendation. I would be willing as a Governing Body member to review the references and help vet anything that the board would be required to approve</p> <p><i>Per Chairman:</i> Toward the end of this meeting I will ask the board to approve additional monthly pieces of data from API for the Governing Body's education. One of those will be that when we have in particular doctors or exempt personnel pushed to us via email, we have all the necessary information given to us to make a decision.</p> <p>No Motion Set Forth</p>	<p><i>Suggestion:</i> Formalize the Governing Body hiring process procedures.</p>	TBD
b)	Staff Update	Matthew Dammeyer	<p><i>Per CEO:</i> Before I talk about staff, I want to highlight the organizations mission, vision, and values because I think it will help bring some clarity when we begin the hiring discussion. If you look at the mission and the vision in particular, they are centered on providing safe care, having a good workforce, including a good medical staff, growing and responding to needs, and having good external relationships. The staff update I would give you is that all challenges at API are directly related to personnel; personnel in key positions, competency in those positions, and being able to have stability in those positions.</p> <p>Having spent nearly two decades in acute care hospitals, these processes have to be efficient and be competitive, so you can draw top talent into your institution. Our challenge is getting the key people into roles that are empty right now or into roles that are improperly staffed by persons who are not adequately qualified.</p>		

<p>6b) (cont'd)</p>			<p>As far as an update as to where we're at, were In the process of hiring a chief of psychiatry. We have plenty of psychiatric capacity here, but we are in need of leadership. To be successful as a hospital, we have to address our personnel challenges.</p> <p><i>Per Chairman:</i> Just to let you know how things work, there are a couple of key positions that are doubled up right now, Erica Steeves is doubled up with Glen Klinkhart for the QAPI position as he segues out of the organization, as planned. Glen was assigned QAPI director as an emergent measure to not lose our certification back in January. We were having great difficulty hiring a QAPI director and safety officer at a time when we needed plans of correction written for CMS. Lezlee Henry-Dupoux is doubled up with Gavin Carmichael for the COO position.</p> <p>API carries the entire referral and placement process for the entire state. More and more hospitals are applying to be DETs (two new applications from the West Coast) and DESs (two new applications). There will need to be someone managing that system, so Gavin will be managing that after Lesley has been trained for his position.</p> <p><i>Per Summer LeFebvre:</i> Is it possible to get an organizational chart to help the board with all of the current moving pieces?</p> <p><i>Per Chairman:</i> Yes, and that's actually a part of our next discussion, there is a couple of problematic areas that need to be addressed. We currently have two paralegal positions that are critical and understaffed, with interviews next Tuesday.</p> <p>No Motion Set Forth</p>	<p>Provide organizational chart for next Governing Body meeting.</p>	<p>Completed</p>
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6c)	Fiscal Status Update	James Farley	<p><i>Per James Farley:</i> Having started 7 days ago, right now I'm just trying to get up to speed with where we're at and what we're working with. The supplemental loan mentioned at last month's meeting is still waiting for approval by the legislature.</p> <p><i>Per Chairman:</i> One of the concerns I had early on, was discovering that many of our contractor bills have not been paid for periods of time. Finance for government is much different than the private sector, we run off of allocation, not profit margin, and on June 30th our allocation is out and the books close.</p> <p>No Motion Set Forth</p>		Completed
d)	Quality Assurance Performance Improvement (QAPI)	Erica Steeves	<p><i>Per Erica Steeves:</i> The QAPI organizational structure. We had our first QAPI meeting yesterday. The chairs from each council (on tab 6 in meeting binder) attended and provided data. There will be a summary slide or dashboard of all data presented over the next 6 months. We did talk about patient safety data. Our current Unusual Event Reporting (UER) System is currently a paper system, as mentioned earlier we are working to implement an electronic version of that. Typically, under the current paper system we get 5-7 reports a day. Culture trends are responsible for low system reports, so we have a lot of work to do.</p> <p>The Culture of Safety Survey is a standardized tool used across the country. Our scores are low, but the comments have been helpful. As we get our key stakeholders and leadership teams in place then we can really start to figure out how we talk to each other about the care we deliver, when mistakes happen, and focus on items of the sort.</p> <p>No Motion Set Forth</p>		Completed

6e)	Regulatory/PI Events Update	Erica Steeves	<p><i>Per Erica Steeves:</i> We've had a number of surveys, the State of Alaska and CMS team was the most recent. We were found to be not in compliance with the standards. The first non-compliant finding category was patient rights, restraint application and fit. In one of the cases there was a restraint episode. The patient was put in a restraint and there was ill fitting and improperly assigned chest straps. Our actions plans include; retraining of staff with return demonstration and a restraint and seclusion committee that meets weekly to review 100% of the episodes. We are looking at our own videos and have a robust process.</p> <p>The next thing they found within the patients' rights category was observation and monitoring. The monitoring of patients while they were on close observation status was the deficit, we have a policy stating the proper procedure for close observation and we didn't follow it. With that, nursing is rounding on a daily basis to ensure that the appropriate observation of status aligns with the MD order.</p> <p>We were also cited for not having a patient safety program oversight and quality improvement plan. I was hired as a plan of correction and Lynn and I are working hand in hand. There is a daily meeting every morning for the safety program, which started in March, and it reviews events of harm that happened.</p> <p>The last thing we were cited for was nursing care plans, the citation stated that the plans were incomplete because they didn't capture items identified in the nursing assessment and were not integrated. There was a nursing stakeholder meeting including providers, social workers, and nurses and they agreed on an integrated practice. The removal of redundancies improved collaboration.</p> <p>On the 8th there was an OSHA complaint survey about PPE. We were able to quickly gather our team together to answer some questions and then go to the units. They will come back, it will be another announced survey and they will do more interviews with staff on PPE availability and handoff communication.</p> <p>No Motion Set Forth</p>		Completed
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6f)	POC Update	Matthew/Erica	<p>Plan of Corrections Update</p> <p><i>Per Erica Steeves:</i> Our current Plan of Corrections is 42 pages and we have completed 41% of them, which is over 100 items completed. We started this week with identifying the focus, which is environmental care rounds. None of these Plans of corrections are insanely labor intensive, there's just a high volume corrections to be made.</p> <p>No Motion Set Forth</p>		Completed
g)	Patient Grievance Information	Ron Cowan	<p><i>Per Ron Cowan:</i> We looked at the data that was available from January-April this year and one thing we found interesting was the differences between grievances within different units. The difference between a complaint and a grievance is that a complaint isn't in writing and can be resolved right away. Grievances are written and typically cannot be solved right away. Half of the reported grievances within this period involved complaints about staff concerning rudeness and unwillingness to help.</p> <p>One of our new implementations that seems to be working well is identifying the staff member that was named and notifying their supervisor and QAPI department head about the complaint we received. The person who submitted the complaint is not identified to mitigate retribution. What we're finding is that when the staff person is approached regarding the complaint by their supervisor rather than Spencer or myself, more corrective action by that staff is taken.</p> <p>The typical turnaround time when someone submits a grievance is within that day the complainant is required to be notified by the 7th day. If they can't be notified in 7 days, follow up addressing the time frame needs to be conducted</p> <p>No Motion Set Forth</p>		Completed

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6h)	Litigation Status	Steve Bookman	<p><i>Per Steve Bookman:</i> The Disability of Law Centers public defenders lawsuit regarding the emergency room boarding situation has had no follow up action since last GB meeting. It's been just over a month and Judge Moore has not submitted an opinion. We have filed a motion to dismiss the public defender part for using an inappropriate legal vehicle for bringing these claims Part of the case regarding the union and the Wellpath contract has been resolved, but has not gone away. We need to file a response to the complaint. No status, trial, or setting conferences have been discussed and there is a significant lack of communication with the union lawyer.</p> <p>The civil suits are still present but moving slowly. There are concerns about the delays in restoration and evaluation. Review hearings have been conducted with people who are waiting to be admitted to API but are in local hospital settings. Most of the judges are saying that it is a probable cause standard, that they look to see how the person is right then and the usually they want them to come back within a week. Within that time usually they will be admitted here or to Bartlett Hospital. We have been challenging some recent dementia patients, who have been asked to come here by referring hospitals. We really believe that this is an inappropriate place for dementia patients. One case was dismissed and the other case has been slowed down considerably because the courts realized they would like a lot more information about that particular patients and our capabilities here.</p> <p><i>Per Chairman:</i> In the past there has been a gerontology unit, the unit is currently gone with no plans to bring it back. When I came on board on December 3rd there was a huge back up in DOC of forensic patients (103) waiting in jail to be evaluated. These patients are stuck in a jail, with no conviction of a crime, no diagnosed psychosis, and awaiting trial. We are now down to 24 forensic patients.</p> <p>No Motion Set Forth</p>		Completed

6i)	Information Only	Chairman Al Wall	<p><i>Per Chairman:</i> Two pages into tab 6 of your binders you will find a letter from Dr. Guris. She makes great recommendations, but the points in this letter about API have been in discussion for the last 20 years. This is the problem we need to address. As we move forward we will be asking the GB to send recommendations up the chain asking for change. The 1115 behavioral health waiver will be a major constitute for change creating the ability for more and different types of care to be offered. This will allow for API to not be the “dumping ground” for patients that don’t need to be in this setting.</p> <p>Recommendations</p> <p><i>Per Chairman:</i> I’m asking the governance body to put in a request in to API for governance meetings just because I’ve seen some information that has been included in past historical GB meetings that will be very useful for ours. I’d like to change:</p> <ol style="list-style-type: none"> 1. I know and I’ve seen in historical reports from the QA section a chart of historical responses to critical incidents. I would like to numbers, a brief description of the critical incident, and what was done. The reason why is so when CMS walks into this building to conduct a survey, we now have a visual representation of critical incidents. Visibility of what happens in this organization is critical. 2. Secondly, if API wants us to vote on a potential hire, I would like in the hiring approval packets to see what happened in the referral process, what happened in the background check, and a little bit more of a thorough image of that person professionally. In particular, what I’m looking for is everybody receiving a list of potential persons that they will need to call and have a conversation with about their background and provide a little summary of what that conversation was before we vote blindly on people. 	<p><i>Suggestion:</i> Read Dr. Guris’s letter and think about what happens in the continuum of care outside this building and make recommendations to the powers that can make change.</p>	Ongoing
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<p>6i) (cont'd)</p>		<p>Chairman Al Wall</p>	<p><i>Per Dr. Lilly Lou:</i> I know there's already a lot of training going on, but some training regarding the culture of who you pick up the phone and call when you have a concern is important. The work culture here needs to be addressed in a right manor. It is challenging, especially in this climate to recruit professional staff, but as we develop the DET Centers I think it will be a good opportunity to look for people to develop those skills needed for management positions.</p> <p><i>Per Chairman:</i> Along those lines, The University of Alaska has the Advanced Nurse Practitioner program, and if we have a professional of psychiatry who has a pension for doing some education and wants to teach, we could get them rotating into the ANP program and nursing program at UAA and get them to teach a section on psychiatric care.</p> <p>In addition, WICHE is interested in putting funding into an actual psychiatric residency rotation here at API.</p> <p>In API, it's pretty messy when it comes to recruitment for a number of reasons. All of your medical doctors, leadership staff, and admin leadership are exempt, so you can recruit them pretty much however you can. Any other position in the facility is classified and goes through workplace Alaska. Part of the struggle that we have in recruitment is many of those positions are grossly under classed. One of our problems in hiring forensic psychologists is that they are classed as mental health clinicians, with no difference in salary. Under our agreements we cannot contract out for positions that are classified. In addition, the Nursing Salary Study goes into effect next month.</p> <p><i>Per CEO:</i> The biggest challenge we have for recruitment right now is our overall instability. The challenge on recruitment is regarding stability and the ability to obtain doctors. This is a very attractive educational environment and a lot of doctors would love to be a part of it, but there must be stability to do that.</p>	<p>Send out the API staffing data to the governance body before the next Governing Body meeting.</p>	
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6i) (cont'd)			<p><i>Per Chairman:</i> PCG has started the update of the feasibility study for privatization, which should be out by the end of June.</p> <p>There will most likely be the development of a RFP for the second phase of the potential privatization for API coming out at some point</p> <p><i>Per CEO:</i> The core issue is our mixed message to our applicants due to privatization and the potential for RFP in the future. Recruitment always comes down to how we present our environment and stability.</p> <p>No Motion Set Forth</p>		Completed
#	Standing Agenda Items	Lead Assigned	Discussion	Action Item	Due Date
	Good of the Order	Chairman Al Wall	Motion to Adjourn – Dr. Lilly Lou Second – Charlene Tautfest		
Meeting Ends	Adjourned at 3:45 p.m.				

Minutes prepared by: Alyssa Hutchins

Approved by: Albert Wall: 
(Initial)

5/16/19
Date