

API Governing Body Meeting Minutes

Date: Thursday, October 4, 2019 / Time: 1:45 p.m. – 3:50 p.m.

Alaska Psychiatric Institute Conference

Room A27C

X	Albert Wall, Chairman & DHSS DC	X	Promise Hagedon, API	X	Joanna Cahoon, DLC, AMHB
X	Lezlee Henry-Dupoux, API COO	X	Lynn Cole, Wellpath	X	Summer LeFebvre, AKBHPA
	Charlene Tautfest, AMHB Member	X	Josiah Leigh, Wellpath	X	Alexander Von Hafften, APA
X	Gennifer Moreau-Johnson, DHSS DBH Dir.	X	Dr. Michael Alexander, API DOP	X	Breanna Brian, DLC
X	Jason Lessard, NAMI	X	Dr. Nathan Kasukonis, API		Brenda Moore, AMHB
X	John Lee, Acting CEO API, DHSS DSD Director	X	Laura Russell, DHSS		Steve Williams, AMHT COO
X	Erica Steeves, API QAPI Director	X	Alyssa Hutchins, DHSS		Ron Cowan, API
X	Michelle Rothoff, DHSS DPH	X	Steven Bookman, DOL		Laura Brooks, DOC
	James Farley, CFO API		Jillian Gellings, DHSS		Elizabeth Russo, OPA

(Voting members in blue)

#	Standing Agenda Items	Lead Assigned	Discussion	Action Item	Due Date
1.	Welcome Introductions (Roll call)	Albert Wall	Roll taken.	Quorum established to conduct Governance business.	Completed
	Review and Approve Agenda	Albert Wall	Motion to approve - Gennifer Moreau-Johnson Second – Dr. Alexander	Hearing no objection, the motion passed.	Completed
2.	CEO Transition Update	Albert Wall	<u>Albert Wall</u> - We do have a CEO search committee, I will put out a meeting for the search committee, early next week. We have one applicant, Dr. Jasperson that is currently being scheduled to come up the 17 th of October, which is our next board meeting. She will be		

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3.	CMS Survey	John Lee, Acting CEO	<p>here for an interview, walk through, and have the chance to speak with members of the board. There is an additional applicant that we have not scheduled yet, but we will at the next search committee meeting,</p> <p>In the meantime, John Lee, who has great experience leading hospitals, is our acting CEO.</p> <p><u>John Lee</u>- Ten days ago, CMS issued API citations asking for a corrective action plan, which was submitted today. We are considering an appeal, but we have not yet made the decision as to whether or not we are going to contest that particular citation.</p> <p><u>Albert Wall</u>- Today I learned that on average API has a CMS survey every 6 weeks. Surveys occur for a number of reasons, they could occur on a cycle, be a follow-up on a complaint, or on a past survey. CMS is just one of our regulatory oversight bodies.</p>		
4.	Items for Consent	Albert Wall	<p><u>Albert Wall</u>- After tab 7, you'll find the minutes for our last meeting, in which we didn't have a quorum. We did have some discussion regarding the drafting of our Governing Body Bylaws. Right now, we don't have a Governing Body Bylaws technical document, we just have a Governing Body document. We plan to streamline the bylaws, reducing the redundancy in our current document and setting up the board as an actual functioning board, to be in compliance with CMS. The purpose of governing body meetings is to conduct the business of the hospital.</p> <p>The Bylaws have been drafted and the way they are designed is to establish the Governance Board to run the hospital, adopting the Medical Bylaws by reference. Our bylaw draft document is currently with our attorney's, ensuring that they are drafted correctly. Once</p>		
4.	Items for Consent	Albert Wall		Email draft bylaw document to board members for	

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(Cont'd.)			<p>we have the attorney's approval, we will send the rough draft out to the entire board, offering suggestions for comments or edits, to allow us to vote and approve the Bylaws at our next meeting.</p> <p><u>Albert Wall</u>- We do need to accept the minutes from the board meeting on 8/15, which was a quorum board, then we will accept the 9/19 minutes, as a conversational piece.</p> <p>Motion to approve- Jason Lessard Second – Charlene Tautfest</p> <p><u>James Farley</u>- We haven't had a chance to hold a meeting for the Ad Hoc Finance Subcommittee yet, my plan is to hold a meeting before our next Governing Body Meeting.</p> <p>Earlier in the week we had a pre-conference call regarding the WEKA contract, we sent the contract to procurement yesterday.</p> <p><u>Albert Wall</u>- We extended the contract for True North, for the Forensic evaluations until the end of this month.</p> <p><u>Laura Russell</u>- For True North, we need to get the Provider Agreement finalized. The difference between a Contract and a Provider Agreement is that the Provider agreement is more suited for services because you don't have to go through lengthy processes. Instead of having one contract with one entity, you post your requirements, then any one can enter into that agreement. The True North Provider Agreement will allow the Forensic providers to all sign one agreement, rather than individual contracts for each provider. We are also</p>	<p>review and opportunity to provide comments.</p> <p>Hearing no objection, 8/15 Meeting Minutes are approved with 9/19 attached for reference.</p>	<p>Prior to 10/17/19</p> <p>Completed</p>
a)	Review and Approve 8/15 Meeting Minutes				
b)	Review and Approve 9/19 Meeting Minutes				
c)	Ad Hoc Finance Subcommittee	James Farley			
4c.	Ad Hoc Finance Subcommittee	James Farley			

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(Cont'd.)			<p><u>Erica Steeves</u>- So I spoke with Gayle Nash, a Wellpath Consultant who works for Barrins & Associates whose expertise is CMS. When I explained the dilemma regarding the verbiage of our policy, it is the requirement by regulatory agencies to have a transfer evaluation of patients who are coming from another facility. That transfer evaluation must be done by a provider, the reason is that we have exclusion criteria for patients at API. There are certain medical conditions that API are not equipped to care for. The worst thing that could happen is that a patient gets admitted here who is too sick we have to call an ambulance and send them to a different hospital, which is the sole purpose of the transfer evaluation. The language in the policy for medical screening, which mimics that of the EMTALA language, is not actually EMTATA, they are two very different processes, so it must be done by a provider as a transfer. So the next question is, why there is a discrepancy between civil and forensic transfer patients. There is no great explanation as to why those processes are different. Forensic admissions are done through a different tract, meaning they don't go through the Admissions Screening Office (ASO), they go directly to the forensic unit. That's why there may be some variation in practice, which there shouldn't be. We should have a transfer evaluation or medical screening to exclude the criteria where the patients are too sick medically to be admitted here for both the forensic and civil patients, from any facility, which would include DOC.</p> <p><u>Albert Wall</u>- What I'm going to ask you to do is actually write up exactly what you just said. If you could email that to myself, Laura, John, and CC Laura Brooks. Laura Brooks will get that to Dr. Lawrence and then we will get with our partner state agency and figure out how to work this out.</p>	<p>Dictate and send to Albert Wall, Laura Russell, and Laura Brooks.</p>	<p>ASAP</p>
4d.	Policy Review Committee	Erica Steeves	At this point, I'm looking for a motion to accept all consent items.	Hearing no objections, all consent items approved.	Completed

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(Cont'd.) 5.	Litigation Status Update	Steven Bookman	<p>Motion to approve- Jason Lessard Second – Charlene Tautfest</p> <p><u>Steven Bookman-</u> With the list of long running suites that we have, there hasn't been any real progress. No orders or findings have been issued and this includes the public defender agency and the Disability Law Center case regarding people waiting to be admitted into API waiting in ERs, DOC, or a local jail. It also includes the concerns of the public defender agency regarding people awaiting forensic evaluation or forensic restoration services.</p> <p>The suit brought by the state Employee's Association about the contract that API had with Wellpath, hasn't progressed yet either. Generally, a judge has 6 month to issue a ruling before their pay starts getting docked. We have an oral argument set for later this month, but after that I'd say it will take another month to hear back. Since we muted out the preliminary injunction by essentially changing the contract with Wellpath, I don't really expect much to happen with that case for a while.</p> <p>We have continued to have the regular commitment hearings, which have been difficult because by statute there has to be a report from an independent investigator from the court regarding whether somebody can make an informed decision about non-crisis medication. The court has only been able to provide someone on Thursday's, which has considerably slowed things down. I understand the Department of Administration is looking for someone, but I haven't heard an update from that.</p> <p>We are having fewer review hearings from people waiting in jail, which has gone down significantly.</p>		
5.	Litigation Status Update	Steven Bookman	<p><u>Albert Wall-</u> Have all the individuals in DOC waiting for an evaluation been scheduled?</p>		

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(Cont'd.)			<p><u>Steven Bookman</u>- The data for that changes every week. Every Tuesday there is a forensic meeting at DOC, I called into the meeting this Tuesday, and at that time everyone had been scheduled.</p> <p><u>Albert Wall</u>- We've had two more forensic doctors come up and ask for contracts in the past week. Dr. Venezia from Fairbanks will be a part of the provider agreement as well as Dr. McConnell's partner.</p> <p>We had a very good meeting with DOC today regarding this subject. I was very encouraged by that and I believe that we have found a way forward on a few things.</p> <p>Historically, API has been at the center on the issue of inpatient psychiatric care in the state, which is more a departmental issue rather than a hospital issue. There is more entities than just API involved in inpatient psychiatric care. In addition there's policy issues, dealing with the handing, moving, and acceptance of patients across the system. It's my contention that the hospital not be the one fighting the policy fight. My goal is to move the policy discussion more to the department and focus more on the hospital actually caring for people.</p>		
6a.	Plan of Correction Update	Erica Steeves	<p><u>Erica Steeves</u>- So the plan of correction always grows as we learn new things that we intend to improve or adjust. We have been working on making sure that our POC's are focused on restraints, seclusions, and patient master treatment plans. We do have some percentage compliance with the overall plan, broken down into categories. We're still meeting in small groups to ensure that we don't lose traction. In the last couple of weeks both Lynn and I have been reviewing some of the Joint Commission citations to see if there were any trends. We have identified those and made sure to bring them to the senior leadership group, to ensure we are working on the bigger issue items such as the medicals bylaws</p>		
6a.	Plan of Correction Update	Erica Steeves			

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6b. (Cont'd.)	Quality Assurance Performance Improvement (QAPI)	Erica Steeves	<p>speak to that first hand. The other thing is that there are some surveys that have yet to be inputted in to the database, so it may be that zero is not the accurate number for the time framed.</p> <p><u>Albert Wall</u>- With our population it may be difficult to do follow-ups, but some of our persons served who sustain their stability, may be able to do that survey.</p> <p><u>Dr. Alexander</u>- Is this the kind of thing that perhaps a contractor or somebody from outside could provide help with?</p> <p><u>Albert Wall</u>- I think so, but we also cannot equip the hospital to do everything.</p> <p style="text-align: center;">Patient Safety Reports</p> <p><u>Erica Steeves</u>- As most of you know, the way that we document our Unusual Events, is via paper. We have an excel spread sheet that we enter the information into, and there is 10 things that we look at pretty closely:</p> <ul style="list-style-type: none"> • Physical Assault / 1000 patient days • Allegation / 1000 patient days • Physical Threat/ 1000 patient days • Self-harm / 1000 patient days • Verbal Assault / 1000 patient days • Security Failure / 1000 patient days • Other/ 1000 patient days • Fall/ 1000 patient days • Elopement / 1000 patient days • Sexual Behavior / 1000 patient days <p>My main reservation with this data is when you look at physical assault / 1000 patient days, it doesn't necessarily mean that things have gotten better or worse, it's just an indicator of us having more reports. As</p>		

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<p>(Cont'd.)</p> <p>6b.</p>	<p>Quality Assurance Performance Improvement (QAPI)</p>	<p>Erica Steeves</p>	<p>we work on our safety culture, which is all about how we operate, how we escalate, who speaks up, and when they speak up, we expect to see the actual incidence increase, which is a good thing. I was speaking with Ron today regarding who writes these reports. In a highly functioning organization everyone has the ability and access to write reports. When I refer to writing it up, it's not a negative things, its highlighting areas to improve, before something bad happens. Our reports don't work that way, they primarily come from nurses and most often the most senior nurses. I give you this as just a start, letting you know that we are looking at our patient safety information from a less than optimal system. Until we look at the culture piece about how we work together and how we continuously advocate for our patients and collectively have situational awareness, it doesn't matter what this data suggests.</p> <p><u>Albert Wall-</u> We've talked about this before, sometimes it's driven by a single patient because our census is so low. There's a spike in physical allegations and self-harm in February, March, and April, which was during a crisis time for the hospital, but we also had some pretty high intensity persons served at that time. More importantly is, our response to these incidents and how we address the issue of allegations and physical assault in regard to tailoring our training education and addressing our work culture.</p> <p><u>Erica Steeves-</u> In the last week and a half we've changed our morning meeting to a safety huddle. Highly reliable organizations use these types of morning gatherings, which are quick, regimented, and people are trained to think forward, what happened and what am I going to do to prevent the next event.</p> <p>Anytime you start a safety huddle, people are a little unsure on how they are going to present their information. However, what I've seen, particularly in one of our unit managers this week was that she read the</p>		

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7. (Cont'd.)	Wellpath Update	Lynn Cole	<p>information, listened to what we said, and responded with everything we wanted to hear. We are starting to change the way we think about our hospital and the operations within.</p> <p>Promise is leading by example, she's on the units following up on these events to make sure they are being documented appropriately, working directly with staff and leaders.</p> <p><u>John Lee</u>- Both Erica and I come from hospitals that have better implemented the EHR culture and it's a journey, but there are key components that are required, which need to be addressed by allowing protected time to ensure proper documentation. The neat thing that we are seeing is after every day various staff member will say "I'm not sure if it's appropriate to bring up on this form", but every single time it absolutely is. People are beginning to speak up and bring their issues forward, which are being addressed, which is a really important step in our journey.</p> <p><u>Albert Wall</u>- The root cause analysis is a very specific and important tool to address how incidents happen, the response, what we're doing to change it, so it doesn't occur again in the future.</p> <p><u>John Lee</u>- As an executive team we've talked about the importance of holding each other accountable. It's a just culture, not a punitive one, we need to be able to look at each other and bring suggestions to the table without being offended by it.</p>		

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7.	Wellpath Update	Lynn Cole	<p><u>Albert Wall</u>- As mentioned earlier, we have a couple of different contractors, Wellpaths contract is to assist us with our compliance issues. Most of the work that they do is training our staff in the new procedures pertaining to the new policies that are being implemented.</p> <p><u>Lynn Cole</u>- Wellpath has provided the following operational support to API since the last Governing Body meeting:</p> <ul style="list-style-type: none"> • Assist with responses to CMS, TJC, Ombudsman, OSHA, and other regulatory and licensing bodies • Secured forensic psychologist(s) to support restorative care through October <p><u>Albert Wall</u>- The state is interviewing two forensic psychologists, a husband and wife team for fulltime employment on the 8th of this month. They will be state employees.</p> <p><u>Lynn Cole Cont'd</u>-</p> <ul style="list-style-type: none"> • Continue to provide on-going TJC/CMS Consultant support <ul style="list-style-type: none"> ○ On-site CMS consultant provided to assist with Plan of Correction ○ Dedicated resource to monitor and ensure progress with corrective actions • Continue to provide expertise with appropriate treatment/care planning process <ul style="list-style-type: none"> ○ Ensured person served and PNA involvement in treatment team planning ○ Attend and support 100% of treatment team meetings • Continue to provide Nursing Education support to ensure training files are complete, educate staff, bring facility into compliance, and satisfy CMS guidelines • Continue to support restorative care treatment program and provide individual and group 		


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(Cont'd.)			<p>therapies with psychologist and Post-Doc Psychology Resident</p> <ul style="list-style-type: none"> Assisted API with completing emergency preparedness drill – Coordinated and conducted Code Yellow Exercise with API staff <p><u>Albert Wall</u>- Matt Dammeyer tracked the Post-Doctoral Residency Program really well, because he was once a member. We do currently have an APA accredited resident program here for doctors, which needs a lot of handling. We don't want to lose that, it's an important relationship with a group here in the state to ensure that we have residents and that it's monitored. It's one of the only health care producing programs in the state of Alaska.</p> <p><u>Lynn Cole</u>- Wellpath continues to provide operational support and is working on finalizing the following areas:</p> <ul style="list-style-type: none"> Continuing to support on-going operations and identifying potential candidates for key vacancies Finalizing implementation of electronic systems for policy management and credentialing Providing additional training support with MANDT to increase awareness and competency in de-escalation techniques for all direct care staff <p><u>Albert Wall</u>- Lynn mentioned the vacancy issues, I'd like to point this out because included in your packets is a list of vacancies. One of the important things to consider is if you look at the columns titled "Date Posted in NEO GOV, Dated Closed in NEO GOV, Date Extended in NEO GOV and Final Date Closed in NEO GOV". The reason I point this out is because many of these positions are recruited continually. When we say continually, it means that there are no applicants or non-qualified applicants who applied for the position. The job will then go off-line for a couple of days, then be</p>		
8.	Vacancy Report	Albert Wall			
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8. (Cont'd.)	Vacancy Report	Albert Wall	<p>reposted. That process is very difficult, and right now the only person at API who has rights to get on Workplace Alaska is KatieJo, who has numerous other job responsibilities as well. This makes our recruitment restricted, due to the Workplace Alaska process.</p> <p><u>Summer LeFebvre</u>- A few board meetings ago, you talked about very specific vacancies regarding the inability to hire due to non-competitive salaries, has there been any changes since you've been addressing that issue?</p> <p><u>Albert Wall</u>- Depending on where you look, the answer is yes and no. Within the last 60 days the Psych Nurses study came back in favor of giving that job title an increase in salary. Unfortunately the study took so long, that during the time it was being studied the cost of living went up. The Psych RN's were 13% below the norm, and now their 6%, so it did help a little. The other thing it did, just because of the state structure, was it didn't address our health practitioners, which are Advanced Nurse Practitioners typically. What happened was RN's who have worked for the state a long time, are potentially earning more than our Advanced Nurse Practitioners. We are currently in the process of initiating a study for them. We recently went to the labor relations board to ask for a percentage bonus for nurses who work on the weekend. As of right now they get \$1 an hour increase to work weekends, which isn't enough and unfortunately that was denied.</p> <p><u>John Lee</u>- Being an individual who's operated hospitals in the state of Alaska, API really needs to be market competitive, especially on the weekend, so that's an issue that needs to be resolved.</p> <p><u>Dr. Alexander</u>- Is there a plan or process being done for addressing the issue with the KatieJo so she's not the only one working on NEO GOV?</p>		

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(Cont'd.)					
9.	Public Comment Period	Albert Wall	<p><u>Albert wall</u>- We are currently working on this, we do have a plan and there are things in motion. We will discuss this more in our Executive Session.</p> <p>For Charlene, Brenda, and Beverly, just for everybody's awareness, included in the draft of the bylaws, we will be setting up a non-partisan external advocacy board for the grievance process. There is currently a draft of it in our bylaws and we are in the process of making it broad enough to ensure that it works.</p> <p><u>Albert Wall</u>- It is now 3:00 P.M., I'd like to now open up public comment first to anyone in this room, then to attendees on the phone.</p> <p>Is there any member of the public in this room who would like to make a comment?</p> <p><i>No public comment</i></p> <p>Is there anybody online that has a public comment?</p> <p><i>No online attendee public comment</i></p> <p>I will keep the line open for around 10-15 minutes, just incase somebody wants to call in and provide public comment.</p>		Completed
10.	Executive Session	Albert Wall	<p>No public comments provided, public comment period closed at 3:15 P.M.</p> <p><u>Albert Wall</u>- We will now be moving into Executive Session, this portion is only open for voting members of the Governing Body.</p> <p>Executive Session Start: 3:20 P.M.</p> <p>Executive Session Adjourned: 3:50 P.M</p>		Completed

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11.	Good of the Order	Albert Wall	<p>Albert Wall- I will entertain a motion to adjourn.</p> <p>Motion to adjourn: Albert Wall Second: Jason Lessard</p> <p>The next Governing Body Meeting will be held at API in conference room A27C on Thursday, October 17, 2019 from 1:30 pm – 4:00 pm.</p>	Present Governing Body Bylaw Draft Document at next meeting.	October 17 th , 2019.
Meeting Ends	Adjourned at 3:50 p.m.				

Minutes prepared by: Alyssa Hutchins

Approved by: Albert Wall: 

10/4/19
(Initial)

Date