

API Governing Body Meeting Minutes

Date: December 19, 2019 / Time: 1:30 p.m. – 4:30 p.m.

Alaska Psychiatric Institute Conference Room A27C

X	Albert Wall, Chairman & DHSS DC		Adam Rutherford, DOC	X	Erica Steeves, QAPI Director
X	Dr. Anne Zink, CMO, DHSS	X	Dr. Michael Alexander, Chief of Psychiatry, MEC	x	Jillian Gellings, DHSS
	Adam Crum, Commissioner, DHSS		Primary Care Association, Member at Large		James Farley, API CFO
	Charlene Tautfest, AMHB Member		Jeff Jessee, UAA	X	Laura Russell, DHSS
	Gennifer Moreau-Johnson, DBH Director		Daniel Delfino, AHFC	X	Promise Hagedon, API DON
X	Jason Lessard, NAMI	X	Elizabeth Russo, OPA	X	Steven Bookman DOL
X	John Lee, Acting CEO API	x	Natasha Pineda, ADH Director	X	Alyssa Hutchins, DHSS
X	Dr. Alexander Von Hafften, APA		Anchorage Police Department, Member at Large		Jerry Jenkins, ABHA
X	Summer LeFebvre, AKBHPA		Joanna Cahoon, DLC		Ron Cowan, API
X	Elizabeth King, ASHNA	X	Lynn Cole, Vendor Representative	x	Beverly Schoonover, AMHB
X	Katie Baldwin-Johnson, AMHTA		American College of Emergency Physicians Member at Large, ACEP		Rebecca Helfand, WICHE
X	Dr. Shane Coleman, ANHB		Dr. Nathan Kasukonis, API		
	Deb Etheridge, Acting Director, SDS				

Notes: Marked boxes indicate attendance; with physical attendance indicating an "X" and no indicator, meaning call in attendance.

Voting members in blue

Ex-Officio members in black

- Member's not in attendance and or in the process of selecting a Member at Large depicted by yellow highlighted title
- Staff members or stakeholder of API and the behavioral health continuum of care depicted in red.

#	Standing Agenda Items	Lead Assigned	Discussion	Action Item	Due Date
1a.	Welcome Introductions (Roll call)	Vice Chair	<u>Elizabeth King</u> -Vice Chairman	Quorum established to conduct governance business.	Completed
1b.	Review and Approve Agenda	Vice Chair	<p><u>Albert Wall</u>- Will need to offer an amendment to agenda. Pulling bylaws committee out of items for consent and move to previous section so we can have discussion today. Secondly, have new members that have been assigned from Emergency Physicians Group and should welcome them today as well.</p> <p><u>Dr. Zink</u>- The emergency medical physician not able to attend this month but will be attending next month.</p> <p><u>John Lee</u>- Offer correction to agenda. For the hiring process James Farley will present that and for the Credentialing Dr. Alexander will.</p>	Hearing no objections, Agenda Approved with Amendments.	Completed
1c.	Review and Approve Minutes	Vice Chair	<p><u>Dr. Alexander Von Hafften</u>- Correction that I was not present. On item 1B it says I seconded.</p> <p><u>Erica Steeves</u>- also have a correction, item number 2 Noel Rea is spelled incorrectly and he has never worked at API.</p> <p>Item 13- duplicated Says minutes prepared November 17th but meeting was November 21st.</p> <p><u>Dr. Alexander Von Hafften</u> has questions about some items discussed. Item 13 including duty of care, duty of</p>	Hearing no objections, Minutes Approved with Amendments.	Completed

<p>1c.</p>	<p>Review and Approve Minutes</p>	<p>Vice Chair</p>	<p>loyalty, obedience. Asked for more detail on duty of loyalty and obedience as to who and what.</p> <p><u>Lynn Cole</u>- Chairman Wall added more information to PowerPoint and furthered discuss</p> <p><u>Al Wall</u>- I noted same thing in presentation, one of the points of responsibility wasn't in presentation and rounded that out in the discussion. Brief but in depth and covered well. Not only training we will have. Wellpath and other organizations we work with will continue to do trainings periodically.</p> <p><u>Dr. Alexander Von Hafften</u>- Ask that as continue training perhaps include more in the discussion material about what those mean.</p> <p><u>John Lee</u>- Please note that what we asked Lynn to present was what CMS requires of the duties of the board so she was focusing on that.</p> <p><u>Elizabeth King</u>- Call to vote to approve to minutes.</p>		
<p>2.</p>	<p>CEO Transition Update</p>	<p>Al Wall</p>	<p><u>Al Wall</u>-</p> <ul style="list-style-type: none"> • Search Committee continues to interview candidates. • Interviewed Jacqueline Adelman on 12/18/2019. She used to work at API. LCSW by training. Interviewed well and will extend second interview including a day to be spent at API. • Appreciate search committee members and their stand in. • Have another candidate that's also an LCSW • A third that came in this week and is a very talented CEO. Going to interview as soon as we can set up • Running up against a deadline since John Lee will be leaving and as session approaches it becomes 	<p>Discussion to be continued in executive session</p>	<p>Continued</p>

<p>2. (Cond't)</p>			<p>more important that he is able to focus on his other duties. We as a board need to make a decision about what we will do.</p> <p><u>John Lee-</u> SDS job is does not have a director or deputy director at the moment. Will be going back starting next week, interim CEO at API. Goal is to be back at SDS full time by January 15th. Thank API for opportunity to serve.</p> <p><u>Various-</u> appreciation for work John has done at API</p> <p><u>Al Wall-</u> with those comments I think we need to throw it out there for discussion on what we will do. Even though we let Noel Rea he was not being offered the CEO position he continued to offer his support in the meantime so we could look at him as an interim or we could ask some other people to come in and support. The hiring process will take longer than the three weeks we have- can't do a second interview with Ms. Adelman until after first of the year and can't do the first round of the other candidates until then as well.</p> <p><u>John Lee-</u> Noel is capable person, known for decade, if he has offered to come in until we can hire the right person that gives API Governing Body breathing room to make sure they make the right decision. This could help bridge the gap. Noel has hospital CEO experience.</p> <p><u>Dr. Alexander-</u> if this is where we are and are comfortable I think we need to get him in as soon as possible to be able to have overlap with John.</p> <p><u>Al Wall-</u> other options ask partner agency such as WICHE to send us someone. Noel knows Alaska and has been in health care system for some time.</p> <p>UNKNOWN - Make a motion that we offer interim or temporary position as CEO for some defined period of</p>		
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<p>2. (Cond't)</p>			<p>time and look to CEO search committee to define what that would be. <u>Jason Lessard</u>- seconded</p> <p>Summer LeFebvre- Jacqueline Alderman worked at API for a while and has made it to a second interview that might be an acting or interim option. We keep coming back to how many transitions the staff has had and Noel Rea would be another new introduction.</p> <p><u>Elizabeth King</u>- appreciate bringing it up and my hesitation with another interim person is exactly that. Try to avoid multiple transitions.</p> <p><u>Al Wall</u>- asked for clarity on the motion</p> <p>UNKOWN- offer to Noel Rea interim or temporary position as time specified by CEO search committee.</p> <p><u>Al Wall</u>- brings up a good point that we could try to expedite a push for Jacqueline. Offering amendment to motion that allows search committee to explore that opportunity. Take Noel Rea's name out and allows search committee opportunity to explore that.</p> <p><u>Erica Steeves</u>- added concerns about Jacqueline working at API formally.</p> <p><u>Elizabeth King</u>- this is a public meeting, move to executive session to finish as a personnel matter.</p> <p><u>Al Wall</u>- Can continue in executive session</p>		
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3.	Wellpath Update	Lynn Cole	<p><u>Lynn Cole</u>- enter update into record. Document provided with meeting materials Wellpath has provided following (summary) -Assistance with ongoing compliance and survey support -On-site consult with Joint Commission accreditation and CMS compliance -Continued expertise with treatment/care planning -Implementing electronic system for policy management -Identify and referred a Clinical Psychologist candidate</p> <p>Provided next steps (summary, see document for full detail) -Finalize plans for leadership development training -Continued support of on-going operations -Identification of potential key candidates including psychiatry, psychology, and risk management -Training and support -API Surge Exercise 2019</p>	No motion set forth	Completed
4.	Education for Governing Body	Lynn Cole	<p>Part two of three Provided "The Governing Body: Regulatory Roles and Responsibilities for Medical Staff Credentialing and Oversight: PowerPoint. - Introduction: Governing Body roles and responsibilities - Regulatory Checklists: medical staff credentialing and oversight - Regulatory Discussion: medical staff credentialing and oversight</p> <p><u>John Lee</u>- Important to note that patients are only admitted by licensed practitioner. I know there are thoughts that judges can add patients to API, that's a misconception. Other thing, on staff bylaws- current bylaws are outdated. Wellpath has been looking at this</p>	No motion set forth	Completed

		<p>and has provided national examples. Submitted bylaws to Stacie (DHSS lawyer) to have reviewed.</p> <p><u>Dr. Alexander</u>: might want to have an agenda item to review status of where bylaws are in process. Secondly, MEC medical meeting minutes might want to be added to our materials Third, summary page of what different privileges are that would be requested to different licensed professionals. Fourth, assume by time we receive a resume that individual is fully vetted. Doesn't address most of the issues that we are responsible for. Might be helpful to have one page cover page to see if they have any adverse actions, DEA, lawsuits, etc. Helps to be review before we get too far.</p> <p>Discussion on the purpose of the cover page so that board knows process was followed. Agreed upon a one pager summary for candidates of routinely reviewed items (criteria checklist)</p> <p><u>Elizabeth King</u>- move to do all four of those things. As member of the board it helps ensures upholding responsibility.</p> <p>Unanimous agreement to provide criteria checklist going forward</p> <p><u>Dr. Zink</u>- Is there a process for performance improvement plans that might show us a red flag</p> <p><u>Dr. Alexander</u>- process but does not come to here. New process for the hospital but might get into this.</p> <p><u>Jason Lessard</u>- want to make sure we have a process in place because we made a change to not require board certification any longer. Want to make sure a review process.</p>	<p>Motion set forth for criteria checklist</p>	<p>Completed</p>
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5.	Bylaws Committee	Al Wall	<p><u>Al Wall</u>- Approached by Director of Trust who said some of the Trust feels as if having a voting member places them in an awkward position. Question was if they wanted to keep membership but remove voting privileges and they were okay with this.</p> <p>Approached by Alaska Primary Care Association (APCA) who would like to be involved in Governing Body. Recommendation: amend bylaws to move representative from Trust to non-voting position. Replace with member from APCA</p> <p><u>Dr. Zink</u>- We have had a difficult time getting a member of primary care to be part of the meetings. Reached out in numerous ways.</p> <p><u>Al Wall</u>- Understood, it's important as us as a board to make an offer so they have say in the hospital and will keep trying to build bridges. Voting member is important and willing to make a motion to move Trust representative to non-voting and add APCA member to voting.</p> <p><u>Summer LeFebvre</u>- We need community presence and policy level presence here, not sure we don't lose something when we lose the Trust voting representation.</p> <p>Discussion on providing Trust input on the importance of inclusion on API.</p> <p><u>Laura Russell</u>- can you clarify what concern is?</p> <p><u>Al Wall</u>- Compromises their conversations they have as an advocate at times. Some concern about being responsible to run hospital</p> <p><u>Katie Baldwin-Johnson</u>- Can add that part of it is being one voting member on board and Trust having mission</p>	<p>Motion set forth to move Mental Health Trust to non-voting member</p> <p>Second motion to have group meet with Mental Health Trust to discuss reconsideration</p>	Completed
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<p>5. (Cont'd)</p>			<p>of responsibility of wellness of beneficiaries as primary focus. Could create conflict of interest that's challenging to navigate</p> <p><u>John Lee</u>- Is there a potential for option to abstain from voting for items of conflict?</p> <p>Discussion to encourage Trust to reconsider but needs to be brought up with director and their board but should honor that Trust brought that forward.</p> <p><u>Al Wall</u>- Move to amend bylaws to move Trust representation to non-voting Move to add APCA as voting member</p> <p>Amendment- split to two motions</p> <p><u>Al Wall</u> Motion to amend bylaws to move Trust representation to nonvoting. Second: John Lee All in favor</p> <p><u>Discussion</u>- not to move forward with second motion until member from APCA has been here. Potentially discuss further with Mental Health Trust <u>Al Wall</u>- withdraw motion and have representative attend. Could also keep without additional voting member</p> <p><u>Discussion</u>- quorum and non-State employees at meeting.</p> <p><u>Dr. Zink</u>- Motion to have group meet with Trust to reconsider <u>Elizabeth King</u>: Second motion All in favor</p>		
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<p>6a.</p>	<p>Policy Review Committee</p>	<p>Erica Steeves</p>	<p>Provided: Agenda from 12/12/19 Policy Meeting and Policy Update with policy name and changes</p> <ul style="list-style-type: none"> - Briefly reviewed Hospital Environment, Discharge of Patients, Restriction of Patient's Rights <p><u>Katie Baldwin-Johnson</u>- question about the restriction of patient rights policy, in consideration of how this works with staff doing seclusion and restraint is there something in the policy that this is the last resort and not first intervention.</p> <p><u>Erica Steeves</u>- Yes, there is restraint policy so it's a bit of a duplicate but important to continue to mention.</p> <p><u>Dr. Zink</u>- would be helpful to reference the restrain policy in this one.</p> <p><u>Shane Coleman</u>- is there a discharge policy change? It's on the list but wasn't discussed</p> <p><u>Erica Steeves</u>- patients who are in API but need to go to the hospital for a period of time, in those situations we can discharge from API but readmit. This policy change shows administrative discharge for more than just hospital. Not bill while getting treated somewhere else. Ability to readmit with things like court ordered medications still intact. Status still in hospital so not at bottom of waitlist. Clerical change, holds account open but not actively billing. Legal orders don't expire.</p> <p>Question- time frame put on it? <u>Erica Steeves</u>- historically up to provider. A week is about as long as we allow it. <u>Discussion</u> on caution of putting in timelines. Add to reference other policies</p> <p>Motion to approve: Summer? Second: Elizabeth King All in favor. No opposed</p>	<p>Motion to approve policy changes with edits of referenced. All in favor.</p>	<p>Completed</p>
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6b.	Ad Hoc CEO Search	Al Wall	Covered most of that earlier. Table rest for executive session	No motion put forward	Complete
6c.	Ad Hoc Finance Subcommittee	James Farley	<u>James Farley</u> - Trying to get scheduled as Governor puts forward proposed budget. Tabled until January	No motion put forward	Complete
6d.	PAB Update	Jason Lessard	<u>Jason Lessard</u> - doing outreach with community including stakeholders and ombudsman. Connected with someone from Oregon for their information on patient advocacy board and insights. By next meeting hope to have an idea of how to go about recruiting for board Still considering changing advocacy out of name; asking for input.	No motion put forward	Complete
7.	EDIE	Dr. Zink	<p><u>Dr. Zink</u>- Asked by Hospital Association to bring back conversation of information exchange (AKA EDIE) to improve patient care. Hospital Association did process to choose vendor and chose Collective Medical. For last three years process of onboarding hospitals. Question of API coming on as well. Was reviewed internally a year ago. At that time ANMC, Fairbanks and Alaska Regional were not onboard. Discussions over concerns for privacy and cost and decision was made not to move forward. Brought to us by Hospital Association to reconsider at this time.</p> <p>Unknown (Elizabeth?); Main idea is that collectives platform allows for care coordination and the thought is it would be better for the patients if there was more information available for care coordination.</p> <p><u>Dr. Zink</u>- Four options moving forward: 1. Meditech (EMR at API) connect to Enterprise Bus Service to HIE and connect to EDIE</p>	Dr. Zink will connect with law and security to discuss at next meeting	Complete

<p>7. (Cont'd)</p>			<p>2. Meditech to BUS to EDIE 3. Flat file (download flat file and upload to EDIE). Case managers could log in and get more information 4. No integration Concerns: - Completeness of system -FQHC have determined they are onboard -Legal concern - are patients opting in or out of system? -Cost - Flat file is lowest cost -Benefit -What are benefits to API and patients? At this point decision to explore cost of flat file and discuss with IT, law, and financial is most reasonable. Provide update at next meeting <u>Discussion:</u> Group input on why this is important. Questions about ability to cross information, cost. <u>Dr. Zink-</u> instead of getting more information of levels might be beneficial to get Law and IT to explore and ask them to report back to next meeting All in favor of moving forward</p>		
<p>8.</p>	<p>Staff Updates</p>	<p>John Lee</p>	<p><u>John Lee-</u> Will have Dr. Alexander and James Farley talk but will provide short updates. Good news about organization structure for HR. OMB approved in house HR- hiring HR Consultant III. Office area manager who will do onboarding, regulatory compliance, background checks. Personnel specialist who will oversee recruitment and classification process. Hope to post by 12/20/2019</p>	<p>No Motion Set Forward</p>	<p>Completed</p>

9.	Public Comment	Elizabeth King (Chairman)	<p>3:15 PM- Asked for public comment in room, Juneau and telephonically</p> <p>No public comment</p> <p>Will check back in over next 30 minutes</p>	No Public Comment	Complete
10.	Hiring Process	James Farley	<p><u>James Farley:</u></p> <ul style="list-style-type: none"> -Provided update on positions -Will put on trainings for hiring managers to improve position postings -Approval to update classifications for health practitioners for salary change. Health Practitioner I's will go from range 24 to 26 and HP II from 25 to 27. <p><u>John Lee-</u> add that for two weeks in January the Hiring Manager will come from Juneau to help managers understand hiring process, evaluate minimum qualifications. Significant education.</p> <p>At end of the month Wellpath will be providing a five day leadership course to managers at API. Items from emotional intelligence, how to lead and manager people.</p> <p><u>Laura Brooks-</u> Encourage to look at salary study carefully. Puts advance care nurses and physicians assistants at the same level as an RN-IV. The maximum increase I could find was \$400 a month. It was a pretty big disappoint and might want to have people look at in your own system. Anything is better than nothing but it isn't bringing us that much closer to where we want to be.</p> <p><u>John Lee-</u> Last item, we extended offer to safety officer. Promises is acting Director of Nursing and hope to be able to offer full time position soon, awaiting approval.</p>	No Motion Put Forward	Complete

11.	Hiring Process- credentialing	Dr. Alexander	<p><u>Dr. Alexander:</u> Packet with resumes and overview provided -Number of new hires including Lacy Benoit, Brad McConnell, and Pharmacy Manager filled by D'Lynn Wynne. -All psychiatrist positions are empty -Currently in process of trying to get a medical staff coordinator</p> <p>Credentialing and reappointments: -Cynthia Visner is ready for temporary privileges to be granted -Dr. Rodriguez needs full privileges granted -Dr. Cotoman needs temporary privileges granted -Dr. Larson- no action at this time -Dr. Benoit needs full privileges granted -Dr. Jan Robinson- no action</p> <p>Have gone through process and checked by credentialing expert.</p> <p>Motion to approve: John Lee Second: unknown All approve</p>	Motion to approve credentials	Completed
12.	Guest: Representative Spohnholz	Representative Spohnholz	<p>Provided HB175: API Governance Board to group</p> <ul style="list-style-type: none"> - Introductions - Provided summary of Bill - Purpose of bill is to put into law and make it a permanent feature for API to have a Governing Board <p><u>Jason Lessard</u>- question regarding terms of board members Response: 4 year, staggered. Rep Spohnholz worked in nonprofit sector before and has a great deal of experience with boards and committees.</p>	No action required	Completed

<p>12. (Cont'd)</p>		<p><u>John Lee</u>: CMS requires Governing Body to have oversight of CEO hiring</p> <p><u>Al Wall</u>: Appreciate your support, the hospital needs an advocate. There have been a series of surveys and reports and when it comes to the Governing Body there have been many recommendations. As a hospital API falls under a number of regulatory bodies and only concern is we don't do anything that sets us up for concern with regulatory bodies. Suggest we look through this and match with reports and requirements.</p> <p><u>Rep. Spohnholz</u>- Very important and addressing specifically to look every three years to make sure in compliance. Meet regulatory requirements and go above and beyond by having stakeholders and advocates. Allow board to build off from there</p> <p><u>Dr. Zink</u>- what was the thought on seven members? <u>Rep. Spohnholz</u>- Could evolve as further input. As board gets larger people have a little less ownership. Want participation. Board membership doesn't have to limit participation of other people. Would expect to still have experts and others come to support the board. This is the starting point of the conversation. Not every person who provides input needs to be a voting member.</p> <p><u>Summer LeFebvre</u>: Comment on increased momentum in action and commitment to governing body. <u>Rep. Spohnholz</u>- I do not want to slow your momentum either. I can say honestly that there aren't many people that are as supportive as I am. I want to make sure that no matter who is in administration this continues to move forward. It is easy for the hospital and this population to get swept into a corner but it is crucial we don't allow that to happen.</p> <p><u>Al Wall</u>- Would you be open to Governing Body putting together a short white paper to address any challenges</p>		
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13.	Public Comment	Elizabeth King (Vice Chairman)	<p>Rep. Spohnholz- Open to it but also just happy to chat about it. Would like to have an open conversation and look at duties of board to identify any gaps to find ways to fill in. Prefer to view as collaborative process.</p> <p><u>4:00 Elizabeth King</u>- Asked for public comment</p>	No public comment	Completed
14.	Census and Placement Updates	John Lee	<p><u>John Lee:</u> -46 beds -Very complex patients -Limited on staff, especially psychiatry staff -Continue to make progress</p>	No Motion Put Forward	Completed
15.	QAPI	Erica Steeves	<p><u>Erica Steeves</u>- included a PowerPoint -Major challenges include change in entire senior leadership team -Staffing challenges -12 Regulatory inquiries in 12 months -Rest of the slides show reason for data collection and how it relates to CMS regulations -Went over with QAPI team -Last week had a resurvey by State licensing and recertification. Able to show item by item in compliance -Identified ligature risk concern in facility. In process of replacing handrails -Replacing doorknobs -Part of those will need to be brought to the Governing Body to approve</p> <p><u>John Lee</u>- Handrails are being installed now. Confident we can get done safely and on time -Door knobs are in the thousand range, will come in higher than budgeted. Working to get ordered but unique door and one company. Will install themselves since contracting out will complicate and cost more.</p>	No Motion Put Forward	Completed

			April deadline to have it completed. -Nurse call/alarm system controls doors. Non repairable at this time and needs replaced. Was in FY21 budget but will try to get replaced in FY2020. Approximately \$750,000 to 1 million to get done. Major safety issue if not replaced.	No Motion Put Forth	Completed
16.	Regulatory/PI Events Update	Erica Steeves	<u>Erica Steeves</u> - included and no further comments.	No Motion Put Forth	Completed
17.	Litigation Status Update	Steven Bookman	<u>Steven Bookman</u> - No update from last month	No Motion Put Forth	Completed
18.	Information Only	Al Wall	<u>Al Wall</u> - No additional comments	No Motion Put Forth	Completed
19.	Public Comment	Vice Chairman	<u>Elizabeth King</u> - Ask for Public Comment, no comments Close public comment period <u>Elizabeth King</u> - Move to go to executive session Seconded: John Lee All in favor	Move to executive Session	Completed
	Adjourn				

Next Meeting: January 23, 2020

Minutes prepared by: Ashley Christopherson 1/14/2019

Approved by: Albert Wall: _____
(Initial) Date