

## API Governing Body Meeting Minutes

Date: January 23, 2020 / Time: 1:37 p.m. – 4:48 p.m.

Alaska Psychiatric Institute Conference Room A27C

X	Albert Wall, Chairman & DHSS DC		Adam Rutherford, DOC	X	Erica Steeves, QAPI Director
X	Clinton Lasley, DHSS DC	X	Dr. Michael Alexander, Chief of Psychiatry, MEC		Jillian Gellings, DHSS
X	Dr. Anne Zink, CMO, DHSS		Primary Care Association, Member at Large	x	James Farley, API CFO
X	Charlene Tautfest, AMHB Member		Jeff Jessee, UAA	X	Laura Russell, DHSS
X	Gennifer Moreau-Johnson, DBH Director		Daniel Delfino, AHFC	X	Promise Hagedon, API DON
X	Jason Lessard, NAMI	X	Elizabeth Russo, OPA		Steven Bookman DOL
X	John Lee, Director SDS		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	x	Ron Cowan, API
X	Elizabeth King, ASHNA	X	Lynn Cole, Vendor Representative	x	Beverly Schoonover, AMHB
x	Dr. Shane Coleman, ANHB (Samantha Gunes in place)		American College of Emergency Physicians Member at Large, ACEP		Rebecca Helfand, WICHE
	Adam Crum, Commissioner, DHSS		Dr. Nathan Kasukonis, API	x	Rose Scogin
		x	Noel Rea, Acting CEO API		
		x	Katie Baldwin-Johnson, AMHTA		

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)	Chairman	<u>Al Wall</u> Chairman	Quorum established to conduct governance business.	Completed
1b.	Review and Approve Agenda	Chairman	<u>Albert Wall</u> - Due to legislative schedule, need to amend agenda to hold executive session before DC Lasley leaves. <b>Motion to approve agenda: John Lee</b> <b>Second: Elizabeth King</b> All in favor	Motion to move executive session to 1:40	Completed
1c.	Review and Approve Minutes	Chairman	Approval of minutes with edits to names that were missing (page 2, page 6). <b>Motion to approve minutes: Elizabeth King</b> <b>Second: Dr. Von Hafften</b> All in favor	No objections, Minutes Approved with Amendments.	Completed
2.	Executive Session	Chairman	<u>Al Wall</u> : Call executive session at 1:53 Nonvoting members left conference room Executive session ends: 2:37	No action needed	Completed
3.	Call to meeting	Chairman	<u>Al Wall</u> : Thanked group for understanding of time constraints and allowing executive session early Motion of executive session: <ul style="list-style-type: none"> <li>- Search committee interview to interview Corrine O'Neill</li> <li>- Interview Mr. Branco</li> <li>- Search committee to pick top choice of remaining applicants</li> </ul> Intent is to make offer of one of three applicants	Motion of executive session	Completed

4.	CEO Transition	<b>Chairman</b>	<u>Al Wall:</u> Introduction of Noel Rea as interim CEO	No action	Completed
5.	Governing Body Composition	<b>Chairman</b>	<u>Al Wall:</u> <ul style="list-style-type: none"> <li>- Amend bylaws to reflect that the Mental Health Trust asked to be a nonvoting member</li> <li>- Trust meeting January 29<sup>th</sup> in Juneau if members want to volunteer to ask Trust to reconsider</li> <li>- GB will present. Noted that this is the first time the GB has addressed any sort of larger audience. Monumental as GB exercising their authority to address another board</li> <li>- Added voting for APCA <ul style="list-style-type: none"> <li>-DC Wall to reach out to Nancy Merriman</li> </ul> </li> </ul>	Update bylaws to reflect change in voting members	Completed
6.	Secretary Position	<b>Chairman</b>	<u>Al Wall:</u> Need to nominate a secretary since the Mental Health Trust representative (Katie) held the position. Officers must be voting members <u>Question:</u> who could be nominated? <u>Answer:</u> Dr. Zink, Charlene, Gen Moreau, Jason L, John Lee, Dr. Von Hafften, Dr. Shane Coleman <u>Question:</u> Job duties? <u>Answer:</u> review of duties including public notice of meetings, minutes, communication among board members, report progress, serve in exec committee (when not in session), Call for volunteers <u>Dr. Von Hafften:</u> volunteer but will be out of country for six weeks <b>Call to vote</b> <b>All in favor</b>	Motion to nominate Dr. Von Hafften as secretary	Completed

7.	Wellpath Update	<b>Lynn Cole</b>	<p><u>Lynn Cole</u>- enter update into record.  Document provided with meeting materials  Wellpath provided following summary:  -Assistance with ongoing compliance  -Onsite consolation and resources  -Coordinated full scale joint emergency management exercise with Alaska Regional  -Continue to provide expertise with treatment/planning  -Conducted training on Columbia suicide assessment tool and evidence based research</p> <p><u>Question:</u> Is Columbia new?  <u>Dr. Alexander:</u> New to API, voted on. Utilized because creates an opportunity to include clinical staff in process  <u>Elizabeth King:</u> Was at API before. Elizabeth asked for comment on emergency management drill  <u>Erica Steeves:</u> explanation of surge exercise:</p> <ul style="list-style-type: none"> <li>- Every hospital required to do surge</li> <li>- Do this to review evacuation plan in place, transportation in place, nontraditional ideas (gym, etc.).</li> <li>- Completed two drills- code yellow bomb scare for day and night shifts</li> <li>- Partnered with Regional</li> <li>- Used a tool to target what events are most likely to happen and what things to keep on the radar</li> <li>- Hired a safety officer who will eventually take over this role</li> </ul>	No action	Completed
8.	Items for Consent				
8a.	Policy Review Committee	<b>Erica Steeves</b>	<u>Erica Steeves:</u> No policies to review/approve	No action	Completed
8b.	Bylaws Committee	<b>Chairman</b>	<u>Al Wall:</u> No changes	No action	Completed

8c.	Ad Hoc Finance Subcommittee	<b>James Farley</b>	<p>Ask of who is on finance committee going forward          Answer: treasurer (Summer), acting CEO (Noel), Laura Russell, DC Lasley, James, John Lee  <u>James Farley:</u></p> <ul style="list-style-type: none"> <li>- Changes based on bed rate. Have not done for professional services</li> <li>- Working with Wellpath to find way to improve revenue</li> </ul> <p><u>Al Wall:</u> Need to be billing cost of services, address rate setting  <u>Gen Moreau:</u> Let the group know they're working on the impact of DSH and will pull into conversations</p>	No action	Completed
9.	EDIE Update	<b>Dr. Zink</b>	<p><u>Dr. Zink:</u></p> <ul style="list-style-type: none"> <li>-CMT and HealtheConnect have signed contract</li> <li>-CMT says can't use HIE data</li> <li>- Rachel at Collective Medical (CMT) offered clinical support/presentation</li> <li>-Propose three motions</li> <li>1. Clinical: use CMT resources, ASHNHA part of conversations</li> <li>2. Law: In Morse plan so law is already reviewing</li> <li>3. Make motion to suggest Hospital Association have a conversation with Collective Medical. Hospital Association has a lot of insight into topic</li> </ul> <p>Other option: Potentially use some grant funding (Opioid?)</p> <p><b>Motion 1: have clinical connect with CMT</b></p> <ul style="list-style-type: none"> <li>-Have API staff and Governing Body connect to Cedar Hill to talk about experience</li> </ul> <p><u>Elizabeth King:</u> Focus of the EDIE system and collective goal is to improve care and coordination of patients. Know Collective Medical and Cedar Hill can provide support</p>	<p>Motions passed</p> <p>Motion 1: To have clinical staff connect with Collective Medical</p> <p>Motion 2: no need for motion</p> <p>Motion 3: Authorization for discussion with Hospital Association re: finances</p>	Continue

<p>10.</p>	<p>Public Comment</p>	<p><b>Chairman</b></p>	<p><u>Dr. Alexander:</u> Important to bring information to staff. There are questions regarding opt in/opt out. Want to ensure medical staff is able to get information and ask questions.  <u>Dr. Zink:</u> Will look to Dr. Alexander to help push forward and look at process  <u>Gen Moreau:</u> Could they present at crisis center?  <u>Dr. Zink:</u> Could also present at Governing Body. Focus on API but also larger continuum of care. Can set up to do GB presentation</p> <p>3:15 ask for public comment (phone, person)  3:17 Call back to session, will check back in</p>	<p>No action</p>	<p>Continue</p>
<p>9. Cont.</p>	<p>EDIE Continued</p>	<p><b>Dr. Zink</b></p>	<p><u>Dr. Zink:</u> Returning to clinical needs- will follow up with GB and API regarding presentations  <u>Al Wall:</u> Have you set up with Dr. Alexander?  <u>Dr. Zink:</u> No  <u>Al Wall:</u> Will need to call to motion.  <b>Motion to authorize setting up a meeting with Dr. Alexander and staff</b></p> <p><u>Dr. Zink:</u> <b>Second motion to continue to allow law to look at and report back to committee next month</b>  <u>Al Wall:</u> Don't need motion for this since to. Can utilize CMO role to continue  -Should bring Steven Bookman and Laura Russell into conversations</p> <p><u>Dr. Zink:</u>  <b>Third Motion: is financial costs. Seek authorization for Hospital Association to speak with Collective Medical and look at other grant options then present findings to procurement and board</b>  <u>Al Wall:</u> Call to vote  Motion 1 and 3 pass</p>	<p>See above</p>	

11.	HB175 Review	<b>Chairman</b>	<p><u>Al Wall:</u>          -Legislature introduced last session by Rep. Spohnholz regarding GB.          -Held 12/19 API GB meeting and Rep. Spohnholz spoke          -1/13 volunteer work session to review and provide comment          -Put together very short summary of bill and regulations          -Four long term problems including safety, recruitment and retention of staff, leadership, authority          -CMS requires GB, Joint Commission to follow requirements and need to consider these in bill          -Consider State law          -Consider OSHA requirements for hospitals          Next steps: have a work session and create a brief to send to group prior to sending to law for review  <u>Jason Lessard:</u> Want to disclose relationship to Rep. Spohnholz as family  <u>Al Wall:</u> Anytime anyone feels any conflicts please feel free to bring to chair and the GB</p>	Document to come	Continued
12.	Staff Update	<b>James Farley</b>	<p><u>James Farley:</u>          Provided list of vacancies as of end of December          -New pharmacist          -Safety officer          -Admin officer I          -Human Resource Officer III and Consultant have closed and are going through applications          Continue to recruit for:          - psych. Nurses          -MH Clinician I and II          -Psych Nurse IV  <u>Al Wall:</u> I was only aware of one HR, there are two?  <u>James Farley:</u> yes, manager and tech  <u>Al Wall:</u> Please let record reflect we have been asking for this since 2011 and appreciate all the efforts to make this happen</p>	Group request for further documentation on staffing vacancies and org. chart	Completed

<p>12. Cont.</p>	<p>Staff Update Continued</p>	<p><b>James Farley</b></p>	<p><u>Dr. Von Hafften:</u> In trying to summarize document I am seeing 44 vacancies in nursing, 18 in MH, and more in leadership?</p> <p><u>James Farley:</u> Yes, show a number between each area. Always recruiting and dealing with issues with qualification and pay schedules.</p> <p><u>Dr. Von Hafften:</u> What % of positions are currently vacant?</p> <p>James will find out and provide org. chart and further information on positions</p> <p><u>Promise Hagedon:</u> Discussed ongoing recruitment for nurses and nursing assistances including 14 of 31 positions she can't recruit for because she doesn't have PCN's.</p> <p><u>Al Wall:</u> Over years the biggest issue is recruitment and the number of restraints placed on them It is also a lengthy process for hiring Limited to posting on Workplace Alaska so potential employees have to be able to track down jobs and not all know about this</p> <p><u>Elizabeth King:</u> Will an HR Manager at API be able to make progress?</p> <p><u>Al Wall:</u> yes, because all HR is currently out of Dept. Of Administration, a separate department in the state, and all lumped into one classification. Difficult for them to understand API needs and break out positions Hiring timeframe?</p> <p><u>James Farley:</u> There were four applicants that met MQ's for hiring manager. Six for technician. Interviews in a week or so</p> <p><u>Summer LeFebvre:</u> Is there an org chart with positions and numbers?</p> <p><u>Al Wall:</u> yes, this is public information listed on OMB website.</p> <p><u>James Farley:</u> This is updated weekly, will send out to group.</p>		
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10. Cont.	Public Comment Continued	<b>Chairman</b>	3:40 another ask for public comment 3:42 Public comment closed	Public Comment Closed	Completed
13.	Hiring Process- credentialing	<b>Dr. Alexander</b>	<p>Rose Scogin, credentialing specialist, in attendance to discuss the process  Rose provided document that demonstrates how she reviews credentials  -Checklist she goes through for each person  -Came up with this sheet with a previous doctor. -  Wellpath has provided additional support  -Rose reviews all these and ensures information is accurate/clear  <u>Dr. Alexander:</u> Ask for Rose to explain what Wellpath created and how it will help  <u>Rose Scogin:</u>  Wellpath created an electronic program where all can be done at once with doctors  Does not require her to do so much legwork  Each party can see what they need to see  This will reduce paperwork and time  If credentialing comes up it will send notice for renewal  <u>Summer LeFebvre:</u> Will this software remain if Wellpath doesn't?  <u>Rose:</u> Yes, we retain rights.</p>	No actions needed	Completed
14.	Census and Placement Update	<b>Noel Rea</b>	<p><u>Noel Rea:</u> 43 as of this morning  <u>Dr. Alexander:</u> As of last night, under 10 on list. No DOC hold  <u>Dr. Zink:</u> With Morse plan going out, there are a number of questions regarding kids and beds. Feeling burden in community hospitals  <u>Al Wall:</u> A couple options to address issue  -Medical staff and CEO need to look at  -Next question: what are we going to do with kids?  <u>Laura Russell:</u> Morse Plan doesn't specifically call out kids  <u>Elizabeth King:</u> ChilKat unit has been closed</p>	No actions needed	Completed

<p>15.</p>	<p>Quality Assurance Performance Improvement</p>	<p><b>Erica Steeves</b></p>	<p><u>Al Wall:</u> reviewed short history of ChilKat unit and balance of having limited number of children versus higher need adults. Last time there was only one adolescent. Hospital leadership to consider what they need to start accepting children <u>Gen Moreau:</u> because of IMD exclusions, there are more options</p> <p><u>Erica Steeves:</u> Quality team required to complete and send to board</p> <p>Reviewed 2020 QAPI Plan document -Evaluation document -Environmental care plan -Partnered with Wellpath to look over -Much of 2019 plan was responding to the regulatory process, 390 items -Included summary of graph on restraint/seclusion committee     Graph created by a nurse on staff     Discusses specific circumstances -Getting better about grievance data and reporting     Team wants to work on patient rights -Education team     207 corrective action plans     Want to add program for mentorship for new, non-medical staff Reviewed table of 2020 Monitor or Action Needed items</p> <p>Review of API Infection Prevention and Control Plan highlighting: -infection control concerns -#1 concern is skin infection     Currently testing for things that don't align with state concerns and what is seen most often -Hand hygiene     Discussed issues with wearing gloves and such -Want specialist to work with infection control nurse</p>	<p>No action needed</p>	<p>Completed</p>
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16.	Judge Morse Update	Chairman	<p>QAPI doesn't have results of safety survey          -this survey is something all staff are required to do          -was completed in October          -It is not broken down by department or area          -Will share data when back</p> <p><u>Al Wall:</u>          Steven Bookman is still in court so will update          Judge Morse plan has been filed in court and is now public.          Document titled "Addressing Gaps in the Crisis Psychiatric Response System"          Since this was a legal response we could not release prior to filing          History of care:          -Reviews efforts to study and solve problem          -Points out that not all judicial districts have the same methods, not one size fits all approach          -The tracking system is fragmented and split between API, court, etc.          -Hiring a coordinator for tracking system and alignment          -Provided examples of complex waivers and concerns          -This plan will track Title 47, complex placements, and Title 12's (evaluation and care)          -Addresses concerns over patient rights, contacts, ensuring waitlist is kept up with and placements move smoothly          -Number of people and partners put this together before it was submitted to court          -90 days to make sure it is implemented</p> <p><u>Erica Steeves:</u> Looking at page 15, D and F. Will this be done by clinical staff?  <u>Al Wall:</u> Not clinical, tracking specifically what is necessary to get the person into/out of care          - Specific to referrals and coordination of care rather than clinical opinion          -Coordinator will have ability to gather information, track and inform court</p>	No action needed	Completed
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<p><b>16. Cont.</b></p>	<p>Judge Morse Update Cont.</p>		<p><u>Promise:</u> Will they be working with API administration?  <u>Dr. Zink:</u> Yes, they will make sure all records are together and information is shared  <u>Al Wall:</u> Goal is to let API just be a hospital and put this in place so API can just focus on taking care of patients  <u>Promise:</u> We look at and evaluate best placement, will this leave our control?  <u>Dr. Zink:</u> No, Dr. Alexander will still look at each and this would not change process.  <u>Erica Steeves:</u> What I'm reading on page 18 sounds like what we're doing internally. Concern is that a nonclinical person will tell medical staff what to do. There are concerns about removing medical staff authority and input  <u>Dr. Zink:</u> The hospital will make the decision, this will provide additional patient support and coordination  <u>Dr. Alexander:</u> Will someone come explain this to the medical staff at API?  <u>Dr. Zink:</u> Yes, discussing roll out plan for hospitals and have a couple of options.  <u>Al Wall:</u> There are short term, mid, and long term goals with this. This is just a short term response to court. We are trying to divert from ER to crisis stability centers. Expect to see more ongoing discussions this year. Could expect to see legislation this year regarding it.</p> <p>4:48 Motion to adjourn</p>		
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Next Meeting: February 13, 2020

Minutes prepared by: Ashley Christopherson 2/3/2020

Approved by: Albert Wall: \_\_\_\_\_  
 (Initial) \_\_\_\_\_  
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