

API Governing Body Meeting Minutes - Minutes

Date: June 18, 2020 / Time: 1:30 p.m. – 4 p.m.

WebEx

	Voting Members and Ex-Officio Members		Non-Voting Members		API Staff and Behavioral Health Continuum of Care Stakeholders
X	Clinton Lasley, DHSS DC FCIS		Adam Rutherford, DOC	x	Tina Cochran, API CFO
X	Elizabeth King, ASHNHA	x	Jeff Jessee, UA/David Moxley	x	Jomarie Gleason, API
X	John Lee, Director SDS		Daniel Delfino, AHFC	x	Kristen Jorgensen, Wellpath
	Gennifer Moreau-Johnson, DBH Director		Alaska Coalition on Housing and Homelessness	x	Joyce Atafua, API
X	Dr. Shane Coleman, ANHB		Elizabeth Russo, OPA	X	Promise Hagedon, API DON
X	Jason Lessard, NAMI	x	Dr. Helen Adams American College of Emergency Physicians		Dr. Blandford, API
X	Charlene Tautfest, AMHB Member		Alaska Academy of Family Physicians	X	Erica Steeves, API QAPI Director
X	Dr. Anne Zink, CMO, DHSS	X	Natasha Pineda, ADH Director	X	Audra Yewchin, API OT
X	Dr. Alexander von Hafften, APA		Anchorage Police Department	x	Steven Bookman, DOL
X	Summer LeFebvre, ABHA	x	Joanna Cahoon, DLC	X	Ashley Christopherson, DHSS
	John Hischer, APCA	x	Katie Baldwin Johnson, AMHTA		
	Adam Crum, Commissioner, DHSS	X	Dr. Michael Alexander API Chief of Psychiatry, MEC		Guests
X	Scott York, CEO API	x	Beverly Schoonover, AMHB		Robin Fowler, Foundation Health
		x	Lisa Fitzpatrick, Alaska Court System		Bradley Grigg, Bartlett Hospital

Notes: "X" indicates attendance.

Stakeholder organizations in process of selecting a representative are depicted by yellow highlight.

#	Standing Agenda Items	Lead Assigned	Discussion	Action Item	Due Date
1a.	Welcome Introductions (Roll call)	Co-Chair	<u>Elizabeth King:</u> Attendance and call to order.	Quorum established. Able to conduct Governance business.	Completed
1b.	Review and Approve Agenda	Co-Chair	Request to move Med Staff bylaws discussion up to accommodate guest and outline the EOC plans Motion to approve agenda: John Lee Second: Dr. Von Hafften All in favor	Agenda approved	Completed
1c.	Review and Approve Minutes	Co-Chair	Approval of minutes: Motion to approve minutes: Jason Lessard Second: Charlene Tautfest All in favor Noted that if voting against please clarify	Minutes approved	Completed
2.	Items for Consent Policy Review Committee	Jomarie Gleason	Policies provided to group prior to meeting <ul style="list-style-type: none"> • Close observation <ul style="list-style-type: none"> ○ Add Close Observation Status Scale ○ Remove COO from management team ○ Motion to approve: Shane Coleman ○ Second: Dr. Von Hafften • Autopsy Request • Patient's Right to Choose <ul style="list-style-type: none"> ○ Deletion of 1.6 ○ Motion to approve: Jason Lessard ○ Second: Elizabeth King • Telemedicine for Psychiatric Inpatients <ul style="list-style-type: none"> ○ Delete "on limited, temporary basis" ○ Motion to approve: Scott York ○ Second: Dr. Von Hafften 	Motion to approve Policy changes submitted	Completed

<p>3a.</p>	<p>New Business DET Discussion</p>		<ul style="list-style-type: none"> • Abbreviations <ul style="list-style-type: none"> ○ Add that prohibit use of medical abbreviations on patient discharge documents ○ Motion to approve: John Lee ○ Second: Dr. Von Hafften <p>Ask to include CEO initials on policies before submitted Additional task to have changes detailed or highlighted</p> <p>Will come back to this at 2</p>	<p>Continued</p>	
<p>3b</p>	<p>Wellpath Update</p>	<p>Kristen Jorgenson</p>	<p>Submitted in writing prior to meeting Questions: Will the psych finishing the forensic fellowship be an API or Wellpath employee? Answer: API</p>	<p>No action</p>	<p>Completed</p>
<p>3a cont.</p>	<p>DET Discussion</p>	<p>Elizabeth King</p>	<p>Call in from DET facility leads:</p> <ul style="list-style-type: none"> • Monique Smith, Medical Director of the Behavioral Health Unit at Fairbanks Memorial • Robin Fowler, Fairbanks Memorial • Bradley Grigg, Bartlett Hospital <p>Elizabeth King: Goal is to have a conversation with the Designated Treatment Hospitals and have a better understanding of process and how it is working</p> <p>Monique: Currently have 20 beds, 4 beds on each unit. Built a temporary wall and have 2 beds as COVID safe rooms with cameras for checking</p>		

			<p>Testing everyone using rapid in house testing Open side is tested about every 24 hours Using social distancing for groups, able to do due to low census Using appropriate PPE including face guards, masks, gloves Capability of telemed</p> <p><u>Question:</u> Can you talk about numbers and trends? Monique: Numbers are coming back up, even the ER has been low March-April about 8-12 total and able to distance well As numbers have increased we continue to spread out and try to use individual therapy rooms Currently at about 14</p> <p><u>Question:</u> Is there a shared corridor? No, there is a temporary door and separate entrances for each patient We also try to do telemed to limit PPE</p> <p><u>Question:</u> do you have negative pressure rooms? No</p> <p><u>Question:</u> Is Fairbanks testing staff? Have not been, might change policy due to increased number of positive cases and those who are coming back into town Any questions for API? Yes, we're interested in hearing how it is going and how many beds are open. Scott York: 50 beds open at this time. Were at about 30 full in March-April Require negative COVID test</p> <p><u>Question:</u> During certain time frame? Dr. Alexander: When they're on the list they need to get the test done Monique: We wondered about retesting when arriving at the facility</p> <p>Bradley Grigg for Bartlett Hospital Dr. Joanne Gartenberg, Psychiatry</p>		
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			<p><u>Question:</u> Can you talk about your process for admitting? Dr. G: even for asymptomatic we need a negative test to move up to the behavioral health unit If they can't comply with a mask we also treat as positive We have one unit but are split into "clean/negative" and "possible/positive/dirty" Not doing group activities Will run cleaning for an hour before others go into the room Currently have 12 beds <u>Question:</u> What trends have you seen? Lower numbers, taking patients from South East Alaska and trying to test and be cautious Fewer patients are coming through the ER Trying to increase outpatient support services Census has been about 3-6 Outpatient telehealth had busiest time lately <u>Question:</u> Are you planning to admit a positive on the "dirty" side? No, if positive they would need to stay on Med Surge or covid wing <u>Question:</u> Would you house them there even if they didn't require medical? Yes, do not have the capacity for PPE or medical precautions in the BH unit <u>Question:</u> Are you still pushing outpatient or going back to in hospital? Continue to push telehealth services. We will bring to the clinic if we need specialized medical or psychological exam. Otherwise doing as much telemed as we can Dr. Zink: I've heard a lot of positives from outlying communities on this support Bradley: It hasn't been an easy transition but we have tried to set up and get it going for a while now Our no show rates are down 40% Much more involvement and engagement</p>		
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<p>4a.</p>	<p>Old Business COVID Discussion and updates</p>	<p>Clinton Lasley</p>	<p>Shane Coleman: We are similar at South Central, the no show rate is much better. Making a transition to primarily telehealth There are a lot of challenges but surprisingly many benefits as well <u>Question:</u> With a shift to telemed are you doing a shift to outpatient providers? Dr. G: We had providers working in and out prior and a number of locum for inpatient coverage but since they aren't traveling they are now doing telemed We are not doing residential substance abuse so are also trying to work on that via telehealth system We had to do a lot of shifting <u>Question:</u> If we get back to more in patient services will you shift back? Dr. G: Yes, would adjust as needed and are very flexible to needs <u>Question:</u> Have the relaxations in telehealth contributed to your ability to provide services? Dr. G: Yes, able to modify documentation and the relaxed regulations have helped a lot Thanked DETs for calling in and welcomed for more updates as they would like</p> <p>We will continue to have this item on the agenda to discuss updates and needs Items for consideration:</p> <ul style="list-style-type: none"> - Different testing models - Ongoing testing and capabilities - Potential for visitation - How can GB support through next phases? <p>Dr. Zink: testing is a tool, but not always end all Continue to review other items and what we can do to keep the vulnerable safe Discussed that testing doesn't always mean safe and this is a concern for bringing in visitors. Want the best quality of life for all patients and need to balance this</p>	<p>No needs</p>	<p>Ongoing</p>
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			<p>Summer: Brought up that she appreciates consideration of quality of life, have concerns regarding isolation and appreciate this is being considered Dr. Zink: Currently working on a document about visitation in various settings</p>		
4b	Patient Advocacy Discussion Update	Jason Lessard	<p>Continuing to learn about patient advocacy groups Met with various local and national groups to gain insights Would like to get up and running and present to the board shortly 3 fold approach: case consultation, policy review and education -working on who needs to be at the table - Want family/patient input but they might not have the information or education - Anticipate between 9-12 people on the board -Looking at terms of service</p>	No action needed	Ongoing
4c	EDIE Updates	Elizabeth King	<p>Onboarding API going forward through HealthConnect so State can mainstream security protocols Working towards OMB approval memo and contract Suggested to try to get a visual of system</p>	No action needed (request for visual at some point)	Ongoing
4d	WICHE Feasibility Report Workgroup	Dr. Von Hafften	<p>Meeting June 25 at 10 am Sent public notice out Next steps are to have a written list of questions to submit to WICHE by end of the month Request to forward questions to Ashley</p>	No action needed	Ongoing

<p>5a</p>	<p>API Reports Nursing</p>	<p>Erica Steeves</p>	<p>Introduced a nursing strategic plan for 2020</p> <ol style="list-style-type: none"> 1. Professionalism (time keeping, dress code, etc.) 2. How do we serve patients we care for? Considering how best to partner and have good connections, community needs, focus on programming needs, State needs <p>Promise is now officially the Director of Nursing Hiring management positions</p>	<p>No action needed</p>	<p>Completed</p>
<p>5b.</p>	<p>CEO report</p> <p>Public Comment</p>	<p>Scott York</p>	<p>Have a town hall meeting this week Had a strategic planning meeting with the intent to look at what API wants to become</p> <ul style="list-style-type: none"> - The group shared thoughts, history, future plans - Consider dementia, psych, forensic, adolescents - Right now API has very challenging patients and want to make sure staff are properly trained and able to focus on what they can care for - Would like to have more partnerships with others including DOC - Planning for spaces for unique cases such as dementia and eating disorders - Scott and team will share more at a later GB meeting - <p>Outcomes studies:</p> <ul style="list-style-type: none"> -Conversations with MHO- part of Horizon Mental Health -Looking for evaluations so have opportunities for gains -Review patient satisfaction surveys, compare to similar facilities -Goal is for patient and staff improvement <p>No comments, will keep open</p>	<p>No action needed</p>	<p>Ongoing</p> <p>Ongoing</p>

<p>5c</p>	<p>CFO Update</p>	<p>Tina Cochran</p>	<p>Vacancy: 97 positions -Request for 10 RN postings -Request to hire HR consultant and tech -Several resignations -All expenditures need to go to OMB until Jan 1 of FY21 -FY21 budget plan will be submitted by July 16 Glycol project begins second week of July</p> <p>Scott: adding that not moving forward with Wellpath Contract. We do have a plan to get support for regulations and compliance Contract ends June 30</p>	<p>No action needed</p>	<p>Completed</p>
<p>5d</p>	<p>QAPI</p>	<p>Jomarie Gleason</p>	<p>QAPI reports and slides provided to group prior to meeting and in meeting materials attached. As a group reviewed:</p> <ul style="list-style-type: none"> • QAPI Dashboard <ul style="list-style-type: none"> -Highlighting the discharge committee meets once a quarter and reviews every discharge -Infection control working on an improvement plan • EOC and safety <ul style="list-style-type: none"> -Identified need to review measures Developed a workgroup to do this • QAPI Slides overview <ul style="list-style-type: none"> - No site visits -No reportable incidents -Working to prepare Joint Commission Survey • Suicide risk assessment tool overview • UOR Trends • Hospital patient grievances <ul style="list-style-type: none"> -12 in May -All responded to by letter in less than 7 days • Consumer Satisfaction Survey <ul style="list-style-type: none"> -Increase in clients feeling safe -Increase with patient feedback of dignity and respect 	<p>No action needed</p>	<p>Completed</p>

5e	Medical Staff Review	Dr. Alexander	<p>-Large increase in total surveys received</p> <p>All psychiatrist positions open All covered by local tenens Midlevel provider gave notice</p> <p>Medical Officer staff -Local Tenens Dr. Taylor</p> <p>Credentialing and reappointments: Gregory Lobb, PhD Licensed Psychologist Kristina Akopian, PsyD Licensed Psychologist Vote to approve: all in favor, no opposed</p> <p>Question: What about the provider working with Wellpath (Dr. Blanford)? Working on a plan</p>	Motion to approve staff credentials	Completed
	Public Comment	Elizabeth King	Last call for public comment	Public Comment Closed	Completed
	Motion to Adjourn	Chairman	4 PM Motion to adjourn Motion: Jason Lessard Second: Scott York	No action needed	Completed

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Next Meeting: July 23, 2020
Minutes prepared by: Ashley Christopherson

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