

## API Governance Committee Meeting Minutes – Draft

Date: Friday, December 14, 2018 / Time: 11:00 a.m. – 2:00 p.m.

	<b>Adam Crum, DHSS Commissioner</b>	X	Deborah Guris, M.D., API Acting DOP	X	Kate Oliver, API
X	<b>Gennifer Moreau-Johnson, Acting DBH Dir.</b>	X	Gavin Carmichael, API COO	X	Spencer Ladner, API
X	<b>Jay Butler, M.D., SOA Chief Medical Officer</b>	X	Cynthia Montgomery, API Acting DON	X	Leilua Fadely, API Admin
X	<b>Duane Mayes, API CEO</b>	X	Mark Kraft, API DSW	X	Guest: Laura Russell, DBH
X	<b>Charlene Tautfest, AMHB Member</b>	X	Tina Williams, API CFO	X	Guest: Al Wall, DHSS, Dep Commissioner

(Voting members in blue)

#	Standing Agenda Items	Lead Assigned	Discussion	Action Item	Due Date
A.	Welcome Introductions (Roll call)  Review and Approve Agenda	CEO	Roll taken.  <b>Motion to approve</b> – Dr. Jay Butler <b>Second</b> – No second	Quorum established to conduct Governance business.  Hearing no objection, the agenda was approved.	Completed
B.	Review September 28, 2018 Governance Meeting Minutes	CEO	<b>Motion to approve as amended</b> – Gennifer Moreau-Johnson <b>Second</b> – Dr. Jay Butler	Hearing no objection, the minutes were approved as amended.	Completed

The API ASM is a “Review Committee” under AS 18.23.070 (5) and is confidential and not subject to subpoena or discovery as per AS 18.23.030

#	Standing Agenda Items	Lead Assigned	Discussion	Action Item	Due Date
C.	<p>Required Quarterly Reporting and Approvals:</p> <p>(1) Medical Executive Staff Report, Credentialing and Privileging</p>	<p>DOP</p> <p>DOP</p> <p>DOP</p> <p>DOP</p>	<p><i>Per CEO:</i> With the change in administration, Dr. Blanford and Dr. Bellville are no longer with API. Dr. Deborah Guris has agreed to assume acting DOP status until February 1, 2019 as they work to fill that position.</p> <p><b><u>Staffing:</u></b> In addition to the current physician vacancies, they anticipate another physician may retire in the spring. Need a full cohort of medical staff to safely open all the beds at API.</p> <p><b><u>Credentialing and Privileging:</u></b> They are currently on a two-year cycle for appointment and privileges. Joint Commission recommended a new process to ensure everyone is privileged in a timely manner.</p> <p><b><u>Forensic Unit:</u></b> As of right now there are three licensed psychologists and one pre-doctoral intern and a paralegal working on the team to conduct competency restoration and run the programming on the Taku unit when defendants are remanded for competency restoration. They also assist in managing very challenging, sometimes violent patients. There are currently 21 patients waiting for admission to Taku. The current cap allocated to competency restoration is 10 because of the length of stay.</p> <p><i>Per CEO:</i> There is a forensic feasibility study contract that has been signed with Agnew::Beck. <i>Per Laura Russell:</i> The first half of the project is data collection and gathering information from stakeholders, and the second half is coming up with a proposal and analyzing operational costs.</p> <p><b><u>Master Treatment Planning Process:</u></b></p>		

	(2) Plan of Corrections Update	<p>DOP</p> <p>COO/ DON</p>	<p>API has recently revamped their treatment plans and treatment planning process to ensure that the members of the treatment team are meeting with the patient to discuss their treatment plan and involve them actively in setting their treatment goals. To accomplish this, they have provided intensive coaching to the medical staff, and the medical staff is taking responsibility for the treatment plans. In-services have been conducted in all of the units, and every treatment plan in the hospital has been reviewed and audited.</p> <p>Discussion ensued among members of the GC regarding the role of the GC in hiring at API. <u>Per DON</u> – There is a role for the GC in the bylaws in regards to hiring medical staff. It was also noted that the GC is involved with the credentialing process, and the GC provides a stamp of approval before it is submitted to the Governor’s office for final approval.</p> <p><b><u>Academic Integrity Committee:</u></b> API continues to provide training to nursing students, occupational therapy students, social work students, and psychology students.</p> <p><b><u>Plan of Corrections:</u></b> Members of the GC were directed to the action plan spreadsheets contained in their binders that outline the various tags API has been addressing in response to the citation tags from CMS, the State of Alaska, and Joint Commission. <u>Per COO</u> - As the issues are being addressed, the spreadsheet denotes the various levels of completion of each of the items. It was noted that the contractors hired since the CEO came on board have been very helpful for achieving many of these goals, particularly Joint Commission Resources.</p> <p><u>Per DON</u> – One area of concern for API was seclusion and restraint. They identified that they needed to improve their training, which they did, and they have reduced their numbers of seclusions and restraints. Another area of concern was lack of nursing staff, so they have been</p>		
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	<p>(3) QAPI Report</p>	<p>Kate Oliver</p>	<p>working very hard on increasing staffing, and they have increased their numbers of psychiatric nursing assistants.</p> <p>Discussion ensued among members of the GC regarding the use of NAPPI at API. Although it is not a preferred method for staff to utilize because it has not decreased assaults, they need to keep the contract active to stay in compliance with OSHA while they pursue alternatives such as CPI and Handle with Care.</p> <p><b><u>Status/Performance Report:</u></b> There are three components within utilization measures that are important to understand:</p> <ol style="list-style-type: none"> <li>1. Bed capacity, 80-bed facility: <ul style="list-style-type: none"> <li>• 10 – Chilkat</li> <li>• 10 – Denali</li> <li>• 10 – Taku</li> <li>• 24 – Katmai</li> <li>• 26 – Susitna</li> </ul> </li> <li>2. Availability – dependent on staffing, patient acuity.</li> <li>3. Census – how many patients are in the facility at a given moment in time.</li> </ol> <p>Kate Oliver reviewed the report that denoted the various utilization measures and then shared with the GC the current status on the units right now, including units that are closed and units where capacities have changed. She highlighted the following from the report:</p> <ol style="list-style-type: none"> <li>1. <u>Utilization</u> – Since 2000 API has been at or over 85 percent occupancy, which is very high for a psychiatric hospital. From 2015 – 2017, they were approaching 90 percent and greater. The average daily census fluctuations correlate to some of the changes API has seen over the past year.</li> <li>2. <u>ORYX Data</u> – The comparison data used for this report is the national mean, which includes acute care, long-term care, and continuing care. Patient injury rates are within the national mean, as are elopement rates. Seclusion data from 2015 to second quarter of 2018 fluctuated, and was often above the national mean.</li> </ol>		
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		<p>Awaiting the third quarter data and expect to see some changes. Restraint hours are below the national mean.  <u>Per CEO</u> – Per CMS surveyors, API is inconsistent in the use of seclusion and restraint.</p> <p>3. <u>Assault and Injury Data</u> - Staff injury rates saw some increases in 2018 and then dropped in the last quarter. 30-day readmission rates are higher than the comparison group. Consistently have had a high number of Workers’ Compensation claims over the last few weeks.</p> <p>4. <u>Patient Feedback</u> - Patient surveys are required as part of the ORYX data, and the domains covered include outcome, dignity, rights, participation, and environment. Within the range of the national mean for these indicators.</p> <p>Members of the GC engaged in a discussion related to comments provided by Faith Meyers regarding the perceived need for more gender preference for intimate care. They also discussed the use of peers within API. Choices has been providing peer groups, and a future meeting is planned with them.</p> <p><u>Per CEO</u> – Chilkat adolescent unit has the most assaults, and the primary patient offenders are those with developmental disabilities who are housed on the unit. API is trying to focus in to attend to this population.</p> <p><u>Per COO</u> – An ask in the near future will be to have a UOR system that will contain clearer data, which will result in being able to profile the data much better. There is a requirement from Joint Commission and CMS that API do PI projects related to clinical outcomes and issues they struggle with. If the GC has specific issues they would like the hospital to work on, there is a formal process they are measured on to complete these, and leadership takes those requests from the GC very seriously.</p> <p>Kate Oliver continued in her report to present the data on assault incidents that depict numbers of patient assaults to determine if it was many patients assaulting or a few patients frequently assaulting. She noted that in September there</p>	<p><b>Action Item:</b> Copy of the survey and the '16 and '17 CMS health facilities deficiencies report to be provided to AI Wall.</p>	
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		Spencer Ladner	<p>were 43 assault incidents caused by a few teens. She noted that they also broke the assaults down by victim types and type of injury. The largest group was staff victims of patient assaults. They also broke the data down by treatment severity. Since January of 2018, they have had one hospitalization among hospital staff, and they have had numerous incidents that resulted in medical intervention to both staff and patients.</p> <p><u>Per CEO</u> – An at-capacity policy was put into place, and as a result, the hospital is seeing a reduction in the number of assaults, but a consequence of the at-capacity policy was a lawsuit filed by Disability Law Center.</p> <p><b><u>Recovery Support Services (Patient Grievance) Report:</u></b></p> <p>April of this year had a large number of complaints or grievances. He noted that they had approximately 600 complaints this year, which started to fall off in October when they decreased the hospital census and increased staffing. He stated that patients are now having their issues and concerns addressed immediately. He stated that he continuously goes onto the units and tries to meet and communicate with people to address their concerns. He lets patients know that he is part of the grievance process, and patients can continue to follow up with him after they leave the hospital. Even though he continues to actively seek feedback from patients, he is seeing a significant reduction recently. Five years ago they would regularly receive 20 complaints on Mondays, and now they struggle to get maybe 5 complaints per week. He has also noticed a vast improvement in the hospital's attempts to continue developing a rapport with patients and doctors taking responsibility for patients they are working with to have continuous dialogs about issues presenting during patient's hospital stay.</p> <p>Members of the GC discussed Faith Meyers' request for a non-internal review committee for patient complaints.</p> <p><u>Per Admin</u> – There used to be an outside member of the GC who was a member of grievance to serve as an outside representative.</p>		
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	(4) Readmission and Seclusion Data	DON	<p>Members of the GC discussed committee structure currently in place at API. Members of the executive team have seats on all of the committees, and additional staff have been recruited to participate as well. Members of the GC were reminded that the Trust used to send a representative to participate in API committees.</p> <p><b><u>Readmission and Seclusion Data:</u></b>  Reports were presented to the GC. The readmissions weekly report has been pretty consistent with one or two readmissions per week. The majority of the readmissions are from DOC for patients who were at API, assaulted someone, were sent to DOC, and then were released from DOC back to API.</p> <p><b><u>Per DSW</u></b> – The discharge committee is reviewing the 30-day readmissions and is tracking the data on DOC admissions as well as AMA. They are tracking the referral source as well as the reason for the patient’s return. The discharge committee will report to senior management and QAPI and that will come up to the GC.</p> <p><b><u>Per DON</u></b> - The seclusion and restraint and manual hold events report was discussed noting that API recently started tracking the brief manual holds. She directed the committee members’ attention to the fact that it is just a few patients involved in the majority of events. They had a recent spike due to one patient in particular.</p> <p>She noted that the two weeks of September 22 through the first week of October, API had more seclusion and restraint events and more staff assaults from patients than they did for each of the prior months. When they decreased the capacity and increased the staff, the number of seclusion and restraint events went down. When they then brought more patients in, the number went right back up. They are now very cautiously increasing their census, because they don’t want people to get hurt or have patients being secluded or restrained. The hospital is currently at capacity with 40 patients because of a lack of LIPs/providers.</p>	<p><b>Action Item:</b> Members of the GC will be provided an electronic copy of the hospital’s committee structure.</p>	
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D.	<p>Other Business</p> <p>1.) Discharge Barriers/Delays</p>	DSW	<p><b><i>Discharge Barriers/Delays</i></b></p> <p>The Barriers to Discharge is a list that is being provided to Behavioral Health outlining some of the problems API is having with discharging. Some of the reasons include community mental health centers as well as patients they are having difficulty getting out of the hospital, many of whom experience developmental disabilities or dementia. There are not many resources between API, nursing homes, and assisted living homes. Some of the patients on the Taku unit have been found incompetent to stand trial, and once the charges are dropped, they could be released, but there isn't a safe alternative to release them to, so they continue to stay at API.</p> <p>To put it in perspective, this week they had 10 patients that had stays over 100 days. At API's average length of stay of 14 to 15 days, that is 4,800 days that they could have treated 321 more patients on their average length of stay if those patients weren't there. Some patients have been housed at API for one or two years because there is no alternative placement for them.</p> <p><u>Per CEO</u> – Pioneer Homes is doing major renovations to accommodate the acute dementia population, but those renovations won't be complete until the fall of 2019.</p>		





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			<ul style="list-style-type: none"> <li>• Seclusion and restraint policy</li> <li>• Discharge planning policy when finalized.</li> </ul>		
E.	Division of Behavioral Health Acting Director Comments  DHSS Deputy Commissioner Comments  DHSS Commissioner Comments	Gennifer Moreau-Johnson  Albert Wall  Adam Crum	No additional comments were provided.   Not present.		
#	Standing Agenda Items	Lead Assigned	Discussion	Action Item	Due Date
F.	Good of the Order	CEO          CEO	<p><b><u>Governance Committee Membership:</u></b>            Charlene Tautfest suggested that this committee include membership from outside stakeholder groups. Suggestions included ASHNA, DOC, and DLC. It was noted that there may be a conflict of interest to include some of those partners, but there may be other stakeholders such as Alaska Behavioral Health Association and Alaska Primary Care Association that could be considered.</p> <p>Further discussion by members of the committee included the suggestion of a patient representative. It was also suggested to have a legal representative participate in API's committee structure.</p> <p><b><u>On the Horizon:</u></b></p>		

			Continuing efforts will be made to shore up the quality of the Hospital Education Department as well as the QAPI. Cheri Herman was recently hired to work on certification.		
Meeting Ends	Adjourned at 2:00 p.m.				

Minutes prepared by: Paula DiPaolo 12/28/18

Approved by: Duane Mayes \_\_\_\_\_  
 (Initial) Date