API Governing Body Meeting Minutes - Minutes

Date: Thursday, August 15, 2019 / Time: 1:40 p.m. – 4:45 p.m.

Alaska Psychiatric Institute Conference

Room A27C

X	**Albert Wall Chairman & DHSS DC**	X	Lynn Cole, Wellpath	X	Anthony Blanford, MD Wellpath
	Gennifer Moreau-Johnson, DHSS DBH Dir.	X	Shane Coleman, SCF	X	Dave Morgan, Commonwealth North
X	**Dr. Lily Lou, Rep. for DHSS CMO**	X	Beverley Schoonover, MHB	X	Ross Bieling, Commonwealth North
X	**Lezlee Henry-Dupoux, API COO**	X	Laura Russell, DHSS	X	Summer LeFebvre, AKBHPA
	Charlene Tautfest, AMHB Member	X	Promise Hagedon, API	X	Josiah Leigh, DHSS
X	**Katie Baldwin-Johnson, AMHT**		Ron Cowan, API	X	Elizabeth King, ASHNHA
X	**Jason Lessard, NAMI**		Jillian Gellings, DHSS	X	Alyssa Hutchins, DHSS
X	Matt Dammeyer, API CEO		James Farley, CFO		Laura Brooks, DOC
X	Erica Steeves, API QAPI Director	X	Monique Martin, AK Regional		

(Voting members in blue)

#	Standing Agenda Items	Lead Assigned	Discussion	Action Item	Due Date
1.	Welcome Introductions (Roll call)	**Chairman Al Wall**	Roll taken.	Quorum established to conduct governance business.	Completed
2.	Review June 16, 2019 Governance Meeting Minutes	**Chairman Al Wall**	***Motion to approve*** – Jason Lessard ***Second*** – Monique Martin	Hearing no objection, the July Meeting Minutes were approved.	Completed
3.	Wellpath Update	**Lynn Cole**	Lynn Cole: Wellpath has provided the following operational support to API since the last Governing Body meeting: • Assist with responses to CMS, TJC, Ombudsman, OSHA, and other regulatory and licensing bodies		

#	Standing Agenda Items	Lead Assigned	Discussion	Action Item	Due Date

3. (Cont'd)	Wellpath Update	**Lynn Cole**	• Secured forensic psychologist(s) to support restorative care through October
			• Continue to provide on-going TJC/CMS Consultant support
			  ○ 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
			  ○ Ensured person served and PNA involvement in treatment team planning
			  ○ Attend and support 100% of treatment team meetings
			• Provided onsite Infection Control and Nursing Education support to educate staff, bring facility into compliance, and satisfy CMS guidelines
			• Assisted API Rehab Department with finalizing procedures for incentive program and obtaining supplies for incentive cart
			• Hired Post-Doc Psychology Resident to support treatment program, individual and group therapies, as well as restorative care
			• Assisted with complete Education Department reconciliation of all paper and electronic training files to ensure appropriate on-going auditing for TJC and CMS compliance
			Next Steps
			• Continuing to support on-going operations and identifying potential candidates for key vacancies
			• Continuing to work on additional opportunities to expand the current patient incentive cart, reintegration program, and other social programs
			• Planning next API Family and Friends Meeting to provide quarterly forum of family members, loved ones, and legal representatives to address care and treatment received at API		

#	Standing Agenda Items	Lead Assigned	Discussion	Action Item	Due Date
4.	Items for Consent- Policy Review Committee	**Al Wall**	Al Wall: If you have went through the provided packet and have items you'd like to discuss, then after we move the motion to accept the consent agenda, we will open it up for discussion. I entertain a motion to approve the items for consent from the policy review committee. ***Motion to approve*** – Dr. Lily Lou ***Second*** – Katie Baldwin-Johnson Al Wall: In the consent agenda you will see a number of policies that are on the table for revision or confirmation. Our policies are on a cycle, meaning they are supposed to be revised every three years. Summer LeFebvre: Due to the quantity of information spread across different areas of expertise, I think it would be helpful to have a list at the beginning of the packet highlighting all of the policies contained within it and a report from the Policy Review Committee, highlighting the most important items for the board. Al Wall: If we could ask for at least a cover summary sheet highlighting what policies are in the consent agenda and a list of what was changed within those policies that would be helpful. I will call the consent agenda to vote. Hearing no objections, the consent agenda for the Policy Review Committee was passed.	Prepare a summary sheet highlighting the policies contained within the consent agenda and the changes that were made.	Completed Next GB Meeting Completed
	Bylaws Committee	**Dr. Blanford**	Dr. Blanford: I compiled a 2-page sheet documenting the changes to the Medical Bylaws. CMS and the JC had some concern about some of our bylaws, which hadn't been sufficiently revised for years. Wellpath put forward a set of bylaws from Florida State Hospital, which are well organized, concise, and articulate. I decided to re-		

#	Standing Agenda Items	Lead Assigned	Discussion	Action Item	Due Date
4. (Cont'd)	Items for Consent- Bylaws Committee	**Dr. Blanford**	organize the API Bylaws under the same format and system that Florida State was using. When I was attempting to stitch it together, I found some major flaws in our bylaws. This process was a very rushed process, so what you're seeing is just the first step. The bylaws need to be taken to medical staff to be reviewed. Some of the major changes are: • Redefined the Medical Executive Committee (MEC). Our MEC was not defined correctly. What we were calling the Medical Executive Committee was more like the Clinical Leadership Committee. ○ Need to determine how MEC members are elected and appointed by whom • Deleted all of the references to the Allied Health Professionals • The Credentialing Committee and Peer Review Committee were combined Shane Coleman: Credentialing is very official in its processes, they take note of adverse actions. When I think of the peer review committee, I think of it as potentially non punitive, which is why I'm asking how you're defining the peer review committee. Al Wall: How do we handle health practitioner discipline in the hospital as a clinical matter? Who is handling the actual discipline, is it the Chief of Psychiatry? Dr. Blanford: I was putting it under the MEC, as a group. Dr. Lily Lou: In many hospitals there's a physician quality committee (in our case, the peer review committee) that reviews anything of concern and then things will escalate to the MEC which can make recommendations to the board, which can approve the actions. Shane Coleman: Sometimes there's a more general membership mechanism that can make the distinction		

#	Standing Agenda Items	Lead Assigned	Discussion	Action Item	Due Date
4. (Cont'd)	Items for Consent- Bylaws Committee	**Dr. Blanford**	between the executive committee, allowing the committee to be more inclusive but serves a smaller group that votes and makes those decisions. Dr. Blanford: Continuing with changes: • Under section J, I inserted that active staff physicians are no longer required to be board certified or eligible as long as they can demonstrate measured experience and proficiency. Shane Coleman: As community stakeholders, theoretically it's a quality assurance issue, so without it I wonder what the quality assurance processes would be. Dr. Blanford: Well those have yet to be defined. I mean it could be peer references or an FPP. Al Wall: API has historically hired physicians when they are desperate without looking into board certification. As long as I'm around, my main focus as chair is that the hospital becomes recognized as a center of excellence. In that regard, I think we should recruit and retain the best physicians we can. As Dr. Blanford mentioned, I know in the health care field there's a pretty wide diversity of capacity, ability, and quality that isn't the certification board. Shane Coleman: Specifically in the psychiatry and mental health realm, there are opening pilots to different methods of board certification as a way of trying to handle that issue without getting rid of board certification. Al Wall: My view of bylaws is that they are specific enough to be able to run organizations and general enough to allow for some flexibility. I think the language of being an accepted practice physicians regardless of board certification is fine on the bylaws level, but it will be addressed more specifically elsewhere.		

#	Standing Agenda Items	Lead Assigned	Discussion	Action Item	Due Date
4. (Cont'd)	Items for Consent- Bylaws Committee	**Dr. Blanford**	Dr. Blanford: Continuing with changes: • Section K. A significant portion of API's business is forensics and is ran by, usually forensic psychologists, not by a psychiatrist. I haven't figured out a way to include them in active medical staff yet, so it still needs to be determined. There was a section in there that allowed psychologists to do H&P's on initial evaluation, but that's been taken out. Al Wall: A number of these items addressed by CMS and the JC regarding our bylaws are extremely critical for us. A defined time period for temporary privileging is extremely important. I would also tell you that we have a standing contract with WICHE and they have a specific person who's purvey is medical bylaws and policies and they would be available to consult on it, need be. Matt Dammeyer: Just on point A, D, & E, usually the board has something in their policies that explains how they delegate the authority, or the legally responsible entity of the state system. Then that information is transmitted to the bylaws, so that the organized medical staff knows how that occurs and in unfortunate situations a mechanism to which the board communicates how they can remove a delegation of a person or a designated authority. Al Wall: I'd like to call this to vote to be approved. What we're approving is this draft, moving forward, for further revision by the committee. We're acknowledging on the record that we've seen this, we know where it's headed, and what changes have been made so far. Monique Martin: Correct me if I'm wrong, you can't terminate someone without involving the Human Resources department?		

#	Standing Agenda Items	Lead Assigned	Discussion	Action Item	Due Date
4. (Cont'd)	Items for Consent- Bylaws Committee	**Dr. Blanford**	Dr. Blanford: I'm not sure what portion of our bylaws are integrated to include the union contract agreements and requirements. Al Wall: There's two different groups we need to discuss, this is a medical staff document, and much of the medical staff is exempt and can be dismissed, but the rest of API's staff cannot, so that is a valid question. We run up against this issue with nurses and physician's and it needs to be further vetted. There is another document, that I have not gone through yet, but I think there's a line on the overall bylaws that refers to the termination of employees to the labor union agreement and its process. Our next step will be to edit that document after this one is done. Matt Dammeyer: There are cases where the hospital or state will employ a physician and one of the requirements of that employment is that they can practice as a member of the medical staff. The medical staff is legally protected and is able to dismiss someone from the medical staff through the power delegated to them legally. So that person would be employed legally, but not able to practice. Dr. Lily Lou: I think it's important to include in the bylaws the authority delegated by the state to the medical staff. Matt Dammeyer: The document or the policy that delegates that authority usually says what things that the legally responsible entity or the governing board retains. Al Wall: One of the things we need to do in this group because were evolving slowly over time is set up an executive committee. That executive committee will be authorized to complete actions aside from the board meeting that are personnel in nature. My ultimate goal is that this governance body becomes a semi-autonomous body in the government format, meaning that this board would be a valid commission under boards and		

#	Standing Agenda Items	Lead Assigned	Discussion	Action Item	Due Date
4. (Cont'd)	Items for Consent- Bylaws Committee	**Dr. Blanford**	commissions of the state. What it would still not do, and we need to address is the financial issue. Our budget is fed to us, and I would like to change that to make this a true governance body. Monique Martin: Who's on the governing bylaw committee? Does it include people from the governance board? Al Wall: Yes, if there's anything in this process that you are uncomfortable with, because we are a fast evolving governance body, please speak up because these are the types of discussions that we need to be having. As we have it set up now, there are two standing committees, with a third being formed after today. As the process is set up now, they go and discuss what's in their authority to discuss, one is the policy committee and one is the bylaw committee, they then offer all of the changes that the see as a group and bring those changes back to us in a consent agenda. Dr. Lily Lou: The way that bylaw changes usually work is that the bylaws committee continues the process of drafting changes, but the bylaws need to be put up for a vote by the organized medical staff. If it passes the medical staff vote, then it would come up to the governing body for approval. Al Wall: The intent of what we're doing now is bring the board into compliance with CMS and what they require of a board. In order to do that, the commissioner's office chose to broaden the purvey of this board to include community members. After we get everything in line, there will be another adjustment to the membership of this board coming. I'm going to call this to vote, to accept the draft and move it back to committee for further review.	All in favor, no opposed, the vote passed and is sent back to the committee for further revision and review	Next GB Meeting

#	Standing Agenda Items	Lead Assigned	Discussion	Action Item	Due Date
5.	CEO Resignation Comments	**Matt Dammeyer & Al Wall**	Al Wall: Comments regarding the resignation of Matt Dammeyer, CEO. I think it is a mutual thing here, that we regret you leaving. You have done an amazing job, the organization now is far better than when you got here, and we greatly appreciate your efforts. Having said that, I know the basis for your decision and wish you success wherever you go. Matt Dammeyer: It was a challenging decision to think about leaving because this has been an incredibly positive experience for me. I don't want the time I spent here just to be another blip on the screen of change. It wasn't my intentions to leave here, I have a track record of staying with organizations for a long time, not a short amount of time. Al Wall: I briefly called the leadership together, I had a discussion with them and asked them for patience and stability as we move forward. There's always chance that the organization feels like it's going to dive back into the dark abyss when this happens and we don't want to see that reversed. It is my intent to have a replacement for Matt before his last day. I have three candidates and one reserve candidate that we're talking to, and I would like to have the candidates talk to leadership and staff prior, to allow the senior leadership here input in that process. The reason that I want to do that is because the end state of the governance body is that we choose the CEO and we push that up for approval up to the Governor's office, rather than the other way around. Having said that, I would like to set up an ad-hoc committee, the search committee, that'd I'd like to be comprised of 3-4 members for a short duration, 60 days or less, until we get the seat filled. I already have resumes and people I've talked to and I'd certainly take recommendations for candidates or people to talk to.		

#	Standing Agenda Items	Lead Assigned	Discussion	Action Item	Due Date
5. (Cont'd)	CEO Resignation Comments	**Matt Dammeyer & Al Wall**	AD-Hoc Committee for API CEO Selection: • Chairman- Al Wall • Katie Baldwin-Johnson • Summer LeFebvre • Charlene Tautfest • Elizabeth King • Dr. Anne Zink M.D. Summer LeFebvre: I have a question for Matt. In your transition, having spent many months here at API and having the experience you have, are you leaving here with recommendations for the next CEO and can the board see those? Matt Dammeyer: I have already shared those with Al and Laura Russell, but will have a formal recommendation for the new CEO. I will definitely do that, the fraternity of CEO's is small, so I expect to hear from whoever the CEO is when something comes up. Beverly Schoonover: Is there any political or public value in hiring just an interim between now and when you transition? Al Wall: My take on that is that we've had 8 CEO's in the last 3 years and interims tend to be more of lame duck CEO's because they know they are only here for a period of time. In addition, the issue of privatization has not been settled and I think we need someone who can come in here and commit to it, run with the full extent of their capacity and ability and be flexible enough to address future change. A piece of that, our partners with Wellpath and any other organization that would bid to privatize, has an opportunity to discuss with our prospect CEO's, as they did with Matt. We're going to shoot for a permanent CEO and if we have to we will hire an interim.		

#	Standing Agenda Items	Lead Assigned	Discussion	Action Item	Due Date
6.	Staff Update	**Matt Dammeyer**	Matt Dammeyer: We met exactly 4 weeks ago, since that time we went through another CMS review. During that week we also had a dialogue with OSHA regarding an outstanding issue, but I feel confident that we will have a good outcome. The following week, we had a number of staff meetings and began the process of increasing the census. We've been operating with a census in the mid 40's, but our goal is to get back up to a 60 patient census. As far as staff update goes, we have around 40 positions currently open. Deputy Commissioner Wall has been doing a lot of work behind the scenes regarding hiring for some of the more important positions. Al Wall: The nursing classification study went through, but now they make more than our physicians, so now we will need to go back and adjust our doctor's salary through the LOA. Our occupational therapist position is miss classed, it's not technically an occupational therapist position so when labor relations looks at that position they compare the pay scale with all of the other occupational therapists in the state. We asked the LOA for assistance on that, which was approved, demonstrating a $15,000 increase per year for a very critical position. Thank you to Wellpath for bringing up Dr. McConnell to fill the Forensic Psychiatrist position. One thing through the budget process that I will be asking for is a little bit of a restructure to restorative care. The house is divided between the civil and the criminal commitment at API. Criminal commitments are a legislative process that is very prescriptive by law as to what needs to be happening, and because of that I think we need a position similar to a director of restorative care. That position would be able to have conversations with the powers that be about policies and how we might adjust our statutory authority to better serve people and be more successful in our restorative care practices.		

#	Standing Agenda Items	Lead Assigned	Discussion	Action Item	Due Date
6. (Cont'd)	Staff Update	**Matt Dammeyer**	Elizabeth King: I really appreciate the vacancy report, but it would be very helpful to see the report categorized by positions and the vacancies within those positions. Summer LeFebvre: I just have one question relating to the staff and hiring process, do you have the retention rate for staff and are you seeing a decrease in employee turnover? Al Wall: I think that's a great idea, I'll take that responsibility and provide reports at the next Governing Body meeting.	Provide GB with Retention Rate Data	Next GB Meeting
7.	Fiscal Status Update	**James Farley CFO**	James Farley: We met the financial deadline for the year end closeout. We submitted the management plan to the OMB. The revised plan for FY20 has been approved by the OMB. The RFP will be good to process either today or tomorrow, and as of right now everything else is looking very good. Al Wall: I would point out again this is the strangest area of the Governance Body here at API because typically finance is a huge item for hospital boards and occupies most of their time. In this case, finances are almost completely out of our hands and we do need to address that if we want to be in compliance with the CMS version of what a Governance Body looks like. There are a couple different versions of that. The department is beginning its discussion for the FY21 budget and this coming week I plan to pull several people together at the department level to discuss how we're going to handle the FY21 budget for API. As of July 1st, API is its own RDU, meaning it is its own division, allowing us a little leeway on out budget structure. Division directors put out their proposed budgets to the department and then the CFO and the Assistant Commissioner offers		

#	Standing Agenda Items	Lead Assigned	Discussion	Action Item	Due Date
7. (Cont'd)	Fiscal Status Update	**James Farley CFO**	recommendations for change, then it is pushed up to OMB. In order to fill this gap, I'm going to pull a couple of people, James included, into the conversation next week, where we will be talking about what it actually looks like to do our own budget. I'd like to set up an ad-hoc committee for people who are interested in finance. The first couple of conversations are going to be completely out of your control, but we are going to try to move this forward and I would like you to be involved in the process. The ad-hoc committee will from now until the end of October and it will be a finance sub-committee and you will be involved in the process of attempting to put together a budget for API. James Farley will be the chair of this committee and the first meeting we're going to have is next Thursday at 3:00 P.M. at the Frontier Building. If you are interested in having that conversation with us, I'm asking you to volunteer, there will also be a call-in line for those who want to be a part of the conversation but are unable to come to the meeting. Ad-Hoc Finance Sub-Committee Members: • James Farley, Chair • Al Wall • Monique Martin		
8a.	Quality Assurance Performance Improvement (QAPI)	**Erica Steeves**	Erica Steeves: **Plan of Correction Update** Lynn and I were able to work with Lydia, one of the consultants provided to us through Wellpath, who has another company that focuses primarily on compliance. When I got here on May 6th, I was handed a document with over 350 corrective action items listed on it with		

#	Standing Agenda Items	Lead Assigned	Discussion	Action Item	Due Date
8a. (Cont'd)	Quality Assurance Performance Improvement (QAPI)	**Erica Steeves**	different owners and various dates. Tracking down the action item owners to try to get numbers on each item is where we're at now. We met with the owners of all corrective action item plans two weeks ago and decided that we were going to try a different strategy to manage this because at the end of the day some employees end up with an entire book of corrective action items delegated to themselves. We're in the process of setting up working groups by categories so we can have an updated, managed, and reliable plan of correction tracking system. As Lynn mentioned, we asked for support for the education team audit. More than half of our corrective action items are related to education, so it took us a solid month to work through stacks of papers relating to training, so we could upload the data to have a reliable report. **Medication Safety** In terms of our quality program, I think it's important we have a normal cadence. My plan is to have a predictable cadence of things you can expect to be recorded on a quarterly basis. Medication safety has to be one of those, this is one of our best functioning committees, and it has really robust quality improvement. That being said, we do have an incredible pharmacist who plays a critical role in medication safety in our facility. For a psychiatric facility, we get a broad variety of medications because our patients present to us with psychiatric as well as health needs, both in which require medications. What you'll see at the bottom of that graph is the Bar Code Scanning Rates, and because that rate is pretty high we present our data in snapshot form. When I asked our pharmacist why do you think this is so high? Part of the reason is because our pharmacist Patty, communicates with us when there is an outlier, so when we have a staff member who is struggling with their adherence to either the 5 Rights of Medication Administration or Barcoding in particular, that		

#	Standing Agenda Items	Lead Assigned	Discussion	Action Item	Due Date
8a. (Cont'd)	Quality Assurance Performance Improvement (QAPI)	**Erica Steeves**	feedback goes to the nursing leadership team, who can then actually talk with the staff member to determine what the challenges are. Monique Martin: Are there bench marks for these measures? For barcoding, 97% sounds great, but is the bench mark 100%? Erica Steeves: The bench mark is actually 90%, the International Medication Safety Group has those bench marks, which vary in different settings. **Patient Grievance Information** Wellpath has been offering us support with our grievance processes. Kevin Huckshorn has been here the past two weeks working with Ron on improving our survey return rates because we don't get as much feedback from our patients as we would like. They developed a strategy to get more survey results back and we are still in the process of ensuring that our grievance information is being managed effectively. **Patient Safety Data Trends** As you know, we have a paper UOR system, but we are currently in the process of exploring electronic options. The next three slides is our attempt at pulling data from our excel sheets on some of those safety trends. One of the questions from the previous meeting was on elopement, and I do have clarification on that, which is "if patients are in the wrong spot, not leaving the building". The physical threats for July are down, but I'm not as confident in the truth to that because I think we may just be getting less reports on this particular item. Elizabeth King: Is the physical assaults data reported here on both staff and patients? Erica Steeves: That is any assault as indicated on the paperwork, which would be patient/patient assault or		

#	Standing Agenda Items	Lead Assigned	Discussion	Action Item	Due Date
8a. (Cont'd)	Quality Assurance Performance Improvement (QAPI)	**Erica Steeves**	patient/staff assault. Something I've learned recently in regard to staff injuries, is we are documenting injuries in a required database, through HR and OSHA, we also have an injury and assault log linked to, but not exactly connected to a workbook here in excel for UOR's. Data management has been very hard, because our systems aren't helping us. One of the options were looking at for an electronic reporting tool addresses grievances, safety events, disruptive behaviors, etc., which are all separate but linkable data sets. By this time next month, we will have a written proposal and assessment on the systems we looked at and what we believe will serve us the best. Katie Baldwin-Johnson: Can you help me understand the definition and context of sexual behavior? Erica Steeves: That can be patients masturbating in the milieu, making sexual gestures, or otherwise things of that nature. We do have patients who have hypersexualized behaviors that need to be re-directed, so that's what that is addressing specifically. Al Wall: Often when you see a spike in the data like that, it's usually one patient. One of the struggles we face as an institution is this issue. It's a public issue as well as an internal issue with the staff. If you take the strictest definition of the law in the state of Alaska, especially under the law that was just passed last year for the assaulted healthcare workers, a raised voice or threat could be considered an assault and the police could be called. That has happened here, whereas I know that our staff should have and do have the right for self-protection and can report and file charges. We're also dealing with a population who are specifically here because it's possible that they don't have the mental capacity to face the court. It puts API in an awkward position when the police show up, arrest a patient, put them in DOC for a day or two, and then send them back.		

#	Standing Agenda Items	Lead Assigned	Discussion	Action Item	Due Date
8a. (Cont'd)	Quality Assurance Performance Improvement (QAPI)	**Erica Steeves**	This is actually a discussion we need to have at some point because we need to address that legislatively not just internally. When we get closer to legislative session, we need to come together as a group and start thinking about things that we need to adjust statutorily and regulatory. Summer LeFebvre: Can we operationalize the definition for each of these sub-categories? Erica Steeves: Yes, I actually think these definitions already exist, the reason I'm trying is because the data entry and moved from a variety people. Right now Alyssa is entering it, but as we get my assistant, Joyce, on boarded, then we will use those definitions and I will feel more confidence in how we categorize things. Right now it depends on the person entering it and we may not see the same thing. I can bring those in a packet, but they do exist, how we are applying them is why I have reservation about this. **Root Cause Analysis** I had Josiah look into the root cause analysis documents in my desk recently and I asked him to figure out what did we do, and did we complete them? Root cause analysis's are used to look into an event that didn't go well and then try to figure out specifically where the system failed. We typically do these for sentinel events, suicide attempts, elopements where patients leave the building, medication errors that cause harm, etc. On that data set you will see that our ability to complete those wasn't as good as it could have been, some weren't applicable or had no responsible parties assigned to them, so of those that are left, we are currently tracking them. The next few pages in your packet are the new tools that we will be using to perform root cause analyses. Al Wall: I do think it's important that we're able to address the trauma with staff because they see and deal		

#	Standing Agenda Items	Lead Assigned	Discussion	Action Item	Due Date
8a. (Cont'd)	Quality Assurance Performance Improvement (QAPI)	**Erica Steeves**	with traumatic events on a daily basis and there should be someone they can be talking to. I'm not sure how to make that more available but I do believe that it's a critical piece of the work here. Monique Martin: Is there a way that these types of root cause analysis can be brought to the board? Erica Steeves: I have no issue with transparency, I'm just now sure what I am and am not allowed to share. Al Wall: This is a great point of clarity, Alyssa will you remind me to ask our lawyer Steven Bookman about any legal issues there might be in providing the GB members with reports on events involving assault, workman's comp, and speaking about specifics of assaults in general. Typically in a board setting, and whenever you deal with HR issues there the ability to call an executive session, not open to the public. Currently we do not have an executive function right now, but we probably should. I do think it's important to know when things have happened and if somebody got hurt. We need to get the guidance from legal, but I do think it's important to be able to have a meeting discussing any critical incidents that occurred. **Break for Public Comment (Agenda Item 10)** **Continuing From Public Comment Break**	Speak with legal about providing critical incident reports to the GB.	Next GB Meeting

#	Standing Agenda Items	Lead Assigned	Discussion	Action Item	Due Date
8a. (Cont'd)	Quality Assurance Performance Improvement (QAPI)	**Erica Steeves**	Shane Coleman: I'm just curious about a couple of outcomes. I think wait time to get into API was mentioned a couple of times, I think that would be a great measure to see on a regular basis. I also think that the percent of quashed ex parte's would be a good compliment to that. Al Wall: That will require a data pull from outside because we don't have that kind of information. The difficulty is that those are counted individually at each district court, which each do their own metrics, some better than others. We do have a person who could try to coordinate that, but I do think that would be a great metric. We do have to be careful with the metrics that we ask are meaningful, and waitlist mean a lot to me. Shane Coleman: In addition, 30 day readmission rates, length of stay which accompanies the readmission rate, and lastly on the forensic side, the percentage of successful restorations, are a few more metrics that I think would be nice to provide for the board.		
8b.	Mental Health Advocates Commentary	**Al Wall**	Al Wall: There are a couple of advocates in the community that are very engaged with the inpatient psychiatric community who are very knowledgeable about what has happened and what is happening. I have had repeated contact with these individuals, Faith, Dorrence, and Ms. McCloud. Sometime after 2016 and now, our patient grievance policy has changed and addressed the issues that they continue to talk about. The problem I have is that they continue to publicize information that is dated by about 2 years. Faith once again released an article, after the press release from the Governor regarding the lack of a grievance policy for disabled individuals. The information		

#	Standing Agenda Items	Lead Assigned	Discussion	Action Item	Due Date
8b. (Cont'd)	Mental Health Advocates Commentary	**Al Wall**	in her publication is un-true, not factual. We have talked a little bit as a Governing Body about our responsibility for public imaging and directing the conversation to the public. I would really like to start answering some of the public issues as a board. In order to turn the tide in public opinion, at some point we're going to have to move from being reactive to being proactive in a very positive way. I really think in order to raise the awareness of people in the public that's important to show that it's more than just API involved, but other organizations from the community like ASHNA, The Southcentral Foundation, The Trust, NAMI, etc. I also have invited the advocates to come to this public meeting. I'm struggling a little with how to address this, I don't want an individual employee taking the heat, but I do think we have responsibility as a Governance Body to direct some of the conversations. Monique Martin: My initial thought is, there's a lot of ways that this could go wrong for us, for API, for us as individuals, for us as a group, and for the patients we serve. Where do you draw the line in responding to media inquiries? If a legislator got facts wrong or if the governor got the facts wrong, are we going to publically school them in the media? I worry about how does this Governance Board stay out of the political frame and keep our focus on patient safety, staff safety, patient outcomes, and in making sure staffing is sufficient. As a board, I don't think we want to step into the mix of having to decide what we should respond to and what we don't as a Governance Board, so we're not viewed as political, we're viewed as being here for the patient and the staff. Al Wall: I agree, I don't foresee us publishing an article. What I mean by response is, I would really like to have the advocacy and have a conversation with them and have them drive their own public outcry. I just think we		

#	Standing Agenda Items	Lead Assigned	Discussion	Action Item	Due Date
8b. (Cont'd)	Mental Health Advocates Commentary- Grievance Policy	**Al Wall**	need to help guide that conversation because I don't think it's going to happen the way it's happening now. Monique Martin: Let's draft a grievance policy with the stakeholder boards, the Mental Health board, NAMI, and with trust beneficiaries. Let's sit down with the grievance policy and ensure we haven't drafted in a grievance policy that creates a vacuum for patients. Katie Baldwin Johnson: The mental health board, did a lot of work looking at researching very specific concerns that they had and other examples of other states that had grievance procedure legislation and the structure that really met their sort of definition of what they thought was like the most ideal way to protect patients' rights. There is a definite desire to have legislation in place and that has been the drive of both of those advocates for years. Al Wall: What was the process by which we came by our current grievance policy? Because I know some other groups were involved in the writing of that. Ron Cowan: Primarily we use the, the federal requirements to include the interpretive guidelines, which is what surveyors use to evaluate whether or not requirements are met as well, as the state's statutes that are specific to our two psychiatric hospitals that are not necessarily already covered under federal requirements. Unlike other states, we have a statue, a provision for patients stating that they should be able to go to an impartial body, so we included that in the policy. I think that we were successful in creating a policy that was fair, equitable, consistent, without making it so burdensome. Al Wall: Yeah, I thank you for that. I believe personally, looking back over the last five or six years, you have been the driving force behind dealing with that issue specifically, in particularly patient advocacy at API. So I appreciate that and I respect what you do. I think like		

#	Standing Agenda Items	Lead Assigned	Discussion	Action Item	Due Date
8b. (Cont'd)	Mental Health Advocates Commentary- Grievance Policy	**Al Wall**	you, I'm just a little bit frustrated with the interactive nature of the conversation. Beverly Schoonover: We know that there's a grievance policy that you guys had said this last meeting that we were going to be involved in vetting it. We're not concerned about the grievance here, we're concerned about if you guys can't sell it and if they still have questions. Get in order here, work with us, work with the trust, work with The Disability Law Center and let's get something that everyone's happy about bringing the OMB in on. Ron Cowan: I know for at least the last two and a half years, only because I've been here during that period that we have always given patients the contact information and names of all the organizations that they can contact If they're not satisfied. So if they're not satisfied with how we responded to the complaint, or didn't respond, or if they just want to make the complaint to another agency or multiple, we've given them the means. Al Wall**:** Let me take the opportunity to shift the conversation just slightly away from individual's names and put it squarely on the issue, which happens to be a grievance policy and process operationally and see if we can address the question. My real question is, what is a way forward? I need more than just how do we engage these issues, we need to have solutions to it rather than just have it continued to be kicked down the road. I understand that perhaps we can't put together a universal policy, It's not within our purvey, but we do need to have that for our organization. Dr. Lily Lou: We want people who have a passion to be heard, so somehow we need to move into an arena where we can have that conversation. And I don't know if it would be helpful to have people that they feel in		

#	Standing Agenda Items	Lead Assigned	Discussion	Action Item	Due Date
8b. (Cont'd)	Mental Health Advocates Commentary- Grievance Policy	**Al Wall**	alliance with, invite them to come to these meetings or not, but something needs to be done. Al Wall: It does concern me that the meetings are public and people are being invited, and no one is coming. I'm not sure what else we can do in that regard except personal invitations, I'm just asking for ideas. Beverly Schoonover: So this is the scary table to sit at for a peer. And on top of that, didn't we have a peer court advisory board at one time? With a member of this board being adjunct or to something like the organizational board, is that off the table? Can we do something like that to allow for that real peer presence? Al Wall: I think that's a terrific idea as long as we design it properly because I think the failure of the past was it was there as an appendage, nothing was ever done with it. I certainly would be interested in reinvigorating an advocacy board for API, but it has to be designed in a way that's meaningful. I really the idea of an advocacy board, as long as it's done right. What would be its purpose and what would be helpful from such a board? Elizabeth King: Wouldn't its purpose be to give peers that feel that they don't have a voice or, or actually don't have a voice, the ability to give information to us that we need on things that are important to improve? Al Wall: First off, let me ask the question, are we all okay with the concept of perhaps a peer board and advisory board of some sorts being a good option to respond to public concern of advocacy at API? Beverly Schoonover: No, start with grievance procedure process, especially when our advocates have told us that the Joint Commission and other outside agencies don't get back to them and they don't respond to them. So I think we should just start with this policy, API has its		

#	Standing Agenda Items	Lead Assigned	Discussion	Action Item	Due Date
8b. (Cont'd)	Mental Health Advocates Commentary- Grievance Policy	**Al Wall**	internal procedure, and then that gets elevated, but then where does that go? Ron Cowan: I certainly indorse more participation on the part of individuals who are consumers or loved ones of consumers. I certainly am willing to and would like to participate in a reevaluation of the grievance policy, if that's what we think we need to do. Al Wall: I'm going to, because of the time, table this issue. I will send out an email specifically about this for discussion during the interim, between now and the next meeting and try to get a way forward on a decision process for this.	Grievance Policy Tabled for next GB meeting.	Next GB Meeting
9a.	RFP Update	**Al Wall**	Al Wall: The RFP feasibility update is brief. It is out, live, and being bid on at the moment. So we actually technically aren't supposed to talk about it a whole lot. I have distanced myself from that, meaning I don't know anybody who's bidding on it. Monique Martin: I have a question on the RFPs. So feasibility one is out, and we talked a little bit about the potential opportunity to have someone serve on the PEC, is that still an option? Al Wall: Yes, I have put that statement into grants and contracts and when the PEC is formed, we're supposed to be on it. Monique Martin**:** And that will be for privatization, the feasibility study as well as privatization? Al Wall: If we go to the next one, yes.		

#	Standing Agenda Items	Lead Assigned	Discussion	Action Item	Due Date
9b.	Policy on Deleting HIPAA Emails From Courts	**Al Wall**	Al Wall: There is a potential problem we're having with emails from the courts and from DOC. The courts and DOC view our patients often as charged with a crime and not as a health care patient. They include too much information in their emails because they're not seeing these patients, nor are they in health care facilities when they send them to you. As soon as they become ours, they are HIPAA issues. I would encourage both the hospital staff and board members because we are privy to some of the emails that occur here to be aware of that. If I get something from a court that has too much information, I will tell them that by passing this email to me, I am in violation of HIPAA. Just be aware of this issue, be aware that there's agencies we work with who are not health care oriented and do not follow that rule. I was told to put that information out from my legal advisor because our email system here is not a HIPAA compliant email system. Elizabeth King: You're probably way over time, but I have a quick inquiry as to, if there was any information about the push pull survey going out about API? Monique Martin: Someone emailed me all the questions, I'd be happy to share with the group. But it seemed to be generated from a number of people who previously worked at API. I've heard it three times this week, so it might be something the department wants to look into. It's definitely a push poll to change your opinion about public opinion for privatization. Al Wall: Thank you for bringing that up, I will pursue this further. Any other comments?		

#	Standing Agenda Items	Lead Assigned	Discussion	Action Item	Due Date
10.	Public Comment	**Public**	Dave Morgan: The reason I thought the Malcolm Baldridge National Quality Award would be appropriate is because you're in a baseline year, which in October and December things were bad, but in the last 6 months, it's unbelievable how much stuff you've got done. I worked at the Southcentral Foundation for 15 years, and after seeing that process I thought I should make a pitch as to why API should apply for it. The Malcolm Baldrige National Quality Award (MBNQA) is an award established by the U.S. Congress in 1987 to raise awareness of quality management and recognizes U.S. companies that have implemented successful quality management systems. The award is the nation's highest presidential honor for performance excellence. Ross Bieling: Dave and I believe that this award is something in which you are ready to go for. The criteria is divided into many categories: • **Leadership:** How upper management leads the organization, and how the organization leads within the community. • **Strategy**: How the organization establishes and plans to implement strategic directions. • **Customers:** How the organization builds and maintains strong, lasting relationships with customers. • **Measurement, analysis, and knowledge management:** How the organization uses data to support key processes and manage performance. • **Workforce:** How the organization empowers and involves its workforce. • **Operations:** How the organization designs, manages, and improves key processes. • **Results**: How the organization performs in terms of customer satisfaction, finances, human resources, supplier and partner performance, operations, governance and social		

#	Standing Agenda Items	Lead Assigned	Discussion	Action Item	Due Date
10. (cont'd)	Public Comment	**Public**	responsibility, and how the organization compares to its competitors. Dave Morgan: Whenever you are ready, at your discretion, on behalf of Commonwealth North, we invite you to attend one of our Friday luncheons. We've given you a short synopsis on what the award entails, and I personally think it's time to have some good news right now for the state. In a year and a half, I think it would be great public relations if you're up for the Baldridge Award, that's given by the Secretary of Commerce for quality improvement. Al Wall: Thank you, I appreciate that, and I appreciate the presentation. I would point out that Dr. Lou has spoken about this award before to the board. Dr. Lily Lou: I think this is much more appropriate for API, and if I understood correctly, I believe the next application is due in February. Al Wall: Is there any other public comment from the attendees who called in? No other comments, public comment period closed.		

#	Standing Agenda Items	Lead Assigned	Discussion	Action Item	Due Date
11.	Good of the Order	**Chairman Al Wall**	I will entertain a motion to adjourn. ***Motion to adjourn –*** Monique Martin ***Second –*** Katie Baldwin-Johnson ***Next GB Meeting:*** The next meeting of the Governance Committee is scheduled for ***September 19, 2019***	Tabled Items • Patient Grievance Policy	Next GB Meeting .
Meeting Ends	Adjourned at 4:45 p.m.				

Minutes prepared by: Alyssa Hutchins 08/30/2019

Approved by: Albert Wall: _____ 8/15/19
(Initial) Date