

Alaska Psychiatric Institute Governing Body, March 17, 2022, Meeting Minutes

I. Call to Order

Co-Chair Elizabeth King called the meeting of the Alaska Psychiatric Institute Governing Body to order at 1:30 PM via Zoom on March 17, 2022.

II. Introduction and Roll Call

Voting Members Present:

Chair - Clinton Lasley, *Deputy Commissioner of Family Community, and Integrated Services*

Vice Chair- Elizabeth King, *Alaska State Hospital and Nursing Home Association*

Treasurer - Summer LeFebvre, *Alaska Behavioral Health Association*

Secretary - Jason Lessard, *National Alliance on Mental Illness*

Charlene Tautfest, *Mental Health Board*

Scott York, *Alaska Psychiatric Institute Chief Executive Officer*

John Lee, *Director of Senior and Disability Services*

Jennifer Peeks, *Alaska Primary Care Association*

Dr. Rick Ellsasser, *Alaska Native Health Board*

Voting Members Absent:

Adam Crum, *Commissioner of Department of Health and Social Services*

Dr. Anne Zink, *Chief Medical Officer*

Gennifer Moreau-Johnson, *Director of Behavioral Health*

Non-Voting Members Present:

Aesha Pallesen, *Alaska Court System*

Dr. David Moxley, *University of Alaska*

Dr. Helen Adams, *American College of Emergency Physicians*

Katie Baldwin Johnson, *Alaska Mental Health Trust Authority*

Mark Regin, *Disability Law Center*

Beverly Schoonover, *Alaska Mental Health Board*

Non-Voting Members Absent:

Adam Rutherford, *Department of Correction*

Daniel Delfino, *Alaska Housing Finance Corporation*

Elizabeth Russo, *Office of Public Advocacy*

Leslie Jaehning, *Disability Law Center*

Vacant, *Alaska Coalition on housing and homelessness*

Vacant, *Alaska Academy of Family Physicians.*

Vacant, *City of Anchorage Department of Health and Social Services.*

Vacant, *City of Anchorage Police Department.*

API Staff Reporting:

Christy Wynn, *QAPI Director*

Dr. Brianne McMahan,

Erica Steeves, *Director of Nursing*

Promise Hagedon, *Assistant Director of Nursing*

Robert Long, *Chief Medical Director*

Tina Cochran, *Chief Financial Officer*

III. Review and Approval of the Agenda:

Jason Lessard moved to approve the agenda. The motion on the floor was seconded by John Lee. Co-Chair requested editorial addition to new business. The Co-Chair called for discussion or debate on the main motion on the floor. Motion **carries, approved by unanimous consent.**

IV. Review and approval of Minutes:

John Lee moved to approve the minutes. The motion on the floor was seconded by Jason Lessard with editorial corrections related to attendees and clarification on the COVID update presented in previous meeting. The Co-Chair called for discussion or debate. There was no discussion or debate on the main motion on the floor. Motion **carries, approved by unanimous consent.**

V. Items for Consent:

Policy Review/Approval

1. Revised Policies

- i. EOC-600 Medical Equipment Management Plan
- ii. LD-020-06.01 Sentinel and Unanticipated Events Policy
- iii. MS-010-06.04 Utilization Management Program and Plan
- iv. PRE-030-16 Disclosure of Unanticipated Significant Clinical Outcomes

The Co-Chair asked if any members had any objections to the approval of the above policies or if any member wanted to pull any policies from the consent agenda for further discussion.

EOC-600 Medical Equipment Management Plan

Jason Lessard notated the policy did not come with corrections; he would request that future policies presented to the GB come in the format displaying corrections.

PRE-030-16 Disclosure of Unanticipated Significant clinical Outcomes

Jason Lessard raised concerns about page 2 **section 4.C** would request to have question marks removed and replace with the state statues prior GB approval. API to update the policy and submit to GB via email.

LD-020-06-01 Sentinel and Unanticipated Events Policy

Jennifer Peeks requested clarity on page 1 **section 3 definition of Sexual Abuse/Assault**; API provided clarification and the direct source of verbiage.

After Discussion, the Co-Chair asked for a motion to approve revised policies with PRE-030-16 being approved via email. Jason Lessard motion to approve, the motion was seconded by John Lee. Motion Carries approved by unanimous consent.

VI. New Business:

API medical Staff Bylaws

API informed the GB that the Bylaws are in process of being reviewed however not ready to be presented at this time. Co-Chair requested a timeframe of when API felt the bylaws will be ready to be presented to GB. API stated bylaws will be ready to present at the July meeting.

The Co-Chair tabled and requested a notation be placed on the GB calendar, or item be moved to July on the calendar, GB offered to follow up with API requesting status update prior to meeting.

Department/Project Spotlight: Denali Cohort Pilot Program

Erica Steeves provided a detailed report to the GB with the background, the process of the restructure of the Denali Unit. She knowledgeably explained the intention of the unit and the type of patient's the unit was intended to serve. She further provided a detailed description on why the unit was downsized from a ten-patient unit to a nine-patient unit. She further provided unique benefits to the patients within this unit, by describing the difference between this unit's day to day routine and the other units in the hospital, adding that this unit allows for permanent

staffing dedicated to unit. She finished with reporting the BMRs, decrease in seclusion restraints by 62%, with an 83% increase in group participation of the IDD patients, she then provided the positive feedback in detail from the patients and from the staff. Dr. McMahon added that the staff and her group can quickly adjust behavior plans, the carry-over is completed well and PNAs are more autonomous and more in control of the unit.

Department/Project Spotlight: Discharge Handoff

Dr. McMahon provided the GB with an overview of the discharge trip data of high needs patients. She explained API has developed a specialized project to help decrease the readmission cycle at API and help to provide patients the opportunity to become successful in the community. She explained the care the patients receive prior to discharge. She further provided a list of areas that API works on with the patients while in our care, to ensure the patients are stabilized, have routine medication and their behavior is being managed. She reported on the outcome of data and the areas of improvement that were considered the common contributing factors of the failed discharges, to include lack of education by ALFs on the behavior plan developed, medication management and the importance of day-to-day routine in some cases. She reported that API worked in collaboration with interdisciplinary treatment team, the ALF, social worker, and psychologist to generate a process that would allow a start to finish discharge, while building ongoing relationship with ALFs. She reported to GB statistical data prior to the project's implementation and after the implementation of project. She explained the data being provided was based on twenty cases, she continued to report that before the project API had six failed discharges with in the first twenty-four hours and 65% readmission with in thirty days, and after implementing the program the same cases, API had zero failed discharges with in the first twenty-four hours and 5.3% readmission with in thirty days. She further reported the ongoing data being collected to include OT evaluations, sessions and consultations with patients or ALF to be between 15% and 67%. She informed the GB that the program is not perfect however it has shown to be a positive approach to the soft handoff of our patients. There was a brief discussion to include the GB providing compliments to API for their ability to adjust and quickly respond to their patient's needs.

Letter to Staff

The Co-Chair presented the draft letter generated to provide to APIs staff showing GB support and appreciation of their work. She requested GB to review and provide their questions, comments, and suggestions. There was a brief discussion.

The Co-Chair asked if any members had any objections of the approval of the Letter to Staff. There was a brief discussion on the main motion on the floor.

After Discussion, the Co-Chair asked for a motion to approve GB letter to staff. John Lee motion to approve, the motion was seconded by **Jason Lessard. Motion Carries approved by unanimous consent.**

Recognition of an Error

Co-Chair reported to the GB an error was made in an email that was sent out on December 22, 2020, which was provided by API on November 30, 2020. She continued in explaining the error contained within the body of the email API stated, "that there were no reported allegation of hostility or harassment against management". She stated this information was incorrect. She further recapped the processes and changes that have been put in place by API to prevent errors in the future. However, she reiterated if there are any allegations, they are to be reported to the GB accurately moving forward. Clinton Lasley provided a brief description of the process within the state and API.

The Co-Chair asked if any members had any questions or concerns. There was no further discussion.

Public Recognition

Co-Chair opened the floor to GB to discuss how to generate an increase positive public recognition for API. There was a discussion between the GB members on areas that could be utilized to aid in moving forward with this process. She provided a closing overview of the topic and provided a list of the ideas presented, such as open

house, possibly participating in the future Mental Health months events, various types of open house opportunities and town hall meetings at API or other locations. She concluded with taken on the task of building a timeline. She would like to revisit and discuss this topic at the next meeting.

The Co-Chair asked if any members had any thoughts or comments on this topic. There was no further discussion.

VII.Old Business:

COVID-19 Update

Scott York informed GB that there are no positive COVID-19 patients currently at API. He reported that API is 100% in compliance to the mandate. He continued to inform the GB that a mitigation plan has been put in place at API for staff who are not vaccinated as required in the mandate. He stated that COVID positive issues are not an issue currently at API. He completed by providing the fiscal years COVID update. There was a brief discussion on the vaccination rate at the hospital. There was a vaccination rate of 75%, 43 patients tested positive, and 143 staff tested positive.

VIII.Public Comment:

Co-Chair open the floor for open public comment

IX.Ad-hoc Committee Reports:

Evaluation Committee

Co-Chair reported that a survey was developed, and it has been sent out to everyone to provide an evaluation of the CEO of API. Clinton Lasley added that his office has sent the survey out to API and requesting response due March 27th. He further communicated that the information from his office will be sent directly to his office and will be reviewed with the officers.

Employee Wellbeing

Co-Chair raised the question on whether GB had chosen a chair for this committee. Clinton Lasley recapped the importance and purpose of the committee. There was a brief discussion.

The Co-Chair requested to leave topic on the agenda for discussion. There was no further discussion.

Strategic Planning

Charlene Tautfest initiated the discussion by suggesting the GB to meet in one location to develop the plan and its funding. There was a brief discussion on the topic. Co-Chair suggested that GB continues planning via email between now and the next meeting

The Co-Chair asked if any members had any thoughts or comments on this topic. There was no further discussion.

X.Executive Session:

None required

XI.QAPI Monthly Reports:

Review of corrective action plans and outcomes

Christy Winn reported to GB on the data of the dashboard noting that it now includes last year's data. She reported that hand hygiene is still a work in progress and will remain APIs focus through 2022. She further explained that API now has Infection Control on floor providing education to staff. There was a Q&A and brief discussion on dashboard. She reported to the GB that API is working closely with the Ombudsman and CSM to help build a repour, with real time reporting and transparency

Regulatory Compliance

Christy Winn explained the purpose of adding the pharmacy data onto the dashboard, she noted that it is not a regulatory requirement.

Quality Improve Projects

Nothing to report

XII.Executive Reports

CEO Report

Scott York informed GB on filling the Maintenance Superintendent position, he stated that Randy Smith will be starting Monday. He further reported that on April 12th API will be meeting to start discussion on revamping the mission statement, he informed the GB that API will be providing drafts to the GB as API moves forward. He updated the GB that API is working to increase the census closer to 80 however, due to changes on Denali Unit the census may never be at 80. He concluded his report by providing an update on the construction and the remaining portions that need completion.

CFO Report

Tina Cochran reported on the API projections, she gave a report on the administrative dashboard. The administrative dashboard showed monthly, quarterly, biannually and year to date data which included staff vacancy, retention, separations, hires, staff injuries, patient on staff assaults, staff on staff assaults, contracts, and the current workers compensation claims, and status of contracts. She provided a detail explanation on the process of how complaints and concerns are processed within the department. She reported on additional funds that API currently has but will not have in the future. She continued by providing to the GB a list of projects that API has allocated the funds to. (list below) There was Q&A and a brief discussion on projects and topics discussed.

1. Wi-Fi systems for both the State network and for patients within API
2. Parking lot redone
3. Sidewalks redone,
4. Upgrades to the cameras throughout the building

Medical Staff Report

Dr. Long presented Dr. Christine Sawyer to the board for credentialing approval contingent on background check stating that Dr. Christine Sawyer will not be working until background is received, **John Lee motion to approve**, contingent of background was seconded by **Jason Lessard**. The Co-Chair called for discussion or debate. There was a brief discussion, GB requested an email update once background is received. **After Discussion, the Co-Chair asked for a motion to approve. Motion Carries approved by unanimous consent.**

He continued and presented Lynn Attwood LIP, to the board for credentialing approval, Jason Lessard **motion to approve** and John Lee seconded. The Co-Chair called for discussion or debate. There was no discussion or debate on the main motion on the floor. **Motion Carries approved by unanimous consent.**

Clinical Report:

No report, with notation that report was provided in February meeting.

Nursing Report

No report

XIII.Adjourned:

Co- Chair Elizabeth King called for adjournment if there was no further discussion from the board. There was no further discussion. **Motion to adjourn was passed with unanimous consent at 4:31 pm.**