

Alaska Psychiatric Institute Governing Body, April 21, 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 April 21, 2022.

II. Introduction and Roll Call

Voting Members Present:

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*

Gennifer Moreau-Johnson, *Director of Behavioral Health*

Voting Members Absent:

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

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

Dr. Anne Zink, *Chief Medical Officer*

Dr. Rick Ellsasser, *Alaska Native Health Board*

Non-Voting Members Present:

Dr. David Moxley, *University of Alaska*

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

Elizabeth Russo, *Office of Public Advocacy*

Leslie Jaehning, *Disability Law Center*

Adam Rutherford, *Department of Correction*

Beverly Schoonover, *Alaska Mental Health Board*

Non-Voting Members Absent:

Aesha Pallesen, *Alaska Court System*

Katie Baldwin Johnson, *Alaska Mental Health Trust Authority*

Mark Regin, *Disability Law Center*

Daniel Delfino, *Alaska Housing Finance Corporation*

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:

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, with removing Team Building Exercise, and adding Public Recognition to old business. The motion on the floor was seconded by John Lee. 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:

Scott York highlighted changes made to April minutes, which includes additions, editorial corrections, more in-depth summaries, and highlighted accomplishments. After brief discussion, the Co-Chair asked that the minutes be reviewed and approved via email and requested API to submit the revised minutes. The Co-Chair called for discussion or debate on the main motion on the floor. Motion **carries, approved by unanimous consent.**

V. New Business:

Department/Project Spotlight – Joint Commission Survey Results

Erica Steeves shared the TJC unannounced survey, she explained that API wants to provide a visual comparison of the TJC safer matrix completed this year and the safer matrix completed in 2018. She explained and provided TJC definition of the matrix to include a detailed explanation of terms, its intended purpose, the entities that are governed by TJC, and clarified acronyms used on the matrix and in her presentation. She pointed out improvement from 2018 matrix and recent one completed this year by highlighting in the high and widespread category this year's matrix had no findings and there were no Immediate Threat to Life findings in either survey. She informs the GB that the complete TJC report is included along with matrix but wanted to highlight the few findings and explain what they mean. She continues discussing a few findings in the different areas in order to provide a general idea of the types of findings API received. She further explained that API is required to submit a corrective action plan for the findings listed within forty-five days as part of the survey which she ensured the GB this will be done. She relayed to the GB that our staff were cooperative, professional, open and honest to surveyors. She concluded by informing the GB that the survey went great and mentioned that API received compliments on the work we are doing, and improvements clearly displayed by the surveyors. (Below are a few highlighted areas discussed)

Moderate/Widespread

- RI.01.03.01 EP2 – Patient's Rights (medication) intent and method was not met provider have conversation with patient not nurses

Low/Widespread

- MM.04.01.01 EP10 – Medication Managements -medication are clear and accurate (standard we did not have) adolescents have a weight-based dosing requirement and API did not have a written policy for weight-based medication prescribed
- PC.01.03.01 EP6 – hospital plans the patients care – All active treatments or alternatives offered if patients choose not to participate hospital is to describe document and discuss treatment plans (working on developing a process and procedures to correct this moving forward) in 2018 this was

Moderate/Pattern

- NPSG.15.01.01 EP1 – Ligature Risk to reduce suicide throughout the hospital there were two areas found

- PC.02.02.03 EP 11 – food and nutrition (the refrigerator and or freezer did not have temperature monitors)

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

Capacity at API

Scott York reported to the GB the challenges API is currently facing, staffing issues, retention, and comparable wages. He informed the GB that he has put in a request to increase pay for psychiatrist, which will put API in a position to be more competitive with other facilities. He further provided a brief overview of what the current patient to staff ratio looks like within API. We currently have seven patients on one-to-ones and out of the seven patients three to four are medical. He further explained based on staffing issues and the number of one-to ones. API had to step back and look at the overall safety of staff and patients care, which resulted in reducing the census to sixty-three. He presented a graph to display the admissions, discharges, and length of stay and the average length of stay for a patient is increasing greater than 60 days due to lack of funding to ALFs. Which has turned our facility into residential and not the acute facility API was designed for. He discussed that he understands that there are some legislative changes that are currently in process which could impact positively. Elizabeth question should API turn into long term residential facility or keep it as an acute care. Scott and Erica responded with response that yes API is needed as acute facility and does Alaska need additional residential facilitates yes. There was a brief discussion on the capacity, future legislation, and the possibility of API becoming a long-term facility.

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

VI. Old Business:

Department Split

No Report

Public Recognition

Co-Chair opened the discussion on about how to shed a positive light in the public eye. Scott York provided a couple of suggestions that Jason Lessard and he had about possibly participating in May Festival Mental Health and possible public form (Town Hall). He further expressed the Core Leadership at API had concerns about what are the benefits to API will be present at health fairs because we are not voluntary facility, along with concerns of hosting an open form as API could be placed in an uncomfortable position. Scott informed the GB he is drafting an email to Clinton Bennett (DHSS CIO) to assist API and the Governing Body by suggesting ideas in how we can develop a plan to present the clinical accomplishments to the community on a regular basis He asked group to allow him to get feedback and bring to GB. Co-Chair requested if he received a response prior to meeting to share via email with GB. The members and API brainstormed on different avenues that could work in API on sharing a positive light.

- Mental Health Care Month-Journalist write a story and article in news and interviews
- More political voices
- Different fairs, sportsman show, places to set up booths and answer questions

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

VII. Ad-hoc Committee Reports:

Evaluation Committee

Nothing to report

Employee Wellbeing

Co-Chair announced and requested that GB will need to get volunteer to chair this committee. Summer LeFebvre volunteer to co-chair with an API staff member(s) Dr Becker offered to have conversation with her staff to see if anyone would want to co-chair and she will bring to next month meeting

Strategic Planning

Co-Chair announced that Dr. David Moxley has volunteered to be the chair the committee

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

V. Executive Session:

Session held from 2:50p until 3:00p

VI. Public Comment:

Co-Chair open the floor for open public comment

VII. QAPI Monthly Reports:

Review of corrective action plans and outcomes

Erica Steeves stated nothing to report on corrective action and what corrective actions need were discussed with “Department/Project Spotlight: Joint Commission Survey Results

Regulatory Compliance

Erica Steeves stated her report was provided with the information presented under new “Department/Project Spotlight: Joint Commission Survey Results

Quality Improve Projects

Erica Steeves reviewed the dashboard, and she highlighted the discharge planning and API is pleased to announce that post discharge data on three have returned under 180 days. Hand hygiene observation is about 80%-85% is an accurate accountant. She further explained the dashboard and highlighted the areas of improvements

VIII. Executive Reports

CEO Report:

Scott York stated his report was provided with the information presented under new business “Capacity of API”. He additionally reported that API has designated Randy Smith as of May 1st he will be our official Safety Officer.

CFO Report:

Tina Cochran reported that the Project Assistant position has been filled effective May 9th. Jarmyn Kramlich will be completing her training and the new Project Assistant will be taking on the role of supporting the GB beginning in June. She stated that her name is Jacqueline, and I will introduce her at the next meeting. She reported on the API projections. She gave a report on the administrative dashboard which communicated 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 stated with the staff shortage things are not moving as quickly as she had hope but the following are projects that are still on the horizon and goal to get complete by end of June.

Finances are well and we have additional funds that we are

- HVAC system – waiver DDC \$600,000 – we are managing the contracts and saving benefits
- Camera – waiver – \$560,000 HSS- manage contract our self and bids are out for
- Smart lockers, Smart TVs, Smart boards – still pushing but unsure if we will get before June
- Pixie’s machine – is two years out (on their end) we are going to look for other vending machine as we want to get projects completed prior to end of June
- Reinviting the Winter Garden and flower area moving on- going
- And getting the green house up and running

Medical Staff Report:

Dr Long reported he is working with QAPI to complete their portion of the TJC response, and we did not have any red issues and we are doing good. He provided update on Dr Sawyer wanting to join the team as state employee, which is a positive for API, which kind of reconfirms that the confirms that we may need to rotate locums out more often to get fresh providers who are looking for an opportunity to become permanent staff. He further reported on the rotation of students has begun and is going well and the goal is to get them to return.

Clinical Report:

Dr Becker reported on corrective actions her team has made since TJC survey. She stated Treatment Plans and Active Treatment was not an area of surprise for API and that we have been working to develop a complete program that is sustainable and measurable, Surveyors suggested we simplify the plans and improve processes-specifically working on our processes with nurse staff and providers. She further updated that she has reinstated the Clinical Care Committee which includes herself, Dr Long, Mark Kraft and a nurse. We are making improvements and we will continue to work on our treatment plans. We have improved our active treatment and we developed a forced choice in the EMR – documenting issues Developed training for nursing waiting on approval and will roll out into orientation and with our current staff. She further discussed the Outpatient competency restoration program, and mention that the consultants participating will be here next. She provided an overview of the intense scheduled planned for them while they are here but offered an open invitation to the GB to include agenda if they wanted to

meet. Currently interviewing four Psychologist which are former interns with API and have hired PNA for the program. She provided an update on a long-term patient that had been in the system from age 18 until we stabilized and have had a success discharge to an ALF for currently 6 weeks. Dr. Oswald provided staff accolades across the interdisciplinary teams and administrative support and the Dr of patient playing a great role in listening to team and adjust meds as needed.

Nursing Report

Erica Steeve reported that facility has just over 30% vacancies we have lost staff. We have mailed to all RN nurses in the area postcard promoting our RN open positions that references the \$15k signing bonus. The staff are under mandatory overtime at times. We are working on expand training to include Core Competencies in behavioral health training. DJJ sent over a group base training that they do on with our staff. Working with API education team to implement training and improve our quality of support to our staff.

Dr. Oswald and I met with Vocational Rehabilitation to continue working on build our relationship as both of our entities understand that our current patients who need their service if they were in community and not our facility would be their clients. It is understood that we have patients that can return to community but prior to must learn the life skills to make that transition happen and happen successfully. API is trying to change the infrastructure to include working jointly with our community partners, with in the HSS Department and within API across all areas. She further stated this will not happen anytime soon, but it is time to start the conversation

IX. 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 4:00 pm.