

***Alaska Psychiatric Institute Governing Body, May 19, 2022, Meeting Minutes***

***I. Call to Order***

Chair Clinton Lasley called the meeting of the Alaska Psychiatric Institute Governing Body to order at 1:30 PM via Zoom on May 19, 2022.

***II. Introduction and Roll Call***

***Voting Members Present:***

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

**Treasurer** - Summer LeFebvre, *Alaska Behavioral Health Association*

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

Dr. Rick Ellsasser, *Alaska Native Health Board*

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*

***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*

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

***Non-Voting Members Present:***

Dr. David Moxley, *University of Alaska*

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

Katie Baldwin Johnson, *Alaska Mental Health Trust Authority*

Leslie Jaehning, *Disability Law Center*

***Non-Voting Members Absent:***

Adam Rutherford, *Department of Correction*

Aesha Pallesen, *Alaska Court System*

Beverly Schoonover, *Alaska Mental Health Board*

Daniel Delfino, *Alaska Housing Finance Corporation*

Mark Regan, *Disability Law Center*

Vacant, *Alaska Academy of Family Physicians.*

Vacant, *Alaska Coalition on housing and homelessness*

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

Vacant, *City of Anchorage Police Department.*

Vacant, *Office of Public Advocacy*

Chrissy Voageley, *DHSS Special Assistant*

Steven Bookman, *Department of Law*

***API Staff Reporting:***

Erica Steeves, *Director of Nursing*

Promise Hagedon, *Assistant Director of Nursing*

Robert Long, *Chief Medical Director*

Tina Cochran, *Chief Financial Officer*

Christy Winn, *QAPI Director*

Kristy Becker, *Director of Clinical Services*

### ***III. Review and approval of Minutes:***

**Charlene Tautfest moved to approve the minutes.** The motion on the floor was seconded by Jennifer Peeks with editorial corrections related to attendees and clarification on sentence structure within Nursing Report. The Chair called for discussion or debate on the main motion on the floor. Motion **carries, approved by unanimous consent.**

### ***IV. Items for Consent:***

#### ***Policy Review/Approval***

##### **1. Revised Policies**

- i. IC.800 Blood Borne Pathogens
- ii. PT.050.23 Standing Orders and Medical Protocols
- iii. PT.060.01.03 Medication Orders Preparation and Administration

##### **2. New Policy**

- i. IC.02.04.02 Staff Vaccination Process

##### **3. Discussion**

The 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.

#### **IC.02.04.02 Staff Vaccination Process**

Jason Lessard raised concerns related to the definition for “Fully Vaccinated” on page 1 section 3 Definition, he would request to have verbiage removed and replaced with “as defined by CMS” and include hyperlink. He also requested that page 4 section 10 References have 1st hyperlink updated to reflect Alaska data. After Discussion, the Chair asked for a motion to approve policies. John Lee motion to approve with modification of definition the motion was seconded by Clinton Lasley. Motion Carries approved by unanimous consent.

### ***V. New Business:***

#### ***API Division/Project Spotlight – Outpatient Restoration Update***

Dr Becker provided the GB with an update and overview of API upcoming Outpatient Competency Restoration (OPCR). She provided the GB with a brief history and detailed explanation of how competency to stand trial is defined and what factors are considered in the process. She discussed the trends nationwide and in Alaska, she provided examples and explained to the GB why and Outpatient Competency Restoration (OPCR) is needed, and the benefits it will bring to the community. She provided the GB with her expectations and the status of the program, which included the visit with consultants, pending offers for two forensic psychologists, waiting on final report and her projected (perfect world) rollout. She responded yes to a question regarding GB receiving a copy of the consultant’s report. She concluded by explaining the intake process of patients once program is underway. She further stated the ideal approach is to intake one or two patients at a time initially, and gradually increase as the program advanced. She continued by articulating to GB that this approach would ensure the overall program success and the ongoing resource for the community. There was a brief discussion about funding and the need for full support by GB and others to help get the program running.

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

### ***Capacity at API***

Scott York reported to the GB that the census was dropped to sixty- three to reflect the nursing and PNA shortage. He further stated that medical staff seems to stable at this time. He further explained that we have about twenty-four patients that have been here greater than sixty days. This is largely caused by not being able to discharge in proper timeframe. He continued by expressing Assisting Living Facilities (ALF) are more selective on the clients they are accepting. He further stated that the GF funded Assisting Living Facilities (ALF) rates are not as good as the DPH. Also, the API social workers are considering moving to the DPH program because it has more to options. He reported to the GB that he will have data showing length of stay broken into two groups, civil and forensic for the next meeting. Erica Steeves provided a detail report of staffing shortage within her department and agree to the need to drop the census. She stated that her department is operating at about 18%; she continued by providing a list of vacant position by job title. (See below) She provided the GB with a projected increase in census by six to eight adults by end of May, contingent on applicant's currently in orientation, and filling the vacant positions.

- Nurse manager- 2
- Registered Nurse (RN) full time- 15
- Psychiatric Nurse Assistant (PNA) full time- 16
- PNA 4 (lead)- 2
- On call positions available for RN and PNA

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

### ***Mission Statement***

Scott York presented to the GB the mission statement draft created by API team to get feedback and approval.

*“Dedicated Alaskans, providing compassionate, mental health services to support Alaska’s most vulnerable to live their best lives”*

**The Chair asked if any members had any thoughts or comments on this topic.** There was a brief discussion. Discussion began with who should be included along with APIs team in preparing draft, and clarification on the direction and the structure of the statement. Chair stated that the statement in theory is great but would like to API and GB to work together to fine tune. API will set up a meeting and send out invites to GB to request that the GB has more visibility at the meeting and inform GB this is a facilitated meeting using an outside source. **The Chair asked if any members had any additional thoughts or comments on this topic.** There was no further discussion.

### ***Governing Body Bylaws Review***

Chair open the discussion requesting that members to start thinking and having conversation about reviewing the bylaws. He further provided ideas to be considered such as, where we are now, areas that can be improved or removed within bylaws, what tools we have, areas that need clarification, and the potential effects the

reorganization may have. He encouraged members to refresh themselves with the bylaws in preparation for review.

**Chair asked if any members had any thoughts or comments on this topic.** There was a brief discussion.

**Jason Lessard** suggested that the GB consider creating a work group for this task also suggested that the GB look to schedule closer to the fall and consider what is currently on GB calendar, to avoid being overwhelmed.

Chair outlined the conversation expectation for this topic next month. He stated that he would like to discuss dates to begin working on the review of bylaws and identify the members who want to participate. He proposed the need of three or four members for this work group.

**The Chair** requested to keep this on the agenda for next month. There was no further discussion

### ***GB Performance Evaluation***

Chair open the discussion by asking members how they would like to complete the evaluation; or whither the GB should reach out to other hospitals to see how they are completing theirs.

John Lee stated that the evaluation must be based on bylaws and should be no more than ten or so questions, taken an individual about 10-15min approximately to complete. Chair volunteered to have his staff generate a survey tool to include the 11-12 items listed in the bylaws; and he will bring ideas and question next meeting for review, approval, and vote by GB. Once approved his staff can send out to people as required. Jason Lessard suggested that we move the GB bylaws review after the evaluation.

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

### ***API Performance Evaluation***

Tabled waiting on the Department.

### ***Forensic Waitlist Policy***

Chrissy Vogeley provided overview of the drafted “Forensic Waitlist Policy” to the GB. She explained that we a drafted policy has been developed on how to move high risk forensic patients on the waiting list to the top. She continued by explaining what that would look like, how the policy would be define the qualifiers for the Commissioner office to make the determination when the Department of Law makes a request. She further advised the GB the policy is under review with legal, with an expectation to be ready next week as it will be rolled out July 1<sup>st</sup>. Chair provided background information of the intent of policy and explained the current process of moving a forensic patient, however discussion with legal stated we are required to have policy.

**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***

Chair updated the GB that the department split is still on schedule to be in effect July 1<sup>st</sup>. He further states they are currently filling new positions for commissioner’s office, finance, and IT. He continued to report that he has received positive feedback form IT and Communication that the changes moving in the background are seamless thus far. He finished by informing that the department the next commissioner has not been decided and he does not have a name the appointed commissioner will come directly from the Governor’s office and once provided to

the department it will be shared accordingly. The logos have been completed and will be shared however will not be able to be applied until July 1<sup>st</sup>.

**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:***

### ***Employee Wellbeing***

No Report

### ***Strategic Planning***

Chair opened the discussion by explaining what the bylaws state regarding the role and responsibility strategic planning for draft. He continued to state that the Strategic planning is developed to API and staff to develop a draft and present to GB for review and approval.

**The Chair asked if any members had any thoughts or comments on this topic.** There was a brief discussion. Scott York suggested that he would like the GB and API to work together on the planning to avoid the delays missed information and the back and forth. Jason Lessard agreed that it would best if the GB and API worked together all parties will be involved it is a more effective and efficient process. The Chair and Scott will meet to discuss timeline and have deliverables to present at next meeting understanding the GB would like to participate in planning.

**The Chair** tabled topic and requested to calendar and revisit at the next meeting. There was no further discussion.

## ***VIII. Executive Session:***

No session called

## ***IX. Public Comment:***

Chair open the floor for open public comment

## ***X. QAPI Monthly Reports:***

### ***QAPI/Monthly Required Reporting***

Christy Winn reported to GB that the final draft of the JTC response report will be completed next week, she stated that API will have the final draft on submitted to GB for review Friday. She highlighted that all findings and corrective actions from the survey will be completed by the time API submits their report.

### ***Regulatory Compliance***

Christy Winn informed the GB that API is continually working to obtain patient surveys prior to discharge.

### ***Quality Improve Projects***

No Report

### ***QAPI Report***

Christy Winn reviewed the dashboard data, there was a brief discussion on the hand hygiene observations and APIs goals. She continued by reporting benefit of combining the population the into one unit. She further stated that assaults are down 70%, and noticeable decrease in seclusion and restraint. Chair compliment API and was

pleased to see the decrease in numbers and the staff embarrassment of the unit. There was a brief discussion including the responses from JTC regarding the opening of the unit and the work that is being done to accommodate this population and how it reflects true cause and effect in our numbers.

## ***XI. Executive Reports***

### ***CEO Report:***

Scott York provided the GB with a detailed report of the annual safety walk through. This report included what were some of the findings and corrective measures completed by API. He explained the safety walk provides API an opportunity to identify potential safety and ligature risk to patients, staff and to comply with regulatory entities. He further by provided examples with pictures, see below list. He reported to the GB that there is memo currently submitted to increase psychiatrist pay to better position API to be competitive. He finished his report by informing the GB that API is now approved to use outsourcing to hire more psychiatrists. There was a brief discussion on theft and possible prevented measures once marketplace is winter garden. Scott's response to the GB concerns were to advise the vendor that they will be responsible regarding preventing theft and monitoring of the marketplace. Also, he informed them that it is a trusted vendor used throughout the department.

- Oak Seclusion room – added beveled edges to decrease chance of suicide my strangulation
- Removed padlock from lockers and created a secure mechanism which is easily accessible by staff with key
- API placed protective covers on the horn strobes sprinklers and placed flushed mounted sprinkler heads in the patient areas. API will be changing to flushed mounted sprinklers heads in non-patient areas as well
- TVs are being upgraded and replace with cover and mounted allowing no anchor points
- Bedroom's doors found with the piano hinge will be covered with to reduce risk of anchor point
- Ordering larger fire extinguisher signage and strategically placing in the areas identified as hard to see
- Working on moving to a marketplace system in the winter garden which will allow for visitation, and it will be an added benefit to complete hospital staff, items will be available 24hrs

### ***CFO Report:***

Tina Cochran reported that Jarmyn Kramlich will no longer be supporting the GB beginning June 1<sup>st</sup> as the position has been filled. She introduced the new project assistant Jacqueline Villacorta. She reported on the API projections. She gave a report on the administrative dashboard which communicated monthly, quarterly, biannually and year to date data. The administrative dashboard included staff vacancy, retention, separations, hires, staff injuries, patient on staff assaults, staff on staff assaults, contracts, the current workers compensation claims, and provide status of contracts. She added that the contracts that are up for renewal are at the end of life and will need to go out to bid. She continued by listing the contracts and stated all the contracts will go out for bid at the end of July. She reported we have several projects at OMB waiting on approval. She continued by reporting the project's currently pending approval is not a part of \$5.5M that will be rolled over to FY23 to complete projects that were not able to be completed in FY22.

Project list

- HVAC system \$600,000
- Camera -\$560,000
- Smart lockers - \$80,000
- CCTV - \$580,000

- Light fixtures - \$40,000
- Smart TVs, and Smart boards
- Boilers,
- Sprinkler heads
- Pyxis's machine
- Renovating the Winter Garden and flower area moving
- Green House revitalization

Chair took a moment to express that he has signed about \$2M projects not sure how many fall withing API ad will continue to get them approved and signed as quick as possible. He also made note the BU has come to agreement effective July 1<sup>st</sup> which may help with recruitment. He also thanked Jarmyn for all the work he has completed with the GB

***Medical Staff Report:***

Dr. Long reported to the GB of the current staffing status; the continued effort of recruitment of practitioners, the onboarding of the second UW student, the current work on SDS and discharge plans, and placement for delayed clients. He then presented Dr. Anthony Blanford to the board for recredentialing approval. The Chair called for discussion or debate. There was a brief discussion, GB agreed to motion for doctors presented with the final GB approval vote to be done via email with expectation of response by Monday.

**After Discussion, the Chair asked for a motion to approve** recredentialing Dr Anthony Blanford and credentialing Dr Aubrey Chambers **John Lee motion to approve**, was seconded by **Jason Lessard**.

***Clinical Report:***

No Report

***Nursing Report***

Erica Steeve reported to GB that API is currently looking into an automated option which will improve the efficiency around medication management and administration. She continued to provide detailed information of the current process at API. She then presented to the GB two vendor Ominous and Pixies. She explained the benefits of both vendors and their capabilities. She continued explaining to the GB how moving to an automated system will improve APIs process and proficiency moving to a paperless system. She explained it will provide real time inventory and tracking with-in the system. She concluded with explaining that we had one vendor on site as per their requirements to provide a quote and that we are currently waiting on quotes from both vendors. She reported to the GB that neither vendor will be low-cost interventions and they will both utilize IT support along with other agency assistance for initial rollout. She closed with providing image of API medication carts and as expressed she was unsure if this is possible and/or if there are other options to investigate. However, wanted to introduce the idea to the GB. There was a brief discussion about the APIs presentation, GB complimented API for their continued efforts for efficiencies.

***XII. Adjourned:***

**Chair Clinton Lasley 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 4:30 pm.**