

## API GOVERNING BODY MINUTES

**LOCATION:** Hybrid: In Person and Microsoft Teams Meeting  
Alaska Psychiatric Institute, 3700 Piper Street, Room 27C,  
Anchorage, AK 99508  
[Teams Link](#): Passcode: 3zM2Me64  
Dial in by phone: 1-907-202-7104  
Phone Conference ID: 837 662 811 #

**DATE:** September 23, 2025

**START TIME:** 1:33PM



### 1:30PM: CALL TO ORDER

**Mission & Vision** - Vice-Chair Elizabeth King

**MISSION:** Providing compassionate health care to support Alaskans in living their best possible lives.

**VISION:** An Alaska where everyone receives the care they need, when they need it, without judgment.

#### Attendance

##### Present:

Elizabeth King, Chair  
Kim Kovol, Commissioner, Department of Family and Community Services  
Tracy Dompeling, Deputy Commissioner, Department of Family and Community Services, Vice-Chair  
Jenn Carson, Department of Health, Division of Behavioral Health  
Dr. Lisa Linquist, Alaska Native Health Board  
Kara Nelson, Alaska Mental Health Board, Alaska Board on Alcoholism and Drug Abuse  
Esther Pitts, Alaska Mental Health Trust  
Ken Cole, Chief Executive Officer, Alaska Psychiatric Institute  
Dr. Robert Lawrence, Chief Medical Officer, Department of Health  
Anthony Newman, DOH, Director of Senior and Disability Services

##### Absent

Summer LeFebvre, Alaska Behavioral Health Association  
Ann Ringstad, National Alliance on Mental Illness - Alaska

##### Guests

Dr. Robert Long, Alaska Psychiatric Institute Staff  
Christy Winn, Alaska Psychiatric Institute Staff  
Karina Liranzo, Alaska Psychiatric Institute Staff  
Erica Steeves, Alaska Psychiatric Institute Staff  
Dolly Lamont, Alaska Psychiatric Staff  
Jason Pickens, Alaska Psychiatric Staff

#### **Review and Approval of Minutes**

Motion to approve the July 22, 2025 Meeting Minutes was moved by Jenn Carson, seconded by Tracy Dompeling, and unanimously approved with the following edits, Dr. Lindquist clarified that her seat represents the Alaska Native Health Board, not Southcentral Foundation., Esther Pitts confirmed that she holds the Alaska Mental Health Trust seat., The name Jean Carson was corrected to Jenn Carson in the minutes., Jenn Carson requested that her name be removed from the July meeting attendance, as she did not assume the acting role until the end of August.

## Review and Approval of Agenda

Motion to approve the agenda, moved by Esther Pitts, seconded by Tracy Dompeling. No discussion. Passed unanimously.

### 1:35PM: PUBLIC COMMENT

No public comments were made.

### 1:40PM: NEW BUSINESS

#### A. CEO Report

Ken Cole

##### Census:

The hospital is currently at full capacity, with five vacant beds on the Chilkat Unit. The civil waitlist includes 21 adults (7 Ex Parte), and the forensic waitlist includes 37 adults.

##### Staff Listening Sessions:

Senior Leadership held two Staff Listening Sessions over the past month, with overall feedback being largely positive. Leadership will hold these sessions quarterly going forward.

##### Implemented:

- Handicap placards added to state vans for patient transport.

##### In Progress:

- Centralized clothing closet for patients being discharged
- Increased use of the Wintergarden for patient activities.
- Chalkboards for unit communication to improve patient engagement.

##### Other Suggestions:

- 24-hour IT support (currently not feasible due to staffing limitations).
- Expanded patient resources (e.g., media, DVD players, more books).
- Additional training opportunities.
  - a. Mental illness education, including:
    - Brown bag lunch sessions.
    - Training beyond new staff orientation.
- Staff recognition for career milestones (e.g., PNA to RN).
- Tuition reimbursement (not currently available through the State; alternatives are being explored).

##### Additional Feedback:

- Parking Lot Security: A few comments were made, though no incidents were reported.
- Former Patients: Occasional approaches to staff or requests for readmission noted; occurrences are rare.
- IT Support: A need for after-hours support was raised, especially for night shift.
  - a. While recent UORs are low, login issues and system downtime remain concerns. A recent update resolved a major login issue, and current delays are being monitored.

To improve communication, the CEO will begin summarizing feedback and actions taken via an All-Staff email. A quarterly newsletter from Senior Leadership is also under consideration. CEO Cole is reviewing performance improvement data, focusing on which indicators are regularly monitored and

how they inform hospital-wide improvement efforts implemented through PDSA (Plan Do Study Act) or LEAN.

#### Draft FY25 Performance Indicator Report:

A set of performance indicators in draft form was presented, including admissions and discharges, which appear closely aligned. However, this data is not yet analyzed consistently. These early efforts aim to establish a framework for ongoing performance tracking. The average daily census remains stable (68-76), and future reports will break down data by adult, adolescent, and forensic populations, with and without long-term outliers. While the 30-day readmission rate is trending downward, it does not significantly impact census due to longer stays and steady admissions. Length of stay has increased, reflecting a shift toward long-term care.

Safety metrics were reviewed, including patient-to-patient and patient-to-staff assaults. Notably, patient-to-staff assaults are lower than last fiscal year. Manual holds remain consistent. Seclusion and restraint data were discussed, and the number of events were split by adolescents and adults. The hospital has fewer adolescent seclusion incidents primarily because we serve a smaller adolescent population. Adolescent seclusion rates are calculated based on hours, using a standardized rate per 1,000 inpatient hours. This methodology aligns with the standards used by NRI, which receives and reviews API data.

As of December 2024, the hospital's adolescent seclusion rates have remained below the national average, while adult rates are comparable to national benchmarks. Restraint use is rare, as we prioritize verbal de-escalation techniques. Additionally, data is reviewed weekly to inform and guide targeted interventions.

Clarification was provided on the "older adult" category (65+), which includes a small number of patients who contribute to data spikes. API continues to use Mandt for crisis intervention and prevention training. While readmission rates are improving, limited community placements mean census remains high. Leadership will continue monthly data reviews and initiate targeted Performance Improvement Projects (PIPs) as needed. Additional metrics under review include self-harm incidents, patient falls, and medication errors.

Ongoing initiatives include updates to the electronic health record system (Avatar) and restructuring programming for the Susistna unit, serving long-term patients-primarily those transitioned from forensic to civil status. This project aims to improve quality of life and is expected to launch early next year.

#### **B. Director of Nursing Report**

**Erica Steeves**

The facility currently has 19 adults in civil beds with a length of stay exceeding one year. These individuals occupy 37% of the 60 civil beds. The longest length of stay is 10 years. These individuals require recommitment every 180 days, placing a significant burden on staff due to court coordination and medication management.

Discharge remains difficult due to complex patient histories, including violent offenses and behavioral challenges. Many require specialized placements that are not readily available. Additional barriers include guardianship issues, medication commitments, and cognitive impairments such as dementia.

The Denali Unit continues to serve patients with dementia and IDD, requiring flexible programming and environmental support. Some patients have successfully transitioned to the community after long-term planning. Staff engagement has improved through role alignment, with examples of staff taking pride in meaningful patient care tasks.

Medical complexity is increasing. A recent patient required intensive wound care, prompting use of bariatric equipment and collaboration with Pioneer Home and dementia care experts. API reached out to Teepa Snow and other resources with an effort to try to make sure that the staff that work with that population have the training and resources that they need to continue to meet the care needs of that patient population. Dental care remains the most requested external service, and a tour of Pioneer Home's dental space is planned to explore on-site service options.

API has begun exploring the reintroduction of the "treatment mall" philosophy. This approach is being considered as a framework for long-term care programming that fosters greater engagement and sustainability for residents over time. As part of this initiative, the team reviewed life skills curriculum materials from Boston University, currently implemented at Utah State. These materials emphasize practical, functional skills such as opening a bank account, navigating public transportation, and obtaining a Social Security card. The curriculum is designed to run in six- to eight-week cycles, enabling patients to build a comprehensive skill set over the course of a year.

This life skills programming would be integrated with longer-term therapeutic interventions developed by the psychology team. While short-term treatment settings often limit the depth of therapeutic engagement, patients residing at the facility for one to five years benefit from a more comprehensive and sustained therapeutic approach.

Additionally, the team is exploring ways to expand vocational rehabilitation opportunities. Although there have been small-scale successes in helping patients develop employment skills, there is growing interest in scaling these efforts to reach more individuals and provide meaningful engagement throughout their stay.

Staffing remains a challenge. The PNA job class has a 27% vacancy rate, and 25 nursing positions are unfilled. The facility relies on 10–12 travel nurses, though two full-time nurses are expected to start in October. Both nurse manager roles have been filled, supporting leadership stability and program implementation. Staff-led initiatives, such as a Tai Chi group, continue to enhance patient engagement.

The START tool is being considered to assess patient readiness for community outings. Plans include consolidating 26–28 long-term residents into one area and making environmental improvements to support a calming atmosphere. Katmai is expected to shift toward acute care, with a proposed census reduction from 24 to 22 beds to improve therapeutic conditions.

A system-wide approach is emphasized, recognizing that changes in one unit affect others. A recent review of non-emergent medical escorts showed higher-than-expected appointment volumes, highlighting the need for data-informed planning.

End-of-life care is a growing concern as the population ages. The facility does not currently have a hospice unit, prompting discussions on how to provide compassionate care for terminal patients while also supporting the emotional needs of our staff. Staff reflected on the facility's history, noting a return to a more integrated long-term care model.

Statewide, 21 individuals are on the waitlist for inpatient psychiatric care, often in inappropriate settings. Capacity limitations prevent timely admissions. Additionally, 7–10 individuals under outpatient commitment orders remain in the community but could require readmission, further straining resources.

The team discussed the need for mid-level care options for patients who no longer need inpatient treatment but still require support. A formal study is being considered to identify trends and inform system-level planning. Advocacy for alternative care models and expanded resources remains a priority.

Erica plans to update and share medical escort data, which will be shared in more detail at the next meeting.

Erica concluded her presentation with Chair Elizabeth expressing appreciation for her efforts and hard work.

#### **C. CFO Report**

**Karina Liranzo**

Karina Liranzo provided a financial overview, noting that FY2026 expenditures from July 1 through September are trending lower than in previous years, primarily due to improved cost containment efforts.

She presented a comparative analysis of expenditures for the same time period across the last three fiscal years, FY2023, FY2024, FY2025 and FY2026 are for the same three months of the starting fiscal year, July 1<sup>st</sup> to September. Current expenditures stand at approximately \$8.5 million, compared to \$15 million in both FY2024 and FY2025.

Revenue performance for FY2023 through FY2026 has remained strong. As of September 6, 2025, collections totaled \$1.8 million-nearly double the \$1.016 million collected during the same period in FY2025. If this trend continues, the team is on track to exceed last year's revenue by over \$1 million. Karina concluded her presentation with Chair Elizabeth expressing appreciation for her and her team's efforts and hard work.

#### **D. Governing Body Bylaws**

**Ken Cole**

Ken Cole provided an update on the ongoing project to revise the Governing Body bylaws. Initiated in late May under former Deputy Commissioner Lasley, the project aims to align Governing Body bylaws with those of other state hospitals. The proposed revisions would designate certain state-employed members as voting members, while community organization representatives would serve as non-voting members.

This change reflects standard practices across several other state hospitals. CEO Cole is working with Elizabeth King and Deputy Commissioner Dompeling to finalize a draft of revised bylaws, with a plan to distribute the draft prior to the November meeting, with the goal of holding a vote during that meeting. The core responsibilities of the governing body will remain unchanged, including:

- Performance improvement oversight
- Patient rights reviews
- Quality assurance and sentinel event involvement

Non-voting members will continue to serve in an advisory capacity. The updates are intended to better align API's governance structure with Joint Commission and CMS expectations.

#### **E. Quality Assurance and Performance Improvement Report**

**Christy Winn**

### **2:30PM: OLD BUSINESS**

#### **A. CMS Survey Update - Closed. Full Compliance**

**Christie Winn**

#### CMS Updates

- CMS conducted a follow-up visit the Monday after the Plan of Correction was due.
- The visit lasted a few hours.
- CMS issued a letter confirming return to deemed status with no concerns.

#### **B. OSHA Visit Update - No Issues Found**

**Christie Winn**

OSHA also issued a letter indicating no concerns.

Currently, there are no active regulatory issues, aside from routine communications with:

- a. The Ombudsman
- b. CMS (based on APS reports)

#### **C. Netsmart Avatar EHR Update**

**Christie Winn**

##### EMR Implementation (Netsmart)

- The team continues to build and customize the EMR system.
- A recent demo was held; shout-out to the informatics team for their extensive development work.
  - The out-of-the-box EMR did not meet inpatient hospital needs.
  - Customization involved collaboration from nursing, medical, and social work teams.
- Some workarounds are still in place to improve usability and reduce excessive clicking.

##### Go-Live Timeline

- Go-live date is set for February 1.
- A wireless modem is still needed to enable informatics staff to continue from development in the test environment.
  - The delay in receiving this equipment is a concern for meeting the go-live deadline.

##### Finance Module Demo

- A demo of the finance and patient accounts modules was held recently.

##### Feedback was positive:

- Modules appear functional and appropriate for needs.
- Deputy Commissioner and others in attendance were satisfied.

##### Billing module is user-friendly and intuitive:

- Some minor kinks remain, but overall, it is smooth and easy to navigate.
- Staff were able to understand and use it effectively without prior exposure.

##### Clinical Demo:

- Most of what was shown was built internally, as the default system does not meet inpatient psychiatric hospital needs.
- Once the modem arrives, the team will be able to design widgets to allow the system to communicate internally and pull data effectively.

##### Known limitations:

- The charge module cannot support both medical and psychiatric simultaneously.

##### A workaround will be developed:

- Medical will use the module directly.
- Psychiatrics will use a separate process to drop charges into the system for billing.

### **2:40PM: EXECUTIVE SESSION**

No Executive Session held

### **3:00 PM: ADJOURN**

**2:47 pm** - Meeting adjourned by Elizabeth King, Chair and seconded by Tracy Dompeling.

### **NEXT MEETING:**

**Next API Governing Body meeting:** Tuesday, December 2, 1:30 PM – 3:00 PM (Hybrid and In Person)

/dal/KC