API GOVERNING BODY MINUTES

LOCATION: 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: March 24, 2026

TIME: 1:30 PM to 3:00 PM

1:30PM: CALL TO ORDER

Chair Tracy Dompeling read the API Mission and Vision Statements.

Attendance

Governing Body Members Present:
Tracy Dompeling, Chair, Commissioner, Department of Family and Community Services (DFCS)
Elizabeth King, Vice-Chair, Alaska Hospital & Healthcare Association (AHHA)
Ann Ringstad, Secretary, National Alliance on Mental Illness - Alaska (NAMI)
Summer LeFebvre, Treasurer, Alaska Behavioral Health Association (ABHA)
Ken Cole, Alaska Psychiatric Institute (API) Chief Executive Officer
Anthony Newman, Department of Health (DOH), Director of Senior and Disability Services (SDS)
Jenn Carson, DOH, Division of Behavioral Health (DBH)
Esther Pitts, Alaska Mental Health Trust
Dr. Lisa Lindquist, Alaska Native Health Board (ANHB)

Members Absent:
Dr. Robert Lawrence (DOH), Chief Medical Officer

Guests:
Abigail Gurgiolo, Disability Law Center

DFCS / API Staff:
Marian Sweet, DFCS, Assistant Commissioner
Kaela Watson, DFCS, Special Assistant to the Commissioner
Karina Liranzo, DFCS, Division Operations Manager
Dr. Robert Long, API
Erica Steeves, API
Dlynn Wynne, API
Lamin Faye, API
Doug Zock, API
Randy Smith, API
Dolly Lamont, API

Review and Approval of Minutes
Motion to approve December 2, 2025, meeting minutes was moved by Summer LeFebvre, seconded by Ann Ringstad. There was no discussion. Minutes were unanimously approved.

Review and Approval of Agenda
Motion to approve the agenda, moved by Ann Ringstad, seconded by Jenn Carson.

Erica Steeves requested that the AHRQ Survey results be discussed earlier in the agenda because the presenter has a conflict.

1:35 PM: PUBLIC COMMENT

There were no public comments

1:40PM: OLD BUSINESS

Draft Revised Governing Body Bylaws **Elizabeth King/Ken Cole**

The draft revised Governing Body Bylaws were previously distributed for review. After extensive discussion at the last meeting, members requested more time, which postponed the vote to February; that meeting was later canceled.

The bylaws were brought forward again for action. Tracy thanked Dr. Lindquist, Ken Cole, and Elizabeth King for their work, noting that most recommended changes were incorporated. The group confirmed that the Governing Body and Advisory Committee must remain separate bodies, though they may meet concurrently, and the Advisory Committee may meet independently as needed.

Dr. Lindquist thanked the group for their efforts and emphasized the importance of maintaining strong advisory representation for those served by API. She also sought clarification on the adoption process, noting that the "Adoption and Amendment" section states the bylaws are to be signed by the Commissioner, Deputy Commissioner, and Assistant Commissioner. She pointed out that the bylaws cannot take effect until they are signed, which means the document must first be adopted by the current Governing Body members who signed the most recent bylaws. Tracy and Elizabeth agreed and recommended updating the draft to include the current Governing Body signatories - the Chair, Vice-Chair, Treasurer, and Secretary - before routing the bylaws for signatures.

Dr. Lindquist made a motion to amend the signatory section of the draft bylaws to reflect the signatories from the most recent adopted Governing Body Bylaws. The motion was seconded by Ann Ringstad and passed without opposition. A second motion was moved by Ann Ringstad and seconded by Summer LeFebvre to approve the revised bylaws, including the approved edits, and move them forward for electronic signature. This motion was also approved unanimously.

Ken introduced Assistant Commissioner Marian Sweet, and she provided an overview of her administrative oversight role. Ken also clarified that earlier drafts had included advisory members and that the intention was never to remove advisory participation. He expressed appreciation for improvements in the final version.

Tony Newman (Senior Disability Services) asked about SDS's status, noting that SDS no longer appears as a non-voting member. Tracy explained that the updated structure reduces state agency representation to prevent the Advisory Board from becoming state-heavy. She clarified that SDS is no longer part of the Governing Body but encouraged Tony to continue participating in meetings. Tracy also confirmed that previous discussions correctly identified the importance of keeping state members, including DBH, involved in the process. Tony acknowledged the clarification and expressed appreciation for the group's work and the opportunity to stay engaged.

No further questions or comments were raised.

Draft Revised Medical Staff Bylaws **Dr. Long**

Dr. Long provided an overview of the draft revisions to the Medical Staff Bylaws and the Medical Staff Rules and Regulations. He noted that the drafts were presented in December, and additional time for review had been requested due to the length of the documents. No questions were received prior to the meeting, but the floor was opened for discussion.

Ken noted that a memo summarizing the changes, authored by Dr. Long, had been sent out only a few hours before the meeting. Dr. Long highlighted key updates, including:

- Administrative wording changes (e.g., updating "licensed independent provider" to "licensed provider").
- Clarification of expectations that medical staff remain onsite and available for most of their duty hours to support patients and nursing staff. He noted this had improved team communication and daily operations.
- A change requiring MD-level providers to evaluate voluntary admissions to ensure patients have capacity to understand the implications of voluntary status. This was implemented to improve accuracy in determining legal status and has led to more appropriate voluntary admission rates.
- Dr. Long noted that voluntary admissions have decreased somewhat.

Tracy expressed appreciation for the added clarity regarding provider presence and availability.

A governance-related procedural issue was discussed. Because the Governing Body Bylaws had been voted on but not yet signed, Dr. Lindquist made a motion to reconsider the approval of the Governing Body Bylaws, which was approved by Elizabeth King. Dr. Lindquist explained that the situation was complex, as the bylaws had been voted on but were not yet fully executed, and that postponing the vote to a specific time later in the meeting would ensure clarity about which governing body structure was active for voting purposes. A motion to postpone the vote to the final agenda item was made by Dr. Lindquist, seconded by Ann Ringstad and approved.

A motion was made by Ann Ringstad to approve the draft revised Medical Staff Bylaws as presented by Dr. Long. The motion was seconded by Summer LeFebvre and passed with no opposition.

Draft Revised Medical Staff Rules and Regulations **Dr. Long**

The group then proceeded with Medical Staff Rules and Regulations. Dr. Long confirmed he had no additional items to add. A motion to approve Medical Staff Rules and Regulations was made by Summer LeFebvre and seconded by Ann Ringstad. The motion passed unanimously.

2:30PM: OLD BUSINESS

Chief Nursing Officer Report **Erica Steeves**

Erica stated that she does not have a significant update at this time, as some items will be addressed in other presentations today. She reported that all units continue to remain open, and staff are working with partners in the other disciplines to improve general programming for patients, and the scheduling for them with a current

focus on civil adult patients. Erica also noted an increase in traveler staffing in preparation for Netsmart Go-Live. Training plan was scheduled for April to allow all registered nurses to complete required training, and Staffing levels were increased to support this. There may be some upcoming adjustments, but staffing was

arranged accordingly. She concluded that she had no additional updates to present today.

A question was raised regarding whether the AHRQ survey results had been presented. It was clarified that they had not yet been reviewed, and there was discussion about adjusting the agenda to move up the PI (Performance Indicator) report.

The Chair confirmed that the agenda would generally be followed but noted that a request had been made earlier to move items around.

CEO Report **Ken Cole**

Feb 2026 Performance Indicator Report **Ken Cole**

Performance Indicator (PI) Report

The PI report provides a hospital-wide snapshot of data used by leadership. Unit-level data is not yet included, though efforts are underway to incorporate it in the future.

Census

1. The July 2025 census was incorrectly labeled as 2026 (typo).
2. Average census in February was 67, with typical operational occupancy between 70-72 beds in March.
3. Average census is 56 for civil adult patients, 10 for forensic and 6 for adolescents.
4. Vacant beds are most often on the adolescent unit, which has a capacity of 10 beds and typically runs at about 4-5 patients.

Civil Waitlist

1. As of the meeting date, there were about 24 civil patients on the waitlist.
2. Delayed discharges significantly impact the waitlist.
3. Roughly 20-25 adult civil patients are medically ready for discharge but awaiting placement or funding.
4. Several patients have lengths of stay exceeding 90 days, particularly on the Denali unit, Katmai had 6 and Susitna 12.

Readmissions

1. Readmissions have trended downward since July, typically ranging from 2-4 per month.
2. The hospital is initiating a performance improvement project aimed at further reducing readmissions and strengthening relationships with community partners.

Workplace Violence

1. Definitions follow national standards, encompassing verbal abuse, threats, and physical assault.
2. The leadership emphasized distinguishing between total incidents and actual physical assaults.
3. Some months showed increases due to a small number of high-utilizer patients.
4. Two staff required hospital evaluation this year due to patient assaults.
5. Lamin explained that assaults include behaviors such as spitting, throwing liquids (water, coffee, or milk), and scratching.
6. Dolly demonstrated that the graphs on the website are interactive.

Falls

1. Fall data tracks falls without injury, falls with injury, and overall fall rate.
2. The lines indicated Falls without Injury, Falls with Injury and overall fall rate.
3. Most of the falls were falls without injury.

Seclusion and Restraint

1. Since July 1, there have been 218 total hours in seclusion and 195 seclusion events.
2. Mechanical restraint use remains low and occurs more frequently among adolescents than adults, which is consistent with national trends.
3. Reducing the use of seclusion and restraint continues to be a hospital priority.
4. A question was raised regarding the ability to track and trend this data over multiple years. Members requested that historical data (over at least several years) be provided, along with any available national benchmarks, to allow comparison with other facilities.
5. Ken clarified that the graphs currently available begin in 2024 and noted that additional historical graphs can be created if the data is available.

Hand Hygiene and Infection Prevention

1. Current compliance is approximately 80%.
2. Focus areas include reducing inappropriate glove use prior to patient care and ensuring accurate observation methods.
3. The hospital continues tracking community-acquired versus hospital-acquired infections, though it does not perform procedures associated with high-risk infection metrics.

The team has begun work on the three performance improvement focus areas for the coming year: reducing readmissions, reducing the use of seclusion, and reducing patient assaults on staff. These areas will be reviewed in more detail as we move forward. The discussion then transitioned into the next agenda items.

AHRQ Survey Results **Ken Cole**

AHRQ Patient Safety Culture Survey

A total of 115 staff responded (49% response rate), an improvement over prior year.

Key findings:

Positive Trends

Overall patient safety composite score increased by 3%.

1. Reporting patient safety events increased significantly (up 23%), exceeding the national benchmark at 82%.
2. Supervisor/leader support for patient safety increased by 6%.
3. Organizational support for patient safety increased by 5%.

Leadership credited improvements to strengthened culture and the work of internal patient-safety leaders.

Areas for Improvement

Staffing and work environment:

1. Only 64% felt staffing was adequate.
2. Only 38% felt the units did not over-rely on float or PRN staff.

Response to errors:

1. 50% of staff felt events were not treated as personal write-ups.
2. 50% felt adequately supported after reporting an error.
3. Slight decline of 6% from previous year.

Handoffs and communication:

1. Minor declines noted.

2. Work is underway to improve interdisciplinary handoff communication, especially for patients with complex medical needs.

Open Comments from Staff
Approximately 30% of respondents provided written feedback.

Themes included:
1. Fear of retaliation when reporting concerns
2. Inadequate break coverage
3. Staffing shortages
4. Communication gaps between departments
5. Requests that survey results be shared transparently with staff

Leadership affirmed that results will be shared with all staff by the end of the week and emphasized a commitment to maintaining transparency.

A member noted that the survey results were interesting and appreciated the opportunity to review them. They observed that staff-related responses were generally very positive-particularly regarding having enough staff to manage the workload and not relying heavily on temporary or float staff. However, they were surprised that despite these positive indicators, the item related to work pace being rushed scored much higher, and they asked how to reconcile that difference.

It was explained that some survey questions are negatively worded, which can create confusion and inconsistencies. In past years, leadership often reviewed survey language with staff to ensure clarity, especially when certain questions had caused misunderstandings. It was noted that even with good staffing levels, the pace of work can still feel rushed due to the complexity of patient needs.

The group then discussed how increasing medical acuity among patients places additional demands on staff. Although this is a psychiatric hospital, many patients have significant medical needs requiring specialized care, medical equipment, and frequent off-unit appointments. Staff sometimes accompany patients to medical visits, and in certain cases registered nurses must go because patients cannot adequately communicate their needs or follow-up instructions. This is resource-intensive and affects overall workload and pace.

Participants agreed that rising medical complexity is a national trend across all care settings, including assisted living and long-term care. Recent conversations with palliative care specialists also highlighted the growing need to address end-of-life considerations for some patients due to age and comorbidities-topics that would not have been common several years ago.

The Denali unit was referenced as an example of how care needs have shifted, with staff now managing shower schedules, medical beds, pressure-reducing equipment, and treatment of pressure injuries. Staff are adjusting to the evolving mission while maintaining focus on meeting patient needs.

Additional discussion covered the lack of dedicated transport staff, resulting in core staff being pulled to accompany patients to procedures, surgeries, or appointments. This can make staffing appear sufficient on paper while feeling strained in practice.

After discussion concluded, the meeting moved on to the next agenda item: the CFL report presented by Karina.

CFO Report **Karina Liranzo**

Karina Liranzo began her presentation by sharing her screen and providing an update on expenditures, revenue, and staffing changes. She noted that expenditures from July through March of FY25 totaled $41 million, while

the same period in FY26 is at $36 million, reflecting a $4.7 million year-over-year reduction. She attributed this improvement to the team's efforts in accurate coding, reconciliation, and careful monitoring of spending.

Revenue figures were then reviewed. Fiscal years 2016-2025 were shown as full-year totals, while FY26 reflects revenue from July 1 to the present. Current revenue for FY26 is $17 million, with additional funds expected in the coming months. She highlighted that year-over-year revenue increased from $15 million to $17 million. A slight quarter-over-quarter decrease of $50,000 is temporary, pending CMS approval of the cost report, which should increase funds once finalized.

Karina emphasized that reconciliation of accounts payable and receivable remains an ongoing process, but improvements are evident. The team continues to streamline processes, identify gaps, and review denials and rebilling efforts. Staffing updates were also provided: recent vacancies have been posted, and interviews are scheduled to begin next week. Work continues on inventory management to prevent unnecessary purchases.

Appreciation was expressed to the outgoing treasurer for their service. Karina acknowledged the transition and reaffirmed her team’s commitment to ongoing improvement and transparency.

The report concluded with no additional questions.

Chief Medical Officer Report **Dr. Robert Long**

Dr. Long provided the Chief Medical Officer’s report, noting agreement with the themes discussed throughout the meeting. He highlighted that the primary ongoing challenge continues to be maintaining consistent psychiatric coverage. As of the meeting date, the facility is fully staffed, and a well-known psychiatrist has recently expressed interest in joining the team, which is encouraging.

Dr. Long explained that although the hospital currently relies on a mix of two permanent state-employed psychiatrists and three continuous locum providers, the goal is to increase permanent staffing. Hiring three additional state psychiatrists would significantly reduce costs compared to locum coverage and improve continuity of care, institutional knowledge, and commitment to the hospital’s mission. Locum turnover creates financial and operational strain because onboarding and training must be repeated frequently.

He also noted that despite recent loss of a mid-level provider and the potential departure of another, the remaining team-particularly those providing weekend coverage, has contributed to a more engaged and robust medical staff presence. Weekly medical staff meetings have benefited from increased experience at the table.

The outpatient commitment program continues to expand, allowing the team to closely monitor individuals living in the community without requiring additional staffing currently.

The discussion reinforced that staffing remains the top priority, and Dr. Long expressed optimism about potential recruitment progress in the coming months.

Vote on Draft Revised Governing Body Bylaws

The Board reviewed the proposed updates to the bylaws. Ann Ringstad moved to adopt the draft bylaws as presented, and the motion was seconded by Summer LeFebre. The motion passed unanimously.

Advisory Board Members

Tracy Dompeling requested that an email be sent to current governing body members to confirm their interest in transitioning to the Advisory Board under the newly approved bylaws. She noted that staggered terms may be needed to avoid full turnover at the two-year mark.

Adjourn

Marian Sweet moved to adjourn the meeting, and the motion was seconded by Kaela Watson. The meeting was formally adjourned. Staff will follow up before the next meeting to finalize Advisory Board membership.

NEXT MEETING:

Tuesday, June 23, 1:30 PM - 3:00 PM

/dl