

## API Governing Body Meeting Minutes - Draft Minutes

Date: Thursday, September 19, 2019 / Time: 1:30 p.m. – 3:30 p.m.

Alaska Psychiatric Institute Conference  
Room A27C

X	<b>Albert Wall, Chairman &amp; DHSS DC</b>	X	Beverley Schoonover, AMHB		Monique Martin, AK Regional
X	<b>Lezlee Henry-Dupoux, API COO</b>	X	Brenda Moore, AMHB		Summer LeFebvre, AKBHPA
X	<b>Charlene Tautfest, AMHB Member</b>	X	Alyssa Hutchins, DHSS		Laura Brooks, DOC
X	Erica Steeves, API QAPI Director	X	Adam Rutherford, DOC		Shane Coleman, SCF
X	Promise Hagedon, API	X	Lisa Guzman, DOC		James Brooks, ADN
X	Lynn Cole, Wellpath		Ron Cowan, API		Brianna Brian, DLC
X	Elizabeth King, ASHNHA		Jillian Gellings, DHSS		
	James Farley, CFO API		Laura Russell, DHSS		

(Voting members in blue)

#	Standing Agenda Items	Lead Assigned	Discussion	Action Item	Due Date
1.	Welcome Introductions (Roll call)	<b>Albert Wall</b>	Roll taken, not enough voting members in attendance.	Quorum not established.	Completed
2.	Review June 16, 2019 Governance Meeting Minutes	<b>Albert Wall</b>	Not able to approve without quorum.	Approve on October, 4 <sup>th</sup> when quorum is established.	October 4 <sup>th</sup>
3.	CEO Transition Update	<b>Albert Wall</b>	<u>Albert Wall</u> - Dr. Dammeyer has resigned and moved on to a hospital in Wyoming. John Lee has been appointed as interim CEO, who has a wealth of experience in hospital administration, his last role was CEO of Alaska Regional Hospital. He came in and hit the ground running and is asking all of the right questions. We are function as a board in the hiring process of the new CEO, which is the first time in the history of his hospital.		

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3. (Cont'd.)	CEO Transition Update	Albert Wall	<p>We have formed an ad-hoc CEO search committee and are accepting resumes and will be conducting interviews soon. We have looked at a couple of resumes, turned some down, and moved some forward. Dr. Rachael Jaspersen will be flying down in early October to walk be interviewed and walk through the hospital. We do have a couple more resumes that we are still working through and I'm also going to have a conversation with John Lee to see where he wants to land on a more permanent basis.</p> <p>Search committee members, you can expect contact from tomorrow to set up a meeting to go over the remaining resumes and talk about Dr. Jaspersen's formal interview process coming up in October.</p>		
4.	Wellpath Update	Lynn Cole	<p><u>Lynn Cole</u>- Wellpath has provided the following operational support to API since the last Governing Body meeting:</p> <ul style="list-style-type: none"> <li>• Assist with responses to CMS, TJC, Ombudsman, OSHA, and other regulatory and licensing bodies with a dedication to compliance</li> <li>• Secured forensic psychologist(s) to support restorative care through October</li> <li>• Continue to provide on-going TJC/CMS Consultant support and contracted staff, contracted through Wellpath <ul style="list-style-type: none"> <li>○ On-site CMS consultant provided to assist with Plan of Correction</li> <li>○ Dedicated resource to monitor and ensure progress with corrective actions</li> </ul> </li> <li>• Continue to provide expertise with appropriate treatment/care planning process <ul style="list-style-type: none"> <li>○ Ensured person served and PNA involvement in treatment team planning</li> <li>○ Attend and support 100% of treatment team meetings</li> </ul> </li> </ul>		

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4. (Cont'd.)	Wellpath Update	Lynn Cole	<ul style="list-style-type: none"> <li>Continue to provide Nursing Education support to ensure training files are complete, educate staff, bring facility into compliance, and satisfy CMS guidelines in terms of general administrative support</li> <li>Continue to support restorative care treatment program and provide individual and group therapies with psychologist and Post-Doc Psychology Resident</li> <li>Assisted API with completing emergency preparedness drill – Coordinated and conducted Code Yellow Exercise with API staff</li> </ul> <p>Wellpath continues to provide operational support and is working on finalizing the following areas:</p> <ul style="list-style-type: none"> <li>Continuing to support on-going operations and identifying potential candidates for key vacancies</li> <li>Helping with emergency training for emergency situations <ul style="list-style-type: none"> <li>Serge event upcoming</li> </ul> </li> <li>Finalizing implementation of electronic systems for policy management and credentialing</li> <li>Providing additional training support with MANDT to increase awareness and competency in de-escalation techniques for all direct care staff</li> </ul> <p><u>Albert Wall-</u> We have made a full time and on-going offer to a forensic psychologist, he will be here with his wife on October 6<sup>th</sup> to do a hospital walk through and will be making a decision shortly after that. If that role filled is on a permanent basis, it will be the first time in a long time. Dr. McConnell will bring a full curriculum with him, consisting of evidence based care.</p>		

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5.	Items for Consent	<b>Albert Wall</b>	<p><u>Albert Wall</u>- Although we cannot vote on the consent items, I will move through them. I will be excising my chair powers and calling a meeting early next week, where we can establish a quorum, conduct business, and move these items. The non-voting members do not have to attend, only the voting members. Just a reminder, currently there is, and will remain, two types of membership on the board. Full voting members, who are listed in the governance body document and non-voting members of the board who are representatives of various sectors of the community. The non-voting members of the board can serve on and vote in committees. We designed it that way to allow those members to bring their ideas to committees for discussion, to be voted on, and passed to the full board for approval or denial. That gives everybody in the community a say in how proceeds at API.</p> <p>I found and spoke to our last remaining chair who hasn't been here, that is Dr. Lex from The Alaska Psychiatric Association who will be in attendance next meeting.</p>		
5a.	Policy Review Committee	<b>Albert Wall</b>	<p><u>Albert Wall</u>- Are there any policies that due to a plan of correction must be passed through the board today?</p> <p><u>Erica Steeves</u>- No.</p> <p><u>Albert Wall</u>- Okay, I will defer that item. The policies for consent will be voted on and passed at out next Governing Body meeting next week.</p> <p><u>Adam Rutherford</u>- I have a quick question about the policy review committee? Just out of curiosity, the policies that are approved that require interaction with other departments, can you talk about what communication happens with those departments before those policies come before the advisory board for approval?</p>		

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5a. (Cont'd.)	Policy Review Committee	Albert Wall	<p><u>Erica Steeves</u>- Our policy process imploded, I couldn't tell you exactly when, sometime at the beginning of the year, and so through our regulatory processes we've identified a significant number of our policies needing review. So what we've been working on is creating a practice internally to divide our policies by chapter, which is written in Joint Commission language, and then we have subject matter experts review them. Regarding how they are communicated to external partners, that I don't know, we're trying to figure out how to communicate to internal people first.</p> <p><u>Albert Wall</u>- That's a great conversation piece, I think that DOC is one of our heaviest partners in regards to policy, public safety being another one, it might be that a representative from DOC wishes to serve as a member of the policy committee. The intent is, that the policy committee does the review and they pass them up to the board for vote, then the full board will be able to see them and talk about them before they are subject to a vote. I think again, it might be good to have somebody from DOC on the policy committee.</p> <p>Another piece of that is, as Erica indicated, the vast majority of the policies that they look at are just ones that are on a rotating schedule required by CMS of the Joint Commission, which we are required to be reviewed periodically. We initially were going through those as a board, but it would take our whole entire meeting to work through the verbiage of the policy, which is why we set up a committee of experts to review them prior to the Governing Body meeting.</p> <p><u>Adam Rutherford</u>- Would it be possible to make the recommendation that as policies are being revised that do engage other partners, to contact and notify the community partners for engagement? As a community partner, we want API to be successful, and if there are barriers that are identified or issues related to that, we want to be able to help with those processes. I think if</p>		

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5a. (Cont'd.)	Policy Review Committee	Albert Wall	<p>there are things that involve other partners, it might be nice if the policy committee just flag those particular policies, allowing us to have a conversation. I'll circle back about someone from DOC being on the policy committee, I'll talk with Laura.</p> <p><u>Erica Steeves</u>- I can think of a handful like admissions, transport, and a few others that specifically do lead to other entities or at least impact them.</p> <p><u>Albert Wall</u>- Erica is the chair of the Policy Review Committee, so you might just want to make it operating procedure that if you're reviewing a policy that has impact on another department or community partner that you reach out to them first during the revision process.</p> <p>In the state structure there are many organizations that have membership that are representatives of community bodies. This body is not a membership body for membership only, this is a governance board for API. Those who are voting members of this body are there for, and operate under the rules as board members, it's more than just the representation of community partners, you represent the Alaska Psychiatric Institute and as a board member you should have loyalty and due diligence to that effect. What we hope to do by that process is get the image of API in a positive way out to the public so that we can have more broad support than we currently do. There is a lot of misinformation in the public about what happens at API and why.</p> <p>The policy review committee meets next Thursday.</p> <p><u>Monique Martin</u>- Could Erica send out the details regarding the date and time of the policy review committee?</p> <p><u>Albert Wall</u>- It will be sent out from Jillian Gellings, but yes we will send it out.</p>		

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5b.	Bylaws Committee	Albert Wall	<p><u>Albert Wall</u>- There is actually two sections to the Bylaws Committee, one is reviewing the medical bylaws for clinical appropriateness, and one is reviewing the actual Governance Body document. Alaska Psychiatric Institute is not currently up to date on a bylaws document. It is my intent by the next time that we meet to have an actual bylaws document. We will once again be changing the makeup of the board to come more closely into compliance with what CMS and the Joint Commission is asking of us. There is a set of requirement that we received in the last meeting, which you all received of what a hospital board should look like, so we are going to adjust and move towards that.</p> <p>In that set of bylaws, we are also going to set up and hopefully once and for all, answer the question of the grievance process. There will be, rather than just a list of organizations that people are able to go to, there will be a separate grievance nonpartisan group that we will refer to and have a process. I have seen a couple of examples about what the Joint Commission likes when it comes to that, and so we will be moving in that direction. I met with them two weeks ago prior to my trip and we are currently in a write up process and we will bring that to the full board for a discussion, editing, and a vote, as soon as we get a good document in place.</p> <p><u>Monique Martin</u>- Al, could you also send the information about that meeting as well?</p> <p><u>Albert Wall</u>- Yes that will be included in the email from Jillian.</p> <p><u>Beverly Schoonover</u>- There's two pieces of legislation out, one being about the API Governing Body through representative Spohnholz and the other about a Behavioral Health Ombudsman. I would really love to talk with you and sit with our board members to talk about the Governance Body, about how you see it and</p>		

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5b. (Cont'd.)	Bylaws Committee	Albert Wall	<p>about how we see it, ideally before you guys come up with a document.</p> <p><u>Albert Wall</u>- Again if I may, you are drawing a distinction between your organization and the board. You are a member of the board, you are on this board, so we will bring the bylaws to you to have a discussion. Let me clarify something, the problem that we have at API is that the board of this organization has long been treated as an appendage commission, operated by the state, and it has failed. We have repeatedly been found at fault by CMS because hospitals must by accreditation operate under the authority of a governing board, which we do not have. The Governing Board of Alaska Psychiatric Institute has historically had what the Joint Commission requires it to have to be a board, mainly high and fire rights over the CEO and other significant staff and the ability to make budget. Those are two huge issues that we face with accreditation, but we will be moving to fix those. It is the intent of this board, that when we go to session next time, I will not be going to that table alone, so when we are called to talk about API, it will be we not I. I will take the voting members of this board with me to those hearings and we will have discourse with the legislature as a group. This is no longer a departmental issue, it is an accreditation and CMS issue that is governed by regulatory oversight. I understand that we all have input about what we would like the board to look like, but we have requirements under the Joint Commission for what it must look like, and we will adhere to those.</p> <p>What happens in a governance body, just for example, the membership of the board are not constituents in the community speaking from another boards constituency, they are members of that community who are coming in to govern a community health clinic as a governing body, that's what this body needs to be in the eyes of CMS. It does not necessarily have to be statutorily implemented to CMS or the Joint commission. Nor does</p>		



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<b>5b.</b> (Cont'd.)	Bylaws Committee	<b>Albert Wall</b>	<p>it have to be statutorily implemented to function properly. There are lots of things that people bring to the table that they would like to see this board do, but there are requirements placed on a hospital as a licensed hospital that they must do.</p> <p>I have seen, reviewed, and made comment about the proposed legislation for the board, and I will tell you that it's the legal opinion of the AG's office that should either of those bills pass as they are currently written, it will find us at fault with CMS and the Joint Commission because it won't meet the requirements of our regulatory oversight. It is my intent to inform the law makers moving forward as to what those requirements are, so that they can either make adjustments to the bill, or allow us to be what were supposed to be. What I hope to happen, is that we get our bylaws and board structure in place before the legislative session starts, so that we can help inform that process as it occurs. I am a little concerned, as it appears that some of the legislation just wants the board to be another board and commission, and that is not at all the intent of running a hospital. This board as a governance board must run the hospital, it has to be responsible for the day to day operations of this facility.</p> <p><u>Adam Rutherford</u>- Is there an example that CMS can help provide, so that it might help paint a better picture as to what that expectation looks like? I think there is some confusion based on how this board has previously operated, so it would be helpful if there was an example of a hospital in the lower forty-eight that's ran similarly to API.</p> <p><u>Albert Wall</u>- If you look at the minutes from the last meeting, there was an extensive example that was provided, in the exact verbiage from the Joint Commission Documents that have the exact list of requirements. We will disseminate that document again, through the board, for next meeting. This board has</p>		

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<b>5b.</b> (Cont'd.)	Bylaws Committee	<b>Albert Wall</b>	<p>never in the history of this hospital functioned as it should.</p> <p>WICHE, Western Interstate Commission for Higher Education, is a professional organization that's been at API for a number of years, and they've put together a number of thorough reports regarding the operation at API, citing the functionality of the governance body in every report. They help with advising, intergovernmental action between states, and help with consulting on a variety of issues, including inpatient psych. They also provide oversight for our APA accredited Psychologist Resident Program. One of the things we're leaning on WICHE for is the examples on what a board should look like, even in a state run hospital.</p> <p>One of the biggest issues is that the appointment of the CEO at API is in the hands of the Governor, which doesn't meet the requirement of the Joint Commission. I'm in the process of trying to see if we can move this Governance Body to be the "person" who hires and fires the CEO, with the approval of the Governor's office after the fact. WICHE will not only provide us with those samples, as they have, but also assist us in forming that, including a board training after we finally get it formed. I'd like to get that board training done between now and the time that the legislative session starts because they can speak specifically to hospitals that are run by the state and how they interact with their legislature.</p> <p><u>Monique Martin</u>- Do you think there's any benefit that we could achieve for API by inviting chair for the Senate and the House Health and Social Services Committees to participate in that, so they have a better understanding of what the Governance Body's role should be for a state run hospital?</p> <p><u>Albert Wall</u>- Yes, not only have the chairs for both of those bodies, but also the chair of the Finance Committee, have all been invited, they were invited to</p>		

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<b>5b.</b> (Cont'd.)	Bylaws Committee	<b>Albert Wall</b>	this meeting and they will be invited to the one when we have the discussion about the bylaws. Additionally, I also invited the representative and the senator who put the bills out concerning this body to those meetings as well. I think that both of those representatives were surprised that we already have a board with broader membership than they had thought.		
<b>6.</b>	Fiscal Status Update	<b>James Farley</b>	<p><u>James Farley</u>- We haven't had the time do anything with the Finance Sub-Committee yet, so we need to get moving on that.</p> <p>For the Fiscal Status Update, we have a new Business Office Manager, David Boniface who will be starting on Monday September 23<sup>rd</sup>.</p> <p>We got our contract renewal for PCG signed for the cost report. Were now in the process of pulling all the data for the Cost Report. We have until tomorrow to submit all of the documentation to them.</p> <p>The DSH Audit – Myers and Stauffer audited our FY16 DSH submission and everything came back good. There were a couple of errors of transposing, but they fixed that, as shown on page 6. They went in and they pulled a random sample of 2020 pieces to make sure we were identifying the patients in the correct coding, which came back with no issues, they were very happy about that. They let us know that that the reason we were audited is because the majority of our revenue is from DSH versus other revenue sources.</p> <p>One question I do have for the body, is what kind of information would you guys like to see moving forward for the Fiscal Updates?</p>		

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6. (Cont'd.)	Fiscal Status Update	James Farley	<p><u>Albert Wall</u>- Before we answer that, I'd like to point out that with the rollout of the 1115 Waiver in the second phase, we have asked for the IND exemption to be lifted for the state. If that occurs, our DSH payment will be reduced proportionately with what our billing could bill Medicaid. That would reduce our burden for the DSH Audits, however it will increase our Medicaid burden audit. Our DSH funds could shrink in the coming years due to our ability to bill for Medicaid, should the exemption be granted.</p> <p>Secondly, I think it's a great question to ask about finances. It puts us back squarely with the other issue with the governing body. Usually a governance board tracks, makes decisions regarding, and has authority over their own budget and we do not. This budget was proposed and allocated 1 year ago by a group of people who presumably have never been in the building. That in CMS's mind is a problem. Second to that, hospitals are usually required to run with some sort of contingency plan in their budget, as a failsafe for physical plan issues, which API currently has one. The budget is an issue and we need to figure out how to better address that with the powers that be and put that in our purvey as a board.</p> <p>I think for reports, it's important to see cash flow, in particular around personnel and contracts. I would like to track contracts and any issues with those because as I understand we kind of got a little behind the 8 ball with the WEKA contract and not getting that done in time.</p> <p>Is there anything else that people would like to see tracked?</p> <p><u>Erica Steeves</u>- Facility updates, we've got quite a few large projects that will cost quite a bit of money.</p> <p>Albert Wall- James, we need to have a deferred maintenance capital budget of need presented to us, so</p>		

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6. (Cont'd.)	Fiscal Status Update	James Farley	<p>when I get up to bat for the organization. When we go to talk about budget formation for this upcoming year, someone has to be at the table to talk about capital.</p> <p><u>Charlene Tautfest</u>- Will the board have a fiduciary responsibility, will they be liable?</p> <p><u>Albert Wall</u>- On one level the answer is yes, on a second level the answer is no because we're self-insured and covered by risk management. Specifically, in the regulations and the statutes we fall under that, so you won't be held financially liable for the hospitals decisions.</p> <p>The time has come for an executive session, which we are not able to call. Typically, an executive session is called for personnel or legal issue, which would not be public.</p>	Move Executive Session to the end of the meetings, after public comment.	Next GB Meeting.
7.	Regulatory/PI Events Update	Erica Steeves	<p><u>Erica Steeves</u>- Over the course of the last month, we went through all of the charters, or all of the groups that roll up to the Quality Improvement Department and looked at what data and metrics were being collected by those groups. We put all of those metrics into one place, this data dashboard. You'll notice that there aren't any goals yet. The first step was looking at what we were going to be looking at. The second step was to find that data itself and put it into the data dashboard, and that is what we have managed thus far. If we have a metric, it came from data we committed to track for our regulatory agencies, so it doesn't have a goal, but that is something I hope to have for next GB meeting after meeting with our process owners. When you see this again, it will have definitions under each metric that we are tracking so you know why it looks the way it does.</p>		

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7. (Cont'd.)	Regulatory/PI Events Update	Erica Steeves	<p>In the executive session we will talk about the process of improving and collecting the data pertaining to serious safety events.</p> <p><u>Albert Wall</u>- One of the things I think we do need to do as a board is quality improvement on an ongoing basis. If you are seeing something that you would like changed, or not seeing something you would like to see, we need to get that information, so please let me know.</p> <p>We are hiring a project coordinator that has been vacant at API for some time, where 50% of the positions responsibilities is acting as a liaison for the hospital for the board and CMS. When we get that position filled, they will be the single point of contact for the board to have conversation with. That individual will then be able to parse all conversation across the board and act on behalf of the board, not in a decision making capacity, but in an information gathering capacity.</p> <p>One of the struggles that everybody, including our union partners has is understanding what exactly happens with the PCN approval process. There is a very specified process that it takes which requires a huge investment of time. There are only a few key holders that can actually get into the system, make changes, pull that information, and then give that information to people for interviews to be processed out. Right now the only person at API who has rights to get on Workplace Alaska is KatieJo. That other AO will have the ability to help out with that process.</p> <p><u>Erica Steeves</u>- The other thing I wanted to provide is just a brief update on is our regulatory plan of corrections (POC). There is a red, green, and yellow dashboard for our plan of corrections items for our regulatory bodies for you to look at. In the course of the last month we've met with the groups of people assigned to these in order to document the progress. You'll see a couple of items that are still red, they are still being worked on, but by in</p>		

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			<p>large we've made significant progress on these corrective actions. We've also had a number of OSHA concerns, but we are handling those. We ordered the protective personal equipment (PPE) carts to have on the units. We should have the new carts by the end of October, so we will have an education rollout for them when they arrive. We also have an outstanding Joint Commission concern relating to staffing. We had a multiple day CMS visit occur two weeks ago, we have not received that report yet but we will be able to refute the staffing allegations. The Joint Commission has requested 6 month of data on staffing, due by October 9<sup>th</sup>.</p> <p><u>Albert Wall</u>- We went sometime without a CMS survey or complaint, which that in itself is a compliment considering the number of surveys and complaints we had in the 8 months prior. With our labor relationship and staffing, it is difficult to re-arrange staff schedules to cover for people who are missing, call in sick, or are injured. We did have a few nurses who were injured in an incident and trying to fill those positions was difficult and ended up with a person being in a situation where they had less staff on site than they normally had, we were still in compliance, but it was less than they were accustomed to.</p> <p>There is a process for staff to talk with their supervisors about issues that they have, written in their labor relations agreement. In addition, there's also a process written in the hospitals documents for people who have issues to go up and talk to their supervisor or the safety officer. What happens in this organization sometimes that instead of using proper channels, the individual will call our regulatory authorities. In this case there were a number of regulatory bodies called at the same time on an issue that could have been dealt with by a subordinate and their supervisor.</p> <p><b>Break for Public comment. No Public Comment.</b></p>		

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11.	Good of the Order	<b>Chairman Al Wall</b>	<p>This whole packet of minutes will be put together just like regular minutes and attached for consent only in the next full board meeting.</p> <p>Next board meeting will be emailed to the members as soon as the date is determined</p>	Check on the public notice process regarding the announcement of non-quorum meeting rescheduling requirements.	Next GB Meeting
Meeting Ends	Adjourned at 3:30 p.m.				

Minutes prepared by: Alyssa Hutchins

Approved by: Albert Wall: \_\_\_\_\_  
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 (Initial)                      Date