

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: December 2, 2025

START TIME: 1:30 PM



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

Tracy Dompeling, Deputy Commissioner, Department of Family and Community Services, Vice-Chair

Ken Cole, Chief Executive Officer, Alaska Psychiatric Institute

Kara Nelson, Alaska Mental Health Board, Alaska Board on Alcoholism and Drug Abuse

Summer LeFebvre, Alaska Behavioral Health Association

Ann Ringstad, National Alliance on Mental Illness - Alaska

Caroline Hogan, DOH - Substitute for Anthony Newman

Dr. Lisa Linnquist, Alaska Native Health Board

Absent

Kim Kovol, Commissioner, Department of Family and Community Services

Jenn Carson, Department of Health, Division of Behavioral Health

Esther Pitts, Alaska Mental Health Trust

Anthony Newman, DOH, Director of Senior and Disability Services

Dr. Robert Lawrence, Chief Medical Officer, Department of Health

Guests

Corinne Smith, Reporter with Alaska Beacon

Abigail Gurguolo, Disability Law Center

Kermit Wilson, Department of Health

DFCS / API Staff

Marianne Sweet, DFCS, Division Director

Dr. Kristy Becker, Alaska Psychiatric Institute Staff

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

Andre Alexander, Alaska Psychiatric Institute Staff

Review and Approval of Agenda

Motion to approve the agenda, moved by Tracy Dompeling, seconded by Ann Ringstad.

No discussion. Passed unanimously.

Review and Approval of Minutes

Motion to approve September 23, 2025, Meeting Minutes was moved by Tracy Dompeling, seconded by Kara Nelson, and unanimously approved with the following correction, Commissioner Kim Kovol should be listed as present, as she was incorrectly marked absent.

1:35PM: PUBLIC COMMENT

There were no public comments

1:40PM: NEW BUSINESS

Governing Body Bylaw Revisions

Ken Cole

Ken presented proposed revisions to the Governing Body Bylaws to better align responsibilities with state authority, maintain transparency, and enhance collaboration. The proposed changes include designating state officials within the Department of Family and Community Services (Commissioner, Deputy Commissioner, Assistant Commissioner) as voting members. Some current voting members who are not state employees would become non-voting members under this draft.

Historically, there was a separate advisory board to the Governing Body, but that structure proved inefficient and unworkable. The current proposal eliminates the advisory board and retains a single Governing Body while revising the voting structure.

Non-voting members will continue to participate in discussions and may make and second motions. This approach aligns with practices at other state hospitals, where voting members are state employees because these are state facilities. Non-state employees cannot make operational or budgetary decisions for state facilities.

The group reviewed page 3, section two of the draft regarding quorum requirements. The proposed change would move from a Governing Body of three voting members to a structure that includes three voting members, eight non-voting members and three ex-officio members.

Under Section 2(B) of the draft bylaws, the three voting members are the Commissioner, Deputy Commissioner, and Assistant Commissioner. The non-voting members include four individuals nominated by a behavioral health community partner or association, a member-at-large with tribal behavioral healthcare experience, a member-at-large who is a psychiatrist or (APRN) Advanced Practice Nurse, and the Division Director of Behavioral Health in the Department of Health. The ex officio members would be the CEO, the DOH Chief Medical Officer, and the Director of Senior Disability Services. There is discussion about how the Governing Body will replace non-voting members.

One suggestion was to clarify in letter F on page 4 that non-voting members are encouraged to participate in meeting discussions and may make; and second motions. Credentialing authority will remain under the Medical Staff Bylaws, with no changes proposed. Financial responsibility will continue to rest at the state level.

The next draft will include DOC as an ex officio member, if confirmed, and will incorporate grammar and formatting updates. All other sections that are not redlined will remain unchanged.

A question was raised about quorum requirements if the Governing Body moves to three voting members. Currently, all three are required to meet a quorum. The group discussed whether reducing the quorum to two voting members would work and considered the option of proxy voting to allow an absent voting member's vote to be represented.

It was noted that it is not typical for the hospital CEO, Medical Director, or other Senior Leadership members to serve as voting members, as this could present a conflict of interest. However, the group acknowledged that the structure is flexible and could allow for additional voting members if desired. The approach remains a "blank slate" for further consideration.

A question was raised about the inclusion of a member-at-large who is an individual with lived experience or a family member of an individual. It was confirmed that this role remains in the current bylaws and is included in the draft. The omission was due to oversight in pointing it out during the review. Ann Ringstad acknowledged the clarification and expressed appreciation.

The floor was opened, and Chair Elizabeth asked if there were any concerns regarding the proposed changes to the By-Laws. No one raised their hand or voiced any concerns.

The final vote on the bylaws was postponed until the January 27th meeting to allow additional review and feedback. Additionally, the Department of Corrections (DOC) will be added as an ex officio member. Tracy Dompeling will reach out to confirm their interest in participating.

Action Items:

- Confirm DOC willingness to provide an ex-officio member and update draft bylaws.
- Prepare final draft for January meeting.
- Share draft with Governing Body for review.
- Decide on quorum and proxy voting options.

Medical Staff bylaw Revisions

Dr. Long

Dr. Long, API Medical Director, presented proposed changes to the Medical Staff Bylaws. A significant change addressed duty hour expectations. The revisions clarified that medical staff are expected to remain in-house for most of their duty hours, even after completing patient duties. This adjustment was made to ensure that providers are available for questions and emergencies throughout their scheduled time. Dr. Long noted that while there was some initial resistance to this change, the revisions were ultimately approved by both the Medical Staff and the Medical Executive Committee.

Dr. Long provided an overview of the recent review of the Medical Staff Bylaws and Rules & Regulations, which is conducted every two to three years to ensure alignment with current practices and language. Most of the changes were administrative and grammatical.

Next steps include obtaining Governing Body approval for these changes. Due to the volume of revisions, members may review the documents before voting. A motion was made by Lisa Lindquist to postpone the vote until the January meeting, and the motion was seconded by Tracy Dompeling. The motion was passed. Members are encouraged to review the proposed changes and reach out to Dr. Long with any questions prior to the January meeting. The vote on the revisions will take place at the January Governing Body Meeting.

API Performance Indicators**Ken Cole/Christy Winn**

The API Performance Indicators discussion was moved to the start of the meeting for Andre Alexander's schedule. Andre introduced new monthly performance indicators that will:

1. Support the upcoming review of the Annual QAPI Plan in the next meeting.
2. Highlight negative trends and critical patient care/safety issues for prioritized action.

Census and Occupancy

- Data is categorized by civil, forensic, and adolescent populations, with census figures tracked by fiscal year starting July 1.
- Census was lower in July but increased to 75 patients, nearing full capacity.
- Graphs use dynamic scaling to highlight small fluctuations, especially in forensic census.
- Clarifications were made regarding visual misinterpretations due to fine decimal changes and auto-setting in Power BI.
- Andre demonstrated how to access the report through the Governing Body website.

We are still refining these reports and continuously reviewing them to ensure labels are clear and measurements are accurate.

Waitlist and Length of Stay (LOS)

- Current waitlist reporting is monthly; a transition to daily reporting is underway for improved accuracy, which will also give us access to the forensic waitlist.
- Length of Stay (LOS) data in days, includes patients present on December 1, not just discharges.
- Andre will add LOS averages and minimum/maximum LOS data as additional metrics in the report.
- Maximum LOS is approaching 11 years, while the minimum can be less than 24 hours, depending on discharge timing for individuals admitted briefly or no longer requiring care.

Readmissions

- There have been 10 readmissions within 30 days since July 1.
- Only 30-day readmissions are counted in this metric.
- The team acknowledged significant progress in tracking and visualizing readmission data.

Workplace Violence

- Rates are presented per 1,000 patient days and categorized as patient-to-patient and patient-to-staff.
- Workplace violence includes any act or threat of physical violence, harassment, intimidation, or other threatening behavior. It ranges from verbal abuse and threats to physical assaults and even homicide, and can affect employees, clients, customers, and visitors.
- OSHA data shows 68 injury claims over five years with only 8 lost workdays, marking a significant reduction.
- We have recently started tracking verbal abuse, which is only included if reported through a UOR. This data may be underreported depending on staff's willingness to report incidents.

Self-Harm and Falls

- Falls are defined as any unintentional movement from one position to another.
- Many incidents occur among adolescents during gym activities.
- Falls are categorized as injury, without injury, and total falls, with rates per 1,000 patient days.

Seclusions

- Seclusion is defined as involuntary restriction of a patient for safety reasons.
- We have voluntary and involuntary time out; voluntary time out are not secluded and is not included in the data. Involuntary seclusion is what is included in the data.
- API maintains one of the lowest seclusion rates among comparable hospitals.
- Spikes in data are often due to a small number of patients, particularly in the adolescent unit.

Restraints

- Only seven mechanical restraints have been reported in the current fiscal year, all used on patients.
- Mechanical restraints do not include brief manual holds or gurney transports unless specific criteria are met.
- Gurney transports are tracked separately and are typically considered brief manual restraints.

Medication Safety and Infection Prevention

- Hand hygiene compliance is a focus area, with issues identified due to glove overuse.
- Nurse managers now conduct real-time observations and coaching.
- The ICAR team provided external expertise and recommendations.
- The benchmark for hand hygiene is 100%, but the focus is on measurable improvement over time.
- Plans are in place to share performance data at the team/unit level.

Christie Winn noted that the dashboard is presented during quarterly QAPI meetings and weekly UOR meetings, allowing leaders to share data and improvement actions with their teams. Managers present unit-specific issues, such as falls, and discuss corrective measures. Andre added that department leaders have real-time access to monthly QAPI data through the internal dashboard. Plans include posting data on unit bulletin boards and eventually providing team-level data for transparency.

Andre Alexander was recognized for his leadership and contributions to implementing PowerDMS, developing dashboards, and improving data reporting. Ken and Christie expressed gratitude for his efforts, noting the positive impact on quality assurance and performance improvement processes.

2:30PM: STANDING ITEMS

CEO Report

Ken Cole

Ken provided an update on hospital operations and initiatives. Current bed availability includes three adolescent beds and two adult civil beds. There are 43 patients on the forensic waitlist and 22 on the civil waitlist. A major concern is the growing number of long-stay patients, with 32% of the 60 adult civil beds occupied by individuals converted from forensic incompetent to perceived status. Trending data on this issue will be shared later. Work is nearly complete on a policy to establish an outpatient clinic for eight to ten additional released patients in Anchorage, with monthly visits planned for medical and psychiatric checks. This initiative, proposed by Dr. Long and supported by the Commissioner, is expected to be launched on January 1. Additionally, the hospital received a \$50,000 grant from AHHA for leadership development, which will fund management essentials training for all supervisors over six months, private coaching, and a two-day on-site session for senior leadership.

Operational updates included WICHE's active treatment review conducted in October, which found overall good performance with some areas for improvement. Recommendations will be shared with the Governing Body. WICHE's Physical Plant Specialist will return in January to review building maintenance processes. Pyxis machines have been purchased for all five units, with installation pending minor nursing station modifications and IT oversight. An estimated \$60,000 will improve nursing station door security with additional magnet locks, addressing safety concerns on youth units. Twenty patient room doors that swing both ways have been delivered to prevent barricades, and placement decisions are pending. The last broken window repair is scheduled for tomorrow.

Ken reported that the quarterly newsletter for all hospital staff has not yet been implemented but remains a priority. Work has begun on identifying performance indicators, and outreach has been made to other state hospitals regarding strategies for managing longer-term patient populations, which is a common trend across facilities. The hospital has not yet secured a centralized location for patient clothing, but this remains on the to-do list. Ken also noted that an all-staff email is sent following staff listening sessions, which occur every four weeks. This concluded Ken's report.

Director of Nursing Report

Erica Steeves

Erica reported that the last vacant nurse manager position has been filled, and all five unit manager positions are now staffed, with the team working well together. Formal training for state supervisors will be available in the upcoming calendar year, and efforts are underway to ensure all managers receive the necessary training to be effective leaders and supervisors. Staffing efforts continue, including the use of travelers, which is expected to remain in place due to major projects planned for next year. The implementation of a new medical record system will require additional registrar nurse staffing to allow clinical staff to attend classroom training sessions.

This transition will involve significant changes in nursing documentation, moving from a single shift summary note to an industry-standard flowsheet-based system. Registered nurses will complete shift notes, while nursing assistants will have reduced and more targeted documentation responsibilities, aligning with their training.

Erica also provided updates on patient engagement initiatives on the Susitna Unit. Dr. Becker's team collaborating with nursing leadership. Dr. Lacy Benoit and Tyler Morris have identified staff to co-facilitate modular-based groups for these patients. Additional diversional activities have been introduced, including Tai Chi sessions on Wednesdays, AA meetings in the evenings, a weekly church group, and gardening groups hosted by nursing managers on Tuesdays, Wednesdays, and Thursdays. These efforts aim to revitalize previously underutilized spaces and provide patients with more opportunities for movement and engagement, which has been well received. The goal for the next calendar year is to implement monthly themes for diversional groups and ensure observations from these activities are documented and shared with treatment teams, as they provide valuable insights into patient progress. Erica concluded by noting that these initiatives are ongoing and will continue to expand.

Elizabeth King expressed appreciation for the updates and congratulated Erica on having all manager positions filled, recognizing this as a significant achievement.

CFO Report

Karina Liranzo

Karina provided a financial update. Year-to-date expenditures from July to November are down \$5.7 million compared to the same period last year, primarily due to reductions in personal services (payroll), which will change with additional hiring as Erica mentioned. Revenue from all funding sources, including IA and our SDPR billing, stands at \$15.4 million as of July 1st, last year we collected at \$21 million, by this time November last year we only had \$13.9 million at this point we are at \$15.4 million which is up \$1.5 million.

Additional updates included the onboarding of a new staff member, Robin, who started yesterday. The finance team continues to clean up accounts payable and receivable, improve expense visibility, and update charge masters in preparation for Netsmart implementation. Work with insurance vendors has resulted in improved settlement rates, increasing from previous ranges of 52-60% to 82%, which Karina noted as a significant achievement. The team is also in the process of interviewing candidates for a controller position, which is a previously vacated Accountant III role.

Elizabeth King congratulated Karina and the team on their progress and expressed appreciation for the concise update.

Quality Assurance and Performance Improvement Report

Christy Winn

Christie Winn provided a brief update on the Avatar implementation project. Progress is continuing despite minor challenges which are being addressed. The VPN setup is complete, and most of the required widgets for reports, flow sheets, and form building have been finalized. PIXIS machine implementation is also moving forward without major issues, with minor unit adjustments planned. The Functional Review and Validation (FRV) is scheduled for February 18, with a go-live date of May 1. FRV represents the point at which the system build is accepted as ready for training, acknowledging that while not 100% complete, the majority of functionality will be finalized.

Elizabeth King thanked Christie for the update and noted the importance of the upcoming milestones.

Elizabeth King expressed appreciation to all staff for their ongoing efforts and contributions with closing remarks wishing everyone happy holidays and noting that the next meeting will be held in January.

2:40PM: EXECUTIVE SESSION

No Executive Session held

3:00 PM: ADJOURN

3:00 pm - Meeting adjourned by Tracy Dompeling and seconded by Summer LeFebvre.

NEXT MEETING:

Next API Governing Body meeting: Tuesday, January 27, 1:30 PM – 3:00 PM (Hybrid and In Person)