



SANTA BARBARA COUNTY
DEPARTMENT OF
Behavioral Wellness
A System of Care and Recovery

Psychiatric Health Facility (PHF) Governing Board Meeting
Wednesday May 24, 2017
3:00 PM – 4:00 PM
PHD Auditorium
300 N San Antonio Rd, Santa Barbara
Minutes

Staff: Alice Gleghorn, PhD, PHF CEO; Ole Behrendtsen, Interim PHF Medical Director; Gerardo Puga, PHF Program Director; Marianne Barrinuevo, PHF Director of Nursing; Elise McKee, Infection Prevention Consultant; Alesha Silva, RN, Interim Nurse Supervisor; Karen Campos, Administration, Office Professional Senior and County Counsel.

Facilitator: Terri Maus-Nisich, Assistant CEO, Health and Human Services

Roll Call – Supervisor Lavagnino, Santa Barbara County Board of Supervisors, Fifth District (excused); **Terri Maus-Nisich**, Assistant CEO, Health and Human Services; **Janette Pell**, Director of General Services; **Vincent Wasilewski**, Chief Deputy for Custody Operations, Sheriff's Department; **Carrie Topliffe**, Interim Director of Public Health.

General Public Comment: none at this meeting.

1. Welcome and Overview

- Introduction of Staff – Dr. Gleghorn introduced Elise McKee, Infection Prevention Consultant, and Alesha Silva, RN, PHF Interim Nurse Supervisor.

Action: No action.

2. Review and Approve Minutes (Exhibit 2a)

- April 26, 2017 - Ms. Topliffe made a motion to approve the April 26, 2017 meeting minutes as presented. Ms. Pell seconded. No objections. Motion carried.

3. Staff will report on the following Quality Assessment and Performance Plan and Indicators (QAPI):

- **QAPI April Revised Update** (Exhibit 3a) – Ms. Huddleston presented last month’s report indicating that this version contained data corrections mentioned at the last meeting.
- **QAPI May Update** (Exhibit 3b) -

Compliance:

- Patient Complaints and Grievances (monthly) - Ms. Huddleston provided the report for the month.

Infection Prevention and Control:

- Report (Quarterly: January, April, July, October) - no discussion.

Patient Services, Care and Safety:

- Patient Injuries (monthly) - Ms. Huddleston provided the report for the month.
- Adverse Outcomes in Patient Care (monthly) - Ms. Huddleston provided the report for the month with one edit under medical emergency transfers.
- Social Work Services (Quarterly: Feb, May, Aug, Nov) - Ms. Huddleston provided the report for the month.
- Suicide Management, Treatment Planning, Consents, Nursing Services (Quarterly: Jan, Apr, Jul, Oct) - no discussion.
- Restraint /Seclusion (Quarterly: Mar, Jun, Sept, Dec) – no discussion.

Medication Use/Pharmacy Services:

- Medication Error as result of Medication Unavailability (monthly) – Mr. Puga provided the report for the month.
- Medication Error Rate/Adverse Drug Reactions /Polypharmacy/Timeliness of Medication Availability (Quarterly: Feb, May, Aug, Nov) - Mr. Puga provided the report for the month.
-

Significant Adverse Outcomes:

- Report (monthly) - Ms. Huddleston provided the report for the month.

Food and Nutritional Services:

- Update on current contract for food provider (Quarterly: Mar, Jun, Sept, Dec) – no discussion.

Physician and Allied Health Professionals Related Services:

- Report (Quarterly: Feb, May, Aug, Nov) - Ms. Huddleston provided the report for the month.

Environment/Facilities:

- Environmental Services (EVS) Report (Quarterly: Jan, Apr, Jul, Oct) – no discussion.
- Environment of Care (Facilities) Report (Quarterly: Feb, May, Aug, Nov) – Ms. Huddleston provided the report for the month.

Laboratory Services:

- Report (Quarterly: Mar, Jun, Sept, Dec) – no discussion.
- **Significant Areas/Key Events occurring at the Psychiatric Health Facility (PHF) such as patient care** (monthly) – Mr. Puga reports that the PHF has received new beds.
- **Quality Assessment and Performance Improvement Indicators** (Exhibit 3c)
 - Recommendation to omit secondary indicators highlighted – Ms. Huddleston explains that these indicators overlap with other indicators therefore they are recommending that they be omitted from the document.

Actions: Ms. Pell made a motion to acknowledge that the report was received. Ms. Topliffe seconded. No objections. Motion carried.

Ms. Topliffe made a motion to accept recommendation to omit secondary indicators highlighted in exhibit 3c. Ms. Pell seconded. No objections. Motion carried.

4. Staff will provide a report on the following Compliance:

- Staff Credentialing/Privileging: Dr. Behrendtsen reports that the PHF's Medical Practice Committee (MPC) has reviewed the credentials of the staff members identified below, and recommends that the PHF Governing Board accept the MPC's recommendation to credential and approve the medical staff's privileges at the PHF:

Sofia Encarnacion, M.D; Gillian Friedman, M.D; Qyana Griffith, M.D

Action: Ms. Topliffe made a motion to approve the credentialing and privileges of candidates listed above. Ms. Pell seconded. No objections. Motion carried.

5. Budget Development – Dr. Gleghorn informs the Board that \$9000.00 is required to allow General Services to complete a study to determine costs of renovating the PHF restrooms.

Action: Ms. Topliffe made a motion to recommend to the Board of Supervisors a budget adjustment of \$9,000 from Behavioral Wellness to General Services, to complete the study to determine the cost of renovating the PHF restrooms. Ms. Pell seconded. No objections. Motion carried.

6. Policy Revisions - Consider recommendations of the PHF MPC to approve new policies and revisions to existing policies or other items listed below:

New

- **Employee Health and Infection Control Policy** – policy on hold per employee relations.
- **Environmental/Janitorial Services** - Ms. McKee presented the new policy. Ms. Topliffe made a motion to approve policy as presented. Ms. Pell seconded. No objections. Motion carried.
- **Medical Waste Management – Biohazardous and Sharps Waste** - Ms. McKee presented the new policy. Ms. Topliffe made a motion to approve policy as presented. Ms. Pell seconded. No objections. Motion carried.
- **Linen/Laundry Policy** Ms. McKee presented the new policy. Ms. Pell made a motion to approve policy as presented. Ms. Topliffe seconded. No objections. Motion carried.
- **Infection Control Physical Environment** –policy on hold until infection control can meet to verify data on section 3.3.

Revised

- **Seclusion and Restraint** - Ms. Barrinuevo presented the revisions made to the policy. Ms. Pell made a motion to approve policy as presented. Chief Wasilewski seconded. No objections. Motion carried.

Recommended for Archive - Ms. McKee explains that PHF MPC has recommended to rescind and permanently remove (archive) the policies listed below, which are no longer in use or no longer relevant to PHF operations:

- **Infection Control Practitioner** - Ms. Topliffe made a motion to accept recommendation to archive policy. Ms. Pell seconded. No objections. Motion carried.
- **Wound Care Protocol** - Ms. Topliffe made a motion to accept recommendation to archive policy. Ms. Pell seconded. No objections. Motion carried.
- **Infection Control Surveillance Program** - Ms. Topliffe made a motion to accept recommendation to archive policy. Ms. Pell seconded. No objections. Motion carried.
- **Collection of Laboratory Specimens** - Ms. Topliffe made a motion to accept recommendation to archive policy. Ms. Pell seconded. No objections. Motion carried.

7. Review of Future Meeting Agenda Items

Direction to staff to report on training regarding medication labeling, and to provide update reports as needed for any other QAPI indicators trending as off-target.

8. Adjournment – 4:45 pm. Next Meeting Date: June 28, 2017