



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

Psychiatric Health Facility (PHF) Governing Board Meeting  
Wednesday March 28, 2018  
3:00 PM – 4:00 PM  
PHD Auditorium  
300 N San Antonio Rd, Santa Barbara  
**Minutes**

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**Staff:** Alice Gleghorn, PHF CEO; Laura Zeitz, RN, PHF Program Manager/Hospital Administrator; Ole Behrendtsen, M.D, Medical Director; Jamie Huthsing, Quality Care Management Interim Manager; Alesha Silva, PHF Nurse Supervisor; John Jayasinghe, Deputy Director of Business Systems; Jennifer Hidrobo, PHF Director of Social Services; Hannah Atkinson, Department Business Specialist; Karen Campos, Administration; Dalila Brown, Administration; and County Counsel.

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**Facilitator:** Vincent Wasilewski, Chief Deputy for Custody Operations, Sheriff's Department

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**Roll Call –** Supervisor Lavagnino, Santa Barbara County Board of Supervisors, Fifth District (excused); Supervisor Wolf, Santa Barbara County Board of Supervisors, Second District (alternate, excused); Terri Maus-Nisich, Assistant CEO, Health and Human Services (excused); Janette Pell, Director of General Services; Vincent Wasilewski, Chief Deputy for Custody Operations, Sheriff's Department; Van Do-Reynoso, Director of Public Health; Polly Baldwin, Public Health Medical Director; Arlene Diaz, Manager, Public Administrator – Guardian (excused).

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**General Public Comment:** none at this meeting.

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### 1. Welcome and Overview

- Dr. Gleghorn introduced the following new staff:
  - John Jayasinghe, Deputy Director of Business Systems – oversees facilities and the fiscal unit along with PHF issues.
  - Jen Hidrobo – PHF social services director.

**Action:** No action.

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## 2. Review and Approve Minutes of the PHF Governing Board Meeting listed below:

- February 28, 2018 Meeting (Exhibit 2a)

**Action:** Ms. Pell made a motion to approve the February 28, 2018 PHF Governing Board Meeting minutes as presented. Ms. Do-Reynoso seconded. No abstentions. Motion carried.

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## 3. Medical Staff Bylaws

- No update at this meeting.

**Action:** No action

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

- **QAPI March Update (Exhibit 4a):** Indicators that are highlighted in grey are reported to the PGB on a quarterly basis; therefore no data is presented for the month of March.

Over a few years, the PHF has worked to decrease the hours of restraint usage and the number of seclusion episodes. In FY16/17, the utilization rate has been very low, less than 1% per month for both seclusion and restraints. At this point, the PHF monitors monthly utilization to ensure that the rates do not increase.

### Complaints and Grievances

- Ms. Huthsing provided the report for this month.

### Infection Prevention and Control

- No report for the quarter.

### Patient Services, Care and Safety

- Report – No report for the quarter.
- Patient Injuries- Ms. Huthsing provided the report for this month.
- Adverse Outcomes in Patient Care- Ms. Huthsing provided the report for this month.
- Suicide Management, Treatment Planning, Consents, Nursing Services – No report for the quarter.

### Social Work Services

- Ms. Huthsing provided the report for this quarter.

### Restraint/Seclusion

- Ms. Huthsing provided the report for this quarter.

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### **Medication Use/Pharmacy Services**

- Report – No report for the quarter.
- Medication Error Rates/Unavailability – Ms. Huthsing provided the report for this month.

### **Significant Adverse Outcomes**

- Ms. Huthsing provided the report for this month.

### **Food and Nutritional Services**

- Ms. Huthsing provided the report for this quarter.

### **Physician and Allied Health Professionals Related Services:**

- No report for this quarter.

### **Environmental Services (EVS)**

- No report for this quarter.

### **Environment of Care (Facilities)**

- No report for this quarter.

### **Laboratory Services:**

- Ms. Huthsing provided the report for this quarter.

### **QAPI Indicator List**

- Proposed changes to QAPI Indicator List (Exhibit 4b) - Ms. Huthsing proposed removing the following three indicators from the list originally approved by this board on 9/9/16. Indicator 21 *Average time of reporting of critical results* - is proposed to be removed and monitor it through incident reporting as there have been zero critical labs since the beginning. Indicator 24 *Rate of appropriate and accurate diets* – is proposed to be monitored via the contract monitoring tool. Indicator 28 *Proper food preparation*- is proposed to be monitored via the contract monitoring tool.

### **Process Improvement Project(s):**

- Ms. Huthsing provides the quarterly report for the month of January. The PIP focused on improving the client experience of treatment in terms of ensuring that all clients had quality treatment plans involving team based care and improving client engagement has achieved target goals. The next PIP will focus on Administrative non-billable days.



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- **PHF Status Report**

- Patient Status (UR) Report (Exhibit 4c) - Ms. Huthsing provided the March monthly report which incorporated Dr. Behrendtsen's requests from last month.

- **Contract Monitoring**

- Report – No report this quarter.

- **Significant Areas/Key Events occurring at the Psychiatric Health Facility (PHF) such as patient care.**

- Infection Control Program Update- Ms. Silva reports that vaccines are still required for staff or they must wear masks through May 20<sup>th</sup>.
  - Greeley Contract Update- Ms. Zeitz advised that due to Ms. Barrinuevo 's departure it has been difficult to hire an infection control specialist. However the Greeley Company has agreed to provide consulting over the next 6 months.
- Possible Cottage Hospital Support – The team had a brief discussion of ongoing talks with Cottage about potentially coordinating infection control assistance through Cottage staff.

**Action:** Ms. Baldwin made motion to acknowledge that the report was received and approved the proposed changes to the QAPI indicator list presented above. Ms. Pell seconded. No abstentions. Motion carried.

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## 5. Staff will provide a report on the following Compliance

- Staff Credentialing/Privileging – PHF's Medical Practice Committee (MPC) and Dr. Behrendtsen have 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 (Exhibit 5a):
  - Miriam Staub, M.D
  - Jungku Lee, M.D

**Action:** Ms. Baldwin made motion to approve credentialing of candidates and approve staff privileges listed above. Ms. Pell seconded. No abstentions. Motion carried.

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## 6. Budget Development

- **Retirement of PHF Nurse, Mary Pat Sweeney** – Dr. Gleghorn reports that it has always been a challenge to hire PHF nurses. The Department would like to bring back Ms. Sweeney prior to the 6 month required waiting period for retirees. If supported, this item would be presented to the Board of Supervisors for approval as a departmental item.

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- **PHF Bathroom update** – Mr. Jayasinghe reports that the Department has been working with the CEOs office on capital projects and the PHF bathroom project will need to remain on hold until after June 30<sup>th</sup> once other capital projects have been addressed. All CMS audit regulation upgrades have been taken care of.
  - **PHF/Building 3 Generator** – Ms. Pell reports that Building 3 generator, which also serves the PHF, is scheduled to be replaced as the expenses was previously budgeted for and has now been purchased. This would leave PHF without power for 8 hours, however proper coordination will be arranged for the planned outage including coordination with the Public Health Department regarding impacted services.

**Action:** Ms. Do Reynoso makes motion to approve the request to BOS to waive the 6 month wait period for retirees to work. Ms. Pell seconded. No abstentions. Motion carried.

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**7. Policies and Procedures** – Ms. Atkinson provides an overview of new and revised policies and procedures listed below:

- **New Policies**
  - Blood Borne Pathogen Exposure Control Plan
  - Isolation Precaution Guidelines
- **Revised**
  - Scabies and Lice Management Policy

**Action:** Ms. Do- Reynoso makes motion to approve the new and revised Policies and Procedures presented above. Ms. Pell Seconded. No abstentions. Motion carried.

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**8. PHF Governing Board Administrative Items**

- No report this month.

**Action:** No action.

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**9. Review of Future Meeting Agenda Items**

- None at this time

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**10. Adjournment** – Next Meeting Date, April 25, 2018

