



Psychiatric Health Facility (PHF) Governing Board Special Meeting  
Wednesday October 24, 2018  
3:00 PM – 4:00 PM  
PHD Conf Room C101/102  
300 N San Antonio Rd, Santa Barbara  
**Minutes**

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**Staff:** Alice Gleghorn, Susan Soderman, Quality Care Coordinator; Alesha Silva, PHF Interim Nurse Supervisor; Yaneris Muñiz, Policy Coordinator; Shereen Khatapoush, Research and Program Evaluation; Suzanne Grimmesey, Chief Quality Care and Strategy Officer; Dalila Brown, AOP II and County Counsel.

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**Facilitator:** Terri Maus-Nisich, Chief Deputy for Custody Operations

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**Roll Call –**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; Van Do-Reynoso, Director of Public Health Polly Baldwin, Public Health Medical Director (excused); Arlene Diaz, Manager, Public Administrator – Guardian; Supervisor Lavagnino, Santa Barbara County Board of Supervisors, Fifth District (excused); Supervisor Wolf, Santa Barbara County Board of Supervisors, Second District (alternate)

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

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**1. Welcome and Overview**

- Introduction of New Staff
  - There are currently no new staff to introduce. Dr. Gleghorn re-introduced Melanie Johnson, with the Behavioral Wellness Contracts unit, who will assist with coordinating the PHF Annual Update to the Board of Supervisors.
- Updates
  - Patient Satisfaction Survey
    - Shereen presented an updated of the Patient Satisfaction Survey data for the 1<sup>st</sup> quarter presented to clients in English and Spanish. 91% of respondents agree that they liked the services received at the PHF. Shereen will be working with Alesha Silva and RAs to identify what happened with the items that scored low. Most indicators were above 85%.

**Action:** No action.

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

- **September 26, 2018 – (Exhibit 2a)**

**Action:** Ms. Diaz made a motion to approve meeting minutes as presented for the September 26, 2018 PHF Governing Board meeting. Ms. Pell seconded. Supervisor Wolf abstained. 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) (Exhibit 4a):

- **QAPI September (Exhibit 4a) Update-** Indicators that are highlighted in grey are reported to the PGB on a quarterly basis.

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. Soderman provided the report for the month and PHF is on target for the indicators listed.

### Infection Prevention and Control

- Ms. Soderman provided the report for the month of August and mentions wanting to provide training to staff and continue the conversation on a monthly basis on any areas needing improvement. Ms. Soderman mentions hand hygiene rituals are an opportunity of maintaining good hand hygiene practices for all staff and for those who may need assistance in correcting their practices

### Patient Services, Care and Safety

- Report – no report for the quarter.
- Patient Injuries – Ms. Soderman provided the report for the month and PHF is on target for all indicators.  
Adverse Outcomes in Patient Care - Ms. Soderman provided the report for the month and PHF is on target for all indicators.
- Suicide Management, Treatment Planning, Consents, Nursing Services (Quarterly Feb, May, Aug, Nov)

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### **Social Work Services**

- No report for this month

### **Restraint/Seclusion**

- No report for this month

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

- Report (Quarterly: Feb, May, Aug, Nov)
- Medication Error Rates/Unavailability (monthly) –Ms. Soderman reports that the all indicators are on target. Indicator #40 will no longer be reviewed now that there is an onsite pharmacy. Morgan Peterson will attend the next PGB to provide a functionality overview of the Pyxis machine.

### **Significant Adverse Outcomes**

- Ms. Soderman provided the report for the month and all indicators were on target.

### **Food and Nutritional Services**

- No report for the quarter

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

- Ms. Soderman provided the report for the month and all indicators were on target.

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

- No report for the quarter.

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

- No report for the quarter.

### **Laboratory Services:**

- No report for the quarter

### **QAPI Indicator List**

- Proposed changes to QAPI indicator List however the Q1 data is not available.

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## **Process Improvement Projects**

Ms. Soderman provided the report for the quarter. The total number of acute days increased over time and administrative days have been declining. Non billable administrative days have been declining and she will continue to monitor for Q1 and Q2 of the fiscal year.

- **PHF Status Report**

- Patient Status (UR) Report September (Exhibit 4b) - Ms. Soderman provided report on PHF Status (UR) (Exhibit 4b).

- **Contract Monitoring**

- Report (Quarterly: Feb, May, Aug, Nov)

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

- Recruitment Update- An extra help staff was hired and recruitments are being put out for a Recovery Assistant. There was one staff separation.
  - Infection Control Program Update
    - Greeley Contract Update- Greeley is currently used for consultation only.
    - Dr. Gleghorn mentioned Vista Del Mar reopened last week. Laura will contact Vista to re-notify about the census. Children up to age 25 without a contract and the elderly may be placed at Vista without a contract.
    - Mark Lawler ran a successful earthquake drill.
    - There is now a triennial audit, a fiscal audit of clinical practice and medical practice, and review of acute and administrative days. The auditors are happy with how things are going so far at the PHF. This was a good opportunity to get a progress report from DHCS.

**Action:** Ms. Pell made a motion to accept the report as received. Ms. Diaz seconded. No objections. Motion carried.

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

- Staff Credentialing/Privileging
  - None at this meeting

**Action:** No action.

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## 6. Budget Development

- None at this meeting

**Action:** No action.

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## 7. New Policies and Procedures

- **New Policies**

- None at this meeting

**Action:** No action.

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## 8. PHF Governing Board Administrative Items

- No report at this meeting

**Action:** No action

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## 9. Review of Future Meeting Agenda Items

- Budget update
  - Dr. Gleghorn did speak about an upcoming Annual report that will be provided to the Board of Supervisors. The PGB had a discussion regarding items of interest that should be highlighted to the Board such as the Pyxis machine, the added diversity on the PGB, the positive patient survey results, and key issues from audits, and how they were addressed, including physical changes, plans of correction from the QCM reports, and outcome of the Triennial report.
  - Debriefing of final PHF audit/follow up on verbal or written on triennial exit interview.
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**10. Adjournment** – Meeting adjourned at 3:40 pm. Next Meeting Date, TBD in December 2018