



Psychiatric Health Facility (PHF) Governing Board Special Meeting  
Wednesday June 27, 2018  
3:00 PM – 4:00 PM  
PHD Conference Room C101/102  
300 N San Antonio Rd, Santa Barbara  
**Minutes**

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**Staff:** Alice Gleghorn, PHF CEO; Marianne Barrinuevo, PHF Director of Nursing; Jamie Huthsing, Quality Care Management Interim Manager; Susan Soderman, Quality Care Management Interim Manager; Alesha Silva, PHF Interim Nurse Supervisor; Yaneris Muñiz, Policy Coordinator; Suzanne Grimesey, 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 – Supervisor Wolf**, Santa Barbara County Board of Supervisors, Second District (alternate); **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 (excused); **Van Do-Reynoso**, Director of Public Health **Polly Baldwin**, Public Health Medical Director; **Arlene Diaz**, Manager, Public Administrator – Guardian; **Supervisor Lavagnino**, Santa Barbara County Board of Supervisors, Fifth District (excused).

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

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**1. Welcome and Overview**

- **Introduction of New Staff**

- o Andra Dillard, Infection Control Specialist was not present and will be introduced next meeting.
- o Susan Soderman was introduced as she will hold the role as Interim QCM Manager next month.

- **Patient Satisfaction Survey**

History of the PHF Survey- Patients were offered an optional satisfaction survey through Press Ganey. It was a 55 item questionnaire with an envelope at discharge. Only 12% of all surveys were returned.

- o Laura met with Shereen Khatapoush and took Press Ganey and Evidence Surveys to training with all staff to review the process. As of July 1, 2018 the survey will be available by survey
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money and if clients decline to take the survey, staff will electronically submit a blank survey allowing the Department to collect this data as well. An update will be provided next month.

**Action:** No action.

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

- **March 28, 2018 – (Exhibit 2a)- no quorum to approve at this meeting as Ms. Diaz abstained**
- **May 23, 2018-(Exhibit 2b)**

**Action:** Motion to approve the May 23, 2018 minutes by Chief Wasilewski, seconded by Ms. Diaz.

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

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 the month being on target.

**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 the month and is on target for all indicators.
- Adverse Outcomes in Patient Care - Ms. Huthsing provided the report for the month and is

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on target for all indicators.

- Suicide Management, Treatment Planning, Consents, Nursing Services (Quarterly Feb, May, Aug, Nov)

#### **Social Work Services**

- Ms. Huthsing provided the report for the quarter which was off target and indicated in the report from February with the amendment reflecting the acute note written should have reflected six days and not five days after admission.

#### **Restraint/Seclusion**

- Ms. Huthsing provided the report for the quarter being on target for all indicators.

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

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

#### **Significant Adverse Outcomes**

- Ms. Huthsing provided the report for the month being zero for the month and only one back in the January report to DHCS as previously discussed.

#### **Food and Nutritional Services**

- Ms. Huthsing provided the report for the quarter. The nutritional assessments were off target due to the nursing staff did not complete notification to the dietician. Overall the PHF has been doing well with getting nutritional assessments completed within 72 hours.
- Food storage was slightly off target as there were only 2 food items not labeled after they were opened. The dietician completes inspections daily. If the target indicators are amended to 2% or 3% the PHF would always be on target. Dr. Gleghorn would like to speak to staff more often to obtain a consensus on what will be needed to have the labels present at all times.

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

- No report for the quarter.

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

- No report for the quarter.

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

- No report for the quarter.

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### **Laboratory Services:**

- Ms. Huthsing provided the report for the quarter and on target for all indicators.

### **Process Improvement Projects**

- No report for the quarter.

### **PHF Status Report**

- Patient Status (UR) Report - Ms. Huthsing provided report on PHF Status (UR) (Exhibit 4b). There has been review of the May data and the reviewed IST days are trending as acute. Administrative stays versus acute stays are only 2% of the acute and were denied resulting in good numbers. The number of denied days are decreasing. Administrative non billable is decreasing and has been for the past 3 months. This information will be a part of the MCE reported next month.  
IST days varied with the first days acute 37% acute and 63% administrative.  
Supervisor Maus-Nisich noted the PHF was at 97% occupancy instead of 99%

### **Contract Monitoring**

- No Report for the quarter.

- **Significant Areas/Key Events occurring at the Psychiatric Health Facility (PHF) such as patient care (monthly).**
  - Recruitment Update- meeting with all of them without any issues and are up to date with minor adjustments.
  - A job offer for candidate of manager position has been made and she will begin July 2, 2018.
  - Infection Control Update:
    - o Infection Control Specialist Contract Update- Andra Dillard who speaks fluent Spanish, has been hired within the last month. She is doing a policy and procedure review for the PHF and looking over issues, line listings, and hospital acquired infections.
    - o Laura has gone to the civil service commission for extra help hoping to obtain a half time RA positions as there are challenges with night shift staffing.
    - o There is one nurse contract before the board last session, regarding Mary Pat Sweeny and has passed through.

**Action:** Chief Wasilewski made motion to acknowledge report was received. Ms. Do-Reynoso seconded.

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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

- No report at this meeting.

Action: No action.

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7. New Policies and Procedures- Ms. Muñiz explains new policies have been under development over the last year. It was established for PHF employees and contractors. The PHF is recognized as a low risk setting however PHF MPC recommends the screening should be increased on a high level for all staff and contractors. They have been cleared with employee relations. Employees who are not doing this can complete the attachment A of the policy. PHF leadership will work with any individuals to work out what the plan is for refusing employer contractor, supervisor, or employee for the policy that corresponds into the full program.

- **New Policies**
  - Employee Health Program and Infection Control

**Action:** Ms. Do Reynoso made motion to approve the new policy and procedure presented above. Chief Wasilewski seconded. No objections. Motion carried.

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## 8. PHF Governing Board Administrative Items

- Court Orders Discussion – Dr. Gleghorn shared that there is practice of Court judges ordering individuals to the PHF that do not meet admission criteria. She wanted the board to be aware that PHF is not a housing unit for the jail, however the Department is in jeopardy of being in contempt for not being compliant for not admitting a person who in fact does not meet criteria to be admitted to the PHF. The correct type of order needs to be identified within parameters of the person needing to meet 5150 criteria. The board had a discussion whether County Counsel can look into what other counties do in these situations.

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**Action:** Supervisor Maus-Nisich will follow up on meeting with the presiding judge so the correct message can be given.

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

- Invite others to attend the PHF Governing Board meeting to make recommendations for food labeling at the PHF.
- Provide direction to staff regarding items to add for the next PHF Governing Board meeting.
- Discuss suggestions on any change to metrics at the PHF.
- Introduction of the new PHF manager and Infection control manager.

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**10. Adjournment** – Meeting adjourned at 3:50 pm. Next Meeting Date, July 25, 2018