



Psychiatric Health Facility (PHF) Governing Board Meeting
Wednesday, April 24, 2019
3:00 PM – 4:00 PM
PHD Auditorium
300 N San Antonio Rd, Santa Barbara
Minutes

Staff: **Alice Gleghorn**, PHF CEO; **Ole Behrendtsen**, PHF Medical Director; **Suzanne Grimesey**, Chief Quality Care and Strategy Officer; **Jennifer Hidrobo**, PHF Clinical Director; **Sara Sanchez**, Quality Care Management Coordinator; **Karen Campos**; Behavioral Wellness Administration; **Susan McKenzie**, Deputy County Counsel; and Lisa Valencia, 1st District Representative.

Facilitator: **Terri Maus-Nisich**, Assistant CEO, Health and Human Services (Chair)

Roll Call:

Present	Excused
Terri Maus-Nisich , Assistant CEO, Health and Human Services (Chair)	Supervisor Williams , Santa Barbara County Board of Supervisors, First District
Supervisor Hart , Santa Barbara County Board of Supervisors, Second District.	Polly Baldwin , Public Health Medical Director
Vincent Wasilewski , Chief Deputy for Custody Operations, Sheriff's Department (Vice Chair)	
Van Do-Reynoso , Director of Public Health	
Arlene Diaz , Manager, Public Administrator – Guardian	
Janette Pell , Director of General Services	

General Public Comment: none at this meeting.

1. Welcome and Overview:

- Ms. Maus-Nisich announced that Deputy County Counsel, Susan McKenzie, is covering for Deputy County Counsel, Teresa Martinez.
- Lisa Valencia with First District introduced herself, she's sitting in for Supervisor Williams.

Action: No action.

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

- **March 27, 2019** (Exhibit 2a)

Action: Ms. Do-Reynoso made a motion to approve the March 27, 2019 meeting minutes as presented. Ms. Pell seconded. No abstentions. No objections. Motion carried.

3. Medical Staff Bylaws: no update at this meeting.

Action: No action.

4. Assessment and Performance Plan and Indicators (QAPI):

4(a) Staff reported on the following Quality Assessment and Performance Plan and Indicators (QAPI). (EXHIBIT 4A.) Indicators that are highlighted in grey are reported to the PGB on a quarterly basis, but were not scheduled to be reported in the month of April.

Complaints and Grievances:

- Ms. Sanchez provided the report for the month of March 2019.

Infection Prevention and Control:

- Report (Quarterly: January, April, July, October) – Ms. Sanchez provided the report for the quarter ending March 31, 2019. *Hand Hygiene According to Guidelines* was off-target with corrective actions described at the end of Exhibit 4a. Chair Maus-Nisich requested from staff a breakdown of handwashing compliance by discipline at the next meeting.

Patient Services, Care and Safety:

- Report (Quarterly: Feb, May, Aug, Nov) – no report for the quarter.
- Patient Injuries - Ms. Sanchez provided the report for the month of March 2019.
- Adverse Outcomes in Patient Care - Ms. Sanchez provided the report for the month of March 2019.

Social Work Services:

- Report (Quarterly: Mar, Jun, Sept, Dec) - no report for the quarter.

Restraint/Seclusion:

- Report (Quarterly: Mar, Jun, Sept, Dec) - no report for the quarter.

Medication Use/Pharmacy Services:

- Report (Quarterly: Feb, May, Aug, Nov) - no report for the quarter.
- Medication Error Rates/Unavailability (monthly) - Ms. Sanchez provided the report for the month of March 2019.
- Medication Error Rates – (monthly) – Ms. Sanchez provided the report for the month of March 2019.

Significant Adverse Outcomes:

- Ms. Sanchez provided the report for the month of March 2019.

Food and Nutritional Services:

- Report (Quarterly: Mar, Jun, Sept, Dec) - no report for the quarter.

Physician and Allied Health Professionals (AHP) Related Services:

- Report (Quarterly: Feb, May, Aug, Nov) - no report for the quarter.

Environmental Services (EVS):

- Report (Quarterly: Jan, Apr, Jul, Oct) - Ms. Sanchez provided the report for the quarter ending March 31, 2019.

Environment of Care (Facilities):

- Report (Quarterly: Feb, May, Aug, Nov) - no report for the quarter.

• **Process Improvement Projects:**

- Report (Quarterly: Jan, Apr, Jul, Oct) - no report at this meeting, will be reported on next month.

4(b) QAPI Indicator List. Staff reported on proposed changes to the QAPI Indicator List. PGB provided direction to Staff to amend or delete QAPI Indicators indicated below. (EXHIBIT 4b.)

Ms. Sanchez referenced exhibit 4b proposing the following amendments to the QAPI Complete List:

Proposed adjustments of the following QAPI Indicators:

- #47: Dual Licensed Signatures for Controlled Substance Destruction (added of the two signatures required, *one of them must be an RN's signature*)

Proposed removal of the following QAPI Indicators:

- #6 Adverse Outcome in Patient Care – already reported in #41-b
- #41 Medication Error Rate – already reported in #60

After board discussion, the PGB approved the recommended adjustment and removals above with direction to staff to reconfigure the order of the Complete List of QAPI indicators so that they appear in numerical order.

4(c) PHF Status Report. Staff reported on the data for the number of acute and administrative days of patients at the PHF.

- Patient Status (UR) Report (Exhibit 4c) – Ms. Sanchez provided a report on the data for March 2019.

• **Contract Monitoring Report:**

- Report (Quarterly: Feb, May, Aug, Nov) - no report for the quarter.

4(e) Significant Areas/Key Events occurring at the PHF (monthly). Staff reported on the following significant areas and key events occurring at the PHF:

Ms. Zeitz reported:

- Healthcare Coordinator Recruitment is open, currently have 12 applicants.
- There are 3 part time PHF nurse positions that need to be filled as well as the infection control nurse position.

Action: Chief Wasilewski made a motion to receive reports with direction to staff to report on the breakdown of handwashing compliance by discipline under Infection Prevention and Control; approve proposed changes/deletions made to the QAPI Indicator List presented above with noted direction to staff above. Ms. Pell seconded. No objections. No abstentions. Motion carried.

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

- **Staff Credentialing/Privileging** – none at this meeting.

Action: No action.

6. Budget Development - no report at this meeting.

Action: No action.

7. Policies and Procedures – Ms. Grimmesey provided an overview of the new, revised and other policies listed below.

- **New Policies**
 - Infection Prevention Program (Exhibit 7a)
- **Revised Policies**
 - Seclusion and Restraint (Exhibit 7b) - direction to staff to keep the chemical restraints definition in the policy, section 2.8.
- **Rescinded** - none at this meeting.
- **Review & Discuss**
 - Unusual Occurrence Reporting Policy and Procedure (Exhibit 7c)

Action: Chief Wasilewski made a motion to approve the new and revised policies and procedures with the amendment as stated above under Seclusion and Restraint, and with no further direction to Staff after reviewing the Unusual Occurrence Reporting Policy and Procedure. Ms. Do-Reynoso seconded. No oppositions. No abstention. Motion carried.

8. PHF Governing Board Administrative Items:

- None at this meeting.

Action: No action

9. Review of Future Meeting Agenda Items:

- Emergency Response Plan
- Infection Prevention & Control breakdown

10. Adjournment – Meeting adjourned at 4:00 pm. Next Meeting Date, May 22, 2019

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