



Psychiatric Health Facility (PHF) Governing Board Meeting
Wednesday, August 28, 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; **Laura Zeitz**, Division Chief of Housing Placement/PHF; **Jennifer Hidrobo**, PHF Clinical Director; **Suzanne Grimesey**, PIO/Chief Quality Care and Strategy Officer; **Sara Sanchez**, Quality Care Management Coordinator; **Hannah Atkinson**, Policy & Program Coordinator; **Shereen Khatapoush**, Research and Program Evaluator; **Stacey Anderson**, Quality Care Management Coordinator; **Qiuana Lopez**, Policy and Procedures Coordinator; **Melanie Johnson**, Contracts Manager; **Karen Campos**, Behavioral Wellness Administration; **Teresa Martinez**, Deputy County Counsel.

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

General Public Comment: none at this meeting.

1. Welcome and Overview:

- Introduction of New Staff
 - Stacey Anderson, Quality Care Management Coordinator
 - Quiana Lopez, Policy and Procedures Coordinator.

Action: No action.

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

- **July 24, 2019** (Exhibit 2a)

Action: Supervisor Williams made a motion to approve the July 24, 2019 meeting minutes as presented. Ms. Diaz seconded. Supervisor Williams abstained. No objections. Motion carried.

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

Action: No action.

4. Quality 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 August.

Complaints and Grievances:

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

Infection Prevention and Control:

- Report (Quarterly: January, April, July, October)

Patient Services, Care and Safety:

- Report (Quarterly: Feb, May, Aug, Nov) – Ms. Sanchez provided the report for quarter ending June 30, 2019. *Readmissions within 30 days* was off target with corrective actions described at the end of Exhibit 4a. Staff was directed to return with the External Quality Review Organization (EQRO) standard for the time interval that must be reported for a patient's recidivism at the PHF.

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- Patient Injuries - Ms. Sanchez provided the report for the month of July 2019.
 - Adverse Outcomes in Patient Care - Ms. Sanchez provided the report for the month of July 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) - Ms. Sanchez provided the report for quarter ending June 30, 2019.
- Medication Error Rates/Unavailability (monthly) - Ms. Sanchez provided the report for the month of July 2019. *Medication Error Rates* was off target with corrective actions described at the end of Exhibit 4a.
- Medication Error Rates – (monthly) – Ms. Sanchez provided the report for the month of July 2019.

Significant Adverse Outcomes:

- Ms. Sanchez provided the report for the month of July 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) - Ms. Sanchez provided the report for quarter ending June 30, 2019. *Telephone Medication Errors* was off target with corrective actions described at the end of Exhibit 4a. The Board directed staff to train physicians to look for signature flags in the charts instead of solely relying on nurse communication and to return to the Board with the State standard for the time on which telephone order should be signed off.

Environmental Services (EVS):

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- Report (Quarterly: Jan, Apr, Jul, Oct) - no report for the quarter.

Environment of Care (Facilities):

- Report (Quarterly: Feb, May, Aug, Nov) - Ms. Sanchez provided the report for quarter ending June 30, 2019.

4(b) QAPI Indicator List

- Report (as needed): Not discussed, Ms. Sanchez reported that this item will be brought back at the next regular meeting.

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

- Patient Status (UR) Report (monthly) – Ms. Sanchez provided a report on the data for the month of July 2019. The Board directed Staff to calculate how many unduplicated conserved and IST patients are appropriate for the MHRC and the forensic MHRC.

4(d) Contract Monitoring Report:

- Report (Quarterly: Feb, May, Aug, Nov) – Ms. Hidrobo provided an overview of the PHF contract list for FY 19-20 (Exhibit 4.d) with the proposed changes below:

- **Review of PHF contract list for FY 19-20 (Exhibit 4d)**

Updates under *Monitored By* column;

- 1. Remove Laura Zeitz and add Dr. Ole Behrendtsen
- 2. Add Heather Lengyel
- 6. Remove Alesha Silva and Laura Zeitz; replace with Jennifer Hidrobo
- 8. Under Moore Medical, remove Alesha Silva
- 9. Under Traditions Behavioral Health, remove Laura Zeitz and add Dr. Ole Behrendtsen; Under Maxim Healthcare Services remove Laura Zeitz and add Alesha Silva.

Updates under *Contractor* column :

- 9. *FCS Inc. and Locumtenen*: staff recommended that these vendors be removed as they have only been used once before and Staff does not expect to use their services further.

The Board directed staff to make the proposed changes and bring back performance measures on the vendors who contract with the PHF before the contracts are renewed for the next Fiscal Year.

- Sheriff MOU (Exhibit 4d.1) – Ms. Zeitz reported on the Centers for Medicare and Medicaid Services’ audit findings regarding the carrying of tazers by law enforcement at the PHF. Staff informed the PGB that they had provided a briefing sheet to the Sheriff’s Office outlining the roles and guidelines for Sheriff Deputies who accompany inmates to the PHF and recommended changes to the Memorandum of Understanding (MOU) between the Sheriff’s Office and Behavioral Wellness further addressing the relationship between the departments. The Board instructed Staff to return to the Board within 60 days with a draft MOU.

4(e) Significant Areas/Key Events occurring at the PHF (monthly):

- **Centers for Medicare and Medicaid (CMS) and California Department of Public Health Audit Reports and Plan of Correction Update**

Ms. Zeitz provided a summary of the audit findings and the corrective actions taken by PHF staff to address the findings. Staff reported that the County’s Plans of Correction have been submitted to the State. The Board directed Staff to return to the Board when they receive the CMS’ response to the Plan of Correction.

4(f) Process Improvement Projects (PIP) (Exhibit 4f)

- Report (Quarterly: Jan, Apr, Jul, Oct)
 - o (Exhibit 4f) - Ms. Khatapoush provided the report for quarter ending June 30, 2019.

4(g) PHF Patient Survey (Exhibit 4g)

(Supervisor Williams left at the start of this item.)

- Report (as needed)
 - o PHF Patient Survey Results (Exhibit 4g) – Ms. Khatapoush provided the report for PHF Patient Survey, July 1, 2018 through June 30, 2019. The Board instructed Staff to return with in a report on whether there is a difference in survey results between patients who are discharged by a doctor versus a judge.

Action: Ms. Do Reynoso made a motion to receive reports with direction to staff as noted above to: train physicians to look for signature flags in the charts instead of solely relying on nurse communication and to return to the Board with the State standard for the time on which telephone order should be signed off; calculate how many conserved and IST patients are appropriate for the MHRC and the forensic MHRC; make the proposed changes to Exhibit 4d and bring back performance measures on the vendors who contract with the PHF before the contracts are renewed for the next Fiscal Year; return to the Board when Staff receives the CMS’ response to the Plan of Correction; and return with a report on whether there is a the

difference in survey results between patients who are discharged by a doctor versus a judge. Ms. Diaz seconded. No objections. No abstentions. Supervisor Williams was not present. Motion carried.

5. Staff provided a report on the following Compliance matters: The PHF's Medical Practice Committee (MPC) reviewed the credentials of the staff members identified below, and recommended that the PHF Governing Board accept the MPC's recommendation to credential and approve the medical staff's privileges at the PHF as follows:

Initial Privileging

- Dr. Grace Marian (Exhibit 5a)

Re-privileging Psychiatrist

- Dr. Joshua Flatow
- Dr. Dyani Loo
- Dr. Qyana Griffith
- Dr. Ole Behrendtsen
- Dr. Miriam Staub
- Dr. Edwin Feliciano
- Dr. Leslie Lundt
- Dr. Jungku Lee

Internist

- Dr. Salman Haq
- Dr. Enrico Cerrato
- Dr. Daniel Litten

Staff recommended that Dr. Micah Hoffman not be re-credentialed at this time because he is no longer providing services at the PHF.

Action: Chief Wasilewski made a motion to receive the Medical Director's evaluation of each member's character, demonstrated professional competence, qualifications, and ethical standards; accept Dr. Behrendtsen's verification that each medical staff member's credentials are current and located in a centralized file at the PHF; to re-credential and re-privilege the medical staff members identified above, as applicable; and direct staff to reappraise and re-credential Dr. Marian within 6 months of her initial appointment and to re-credential and re-appoint each other medical staff member listed above, with the exception of Dr. Micha Hoffman, for MPC and PGB approval within 1 year of the August 28, 2019 meeting of the PGB. Dr. Baldwin seconded. No abstentions. No oppositions. Supervisor Williams not present. Motion carried.

6. Budget Development - no report at this meeting.

Action: No action.

7. Policies and Procedures – Ms. Atkinsons provided an overview of the revised policies listed below.

- **New Policies** – none at this meeting.
- **Revised Policies**
 - Request for Additional Food (Exhibit 7a)
 - Medication Administration (Exhibit 7b) – direction was given to staff to remove paragraph 4.6 as the information is already included in section 6.
 - Discharge Medications (Exhibit 7c)
 - Ice Procurement, Storage, and Handling (Exhibit 7d)
- **Rescinded** - none at this meeting.
- **Other** – none at this meeting.

Action: Ms. Do-Reynoso made a motion to approve the Revised Policies listed above with the noted amendment to the Medication Administration Policy and Procedure. Ms. Diaz seconded. No oppositions. No abstention. Supervisor Williams not present. Motion carried.

8. PHF Governing Board Administrative Items:

- None at this meeting.

Action: No action

9. Review of Future Meeting Agenda Items:

- Conservatorship pathways In/Out of PHF

10. Adjournment – Ms. Do-Reynoso made a motion and Chief Wasilewski seconded to adjourn the meeting. The meeting adjourned at 4:05 pm. Next Meeting Date, September 25, 2019