



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

Psychiatric Health Facility (PHF) Governing Board Meeting  
Wednesday, March 27, 2019  
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; **Ole Behrendtsen**, PHF Medical Director; **Suzanne Grimesey**, Chief Quality Care and Strategy Officer; **Jennifer Hidrobo**, PHF Clinical Director; **Sara Sanchez**, Quality Care Management Coordinator; **Jamie Huthsing**, Quality Care Management Manager; **Karen Campos**; Behavioral Wellness Administration; **Yaneri Muñiz**, Policy Coordinator; **Shereen Khatapoush**; Research & Program Evaluator; **Caitlin Lepore**, Research & Program Evaluator; **Teresa Martinez**, Deputy County Counsel.

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**Facilitator:** **Vincent Wasilewski**, Chief Deputy for Custody Operations, Sheriff's Department (Vice Chair)

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**Roll Call:**

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<b>Present</b>	<b>Excused</b>
<b>Supervisor Williams</b> , Santa Barbara County Board of Supervisors, First District (arrived after item #1)	<b>Terri Maus-Nisich, Assistant CEO</b> , Health and Human Services (Chair)
<b>Vincent Wasilewski</b> , Chief Deputy for Custody Operations, Sheriff's Department (Vice Chair)	
<b>Van Do-Reynoso</b> , Director of Public Health	
<b>Polly Baldwin</b> , Public Health Medical Director	
<b>Arlene Diaz</b> , Manager, Public Administrator – Guardian	
<b>Janette Pell</b> , Director of General Services	

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

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### 1. Welcome and Overview:

- Dr. Gleghorn reports that Supervisor Hart has been appointed alternate Supervisor for the PGB as Supervisor Williams is replacing Supervisor Lavagnino as the regular PGB member.
- **Introduction of New Staff** - no new staff to introduce.

**Action:** No action.

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

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

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

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

**Action:** No action.

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### 4. Staff reports 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, but are not scheduled to be reported in 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. Sanchez provided the report for the month of February 2019. Correction under *Total Grievances Feb 19 Data*; change 6/436 to 3/436.

#### **Infection Prevention and Control:**

- Report (Quarterly: January, April, July, October) - no report for the quarter.

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### **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 February 2019. Doctor Baldwin requested that severe patient injuries be reported to the PGB. Ms. Do-Reynoso agreed and directed Staff to present the Unusual Occurrence Reporting Policy and Procedure at the next meeting for review and discussion.
- Adverse Outcomes in Patient Care - Ms. Sanchez provided the report for the month of February 2019.

### **Social Work Services:**

- Report (Quarterly: Mar, Jun, Sept, Dec) - Ms. Sanchez provided the report for the quarter ending December 31, 2018. *Social Services Discharge & Aftercare Monitoring* and *Social Services Documentation Monitoring* was off target with corrective actions described at the end of Exhibit 4a.

### **Restraint/Seclusion:**

- Report (Quarterly: Mar, Jun, Sept, Dec) - Ms. Sanchez provided the report for the quarter ending December 31, 2018. *Face to Face Evaluation within 1 Hour* was off target with corrective action at the end of exhibit 4a.

### **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 February 2019.

### **Significant Adverse Outcomes:**

- Ms. Sanchez provided the report for the month of February 2019. Ms. Muñiz recommends that *Significant Event Policy* cited under Sentinel Events be updated to the *Unusual Occurrence Reporting Policy*.

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**Food and Nutritional Services:**

- Report (Quarterly: Mar, Jun, Sept, Dec) - Ms. Sanchez provided the report for the quarter ending December 31, 2018. *Nutritional Assessment* was off target with corrective action at the end of exhibit 4a.

**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) - no report for the quarter.

**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 for the quarter.

• **QAPI Indicator List:**

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

**Proposed removal of the following QAPI Indicators:**

- #46: Controlled Substance Destruction (combined into modified #47)
- #20: Rate of Proper Laboratory Value Review and Documentation –Dr. Behrendtsen reported findings and confirmed that ongoing monitoring of this process is inefficient.

**Proposed Adjustments to the following QAPI Indicators:**

- #42: Appropriateness of Poly-Pharmacy Antipsychotic Therapy (antipsychotic language added)
- #47: Dual Licensed Signatures for Controlled Substance Destruction (Combined language from #46 and #47)

**After board discussion, the PGB took the following action:**

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- # 20 and #46 approved to be removed
  - #42 approved as proposed
  - #6: Directed Staff to research the consultant Greeley Company's recommendation regarding #6 as it seems to be duplicative of #41 (Adverse Drug Reaction Rate).
  - #47 to be brought back with added language requiring a registered nurse to be one of the dual licensed signatures
  - ## 41 to be renumbered to correct duplication

- **PHF Status Report:**

- Patient Status (UR) Report (Exhibit 4c) – Ms. Sanchez provided a report on the data for February 2019. A recommendation was made to account for the number of conserved patients who are admitted to the PHF for one night.

- **Contract Monitoring Report:**

- Report (Quarterly: Jan, Apr, Jul, Oct) - no report for the quarter.
- Aramark Contract Update – Ms. Martinez and Ms. Hidrobo provided an update on the contract with Aramark Uniform Services.

After brief discussion, the PGB directed Staff to allow the Aramark contract to expire on its own terms effective June 30, 2019, to have Staff coordinate with Aramark on winding down its services by that time, and to complete an informal bid process for the replacement contract. The PGB further directed that any agreements with the replacement contractor shall require that the contractor be accredited by the Healthcare Laundry Accreditation Council (HLAC) and adhere to the PHF Policy on Healthcare Laundry Processing.

- **PHF Patient Survey:**

- Quarter 1 – Quarter 2 Patient Satisfaction Survey - Ms. Khatapoush reported data results from July 1, 2018 through December 31, 2018.

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

Ms. Sanchez provided an overview of the October 2018 Fiscal Audit Plan of Correction. Staff was directed to report back on the final plan of correction.

**Actions:**

Ms. Pell made a motion to acknowledge that the QAPI March report was received with direction to Staff to present the Unusual Occurrence Reporting Policy and Procedure

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for review and discussion at the next meeting as stated above. Ms. Diaz seconded. No objections. No abstentions. Motion carried.

Ms. Pell made a motion to approve the recommended removal of QAPI indicators #20 and #46 and amend #42 as recommended, with direction to Staff to bring back: #6 with an update for further discussion and #47 with the proposed added language; and to correct duplication of the two #41's as stated above. Ms. Do-Reynoso seconded. No objections. No abstentions. Motion carried.

Ms. Pell made a motion to acknowledge that the Patient Status UR report was received. Ms. Do-Reynoso seconded. No abstentions. No objections. Motion carried.

Ms. Diaz made a motion to acknowledge that the Aramark contract update was received with the following direction to Staff: allow the Aramark contract to expire on June 30, 2019, coordinate with Aramark on winding down its services by that time, complete an informal bid process for the replacement contract, include a provision in agreements with the contractor who provides healthcare laundry services to the PHF that such contractor be accredited by the Healthcare Laundry Accreditation Council (HLAC) and adhere to the PHF Policy on Healthcare Laundry Processing. Supervisor Williams seconded. No abstentions. No objections.

Ms. Baldwin made a motion to acknowledge that the PHF patient satisfaction survey was received. Ms. Pell seconded. No abstentions. No objections. Motion carried.

Ms. Diaz made a motion to acknowledge that the October 2018 Fiscal Audit Plan of Correction update was received with direction to Staff to report back on the final plan of correction as stated above. Ms. Baldwin seconded. No abstentions. 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. Policies and Procedures** – Ms. Muñiz provided an overview of the revised policies listed below.

- **New Policies** – none at this meeting.
- **Revised Policies**
  - Healthcare Laundry Processing (Exhibit 7a)
  - Scabies and Lice Management (Exhibit 7b)
    - a. Att. A – CDC Guide to Personal Protective Equipment
  - Standard Precautions (Exhibit 7c) – amendment requested to change the word *brown* to *white* under sections 3.3.1 and 3.3.2
    - a. Att. A – CDC Guide to Personal Protective Equipment
- **Rescinded** - none at this meeting.

**Action:** Ms. Pell made a motion to approve the revised policies and procedures with the amendment as stated above. Ms. Do-Reynoso seconded. No oppositions. No abstention. Motion carried.

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**8. PHF Governing Board Administrative Items:**

- None at this meeting.

**Action:** No action

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

- Unusual Occurrence Reporting Policy & Procedure review and discussion.
- QAPI Indicator #6– update on Greeley report research findings
- QAPI Indicator #47 – revision to add language requiring a registered nurse to be one of the dual signatures
- Correct the duplication of QAPI Indicators #41

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**10. Adjournment** – Meeting adjourned at 4:12 pm. Next Meeting Date, April 24, 2019