

**Members Attending:**

1. Irwin Lunianski, **QCM /UR Psychiatrist**
2. Emily Gularte, **QCM Dept. Business Specialist**
3. Carmen Castillo, **QCM, AOP I**
4. Charlotte Balzer-Gott, **RN, PHF**
5. Veronica Heinzelmann, **LCSW, PHF**
6. Rita Dwyer, **UR Nurse, QCM**
7. Jamie Huthsing, **LMFT, QCM Coordinador**
8. Deana Huddleston, **LMFT, QCM Manager**
9. Alice Geanta, **MFT, Acute Discharge Coordinador**
10. Leslie Lundt, **MD, PHF**
11. Cristine Cole, **Medical Records**
12. Kristins Linford, **Medical Records**
13. Careena Robb, **QCM, Coordinador- video conference**
14. Kay Waldo, **Patients Rights Advocate- video conference**
15. Ernest Thomas, **Facilites Manager**
16. Suzanne Grinmmesy, **OQSM Division Manager**

<b>Items:</b>	<b>Lead</b>	<b>Action/Deadline or Info Only</b>
<b>Welcome</b>	Deana	Welcome- minutes approved, Deana
<b>Minutes and Action Item Review from Previous Meeting</b>		Monthly data reports: Medical records compliance requires updating. Data for June needs to be corrected from 500% to 14%. Throughout the minutes, REFERRAL is spelled incorrectly as "referral."
<b>Overview of CMS Audit and Plan of Correction</b>	Deana	<p>The CMS audit plan of correction-We had an audit and we are in the process of completing the plan of correction with the help of a consultant group called the Greely Group. In the CMS audit the Greely group, helped identify indicators that need to be reviewed and some of the other deficits in how we have our meetings and functions. One of those is the Government Structure.</p> <p>Overview of PHF Governance Structure was discussed. The QAPI committee will send minutes to the PHF Medical Practice Committee who will report to the PHF Governing Board and up to the BOS.</p> <p>The QAPI Committee will consist of the Chief of Quality and Care Strategy Officer (Suzanne) Quality Care Manager (Deana) the PHF Medical Director (Dr. Lundt) Compliance Officer (Celeste) Research and Program Evaluator (April) and other representatives and key PHF leader.</p> <p>QAPI Work Plan was reviewed and accepted by the present members.</p> <p>53 indicators were reviewed and accepted by the QAPI committee (see attached). The prioritization category was explained in detail to committee members and the legend was pointed out at the bottom of the indicator list. April mentioned that the ones that are in white are the indicators that need to be addressed as priority.</p> <p>Charlotte reported that there is a consult dietician and she will be here next month. Charlotte will send Emily the dietician's information to invite her to the</p>

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	April	<p>next meeting. For EDS it is a contracting staff, he will attend quarterly Charlotte will send his contact information to Emily, so that he can get the meeting invite.</p> <p>PIPS- there are three PIPS the first one is a Policy and Procedure Review Update. There is a number of Policy and Procedures on the PHF that either don't exist or need to be reviewed and revised. A subcommittee will through all the P&amp;P's at the PHF, and see what needs to be addressed, and determine priority. The intention is to have the policy guideline review completed by the end of January in 2017.</p> <p>The second PIP is Comfort Room Use. This PIP has been ongoing for a couple of months now. This PIP is to look at whether or not the comfort room meets the expectations of helping clients to calm down by providing warm blankets, music, etc. The use of the comfort room will, ideally, reduce the number of seclusions and restraints.</p> <p>The third PIP is the Ligature Risk. Last week the Greeley Group consultant, Ernest, Charlotte, and April went through and did a Ligature Risk Assessment on the PHF. They went through every part of the unit where patients have access and prioritized by level of risk and then will be evaluated regarding cost and impact on the unit.</p> <p>All three PIPS were approved by the present members.</p>
<b>Monthly Data Reports</b>	Group	<p><b><u>UOIR Report (Incident Reports)</u></b> – Incident reports were not getting signed when Dr. Lundt was gone. Dr. Lundt mentioned, that other people can sign when she is gone.</p> <p><b><u>Seclusion and Restraint Use-</u></b> Enrique didn't send the updated report to Emily.</p> <p><b><u>Dietary Services</u></b>–There was nothing to report on this month.</p> <p><b><u>Medical Records Compliance-</u></b> There were 49 discharge days for July. Total delinquent charts were 16%. Kristina Linford, HIM provided reasons for delinquency: charts not being given to Medical Records in a timely fashion (some take longer than 7 days) and some did not have completed discharge notes or the discharge note was not completed at the end of the nurse's shift. Charlotte Balzer-Gott, queried plan for the charts that are identified as "incomplete" for those staff who are no longer employed with the agency. Committee decided to file those charts as "incomplete" and plan was developed for Charlotte to follow up on those charts that can be completed by next month's meeting.</p> <p><b><u>Patient Grievances and Appeals-</u></b> data wasn't forwarded by PRA's.</p>

**Items:**

**Lead**

**Action/Deadline or Info Only**

**Monthly UR Data Report**- BOS ruled that the PHF will have one bed per day designated for those individuals from the County jail. It was suggested and agreed upon that additional data be tracked for days that bed remains empty and number of unique days.  
**Nursing and Recovery**- Noting for this month  
**PET and Treatment Plan**- Noting for this month

**Items to Carry Forward**

**Adjournment**

Dr.  
Lunianski