

## **Psychiatric Health Facility Medical Practice Committee**

Meeting Minutes  
Wednesday, August 24, 2016

### **Opening**

The regular meeting of the Psychiatric Health Facility Medical Practice Committee was called to order at 8:30 am on Wednesday, in the Behavioral Wellness Conference Room 261 by Dr. Leslie Lundt and Laura Zeitz.

### **Present**

Celeste Anderson, Deana Huddleston, Dr. Kofler, Dr. Lundt, Dr. Lunianski, Yaneris Muniz, Dr. Tilton, and Laura Zeitz

### **Approval of Minutes**

The minutes of the previous meeting held on 8/10/2016 were unanimously approved.

### **Open Issues**

The purpose of this committee was discussed briefly. A CMS audit took place in June with a plan of correction resulting from the audit, due by Friday, August 26<sup>th</sup>, 2016. All items discussed today will need to be approved by the PHF Medical Practice Committee (MPC), PHF Governing Board, PHF Medical Director – Dr. Lundt, PHF CEO – Dr. Gleghorn, and the Board of Supervisors (BOS).

The PHF established a new reporting structure and developed policies described today as part of the plan of correction.

### **New Business**

Infection Control/Dietary Review

\*Signature page

### **2016 Infection Control Plan**

The Infection Control plan and program will outline the monitoring of hand washing, key areas of infection, flu vaccinations, washer and dryer hygiene, and approving cleaning materials according to the CDC.

Committee member had a question regarding where the policies came from regarding vaccination and wearing a mask if they are not immunized. The response is that it is a Medicare requirement. Dr. Lundt has a list of staff that is not up to date on the required vaccines and they will be notified of the policy regarding the masks. Staff may call Charlotte

Balzer-Gott to set up an appointment if they would like the PHF nursing staff to administer the vaccine free of charge.

**a. Infection Prevention Program Analysis 2016 – Approved**

The committee reviewed the Infection Prevention Program Analysis. The analysis review included: public health in the area, prevalence of certain diseases, disinfection, cleaning, hand hygiene, flu vaccines, and immunization compliance.

**b. SB County PHF, 2016 Infection Control Plan Risk Assessment – Approved**

The committee reviewed the Risk Assessment as attached.

**Infection Control P&P's**

**a. Employee Immunization – Approved**

PHF is currently operating under an acute hospital status. PHF needs to document vaccination status or keep declination on file if staff declines the immunization. This policy also includes: contractors and other BWell staff who have access to patient care areas. Staff must have proof of the following immunizations and tests: Hepatitis B, TB, MMR, TDaP, Varicella, and seasonal influenza. Arrangements have been made with Public Health to do Titters; except for TDaP (this is not available in Titters). With the exception of the flu vaccine, immunizations will be provided through a county designated provider. This PP will also be added to the new hire employee packets, so when people go to the Occupational Medicine as part of their Med B screening for the PHF, this information will be available.

**b. Blood Glucose Monitoring- Approved**

New parameters noted

**c. Ice Procurement, Storage and Handling – Approved**

PHF will only be getting ice from the Department's vendor

**d. Disaster and Emergency Supplies for Dietary Services - Approved**

The new disaster and emergency supplies for dietary services has been increased to provide resources for 7 days. Food and water that will serve up to 25 people will be kept in the storage supply shed.

**e. Food Substitutions and Replacement Meals - Approved**

PHF will be offering the approved caloric value for patients who have refused the meal being provided or if they have specific dietary needs, i.e., vegetarian/diabetic. Heather Lengyel has been hired as the contracted dietician for the PHF, and has determined what an appropriate substitution will be if a patient declines a part of their meals.

**f. Therapeutic Diets – Approved**

The nursing assessment now includes a way to quantify patient's general nutritional status based on the BMI. If there is an issue with the nutrition for the patient on the assessment, it will be added to their treatment plan and a referral will be made to see the dietician.

\*Committee members reviewed the new diet manual

**g. Washer and Dryer Disinfection/Soiled Laundry Handling – Approved**

The machines will be scrubbed out in-between patients and at the beginning/end of the day. A hot water cycle will be run once a day as a precaution. PHF staff has been trained to this new PP. Laundry room is now a staff only area.

**h. Facility Surveillance and Inspection Policy – Approved**

The Facility Surveillance and Inspection policy requires daily surveillance of the facility for infection control issues and hazards, as well as a monthly comprehensive environmental inspection that is conducted by the Safety Officer, Infection Control Officer or another designee.

**i. Hand Hygiene Policy – Approved**

Surveillance checks are now conducted for staff handwashing and checks are in place to make sure they are following it correctly. Hand washing is mandated before meal service, before and in-between patients, and bed changes. These washes will be monitored by the nursing supervisor. Use of alcohol based cleaning solution is also outlined.

**j. Nutritional Screening and Assessment – Approved**

A dietary assessment will be triggered if patients begin to refuse food, have significant weight gain, or begin to eat less than 50% of their food.

**k. Requests for Additional Food – Approved**

PHF patients will receive an additional service of specific food (items outlined in the policy). If they are not on a therapeutic diet, they will be offered certain items like fruit, vegetables, and soup. They will be referred to the dietician if this is not adequate.

**The following is a list of cleaning solutions that were approved during the Infection Control Committee Meeting – Approved**

1. Perisept
2. Sunray
3. ACE 256
4. Greenwave foaming bathroom cleaner

\*CDC guidelines have been met with the above mentioned chemical infection prevention specialists.

**Dietary Manual Review – Approved**

The committee went over Sodexo material with therapeutic diets, regular diet, caloric content, and nutritional value. The dietician reads this data and it is used as a reference guide when applicable.

\*All committee members signed that they reviewed the manual.

**Quality Care Management Credentialing and Privileging Issues – Approved**

Credential Jessica Curry and Beaux Baggesen-Jensen (CV and License update)

Jessica Curry is a well-trained Hopkins/Vanderbilt, NP, who most recently worked in Nashville.

Celeste shared how the new Board Letter credentialing procedure operates for the Department. Once they become Allied Health Professionals, they will be put on a formal letter. The approval will now go from QCM to PHF-MPC to the PHF Governing Board. This process will need to be renewed every two years.

The credentialing of this staff will be discussed at the next MPC meeting.

### **QAPI Work Plan - Approved**

The QAPI work plan was presented by Deana Huddleston. There was no link between this committee and QAPI before. MPC will review items from QAPI and will also send items and issues to QAPI for action.

\*QAPI recommendation: MPC will approve. The data will be forwarded to the PHF Governing Board for approval and will then be summarized and provided to the BOS, MPC and QAPI committee. The PHF Governing Board will present a quarterly report to the BOS. The QAPI committee members include: Quality Assurance, PHF Medical Director, compliance officer, research and program evaluators, Charlotte, pharmacy, patients' rights, Veronica (social worker representative), and program manager for PHF.

The PHF Governing Board consists of: PHF CEO Dr. Gleghorn, Health Care Services/Public Health Director Dr. Wada, Assistant CEO Terri Maus-Nisich, and a standing elected member of the Santa Barbara County board of supervisors. An alternate Board of Supervisor Member will also be chosen.

Topics will include: infection control, dietary issues, and patients' rights issues. It is the responsibility of the QCM to look at key indicators and make a recommendation on every possible aspect and incident report. It is the responsibility of the MPC to look at the recommendation and give approvals and/or feedback to the QCM on how to improve the issues.

PDSA is already happening in the outpatient system. Key projects are identified, changes implemented and adjusted as they go along. PDSA will be used to implement and assess improvements and projects at the PHF.

## **Formulary and Medication Policy Review – Approved**

P&T approved the formulary. There will be a simple process to obtain non-formulary medications.

Team approved: Dr. Lundt or other medical staff will do an off formulary request for medications that are not on the current list if they are needed.

\*PHF – MPC members signed the PHF formulary.

## **Policy and Procedures**

### **Access to Medication Storage Areas – Approved**

Med Room access is strictly for authorized staff only. Anyone who enters the Med Room must be on the list of authorized staff which has been approved by the Medical Director and Supervisor.

### **Employee Immunization – Approved**

*Previously approved in the above mentioned notes*

### **PRN Mediations – Approved**

Need to be specific and cannot be in a range. When certain medications are given, the order needs to be clear.

### **Patient's Own Medications – Attachment A- Approved**

### **Hometown Pharmacy Policies and Procedures Manual – Approved**

### **Medication Disposal – Approved**

The sharps are going to go back to the pharmacy through the reverse distribution vendor for sharps.

### **Emergency Medication Kit (E-Kit)**

Operation of the E-Kit at the PHF was discussed. Recommendation to include a list of contents of the E-Kit, this will be provided to Yaneris to amend the PP.

A new PHF manager position has been created. Funding will come from a vacant nursing manager position. The new hire will be in charge of compliance monitoring and oversight of regulatory changes.

## **Drug Recall**

Hometown Pharmacy policy: daily email notification about medication recall will be provided. If anything is urgent, they will call the nursing supervisor.

## **Medication Errors and Adverse Drug Reactions**

If there is a near miss or an error, an error report must be completed along with a UOIR. Adverse reactions; a UOIR must be submitted along with an Adverse Reaction Report. Unless there is a significant adverse reaction event, the reports will be reviewed quarterly by QAPI and the PHF.

## **Miscellaneous Information**

1. DHCS: Rights for Individuals in Mental Health Facilities Manual and attachment-  
**Approved changes**

## **Staff Orientation and Training for Seclusion and Restraint – Approved**

The Seclusion and Restraint policy includes: how staff is trained, how often, who is conducting the training, and what specific items are covered.

## **New Seclusion and Restraint PP with Attachment A&B - Approved**

If a seclusion/restraint event triggers a treatment plan update, we clarified that the Licensed Independent Practitioner (LIP) does the 1 hour face-to-face evaluations not the psychiatrist on call.

## **Client Problem Resolution Process – Approved**

- Attachments A, B, & C  
PHF Grievance Process clarified: It explains how they are filed, logged, the patients' appeal rights, to include the attempts that were made by staff to solve the grievance at the lowest level possible, right away. The patient can also send grievance to Ventura County District office, Intermediary-QIO, and CMS. This information is visibly posted in English and Spanish along with an explanation of the length of time it takes to process.

## **PHF Medical Staff Bylaws Review – Approved**

Changes have been made to reflect the actions of the PHF, eliminating any need for subcommittees for credentialing. Active medical staff is civil service. Allied Health professionals, such as NP's, now need to be approved by the PHF Medical Director.

Recruitment is ongoing for civil service doctors, however, the doctor's currently present will take over the processes.

Clarification regarding the purpose of the PHF Utilization Review Committee needs to be identified and re-discussed with Dr. Lundt.

**Action Items:**

- Yaneris – will amend the E-KIT PP to include a full list from the pharmacy of the contents of the kit
- Yaneris – will amend the Staff Orientation and Training for Seclusion and Restraint PP, section 4.3.A to include the term LIP.
- MPC- will meet regarding credentialing of NPs at the next MPC meeting
- Title XI of the Bylaws will be reviewed at the next meeting
- Section 4, page 55 of the Bylaws will strike the name “Executive Committee”
- Dalila – will obtain Dr. Gleghorn’s signature (PHF CEO) of the Dietary Manual, Hometown Pharmacy Review, and the PHF Medical Staff Bylaws

**Agenda for Next Meeting**

MPC has a question regarding the PHF UR Committee; next meeting MPC will review the Utilization Review process for PHF and make recommendations regarding process improvements.

PHF Medication Guidelines; group will make recommendations for reviewing the updates

**Adjournment**

Meeting was adjourned at 10:40 am by Dr. Leslie Lundt and Laura Zeitz.

Minutes submitted by: [Name]

Approved by: [Name]

## Psychiatric Health Facility Medical Practice Committee

### Meeting Minutes

Wednesday, September 14, 2016

#### Opening

The regular meeting of the Psychiatric Health Facility Medical Practice Committee was called to order at 8:30 am on Wednesday, in the Behavioral Wellness Conference Room 261 by Dr. Leslie Lundt.

#### Present

Dr. Lundt, Yaneris Muniz, Dr. Lunianski, Dr. Tilton, Dr. Kofler, Dr. Wexler, Dalila Brown, and Xiomara Abayari

#### Approval of Minutes

The minutes of the previous meeting held on 8/24/2016 were unanimously approved with the following corrections made in the section referred to as, Infection Control P&P.

- 1) Declamation was changed to declination
- 2) “and tests” was added to the sentence, “Staff must have proof of the following immunizations and tests”
- 3) Wording changed from “immunizations will be available at the PHF” changed to: “with the exception of the flu vaccine, immunizations will be provided through a county designated provider”
- 4) Facility Surveillance and Inspection and Hand Hygiene Policy were corrected and changed to two separate policies.

#### Open Issues

PHF bylaws, motion was made by Dr. Wexler to approve the bylaws and a 2<sup>nd</sup> by Dr. Lunianski.

The revised policies discussed today will be going to the PHF Governing Board meeting today at 11am.

#### New Business

Changes were made to the Policies and Procedures listed below:

1. Infection Control; Employee immunization – during the flu season, PHF employees who decline the influenza vaccine offered, will be provided face masks to wear while on duty, however, a mandate by the Santa Barbara County Health Officer to don medical masks during flu season will supersede this policy.

2. Dietary Services; Disaster and Emergency Supplies for Dietary Services – in the event of a disaster, there will be a seven day supply of nutrition and hydration available for a minimum of 50 patients and staff. Calculations were rewritten and can be located in section 4. Water Supply Procedures.
3. Dietary Services; Nutritional Screening and Assessment – Policy 2.1: The RD is responsible for ongoing monitoring of nutritional interventions and conducting nutritional assessments as needed. Policy 3.6: As part of the care plan review, the RD will conduct a review of nutritional interventions implemented to ensure they are effective and continue to be appropriate. If the RD recognizes the interventions are ineffective, or he/she identifies additional nutritional issues and risks, a nutritional reassessment will be completed.
4. Medications; Patients' Own Medications – Policy 3.3: all patients own medications will be physically inspected and verified by a contracted pharmacist or PHF psychiatrist/physician prior to administration. Policies 4.3, 4.4, 4.5, 4.6, 4.7, and 4.9 reflect the changes made to the process for patients own medications.
5. Medications; Medication Disposal – Policy 3.1 changed to include partial doses. Policy 4, Controlled Medication Disposal Procedure section 4.1.2, disposal will be documented on the patient's individual Controlled Drug Records. Policy 4.2.1, during processing, the contracted pharmacist will input medication information electronically via the certified return distribution vendor's website. The contracted pharmacist will provide the PHF Nursing Supervisor a printed manifest of all medications shipped for destruction.
6. Hometown Pharmacy; Pharmacy Deliveries – Policy/Procedure section 1.c, changes were made to the emergency STAT and Emergency Medication Orders and Deliveries, see the policy for details. "Geriscripts" were tested with success and patients Rx were filled within 15 minutes.
7. Hometown Pharmacy; Emergency Drugs and Supplies – language changed regarding the E-kits and how the processes for STAT orders are placed. E-kits arrive sealed with a red lock. Inside every kit is a utilization form which must be completed for every medication used in the E-Kit. Inside each kit there is a green lock to be used for resealing. Each green lock is individually identified with a serial number. To protect its integrity, the green lock must be used to relock the kit. At the next delivery, the relocked E-kit will be handed to the Hometown Pharmacy delivery driver for replacement. If a new E-kit is not available, it is Hometown Pharmacies responsibility to deliver a replacement as soon as possible but no later than 72 hours. PHF staff will keep E-kit until replacement arrives.
8. Hometown Pharmacy; Medication Disposal/Destruction – Procedure 1, partial doses were included. Procedure 2, the consultant pharmacist will participate in the processing, packaging and shipment of medication for destruction during the monthly consulting visit or as needed or requested. Policy 3, the facility will place all disposed

medications in a designated, secure location per PHF's policy. Procedure 7, Controlled substances may not be returned to the pharmacy. All disposed medications must be recorded in the patient's individual Controlled Drug Record and the Medication Disposal Log. Please see the PHF Policy "Medical Disposal" for further details.

**Miscellaneous Information**

Plan of Corrections will go to auditors this Friday. We are expecting a return visit near the end of the month of September or the beginning of October.

**Adjournment**

Meeting was adjourned at 9:00 am by Dr. Leslie Lundt.

## Psychiatric Health Facility Medical Practice Committee

### Meeting Minutes

Wednesday, September 28, 2016

#### **Opening**

The regular meeting of the Psychiatric Health Facility Medical Practice Committee was called to order at 8:37 am on Wednesday, September 28, 2016 in the Behavioral Wellness Conference Room 261 by Dr. Leslie Lundt

#### **Present**

Dr. Kofler, Dr. Lundt, Dr. Lunianski, Dr. Tilton, Dr. Wexler, Elise McKee, Charlotte Balzer-Gott, Morgan Peterson, Joseph Abraham, Dalila Brown, and Xiomara Abayari

#### **Approval of Minutes**

Dr. Wexler motioned to approve the minutes of the previous meeting held on 9/14/2016, Dr. Lunianski seconded and the minutes were unanimously approved.

#### **Open Issues**

The Public Health Department issued a Health Officer Order for an Influenza vaccination program at all hospitals within Santa Barbara County, effective November 1<sup>st</sup>, 2016.

The order reads – “We, as Public Health Officers of Santa Barbara County, do hereby order all licensed acute care hospitals in Santa Barbara County to develop and implement a mandatory influenza vaccination program for the 2016-2017 influenza season. The influenza vaccination program shall require a health care worker to provide evidence of vaccination with an influenza vaccine. If the health care worker is unable to provide such evidence, that worker shall wear a surgical mask while working in patient care area during the influenza season.”

The Health Officer Order is effective during influenza season, defined for 2016-2017 as November 1<sup>st</sup>, 2016 through May 20<sup>th</sup>, 2017.

## **New Business**

### ***Policy and Procedure Review***

**Medication Disposal** (previously approved, slight revisions made)-two changes were made to the original policy and procedure.

1. Policy 2.2.2 Medication disposal - to remove a medication from inventory for any reason and discarding it into a designated collection receptacle until it can be processed and shipped for destruction.
2. Policy 2.2.3 Medication destruction – process utilized to render a medication “non-retrievable” by permanently altering the medication’s physical or chemical condition or state through irreversible means and thereby rendering the medication unavailable and unusable for all practical purposes.
3. Policy 4.4.2 The contracted pharmacist will retrieve the controlled substances from the locked drop box and verify the identity of each medication.  
(Policy available upon request for further details)

*A motion was made by Dr. Wexler to approve the Medication Disposal policy and procedure, seconded by Dr. Lunianski and unanimously approved by the MPC.*

**Transcribing New Medication Orders** (brand new policy)- this policies purpose is to guide the practice of licensed nursing staff (LNS) when accepting, verifying, transcribing, and implementing medication orders from an authorized prescriber. This policy is to also ensure compliance with all state and federal laws and standards of professional practice that govern medication transcription management and monitoring. (Policy available upon request for further details)

*A motion was made by Dr. Wexler to approve the Transcribing New Medication Order policy and procedures, seconded by Dr. Lunianski and unanimously approved by the MPC.*

**Stop Order for Medications** - this policies purpose is to provide standards and procedures for assigning stop dates to medication orders when stop orders are not indicated by an authorized prescriber and the PHF. Stop orders help safeguard patients against unnecessary and prolonged drug therapy. This policy is to also ensure the PHF’s medication management policies are in compliance with all federal and state laws and standards of professional practice. (Policy available upon request for further details)

*A motion was made by Dr. Wexler to approve the Stop Order for Medications policy and procedure, seconded by Dr. Lunianski and unanimously approved by the MPC.*

**Controlled Substance Management** – this policy is to provide standards and procedures for the safe inventory, management and administration of controlled substances at the PHF. This policy is to also ensure the PHF’s medication management policies are in compliance with all federal and state laws and standards of professional practice. (Policy available upon request for further details)

*A motion was made by Dr. Wexler to approve the Controlled Substance Management policy and procedure, seconded by Dr. Lunianski and unanimously approved by the MPC.*

**Sample Medications** - this policy is to establish standards and procedures for the proper management, storage, labeling and dispensing of sample medications at the PHF. This policy is to also ensure the PHF’s medication management policies are in compliance with all federal and state laws and standards of professional practice. (Policy available upon request for further details)

*A motion was made by Dr. Wexler to approve the Sample Medications policy and procedure, seconded by Dr. Lunianski and unanimously approved by the MPC.*

#### ***New Infection Control Policies for Review***

**Occupational Exposure to Communicable Diseases other than Bloodborne Pathogens** – this policy is to ensure the appropriate care and treatment of SBPHF employees experiencing an occupational exposure to a communicable disease when such an exposure requires medical evaluation, serology studies or antibiotic prophylaxis. For exposure to blood and body fluids, the employee is referred to the Policy and Procedure entitled: Bloodborne Post Exposure Evaluation and Follow-up. (Policy available upon request)

*A motion was made by Dr. Tilton to approve the Occupational Exposure to Communicable Diseases..... with changes to formatting, seconded by Dr. Lunianski and approved unanimously by the MPC.*

**Standard Precautions** – this policy is to ensure standard precautions are utilized to ensure the health and safety of all patients and staff at the PHF. The standard precautions include a group of infection prevention practices that applies to all patients regardless of suspected or confirmed infection status in any setting where healthcare is delivered. (Policy available upon request)

*A motion was made by Dr. Lunianski to approve the Standard Precautions policy and procedure, seconded by Dr. Wexler and unanimously approved by the MPC.*

**Hospital Construction and Renovations** – this policy is to prevent the acquisition or transmission of healthcare associated infections (HAI) to patients/visitors/healthcare workers during facility construction and renovation. This policy applies to all renovation/construction activities involving general and prime contractors, subcontractors, material suppliers, vendors, county and departmental plan operations and maintenance staff, infection control practitioners, facility administrators and other staff members. (Policy available upon request)  
*A motion was made by Dr. Tilton to approve the Hospital Construction and Renovations policy and procedure, seconded by Dr. Lunianski and unanimously approved by the MPC.*

**Reportable Diseases, Conditions and Occurrences** – the purpose of this policy is to comply with the California Code of Regulations, Title 17, Section 2500. Responsibility for reporting includes but is not limited to: Physicians, Infection Prevention and Control Practitioners, Physician Assistants, Nurse Practitioners, Nurses, Anyone having knowledge of a reportable condition. (Policy available upon request)  
*A motion was made by Dr. Tilton to approve the Reportable Diseases, Conditions and Occurrences policy and procedure, seconded by Dr. Lunianski and unanimously approved by the MPC.*

**Glucometer Policy** (brand new policy) – the purpose of this policy is to establish standards and procedures for the cleaning and disinfection of glucometers utilized by PHF licensed nursing staff (LNS). (Policy available upon request)  
*A motion was made by Dr. Wexler to approve the Glucometer Policy, seconded by Dr. Lunianski and approved unanimously by the MPC.*

***Hometown Pharmacy general E-Kit***

Changes in quantity were made to the E-Kit for the following items:

- Sterile water (to reconstitute for Zyprexa)
- Benadryl 50 mg IM #3
- Risperdal M – tab #8

*A motion was made to change the quantity in the E-Kit by Dr. Wexler, seconded by Dr. Lunianski and unanimously approved by the MPC.*

***Email votes and Privileges***

Vote on privileges (via email)- an email vote on privilege request for all PHF medical/psychiatric/allied health professionals' staff was sent. Per Dr. Lundt's email, there was a 4 yes vote to approve privileges. (Supporting documents available upon request)

**Action Items:**

- Charlotte – will email a list of unapproved abbreviations for staff and will send out an email regarding order elements
- Joseph – will send out an email with the new E-Kit list
- Dr. Lundt - will send out an email to MD's with the new E-Kit list

**Next Meeting**

The PHF Infection Control Committee (IC) and Pharmacy & Therapeutic Committee (P&T) will now fall under the PHF MPC committee.

*A motion was made by Dr. Tilton to increase the PHF MPC meeting time by ½ an hour on the 1<sup>st</sup> Wednesday of the month to include IC and P&T items. The motion also includes increasing the meeting on the 1<sup>st</sup> Wednesday of the month, by 1 hour on a quarterly basis. The motion was seconded by Dr. Lunianski and unanimously approved by the MPC.*

**Adjournment**

Meeting was adjourned at 10:05 am by Dr. Leslie Lundt.

## Psychiatric Health Facility Medical Practice Committee

### Meeting Minutes

Wednesday, October 26th, 2016

#### Opening

The regular meeting of the Psychiatric Health Facility Medical Practice Committee was called to order at 8:33 am on Wednesday, October 26th, 2016 in the Wisteria Conference Room by Dr. Leslie Lundt

#### Present

Dr. Kofler, Dr. Lundt, Dr. Lunianski, Dr. Tilton, Dr. Wexler, Elise McKee, Gerardo Puga, Joseph Abraham, Dalila Brown, Dr. Ole, Heather Lengyel and Xiomara Abayari

#### Approval of Minutes

Dr. Lunianski motioned to approve the minutes of the previous meeting held on 9/28/2016, Dr. Wexler seconded and the minutes were unanimously approved.

Introduction of new Program Manager, Gerardo Puga.

Action Items:		
Charlotte	Will email a list of unapproved abbreviations for staff and will send out an email regarding order elements	Done
Joseph	Will send out an email with the new E-Kit list	Done
Dr. Lundt	Will send out an email to all MD's with new E-Kit list	Done

***New Business***

<b>Topic</b>	<b>Discussion</b>	<b>Action</b>
Credentialing/Privileging Items	Everyone is up to date	No action needed
Critical Test Limits	Cottage uses this data. We have policies & procedures in place to approve these numbers. Critical test limits. (available upon request) Pacific Diagnostic Laboratories	Dr. Lundt motioned to approve Dr. Tilton seconded the motion  All in favor - yes
PHF UR	PHF UR PHF UR Data Review	Forwarded to next meeting on 11-23-2016
PHF Shower Alarms	Remove alarm buttons – they are not required	Dr. Ole motioned to remove the functional shower buttons because they are not required Dr. Lunianski seconded the motion  All in favor - yes
Policy & Procedure	EKIT Medical Emergencies Sexual Contact Between Patients  Unusual Occurrence Reporting	MPC approved by email vote

**Infection Prevention and Control Report Minutes**

<b>Topic</b>	<b>Discussion</b>	<b>Action</b>
Infection Prevention and Control Report	Format of regular reporting of the topics on this report. Additional topics related to infection prevention activity will be reported as necessary.	Attached to Minutes of 10-26-16 MPC meeting
Tuberculosis Screening	Ongoing. Healthcare Workers (HCWs) are screened annually. Year to date compliance is 100%. Improvement in compliance resulted from removal from the work schedule of those HCWs not in compliance.	Continue with current approach, with a goal of maintaining 100% compliance.
Occupational Exposures to Blood and Body Fluids	No exposures year to date. Bloodborne Pathogen Exposure Control Plan policy in revision.	Agenda item
Occupational Exposures to Communicable Diseases other than Bloodborne Pathogens	No exposures year to date. Examples of exposures would be pertussis, meningococemia, meningococcal meningitis etc. Policy has been written to address the process for managing such exposures.	Agenda Item
Infection Prevention Environmental Safety Rounds	Using an extensive rounding form containing 190 inspection points, rounds are completed twice a month. Ongoing monitoring continues.	Continue addressing deficiencies. Agenda item.

2016 Influenza Vaccination Rates	Date elements that will be collected reviewed on attached report. Vaccinations are offered to all HCWs who work on the unit.	Ongoing. Agenda item
Surveillance Data	Operational definition for healthcare associated infection in the PHF unit: Physician's Diagnosis.  Decrease in occurrence of athlete's foot infections noted in 2016 compared to 2015. Housekeeping procedures for floors cleaning and use of disinfectant continue to be monitored.	Approved  Attached to minutes

***Hometown Pharmacy***

<b>Topic</b>	<b>Action</b>
New E-Kit Policy and Review – up to date with the injectable emergency meds	Dr. Wexler motioned to approved updated E-Kit  Dr. Lunianski seconded the motion  All in favor - yes
<i>Discussion</i>	
Formulary review – prices for all meds has gone up	Need to review cost/change  Need to adjust coding/ review to reflect the new changes

<b>Action Items:</b>		
Joseph	Need an expense report from the Pharmacy – monthly report	
Joseph	Need a list of the top 20-30 most commonly used meds	
Xiomara or Dr. Lundt	Send an email reminder Tuesday regarding flu shots & wearing of masks on unit	

**Next Meeting**

November 23<sup>rd</sup>, 2016

**Adjournment**

Meeting was adjourned at 9:37 am by Dr. Leslie Lundt.

## Psychiatric Health Facility Medical Practice Committee

### Meeting Minutes

Wednesday, November 23rd, 2016

**Opening**

The regular meeting of the Psychiatric Health Facility Medical Practice Committee was called to order at 8:32 am on Wednesday, November 23rd, 2016 in the Behavioral Wellness Conference Room 261 by Dr. Lunianski

**Present**

Dr. Lunianski, Dr. Tilton, Dr. Cerrato, Elise McKee (via phone), Morgan Peterson Gerardo Puga, Joseph Abraham, Rita Dwyer, Heather Lengyel and Xiomara Abayari

**Approval of Minutes**

Dr. Lunianski motioned to approve the minutes of the previous meeting held on 10/26/2016, Dr. Tilton seconded and the minutes were unanimously approved.

<b>Action Items:</b>		
Joseph	Need an expense report from the pharmacy – monthly report	In progress
Joseph	Need a list of top 20-30 most commonly used meds	Done
Dr. Lundt/Xiomara	Send an email reminder Tuesday regarding flu shots & wearing of masks on unit	Done

***New Business***

<b>Topic</b>	<b>Discussion</b>	<b>Action</b>
PHF UR	Discharge information bed days, length of stay	Dr. Lunianski motioned to approved PHF UR data
	QAPI meeting minutes	Dr. Tilton seconded the motion  <b>All in favor – yes</b>

***Policy & Procedures for Review***

<b>Topic</b>	<b>Discussion</b>	<b>Action</b>
PHF Critical Lab Value Grid and Critical Lab Values (draft)	Annex the lab values to the PHF Formulary – approved months ago – to match critical values	Dr. Tilton motioned to approve the Critical lab value policy and Critical lab value grid  Dr. Lunianski seconded the motion  All in favor - yes

***Infection Prevention and Control Report Minutes***

<b>Topic</b>	<b>Discussion</b>	<b>Action</b>
Archiving of 4 policies	<ol style="list-style-type: none"> <li>1. Infection Control Surveillance Program</li> <li>2. Infection Control Practitioner</li> <li>3. Wound Care Protocol</li> <li>4. Lab specimens</li> </ol>	<p>Dr. Lunianski motioned to approve archiving the 4 policies</p> <p>Dr. Tilton seconded the motion</p> <p>All in favor - yes</p>
New Policy & Procedures to approve	<ol style="list-style-type: none"> <li>1. Scabies and Lice Protocol</li> <li>2. Infection Control Physical Environment</li> <li>3. Isolation protocol</li> <li>4. Linen Laundry</li> <li>5. Bloodborne Pathogen Exposure Control Plan</li> <li>6. Tuberculosis Skin Test (PPD) Screening Protocol</li> <li>7. Medical Waste Management – Biohazardous and Sharps Waste</li> </ol>	<p>Dr. Lunianski motioned to approve the new or updated policy and procedures</p> <p>Dr. Tilton seconded the motion</p> <p>All in favor - yes</p>

***Hometown Pharmacy***

<b>Topic</b>	<b>Discussion</b>	<b>Action</b>
New-Formulary Drugs used by PHF	Busiprone  Crestor  Valproic Acid Solution (capsule is on the formulary, solution is not)  Xarelto	Dr. Lunianski motioned to add to the formulary the 4 new meds  Dr. Tilton seconded the motion  All in favor - yes

***Approved by email***

<b>Topic</b>	<b>Action</b>
E-Kit Medical Emergencies  Sexual Contact Between Patients  Unusual Occurrence Reporting	PHF MPC approved by email vote (October meeting)
Credentialing/Privileging Items for Dr. Robert Irvin	Email approval by PHF MPC committee

<b>Action Items:</b>		
Xiomara	Email lab value grid to pharmacy	
Elise	Draft a policy regarding management of sterile liquids irrigation solution	

**Next Meeting**

December 28<sup>th</sup>, 2016

**Adjournment**

Meeting was adjourned at 9:47 am by Dr. Lunianski.