



Psychiatric Health Facility (PHF) Governing Board Special Meeting
Wednesday, December 12, 2018
3:00 PM – 4:00 PM
PHD Conf Room C101/102
300 N San Antonio Rd, Santa Barbara
Minutes

Staff: Alice Gleghorn, Susan Soderman, Quality Care Coordinator; Laura Zeitz, PHF Hospital Administrator; Sara Sanchez, Quality Care Coordinator; Ole Behrendtsen, PHF Medical Director; Melanie Johnson, Contracts Manager; Yanneris Muñiz, Policy Coordinator; Morgan Peterson, Pharmacist in Charge; Karen Campos; BeWell Administration; Aylin Bilir, County Counsel.

Facilitator: Vincent Wasilewski, Chief Deputy for Custody Operations, Sheriff's Department

Roll Call – Supervisor Lavagnino, Santa Barbara County Board of Supervisors, Fifth District; **Janette Pell**, Director of General Services; **Vincent Wasilewski**, Chief Deputy for Custody Operations, Sheriff's Department; **Van Do-Reynoso**, Director of Public Health; **Terri Maus-Nisich**, Assistant CEO, Health and Human Services (excused); **Polly Baldwin**, Public Health Medical Director (excused); **Arlene Diaz**, Manager, Public Administrator – Guardian (excused).

General Public Comment: none at this meeting.

1. Welcome and Overview

- Introduction of New Staff – Dr. Gleghorn introduced Sara Sanchez, QCM Coordinator

Action: No action.

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

- **October 24, 2018** – (Exhibit 2a)

Action: Ms. Pell made a motion to approve October 24, 2018 PHF Governing Board meeting minutes as presented. Ms. Do-Reynoso seconded. Supervisor Lavagnino Abstained. Motion could not be carried due to no quorum to approve. Item continued to next meeting.

3. Medical Staff Bylaws

- No update at this meeting.

Action: No action.

4. Staff will report on the following Quality Assessment and Performance Plan and Indicators (QAPI):

- o **QAPI November Update** (Exhibit 4a) - Indicators that are highlighted in grey are reported to the PGB on a quarterly basis.

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. Soderman provided the report for the month.

Infection Prevention and Control

- No report for the quarter.

Patient Services, Care and Safety

- Report – Ms. Soderman provided the report for the quarter. Off target under *Readmission within 30 days*; corrective action noted at the end of the report.
- Patient Injuries – Ms. Soderman provided the report for the month.
- Adverse Outcomes in Patient Care - Ms. Soderman provided the report for the month.
- Suicide Management, Treatment Planning, Consents, Nursing Services – Ms. Soderman provided report for the quarter.

Social Work Services

- No report for the month.

Restraint/Seclusion

- No report for this month

Medication Use/Pharmacy Services

- Report (Quarterly: Feb, May, Aug, Nov) – Ms. Soderman provided the report for the quarter.
- Medication Error Rates/Unavailability (monthly) – Ms. Soderman provided the report for the month.

Significant Adverse Outcomes

- Ms. Soderman provided the report for the month and all indicators were on target.

Food and Nutritional Services

- Ms. Soderman provided the report for the quarter.

Physician and Allied Health Professionals Related Services

- Ms. Soderman provided the report for the quarter.

Environmental Services (EVS)

- No report for the quarter.

Environment of Care (Facilities)

- Ms. Soderman provided the report for the quarter.

Laboratory Services:

- Ms. Soderman provided the report for the quarter.

QAPI Indicator List

- No changes at this meeting.

Process Improvement Projects

- No report for the quarter.

• PHF Status Report

- Patient Status (UR) Report September (Exhibit 4b) - Ms. Soderman provided report on PHF Status (UR) **and reports that** PHF administrative days went up from previous month and approval rate for acute days went down to 80.3%, so they are looking at notes more closely and working with the doctors to improve this.

• Contract Monitoring

- **Edwin Feliciano, MD Contract** – in compliance.
- **Hometown Pharmacy Contract** - terminated in September.
- **Southern Coast Janitorial Contract** – not in compliance, have had some issues with supplies and inadequate mop heads. Issues were raised with Contractor.
- **Valle Verde Contract** – in compliance.
- **Maxim Health Care Contract** – in compliance.
- **Greely & Associates Contract** – in compliance.

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

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- Infection Control Program Update – Ms. Zeitz reports that the PHF had points left to use under the Greely & Associates contract and they were used to have them conduct a mock audit on various programs within the unit. During the exit interview they expressed that they were impressed, however did mention the need of self-closing doors which Ernest Thomas, Facilities Manager is looking into the issue. Some pharmacy policies and procedures need some changes but overall happy that the Department now has its own pharmacy.

Action: Ms. Do-Reynoso made a motion to acknowledge that the report was received. 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 – Yaneris provides an overview of new, revised and to be rescinded policies listed below. The revised policies have the additions and/or deletions highlighted in yellow.

- **New**
 - Medication Administration Schedule (Exhibit 7a)
- **Revised Policies and Procedures**
 - Transcribing New Medication Orders (Exhibit 7b)
 - Access to Medication Storage Areas (Exhibit 7c)
 - Medication Keys Shift Change Tracking Sheet – Attachment A
 - Medication Labeling and Storage (Exhibit 7d)
 - Emergency Medications (Exhibit 7e)
- Controlled Substance Management (Exhibit 7f) – Section 9.4; recent change made not noted in this copy of the policy is that it is now required to report theft or loss of controlled substances within one day to the DEA as opposed to the listed 14 days.
 - Drug Count Sheet- Attachment A
 - Discrepancy Resolution Report- Attachment B
- Ordering Medications-Patient Supply and Remote Stock (Exhibit 7g)

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- Medication Disposal and Destruction (Exhibit 7h)
 - o Medication Disposal-Controls-Attachment A
 - o Medication Disposal and Destruction-Attachment B
 - o PHF Medication Disposal Chart-Attachment C
 - Discharge Medications (Exhibit 7i) - requested additional description of RxNT process.
 - **Rescinded**
 - Telephone Orders (Exhibit 7j)
 - Schedule Hours for Medication (Exhibit 7k)
 - Narcotic County/Key (Exhibit 7l)
 - Sample Medications (Exhibit 7m)
 - Emergency Prescription Coverage (Exhibit 7n)
 - Controlled Substance Delivery Log (Exhibit 7o)

Action: Supervisor Lavagnino made a motion to approve the revised and rescinded policies and procedures listed above with noted amendments. Ms. Do-Reynoso seconded. No oppositions. No abstention. Motion carried.

8. PHF Governing Board Administrative Items

- **Review Draft PHF Annual Update to Board of Supervisors** – Ms. Zeitz went over the draft Power Point with the Board. Supervisor Lavagnino suggested adding before and after pictures of the work General Services has done; the number of policies and procedures that have been updated and created; and kudos to staff as well.
- **Pyxis Machine Presentation** – continued to next meeting.

Action: No action

9. Review of Future Meeting Agenda Items

- Pyxis Machine Presentation by Morgan Peterson

10. Adjournment – Meeting adjourned at 4:00 pm. Next Meeting Date, January 24, 2019