

## OPEN MEETING MINUTES

### Waukesha County Health and Human Services Joint Conference Sub-Committee Monday, March 1, 2021

#### Present In Person

**Committee Members:** Larry Nelson

#### Present Via Conference Call

**Committee Members:** Christine Beck; Mike Goldstone, MD; Christine Howard; Adel Korkor, MD

#### Absent Committee Members:

#### Present In Person

**HHS Staff:** Maureen Erb, Marie Joncas, Jeff Lewis, Pat Russell, Jenny Rutter, Isha Salva, MD

#### Present Via Conference Call

**HHS Staff:** Jennifer Beyer, Crystal Boyd, Mireya Garcia, Debra Lane, Wade Woodworth, Kirk Yauchler

#### Absent HHS Staff:

Lisa Davis, Luis F. Diaz, Cliff Hoeft, Michael Kopec, Sandy Masker, Jennifer Micheau

#### Guests:

#### 1. Call to Order

Larry Nelson called the meeting to order at 1:35 p.m.

#### 2. Review and Approval of Minutes

The December 7, 2020 minutes of the Joint Conference Committee meeting were reviewed and approved.

MOTION: Adel Korkor, MD moved, second by Christine Beck to accept the minutes from the Joint Conference Committee (JCC) meeting on December 7, 2020. Motion passed without a negative vote.

#### 3. Business Topics

##### a. Policies and Procedures

##### 1. *Fall Report*

Jeff Lewis verbally provided an update of the Fall Report Policy and Procedure. He reviewed the handout titled "Department of Health and Human Services; Policy and Procedure; Fall Report."

MOTION: Christine Howard moved, second by Adel Korkor, MD to accept the Fall Report Policy and Procedure. Motion passed without a negative vote.

**2. Retired/Obsolete Policy and Procedures**

Jeff Lewis verbally provided an update on the Tracing a Phone Call policy which was retired or has become obsolete.

**4. Reports**

**a. Hospital Services**

**1. Building Updates**

Jeff Lewis reported that the Mental Health Center chlorine dioxide infuser is in place. This implementation of the infuser was used as an emergency preparedness event due to the information that our water was to be offline for up to six (6) hours during the process. Community providers were alerted and on standby. The event went very well. Staff were prepared and there were no interruptions in services or patient care.

A computer that provides Avatar backup system went down for six (6) hours. Avatar was fully functional and there was no interruption in operations. The computer has a backup hard drive that contains information needed to provide services in the event the EMR goes down. Needed reports were found and provided to staff.

Facilities is in process of obtaining bids for glass replacements in some of the windows at the MHC.

**2. Operational Updates**

Jeff Lewis reported that MHC departments continue to work with the Compliance Officer on policies and procedures.

Staff are in the process of being vaccinated for COVID 19. MHC Leadership have identified hospital staff who are eligible for vaccinations. Approximately half of the staff have had one dose of the vaccine series.

Two of our long-term clinical therapists will be retiring in May. We continue to recruit for nursing and psychiatry staff.

We continue to closely monitor our admissions and census. We are communicating with our community partners including law enforcement of our goal to accept and treat patients at the MHC if possible.

We have been informed that our 75.10 certification application is being reviewed.

We had a DHS survey in December 2020. The findings were that we were following standards and regulations.

We have worked with economic support to enhance our efforts to help patients without any insurance to apply to Badger Care or MA.

**3. Committee Reports**

Jeff Lewis provided an update on all of the committee reports.

*Clients' Rights Committee*

There were three formal complaints that were reviewed with no rights violations found. There were no rights limitations.

*Committee of the Whole*

The Committee of the Whole continues to meet monthly. The Committee of the Whole reviews the committee reports, policies, operational issues and QAPI. The information from the meetings are summarized in the reports presented to the Joint Conference Committee.

*Fire and Safety*

The Fire and Safety Committee has met. We will complete an environmental scan for safety this spring. We reviewed and determined all issues were resolved from the past scan. All drills have been completed and emergency system checks are functional.

*Infection Control*

The Infection Control Committee continues to meet. We continue to review our COVID procedures. We have no hospital acquired infections. In February, we expanded our capacity from 20 to 22.

*Pharmacy and Therapeutic Committee*

The Pharmacy and Therapeutic Committee is reporting no unusual prescribing practices. We are using samples for IM medications. We have a target date of mid-April to install a medication machine in the hospital.

*Quality Assurance/Performance Improvement (QAPI)*

The QAPI committee added a representative from the Medical /Psychological staff. Departmental plans for improvement to meet threshold for areas they were below standards were approved.

*Utilization Review*

Deferred.

**b. Hospital Statistics and Information**

Mireya Garcia reported on the hospital statistics. She reviewed documents titled "MHC Revenue – Actual vs. Budget 2013-2020," "Waukesha County Department of Health and Human Services; Mental Health Center Average Census," "Waukesha County Department of Health and Human Services; Mental Health Center Monthly Admissions," "Waukesha County Department of Health and Human Services; Mental Health Center Admission Data," and "Waukesha County Department of Health and Human Services; Mental Health Institute Referrals."

**c. Fiscal Post-Discharge Insurance Denials**

Jeff Lewis reported for Jennifer Beyer Fiscal regarding the Post-Discharge Insurance Denials report. He informed the group that documents are now being scanned directly into the record by Fiscal staff instead of being sent to Health Information Management.

Fiscal is working on processes that will allow for better collaboration across departments. Jennifer Beyer had reported that there was not enough financial data to do comparisons for 2021. She will provide more information at next meeting with YTD comparisons.

**d. Utilization Review**

Jenny Rutter provided a Utilization Review update in which she summarized the department activities including insurance contacts, authorizations and appeals. She reviewed the data for December 2020, January and February 2021. There were no aberrant physician practice patterns identified and no physician advisor referrals.

**e. Quality Assurance/Performance Improvement**

Jenny Rutter reviewed the Quality Assurance Performance Improvement (QAPI) report. Fifteen (15) departments were reviewed and six (6) of those met all indicators. Those that were below QAPI thresholds for quality were issues that were identified related to documentation and did not present care or safety concerns.

**f. Medical and Psychological Staff**

Isha Salva, MD reported that the psychiatrist who was planning to work for us has changed his mind. We are now recruiting for an APNP and a Psychiatrist to add to Inpatient Units instead of having three (3) full time Psychiatrists. Dr. Rada Malinovic has started working Fridays in Outpatient as a transition to that area. She will be working full time in Outpatient when we have a full-time replacement. We have started to look at our programming in anticipation of a return to more normal activities. We are talking with our staff for ideas on how to enhance the quality of programming.

**5. Announcements and Updates**

Jeff Lewis announced that Liz Aldred is the new Director of Health and Human Services.

**6. Next Meeting Agenda Items**

- None

**7. Public Comment**

There was no discussion.

**8. Adjourn**

MOTION: Christine Howard moved, second by Adel Korkor, MD to adjourn the meeting at 2:45 p.m. Motion carried unanimously.

Minutes respectfully submitted by Maureen Erb

Approved on 6/7/2021