

OPEN MEETING MINUTES

Waukesha County Health and Human Services Joint Conference Sub-Committee Monday, March 7, 2022

Present Committee Members: Larry Nelson; Christine Beck; Mike Goldstone, MD; Christine Howard

Absent Committee Members: Vicki Dallmann-Papke

Present HHS Staff: Liz Arndorfer, Crystal Boyd, Maureen Erb, Jeff Lewis, Jennifer Micheau, Mary Rueth, Jenny Rutter, Kristin Tranel, Kirk Yauchler

Absent HHS Staff: Liz Aldred, Mireya Garcia, Marie Joncas, Michael Kopec, Debra Lane, Wade Woodworth

Guests:

1. Call to Order

Larry Nelson called the meeting to order at 1:32 p.m.

2. Review and Approval of Minutes

The December 6, 2021 minutes of the Joint Conference Committee meeting were reviewed and approved.

MOTION: Chris Beck moved, second by Mike Goldstone, MD to accept the minutes from the Joint Conference Committee (JCC) meeting on December 6, 2021. Motion passed without a negative vote.

3. Business Topics

None.

4. Reports

a. Hospital Services

1. Building Updates

Jeff Lewis reported the current building updates include a walk through by facilities staff and an architect to review possible locations for Waukesha County Crisis staff.

2. Operational Updates

Jeff Lewis informed the committee of operational updates which include a review of policies and procedures that have not been updated in two (2) or more years.

Training has been developed and will be provided to critical staff on assessments, de-escalation, and treatment planning. This is all in an effort to improve the quality of services. We are expecting a DHS state survey March 22, 2022 to review the inpatient program. We continue to struggle with staffing. We

have used agency staff to meet the needs and minimize the impact of staff turnover. We have kicked off a shared governance model for Inpatient.

We have an agreement for a new Clinical Director to start May 25, 2022.

COVID-19 Update - Vaccination Mandate

In January, we were provided with an interim final rule that mandated MHC staff are to be vaccinated or have an approved exemption. As of this writing, 100% of the staff have been vaccinated or have an approved exemption.

All staff are masked when in the hospital. Patients are also encouraged to mask and are screened for COVID 19. Vaccines information is provided to patients and the opportunity for vaccines is made available to staff on a regular basis. The Infection Control Committee will be meeting next week to discuss our current efforts and determine if any changes can be made such as increasing visitor access.

3. Committee Reports

Jeff Lewis provided an update on the committee reports.

Clients' Rights Committee

There were three (3) complaints that were investigated during the past quarter, and all were resolved at the supervisory level and informal. There was one caregiver misconduct investigated that was not founded.

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 is summarized in the reports presented to the Joint Conference Committee.

Fire and Safety

The Fire and Safety Committee met December 8, 2021. A new Duress alarm system has been installed. All drills have been completed and emergency system checks are functional. The annual environmental scan has been completed for risk of ligature. No new risks were identified. Any environmental issues are not in patient care areas and have mitigation in place such as staff observation and patient screening to be in those areas.

Infection Control

The Infection Control Committee met December 8, 2021. The committee continues to review our COVID procedures. We have no hospital acquired infections. Due to a resurgence in the Delta variant of COVID-19, we continue universal screening of everyone who enters the building. No changes to inpatient mitigation at this time. We continue to limit visitors to legal staff, professional staff and families when clinically indicated. Infection Control Committee is meeting Wednesday, March 16, 2022 to review and update our current steps to mitigate COVID-19 transmission.

Pharmacy and Therapeutic Committee

The Pharmacy and Therapeutic Committee is reporting no unusual prescribing

practices. We are maintaining samples for IM medications. We continue to work with Genoa to refine Cubex System.

Quality Assurance/Performance Improvement (QAPI)

The QAPI committee met on March 3, 2022. Departmental plans for improvement were approved. The QAPI plan is moving through committee and expected to be brought to the next JCC. This document will outline the department mission and actions. The department continues to work on reports to CMS for Medicare compliance, and reports vaccine status updates in NISHN. Trending and Analysis: New staffing has impacted the quality of documentation. Training at staff meetings and continued monitoring are being implemented.

Utilization Review

The UR Plan has been reviewed and updated. It is now with our Corporate Compliance Offer for review. No aberrant physician practices were noted.

b. Hospital Statistics and Information

Jeff Lewis reported out to the committee on hospital data points. He presented information on Mental Health Center revenue, Mental Health Center average census, Mental Health Center admission data, and referrals to the State Mental Health Institutes.

The board members and Mental Health Center staff had a discussion regarding having a crisis member embedded in the Sheriff's Department.

c. Fiscal Post-Discharge Insurance Denials

Mary Rueth informed the group that Fiscal has implemented Waystar, a new insurance clearing house. The denial rate for insurance is approximately 7.58%. The payor source is 51% Medicaid including HMOs, 36% commercial, and 6% Medicare.

d. Utilization Review

Jennifer Micheau provided a Utilization Review update in which she summarized the department activities including insurance contacts, authorizations and appeals. She reviewed the data for November 2021, December 2021, and January 2022. 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 from October through December 2021. Fifteen (15) departments were reviewed and five (5) 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

Jeff Lewis informed the committee that Dr. James Billings has started as a contract Psychiatrist to help us with call and weekend holiday work. We have a new locum psychiatrist who we are in process of privileging to help with the transition between our current locum Psychiatrist and the May start date of our new Clinical Director.

5. Announcements and Updates

Kirk Yauchler updated the group regarding the ARPA proposal. Changes to the Mental

Health Center are considered a sustainability project. The changes will include moving to a single 16-bed unit and creating a 12-bed crisis stabilization unit (CBRF). These changes will ensure that we meet our community needs. There is a regional aspect to these changes. We have contracts with four (4) counties that have expressed interest in utilizing these services. We are planning to relocate Crisis Services and Court Monitoring to the MHC. ARPA funds will provide the capital for building remodeling. We are also seeking a Crisis Stabilization grant.

6. Next Meeting Agenda Items

- In 2022, the JCC Board would like a facility tour June 6, 2022 – 20 minutes afterwards.

7. Public Comment

There was no discussion.

8. Adjourn

MOTION: Christine Howard moved, second by Mike Goldstone, MD to adjourn the meeting at 3:06 p.m. Motion carried unanimously.

Minutes respectfully submitted by Maureen Erb

Approved on June 6, 2022