

**NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES**  
**Local Governing Body**  
**August 3, 2016 – 10:30 AM**

**Present:** Pam Johnson, Commissioner, Chairperson  
Barbara Jackson, Commissioner  
Lisa Sherych, Agency Director, NNAMHS

**NNAMHS:** Annette Altman, Personnel  
Leah Lewis, Performance Improvement  
Phillip P. Malinas, Associate Medical Director  
Dawne Moore, Licensed Clinical Social Worker  
Jeanine Paul, Infection Control/Med Clinic/Employee Health  
Kathy Poole, Director of Nursing

**Guests:** Shelle Grimm-Brooks, Administrative Assistant IV

**NNAMHS Excused:** Marie Field-Carpenter, Environment of Care  
Kurt Green, Business Office  
Greg Holcomb, Safety Officer/Facilities Supervisor  
Allan Mandell, Certified Public Manager II

**Call to Order:**  
Chairperson, Pam Johnson, called the meeting at 10:33 AM.

**Public Comment:**  
In accordance with the State of Nevada's Open Meeting Law, Chairperson Johnson asked for public comment. There was none.

**Approval of Minutes:**  
A motion was made and seconded to approve the minutes from the May 4, 2016 meeting. The motion was unanimously carried.

**Verification of Timely and Proper Posting of Meeting Notice:**  
Shelle Grim-Brooks verified proper and timely posting of the meeting notice.

**Performance Improvement Projects:**

**Discussion:** Leah Lewis provided reports on Performance Improvement projects that are in the works. Leah Lewis advised the 7-month window for The Joint Commission survey is open and runs through February 25, 2017; the hospital's accreditation expires on February 26, 2017. We are preparing for the Joint Commission Survey through completing mock routine surveys around the campus which are being completed by Division and hospital staff. Due to 80% of the findings were related to the Environment of Care, Life Safety, and Emergency Management Standards – we continually are making improvements. Through the creation of sub-committees meeting weekly, they are focused on improving the measures of success findings.

Leah's report refers to the PI Indicators for each of the departments as well as for the Agency. Quality teams have been created to oversee the Quality projects that are in place. CMS requires that the LGB approve the policies created that address the Quality teams function and purpose – page 8 of Leah's report.

**Action:** The report was accepted as presented; a written report is attached.

### **Agency Department Reports:**

- **Consumer Grievances:** Leah Lewis provided a graph report (page 13) a total of 27 reported incidents for the Fiscal year. The majority of the incidents were Agency issues. The Agency issues consisted of other patients or bureaucracy issues related to policies for the hospital or about the environment. These incidents are then forwarded to the Agency managers and Agency Director. All grievances received resolution letters.  
**Action:** The report was accepted as presented; a written report is attached.
- **Business Office:** A fiscal/business report submitted by Kurt Green (page 14) and was presented by Lisa Sherych for review and discussion. It was asked if there were any questions on the report; there were none presented.  
**Action:** The report was accepted as presented; a written report is attached.
- **Facilities and Safety:** A report submitted by Greg Holcomb (page 15) and presented by Lisa Sherych for review and discussion. It was asked if there are any questions on the report. There were none presented.  
**Action:** The report was accepted as presented; a written report is attached.
- **Nursing:** Kathy Poole reported that there are 3 RN positions that are open, but have 3 MHT positions that are needing to be filled. 6 openings total in the Nursing Department. There have been no other issues, other than staffing difficulties as a result of the current salary structures. Research is currently being done into this matter. The shortage of staffing has created a bit of a delay in getting the necessary research completed and completion of hiring of staff. The position mentioned in May for an MHT to facilitate active treatment on the units, there has been an MHT dedicated to this role and is working out very well. Participation has improved as a result.  
**Action:** The report was accepted as presented; a written report is attached.
- **Infection Control:** Jeanine presented her report, see attached. Jeanine reported that there continue to be many changes to Infection Control since May. There were claims made about possible Lice, however the claim proved to be unsubstantiated. Overall there were no significant infectious outbreaks or severe healthcare associated infection issues to report to the LGB. Currently there is not a Phlebotomist, Jeanine has spent several hours in the lab, cleaning and rearranging and stocking. PPE and Urine supplies are going to be held in the clinic. The med Clinic seeing 1 to 5 patients for various reasons. In June Med Clinic received several referrals. Velcro tennis shoes are needed for recreation therapy. Employee health – Jeanine has been updating policies and updating employee records for the hospital staff. The most recent employee count is at 224 NNAMHS staff. The official October 2<sup>nd</sup> is the start of the Flu Season. All staff are being informed of the clinic offering Flu shots as well as the hours of availability of the med clinic for appointments

and/or walk-ins. Jeanine has stressed the need for a licensed and trained Phlebotomist. It was asked if there are any questions on the report. There were none presented.

**Action:** The report was accepted as presented; a written report is attached.

- **Personnel/Recruitment:** Annette Altman reported that there has been a spike in retirement. Competitive pay continues to be an issue. No head way has been made on the Nurse pay rate in order to attract new employees. It was asked if there are any questions on the report. There were none presented.  
**Action:** The report was accepted as presented; a written report is attached.
- **Resident/Medical Student Education** – Dr. Malinas advised there have been no medical students recently. Education is proceeding well with a full complement of residents on each inpatient unit. Plans continue to coordinate future resident rotations.  
**Action:** The report was accepted as presented; a written report is attached.
- **Medical Doctor’s Report:** Dr. Malinas advised that Medical Staff reviewed their Bylaws and some minor changes were made. A signed copy was presented to the Local Governing Body for review and approval. Medical staff continues to support and lead the increase in interdisciplinary teamwork in the care of patients. It was asked if there are any questions on the report. There were none presented.  
**Action:** The report was accepted and approved as presented; a written report is attached.
- **Social Services:** Dawne Moore stated that she is running at full capacity which includes a temporary case worker and one temporary Licensed Clinical Social Worker. Having these two temporary staffing positions has help with ensuring full coverage. The biggest challenge they are facing is the complexity of the caseloads. Elder Protective reports, Child Protective Reports, severe brain injury, and also severe dementia are becoming more frequent in the case types. Dawne is working with Public Defender, Jennifer Raines, court forms that help provide a more comprehensive outline of the patients’ needs and treatments received along with recommended ongoing care. By doing this, the hopes are to alleviate the need for Social Workers to have to appear in court as frequently. There is a great need to expand the networking of resources for the patients. It was asked if there are any questions on the report. There were none presented.  
**Action:** The report was accepted as presented; a written report is attached.
- **Environment of Care:** A report submitted by Marie Field-Carpenter and presented by Lisa Sherych for review and discussion. Marie’s report mentions the EOC rounds that continue to take place and as a result are frequently undergoing improvements. Overall the facility looks good. Housekeeping has been asked to complete deeper cleaning on all levels including hard to reach areas.  
**Action:** The report was accepted as presented; a written report is attached.
- **Outpatient/Community Services:** Dr. Malinas spoke on this subject as a representative of Rural Services. Over the last year the need for rural services has shrunk considerably. HPN and Amerigroup were transferred to Community providers. The caseload of Outpatient shrunk from 3,000 down to under 1,000. We are looking at ways to keep up

the productivity without decreasing the medical staff, for example integrating NNAMHS outpatient clinic with the rural medical clinic needs. Also there is one program that provides housing for individuals who require care and are aggressive, unpredictable and difficult to house. So far there is one home out in the community which is being monitored that houses 3 females which have been extremely hard to house, that are receiving 3 high cost contracts with services. The program has shown to be going very well so far, however is in need of more supportive staffing. Dr. Malinas expressed concern that the narrowing focus of Outpatient services is showing supportive services to Inpatient to be a little more difficult and challenging.

**Action:** The report was accepted as presented; a written report is attached.

- **Inpatient Agency Director Report:** Lisa Sherych presented her report on the Communication Plan. Lisa also stated that the Inpatient Agency recently has been visited by Division who reviewed the admission process to see how to make the process more streamlined and more efficient. The findings were provided to Kathy Poole and Lisa Sherych. There is currently a change among the Psychology staff. Dr. Pittenger will now be overseeing the Inpatient services. August 22<sup>nd</sup> the official transition will be implemented. Kathy and Lisa has been meeting with community hospital to achieve a more collaborative partnership and reduce any concerns and/or complaints that patients have had in the past. There are plans to meet next week, with the Washoe County Detention Center to discuss procedures for admissions into our facility. On Page 32 there is a new vision statement that was developed by the Dini-Townsend hospital staff. If approved, the vision statement will be placed on the electric door keys as well as posted around the hospital.

**Action:** The report was accepted and approved as presented; a written report is attached.

**New Business:**

There was no new business.

**Public Comment:**

There was no public comment.

**Adjournment:**

A motion was made and seconded to adjourn the Open Session of the Local Governing Body at 11:20 AM to the Executive Session. The motion was unanimously carried.

The next meeting of the LGB will be held on February 1, 2017.

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**Pam Johnson, Chairperson**