

**Alaska Psychiatric Institute Projects to Comply with
Corrective Action Plan****FY2021 Request: \$1,619,264**
Reference No: 62856**AP/AL:** Appropriation**Category:** Health/Human Services**Location:** Statewide**Impact House District:** Statewide (HD 1-40)**Estimated Project Dates:** 07/01/2020 - 06/30/2025**Project Type:** Life / Health / Safety**Recipient:** Various**House District:** Statewide (HD 1-40)**Contact:** Amy Burke**Contact Phone:** (907)465-1624**Brief Summary and Statement of Need:**

Replace failing nurse call system to improve staff's ability to quickly respond to emergency situations. Replace obsolete and failing systems (facility access, fire-life-safety controls and alarms, temperature, air quality) for compliance with hospital and licensing standards and building codes. Purchase behavioral healthcare anti-ligature furniture to reduce the potential for patient self-harm and to increase patient and staff safety.

Required to comply with Corrective Action Plan for Alaska Psychiatric Institute (API).

Funding:	FY2021	FY2022	FY2023	FY2024	FY2025	FY2026	Total
1197 AK Cap Inc	\$1,619,264						\$1,619,264
Total:	\$1,619,264	\$0	\$0	\$0	\$0	\$0	\$1,619,264

<input type="checkbox"/> State Match Required	<input type="checkbox"/> One-Time Project	<input type="checkbox"/> Phased - new	<input type="checkbox"/> Phased - underway	<input checked="" type="checkbox"/> On-Going
0% = Minimum State Match % Required		<input type="checkbox"/> Amendment	<input type="checkbox"/> Mental Health Bill	

Operating & Maintenance Costs:

	<u>Amount</u>	<u>Staff</u>
Project Development:	0	0
Ongoing Operating:	0	0
One-Time Startup:	0	0
Totals:	0	0

Prior Funding History / Additional Information:

This is the first year of the project.

Project Description/Justification:

The existing Alaska Psychiatric Institute (API) nurse call system is 15 years old and obsolete. The software and components of the system are failing and replacement parts no longer available. System mechanical support services are no longer available in Alaska.

The software and the components of the current API building/room access control system are 15 years old and have become obsolete. When there is a system failure, system replacement components are unavailable, and API can no longer ensure appropriate access. Patients may wander, leave the building, or potentially harm one another, and staff may lack reliable door control in responding to emergencies. Likewise, the replacement parts are no longer available for the aging facility's building automation system controlling temperature and air quality.

The facility chillers use approximately 2,000 gallons of propylene glycol fluids to cool the facility to acceptable levels. The existing glycol has degraded below the manufacturer's criteria.

Existing facility furnishings are being used as weapons against staff and patients as well as apparatus for ligature and barricading.

Requirements:

NFPA 7.3.3.1.1 General: The nurse call systems shall communicate patient and staff calls for assistance and information in health care facilities. The nurse call systems shall be the audiovisual type and listed for the purpose.

NFPA 7.3.3.1.1.1: The nurse call systems shall provide for communication of patient and staff calls for assistance and information, medical device alarms, and patient safety and security alarms.

EC 02.02.03 EP 2: The hospital inspects, tests, and maintains all high-risk equipment. These activities are documented. (Maintenance, testing and inspection for high risk medical equipment would score high risk and wide spread and could cause and IJ) (See also PC.02.01.11, EP 2).

- Note 1: High-risk equipment includes medical equipment for which there is risk of serious injury or even death to a patient or staff member should it fail, which includes life-support equipment.
- Note 2: Required activities and associated frequencies for maintaining, inspecting, and testing of medical equipment completed in accordance with manufacturers' recommendations must have a 100% completion rate.
- Note 3: Scheduled maintenance activities for high-risk medical equipment in an alternative equipment maintenance (AEM) program inventory must have a 100% completion rate.

Joint commission EC.20.01.01: The hospital manages safety and security. The hospital must identify safety and security risks associated with environmental care that could affect patient, staff, and other people coming into the hospital.

NFPA 7.3.1.2.1.6 Environmental Requirements:

- A. Temperature and humidity in the Entrance Facility (EF) shall be controlled in accordance with the manufacturer's equipment requirements.
- B. HVAC systems serving the EF shall be connected to the equipment branch of the essential electrical system.
- C. A positive pressure differential with respect to surrounding areas shall be provided.
A.7.3.1.2.1.6(C) Consideration should be given to the reliability of power supply to the HVAC equipment because of its important function within the telecommunications entrance facility.

Joint commission EC.02.05.01: The hospital manages risk associated with its utility system.

A 115 Patient's Rights CFR(s) 482.1: The hospital must protect and promote each patient's rights. A 144 PATIENT RIGHTS: Care in a Safe Setting.

Proposal:

Replacing the failing nurse call system will improve staff's ability to provide safe patient care and quickly respond to situations where additional staff are needed to prevent patients from harming themselves or others.

Replacing API's aging building and room access control system, the HVAC and building automation systems, and the propylene glycol fluids within its chilling system brings the facility back into compliance with numerous hospital and licensing standards and building codes.

Creating a ligature-resistant healthcare environment is important in preventing patient suicide and self-harm and increasing safety for all present.

Consequence if proposal not enacted:

Correction of these facility deficits is required by the 2019 Alaska Psychiatric Institute Corrective Action Plan.

The API nurse call system is no longer reliable, and results in false alarms and staff confusion. Staff can no longer rely on the use of the code buttons for emergencies or the night mode for the patient bedroom door alarms to alert them when at-risk patients leave their room at night.

Failing facility access controls result in patients having unsafe access to other patient care units and areas of the hospital; patients may wander and/or leave the building. A failed access control system could also prevent the appropriate opening of doors for emergency egress, thereby trapping staff and patients.

Failing environmental controls and building automation systems result in the inability to provide patient care to current standards. Failure to replace the glycol in the chiller system will result in continued degradation of the ability to control temperatures to within the required range, causing discomfort and potential health concerns for the hospital's patients and staff.

Furniture designed for behavioral healthcare minimizes various risks including splintering, barricading, and use as a weapon or for destructive purposes. Failure to replace existing furniture with furniture designed for behavioral healthcare puts API patients and staff and the facility itself at risk of being injured/damaged.

If this proposal was not enacted, API could lose eligibility for federal Medicaid, Medicare and Disproportionate Share Hospital funding (a combined 83% of current hospital revenues) and face a budget shortfall.

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