

Joint Conference Committee (JCC) for Sempervirens

March 5th, 2026

Executive Summary

The following is a summary of reports for Sempervirens Psychiatric Hospital (SV). The reports come from various meetings and committees that review different tasks and activities of the facility to maintain compliance with federal and state mandates. These reports have been compiled here with a summary of findings.

Note on postings: *Where there is a report that doesn't pass ADA for posting, it will not be published but the summary may remain until such time as the reports can be updated for ADA purposes.*

Plans

The following plans were reviewed and updated since the previous JCC meeting:

1. Utilization Review Plan for FY 25-26 (approved 9/18/2025 – Revised and Reapproved 2/25/2026) - UPDATED

Reports

A. Seclusion and Restraints (Cyanne)

Q2 25-26 (October, November, and December 2025)

The dashboard is set up to report seclusion and restraints monthly at SV CQI meetings. The most recent report is through December 2025. There are goals set for each category of "seclusion" and "restraint". The department strives for less than 45 minutes per category.

- 73 minutes was the Average Minutes in Seclusion for December 2025. Which is above the 45-minute goal, and an increase from last month's Average of 27 Minutes in Seclusion.

- Overall Mean (Average) Minutes in Seclusion January 2024 - December 2025 is 45 with a Median of 39.
- 42 minutes was the Average Minutes in Restraints for December 2025. Which is just under the 45-minute goal. This is also from last month's Average of 28 Minutes in Restraints.
 - Overall Mean (Average) Minutes in Restraints January 2024 - December 2025 is 39.2 with a Median of 37.5

B. Infection Control Reports (Cyanne)

The Infection Control Reports provide basic information needed to promote awareness of infection surveillance, prevention, and control practices, and is reported at the Infection Control Committee.

Q2 25-26

- October 2025: 22 admissions, 7 patient reports of potential infections, 6 patients with 7 actual infections
- November 2025: 23 admissions- 7 patient reports of potential infection, 6 patients with 11 actual infections
- December 2025: 18 admissions-4 patient reports of potential infection, 3 patients with 3 actual infections

C. Medical Records Reports (Cyanne/Paul)

Monthly chart completion rate report:

This report shows the work overtime to get into compliance with the 14 days to scan and correct charts so that they can be determined complete. Reporting started to show improvement between August and September and has continued to rise. In November, December and January there was 100% compliance.

D. Quality Improvement (QI) Tracking Forms Reporting (Paul)

Every month, the QI Tracking (QI-55) Forms that remain open are discussed and reported out in the **SV CQI minutes** (*page 2, item 5e*).

- **January 2026**

There were no outstanding QI Tracking Forms as of January 15th, 2025, reporting at the SV-CQI monthly meeting.

E. SV Documentation Monitoring (Paul, Cyanne, Jessica)

Nurses

Q2 25-26 - See quarterly report for rates

Physicians

Q2 25-26 - See quarterly report for rates

Social Workers

Q2 25-26 - See quarterly report for rates

F. Fire and Disaster Drills (Jessica)

No report:

- Already reported at last JCC was the Q2 FY 25-26 (October, November, and December)
 - Fire Drills were 100% complete
 - Disaster Drill (The Great California ShakeOut -Earthquake) – 100% complete

G. Life and Safety Monitoring (Jessica)

No report:

- The Life and Safety Monitoring Reports provide basic information around inspections for the facility, such as the generator, lighting, sprinklers, etc. This is a bi-annual report presented at SV CQI meetings. It was last presented at the previous JCC meeting and isn't due to be presented again at the JCC until after the April 2026 SV CQI Meeting.

H. SV Staff Training Completion Report (Paul)

Q2 25-26

- Complied based on assigned courses in Relias, not on CEU Requirements.
 - Psychiatrists 87% (Down from 95% in Q1)
 - MH Worker
 - CSU MH Worker 88% (Up from 58% in Q1)
 - SV MH Worker 30% (Down from 34% in Q1)
 - SV Nursing 68% (= to Q1)
 - MH Clinician
 - Discharge Planner 100% (= to Q1)
 - Supervising MH Clinician 100% (Up from 50% in Q1)

- BH Clinician I 100% (Up from 20% in Q1)
- BH Clinician II 63% (Up from 20% in Q1)

I. Morbidity and Mortality Reports and Reviews (Paul)

Q2 25-26

- 2 total cases this quarter
 - 2 death M&Ms
 - 0 jail M&Ms
- 15 total M&M's pending review (includes backlog)
- This is down 4 from 19 at last report for Q1 25-26
- Findings:
 - Departure from Standard of Care: 1
 - QI Tracking Forms Issued for Deficiencies: 4
 - QI M&M Review Recommendations: 6

J. Acute Transfers (Paul)

Q2 25-26 (Reported in **SV CQI Minutes** from 1/15/2026 (*page 5 under item 7c*) – no report document)

- There were two (2) acute care transfers, one (1) labs for hypernatremia 116, and one (1) hypotension and bradycardia
- Acute Transfers used to be attached to the M&M Report. Alex is working on making a standalone Acute Transfer report.

K. Peer Review for Psychiatric Prescribers/MDs (inpatient and outpatient) (Paul)

Q2 25-26 (Reported in **SV CQI Minutes** from 1/15/2026 (*page 5 & 6, item 7d*) – no report document)

- Quality Improvement continues to experience challenges in obtaining completed physician peer reviews. Despite repeated requests, Practitioner engagement in reviewing cases within SmartCare remains low. Dr. Skotzko has identified potential SmartCare functionalities that may streamline the peer review process, and the team is exploring alternatives that will improve physician responsiveness and ensure QI receives the necessary data. Dr. Skotzko, and team members will collaborate to develop a more effective approach for physician evaluations within the peer review process.

L. Patient Satisfaction Survey Report (Paul)

Patient satisfaction surveys are subjective quality indicators that reflect the quality

of services and treatment as perceived by patients. Patient satisfaction is widely recognized as a central indicator of service quality and care. The SV patient satisfaction survey was implemented in January 2011. The High Performing Indicator (HPI) was first reached in FY 2018-2019, Q1.

Q2 25-26

The response rate for this period averaged 40%, which is an increase from Q1 but still lower than the FY24-25 47% average.

- 24 Surveys and comments received in Q2, which is slightly lower than 27 in Q1.
- 9 of 10 metrics remained above the 72% HPL
- Comments were largely positive this quarter, with 85% selecting positive scores. Patients selecting the best possible score up from 50% in Q1.
- Starting January 1, 2026, there has been a transition to using the CMS PIX Survey in lieu of the SV Patient Satisfaction Survey. Required to track CMS PIX Survey responses in relation to discharges.
- There have been nine discharges since Jan. 1st, but only 2 PIX forms have been received.

M. Medication Reconciliation (Cyanne)

Q2 25-26

- 30 charts reviewed this quarter.
 - **Findings:**
 - 100% of forms were initiated within 24 hours of admission, showing continued improvement over the last 2 quarters.
 - 63% of charts had all required fields completed within 36 hours. This is an increase from last quarter (33% in Q1).
 - Improvement seen in staff documentation of last dose. Documented in 93% of charts, which is a huge improvement from 46% in Q1.
 - Practitioner rationale for medication discrepancies was fully completed in 66% of the charts, which is an improvement from Q1 at 24%.
 - ❖ Practitioner rationale for medication discrepancies is an area that requires continued focus for improvement.

N. SV Incident Reports (IR) and Unusual Occurrence Reports (UOR) (Cyanne)

Q2 25-26

There were 29 Incident reports completed for the quarter. Incident report categories included mostly Acute Transfers (7). Other categories included missing medication, patient-to-patient assault, HIPAA miss-mail, patient assault on staff, patient suicide attempt, contraband (4), patient fall (9),

and verbal abuse towards guards.

There were 9 UOR, which were mostly acute transfers (7). The other categories were patient-to-patient assault and patient assault on staff.

O. SV Indicator Dashboard (Paul)

Q2 25-26

No report: And the reporting on the SV Indicator Dashboard is a compilation of most of the reporting included here. It did not get reported at the last SV CQI meeting, so reporting will occur for next month's SV CQI and will be presented at the next JCC.

P. Utilization Review (UR) Reports / SV Admission and After Care Report (called SV-UR Dashboard Report) (Paul)

The UR Report looks at quarterly data of admissions and the services and supports patients received. Including but not limited to follow-up within 7/30 days metric (FUH), Assessments, medication support, and census stats.

Q2 25-26

- **No report:** Report has not been reported out yet at SV UR meeting. The last meeting was 12/17/2025, where they reviewed Q1 25-26.

Q. Medical Care Evaluation (MCE) Study (Cyanne and/or Dr. Skotzko)

Summary/**No report:** New data came in and was discussed at the 2/25/2026 MCE meeting. There hasn't been an improvement even with interventions. The group discussed new interventions and will begin implementation before next month's meeting. Data will also be reviewed, but may not see an improvement until after interventions are complete.

R. Dietary Monitoring (Jessica)

Q2 25-26

Performance Indicators

- Accuracy of Dietary Rand Card: 83%
- RDN was notified of Nutrition Screens of "5" or more within 24 hours: 70% (RDN and nursing has been successful in improving communications.)
- RDN Response within 24 hours: 71%
- Percentage of high-risk patients with a dietary questionnaire completed: 100%
- Monthly dietary and food quality control inspections completed by RD:

100%

- Dietary staff correctly fills out quaternary ammonium logs: 100%
- Correct label and dating and dented can removal: 70%
- October and November there was one item per inspection that was not dated – noted on inspections. All dented cans were always removed appropriately/not present in kitchen during inspections.

S. Patient's Rights Advocate Monitoring: Certification Hearing Results (Paul)

No report: At the most recent JCC meeting, it was reported that the Smith Waters contract would be onboarded in January and that a report detailing the PRA's work would subsequently be submitted. These actions did not occur as planned. As a result, the anticipated report will be available at a future meeting.

T. SV Policy Updates (Cyanne)

Q2 25-26

- **No report:** Q2 not yet reported at SV CQI but is due to be presented at the March 2026 meeting. This report will be presented at the next JCC meeting.

U. Pharmacy and Therapeutics (Inpatient Medication Monitoring) (Cyanne)

Q2-25-26

- **No report:** The dashboard report had a technical difficulty in developing the Q1 25-26 report, so is currently on pause while the issues get addressed. However, the reporting by staff is happening. The reporting has been presented at the SV Pharmacy and Therapeutics (P&T) quarterly meeting. The last meeting occurred 2/24/2025.