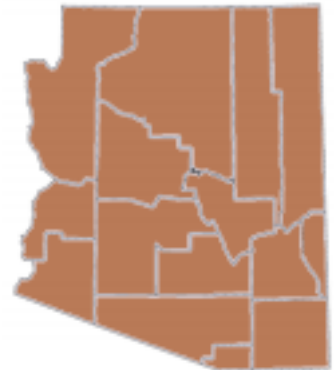


ARIZONA STATE HOSPITAL  
INDEPENDENT OVERSIGHT  
COMMITTEE

2020 ANNUAL REPORT



November 6, 2020

The Honorable Douglas A. Ducey  
Governor, State of Arizona  
1700 West Washington Street  
Phoenix, Arizona 85007

The Honorable Karen Fann  
President, Arizona State Senate  
1700 West Washington Street  
Phoenix, Arizona 85007

The Honorable Russell Bowers  
Speaker, Arizona House of Representatives  
1700 West Washington Street  
Phoenix, Arizona 85007

On behalf of Arizona State Hospital (A.S.H.) Independent Oversight Committee, it is my pleasure to present the Annual Independent Oversight Committee report for 2020. The preparation of this report as per the requirements of A.R.S. § 41-3804(G).

The Arizona State Hospital (A.S.H.) Independent Oversight Committee (I.O.C.) has had several new members and several former board members' resignations. ADOA has brought the much-needed organization to the I.O.C. committee. The relationship between the Independent Oversight Committee and the A.S.H. administration continues to be a minimally collaborative effort. The A.S.H. administration does not attend the meetings, which would make for a significantly better relationship and more profound development of serving the patients' needs at AZ State Hospital.

Under the new ADOA direction, we now ensure majority approval to request any information and use a formal system for such requests. The A.S.H. administration provided requests for information by combining email and telephonic consultation outside of the formal meeting. We continue to emphasize the need to keep relationships with the patients in a purely professional manner. We do not advocate for any individual patient but advocate for all patients; visits are exclusively committee visits.

We adopted a purpose statement for our Committee.

"To provide independent oversight for patients at A.S.H., promoting and protecting their safety, dignity, quality of life, and human rights; with the goal of reintegration back into society."

ADOA has provided a valuable service as a non-biased facilitator. They continue to provide supportive collateral material:

- Updated brochures
- Operations manual
- Business cards
- Badges with photo identification
- Updated procedural forms

The A.S.H. I.O.C. committee had an educational presentation on:

- Use of tablets. The information has been provided to the A.S.H. administration to follow up. Successful implementation of tablets for incarcerated persons has reported that aggression and violence have significantly been reduced.
- Peer training program

The I.O.C. contributed money to the holiday funds for patients' gifts for the holidays. The use of the money was for permitted personal items.

The COVID pandemic resulted in I.O.C. restrictions on hospital grounds due to COVID protocols. We have therefore held telephonic visits with the patients.

A.S.H. administration has assisted the I.O.C. members with more available connections to the patients when calling into the units. All members are volunteers and find it frustrating when connections are delayed due to a lack of understanding of the patients' rights to have I.O.C. visits. Recently implemented patient visits were using Google Meet for virtual meetings and onsite, using non-contact rooms. We can now visit during the weekend since all committee members are volunteers and work full-time during the week.

We changed the bylaws to permit a person to join the Committee after attending one session instead of three sessions.

### **Requested Information**

During the past year, we have requested and received numerous policy and procedural information.

- Grievance, complaints, and Appeals process- an educational meeting during our January 2020 meeting from AHCCCS to help our committee members and the public understand the process.
- S.M.I. rights of appeal

- Forensic patient information:
  - Forensic levels-
    - Specific off-ground activities-escorted
    - Resolution group and policy- more clarity required
    - Tobacco-free philosophy statement
    - Surveillance system equipment rules/G.P.S. consent
    - Patient weekly schedule
    - Patient sign out /in sheet
    - Off grounds pass protocol
- Treatment plan protocol with adherence to the Joint Commission and State Rules
- Policy regarding violence reduction training of staff (full-time and part-time)
- Assault reduction strategy (system & individual)
- De-escalation training schedule
- Number of code grays by year by campus:

We do not have data on number of Code Grays prior to 2017. Below is data with the total number of Code Grays by year from January 2017 – September 2019, broken down by campus:

	Jan-17 - Dec-17	Jan-18 - Dec-18	Jan-19 -Sep-19
Civil	537	629	385
Forensic	77	35	60

- Top assaulter reports
- Review of the incident on videotape- approved after legislative interpretation and meeting with A.S.H. administration.
- The transition process for patient moves in the unit and between units
- Employee recognition programs
- Policy consistency across the campuses
  
- Patient request to amend medical records
- Clarity about guardian notification protocol for police after an incident has occurred
- Clarification on patients in jail and re-admittance into A.S.H. process
- Policy and process to get medical records while still being a patient
- Clarity about the absence of deaths in the incident, accident, and death report, never reported
- Clarity regarding restriction on patient's ability to call a supervisor or management
- Clarity about a civil patient(s) on forensic campus
- Medical staff documentation
- Medical necessity protocol for elective procedures or appointments based on risk assessment from Valleywise
- COVID protocol
- COVID visitation guidelines
- Covid P.P.E. usage and availability

- Job posting process at A.S.H.
- Animal therapy policy

## Concerns

We have discussed that we have not seen any deaths listed in the Incident, Accident, Death reports for the past few years. We still have not viewed any to date. An explanation is that the declaration of death often occurs at another hospital (Valleywise), where that hospital then reports the death to the appropriate authorities.

A.S.H. administration does not attend the meetings. We have requested that they participate in the discussions, A.S.H. administration has rejected that request. The Chair does call the administration to clarify the Incident and Accident reports with Chief Quality Officer Lisa Wynn of patient advocate Jacqueline B before the monthly meetings. Many of the newer committee members have had no interaction with the administration.

Due to the short time frame between when the Incident, Accident, Death reports are available in the AHCCCS portal and the scheduled meeting, this is not always possible. The A.S.H. administration is working on getting the reports uploaded sooner. At this point, only the chairperson has access to review the reports. The Chair has requested that other members gain access to ensure multiple reviews of the incidents from different perspectives. A.S.H. administration has provided a high-level seclusion dashboard report, which has the dates and times and seclusion type. This report highlights the events that are outliers and may need to be explored in the detailed report. This overview report has been beneficial.

The I.O.C.'s primary concern is that patients have consistently voiced concerns over retaliation from some staff after filing grievances. There is also an ongoing complaint that not all staff act in a therapeutic and supportive manner. We believe it would be beneficial to have a surveillance system with both audio and video capability to investigate better and substantiate some of the grievances and complaints. We requested the ability to review a video surrounding a retaliation allegation. Initially, the A.S.H. administration denied the request, and we followed the appeal process. From A.S.H. administration July 8, 2020, *"Because the I.O.C. does not have the authority to conduct an investigation, there would be no purpose for I.O.C. members to conduct a video review. A.S.H. respectfully denies the request to view the video."* The administration thought we were asking to be the official investigative authority, which was never the I.O.C.'s intention. We wanted to carry out our advocacy obligation and try to validate the allegation of retaliation and mistreatment. After we received a legislative interpretation and a meeting with the administration, an I.O.C. committee members went into the facility to review the videotape. It was never the intention of the I.O.C. to receive a DVD or thumbnail drive of the videos. We were not able to validate the allegation based on the video views.

Per the A.S.H. administration, the patient has the following official channels to report abuse:

*These matters are handled through the Hospital's Office of Complaints, Grievances, and Appeals, and a thorough and objective investigation is conducted. There is an appeal process associated with these matters outlined in Statute and in Article 4 of the A.A.C.*

*In addition to working with this office, patients have the right to contact the AZ Center for Disability Law, Adult Protective Services through AZDES, the AZ Department of Health Services Licensing Office, the U.S. Center for Medicaid and Medicare Services (C.M.S.), and the Joint Commission. Many of our patients regularly contact these entities with concerns.*

We continue to see numerous incidents on the civil campus units. There are fewer incidents on the forensic units. Most of which seem to be self-harm or relatively minor.

Both patients and guardians have complained about the treatment meetings and family or support limitations in these meetings—a notable lack of transparency on treatment goals and treatment progress.

We also have heard allegations of mistakes on the medical records. A.S.H. administration has communicated the process to correct errors.

Several patients have complained about difficulties in getting timely medical attention. Some of the reports list broken bones, infection bites, podiatry issues, and ongoing pain from arthritis. We also have concerns about lengthy seclusion administrative incidents.

The COVID protocol is as follows:

For offsite medical appointments:

- If a medical provider believes an offsite appointment is medically necessary, it is scheduled.
- The medical necessity of the patient is weighed against the risk of exposure to Covid-19.
- Patients being transported to offsite medical appointments are provided an N95 mask and gloves.
- Employees transporting patients offsite are required to wear an N95 mask and gloves.

COVID interrupted the following:

- Patient visits (Governor's executive order interpretation for in-patient hospitals (not specific to level 1))
- In-person I.O.C. visits
- Internet usage
- Group therapy except for music and exercise
- Limited availability of any of music & exercise therapy sessions
- Forensic off site visits, which are required for progression

The I.O.C. received very few civil requests for visits during 2020. We began visiting patients on the forensic side after July 2019. The Chair was able to participate in community forums onsite for both civil and forensic units; the meetings were highly informative and well attended by patients and administration. Community meetings have been suspended in that format for the COVID period. The administration will alert the Chair when the community session recommences.

## **Initiatives**

We are working on the following initiatives:

- We were able to get a commitment to education funding for patients through philanthropic donations. We were able to secure interest from a local charitable fund. We introduced the administration and representative of the philanthropic fund to work out the logistics of receiving the funds and reporting responsibilities. The administration temporarily halted the effort due to COVID.
- We are still evaluating whether a peer-run organization can provide training on campus; this will need to be coordinated through the social services department. Funding is not presently available.
- Trying to assist in getting more staff funding to help reduce the number of current staffing vacancies as we feel it hinders patient treatment. We also think that staff shortages create tension when staff shortages prevent therapeutic activities from happening on time and/or visits to the patios or mall. A hospital switch to 12 hr shifts has alleviated some staffing shortages.
- Prioritize updated training for staff on lowering violence and seclusion and restraint usage.
- We advocate for updated surveillance systems on civil and forensic campuses with better overall site coverage and audio/visual capability.

- We are advocating for tablet implementation and usage on the units. The Edovo tablets could be an asset to the patients. These tablets are completely configurable regarding content or features. Edovo tablets could offer a possible solution to some of the issues referenced in this report:
  - Access to varying levels of educational materials towards G.E.D.'s/Degrees/Certifications
  - Provide a tangible way to track patient progress & reward system
  - Utilizing therapy modules (especially during COVID cutbacks)
  - Reduction of boredom/violence
  - Provide C.B.T. programs
  - Provide mindfulness-based interventions, including:
    - substance abuse
    - stress and anger management techniques
    - job & re-entry programs

### **Suggestions**

- Because we are a volunteer organization, administrative support is critical to our sustainability.
- We think it would be advisable to have a legal department that could help the I.O.C.s whenever a legal opinion is required.
- We think it is incredibly beneficial to maintain a consistent staff I.O.C. liaison and think changes in agency oversight would be disruptive.
- Improved communication with A.S.H. administration. It is challenging to collaborate with an agency that does not attend the meetings.
- Replacing antiquated surveillance systems would help both staff and patients act more professionally and support investigations.
- Bring in professional training on de-escalation techniques from well-known agencies using evidence-based practices.
- Re-evaluate the requirement for the resolution group or present a consistent policy and availability of the group therapy.



A.S.H. I.O.C. 2020 Committee Membership

	ASH IOC Names	Position	Membership Status	Comments
1	Sharon Ashcroft	Chair	Not Active	Resigned on 9/18/2018
2	Ashley Oddo	Lawyer	Active	
3	Jim Gillcoatt	Psychiatric Nurse	Not Active	Resigned on 4/18/2019
4	Ross Davids	Psychology student	Not Active	Resigned on 10/14/2019
5	Leon Canty	Peer, Former Forensic Patient	Active	
6	Laurie Goldstein	Engineer, Parent of An Adult Behavioral Health	Active- Chair	
7	Kathy Bashor	Peer	Not Active	Resigned on 5/21/2020
8	Kim Schereck	Family Member of Behavioral Health	Active	
9	Lynn Gibson	Law and advocate	Not Active	Resigned on 11/21/1019
10	Alyce Klein	Psychiatric Nurse	Active	
11	Natalie Trainor	Education	Active	
12	Rebecca Kasper	Psychologist	Not Active	Resigned on 2/17/2020
13	Dee Putty	Medical Nurse	Active	
14	Joe O'Cain	Forensic Patient member	Not Active	Was told he could no longer participate
15	Barbara Honiberg	Public Health, Parent of An Adult Behavioral Health	Active	Effective 9/17/2020
16	Melissa Farling	Architect, Family of An Adult Behavioral Health	Active	Effective 9/17/2020

Please contact me at 480-363-4887, Laurie Goldstein, Chair, if you wish to discuss this report's contents.

Sincerely,

Laurie Goldstein  
A.S.H. I.O.C. Chair

cc:

Carolyn Allen, Senate Health and Human Services Committee Chair  
House of Representatives Health Committee  
Matt Gress, Director, OSPB  
Richard Stavneak, Director, JLBC Staff