



**INDEPENDENT OVERSIGHT COMMITTEE MEETING NOTES & ACTION ITEMS**

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**IOC Name:** \_\_\_ DHS ASH IOC \_\_\_\_\_ **Meeting Date:** \_\_\_ 4/16/2020 \_\_\_\_\_  
**Meeting Location:** \_ Conf Call (remote) 1-347-450-1995 Pin:407799# or  
<https://meet.google.com/hsm-ajop-ypz?hs=122> \_\_\_ **Meeting Time:** \_\_\_ 18:00-19:40pm \_\_\_\_\_

<b>Members Present:</b> Alyce Klein, Laurie Goldstein, Natalie Trainor, Dee Putty, Larry Allen, Leon Canty, Kathy Bashor, Ashley Oddo. Kim Scherek, Dee Putty,
<b>Members Absent:</b>
<b>Other Attendees:</b> members: John Wallace, Timothy Bribriesco, John Wallace, Chris Martell, James, Deborah Bribriesco

<b>Agenda Items</b> (Enter the related topic from the IOC's agenda)	<b>General Description of Matters Discussed &amp; Motions Made</b> (Enter the related topic from the IOC's agenda)	<b>Action Item/Assigned To/Due Date</b> (Indicate the specific follow-up task/s or actions that need to be completed; include the name of the member assigned to the item, next steps to be taken, and the anticipated due date)
Welcome - disclosure of conflict of interest	Disclosure of Conflict of Interest	none
Last Meeting - review and approve minutes	Review and approve minutes	Motion, Alyce Second, Dee Roll call, unanimous
ADOA Updates	Governors Executive order 2020-22 Protection of vulnerable residents at Nursing Car Institutions, Residential Care Institutions, ICF-IIDs, and DD Medical Group Homes from COVID-19 item 5 states that they must offer an electronic visual form of communication, if visitation is restricted, in lieu of face to face visits for all residents.	IOC want to ask ASH where they in in complying with the executive order. Patient mother DEE P states that they have not offered an electronic visual visit in lieu of face to face visits to date.

	<p>Currently Employees of ADOS have been reallocated to work on COVID-19 immediate tasks with other agencies. This is temporary during this pandemic.</p>	<p>The committee also wanted to understand if the hospital could utilize telemedicine for medical consults or appointments since we have heard complaints of delayed medical care. Long waits to get appointments. Kathy B mentioned that some patients may object to having a tele-video conference due to symptoms. Dee stated that some clients are not receiving therapy. Is it possible that they could provide tele-med for counselling sessions when ASH cannot provide services?</p> <p>Noted. That the patient would have to agree, or the treatment team should be involved with the decision.</p> <p>Motion, Laurie Second, Alyce Roll call, unanimous</p> <p>UPDATE: I spoke with ASH administration; the feeling is that the order did not include the hospital. But they are working on getting video visits implemented. The biggest concern is the resources required to do this. A staff person with a laptop or tablet would need to sit with the person to enable the technology.</p>
<p>Review of Action Items</p>	<p>None</p>	<p>None</p>
<p>Sub-committee Report</p>	<p>Education Support- Laurie introduced the investor to Lisa Wynn electronically. They have been playing phone tag and this has taken a back seat during COVID-19.</p>	<p>Kathy Bashor would like to have peer training overview for the IOC next meeting. Motion, Laurie</p>

	<p>Peer Support Update- Ashley did connect with STAR and they are interested in providing peer training at ASH, but we need to find funding and have them work through the rehabilitation department. This is also on Hold during COVID-19. IOC can continue to look for funding.</p> <p>Pet therapy- Dee investigated animal therapy at ASH. There would be no charge</p>	<p>Second, Dee Roll call, unanimous</p>
ASH Administration Update	<p>The hospital reports that they do not have any COVID-19 and potential COVID-19 patients displaying symptoms. ASH has implemented increased cleaning and best social distancing and use of PPE along with staff and patient training. In addition, visitation is forbidden during this quarantine period.</p>	<p>Has anyone been tested at the hospital? Motion, Laurie Second, Ashley Roll call, unanimous</p>
Overview of Incident/Accident Reports:	<p>ASH-2020-0872: Patient &amp; peer, reported potential sexual touching in the mall space (public), viewing of the video could not see the hands of the alleged perpetrator. This emphasizes why the audio/video system needs to be replaced.</p> <p>ASH-2020-0893: Patient assault on Staff, ER visit after a patient hit a staff member. No police activity noted.</p> <p>ASH-2020-0908: Patient assault on peer Police involvement after incident the police were called. After reviewing some recommendations were made to staff.</p> <p>ASH-2020-0922: Patient trying to go AWOL</p> <p>ASH-2020-0959: Incident Patient assault on peer Police involvement, person cited by police after interviews</p> <p><b>ASH-2020-1027:</b> Allegation that Staff assaulted a patient during code grey Police called- Video of incidence reviewed and the undersigned was unable to see anything definitively on camera regarding allegations described in this report. Claims that a Security Officer reported to him that a BHT hit him the face during the code. When asked by PD if he</p>	<p>Good safe choice for members</p> <p><b>ASH-2020-1027:</b> We would like to open an investigation, would like to interview the witnesses.</p> <p>Motion, Alyce Second, Dee Roll call, unanimous</p>

	<p>remembers getting hit, he stated that he doesn't, but it must be on the video because that was what he was told. was requesting that the police review the video and complete a report for his attorney. Phoenix PD took the report, reviewed the video (Code time was approximately 1507 hours) and exited the hospital at approximately 2210 hours. Chief Bugbee was notified.</p> <p>DR #2020-438707 was assigned. We had telephonically visited this person and he communicated this to the IOC visiting members.</p> <p>ASH-2020-1051: Patient assault on staff Police involved. No ER visit required. no citation noted</p> <p>ASH-2020-1076 ER visit medical reason Unwitnessed fall and subsequent medical symptoms, patient went to Valleywise.</p> <p>ASH-2020-1144 Peer assault on peer no police called no serious injury</p>	
<p>Site visits (telephonically)</p>	<p>Visit 1: The first patient reported he has sent letters and wants to be on the IOC. He has problems with his treatment. He has severe breathing issues but cannot get a Drs. Appointment. He has past issues with his prior treatment but is happy with his new unit and his new treatment team. He needs a dr. appointment. He claims there are HIPAA violations. Some low-level employees do not pass on information to higher ups. He had previously complained about his foot in the past and they did not get prompt medical attention. Subsequently his foot has been x-rays and it did indicate that his foot had been broken. He wants to see a podiatrist.</p> <p>Visit 2: He has never won a grievance. AHCCCS only investigated one of his reports. He has tried to help another patient from a violent situation. The aggressor is known for violent behavior. He is afraid for his life from the patient with violent behavior. Others are afraid of this person. Why is nothing being done to limit the exposure to this violent person? He worries if audio was added that it would not</p>	<p>Are patients getting prompt medical attention?</p>

	<p>help, he feels the video would disappear. He also feels like he was weaned off medication in 3 days and felt miserable. He had issues with the specific dr. He alleges that his meds were screwed up. He says his care was mis-managed. He was very unwell and chased down someone while in that state, put on COS. He now feels good on his new unit. He did state he felt the Dr. was torturing him. He fears retaliation.</p> <p>Visit 3: He felt that his treatment was not available. His attorney got a recommendation, he plans to send a letter. He feels helpless and hopeless.</p> <p>Member had complaint about many staff members who he feels is verbally abusive, profanity, retaliation, targeting him. Wants more privacy when having conversations with people outside hospital. Concern about packages being searched and items being lost. Searches are aggressive, violating. Felt there were privacy violations in the restroom. Security followed mom out after a visit once. Overall unfairness and violations. Feels stuck and hopeless, would prefer prison.</p> <p>Visit 3:</p>	
<p>Retaliation Concerns</p>	<p>Continued feeling of retaliation from some staff. The perception that grievances and complaints are not taken seriously. Some retaliation is distanced in time from incident. Some clients have called the AZ Center for Disability Law, but they do not seem too responsive. Laurie to call and talk to them about interest in talking to patients.</p>	<p>This is a constant report of retaliation from some staff. We would like to ask for an investigation where the IOC can get unredacted records of what occurred when we provide them with a patient name and details around the incident and retaliation. (to be provided when we get the details, we may need Jackie to help gather specific dates)</p> <p>Motion, Alyce Second, Dee</p>

		Roll call, unanimous
ASH Proposed Legislation	On hold during the pandemic and legislative priorities are focused on COVID-19 response and containment	
Membership		
Public Comment	<p>Timothy Larson- Members cannot call manager/supervisor for unit. to the civil suit he’s bringing against ASH.</p> <p>Chris- He as a concern that even with audio the tape would disappear. He feels that it may not help unless there is outside oversight.</p> <p>James had applied for ASH IOC committee, and he has yet to hear back.</p> <p>John Wallace- Sent a grievance previously that he wanted to review. He feels his pain is not managed well at ASH. He also has been threatened by staff that if he does not behave, they will put him back on anti-psychotic medication of which he has not been on for the past several years.</p> <p>Would like minutes more in advance, preferably 3-4 days prior.</p> <p>Timothy Birbiesco- states that staff retaliation and punitive actions may take weeks and months to show up. He also states that staff were late for visits to begin. No video visits have happened to date. The grievance and appeals process are conducted by the same person Terrance.</p>	<p>Please send a polite denial letter to Mr. Norton at this time, we voted on this in executive meeting several months ago.</p> <p>More complaints about retaliation. Also concerns about losing privileges when moving units.</p>

	Kathy Bashor asked to have her, and Deb J provide an education meeting on peer support at the next ASH IOC meeting	
Adjournment		Motion, Alyce Second, Laurie Roll Call, unanimous
Executive session	None	