



INDEPENDENT OVERSIGHT COMMITTEE MEETING NOTES & ACTION ITEMS

IOC Name: ___ DHS ASH IOC _____ **Meeting Date:** ___ 8/20/2020 _____
Meeting Location: _Conf Call (remote)_ **Meeting Time:** ___ 18:01-20:37pm _____

Members Present: Laurie Goldstein, Natalie Trainor, Dee Putty, Larry Allen, Ashley Oddo, Kim Scherek, Leon Canty

Members Absent: Alyce Klein

Other Attendees: Chris Martell, Rodney Woodville, Jimmy McMullen, Matthew Sullivan, Bobby Blanchett, James Marshall, Nathaniel Morse, Timothy Bribresco, Kareem, LeRoy, Nick, Ryan Mitcham, Deborah Bribresco,

Agenda Items (Enter the related topic from the IOC's agenda)	General Description of Matters Discussed & Motions Made (Enter the related topic from the IOC's agenda)	Action Item/Assigned To/Due Date (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	Dee- will abstain if there's anything related to son's unit
Last Meeting - review and approve minutes	Review and approve minutes	Motion, Leon Second, Dee Roll call, unanimous
Review Action Items	Plans are developed and managed by patient teams including patient and support system (i.e. family, guardian, etc.) To correct charts for accuracy work with Jackie or guardians, see provided policies. There are two policies about correcting inaccurate information.	

	<p>Audit included need for assault reduction strategy, was provided to members Medical urgency protocol shared including COVID policy and limits on medical appointments, severity also considered</p> <p>Forensic Patient progression questions answered with level protocol – open to review</p> <p>Unit internet poor due to building COVID parameters, patient advocate will assist patients with accessing downloads and internet</p> <p>Education on hold due to COVID, but Jackie is helping some students with correspondence courses</p> <p>Questions about deaths at ASH, only SMI designations reports</p> <p>Laurie outlined guidelines on Video reporting to not mention names or units to try to maintain confidentiality. Request to view videos was originally denied, IOC was allowed to go on site and view videos, Ashely viewed videos:</p> <p>ASH-2020-1027 Video: 2 cameras captured incident, patient was on phone, asked for pen, patient exits room, patient lunges at staff, staff backed off multiple times, patient continues to lunge, viewer could not see patient being knocked out, view was not clear</p> <p>ASH-2020-1634: patient was in phone booth, approaches group, started attacking another patient, chases others around, video did not clearly support mistreatment</p> <p>Dee did not find policy that described resolution group, Motion to ask what is the time table, how frequently is it used, how do patients access group.</p>	<p>IOC motions to peruse adding audio to cameras as it would have been helpful when viewing the videos for incidents.</p> <p>Motion, Natalie Second, Ashley Roll call, unanimous</p> <p>Motion to ask what is the resolution group time table, how frequently is it used, how do patients access group. Why is this required when not in the policy?</p> <p>Motion, Leon Second, Dee Roll call, unanimous</p>
ADOA update	none	
COVID Status	COVID protocol has not changed but would like to accommodate patient visits, pilot remote	

	<p>visits via google meets, more visits are good for patients and families- This is scheduled to begin on Forensic side today and then rolled out to Civil side.</p> <p>Question about new patient intakes at ASH, they have been accepting new patients as of a month ago per Lisa Wynn. They are tested on arrival, secluded, then admitted to unit unless positive- if positive they can go to COVID unit</p>	
ASH Admin Update	Provided by Laurie after calls with Lisa Wynn.	
Overview of Incident/Accident Reports	<p>2 deaths reported, transparency apparent regarding Valley Wise, cooperation by ASH appreciated</p> <p>ASH-2020-2563 & ASH-2020-2623 deaths off grounds</p> <p>ASH-2020-2501: assault could not be observed by the patio cameras, surveillance needs updating and audio</p> <p>ASH-2020-2559: assault resulted in restraints and seclusion, staff did great job of using NCI- staff had superb intervention/prevention</p> <p>ASH-2020-2598: codes led to treatment plan review, good to review plan and update treatment</p> <p>ASH-2020-2613: assault led to patients agreeing they needed to be separated, patients self-advocating, resolution also appreciated</p> <p>ASH-2020-2630: assault could not be viewed on cameras due to camera placement, cameras are old and poorly placed, need updating</p> <p>ASH-2020-2673: incident on patio (assault) again video was not able to be utilized due to distance/quality/lack of audio</p> <p>ASH-2020-2708: patient threatening staff, doctor contacted for support, patient moved to deescalate patient, prevention appreciated</p> <p>ASH-2020-2746: assault could not be viewed</p>	

	<p>due to skipping of camera, again camera quality causing issue</p> <p>ASH-2020-2748: assault could not be viewed due to camera quality and position, cameras need to be pointed to basketball courts and gazebo where incident occur often</p> <p>ASH- 2020-2790: escape attempt, staff were able to redirect without issue</p>	
Virtual Site Visit Report and Patient Letters	<p>10 patients visited this month</p> <p>one with ongoing complaint regarding service animal</p> <p>questions about progression in the levels during COVID</p> <p>comments about family members being discourages to attend treatment teams, patient told this hampers progression.</p> <p>one patient feels discouraged to bring attention to any negative incidents in the unit- this has been an ongoing complaint</p> <p>patients often discouraged to advocate for self or others or file complaints/grievances</p> <p>Patients wanting changes in treatment or medical team, IOC suggested using guardians or family advocate</p> <p>Patients described lack of transparency with team, wanting more clear goals and feedback</p> <p>Two patients reported injuries that required care that were not being met, IOC will inquire about the need for medical attention</p>	
Retaliation Concerns	IOC will look into specific incidents to view videos and read reports, must have 2 people on call/visit	
Membership	Barbara Honiberg applied but was unable to attend, IOC will review membership when she attends meeting	
Public Comment (3-minute limit per person)	<i>Laurie asked that patients do not mention other patients' names and single out providers by name.</i>	

Laurie reminded patients that the IOC cannot call patients one on one and the virtual visits need to be by two or more IOC members.

Laurie reminded the patients that we do not oversee their medical Drs. If they feel that they have been mis-managed there are medical or nursing boards to file complaints. We will assist if patients are suffering and not getting timely medical attention by contacting administration.

James Long- concern about a special needs patient who is being provoked/antagonized by 3 different staff and other patients (Mohave), concern of patients being told to keep issues “in house”, techs being in the office or on the phone, not in the day room assisting patients. When complaint through the proper channels, accused of targeting or singling out, staff swears and threatens staff

Chris Martell- tried filing grievances, they do not win or come back (only one time), HIPPA violations, medication issues, being retaliated against, disagreed with video review, felt he was not contacted as requested. Witnesses not interviewed as requested. Felt that there was more video to view.

Timothy Bribriesco - lack of medical care complaints, needs to see wound clinic and had to wait over a year and then was not served, needs pens due to disability, will have Jackie call IOC to contact him

John Wallace- sees patients being threatened with court ordered treatment, does not see psychosis, was forcibly medicated, has not seen arthritis specialist, only getting pain meds no other therapies, wants advocates to act more forcibly, wants more oversight

James Norton- resolution group not allowed to be a requirement for level progression, all treatment on forensics is to be considered voluntary or recommendations, wants a transfer and has been requesting this for almost a year, is requesting treatment and being denied,

	<p>evaluation was hid by ASH for years</p> <p>Ron Webhill- staff are coercing patients to use masks by taking away privileges, all men on unit had COVID and were returned after 10 days before symptoms were gone, staff going in and out spread COVID, staff were sent home on more than one occasion, requested COVID testing in 03/12/2020, CDC says masks may not protect patients</p> <p>Jimmy McMullen- on 7/30/20 patients wanted snacks on unit and voted on it, grievance not acknowledged or addressed, no resolution discussed or reported, office of complaints is not fulfilling duties, led to unfair restrictions, feels that some patients may not realize the injustice</p> <p>Matthew Sullen- agreeing with the violations of state and federal law including the rights to have a service animal, discrimination apparent, American with Disabilities Act referenced, no reasonable accommodations made</p> <p>Bobby Blanchett- giving the IOC permission to view medical records, requesting records is ultimately overseen by ASH and advocates may not be effective, solution is not simple, IOC should be weary of ASH responses and answers as they did not sound correct, there is not consistency in units or policies making it difficult to be successful, mp3 players confiscated by staff, hospital bookstore offer headphones with microphones which are not allowed on units, needs headphones for coping skills</p> <p>Deborah Bribriesco - appointments and healthcare denied or cancelled, ASH does not reapply for insurance for patients so patients are not being seen, would like the IOC to look into insurance and lack of or lapse</p>	
Executive session	none	
Adjournment		<p>Motion, Natalie Second, Laurie Roll Call, unanimous</p>