

**INDEPENDENT OVERSIGHT  
ACTION ITEMS**



**COMMITTEE MEETING NOTES &**

**IOC Name:** \_\_\_ DHS ASH IOC \_\_\_ **Meeting Date:** 2/17/2021  
**Meeting Location:** \_Conf Call (remote)\_ **Meeting Time:** \_\_\_18:02-19:27pm\_\_\_

<b>Members Present:</b> Laurie Goldstein, Dee Putty, Melissa Farling, Summer, Kay Kunes, Barb Honiberg, Alyce Klein
<b>Members Absent:</b> Leon Canty, Ashley Oddo
<b>Other Attendees:</b> Larry Allen, Dr. Potts, Pinon Unit

<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	None	
Review and approve meeting minutes	Approved	
ADOA update	Larry updates: checking for confidentiality agreements from group.  Dr. Potts (Central AZ IOC) update: SB1444 will be presented to AZ Psychiatric Society. Wondering if the IOC group can sign on to discuss the bill. Moving their meeting time to 5:15 on the third Wednesday. Has done site visits this week. Exploring issues with the UPC.	

<p>Review Action Items and Update from ASH Administration</p>	<p>Pet therapy began on forensic- seems to be going well. Patients like interaction with animals.</p> <p>ASH set up a google shared drive to test access for documents. This collaboration is appreciated. May help the issue of file reviews.</p> <p>Staffing acuity charts reviewed (attached at the bottom of minutes). Nights and 2nd shifts seem to have better staffing than days. Programming is done primary during the day when the staffing shortages seem most pronounced. The information is good. Committee appreciates this chart! Helpful information.</p> <p>ASH described how the resolution groups don't share private/protected patient information. ASH states that patients are not required to share. Discussion on how patients may be asked to share, and patients may feel obligated to share private information.</p> <p>Resolution groups and PSRB continue to pose problems for patients. Do the patients know their rights? Alyce, Barb, Potts, Laurie to form a sub-committee.</p> <p>ASH reconsidering tablets.</p> <p>No recent changes to library policy.</p> <p>Not all patients are eligible for vocation training per their program.</p> <p>ASH provided nursing notes. Alyce to review. IOC reading about the incident that the patient claimed retaliation for sharing information about safety concerns in IOC meeting. IOC appreciates all the info shared by ASH.</p> <p>Discussion about safety. Concerns for safety of patients as well as staff.</p> <p>ASH reports no delays in the mail system. ASH cannot account for delays in the mail system, but they have a staff member that goes to the PO regularly. There are some reports of mail</p>	<p>Motion for sub-committee regarding the resolution groups and patients' rights.</p> <p>Motion, Laurie Second, Dee Roll Call, unanimous</p> <p>Feedback for ASH: multiple patients have described that there are delays in mail-specifically mail coming</p>
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	<p>having delays. Standard mail can take a week or two.</p> <p>Concern about death on the unit. ASH said that person was pronounced dead on the unit rather than another facility. This caused delays. Privacy screen was used. Hospital had now acquired gurney and body bags so that patient does not need to be left on unit. Incident was not ideal but did drive new policies and was addressed. Teachable unit noted</p> <p>NVCI was described.</p> <p>Security breach questioned was within 60-day timeline.</p> <p>Suicide by resident did lead to AHCCCS recommendations about policy, equipment, special diet handling, surveillance system, training (CPR), and more.</p> <p>ASH IOC has still not received dimensions and photos of the admin separation area. The descriptions from ASH continue to conflict with patient reports and YouTube Videos. Patients report a small area.</p> <p>Outing updates- Outings will be back soon if nothing changes.</p> <p>ASH agreed that no staff shall listen to the IOC calls.</p>	<p>from the mail person to the unit. Issues mentioned in these complaints were not related to the US post system.</p> <p>Motion, Laurie Second, Alyce Roll Call, unanimous</p> <p>Motion for dimensions of the administrative separation area and information about the locks. Are they separate from the seclusion room? Are they often or always locked? Can members from the IOC come see the area? Can ASH share the requirements/code for the area that they follow?</p> <p>Motion, Barb Second, Alyce Roll Call, Unanimous</p>
<p>Patient Virtual Visit Reports</p>	<p>First visit- patient was unsure if there was a detective sent to see them. Patient had concerns about the protocol for use of facilities/rooms. Concern about people on campus not wearing masks. COVID spikes after patients saw masks not being worn. Concern about getting vocational rehab so they could get a job. Patient wanted more help/support with items like hygiene, banking, life skills. This</p>	

	<p>patient would like a job eventually. Wants emotional support as well. Some patients need to sleep in and afternoon spots tend to be full. Patient had questions about power of attorney and when those rights would be evoked- does ASH have to update the family if they have power of attorney?</p> <p>Second visit- there was a dog visit on the patio. This patient wanted to know why his personal service dog could not come. This patient has been wanting their dog to visit the unit. If other dogs can come, why can their dog come? Can accommodations be made for service dog to live at ASH? Concern about medical needs- if ASH can't meet their needs, can they be moved? A move to another unit is in the works- this may help.</p> <p>Third visit- questions about the forum being canceled. Discussion about staff sitting in on IOC meetings. Patients feel they are not free to speak.</p> <p>Final visit was canceled- the patient was not feeling well.</p>	
<p>Overview of incident and accident reports</p>	<p>ASH2022-0018: Behavioral health tech found patient on floor, blood was present near the head, bleeding was controlled by pressure to the wound, vitals checked. Patient taken to Valley Wise. Staff unsure what happened. Patient is now doing well.</p> <p>ASH2022-0020: Patient in the day room was hit by another patient. No code was called.</p> <p>ASH2022- 0055: Patient in day room observed attacking peer. Code called. Hold/seclusion followed.</p> <p>ASH2022-0091: Patient was in day room, hit another patient. Staff intervened. nNo code called.</p> <p>ASH2022-0113: Assault- patient attempting to assault peers. Staff intervened. Code was called.</p>	<p>IOC wants to know why families/guardians were not notified sooner. What is the procedure for notifying families?</p>

	<p>ASH2022-0117: Patient being escorted to cafe and hit another patient. Patients separated, no code. Patient called the police.</p> <p>Laurie asked- Why is a code called somethings and not other times? ASH reports that it depends on staff, history of patient, and other factors. Codes can be used at staff discretion.</p> <p>ASH2022-0166: Staff heard screams from bedroom, one patient was choking another patient. Code grey was called. Questions about if roommates were separated after.</p> <p>ASH2022-0182: AWOL attempt, code green called. Patient left the transport vehicle when going to a medical appointment. Patient was recovered and returned to ASH.</p> <p>ASH2022-0266: AWOL attempt. Patient left Valley Wise after the appointment.</p> <p>AWOLS need to be considered when medical appointments are requested. After AWOLS restraints may be required for medical visits.</p> <p>ASH2022-0297: Housekeeper bumped patient with mop on cleaning cart. Patient wanted to call 911 to report the assault. Operator hung up on call. Security was notified to inform operator about policy and procedures- it's the patient right to report anything they choose.</p>	<p>Motion, Alyce Second, Dee Roll Call, unanimous</p>
<p>Additional Items</p>	<p>No new business.</p> <p>Kay pulled incident reports- staff is writing IRs on any patients who discuss legal matters pertaining to these conversations. Discussion about incident reports being used in the PSRB process.</p>	<p>Motion to ask why patients are getting write ups (IRs) for discussing legal matters with other patients.</p> <p>Motion, Kay Second, Dee Roll Call, unanimous</p>
<p>Public Comment (3-minute limit per person)/Call to the Public</p>	<p>Laurie reminded the group of rules about Public Comment. IOC cannot respond. IOC is here to listen during public comment only. 3 min max. Patients should indicate if they want their name used.</p> <p>Anonymous patient: did not want to share</p>	

	<p>names because they feel targeted.</p> <p>Robert Dunn: Discussed that staff said unit guidelines have precedence over patient rights. Why?</p> <p>Tim Bribiesco: Feels retaliation (from CEO, CMO, CFO, CNO) gets transferred every 4 months. Staff says this is to find himself and get in touch with himself. Reported that medical issues are slowly getting taken care of. Surgery is coming up. Described problems with sending and receiving mail. Mail does not show up to or from ASH. Contents are often missing from the mail. Wanted to know when food visits will be allowed again. Tim thanked the IOC and asked for a call from Holly or Josh 29524.</p> <p>Anonymous: There is a current investigation about the mail issues.</p> <p>Isaac Contreras: Has had a rough situation lately. Is still in seclusion. Staff still says that he is a danger/threat. He has not had a recent code grey. IRs written about him are not accurate. Isaac provided lawyers with audio regarding incidents that have previously been in question. Thanks to his attorneys, things are going better. Dr. Bowen and Dr. Woods seem to think they are above the law and are abusing patients. Has been in seclusion for 2+ years. This is abuse. Isaac thanked the IOC for giving patients a voice. Said the IOC is a big help- he appreciates that the IOC doesn't give up.</p> <p>Charles Ed Mark: Chaplin search team. Needs a bilingual catholic Chaplin. 970-305-5055 or 928-351-7679 PO Box 2481, Mesa AZ 85214. Would like prayers and meditation on finding a 2nd Chaplin.</p> <p>Anonymous: ROU (restricted on units) are illegal. Would like the IOC to know.</p> <p>Anonymous: (said they are anonymous for fear of retaliation) thanked the IOC.</p>	
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Adjournment		Motion, Laurie Second, Natalie Roll Call, unanimous
Executive Session	New member Chuck Goldstein voted in.	Motion, Laurie Second, Dee Roll Call, unanimous

### Nursing Staffing Acuity for 1/31/2022

**Problem**

Regulatory agencies require that the hospital utilize an acuity plan/tool to determine the skill mix and number of staff (nurses and BHTs) required to meet the needs of the patients on each unit, each shift. The Staffing Effectiveness and Acuity plan utilizes a tool that is completed by the unit charge nurse for each shift and takes into account the total number of patients, the number of routine patients, and the number of patients that have defined needs other than "routine" (i.e. staffings, visits, COs, assistance with ADLs, complex procedures, etc.).

**Scope**

The acuity is a calculation, so there are times when it shows a need for half (or less) of a staff. In these situations, a full staff member may not always be assigned and the tasks that are needed to be completed are absorbed by the actual number of assigned staff for the shift. This information (# of staff not provided and tasks that are being absorbed) is documented on a Variance Request Form. This form provides the justification as to how all required tasks are covered and patients' needs and unit safety are being met.

**Goal**

# 100%

**Daily Status**

84%

#### Day Shift

Daily Staffing & Acuity					Staffing Breakdown				Overall Staffing to Acuity	
Location	Acuity	Actual	Difference	Acuity Met	Total FTE	Nurse FTE	BHT FTE	Agency		
Palo Verde	20	14.5	-5.5	73%	12.5	4	8.5	2	<div style="background-color: red; color: white; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <span style="font-size: 2em; font-weight: bold;">73%</span> </div>	
Desert Sage	19	11.75	-7.25	62%	11.75	5	6.75	0		
Ironwood	20	17	-3	85%	14	4	10	3		
CRU	3	3	0	100%	3	1	2	0		
Saguaro	7	4	-3	57%	4	1	3	0		
Cottonwood	8	5.25	-2.75	66%	5	2	3	0.25		
Sycamore	8	5	-3	63%	5	1	4	0		
Mohave	6	4	-2	67%	4	2	2	0		
Pinon	7	4.25	-2.75	61%	4.25	1	3.25	0		
Sago	7	4	-3	57%	4	2	2	0		
<b>TOTAL</b>	<b>99</b>	<b>72.75</b>	<b>-26.25</b>	<b>73%</b>	<b>67.5</b>	<b>23</b>	<b>44.5</b>	<b>5.25</b>		

#### Second Shift

Daily Staffing & Acuity					Staffing Breakdown				Overall Staffing to Acuity	
Location	Acuity	Actual	Difference	Acuity Met	Total FTE	Nurse FTE	BHT FTE	Agency		
Palo Verde	17	15	-2	88%	13	4	9	2	<div style="background-color: yellow; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <span style="font-size: 2em; font-weight: bold;">90%</span> </div>	
Desert Sage	11	11	0	100%	11	3	8	0		
Ironwood	17	16	-1	94%	16	4	12	0		
CRU	3	3	0	100%	3	1	2	0		
Saguaro	6	4	-2	67%	4	1	3	0		
Cottonwood	6	5	-1	83%	4	1	3	1		
Sycamore	6	5	-1	83%	4	1	3	1		
Mohave	5	4	-1	80%	3	1	2	1		
Pinon	5	5	0	100%	4	1	3	1		
Sago	5	5	0	100%	3	1	2	2		
<b>TOTAL</b>	<b>81</b>	<b>73</b>	<b>-8</b>	<b>90%</b>	<b>65</b>	<b>18</b>	<b>47</b>	<b>8</b>		

#### Nocs

Daily Staffing & Acuity					Staffing Breakdown				Overall Staffing to Acuity	
Location	Acuity	Actual	Difference	Acuity Met	Total FTE	Nurse FTE	BHT FTE	Agency		
Palo Verde	17	15	-2	88%	13	4	9	2	<div style="background-color: yellow; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <span style="font-size: 2em; font-weight: bold;">92%</span> </div>	
Desert Sage	10	10	0	100%	10	3	7	0		
Ironwood	15	13	-2	87%	12	3	9	1		
CRU	3	3	0	100%	3	1	2	0		
Saguaro	5	4	-1	80%	4	1	3	0		
Cottonwood	6	5	-1	83%	4	1	3	1		
Sycamore	6	5	-1	83%	4	1	3	1		
Mohave	4	4	0	100%	3	1	2	1		
Pinon	5	5	0	100%	4	1	3	1		
Sago	4	5	1	125%	3	1	2	2		
<b>TOTAL</b>	<b>75</b>	<b>69</b>	<b>-6</b>	<b>92%</b>	<b>60</b>	<b>17</b>	<b>43</b>	<b>9</b>		