

**INDEPENDENT OVERSIGHT
ACTION ITEMS**



COMMITTEE MEETING NOTES &

IOC Name: ___ DHS ASH IOC _____ **Meeting Date:** 1/20/2021
Meeting Location: _Conf Call (remote)_ **Meeting Time:** ___18:02-19:00pm___

Members Present: Laurie Goldstein, Dee Putty, Melissa Farling, Summer, Leon Canty, Kay Kunes, Barb Honiberg, Alyce Klein, Kim Scherek

Members Absent:

Other Attendees: Larry Allen, Dr. Potts, Matthew Stillman, Robert Dunn, Nathan, Sommer Walters

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	None	
Review and approve meeting minutes	Approved	Motion, Dee Second, Melissa Roll Call, unanimous
ADOA update	Larry Reported: Working on website and application process, working on fixes, streamlining the system Two tabs were added to the landing page- one for guidelines and one for annual reports	

	<p>Question about files being on the website for only 90 days which causes issues when reviewing for issues. Larry mentioned the data share agreement and the IOC could make a motion to have ASH leadership to re-load information when needed. Dr. Potts asked questions about the data-sharing agreement.</p>	<p>Motion for the IOC to ask ASH admin to ensure to load reports to the portal (may need to re-load) so that at least 6-9 months of reports can be accessible at once.</p> <p>Motion, Laurie Second, Melissa Roll Call, unanimous</p>
<p>Report from Other IOCs</p>	<p>Dr. Potts (Central AZ IOC) update: No quorum for a recent meeting</p> <p>Statewide IOC chair meeting with DDD which included discussion about a forum of all IOC members to discuss issues and approaches to problem-solving could invite educational contributors.</p> <p>Discussed Freedom of Information Act request (FOIA) when the ASH does not provide the requested information or attend meetings to participate in the discussion.</p> <p>Discussion on proposed statutes, but there were no updates recently.</p> <p>The group appreciates the updates on the websites, thanked Larry, it is much easier, and changes are appreciated.</p>	
<p>Review Action Items and Update from ASH Administration</p>	<p>Update on recent suicide patient- scissors were not pulled from the neck as communicated from the chair as requested from Dr. Woods.</p> <p>They have an agreement with pet therapy (Alliance for Pets) and they have providers on the civil side scheduled, still looking for people on the forensic side (providers do not want to come to the forensic side)</p> <p>HIPPA investigation regarding CMO not following confidentiality protocol- the investigation found that the report was unfounded.</p> <p>There are changes to outings, they will follow the CMS and CDC guidelines. They are working on deciding when outings will be back open.</p>	

	<p>Patients must display pro-social behaviors in an alternate setting to progress. ASH looking for other options.</p> <p>Dee reported that Pets on Wheels said they had someone who could come visit forensics. This was in November. Dee will follow up. Team discussed that they would need to go through the vendor process.</p> <p>Dr. Potts suggested that an IOC member contact the Alliance for Pets and describe the forensic side better, in hopes that they may have a better understanding and be more likely to participate.</p> <p>IOC still wants to know about staffing at ASH, are they staffed, how frequently were/are they understaffed? This limits mall outings, activities, safety, etc. They shared the vacancy list, but have not responded with the staffing detail as requested. Listing the openings is not sufficient. This does not tell us who is staffing which unit when?</p> <p>Checking on ADA issues with member who needs accommodations to access dining tables. IOC was going to file a complaint, but ASH said they would modify expectations. They have reported that they have altered the dining schedule and they now have opportunities for patients with walkers to sit at tables without climbing in. IOC to check with patients and see if they have been accommodated.</p> <p>Resolution group concern- it's taking too long. ASH reports that since 2012 the process can take 8 months to 1 year. Some components may go quickly (two weeks), but the overall process takes time. Most recent groups (during COVID) have taken longer. Question about whether the resolution group violates HIPPA because patients must share private info. Discussion about how ASH states resolution groups are not required, but patients report they cannot progress without it. Member described how the group kept her from progression. One current group started in March and has not yet been completed.</p>	<p>Motion, Laurie Second, Dee Roll Call, unanimous</p> <p>Motion, Natalie Second, Laurie Roll Call, unanimous</p>
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	<p>ASH reported that the tablet idea would not be a priority- could cause security risks and distract from therapy. IOC discussed how it could avoid incidents and allow for access to education. The team discussed how they sent studies and info to ASH, and how it's not a threat or distraction. Pots discussed how the county provides tablets for quarantine patients to support well-being. IOC would appreciate an administrator from ASH to attend meetings to discuss this. IOC discussed how tables can offer vocational training.</p> <p>Civil Patient forum 2/4 at 1:00 Forensic Patient forum 2/18 at 1:00</p>	<p>Motion to ask again for the staffing daily. How many staff are supposed to be on the units? How many are actually there. Can we use clock-in info or staff schedule? IOC wants actual daily number.</p> <p>Motion, Dee Second, Kay Roll Call, Unanimous</p> <p>IOC would like to investigate if the resolution group violated HIPPA. Investigate with ASH and attorney's.</p> <p>Motion, Barb Second, Dee Roll Call, Unanimous</p> <p>IOC moves that ASH reconsider the cost-free and beneficial program from tablets.</p>
<p>Patient Virtual Visit Reports</p>	<p>Visit 1: One patient was waiting for animal therapy and was not getting hot meals. Concern that this patient is only getting 1 hour of programming a week since they are not comfortable in a group setting. The Discussion that if a patient in the spectrum was not offered alt programming would this be an ADA violation? IOC recognized the tablets could help in this instance. This patient has Autism, OCD, and other disabilities... accommodations are not</p>	<p>Motion to ask ASH if there was a change in the rules that changed access to the library due to behavior? Which behaviors would lead to lost access, what are the specifics of this rule?</p> <p>Motion, Melissa Second, Alyce</p>

	<p>being made. This patient continues to need access to the law library. 4 hrs. a day is not enough time. Digital access to the library is only 2x a month. The patient said guidelines were amended so privileges could be revoked due to behavior (denying law access) for 24 hrs. In one instance privileges were revoked for 48 hrs. Reported that a staff member said that Forensic units were correctional.</p> <p>Discussion how patients are confused about rule changes, changes should be clear and posted.</p> <p>Visit 2: The patient went to get an opinion on surgery. Was told surgery could only happen at Mayo or in Tucson. ASH would not schedule a surgery date due to COVID. Frustrated by this ongoing issue. The patient has concerns about staff moving from unit to unit frequently. which causes a potential COVID spread threat. The patient has an arm injury and is getting conflicting responses from therapists and staff- it's not getting addressed. Concern that their unit does not have patio access due to lack of staff. The patient reports that staff requires 2:1 when this patient goes to patio/events which leaves the other areas short-staffed.</p> <p>Multiple patients mentioned staff not wearing masks appropriately.</p> <p>Visit 3: This patient described a conflict when they asked staff to wear masks appropriately. There was a retaliation concern- this tech would refuse to wear masks despite patient complaints. At one point the patient filed a grievance which was left inbox for 3 days and then seemingly disappeared. Staff would walk past this patient and taunt them or threaten seclusion for asking the tech to wear the mask correctly. One patient stood up for the first patient and the other patient was put into seclusion. Patients are losing jobs and levels. There was an investigation and grievances were not found. Papers were not available for 3+ weeks. This appeared to be retaliation about the mask issue. ASH said it was not retaliation.</p>	<p>Roll Call, Unanimous</p> <p>ASH would like to know why the privileges were lost in this instance? IOC would like to know more about this issue- why did this patient lose work privileges and</p>
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	<p>Email: A patient reported that they were not getting all their mail in a timely manner.</p> <p>Patients report some say “ I don’t want to talk to the IOC I’ll get in trouble” and that a doctor reported that, “the IOC has no power over us” and “talking to an outside agency is trouble” and that the patient should not use the grievance process. IOC finds it concerning that providers would say things that are not true or constructive. The patient was told they should not ask for outings or talk during the IPTC meeting because it is a waste of time. Discussion about how the dr had asked the CMO about the IOC and the CMO explained the role of the IOC.</p>	<p>levels? (Laurie to provide specific name and details)</p> <p>Motion, Laurie Second, Alyce Roll Call, Unanimous</p> <p>ICO ask- are patients getting mail in a timely manner? What’s the process for mail?</p> <p>Motion, Laurie Second, Dee Roll Call, unanimous</p> <p>IOC would like the records of this patient’s visits with this individual (Laurie to provide name) to see what was said in the treatment session. Need to see the treatment team plan and treatment notes. Would also like any documentation/correspondence between Dr. Woods and this specific psychologist regarding IOC.</p> <p>Motion, Laurie Second, Alice Roll Call, unanimous</p>
<p>Overview of incident and accident reports</p>	<p>ASH2021-5058: 12/17/21 patient came from the restroom to the day room and collapsed, vomiting from nose and mouth, was not responsive, code blue called. IOC was not seeing death reports before, but not they are.</p> <p>Discussion about a patient who died and was left in the day room for hours until the examiner could arrive. Was the crash cart used, was it fully stocked? There should also be checks and 911 call.</p>	<p>Can we see video footage of the incident where the patient died and allegedly left for hours waiting for medical examiner?</p> <p>Motion, Kay Second, Dee Roll Call, unanimous</p> <p>Was there a patient left in the day room for a period of time before medical can be</p>

	<p>ASH2021-4852: patient threatening another patient. They were placed on NBCR- IOC not sure what NBCR means.</p> <p>ASH2021-4889: Patient approached an RN and engaged in inappropriate behaviors, slapped the writer's breast. Nurses left, PD was contacted for write to file a sexual harassment claim.</p> <p>ASH2021-4896: Patient struck nurse, strike caused the laceration. The patient went to Valleywise and was put into seclusion. PD not called in this incident.</p> <p>ASH2021-5006: Patient was climbing on chair, doing backflips, trying to kill themselves. The patient was put on COS LOS due to self-injury. The team recommended the team review the suicide plan. Two weeks later the same patient was engaging in flips. Staff notified the psychiatrist, patient was placed on COS again.</p> <p>IOC received a letter from a parent- parent was noticed that there was a breach of private info via a staff laptop via My Avatar. BHMP used computers to change passwords, hackers caught names, numbers, and other info. The incident occurred on 11/23/21 and a letter came to the parent on 1/18/22. The parent feels this is too long of a period to go without being notified to be on the lookout sooner.</p> <p>Another message was sent to IOC saying that a director was covering up a staff member physically abusing a patient. IOC sent info to ASH. ASH reported that this person is a disgruntled employee. The letter was advocating for human rights at ASH.</p>	<p>called? Was this visible to other patients?</p> <p>Motion, Dr. Potts Second, Alice Roll Call, unanimous</p> <p>What is NBCR?</p> <p>Motion, Laurie Second, Dee Roll Call, unanimous</p> <p>IOC wants to know why families/guardians were not notified sooner. What is the procedure for notifying families?</p> <p>Motion, Alyce Second, Dee Roll Call, unanimous</p>
Additional Items	<p>IOC members apologize for misinformation that may have been shared regarding the resolution group.</p> <p>Application for a new member to be reviewed in Exec Session.</p>	
Public Comment	<p>Timothy Bribiesco: Clarified patient forum date and time. 2/18 at 1:00 pm. Says COVID is there and is in 3 units. ASH can't keep taking outing</p>	

<p>(3-minute limit per person)/Call to the Public</p>	<p>passes. Feels it may never end and progressions will never happen. Still reports that he is sitting in a fire hazard spot when sitting in a walker. Was told he needs a full mall to obtain access to the computer lab. He is still waiting on a decision. Feels tired of trying. Does not see a change in his progression due to team turnover. Has filed grievances and gotten no response, has called AHCCCS. Re-filed grievances, re-submitted. Finally received extensions but no acknowledgment letters from either round of grievances.</p> <p>Nathan: On Segó, previously on Pinon. Reported verbal abuse, assigned seating (no seating allowed in dayroom) for meals, was not allowed to spread out during COVID spread, now they have 15 patients with COVID.</p> <p>Robert Dunn, Pinon: Agrees with Nathan about the seating. Individuals with COVID were not always implementing quarantine procedures. He has a medical issue and COVID currently. Said that Dr. Bobby has 2 cell phones during meetings and will press buttons on the phone. Suggested that the IOC get phone documentation via the information act. ITP reviewed recently but still has not earned a job back. Did get levels back. Offered to help and said ICO could call him if they have questions.</p> <p>Matthew Stillman: Asked for a call or visit. Described COVID spread. Reported that ASH did not follow proper procedures. Let patients mingle with masks rather than quarantine. Reported that he doesn't like groups and has to eat alone after meals. The staff was having COVID patients eat with him. Staff threatened to throw his food away if he didn't eat with COVID patients. Was not separated from the roommate when roommate contracted COVID.</p> <p>Nathan (again): Described staff sitting in on IOC meetings and refusing to leave in the Pinon unit. Feels it's abusive.</p>	
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	<p>Summer: Brother on the civil side. Has concerns about the staff number decline, it is unsafe. Patients have been victims of assault because staff aren't there to stop. Described several assaults where the patients had to intervene. Serious concern for the safety of the units, incidents can be avoided or deescalated if there are more staff. During visits, she sees that security is being used to man units despite not having the tech training. Patients are not being able to attend therapeutic programs and are confined to the unit due to staffing. Asked IOC to address.</p> <p>Tim Briebiesco (again): Addressed tablet issue, said that staff are on their phone all day on the floor playing games and movies.</p>	
Adjournment		<p>Motion, Laurie Second, Dee Roll Call, unanimous</p>
Executive Session		