



## INDEPENDENT OVERSIGHT COMMITTEE MEETING NOTES & ACTION ITEMS

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**IOC Name:** \_\_\_ DHS ASH IOC \_\_\_\_\_ **Meeting Date:** \_\_\_ 3/19/2020 \_\_\_\_\_  
**Meeting Location:** \_\_\_ Conf Call & 1740 W. Adams St. (Board Rm B) Phoenix, AZ 85007 (remote) \_\_\_  
**Meeting Time:** \_\_\_ 18:06-20:50pm \_\_\_\_\_

<b>Members Present:</b> Alyce Klein, Laurie Goldstein, Natalie Trainor, Dee Putty, Larry Allen, Ashley Oddo, Kim Scherek, Kathy Bashor
<b>Members Absent:</b> Leon Canty
<b>Other Attendees:</b> Saguaro Unit, Sycamore Unit, Deborah Browkowsky

<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, Natalie Second, Dee Roll call, unanimous
ADOA Updates	Veronica Peralta was reassigned, Larry will now be the ADOA contact	None
Review of Action Items		
Sub-committee Report	Education support for ASH patients: Laurie spoke to foundations about funding classes for patients, foundation meeting with ASH about	

	<p>finance, grant and resources, no further updates from sub-committee, hospital is not sure that online classes will work due to online security measures and would prefer correspondence course</p> <p>Dog therapy: ASH open to idea, admin eager to work with therapy companies</p> <p>Peer support groups needs funding to pay, continuing to look for funding</p> <p>COViD-19: hospital staff re-trained, cleaning staff has more stringent cleaning protocol, beginning to discuss/train best practices with patients, teleconference visits when possible (found to be a positive connection), visitation to the hospital suspended (per Dee)</p>	<p>Dee to coordinate contact with <a href="mailto:operations@petpartners.org">operations@petpartners.org</a> and ASH</p>
ASH Administration Update	<p>Covid -19 update Clarification on some of the incident reports Prior to the meeting Dee noted that ASH is now closed for visitors</p>	<p>none</p>
Overview of Incident/Accident Reports:	<p>ASH2020-0454: patient in day room became upset, began to punch other patient, staff hold led to seclusion and 4-point restraint, IOC wondering why team moved so quickly to a 4-point restraint, team reviewing video</p> <p>ASH2020-0480: patient to patient assault, police called to campus and spoke to a patient and staff, police asked staff how they should handle it, staff told police they would handle it, IOC wondering why both patients were not discussed, ASH staff mentioned another report (0483), IOC concerned about what reports are not seen</p> <p>ASH2020-0481: patient assaulted by peer, police called/came and spoke with both patients, this is more typical to speak to two individuals</p> <p>ASH2020-0526: incident where police were called on 2/8, police returned on 2/10 and arrested individual, ASH described a history of violence and that this was the police decision (not ASH), IOC concerned about meds, treatment, trauma for patient transporting, not</p>	

	<p>an ASH decision</p> <p>ASH2020-0540: patient on patient assault between roommates, allegations that one patient fell on the other, patient moved/separated, quick response by staff recognized and appreciated</p> <p>ASH2020-0608: patient on patient incident with police involvement, notes state that a copy of complaint was turned into legal dept at ASH due to security being involved</p> <p>ASH2020-0673: police called by patient regarding a patient on patient incident, both patients interviewed and addressed reasonably</p>	
<p>Site Visit Report</p>	<p>1<sup>st</sup> interview: patient described staff bragging about how aggressive he was with patients and in past jobs (“California was better because there were no cameras and it was easier to beat patients”), there were room searches by this staff member, staff member was disrespectful (“fight me, go ahead”), other staff observed but stood by, only 1 in 100 grievances in 6 years addressed by AHCCCS, “take-downs” and restraints reported to not have been done correctly and left marks/bruises, patient reported being punched, one staff member involved was concentric, concentric staff reported to have punched other patients repeatedly with no address by admin, patient reported one staff member that listens and is his “angel,” feels that Jackie does not help with reporting and incidents like when an RN was sexually harassing him, patients are victims, one patient making death threats but is not addressed, staff on staff issues also reported, numerous descriptions of abuse/neglect/negative problems, IOC recognizes that videos with audio would help to solve/mediate similar problems, videos depict abuse patterns, IOC concerned about separating individuals</p> <p>2<sup>nd</sup> patient: rights violations reported, tied up in seclusion for 842 minutes, also in a seclusion room with no light and covered window needed</p>	<p>IOC requesting the policies on restraint and seclusion including documentation</p>

	<p>support from lawyers to receive care, medical and chemical restraints reported, videos depicted 13 months of segregation with no access to items, patient reports staff was aggressive with restraints but patient did not receive medical care, some staff were so concerned that they gave video of abuse to family, patient does have violent tendencies, ASH unable to deliver therapy due to safety concerns, responses from staff appeared to be aggressive and neglectful (no medical care) in video, concerns of trauma induced or evoked in patient that could have been avoided</p> <p>IOC recognizes/discussed need for more training, audio and other updates to surveillance cameras, this would support both staff and patients</p>	<p>Motion, Dee Second, Ashley Roll call, unanimous</p> <p>IOC requesting information on what happens with the reports IOC cannot see/review, where do they go, why are they not uploaded? Can we have access to all the reports? Motion, Natalie Second, Dee Roll call, unanimous</p> <p>IOC requesting information on why 2 types of restraints might be used at once (chemical and mechanical, for example) Motion, Alyce Second, Dee Roll call, unanimous</p>
Retaliation Concerns	<p>ASH would like examples of retaliation to respond to or investigate, they do not agree with reports of retaliations but would investigate any specific example, IOC would need specific person/incident to further scrutinize</p> <p>IOC discussed example that the 2<sup>nd</sup> patient from visit was retaliated against once he got a lawyer We will need to get the information from the patient. Patient states they will sign a release of information to committee.</p>	
ASH Proposed Legislation	Better video and surveillance, requesting more participation on the board of community members, and possibly a IOC member spot, board need others besides employees to participate, legislation processing	
Patient Letters	Letter discussed desire to offer therapy and support rather than punitive measures, be patient focused, concerns about victims receiving consequences after an incident, group punishments	
Membership	Rebecca resigned for health reasons, IOC wishes	IOC to generate more

	her well	members, ask others to fill out applications
Public Comment	<p>Chris Martell: concerns about pens being taken away across the board on all units, abuse, neglect, mistreatment, was retaliated against after reports of sexual abuse, grievances denied, would like to make reports available for investigation, would like to go public with reports, would like involvement from the IOC,</p> <p>Timothy Birbriesco: concerns about restraint/seclusion/chemical restraint, reported one patient being in seclusion for years, reported video getting "lost" when hospital looks bad, staff provokes patients, feels hospital staff puts on a show when regulators/visitors come to ASH, discussed murder on another unit, doctors threatening to take away mom's guardianship, team sent letter in attempt to take away mom's rights, patient taking responsibility for occasional outbursts but still feels retaliation is inappropriate</p> <p>Sharon Campbell: Reporting an unruly patient who abuses other patients, patient wrote a grievance about abuser, feels she lost privileges due to her complaints- she has never been in trouble or had an incident.</p> <p>Deborah Browkowsky: willing to share patient records (paper and electronic), has retaliation letters from other patients, going through administrative law judges, feels that ASH does not take responsibility</p>	
Adjournment		Motion, Dee Second, Alyce Roll Call, unanimous
Executive session	None	