



INDEPENDENT OVERSIGHT COMMITTEE MEETING NOTES & ACTION ITEMS

IOC Name: ___ DHS ASH IOC ___ **Meeting Date:**
 ___ 5/21/2020 ___

Meeting Location: _ Conf Call (remote) _ **Meeting Time:** ___ 18:01-20:50pm ___

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

Members Absent:, Kathy Bashor

Other Attendees: Chris Martell, James, Tim Bykowsly, Deborah Bykowsly

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	none
Last Meeting - review and approve minutes	Review and approve minutes	Motion, Alyce Second, Dee Roll call, unanimous
ADOA Update	Terminology used by IOC was not aligned with ASH verbiage. Changing terminology and having more concise questions emailed to ADOA would allow committee to communicate questions more effectively. Specifically, the word "investigate" was in question. IOC will be more specific about what materials are needed for IOC review.	

	<p>Delays in communication between IOC and ADOA make it difficult to find the requested information or specific incidents due to time being passed.</p> <p>Ducey discussed COVID and antibody testing timeline and procedures. More updates info can be found on the Depart. Of Health website.</p>	
Review of Action Items	<p>ASH making attempts for Google Hangouts. ASH does not feel they are mandated but they recognize the need for teleconferences for patients.</p> <p>Telemedicine is not the norm, but they are continuing to have site visits and beginning to implement telemedicine.</p> <p>One confirmed patient (COVID), patient was isolated and other precautions were taken by ASH. No other COVID incidents at ASH.</p> <p>IOC would like to rephrase the question regarding investigation to be more specific about what materials IOC would like to review. IOC recognizes we are not the investigative body, but IOC wants to know if we can review documentation to determine if retaliatory behavior took place. Laurie to ask more specific question to not include the term "investigate."</p> <p>During the COVID crisis some visits and off-site trips were rescheduled. ASH weighs the risks and benefits of appointments with consideration for COVID precautions. ASH maintains that they are addressing necessary emergencies. IOC would like to ask for an update on appointments for patients- are they happening more now that some restraints have been lifted? What is happening with that process?</p> <p>IOC may administer or stop medications due to clinical guidelines and it is not retaliation.</p>	<p>Motion, Alyce Second, Kim Roll call, unanimous</p> <p>Motion, Leon Second, Laurie Roll call, unanimous</p>
Sub-committee Report	<p>Laurie discussed education fund with donors, but there is a delay due to COVID. Discussions will continue as schedules return to normalcy.</p>	

ASH Administration Update	None	none
Overview of Incident/Accident Reports:	<p>ASH2020-1378: Assault was accompanied by police. 2 patients interviewed. Report noted that video of the incident would be shared with the police. IOC felt that this was a good measure.</p> <p>ASH2020-1389: Patient on patient assault, police conducted interviews, viewed video. Also, good measure.</p> <p>ASH2020-1423: Patient self-harm led to wound (4/11), patient transferred to emergency room with N95 masks. IOC appreciates the safety measures.</p> <p>ASH2020-1438: patient on patient assault, ASH implemented plan to separate individuals involved to avoid further incidents. IOC appreciates safety measures.</p> <p>ASH2020-1634, ASH2020-1664 and others: multiple reports involve RN that has been mentioned in visits and complaints for antagonizing and retaliation behaviors.</p> <p>ASH2020-1673: self-injurious behavior of refusing meals, patient displaying signs of dehydration, ASH attempted IVs for patient health, patient tried to take them out several times. IOC discussed medical and psychological interventions and whether they were implemented in appropriate time-should they have been administered sooner? Could ASH provide a timeline or additional information on this? IOC recommends observations and monitoring of patients.</p>	<p>Motion, Leon Second, Alyce Roll call, unanimous</p>
Virtual Site Visit Report and Patient Letters	5/1 virtual visit: Kathy, Kim, Laurie phoned in to patient request. Patient discussed med changes and retaliation concerns. Patient feels that staff was trying to instigate/provoke and felt that medical needs (possible broken bones) were not addressed quickly enough. One staff member has been mentioned on several calls/visits with	

	<p>patients.</p> <p>Another patient complained of medication changes and refusal, wanted xrays, was denied by IOC. Patient feels that this is not ethical treatment. Committee discussed ASH and patient reports of this incident. Patient was seen but did not get the medical attention he was seeking. IOC wants more specific information about this incident, will request documentation from IOC.</p> <p>Patient reported not getting treatment due to COVID and retaliation issues. Feels this is unfair treatment. Patient reporting to legislature. Patient reported getting cell phone taken away. IOC discussed if telemedicine was an option for this patient. IOC would like to know if telemedicine can be an option for patients more regularly?</p>	<p>Motion, Leon Second, Ashley Roll call, unanimous</p> <p>Motion, Alyce Second, Dee Roll call, unanimous</p>
<p>Membership</p>	<p>Kathy Bashor resigning from IOC due to her distance and connectivity problems.</p>	
<p>Public Comment</p>	<p>Chris Martell: Apologized to Kim, thanked IOC, in grievances he feels that rather than investigating incident thoroughly, ASH solely looks to “clear the name” of the staff member. Feels that the incident reports are not accurate.</p> <p>James Norton: Mail process not working well, patients are not getting certain items/devices, asked about application and said he did not hear back. Reported that he is getting the treatment he requested.</p> <p>Tim Bykowsly: Head nurse on unit made a false report about patient selling his soy milk, patent reports that he was giving away food and didn’t want to waste food, discussed personal history, food and health concerns. Will write a letter about the incidents. Feels that rights are being stepped on. Said he didn’t want anything bad to happen, but he sees it coming.</p> <p>John Wallace: wants certain therapies for arthritis that the hospital will not provide. Described skin issues, was not able to get a dermatologist visit. Could not get to a dentist on time, lost a tooth. Mentioned other incidents. Feels patient medical</p>	

	<p>issues are not being made a priority. Described other perceived injustices about money, deaths, neglect, mail, etc.</p> <p>Deborah Bykowsly: requested videos and documentation of incidents and was told it was a HIPPA violations. This was an order from a judge.</p> <p>All patients calling in described retaliation issues.</p>	
Executive session	None	
Adjournment	<p>Members recognized need for a time limit for public comment, will discuss at the next IOC meeting.</p> <p>Dee wanted to request information on where ASH is getting their information that is reportedly sent from the CDC. Could ASH clarify their plan/timeline/resource/justifications for regulations due to COVID? ASH guidelines don't seem to match CDC info. Leon recommends screening for visitors when they come to ASH.</p>	<p>Motion, Natalie Second, Laurie Roll Call, unanimous</p> <p>Motion, Dee Second, Laurie Roll Call, unanimous</p>