



INDEPENDENT OVERSIGHT COMMITTEE MEETING NOTES & ACTION ITEMS

IOC Name: DHS ASH IOC **Meeting Date:** 11/21/2019

Meeting Location: Conf Call & 1740 W. Adams St. (Board Rm B) Phoenix, AZ 85007

Meeting Time: 18:03-20:11

Members Present: Alyce Klein, Laurie Goldstein, Natalie Trainor, Veronica Peralta, Dee Putty, Kathy Bashor
Members Absent: Lynn Gibson (resigned), Ashley Oddo, Rebecca Kasper
Other Attendees: Deborah Bykowsky, Tim Bykowsky, Leon Canty, John Wallace, Chris Martel, James Doran

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, Dee Second, Natalie Roll call, unanimous
Update from ADOA	<ul style="list-style-type: none"> -New website is available- IOC.AZ.Gov -Business cards finalized and available next meeting - Additional brochures are available - Reminder: New confidentiality agreement updated, all members must sign -We asked about gifts and some guidance, not a strong opinion from ADOA- to be safe we will either provide funds or ask for donations to be given to the hospital to distribute gifts if obtained Sub-committee to discuss the gifts- Kathy, Laurie Alyce, & Natalie 	Laurie to get minutes and prepare annual report
Review of Action Items	<p>From Oct actions</p> <p>ASH -2019-5597: The Hospital's medical and psychiatric providers make clinical decisions based on their medical training and the best interest of their patients. Questions</p>	<p>We are looking forward to the training from AHCCCS on Grievance and appeal process and how a grievance turns into a complaint.</p> <p>We also think it would be beneficial to get audio capability on the surveillance systems. It could help mitigate some of the incidents where it is</p>

	<p>regarding specific clinical decisions are outside the scope of this committee.</p> <p>As far as patients feeling that their grievances are not being taken seriously, Kathy mentioned they can submit to AHCCCS directly.</p> <p>As 10/29/19, there were 101 patients on the Civil Campus (72 male and 29 female) and 119 patients on the Forensic Campus (102 male and 17 female) Safety needs vary by campus and by patient.</p> <p>The Rehabilitation Director indicated that safe, universally appreciated gifts would include ankle socks and snacks that are nut free and not high in sugar, such as pre-packaged Rice Krispie treats.</p> <p>Although gifts are certainly not expected, another alternative would be for any individual members of the IOC to contribute to the Hospital's patient donation fund. These resources would be used by the Rehab team toward Holiday events and purchases for the units.</p> <p>ASH Administration suggests discussing the desire to give gifts to the patients with ADOA, as this could be putting committee members in a dual relationship with patients.</p> <p>ASH Admin provided Attached please find: Patient Complaint, Grievance and Appeal Processes AdmPtRights02 Two Attachments: 1. ASH Complaint, Grievance and Appeal 2. Form; and SMI Notice of Right to Appeal</p> <p>We do not have data on number of Code Grays prior to 2017. Below is data with the total number of Code Grays by year from January 2017 – September 2019, broken down by campus: Attached please find: Forensic Patient Privileges ClinSvsPtPriv006</p>	<p>unclear what occurred. Addition of audio capabilities would assist in investigations.</p> <p>The hospital administration has repeatedly asked for replacing (upgrading the surveillance systems for civil and forensic units. The estimate is approximately \$800k- \$1.5 Million.</p> <p>ASH Admin and ASH IOC chair discussed that patients have voiced concerns over timely medical appointments and not always being informed of those appointments. There is a shortage of certain specialties such as podiatry, this is a concern of the hospital administration as well and they are in discussion since the SLA (service level agreement has required timelines to get an appointment scheduled.</p> <p>Discussion over broken or ill-fitting medical equipment- this is a loaner walker while the original one is being repaired. If there are network issues can the administration addresses those issues or escalate the concern?</p> <p>I inquired about ASH2019-5924 why was patient arrested. Also seems like staff to patient ration was under the 5: recommended. They will investigate. As to why did PHX police arrest, it is up to the discretion of the arriving police officer. Anyone can call the police from ASH.</p> <p>Guardians not being notified. It is not always timely. And on the forensic side, advance notification can present AWOL risk when going to outside visits.</p> <p>Why are there civil patients on the forensic side and possibly vis versa. The patients are committed to one campus and stay on that campus unless it is determined that the patient is better served on another campus. If this is the case, the patient is administratively discharged from one campus and re-admitted to the other campus. So it is not accurate to say a civil patient will never be on the forensic side or vis versa.</p> <p>Motion, Alyce Second, Natalie Roll Call, unanimous</p>
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	<p>Six Attachments;</p> <ol style="list-style-type: none"> 1. List for Specific Off-Grounds Activities – Escorted 2. Tobacco Free Philosophy Statement 3. Surveillance System Equipment Rules/GPS consent 4. Patient Weekly Schedule 5. Patient Sign Out/In Sheet 6. Off-Grounds Pass <p>AHCCCS has agreed to provide information to the IOC regarding the SMI Grievance and Appeals process, pursuant to A.A.C. R9-21 Article 4, as early as the January 2020 IOC meeting. This will be coordinated with Arizona Department of Administration.</p> <p>The ASH Patient Advocate is available to assist with the completion of grievances and complaints, and unit staff assists as well. All complaints and grievances are accepted, and staff works with patients and their representatives to answer any and all questions throughout the process.</p> <p>Motion, Second, Roll Call, unanimous</p>	
<p>Overview of Incident/Accident Reports:</p>	<p>ASH-2019-5748 ASH-2019-5786 ASH-2019-5746 ASH-2019-5748 ASH-2019-5786 ASH-2019-5812 ASH-2019-5888 ASH-2019-5901</p> <p>Reviewed these and noted guardians were call 1same day up to three days later as noted in the reports.</p> <p>ASH-2019-5770 No guardian called</p> <p>ASH-2019-5745 Excellent nursing judgment on the nurse not to call a code grey when she knew the patient does not do well and she was able to de-escalate the situation.</p>	<p>Can patients get their medical records while still in the hospital? Is the process the same for civil vs forensic? Motion, Natalie Second, Dee Roll Call, unanimous</p>

	<p>Can patients get their medical records while still in the hospital? Is the process the same for civil vs forensic?</p> <p>Kathy explained that if it was not harmful for the patient it can really be helpful in helping the patient on their recovery path.</p>	
<p>ASH AZ Auditor Report Discussion</p>	<p>The report showed areas that were highlighted and the hospital has made progress. Although the State Hospital has implemented multiple strategies for responding to and reducing patient assaults, it has not fully assessed the effectiveness of these strategies. The two areas for improvement we in techniques and strategies to reduce patient assaults.</p> <p>Can they bring in a consultant to better assess what else could work since assaults are trending up? Are there similar sized psychiatric hospitals that have significantly less assaults? Can they share strategies and techniques?</p> <p>Is this better solved by an increase of direct care technicians and better agitation reduction strategies? It appears they may need to pay higher wages in what is a combat zone like environment.</p> <p>This is disturbing:</p> <p>State Hospital has historically faced staff vacancy challenges—As of May 2019, 136 of 742 fulltime equivalent (FTE) positions (18 percent) were vacant at the State Hospital and ACPTC. Approximately 100 of these vacant positions would provide direct patient care within the nursing department, including nurses, behavioral health technicians, and residential program specialists who work in the treatment units where patients or residents reside. Adequate staffing, particularly within the nursing department, has been a long-standing challenge for the State Hospital.</p> <p>Availability of suitable aftercare placement—As mentioned in the Introduction (see pages 1 through 8), the State Hospital’s mission includes</p>	

facilitating patients' successful transition to the least restrictive alternative possible. The State Hospital reported that it coordinates with outpatient providers and Regional Behavioral Health Authorities (RBHA) to ensure patients have suitable discharge plans. The RBHAs contract with AHCCCS to manage the behavioral healthcare of certain AHCCCS members, such as members with SMI.²⁷ To facilitate discharge planning, the State Hospital considers whether applicants have been determined to be eligible for SMI benefits and services through AHCCCS.²⁸ According to the State Hospital, applicants not eligible for SMI benefits may encounter significant discharge barriers due to fewer suitable aftercare treatment alternatives available to non-SMI patients in the community, potentially leading to unnecessary extended stays at the State Hospital. Most Civil Hospital patients have been determined eligible for SMI benefits. As of July 2019, State Hospital staff indicated that only 5 of the 103 Civil Hospital patients had not been determined eligible for SMI benefits because of their undocumented legal status.

More money for both public SMI and Privat Lighthouse like homes??

Arnold v. Sarn lawsuit limits number of Maricopa County residents with SMI admitted to State Hospital

The Arnold v. Sarn lawsuit changed the number of Maricopa County residents with SMI who can be admitted to the Civil Hospital. The stipulation agreement placed a 55-patient cap on the number of Maricopa County patients with SMI admitted to the Civil Hospital at any given time. Although the stipulation agreement resulted in the litigation being officially dismissed, the State Hospital continues to monitor and enforce the 55-patient cap. The Maricopa County RBHA

	<p>indicated that it maintains a waiting list of applicants to the State Hospital pending availability given the 55-patient cap. During fiscal year 2019, the Maricopa County RBHA reported its waiting list ranged from 5 to 13 patients at the end of each month.</p> <p>This needs to change, it is ridiculous. This is not the hospital responsibility; they are adhering to the current law.</p>	
<p>ASH Administration Update</p>	<p>-</p> <p>From Oct actions ASH -2019-5597: The Hospital’s medical and psychiatric providers make clinical decisions based on their medical training and the best interest of their patients. Questions regarding specific clinical decisions are outside the scope of this committee. As 10/29/19, there were 101 patients on the Civil Campus (72 male and 29 female) and 119 patients on the Forensic Campus (102 male and 17 female) Safety needs vary by campus and by patient. The Rehabilitation Director indicated that safe, universally appreciated gifts would include ankle socks and snacks that are nut free and not high in sugar, such as pre-packaged Rice Krispie treats. Although gifts are certainly not expected, another alternative would be for any individual members of the IOC to contribute to the Hospital’s patient donation fund. These resources would be used by the Rehab team toward Holiday events and purchases for the units. ASH Administration suggests discussing the desire to give gifts to the patients with ADOA, as this could be putting committee members in a dual relationship with patients.</p> <p>ASH Admin provided Attached please find: Patient Complaint, Grievance and Appeal Processes AdmPtRights02 Two Attachments:</p>	<p>From Oct actions ASH -2019-5597: The Hospital’s medical and psychiatric providers make clinical decisions based on their medical training and the best interest of their patients. Questions regarding specific clinical decisions are outside the scope of this committee.</p>

	<p>1. ASH Complaint, Grievance and Appeal 2. Form; and SMI Notice of Right to Appeal</p> <p>We do not have data on number of Code Grays prior to 2017. Below is data with the total number of Code Grays by year from January 2017 – September 2019, broken down by campus: Attached please find: Forensic Patient Privileges ClinSvsPtPriv006 Six Attachments; 1. List for Specific Off-Grounds Activities – Escorted 2. Tobacco Free Philosophy Statement 3. Surveillance System Equipment Rules/GPS consent 4. Patient Weekly Schedule 5. Patient Sign Out/In Sheet 6. Off-Grounds Pass</p> <p>AHCCCS has agreed to provide information to the IOC regarding the SMI Grievance and Appeals process, pursuant to A.A.C. R9-21 Article 4, as early as the January 2020 IOC meeting. This will be coordinated with Arizona Department of Administration. The ASH Patient Advocate is available to assist with the completion of grievances and complaints, and unit staff assists as well. All complaints and grievances are accepted, and staff works with patients and their representatives to answer any and all questions throughout the process.</p>	
<p>Review the Complaint & Grievance Process</p>	<p>- Received the policy/documentation of all aspects of the process</p> <p>We look forward to the training in January 2020</p>	
<p>Review the Forensic Patient Privilege Process</p>	<p>We reviewed individually the information sent out by the hospital.</p>	<p>Dee requested that we ask about more specific Forensic levels.</p> <p>Motion- Natalie Second- Dee Roll Call, unanimous</p>
<p>Membership</p>	<p>-New members to be considered during executive session. Leon Canty was accepted into our ASH IOC committee in executive meeting.</p>	<p>Motion, Laurie Second, Alyce Roll Call, unanimous</p>

	<p>The other candidates are welcome to re-apply when they are further along in their treatment.</p> <p>Lynn Gibson resigned due to a new position and a conflict of interest</p>	
<p>Site Visit Report</p>	<p>-Visited two patients on the forensic side. One complaint over medical neglect leading to a malformation. Claims that a cast was taken off prematurely which added to the issue. Feels that rehabilitation skills are often not permitted if on restrictions, feels that learning cooking skills, or peer support training are needed to ready him for release.</p> <p>He feels helpless about progress in his levels.</p> <p>He feels that staff sticks up for other staff even when they may see something being done inappropriately. Not a lot of confidence in the grievance and appeal process. Felt that a Dr. changed his medications abruptly sending him into Serotonin withdrawals and he was miserable for days. His new Dr. has helped him and acknowledged that the abrupt discontinuation was not the correct method to change medication. He feels he was being tortured and punished because he went after a patient that stole something from him in the past. He reported the severe symptoms to the nurse and they failed to help his suffering.</p> <p>The second patient reported that his guardian was never notified when he has been taken to the hospital or for appointments. The receiving hospital is the one required to notify guardian to discuss treatment, it should be in the notes.</p> <p>His special diet request is not being provided. The patient is diabetic and needs a low sugar diet. This is not being provided. A grievance has been filed. He feels his grievances are not being taken seriously. He would like an advocate for his staffings, they do not always include his guardian. He feels that his medical appointments are not being made, needs a</p>	<p>We would like to ask about guardianship alerts and notification protocols on both the civil and forensic side-</p> <p>Motion, Alyce Second, Dee Roll Call, unanimous</p>

	<p>neurosurgeon and a podiatrist. He also reports that the nurse or tech took the smart card out of his c-pack and did not replace it.</p> <p>He does not feel safe in his room with roommate.</p>	
Public Comment	<p>-Deborah Bykowsky- Good to know about the guardianship notification protocol. Received a notice that the law judge vacated the hearing for the grievance. She feels the grievance process is a bad one.</p> <p>Tim Bykowsly said medical appointments are not timely. Noted that his guardian is not notified. He feels there is staff retaliation. He mentioned that hair conditioner is being taken away from patients that are not at a swallow risk.</p> <p>John Wallace mentioned that his tooth was aching for 10 days and had to be pulled. He also feels that the unit he is on was very therapeutic until there was a change in the psych nurse. Not it is not therapeutic. He feels that staff needs more training. He feels that he has filed many grievances and he also does not believe he process works well. He claims to have been threatened after his complaint. He also alleges that the enforced bedtime is unreasonable for an adult.</p> <p>Chris?- It has become harder for patients to mail packages. And it now takes twice as long to get packages. He is appreciative for IOC and feels patients need others to fight for their rights.</p> <p>Tim- Meal sheet does not have a diabetic choice.</p>	<p>Can the hospital share the meal choices with the committee for special dietary considerations?</p> <p>Motion, Laurie Second, Alyce Roll Call, unanimous</p>
Adjournment		<p>Motion, Alyce Second, Natalie Roll Call, unanimous</p>
Next Meeting	12/19/2019	
Executive session	<p>Team determined to admit new members at this time, concerns that admittance to committee may intervene with patient treatment plan</p>	<p>Lynn Gibson resigned via email due to a new job position and a conflict of interest. Leon Canty accepted as a new member Other applicants can re-apply when further in their treatment progress.</p> <p>Motion, Laurie Second, Alyce Roll Call, unanimous</p>