



INDEPENDENT OVERSIGHT COMMITTEE MEETING NOTES & ACTION ITEMS

IOC Name: ___ DHS ASH IOC _____ **Meeting Date:** ___ 9/17/2020 _____
Meeting Location: ___ Conf Call (remote)___ **Meeting Time:** ___ 18:01-20:37pm _____

Members Present: Laurie Goldstein, Natalie Trainor, Dee Putty, Larry Allen, Ashley Oddo, Kim Scherek, Leon Canty
Members Absent: Alyce Klein
Other Attendees: Timothy Bribriesco, Melissa Farling, Barbara Honiberg, Holly Gieszl, Bobby Plancett,

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	Dee- will abstain if there's anything related to son's unit
Last Meeting - review and approve minutes	Review and approve minutes	Motion, Leon Second, Ashley Roll call, unanimous
Review Action Items	Response from ASH re: Resolution Group stated that the group is not required, patients are referred by team, listed possible topics, described groups and focus, Groups not reflected in policy, non-participation does not limit growth in level program. COVID precautions made scheduling/holding the Resolution Groups difficult and were paused.	

	<p>ASH planned to resume groups in September (week prior to meeting).</p> <p>IOC members felt that the groups were not consistent, and the same groups have been ongoing for some time. IOC would like to see more consistency (due to the PSRB having questions). IOC recommending that there be a more consistent availability for groups, and share the information about groups not being required or available with PSRB and other members of the patients' teams. Additional questions include: How many patients participate in group? How many are on a wait list? Can 1:1 be utilized when groups are not available, and what is the process for this? Can we share this info with the PSRB so that patients are not penalized?</p>	<p>Motion, Leon Second, Dee Roll call, unanimous</p>
ADOA update	none	
Education Opportunity Review (Public Education Session)	<p>Dee described an educational opportunity (EDOVO system) that would provide tablets to patients for classes. Has been implemented in prisons with success. Security was discussed and access can be modified. Classes include CBT, anger management, academic courses etc. Other programs have seen reduction in violence, positive behavior changes, quicker program completion... Tablets could be used for phone calls if permitted by ASH. Funding could be possible from organization that Laurie secured previously. Numbers would be needed regarding how many people would be interested. Laurie to share information with ASH.</p>	
COVID Status	<p>Patient visits using tablets recently began- patients should have access to virtual visits. Due to decrease in COVID numbers ASH is in planning sessions for in-person visits.</p> <p>ICO concerned about group therapy sessions and programming for patient progression.</p>	
ASH Admin Update	<p>Ashely reviewed videos of potential abuse, but could not make determinations. Video was not clear- better video would aid in investigations and training.</p> <p>ASH admin did not respond about cleaning. ASH did provide resolution group information.</p>	

	<p>ASH send info on how to correct records.</p> <p>IOC shared that patients would like more transparency in planning treatment.</p>	
<p>Overview of Incident/Accident Reports</p>	<p>New format of report organization on the system is appreciated, accessible, easy to use. Less instances of aggressions.</p> <p>ASH2020-2921- Medical emergency (fall with head hit) led to immediate attention/ER visit. Great quick response recognized.</p> <p>ASH2020-2985- Patient making threats and engaging in self-harm, seclusion needed several times a day, social worked reached out to medical team, eval recommended. Great quick response recognized.</p> <p>ASH2020-2998- Patient restricted to unit, used a pen to assault staff. Questions about how did the patient get the pen? Was it full size or flexi? Why was patient allowed to have pens if restricted to unit? ASH agreed to look into incident.</p> <p>ASH2020-3010- Patient acting out and throwing fluid at another patient. Questions about why patients who did not get along was on the same unit (but patient was transferred after review). Could move be made sooner- why wait?</p> <p>ASH2020-3042- Patient threatened others, intervention took patient to seclusion room to avoid incident, psychiatrist called and intervened, positive conversation (sticker plan reminder). Positive program appreciated, seclusion was a safer option.</p> <p>ASH2020-3049- Disruption led to assault on unit, attempts to deescalate were not effective and code grey was called. Patient went back and forth about the PRN, eventually refused and attacked staff. Reviewers noted it was a teachable moment. IOC appreciates the teachable unit and the effort to improve interventions.</p> <p>ASH202-3072- 8/13 assault reported as well as</p>	

	<p>8/27. Police returned on later date to issue citation. Questions about why this took so long answered after questions.</p> <p>ASH202-3147- Self-harm behaviors led to seclusion and a 4-point restraint, self-harm continued. Metal beds caused a concern. Team used blankets to protect individual.</p> <p>ASH2020-3222- Patient reported sexual abuse in day room, video review was not helpful (need for better video/audio noted).</p> <p>ASH2020-3221- Patient threatened staff, seclusion used, physician called. Video review unsuccessful (system needs updated again).</p> <p>IOC noticed several incidents that would have been improved due to better camera video/audio.</p> <p>ASHIOC-33927- Patient reported inappropriate touching, police called, again video reviewed, no concerns substantiated.</p> <p>Seclusion on 8/12 noted that lasted 626 minutes. 15-minute check in form recognized. Better documentation noted in more recent reports when it comes to long restraints. Also doctor called beyond 6 hrs.</p> <p>Most incidents were self-harm. Less assault noted.</p>	
Virtual Site Visit Report and Patient Letters	None this month	
Retaliation Concerns	<p>IOC received letter from patient about treatment team who felt retaliated against. Team did not have enough information to have opinion. IOC noted that the treatment team would not report progress to patient, patient should be aware of progress instead of going to a PSRB "blind."</p> <p>IOC would like to request medical records of incident to determine if there was retaliatory behavior.</p>	<p>Motion, Natalie Second, Ashley Roll call, unanimous</p>

Membership	<p>Melissa Farling- application and qualifications reviewed, family member. ASH had input about one member possibly being a conflict. IOC did not recognize the conflict.</p> <p>Barbara Honiberg- application and qualifications reviewed, family member.</p>	
Public Comment (3-minute limit per person)	<p>Both possible members discussed their interest in joining IOC as well as discussed their background.</p> <p>Timothy Bribiesco- expressed disagreement with the IOC review of the videos. Feels the views were “crystal clear.” More retaliation concerns reported. Displeasure with the team’s interventions discussed.</p> <p>Holly Gieszl- discussed how much she appreciated and supported the new members. Gave positive input for both members.</p> <p>Bobby Plancett- reported that phone calls were being monitored without patient approval- this is illegal. He is appreciative of the tablets for virtual visits, but disappointed that they were taking so long. 9/10 Resolution Group did not start. There have been no referrals or announcement. The hospital is not being honest in regard to these issues regarding groups. Outings are still on hold.</p>	
Executive session		
Adjournment		<p>Motion, Natalie Second, Laurie Roll Call, unanimous</p>