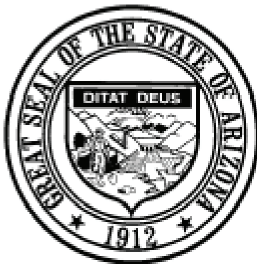
INDEPENDENT OVERSIGHT COMMITTEE
MEETING NOTES & ACTION ITEMS



IOC Name: ____ DHS ASH IOC______________________ **Meeting Date:** __10/15/202
Meeting Location: _Conf Call (remote)__ **Meeting Time:** ___18:01-20:37pm____

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

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	No disclosures reported
Last Meeting - review and approve minutes	Review and approve minutes Melissa inquired if she could approve last meeting's minutes, Larry confirmed that she can vote from this point forward	Motion, Natalie Second, Ashley Roll call, unanimous
Review Action Items and response	IOC asked questions about clarification of the requirements of resolution group- hospital stated they offer groups based on patient need and there have been no issues, there is no wait list, treatment teams refer individuals to the group, there is no policy about groups currently. IOC felt that this answer was not clear enough for the committee or members.	IOC recommends that ASH be clearer about their resolution group expectations and have it somewhere accessible in writing to patients so they can advocate for themselves

	IOC requested medical records (all of them)- ASH said it was a large file, they stated they are gathering paper and electronic documentation. Laurie advocated for all the records despite the mass of the file. Virtual visit protocol- ASH reposted a "rough start" for virtual visits including login issues (they allowed late starting visits to run late so there wasn't missed time). In person visits are beginning again using plexiglass and microphone. ASH continues to look for improvements. ASH wants to allow visitation slowly and carefully. ASH reported they are admitting new patients. IOC questioned patient progression timeline- ASH stated they are working with Dr. Patel to monitor patient progression, reported that progression is not being significantly impacted Concern about medical information shared by ASH to the jail lead to grievance and they are investigating. Inquiry about internet access during COVID- IOC asked about dividing computers to units. Inquiry about seclusion vs administrative separation	Motion, Natalie Second, Ashley Roll call, unanimous
ADOA update	IOC yearend report due date approaching, due in December Laurie described her year-end process and agreed to begin writing/sharing drafts Laurie asked Larry to share open meeting webinar for new members and current members who may want a refresh on the information Next month's meeting will be the week before Thanksgiving, group agreed that they can still meet	
Medical Files Review	Ashley, Melissa, Alyce and Barb agreed to help review the files- possibly divide time periods to	

	divide the time and effort. Team will hold a sub-committee to discuss file review and how to report or proceed.	
COVID Status		
ASH Admin Update	ASH reported they are including the education opportunity (tablets) in prioritization, it's not rejected and is considered among other opportunities. ASH reported that they had posted agenda ahead of time (despite patient complaints) but said they would look into it.	
Overview of Incident/Accident Reports	Laurie shared dashboard where reports are located. Described the lengthy restraints for one specific patient. What is the treatment team doing about persistent and lengthy restraints? Is treatment effective if there are over 18 lengthy restraints for one patient in the month? 2020-3374: self-abuse incident led to removal of all paper from the unit. 2020-3541: agitated patient requested ER visit, called operator and demanded to go to ER, causing conflict, medical examination noted that patient's toenails were the issue. Discussion about how ASH deals with these incidents and what are the hygiene protocol. Could the staff have avoided negative interactions if they had requested exam sooner? 2020-3578: fall lead to medical treatment. Medical treatment was administered after third fall. Medical reports indicated low sodium, pneumonia, UTI, and hypothermia. Discuss about why it took 3 falls to get medical exam and how patient refused vital check.	IOC wants to know what the treatment team does when restraints are continuously lengthy and ongoing for specific patients. Motion, Ashley Second, Ashley Roll call, Barb IOC wants to know- are there physical checks and what are the frequency? Do they check for finger and toenail length and other potential physical hygiene concern? Motion, Laurie Second, Alyce Roll call, Unanimous
Virtual Site Visit Report and Patient Letters	First patient was upset about phone calls being recorded, described how the risk assessment was not considered in the board review. Patient was not able/encouraged to use support system, was told he was trying to control his environment. Feels plan is unclear and not	IOC would like to know why a support person would be discouraged. What is the policy for support involvement and what is the rationale? What does a

	specific enough. Patient is unclear about what needs to be done to meet goals. Was not able to move forward after risk assessment but not told why. Was unable to be seen for infected bug bite. Second patient looked and sounded unrecognizable. Need for pain control seemed obvious. Patient complained about open wound. Patient also requested full size pen- the small pens upset his arthritis. (Side tangent about possible book donations) Patient feels like he advocates and put in grievances and is retaliated against. Staff intentionally trigger him. Third patient discussed 13.5 months of seclusion and current seclusion. Patient unsure of why they are in seclusion. Laurie visited community forum and asked if she could be notified of the next forum to join remotely. This would allow the IPC to see 10-12 people at once.	treatment plan look like and how is it communicated to the patient? Motion, Barb Second, Alyce Roll call, Unanimous IOC would like to know what leads to seclusions of length? Would like clarity on the reasoning behind Motion, Alyce Second, Melissa Roll call, Unanimous
Public Comment (3-minute limit per person)	Chris- Apologized to Ashley about his reaction to her response to the videos. COS mean Constant Observation Status. Would also like a full-size pen but is denied it. Described complaints about grievances and complaints. Described situation with storage drive being tampered with. Timothy Bribiesco- Described the wound clinic visit and being denied due to background. Described difficulty getting medical care, issues with visitation and time being controlled, and muting mother. Said there is a man in seclusion for over 8 years and this patient gets poor care. Holly Geisel- Recognized that the conversations today about medical treatment and care were important. There's no physician at ASH at night. Asked how ASH address healthcare for patients. Wants more information about the resolution group.	
Executive session		

Adjournment		Motion, Natalie Second, Laurie Roll Call, unanimous