

**INDEPENDENT OVERSIGHT
ACTION ITEMS**



COMMITTEE MEETING NOTES &

IOC Name: ___ DHS ASH IOC ___ **Meeting Date:** 12/16/2021
Meeting Location: _Conf Call (remote)_ **Meeting Time:** ___18:00-19:00pm___

Members Present: Laurie Goldstein, Dee Putty, Leon Canty, Kim Scherek, Barb Honiberg, Melissa Farling, Natalie Trainor, Alyce Klein
Members Absent: Ashley Oddo
Other Attendees: Larry Allen, Pinon Unit, Mojave Unit

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	None	
Review and approve meeting minutes	Approved	Motion, Leon Second, Natalie Roll Call, unanimous
ADOA update	Larry updated the IOC website landing page with new organization, everything is in one site ADOA voted to have a call with interim director of DHS (Don Harrington), call was productive Badges- Dee, Natalie, Melissa, Kim still need badges, Larry to work on it	

Report from Other IOCs	No visitors from other IOCs tonight	
Review Action Items and Update from ASH Administration	<p>On the ASH website where incident and accident reports are located, they are only listed for 2-3 months, this leads to trouble when IOC reviews, IOC would like all the information to stay on the site for a full year</p> <p>In regards to staff not providing patient their name ASH reported that the staff is identifiable by first names only, they do not need to give full name (or last name), ASH staff feels that using full names is a staff safety concern.</p> <p>Jackie said that she can take grievance calls anonymously if patients are worried about retaliation- another option is good</p> <p>Patient concerns about the legal library (internet) was addressed and ASH feels that they are complying with the law library requirements, ASH did not respond to library donations, IOC will work on getting law books donated</p> <p>In regard to 3 staff attending appointments, ASH said that they staff according to patient needs, they attempt to provide adequate staff, and this is not an issue.</p> <p>ASH stated that patients who are eligible for the CRU based on their program and levels will be moved when appropriate, will be placed on CRU when they demonstrate clinical stability.</p> <p>ASH responded that they attempt to make patients feel safe, patients need to communicate when they feel unsafe, they discussed coping and communication skills, patients should notify staff/team when they feel unsafe</p> <p>Discussion with ASH admin: ASH continues to decline retaliation and is requesting proof, IOC advocates for better security system to confirm or rule out retaliation to best support patients, IOC discussed that staff does not participate or listen to recorded IOC meetings</p>	<p>IOC would like documents (incident, accident, and death reports, decision letters, seclusion reports) on the ASH website to stay up for one year.</p> <p>Motion, Laurie Second, Dee Roll Call, unanimous</p> <p>IOC will seek donations for law library at ASH, and consider ongoing donations when there are updates</p> <p>Motion, Natalie Second, Melissa Roll Call, unanimous</p>

	<p>Several phone calls and meetings this month to discuss staffing shortages, retaliations, Director Harrington was very responsive, Dr. Bowen has agreed to meeting outside of the IOC meetings, governor’s office stated that department of health is working on outing guidelines, IOC asked to be notified when guidelines are updated and when outings can resume to help with patient progressions, bonus pay for staff and holiday have been implemented, overall all conversations were positive</p> <p>Hospital administration would like a list of patients who wanted to attend meetings but couldn’t, they found one person on one unit who was unable to attend, but they cannot locate others who were unable to attend</p> <p>IOC asked for staffing numbers, ASH provided a chart, but there was not the level of information IOC was looking for (How many staff does each unit/shift require? How many were actually there per unit? How often were units fully staffed? What is the ratio?)</p> <p>All forensic units are clear for visits- open again for family visits- good news!</p> <p>IOC confirmed that scissors in incident were found on the floor and were not removed by staff</p> <p>IOC stated that patient in separation is involved in a lawsuit and getting more services than ever</p> <p>IOC stated that agenda for meetings were posted</p> <p>Overall conversations this month were positive and constructive</p>	<p>IOC would like to know what are the staffing guidelines for each unit, what are the staff numbers on each unit for the last year (actual vs goal)? What are the specific numbers- what’s optimal versus what was actually staffed?</p> <p>Motion, Natalie Second, Laurie Roll Call, unanimous</p>
Patient Virtual Visit Reports	Once patient reported retaliation such as meal request denied, no use of patio, patient feeling blamed, also discussed staff shortages leading to an unsafe feeling and decrease in privileges, staff taunting patient “because of this we can’t go on the patio” making other patients mad at him	

	<p>One patient felt treatment plan was not being followed, was denied access to water, staff denied patient purchasing water, guidelines are unclear, patient not able to sit properly at table, felt singled out and that this patient was getting consequences while others are not</p> <p>IOC discussed accommodations via the American with Disabilities Act and can ASH provide accommodations for patients who have limited mobility or size.</p> <p>One patient frustrated after being denied release due to not participating in resolution group, guidelines unclear and inconsistent with the treatment, units on lockdown due to low staffing,</p> <p>Again patients being held back due to not participating in resolution group despite ASH repeatedly stating resolution group is not a requirement, additionally groups have been suspended and delayed for extended periods of time, information continues to conflict</p> <p>Discussion on how resolution groups used to be 2 weeks (in 2014) and now they are 6 mos. to one year</p> <p>One patient discussed that he would like a more purpose driven work program, had a proposal that included more functional job skills that could lead to better jobs once they exit, IOC supported this patient plan and thought it would be beneficial</p> <p>ASH discussed Endobo systems with tablets and classes to support patient education and job training</p>	<p>Can patients with physical limitation be offered accommodations so they have equal access to dining area and dining tables? What is the consideration for the American's with Disabilities Act?</p> <p>Motion, Natalie Second, Leon Roll Call, unanimous</p> <p>ASH would like a comparison of resolution groups in the past (2014) taking about 2 weeks and now taking a year? What has changed? Why is it taking so long?</p> <p>Motion, Leon Second, Alice Roll Call, unanimous</p> <p>IOC motions that ASH considers Adobo system if IOC looks for donations and funds the project, could be a pilot period</p> <p>Motion, Laurie Second, Leon Roll Call, unanimous</p> <p>IOC asking ASH staff to brainstorm additional options for courses for</p>
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<p>Overview of incident and accident reports</p>	<p>ASH-2021-4469: patient became escalated and tore counter off wall, code called, seclusion and restraints was eventually needed</p> <p>ASH-2021-4561: self-harm, patient pulled off Formica from nursing counter and swallowed pieces, ASH discussed behavior therapists as a possibility to change the behaviors, offer replacement behaviors</p> <p>ASH-2021-4622 : self-harm, code grey called, patient went into seclusion and was in chemical restraints, nurse was notified, nurse felt restraints were not warranted in this situation (abuse), was reviewed with staff as a teachable moment, IOC appreciated this intervention</p> <p>ASH-2021-4653: self-harm behavior of patient wrapping sheet around neck, staff intervened</p> <p>AHCCCS determination letter about choking death, requested that staff be trained in protocol and procedures, problems identified including not following dietary restrictions, not monitoring vending machines, chopped/soft diet specifically. Report led to more education for ASH staff, which is appreciated.</p>	
New Business	No New Business	
Member recruitment	One new member to discuss in Exec. Session	
Public Comment (3-minute limit per person)/Call to the Public	<p>Tim Briebiesco- Not enough staff for patio time but always enough staff for appointments, what's the difference? When one patient felt life was in danger APS did not respond, now staff is harassing this patient. Medical needs not being met leading to hold on surgery. Mojave is the most punitive unit on campus. ASH receives 100% on reviews due to warnings from outside agencies.</p>	

	<p>Robert Dunn- Thanked the IOC for their time, expressed concerns about patients refusing to wear mask, mentioned it to nurses and they were not responsive (gave dirty looks, told Robert “get out of my face”), entered grievances that have not been addressed, was told he had a 30 day hold on job and level, asked for a visit from IOC</p> <p>Matthew Solan- asked for a visit, has sent in requests, lost privileges feel like punitive consequences rather than supportive recoupment, feels a safety/security issue on the unit, staff make fun of him for bringing up issues</p>	
Adjournment		Motion, Second, Roll Call, unanimous
Executive Session	Discussed possible conditional acceptance of new member, 2 current members to meet with potential member, decision to follow	