

**INDEPENDENT OVERSIGHT  
ACTION ITEMS**



**COMMITTEE MEETING NOTES &**

**IOC Name:** \_\_\_ DHS ASH IOC \_\_\_\_\_ **Meeting Date:** 07/15/2021  
**Meeting Location:** \_Conf Call (remote)\_ **Meeting Time:** \_\_\_ 18:04-19:34pm \_\_\_

<b>Members Present:</b> Laurie Goldstein, Natalie Trainor, Leon Canty, Melissa Farling, Dee Putty, Alyce Klein, Barb Honiberg
<b>Members Absent:</b> Ashley Oddo, Kim Scherek
<b>Other Attendees:</b> Larry Allen

<b>Agenda Items</b> (Enter the related topic from the IOC's agenda)	<b>General Description of Matters Discussed &amp; Motions Made</b> (Enter the related topic from the IOC's agenda)	<b>Action Item/Assigned To/Due Date</b> (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, Natalie Second, Barb Roll Call, unanimous
ADOA update	Larry has committee guidelines enroute for director's approval, will post as soon as possible with minutes and agendas.  Annual report due by end of August  No answer on the escalation issue, but Larry continues to work on it, will relay an answer as soon as he has it from director Tobin's decision.	

Updates from other IOCs	No other IOC members in attendance	
Review of Action Items	<p>Issue about guardian input not being included in staffing calls brought up again, IOC discussed continued diligence, IOC stated that being physically present (rather than remote) at meetings may be more effective- in person is recommended for families/guardians having trouble, patients have very few advocates, so IOC feels it's important to stay vigilant on this issue, IOC also encourages families to review policies about participation to share with teams if needed</p> <p>Not many units on the call- IOC curious if meeting info was posted with enough time</p> <p>ASH responded to the video/editing questions and continues to claim that there is no additional video, IOC still has concerns about the entirety of the video being saved, while there are no longer questions about the incident, the IOC still feels that video procedures were not followed correctly and brainstorms course of action going forward, possible discussion with Dr. Bowen</p> <p>ASH addressed the delay in hand care of patient, described treatment for patients, continued supervision, care wasn't delayed but problem developed over time- IOC appreciates this response</p> <p>ASH responded to code called over water request, there is a current quality of care investigation going on, report does not report a chemical restraint as the patient stated, IOC will contact patient to clarify</p> <p>Response regarding the animal therapy stated that ASH is looking into therapy companies and standards, IOC appreciates the progression in the animal therapy questions</p> <p>Incident where visit from animal was denied was discussed, court proceedings happening now, ASH stated they will adhere to court orders.</p>	<p>IOC wants to know why some guardians and family members are not being permitted to provide input during treatment planning, and how can they get more opportunities/time to participate?</p> <p>Motion, Laurie Second, Alyce Roll Call, unanimous</p> <p>IOC Chair (specifically including Ashley) would like a meeting with Dr. Bowen to discuss the missing video. We can wait until he is back from his leave.</p> <p>Motion, Dee Second, Alyce Roll Call, unanimous</p>

	<p>Patient who wanted alternate prayer area was discussed, multiple patients require accommodations, they are offering accommodations as possible, ASH continues to investigate allegation of retaliation</p>	<p>ASH would like to know outcome of investigation regarding staff retaliation when patient asked for different location for prayer.</p> <p>Motion, Laurie Second, Dee Roll Call, unanimous</p>
Administrative Separation	<p>Melissa continues to work on this issue, will report soon</p> <p>ASH response stated that separation is different to seclusion, described the space and time outside again, still did not provide pictures or specific information on the space, continues to deny observations or visits to see space</p> <p>ASH stated that the orders are reviewed regularly, reintegration is considered, it's not necessarily 18 months, re-entry to gen-population is contingent on behaviors</p> <p>IOC will continue to review code regarding separation regulations and review soon.</p>	<p>Since more info or observation is not available, and the information on the plan seems to be inconsistent, could the IOC get a copy of the 90 day plan updates regularly for updated information on the case?</p> <p>Motion, Dee Second, Melissa Roll Call, unanimous</p> <p>Members will reach out to attorneys to investigate code and regulations regarding separation.</p> <p>Motion, Laurie Second, Dee Roll Call, unanimous</p>
ASH Administration Update		
COVID Status	AZ numbers rising again due to Delta Variant	
Overview of incident and accident reports	<p>More forensic incidents are notes- they seem to be rising- 6 total this month</p> <p>ASH2021-2152: Assault on mall over soda machine, video review could not be completed due to issues with the camera, IOC notes the camera issue and need for updates</p> <p>ASH2021-2164: Patient asking for water-discussed prior and in the last meeting.</p> <p>ASH2021-2515: Patient forced way to hallway near construction, could not be redirected, fell,</p>	

	<p>upon review a door was left unsecured which allowed the patient to get into off-limits area and fall, ASH discussed this with treatment team</p> <p>ASH2021-2200: Assault, staff offered PRN, patients asked to go to quiet room to calm down, staff placed individual into seclusion, ASH is investigating because seclusion room should not be used for that, staff corrected it and moved the patient to the quiet room when it was recognized</p> <p>ASH2021-2595: AWOL with code Green called when patient was off campus for an appointment, patient was found knocking on door of a house and was brought back to campus- this is concern with taking patients off campus, there is always a potential security risk</p> <p>ASH2021-2206: patient was off campus (with permission) and was witnessed in a bicycle accident/vehicular incident, patient was examined at ASH and then continued pass with check-ins, this report was unusual but was addressed with diligence</p> <p>ASH2021-2286: patient entered a room, removed tile from wall, used tile to self-harm, needed stitches, this is another maintenance issue, there was a similar issue the last 2 months with patients picking wood or peeling cabinets causing injury by self-harm or ingestion</p>	<p>What is the process for follow-up when these incidents happen in regard to having maintenance come check areas for other potential safety threats?</p> <p>Motion, Leon Second, Alyce Roll Call, unanimous</p> <p>What is the schedule for preventative maintenance reviews, and can the IOC please see recent maintenance reports?</p> <p>Motion, Alyce Second, Leon Roll Call, unanimous</p> <p>IOC would like data in Excel</p>
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Virtual site visit report	<p>One patient asking for an advocate, but IOC cannot be advocates, ASH will ask colleagues and friends if they know anyone who wants to be an advocate to support patients</p>	
ASH legislative bill	<p>Study group being developed to address surveillance cameras and what is needed.</p> <p>PSRB issue also moving to superior court after two year period, PSRB will be dissolved, new chairperson appointed, and members will be trained</p>	
New Business	<p>IOC would like to know more information on documentation and billing to see how the determine what finds go to what? Is there a per diem or additional funds per individual?</p> <p>How does ASH consider human rights when determining where funding goes? Are patients receiving the actual treatments/therapies that they are billed for, and where is it documented?</p> <p>Reviewed funding pie chart from the July Governing Body report.</p>	<p>IOC would like ASH to know about billing and how ASH bills for patients, and what's the explanation if different patients have different rates.</p> <p>Motion, Leon Second, Dee Roll Call, unanimous</p> <p>Can the governing body report be shared with the committee members? Why isn't it on the website? Laurie will investigate.</p> <p>Motion, Laurie Second, Natalie Roll Call, unanimous</p>
Member recruitment	<p>Member search continues, would like a psychologist, would like a previous employee</p>	
Public Comment (3-minute limit per	<p>Timothy Briebiesco- on a new unit, reported that there was a positive case of COVID exposed</p>	

<p>person)/Call to the Public</p>	<p>on the unit during visits, patients went to groups and interacted, unit was tested this morning (the 15<sup>th</sup>), unit is quarantined for 2 weeks and awaiting test results, discussed physical disability (Trigger Finger) and requires standard pen per ortho, still being denied pen, has several staff condoning pen, says nursing staff has issue, there is disability discrimination since other patients are permitted this type of pen on a check-in system</p> <p>Deborah Beikowski- restricted again due to COVID, psychologist not attending, therapy not being conducted, concern about stopping services, would like virtual visits</p>	
<p>Adjournment</p>		<p>Motion, Laurie Second, Natalie Roll Call, unanimous</p>
<p>Executive Session</p>	<p>No session, will hold for when Ashley can attend next month</p>	