

**INDEPENDENT OVERSIGHT
ACTION ITEMS**



COMMITTEE MEETING NOTES &

IOC Name: ___ DHS ASH IOC _____ **Meeting Date:** 09/16/2021
Meeting Location: _Conf Call (remote)_ **Meeting Time:** ___18:02-19:00pm___

<p>Members Present: Laurie Goldstein, Ashley Oddo, Dee Putty, Melissa Farling, Kim Scherek</p>
<p>Members Absent: Barb Honinberg, Natalie Trainor, Leon Canty</p>
<p>Other Attendees: Larry Allen, Tim Briebiesco,</p>

<p>Agenda Items (Enter the related topic from the IOC's agenda)</p>	<p>General Description of Matters Discussed & Motions Made (Enter the related topic from the IOC's agenda)</p>	<p>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)</p>
<p>Welcome - disclosure of conflict of interest</p>	<p>None</p>	
<p>Review and approve meeting minutes</p>	<p>Approved</p>	<p>Motion, Ashley Second, Second Roll Call, unanimous</p>
<p>ADOA update</p>	<p>ASH IOC Annual Report submitted</p> <p>Larry thanked the committee for getting the report done in a timely manner</p> <p>Processing new IOC badges, previous badges may have expired</p>	<p>IOC would like to ask Larry to discuss agency</p>

		<p>Another mention about how the agency (ASH) is not attending meetings, ASH administration stated they are unable to attend due to conflict between admin and patients, admin does not want to be exposed to comments from patients</p> <p>During the site visit, staff told IOC that they were directed to not attend the meetings, and they had no concerns with the patient comments</p>	<p>participation in meetings with the interim director. IOC would like input from ASH, more communication could make the process smoother.</p> <p>Motion, Ashley Second, Dee Roll Call, unanimous</p>
Updates from other IOCs		Non others present	
Review Items	Action	<p>ASH provided description of different rehabilitation services and how they bill, patients are not typically billed due to income and need, if a patient is indigent there is no charge for civil, forensic rate is separate and have different rates paid by the state, described different types of bills, lots of info provided, committee was satisfied with the explanation and the information was helpful</p> <p>Facilities repairs and patient monitoring was described in regards to face plates and floor trim- ASH personnel puts in requests for repairs as the need arises, monitors at risk patients in the meantime</p> <p>Questions about the inappropriate touching in day room were answered. ASH noted camera failures, blind spots, damage, and overall inconsistencies in the video/camera system. Notes need for repair or replacement.</p> <p>Medication change protocol described, informed consent procedure described, ASH attempts to engage patients with there are needs or changes, describe various scenarios and legal requirements- answers were helpful.</p> <p>Melissa described viewing videos of an incident upon request. The quality and the location of the cameras caused a problem when viewing he video and there is no audio, limiting the info the video can share. Team viewed a conversation that appeared to be somewhat calm and not escalated. Team could not see some parts of</p>	<p>IOC requesting that ASH look into the allegation of a HIPPA violation in incident ASH-2021-3336 when</p>

	<p>the interaction (or hear it). Staff described the dynamics of the conversation to the team. ASH offered suggestions- why couldn't you get the data? Could it aid the discussion? Could the team interview witness? ASH said that there was not an incident regarding a privacy violation to review/ to interview people.</p>	<p>medical provider went from conference room to day room.</p> <p>Motion, Ashley Second, Dee Roll Call, unanimous</p>
<p>Overview of incident and accident reports</p>	<p>Group noted that most incidents come from civil, rather than forensic side. IOC noted that it is a very difficult job and the staff often are victims of aggression or assault from patients. Their work is appreciated by ASH.</p> <p>ASH-2021-3142: Assault where code was called, altercation where a patient tried to hit staff, patient attempted to get out of restraints, on review feedback was provided to nursing staff, IOC appreciates the review and feedback process</p> <p>ASH-2021-3156: Patient inappropriately dressed in different areas, when patient did not respond staff moved privacy shades to cover individual, IOC appreciates the intervention and support for patient</p> <p>ASH-2021-3266: Assault where patient hit staff in the eye, patient went to seclusion and wanted to know if they would be charged, patient seemed pleased and they wanted to go to jail</p> <p>Team noted that there were 5 "outliers" that were responsible for most assaults. It is clear that not many patients display the behaviors noted on incident reports. Not often forensic. These results seem consistent month to month. Team appreciated the data from ASH.</p>	<p>Motion, Second, Roll Call, unanimous</p>
<p>Virtual site visit report</p>	<p>No visits requested for ASH</p> <p>ACDL is doing visits and meetings regularly, as reported by the ASH staff</p> <p>Patient forum coming this month</p>	
<p>New Business</p>	<p>None</p>	
<p>Member</p>	<p>New member request did come to the</p>	

recruitment	committee, will be discussed in executive session, individual is a former forensic patient	
Public Comment (3-minute limit per person)/Call to the Public	<p>One member of the public described the camera quality and how he is familiar with them, stated that staff is altering videos, having difficulty removing medications from his list, staff refused to take medications off list despite choking issue (call dropped or cut off before we could get permission to put name in minutes, so name was withheld)- he returned but we still did not get permission about name- continues to describe the medication issue causing breathing issues, said that ASH is miserable and when he went to alternate placement he felt relief, stated cameras are altered to hide abuse, people don't discuss abuse and information because they are afraid of retaliation</p> <p>Tim Bribiesco- having issues with meds without the guardians consent, does not know about title 36, described incident with CMO and said his item was confiscated due to alleged misuse of device, feels that the alternate method of monitoring blood sugar is insufficient, shared his appreciation with the IOC</p>	
Other Business	<p>Team discussed that we would like to hold document review until more members of the committee are present (Alyce especially). Team decided to hold the discussion for a later date.</p> <p>3 incident reports on exploitation involving patients' finances being tampered with, IOC is investigating the incident reports</p>	
Adjournment	Prior to adjournment	Motion, Ashley Second, Dee Roll Call, unanimous
Executive Session	No notes on executive session, but new member request discussed	