

**INDEPENDENT OVERSIGHT
ACTION ITEMS**



COMMITTEE MEETING NOTES &

IOC Name: ___ DHS ASH IOC ___ **Meeting Date:** 04/28/2022

Meeting Location: _Conf Call (remote)_ **Meeting Time:** ___18:30-19:39pm___

Members Present: Laurie Goldstein, Dee Putty, Melissa Farling, Barb Honinberg, Kay Kunes, Kim Shareck, Charles Goldstein

Members Absent: Leon Canty, Alyce Klien, Ashley Oddo,

Other Attendees: Tim Bribiesco (Pinon), Larry Allen, Rodney Woodville. Summer Walter

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	Dee does have one conflict of interest, she will notify the team when the topic comes up	
Review and approve meeting minutes	Approved Kay did not receive minutes, notes, or responses like she is supposed to. Ask Ash Admin to provide Kay with the documentation several days ahead of the meeting.	Motion, Natalie Second, Dee Roll Call, unanimous
ADOA update	None	
Response from ASH	ASH describes how they don't write incidents about the conversations, and they should not	

	<p>seek support from peers, they can speak privately with attorneys, staff does not listen in to these conversations</p> <p>ASH describes that the IOC is using intimidation in their notes and the meeting suggests that ASH should not watch patients</p> <p>ASH describes that notary services are not provided for personal issues, only documents needed for hospital operations</p> <p>ASH described interventions and supports for eye incident</p> <p>ASH described that they always follow the treatment plan, and the patient in question refuses to participate in aftercare</p> <p>ASH requested to remove that “it does appear that retaliation was used” be removed from the minutes, IOC asked Larry for guidance, the person who reviewed the docs was not on today’s meeting, will discuss with her when she attends a future meeting to discuss comment in questions</p> <p>ASH response discusses that they don’t appreciate the comments in the recent IOC meetings. IOC discussion on how the hospital often does not respond to or omits information, and if staff at ASH does not attend it’s difficult to have a conversation without making assumptions. ASH asked for specific instances, IOC gave specific instances, ASH dislikes the observations. This seems counterproductive. IOC would like the ASH staff to please come to the meetings to discuss and resolve so that IOC does not have to make assumptions.</p>	<p>Motion to request the hospital open an investigation about the retaliation in question. The IOC will discuss with the reviewer when she attend the next meeting</p> <p>Motion, Natalie Second, Kay Roll call, unanimous</p>
<p>Follow up on previous discussions</p>	<p>Melissa and Laurie went on the visit and discussed the same concerns- still not understood how the seclusion is allowed, still no specific code information on requirements for the space</p>	
<p>Hospital Admin</p>	<p>Dr. Bowen’s last day May 6th, not interim CEO</p>	

Update	<p>yet</p> <p>Incident on the ASH grounds (3 men overdose) happened near the hospital but was not on or affiliated with ASH, was DOC incident</p> <p>News reports about PSRB and previous patient murder in group home, reported information was not correct stating patients were in orange jumpsuits.</p> <p>Staffing is reported to be better, extra pay for shifts seems to be helping with the staffing shortages.</p> <p>Outings and visits continue, food visits in the near future</p> <p>Spike in forensic incidents are due to a new patient</p> <p>Next patient forum on 5/13- IOC members will attend</p>	
Overview of incident and accident reports	<p>Ash admins say staffing is getting better but there are still many time that staff gets assaulted, which makes it hard to keep staff</p> <p>ASH2022-1500: tech checked on a patient who was struggling, tech did medical alert, thrust applied and after attempts patient was unresponsive, responders called, CPR used, food particles removed, EMS arrived and transferred patient to Valley Wise, patient remains at Valley Wise and is doing better</p> <p>Many assaults and foriegn objects being swallowed. Trips to the ER. One AWOL attempt while patient was off site for treatment.</p>	
Patient Visits	<p>Civil Forum: patients were outnumbered by staff, 3 IOC members attended.</p> <ul style="list-style-type: none"> ● one patient wanted to be in treatment and felt that ASH was doing it's best, staff pushes patients to do activities but 	

	<p>patients want to rest, he wants more WiFi and and more than a Wii, reported that Forensic units have WiFi</p> <ul style="list-style-type: none"> ● Jaquie spoke about rehab and meetings during the day and nights and rehab: pool, music, basketball, crafts, games, cards ● Woman reported inappropriate sexual behavior/activity after staff said denied it, during restraints the jackets sometimes get torn off, said ASH wants to see patients to discharge and not return, likes the food, wants masks gone, said patients do grab others' food or spit on the others' food, she wants this to stop, appreciates treats/cupcakes at end of month, she likes the activities, and she likes that beds are made, wants chips for a dollar as an incentive to motivate patients to stay out of trouble ● Patient reported that there were a barber 3x per week for all units 	
Other Business	<p>Kay has a complaint to discuss in executive session</p> <p>Legislation moving, seems to be due to media reports, IOC anticipates new legislation</p> <p>IOC asked Larry about the process for appointing a new leader, Larry said he would look in to it</p>	<p>What is the process for appointing a new CEO?</p> <p>Motion, Dee Second, Ashley Roll Call, unanimous</p>
Member recruitment	<p>IOC asked Larry to keep an eye out for the application for a new board member, Larry would share the link again</p>	
Public Comment (3-minute limit per person)/Call to the Public	<p>Rodney Woodville- Reports a problem in the unit, the tech on the unit chooses who goes to the patient forum and it's supposed to be a community discussion, said they often choose reps who don't speak for the group, put a complaint against the advocate and there was a disagreement about a letter or receipt, claims that advocate is taking money for services she's not providing, said the food was rotten last week and the heating units (Dynex) is too hot and over heats the food, beans are hard,</p>	

Isaac Contreras- said that when ASH investigates itself it finds itself clear, they don't address grievances, Isaac has missing property, says he's filing a suit against the CMO and doesn't want to meet with this person per his lawyer, still CMO insists on talking to Isaac and harasses him, gave Isaac questionnaire that other patients don't get, why could he not have attorney present during this discussion? Is wondering why Dr. Bowen is leaving. Had a death in the family and was not offered support, still feeling retaliation

Timothy Bribiesco- Told by guardian they an attorney was comping, but is now told he needs a 48 hour notice per ASH, says the law is 24 hours, reports retaliation of 2 specific staff (one doctor one PA) they are refusing meds, tapering off the Oxycodone which he feels he needs 4x per day, feels the medication change is retaliation because he called them bad names, staff should have thicker skin, there is no phonebook to call lawyers, said that last unit offered names but not numbers, requested a visit

Charles Edmark- Spoke again about obtaining a new chaplin, said many people are happy with the current chaplin, asked people to pray for a bilingual Catholic chaplin 926-351-7679 and leave a voicemail or 970-305-5055, is going to write letters to advocate so asking for prayers

Summer Walter- Says that there is definitely retaliation and a lot of deflecting. Had a staffing with CMO and brother's treatment team. Questions are often turned into a patient problem, was told today that ASH cannot help a personality disorder. Brother has said and done dangerous things but the team is still entertaining discharge. This seems to be unsafe for the community. ASH seems to shut down concerns that she/guardians brings up and does not seem to care about community or patient safety. Feels completely disregarded.