

Department of Health Services (DHS)
Arizona State Hospital Independent Oversight Committee (IOC)
Public Meeting Minutes
Thursday, February 16, 2023 – 6:00pm to 7:30pm

Call to Order

Meeting called to order by Committee Chair, Laurie Goldstein. The date is February 16, 2023 at 6:00pm. The meeting was held virtually through Google Meets with no physical address.

Welcome and Introductions

Attendance in Person: None This meeting was virtual due to Public Health Emergency. Attendance by Google Meets unless otherwise noted:

- Laurie Goldstein - goldie (Chair)
- Chuck Goldstein
- Dee Putty - 520-***-***77
- Melissa Farling - 602-***-***37
- Kim Scherek - 480-***-***66
- Kay Kunes - Person 18
- Ashley Oddo - 602-***-***18

Absent:

- Natalie Trainor
- Alyce Klein
- Barbara Honiberg

Public in Attendance:

- Timothy Briscoe
- Holly Gieszl

AHCCCS: Fredreaka Graham

Arizona Department of Administration (ADOA): Lawrence Allen

ASH Administration: Michael Sheldon, Katharine Woods, MD and Lisa Wynn

IOC: DHS/ASH IOC Meeting (2023-02-16 18:00 GMT-7) - Transcript

Attendees

+1 480-***-**66, +1 520-***-**77, +1 602-***-**18, +1 602-***-**31, +1 602-***-**37, +1 602-***-**40, +1 602-***-**87, Charles Goldstein, Fredreka Graham, Goldie, Holly Gieszl, Kate Woods, Lawrence Allen, Lisa Wynn, Melissa Farling, Michael Sheldon, Person 18 (Kay Kunes)

Transcript

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goldie: Welcome everyone to the Arizona State Hospital. Independent Oversight Committee, It's February 16th. It is now 6 pm and we have metform. So let's call the meeting to order. So, so far from the cleaning members, I had myself. Chuck, Kay, Melissa, Ashley, thus far,

goldie: If I missed any other committee members that are on,

goldie: Okay. Well, others are expected to join. Do we have anyone that has to disclose a conflict of interest?

goldie: Okay. Hearing none. Let's move on. Has everyone had a chance to review the meeting minutes that were sent out? January 23rd for our January IOC meeting.

goldie: And if so, but the motion to approve,

Charles Goldstein: Yes. Motion to.

Person 18: This is Kay. I'm not sure about the copy of the minutes.

goldie: Mmm. Yeah, I did. I did send back and ask if they circulate to you. I'm sorry to hear that. That didn't happen.

Lisa Wynn: Yeah, I apologize Kate. I understood that Tara had dropped those off for you, my apologies.

Person 18: Okay, I don't have anything.

Lisa Wynn: Did you get the agenda?

Person 18: Got the agenda. Yes.

goldie: Okay, so Chuck motions. Ashley second all in favor.

goldie: All right. Okay. Some moved. Now we have 18. Who's at that number?

+1 602-*-**18:** Ashley

goldie: Oh okay. Okay. Sorry about that. I didn't know whether he had someone new join the meeting. So any updates from ADOA

Lawrence Allen: Lori. I have no updates for the committee tonight.

goldie: I had it that we've completed the annual report though, it was late, but it's loaded up on the site. Thank you, Larry.

goldie: Okay. Are there any other iocs that would like to update from their IOC?

+1 602-*-**37:** I just want to check. Can you hear me? Okay, I wasn't sure...

goldie: Yes.

+1 602-*-**37:** if I was needed. Thanks,

goldie: Okay, so that's far. Okay. All...

+1 602-*-**37:** yeah. eight of

goldie: We couldn't hear you before, but

goldie: Okay, let's review any actions. We didn't have any since the administration attended the meeting, the only other thing I think that we were going to get, I think I have it on here. We're going to get Transition to superior court, presentation and court. Level status kind of updates, I don't think I saw that. Right.

Michael Sheldon: I'm sorry Lori. Was that an official presentation or did you guys just want to update on where the hospital was?

Kate Woods: I thought that was them just wanting the information sheet that we sent out in October.

goldie: Yes, I think we wanted that. I don't think the IOC did get that and we requested that. But we also like to see How is that going? Is there any? I know you're not the one that requested the individual lawyers are court-appointed lawyers are now the ones that request a level update or appearance

Kate Woods: We have had one patient from CR, uh via stipulation, get approval of the court to move on.

goldie: Thank you, Dr. Woods

Kate Woods: I should say they're attorneys, did that with the hospital's documentation support?

goldie: Okay.

Michael Sheldon: And and Lori. I did rounds today across the hospital and I did run into another patient on forensics. Who also mentioned that his lawyer was actively filing and hoping to get a hearing schedule soon.

goldie: Okay. Thank you for that update.

goldie: next, you know, I have a blanket container follow up on previous or ongoing, we had You know, a patient retaliation. Review that the IOC did. I know the analysis around tonight, but we Did meet and have a discussion. With Ashley and Alice myself, the possible administration to review some more information. And I know that that official investigation is now being conducted by access and we requested that access contact Alice. Um for her information detailed note-taking page numbers and Alice said that she was contacting. So I'm not sure where we stand with that currently.

00:05:00

Lisa Wynn: Um Lori. I do have an update on that we received correspondence from AHCCCS this week remanding back to the state hospital asking us for some specific clarifying information. So they've given us a 10-day window in which to provide clarifying and information access. So our quality assurance manager, and our compliance officer and I met and he believed we would have We would be able to provide the additional information access within 10 days. So that is what we're doing right now.

goldie: Well, thank you. So that means maybe. Before the end of February, it should be completed, but I mean it's out of your hands, right?

Lisa Wynn: Yeah, we'll have our additional information to them, within the next two weeks and then it'll be up to them how to proceed.

goldie: Okay. But another thing, Larry had forwarded a letter on email Larry, I think, or was it a letter you attached with registry staff. There was a staff letter complaining. Some staff that they felt were not acting in an inappropriate manner. But the right level of respect. For some of the patients, I know the administration was going to look into that. And in the letter that were employees need

Lisa Wynn: Yes, that is also actively being investigated right now Lori by our complaints and grievance office.

goldie: Okay. Any Ash administration update

Michael Sheldon: Hi Lori, nothing specifically I'm sure everybody is aware of the nomination for director....I'm sorry Dr. Cullen to be the new ADHS director has been withdrawn. So we're just waiting to see what the next steps are. As far as who will end up leading the department besides that. There's nothing else. Major

goldie: Oh, thank you for that update. Let's see.

goldie: Any update on covid, status progression or activities back to post our pre pandemic levels.

Michael Sheldon: I'm very happy to report that similar to the last time, this group meant that we are right now. No covid cases on the campus civil and forensics are both operating at expected performance levels.

goldie: Okay.

+1 602-*-**37:** but to hear,

goldie: I was out of town for the last civil form. I don't think anyone else from the committee was able to attend. Is that correct?

Michael Sheldon: I believe that,...

goldie: I sent it out. Yeah.

Michael Sheldon: I believe that's accurate. I don't. I want to say we have good participation but I don't, I don't believe there were any IOC members there. I may be wrong, though.

goldie: And the next forum is this Friday and I have a conflict. So I sent out a message to the committee to see, anyone was able to go to the forensic forum that's tomorrow at 1:00 pm. I am unable to attend

Person 18: Can't be able to attend the forensic forum.

goldie: Okay, thank you.

goldie: Okay, we did have two maybe three virtual visits. Now it was D and Barb that did them. So you want to report I don't hear Dee right now. I know she said she'd try to join but Barb do you want to report

+1 520-*-**77:** I'm here. I'm on,...

goldie: I didn't hear you come in.

+1 520-*-**77:** I came on a little bit late. and just so, you know, there was only We only spoke to one patient, because they said. There's no **** and **** was asleep. *(edited patient names out of the record)*

00:10:00

goldie: No patient's names. Yeah. I'm just, yeah.

+1 520-*-**77:** Oh sorry. The patient on Sago was not there, they said that she didn't exist and then the other one of the other patients was sleeping. though, we only spoke to One.

goldie: Okay.

goldie: so, on the report on just a high-level upgrade of the visit.

+1 602-***-**37: I'm sorry, say again.

goldie: The one person that you guys did speak to to give us an update. But remember, please don't use the patient's name or any other kind of Identifying criteria.

+1 520-***-**77: Okay. Do you have your information in front of you?

+1 602-***-**37: Things given to you? No, actually I don't have the wrong notebook

+1 520-***-**77: Okay. Okay, I I've got it here, so

+1 520-***-**77: How are the levels and he'd had some issues with.

+1 602-***-**37: Not being able to get outside during covid.

+1 520-***-**77: He? Yeah, they evidently were on a total of eight eight weeks of

+1 602-***-**37: and one of the things that he said, was that, The best way for

+1 602-***-**37: To be. To help his mental health is to be outside. He's known. I think that's the poorest person. Is that what he said?

+1 602-***-**37: Okay.

goldie: I think she dropped it. Could be her connection. Maybe she'll call back in.

+1 602-***-**37: oh okay, so basically he was complaining about Them not being able to get outside at all for a long time. And then it was like, just

+1 602-***-**37: I don't know whether it was just an hour a day and every, you know, people wanted to go outside of course. Yeah. so, we also say that.

+1 602-***-**37: He, you know, he knows how things are and he's been there and he wants to work. Around kind of. around the system but so that he can know he's saying he knows how to What the steps he needs to do to try and get? Things are fixed and it's beyond just not being able to get outside. There's other things he mentioned and there were some things and he wants to, he's getting ready to

+1 602-***-**37: I believe a file of grievances, and I'm really upset I left my notebook.

Goldie: Her line dropped. Oh no, she's back

+1 602-***-**37: I said a little bit. Do you want to fill in some more? I was talking about him, wanting them to get outside and that he's got other issues but he's trying to work, but in a way that works with the system not outside of it. But he's getting ready to File agreements, I believe you can correct me on that.

goldie: It looks like he is on but it looks like she's muted.

+1 602-***-**37: Oh, okay.

+1 602-***-**37: D, Can you unmute?

+1 520-***-**77: Can you guys here? Can you guys hear me again?

goldie: Yes, we can hear you now. Yes.

+1 602-***-**37: Yeah.

+1 520-***-**77: Okay, okay. Sorry about that. A technical difficulty on my end.

+1 520-***-**77: So he would he was I don't know did he say he was gonna file a grievance? I'm trying to look through my notes. We do know that he specifically Requested a phone call.

+1 520-***-**77: For the IOC to include Melissa. because he wants to talk about the environment and how that was affecting him negatively, and because she understands the How things are set up, He wanted to speak. Her. And whoever else can be online with you when somebody has some time,...

00:15:00

+1 602-***-**37: I think he was at the electromagnetic field but he said,

+1 520-***-**77: And, you know, he had, he had a number of things that he spoke about That I think probably. Just go best with Melissa and somebody else. To actually hear it directly from him. He just felt. As I'm looking at my, He did mention something about the Electromax field at some point. I may not have written that down, but he wanted to increase his outside time and then covid lockdown happened again.

+1 520-***-**77: Have some questions about CDC guidelines not being followed.

+1 520-***-**77: Oh yeah, he said that they were not allowed to open the doors and so he felt like they were just kind of keeping the virus and everything and this particular patient is very much Like to stay away from traditional medicine type things. So I feel that You know, some of you know where he was discussing things along the way. Were. Were along those lines. You know if they had been able to open the doors and go out more that maybe the virus wouldn't have circulated for so long. He felt like they had been locked down.

+1 520-***-**77: So everybody, it was just kind of a free for all nobody was wearing. Was that correct Barb?

+1 602-***-**37: Yeah, and even opening the door for a little bit to get Fresh air circulating. And, you...

+1 520-***-**77: Yeah.

+1 602-***-**37: instead of three, you know, everybody breathing in everybody's own. Covid, germs, or other germs? and,

Kate Woods: This is Dr. Woods make my interject something briefly for me there,...

+1 520-***-**77: Yeah.

goldie: Yes.

Kate Woods: Maybe there may be some miscommunication that happened with this. If you were talking about the unit where the patients who mostly go out, who go out on the pass are on forensics mostly reside. We actually had a quarantine there because of RSV not because of covid that may be the one that's being referred to.

+1 520-***-**77: Now, this is a unit that had covid and...

+1 602-***-**37: It.

+1 520-***-**77: then had norovirus.

Kate Woods: Okay, there's Norovirus then.

+1 602-***-**37: Yeah.

Kate Woods: Okay. Kept it was one, it was one right after the other but the norovirus portion is unrelated to the covid.

+1 520-***-**77: Yeah, so it's a different unit.

+1 520-***-**77: It's just that according to him there was a total of eight weeks that they were locked down between the two and that's where, you know, the stressors built up for him. He started, he said he could because he couldn't go outside, he was losing sleep. He, with one of the nurses, did try to give him some melatonin. That he said he all proved himself and the best he could. Without any results. And then he just kind of snapped and that's where he had a, he kind of Took off his ankle monitor. and, What were some of the other things that he said? Trying to read my notes really quickly. I was kind of unprepared today, I'm so sorry.

+1 602-***-**37: That's, That. You know, as you said that they snapped and then when it was able he got snapped off the thing. But when he was able to get some fresh air, he was much calmer and Could deal with things.

+1 520-***-**77: Yeah, he also said. Yeah, that Dr. Patel offered him. The medication and...

goldie: If?

+1 520-***-**77: Once he got some sleep, he just was. He said the next day he felt like he was back but he was moved from the unit.

+1 602-***-**37: Right.

+1 520-***-**77: And so I think that's where

+1 520-***-**77: I don't think that was his issue. I think that he may have lost those levels. You recall him saying that.

+1 602-***-**37: You. I, Don't, but I'm wondering if it was.

+1 602-***-**37: Or maybe it was, and he thought I'm sorry, I don't. I don't remember that.

+1 520-***-**77: Anyway, I think that, you know, we're gonna, we're gonna be looking forward to having another discussion with him again, so maybe that could be clarified with him at that time. I'm sorry that I didn't actually have that written down, but I thought that he had mentioned something about that, so I apologize. Normally I'm a little more organized, but I have a busy crazy week.

+1 602-***-**37: Well, and me too. Yeah.

goldie: Okay. So I think with that I mean we heard Over the last two years, overall disappointment. When patients couldn't get outside over their staffing shores. So that's understandable. I know that The request to have Windows Open, I don't know. I've never seen open windows and...

00:20:00

+1 602-***-**37: Know a door.

goldie: I've been on campus.

+1 602-***-**37: Have a door.

Michael Sheldon: Yeah.

+1 520-***-**77: I think he was talking about this. Allowed to open the door. Yeah.

Michael Sheldon: Okay, if I have a really quick time on this,...

goldie: Yes.

Michael Sheldon: Okay, so I, I don't know obviously and I'm reading between the lines and I kind of know who's being referred to here, but obviously, we won't mention it. The unit in question actually has no patio. So, there are two units on this campus that have no patio. So that's why this situation comes up. And we can't open the door because that's technically the fire exit and it would breach the secured perimeter. So, that's the conflict that we kind of run into when it comes to that situation, unfortunately,

goldie: Like, is there any way?

+1 602-*-**37:** and,

+1 520-*-**77:** So they know where their doors go outside.

Michael Sheldon: Correct. Yeah, because all the others there, so there's six, there's six separate units on this campus. Four of them have patios and two do not and we're talking about an individual who's on one of those two. Because that unit also, it has the patients who are allowed to leave campus on passes.

Kate Woods: and, and just To piggyback on that when all the patients who are allowed to leave campus on passes when we were, we're going to the process of reopening passes. They understood the limitation of the unit. They were being placed on and agreed to go, their understanding, that for the opportunity to be able to utilize their passes.

+1 520-*-**77:** I'm sure they couldn't have predicted that they would be locked down for eight weeks since Covid. Do you buy all of your units at the hospital? Do they have reversed on EI?

Michael Sheldon: The reverse ventilation?

+1 520-*-**77:** Yeah, some of I mean regular hospitals,...

+1 602-*-**37:** Yeah.

+1 520-*-**77:** they do and I just didn't know if there was reverse ventilation. and,

Michael Sheldon: I can't read the phone numbers is that Barbara or Dee and I apologize.

Michael Sheldon: so,

+1 520-*-**77:** So I gravitate to stuff like that. I was just curious.

Michael Sheldon: No problem. So

+1 602-*-**37:** that's, things that you want to talk to Melissa about in terms...

Michael Sheldon: Okay.

+1 602-*-**37:** what she knows about all the architectural features and what should be included and what you know what's not

Michael Sheldon: Alright, so um on the campus that we're talking about in this discussion, there are no what are referred to as negative pressure rooms or medical isolation, negative pressure rooms on that campus, the facility was not designed or built to include those rooms. But, however, when it comes to situations like this, we do have the ability to essentially reverse the flow of the rooms to create a negative pressure environment. And we will do that in the isolation rooms to make sure that if there's one patient in there that we can isolate any kind of viral spread, but when it comes to a, like a unit wide outbreak, the

negative pressure really won't help unfortunately. But yes, so the answer to your question is no? But yes, That makes sense. Okay.

+1 520-***-**77: Yeah, sure. Okay.

+1 520-***-**77: Thank you.

+1 602-***-**37: Sorry, as he said, he's really into alternatives. Looking into alternatives.

+1 520-***-**77: He just has alternative ways to yeah,...

+1 602-***-**37: but complementary and alternative.

+1 520-***-**77: to help sell. Self and, you know, using meditation and stuff like that. So yeah.

+1 602-***-**37: Yeah.

goldie: I know we've had other patients that have talked to us. over the years that have asked for, Certain oils or various alternative medications and all that has to be reviewed by the clinical team. And so, I know it's not a process to say, I think I think stage burning sage is going to help me become, I don't think they're gonna allow them to bring in. Sage and burn it work. So I think that while people like various things, it has to be looked at whatever the request is. I don't know whether he's brought him up to his clinical team or not. Persons that we have talked to in the past when they've asked for things, we said bring it up to your treatment team to see what's approved. What would be okay? And what would be constant?

Kate Woods: And I can speak that.

+1 520-***-**77: Okay. Well,...

+1 520-***-**77: I think that summarizes Okay, go ahead. Sorry.

Kate Woods: In general.

Kate Woods: In general, anything that is not going to be detrimental to the environment of other patients, and is not going to detract from their evidence-based medications that are required to manage their illness. And that it has some significance, some actual real data or evidence-based behind itself is considered.

00:25:00

Melissa Farling: So, this is Melissa. If it helps I'm you know, if it helps I can certainly Listen to him and just have a conversation and...

Melissa Farling: bring that back to the group.

goldie: Okay, if you want to call, just let me know the schedule and we'll see when we can visit this patient again.

Melissa Farling: Okay.

goldie: Okay here. So that was it. See, we're down to incense and accidents.

goldie: We seem to have. A lot of.....

goldie: trips to the ER this time, but a lot of them were some from self harm. So

goldie: Right on one patient that I think was a repeat. Patient, it looks like.

goldie: An incident accent is asked 2023-0033. And in this particular case, the patient is known to have a danger to self and self harm. So the patient has to wear mittens and gloves and At times when it's absolutely required, that the mittens and gloves be removed for certain situations. It seems like with patients hitting walls, and then. even with the mittens on sometimes, it looks like they're the patient has had. injury to the hand, no fractures, only soft tissue but it's gone to the emergency room and has been treated on site on more than one occasion.

goldie: So my question was, and I've seen patients, who I've been on campus with those mittens, they to me look almost Very padded like boxing gloves. So it looks like it's still possible for them to hurt their hands even inside the mittens based on what I'm reading in the report. And is that true?

Michael Sheldon: Unfortunately Lori. Yeah, so I think you're using a very good analogy when you refer to them. This individual, like you mentioned before, has a tendency to self harm. So he will, you know, punch glass the nurses station windows, he'll punch the walls and you know, there's really nothing like any kind of medical equipment or any kind of pads when you force, it has a propensity to do some minimal damage. It's much, much more minimal than it would be had. He had no gloves on but this is a situation. It's a very self-harming patient that obviously, we're aware of

goldie: in that situation, I'm just wondering because I think I've seen in the past where I've been on campus I've seen, The mittens or the helmet and stuff. Can they ever have the mittens? Tethered together to where it would be more difficult for them to continue striking things.

Michael Sheldon: I'm going to defer to Dr. Woods on that but my interpretation will be that it will be considered a restraint.

Kate Woods: It would. I mean the only thing that would be the next step up would be to put somebody an upper **tsds** which would create its own significant problems around. The fact that it would be difficult for someone in that. In those restraints, to be able to stop themselves from trying to fall if they fell or...

goldie: Yeah.

Kate Woods: to do other kinds of things that are necessary. So, you know, we try, we try to make that a very, very rare thing. But it also means that they're in a constant restraint 24/7, which is just not an acceptable answer.

goldie: Well, thanks for the explanation. The next one is just a quick question. It's asked 20230056. And then in this situation a patient Was agitated again.

goldie: I don't know if it's the same patient, but self-harming, very upset and then through a chair in the hallway. um, so my question there is, I thought the equipment the chairs and stuff where those really heavy

goldie: Furniture that you couldn't pick up and well.

00:30:00

Michael Sheldon: You are accurate in that statement Lori. So we do use what are considered to be proof furniture for behavioral health, inpatient of the environment. There are also sand chairs. So there are, they're essentially Please don't quote me on this, but I want to say,...

Michael Sheldon: there are 40 to 50 pounds in weight. So, and, and that should prevent somebody from doing this. I did not. Lisa, did you watch the video on this one? Did he actually get thrown? I don't, I don't want to put you on the spot. I apologize.

Lisa Wynn: No, not at all our team did watch the video. I did not watch it personally, but we kind of followed up on it and of course anytime there's any you know, recommendations or questions, they work with Art quality teamworks with nursing leadership, but if I recall correctly and I'm going by recollection, this was an instance where he kind of like shoved the chair so it was not really a throw as much as like a shove that that got it up off the ground for a minute...

goldie: Okay.

Lisa Wynn: which can happen. But it...

goldie: Okay.

Lisa Wynn: was a sand chair. Was not a different chair.

goldie: Thank you.

goldie: The next one. Yeah. Okay, this one was Ash 20230078. And this patient also Tends to have a lot of self-interest behavior. But what I found was interesting here.

goldie: The patient was asked for a pen. So they get the little flexi pencils. Really small pens and the patient ran off with it and was Trying to use it to harm herself. That for the patient on themselves, they had multiple areas on the back of the hand and that pumped on established the flexi pin. So, then new orders to change that behavior. Including COS and LLS is still room. Environment suicide blanket jumpsuit. So I was a little bit surprised. I thought that the Flexi pens were so bendable that they couldn't cause damage. So I was a little surprised.

Michael Sheldon: Yeah, I don't know of anyone on the committees ever seen a flexi pin, but I mean the term Flexi is really an understatement. It's almost like I don't even know what is beyond the word flexi but yeah, it's but it still has the pin end for writing. So if someone did actually try to use it for self-harm, there's a chance, it could, it could potentially break the skin but very, very doubtful that it would get to that. But obviously, we want to make sure this individual has the right to write a grievance and we're not gonna stop them. That is their right to do. So we're trying to thread the needle right there with this one.

goldie: Okay. And then, let's see, I mean, there were a few others that were caused by a patient.

goldie: And fights with each other or some with staff. So it seemed like a lot more. So this review in January seemed like a lot more trips to the ear.

goldie: Which is good. I mean we need to go. There you go here. This one asked, 2023 0145

goldie: a patient was complaining of chest pain, so the person Brought them into the treatment room and checked, and they were Tetic cardiac at 1:2130. After assessment, they decided to go to the emergency room. And were sent to the ER. So that was within 10-15 minutes which I thought was good, so I'm seeing a lot more action on taking the patients to the ER who are in pain.

goldie: Serena also had more for the same person that with the mittens that continues to to start a self-inflict injury. And looking.

Michael Sheldon: Lori. I want to just really quickly say if I apologize for interrupting, we do have a handful of patients and I want to make sure I say this very carefully not to bridge reality. But we are trying to coordinate with DVD to get some additional assistance from them for how to handle or specifically treat these individuals because they do have the secondary which is quickly becoming the primary developmental disability diagnosis. And we are not experts in that field. By any means we can treat it as a secondary condition, but when it starts to become the predominant condition, that's when we need assistance from DDD to help us out with that. We are getting some traction from mercy care because these members, some of these, some of these individuals are assigned to a mercy care health plan. So mercy is doing its part. It looks like we are trying to get DDD.

00:35:00

Michael Sheldon: Table to help us try to figure out the best way to treat these individuals and keep them as stable as possible.

Kate Woods: And, and have been for.

Michael Sheldon: Yeah.

+1 602-***-**37: If?

goldie: Well, it's good to hear. When we hope that they provide the necessary expertise of DD or autism, or others for those that have more complicated needs and need more treatment. But thanks for the explanation. Another one. Passed 2023.01 61

goldie: Patient was in the day room for breakfast and the tech noticed that patient was leaning in the chair, not able to transfer from a wheelchair. So they attempted to get vitals and the patient wasn't cooperative. But finally cooperated and they took vitals and they called the On-called. Doctor started oxygen, Dr. Pinter unit, The patient refused oxygen so they called 911 and sent the patient over to Valley Wise so, it seems like

goldie: appropriate escalation when patients won't participate even and a treatment where I think it looks here.

goldie: Behavioral tech and the nurse were trying to give the patient. Oxygen. so, o2 with a little, little long, So, that patient went off site to Valley Wise as well.

goldie: Anything else?

goldie: sorry about that record one thing I was pleased but surprised on ash 2023.0316 this Incident happens. In the civil gym. So there was a volleyball team, which I thought was good. So I'm glad that they're having more of those physical activities. but, during this,

goldie: Patient acted out against another patient. And only the lesson learned here was that the patient that was hit said that they were fine and the other patient. That was the aggressor was taken back to the unit. But the lesson, the teachable moment was the rehab staff.

goldie: First educated, the importance of sending the patient back to the unit. Also we checked by and received at the patients that they're fine. So great to see that.

goldie: We had a couple in here. There were issues on the civil mall, this was 2023 0324 and they attempted to watch a video but could not complete it. The camera was working at the Civil Cafe. So sent to the Facility manager to work. And I know the systems are old and I know that they're laying the fiber optics for a new video. But in this situation, especially on civil with a Cafe is what they do something to get a camera that works there and the interim because it may take months to a year to get the new system in

Michael Sheldon: Sorry I couldn't find a new one. I can definitely run up the ladder Lori. Typically when folks are in they actually always want folks to be in the cafeteria they're in there. Obviously with the rehab staff and if they're on a one-to-one or close observation, they have their tech within arms reach or 6 feet of them. Make sure to maintain safety but I can definitely see. Potentially we have other options. I can assure the members of the committee that nobody wants to have our Videos, surveillance system updated and up and running more than I do at this point.

00:40:00

goldie: Okay, well, thanks, hopefully. Are we still months to a year out for the new system?

Michael Sheldon: Yeah. At least so there's been no updates since the last time the IOC convened, they're moving into what's referred to as they call it phase two but it's really the second and final phase of the

overhaul project for the reinstalling. I'm sorry. The upgrade of the video surveillance with audio capabilities features for the for the hospital, they have done all the

Michael Sheldon: The underground work to lay the conduit. And now they're into the point where they're gonna actually run the new fiber lines underground into the buildings and begin doing the, the ordering process for new cameras, and all of that. And all of that stuff, the servers, the switches, the video recording, the audio recording, hard drives, and everything, but they are still at this point Lori telling us that we're looking at. And when I say day, I mean that apartment of administration. So they're running this project. All the funds at the hospital have been provided from the legislature. Have we transferred over to ADOA since they're the experts in building renewals and capital projects. They're telling us that we're looking at some time around the middle of 2024 for full completion of the project.

goldie: or they want to try to work on the units with the highest security of incidents first And...

Michael Sheldon: I can't say yes or no

Michael Sheldon: I think this is really because of the fact that we want to make sure that we, we want to do, whatever we can do to minimize any quote unquote, like dead time between our existing system and the new system. So what I believe is gonna happen is that they are essentially going to install the new system and then cut the old one off. So for a while we're gonna have two systems running concurrently but I can't right now. Let the committee know if they're going to like for instance, emphasize civil first versus forensics or Ac/ptc. I have not been told that information and I'm not even sure the project managers or the engineers know exactly the timeline at this point.

goldie: Okay, well, thanks for that update. We did have another one on this on the forensic side, which is More rare. This is 2023. Oh three two three. And it was kind of just an unwanted sexual advance kind of someone that Was pursuing another person and was not taking no for answers. So the person said that, they told the staff and never told my nurse to tell us what happened. And on this one. Again, video was attempted and could not be complete to the camera being blurred. And again, an email was sent to the facilities manager, regarding that particular camera. All of us, can't wait until

goldie: these cameras get replaced and the final one and there were others on that were staffers Injured during aggressive aggression. This one asked 2023, all three four seven,

goldie: It was in the day room and patient.

goldie: started getting upset now turned to internal student life and then rushed towards Staff. And started punching in the face and nose and then it was escalating and it was there trying to contain the code. And it seems like there were a lot of 1 2 3 4 running in the hall from the day room to try to get this situation under control. and during this you're asking it was a registry staff if they were okay they said no they said, go back and you know, to get assessed but the someone else assessed the person said that the nose was broken and that they were still in the middle of that code and they had to

00:45:00

goldie: They had to get that patient medication and they needed to adjust that before coming to assess the patient. But the patient and another staff member turned to leave and they were told they left, their agency would be notified. They said, Okay. And they just left the shift. You know, we have heard from others.

goldie: Some of the staff.

goldie: Really prefer not to go on civil campus, that you have to use people, where you need them. They prefer to work on forensic as it said, karma situation over there, but I don't know what you do in a situation like this, where a person is injured, but there's still in the middle of a code. We can't just stop the code. because that

Michael Sheldon: You're absolutely right Lori are our primary focus is to make sure that the areas safe that the patient is taken care of and, you know, unfortunately things like this do happen in the kind of environment and the patient population that we have there with us the civil campus because the severity of the other mental illness their danger to others and onto themselves. You know, highly aggressive in some cases. So we do as best we can with what we have available, Our staffing levels have increased significantly in the past seven to eight months. Although, this is not a great situation to be discussing but I do want to also just emphasize that in the right up, there were a number of staff available at the area to take care of the situation.

goldie: Yeah.

Michael Sheldon: But it is unfortunate that sometimes these things do happen

goldie: Mmm. Yeah, I saw that there were probably six different people involved in this incident. Staff along with the patient. While they're trying to get it under control. That's all I had.

goldie: And all at once, I do have a conflict. So I can't vote for the committee members. Is there any new business or anything that you want to follow up on previous or ongoing discussions?

+1 602-*-**37:** I don't have anything.

goldie: and we did talk about, The staff letter complaints and other follow up on a patient retaliation. And will you guys reach out for one? AHCCCS makes their final determination. With the incident.

Lisa Wynn: Yes, you'll probably hear directly from AHCCCS but our first step is to get supplemental and information to them within the next now, probably less than two weeks.

goldie: Okay.

goldie: Okay, anyone else in the committee? Have any new business to bring up.

+1 602-*-**37:** Well, just an update on Senate Bill 1710. If People don't know that in the Senate this week in the Senate health committee

+1 602-*-**37:** It helps. Independent, Health and Human Services Committee. They passed to move forward with that. With that bill. And that was the bill that included oversight. on getting a recommendation that there is that ASH moved from DHS to a separate board so that the fox isn't guarding the hen house. And the other thing was,

+1 602-*-**37:** Looking at the Beds available, with the 55 bed cap in Maricopa County and this would, you know, recommend that it be by need not by county for the number of events.

goldie: okay? And to be clear, when they talk about oversight, they're not talking about the independent oversight community, they're talking about actual oversight, the body that has official oversight due to investigations, that they shouldn't both support up to the same. System. And not to be confused with our Independent Oversight Committee. Totally different.

00:50:00

+1 602-*-**37:** Right. Thanks for clarifying.

goldie: Okay. Okay. Any other new business?

goldie: If not, we can go to public comment.

goldie: Any public comment.

Person 18: Time, right. They go. Thanks.

goldie: You want your name in the minutes?

Person 18: What. Yes, please. Yeah, I've had a lot of problems with the staff. Don't seem to know that the federal law states that they have to promote and protect our rights. And whatever I tell them is they, but the staff actually just like a five year old plugging their ears. They didn't want to hear it. Well, if they're responsible to know that this fact promotes protecting our rights, I don't think it's promoting a right going on. I just see him up, just blaming, just walking all over our right. One thing that I had a problem with was they said that there was three of the gang up on me and they said including a nurse except Oh you can only they they just put our our snacks and they said

Person 18: Shift changes all seven. They said, Oh well there's a new policy that you can only have one soda there at a time all day and forever. Two you have a drink you want to shout hope and you can't just leave it around. And they have to have this one. So on a simple note. I want to see this policy. I don't know anything. I'm so well. The patient's right responsibility in the federal government. That you show me. The policy is right here on level two section number one, patient. Right responsibility. It says, here on number two, it said All patients have the right to review copies of request policy rules and regulations related to their care and treatment including but not limited to the hospital unit policies and Arizona statutes. And rules.

Person 18: The staff are just all educated oncoming points. They don't realize that they could have to know and protect promote protect

Person 18: All right, we have a lot of rights. We have, we have constitutional rights, the federal laws that we have constitutional rights. I got so many papers here. I can't find everything, but it's all here. I'm gonna put it together. All packs and send it to the IOC. A lot of things that we complain about are just signed on. They come up with excuses, they do, don't do anything about it. I'm still having a problem with the sausage and biscuit and muffins, they're cooking it into sausage and biscuits this month. And now one day, they just gave me the sauce on a plate because it was a meal that just happened. And so the grease came out of the sausage and I knew 4 degrees and showed a little container. It's about teaspoon of lard. and as far as I know,

Person 18: people shouldn't be eating lard. I think it builds up in your, in your arteries because of plaque and this can cause congestive heart failure. I'm going to be writing to the American, our association about the food community. So called the Food Committee. Wouldn't do anything about over there were like 16 points that I brought to the food committee

Person 18: I don't have two minutes. I'm gonna try to make this quick. We're still, I'm still advocating for the abolishment of walking because it is against the person to give a person in commerce. Restraint, it's a restraining of trading illegal penalties or conspiracy. You can change a commerce, every person who shall engage in any common nation or conspiracy here by seven here. Clearly, illegal, the fact that they are preventing a show called Somebody on eBay selling to us is discrimination against that person in their trade. So there,

goldie: And well that was 4 minutes. I hate to cut you off,...

Person 18: Yeah. There's just enough time for all of them. I got a ton of paperwork here,...

goldie: But Yeah.

Person 18: But we're gonna be taking this all to better report. So we're gonna be suing the Hospitals, let you know. Events.

00:55:00

goldie: Thank you.

goldie: Any other?

+1 602-*-**31:** Kind of Timothy Briscoe on Mojave.

goldie: We want your name and then minutes.

+1 602-*-**31:** Yes, I do.

+1 602-*-**31:** And I would like to apologize for messing up this weekend. I've been having an extraordinarily hard time. Sleeping. My doctor is aware of this. I will say it for

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+1 602-***-**31: 20, 20, 30 hours, get maybe two hours worth of sleep. And then I'm up again. I go to bed at 10 o'clock. I'm up at midnight until the next clock in the night. I can't get any sleep at night. I told my doctor, they said, let's see what we can do about it.

+1 602-***-**31: They're trying to help, so they say. So I apologize for missing. When you guys called this last weekend, I didn't mean to stand you up, but I apologize. I would like you to call again this weekend coming up or when you do have time but commerce It is our civil, right? As an Arizona, To have commerce. And the Arizona Hospital. Arizona state hospitals, trying to put a ban on us having commerce. They are threatening people.

+1 602-***-**37: and,

+1 602-***-**37: Hear what you said,...

+1 602-***-**31: ah, All right, Commerce.

+1 602-***-**37: the ban on what?

goldie: Oops, we can't. Talk to.

+1 602-***-**31: Buying and trading selling of goods. Yeah, summers there.

+1 602-***-**37: Oh Commerce. Okay, thank you.

+1 602-***-**31: They're trying to infringe on people's rights because they've taken people's levels because they said Commerce, Was in play, they told me. They did not want me to go back into commerce and my old ways because they refused to give me a job. um,

+1 602-***-**31: but they told me that the Arizona State Hospital disapproves of this, and it's a rule that we cannot do this, and I informed them that Arizona, State Law, trumps. The Arizona State Hospitals, Guideline on Commerce. And they said, No it doesn't, I said Yes it does. And if you would like to I don't know, it would go to federal court and federal court. ruins overrule Arizona state law, which overrules Arizona State hospital rules, so people are being harassed about commerce.

+1 602-***-**31: Accusations are being made about how I make my money. I don't make any money.

+1 602-***-**31: But then I'll tell you all about what you guys call. Thank you.

goldie: Okay, thank you. Tim, anyone else?

Person 18: Okay, I would like to go to executive session just because I have another patient that needs to have you guys call.

goldie: Okay, so I need a motion to adjourn to executive session.

Person 18: Thank you.

Person 18: I, I must

Melissa Farling: My motion to.

Person 18: I,

goldie: Okay. Okay.

Lisa Wynn: Thank you. Bye.

goldie: So moved, thank you everyone and we'll see the IOC members in an executive session.

goldie: You too, thank you for attending.