

Department of Health Services (DHS)  
Arizona State Hospital Independent Oversight Committee (IOC)  
Public Meeting Minutes  
Thursday, December 21, 2023 – 6:00pm

## Call to Order

Meeting called to order by Committee Chair, Laurie Goldstein. The date is December 21, 2023, at 6:03pm. The meeting was virtual, no physical address.

### *Welcome and Introductions*

- Laurie Goldstein (goldie), (Chair)
- Charles Goldstein, MD
- Alice Klein (1 480-\*\*\*-\*\*16)
- Kay Kunes (Person 17)
- Melissa Farling (480-\*\*\*-\*\*82)
- Barbara Honiberg (602-\*\*\*-\*\*37)
- Dee Putty (520-\*\*\*-\*\*77)

#### Absent:

- Kim Scherek
- Natlie Trainor

#### Public in Attendance:

- Rodney Woodville
- John Wallace
- Timothy Briscoe
- Janina Rotaru

Arizona Department of Administration (ADOA): Larry Allen

AHCCCS: Fredreaka Graham

ASH Administration: Dr. Calvin Flowers & Lisa Wynn

## IOC: DHS/ASH IOC Meeting (2023-12-21 18:00 GMT-7) - Transcript

### Attendees

+1 480-\*\*\*-\*\*16, +1 480-\*\*\*-\*\*66, +1 520-\*\*\*-\*\*77, +1 602-\*\*\*-\*\*31, barbara honiberg, Calvin Flowers, charles Goldstein, Fredreaka Graham, Janina Rotaru PMHNP-BC, Laurie Goldstein, Lawrence Allen, Lawrence Allen's Presentation, Lisa Wynn, Melissa Farling, Person 15, Person 16, Person 17, Person 18

### Transcript

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**Laurie Goldstein:** 2023 It is 6:00 pm. So we know it's the holiday season and everyone's busy. So let's go ahead and get started. Welcome everyone. The members that I have on thus far are Kay, myself, Chuck, Dee and Melissa

**Laurie Goldstein:** I am expecting Barb. and I know I got another text that Alice will be on for a short while

**Laurie Goldstein:** Does anyone have to disclose any conflict of interest?

**Laurie Goldstein:** Okay, was that you were trying to say something or...

**Person 16:** but If there's any information that pertains to my case,...

**+1 520-\*\*\*-\*\*77:** Nope, not me. I think I'm in the clear of these days.

**Laurie Goldstein:** Good.

**Person 16:** I had filed something with the ioc I'll obtain from voting on any of those matters.

**Laurie Goldstein:** Okay, thank you. last meeting, was anyone able to review and do I have a motion to approve the minutes? I know they're a little bit more difficult. with it with the transcribed there's a lot of you have to kind of Search through those notes. But do I have a motion to? Accept the minutes as or with changes

**+1 520-\*\*\*-\*\*77:** all except those minutes all

**Laurie Goldstein:** What was that Alice?

**+1 520-\*\*\*-\*\*77:** know that with De I said I will accept the minutes and

**Laurie Goldstein:** Okay.

**Melissa Farling:** Cal second

**Laurie Goldstein:** So That was Melissa and Chuck if you were talking we couldn't hear. Next do we have any update from ADOA?

**Lawrence Allen:** Good evening, Laurie, one quick update. we met with Carlos Ramos who's the interim director for Boards of commissions at the Governor's office? We had a discussion on recruitment for new members. So we had a good call with him and hopefully we should see some uptick on recruitment of new members hopefully soon. So that's one option for us. So I'm still working on some other avenues and regards to recruitment. So I'll update the committee as that happens, but it's a big First Step. So hopefully with their contacts and the traffic they see coming in from the General Public in regards to their appointment on their boards.

**Laurie Goldstein:** Thank you, do we have anyone here from any other ioc? And if so, would they like to give an update?

**Laurie Goldstein:** Hearing none review of action items. We looked the only action item that we had following discussion and I did talk to Lisa Wynn was our discussion the ioc's concern over put some potential staff that

**Laurie Goldstein:** So us appeared like they were not in control of their emotions and Lisa do you want to just give the update? I know there's no. difference

**Lisa Wynn:** Thank you, Laurie. Hi everybody. Yeah, we had spoken with a sub team of the independent oversight committee two months ago when a video was reviewed and then we discussed it at the last independent oversight committee. But the video was reviewed after a complaint was made by a patient and Personnel action was taken but we continue to maintain that those Personnel actions are confidential and So there's really no update from last month. We recognized that sometimes we have less than optimal responses by our team and we work hard to give our team every resource. They need to have a good therapeutic relationship with our

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**Lisa Wynn:** With our patients, but we consider that matter resolved from our end from an HR standpoint.

**Laurie Goldstein:** I'm sure the patients will let us know if they see any other problematic Behavior.

**Lisa Wynn:** And hopefully they'll let our team know as well.

**Laurie Goldstein:** Agree, and any other requested information, I don't think that we're owed anything else from the last meeting. I did go through the minutes and we did not have any motions for Information which is unusual. Usually we're requesting policies and procedures. But nothing this last month does Ash Administration have a general update?

**Lisa Wynn:** Just a brief one Laurie and Dr. Flowers. If you have anything to add, a mic indicated that our Deputy Chief Financial Officer was starting so he started this Monday January 4th.

**Lisa Wynn:** So we're looking forward to working with him. And I think top of mind for our team is we have two units currently on isolation protocols for covid. Unfortunately one on the Civil campus that's desert sage and one on the forensic campus at Segoo. So we do have patients that have tested positive patients who have some minor symptoms. So Physicians are working hard to provide Comfort measures

thankfully no serious symptoms that require anything other than just comfort care and we're really looking forward to getting those results. So those units can be open. One thing Dr. Flowers provided Council to the exact team and the clinical teams this week were in light of the campus light and lie to the holidays. We wanted to follow

**Lisa Wynn:** A reasonable guideline for protecting our patients and our staff but we knew that people would be having visitors. So Anybody who is on a covid unit but has been cleared personally. In other words. They have had a decent case of a covid that is resolved which would indicate that they would not be contagious. We're permitting non-contact visits for those individuals. And of course visits of our patients are not on those two units, so we're doing our best to Make sure that the impact on visits with loved ones is as limited as possible to maintain safety. And I think that's the only update I can think of unless you can think of anything that flowers.

**Laurie Goldstein:** Can I just mention Larry Alice says she's waiting to let in.

**Calvin Flowers:** No.

**Laurie Goldstein:** I'm wondering if she's in this executive meeting. Can you check?

**Lawrence Allen:** And yeah, let me see.

**Lawrence Allen:** this is

**Laurie Goldstein:** Hi Alice. Sorry about that.

**Laurie Goldstein:** We were just getting an update from Administration on. covid and accommodations that they've made even with covid Present and some units of patients are nonsymptomatic and you're trying to accommodate by allowing long contact visits as it is the holidays.

**Person 16:** Okay.

**Laurie Goldstein:** I hope I Responded no. that correctly and then

**Calvin Flowers:** I think that's accurate. We're Trying to maximize safety, but keeping in mind. It's the Christmas season and we want to allow visits wherever possible.

**Laurie Goldstein:** Thank you. Alice.

**Person 16:** I have Lisa on the lockdowns. Do you know what the CDT guidelines are in terms of locking a unit down? Is it 5 days or 10 days? Because I'm hearing different things from different people.

**Lisa Wynn:**

**Lisa Wynn:** Okay, we're keeping our individual Hospital protocol as updated as we can. There's not always direct CDC guidelines, the closest guidelines they provide and...

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**Lisa Wynn:** they're not close enough, but there are four long term care facilities, but we recognize that people in skilled nursing and other long term care facilities have more levels of vulnerability but there's not very very specific guidelines by the CDC. So we're working with the Department of Health Services and the epidemiology team to just do whatever is reasonable. And we're recognizing it as an isolation protocol. So any Community where you've got widespread communicable disease you wanna isolate those individuals to the degree possible for our employees. I can tell you that it's 10 days from a positive test before they can come.

**Lisa Wynn:** To work that's higher than it is for other work some environments are letting people come back after 5 days ours remains at 10 days. But that's for employees to return after a positive test. I don't know if that and what and I guess this might answer your question. Currently. We consider the unit not to be on isolation protocol. Once the last positive patient It's been 10 days since that last positive test. I got flowers, please correct me if I misspoke it all.

**Calvin Flowers:** no, I think you stated it correctly and it is somewhat confusing with all the guidelines in And what makes it more confusing is the CDC. Does save 5 days but that's just an overall General guideline and doesn't apply necessarily to specific facilities. but now you stated it correctly.

**+1 520-\*\*\*-\*\*77:** All right to see there are some specific guidelines of congregate setting that CDC has on their website which refers to prisons and jails and things and things along those lines which would be a similar situation. I mean, at least it might be something to look at as maybe a model for what you guys use moving for.

**Calvin Flowers:** All right. I think the 10 days. We're still going with the Department of Health Services guidelines on that

**Laurie Goldstein:** Okay, anything else from Administration?

**Laurie Goldstein:** Any more questions on the guidelines? I

**Laurie Goldstein:** Okay next new governing body members. So there was an announcement by Governor Hobbs. I'm going to turn my camera. So, just see inside of my head but Governor Hobbs and the Arizona State Hospital CEO. Mike is on vacation and we knew that he wasn't going to be here have taken steps to promote transparency accountability for the Run secure hospital, so they're adding there used to be 11 voting members. And 5 of the seats were allocated to Steve state employees now they're adding up to the board. They're adding seats. It'll be up to 20. So they've taken steps to add seven new members to date. There's voting members and non-voting members. So one is Kathy Basher Christina sabetta Eddie citizens.

**Laurie Goldstein:** Kimberly Craig George Gallagher Gallagher and Steven Scott Those are voting members. as the ioc chair and on but I'm a non-voting member. So I'll be able to speak in the meetings but not vote. So they still have some other seats. Hopefully they'll be allocated to people that are. familiar with this population

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**Laurie Goldstein:** They will be able to. So have some experience or expertise. To help the hospital be everything it can be as our state hospital. I think Alice you're in now, right?

**Laurie Goldstein:** I think she's in. Yes, okay,...

**+1 480-\*\*\*-\*\*16:** Can you hear me now?

**Laurie Goldstein:** So you made it. Thanks Alice.

**+1 480-\*\*\*-\*\*16:** Okay, and I just sent you a quick message. One of my friends is a doctor at Public Health Works for DDT Atlanta. If she gives me any different information on any kind of guidelines for mental health, I will send it to you guys. Okay, I'll ask her tonight. Okay.

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**Laurie Goldstein:** Okay. Thank you, Alice.

**+1 480-\*\*\*-\*\*16:** You're welcome.

**Person 16:** Laurie I have a question. So how did that affect the current serving members of the ioc?

**Laurie Goldstein:** It isn't really the only difference, it is that the hospital has a governing body. And the governing body previously had 11 members and five of those were hospital employees. So in order to Give some transparency and accountability. They expanded the board to add members that were not members from the community the ioc the chair will be Remember anyone can go to the meetings because their public meetings so anyone can sit and listen to the meetings and you can participate during public forum what it means to the ioc that will be a

**Laurie Goldstein:** Or whoever is a chair will be able to speak but not vote. The other new members will be able to both speak and vote. And as far as Our committee, it has no. Real impact. Other than that the ioc chair will now be able to speak at the meetings.

**Laurie Goldstein:** Does that help?

**Person 16:** Thank you, Laurie. That makes sense.

**Laurie Goldstein:** And if Larry or Dr. Flowers or Lisa have any different interpretation of that?

**Laurie Goldstein:** Yeah.

**Laurie Goldstein:** yeah, that was always a struggle because during the meetings they referred to charts and reports that you don't have access to so it's a little challenging to follow. So thank you for that. Next, Let's Skip and go to Patient visits and then we'll go to overview of instant access and reports. So this month, I know D you did some visits so if you'd like to report on the visits, that would be great.

**+1 520-\*\*\*-\*\*77:** Yeah, actually that's okay, and she probably wrote the majority of the note. Is that correct? Okay.

**Person 16:** the notes with me so,

**+1 520-\*\*\*-\*\*77:** So I think she has a majority of the notes. So we spoke to several patients in Mojave

**+1 520-\*\*\*-\*\*77:** A lot of this was directly related to some of the lockdowns for the covid and the Norovirus and things like that. I guess I'm not sure if the Norovirus issue has been resolved. anyone hearing that probably is back on the right. So I'll let you take the term here today.

**Person 16:** So the first patient we spoke to with the patient on pinion. He was calling on behalf of his wife. He was saying that she wasn't feeling well enough to come to the phone and that she was having problems getting her medications that were from her emergency room. We've had this issue before with the hospital. But this time they rectified it pretty quickly after Laurie and her being so I think they were happy with the outcome of the next patient we spoke to with the patient on Cottonwood. This patient was saying that they were locked down for positive covid tests. There were a couple of units that were locked down. I think it was slow Cottonwood and opinion and Mojave. I'm not sure but that got fixed as well after Laurie intervened. There's another patient from Mojave.

**Person 16:** Had two checks running written to him from Medicare for some amounts to check that he has receipts for that were deposited into the bank here at the hospital. But the bank balance doesn't reflect the checks being deposited and they're for non-trivial amounts. I don't know what the status is on that right now and then another patient from a hobby complaining That they didn't have access to their Contraband for us means that excess storage units for two to three times. They've only gone to go two or three times and sometimes it's taking up to three weeks to get contraband.

**Person 16:** She also was complaining that the pain clinic was saying that he needed to get an MRI done and the hospital wouldn't find the orders for him to get that He's having pitching back pain and would really like to get that MRI to figure out what's going on with this shoulder. There's some kind of ripping care going on and the hospital is not allowing the pain clinic to get that MRI and they need it and then the last patient we spoke to yeah.

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**Laurie Goldstein:** One thing. It's probably better not to identify the units.

**Person 16:** It's okay.

**Laurie Goldstein:** So that's okay.

**Person 16:** Okay, and then the last patient we spoke to said that for a minor infraction he would be allowed for two weeks.

**Person 16:** And so he was passed against \$20 in a flash drive during a visit and during that time. He asked the staff member if that was okay to do that transfer in person and the staff member gave in and so he was already there for two weeks because of that and I think that that's all of the call that we had made.

**Laurie Goldstein:** Okay one thing when we hear about. A lot of complaints in the committee will tell me often.

**Person 16:** All right.

**Laurie Goldstein:** I'll call Administration so I think in several situations Mike or Lisa have stepped in to clarify some misunderstandings between staff interpretation of policy, so that's why there were a couple that just didn't make sense. and they rectified it quickly which was

**Laurie Goldstein:** Nice to see for the patients that were impacted.

**Laurie Goldstein:** Okay, so anything else that sticks out for you on the patient visits

**+1 520-\*\*\*-\*\*\*77:** No, she covered that really well. I just wanna thank you for stepping in and dealing with some of those more important issues and We appreciate that.

**Laurie Goldstein:** Before I go over instant accent reports since I've seen I don't know whether Forms have moved or Not Lisa. Do you know when the next forms are coming up? I know Tara is on vacation. But when the Civil and the forensic are coming up.

**Lisa Wynn:** I should be able to look at my calendar. I don't have those pages in front of me, but I can have those for you.

**Laurie Goldstein:** Okay,...

**Lisa Wynn:** I think in a moment.

**Laurie Goldstein:** That way we can let the committee know so they can plan it and while you're doing that I'll go ahead and start to overview instant accents the ones that stood out for me. First before we started, I did notice that. The perpetrator charts which typically there used to be a lot. It seemed like the individuals that were assaulting were really the top assaulters and it seems like we still have that same tendency, but it looks like They're assaulting less. I mean, previously we'd have some that would have five assaults on another patient and seven assaults on staff.

**Laurie Goldstein:** except for most of this altar one assault and we have a few that have 5 or 6 assaults but three people with a lot of assaults and the rest. with just one assault

**Laurie Goldstein:** So Dr. Flowers or Lisa's that due to change and programming change in population. Or do we know what that's attributed to because I know the task force assigned to try to reduce assaults.

**Lisa Wynn:** I can't share that we have a harm reduction committee that meets every other month and we look at our top assault of the assaulted patients sometimes on the forensic side. The vast majority are civil patients and that gives the treatment teams an opportunity to consult with other treatment team members from other patients. It gives our rehab teams, our social work teams, our psychology teams kind of a chance to present to the committee at large and I know that Dr. Flowers has worked with some of the mental health providers and the physical health providers attend those meetings too. So I'm just hopeful



that we can continue to just identify the support that some of those patients need. We have a similar committee that looks at our incidents of seclusion and restraint and although the independent oversight committee doesn't monitor that as closely we

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**Lisa Wynn:** certainly do and especially in December right now. We're seeing a decrease in both seclusion and restraint interventions and assaulted behaviors. On the Civil campus, we're really grateful for that and continuing to support the treatment teams and the patients on that end.

**Laurie Goldstein:** Melissa has her hand up.

**Melissa Farling:** Yeah, Thanks. That's great about the committee. Maybe you said this so, I apologize, but does that mit Look at any of the minutes from the ioc. Would that be helpful If they don't look at it, would it be helpful? Just to see for instance the different visits.

**Lisa Wynn:** I don't know if it would be helpful for that committee. But certainly Tara coordinates with the quality team in both our investigations and the information we received through these meetings and through conversations throughout the month when there's a concern about Express. So I feel like between Tara and our team Advocates on the units. It's giving us an opportunity to identify concerns that are obviously my number one. Hope is that we'll have a culture where patients are addressing their concerns with somebody on the unit that they have a rapport with with Tara or the quality team. And I think one of the biggest benefits of the independent oversight committee is it's another venue for patients, but I think that information indirectly is shared.

**Lisa Wynn:** With the folks that can help create resolution.

**Laurie Goldstein:** So the first accident incident report was Ash 2023 4640 and it was on Forensic campus and unless it was between patients and When the incident was reported to the RN who returned to work on a Sunday. the RN proactively spoke to the patients that were involved in the incident and they both reiterated that they no longer wanted to

**Laurie Goldstein:** Arm or have any issue against other patients, but they both in an attempt they were going to try to separate the patients because they were on the same unit, but the patients declined and did not want to move. And they said they were fine. So my question is since they both declined a room change. That seems like it was mutually agreed upon if they continue to have issues and they get worse. We will move them even if they don't want to be moved.

**Lisa Wynn:** that would really be a decision that the treatment team would make with the support of The executive team if they needed that support so it would just be on a by-case basis, but it's very likely I would think that that would happen that does another instances where the treatment team of one or both patients believe it's in the therapeutic best interest of the patient.

**Laurie Goldstein:** Okay, the next one and this just may be someone coding wrong, but I was perplexed. It's Ash 2023 4660. So in all of the reports for those that don't read them there's an allegation. So it'll say assault or it'll say medical issue, but it'll have some or a wall or Whatever is a reason. for the Insta report on this one it said assault. All other types, but what was interesting? I hadn't seen this before or if I had I didn't catch my attention. It said staff conduct which is unprofessional, immoral or abusive to patients other staff are visitors.

**Laurie Goldstein:** And then semicolon seclusion or restraint patient threatening staff patient unauthorized area patient with Fusion redirection. So I was reading it to try to see where a staff member was, their contact was unethical and professional and moral or abusive and I couldn't see so in here essentially a patient had to be given a PRN shot because The patient attempted to enter the nurses station. Following behind another staff member security was there they attempted to redirect the patient trying to enter the nurses station and then the patient punched. the security person in the chest the security person that attempted to put the patient into a physical hold and something pushed him

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**Laurie Goldstein:** Remember, I'm reading redacted reports. So the patient then walked away into the hallway staff and attempted to close the door to the day room. They attempted to push through the door. And pushed the security staff again the security staff and another staff attempted to put the person in a physical hold.

**Laurie Goldstein:** After that, the patient proceeded to punch the security person in the face during the struggle all placing the patient in a physical hold gray was called multiple staff responded. But the Patient continued to punch headbutt staff while the whole staff was able to get the patient into seclusion. The patient continues to fight with staff kicking head-butting they put the person in a seclusion chair. They continue to fight throughout the code. to me Unless I miss it was just a miss holding. I don't see where the staff was.

**Lisa Wynn:** no, Laurie at Was that coding occurred after the video review?

**Laurie Goldstein:** Acting and unprofessional. Yeah.

**Lisa Wynn:** So when our team conducts the video review then we make a determination what further actions are required. So in the reviews that indicates that was referred to Adult Protective Service, and we opened an internal complaint on behalf of that patient. As a result of what we observed in the video.

**Laurie Goldstein:** Okay, so what I'm reading in the report. Doesn't show abuse, but as if I go down to under Terrance tags review, it says video was reviewed and information sent to appropriate personnel for further review Staffing did not appear to be a factor for the assault. So that means just the number of Staffing that staff Behavior, okay.

**Lisa Wynn:** and that is correct we go back with every assault and we look at what the Staffing on the unit was we track that through Tableau. And so part of the quality team's review is to look to see what stabbing was so that's an indication of the level of Staffing. That's correct.

**Laurie Goldstein:** Okay, because I read it a couple times trying to figure it out. what the unethical and professional Behavior was but that was something you saw not something that was Okay makes sense And next one is asked 2023 4704. Seclusion or restraint that is not medically necessary is not used for the safety of the patient with the safety of others and is used as a means of course and discipline convenience or retaliation by a staff member seclusion a restraint dama. So I'm not sure what that means either but this.

**Laurie Goldstein:** Again, I didn't see what I read.

**Laurie Goldstein:** how it was not so for this one a patient was asking staff for help with an activity a kind of a recreation art therapy kind of activity the patient chose a book. And the staff was trying to help. The person with stickers and a different activity and the patient asked for a pen. They gave her a pen. Then they began. The book they insisted on getting more stickers and staff said that's not what we're doing in this group. So trying to get the person to refocus on the back onto the book activity, but the person Wanted to do something differently. So they redirected the focus after the second redirection.

**Laurie Goldstein:** The patient became very aggravated. They started telling the staff, they were just unhappy. They called for assistance from the rehab staff. They asked the patient to gather their things and come back to the unit and the patient. I Did not agree with that.

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**Laurie Goldstein:** They were trying to remove her from the group and get the pan with the patient pen was getting aggressive holding the pen. Extra staff showed up in the art room trying to redirect the person back to the unit. They tried to talk to the person asking her to be willing to walk back to the unit and turn the pen.

**Laurie Goldstein:** And they were throwing it. Let's see. Then they started getting more escalated. grabbing stairs and tables and trying to throw things so they got a code Gray.

**Laurie Goldstein:** And they finally got the person. Outside when entering the unit they stopped in the day room.

**Laurie Goldstein:** a patient started hitting the bathroom door And then that's when the staff put hands on so they put hands on because the person was trying to hurt themselves. So with that one again, I didn't see how that was. Using restraint ly Or not for the patient safety the way I read it. They didn't really put Hands-On until the patient started self-harming.

**Lisa Wynn:** Alluring you are absolutely correct. And that one did appear to be just a Miss entry on the data. I've just reviewed it as we were reviewing it now and there were no quality of care concerns with the video review or any of the nursing review. So that one just needs to be corrected York, right it was a regular seclusion and restraint.

**Laurie Goldstein:** The next one is Ash 2023 4723 this one The patient was self-harming.

**Laurie Goldstein:** and they were told to stop the self-harming and if they continued to code they would be they began. The same behavior code was called. they said

**Laurie Goldstein:** It just escalated but there's no physical holder seclusion necessary.

**Laurie Goldstein:** What were they claiming? That they were going to harm themselves. So based on that.

**Laurie Goldstein:** Let's say they were given their medication taken to A Sterile room. So taking everything out that could harm them and the nurse was made aware and gave orders, but also made aware that they did not have a jumpsuit large enough and inventory. for The person's size as a result. They remained in their same clothes, but the clothes were checked for Contraband or anything else that could potentially harm the patient. So my question is if they ran out, that's one thing but if they don't have jumpsuits large enough, are they ordering some or somehow that's gonna be rectified for people that are at a high risk of self harm.

**Lisa Wynn:** Laurie I don't have specific information other than what's in this incident report, but that is our normal process and those orders go through medical management. And normally we can get them pretty quickly.

**Laurie Goldstein:** Okay, let me see.

**Laurie Goldstein:** I'm looking.

**Laurie Goldstein:** Next one was asked 2023 4816 and it was a salt.

**Laurie Goldstein:** This one was deaf was. with a patient that requires two on one when

**Laurie Goldstein:** I think the attacker looked over and saw another patient running. And a lot of reactions so I don't know who's running and screaming was behind someone chasing. After a patient tried to hit the patient, a code was called. And then someone hit someone. Two times in the back gotten from them to protect the patient. And the staff got punched in the face and broke. The person's glasses and other staff came in to try to help. so It appears. that

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**Laurie Goldstein:** It's hard to tell but it appears that the staff that was Who on one on a patient? observed another situation And want to help with that situation, is that right? Lisa on this one Okay.

**Laurie Goldstein:** Okay, I just wanna see. Here's another one Ash 2023 4880 and this one is an assault but it has Law Enforcement. It's a reaction because of that assault now for this one. It looks like a patient. was self harming And then wanted to go to the emergency room.

**Laurie Goldstein:** Was placed on sick call for that self-harm, but the vitals were taken.

**Laurie Goldstein:** They did call the on-call provider and they did not give any new orders to send. the patient to the emergency room So then the patient. Felt like self-harming. A lot of them remained on Los for danger to self-behaviors. Such as head bending cutting swallowing form objects. So when the patient went to the room, it was noted by an RN that because of the Recent increase in self-harm behaviors. They needed to have the Bedlam and strip for safety. When the patient went into the room and started banging head on the wall five times, a cold was called.

**Laurie Goldstein:** But it seems like after that everything kind of escalated quickly and the patient started hitting and grabbing kind of attacking the nurse and the clothing. and then there's a lot of

**Laurie Goldstein:** other staff and they're trying to get the patient into the mechanical safety chair. And receive medication. same

**Laurie Goldstein:** On this one though.

**Laurie Goldstein:** I'm trying to see. so the person that was assaulted.

**Laurie Goldstein:** Called the employee injury call line. And also Phoenix police press charges against the patient for their pain. I assume the pain levels on these various scales were related to the staff. That hurt. Not the patient.

**Laurie Goldstein:** because it refers to the patient's wounds and the patient is being medically stable with superficial abrasions. but RN seemed like they were injured so the police came. They interviewed staff and the patient regarding the behavior. The patient admitted to the police that they hit the nurse several times so they took her to jail. And received official court ordered treatment. And they left a call. a provider that the person was sent to jail may need to discontinue the meds that assaulted multiple staff members over the last several weeks. blah blah blah but also The police said they'll likely have a hearing in the morning and maybe back in the afternoon. Later in the morning. so

**Laurie Goldstein:** To me it's always so Random. even when the police are called or even when the police come and I know as Mike Sheldon said Depending on who comes Who they take? But this one they took her and it appears that she was injured.

**Laurie Goldstein:** and also, sometimes they take them and then they're back shortly another times that just

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**Laurie Goldstein:** perplexes me And that's all the ones that I had questions on. Does anyone on the committee have any questions on any of the reports that I just reported on? or anything surrounding those

**Lisa Wynn:** Laurie before we move on to the next agenda and I can share and I'm really glad you asked because the next civil patient forum is scheduled for At 9:00 am. That will be Friday January 5th, and the forensic forum is scheduled for February at 1 pm.

**Laurie Goldstein:** so January 5th at 9 am

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**Lisa Wynn:** nine at nine am And...

**Laurie Goldstein:** and I do

**Lisa Wynn:** then forensic is February 2nd at 1 pm.

**Laurie Goldstein:** So if any of the Committee can make those times.

**Laurie Goldstein:** That'd be great.

**Person 16:** I'll be there Laurie. This is okay.

**Laurie Goldstein:** And thanks ay. Okay.

**Laurie Goldstein:** So that is all I had other than our public comment and then we do have someone that was sitting in Janina Rotaru that was wanting to listen to our committee meeting. Sorry that Mike Sheldon is not here and on vacation, but

**Laurie Goldstein:** At least you got to see some of the members. We didn't have a lot of them speaking.

**Janina Rotaru PMHNP-BC:** Yes. Yes, I appreciate that.

**Laurie Goldstein:** But w you Okay, so do any committee members have anything before we go to public comment executive session a German and then back to vote?

**+1 480-\*\*\*-\*\*16:** Excuse this is Alice. I'm gonna have to jump off. But if you want to text me it when you need me to come in and vote. I will jump back on, okay.

**Laurie Goldstein:** Okay, and it'll be the second executive session.

**Laurie Goldstein:** We have to go back in public to vote. So it'll be the same one. Yeah.

**+1 480-\*\*\*-\*\*16:** Just text me and I'll call right back in. Thanks.

**Laurie Goldstein:** Okay. Thanks Okay, anything else?

**+1 480-\*\*\*-\*\*16:** You're welcome.

**Laurie Goldstein:** I think we're going to have a record Speedy meeting this month.

**Laurie Goldstein:** Yeah, So let's open up for public comment and now Janina, if you would like to speak or ask questions, we can't answer you. You can say whatever you want to say, but the committee can't respond to public comment.

**Janina Rotaru PMHNP-BC:** Right, right. I will just keep listening and see how things operate before I speak up. I usually like to gather the information beforehand. I make a suggestion or anything like that.

**Laurie Goldstein:** Thank you. Do we have anyone else in the public? That would like to make a comment.

**Person 16:** Yeah. Yeah, Rodney would go on sale. Hello.

**Laurie Goldstein:** I read you want your name in the minutes?

**Person 16:** Yeah, I just haven't really short of pretty simple. yes, we're sitting around playing a game on the 19th a couple days ago and the director for nutritional Provisions showed up and she's there when the nutritionist and she just kind of announced that all you're having a book to me. we're having right now is the fortunate.

**Person 16:** And don't seem really really strong on it. There was no previous announcement. We had no time to get notes together or comments or suggestions. You can figure out what we wanted to express their concern and it was really really off the cup and I was concerned about Basically one thing and that was the fact that the Norovirus.

**Person 16:** It can be at least half of the hospital here and I'm at a friend's Hospital in one day. And so I have the director I have done. I said is it in the foodborne or can it be transmitted through food? And she answered? No, and I did some research and had somebody checked online. It's a CDC and touch and found out that it can not really put more perhaps but it can be transmitted through to do dirty kitchen or the food or through plates the trains which

00:50:00

**Person 16:** Have many times the trains come in the heating machine for the Dynex Mercedes used to be a bur Lodge now the dynamic they all referred to as a super large. So the trades often come with grease underneath them and sometimes The plates are dirty and sometimes there's food that smells clean. And I know that I am pennies alone days a few days after everybody else got the

**Person 16:** the intestinal bug which they determined to be narrow drivers. It was almost kind of like a rumor too. it hasn't really been confirmed. Anyway, the penny Malone days have my stomach like it just turned and I do right away that whatever I got toxicified by was in the pentacle all day. That's just how sensitive my body is. I think it's like everybody else, but I got all that all day and I have the same symptoms. and basically that's it. She denied it could have come from the kitchen yet. She did say that the kitchen underwater inspection the day after that day happened, okay.

**Person 16:** That's all.

**Laurie Goldstein:** Thanks, Rodney.

**Laurie Goldstein:** We have anyone else from the public.

**+1 602-\*\*\*-\*\*31:** Yeah, this is Timber Bristow from Mojave. How are you doing? I'm okay.

**Laurie Goldstein:** Hi Tim, how are you?

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**+1 602-\*\*\*-\*\*\*31:** Merry Christmas guys. I have a few issues with these new governing body members that can vote. Hopefully they have some empathy and understanding that we are not criminals but mentally ill patients who had an acute psychotic breakdown and as a result of that.

**+1 602-\*\*\*-\*\*\*31:** I broke a few laws which I was unaware of at the time and I'm being punished and I am being punished for this from the state and some Staff feel. It's their Duty to impose their own Justice and Punishment every day things weren't rectified until Laurie intervened or I wish it would happen for me. I've had a UTI every month. And I got a UA on Saturday. and then on Tuesday, I had another one but I don't feel this is right and I'm in the wrong but I had to physically threaten somebody with physical bodily harm.

**+1 602-\*\*\*-\*\*\*31:** Or intimidate to get a UA they call the on-called docker on Saturday. I believe it was he who refused to give me one crystal. Gilbert the provider Thursday refused to give me another UA but I got one Tuesday. They still hadn't come back with any of the cultures from the other one on Saturday. Then they gave me an antibiotic. On Tuesday after they took the UA without even having any culture back and also I had them bring labs to find out if my white blood count was high the guy drew blood turned around after he took one two popped off the lid I could hear pop and then he another pop see his elbow raise. He took a few seconds. He turned back around. He had two tubes of blood in his hands.

**+1 602-\*\*\*-\*\*\*31:** I said what the hell's that? we can do that transfer like that. No, you cannot. It 's sterile. You can't just dump from one tube to another and then Calvin and say here's two. Turn scags never finds in the patient's favor, even at the video peers or other staff with Integrity vouch for them hostels never in the wrong and any complaints or grievances. They never substantiated the staff that I haven't integrity and stuck up for the patient. Tell it it really happened. They get bullied, intimidated, threatened and that's not right. Usually the all call sick on call doctor is a psychiatrist with no idea what medical issues are going on.

00:55:00

**+1 602-\*\*\*-\*\*\*31:** I have a UTI and a super bad one. They gave me antibiotics for three days and that's it. Sometimes when they place you on sick call the doctor never shows up unless they want to the next day.

**+1 602-\*\*\*-\*\*\*31:** That I was ordered a pain shot from Valley wise for my shoulder. It was given three times in DC by the medical provider Maria Regnavig, and it was never started back up. She was my provider back in June.

**+1 602-\*\*\*-\*\*\*31:** Speaking of June. I talked to Tara, but I don't trust her. I'll tell you why when you guys call me, but she said she is reacting to all my grannies and appeals and extensions and decisions that I asked for and that was back in June. I still haven't got them yet. I don't know how to get that much faster. Two people on Sego had the veggie burger and the Dane the Norovirus broke out. They got sick that day after the veggie burger. So that's about it. Lisa said for medical requests, they happen pretty quickly. Why am I waiting 96 hours to find out a culture in a UA that they still haven't found out as of today. Thursday so that's a few of my gripes. Please contact me. I would love you guys here for a while. Thank

**+1 602-\*\*\*-\*\*\*31:** Happy New Year. Be safe.



**Laurie Goldstein:** Thanks, Tim.

**Person 18:** All right. Can you guys hear me? I'm John Wallace on Sycamore. Hi. I'll be brief.

**Laurie Goldstein:** Hi, John.

**Person 18:** The book I've been telling you about written by the rheumatologist for a meal plan is called fibromyalgia solution, a breakthrough approach. Next punitive actions like Ro use and deprivations of access to entertainment computers. It is a criminal offense for the staff to do so the way I've understood from reading the hospital's patient management policies and other sources. if a patient exhibits dangerous Behavior The staff can restrict their movement for one hour.

**Person 18:** Then a psychiatrist and a medical doctor have to review the patient doing assessment and then they can recommend further restraint up to 24 hours anything beyond that a patient has to be served with a court order for treatment.

**Person 18:** Ro use can never be more than 24 hours Unless a court enforces it. Deprivation is not therapy for people. It doesn't do any good for anyone. I have been extensively denied access to available employment.

**Person 18:** There are many code grades. But only by a few patients.

**Person 18:** There is poor pain management I suffer here. My arthritis has gone basically untreated. for 15 years moving staff and patients rather than doing the work. Helping them resolve their conflicts.

**Person 18:** Just moving people around just spreads the problems around. Just my opinion there.

**Person 18:** Just my opinion. I believe that there is a dysfunctional culture. Being perpetuated from old staff to new here at the hospital.

**Person 18:** We have to come together. and defeat that long-standing culture every human being has a negative bias against anyone labeled as a mental patient. I have experienced it. I became aware of it myself. when my bias contributed to my roommate's death

01:00:00

**Person 18:** So much suffering here in this hospital again in my opinion. Manage in accordance with the law. Our laws in America Empower a disabled person to become the most productive person to grow and contribute to society in positive ways. And we are not allowed to do that here at all.

**Person 18:** and please the retaliations against me continue just a couple of days ago. a patient became irate and said I had shot someone in the back.

**Person 18:** And made other accusations that I'm not going to say in public yet. But I heard a staff person tell that man that I had shot someone in the back. That is not true. I didn't even commit a crime and I've never been mentally ill a day in my life. Physician psychiatrists have repeatedly made untrue statements to support their opinions. And no one seems to help us all and your cells And come and see me again. I can show you specific examples, but I'm not gonna save people's names in public

**Person 18:** Thank you. Good night.

**Laurie Goldstein:** Do we have anyone else?

**Laurie Goldstein:** Any other patients that haven't spoken?

**+1 602-\*\*\*-\*\*31:** this Timber Briscoe again as John Wallace just said their opinions are from these doctors psychiatrists Medical Professional and...

**Person 18:** he

**+1 602-\*\*\*-\*\*31:** Whatever clinical staff hear their opinions. They are not facts. They don't live here with me every day and see the way I act. They go in and write anything they want to on those reports or daily activities. and you prior other staff are another meaning there was no author you couldn't go back in and find the author who wrote it so there was no responsibility to anybody here at the hospital there are opinions. Thank you.

**Laurie Goldstein:** next time anyone else that we haven't heard from

**Laurie Goldstein:** Okay with that being said we can adjourn to Executive meeting. Yes. Hello.

**Person 15:** Camera, hello. This is the opinion unit.

**Laurie Goldstein:** Sorry about that. Mm-

**Person 15:** Mr. Charles at mark patient and advocate I'd like to start off on a I am with Dan bong from Dan Brown's North America West Europe. They put two more mirrors in the weight room. A month ago and thank you all for your support of that. Another issue is calling the dinette stainless steel chest the ge. It hasn't been a burloster over a year and a half now. Also on The sixth grading machines on the forensic Mall. There's a little cut full of white powder and black powder.

**Person 15:** They have been doing this for two years. I've made a call to c o o Mrs. Helmbreak pain about that. It's still Possible. They have a chemical or Thompson. They got rid of pigeons. And thank you for your time. I'm having a happy holiday.

**Laurie Goldstein:** Thank you.

**Laurie Goldstein:** Okay, anyone else that we haven't heard from?

**Laurie Goldstein:** Okay with that being said. Does anyone like to motion to go to Executive sessions?

**Laurie Goldstein:** The journey goes. Do you have the number? Okay.

01:05:00

**Laurie Goldstein:** You do not. Okay, let me read it to you.

**Person 16:** I do not. Our community I do.

**Laurie Goldstein:** Executive session. Do you have something to write about? It's one. 208 7 1 5 5529 pin number 177 589 871 pound

**Person 16:** partners based

**Person 16:** All right. preserves

**Person 16:** It's Okay. Thank you. I'll see you there.

**Laurie Goldstein:** Okay, do we have a second for a German?

**+1 480-\*\*\*-\*\*66:** Laurie's can you expand? No matter anything the right way.

**Laurie Goldstein:** Yes, I'll check.

**Person 16:** Okay.

**Laurie Goldstein:** Okay, I will text you.

**Person 16:** affected

**charles Goldstein:** second for a journal

**Laurie Goldstein:** Okay, we're adjourned to go to the Executive session.

**Person 16:** Okay. right

**Laurie Goldstein:** And Kim, I will text that to you.

**Person 16:** protected

**Lisa Wynn:** These good Night Laurie.

**+1 480-\*\*\*-\*\*66:** easy

**Lisa Wynn:** Good night, everyone. Thanks.

**Calvin Flowers:** Good night.

**Janina Rotaru PMHNP-BC:** Thank you so much.

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01:20:00

**Laurie Goldstein:** Are you here?

**Laurie Goldstein:** We have one private call.

**Person 17:** I don't worry, but I'm here.

**Laurie Goldstein:** okay, so we have forum

**Laurie Goldstein:** Yes.

**Charles Goldstein:** Laurie. Why don't you introduce the motion for the person during the committee?

**Laurie Goldstein:** Okay.

**Laurie Goldstein:** okay, so the committee executive session Matt and I want a motion that we accept Janina rotaru

**Laurie Goldstein:** Nurse practitioner who is ASH independent oversight committee. We have a second.

**charles Goldstein:** second

**barbara honiberg:** I second.

**Laurie Goldstein:** yeah all Okay all in favor.

**Person 17:** 5 Seconds

**Charles Goldstein:** Okay.

**barbara honiberg:** I

**Laurie Goldstein:** And is it okay with anyone opposed?

+1 480-\*\*\*-\*\*16: I

**Laurie Goldstein:** Okay, so overwhelming everyone accepts Janina as a board member. Yes.

**Barbara honiberg:** Okay.

**charles Goldstein:** And we have another motion that was developed in the executive committee for consideration here.

**Laurie Goldstein:** Okay.

**Charles Goldstein:** And that is to request the division of Ash to forward its protocols for how it decides matters of and dispute between staff and Clients or as I like to call on patients.

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**Laurie Goldstein:** So employee misconduct and what's the protocol if an employee? Allegations and misconduct are put on corrective action. And what happens if that doesn't go? what is their whole protocol?

**Charles Goldstein:** Yes, what are the HR protocols for staff misconduct?

**Barbara honiberg:** Yeah.

**Charles Goldstein:** That's my motion.

**barbara honiberg:** I second. Barb seconds

**Laurie Goldstein:** Okay all in favor.

**Melissa Farling:** I

+1 520-\*\*\*-\*\*\*77: All right.

**Laurie Goldstein:** It's so moved.

**Barbara honiberg:** Yeah.

**Laurie Goldstein:** Okay with that being said, anything else before we adjourn for the holidays.

**Charles Goldstein:** All right.

**Barbara honiberg:** Happy holidays to everyone. And be safe...

+1 480-\*\*\*-\*\*\*16: It's after college.

**Laurie Goldstein:** Yes.

**barbara honiberg:** if you're traveling.

**Melissa Farling:** Yeah. Absolutely.

**charles Goldstein:** present out

**Laurie Goldstein:** Yeah, thanks everyone. talk to and...

+1 520-\*\*\*-\*\*\*77: right

**barbara honiberg:** You okay? Bye-bye.

**Melissa Farling:** Thank you.

**Lawrence Allen:** Thank you everybody.

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**Laurie Goldstein:** one and D. We're so happy. she dropped. so we're so happy that Bobby's out.

**Person 17:**

**Person 17:** Yeah, I know right? Yay.

**Laurie Goldstein:** Hey.

**Barbara honiberg:** Yeah. That's awesome.

**Laurie Goldstein:** Yeah, I know. Talk to you later. Bye.

**Person 17:** Okay. Bye.

**Barbara honiberg:** All right, bye-bye.

**Lawrence Allen:** everybody

Meeting ended after 01:24:28 🙌