



*Arizona State Hospital Human Rights Committee for the seriously mentally ill*

*Sharon Ashcroft, Chairperson Post Office Box 1240 Chandler, AZ 85244*

June 10, 2015

Dr. Cara Christ, Director Arizona Department Health Services 150 North 18<sup>th</sup> Avenue, Phoenix, AZ 85007

CC: Margery Ault, Deputy Director DHS, Dr. Aaron Bowen, interim C.E.O. Arizona State Hospital

RE: Patients with Serious Mental Illness residing in the Arizona State Hospital- Annual Report 2014.

The Arizona State Hospital Human Rights Committee was founded according to the current Arizona Revised Statutes (ARS) 41-3803 and 41-3804. The HRC reviews reports of data, and visits patients receiving services from the Arizona State Hospital (ASH) for the purpose of making recommendations to ASH or the Arizona Department of Health Services (ADHS) for systemic change.

In 2014 the ASH HRC membership declined, with numerous resignations. The Arizona State Hospital continued to limit patient rights, without revising the \*contact visitation (patients are unable to give a brief hug to family or friends, or have any kind of physical contact), \*50%, and patient to patient communication and interaction policies. (For clarification purposes, the 50% policy was implemented by the CEO of ASH in November 2012, and states that privileges outside the hospital secure perimeter may be requested only after a patient has served 50% of their presumptive sentence. It will be referred to hereafter as the "50%" policy.)

On a positive note, the HRC was able to establish a site visitation protocol and questionnaire for all ASH patients, and complete a Civil Hospital site visit. Also, the HRC conducted a patient forum on the Forensic Hospital side that included patients from all units who gave feedback to the HRC regarding what they felt were infringements to their rights. In addition, the HRC fulfilled its goals of creating operating guidelines.

I invite you to review the 2014 Annual Report to learn more about our activities, and the need for the ASH HRC to become more involved in protecting patient rights at Arizona State Hospital.

Sincerely,

Sharon E. Ashcroft, Chairperson, Arizona State Hospital Human Rights Committee

## 2014 ANNUAL REPORT OF THE ASH HRC

### MEMBERSHIP:

2014 was another challenging year for HRC membership. The ASH HRC started with eleven members, added five, while eight resigned. We ended the year with eight members. The medical and legal categories are not filled. We have attempted to recruit members by attending the Eric Gilbertson Advocacy Training Group, and by distributing written information about the HRC to hospital staff, DBHS employees, and ASH patients. The high turnover of committee members impacted our ability to function efficiently.

### ORGANIZATIONAL STRUCTURE:

The ASH HRC met in 2014 on the first Thursday of each month at 6 pm for approximately two hours. There were nine meetings in 2014. The following people also attended monthly meetings:

Yisel Sanchez, Arizona Department of Health Services, Human Rights Committee Coordinator- who records minutes and maintains data

Margery Ault, DHS

Donna Noriega, C.E.O. Arizona State Hospital

Jennifer Alewelt, C.Q.O., Arizona State Hospital

### INCIDENT AND ACCIDENT REPORTS

Rae Hopf, who was appointed as the HRC member to review Incident and Accident Reports, resigned during 2014. She expressed frustration with missing records and lack of cooperation on the part of the hospital in complying with records requests. Most notable was an alleged sexual assault that a confidential source informed the HRC Chair happened on February 5, 2014. It was not included in the I/A reports, and was not given to Ms. Hopf despite her and the committee's requests. Ms. Hopf also requested records regarding a patient death in September 2013. It was noted by the HRC that a nurse amended their notes two weeks after the patient's death, raising questions and concerns regarding the level of care for this patient. HRC investigation into these matters will be ongoing. The committee will also consider revising their policy regarding viewing Incident/Accident reports for 2015, after many committee members expressed concern over the hospital's high level of violence.

### DEATHS:

There were two patient deaths at the hospital in 2014.

#### SITE VISITS:

A protocol regarding site visits was established by the HRC and ASH. A site visit was successfully conducted on the Civil Side following these protocols. The HRC has received completed visitation request letters that will determine visits for 2015. In addition, a patient forum was held on the Forensic side of the Hospital. The HRC interacted with patients, and listened to patient concerns regarding their rights. Some of the concerns expressed were the lack of \*contact in visits, hospital refusing requests for medical or psychiatric records, lack of staff and high amount of temporary employees, physical abuse by staff to patients, lack of progress in attaining levels and being recommended to Special Class and the PSRB, restrictions in patient to patient communications, personal and even legal mail being opened, returned, or" lost", and a restriction on receiving needed items such as underwear or shoes, even though on the approved list.

#### TRAINING:

The Department of Health Services provided a computer link to a module that all members needed to review and complete regarding ethics.

#### COMMUNITY EDUCATION:

ASH updated its website to include information regarding the HRC and its meetings. Also, the link provides access to HRC minutes.

Christmas cards containing HRC and public information and phone numbers were provided to all patients, most staff, and other DBHS members during 2014 to increase awareness of the HRC and its availability for all to contact regarding patient rights.

A reporter from Channel 15 news attended several HRC meetings, and televised testimony given by HRC members, at a State Senate hearing.

Eddie Sissons, a member of Mental Health America, attended an HRC meeting, and gave feedback regarding key operational issues.

#### CONCERNS:

ASH HRC has yet to fully staff all member vacancies, and had a very disturbing turnover. ASH administration cooperation has remained low, and impedes the HRC's ability to perform its mandated duties. DBHS did create a link for online training in basic ethics, but it was not operational until October. There is still a need for training in other areas of concern to the HRC, such as, HIPPA, open meeting law, and Robert's Rules of Order.

The ASH HRC operating guidelines were submitted to DHS for approval, but not in place at the end of 2014.

A continued concern is also the low staffing levels at ASH, that impacts patient safety. Both CMS and the Joint Commission have noted this deficiency.

ASH was the subject of investigation by a local television station, KNXV ABC 15. Several members of the HRC testified before an Arizona State Senate hearing, headed by Senator Nancy Barto, regarding rights violations at the hospital. Also, the hospital was involved in a lawsuit filed by Scripps media in order to obtain records of twenty eight alleged sexual assaults. Parents of a patient that died also filed suit against ASH for their child's wrongful death in 2013.

ASH chief medical officer, Dr. Lauren Bonner, gave a presentation in response to a letter written by former HRC medical member, Dr. Jeffrey Schwimmer. The letter was originally sent to ASH administration in 2013, after the HRC reviewed the complete records of a patient with a high number of incidents and accidents. Dr. Bonner attempted to minimize Dr. Schwimmer's concerns and findings. She never addressed any of his questions regarding the pharmacological and psychological deficiencies he observed in the patient's care. In addition, the questions that the HRC sent as a follow up to the presentation were never answered by ASH administration, and Dr. Bonner refused to give the HRC a copy of her power point presentation for further review.

Additionally, there was a patient whom both staff and patients reported to the HRC was secluded for an extended period of time in an inhumane, violent, and non-therapeutic manner. Adult Protective Services, the Office of Human Rights and the HRC attempted to help this patient, and obtain information as to his wellbeing. ASH was not forthcoming with any information regarding this individual. Scrutiny is still underway regarding his, and other patient's extended periods of seclusion and allegations of assault by staff. The Joint Commission also made recommendations to ASH regarding lengthy and clinically unnecessary patient seclusions. Finally, the continued lack of staff is of grave concern, as it causes threat to patient safety.

ASH still fails to provide requested information, and has at times been adversarial when interacting with the HRC, but the committee remains committed to completing their mandated task of protecting patient rights at Arizona State hospital.

## 2015 FOCUS AREAS

### Top Objectives for 2015

Implement successful site visits using established protocol

Improve communication with the Hospital

Increase Membership

Reinstate patient rights regarding \*contact and food visitation, patient to patient communication, and discontinuing the \*50% policy (see explanation of policy, page 1)

Training in matters related to the HRC such as HIPAA and Robert's Rules of Order

PSRB information and education

The Committee would like to thank the staff of the Arizona Department of Health and the Office of Human Rights for their support.

Respectfully Submitted,

*Sharon E. Ashcroft*

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