ARIZONA
INDEPENDENT OVERSIGHT COMMITTEE

Department of Health Services (DHS)
Arizona State Hospital Independent Oversight Committee (IOC)
Public Meeting Minutes
Tuesday, November 19 , 2024 – 6:00pm

Call to Order

Meeting called to order by Committee Chair, Laurie Goldstein. The meeting was virtual, no physical address.

Welcome and Introductions

- Laurie Goldstein (Chair)
- Charles Goldstein, MD
- Janina Rotaru
- Dee Putty
- Alyce Klein
- Kay Kunes
- Barbara Honiberg

Absent:

- Jane Jepson
- Melissa Farling
- Kim Scherek

Public in Attendance: none

Arizona Department of Administration: Larry Allen

DDD: Michelle Rademacher

AHCCCS: Fredreaka Graham

ASH Administration: Michael Sheldon

ARIZONA
INDEPENDENT OVERSIGHT COMMITTEE

IOC: DHS/ASH IOC Meeting - 2024/11/19 17:43 MST - Transcript

Attendees

+1 480-***-**15, +1 520-***-**77, +1 602-***-**31, Alyce, barbara honiberg, Chuck Goldstein, Fredreaka Graham, Laurie Goldstein, Lawrence Allen, Michael Sheldon

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Transcript

Laurie Goldstein: Okay, welcome everyone to the Arizona State Hospital human rights committee meeting. Thank you for being flexible and moving it. a lot of people had a conflict on Thursday. Again, if anyone has to disclose a conflict of interest, please do so and then sign and send in your information to Larry. So, Larry, have you received any conflict of interest?

Lawrence Allen: I have not.

Laurie Goldstein: Okay. I did send out Larry's re minutes. Has everyone had time to review them? And do I have a motion to approve as presented or with edits?

Chuck Goldstein: Motion to approve the minutes.

Alyce: I second that. I

Chuck Goldstein: I

+1 480-*-**15:** Okay.

Laurie Goldstein: All in favor? I. So moved. Any updates from ADOA

Lawrence Allen: Good evening. no updates, just a comment. I just wanted to thank the committee for getting the annual report done. It was a great report. very comprehensive and I think it touched on just about everything the committee had looked at over the course of the year. So thank you very much. other than that, I don't have any other updates. If you have any questions for me or anything I can answer or try to answer for the group.

+1 602-*-**31:** Hi Larry, I have a quick question. a patient had written the IOC and that letter was supposed to be given to Lori Goldstein. Did you receive that letter?

Laurie Goldstein: I did.

Lawrence Allen: I did Thank you, Kay.

Laurie Goldstein: Larry sent it to me. And I forwarded it to the committee.

+1 602-*-**31:** Okay, perfect.

Alyce: I haven't had a chance to fully read it yet, but yes, we did get it. Thank you.

Laurie Goldstein: I didn't read it because I got it when I was in Mexico City, but I will read it and we can discuss if anyone else has read it and wants to share any content, not identifying any specific treatment, but kind of any systemic issues or anything like that. We could talk about Any updates from other IOC's. U review of action items. I thought there was a request and I have to go back and see if we had a quorum or if we voted on it. I vaguely recall that we wanted to see a video, but I'm not sure if that ever got organized. I'd have to go back and try to read the meeting minutes or listening to the recording to see what the video I thought it was a specific thing and we were supposed to get the date so we knew what to do where to look

Michael Sheldon: Lori, I think there may have been a comment from a patient on forensic asking for the IOC to review a video, but I believe that we were waiting on the patient to give us a date and time so we could pull it and provide it to all of you. But I'm not sure if that was discussed in the last meeting or if that was something more recent that we're still waiting on that follow-up information.

Alyce: I think it was the last meeting,…

Laurie Goldstein: Okay. Yeah.

Alyce: But then as I'd said, I went away and did a hurricane cleanup relief. So, I just got back, so everything was kind of tabled in my life while I was away. but maybe I can look back in the meeting notes and double check. But I think yeah we were waiting on a patient.

Laurie Goldstein: So, I'm not sure. I don't see Tara on, but if the patient reaches out to the advocate maybe to provide the date because I think we voted to see it, but we don't know what we're looking at. So I think it will continue. Okay. Any Mhm.

+1 602-*-**31:** I do have some ongoing discussion I guess. I've had some patients I don't for lack of word worry. so CO Sega was on lockdown because of COVID and on pinion which is another forensic unit there's two patients that have cancers ongoing issues where their immune systems are compromised and some of the staff are working on the SEGO unit are coming to the pinion unit and they don't understand how that's happening. so they've locked down Sego because it's such a health concern, but then the workers that are working in Sego are going to the unit where there's chemo patients. And so some of those patients are concerned about that.

00:05:00

+1 602-*-**31:** The other thing that other patients have come up to me about was the patients that are on one of the units have stage 4 cancer and they were complaining about having issues and symptoms for a very long time and were overlooked by the hospital and their medical providers and they were wondering how that could happen. and then the last thing, so it's three things. Another patient on one of the units was requesting that this person get to sort through their clothes and the items taken during that contraband search. Mike, I believe you said that she would be able to sort through them, discard, donate, or throw away mail out the items, but she never still got that chance to do that.

+1 602-*-**31:** So those are the three issues I think or the ongoing discussions that the patients would like to talk about.

Michael Sheldon: So, for the last one about Lori, go ahead.

Laurie Goldstein: Yeah, I don't Yeah,…

Laurie Goldstein: go ahead.

Michael Sheldon: No.

Laurie Goldstein: No, I don't

Michael Sheldon: I'm so on the last one regarding the belongings. From what I've been told, the individual was allowed to go through what they had for itemization purposes. and they requested that some personal material get put into our vault for safekeeping. And it's my understanding that that was permitted and the rest of everything was shipped out to the appropriate address for the caretaker. if that's not true,…

+1 602-*-**31:** Right. Thank you.

Michael Sheldon: I know who you're referencing and I'll follow up on that one for you. yep.

Michael Sheldon: The other one was specific to the individuals that you mentioned have cancer diagnosis. So what I can tell you is this without getting into any details I do have medical record documentation to show that the individuals declined to be seen historically by specialists and receive treatment. And obviously I cannot force someone to receive treatment. That is their option. if they are given a diagnosis from a medical condition and then they decline to go to future appointments or whatever it is. I can't force them to do that. So again, I've got to be very careful here with what I say because I don't want to get into patient specific information. But yeah, I have all the documentation to support that the hospital did exactly what it had to do or what it was required to do. The patient was declining the services. And I'm sorry, Kate, what was the first of the three?

+1 602-*-**31:** And one of the units is on COVID lockdown and there's workers that are working on that unit that are going to the unit that have the patients that are doing chemotherapy and they're wondering how that's possible.

Michael Sheldon: So, it's possible because our staff are wearing PPE when they're on the unit that has a COVID infection. and then they're taking off their PPE when they leave that unit and then if they have to put PPP PPE back on, they will do so. I'm texting with my team right now and right now it looks like Sego fingers crossed will be off of COVID containment on Friday as long as the tests come back negative for the remaining patients.

Laurie Goldstein: And I think that covers those.

Laurie Goldstein: The other one was risk assessment. Lack of available resources in conjunction with the changes and requirements from the superior court is putting a real load on the psychology interns and the psychologists that are at the hospital. And I think you said that you had asked for more resources, but has anyone from the governor's office or legislature indicated that they're going to provide that with this change in venue from PSRB to the superior for it.

00:10:00

Michael Sheldon: As of right now, Lori, we haven't had a response. We provided the governor's budget team with the information that they requested regarding the volume of work that has been put on the hospital given the change from the PSRB to the superior courts including the number of risk assessments that are being requested and the amount of time that our staff are having to dedicate to put together those risk assessments. So we have provided all that information to the governor's office as justification for potential changes to our budget moving forward to expand the psychology department to accommodate for that increased workload which nobody including myself could have seen coming that was going to result from that change of the transition from the PSRB to the superior court. That's all, hindsight is always 2020. and we're going to continue to work together with all the necessary parties to make sure that we're doing what we have to do. In the meantime, we are looking internally at how the hospital and the patients can work together to really determine who should receive a risk assessment. So, a few months ago, maybe, please don't quote me on this, September or August of this year, there was a case being heard for a forensic patient going through level progression. We did the risk assessment for the individual. however the judge in this case questioned the risk assessment because the individual in question was not meeting their treatment goals and was not medication compliant. So we want to make sure moving forward we don't want to be in that situation again. So, we want to make sure that when we do dedicate staff resources to do a very comprehensive risk assessment of the individual in question, the patient has met a barebone series of criteria. So, they're treatment compliant, they have insight into their mental illness, they understand that they have a mental illness, kind of things like that that we don't want the courts to kind of snag us on as we're moving forward to help our patients progress. But yes, so we're kind of tackling it from both perspectives. What we can do internally to streamline and make our processes more efficient, but then also asking for additional resources because this is a new lift on the hospital's treatment teams.

+1 602-*-**31:** Okay. Mike, do you have an estimated timeline of when the risk assessments are going to start again?

Michael Sheldon: I hope Kay will start within the next couple of weeks. Tomorrow the executive team is going to meet to go over that checklist of things that we need the patients to be compliant with before we will move forward with allowing them to have a risk assessment done for them. and once we sign off on that all we need to do is update our policy and then psychology will be off and running. You're very welcome.

+1 602-*-**31:** That's excellent news.

+1 602-*-**31:** Thank you.

Laurie Goldstein: That seems reasonable. So, it's not subjective. If you're not meeting your goals or you're not med compliant, you're not getting a risk assessment to those levels. So, that seems reasonable.

Michael Sheldon: And when we finalize it, I'll just offer it. We'll definitely if the committee asks for it and votes on it, once we finalize it, I have no problem sharing that checklist with the IOC because we're going to share it with the forensic patients so they understand exactly what kind of what our baseline level is before we proceed to a clinical risk assessment.

+1 480-*-**15:** That'll be great.

Laurie Goldstein: Since we have a quorum, do we want to vote on that now that we want a copy of that forensic checklist for risk assessment?

+1 602-*-**31:** I put a motion in for the forensic checklist to be given to us once it's available.

+1 480-*-**15:** Yes, please.

+1 520-*-**77:** I

00:15:00

+1 480-*-**15:** I

Laurie Goldstein: I have a second Janina.

Laurie Goldstein: All in favor?

Alyce: I

Laurie Goldstein: I Okay, Alice. …

Alyce: I hit the wrong button.

Laurie Goldstein: Okay.

Laurie Goldstein: ASH administration update.

Michael Sheldon: Yeah, hi Lori everybody. So nothing real monumental from the administration side of the house at the state hospital. that the weather is getting nicer outside. I have been in basically tour mode at this point in time. So, I think in the past maybe 20 days or so since the last time this committee met, I've done probably 10 to 12 tours of the facility, Larry's on the phone. I did give a tour to Timothy Tate, the new individual at ADOA who's going to be working kind of overseeing the AMBuzzman position. I think that was a very great reception. Maricopa County Public defender's office, Arizona Complete Health, just anybody who's asking for a tour. I've been trying to do my best to accommodate them and really get the word out about the state hospital so they can see it firsthand. I gave a present to the folks at Acme. I believe that was maybe the week before. I think that was a really good conversation. a lot of good questions and answers, Q&A sessions, a lot of good feedback. and then a couple days later, I gave a tour to a couple ACME members. and I think that my takeaway was that they were very impressed with the facility. so I'd like to do more stuff like that. but really right now, obviously, just given the time of the year, we're just moving head first into the upcoming legislative session.

Michael Sheldon: providing the governor's office with any information that they need. And then eventually we're going to begin getting ready to give some tours of the hospital to members of the state legislature so they can get a good sense of what we do at the state hospital and why the services we provide are so important to the state overall.

Laurie Goldstein: Yeah, we have a bunch of new folks and some returning, but that would be good. And the other thing I was wondering is do we have any update on Bower

Michael Sheldon: So yeah, we're working to finalize the lease with Copa. If any of you are driving around Phoenix 24th in Van Buren, you'll notice that the building is coming to life very quickly. So in the past 7 to 14 days have put the roof on the facility. so I'm very excited to be able to kind of check that one off the list of things to do. I'd imagine at some point soon, most likely on Thursday at the Acme celebration, I'll have a little conversation, a sidebar with Copa, with Char to talk about any last minute issues. But right now, we're just in final lease negotiations, and I don't see any issue for them not going live. I believe they said May of next year, but I could be wrong on that.

Laurie Goldstein: That's for those that don't know. What our park is, it is going to be a transition living center for people that are chronically homeless that also have SMI or it's highly likely they have SMI and the thought is they could live there for 6 months to a year. I think I can't remember off the top of my head and get treatment, get stabilized, and then get put into permanent affordable housing. And they're also going to be running a community center that services the community in that area. So, not just the people that are in the transition program. So unlike a homeless shelter where you come in and you get a bed if they have one, you will be assigned a bedroom or an area and you will live there for a period of time until you can progress further to other living. Yes.

+1 480-*-**15:** That's exciting.

Michael Sheldon: Yeah, I think it's going to be a really positive benefit. I think it's going to serve as a model for moving forward for what needs to happen. very excited to be able to help out with that.

00:20:00

Laurie Goldstein: Okay.

+1 480-*-**15:** That's off.

Laurie Goldstein: And Mike, I did miss the last governing board meeting. I think I was on any updates or highlights?

Michael Sheldon: Yeah. Yeah, the only updates that we discussed Lori in that meeting was the things that we have already com discussed in this meeting as far as we have an acting chief medical officer right now Dr.Steven and we recently brought a chief compliance officer on board Katrina to Trinkara who started I think late September early October. That's really the only major thing that we discussed administratively in that meeting.

Laurie Goldstein: And let's Before I do the incident and accident reports, do you want to report from the …

+1 602-*-**31:** forensic. Yeah, there's both the civil form and…

Laurie Goldstein: forensic forum. I would leave the units off.

+1 602-*-**31:** I went to the forensic form and so these were the questions that came from the various units. I don't know if you want me to say which unit and then the question just leaves the units off. So one of the questions for risk assessment status at the time is unknown but Mike Sheldon has elaborated more on that so that's good. Another unit complained that their texts are on the phone and they're being very disrespectful. so the administration asked for the time and date so that they can look at the video cameras. Another unit said that medical outpatient treatment orders are not followed through at ash. This person had surgery and was given some pain medications and the hospital wouldn't fill that medication and so we wound up getting that resolved. But in the future some of these patients are in pain when they have surgery and they need to have some kind of pain management and so we need to figure out a way to streamline that process a little more quickly so that they're not sitting in pain. another unit asked that maybe the hospital can purchase those prepaid Visa debit cards so that the patients can use them while walking horses at the vending machines. That was kind of a neat idea. I don't know if that's something that the hospital would consider. charging cables on this specific unit have no labels on them and they're just in one bag in a jumbled mess. And so that's a unit specific problem. I haven't had that problem here on my unit, but that specific unit I guess they're not being very tidy with the USB charging cords for their MP3 players or whatnot and their players and so it's a jumbled mess. A few patients had complained on that unit that staff was using their cords to charge their phones and stuff. I'm not sure what was going on there. and then the last unit said that having water at mall walk or at rehab groups would be nice. we were supposed to because we got the water bottles taken away, we were supposed to have access to water out there because there are no drinking fountains and…

+1 602-*-**31:** and that never materialized. And so they were wondering what the status is on that. And that's the majority of what happened at the forensic patient form.

Michael Sheldon: I'm going to follow up on that issue with the water right now.

Michael Sheldon: Kay. because that was also my understanding that rehab was going to have a cooler out there for the folks doing mall walks. I thought that was established a long time ago. So, if it's not the case, I will jump on that ASAP. and I do want to let the team know that our chief operating officer and our facilities team is looking into the potential of so every forensic unit has two water fountains on it. And our team is looking at the potential of removing one of those fountains and replacing it with a bottle filling station so that the patients would be able to fill up a water bottle and then go out onto the mall. That'll take care of that issue. It's filtered. it's everything that we hope the patients will need.

+1 602-*-**31:** We got our water bottles taken away.

00:25:00

+1 602-*-**31:** So a lot of us because they haven't been providing water for us out in the mall and it's been not recently but it's been 100 or 102 out there that we have to wind up refilling like a Mountain Dew bottle with water because we need access to water.

Michael Sheldon: That's the goal to put those filler stations right on your units for you. So you guys can do that. And then we'll also have the rehab station set up as well.

+1 602-*-**31:** but we'll need a container to put the water in because those were complicated in our last contraband sweep.

Michael Sheldon: Right. Okay.

+1 602-*-**31:** Okay, thank you.

Michael Sheldon: I'll have those conversations and figure out how best to help everybody out.

Laurie Goldstein: Okay.

Michael Sheldon: No problem.

Laurie Goldstein: So, for the civil forum, I went to that on October 24th. Some of the concerns, old business at night, the units were cold. They want additional sheets and blankets. facilities made a note to make it warmer and suggested that they tell the unit staff if it gets too cold. Unit leads running out of sheets, blankets, and towels. they went into a variety, they wanted a variety of snacks. They're working with a dietary team to see if they can change the snacks for them on civil unit staff interaction. educating all staff providing a diagram to follow a chain of command. Try to clear up community issues quickly if there's anything going on in the unit. Let's see. More groups to prepare for rehab are actively working to address the New discharge planning. Yeah. Go ahead.

Michael Sheldon: I'm sorry, So, we have taken a look at the building's temperature. Our facilities team is working. This is a weird time of year because the seasons change and it goes from, 90 to 100 degrees outside to 45 at night and our buildings need to be able to adjust the temperature. so we have asked the facilities team to look at the threshold that our buildings are required to operate within. Typically, we try to keep the buildings between 71 and 74 degrees. That's our range. But unfortunately some buildings fall into that range or exceed it either positively or negatively. So we have asked facilities to take a closer look at that and make sure that all of our sensors are operating appropriately and if they need to replace something to get on ASAP. and then there and we are still working right now. We've had this conversation I think in this meeting or maybe in a different forum about our medical or our social work team. I don't know the right word to use here, not a webinar but a meeting with friends and family of our patients to help them get a better understanding of mental illness. coping mechanisms, how to help their loved ones manage their symptoms. Our social work team has made some pretty good headway with that as far as a lot of positive responses from family members, guardians of our patients. and I'm hoping that we can restart. We used to do that apparently many many years ago before I was in this position. I'm hoping we can restart that sometime in the new year.

Laurie Goldstein: That's great. Yeah, I know. In 2014 and 15 they were doing it every month there was a new topic.

Michael Sheldon: Yeah. Yeah. So, I'd like to see what we can do to kind of restart those conversations.

Laurie Goldstein: Also on the discharge planning and activities they have a greater multi-disciplinary team looking at all aspects of what could be useful in new business. They want to bring back chicken noodle soup, more cereal, more hot pickles, sour pickles, cotton candy, Reese's pieces, candy and feast. And I think I said it would have to be approved by a dietary group. They want dungeon and dragon groups. They want to reconfigure the downtime with the ability to go to their room. Some patients were saying they seem like they're always in program mode and they don't have enough time to integrate the information they're being taught.

00:30:00

Laurie Goldstein: So they need more downtime so they can process all of the therapy and treatment, which I thought was very insightful.

Michael Sheldon: That's incredibly insightful. I was not at that meeting, so I'll definitely see some more details on that specifically, but I just want to tell the committee right now that if the complaints or the comments that we're getting are we need Reese's pieces and pickles, I think we're doing a pretty good job. just going to say that on the record.

Laurie Goldstein: I mean, and that's what at the forums and this was a civil one. Again, the same theme as in my report, walking horse, they want another catalog, they don't like walking horses, they feel it's too expensive, the quality is poor. so this is even typical across the civil and forensic campus. They want different food choices and they want different shopping options. They mentioned genetic testing. trying to think of something else. and a patient was saying that they need the Wi-Fi signals to be turned off so it doesn't distract and interfere with them. And I think that was about it from the civil campus. Yeah.

Michael Sheldon: So yeah, and I heard that as well, Lori, and this was the first time that I can remember a civil patient ever mentioned walking a horse. so typically the civil patients do not make orders anywhere near the volume that our forensic folks do. typically it's maybe they may be getting something from a friend or family member. but we do need to obviously keep them under that same kind of criteria to make sure that they don't get anything unsafe delivered to the unit. But I thought it was kind of odd and that's probably not the right word to use to hear a civil patient bring up a walking horse.

Michael Sheldon: That's the first time I ever heard that in the past year or two

Laurie Goldstein: I will read some of the I know I believe that Alice and maybe Janina, did you do patient visits? And if so, do you want to give a report and then I'll go over the incident and accident reports?

Alyce: This period I actually didn't do any patient visits because I was away helping with Hurricane Helen.

+1 480-*-**15:** Unfortunately, no

+1 602-*-**31:** I didn't do any patient visits either.

+1 602-*-**31:** This is okay.

Laurie Goldstein: I don't. I know that we had requests and I sent it out to the group if anyone could do it because I know I was trying to finish up our report and other things. So, we still have people that have requested visits.

Laurie Goldstein: If anyone has time, we can organize

Alyce: And I was hoping with a couple patients in particular that I've been talking to they've been having meetings with me off and on and I think with Janina and then with Kay over the months. I was hoping to actually do face-to face visit at least one day and then with those two patients and then any other patient who needs a visit. And Barb said that sometime maybe within the first week or two of December she would go with me and then we could do that for the patients that need to be seen. Perfect.

Laurie Goldstein: The sooner you settle on a date, the sooner I can send it and they can coordinate the visit. The other thing I may suggest is that we've discussed and we've done this in the past years ago, maybe when you're done on the forensic side, if you want to go on the civil side and maybe set up in the library or it'll be too cold to be on the mall, maybe you could set up a table and people could come by because if you're there, the civil patients will ask and interact, but often they tend not everyone, but we haven't had a lot of requests from our civil patients, but a lot of times they will engage when they see us there on site. Okay.

Alyce: Okay. Barb, if that sounds good to you, that'd be great. And then the sooner the better. my schedule's really flexible, so that'd be great.

barbara honiberg: Yeah. …

Michael Sheldon: I think I'd also like to recommend to the committee that our civil patients are very good at keeping a routine.

barbara honiberg: yeah, cuz the kids and the baby come in next week.

00:35:00

Alyce: Yes. All right.

barbara honiberg: So the first week of December would be great. We can talk about it later and pick

Michael Sheldon: So if the committee wants to do something like this, then perhaps if we could kind of instill that it will happen on the last Friday of every other month or something like that just to help our patients make sure that they're aware of what's going on and then they can prepare for it. But if it's just kind of like a last minute drop in, you're probably not going to get a lot of communication from our civil patients.

Alyce: Okay. …

Laurie Goldstein: Okay,…

Alyce: Barb and I will get a date forwarded to you guys as soon as possible then and then you can give them the heads up.

Michael Sheldon: Yep. Absolutely.

Alyce: And…

Michael Sheldon: Just let us know.

Alyce: I'm always happy to try and do in person patient visits, if anybody can go with me.

barbara honiberg: and…

Alyce: I know that they like that.

barbara honiberg: I would do that of course too.

Michael Sheldon: Yep. We'll make it

barbara honiberg: Okay, thank you. Sorry.

Laurie Goldstein: That sounds good. Is it better probably to do it after making sure you don't go across a meal time so you don't want to and I wouldn't do it first thing in the morning. So maybe Mike, do you think after lunch is a good time or what's a good time for planning purposes?

Michael Sheldon: So great question. I'm right. I totally agree, ri. I'm thinking probably if you want to do it in the AM it would probably be around like 10 or so and then in the afternoon closer to 2:30 would probably be the best bets. Awesome.

barbara honiberg: Okay, we'll look at our schedules.

Laurie Goldstein: Okay, next I'll go to some incident and accident reports that stuck out so you don't just watch the side of my head. I'll turn my camera off because it's on my other screen. So okay the first one is ash 2024330301 is a fall and witness significant physical change or finding in a patient and a roommate notified that their roommate had fallen at 13:30. It was unwitnessed by staff and also unwitnessed by the roommate. But the person was covered, his head was covered.

Laurie Goldstein: You heard the trash can and when the rider got to the room, the person reported they hit the back of their head on the doorway. They were wearing a hat at the time of the fall. they noticed there was no redness, bruising, swelling, lacerations, no blunt force trauma indication. HCP was notified. Health care professional, I'm guessing. I don't know what HCP is. They recommended sending to the ER for dizziness and they were offered Gatorade for hydration but reported not being able to drink. transport was called, CST was ordered and the person was sent to the ER. Let's see, resting in bed at this time. blah blah blah. So he was assessed by the nurse and transferred to the ER. So that seems appropriate. what I can see hopefully the person now will be put on a risk for falls list.

Michael Sheldon: Yeah, whenever anything like that happens, we do a fall risk assessment to determine if the individual should be placed on an elevated fall risk protocol. And I'm really glad you mentioned that because that's something new that the hospital has adopted probably in the past maybe 60 to 90 days. I don't know the exact date. but we have started utilizing the risk of the risk band for individuals that are a high fall risk.

Michael Sheldon: In the past, we have not done that for a variety of reasons, but we have rolled that out and I think it's been pretty successful in helping our staff, not just the unit staff, the techs, the nurses, but also, our social workers,…

Laurie Goldstein: good.

Michael Sheldon: Our rehabilitation staff recognize that the individual is a fall risk and to keep a closer eye on them. but yeah, that person was reassessed and they should be good to go. So in the past,…

00:40:00

+1 480-*-**15:** I am really happy to hear that Michael is amazing Michael. So with the fall risk assessment that's excellent.

Michael Sheldon: Janine, I don't know kind of what your experience has been, but at the state hospital, our experience has been, in multiple iterations in the past prior to me being in this position or me even being at a state hospital. I've been told they've tried to do this in the past, but the patients just rip it off. so in my mind that's not acceptable. Just put another one on and keep reiterating to the patient why this is important. we're not trying to flag you or make you stand out. We're just trying to make sure that our staff are aware of the situation that you may present. Yep.

+1 480-*-**15:** Right. Yeah. No, absolutely. I'm really happy to hear that that was implemented.

Laurie Goldstein: Okay, the next one is ASH 2024 33332. It was a patient threatening staff who ended up in restraint and seclusion staff conduct which is unethical, unprofessional, immoral, abusive to patient other staff or visitors which was an unusual allegation. So it was reported that a tech was eating in the day room and then walked behind them one-on-one and they're going to throw away their trash when it suddenly turned. Okay.The patient was eating chocolate and soda in the day room and their one-on-one staff was going to throw away trash when suddenly the patient turned and punched the tech lower side of their jaw making contact and it was Cole Gray called placed in a brief hold escorted to seclusion using MVCI technique. Then they had some chemical restraint doctor. They did a pain assessment. What I found interesting is that everything kind of went on normally, but under nursing, they said after reviewing the footage, the video, the staff did not use approved MBCI technique, he was provided education and will be retrained with the T& department. So, one is that a permanent staff, a floater staff that comes in from agencies and what is T&

Michael Sheldon: Great question, Lori. So, my understanding is in this case, the individual in question, the staff member was a full-time employee. It was not a temp or a float staff. and is training and education. So, it's our training bureau at the state hospital. And I don't remember this situation specifically, but I want to say what happened was the staff member in question essentially pushed the patient away after they were struck by the individual. So, it's not a matter of them, trying to take the patient down or anything like that. In my mind it's a common response, a kind of a flight reaction. So we brought the individual in the staff and educated them on the appropriate mannerism to take when something like this happens. But yeah so that's what that means.

Laurie Goldstein: Okay, next is ASH 2024 33348 and was self-inflicted injury to another unusual or regular event. So it starts out with What is Yes. Okay.

Michael Sheldon: Give me one second to pull that up, 3348 you said. Okay, let's see here. I don't know what that acronym stands for. FOI occurred in approximately 1958. I honestly don't know, Lori. I'll have to follow up with you. Do Dr. Goston, have you ever heard that acronym in healthcare? Yeah.

Chuck Goldstein: I got to put my No, I'm trying to figure it out myself. ROI if maybe you and an R can look like an FO. What is the context of this again?

00:45:00

Laurie Goldstein: Now I'm reading and my guess is the patient requested their shampoo from the writer. The writer made it clear in the report that they were allowed to have both the bottle and the cap. So shampoo with a cap on it. Together with the writer consulted with about shampoo Charge nurse questioned the patient and the patient in turn promised they would be safe with the shampoo and the top. Later, the patient admitted to the writer that after promising to be safe with the charge nurse, the patient put the shampoo bottle in his pocket. Then the patient requested the DSN daytime room, let them use the bathroom during the day. Alone in the bathroom, the patient snapped off the flip top of the shampoo bottle and swallowed it and Patient left the day, entered the east hall with the shampoo bottle in foreign object ingestion, but I mean I've never heard that as an acronym,...

Michael Sheldon: Yep. That's probably right.

Laurie Goldstein: Who would know?

Chuck Goldstein: No, but that's a good guess.

Michael Sheldon: That makes good sense. Yep.

Laurie Goldstein: So, then after that, I don't know.

Chuck Goldstein: Of course, if it was foreign body ingestion, it should be the FBI. So, an object.

Laurie Goldstein: I said for an object. so...

Chuck Goldstein: Okay, that makes sense.

+1 520-*-**77:** maybe foreign objects ingested

Laurie Goldstein: Then after FOI Yeah. So then they noticed Yeah.So then the BHT noticed the bottle in the patient's hand and noticed it was missing the top. They started questioning and they questioned if they had swallowed the flip top and the estimated time of ingestion. They estimated then the BHT heard from the patient that they could not leave the station asked another BHT to go and inform nursing then did vitals sp2 was 96% color was reassuring but the heart rate was elevated 124 maybe because the patient was emotionally upset the OD I guess on call doc was informed they requested close monitoring and all vitals were reassuring nurses closely monitored. Patients did call out and nursing was there. They approached the patient and asked the nursing station about going to the ER and the writer assured them that presently they were doing everything to document their condition. The medical provider was notified in the AM shift by the RN and was sent out to the ER after being seen by the medical provider following morning rounds. So, would a flip top of a shampoo if it didn't cause choking be something that would have to be removed or would something that would pass or…

Laurie Goldstein: does it depend

Chuck Goldstein: It depends on the patient.

Michael Sheldon: Yeah. Yeah.

Chuck Goldstein: Quite remarkable things will pass through razor blades sometimes, but other things will get lodged either in the esophagus or if you're really unlucky at some point in the small intestine. so there's just no way to predict it. I would guess something in an adult with a cap on shampoo. I think as an emergency doctor, I would recommend just observation and let it pass …

Michael Sheldon: Right. yeah,…

Chuck Goldstein: if possible.

Michael Sheldon: fantastic. Dr. Goldstein. This is a pattern behavior for this individual. They have been making incredible progress over the past few years. This is somebody who does things like this from an attention seeking perspective in order to be given a one-on-one or a two on-one. And our staff have obviously been working with this individual so that they're more comfortable not needing a one-on-one or a twoon-one and having more privileges and more freedoms.

00:50:00

Michael Sheldon: But there are occasions such as this when this individual knows that if I do X I will get a one to one or I will get what I want. So they do have this kind of swallowing behavior. And this is also something that we've had conversations in the past with our colleagues across the street at Valleywise. because when something like this happens and we have concerns about the patients we will send them to Valleywise for a potential admission, observation, whatever it is, and the individual in this case specifically is seeking out that level of attention.

Michael Sheldon: So, we want to make sure that the people at Valleywise don't reciprocate their desire to have that attention. we're making good progress. This individual in question historically in the past has been on a 2:1 for months at a time and they're making fantastic progress. So we get little one offs like this where they're again attention seeking and then we just work with the individual and the treatment team to figure out what we can do differently. Reassure them that they are safe, that the staff are here to meet their needs and we're doing what we can to take care of them. This is also an individual and by no means am I trying to indicate any kind of causal link. This is an individual who is also in the DDD system. so it's kind of hit and miss with what we're able to provide and what the individual actually needs.

Laurie Goldstein: I know that Chuck used to talk about he had a woman that used to come to the ER 200 plus times a year and knew what to say so she was going to get a long treatment to rule out things that could turn bad moment to moment.

Chuck Goldstein: Yeah, that's true.

Michael Sheldon: Yep.

Laurie Goldstein: Okay, the next one 20243545. This one was assault patient refusing redirection, seclusion, restraint. This patient could be heard shouting angrily at staff in the day room verbalizing something about coffee and The writer med nurse and they offered oral PRNs to him to the patient but the patient refused. They continue mumbling about copy and things. The charge nurse and RM were trying to de-escalate, but the patient didn't follow. Instead, pushed the walker and cornered the charge nurse, an RN against the treatment door as the patient got close to the charge nurse, an RN.

Laurie Goldstein: the patient then hit the charge nurse at the side of her left ear on the back of her head. Cold gray patients also spit at other staff and continue attempting to throw themselves. MC they had a mechanical restraint on the safety chair and chemical restraint. The OD uncle called doc was called to inform about what had transpired. They were able to do a face to face with the patient and discontinued from that. In this one the patient was in the mechanical chair and they did report neck pain six out of 10 facial expressions congruent with face pain score. They did say that the neck was bothering prior to the incident and unrelated. So the patient did get u Tylenol on follow-up pain reported neck was better at zero out of 10. The charge nurse did file a police report. They called the employee injury center and were advised to go to Concentra. So it is not a charge nurse? cuz I wouldn't think of a concentra nurse**.** Which registry staff would be charged.

Michael Sheldon: No. Great question. So, there's two companies at play here. I think the IR is not written correctly, Lori. They should have gone to Concentric, which is the state's contracted employee health company. If one of our employees gets injured,…

00:55:00

Michael Sheldon: They go to Concentra for an evaluation to make sure that they're okay to come back to work. That's what happens. It was one of a state employee in a charge nurse role, but that person then went to Concentric for an evaluation.

Laurie Goldstein: And again, we hear a lot about why the hospital called the police on the patients, but it was a person that was attacked as a victim called the police. It doesn't say whether the police responded and it doesn't say anything about an arrest. some of them don't. But I was just wondering about that.

Michael Sheldon: I'm fairly certain in this case that typically law enforcement is pretty good about showing up to campus and doing interviews and whatnot. I don't believe this case, in fact, I'm almost 100% positive, the individual in this case was not placed under arrest. They're still with us

Laurie Goldstein: And the last and final one was ASH 2024 3574 and this was an assault injury to patient staff visitors. It was 10:50 and it was at the med window. A patient asked RN for milk magnesia. When the RN responded, it would be a moment. the patient struck the nurse in the head and face with a closed fist. The force of the strike caused the RN to go to the floor. It was then that the patient and blanked out people intervened and blanked out again. The code Patients were exchanging blows and not redirecting. Staff was finally able to separate. So then let's see. So for this it seems like it started with one patient striking a nurse significantly and then after that I don't know if it was the same patient then got into it with another patient. with this it doesn't say anything about any police report. It does say that the patient was placed in seclusion and the psychiatric provider was Seclusion orders issued. None of the patients were placed on the sick call list. All patients were restricted to the unit and the nurse did contact the injury hotline.

Michael Sheldon: So your interpretation of the incident report is correct, It was a single patient in the civil hospital who struck an RN and then essentially two other patients intervened to defend the RN. obviously our staff were right there as well to separate everybody. I don't know if it was specific to this instance, but this patient who was the aggressor in this situation has been over the past month or so, they have been ramping up and that individual may not be specific to this one incident, but that individual had been taken into custody by Phoenix PD. And I believe they have since returned to the hospital either today or yesterday. It's hard to tell.

Laurie Goldstein: When they do that and they take them away and then they bring them back, does that modify the behavior? I mean, is that going to Yeah.

Michael Sheldon: I mean, I don't want to say yes the patients have quite learned a lesson because that's not appropriate. My bigger concern is that when they get taken away primarily especially with civil patients and that's not by any means to disregard the importance or the critical nature of care for forensic patients but specifically with civil patients they don't necessarily maintain their medication regime that we have them on. So when they come back to us, we know that they're going to be fairly unstable for a while until we can get them back on the appropriate medication doses. but I would not say that it in any way positively impacts their behavior because most of the time these are responses to internal stimulus or responses to the symptomatic influences of their mental illness. Cool.

01:00:00

Laurie Goldstein: And the last thing I had was the assault perpetrators. You had one person that had eight assaults, half on staff, half on patients. The next highest was three on whatever red is and one on gray. So four. You had two with three and three and then twos and ones. So you have one highly assaulted person and then it drops off quite quickly.

Michael Sheldon: Yeah, realistically, just based on the numbers that we've been supplying to the IOC, more than half of our patients have zero assaults. there's an outlier kind of community of a handful of patients who are responsible for the vast majority of any assaults, whether that be patient on staff. and I know I've said this to the committee and in public forums, kind of ad nausea is any unwanted touch. So, it can be as simple as throwing water on somebody or it can be a simple shove. 90% of our assaults, there's no injury involved to the victim. But yeah, it is a very small population that kind of sets the curve so to speak for assaults at the state hospital.

Laurie Goldstein: Committee, do you have anything else you'd like to talk about? any other discussions before we go to a public forum?

+1 520-*-**77:** Were we going to review the letter? Okay.

Laurie Goldstein: I think Alice hasn't read it. We said if someone has read it and can give a high level overview, not to reveal who it is, and is there something systemic or something that needs to be addressed?

+1 520-*-**77:** I only read through it briefly so I don't know that I would give a high level description but I think there are some things in there that maybe we need to discuss next time maybe once everybody else has had an opportunity to look at it and we can all look out a little bit more deeply.

Laurie Goldstein: Remind me if I forget to put it on the agenda when I send it out and say, "Does anyone have anything?" if I don't have it in there. along with potentially reviewing the video if we get patient information and a date that we should talk about the patient letter.

+1 520-*-**77:** Yeah, there's kind of a lot to unpack there. So, deciphering what is something we need to discuss and maybe something we don't would be up to the group as a whole once we've had an opportunity for everybody to look at.

Laurie Goldstein: Okay, thank you Dee. Anything else?

+1 520-*-**77:** You're welcome. Not for me.

Laurie Goldstein: Okay, do we have anyone from the public that would like to speak? I know our next meeting will be December 19th. Oops. Let me look. I think that's what I saw.

Lawrence Allen: That's correct, Lori.

Laurie Goldstein: Anyone from the public?

Laurie Goldstein: Without anyone speaking up, and I realize that a lot of people may not have known even though I'm sure that they put the notices in each of the units. okay.

01:05:00

Laurie Goldstein: And did you get our annual letter? I asked Terra to make sure of our annual report.

+1 602-*-**31:** Yes, I read it.

+1 602-*-**31:** There was only one minor thing. I think you referred to Walking Horse as walking horse and it's walking horse.

+1 602-*-**31:** It's a last name, I believe. I don't know. It's W A L K E N H O R S T. but doesn't matter. Everything else looks great.

Laurie Goldstein: okay. Thank you.

Laurie Goldstein: So, do I have a motion to adjourn?

Laurie Goldstein:

+1 602-*-**31:** Motion to adjourn.

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

Laurie Goldstein: Do I have a second?

Chuck Goldstein: Second. All right.

Laurie Goldstein: All in favor?

barbara honiberg: I'm here too.

Alyce: I thank you too. Goodbye.

Laurie Goldstein: I. Okay, everyone have a wonderful Thanksgiving.

Chuck Goldstein: You too.

Laurie Goldstein: Okay, take care. Bye.

Lawrence Allen: Good night everybody.

Lawrence Allen: Happy Thanksgiving.

Meeting ended after 01:06:12 👏