

**CATAWBA HOSPITAL
CATAWBA, VIRGINIA**

MINUTES

COMMITTEE NAME: Local Human Rights Committee

MEETING DATE: June 9, 2010 **MEETING TIME:** 3:00 PM

PLACE: Building 24 - Lobby

MEMBERS PRESENT: Carolyn Heldreth, Chairperson; Rena Ferguson, Vice Chairperson; Dianna Parrish; Millie Rhodes; Will Childers; Bo Miller

MEMBERS ABSENT: Valarie Robinson; JoAnn Patterson; Letitia Malone

OHR STAFF PRESENT: Nan Neese, Regional Advocate

CH STAFF PRESENT: Jack Wood, Director

LGH STAFF PRESENT: Leigh Frazier, Clinical Services Director, Lewis Gale Center for Behavioral Health

CHS STAFF PRESENT: Judie Snipes, Privacy Officer; Mala Thomas, Director of Behavioral Health

GUESTS: None

MEETING AGENDA – MAIN POINTS DISCUSSED:

1. Welcome and Introductions

- 2. Review of Minutes:** The minutes of the April 14, 2010 meeting were approved.

Review Date: No further review

- 3. Advocate's Report (Nan Neese):** This will be the final meeting for two Committee members, Carolyn Heldreth and Valarie Robinson, as their terms are expiring. They will be greatly missed and hard to replace, but members are urged to recruit persons of interest to fill these vacancies. Two additional members, Bo Miller and Will Childers, are up for reappointment. The Committee members accepted the applications of Mr. Miller and Mr. Childers for reappointment at the conclusion of the meeting with the recommendation they be forwarded to the State Human Rights Committee for approval.

Review Date: No further review

4. Catawba Hospital Reports (Jack Wood):

- a. Admissions and Discharges: – Admissions and discharges re-stabilized in April and May after a decrease the previous months. The large increase in the average length of stay was due to several geriatric patients being discharged that had been here for many months.
- b. Restraint Usage: – Behavioral restraints are down significantly, even though the patient who has dominated the restraint usage over the past several months is still here. This is a testimony to the staff's efforts in finding alternative methods to deal with this patient's aggression. The number of patients using protective restraints has decreased slightly, although we continue to have a population quite susceptible to falls. As always, least restrictive measures are pursued prior to using the enclosure beds and the level of

treatment is reviewed weekly by physical therapy and the physician to see if the patient's falls risk has decreased.

- c. Complaints/Serious Injury/Deaths: – There were a total of 5 complaints handled through the informal process and all complaints have been resolved in a manner acceptable to the individuals involved. No formal complaints were filed during April or May.

Review Date: No further review

5. Lewis-Gale Center for Behavioral Health Reports (Leigh Frazier):

- a. Admission & Discharges: Admissions and discharges remain stable. Readmissions were slightly higher in April for the Adult population, but normalized in May. Of the 11 readmissions in April, many were the same patients who are readmitted on a regular basis. The only other common thread was that 9 of the 11 have a thought disorder.
- b. Restraint Usage: There were a total of 5 restraint episodes for April and May, all of which involved the same patient. There has not been a seclusion event since August 2009.
- c. Complaints/Serious Injury/Deaths: There were 4 complaints addressed through the informal process. All were resolved to the satisfaction of the individual or family and no formal complaints were filed. There were 6 reported illnesses, 5 of which were treated in the Emergency Department and returned to Behavioral Health. One patient was admitted medically and then returned to Behavioral Health. There was one injury wherein a patient was found on the floor and required sutures. There were no deaths.
- d. Other Business: The Committee members present voted unanimously to adopt the changes as submitted to the Restraint Policy.

Review Date: No further review

6. Carilion Behavioral Health (Judie Snipes/Mala Thomas):

- a. Admission & Discharges: Admissions and discharges were higher than average for April, but consistent for May. Readmissions within 15/30 days increased slightly in for both months. The majority of patients being readmitted have a major depressive disorder.
- b. Restraint Usage: There were no adult patients requiring behavioral restraints this reporting period, however adolescent usage rose slightly.
- c. Complaints/Serious Injury/Deaths: There were 13 complaints handled through the informal process. All were resolved to the satisfaction of the individual or family and no formal complaints were filed. There were no serious injuries, Restriction of Rights or deaths reported during April or May. Fifteen patients required medical treatment, 6 of whom were admitted medically and the other 9 were returned to behavioral health immediately.
- d. Other Business: The Adult Inpatient Psychiatry Handbook was approved for use by Committee members.

Review Date: No further review

7. **Other Business:** Pursuant to VA Code §2.2-3711. A. (4) and (15). (Closed meetings authorized for certain limited purposes.), Vice-Chairperson Rena Ferguson moved that the LHRC go into closed session for the purpose of protecting the privacy of individuals in personal matters not related to public business and the discussion of medical records, specifically, to hear the request and testimony for Next Friend designation. Upon re-entering public session, Ms. Heldreth moved that each member certify that to the best of his or her knowledge that only matters lawfully exempted from open meetings requirements were heard, discussed, or considered. The motion was seconded and each member so certified.

Having reviewed the evidence and received the testimony, upon a motion by Rena Ferguson and seconded, the LHRC approves the Director's designation of the proposed Next Friend, Ms. Hurt, based on the following evidence:

- a. Testimony was given that there are no family members available to serve as Authorized Representative;
- b. The finding that the proposed next friend has both shared a residence and provided significant support to this individual for a period exceeding eight (8) years;
- c. The individual has not indicated any objection but on the contrary expressed her desire to have her friend involved in treatment decisions to both her Social Worker and the Regional Advocate; and
- d. The proposed next friend appeared and agreed to accept the responsibilities associated with decision making about treatment and disclosure.

8. **Next Meeting:** August 11, 2010.

Carolyn Heldreth, Chairperson

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