

**CATAWBA HOSPITAL  
CATAWBA, VIRGINIA**

**MINUTES**

**COMMITTEE NAME:** Local Human Rights Committee

**MEETING DATE:** December 9, 2009                      **MEETING TIME:** 3:00 PM

**PLACE:** Building 24 - Lobby

**MEMBERS PRESENT:** Carolyn Heldreth, Chairperson; Rena Ferguson, Vice Chairperson; Dianna Parrish; Bo Miller; JoAnn Patterson; Valarie Robinson

**MEMBERS ABSENT:** Millie Rhodes; Will Childers; 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:** Tom Noga, M.D.

**MEETING AGENDA – MAIN POINTS DISCUSSED:**

1. **Welcome and Introductions**
2. **Review of Minutes:** The minutes of the October 14, 2009 meeting were approved.

**Review Date:** No further review

3. **Advocate's Report (Nan Neese):**

- a. Follow-up review to Catawba Case #2008-002: *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.

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. The Committee members present also voted unanimously to continue approval of the proposed plan of treatment as outlined in the case review for a period of four (4) months, at which time another review of this case will be provided.

**Review Date:** April 14, 2010

- b. Deborah Jones with the Region III team has withdrawn her resignation and will remain in her position as Human Rights Advocate. Due to budget cuts, the Office of Human Rights position located here at Catawba Hospital has been abolished.

**Review Date:** No further review

**4. Catawba Hospital Reports (Jack Wood):**

- a. Admissions and Discharges: – As is typical for this time of year, admissions are up and discharges are down. In addition, geriatric admissions have doubled over the last six (6) months. The acuity of the current population is relatively high. Catawba Hospital will be working closely with the other area hospitals and members of the Regional Partnership Committee to assure placement is available for the particularly complex cases, especially during the next 3 weeks. As in years past, lower acuity patients can be transferred out to one of the other hospitals to make room for those patients the private facilities may not have the resources to manage. In addition, we will be working with the Community Services Boards to develop plans for those patients that are discharge ready. Readmissions within 30 days remain low and are reviewed monthly by the Utilization Review Committee.
- b. Restraint Usage: – As prefaced at the October meeting, behavioral restraint usage for the months of October and November increased dramatically. One patient admitted in October was emphatically trying to inflict self injury, even when on one-to-one and in restraints. In November, we received another admission that was just as ardent at inflicting injuries on others. Every conceivable attempt at finding alternatives was made, including bringing in consultants and seeking outside input, but as always, the wellbeing of the patients and staff is the primary concern whenever behavioral restraints are used. Safety is the driving force when protective restraints are used, as well. With the increase in the geriatric population, protective restraints have increased proportionately. The least restrictive measures are always 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 October and November.

**Review Date:** No further review

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

- a. Admission & Discharges: Admissions on the adult unit were higher in October than November, while discharges and adolescent admissions remain steady. October was also a higher than normal month for readmissions within 15 days. Of the 17 adult readmissions, 11 of these were from only 5 patients. Adult readmissions dropped almost half, for a total of 9, in November. Child and adolescent readmissions were 2 and 3 per month respectively. 100% of readmissions are reviewed. Historical data for the past year will be compiled and analyzed for trends.
- b. Restraint Usage: There were no seclusions during this reporting period and restraint usage was fairly low. One patient was restrained in October for a total of 4 hours and one patient was restrained in November several times totaling no more that 2 hours. The facility is making a change in terminology to their restraint policy in order to distinguish between violent and non-violent restraints. The revised policy will be brought before this Committee for review/approval.
- c. Complaints/Serious Injury/Deaths: There were 8 complaints addressed through the informal process for the months of October and November 2009. All were resolved to the satisfaction of the individual or family and no formal complaints were filed. Eight illnesses and one injury were reported, along with one patient who removed existing stitches. There were no deaths.

**Review Date:** No further review

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

- a. **Admission & Discharges:** Overall, admissions and discharges remain steady. Adolescent admissions have normalized after being higher than average in September. Admissions and discharges on the Adult ITU rose only slightly in November. Capacity remains relatively full. Readmissions were reported at 15 and 30 day intervals with the higher percentage being readmitted within the first 15 days. Many of these patients appear to be hospital-dependent, but no real trends have been identified.
- b. **Restraint Usage:** The number of restraint episodes increased in October, but the average length per each episode had decreased from the previous month. There were only 4 episodes of restraint in November; however the length per episode increased slightly.
- c. **Complaints/Serious Injury/Deaths:** One complaint was handled through the formal process in October; the other 8 complaints filed for this reporting period were handled through the informal process. The formal complaint was investigated and deemed to be unfounded; all other complaints were resolved to the satisfaction of the clients and/or their families. There were no serious injuries reported or Restriction of Rights, four patients required medical treatment, and there were no deaths. All abuse allegations were peer-to-peer and handled appropriately.

**Review Date:** No further review

7. **Other Business:**

There was some explanation and discussion of the Regional Stabilization Plans and of how it provides continuity of treatment for those patients served by all three facilities.

8. **Next Meeting:** February 10, 2010.

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Carolyn Heldreth, Chairperson

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