

**CATAWBA HOSPITAL
CATAWBA, VIRGINIA**

MINUTES

COMMITTEE NAME: Catawba Local Human Rights Committee

MEETING DATE: February 24, 2016 **TIME:** 3:00 pm **PLACE:** Building 24 Lobby

MEMBERS PRESENT: Shannon Patsel, Acting Chairperson; Lisa Hoyt; Valarie Robinson; Kaisha Williams

MEMBERS ABSENT: David Lofgren; JoAnn Patterson

OHR STAFF PRESENT: Dwayne Lynch, Human Rights Advocate

CARILION STAFF PRESENT: Lisa Dishner, Unit Director, Department of Psychiatry
Mala Thomas, Director of Behavioral Health

CATAWBA STAFF PRESENT: Walton Mitchell, Facility Director

LEWIS GALE STAFF PRESENT: Leigh Frazier, Clinical Services Director, Center for Behavioral Health
Paula Mitchell, VP Behavioral Health Services
Angelo Pananas, Program Director, Lewis Gale Alleghany Senior Transitions

GUESTS: Will Childers
Jeffrey J. Wilson, MD, FAACAP, Associate Professor, Virginia Tech Carilion School of Medicine

MEETING AGENDA – MAIN POINTS DISCUSSED:

1. **Welcome and Introductions** - The meeting was called to order.

2. **Review of Agenda & Minutes** A motion was made and seconded to accept the minutes of the November 18, 2015 meetings as presented. The motion passed unanimously with one minor correction.

3. **Advocate's Report**
Dwayne Lynch reported on the following:
 - a. Nan Neese, Regional Human Rights Advocate, is retiring effective today.
 - b. There are several proposed changes being made to the Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded or Operated by the Department of Behavioral Health and Developmental Services. These include the Complaint

Resolution Process, a reduction in the number of Local Human Rights Committees and also how the Local Human Rights Committees operate. The proposed new regulations potentially would remove the committees' administrative oversight and focus on the other areas/requests that require LHRC review, i.e., research, ECT, Next Friend requests, behavioral treatment plans that involve restraint, hearings, appeals, etc. Once the regulations are finalized, communication will be made to the LHRC on how it will be impacted.

Review Date: No Further Review

4. **Carilion Behavioral Health Research - "Delayed Discounting and Behavioral Outcomes on a Child/Adolescent Psychiatry Inpatient Unit"**

Jeffrey J. Wilson, MD, FAACAP, Associate Professor--Dept. of Psychiatry and Behavioral Medicine & Medical Director--Child and Adolescent Inpatient Services, Virginia Tech Carilion School of Medicine provided an overview of a research presented to and approved by the Institutional Review Board (IRB). The goal of the study is to try to reduce high-risk behaviors (suicide attempts, self-injury, aggressive behavior, etc.) following discharge from a child/adolescent psychiatric inpatient unit by identifying risk factors at admission that could be potentially treated at a later date. The study will look at "Delayed Discounting", which is a way to measure impulsive decision making. Dr. Wilson noted that members of the social work team will monitor and follow up with the parents and child/adolescent at 30, 60 and 90 days after discharge.

The Committee members questioned a section of the "Parental Permission/Consent to Take Part in a Behavioral Research Study" form regarding the sharing of protected health information by the research team. Dr. Wilson noted that his team will not be sharing information with other people; all of the data will be kept in locked files and only the researchers conducting the studies will have access to the information. The section in the form is most likely a standard template used by the IRB. Dr. Wilson will follow up with the IRB administrator to clarify the section of the consent form. As a member of the research team, Ms. Dishner will provide quarterly updates and final results of the study to the Committee.

The Committee thanked Dr. Wilson for his presentation; a motion was made, seconded and unanimously approved to accept the study as presented

5. **Catawba Hospital (Walton Mitchell)**

- a. **Admissions and Discharges:** The number of admissions continued remained high in October through mid-November and decreased the 2nd half of November and December. This is not uncommon during the Thanksgiving and Christmas holidays. Median lengths of stay showed a slight increase in the adult population in November and December due to several discharges of patients who had been at Catawba for a longer period of time. Readmissions on the adult units included one individual who was having issues with wanting continued hospitalization and accounted for three (3) of the readmissions. All of the readmissions are tracked in the hospital's Utilization Review Committee.

- b. Restraint Usage: Behavioral restraint hours and incidents decreased significantly during the quarter. Protective restraints remained consistent with the previous quarter. An enclosure bed was used during the quarter for one patient with a movement disorder.
- c. Complaints / Allegations:
- Twelve (12) patient complaints were received during the quarter – four (4) informal and eight (8) formal. Several of the formal complaints were made by the same patient. There were no violations; all were resolved such that the patients were satisfied with the outcome.
 - There were three (3) allegations of abuse/neglect during the quarter. All of the allegations were investigated and found to be unsubstantiated.
- d. Other Business: Mr. Mitchell provided an update to the Committee on the Governor's proposed biennium budget, sent to the General Assembly in mid-December, that included funds to start the process of closing Catawba Hospital. Typically the House Appropriations Committee and the Senate Finance Committee review the budget and then make proposals to their respective chambers. In both the House and Senate, the language to give money to close Catawba was struck from their respective budget proposals. We will need to wait until the final budget is signed, in mid-March, to ensure that we would not be funded for closure through 2018.

Mr. Mitchell noted that all of the press regarding the closure has been hard on the staff and has made recruitment very difficult. He has tried to keep staff informed on the process as information is made available, and there have not been any major retention issues as a result. Mr. Mitchell also noted that the public support to keep Catawba open has been very much appreciated and has made the difference to this point.

Following discussion, a motion was made and seconded to accept the report as presented. The motion passed unanimously.

Review Date: No Further Review

6. Carilion Behavioral Health (Lisa Dishner)

- a. Admission & Discharges: Admissions and discharges on the child/adolescent units have trended down for the holidays. Admissions on both the 4th floor and 5th floor adult units have increase significantly during the quarter. Median lengths of stay for all three (3) units have been consistent. The percentage of readmissions within 15 days and 30 days continues to remain low since July.
- b. Restraint Usage: The 11 episodes of restraint on the adult units in October were attributed to two (2) patients. The 13 episodes in November on the child/adolescent unit were attributed to five (5) patients. No trends or patterns were identified

c. Complaints/Allegations:

There were eight (8) complaints during the quarter. All were resolved and no violations were found.

d. Other Business: None.

Following discussion, a motion was made and seconded to accept the report as presented. The motion passed unanimously.

Review Date: No Further Review

7. LewisGale Behavioral Health (Leigh Frazier)

a. Admission & Discharges: Adult admissions remained somewhat consistent during the quarter; adolescent admissions and discharges decreased during the quarter. Readmissions on the adult unit were high in October and then decreased following the implementation and efforts of a readmission team; there were no trends or patterns noted.

b. Restraint Usage: There was an increase in restraint events/hours during the quarter; one (1) adolescent had nine (9) events (physical holds) in December.

c. Complaints/Allegations:

- There were 13 informal complaints and six (6) formal complaints during the quarter; all were resolved and no violations found.
- There were two (2) allegations of abuse during the quarter that were investigated; neither of the allegations was substantiated.

d. Other Business: None.

Following discussion, a motion was made and seconded to accept the report as presented. The motion passed unanimously.

Review Date: No Further Review

8. LewisGale Alleghany Senior Transitions (Paula Mitchell)

a. Admissions and Discharges: The number of admissions and discharges remained consistent during the quarter. Readmissions after 15 days tend to be patients returning from local care facilities whose staff are having a difficult time managing them. LGA is keeping track of these readmits and trying to partner with the community to assist in interventions prior to the patient returning.

b. Restraint Usage: There was one (1) physical hold utilized during the quarter.

c. Complaints/Allegations:

- There were no (0) complaints during the quarter.
- There was one (1) allegation of neglect (peer to peer) during the quarter that was investigation and found to be unsubstantiated.

- d. Other Business: None.

Review Date: *No Further Review*

9. New Business

a. New Committee Chairperson / Vice Chairperson

- A motion was made to nominate Shannon Patsel as Chairperson. The motion was seconded and passed unanimously.
- A motion was mad to nominate Kaisha Williams as Vice Chairperson. The motion was seconded and passed unanimously.

There being no further business, the meeting was adjourned at 3:45 p.m.

Next Meeting: April 27, 2016.

Shannon Patsel, Acting Chairperson

dr