CATAWBA HOSPITAL CATAWBA, VIRGINIA

MINUTES

COMMITTEE NAME:	Catawba Local Human Rights Committee
MEETING DATE:	September 9, 2015 TIME: 3:00 pm PLACE: Building 24 Lobby
MEMBERS PRESENT:	Dianna Parrish, Chairperson; David Lofgren; Shannon Patsel; Valarie Robinson; Kaisha Williams
MEMBERS ABSENT:	JoAnn Patterson; Kathron Richards
OHR STAFF PRESENT:	Dwayne Lynch, Human Rights Advocate
PROVIDERS PRESENT:	<u>Leigh Frazier, Lewis Gale Behavioral Health – Salem</u> <u>Walton Mitchell, Facility Director, Catawba Hospital</u> <u>Mala Thomas, Director of Behavioral Health, Carilion Clinic</u>
PROVIDERS ABSENT:	Mark Steinbauer, Lewis Gale Alleghany Senior Transitions
GUESTS:	Lisa Dishner, Unit Director, Carilion Child & Adolescent Psychiatric Lisa Hoyt, Committee Member Applicant

MEETING AGENDA – MAIN POINTS DISCUSSED:

- 1. <u>Welcome and Introductions</u> The meeting was called to order.
- 2. <u>Review of Agenda & Minutes</u> Dianna Parrish noted that the Committee will need to go into a Closed Session at the end of the meeting to review and consider Lisa Hoyt's application for membership to the Committee. A motion was made and seconded to amend the agenda to reflect the addition of this agenda item. The motion passed unanimously.

A motion was made and seconded to accept the minutes of the April 29, 2015 meeting as presented. The motion passed unanimously.

3. <u>Advocate's Report</u>

Dwayne Lynch reported on the following:

- a. Thank you to the committee members for their flexibility in rescheduling the July meeting due to an unannounced survey at Catawba Hospital.
- b. The Catawba LHRC is still recruiting members, especially representation by consumers. Mr. Lynch asked that if any of the committee members are aware of individuals who have

received services in the past five years or are currently receiving services that would like to become a member to please let him know.

Review Date: <u>No Further Review</u>

4. Carilion Behavioral Health (Mala Thomas)

- a. <u>Admission & Discharges:</u> Admissions and volume on all three units continue to be high; the average length of stay is consistent with previous quarters. The percentage of readmissions within 15 days and 30 days decreased slightly this quarter compared to the previous quarter. No trends or patterns were identified.
- b. <u>Restraint Usage:</u> The number of restraint episodes and the average number of minutes per episode on the child/adolescent units increased during this quarter compared to the previous quarter. Some of the episodes involve the same patient. There were no episodes of restraint on the adult units during the quarter.

c. <u>Complaints/Allegations:</u>

There were 19 informal complaints during the quarter. All were resolved and no violations found.

d. Other Business: None.

Review Date: No Further Review

5. <u>Catawba Hospital (Walton Mitchell)</u>

- a. <u>Admissions and Discharges:</u> Catawba had over 100 admissions in the April June quarter; the highest quarter during the past year. There was a 50% increase in admissions and 110% increase in TDO admissions in FY15 compared to FY14. These admissions continue to reflect an increase in the number of individuals sent to Catawba under Emergency Custody Orders a result of changes in commitment laws effective July 1st. The other State hospitals are running at capacity as well. Median length of stay showed a slight decrease in the adult units and an increase in the geriatric population in June due to several discharges of patients who had been at Catawba for a longer period of time. Readmissions on the adult units are reflective of the increase in admissions during the quarter and are tracked in the hospital's Utilization Review Committee.
- b. <u>Restraint Usage:</u> Behavioral restraint hours and incidents decreased significantly from the previous quarter. Mr. Mitchell noted that those months that show a high number of hours and incidents are often one person who comes into the facility very de-stabilized and psychotic. Protective restraints have also decreased.

There are currently no patients at Catawba Hospital that require the use of enclosure beds. When asked to review with the Committee the purpose of enclosure beds, Mr. Mitchell noted that they are a mesh, tent type cover that comes over the bed and is used for patients with movement disorders who cannot lie still, i.e., Chorea and Huntington's Disease. The enclosure bed is less restrictive than using restraints because the patient can still move in the bed but be safe and not fall or get caught in the bed rails.

- c. <u>Complaints / Allegations:</u>
 - There were eight (8) informal complaints during the quarter. None of the complaints were human rights violations and all were resolved in a manner acceptable to the individuals involved.
 - There were two (2) investigations of allegations of abuse/neglect during the quarter that were not substantiated.
- d. <u>Other Business:</u> Catawba Hospital was notified six weeks ago by the Commissioner of the Department of Behavioral Health and Developmental Services that the department will not continue to pursue recertification of Catawba's geriatric beds under the Intermediate Care Facilities / Nursing Facility (ICF/NF) standards. Catawba has instead been asked to pursue recertification of these beds under the Intensive Psychiatric Treatment (IPT) standards. This certification makes more sense considering the population treated at Catawba.

Following discussion, the Committee accepted the report as presented.

Review Date: <u>No Further Review</u>

6. LewisGale Behavioral Health (Leigh Frazier)

- a. <u>Admission & Discharges:</u> Overall adult and adolescent admissions and discharges were slightly lower this quarter than the previous quarter. There were no (0) adolescent readmissions after 15 days; adult readmissions were lower as well. Ongoing efforts to decrease readmissions continue, with no trends or patterns identified.
- b. <u>Restraint Usage</u>: The following information was provided to the Committee as a follow up to the mechanical restraint usage reported at the last meeting:
 - 11/29/14 The patient was very aggressive physically and verbally to other patients and staff. He then broke through a door and got into the nurses station. He was then transferred to another unit for safety and exhibited the same aggression towards staff.
 - 12/20/14 The patient was confused and agitated, and very paranoid and delusional; he thought someone was trying to kill him and broke the glass out of a door trying to get out.

There was a significant increase in restraint events/hours in May. Of the 19 events, seven (7) were mechanical and 12 were physical holds.

- c. Complaints/Allegations:
 - There were eight (8) informal complaints during the quarter; all were resolved and no violations found.
 - There were no (0) allegations of abuse/neglect during the quarter.
- d. Other Business: None.

Following discussion, the Committee accepted the report as presented.

Review Date: <u>No Further Review</u>

Local Human Rights Committee Meeting Minutes September 9, 2015 Page 4 of 5

7. <u>LewisGale Alleghany Senior Transitions (Leigh Frazier)</u>

- a. <u>Admissions and Discharges:</u> There was an increase in the number of admissions and discharges this quarter compared to previous quarters.
- b. <u>Restraint Usage:</u> There were no (0) physical holds or seclusions reported for the quarter.
- c. Complaints/Allegations:
 - There was one (1) formal complaint and two (2) informal complaints during the quarter; all were resolved.
 - There was one (1) allegation of neglect (peer to peer) during the quarter that was unsubstantiated.
- d. Other Business: None.

Following discussion, the Committee accepted the report as presented.

Review Date: <u>No Further Review</u>

8. <u>New Business</u>

a. <u>Catawba Hospital Unit Rules Revision / CHPP01.109</u>, <u>Patient Access to Unit Vending</u> <u>Machines</u>

Walton Mitchell reviewed the new policy and proposed changes to the Unit Rules with the Committee. The changes provide more direct access for the patients to the vending machines. This issue came out of a hospital performance improvement project; the team will monitor patient satisfaction with the new process and report back to the hospital Executive Board.

A motion was made and seconded to approve the revised Unit Rules as presented. The motion passed unanimously.

b. <u>Closed Session – New Member Applicant</u>

An application was received for membership consideration. The Committee went into closed session to interview this applicant.

A motion was made and passed to go into Closed Session pursuant to Virginia Code §2.2-3711.A. (4) and (15), for the protection of privacy of individuals in personal matters not related to public business and to conduct an interview with one (1) applicant for Local Human Rights Committee Membership.

Upon reconvening in public session, the Local Human Rights Committee unanimously certified that only public business matters lawfully exempt from statutory open meeting requirements, and only public business matters identified in the motion to convene the Closed session were discussed in the Closed session.

The LHRC endorsed the candidate, Lisa Hoyt, for membership and directed Dwayne Lynch to forward the application to the State Committee for its consideration for immediate appointment.

Review Date: <u>No Further Review</u>

There being no further business, the meeting was adjourned at 5:00 p.m.

Next Meeting: October 28, 2015

Dianna Parrish, Chairperson

dr