CATAWBA HOSPITAL CATAWBA, VIRGINIA

MINUTES

COMMITTEE NAME:	Local Human Rights Committee
MEETING DATE:	<u>October 8, 2008</u> MEETING TIME: <u>3:00 PM</u>
PLACE:	Building 24 - Lobby
MEMBERS PRESENT:	Carolyn Heldreth, Chairperson; Will Childers; Bo Miller; Millie Rhodes
MEMBERS ABSENT:	Valerie Robinson; Rena Ferguson
OHR STAFF PRESENT: CH STAFF PRESENT:	Adrien Monti, Human Rights Advocate; Nan Neese, Regional Advocate Jack Wood, Director; Walton Mitchell, Vice President of Patient Care Services; Tammy Muncey, Assistant Chief Nurse Executive; Don Obenshain, Corporate Compliance Officer
LGH STAFF PRESENT:	Leigh Frazier, Clinical Services Director, Lewis Gale Center for
CHS STAFF PRESENT:	<u>Behavioral Health</u> <u>Mala Kesler, Director of Behavioral Health, Carilion Roanoke Memorial</u> Rehabilitation Center

MEETING AGENDA – MAIN POINTS DISCUSSED:

1. <u>Review of Minutes:</u> The minutes of the August 13, 2008 meeting were approved.

Review Date: No further review

2. Advocate's Report (Adrien Monti):

- a. <u>Membership Report</u> No change since the last meeting. We continue to have two vacancies.
- b. <u>Complaints Addressed through the Formal Process</u> Two complaints were addressed through the formal complaint process during the months of August and September 2008. Both involved individuals who had been committed involuntarily and were requesting discharge. With both, the timeframe to appeal commitment had expired. Both cases were reviewed and denied. The outcome was discussed with each individual. They were encouraged to work with their Treatment Teams to become ready for discharge. No further intervention was needed and both individuals accepted this resolution.

Review Date: No further review

3. Catawba Hospital Reports:

a. <u>Behavioral and Protective Restraints (Tammy Muncey)</u> – For the month of August, there were 585.5 hours (3 patients) and September 452 (1 patient) of Protective Restraints (Enclosure Bed Only). Protective Restraint (Excluding Enclosures Bed) used 1230.5 hours for 6 patients in August, and 1343.5 hours for 8 patients in September. The number of patients reported in the Protective Restraint hours includes repetitive incidents for the same patient and does not necessarily indicate individual patient numbers. Behavioral Restraints

were up for the month of August with 11 incidents (5 patients) for 59.26 hours. It should be noted, however, that one (1) patient accounted for 50 of the 59 hours, and this particular patient is no longer at this facility.

- b. <u>Complaints Addressed through the Informal Process (Don Obenshain)</u> There were a total of 6 complaints addressed through the informal complaint process for the months of August and September 2008, 5 of which were treatment with dignity and 1 was a miscellaneous complaint (lost jewelry). All complaints were resolved within 5 days.
- c. <u>Director's Liaison's Report (Walton Mitchell)</u> Geriatric admissions were a little higher than normal for the month of August (9); however, overall admissions and discharges combined for the adult and geriatric populations were in the average range for the facility. The huge increase in the average length of stay for the month of August was due to long-term patients being discharged (e.g. one adult patient discharged had been here for 8 years). The median for both months and populations are on target.
- d. <u>Director's Report (Jack Wood)</u> State budget reductions are currently being mandated, the extent of which is still unknown. Non-clinical positions have been frozen at this facility since September 2007. It is hoped that the budget for providing mental health treatment will not suffer significant cuts.

Review Date: No further review

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

- a. <u>Admission & Discharges</u> Readmissions for this facility are tracked at 15 days, as opposed to Catawba Hospital's 30-day readmissions. Admissions remained low in August, as they had been in July, which is normal for the summer months. Admissions did, however, increase in September. The average length of stay is 5 days and average census is in the low to middle 30's, with a little less than half being adolescents. Minimum age for adolescents is 6 years; however, younger children have been accepted on an emergency basis. As a short-term facility, it is typical to have approximately 8 to 10 admissions and discharges each day.
- b. <u>Restraint Usage (Mechanical)</u>: One child had 4 restraint episodes in September for a total of 6.8 hours. There were 2 restraints in August for 3.6 hours. Less restrictive measures are always tried before initiating a mechanical restraint, including the use of a Quiet Room (which is not the same as seclusion). Therapeutic option techniques are use when placing a patient in restraint.
- c. <u>Complaints:</u> There was 1 complaint addressed through the informal process in September (treatment with dignity), which was resolved with no further incident.
- d. <u>Abuse/Neglect/Serious Injury/Death:</u> No allegations of abuse or neglect reported. There was one incident where a patient passed out, fell and hit their head. The patient was sent to the Emergency Department, treated medically for abnormal labs (no injury as a result of the fall), and returned to Behavioral Health.

Review Date: No further review

- 5. <u>New Affiliation Agreement Carilion Roanoke Memorial Rehabilitation Center:</u> A motion was passed to accept Carilion Roanoke Memorial Rehabilitation Center as an affiliate member to this committee. Carilion Roanoke Memorial Rehabilitation Center is licensed for 51 patients. There are 12 adolescent beds and approximately 32 adult beds, as well as a 6-bed Intensive Treatment Unit (ITU).
- 6. <u>Variance Carilion Roanoke Memorial Rehabilitation Center (Mala Kesler):</u> Carilion is requesting a variance in order to construct a 16-bed Intensive Treatment Unit. During the time of construction, they would like to utilize an annex of the Emergency Department (ED) for an 11-bed

temporary psychiatric unit in order to prevent these patients from spending long hours, maybe days, in the ED awaiting treatment. The Office of Licensure has visited and approved these plans. The Local Human Rights Committee is being asked to review the following variances:

- a. <u>3A, Reasonable privacy and private storage space:</u> The cubicles have curtains on the outside wall, rather than a door. This does not offer the level of privacy necessary for confidential conversations, or an appropriate level of safety/security.
- b. <u>3B, An adequate number of private, operating toilets, sinks, showers and tubs...</u>: There is one (1) handicap toilet on the unit and three (3) toilets directly outside the unit; the unit, however, is locked. A shower is being installed on the unit and there are two (2) existing showers that could be utilized in the emergency department.
- c. <u>3D, Windows or skylights in all major areas used by individuals</u>: The seven (7) windows in the area give light to four (4) cubicles; six (6) cubicles do not have windows.

The Committee spent a great deal of time discussing the Variance Application relative to the concerns for the temporary space's lack of compliance with the physical requirements of the dignity rights. While the members agreed to the long-term benefits of the renovation, they recommended modifications and drafted a report to the State Human Rights Committee. The report will be finalized and forwarded to the SHRC.

Review Date: December 10, 2008

7. <u>Other Business</u>: The Committee has requested copies of the Restraint/Seclusion Policy & Procedures and Program Rules for both of the new affiliates.

Review Date: December 10, 2008

8. <u>Next Meeting:</u> December 10, 2008

Carolyn Heldreth, Chairperson

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