CATAWBA HOSPITAL CATAWBA, VIRGINIA

MINUTES

COMMITTEE NAME: Catawba Local Human Rights Committee

MEETING DATE: December 10, 2014 TIME: 3:00 pm PLACE: Building 24 Lobby

MEMBERS PRESENT: Dianna Parrish, Chairperson; David Lofgren; Shannon Patsel; JoAnn

Patterson; Kathron Richards; Valarie Robinson; Kaisha Williams

MEMBERS ABSENT: None

OHR STAFF PRESENT: Nan Neese, Regional Human Rights Advocate

OHR STAFF ABSENT: Dwayne Lynch, Human Rights Advocate

PROVIDERS PRESENT: Mala Thomas, Director of Behavioral Health, Carilion Clinic

<u>Leigh Frazier, Lewis Gale Center for Behavioral Health – Salem</u> <u>Mark Lancet, Director, Lewis Gale Senior Transitions – Alleghany</u>

Yad Jabbarpour, M.D., Chief of Staff – Catawba Hospital

PROVIDERS ABSENT: None

GUESTS: William S. Rhea, M.D. – Carilion Clinic

MEETING AGENDA – MAIN POINTS DISCUSSED:

- 1. <u>Welcome and Introductions</u> The meeting was called to order.
- **Review of Minutes:** A motion was made and seconded to accept the minutes of the September 17, 2014 meeting as presented. The motion passed unanimously.

3. Advocate's Report (Nan Neese)

In the absence of Dwayne Lynch, Nan Neese reported on the following:

a. Thanks to the Committee members who attended the 2^{nd} Annual LHRC Training prior to this meeting. The training was well attended.

- b. Deborah Lockhart has been appointed the new State Human Rights Director.
- c. The newest version of the Human Rights Regulations dated October 8, 2014 is currently being distributed to the Local Human Rights Committees. It did not go through public comment and the normal administration process as there were very minor changes to the actual statutory regulations except for a few corrections to the code sections and typos.

Review Date: No Further Review

4. Catawba Hospital Reports (Yad Jabbarpour)

- a. <u>Admissions and Discharges:</u> Admissions and discharges increased during the quarter. This is largely due to an increase in the number individuals sent to the hospital under Emergency Custody Orders a result of changes in commitment laws effective July 1st. The hospital continues to run full and works hard to maintain patient flow. Median length of stay was in the normal range for the adult units and increased on the geriatric units in July based on patients who were discharged and had been at Catawba for a longer period of time. There were a total of six (6) readmissions within 30 days for the quarter on the adult units and one (1) on the geriatric units. Readmissions continue to be tracked in the hospital's Utilization Review Committee.
- Restraint Usage: Behavioral restraint hours and incidents increased in July and September and is a reflection of one or two patients during the initial acute phase of their treatment. Protective restraints hours (excluding enclosure beds) and enclosure bed usage remains consistent compared to previous quarters.
- c. <u>Complaints / Allegations</u>: There were a total of 10 complaints handled through the informal process and 11 complaints handled through the formal process during the quarter. No violations were found and all of the complaints were resolved in a manner acceptable to the individuals involved. There were three (3) investigations of allegations of abuse/neglect during the quarter; all of the allegations were found to be unsubstantiated.
- d. Other Business: None.

Dr. Jabbarpour provided a brief overview of the new commitment laws to the Committee including changes to the Emergency Custody Order (ECO) and how these changes and the new laws affect state and local hospitals.

Following discussion, the Committee accepted the report as presented.

Review Date: *No Further Review*

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

a. <u>Admission & Discharges:</u> Adult and adolescent admissions and discharges increased each month in the quarter.

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- b. <u>Readmissions:</u> Adult readmissions were consistent and there were no (0) adolescent readmissions after 15 days during the quarter. Ongoing efforts to decrease readmissions continue, with no trends or patterns identified.
- b. Restraint Usage: There were a total of 11 restraint events in the quarter.
- c. <u>Complaints / Allegations:</u> There were five (5) complaints addressed through the informal process during the quarter. All were resolved and no violations were found. There were three (3) allegations of abuse/neglect during the quarter. One (1) of the allegations was founded and resulted in the employee being terminated.
- d. Other Business: None.

Following discussion, the Committee accepted the report as presented.

Review Date: No Further Review

6. Alleghany Regional Geriatric Behavioral Health (Mark Lancet)

- a. <u>Admissions and Discharges:</u> The facility had a slight increase in admissions during the quarter. There were seven (7) readmissions, which is close to the quarterly average.
- b. <u>Restraint Usage:</u> There were 12 episodes of restraint involving five (5) separate patients during the quarter; two (2) patients accounted for nine (9) episodes. Staff utilized deescalation techniques and therapeutic interventions prior to the use of restraints. There were two (2) seclusions during the quarter involving two (2) patients who accounted for the majority of the physical holds.
- c. Complaints/Allegations: There were no (0) complaints or allegations during the quarter.
- d. Other Business: None.

Following discussion, the Committee accepted the report as presented.

Review Date: No Further Review

7. Carilion Behavioral Health (Mala Thomas)

- a. <u>Admission & Discharges:</u> Admissions and volume on the adolescent and adult units have remained high; average length of stay is consistent with previous quarters. The percentage of readmissions within 15 days was consistent with previous quarters; there was an increase in the readmissions within 30 days. Ongoing efforts to decrease readmissions continue including making phone calls following discharge around medication adherence and follow-up appointments; 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 and adult units decreased compared to the previous quarter.

- c. <u>Complaints/Allegations:</u> There were five (5) informal complaints during the quarter. All were resolved and no violations found.
- d. Other Business: None.

Following discussion, the Committee accepted the report as presented.

Review Date: No Further Review

8. New Business

a. Revision to the Carilion Behavioral Health Policy – "Restraints, Use of"

Mala Thomas reviewed a proposed change to the above policy which was primarily around the addition of the word "seclusion". Carilion is in the process of constructing a "comfort room". This room, with the door open, would be used to provide various interventions to deescalate patients prior to using restraints. However, should the door need to be closed, this would then be considered a seclusion and reported as such.

A motion was made, seconded and unanimously approve to note in the minutes that the Committee had the opportunity to review and comment on the policy prior to implementation.

b. <u>Carilion Behavioral Health Research - "Using a measure of resilience to predict patient</u> outcomes in a psychiatric population"

William S. Rhea, M.D., Carilion Behavioral Health Adult Inpatient Unit Director, provided an overview of a research presented to and approved by the Institutional Review Board (IRB). The pilot study is looking at the recovery-based concept of resiliency, and involves asking discharged patients who were admitted voluntarily to answer two (2) questionnaires and give permission to allow researchers to gather data from the individuals' Carilion medical record six (6) months after discharge. The study is looking at two outcomes: Does the concept of resilience affect readmission? How does the Carilion faculty members' new scale compare with the old scale?

Dr. Rhea noted that the individuals in the study will be de-identified and study will be published. The only risk to the individuals is that the people conducting the studies will have access to their medical record. These are Carilion employees and oversight is very rigid.

According to the IRB, this study is exempt as human subject research under the code and does not require submission to the Local Human Rights Committee. However this LHRC appreciates the notice of Research and a motion was made, seconded and unanimously approved requesting that Ms. Thomas to provide periodic updates and final results of the study at future LHRC meetings.

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There being no further business, the meeting was adjour	rned at 4:45 p.m.	
Next Meeting: To Be Announced		

Dianna Parrish, Chairperson

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