# CATAWBA HOSPITAL CATAWBA, VIRGINIA

### **MINUTES**

**COMMITTEE NAME:** Local Human Rights Committee

MEETING DATE: August 13, 2008 MEETING TIME: 3:00 PM

**PLACE:** Building 24 - Lobby

MEMBERS PRESENT: Carolyn Heldreth, Chairperson; Rena Ferguson; Will Childers

**MEMBERS ABSENT:** Bo Miller; Valerie Robinson; Millie Rhodes

**OHR STAFF PRESENT:** Adrien Monti, Human Rights Advocate

**CH STAFF PRESENT:** Jack Wood, Director; Walton Mitchell, Vice President of Patient Care

Services; Vicky Fisher, Chief Nurse Executive; Don Obenshain,

Corporate Compliance Officer

LGH STAFF PRESENT: Leigh Frazier, Clinical Services Director, Lewis Gale Center for

Behavioral Health

#### **MEETING AGENDA – MAIN POINTS DISCUSSED:**

**1. Review of Minutes:** The minutes of the June 11, 2008 meeting were approved.

**Review Date**: No further review

### 2. Advocate's Report (Adrien Monti):

- a. Membership Report In June 2008, the terms of 2 members expired. Currently, total membership for this committee is at 6; however, the committee can accommodate up to 9 members.
- b. <u>Patient Complaints</u> Two complaints were addressed through the formal complaint process during the months of June and July 2008. One was a "treatment with dignity issue" and one was a formal letter to the Director requesting discharge. Both issues were resolved without further incident and no hospital policies were violated.

**Review Date:** No further review

## 3. Catawba Hospital Reports:

a. <u>Behavioral and Protective Restraints (Vicky Fisher)</u> – There were a total of 9 episodes of Behavioral Restraint involving 5 patients for the months of May, June and July 2008 for a total of 22.12 hours. It was noted the facility went 35 consecutive days without restraint. During the same quarter, there were 9 patients in Protective Restraint (Enclosure Bed Only) for a total of 2,513.5 enclosure bed hours; and, 14 patients in Protective Restraint (Excluding Enclosures Bed) for a total of 2,171.75 hours. 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. Only 2 of 4 usable enclosure beds are currently being utilized at this facility. There was some discussion about what constitutes a protective restraint device, as opposed to merely a support device. The definition used by this facility rests with whether or not the patient can easily remove the device; if so, it is support; if not, it is considered restraint.
- b. <u>Patient Complaints (Don Obenshain)</u> There were a total of 6 complaints addressed through the informal complaint process for the months of June and July 2008 including 1 treatment with dignity; 1 participation of treatment; 1 discharge; and, several miscellaneous complaints (i.e. missing clothing, books from storage).
- c. <u>Director's Liaison Report (Walton Mitchell)</u> Adult admissions appear to be down slightly for June/July 2008 with a total of 25. There were also 25 geriatric admissions, which is an increase for this population. The average length of stay for adult patients discharged in June was 138.27 days for adults with the median being 24.5, and 250.69 days for geriatrics with a median of 45 days. The adult average length of stay for discharged patients in July was 86.75 days, median 47; and for geriatrics an average of 275.7 days, median 98. There were a total of 3 readmissions in less than 30 days (1 adult, 2 geriatric) for June/July 2008.
- d. <u>Director's Report (Jack Wood)</u> The hospital is currently in the process of seeking and recruiting psychiatrists while utilizing locum tenens physicians in the interim. The shortage of psychiatrists appears to be a trend throughout the state. The changes in the new mental health laws require patients to have a recommitment hearing in 30 days, which has meant transporting patients more frequently. The facility is currently working to streamline this process. In other news, the Department of Mental Health, Mental Retardation and Substance Abuse Services is changing its name to remove references to mental retardation. The change will be a complex one, as the Department's logo and nomenclature is deeply rooted in all aspects of the facility.

**Review Date:** No further review

- **4.** New Affiliation Agreement Lewis-Gale Center for Behavioral Health: The Committee Members voted unanimously to accept the new affiliation agreement with Lewis-Gale Center for Behavioral Health. The following points of the agreement were reviewed:
  - a. Compliance with the Rules & Regulations
  - b. Appointment of a liaison (currently Leigh Frazier, MS will assume this role)
  - c. Attendance at a minimum of 5 of the 6 annual LHRC meetings; failure to do so could lead to suspension or termination of the affiliation
  - d. Reports will be presented at each meeting for the previous 2 months on abuse/neglect and exploitation, allegations or investigations; complaint process and findings; utilization of seclusion or restraint; utilization of any variances; and, any human research done. These bimonthly reports will also be submitted in written form. The LHRC may request any additional reports or information necessary to fulfill these duties.
  - e. There is currently no charge to affiliate with the Catawba Hospital LHRC, but copies of reports will be provided by the affiliate.
  - f. If the affiliation is terminated for any reason, it will be necessary to reapply.

**Review Date:** No further review

### 5. 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. There were 7 adult readmissions in June and 10 in July, as well as 1 adolescent/child readmission in July. Admissions for both populations

- decreased slightly in the month of July. The average length of stay is 5 days and average census is in the 30's.
- b. Restraint Usage: Mechanical are the only type of restraint used at this facility, except for occasional episodes of seclusion, which are rare. When seclusion is used, the patient is in a quiet room and the door is not locked. During June/July 2008, there was only 1 mechanical restraint episode lasting less than one hour.
- c. <u>Patient Complaints:</u> There were only 2 complaints for the month of July 2008; both of which were addressed informally. One was involving an involuntary commitment, and the other was due to peers "making fun of" patient in group. The first patient was discharged and attempts to follow-up with this patient by phone calls after discharge went unreturned. The second complaint was resolved by changing the patient's unit assignment.

**Review Date:** No further review

**6.** Review of Petition for Next Friend Authorized Representative (Closed Session): Pursuit to VA Code §2.2-3711 (Closed meetings authorized for certain limited purposes.), the Committee entered closed session to conduct an interview with an LHRC applicant. Upon re-entering public session, a motion was made to Mr. Jack Wood, CEO/Director, to accept the Petition for Next Friend Authorized Representative.

**Review Date:** No further review

- 7. Other Business: None.
- 8. Next Meeting: October 8, 2008