

**CATAWBA HOSPITAL
CATAWBA, VIRGINIA**

MINUTES

COMMITTEE NAME: Local Human Rights Committee

MEETING DATE: April 13, 2011 **MEETING TIME:** 3:00 PM

PLACE: Building 24 - Lobby

MEMBERS PRESENT: Rena Ferguson, Chairperson; Dianna Parrish, Vice-Chair; Will Childers; Bo Miller
Millie Rhodes; JoAnn Patterson; Letitia Malone

MEMBERS ABSENT: None

OHR STAFF PRESENT: Nan Neese, Regional Advocate

CH STAFF PRESENT: Walton Mitchell, III, Facility Director

LGH STAFF PRESENT: Mollie Guzo, Lewis Gale Center for Behavioral Health

CHS STAFF PRESENT: Gary Kirby, Vice-President; Mala Thomas, Director of Behavioral Health

GUESTS: None

MEETING AGENDA – MAIN POINTS DISCUSSED:

1. **Welcome and Introductions** - The meeting was called to order.
2. **Review of Minutes:** The minutes of the February 9, 2011 meeting were approved.
3. **Advocate's Report (Nan Neese):** Nan Neese thanked the members for holding a work session prior to the meeting to attempt to finalize the Committee's Bylaws and Agreement based on the State Human Rights guidance documents distributed at the February meeting. After obtaining input from the Providers, the Bylaws and Cooperative Agreement were amended. One significant change, with which the Providers were in agreement, was to go to a quarterly meeting structure rather than bi-monthly. It was also decided the committee will be officially named the *Catawba Local Human Rights Committee*.

Review Date: No further review

4. **Carilion Behavioral Health (Mala Thomas/Gary Kirby):**
 - a. **Admission & Discharges:** Admissions and discharges on the adolescent unit, as well as on both the adult and intensive units, remain stable for February and March. Readmissions, particularly those within 30 days, continued to remain higher than average.
 - b. **Restraint Usage:** The average length of restraint was higher in March for both adult and adolescent patients. It was also noted one adult patient required bilateral wrist restraints on and off for several days due to IV treatment of low potassium; however, this was not included in the average length of restraint.
 - c. **Complaints/Serious Injury/Deaths:** There were 6 complaints addressed through the informal process. Seven patients were referred to the Emergency Department for treatment, one of whom was admitted medically. There were no other minor or serious injuries and no deaths during the reporting period.
 - d. **Other Business:** None.

Review Date: No further review

5. **Lewis-Gale Center for Behavioral Health Reports (Mollie Guzo):**

- a. **Admission & Discharges:** Admissions and discharges remain steady and readmissions within 15/30 days is still higher than average. A review is conducted each time a patient is readmitted within 15 days and the facility continues to make this a focus for improvement. As the weather begins to warm, the voluntary readmissions typically decrease.
- b. **Restraint Usage:** There was 1 restraint event in February and no restraint usage in March.
- c. **Complaints/Serious Injury/Deaths:** There were 2 complaints handled through the informal process. Both were in the Dignity category and have been closed with no violations found. Eight patients were sent to the Emergency Department due to illness. Seven were treated and returned to Behavioral Health and one was admitted medically. There were no serious patient injuries or deaths.
- d. **Other Business:** None.

Review Date: No further review

6. **Catawba Hospital Reports (Walton Mitchell, III):**

- a. **Admissions and Discharges:** Admissions were slightly down in February on the adult unit and bit lower in March on the geriatric unit, but overall, both admissions and discharges remained steady throughout the facility. There were 2 readmissions in February, both adults. In March, readmissions rose to 7 (6 adult & 1 geriatric); however one adult patient was readmitted three times in the same month.
- b. **Restraint Usage:** Behavioral restraints decreased significantly during the last reporting period, but increased for February and March, due specifically to one adult female patient. The number of patients and length of time spent in protective restraints remains within normal limits, while use of enclosure beds decreased. As always, least restrictive measures are pursued prior to using the enclosure beds and the level of treatment is reviewed weekly by physical therapy and the physician to see if the patient's falls risk has decreased.
- c. **Complaints/Serious Injury/Deaths:** There were a total of 9 complaints handled through the informal process. All complaints have been resolved in a manner acceptable to the individuals involved. There were no formal complaints during the reporting period.
- d. **Other Business:** None.

Review Date: No further review

7. **Other Business:** On a motion from Will Childers, and seconded, the Committee Members voted unanimously to adopt the Bylaws and Cooperative Agreement as amended.

8. **Next Meeting:** July 20, 2011.

Rena Ferguson, Chairperson