CATAWBA HOSPITAL CATAWBA, VIRGINIA

MINUTES

COMMITTEE NAME: Local Human Rights Committee

MEETING DATE: July 20, 2011 MEETING TIME: 3:00 PM

PLACE: Building 24 - Lobby

MEMBERS PRESENT: Rena Ferguson, Chairperson; Dianna Parrish, Vice-Chair; Will Childers; Millie

Rhodes; JoAnn Patterson; Letitia Malone

MEMBERS ABSENT: Bo Miller (excused)

OHR STAFF PRESENT: B. J. McKnight, Human Rights Advocate

CH STAFF PRESENT: Walton Mitchell, III, Facility Director

LGH STAFF PRESENT: Leigh Frazier, Lewis Gale Center for Behavioral Health

CHS STAFF PRESENT: Mala Thomas, Director of Behavioral Health; Anita Kablinger, M.D.

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 April 13, 2011 meeting were approved.
- **3.** Advocate's Report (B. J. McKnight): The State Human Rights Committee approved the Bylaws and Cooperative Agreement as presented for the Catawba Local Human Rights Committee. Today is the last meeting for our Chairperson, Rena Ferguson. She was presented with a lovely plaque, along with cake and refreshments. Ms. Ferguson will certainly be missed and we urge her to reinstate her membership to this or any other human rights committee.

Review Date: No further review

4. Catawba Hospital Reports (Walton Mitchell, III):

- a. <u>Admissions and Discharges:</u> Admissions were only slightly lower than average in April and May, but dropped significantly in June. Discharges remained steady resulting in a lower than average census. One adult and one geriatric patient were readmitted in April, 2 adult readmissions in May, and none in June.
- b. <u>Restraint Usage:</u> Behavioral restraints were lower in April & May, but increased dramatically in June due to one 4th floor patient who accounted for over 64 hours and another patient who was transferred from the Department of Corrections. Use of protective restraints (excluding enclosure beds) remains lower than previous months. Enclosure bed use rose slightly in May, but decreased significantly in June. 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. <u>Complaints/Serious Injury/Deaths:</u> There were a total of 7 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

5. <u>Lewis-Gale Center for Behavioral Health Reports (Leigh Frazier):</u>

- a. <u>Admission & Discharges:</u> Adult and adolescent admissions were steady in April and May, however adult admissions rose sharply in June, while child and adolescent admissions dropped. Readmissions were lower in June than the rest of the quarter. After all of the research and attempts to improve readmission rates, it is apparent there is a small population of people in this valley that will continue to be readmitted multiple times.
- b. <u>Restraint Usage:</u> There were 3 restraint events in May and no restraint usage in April or June. All 3 events involved very complex patients.
- c. <u>Complaints/Serious Injury/Deaths:</u> There were 10 complaints during the quarter, all handled through the informal process, and have been closed with no violations found. 21 patients were sent to the Emergency Department due to illness during the quarter. Fifteen were treated and returned to Behavioral Health and 6 were admitted medically. Of the 6 admitted medically, 4 were returned to Behavioral Health and 2 were treated and returned home. Two patients received medical treatment for injury and were returned to the unit. There were no deaths.
- d. Other Business: None.

Review Date: No further review

6. <u>Carilion Behavioral Health (Mala Thomas):</u>

- a. Admission & Discharges: The admission and discharge data was calculated incorrectly due to renovations being done on the Units. The same patients were inadvertently counted on both wards as they moved to accommodate the work being done. However, admissions have declined as the weather has gotten warmer. Readmissions continue to be steady. As seen at the other 2 facilities, the readmissions tend to be the same patients who continue to be readmitted.
- b. <u>Restraint Usage:</u> Restraint usage dropped significantly for the quarter. There were no restraints in June and only 1 episode each for adults and child/adolescents in both April and May.
- c. <u>Complaints/Serious Injury/Deaths:</u> There were 13 complaints addressed through the informal process during the quarter. Eleven patients were referred to the Emergency Department for treatment, 3 of whom were admitted medically, while the others were returned to the Unit. There was one minor injury, but no serious injuries and no deaths during the reporting period.
- d. Other Business: Dr. Anita Kablinger presented at length about the proposed human subject research project specifically Carilion's participation in a clinical trial research study she is supervising at Carilion Clinic to test a medication for treatment of Schizophrenia. Dr. Kablinger provided copies of a participant informed consent form, a description of the research proposal, and documentation of research board review to demonstrate compliance with 12VAC36-115-130 B. 4. The study is sponsored by the drug manufacturer, Eli Lilly and Company, and only individuals who are admitted on a voluntary basis and determined to have capacity will be approached about participating in the study. Members of the LHRC were extremely concerned about the participants who would be given a placebo. Dr. Kablinger explained the many safeguards that were in place and assured the Committee the patients' mental health and safety would come first. The Committee asked to be updated on this study on a biannual basis.

Review Date: January 11, 2012 (d.)

Next Meeting: October 12, 2011.

Rena Ferguson, Chairperson