

**CATAWBA HOSPITAL  
CATAWBA, VIRGINIA**

**MINUTES**

**COMMITTEE NAME:** Local Human Rights Committee

**MEETING DATE:** January 11, 2012                      **MEETING TIME:** 3:00 PM

**PLACE:** Building 24 - Lobby

**MEMBERS PRESENT:** Dianna Parrish, Chairperson; Will Childers; Millie Rhodes; JoAnn Patterson; Valarie Robinson

**MEMBERS ABSENT:** Bo Miller

**OHR STAFF PRESENT:** Nan Neese, Human Rights Advocate

**CH STAFF PRESENT:** Walton Mitchell, III, Facility Director

**LGH STAFF PRESENT:** Leigh Frazier, Director Lewis Gale Center for Behavioral Health - Salem  
**LGH STAFF ABSENT:** Mary Lavery-Fisher, Director Lewis Gale Center for Behavioral Health - Alleghany

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

**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 October 12, 2012 meeting were approved.
3. **Advocate’s Report (Nan Neese):** Nan Neese announced Dwayne Lynch has been hired as the new Regional Advocate for this area. He will have an office at Catawba Hospital and will begin on January 25, 2012.

The Committee held elections and the following were elected as Officers of the Catawba Local Human Rights Committee: Chairman – Dianna Parrish; Vice-Chairman – Valarie Robinson; Secretary – Will Childers. The Committee also voted to recommend removal to the State Committee of Ms. Malone from membership and hold the Committee membership to seven (7). Recruitment continues to fill the Consumer vacancy.

Ms. Neese reported to the Committee that the SHRC continues to be concerned about code-mandated vacancies. The State subcommittee concerning LHRC vacancies requested Nan to purpose to the LHRC its consideration about the possibility of having a “roving” member should it be necessary to hold a Hearing prior to filling the vacancy. The Committee voted unanimously that using a roving member would be acceptable under those circumstances.

**Review Date:** No further review

4. **Catawba Hospital Reports (Walton Mitchell, III):**
  - a. **Admissions and Discharges:** Admissions and discharges decreased slightly during the quarter on both the adult and geriatric units. There were a total of 6 adult readmissions and only 1 geriatric readmission within 30 days.
  - b. **Restraint Usage:** Behavioral restraints decreased significantly in number from the previous quarter, although one patient accounted for the hours to increase during the month of November. These numbers stabilized in December. Protective restraints (excluding enclosure beds) increased slightly in October &

November with as many as 10 patients using protective restraints, but dropped in number to only 6 in December. Enclosure bed use continues to remain low with only 2-4 patients utilizing these for the quarter. 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: There were only 4 complaints handled through the informal process during the quarter. All complaints have been resolved in a manner acceptable to the individuals involved. There were no complaints managed in the formal process during the reporting period.
- d. Other Business: Under the new reporting format, the discharge ready/barrier list was reviewed by Committee Members and explained in detail by Mr. Mitchell.

**Review Date:** No further review

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

- a. Admission & Discharges: Adult admissions and discharges remain steady. Readmissions were high in October, but normalized again for the remainder of the quarter. As always, there are ongoing efforts to decrease readmissions. The adolescent unit is now up and running and began accepting admissions in January.
- b. Restraint Usage: There was an increase in the number of restraint events, although the time spent in restraints remained low.
- c. Complaints/Serious Injury/Deaths: There were 6 complaints during the quarter, all handled through the informal process, and have been closed with no violations found. Sixteen patients were sent to the Emergency Department due to illness during the quarter, 9 of whom were treated and returned to Behavioral Health, 4 were admitted medically and then returned to Behavioral Health, 2 were admitted medically and returned home, and one patient was admitted medically and transferred to UVA. There were no injuries or deaths during the quarter.
- d. Other Business: The Committee reviewed a one-page synopsis of Program Information & Safety that was designed to give patients and their families a quick-reference guide to the rules and regulations of the Behavioral Health Program. The guide was very well received and the Committee voted unanimously to approve same.

**Review Date:** No further review

**6. Carilion Behavioral Health (Mala Thomas):**

- a. Admission & Discharges: The admissions and discharges on the adolescent unit were down slightly, while both adult units remain consistent. Readmissions have declined somewhat and all patients returning within 30 days are given a questionnaire to complete.
- b. Restraint Usage: Restraint usage was higher than the previous quarter. There were 4 episodes of restraint each month on the adolescent ward involving a total of 9 patients. One adult patient required restraint in both November and December.
- c. Complaints/Serious Injury/Deaths: There were 19 complaints addressed through the informal process during the quarter. Eight patients were referred to the Emergency Department for treatment, 6 of whom were admitted medically, while the other 2 were returned to the Unit. There were 5 minor injuries and no serious injuries or deaths. One peer-to-peer incident was reported to the advocate.
- d. Other Business: None.

**Review Date:** No further review

**7. Alleghany Regional Geriatric Behavioral Health (Mary Lavery-Fisher):** This report was submitted via email to Nan Neese.

**8. Next Meeting:** April 11, 2012

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Dianna Parrish, Chairperson