

Western State Hospital  
Staunton, Virginia  
*Local Human Rights Committee Meeting Minutes*  
*Jeffrey's Building, Rom 95 at 12:30*  
*September 26, 2011*

**Present:** Kathy Belcher, Heidi Campbell, Donna Gum, Hal Meyers, Mark Schorsch, Rob Wade, Committee Members; Chuck Collins, WSH/Regional Advocate; Mark Seymour, WSH Advocate; Erin Haw, VOPA; Ellen Harrison Liaison to WSH Director

**Absent:** Mahlon Webb, Committee Member

**Guests:** Patient  
Dr. Jack Barber, Facility Director  
Pat Higgins, Director, Social Work Department  
Cindy Caldwell, Forensic Intake Coordinator

Ms. Gum, Committee Chair, called the meeting of the Local Human Rights Committee to order on September 29, 2011. With a motion from Mr. Wade and a second by Ms. Belcher, the minutes from the August meeting were approved. A quorum of members was present. The agenda was approved on a motion from Mr. Meyers and seconded by Ms. Belcher.

The committee opened the meeting to anyone wishing to express concerns during the public comment period. A patient discussed her concern that patients are not allowed on C1/2 until 1:00pm on days that the Stribling Mall is closed. She reported that this creates a space of time (12:00pm – 1:00pm) when patients must remain outdoors with no option of indoor shelter. This issue was discussed at Citizens Council as well and it was determined that this period of time is used by nursing staff to hold staff meetings. Ms. Harrison will find out if patients are allowed back on the ward and specifically what variations in practice may be in place during inclement weather.

Mr. Collins reported working on 19 complaints that were not listed in the Patient Complaints List. These complaints are in process of resolution. Mr. Collins discussed his presentation given to the NAMI “We Care” group.

Ms. Haw had no new VOPA business to report.

The Patient Complaints List, Barriers to Discharge List, and the IFPC minutes were all reviewed. It was noted that the committee has several questions regarding the Barriers to Discharge List and that Ms. Higgins would be addressing those later in the meeting.

Under Community Connections, Ms. Gum announced the Mental Health America of Augusta would be holding their Annual Meeting on November 18, 2011. This year’s award recipients include: Mark Schorsch, Clyde F. Hoy Jr. Consumer Advocate Award; Hal Meyers, Volunteer of the Year Award; Pati Michael, Distinguished Service Award and NAMI “We Care”, Commendation Award.

Dr. Barber discussed the results of the SH appeal. The SHRC upheld the LHRC’s ruling. All recommendations made by the LHRC have been acted upon by the hospital and documentation was sent to all members of the LHRC. Dr. Barber discussed a recent investigation conducted by CMS. The investigation took place in early August following the sudden death of a patient who was being restrained at the time of death. The cause of death for this patient was determined to be heart failure due to a blockage; there were no negative findings with regard to restraint of the patient or procedures by staff during the incident. It was noted by CMS during the investigation that several WSH employees involved in the incident were not current in re-certification for TOVA and/or CPR. WSH was cited for a violation

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of patient rights (safety). It was mandated by Dr. Barber that staff would not be able to report to work if training was not current by September 16, 2011. Extra classes were added to the training schedule and all staff reported as compliant by September 16<sup>th</sup>. Preventative measures to ensure 100% compliance in training include the addition of a TOVA instructor position as well as an RN trainer and compliance reports being given in QPSC regularly. Dr. Barber discussed recent incidents of miscellaneous tools being found in random places throughout the hospital. These tools did not appear to be used by the WSH PPS Department. The WSH Safety Committee addressed this issue by sending reminders to staff to secure vehicles, PPS initiated a comprehensive inventory of all tools, and that ward searches be done monthly. An incident regarding confidential notes left in a nursing station by an Adult Protective Services worker was discussed. These notes were distributed and posted online. It is unclear what course of action will be taken as the notes were not WSH documents. July 2013 is the projected completion date for the new WSH. The move will likely take place the following fall as many training drills will need to be conducted in the new setting.

Ms. Higgins, WSH Social Work Department Director discussed the hospital discharge process, specifically the Extraordinary Barriers to Discharge List (EBL). The EBL is generated through a local database where clients are rated (scale 1-4) each week based on their level of discharge readiness. When a person is rated a "1" (ready for discharge) for more than 30 days they are then placed on the EBL. Clients on the list do not remain there for extended periods of time, there is a good flow as the list is heavily tracked by Ms. Higgins. The ratings mean everyone is reviewed and tracked allowing Ms. Higgins to follow up. Shelters are not a preferred placement, however at times this may be the client's choice. The CSB should follow up with clients that are discharged to shelters. In preparation for discharge, clients are taken on community bus trips, visits to Clubhouses and passes to discharge.

Ms. Caldwell, WSH Forensic Intake Coordinator discussed the hospital admission process. Ms. Caldwell stressed the importance of good relationships between mental health facilities and jails. Clients are moved through the system quickly which has cut admission waiting lists in half. In 2010 there were 252 forensic admissions and 316 civil admissions. The Admission Office follows a recovery model and has obtained several Peer Support Specialists who greet new clients coming in for admission. The Peer Support Specialists introduce new clients to PSR and the WSH treatment and recovery processes. Peers then follow up on the ward helping to ease the transition. When a client arrives at the WSH Admission Office they are greeted by the RN who asks if the client is okay, hungry, etc. The client is then "wanded" for security purposes, and orientation is conducted to obtain emergency contact info, releases, and to explain VOPA and other patient rights. The nurse and OD then assess the client and conduct a physical if the client agrees. The whole process takes about 2 hours from the time of admission to the time a peer shows the client to their ward.

Agenda requests for future meetings include: housing discussions.

The next meeting will be held October 24th at 12:30 p.m. With no further business to discuss and from a motion made by Mr. Meyers and seconded by Mr. Wade, the meeting was adjourned.

**APPROVED:**

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Donna Gum, Chair

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Elizabeth T. Little, LHRC Secretary

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