

Western State Hospital  
Staunton, Virginia  
*Local Human Rights Committee Meeting Minutes*  
*Jeffrey's Building, Rom 95 at 12:30*  
*January 23, 2012*

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

**Absent:** Kathy Belcher and Mark Schorsch, Committee Members

**Guests:** R, Patient

Ms. Gum, Committee Chair, called the meeting of the Local Human Rights Committee to order on January 23, 2012. A quorum of members was present. With a motion from Mr. Meyers and a second by Mr. Webb, the minutes from the November meeting were approved. The agenda was approved on a motion from Mr. Wade and seconded by Mr. Meyers.

The committee opened the meeting to anyone wishing to remark during the public comment period. Patient R indicated that he is attending to observe the committee and learn what they are all about. He is working on a list of concerns to present to the committee at a later date. Those present introduced themselves to R.

In the Advocate's Report, Mr. Collins indicated that December tends to be a slower month, primarily due to more discharges and more home visits. He also reported that he had received 8 requests for assistance that were not reflected on the complaint report. He has already received 8 to 10 requests for assistance in January. He again expressed the advantages of Mr. Seymour and him receiving certain reports such as the Security Search from which they are able to ascertain the need for the search, who authorized it, and the outcome. Another useful report is the Patient Incidents Report, specifically regarding patient-to-patient aggression. Mr. Collins discussed the CME (Continuing Medical Education) presentations which are held at Western State each Wednesday at noon in the Jeffrey's Auditorium. Members of the committee are welcome to attend these, and the topics are interesting and informative. Some of the upcoming topics are: Influenza Update, Hoarding, Law Enforcement Interrogation Techniques, Workplace Violence Risk Assessment and Columbine. A schedule for the remainder of this fiscal year is attached. Mr. Collins also reported on several issues facing the current General Assembly session as they pertain to DBHDS.

VOPA – There is a link on the VOPA website, [www.vopa.state.va.us/](http://www.vopa.state.va.us/), to a summary of the 2012 Legislative Session of the Virginia General Assembly bills that VOPA is watching.

Regarding the Complaint Report, there was discussion about 911 calls being made from the wards. This can be a frequent occurrence on the acute care wards because patients will call 911 stating that they are being held against their will. On Complaint #330, Patient JM stated, "our ward is going to get on fire." Discussion followed regarding how that would be possible. Do patients have access to matches, cigarette lighters, etc.? These are contraband and are occasionally found during ward searches. Staff members work to be diligent in their awareness of the presence of any contraband.

Extraordinary Barriers to Discharge Report: Housing limitations are generally the primary barrier to discharge – limitations in Discharge Assistance Program (DAP) funds, NGRI status patients who are awaiting court dates, and those awaiting guardianship hearings are also on the list. The question of

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Guardianship for an adult was raised. It is possible to have a guardian ad litem at any age depending on the situation being brought before the court.

IFPC Minutes: There were no comments or concerns regarding the minutes. Mr. Meyers raised a concern regarding grounds privileges at the new hospital and how much outdoor space would be available to the patients versus the grounds that they currently have available. His primary concern was that the only outdoor space would be the interior courtyard of the hospital and the size of that area. Ms. Harrison gave the group a brief overview of the new hospital grounds explaining that they would have multiple areas of grounds access. The interior courtyard will be the size of a baseball diamond. There is also an area outside of each "patient housing wing" of the hospital that patients can access in addition to an open area beyond the wings. The change is that all outdoor areas at the new hospital are visible from within the hospital so that staff members have the opportunity to monitor patient activity at all times for the purpose of patient safety.

Community Connections: Virginia Community Services Board website, [www.vacsb.org/](http://www.vacsb.org/), includes a link to legislation being considered by the current General Assembly session that they are monitoring along with their position on the legislation. A list of several bills being considered by the General Assembly is attached. Included with the list are the names and contact information for representatives and senators from our area as well as Governor McDonnell.

The committee would like to invite Lyn Hall and Cynthia Long to the next meeting to make presentations.

The State Human Rights Committee will meet at Western State Hospital on March 8, 2012. The Administrative Meeting begins at 8:00 A.M.; however, this portion of the meeting is open only to members of the SHRC. The formal meeting, which begins at 9:00 A.M., is open, and everyone is encouraged to attend. Mr. Collins is going to contact Dr. Barber regarding a possible tour of the new hospital site for the committee members.

**Upon a motion made by Mr. Meyers, the committee went into closed session pursuant to Virginia Code §2.2-3711 (1) for the purpose of discussion of medical record/treatment plans.**

**Upon reconvening in open session, all members of the Local Human Rights Committee certified that to the best of each ones' knowledge, only public business matters lawfully exempt from statutory open meeting requirements, and only public business matters identified in the motion to convene the closed session were discussed in closed session.**

A motion was made by Mr. Meyers that the information discussed in the closed session was approved as modified. The motion was seconded by Mr. Wade, and the motion passed.

Dr. Lee discussed the Primary Care Department at Western State Hospital. The department is made up of five full time employees, three physicians and two physician assistants, and two part-time employees, who split the duties of the sixth position, a physician assistant. Each ward is assigned a primary care provider to manage the acute and chronic medical care needs and the routine health maintenance needs of the patients on that ward. We are able to provide most routine medical services in-house such as standard x-rays and lab tests, and some urgent care services such as administration of IV fluids, antibiotics and breathing treatments. The types of services for which we take patients to Augusta Health and UVA are chronic conditions that are difficult to control, such as diabetes, or a new finding of a

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lung mass, some urgent or emergent care needs, depending on the acuity, or if we are not equipped for the situation, certain screenings such as colon or breast, and enhanced imaging such as CT scans and MRIs. Another important aspect of the Primary Care Department is to obtain consent for medications and procedures from the patient, their AR or their substitute decision maker. Even if it is clear that the patient does not have the capacity to consent, we still attempt to explain in a way that the patient can grasp what is being done. The Primary Care Department also maintains the circle of communication with ARs, family members and outside hospitals when a patient is taken to another institution for emergent care or is admitted to another hospital. Regarding the interface with Psychiatry, each of the providers determines which way they will interact with the psychiatrist on their ward. Some choose to have formal rounds weekly or bi-weekly and some choose to check in daily to go over important medical or psychiatric issues. It is really up to the Primary Care Physician and psychiatrist to determine which model works for them as long as it does happen. Many patients come to Western State with chronic or ongoing medical health issues such as diabetes, hypertension, heart disease, asthma and COPD. When patients need to go to Augusta Health or UVA for appointments or treatment, they are accompanied by a staff member and, if they are a forensic patient, a member of security staff. Western State is in the process of filling the position of physical therapist. Until such time, we have the option of utilizing the occupational therapy staff, Woodrow Wilson Rehabilitation Center's physical therapy staff, or local physical therapists in Staunton.

Ward Rule Review – C1/2: Dr. Steve Johnson attended on behalf of the ward. Mr. Wade made a suggestion; on page 3, under Cell Phones, where military time is used, that it be changed to 12-hour time for consistency, as 12-hour time is used elsewhere in the document. The preference by the committee is to use 12-hour time and enter military time in parentheses as military time is typically used throughout the hospital in medical records, etc. There were no other comments on the rules. Regarding the responses to the questions, Mr. Meyers noted that it is a positive step that they review the release/discharge process with the patients. Dr. Johnson clarified that these are guidelines for the patients, and it helps them understand what they need to do to work towards discharge. Mr. Meyers made a motion that the ward rules be approved as written. Ms. Campbell seconded the motion. The motion passed.

Mr. Collins asked Dr. Johnson for his perception of the smoking problem on campus. It is an active and ongoing problem. Some of the patients have a serious addiction to cigarettes, but they find ways to get them, on and off campus.

The next meeting will be held February 27, 2012 at 12:30 p.m. The May meeting date is on Memorial Day. This meeting will be changed to May 21<sup>st</sup>.

With no further business to discuss, the meeting was adjourned.

**APPROVED:**

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Donna Gum, Chair

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Glenda D. Sheffer, LHRC Secretary