

Western State Hospital
Staunton, Virginia
Local Human Rights Committee Meeting Minutes
Jeffrey's Building, Room 95 at 12:30
August 27, 2012

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

Guests: Tiffany Hewitt, Citizens' Council Member; Messrs. RS and DB, and Ms. PL, Clients

Mr. Meyers, Committee Chair, called the meeting of the Local Human Rights Committee to order on August 27, 2012. A quorum of members was present. With a motion from Mr. Webb and a second by Ms. Campbell, the minutes from the July meeting were approved with changes. The motion was approved by vote. Ms. Belcher inquired as to the status of the previously unresolved complaint that Mr. Collins discussed in last month's meeting. Mr. Collins advised that the complaint was resolved during a meeting with the authorized representative and Dr. Barber. Ms. Campbell made a motion to approve the agenda as written. Ms. Gum seconded the motion, and the agenda was approved by vote.

Public Comments: Mr. DB believes that patients should have the option to go from the dentist directly to sick bay. Currently, they are required to report to their groups when they leave the dentist's office, regardless of the procedure performed. He also indicated he would like for there to be a ward-wide announcement when it is cabinet time. It is currently being announced only to those in the day room, and those in their bedrooms are not made aware. He reiterated his concern of Ward C5/6 not having the same access to use the microwave as the other wards. They should be able to have frozen foods and hot soups like the other wards.

Mr. Meyers asked for further clarification on the issue of patients returning to groups following a dental appointment. This situation was raised by a patient at a Citizens' Council meeting, where she commented specifically on what had happened to her. Mr. DB has brought this to the LHRC as a result of that meeting. Mr. Schorsch commented that he had heard from another individual that they were concerned about the infection control aspect. When a patient has had a tooth extracted, the immediate follow-up care can be unsanitary and may pose a risk to other patients when the individual returns to the Stribling population. Ms. Harrison will research any policies or procedures regarding dental appointments and present her findings at the September meeting.

There was discussion regarding the rules for microwave use on each of the wards. Ms. Harrison will research the following: 1) Does every ward have a microwave? 2) Are the rules regarding microwave use different on each ward? And, 3) Is there a hospital policy or instruction regarding microwave use on the wards? Mr. Meyers asked whether each ward will have a microwave in the new facility. Ms. Harrison will research this also.

Ms. PL raised a concern over sanitary conditions in the bathrooms and the day room on B1. She feels they are not being cleaned appropriately; toothpaste remains on the sinks after patients have brushed their teeth, and the tables in the day room are not being cleaned with an anti-bacterial agent. Requests to the housekeeping staff to clean these areas better have been declined. Mr. Meyers asked Ms. Harrison to look into this issue as well.

Drs. Bass and Santiago, and Mses. Baxter and Shaw from ward C7/8 presented the ward rules. Members of the committee noted minor typographical and grammatical changes they felt were

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appropriate, as well as the wording of rules #6 and #16. It was also recommended that they include instructions for where to find or how to obtain a copy of the Blue Book. Ms. Gum made a motion to accept the ward rules with the above changes. Ms. Belcher seconded the motion which passed by vote.

The Ward A2 rules were presented by Drs. Showalter, Curry-El and Lee, and Mses. Horst, Heyward and Wimer. To prepare for possible revisions, they passed out a form to the residents requesting their input on any concerns or anything they wanted to address relative to the ward rules. This was done on two occasions. They also held a team meeting to discuss the items that were presented. Primarily, the concerns were more coffee, increased privilege levels, more shower stalls and access to locked bedrooms. They made changes to the ward rules to address those items that could be changed. Ms. Gum suggested that the word difficulties be changed to issues or challenges on page two, "psychiatric and/or emotional difficulties...". Ms. Campbell made a motion to accept the ward rules with the noted revision, and Ms. Belcher seconded the motion. The motion passed by vote.

Drs. Bonacci, Gardella, McFarland and Rawls, and Mses. Nulty, Hayes and Wilson presented the rules for Ward B2. Mr. Seymour suggested that the wording regarding levels, or freedoms, be changed to be consistent throughout the document. Ms. Belcher recommended that they review the formatting and layout of the document to make it easier to read. Mr. Schorsch commented on the use of the word difficulties in the opening paragraph, and suggested that it could be changed to issues or challenges. He also suggested that they include instructions for where to find or how to obtain a copy of the Blue Book. Mr. Webb made a motion to accept the rules with the recommended changes. Mr. Schorsch seconded the motion, and it passed by vote.

A patient on C5/6 contacted Mr. Collins regarding the phones on C Unit not working. Ms. Harrison provided information regarding the cause of the disruption in phone service. The decision was made to remove the pay phones from the units and install "courtesy phones". The reason for the change is that the pay phones are cost prohibitive for the patients, using a considerable amount of their prepaid minutes just to connect a long distance call. The courtesy phones will allow patients to make local calls at no charge, and long distance calls without the connection surcharge being deducted from their prepaid cards. C Unit was selected as the first building to receive the courtesy phones. The pay phones were turned off to prepare for the installation and activation of the courtesy phones. Verizon notified Western State after the pay phones were taken out of service, that there was a problem with how the lines for the courtesy phones are assigned. They also stated that correcting this problem would take some time. WSH attempted to install standard phone lines in the interim but found that patients were placing long distance calls without using their prepaid cards. The correct lines will be operational on August 28th. In the interim, all calls are going directly to the Nurses' Station where messages are being taken, and patients are allowed to use the treatment room to make personal calls. Now that Verizon has clarified what they need to make this conversion, the hope is that the installation of courtesy phones in the other units will be more fluid and transparent.

Upon a motion made by Ms. Gum, 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.

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Community Connections: The Legislative Forum was very good. The annual meeting is November 16th. The theme will be Spokes of Recovery, which has been the theme for this year. The On Our Own group from Charlottesville will be providing the program for the meeting.

Western State Hospital will be relocating in approximately 12 months. The Relocation Committee, a multi-disciplinary team, has begun to prepare for the move by figuring out the details of moving patients, patient property and staff to the new facility. Ms. Harrison is leading this committee. One of the items being addressed is patient storage. The current facility has considerable storage space for patients' personal belongings; however, in the new facility, there will be much less space for personal items, and the committee has had to develop guidelines for reducing the amount of personal property and belongings that patients keep at the hospital. A copy of the plan and guidelines is attached. The committee reviewed the amount of space available for patient storage in Materials Management at the new site and determined that it is approximately two boxes, or storage containers, for patients' personal belongings, such as off-season clothing, that won't be kept in their individual room. While the individual rooms are bigger, there is a limit to the amount of belongings patients are allowed to keep in their rooms in order to maintain safe, sanitary conditions. A sub-committee has addressed these issues and developed the proposed plan and guidelines. Ms. Belcher raised the question of patients needing to move out of their homes during their hospitalization. Ms. Harrison noted that the hospital will work closely with the CSBs and family members in these situations. The CSBs are already beginning to look at possibilities for assisting, such as shared warehouse space. Mr. Meyers commented on the provision for the amount of storage space to increase based on the patient's length of stay, and that he feels this is a positive move. The committee considered the belongings of current patients and determined that only 21 of those patients exceed the storage capacity at the new site. Ms. Harrison will bring one of the storage containers to the next meeting. Ms. Haw asked if the committee had sought the input of any current or former patients in developing this proposal. Ms. Harrison indicated that the amount of space available dictated the terms of the proposal; however, an example of the storage containers will be placed on each ward and treatment teams are encouraged to review the proposal with patients so they have an opportunity to comment or ask questions. There will also be a mock patient bedroom available for patients to tour in order to see what their rooms will look like and what space they will have available in the room. Mr. Schorsch asked for additional information regarding how patient belongings are currently handled upon their arrival at WSH, and how they obtain the necessary items to re-establish a home in the community. Most patients arrive with very few belongings. They tend to accumulate items during their stay, from Wal-Mart, for example. Volunteer Services receives donations from local retailers, such as Target, of household items and these are made available to individuals who are setting up a new home. A motion to approve the proposal was made by Ms. Belcher. The motion was seconded by Ms. Campbell and passed by vote.

In the Advocate's Report, Mr. Collins advised that the Department of Justice agreement was signed by the Federal Circuit Court judge the previous week, so the process of relocating the current residents of the training centers is proceeding as planned. Mr. Collins received 20 cases of patient complaints that were not on the complaint report. The cases ranged from the case mentioned earlier that was resolved with a meeting between Dr. Barber and the patient's authorized representative to attending TPC meetings with patients. Mr. Collins has also attended Citizens' Council meetings.

Mr. Seymour has received 18 cases this month. Many of the cases he receives are the patient asking why they are here and when can they be discharged or what can their team do to help facilitate

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their discharge. He believes that patients are relieved just by having the advocate attend a TPC meeting or recommitment hearing with them.

VOPA – Ms. Haw had nothing to report.

Regarding the Complaints List, the comments in the resolution section for #183 do not seem to address or resolve the patient's concern. Complaint #187 is also not clearly resolved. Mr. Collins explained that the complaint list is currently in a transition to a new staff member, Barbara Nulty, writing the reports. He is planning to speak with Ms. Nulty regarding recent concerns of complaint resolutions not being clear on the report in an effort to improve the quality and thoroughness of the report. Complaint #199 is concerning because of the serious nature of the complaint. Mr. Seymour responded that the male patient referenced in this complaint has harassed several of the female patients on the ward. Staff has worked toward segregating him from the female population as much as possible until he can be transferred to an all-male ward.

Extraordinary Barriers to Discharge Report: There was a brief discussion regarding the limited funding available to assist patients returning to the community.

IFPC Minutes: Ms. Belcher raised a concern that the information provided on this report is not beneficial in determining whether any human rights issues need to be addressed. Mr. Collins indicated that it is important to demonstrate to the IFPC that the LHRC is reviewing these minutes.

The next meeting will be held September 24, 2012, at 12:30 p.m.

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

APPROVED:

Hal Meyers, Chair

Glenda D. Sheffer, LHRC Secretary