

Western State Hospital
Staunton, Virginia
Local Human Rights Committee Meeting Minutes
Jeffrey's Building, Room 95 at 12:30
June 24, 2013

Present: Hal Meyers, Committee Chair, Donna Gum, Kathy Belcher, Rob Wade, Mahlon Webb, Committee Members; Mark Seymour, WSH Advocate; Ellen Harrison Liaison to WSH Director

Absent: Heidi Campbell, Member; Chuck Collins, WSH/Regional Advocate; Marina Caro, VOPA Advocate

Guests: Patient AH, Patient TH, Clients; Tiffany Hewitt, Citizens' Council

Mr. Meyers, Committee Chair, called the Local Human Rights Committee to order on June 24, 2013. Mr. Wade noted that a quorum of members was present. Minutes from the May meeting were not available and will be reviewed at the July meeting. The agenda was approved by a motion from Mr. Webb, a second by Ms. Belcher and a vote of the committee.

During the public comment time, Ms. AH, a resident on Ward A6, indicated she would like to have her bottom dentures returned to her. They were taken away some time ago by the dentist due to lesions in her lower jaw. She has been told by the dentist that her psychiatrist, Dr. Walling, needs to write an order for her to begin using the dentures again. Mr. Seymour advised Ms. AH that he will consult with Dr. Walling regarding this situation. Tiffany Hewitt, with the Citizens' Council, advised the committee that Ward C5/6 changed their ward rule regarding cabinet time. They had decided that snacks will be provided in 8 ounce cups only, regardless of the type of snack. Following a formal complaint from a patient, the rule was revised again; however, Ms. Hewitt simply wanted to make the committee aware that the rule was changed approximately one month after the review and approval by the LHRC. Ms. Belcher suggested sending a reminder to the treatment teams that rules cannot be changed following approval by the LHRC. Mr. Meyers asked Ms. Harrison to communicate this information to the treatment teams. He also requested that she reiterate the need for finalizing ward rules 90 days following the move.

Mr. TH, a resident on Ward C1/2, has come to the LHRC to discuss a concern he has with video phones. Mr. H's comments were translated by an ASL interpreter. Mr. H has been told that Ward A6 has a video phone for patients' use; however, C1/2 does not have a video phone. He has addressed this to the treatment team who has responded that they don't know whether a video phone can be made available, and hasn't helped him at all with this issue. There is a TTY device available on C1/2; however, this technology has become outdated and very few deaf individuals continue to use this communication tool. He also noted that there are long distance phone charges associated with using the TTY and considerable frustration in using the device. He is the only deaf patient in the hospital who is not on Ward A6, and is, therefore, the only one without access to a video phone. He was on Ward A6 in the past; however, the treatment team asked him to move to C1/2. He will need to reach a privilege level of 7 before he will be allowed to move back to A6. Mr. H needs to undergo sex therapy from an outside therapist prior to increasing his privilege level. He has been a resident of Ward C1/2 for nine years. Mr. Seymour inquired whether Mr. H has been able to make phone calls during his time on Ward C1/2. He indicated that he has, using the TTY device; however, he only uses it for

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local calls due to the cost of long distance calls. Video phone has no long distance fees. Ms. Belcher asked Mr. Seymour to research this matter to obtain more information. Mr. H indicated his frustration at not being allowed access to a video phone while Ward A6 as well as the Stribling building currently have video phones. Mr. Seymour will contact Dr. Jana. Mr. Meyers suggested that Mr. H attend the July LHRC meeting, during which this topic will be addressed further, and he asked Ms. Harrison to perform research as well related to the hospital's response to the request for an additional video phone as well as the number and placement of video phones at the new facility.

Mr. Seymour has received 14 calls for assistance from patients since the last LHRC meeting. These requests varied in nature from needing better communications with treatment teams, least restrictive treatment, discharge planning, one who needed assistance with an optometry appointment, and one who needed a neurological work up. One topic that he hears fairly often is regarding the hospital bill. Patients here can be suddenly faced with an enormous bill for the services they received during their hospitalization. The majority of the expense is written off; however, in some cases, patients will receive bills ranging from \$80,000 to \$200,000, the stress of which may lead to an exacerbation in their symptoms. These bills can be unsettling and even scary to individuals who are already struggling with mental illness. One individual made allegations after arriving at Western State of sexual harassment at another facility where she had been a patient. WSH is currently communicating with the other facility regarding this issue.

Mr. Seymour also noted items of interest occurring at the State level. He and Mr. Collins will be in Richmond on Wednesday afternoon and all day Thursday looking at a number of things including a re-writing of the complaint process. He is not sure at this time how the process will change except that it should become a more simplified process. Central Office is currently reviewing a "one-size-fits-all" complaint process.

Regarding the recent survey that was taken, Old Dominion University, has tabulated the results. The following is a summary of what was received: 337 consumers, including family members, responded; of consumers who have used the human rights process, 20 responded; 19 advocates responded; 88 LHRC members responded statewide; and 366 providers responded. The results indicated that 70 – 75% or more of those surveyed think that it is easy for consumers to make or find out how to make a complaint. Approximately 2/3rds of the consumers agreed that the complaint process is easy to understand. For those consumers who have not filed a complaint, 55.5% indicated it was because their rights had not been violated and 14.8% said they were able to resolve the issue without making a complaint. More than half of consumers agreed that their thoughts or feelings were valued or their voice was heard during the complaint process. When asked what works well, respondents indicated advocates participation in LHRC meetings, LHRC functions of reviewing provider data on allegations of abuse / neglect, abuse complaints, revising policies and practices that may affect the rights of individuals. When asked what does not work well, 42% of consumers don't remember or are unsure if they received their notice of rights, which further emphasizes that when patients initially arrive at an Admissions Office, they are bombarded with information and may not remember that advocates are available or how to contact that individual. 17.2% of consumers felt no human rights process exists; 81.6% are

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unsure or do not understand that LHRCs are independent of DBHDS, which may indicate there is a perception that the LHRC is subject to DBHDS oversight. Some other areas which don't seem to be working well are limited or problematic reporting methods, redundant policies and paperwork, contradictory language in policies within the regulations, inconsistent reporting and interpretation of the regulations and the two least important functions of the LHRC as judged by the questionnaire were 1) reviewing or commenting on applications for variances and 2) commenting on behavioral treatment plans involving the use of seclusion, restraint and time out. As a facility LHRC, we do more of that than a community LHRC, and the bulk of the LHRCs are community based, not facility based. More information will be forthcoming regarding the survey and how the results will be utilized to improve the services we provide.

Dr. Lee Ann Bass and Mary Baxter, RNC, presented the C7/8 Ward Rules. There are no significant changes to the ward rules proposed at this time. When WSH moves to the new facility, Wards C7/8 and A6 will merge into one patient care unit, and will, therefore, be creating new rules to accommodate the needs of the residents from each unit. They did ask their residents to make suggestions for changes to the rules, and one individual did ask that the cut-off time for ordering takeout meals be changed from 7:00PM to 7:15PM. The team felt that this was a reasonable request and would not interfere with other functions so the change was made. With a motion by Mr. Webb and a second by Ms. Belcher, the committee voted to approve the Ward C7/8 Rules.

Ward A2 was represented by Dr. Ken Showalter, Dr. Jim Lee and Sue Horst, RNC. On two different occasions, there was a form provided to the patients that had all the headings and ward rules. Ms. Belcher commended the A2 treatment team on their approach to requesting feedback about the ward rules from patients. They also gave the patients the opportunity to discuss the ward rules and possible changes at the morning meetings. As a result of these discussions, the suggestion was made for nursing services to improve the schedule of activities and to post the schedule. Otherwise, there were only minor changes to the rules. They anticipate more significant changes following the move. There was a change made on page 4 under Access to Personal Items. This previously stated that patients could have two items per cabinet time, including drinks (drinks counted as an item) and has been changed so that drinks do not count toward the two items. On page 5, under Clothing, the statement that was inserted was moved from the last page for clarification purposes. The statement did not change, it was merely moved. On page 6, under Mail, the last sentence was rewritten to improve its presentation. Mr. Wade suggested that the phone number for the advocate's office be added to the area discussing the Blue Book to improve the patients' access to the advocates and also explain the complaint process. This is something all wards are being asked to do. Mr. Wade made a motion to approve the ward rules and Ms. Gum seconded the motion. The approval of the Ward A2 Rules was approved by vote of the committee.

The following treatment team members presented the Ward Rules for ward B2: Dr. Bob Gardella, Dr. Jeff Bonacci, Dr. Christy McFarland, Stacey Hayes and Eva Wilson, Social Workers, Bob Argiro, RNC, and Donna Nulty, Mental Health Worker. Dr. McFarland noted that the changes to the ward rules this year are primarily cosmetic; she used a format similar to that used by several other wards. The additions that were made were the result of management

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direction, adding Blue Book and advocate information, response to emergency situations. There were a few additions to the level system relating to NGRI patients. Mr. Meyers indicated that the committee was very impressed with the paragraph that was added on page 2 that includes the advocates' phone numbers. Mr. Schorsch made a motion to approve the Ward B2 Rules and Ms. Gum seconded the motion. The committee approved the ward rules by vote.

HIPAA Confidentiality Agreements were sent to committee members with the meeting packets. Each member is required to sign the agreement due to the personal health information that is shared with the committee during closed sessions when they are asked to review and approve special treatment plans. The agreement needs to be signed annually.

Ms. Harrison advised the committee that the hospital launched the pilot electronic health record system, One Mind, today. The pilot includes four medical / surgical beds in the MAC unit.

The committee bylaws indicate that new officers will be elected annually. Officers may be re-elected for a second one-year term. The current officers are Mr. Hal Meyers, Chair, Ms. Donna Gum, Vice Chair, and Mr. Rob Wade, Secretary. Mr. Webb nominated Mr. Wade to serve a second term as Secretary. Mr. Webb nominated Ms. Belcher for the position of Vice Chair. Mr. Wade nominated Mr. Meyers for a second term as Chair. Mr. Meyers suggested that considering that his membership will end next year, that whoever is selected to replace him as Chair begin co-leading the meetings with him several months prior to installment of new officers. The committee approved the three nominations by vote.

Upon a motion made by Mr. Wade, the committee went into closed session pursuant to Virginia Code §2.2-3711, a.15 and §2.2-37.05.5 for the purpose of discussion of medical record / treatment plans for Ms. EB.

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.

There were no comments regarding the Complaint Report.

In reviewing the Extraordinary Barriers List, it appears that in the majority of cases the barriers are at the community level.

Internal Forensic Privilege Committee (IFPC) Minutes: No comments.

Clinical Risk Management Committee (CRMC) Minutes: No comments.

Community Connections: Wednesday, June 26th the VFW Hall will be hosting a forum on PTSD and Suicide. August will be a busy month – August 1st at 11:30 the Mental Health Coalition will meet; on the 7th MHAA will be doing the Fair Community Night; the following Thursday, they will be the sponsor organization for Shakin'; Sunday, August 25th they will host a gospel / blue grass concert at White Hill Church of the Brethren; on Tuesday, August 27th is the

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legislative forum. Sweet Dreams will be held the last Saturday of July, the 27th, at the Stuarts Draft Park.

The next meeting will be held July 22, 2013, at 12:30 p.m.

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

APPROVED:

Hal Meyers, Chair

Glenda D. Sheffer, LHRC Secretary