

Western State Hospital  
Staunton, Virginia  
*Local Human Rights Committee Meeting Minutes*  
*Jeffrey's Building, Room 95 at 12:30*  
*September 22, 2014*

**Present:** Rob Wade, Committee Chair, Kathy Belcher, Karen Cochran, Mary Stern, committee members; Chuck Collins, WSH/Regional Advocate; Mark Seymour, WSH Advocate; Erin Haw, dLCV Advocate; Becky Shaw, Liaison to WSH Director

**Absent:** Heidi Campbell, Vice Chair, Mark Schorsch, Mahlon Webb, committee member

**Guests:** Mr. Matt Taylor, Social Work Intern at MHAA

Mr. Wade, Committee Chair, called the Local Human Rights Committee to order on September 22, 2014. Mr. Wade noted that a quorum of members was not present; therefore, any decisions made today will require the review and approval of a quorum of members. The minutes from the August 25<sup>th</sup> meeting were reviewed. The minutes from the emergency meeting on September 15<sup>th</sup> were also reviewed. The agenda was accepted.

There were no guests in attendance for public comment. Mr. Wade, however, noted that the Staunton News Leader featured an article Sunday regarding jail conditions for the mentally ill. The article stated that some of these individuals have committed no crime and others are unaware of their crime. The most concerning aspect of this information is that these people may not be receiving the psychiatric care they need.

Discussion of the jail concerns prompted the mention of a new Mental Health Court that has been established in Staunton. This court has been called “therapeutic court” and is intended to provide an alternative to incarceration. The Honorable Chap Goodwin presides, and this court is held twice a month on Thursdays. This is a greatly improved method of helping those who have gotten into the judicial system but need psychiatric care.

Mr. Wade queried the committee to determine whether anyone had any Community Connections to share. There were no comments.

The 2 Pine Unit rules were presented by Dr. Judith Curry-El, Dr. Erin Gallagher, Dr. James Lee, Sue Horst, RNC and Nancy Wiseman, Mental Health Worker. The majority of patients on 2 Pine are forensic. There have been few changes in the unit rules this year. The word “ward” has been replaced with “unit”; “Rules” was changed to “Policy”; and “Nursing Station” changed to “Team Center”. There were also changes in some of the schedules. The most major changes were regarding the level system to align with the hospital-wide level system. Another important change was removing the requirement for restraints for all patients coming in from jail.

Dr. Mary Clare Smith, Acting Hospital Director, joined the meeting. Dr. Smith began by speaking about patient admissions. The current census at WSH is close to the maximum capacity. If the maximum is reached, WSH may refer patients to other facilities. Efforts to avoid using cots and other temporary beds continue; however, that may become necessary. The hospital does have the right to refuse patients who are acutely medically ill, as the hospital does not have the necessary treatment options to provide sufficient care for these individuals.

The Intellectually Disabled (ID) population at the hospital has increased as a result of the Training Center closings, which is creating unique needs specific to each individual. Many

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group homes will not accept these patients because they are unable to manage them. Central Office is considering having established ID beds in specific facilities.

Commissioner Ferguson is developing a task force to look at various types of patients and any special needs and may consider establishing programs specific to those needs.

Implementation of the electronic medical record is a high priority for the department, and while the system will have great advantages, the implementation process involves a great deal of hospital resources.

Patient complaints are reviewed by Dr. Smith regularly. Mr. Trent Humphries, Hospital Investigator, and Ms. Kim Burns, who is the initial contact in the Director's Office regarding complaints, both have open access to Dr. Smith. Dr. Smith carefully reviews all investigations and complaint resolutions prior to signing them.

The Psychiatric Bed Registry is a convenient and efficient tool for healthcare professionals in need of psychiatric beds. Central Office tracks use of the database to ensure that all facilities are updating their information no less than every 24 hours, even when there are no changes. When changes are made to the registry, all users see them in real time.

The increased rate of discharges the hospital has recently experienced has not affected the re-admission rate. The hospital continues to monitor whether they are providing appropriate, sufficient care. Community resources are utilized whenever available to assist patients in leaving the hospital when they are ready.

In the Advocates' Report, Mr. Collins advised the committee that he will be retiring in approximately 6 months (early Spring). He and Mr. Seymour will be working with their supervisor to ensure this transition is as seamless as possible. Mr. Seymour will be the Acting LHRC Advisor while the department engages in recruitment of a replacement for Mr. Collins.

Ms. Erin Haw, Advocate with the disAbility Law Center of Virginia (dLCV), noted that the dLCV goals and objectives for the fiscal year have not been finalized at this time. When they are final, hopefully by October 1<sup>st</sup>, they will be placed on the organization's website for public review.

There are very few complaints for this month. Mr. Seymour commented that the mild weather is allowing patients to have more fresh air time which may result in fewer complaints and problems. Ms. Stern noted that all of the complaints this month appear to be from patients who are still quite sick and none raise any significant concerns.

Funding continues to inhibit the discharge of patients appearing on the Extraordinary Barriers List. Another difficulty patients face is that many nursing homes are reluctant to accept patients due to prior behavioral difficulties. The nursing homes also prefer not to hold beds for patients who leave to come to WSH due to the uncertain timeframes involved in their treatment.

The Internal Forensic Privilege Committee (IFPC) minutes and the Clinical Risk Management Committee (CRMC) minutes were reviewed. No comments were made.

**Upon a motion made by Ms. Stern, 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.**

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Dr. Jason Stout and Dr. Steve Nichols presented the treatment plan for Mr. TS for quarterly review.

**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.**

The next meeting will be held October 27<sup>th</sup>, 2014, at 12:30 p.m. in Room A1085 of the Staff Development Offices. The committee has chosen Monday, December 1<sup>st</sup> as the date for the November / December combined meeting.

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

**APPROVED:**

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Rob Wade  
Chair

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Glenda D. Sheffer  
WSH Administrative Assistant to LHRC