CATAWBA HOSPITAL CATAWBA, VIRGINIA

MINUTES

COMMITTEE NAME:	Local Human Rights Committee	
MEETING DATE:	March 10, 2010	MEETING TIME: <u>3:00 PM</u>
PLACE:	Building 24 - Lobby	
MEMBERS PRESENT:	Carolyn Heldreth, Chairperson; Dianna Parrish; Bo Miller; Valarie Robinson; Millie Rhodes; Will Childers; Letitia Malone	
MEMBERS ABSENT:	Rena Ferguson, Vice Chairperson; JoAnn Patterson	
OHR STAFF PRESENT:	Nan Neese, Regional Advocate	
CH STAFF PRESENT:	Jack Wood, Director; Walton Mitchell, III, Vice-President of Patient Care Services	
LGH STAFF PRESENT:	Leigh Frazier, Clinical Service Health	es Director, Lewis Gale Center for Behavioral
CHS STAFF PRESENT:	Judie Snipes, Privacy Officer; Mala Thomas, Director of Behavioral Health	
GUESTS:	None	

MEETING AGENDA – MAIN POINTS DISCUSSED:

- 1. <u>Welcome and Introductions</u> *Please note, this meeting was postponed from February 10, 2010 due to inclement weather.* Mrs. Heldreth, Chairperson, called the meeting to order and began the introductions.
- 2. <u>Review of Minutes:</u> The minutes of the December 9, 2009 meeting were approved.

Review Date: <u>No further review</u>

3. <u>Advocate's Report (Nan Neese)</u>: The Piedmont Community Services and that area's providers returned to Region VI of the Office of Human Rights. The affiliates of this Committee will remain as Region III. The Region III Annual Report was submitted to the State Committee and there was discussion about the fact that for the first time Catawba Hospital does not have an Advocate located here full time. Other state facilities' residents are also being served by the Regional Advocates.

Review Date: No further review

4. <u>Catawba Hospital Reports (Jack Wood):</u>

- a. <u>Admissions and Discharges:</u> Both admissions and discharges decreased from December 2009 to January 2010, although the numbers for this time of year are historically lower and are expected to increase in the coming months. The average length of stay for both the adult and geriatric population increased due to several long-term patients being discharged. There were seven readmissions within 30 days in December, which decreased to only three readmissions in January.
- b. <u>Restraint Usage:</u> One patient continues to account for the majority of the behavioral restraints, although the time spent in restraints has decreased dramatically. The staff has been diligent in

finding alternative methods to deal with this patient's aggression. Protective Restraints excluding enclosure beds continue to increase, however this is reflective of our current geriatric population and an effort to minimize falls risk. The use of enclosure beds has decreased slightly, which has also had an impact on the increase of other protective restraints. As always, least restrictive measures are pursued prior to using the enclosure beds and the level of treatment is reviewed weekly by physical therapy and the physician to see if the patient's falls risk has decreased.

- c. <u>Complaints/Serious Injury/Deaths:</u> There were a total of 3 complaints handled through the informal process and all complaints have been resolved in a manner acceptable to the individuals involved. No formal complaints were filed during December and January.
- d. <u>Other Business:</u> Mr. Walton Mitchell, Vice President of Patient Care Services, reviewed updated Unit Rules for Catawba Hospital reflecting minor changes. The Committee members present voted unanimously to adopt these changes.

Review Date: No further review

5. <u>Lewis-Gale Center for Behavioral Health Reports (Leigh Frazier):</u>

- a. <u>Admission & Discharges:</u> Admissions and discharges remain consistent for December and January. Readmission rate is down considerably.
- b. <u>Restraint Usage</u>: There were no seclusions during this reporting period and restraint usage remains low with only 3 events in December and none in January.
- c. <u>Complaints/Serious Injury/Deaths:</u> There were 6 complaints addressed through the informal process. All were resolved to the satisfaction of the individual or family and no formal complaints were filed. There were seven reported illnesses and two injuries, all of whom were treated in the Emergency Department and retuned to Behavioral Health. There were no deaths.
- d. <u>Other Business:</u> The facility is in the process of revising the Restraint Policy & Procedures. Once the revisions are final, the new policy will be brought to the Committee for review.

Review Date: No further review

6. <u>Carilion Behavioral Health (Judie Snipes/Mala Thomas):</u>

- a. <u>Admission & Discharges:</u> Admissions on the adolescent ward increased sharply in December and remained relatively high in January. Admissions and discharges on the Adult ITU remained slightly higher in December, and tapered off somewhat in January. Readmissions within 30 days were down.
- b. <u>Restraint Usage:</u> There were 2 episodes of behavioral restraints involving 2 adult patients in December. During the month of January, there were 3 restraint episodes involving 2 adolescents with each episode averaging approximately 15 minutes.
- c. <u>Complaints/Serious Injury/Deaths:</u> There were seven complaints handled through the informal process, all of which were resolved to the satisfaction of the clients and/or their families. No complaints were filed through the formal process. There were no serious injuries reported or Restriction of Rights, nine patients required medical treatment, and there were no deaths.
- d. <u>Other Business:</u> Ms. Snipes reviewed with the members the concerns regarding the proposed Medicaid budget cuts to the mental health population and services with a reminder that citizens have the right to contact their appropriate congressional representatives about issues.

Review Date: No further review

7. <u>Other Business:</u>

None.

8. <u>Next Meeting:</u> April 14, 2010.