

**CENTRAL STATE HOSPITAL
LOCAL HUMAN RIGHTS COMMITTEE MEETING
MINUTES**

**Central State Hospital
26317 W. Washington Street
Building 113, Main Conference Room
Petersburg, Virginia 23803
December 4, 2009
8:30 am Regular Meeting**

Attendance:

Jane Clayborne- Chair; William Lightfoot, Member; Linda Masri -Member; Hannibal Tuck, Member; Isabel Vartanian, Member

Guests:

Dr. Charles Davis, CSH Facility Director; Ronald, Forbes, CHS Medical Director; Jennifer Barker, CSH Director of Patient Relations; Jim Bell, CSH Forensic Director; Michael Curseen, Region IV Human Rights Manager/OHR; Ansley Perkins, Human Rights Advocate/OHR

Absent:

Hite, Violet, Vice-Chair; Taylor, Jillian, Secretary;

I. Call to Order: 8:35 am

II. Minutes of November 6, 2009, Meeting

Action: The minutes for the November 6, 2009 meeting were approved.

III. Public Comment

None

IV. New Business

A. Monthly Variance Report for November 2009 – Presented by Jim Bell, Forensic Director

Mr. Bell reported no Human Rights complaints regarding the four forensic variances for this reporting period.

Action: The Committee approved a motion to accept Mr. Bell's reports.

(Executive Session)

The committee approved a Motion to move into Executive session pursuant to VA Code 2.2-3711 (A), Paragraph 15, for the protection of the privacy of individuals and their records in personal matters not related to public business.

The following subject matters were discussed in Executive Session:

Monthly Abuse Summaries – October 2009

Formal Human Rights Complaints –November 2009

Update Spit Mask Usage – November 2009

LHRC Follow Up: Response to Public Comment by S. S.

(Return to Open Session)

Upon reconvening in open session, the Central State Hospital Local Human Rights Committee certified that to the best of each member's 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

B. Monthly Abuse Summary for October 2009- Presented by Jennifer Barker, Director of Patient Relations.

Mrs. Barker presented Monthly Abuse Summary for October.

Action: The Committee approved a motion to accept Mrs. Baker's summary. Due to concerns regarding the disposition of a case, the Committee also requested to review a redacted copy of case # 2009-0098 at the January 2010 LHRC meeting.

C. Formal Human Rights Complaints for November 2009 – Presented by Jennifer Barker, Director of Patient Relations.

Action: The LHRC approved a motion to accept Mrs. Barker's report.

D. Seclusion and Restraint Report- Presented by Dr. Charles Davis MD, Hospital Director

Dr. Davis reviewed the hospital's seclusion and restraint data comparisons for November 2009 and November 2008 with the LHRC.

Action: The LHRC approved a motion to accept Dr. Davis' report.

E. CSH Compliance with Reporting Requirements for Use of Physical Restraints – Presented by Michael Curseen, Region IV Human Rights Manager

Mr. Curseen shared a recent e-mail received from Marion Greenfield, Director, Office of Quality Management concerning DBHDS facilities compliance with all requirements associated with the use of restraints. Mr. Curseen shared that according to a recent review of AOD 24 Hour Reports

for November 2009, several patients were identified as requiring hands on assistance while receiving IM medications. However, there was no indication that these events had been recorded or reported as physical restraints. Mr. Curseen reviewed the guidelines received from Ms. Greenfield with the LHRC and explained that all physical restraints must be treated as restraints and documented in the clinical record. Additionally, when a physical restraint is used to administer an IM medication, irrespective of how brief the use of the restraint, it is a reportable event and must be documented in the clinical record.

Dr. Davis stated that the hospital is working on capturing this data in order to comply with the Rules and Regulations and the departmental guidelines and plans to include procedures in a revised version of the hospital's restraint policy.

Action: The LHRC approved a motion to review the revisions to the hospital's restraint policy at the January 2010 LHRC meeting.

F. Spit Mask Usage – November 2009: Reported by Michael Curseen

Mr. Curseen reported that there was no usage of spit guard for month of November.

Action: The Committee made a motion to accept Mr. Curseen's report.

V. Follow-up Business:

1. LHRC Follow-up RE: ECT Policy Revisions ~ Presented by Dr. Ronald Forbes, M.D., Medical Director

Dr. Forbes reviewed the final draft of the revised ECT policy which included all revisions previously requested by the LHRC. The final draft will be submitted to the CSH Medical Executive Committee for approval and will then be placed on the hospital's intranet website.

Action: The Committee motioned to approve the final revisions to the Draft ECT policy as presented by Dr. Forbes report. The Committee also approved a motion requesting that Dr. Forbes present the final approved version of the ECT Policy to the LHRC once the draft has been approved and finalized by medical executive committee.

2. LHRC Follow-up RE: Review of Policy Concerning Management of Suspected Rape and Incidents of Patient Related Sexual Activity (CSH Policy RM-05e) ~ Jennifer Barker, Director of Patient Relations.

Mrs. Barker reviewed and discussed policy RM-05e with the LHRC. The committee raised concerns regarding the amount of training of those individuals designated to provide emotional support following an alleged incident of rape or other sexual trauma are receiving and also raised

questions regarding the preservation of evidence collected.

Action: The LHRC approved a motion requesting that the hospital include a specific training curriculum for staff designated to provide emotional support to patients following allegations of rape and sexual assault. The LHRC also approved a motion for Ms. Bailey, Director of patient Relations and Mr. Lightfoot, LHRC Member to review CSH Policy # RM-05e for suggestions for preserving the chain of evidence following an allegation of rape or sexual assault.

3. **LHRC Follow-up RE: Review of Chair's Written Response to Public Comments of S. S. ~ Jane Clayborne, Chair**

The LHRC reviewed the written comments addressed to S. S. prepared by Ms. Clayborne on behalf of the Committee.

Action: The Committee made a motion to approve the written comments prepared by Ms. Clayborne on behalf of the Committee. The Committee agreed to hold LHRC meetings in the Forensic Unit in bldg. # 39 on a quarterly basis beginning in February 2010. The hospital agreed to post notices of the LHRC meeting schedule in public places that are accessible to patients in the Forensic Unit.

4. **LHRC Follow up RE: Hospital's Provision of Clerical Support for the CSH LHRC ~ Charles Davis, M. D., Hospital Director, Advocate**

Dr. Davis informed the LHRC that Mrs. Jennifer Barker, Director of Patient Relations has been appointed to provide clerical support to the CSH LHRC. Clerical support will include the assembling of LHRC packets for Committee members, Advocates, Hospital Director and designees for each meeting and mailing of packets to LHRC members.

Action: The Committee approved a motion to accept Dr. Davis' appointment of Mrs. Barker as the designated clerical support person to the CSH LHRC.

VI. Director's Comments:

Dr. Davis shared that Western State Hospital conducted a ground breaking ceremony for its new hospital complex and the Commissioner was present. Dr. Davis also shared that the CSH Administration Building – 113 is in the midst of having a new roof installed. Dr. Davis commented favorably concerning the number of staff who attend the college of direct support and shared that the students are making good progress.

VII. Adjournment: 10:03 A.M.

Next Meeting Date: January 8, 2010