

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

**Central State Hospital
26317 W. Washington Street
Building 113, Main Conference Room
Petersburg, Virginia 23803
May 1, 2009
8:30 am Regular Meeting**

Attendance:

Jane Clayborne, Chair; Violet Hite, Vice-Chair; Isabel Vartanian, Member;
William Lightfoot, Member; Linda Masri, Member; and Hannibal Tuck, Member

Guests:

Dr. Charles Davis, CSH Facility Director; Jennifer Barker, CSH Director of Patient Relations; Jim Bell, CSH Forensic Director; Michael Curseen, Human Rights Advocate/OHR; Reta Martin CSH Social Worker; Ann Stroud, CSH Risk Manager; and Rose Mitchell, Executive Secretary/OHR.

Absent:

Randi Key, Member and Jillian McNeil, Member

I. Call to Order: 8:30 am

II. Minutes of April 3, 2009, Meeting

Action: The minutes of the April 3, 2009, meeting was approved.

III. Public Comment:

None

IV. New Business

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

Mr. Bell reported that there were no reportable incidents involving the four approved forensic variances during the month of April 2009.

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 – March 2009

Formal Human Rights Complaints – April 2009

Bi-Annual Informal Human Rights Complaints – Nov. 08 thru April 09

Spit Guard Usage – April 2009

Follow-Up Case # 703-2009-0012

(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: March 2009 – Presented by
Jennifer Barker, Director of Patient Relations

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

C. Formal Human Rights Complaints – April 2009 – Presented by
Jennifer Barker

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

D. Bi-Annual Summary of Informal Human Rights Complaints for Period Covering November 2008 thru April 2008: - Presented by Jennifer Barker, Director of Patient Relations

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

E. Seclusion and Restraint Data Summary: Comparison of S/R Incidents and Totals for April 2009 and April 2008 – Presented by Charles Davis, M.D.

Dr. Davis stated that although there was a slight increase in seclusion/restraint data, CSH had no bed restraints.

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

F. Spit Mask Usage – April 2009: Reported by Mr. Curseen

Mr. Curseen reported that there were 2 reports of the usage of spit masks during the month of April 2009. One spit mask was used appropriately, but had questions about the usage of the second spit mask. According to the documentation it seems that the spit mask was used while the patient was in seclusion and restraints against hospital policy.

Action: The Committee approved a motion to accept Mr. Curseen's report, and requested follow-up on the inappropriate use of the spit mask. Ms. Barker will provide an update at the June 5, 2009 LHRC meeting.

G. "Comfort Rooms" – Presented by Ann Stroud, CSH Risk Manager

Ms. Stroud gave the Committee an overview of the "Comfort Rooms" that will be set-up on each patient living area of CSH. CSH is the recipient of an (SAMHSA) Alternatives to Seclusion and Restraint Grant. Ms. Stroud said that although the money couldn't be used to hire more personnel, it could be used to purchase necessary items. The Comfort Rooms will be used to help reduce seclusion/restraints usage. Staff is in the process of being trained on the use of the Comfort Rooms as well as to recognize the early warning signs or triggers in order to reduce a client's chances from going into seclusion or restraints. The Comfort Rooms will be equipped with rocking chairs, weighted blankets, throw rugs, colorful deco of the walls, chairs and rugs. Clients will be able to access the Comfort Rooms at anytime, with no time limits, unless another patient is currently using the room. The Comfort Room is designed to be used by one patient at a time.

Action: The Committee accepted Ms. Stroud's report and requested to receive a follow-up in 3 months.

V. Follow-up Business:

1. LHRC Follow-up RE: Request for Explanation Concerning Pending Status of Abuse Case # 703-2009-0012 from February 18, 2009 – Presented by Charles Davis, M.D, Hospital Director

Dr. Davis notified the Committee that the investigator should have aggressively pursued the necessary information for case closure in a timely fashion and stated that he advised the investigator to see him in the future if this problems persists. Dr. Davis stated that although the case is still pending a final disposition from central office, the investigator's summary indicates that the allegation was not substantiated. Case # 0012 will be reported at an LHRC meeting in an upcoming review of abuse cases.

Action: The Committee accepted Dr. Davis' report.

2. LHRC follow-up RE: Nursing Protocol for Electronically Disconnecting Patient's Telephone Calls: Charles Davis, M.D., Hospital Director

Dr. Davis stated that a nursing protocol has been put in place where the phone switch will be used if a patient is calling 911, and refuses to hang up. The phone switch will not be used randomly. A memo was sent out to all nurses by the director of nursing. Any other misuse of the telephone will be handled on a case by case basis. Other circumstances arising will require evaluation and authorization by supervisory personnel prior to making a decision to electronically disconnect a patient's phone call.

Action: The Committee accepted Dr. Davis' report, but wants the language in the Nursing Protocol to state that the phone switch will be turned off by authorization of supervisory personnel only. Additionally, the Committee requests to review the final Nursing Protocol after the changes have been incorporated.

VI. Director's Comments:

Dr. Davis stated that the medical literature indicates that mentally ill patients have a Vitamin D deficiency in common. Steps are being taken to randomly test our patients for the deficiency, with their permission. Dr. Davis stated that we get Vitamin D from direct sunshine and that it is useful in the prevention of breast and prostate cancers. After the random test results are in, patients who are shown to have a deficiency will be offered Vitamin D.

Adjournment: 10:37 A.M.

Next Meeting Date: June 5, 2009