

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

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

Attendance:

Violet Hite, Vice-Chair; William Lightfoot, Member; Jillian Taylor, 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, Human Rights Advocate/ OHR; Ansley Perkins, Human Rights Advocate/OHR; Reta Martin CSH Social Worker; Rose Mitchell, Executive Secretary/OHR, St. Paul Holmes, Assistant Director of Nursing, Eva Parham, Director of Nursing.

Absent:

Clayborne Jane, Chair; Masri Linda, Member

I. Call to Order: 8:37 am

II. Minutes of August 7, 2009, Meeting

Action: The minutes for the August 7, 2009 meeting were approved.

III. Public Comment

IV. New Business

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

Mr. Bell reported having no incidents regarding the four forensic variances for the August 2009 reporting period.

Mr. Bell also submitted an amendment to the monthly variance report for June 2009 concerning variance number 3 regarding pat down searches.

Mr. Bell reported that a patient accused a staff of sexually assaulting him during a pat down search. The allegation is pending a finding.

Action: The Committee approved a motion to accept Mr. Bell's August 2009 report and the amended report for June 2009.

(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 – July 2009

Formal Human Rights Complaints –July 2009

ECT Review

Spit Guard Usage – August 2009

Update Spit Mask Usage

Follow Up: Inappropriate Spit Mask Usage: F.B.

(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 July 2009- Presented by Jennifer Barker, Director of Patient Relations.

Mrs. Barker presented Monthly Abuse Summary for July.

Action: The Committee approved a motion to accept Mrs. Baker's summary.

C Formal Human Rights Complaints –July 2009 –
Presented by Jennifer Barker

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

D. Seclusion & Restraint Review July 2008/ July 2009- Presented by Dr. Charles Davis, Facility Director

Dr. Davis presented comparison reports for July 2008 and July 2009. According to Dr. Davis, the current 2009 stats indicate that numbers are on or below trend. Dr. Davis also reported that only 1 bed restraint has been used for 2009.

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

H. Spit Mask Usage – August 2009: Reported by Michael Curseen

Mr. Curseen discussed issue with duplicate reporting on an 8/31/09 report and shared that the modifications to the spit guard reporting procedures as recommended by Mrs. Parham will help in preventing further incidents of report discrepancies.

Action: The Committee motioned to approve Mr. Curseen's report..

V. Follow-up Business:

1. LHRC Follow-up Concerning Case 0043 RE: Explanation of Accountability Procedures When Transporting Patients from One Area to Another ~ Presented by St. Paul Holmes, Nursing Supervisor

Mr. Holmes explained the events resulting in a client being left behind. He acknowledged that there was a lapse in account procedure and explained that staff received disciplinary action and was re-educated about checks and balances. As a result, staff is now using bathroom monitoring sheet and are implementing a new policy instructing the last tech leaving unit to do a visual inspection of the area.

Action: The committee motioned to approve Mr. Holmes' report.

2. LHRC Follow-up RE: ECT Review~ Dr. Ronald Forbes, M.D., Medical Director.

Use of ECT checklist will be added to ECT policy. It was requested by LHRC Committee that ETC policy specify the use of an ECT treatment checklist and also include the LHRC recommendations as discussed in August 7, 2009 meeting to include that the Office of Human Rights at CSH is notified within 7 days of administration of ECT..

Dr. Forbes expressed willingness to ensure that ETC policy reflect use of ECT checklist and include LHRC recommendations. Dr. Forbes hopes to have changes submitted for policy change by next LHRC meeting.

Action: The LHRC will plan to review the revised ECT Policy at the October 2009 LHRC meeting.

3. LHRC Follow-up RE: Modifications to Civil Ward Rules ~ Jennifer Barker, Director of Patient Relations

Mrs. Barker distributed the revisions made to the civil ward rules to the LHRC and indicated that revision to TV time has been made. In addition,

use of vending machines has been added to the list of non-contingent privileges and included a provision allowing patient's to order take-out foods in accordance with ward rules.

Action: The committee motioned to accept Mrs. Barker's report.

4. LHRC Follow up RE: Spit Guard Usage ~ Eva Parham, Director of Nursing

Mrs. Parham presented documentation of spit guard usage over a period of 1 year and 7 months. During this time, spit masks were used 21 times. 3/21 times spit masks were used inappropriately, and each time staff was re-trained on proper used of spit guards.

In regards to the issue of report discrepancies between nurse and AOD reports, it was found that there were three incidents in which there was inconsistency between these reports. Mrs. Parham reports that they have discovered the problem and that training is being developed to educate staff to reduce incidents of inconsistency. New infection control training will include highlights on proper spit guard usage and reporting. Procedure changes will include instructions for the charge nurse to review all spit mask forms before writing the shift reports. The AOD will compare shift report and spit mask report to ensure accuracy with times and will fax report to Infection Control Office.

Action: The Committee motioned to accept Mrs. Parham's report.

VI. Director's Comments:

Dr. Davis explained that CSH serves the judicial system in Virginia and reported that the hospital continues to work towards diminishing the detention waiting list to ensure that individuals do not wait in jail longer than is needed before being admitted to CSH. The waiting list has decreased in size from 139 to less than 20. Dr. Davis contributes these changes to staff participation.

VII. Adjournment: 10:00 A.M.

Next Meeting Date: October 2, 2009