

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

**Central State Hospital  
26317 W. Washington Street  
Building 39, Main Conference Room  
Petersburg, Virginia 23803  
March 5, 2010  
8:30 am Regular Meeting**

**Attendance:**

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

**Guests:**

Charles Davis, M. D., Hospital Director, Ronald, Forbes, M. D., Medical Director; Jennifer Barker, Director of Patient Relations & Training; Reta Martin, SW, Patient Relations, James Bell, Forensic Director; Michael Curseen, Region IV Human Rights Manager/ OHR; and M. Ansley Perkins, Human Rights Advocate/OHR

**Absent:**

Jillian Taylor, Member

**I. Call to Order: 8:30 am**

**II. Minutes of February 12, 2010 Meeting**

**Action:** The minutes for the February 12, 2010 meeting were approved.

**III. Public Comment: None**

**IV. New Business**

**A. Monthly Variance Report for February 2010 – 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 February 2010.

**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 – January 2010**  
**Formal Human Rights Complaints – February 2010**  
**LHRC Response to Public Comments – January 2010**  
**Spit Guard Usage – February 2010**

**(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: January 2010** – Presented by Jennifer Barker, Director of Patient Relations

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

- C. Formal Human Rights Complaints – February 2010** – Presented by Jennifer Barker, Director of Patient Relations

The Committee reviewed a complaint in which a patient alleged experiencing prejudice and disrespect by black staff and accused black staff of displaying a "street attitude" against white patients such as himself. The patient has requested that his complaint be investigated. Ms. Barker suggested that the complaint is forwarded to the RNCB to assess the need for cultural diversity training with staff assigned to the patient's living area.

The Committee reviewed a complaint in which a patient stated that the eyeglasses she received from CSH makes her eyes water and that her prescription is not strong enough. The patient has requested to be seen by a private optometrist in the community and is willing to pay for the visit. The hospital has offered to work with the patient in-house to address the patient's complaint.

**Action:** The Committee approved a motion to request a follow-up report regarding the nurse's assessment concerning the need for cultural diversity training on the complainant's living area. The Committee also requested follow-up concerning the patient's request to see a private optometrist to determine whether she is willing to accept the hospital's offer to attempt to resolve the issue in-house. The Committee will plan to review both follow-up reports at the April 2, 2010 LHRC meeting.

**D. LHRC Response to Public Comments – January 2010** – Presented by Jane Clayborne, Chair and Michael Curseen

Mr. Curseen explained to Committee members that formal complaints have been filed with the Hospital Director on behalf of one patient. Another patient's concerns have been addressed by hospital administration and a third patient expressed a desire to speak to the Advocate. Ms. Clayborne suggested that in view of this information, the Committee does not need to take any action at this time.

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

**E. Seclusions & Restraint Data Summary; Comparisons of S/R Incidents and Totals for February 2010 & February 2009-**  
Presented by Charles Davis, Hospital Director

Dr. Davis reported a reduction in episodes involving restraints and seclusion for the month of February 2010.

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

**F. Spit Guard Usage-** Presented by Michael Curseen, Human Rights Advocate/ OHR

Mr. Curseen shared that there was no reported use of the spit mask for February 2010.

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

**V. Follow-up Business:**

1. **LHRC Follow-up RE: Biannual Summary of Aggression Management Plans at CSH ~ Presented by Jennifer Barker, Director of Patient Relations and Staff Development**

Ms. Barker reported that the discrepancies noted in two documents presented for the cases of B.A. in which the incident was recorded on 1/28/10 but the review date indicated 1/20/10 was a typo. Regarding the time lapse for a second incident which occurred on 12/10/09 but was not reviewed until 1/28/10, Ms. Barker explained that incident had been missed initially but was identified during a quality review and has been noted and corrected. Regarding discrepancies in two sets of documentation involving K.J. in which one indicates that restraints

were used but concluded by referencing that the intervention used was seclusion and another incident indicating that seclusion was used but concluded by referencing that the intervention used was ambulatory restraints were both typos. The 1<sup>st</sup> incident concluded with restraints and the 2<sup>nd</sup> incident concluded with seclusion.

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

2. CSH Compliance with the Reporting Requirements for Use of Physical Restraint. - Presented by Ann Bailey, Director of Quality Assurance and Risk Management

The Committee had requested that CSH address the use of brief physical holds for instances that do not involve physical injections at the March 5, 2010 LHRC meeting. Ms. Bailey shared that the policy addressing physical restraints for IM Injections has been implemented. Ms. Bailey explained to Committee members that the hospital's policy addressing physical restraints not involving IM injections will state that whenever hands are used to restrain a patient, it will be considered a physical restraint and the restraint will end when the patient has been completely released. Additionally, if a patient is in seclusion and requires an IM injection, the use of hands to restrain the patient during the administration of the injection is considered a physical restraint. Ms. Bailey shared that the data base for capturing physical restraint data is still in testing and that full implementation of physical restraint data should occur on or about April 1, 2010. Mr. Curseen asked whether training is planned to instruct staff on capturing and recording physical restraint data and Ms. Bailey indicated that there will be training to address this issue.

**Action:** The LHRC accepted Ms. Bailey's report and will plan to review a follow-up report from the hospital concerning the implementation of the physical restraint policy at the April 2, 2010 LHRC meeting.

3. Review of Suggested Changes to Policy Concerning Management of Suspected Rape & Incidents of Patient Related Sexual Activity- Presented by Jennifer Barker, Director of Patient Relations & Staff Development

The policy revisions have not been completed. However, Ms. Barker has arranged for staff from the James House to provide training, along with a video, on treating victims of sexual abuse, proper handling of the chain of evidence, followed by a question and answer period. This training is scheduled to be held on March 31, 2010 at CSH in building 43 from 9:30 – 10:30 and again from 10:45 – 11:45. According to Ms. Barker, the policy will be ready for review in April 2010

**Action:** The committee accepted Ms. Barker's report and approved a motion to defer its review of the policy to the April 2, 2010 LHRC meeting.

4. Accessibility of LHRC Meetings for Patients in Building 96 Forensic Unit - Presented by Jennifer Barker, Director of Patient Relations & Staff Development

Following a brief discussion with the Hospital Director, it was agreed that the LHRC meeting schedule would be adjusted to alternate holding LHRC meetings between building 96 and building 39 Forensic Units beginning in 2011. All agreed to adjust the schedule beginning in 2011 in order not to disrupt the current posted LHRC meeting schedule for the building 39 Forensic Unit. Based on the LHRC meeting time of 8:30 AM, it is anticipated that patient's group schedules in building 96 will not be disrupted. However, in the event the meeting runs overtime, the LHRC will adjourn and reconvene in building 113. The Committee also recommended holding the May 2010 LHRC meeting in building 96.

**Action:** The Committee approved a motion to alternate holding LHRC meetings between building 39 and 96 Forensic Units beginning in 2011 and to hold the May 2010 LHRC meeting in building 96.

## **VI. Hospital Director's Comments:**

Dr. Davis announced that he has applied for retirement and that his last official day as Hospital Director will be May 24, 2010. Dr Davis also acknowledged the recent deaths occurring at CSH. Concerning the death of the forensic patient, Dr. Davis stated that the State Police have been called in to investigate this incident. Dr. Davis also shared that CSH is conducting a root cause analysis of the incident and that this must be completed prior to the hospital's development of a corrective action plan.

## **VII. Adjournment: 10:20 A.M.**

Next Meeting Date: April 2, 2010. Meeting will be held in the Main Conference Room in Building 113 at 8:30 A.M.