

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

**Central State Hospital  
26317 W. Washington Street  
Petersburg, Virginia 23803  
Building 96  
February 4, 2011  
8:30 am Regular Meeting**

**Attendance:**

Jane Clayborne, Chair; Violet Hite, Vice-Chair; Jillian Taylor, Secretary; Hannibal Tuck, Member

**Guests:**

Ann Bailey, Acting Hospital Director; Jennifer Barker, Director of Patient Relations & Staff Development; Reta Martin, CSW, Patient Relations & Staff Development; James Bell, Forensic Director; Ronald Forbes, M. D., Medical Director; Michael Curseen, Region IV Human Rights Manager/ OHR; Walter Small, Human Rights Advocate Senior; Julie Cruz, R. N.; S. Myrick, FMHT; C. H., Patient; A. G, Patient; T. A., Patient; M. S., Patient; C. E, Patient; K. D., Patient

**Absent:** Linda Masri, Member; William Lightfoot, Member

**I. Call to Order - Introductions: 8:43 am**

**II. Minutes of January 7, 2011 Meeting**

**Action:** The draft minutes for the January 7, 2011 meeting were approved.

**III. Public Comment:**

K. D. – Requested to know whether smoking was permissible. Dr. Forbes addressed this question and explained the DBHDS policy concerning smoke-free facilities.

C. E. – Stated that the staff treat the patients fairly and bend over backwards to accommodate the needs of patients; that treatment is very structured; that sometimes patients file false allegations against staff. Requested that the hospital expand the variety of canteen items and personal items currently available.

M. S. – Seeking clarification concerning the difficulty in obtaining a transfer

to Eastern State Hospital. Mr. James Bell, Forensic Services Director addressed this issue and explained that construction issues at ESH have resulted in fewer beds being available.

A. G. – Questioned why she is prevented by staff from purchasing men’s shirts and is requesting to keep t-shirts and boxer underwear in her possession. Dr. Forbes indicated that he will provide follow-up concerning this request with A. G’s treatment team. Also requested that the hospital expand its variety of canteen items and personal items currently available.

T. A. – Shared that health hazards on wards 96-4 and 96-1 concerning molds that developed as a result of leaks in the roof affect her breathing and prevent her from receiving the maximum benefit from her treatment.

#### **IV. New Business**

**A. Monthly Variance Reports for November 2010** – Presented by Jim Bell, Forensic Director

**Action:** The Committee approved a motion to accept Mr. Bell’s report concerning the four forensic variances.

#### **(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 – December 2010**

**Formal Human Rights Complaints – January 2011**

**Spit Guard Usage – January 2011**

**Biannual Summary of Aggression Management Plans**

#### **(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: December 2010** – Presented by Jennifer Barker, Director of Patient Relations and staff Development

Ms. Barker presented the abuse data covering November 2010

**Action:** The Committee accepted the abuse data reports presented by Ms. Barker for December 2010. Concerning case # 0167, the Committee also recommended that the hospital develop a standard

protocol for removing items of contraband from an unwilling patient.

- C. Formal Human Rights Complaints – January 2011 ~ Presented by Jennifer Barker, Director of Patient Relations and Staff Development

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

- D. Biannual Summary of Aggression Management Plans ~ Presented by Jennifer Barker, Director of Patient Relations and Staff Development

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

- E. Seclusions & Restraint Data Summary; Comparisons of S/R Incidents and Totals for January 2011 & January 2010 ~ Presented by Jennifer Barker, Director of Patient Relations and Staff Development

Ms. Barker presented the seclusion & restraint comparisons for January 2011 and January 2010. The data indicated that 6 patients accounted for 58% of the restraint usage for January 2011.

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

- F. Spit Guard Usage- Presented by Michael Curseen, Region IV Human Rights Manager / OHR

Mr. Curseen reported that there were two reported uses of the spit mask for January 2011 involving the same patient and shared that in both instances, spit mask usages were in compliance with the hospital's spit mask policy.

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

- G. Implementation of Recent SHRC Decisions RE: LHRC Structure ~ Michael Curseen, Region IV Human Rights Manager/OHR

Mr. Curseen distributed the SHRC decisions to the CSH LHRC and CSH administrative staff. The items reviewed by Mr. Curseen included the LHRC code-mandated membership requirement and the hospital's responsibility for insuring that this requirement is met. Mr. Curseen also discussed the hospital's responsibility for designating a liaison to maintain meeting minutes and other LHRC records appropriately. Mr. Curseen explained that these changes will include a revision to the

CSH Bylaws and that the changes will need to be implemented by June 30, 2011. This issue will be revisited with the Committee at a future LHRC meeting.

- H.** Review of E.C.T. Documentation Concerning K. Z. – Presented by Ronald Forbes, M. D., CSH Medical Director

Dr. Forbes provided the LHRC with handouts explaining what ECT is; when ECT is used; how ECT is administered; possible side effects; how ECT works and how quickly it works. Dr. Forbes also provided the LHRC with documentation of the patient's and the authorized representative's consent along with the total # of ECT sessions agreed to and presented the hospital's completed ECT checklist which is consistent with the requirements referenced in section 12 VAC 35-115-70, A.2 of the Rules and Regulations.

**Action:** The Committee approved a motion to accept Dr. Forbes presentation and requested to receive monthly follow-up reports concerning the effectiveness of the ECT treatments.

## **V. Follow-up Business:**

- 1.** LHRC Follow-up RE: Hospital's Compliance With Reporting Requirement for Use of Physical Restraints / Review of LHRC Letter to Ms. Marion Greenfield, Director, Clinical Quality & Risk Management (DBHDS) ~ Presented by Ann Bailey, Quality Assurance/Risk Management Director

Ms. Bailey reported that as of this meeting date, CSH has not received a reply from Ms. Greenfield concerning the LHRC request to provide clarification and guidance to CSH to facilitate the implementation of a policy addressing the recording and documentation of non-medical restraints in a manner consistent with the DBHDS expectation and the Rules and Regulations.

**Action:** The Committee approved a motion to revisit this issue concerning Ms. Greenfield's requested guidance and clarification for Central State Hospital at the March 4, 2011 LHRC meeting.

- 2.** LHRC Follow-up RE: Clarification Concerning Whether a NGRI Acquittee in a Secure Forensic Setting is Considered a Civil Patient for Purposes of Reporting Incidents Involving Variance # 3

The Committee reviewed a written response from Ms. Montgomery, Hospital Director addressing this question. According to Ms. Montgomery's written response, an NGRI acquittee in a secure forensic setting is not considered a civil patient for the purposes of reporting

incidents involving variance # 3.

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

**3. LHRC Follow-up RE: E.C.T. Update Report Concerning K. Z. ~**  
Presented by Thomas Ebeling, M. D., Attending Psychiatrist

Dr. Ebeling reported that K. Z. is scheduled to receive ECT treatment # 10 at MCV and shared that there has been no noticeable improvement in this patient's condition. Dr. Ebeling shared that MCV is requesting to extend ECT to 12 – 14 treatments but has experienced difficulty in establishing contact with the patient's authorized representative to obtain the additional consent needed to proceed with the requested treatments. Dr. Ebeling shared that CSH will do everything in its power to establish contact with the A. R.

**Action:** The Committee requested an update at the March 4, 2011 LHRC meeting to determine whether the hospital's efforts to contact the A. R. was successful.

**VI. Director's Comments:**

Ms. Barker offered Ms. Montgomery's apologies for being unavailable to attend the LHRC meeting. The hospital is currently preparing for a visit by the Joint Commission on Accreditation of Hospital Organizations (JCAHO). Ms. Barker also reported that CSH is waiting to receive any new initiatives taken by the Virginia Assembly that may impact the CSH operating budget.

**VIII. Adjournment: 11:25 A. M.**

Next Meeting Date: March 4, 2011. The meeting will be held in the Main Conference Rm. - Building 113 at 8:30 A.M.