

**CENTRAL STATE HOSPITAL
LOCAL HUMAN RIGHTS COMMITTEE MEETING
MINUTES (Revised)
Central State Hospital
26317 W. Washington Street
Building 113, Main Conference Room
Petersburg, Virginia 23803
August 3, 2007
8:30 am Regular Meeting**

Attendance:

Violet Hite, Chair; Member; Chana Ramsey, Member; Linda Masri, Member; and Isabel Vartanian, Member.

Guests:

Charles Davis, M.D., CSH Facility Director; Jennifer Barker, CSH Patient Rights Coordinator; Michael Curseen, Human Rights Advocate/Office of Human Rights; Carrie Flowers, Human Rights Advocate/Office of Human Rights; Ronald Forbes, M.D., CSH Medical Director; Joyce Grecco, CSH Assistant Director of Nursing; James Reinhard, M.D., Commissioner; Gerald Deans, Associate Commissioner; Margaret Walsh, Director of Human Rights; and Rose Mitchell, Executive Secretary/Office of Human Rights.

Absent:

Jane Clayborne, Vice-Chair

- I. Call to Order: 8:31 am**
- II. Minutes of July 13, 2007, Meeting**

The minutes were approved as presented.

IV. Public Comment

Mr. Curseen told the Committee that there will be a LHRC/SHRC Seminar on September 14, 2007 and distributed registration information to the Committee. All committee members were encouraged to attend. Mr. Curseen explained that the \$30.00 registration fee and hotel accommodation will be paid by CSH.

Dr. Ronald Forbes, Medical Director addressed the Committee concerning

CSH the planned Forensic bed reorganization. According to Dr. Forbes, all female forensic patients will be assigned to building 96 as of August 21, 2007 and all female forensic admissions to CSH will be assigned to building 96.

Dr. Forbes requested that the LHRC grant approval for the building 39 ward rules to be made applicable to the patients who will now reside on wards 96-3 and 96-4 for a period of 30 days. This provision, if approved, would also increase the level of restrictiveness for female patients currently residing in building 96. Dr. Forbes shared that the vacated female ward on 39-4 will become a long-term male unit and approximately 11 male patients from building 96 will be transferred to 39-4.

Dr. Forbes explained that CSH was in jeopardy of being cited for contempt of court for failure to receive direct admissions to building 39 in a timely fashion and also shared that this would result in less friction generated from male / female conflicts in building 39, if all female patients are kept separated from the male patients, although there will be male patients residing on 96-1. All males transferred back to 39 will have their records marked indicating that the reason for the transfer to building 39 was administrative and not behavioral. Dr. Forbes also intends to explain the rationale for these administrative transfers to the Forensic Review Panel.

Dr. Charles Davis, Hospital Director explained that those male patients being transferred from building 96 to building 39 patients will be individually assessed to determine what additional accommodations may be made, such as an increase of privileges or an acceleration of the discharge process.

Dr. Forbes agreed to provide the LHRC with a written summary of the specific issues discussed concerning this administrative transfer

Action: The Committee approved a motion to approve this transfer and requested to receive a written summary of the specific issues discussed concerning this administrative transfer as well as feedback concerning the issues encountered with the transfers.

V. New Business

A. Monthly Variance Report for July 2007 – Presented by Jennifer Barker

Ms. Barker reported that there were no reportable incidents involving the four approved forensic variances during the month of July 2007.

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

(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 Summary - June 2007

Formal Human Rights Complaints – July 2007

Spit Guard Usage – July 2007

LHRC Review of Abuse Case File # 703-2006-0080

LHRC Review of Abuse Case File # 703-2007-0038

(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: June 2007 – Presented by
Jennifer Barker**

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

**C. Formal Human Rights Complaints – July 2007 – Presented
by Jennifer Barker**

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

**D. Spit Mask Usage – July 2007 – Presented by Michael
Curseen**

Mr. Curseen reported that all spit masks for the month of July 2007 appeared to be used appropriately.

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

VI. Follow-up Business

1. **LHRC Follow-up: Meeting with James Reinhard, M.D., Commissioner and Gerald Deans, Associate Commissioner to discuss LHRC Concerns**
RE: LHRC Letter to Commissioner Date April 13, 2007, Concerning Case # 703-2006-0080

Dr. Reinhard thanked the Committee for their services and volunteer work and also recognized the human rights advocates and staff for their

efforts. Dr. Reinhard expressed his desire to meet the Committee face-to-face to discuss this case and reassured the LHRC that he and the DMHMRSAS maintains a Zero tolerance for abuse and neglect. Dr. Reinhard also shared that CSH's LHRC is the first LHRC meeting he has attended as Commissioner, prior to serving as Facility Director for Catawba Hospital.

Concerning this investigation, Dr. Reinhard commented that the department desires to create a culture where all employees are treated justly and fairly. He shared that a just culture would encourage people to come forward with sensitive reporting issues as opposed to a "gotcha mentality" that discourages individuals from reporting and promotes the image of a punitive environment.

Mr. Deans shared that due to the complexity of this case, the department requested that an independent investigation of this case be conducted by the Inspector General, who answers to the Governor, and not the Department of Mental Health.

Dr. Reinhard, Mr. Deans and Ms. Walsh explained their reasoning to Committee members and that in this very difficult case, the problems identified were not determined to be staff neglect but rather a failure of staff to report the patient's allegation. Ms. Walsh further stated that failure to report an allegation of abuse is a violation of the regulations but is not necessarily neglect. However, it might be considered neglect if the patient did not receive treatment in a timely fashion. The LHRC expressed its collective disagreement with the opinion of the State Human Rights Director and stated that it is the LHRC's opinion that failure to report a known allegation of abuse is neglect, regardless of whether or not treatment was received in a timely fashion, due to the potential threat of additional harm posed to all patients who may be exposed to additional abuse due to the hospital's failure to identify and investigate the allegation of abuse and the alleged abuser.

Members of the LHRC continued to question how the failure to implement a mandated departmental reporting procedure designed to protect patients from a potentially abusive individual or situation could not be considered as an act of neglect or even possible abuse. Additionally, Mr. Curseen suggested that the training department be given an active oversight role and physical presence in the treatment environment in order to monitor the procedure and practices of staff

After much discussion, the Committee thanked Dr. Reinhard, Mr. Deans and Ms. Walsh for taking the time to respond to the questions raised by the CSH LHRC concerning this case.

2. LHRC Follow-up Review of Abuse Case File # 703-2007-0038

Mr. Curseen advised the Committee that the client had an Aggression Management Plan in place and shared that he identified discrepancies and submitted his concerns to Denise Dunn, Investigations Manager and Dr. Davis. Mr. Curseen will report back to the Committee upon receipt of Ms. Dunn's response to his comments.

Action: The Committee accepted Mr. Curseen's report and will receive additional information on this case when the information is available.

3. LHRC Follow-up: Comparison of HDMC Data for Dental Extractions and Dental Restorations for CSH Patients Covering Previous 12 Months – Jennifer Barker, Patient Rights Coordinator

Action: This item has been deferred to the September 7, 2007 LHRC Meeting.

4. LHRC Follow-up: Update Regarding the Implementation of the Hospital's Satisfaction Survey RE: Inadequate Housekeeping Services Provided in the Forensic Unit – Building 39 – Jennifer Barker, Patient Rights Coordinator

Ms. Barker presented the Committee with graphs measuring the satisfaction of the patients with housekeeping services. The number of patients who report being satisfied with housekeeping services in the survey is down from the previous reporting period. Ms. Barker speculated that the decline in satisfaction may be due to the number of new patients who had no previous knowledge of the quality of services offered by housekeeping coupled with the shortage of housekeeping staff.

Ms. Barker and Dr. Davis recommended that the Committee contact SVTC directly and inform them about the unsatisfactorily results.

Action: The Committee approved a motion to address a letter to John Holland, M.D., SVTC Facility Director via Dr. Davis, expressing their concerns regarding the decline in consumer satisfaction with housekeeping services offered.

5. LHRC Review: Forensic S.T.E.P. Revision – Bldg. 39-8 – Jennifer Barker, Patient Rights Coordinator

Action: This item will be deferred to the October 5, 2007 LHRC Meeting.

VII. Director's Comments:

Dr. Davis stated that Dr. Forbes had already expressed his comments during the Public Comment period regarding the Forensic Unit bed reorganization. Dr. Davis shared that the reorganization will reduce the male to female incidents and will help to move the patients more quickly through the system.

VIII. Adjournment: 11:37 am

Next Meeting Date: September 7, 2007