

Western State Hospital
Staunton, Virginia
Local Human Rights Committee Meeting Minutes
Jeffrey's Building, Room 95 at 12:30
July 28, 2014

Present: Rob Wade, Committee Chair, Heidi Campbell, Vice Chair, Karen Cochran, Mary Stern, Mahlon Webb, committee members; Chuck Collins, WSH/Regional Advocate; Mark Seymour, WSH Advocate; Erin Haw, dLCV Advocate; Becky Shaw, Liaison to WSH Director

Absent: Kathy Belcher, Mark Schorsch, committee members

Guests: Patrick Robertson, Anna Tuomisto, Dr. Mike Shetty, Dr. Pete Schoffield,

Mr. Wade, Committee Chair, called the Local Human Rights Committee to order on July 28, 2014. The committee approved the minutes from the June 23rd meeting as written. The minutes were approved with a motion by Ms. Campbell, a second by Mr. Webb and a vote of the committee. Mr. Wade noted that a quorum of members was present. The agenda was approved with changes with a motion from Ms. Campbell, a second by Mr. Webb and a vote of the committee.

There were no patients or public guests in attendance for the public comment time.

Community Connections were presented by Mr. Wade. MHAA will be hosting Shakin' in downtown Staunton on Thursday, July 31st. A gospel sing will be held August 16th in Stuarts Draft. In October, MHA and the Chamber of Commerce will host a Mental Health Awareness event. More information on this event will be available at upcoming meetings. Ms. Cochran noted that Valley Area Community Support, Inc. (VASI) has space available for rent that would be ideal for a clubhouse or similar venture. Interested parties may contact Ms. Cochran for additional information.

The 1 Oak Unit rules were presented by Dr. Mike Shetty. 1 Oak is an extended care unit with 28 beds. Their patients present a variety of mental illnesses such as schizophrenia, schizoaffective disorder, bi-polar disorder and severe personality disorder.

The level system utilized by the 1 Oak Treatment Team is consistent with the system used hospital-wide. They may also begin utilizing a sub-set of privilege levels with letter designation as opposed to number. The letters indicate the level of community privileges. For example, a patient may have Level 6, allowing specific privileges within the hospital, and may also have a Community Level D, allowing the patient to leave grounds for Clubhouse and AA/NA meetings. The community levels are being reviewed for possible hospital-wide use.

These unit rules are primarily based on hospital policy; however, exceptions may be made on a case-by-case basis.

Mr. Webb made a motion to approve the 1 Oak Unit Rules with the recommended changes. Ms. Campbell seconded the motion and the committee approved by vote.

Mr. Patrick Robertson, Risk/Emergency Manager, presented information to the committee regarding patient incidents at WSH. Following the relocation to the new hospital facility, it appeared that patient falls were increasing; however, review of patient incident data indicated that the rate of falls had not increased, and perhaps it is the perception of falls has changed. One of the areas of greatest concern for patient falls is the design / installation of shower stalls. These concerns are being addressed by hospital leadership and Balfour/Beaty, the

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primary contractor for the construction of the building. The hospital makes every effort to distribute the more challenging patients evenly throughout the units.

Ms. Anna Tuomisto, Admissions Director, discussed the Virginia Psychiatric Bed Registry (PBR). Updates to the PBR must be made in real time for the system to be effective. All psychiatric hospitals and crisis units are required to update the registry in real time to provide the most accurate information to Community Service Boards (CSBs) and other hospitals. The CSBs are not required to utilize the PBR. However, Ms. Tuomisto is able to discern that most CSBs are routinely using the registry. Ms. Tuomisto also feels that the system is well designed and well thought out to provide the best and most accurate information to all mental health providers. Mandated use of the Psychiatric Bed Registry became effective July 1, 2014.

At the request of the committee, Dr. Pete Schoffield, Admissions Medical Director, provided information regarding recent admissions, both in quantity and acuity. It appears that CSBs are not searching for private providers as thoroughly as they could as they are aware that state facilities do not have the option to refuse patients. It was also noted that acute care hospital emergency departments are referring patients who have no psychiatric history but are aggressive and difficult to manage. It appears these referrals are being made without regard to adequate specialty medical staff at state psychiatric hospitals to treat physically ill patients.

WSH has also seen an increase in the number of intellectually disabled patients being referred for services. These admissions have increased due to both the new regulations as well as the closures of Training Centers. These individuals may not have a dual diagnosis, and a psychiatric hospital may not be the most appropriate setting for their care.

At this time, WSH is managing to keep up with the demand for beds. We are very early in the use of these new regulations and processes and there is hope that the situation will improve as our community partners become familiar and comfortable with the process.

In the Advocates' Report, Mr. Collins noted that Dr. Jack Barber, WSH Director, will be moving to his new post as DBHDS Medical Director in Central Office. Dr. Mary Clare Smith will be the Acting Director at Western State Hospital beginning August 11, 2014 until DBHDS has recruited a permanent Director. Dr. Smith has served at WSH for nearly 25 years, first as an attending psychiatrist and then accepted the role of Medical Director in 1999. She is well versed in all aspects of WSH clinical operations as well as the consequences of recent changes in Virginia's TDO laws.

The process of updating the Human Rights Regulations is complete, and a final recommendation has been submitted for approval. The approval process may take up to a year to complete.

Mr. Seymour commented that the current New Employee Orientation has over 40 new staff members, eight of which will be working at Commonwealth Center for Children and Adolescents. He also noted that a prior request from Dr. Justin Smith to implement a restrictive treatment plan has been highly successful as that individual has recently been discharged from WSH. He has received many requests from patients who want to take the competency test as well as those who prefer to stay at WSH and work through the level system to reach an approved for discharge status.

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Ms. Erin Haw, Advocate with the disAbility Law Center of Virginia (dLCV), was not in attendance.

Regarding the Complaint Report, complaint number 384, which comments on potential instances of patient abuse, was addressed. In this case, the patient was later unable to verbalize a description of the alleged abuse.

Ms. Sheffer provided documents for each member to complete that explains their responsibilities related to Protected Health Information according to HIPAA regulations. The completion of these forms is an annual requirement for LHRC members.

Limited funding continues to be a major concern for patients on the Extraordinary Barriers List. However, the DAP process is being changed and may provide some relief for these individuals.

The Internal Forensic Privilege Committee (IFPC) minutes and the Clinical Risk Management Committee (CRMC) minutes were reviewed. No comments were made.

The next meeting will be held August 25th, 2014, at 12:30 p.m. in Room A1085 of the Staff Development Offices.

With no further business to discuss, the meeting was adjourned.

APPROVED:

Rob Wade
Chair

Glenda D. Sheffer
Secretary to WSH Liaison