

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

**Central State Hospital  
26317 W. Washington Street  
Building 113, Main Conference Room  
Petersburg, Virginia 23803  
August 7, 2009  
8:30 am Regular Meeting**

**Attendance:**

Jane Clayborne, Chair; Violet Hite, Vice-Chair; William Lightfoot, Member; Linda Masri, Member; Hannibal Tuck, Member; Jillian McNeil, Member; and Randi Key, 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; and Rose Mitchell, Executive Secretary/OHR.

**Absent:** None

**I. Call to Order: 8:45 am**

**II. Minutes of June 5, 2009, Meeting**

**Action:** The minutes of the June 5, 2009, meeting was approved.

**III. Public Comment: None**

**IV. New Business**

**A. Monthly Variance Report for June 2009 – 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 June and July 2009.

**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 – May 2009 & June 2009**

**Formal Human Rights Complaints – June 2009 & July 2009**

**Bi-annual update: Aggression Management Plans**

**ECT Review RE: J. H.**

**Update Spit Mask Usage – May / June 2009**

**(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: April / May 2009** – Presented by Jennifer Barker, Director of Patient Relations

**Action:** In reference to case # 0047 in May 09, the committee approved a motion to request that a charge nurse explain the accountability procedures in effect when transporting patient from one area to another at the September 2009 LHRC meeting.

**C. Formal Human Rights Complaints – June 2009 & July 2009** – Presented by Jennifer Barker

**Action:** The LHRC approved a motion to accept Mrs. Barker's reports for June and July 2009.

**D. Bi-annual Update: Aggression Management Plans**- Presented by Ms. Jennifer Barker, Dir. Patient Relations

Ms. Barker reported that there were 6 AMP's campus wide, and that 1 was discontinued. It was suggested by 1 committee member that staff remain mindful that all documents should be dated.

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

**E. ECT Review RE: J. H.** - Presented by Dr. Ronald Forbes

Mr. Curseen explained to the Committee the purpose and history of ECT and who is able to administer such treatment. Mr. Curseen also expressed need for the LHRC to be notified when an ECT procedure is prescribed for a patient.

**Action:** The LHRC approved a motion that the Advocate's Office be notified within 7 days of administration of ECT treatment. Upon receipt of notice, event will be added to LHRC agenda for review by the LHRC at the next scheduled meeting. Dr. Ronald Forbes agreed to amend the ECT policy to ensure that the Advocate's office is provided with this notification.

The LHRC also approved a motion that CSH submit summarized reports of ECT submissions to ensure legibility and understanding of ECT documentation. Dr. Forbes agreed to implement an ECT checklist to include assessments, consents, notifications and other items required under 12 VAC 35-115-70, A.2 of the Rules and Regulations. CSH will also provide notification to the Advocate's Office of ECT treatments administered in excess of the number of initial treatments prescribed along with a new consent form within 7 days of initiation.

F. **Civil Ward Rules**- Presented by Jennifer Barker, Director of Patient Relations

Mrs. Barker reported that these rules take into account the needs of patients in CSH facilities, and provide guidelines for staff regarding the needs of patients.

Ms. Barker indicated that morning television time may begin at 5:00 AM instead of 7:00 AM and will check to ensure that the change is incorporated in the civil ward rules. Ms. Barker also indicated that Non-Contingent Privileges Available To All Patients will include vending machines and that each ward will develop a written protocol for patients who are not restricted from ordering outside food for medical reasons.

**Action:** The LHRC approved a motion to accept the Civil Ward Rules pending the inclusion of the revisions stated by Ms. Barker. The LHRC will review the revisions to the Civil Ward Rules at the September 2009 LHRC meeting.

G. **Seclusion and Restraint Report: June 2009 and July 2009** – Presented by Charles Davis, M.D., Hospital Director

Dr. Davis stated that CSH reported no bed restraints for this reporting Period. However, while seclusion numbers have decreased, the number of 2-point ambulatory restraints has increased. Dr. Davis also explained that these restraint numbers will likely remain unchanged as long as the hospital continues to receive new admissions.

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

H. **Update Spit Mask Usage – May / June 2009**: Reported by Mr. Curseen

Mr. Curseen reported no inappropriate spit mask usage. However, there appeared to be conflicting documentation between the reporting form and AOD report.

**Action:** The Committee approved a motion to request that CSH examine the process for reconciling the times recorded for initiation and completion of the spit mask on the AOD Report and the Spit Mask Report Form. The Committee also approved a motion to request that CSH reinforce the reporting of injuries to staff and patients on the Spit Mask Reporting Form.

**I. Tours of S.T.A.R. Treatment Mall and Forensic Unit- Bldg. 39**

Several LHRC members participated in the tours which were conducted by Mr. Corey Woody, PSR Coordinator for the S.T.A.R. Mall and Mr. James Bell, Director, Forensic Services.

**V. Follow-up Business:**

1. LHRC Follow-up RE: Changes to Aggression Management Plan Review for D. S. Forensic Unit- Bldg 96-3 ~ Presented by Jennifer Barker, Director of Patient Relations

Ms. Barker presented a revised AMP for D. S. that deleted the behavior identified under the A – Anxiety Stage stating “Constant calls to the Patient Advocate” and included the dates for signatures on the signature page.

**Action:** The Committee accepted the revisions made to the AMP for D. S.

2. LHRC Follow-up RE: Review of Requested Modification to Final Nursing Protocol for Electronically Disconnecting Patient Telephone Calls~ Charles Davis, M.D., Hospital Director.

Ms. Barker reviewed the requested modifications of the LHRC to the Nursing Protocol dated August 3, 2009. The requested changes included the following:

1. Item 3 – Add, “. . . the charge nurse **and the AOD are to be informed.**
2. Item 6 – Add, “. . . in the patient’s **record . . .**”
3. Item 8 – Include statement that notification to the AOD and the Office of Human Rights will be made by the Charge Nurse.

In addition to the above, Ms. Barker indicated that all staff will receive training on this protocol from Ms. Eva Parham, Director of Nursing.

**Action:** The Committee accepted the revisions made to the Nursing

Protocol for Electronically Disconnecting Patient Telephone Calls dated August 3, 2009.

**VI. Director's Comments:**

Dr. Davis reported the establishment of a restoration ward in response to court ordered patients. Initially, the list contained 79/80 patients but has now been reduced to 39. Dr. Davis is optimistic that list will continue to reduce in size.

**VII. Adjournment: 11:30 A.M.**

**Next Meeting Date: September 4, 2009**