

HIRAM W. DAVIS MEDICAL CENTER
 LOCAL HUMAN RIGHTS COMMITTEE MEETING
 MEETING MINUTES

DATE: February 27, 2008 TIME: 2:00 P.M. MEETING PLACE: HWDMC Conference Room

RECORDING: Nancy N. Lewis, RHIT PRESIDING: Pamela Waitkus *DRAFT MINUTES*

Members Present: Martin, Eddie
 Member Absent: Kemp, Susie

Others Present: Flowers, Carrie, HDMC Advocate, Buenvenida, Brenda, Chief Nurse Executive and Jones, Toni, Medicare Compliance Officer.

CHAIRMAN'S SIGNATURE: _____

TOPIC/AGENDA	REPORT/DISCUSSION	RECOMMENDATION/ACTION	FOLLOW UP
I. Call to order	Pamela Waitkus called the meeting to order. Committee members were introduced to Brenda Buenvenida, Chief Nurse Executive and Toni Jones, Medicare Compliance Officer.		
II. Approval of Minutes July 19, 2007 Meeting	The minutes could not be approved at the meeting because a quorum was not present. Carrie Flowers, Advocate, will check to see if the minutes of a meeting can be mailed to absent members for approval if a quorum is not present and the members who do attend the meeting approve the minutes.		Present July 19, 2007 minutes again at the next Committee Meeting.
III. Public Comment	No public comments.		
IV. Review and Approval A) Report of Abuse Allegations Status of Abuse Cases	“A motion was made and passed that the Local Human Rights Committee go into Closed session pursuant to Virginia Code § 2.1-3711. (A) Paragraph 15 for the protection of the privacy of individuals and their records in personal matters not related to public business”. Toni Jones, Medicare Compliance Officer presented one (1)		Remainder of the Abuse Allegation Cases will be presented at the next Committee Meeting.

TOPIC/AGENDA	REPORT/DISCUSSION	RECOMMENDATION/ACTION	FOLLOW UP
<p>B) Report of Complaint Allegations Status of Complaint Cases</p> <p>V. Old Business</p>	<p>report of abuse allegation to the Committee; however the Committee made the decision that remaining cases not be reviewed because there was no quorum for the meeting.</p> <p>There were no complaint allegation cases.</p> <p>A motion to come out of Closed Session was approved.</p> <p><u>JCAHO Survey of the Laboratory</u> The laboratory just had (in April) their two year JCAHO Accreditation of the Laboratory. The HDMC Laboratory has maintained their accreditation by JCAHO for thirty (30) years. Only three minor deficiencies were found and every deficiency was corrected before the Surveyor left except one. All of the Medical Records that were reviewed were excellent. Surveyors have stated that the HWDMC laboratory maintains higher standards than many of the larger hospitals in the Richmond/Tri-City area. The Laboratory runs approximately 75-80 thousand test per year. Beverly Garnes inquired as to the extent of the one deficiency that could not be corrected before the surveyor left and was informed that the laboratory staff work Monday thru Friday and the temperature in the laboratory refrigerator cannot be monitored because no one is in attendance to do so. Minimum/maximum thermometers have been purchased to correct this deficiency The manufacturer had a back log in manufacturing and could not correct the matter immediately. We are awaiting the final report from the Joint Commission concerning our corrective action report.</p> <p><u>HVAC Construction Project:</u> The facility has been undergoing for a part of a year now an energy management project and one unit of the hospital has been closed down at a time. The air conditioning system has been completely revamped. There has been a lot of work that has taken place in the overhead ceiling. The project was</p>	<p>The final report from the Joint Commission concerning the facility's corrective action for Laboratory deficiencies has been received as approved. The JCAHO Laboratory Accreditation Program has forwarded the Laboratory Certificate for JCAHO approval to the facility with an effective date of April 18, 2007. The Certificate has been hung in the lobby.</p> <p>The Chief Nurse Executive reported that only two or three more steps have to take place (among them approval to reoccupy 3 Skilled South by the Department of Medical Assistance Services and the State Fire</p>	<p>Report at the next meeting on the finalization of the HVAC Construction Project.</p>

TOPIC/AGENDA	REPORT/DISCUSSION	RECOMMENDATION/ACTION	FOLLOW UP
<p>VI. New Business</p>	<p>started on 2 North and several problems were found that go back to the creation of the facility involving the building code. Everything is being brought up to current standards. 3 North is being worked on at the present time and we are awaiting the State Fire Marshall who in turn will have to report Back to the Department of Medical Assistance Services (DMAS). Once re-occupancy has been approved for 3 North the project will take about three more weeks of work. It is anticipated that all four units will then be back up to par. There have been benefits seen already; namely sweating of windows on the units. In the past in winter months the windows have sweated because of the building have 100% outside air. In the winter months two of the units were completed and the windows on these two wards to not sweat anymore which has been a major benefit as far as patient safety and of course, the facility is more energy efficient, because the temperature can be maintained. We expect to be fully functional by the end of the summer or the beginning of the fall.</p> <p><u>Behavior Restraint Forms</u></p> <p>The Chief Nurse Executive reported that the Behavioral Restraint Forms are based on regulations that have to be followed (JCAHO and CMS). The forms will make it easier for the staff to document and meet both of the required regulations. In addition there is a Departmental Instruction and the facility was in need of a hospital policy. The Registered Nurse can use her judgement and assessment if the patient is a danger to himself and the behavioral restraints can be used immediately if the Registered Nurse receives a verbal order, but the Physician has to be contacted and the Physician must have a face-to-face assessment on the patient within an hour. All of these requirements must be documented on the Behavioral Restraint Forms. The Physician must see the patient again face-to-face after eight (8) hours.</p> <p><u>Human Rights Policy Changes</u></p> <p>Carrie Flowers reported that actual changed policies that relate to the changes in the newly revised Human Rights Regulations must be submitted to her no later than March 1, 2008.</p>	<p>Marshall) before the HVAC Construction Project will be completed in its' entirety.</p> <p>An E-mail was received following the meeting from Carrie Flowers which stated that "any Behavioral Management Plans that consist of any restrictive measures such as restraints must be reported to the Office of Human Rights. The use of restraints that do not result in injury do not have to be reviewed by the Local Human Rights Committee".</p> <p>The Director of Integrated Services reported that the Risk Manager/Safety Director was</p>	<p>Report on any Behavioral Management Plans that consist of any restrictive measures such as restraints will be reported to the Office of Human Rights.</p> <p>Follow up report will be made at the next Committee Meeting.</p>

TOPIC/AGENDA	REPORT/DISCUSSION	RECOMMENDATION/ACTION	FOLLOW UP
<p>VII. Facility's Report</p> <p>The next meeting is scheduled for April 17, 2008.</p>	<p>The Chief Nurse Executive reported on the possible merging of the LHR Committee with one of the other LHR Committees on the campus in light of the transition of eight HDMC administrative positions being eliminated, and abolished, and merged with the Southside Virginia Training Center effective July 1, 2008 because of budgetary amendments.</p> <p>The Chief Nurse Executive has been appointed in charge of day-to-day operations of the facility effective July 1, 2008. There is a transition team comprised of administrative positions involved from both facilities. A list of task has been prepared by each of the positions involved and the transition teams meet on a regular basis.</p>	<p>assigned this task and she will confer with him on the matter.</p> <p>The status of how the LHR Committee will function remains unofficial at this time.</p> <p>The administrative positions being eliminated include:</p> <p>Director and Secretary Medical Director and Secretary Human Resource Director Human Resource Benefits Analyst Operating Room Supervisor Health Information Management Director</p> <p>In addition the Chief Nurse Executive reported that the Laboratory Director retired in December and the Pharmacy Director will be retiring on July 1, 2008.</p> <p>Ms. Buenvenida reported that she has two priorities at this time:</p> <ul style="list-style-type: none"> • To eliminate fears; and • Team building for new managers <p>Effective April 1, 2008 transition staff should be in place.</p>	<p>Committee members will be kept apprised of action that will be taken.</p>

TOPIC/AGENDA	REPORT/DISCUSSION	RECOMMENDATION/ACTION	FOLLOW UP

TOPIC/AGENDA	REPORT/DISCUSSION	RECOMMENDATION/ACTION	FOLLOW UP

TOPIC/AGENDA	REPORT/DISCUSSION	RECOMMENDATION/ACTION	FOLLOW UP

TOPIC/AGENDA	REPORT/DISCUSSION	RECOMMENDATION/ACTION	FOLLOW UP

TOPIC/AGENDA	REPORT/DISCUSSION	RECOMMENDATION/ACTION	FOLLOW UP