

**PTRC - EAST SAFETY SUB - COMMITTEE MINUTES**  
**MAY 20, 2014; 1:00 P.M.**  
**HASEMANN CONFERENCE ROOM, PTRC - EAST**

**MANAGEMENT**

***PRESENT:***

Larsen, Nancy  
Melendez, Wil  
Tuthill - McVay, Karlene

***NOT PRESENT:***

Nwani, Regina  
Okoroafor, Ogechi  
Skaggs, Linda

**RESOURCE MEMBERS**

***PRESENT:***

Sprague, Jim

***NOT PRESENT:***

Funderburk, Kim  
Rieta, Pam

**LABOR**

***PRESENT:***

Benson, Susan  
Lamberton, Sheryl  
Nebeker, Roberta  
Thompson, Lisa  
Vilja, Paul

***NOT PRESENT:***

Clowers, Vanessa  
Drake, Traci

**GUESTS**

Adler, Ron  
McIlvaine, Robin

**EXCUSED**

Southwick, Annette

**MINUTE TAKER**

Julie Rothka, OA2

PLEASE NOTE: THE FOLLOWING MINUTES ARE SLIGHTLY LENGTHIER THAN USUAL DUE TO  
THE LENGTH (1 HOUR, 45 MINUTES) OF THE MAY 20, 2014 MEETING.

Meeting started at 1305 hours.

**APPROVAL OF MINUTES:**

Minutes from the April 15, 2014 meeting were approved with some corrections /  
additions.

Minute corrections / additions:

- 1) Page 2, Discussion Topic B: "Some money for furniture. Norex - 10 chairs per ward. East Campus getting Norex night stands"  
Per Jim Sprague, \$800,000. has been allotted for the purchase of furniture throughout WSH; the Norex furniture purchased with this money will be distributed to specific wards as determined by need / safety requirements.

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- 2) Page 3, New / General Discussion Topic F: "Elevator button lights"  
Paul Vilja informed attendees: quite a few PTRC - East elevator button lights do not work. It has been suggested that a check list be created for use during elevator inspections and this concern be added to the check list.

There were two visitors at this meeting: CEO Ron Adler and Robin McIlvaine, Quality Management from CSTC. All attendees introduced themselves. RN3 Paul Vilja was meeting Chair; Annette Southwick was not in office 5 / 20 / 2014.

**ITEMS THAT WERE DESIGNATED FOR FURTHER ACTION / FOLLOW UP**  
**FROM APRIL 15, 2014 MEETING:**

- A - Evacuation maps - per Susi Benson, Evacuation Signs were placed in the Nurses' Stations on all PTRC - East wards 2 weeks prior to this meeting.

**REVIEW OF PTRC - EAST INFORMATION FROM THE LAST CENTRAL SAFETY COMMITTEE**  
**MEETING:**

- 1) Attendees were informed: "...regarding seclusion rooms for E7 and E8. Unfortunately there is not a closure on this at the moment. Dale Thompson is still working on this. There is philosophy difference between some clinical staff and nursing personnel in having a seclusion room. E7 does not have a room available at the moment to have a seclusion room."

This topic caused a very lengthy discussion among attendees; most attendees agreed that they would like to see closure on this issue. This has been a much - discussed topic in PTRC - East Safety Sub - Committee Meetings since 2012... An attendee said that other WSH committees agree: E - 7 and E - 8 need seclusion rooms.

CEO Adler informed attendees that he was "philosophically opposed to putting in seclusion rooms on E - 7 and E - 8" because "the trend is moving away" from use of seclusion rooms and also because of the special populations (TBI, senior) of those two wards.

He suggested:

- 1) a review of the data supporting the need for seclusion rooms on wards E - 7 and E - 8 and
- 2) the possible formation of a "population specific team that would respond and work with (ward staff) on treatment units for patients that are difficult to control."

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Dr. Lamberton said it seems that many E - 7 clients who require seclusion are usually younger; some "have come through CFS" prior to being transferred to PTRC - East. She expressed concern re a current E - 7 client who "has a very explosive disorder" and "many misdemeanor charges" and is "very hard to manage." She said ward staff are very concerned about the possibility of this individual victimizing some of E - 7's more vulnerable clients. She said ward staff wonder about E - 7 being a suitable ward for this particular client...

The CEO asked Dr. Lamberton how the ward currently deals with this individual's behavioral issues as well as the behaviors of other difficult clients; she said that whenever possible, volatile clients are encouraged to go to their individual rooms or "to the Comfort Room to cool off." If the client chooses not to go to the Comfort Room and use of a seclusion room is required, E - 7 clients are usually taken to ward E - 5's seclusion room - which can be a difficult and potentially dangerous undertaking for participating staff...

There was brief mention of possibly converting E - 7 and E - 8 Comfort Rooms into seclusion rooms. Dr. Lamberton said that she would not want to see the Comfort Rooms removed or converted to seclusion rooms as they are used by clients who wish to take an on - ward "break" or as a temporary refuge from conflict with other clients. CEO Adler wondered if there was data re the amount of use of Comfort Rooms (not at this time). Paul Vilja said E - 7's Comfort Room is used by clients on average "3 or 4 times per shift."

Karlene Tuthill - McVay said she has noticed a gradual change in the client population of PTRC - East "in the past few years." She said there "a lot more younger people over here than when (she) first started working here... ..and our wards are not set up for it."

Roberta Nebeker spoke up at this point and said that staff on ward E - 6 have had to use that ward's seclusion room much more "in the past year and a half than in the past 10 years." She attributed this to the change in E - 6 client population; per Roberta there are more "dementia clients in the early stages of alcohol dementia" as well as clients "in end stage." Many of these clients are "younger, faster, stronger and more alert" than E - 6 clients in past years and they can at times be unpredictable and harder to redirect. These clients are also more aggressive with ward staff and of greatest concern, aggressive with the ward's more vulnerable clients.

There was discussion of the current State budget, Hospital finances, bed reduction, appropriate placement for E - 6 and E - 7 clients.

- 2) Re PTRC - East elevator maintenance: "There is a question of elevator maintenance. There are buttons that are burned out and not replaced. There are currently work

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orders for these repairs. Joey Roberts explained there are limitations of what CMO maintenance is allowed to do because the elevators are contracted with Kone. He also noted CMO does a monthly PO to clean the door tracks and replace lighting." It was further noted that (as an Action Item): "Jim will follow up with (F)acilities to find out if there are work order(s) being placed and Kone is responding to elevator issues and also if there is a better preventative maintenance plan the (H)ospital could do."

- 3) Review and discussion of information re new 3 - 1333 form. Date(s) for supervisor training re the form were not available at the time of this meeting.

**DESIGNATED DISCUSSION TOPICS:**

Per an e - mail received from Jim Sprague:

- A - Hair brush handles in PTRC - a concern was expressed (via a voice mail message left on the WSH Safety Hotline) that hairbrush handles could be fashioned by clients for use as weapons. Jim Sprague informed attendees this issue has been previously dealt with in CFS, but he did not think it would apply to PTRC - *at least not at this time.*
- B - Disorganized restraints in restraint bags - on wards, who is responsible for keeping restraint bags organized? Jim Sprague told attendees that a random sample of the contents of restraint bags on selected wards at various Centers revealed a disturbing fact: many restraint bags contain what can best be described as a jumbled mess of restraints. Per Jim, only a few wards have a system in place for organizing their restraint bags / restraints. Attendees wondered if a standardized organizing system restraint bags / restraints could be developed for use Hospital - wide.
- C - Food trays - this is a topic that has previously been discussed in past PTRC - East Safety Committee meetings. CFS is currently using cardboard food trays; PTRC Centers are still using standard food trays. Concern has been expressed re the potential of standard food trays possibly being used as weapons (thrown at staff and / or other clients; pointed / sharp pieces broken off these trays for use in client - to - staff or client - to - client assaults).

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**REVIEW OF PTRC - EAST SAFETY DATA:**

Reviewed April 2014 PTRC - East Safety Data.

For the month of April 2014 PTRC - East had 7 incidents listed:

E - 2: 4 incidents ("Overexertion," "Exposure," "Struck" (x2))

E - 3: No incidents

E - 4: No incidents

E - 5: 2 incidents ("Struck," "Caught")

E - 6: No incidents

E - 7: No incidents

E - 8: No incidents

Other East Campus / off campus locations: 1 incident ("Fall")

**REVIEW OF PTRC - EAST ENVIRONMENT OF CARE DATA:**

Reviewed Environment of Care Data, all PTRC - East wards.

- \* Some "usual" issues were noted: cigarette butts found around entrances / exits, improper refuse disposal.

Karlene Tuthill - McVay commented on the bench by the loading dock door (east side of building). Per Karlene, this bench has been removed from this location "quite a few times, but it always seems to be returned to that location." She said she has seen numerous cigarette butts around and under the bench - and said bench is located only 4 or so feet from the door.

Karlene also mentioned that Environmental Services staff have reported improper disposal of purple nitrile exam gloves. These have been seen "all over East Campus grounds."

It was noted that a garbage can that was removed from a location near the bottom of the outside stairs (east side of building) has also mysteriously reappeared in its previous location... The garbage can had been removed from its location near the bottom of the stairs because of its indirect contribution to an accident that resulted in a PTRC - East Rehab staff member being injured. The accident occurred when the

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staff member stepped on a piece of trash that had been blown out of the can by can by the wind; the piece of trash landed on the outside steps. As a result of stepping on the piece of trash the staff member slipped and fell on the steps.

**NEW / GENERAL DISCUSSION TOPICS:**

A - It was noted that the old exit doors on E - 7 were replaced; the replacement doors are reported to be "working out wonderfully."

B - Discussion of laundry bag cords

C - Lengthy discussion of the issue of the seemingly haphazard placement of clients on ward E - 2: frustration was expressed over the way clients seemed to get "dumped" on ward E - 2. It was noted that staff feel that the ward is used as a "dumping ground" for clients that other wards simply do not want to deal with.

Attendees were informed that despite the ward's best efforts to establish definitive guidelines for clients who would be acceptable transfers to E - 2 it seems the Transfer Committee regularly disregards the ward's recommendations. Ward's staff knowledge of current E - 2 clients seems to be undervalued and the transfer of clients who do not meet what the ward considers appropriate transfer criteria continues.

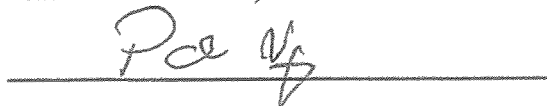
**ITEMS THAT WERE DESIGNATED ACTION / FOLLOW UP ITEMS FOR  
JUNE 17, 2014 MEETING:**

- 1 - Possible creation of a checklist for use during elevator inspections.
- 2 - Possible creation of a standardized organizing system for restraint bags / restraints that could be used Hospital - wide.
- 3 - Continue to follow up on status of creation of seclusion rooms for wards E - 7 and E - 8.

The meeting ended at 1440 hours.

 RNY 6-17-14

Annette Southwick, PTRC - East Nurse Manager



Paul Vilja, RN3, Labor