

SOUTH CAROLINA MENTAL HEALTH COMMISSION
SCDMH Administration
2414 Bull Street, Columbia, South Carolina 29201

April 1, 2022

Patrick B Harris Psychiatric Hospital – Virtual Presentation

ATTENDANCE

Commission Members:

Mr. Greg Pearce, Chair, Dr. Elliot Levy, Dr. Alison Evans, Mr. Bob Hiott, Dr. Carl Jones, Mr. Bobby Mann and Dr. Crystal Maxwell were present.

Staff/Visitors:

Deborah Blalock	<i>Present virtually via Zoom</i>	<i>Present virtually via Zoom</i>	<i>Present virtually via Zoom</i>
Pete Creighton	Jennifer Alleyne	Dr. Maryjane Hicks	Greer Pickett
Candace Lucas	Janet Bell	Charice Jones	John Ragin
Tracy Miley	Dr. Versie Bellamy	Grace Lambert	Dr. Lynelle Reavis
Paul Morris	Mark Binkley	Tracy LaPointe	Vicki Redding
Dan Paxton	Dr. Theresa Bishop	Bill Lindsey	Jennifer Roberts
Dr. Kenneth Rogers	Jackie Brown	Patrice Lloyd	Dr. Kimberly Rudd
Mr. & Mrs. Stuart Shields	Peter Camelo	Shawnta Locks	Tamara Smith
Brett Williams	Karen Doolittle	Sarah Main	Irene Thornley
Mike Wiltshire	Allison Farrell	Eleanor Martin	Eric Turner
	Beth Franco	F'Lyce Major	Susan von Schenk
	Dr. Kelly Gothard	William (Bill) Mann	Lindsay Walker
	Jeffery Ham	Abby McClain	Roger Williams
	Dr. Patricia Handley	Laura Nelson	

A meeting of the S.C. Mental Health Commission was held in Room 323 at the S.C. Department of Mental Health Administration Building on Friday, April 1, at 9:30 a.m. Chairman Pearce welcomed everyone to the meeting and turned the meeting over to Dr. Theresa Bishop, Medical Director, Patrick B. Harris Psychiatric Hospital (HPH). Due to a prior commitment, Dr. Allen McEniry, CEO, was not present.

PRESENTATION

Dr. Bishop and other members of the HPH Leadership Team gave a presentation on Patrick B. Harris Psychiatric Hospital. Following are highlights from the presentation. A copy of the presentation is filed with the minutes of the Office of the State Director.

Dr. Bishop talked about the implementation of Zero Suicide at HPH. HPH Leadership Team received Zero Suicide training through the Office of Suicide Prevention in October 2019, and implementation began thereafter. Dr. Bishop stated a quote from one of the Zero Suicide trainers: "Zero Suicide is a marathon, not a sprint." She talked about the elements of Zero Suicide:

- Lead – HPH leadership continues to be engaged and participates in implementation of Zero Suicide.
- Identify those at risk for suicide. Every patient is screened daily for suicide risk for at least the first 30 days of admissions (90 days if at increased risk).
- Engage – Patients at risk for suicide complete a safety plan with a staff member soon after admission.

- Treat suicidality directly with evidence-based treatments, not just in the context of treating underlying condition or primary diagnosis. Through Zero Suicide HPH leadership had access to training in Dialectical Behavior Therapy (DBT). Cognitive Behavior Therapy for Suicide Prevention (CBT-SP), another evidence-based treatment, will be coming to HPH in August 2022.
- Transition between levels of care is a high-risk time for suicide. Coordination of care from inpatient level to outpatient level is provided. Within 48 hours prior to discharge every patient completes a safety plan with a staff member. The day after discharge all patients receive a phone call from their social worker to check on them. Care cards are sent to every patient within three (3) days after discharge.
- Training is available to all staff.
- Improve overall care related to suicide management through Zero Suicide program by implementing new evidenced based treatments and educating staff.

Dr. Bishop said CMS has placed a tremendous emphasis on decreasing ligatures in inpatient facilities. While the actual number of people who die by suicide in inpatient facilities is relatively small, 75% of those deaths are from ligatures.

Mr. John Ragin, Chief Operating Officer, reported that during the 2015 Joint Commission Accreditation Survey, HPH was cited on a need to create a safer patient environment by switching to more ligature resistant products especially in the patient care areas. He recognized Mr. William (Bill) Mann, Risk Manager, to talk about the “Anti-Ligature Project” and the process for assessing and selecting ligature devices for HPH. Four principles for the evaluation of a product for potential use in the HPH Ligature Resistant Project are:

- Is the device/feature truly ligature-resistant?
- Is the device/feature also tamper-resistant?
- Does the device/feature convey an institutional appearance?
- Does the device/feature contribute to a therapeutic environment?

Mr. Mann showed examples of ligature resistant devices that were actually not appropriate at HPH with regard to safeguards to keep patients with active suicidality safe. Mr. Ragin said that a plan was developed to replace the necessary devices with ligature resistant products. He anticipates the project will move forward in May 2022.

Dr. Bishop introduced Ms. F’Lyce Major, RN, Infection Control and Employee Health Nurse. Dr. Bishop commended Ms. Major for her dedication and hard work during the pandemic. Dr. Bishop talked about new processes developed and implemented by HPH as a result of the pandemic. A new system was developed for quickly communicating to staff the level of precaution that was in effect at any given time.

Dr. Bishop said HPH is fully compliant with the CMS COVID-19 vaccine mandate.

Mr. Ragin displayed an aerial view of the HPH facilities and a timeline of the major capital expenses incurred to keep the facilities up to date. A major project is the HVAC renovation project which was started in 2018. Renovations are projected to be complete in 2022.

Chairman Pearce shared that the hospital was named in honor of Patrick Bradley Harris (the Commission voted to name HPH in honor of him in December 1981; construction of the hospital was completed in 1984). Mr. Harris served as an esteemed member of the South Carolina House of Representatives for many years and was an advocate for the cause of the mentally ill in South Carolina.

Ms. Karen Doolittle, Director of Social Work, talked about collaboration between HPH Social Work and the SCDMH Transition Specialist Program. Improvements include:

- Increased relationships with group home providers across the state. Increased discharge options for clients with special needs.

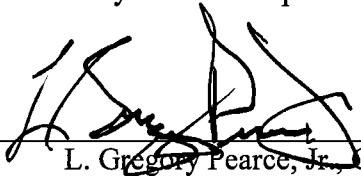
- Increased wraparound services and connection of the patient with the mental health center prior to discharge to have a more successful return to the community.
- Establishment and maintenance of funding sources for qualified clients.
- The support of the Transition Specialist program for discharge planning allows the clinical Social Work staff to provide direct therapy to the client through individual and group work with evidence-based therapies such as CBT, DBT, and Trauma Focused Care.

Ms. Abby McClain, Director of Nursing, talked about the Joint Commission's most recent accreditation survey at HPH.

- The Joint Commission conducts an onsite evaluation every three years, unannounced.
- An onsite survey was conducted August 10-13, 2021 which resulted in a total of 25 findings.
- Seven findings were corrected before the survey was complete. The follow-up survey was completed on November 5, 2021.
- The survey validated HPH staff qualities: staff is engaged, patient centered, work well together, creative, innovative, and intentional.
- On January 24, 2022 HPH was notified that accreditation was granted with an effective date of August 14, 2021.

Dr. Bishop concluded the presentation by stating that the leadership will continue to strive to improve the services provided to the patients.

On behalf of the Commission, Chairman Pearce thanked Dr. Bishop and the leadership team for their services and for the very informative presentation, and asked that the same sentiments be shared with Dr. McEniry. The center presentation concluded at 10:35 a.m.



L. Gregory Pearce, Jr., Chair
SC Mental Health Commission



Kim Ballentine, Recording Secretary
SC Mental Health Commission

