

DRAFT: LOCAL HUMAN RIGHTS COMMITTEE MEETING

February 1, 2008
 McKim Hall, Room 1116
 University of Virginia Health System
 12:00pm – 3:00pm

Members: **Elizabeth Bruns** – Chair Hunter Croson – Vice Chair Cynthia Power
 Jenny Oliver – Secretary **Lester Pearlstein**

UVA Representatives: **Penny Horner** **Lynne Fleming – Legal Counsel** Pamela Cipriano, Ex-Officio
 Susan Hess **Walter Mason** Bankole Johnson
 Rebecca Lewis

Regional Advocate: **Chuck Collins**

Guests: **Kim Goodman and Anita Thompson Heisterman**

Names in Bold represent those present

Topic	Discussion/Conclusion	Action/ Recommendations
Meeting called to order	Dr. Bruns called the meeting to order at 12:25 pm.	
Meeting Minutes	The Minutes of the September 21, 2007 meeting were approved. The Minutes of the November 16, 2007 meeting were approved	
Public Comment	There was no public comment.	
Reports	Ms Oliver was interested in discussing impending legislation and its impact on inpatients: there may be more patients. She suggested that inpatient census for 2007 and 2006 be examined and a baseline developed. The impact may be felt in July. Mr. Mason said the information is readily available. Ms Hess reported that census was low for the last few months but has increased in the past week. Ms Oliver invited those interested to meet with the Adult Mental Health Taskforce, a Charlottesville group whose interests include capacity for services and improved cooperation. The group is surveying the private sector to determine capacity.	Mr. Mason will bring census data to the next meeting. Contact Ms Oliver if you are interested in

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	<p>Mr. Collins reported that DMHMRSAS does not take an official position on new legislation.</p> <p>Regional Advocate's Report: Chuck Collins</p> <p>Mr. Collins has agreed to provide training for the new Human Rights Regulations. There will be a one-hour class next Tuesday for faculty and another for residents. Mr. Collins reported that in past sessions, there was an excellent exchange of ideas. The information was limited in scope, but included an overview of human rights regulations.</p> <p>In addition to Mr. Collin's live training, a DVD explaining the revised human rights regulations is available. The DVD presumes that listeners have an understanding of the old regulations.</p> <p>Mr. Collins offered to meet with nurses and to look at updating the PowerPoint presentation that is used to train staff.</p> <p>Mr. Collins reported on his involvement with one of five task forces created in November 2006 by a Commission led by the Chief Justice of the Virginia Supreme Court and Richard Bonnie. The Commission on Mental Health Law Reform included judges, advocates, consumers, family members, mental health associations, and others.</p> <p>The 5 Task Forces were: Access to Service, Civil Commitment, Children and Adolescents, Criminal Justice and Empowerment and Self Determination.</p> <p>As a member of the Task Force on Empowerment and Self Determination, Mr. Collins reported that his group looked at how consumers could have a greater voice. Strong opinions on all sides of the issue of consumer empowerment were raised in the task force meetings. The tragic events at Virginia Tech in April 2007 changed the focus toward community safety.</p> <p>It was the duty of the Commission to give specific recommendations to the Legislature. Two senators were on the commission.</p> <p>In November 2007 there was a two-day conference in Charlottesville that summarized the recommendations that were presented to the General Assembly.</p> <p>The resulting legislation, HB 499, proposed a new standard for involuntary commitment. If passed, the law will change the standard for involuntary commitment,</p>	<p>participating in the Adult Mental Health Taskforce.</p> <p>Contact Judy White for a copy of the Human Rights Regulation DVD.</p>
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making it easier to commit a person involuntarily. This may result in more patients. Ms Oliver reported that evidence for outpatient commitment is questionable and the widespread use of outpatient commitment would require a large infusion of services. Currently, outpatient commitment is not used in Region 1 because of a lack of staffing and financial support for the outpatient system; Southwestern Virginia uses it because they lack inpatient facilities.

The bill proposes to extend the emergency custody order time line by four hours.

Mr. Collins said there is a recommendation that the Crisis Stabilization Units, like the one in Region 10, be emulated because they are less restrictive and home based, as well as less expensive.

Ms Fleming stated that HB 499 had been revised in Committee.

Pending Research Project – Lighting the Way to Better Sleep: The Effects of Red Filter Flashlights on Sleep on a Psychiatric Service

Ms Goodman and Ms Heisterman presented a proposal for a sleep study. LHRC notification of the specifics of the study plan is required. Ms Heisterman, the mentor on this research project, is a faculty member of UVA School of Nursing and an RN on Rucker 3.

The researchers noted that almost every patient on Rucker 3 and 5 East reports a sleeping problem. Some complain that they cannot sleep at night. Sleep and safety are monitored during the night. The sleep cycle may be disrupted by RNs checking on patients every 15 minutes as a safety procedure.

A military person suggested that RNs using a red-filtered flashlight might improve sleeping, since red filters do not interfere with circadian rhythms. A protocol was developed and is being reviewed by IRB.

In addition to studying the effect of the red-filtered flashlights, some patients will be asked to complete a 6-question survey about sleep.

Ms Goodman and Ms Heisterman discussed the protocol in detail and the distributed information on the study including IRB submission documents. Mr. Collins read the regulations pertinent to research studies.

The members of the LHRC encouraged Ms Goodman and Ms Heisterman to report the results of the study to the LHRC.

Ms Goodman and Ms Heisterman will share the results of the study with the Committee.

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	<p>Administrator's/Manager's Reports</p> <p>Ms Hess presented the new 13-page H&P form: Psychiatry Services-Psychiatric Admission History and Physical Examination (030871). This form addresses JCAHO requirements. The initial nursing care plan is part of this document, as is the resident's initial plan. RN and MD will sign on admission. There is a full page for patient comments and a place for the patient to sign. Mr. Collins commended the opportunity for patient comments. This should be part of the pre-screening process and is important for self-determination. Ms Goodman reported that patients have written in comments and requests. Ms Oliver commented on the apparent disparity between patient's perceptions and psychiatrist's and asked if this document deals with wellness issues. Ms Hess and Mr. Mason explained how the nursing assessment addresses wellness. For example, on page 4, Social History: Assets/Strengths/Resources contains a lists of positives. From the medical standpoint, major systems are checked. RNs pay close attention to blood sugar and to issues like smoking cessation and substance abuse. Ms Goodman, who has used the form, explained that the form is different from the previous version and the added detail is helpful. Psychiatric core measures, new standards for psychiatry treatment, were considered when designing the tool. A discharge summary is to be provided to the next care provider before or when the patient arrives. It is to include information on the patient treatment plan. Information can be shared with providers of subsequent treatment. An appointment with a care provider is made, the patient approves the provider, and treatment information is given to the patient and the new provider. This is a more open and inclusive patient-centered approach.</p> <p>Staff Computer Based Learning: Mr. Collins will assist in updating.</p> <p>College of Direct Support: DMHMRSAS has developed 19 courses for direct support staff. UVA has just enrolled in this computer based learning project.</p> <p>Complaints and Restraint Log: Ms Hess reported that there were few restraints and complaints in November and December. A patient sent a letter saying it was the best place to be on Christmas Eve.</p>	<p>Ms Oliver will provide research on wholistic approach.</p>
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	<p>Mr. Mason provided information about the one formal patient complaint on 5E and discussed the restraints used on Rucker 3 and 5 East There were no complaints on Rucker 3.</p> <p>UVA Emergency Dept., UVA Psych Services and Region 10 are having more conversations.</p> <p>There was a discussion about the types of patients that are presenting at UVA. Mr. Collins reported that for the 250 beds at Western State, 60% are forensic and 40% civilly committed. Patients are there mostly because they are subject to a statute. There are a number of ways forensic patients get to Western State. Ms Hess reported that UVA has worked with Medical Center Security to contract 1:1 guards. This allows UVA to take patients who would otherwise be diverted.</p>	
Old Business	Ms Fleming has reviewed Psychiatry Services' Policy Manual to assess whether existing policies comply with the revised Regulations. A letter will be sent to Mr. Collins when necessary policy revisions are completed.	
New Business	<p>Mr. Collins suggested that the Local Human Rights Committee meet quarterly instead of 6 times a year. A motion was advanced and seconded.</p> <p>Mr. Collins reminded the Committee that a consumer member is still needed.</p>	
Meeting Adjournment	Dr. Bruns adjourned the meeting at 2:00 pm.	
Next Meeting	Next meeting will be held on April 18 at 12:00.	