LOCAL HUMAN RIGHTS COMMITTEE MEETING

April 17, 2009
McKim Hall, Room 3143
University of Virginia Health System
12:00pm – 3:00pm

Members:	**Elizabeth Bruns** – Chair **Ken Moore**	Hunter Croson – Vice Chair **Lester Pearlstein**	**Jenny Oliver** – Secretary
UVA Representatives:	**Penny Horner** **Susan Hess**	**Lynne Fleming** – Legal Counsel **Walter Mason**	Pamela Cipriano, Ex-Officio Bankole Johnson Lorna Facteau
Regional Advocate:	**Chuck Collins**		
Guests:	Ann Bohr Benner, Judith Minter		

Names in Bold represent those present

Topic	Discussion/Conclusion	Action/ Recommendations
Meeting called to order	Dr. Bruns called the meeting to order at 12:30 pm. Ms Minter and Ms Benner were introduced. Ms Minter attended to meeting because of her interest in becoming a member. Dr. Pearlstein recommended Ms Minter as his replacement. Ms Benner, VOCAL Network Program Director, attended the meeting to gather information. Ms Benner may recommend new members.	
Meeting Minutes	Minutes of the January 16, 2009 meeting were approved.	
	Drs. Brun and Pearlstein were presented certificates of appreciation for their service on the Local Human Rights Committee. Mr. Collins described his association with Dr. Bruns on this committee and the Region 10 committee: Dr. Bruns, serving as chair, grounded the Region 10 committee,	

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	which oversees 25 programs. She managed both committees very well and is a valued contributor. The group thanked by Dr. Bruns and Dr. Pearlstein for the contributions to the successes of the committee.	
Reports	**Regional Advocate's Report** Mr. Collins reported that the inpatient children's facility in Staunton will remain open because of stimulus money received by the Commonwealth. The State Human Rights Committee met at Western State Hospital to discuss a 62-year old patient who lives in near-seclusion. The Committee viewed the living quarters. The Committee decided that his accommodations were acceptable and were to decide on the possibility of relocating him to Northern Virginia. Pam DuBose will replace Rhonda Angel as licensing specialist. **Manager's Report** Ms Horner reported that Mr. Mason will be leaving Psychiatric Services to work on UVA's Electronic Medical Record project. The group thanked Mr. Mason for his service to the committee and wished him well. Ms Hess reported that the Joint Commission site visit in February was successful. The surveyors thought the multidisciplinary teamwork on Psychiatric Services inpatient units was very good, which was affirming to staff. Patient satisfaction scores are being monitored closely. The 2008 Psychiatric Services Annual Report was presented. Options for the new location of UVA's 20-bed unit at Martha Jefferson are being reviewed by a UVA Task Force. The lease ends in 2011. Ms Oliver suggested UVA consult with the public. Ms Horner agreed to pass the suggestion on to the co-chairs of the Task Force. Ms Oliver suggested that better facilities be provided in the ER so that the situation would be less stressful.	

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	Mr. Collins suggested that the committee make a formal recommendation by passing a resolution. Mr. Moore offered this resolution: The Local Human Rights Committee be involved in the planning process of the new facilities in a planning role. Ms Oliver added as explanation that a member of the LHRC have a chair on the Task Force. She pointed out that Wellness Recovery Center (WRC) is highly regarded because the community was involved with the planning. The motion was seconded by Ms Oliver and passed unanimously. **Complaints and Restraint Log:** Mr. Mason presented patient complaints and restraint reports and the committee discussed them. Ms Oliver asked how disputes are resolved. Mr. Collins explained that he notifies the units if he receives a complaint. Either Ms Horner, Ms Hess or Mr. Mason will respond to Mr. Collins request for in informal inquiry. If the units receive a complaint, Mr. Collins is notified. If the issue is resolved, Mr. Collins is given the details. When Mr. Collins talks to patients, it is usually because the patient feels he or she is being held against his or her will. Mr. Collins asks if he or she knows why they are there and what they have to do to be discharged. He frequently asks 3 questions: Do you have a place to go? Is treatment set up? What medications are you taking? Discharge planning is the number one complaint. According to Mr. Collins, the most important thing that staff can do is to talk with the patient. If staff cannot resolve the issue, Mr. Collins will visit them. Mr. Moore added that not being listened to can cause anger.	

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	Mr. Mason explained how property losses are resolved: incidents are reported to Quality Office where efforts to replace missing items. Mr. Mason also explained the difference between constant observation and 1 to 1: constant observations can take place from a distance; 1 to 1 observation is done at arm's length. The criterion for release from seclusion is a behavior change. Patients are constantly observed. Ms Oliver asked if escalating behavior could result from stays in the Emergency Room. Ms Oliver also asked if UVA was planning to replace Dr. Cantor, who had been very involved with the community. Ms Horner replied that Dr. Dameron is involved at Wellness Recovery Center, as are two additional physicians.	
New Chairperson	Dr. Bruns turned the chair over to Mr. Moore, who complemented the group on its respectful service. The group expressed their good wishes to Mr. Moore.	
VOCAL	Ms Benner described VOCAL as an organization that advocates for recovery. It is a self-help/peer-help program that uses WRAP (Wellness Recovery Action Plan) to motivate consumers to get well.	