LOCAL HUMAN RIGHTS COMMITTEE MEETING

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

Members:	**Ken Moore** – Chair **Judith Minter**	– Vice Chair	Jenny Oliver – Secretary
UVA Representatives:	**Penny Horner** Susan Hess	**Lynne Fleming** – Legal Counsel	**Lorna Facteau** Bankole Johnson Pamela Cipriano, Ex-Officio
Regional Advocate:	**Chuck Collins**		
Guests:	Myra Anderson, Brenda Barrett		

Names in Bold represent those present

Topic	Discussion/Conclusion	Action/ Recommendations
Meeting called to order	Mr. Moore called the meeting to order at 12:30. Mr. Collins explained that Local Human Rights Committees (LHRC) are required to have at least 5 members, with at least two consumers and at least 1 health care provider. The UVA LHRC currently has three members. Ms Anderson will be interviewed and her application submitted today. A prospective member is planning to attend the October 16 meeting. Today, there are only two members present. Three members are required for a quorum and to conduct business. Mr. Collins also explained that LHRC meetings are open to the public and if someone were to attend, Mr. Moore would moderate visitors' comments. If there were a discussion of a named person, or protected health information (PHI), the Committee would be allowed to go into closed session.	
Meeting Minutes	Mr. Moore suggested several changes to the April 17 meeting minutes. The corrected minutes will be submitted for approval at the October 16 meeting.	

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Reports	**Regional Advocate's Report** Mr. Collins reported on two cases that are in the formal dispute resolution process. The UVA LHRC may have to conduct a hearing under Human Rights Regulations. Mr. Collins explained how a hearing would proceed: The hearing would be chaired by Mr. Moore in his position as Chair of the LHRC. The hearing could be open or closed; that decision is made by the complainant. Deliberations are closed. The Complaint Resolution Process is always the same in Virginia. The process begins when a client claims his or her human rights were violated. If a complaint is made to staff, Mr. Collins is to be notified by email (preferred), fax or phone call within 24 hours. The notification should include an identification of the client, others involved, what happened, where it happened, and what was done to resolve the issue. If Mr. Collins is notified directly by the client, he will notify the provider. Mr. Collins will visit the client within 5 days if he or she is unsatisfied with attempts to resolve the complaint informally. UVA has an internal advocate, Betsey Townsend. Clients may contact her or others with complaints. Mr. Collins referenced pages 33 and 34 of the RULES AND REGULATIONS TO ASSURE THE RIGHTS OF INDIVIDUALS RECEIVING SERVICES FROM PROVIDERS LICENSED, FUNDED, OR OPERATED BY THE DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES (http://www.dmhmrsas.virginia.gov/documents/HumanRights/OHR-RevisedRegulations.pdf). Once a complaint is made, a formal process for resolving the dispute begins. A meeting is required, and will include the Director of the Program (at UVA, Penny Horner), The Human Rights Advocate (Chuck Collins), the Client and possibly others. The purpose of the meeting is to get an understanding of the issues and seek resolution, that is, have relief granted. The Provider has ten working days to answer the complaints and to discuss relief. The Client has five working days to respond. If there is no response, the issue is	

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	considered resolved. If the Client responds within five days, the Provider has another opportunity to respond (within five days). If extensions are requested from either the Client or the Provider, they are usually granted. After the final response from the Provider, the Client may file a petition for a hearing by the LHRC. The petition, sent to the LHRC Chair and the Director, is a statement of issues, background and relief requested. It references the human rights issue, how it was violated and the request for relief. The Director provides a response explaining the hospital's version of what happened. The Advocate attends the hearing with the Client. The Client has the burden of proof. The legal standards of proof are: Beyond Reasonable Doubt: 99% certainty Clear And Convincing Evidence: 75% certainty Preponderance Of The Evidence: 51% certainty Human Rights Hearings use the lowest standard of proof: Preponderance of the Evidence. The Committee is to make a finding of fact and provide an opinion and recommendations. Either side may appeal the Committee's decision to the State Human Rights Committee (SHRC), which will review the findings and look for a fundamental error. The SHRC holds the LHRC opinion in high regard. Another advocate will act as the Committee's technical advisor during the hearing. Each side can present an opening statement. Evidence will be presented. Witnesses can be called and can be cross-examined by the Provider and the LHRC. **Complaints and Restraint Log:** Ms Horner and Ms Barrett presented patient complaints and restraint reports and the committee discussed them.	

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Program Update	Ms Horner reported that Martha Jefferson Hospital is closing their facility and opening a new facility in 2011. Rucker 3, which is housed at Martha Jefferson Hospital, will be closed. UVA was looking at Whisper Ridge as a place to move both inpatient and outpatient units. UVA physicians were opposed to moving inpatients away form the hospital because of the difficulty of obtaining consults, and other reasons. Discussions are continuing. A motion was passed at the April 17 LHRC meeting requesting representation on the relocation task force. UVA is still working on what to do next.	

Next meeting will be held on Friday, October 16, 2009, McKim Hall, Room 3143.