LOCAL HUMAN RIGHTS COMMITTEE MEETING

April 23, 2010
McKim Hall, Room 3143
University of Virginia Health System
12:00pm – 3:00pm

Members:	**Ken Moore** – Chair	Jenny Oliver – Secretary	
	Myra Anderson	**Beth Green**	**Judith Minter**
UVA Representatives:	**Penny Horner**	**Lynne Fleming** – Legal Counsel	Lorna Facteau, Ex-Officio
	Susan Hess		Bankole Johnson
Regional Advocate:	**Chuck Collins**		
Guests:	**Kim Goodman, RN**	**Brenda Barrett, RN**	Names in Bold represent those present

Topic	Discussion/Conclusion	Action/ Recommendations
Meeting called to order	Mr. Moore called the meeting to order at 12:20.	
Public Comment	Mr. Moore advised the Committee that he will continue as Chair although he has resigned his position at Region 10. Mr. Collins asked Ms Hess to report on the February 26-27 Bridge to the Community event sponsored by UVA Psychiatric Services and the Center for Appreciative Practice. Fifty inpatient staff, social workers, community providers and advocates met fact-to-face to learn about local client opportunities. One new opportunity is the Haven, a day center for the homeless located in a church near the library in Charlottesville. Several organizations, including Region 10, have offices there. The Haven offers a place to keep belongings, shower, have a meal, and other services to those without a home. The Workshop on Feb. 27 involved 3 focus groups: 1. Inpatient and outpatient use of WRAP 2. Electronic information 3. Diminish psychiatric stigma As a result of this meeting, a UVA RN was invited to join the board of Mental Health America, and has accepted.	

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	Mr. Moore thanked Jenny Oliver for completing two 3-year terms of service to the committee. Ms Green was officially welcomed as a new member of the committee.	
Discussion of UVAHS Bed Changes	Ms Horner reported that Rucker 3, a UVA inpatient psychiatric unit located at Martha Jefferson Hospital, is currently operating 12 beds (down from 20). The unit will be closed, because the facility is being closed, at sometime between October 2010 and June 2011. 5 East, the inpatient psychiatric unit located at University Hospital, is currently operating 16 beds. Planning is ongoing for increasing the number of beds on 5 East, but no decision has been made. Mr. Moore presented a draft of a letter from Ms Oliver regarding the proposal to reduce in-patient beds from 36 to 16. There was a discussion of the letter. It was felt that having more beds would help more clients with urgent situations and keep clients close to their community. The opinion that was stated that with fewer beds, an emphasis on improving community service would develop. It was felt that the community would become more involved in crisis management. The committee took the letter under advisement.	July agenda item: Discuss the issue of sending a letter to UVA management concerning bed reduction. Mr. Moore will communicate with Ms Oliver.
Operations Report	Ms Hess reported that patients are admitted directly from other facilities or from the UVA or MJH emergency rooms. Patient status is either voluntary or involuntary. If involuntary, a hearing is held within 24 hours. A judge decides on commitment, which can be up to 30 days. Reasons for admission can include • harm to oneself or others • inability to take care of oneself A commitment can be appealed but, it was pointed out, patients are usually release before the appeal is considered. A committed patient can be released by a physician if the patient no longer meets criteria for treatment. Admissions are individualized. Patients are seen by the medical team every day. Each patient is assigned a nurse who talks to patients about their needs. A new patient group meets in the morning to discuss goals. A wrap up group is held in the evening.	

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	Social workers help with discharge planning and community resources and placement. Family involvement is not formalized but may be part of the treatment plan. Another new program is Care Partners: 2 people are designated to help with patient care. This program can be used on Rucker 3 and 5 East with a physician's order. Reasons for not using care partners involve the patient's wishes to not involve others or others are not available to participate. Visiting hours have been increased daily and on the weekend. Patients are searched during the admission process. They are given a hospital gown, and when the assessment and search are completed, their street clothes are returned. There are lockers on both units for visitors. Ms Minter pointed out that the purpose of admission is to stabilize and then release the patient. Mr. Collins suggested that a tour of 5 East and Rucker 3 be held. Ms Hess distributed documents that are given to patients: • Welcome to Inpatient Psychiatry • Treatment Program and Activity Schedule • Family and Friends	
Restraint Policy Changes	Ms Fleming distributed Medical Center Policy No. 0159, Restraint and Seclusion of Patients (April 1, 2010 [R]). This policy is in the process of being changed in order to comply with new CMS regulations for hospitals, except Psychiatric Services. Regulations concerning restraints are governed by the Virginia Department of Behavioral Health and Developmental Services (DBHDS) regulations.	
Meeting Minutes	The Minutes of the January 15, 2010, meeting were approved	
Reports	**ADVOCATE'S REPORT** Mr. Collins reported that the DBHDS has a new commissioner: James Stewart. Commissioner Stewart had been working for the Department as Inspector General. The new IG is Mr. Bevalocka. Western State Hospital (WSH) is bracing for another round of cuts, probably 10%. WSH operates 248 beds with a high census. The Commonwealth Center for Children has been funded for the next 2 years, with cuts. They have moved out of WSH to their original location with 48 beds. The Center experienced flooding and moved to WSH during the renovation period. Planning for the new WSH is proceeding. A 2013 occupancy of the new state-of-the-art facility is expected.	July agenda item: LHR training by Mr. Collins.

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	Mr. Collins explained that one of the duties of the advocate is to train members of the LHRC. He asked that one-half hour be devoted to training at the next meeting. Mr. Collins will include Freedom of Information Act training. Mr. Collins will be training new UVA interns. **DIRECTOR'S REPORT** Ms Horner reported on the positive results of a surprise inspection by Licensure Specialist Pamela DuBose. Ms Horner reported that patients can order from a selection of foods. Patients are provided with a nutrition consult if requested or assessed. **Complaints and Restraint Log:** There was a discussion of 5 East events. There was a question concerning the documentation of chemical restraints. The committee felt they should be reported. Mr. Collins explained the circumstances that allow chemical, mechanical and physical restraints: 1. The hospital documents that there is an emergency: a risk of harm to oneself or others. 2. A judge can order medications over objection. 3. A treatment plan has been approved. Mr. Collins felt that if medications are given over objection or if there is a standing order for PRN medications, it should be reported to the committee as a chemical restraint. **BEHAVIORAL PLAN DISCUSSION** Ms Goodman presented a specific behavior plan.	

Next meeting will be held on Friday, July 16, 2010, Blake Center, Room CR1107.