LOCAL HUMAN RIGHTS COMMITTEE MEETING

October 21, 2011
Blake Center, Room CR1107, University of Virginia Health System
12:00pm – 3:00pm

Members: **Ken Moore** – Chair **Judith Minter** – Vice Chair **Beth Green** – Secretary
Christine Duguet **Wendie Price**

UVA Representatives: **Penny Horner** – Director Lynne Fleming – Legal Counsel Scott Croonquist, Ex Officio
Bankole Johnson, Ex Officio

Regional Advocate: **J. Mark Seymour** Guest: **Brenda Barrett,** RN, 5 East 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.	
Meeting Minutes	The Minutes of the Local Human Rights Committee Meeting on July 15, 2011 were approved.	
Reports	**ADVOCATE REPORT** Mr. Seymour noted the floor plan for 5 East, which was recently renovated. In June, Rucker 3 was closed and 5E was reopened with 23 beds. Items from the Summer 2011 issue of *Human Writes*, a State Human Rights Newsletter were discussed by the group. Mr. Seymour pointed out the Executive Summary of the Inspector General's Report that discussed Eastern State Hospital opening a state-of-the art 150 bed adult facility. The new hospital is 85 beds smaller than the one it replaced. The result: "ESH refused to admit new patients who had been civilly committed for involuntary treatment and, as of early November [2010], the state hospital had denied admission to 30 Hampton Roads residents who had been screened by the Facility Management Committee (FMC) and determined to meet ESH's stringent admission criteria. ESH also restricted admissions for dozens of additional forensic patients during 2010 and, currently, there is a forensic waiting list of approximately 40 individuals awaiting a bed at ESH – most of who continue to be housed in local jails." Western State Hospital is on the verge of opening a new facility with the same number of beds (250) but a smaller campus. There will be one building with a courtyard. Ms Minter reported on a person's 36-hour wait for a psychiatry bed in UVA's ED before a bed could be found in another locality as no bed became available at UVA. Ms Minter also reported that the patient noted the Psychiatry staff and ED staff were hostile to each other.	

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	Ms Minter asked if a lack of services is a human rights violation. Ms Minter is very concerned about the growing lack of beds for the mentally ill in crisis on a state-wide level. She would like to see this crisis as a human rights violation, especially in the face of ESH downsizing and the growing tendency to reduce these beds state-wide. Mr. Seymour reported that in the 1990s, it took about 45 minutes to find a bed. What we are now facing is a crisis. Because of the lack of beds, "streeting" is occurring: Patients end up in the ED or on the street. The Committee continued the discussion. Mr. Seymour summed it up: We are looking at a long period of time for an effective remedy. Mr. Seymour reported on a new SHRC definition of Health Care Provider: "Each LHRC must have at least one member who is a Health Care Provider . . . or be a person who has a minimum of five years' experience in the delivery of direct services to persons with mental illness, intellectual disabilities or substance abuse."	
	DIRECTORS REPORT Ms Horner presented the patient complaint/restraint report on a new reporting tool, the Provider Quarterly Report of Human Rights Activities. Mr. Seymour explained that the SHRC wanted to have a uniform reporting tool. There was a discussion of how to report the Status of Allegations of Abuse and Neglect and Total Counts Alleged by Type and some questions were asked regarding the Status and Categories. Clarification will likely be forthcoming. The Committee requested that restraint episodes by reported to the Committee regardless of the requirements of the reporting tool. Ms Horner's report had more complaints than typically reported. Some possible explanations were offered: • More geriatric patients with complex issues not segregated from other patients. • Staff not fully oriented to new unit. • Different environment: smaller quarters might cause patients to be more agitated. • The new configuration may make people feel less safe. • New unit may be more stressful. • Patients presenting may be more agitated. • Medication over objection is not allowed until the situation is emergent. • Acuity is high and medication is problematic. It was asked if Administration is aware of this situation.	Include extra time at the January meeting to discuss the increase in 3rd quarter complaints. Report on physician and staff opinion on increased complaints. If trend continues, problem solving may become necessary.

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	Ms Horner reported on 5 citations from Pamela Dubois, Licensing Specialist: 1. Washer/drier not operating correctly. 2. Restore program manager position 3. PCA/Patient Ratio to be 1/8 when patients are together. 4. Policy manual to be updated. 5. Quiet room should be furnished.	
Chair	Mr. Moore requested that at the January meeting the Committee discuss the possibility of a new chair taking over in July.	

Next meeting will be held on Friday, January 20, 2012, Blake Center, Room CR1107.