Introduction To Your Role As A Human Rights Committee Member

by

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First let me congratulate you on taking a part in making a difference in your community. I also want to thank you for your participation in our Human Rights Committee. It is likely that some of your questions have already been answered. It is also likely that you have already signed a confidentiality statement, or HIPPA statement. While I would encourage you to place your participation on the committee on resumes, and other documents pertaining to work and volunteer, the actual deliberations should be confidential. Let me again stress that confidentiality is very important to the process of a Human Rights Committee and there are a limited number of people you should talk to about your deliberations as a committee member. Below is a short list:

A. The Individual Served (the person you make decisions about)
B. Staff at the home where the Individual lives
C. The QMRP
D. Physicians or healthcare professionals working with the Individual
E. State or Federal Surveyors conducting a survey, investigation, or other process.

Naturally, should you have any questions about talking with someone, please do not hesitate to ask.

In the world of ICF/MR (Intermediate Care Facility for people with mental retardation) there are three Federal standards that will apply to your position. Below I have gone into some brief detail of each tag. You will find some explanations to basic questions you might have.

W261

This tag simply declares that a facility must have a "specially constituted committee" of qualified people to help make or approve decisions made by the facilities IDTeam, guardian, surrogate, or Surrogate Decision Making Committee. People on this committee may be individuals served, legal guardians, physicians, lawyers, nurses, teachers, etc. Just about anyone can serve with the major issue that the person has no controlling interest in the facility. You cannot own the facility.

As a part of the committee, your job will be to review any decisions that might violate someone's rights. Some of those restrictions might be psychoactive medications, dental work under sedation, behavior management plans, surgery, etc. While you may not feel that you need to have oversight in someone else's decisions, it should be noted that the committee serves as a safeguard against a person being taken advantage of by someone else. That someone could be an owner, employee, physician, or other person. To illustrate this point, I would like to share a true story with you. A few years ago a physician recommended that an individual served be placed on dialysis. The person had a diagnosis of profound mental retardation, no

family, and the IDTeam did not know where to go. The case was presented to the Human Rights Committee. A few members of that committee questioned whether the individual really needed the dialysis and the facility sent the concerns to the physician. That particular physician suddenly decided that the person no longer needed dialysis. It appeared the person was miraculously cured. To this day the person still has never had dialysis and that was several years ago. That is only one example of a committee safeguarding a person's rights.

W262
This tag focuses on your need to approve, review behavior plans or restrictive behavior procedures that might violate a person's rights. The focus here will usually be behavior controlling medications (i.e. Risperdal, Lithium, etc) and Behavior Management Plans that are considered restrictive.

All medications should be reviewed only after appropriate approval has been obtained. The committee does not need to review someone's order to have Risperdal, for example, if that person's guardian has not already approved the use of Risperdal. In the event the person does not have a guardian, then the committee must review documentation that indicates that person can make decisions regarding the behavior management plan or medications. If that documentation is not provided, then the committee has a responsibility to say "NO" to the request for approval.

The committee would not need to approve a behavior plan that is not restrictive. For example, a plan that is not restrictive might simply say, "redirect the person to another activity when acting out." Most facilities will still send the plan before the committee, but it can easily be approved. On the other hand, a plan that says "restrain the person with physical restraints," would be restrictive and would need review.

A medication revision would not need to be approved. For example, if a physician increased a person's Risperdal from 1mg to 3mg, there would be no need for approval. However, should that physician change medications from Risperdal to Lithium or Paxil, then that would require a new review by the committee as if the medications is new.

W263
This tag deals with prior consent before the issue even reaches the committee. To illustrate this, I have put basic steps below for medications first:

1. Physician orders a new medication (Paxil for example)
2. QMRP, Home Manager, or Nurse notifies person's family or guardian
3. Guardian agrees (may be verbally with a consent in the mail to be signed)
4. IDTeam reviews (often with guardian) and approves
5. Information is then sent to Human Rights for final review
6. Human Rights approves (assumed at this time)
7. Medication is started

The basic steps above might change in the event that a Surrogate Consent Committee is required, but the facility should be able to present basic paperwork indicating that they Surrogate process is underway, the family or individual agrees to the medication and the IDTeam feels that it can not wait for Surrogate Approval before starting a medication. Often, in the area of psychoactive medications, there is a need for the medication at that time, but the committee should always be aware and it should be documented that approval is pending prior to the committee reviewing any medication.

In the event that prior approval is not presented by the facility, it is very acceptable and in fact expected that you should question the facility and ask to see the consent prior to making your decision. If you do not feel comfortable, ask for the additional information and say "NO" for the time being to the request being made.

In some cases, you may disagree, but other members of the committee may agree. In those rare occasions the majority will usually make the decision. This should not hinder you from requesting additional supporting documentation and the facility should provide that despite the outcome of such a vote.

If you should have any doubt about how to conduct a Human Rights Committee or your role as a committee member, please do not hesitate to contact me at myqmrp@myqmrp.com or (870) 774-0505.

Attached you will find a basic form that should be used whenever possible for making your decisions. This form has also been provided to the facility and will be used for all Human Rights Issues that may arise. In the event that you are contacted by phone, you should complete the form as soon as possible after the contact. The facility will be happy to provide a copy and assist in completing it if you wish.

Printed Name:_____

Signature:_____ Date:_____

Human Rights Review Sheet

Please complete the information below. The facility may complete this information for you with the exception of the final two answers.

Name of Facility:_____

Name of Person Served:_____ **Date**:_____

Member Printed Name: _____

Contact Telephone Number:_____

Issue(s) before the committee:

_____ Psychoactive Medication _____Behavior Management Plan

_____ Dental Surgery/ Cleaning under anesthesia _____Surgery

_____Intrusive Lab or Test _____ Privacy Issues

_____ Other (specific): _____

Explain or attach order/recommendation:

_____

_____

Consents Present or being obtained after telephone call: _____ Y _____N

HRC Member Only:

Approval given for above request: _____ Y _____N

If no, then please explain below or indicate what additional information is needed:

_____

_____

_____ _____

Member Signature Date