NorthStar
Behavioral Health System

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August 24, 2011

Senator Davis
State Capitol Room 30
Juneau AK, 99801

Re: SB 55 Draft Version 27-LS0082\D

Dear Senator Davis:

In response to your request to offer feedback on SB 55 Draft Version 27-LS0082\D, I offer the following comments. Some of these comments are a repetition of my initial concerns sent on August 3, 2009 to your attention.

As in our conversation, I support the need to protect client rights. Currently, we have many such avenues, both internal and external, to ensure such rights are protected. Our facility has patient advocates who accept complaints and grievances that can be resolved on the units and/or taken to senior leaders, for resolution. Our medical staff and senior leadership review all grievances each month for systemic issues and individual staff trends that need to be addressed. External agency phone numbers are posted for patients and families to make complaints to numerous organizations if they desire (The Joint Commission, the Department of Health, the Office of Children's Services, the Center for Medicaid and Medicare Services, the Department of Licensure, the Disability Law Center and others). Additionally, we are surveyed by some of these organizations annually and the others routinely or upon patient complaint. Clearly, patient and families have numerous avenues to address issues as they arise. I believe this bill will add to the cost of healthcare without adding an improved benefit. At times healthcare facilities have to respond to several of these agencies concerning one complaint, often with differing opinions. This will add another such group in which agencies must allocate resources.

As a private psychiatric facility, we are not holding committed patients such as in the state facility. Our patients can be discharged by the guardian at any time and thus represent no ability for involuntary commitment (patients for which commitment would be initiated are transferred to the state facility. The vast majority grievances that would be seen by the patient or family as infringing on patient rights could be addressed simply by refusing care or treatment (in addition to external and internal reporting mentioned above).

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The impetus of this bill was not related to children and adolescents. Children and adolescents have numerous adults (i.e., parents, step parents, grandparents, custodians, and agencies) who ensure proper care and thus have advocates who make many primary decisions on their behalf. Further, these parents and guardians have access to the child through visits, family therapy and phone calls. Such guardians have time and access to file complaints with any of the agencies mentioned above. This population, by its nature, often exhibits poor judgment and boundaries (some of the reasons for admission). Adolescents in particular, would use such a system to distract from care, avoid dealing with issues that precipitated admission and tie up staff time with unfounded complaints. It would be unrealistic to believe that this population would not over whelm the agency with grievances. Youth often make complaints about food (due to dietary requirements that limit unhealthy foods), inability to visit/phone with peers (often peers who may be unhealthy due to age differences, drug using partners, dealers, etc…), not wanting to attend therapy (to avoid dealing with painful issues or to avoid responsibility) which detract from effective treatment. Allowing three tiers of grievance levels, unless the youth believe it fair, in reality should be described as dealing with each grievance three times as well as with multiple agencies in some cases. This population in particular would not appear appropriate for such regulation. The amount of staff time alone would be prohibitive, both to our facility and on the part of the state.

The Federal Health Care Quality Improvement Act allows certain information to be protected in order to protect privacy, promote honest disclosure and encourage facilities to address systemic issues that lead to improved outcomes. There are several issues with this. One, grievances that involve multiple patients would not be allowed to be discussed with identifiers or necessarily outcome of the issue with that patient.. For example: If the grievance involves one patient being treated differently than another or another patient committing an unwanted act. This prevents the facility from defending itself. Also, grievances associated with unfounded complaints could lead to potential frivolous law suits. Item 7 (g) notes that the burden of proof shall be on the facility. Often grievances result in false accusations that cannot be disproven as it is difficult to prove something did not occur.

I would appreciate your consideration of these issues, either by considering removal of your support or by limiting the scope of the bill to patient populations and/or organizations in which you feel need such a system to protect clients. The bill could be limited to those patients above 18.

Sincerely,

Dr. Andrew Mayo, CEO
North Star Behavioral Health