RESIDENT GRIEVANCE SYSTEM

ANNUAL REPORT FISCAL YEAR 2013

MENTAL HYGIENE ADMINISTRATION FACILITIES

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PART I

FISCAL YEAR 2013

RESIDENT GRIEVANCE SYSTEM

BACKGROUND AND STRUCTURE OF THE PATIENT RIGHTS PROGRAM

The Resident Grievance System was established in 1985 as part of a negotiated settlement of the class action lawsuit, *Coe v Hughes, et al.* The negotiated settlement, titled the Coe Consent Decree, created a two tiered advocacy program to: enforce rights guaranteed by federal and state laws and regulations; assist patients with claims for benefits and entitlements; achieve deinstitutionalization; and assist patients in resolving civil legal problems. The program is governed by the Code of Maryland Regulations (COMAR) 10.21.14, entitled Resident Grievance System, adopted March 28, 1994 and amended January 26, 1998.

The Resident Grievance System is under the auspices of the Deputy Secretary for Behavioral Health within the Department of Health and Mental Hygiene. The program provides services for residents of the seven Mental Hygiene Administration (MHA) Psychiatric Inpatient Facilities. The Director of the program is responsible for hiring, evaluating, and assigning Rights Advisors (RAs) to each of the seven MHA facilities. On July 1, 2000, by order of the Secretary of the Department of Health and Mental Hygiene, the program was expanded to provide rights advocacy to the Developmental Disabilities Administration's State Residential Centers.

Resident Grievance System

The first tier of Maryland's patient rights program is the Resident Grievance System (RGS). RGS is a four-stage administrative grievance procedure designed to protect the rights of patients in the Mental Hygiene Administration facilities and to provide a timely, fair, efficient, and complete mechanism for receiving, investigating, and resolving resident's complaints. The central function of the RGS is the resolution of grievances through mediation, negotiation, or conciliation, while representing the best interest of the patients. It is designed to be non-adversarial and to ensure that both clinical and legal considerations are properly balanced.

The RGS collaboratively works with the Office of Health Care Quality, the Maryland Disability Law Center (MDLC) and other stakeholders to ensure patient safety and protect their legal rights. RAs are responsible for investigating and mediating allegations of rights violations and providing education on patient's rights to residents and staff in MHA inpatient facilities. They also help protect the civil rights (voting, confidentiality, etc.) of patients and serve as advocates for patients at forced medication panels. RAs are co-located at the facilities and attend and participate in various committees and facility meetings to address patients' concerns and advocate for patients' rights. To ensure patient services are not interrupted, all RAs are trained to provide RGS services in the absence of an assigned RA. In January 1996, the Resident Grievance System implemented toll-free telephone access to the Central Office in addition to the two regular lines. This service allows residents to have immediate contact with

¹ Effective July 1, 2014, the Mental Hygiene Administration and Alcohol and Drug Abuse Administration merged to become the Behavioral Health Administration (BHA).

the Resident Grievance System and has enhanced the ability to respond rapidly to patient concerns. Referrals to the Resident Grievance System can be made directly to the assigned Rights Advisor or the Central Office by using the toll free number, 1-800-747-7454. During Fiscal Year 2013, the Resident Grievance System received a total of 3,876 calls via the toll free telephone number.

Legal Assistance Providers

Legal Assistance Providers (LAPs) are the second tier of the patient rights program. LAPs are a group of independent attorneys, contracted by RGS, to provide specific legal assistance and representation to residents. LAPs offer a number of services to residents, including: legal assistance at stages 3 and 4 of the grievance process; legal case reviews to identify legal issues for residents that are not otherwise being addressed; referrals for residents requesting general legal services to other pro bono legal services; and representation at Clinical Review Panel (forced medication) appeals.

A priority of the LAP is the representation of residents in obtaining benefits/entitlements. Following admission to a MHA facility, the social work staff discusses benefits/entitlements with the individual and assists them in completing and submitting applications. Once benefits are denied and the resident has elected to appeal the decision, the resident provides written authorization for referral to the LAP for representation.

The process to resolve a benefit/entitlement claim can be quite lengthy. However, as long as the referral is made while the resident is in the MHA facility, the LAP can continue to provide representation even if the resident has been discharged prior to the resolution of the claim. Under the contract provisions, the LAP is prohibited from accepting any percentage of the monies awarded to the resident. These benefits and entitlements are provided for residents to obtain community services necessary for discharge.

In fiscal year 2013, the LAPs were successful in obtaining \$12,757.00 in lump sum benefits and \$39,648.00 in monthly benefits for clients. The total amount of benefits awarded in lump sum and monthly payments were \$52,405.00.

CLASSIFICATION OF RIGHTS

Resident Grievance System Regulations, COMAR 10.21.14, define "Rights Issues" broadly as "an alleged violation of a resident's rights, guaranteed by Federal and State constitutions, statutes, regulations, common law, or policies of the Department, Mental Hygiene Administration, and the facility." When the RGS was created, there was a general understanding that all rights issues are not stipulated in the law. Therefore, the RGS remains responsible for protecting all residents' rights, including those rights not stipulated in the law. The RGS Director has the responsibility for developing the classification system and providing guidelines for its use.

The classification system developed by the Director is divided into three major classifications and 16 rights categories. The data in the Annual Report for Fiscal Year 2013 is reported within the three major classifications - grievances, clinical review panels, and information/assistance. For purposes of data collection, form RGS-24 – "Category of Rights Issues" – is used to assign all cases to one of 16 major categories:

- abuse;
- admission/discharge/transfer;
- civil rights;
- communication and visits;
- confidentiality and disclosure;
- environmental;
- freedom of movement;
- money;
- neglect;
- personal property;
- · rights protection system;
- treatment rights;
- other;
- no right involved;
- resident-resident assault; and death

Grievances

A "Grievance" is defined as a written or oral statement which alleges either that an individual's rights have been unfairly limited, violated, or are likely to be violated in the immediate future; or that the facility has acted in an illegal or improper manner with respect to an individual or a group of individuals. Grievances can be initiated by the individual, an employee of the facility, a family member of the individual, or an interested party,

Grievance management, a major responsibility of the RAs, includes receipt, investigation and resolution of complaints, and compliance with the systematic and orderly 4-stage grievance process. The RA has oversight of the grievance process, ensuring that the 4 stages are completed within 65 working days, as required by COMAR 10.21.14. RAs make every effort to negotiate, mediate and work toward the achievement of a mutually satisfactory resolution at Stage 1.

If unresolved at Stage 1, grievances proceed to Stage 2 for review and recommendations by the Unit Director. Grievances unresolved at Stage 2 proceed to Stage 3 for review, corrective action, if applicable, and/or recommendations by the Chief Executive Officer (CEO), with an optional review by the Resident's Rights Committee. Unresolved Stage 3 grievances are referred to Stage 4 and reviewed at Stage 4 by the Central Review Committee (CRC), chaired by the Director of the Resident Grievance System. Stage 4 grievance decisions are sent to the resident and, when valid, recommendations for corrective action are sent to the facility's CEO for implementation.

Following a thorough investigation by the RA, grievances are determined to be Valid, Invalid, or Inconclusive. A grievance is valid when evidence is sufficient to prove an allegation. When there is insufficient evident to prove an allegation, a grievance is Invalid. A grievance is inconclusive when sufficient evidence does not exist to prove or disprove an allegation.

In fiscal year 2013, Rights Advisors processed **949** grievances. Of those grievances, **723** (76.1%) were resolved at Stage 1, **52** (5.5%) were resolved at Stage 2, **105** (11.1%) were resolved at Stage 3, and **69** (7.3%) were resolved at Stage 4.

Clinical Review Panels

In accordance with the Annotated Code of Maryland, Health General 10-708, a clinical review panel (CRP) is a panel comprised of clinically trained staff who meets to determine whether to approve the administration of medication over a patient's objections and refusal to take the prescribed medication. In the absence of CRP approval, patients cannot be medication against their will.

RAs assist and advocate for patients at all CRPs. They also file for administrative hearings for those patients who choose to appeal the CRP decision and assist patients in obtaining LAP representation at both the administrative and Circuit Court appeals processes.

In fiscal year 2013, a total of 192 CRPs were held.

Information/Assistance

Cases classified as Information/Assistance do <u>not</u> allege a rights violation. In these cases, patients are requesting information, clarification, or assistance with a concern.

In fiscal year 2013, RAs provided Information/Assistance for 1,623 patients. Over half the total patient cases were Information/Assistance requests.

ACTIVITY PER FACILITY FY 13

Facility	Grievances	Information/ Assistance	Clinical Review Panels	Total Cases
Eastern Shore	13	176	16	205
Thomas B.	13	270	24	307
Perkins Hospital	147	182	83	412
RICA - Baltimore	135 .	36	0	171
RICA - Rockville	8	43	0	71
Springfield Hospital	340	588	51	979
Spring Grove Hospital	273	28	18	619
TOTAL	949	1623	192	2764

STAGE 4 CENTRAL REVIEW COMMITTEE

A Stage 4 central review committee appeal is the last and final appeal level of the Resident Grievance System. A Rights Advisor is required to make every effort to negotiate, mediate, and resolve the grievance; however, the ultimate decision to resolve or appeal the grievance belongs to the patient. If the patient elects to appeal, the Rights Advisor is required to assist the patient in filing the appeal, even though the RA may not believe that the request has merit.

The central review committee is comprised of three members: Director of the Resident Grievance System, Director of the Mental Hygiene Administration, and Clinical Director of the Mental Hygiene Administration, or their designees. The Committee reviews all prior information concerning the grievance and may conduct a further investigation, if deemed warranted by the Committee. At the

conclusion of the review, the Committee issues a written decision, based on their findings, and makes recommendations for corrective action, if warranted. The Director of the RGS is responsible for monitoring the implementation of all corrective action recommended by the committee.

There were a total of **69** grievances appealed to Stage 4 in Fiscal Year 2013, which represents 7.3% of the 949 grievances filed. Springfield Hospital Center represents 93% of the total grievances appealed to Stage 4.

Stage 4 appeals by facility:

Eastern Shore Hospital Center = 1 Clifton T. Perkins Hospital Center = 1 Spring Grove Hospital Center = 2 Springfield Hospital Center = 64 Thomas B. Finan Center = 1

MHA Trending Data 2004-2013

Year	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Grievances	1004	941	1028	999	978	1400	1048	1009	1093	949
Abuse	123	153	129	102	170	196	139	196	190	148
Neglect	12	3	3	3	4	5	4	2	2	0
Treatment	186	154	179	184	173	266	189	110	196	111
			•							
1 & A	1663	1799	1714	1846	1466	1832	2144	2046	1967	1623
Abuse	2	1	1	1	1	7	4	3	24	17
Neglect	0	0	0	0	0	2	0	1	1	0
Treatment	54	79	62	74	2	280	60	79	117	108
CRP	150	179	176	206	139	158	186	182	202	192
Stage 4	40	44	36	22	12	14	33	15	31	69
Deaths	19	20	28	12	18	12	0	0	1	3

All numbers represent totals

Legend

I & A = Information and Assistance Requests

CRPs = Clinical Review Panels

MHA data reflect no clear trend in grievances, information/assistance request, stage 4 grievances and clinical panel reviews, with the majority of cases reported as information/assistance requests. Although there was no trend in death rates over the ten year period, between 2008 and 2011 there was a decline in the number of deaths reported, with a slight increase beginning in 2012.

PART II

MENTAL HYGIENE ADMINISTRATION FACILIY DATA FISCAL YEAR 2013

Rhonda Callum, MS Director

John Hancock Data Program Manager

DEMOGRAPHIC INFORMATION FY 2013

AGGREGATE GRIEVANCES (MHA)

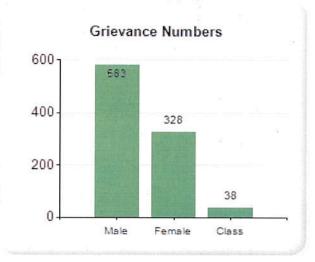
SEX	#	%	AGE ·	#	%	RACE	#	%
Female	328	35	<18	155	16	African American	476	50
Male	583	61	18-44	436	46	Asian	36	4
			45-64	289	31	Caucasian	376	40
ti			65+	31	3	Hispanic	10	1
			rabieliej			Native American	13	1
Class	38	4	Class	38	4	Class	38	4
Total	949	100	Total	949	100	Total	949	100

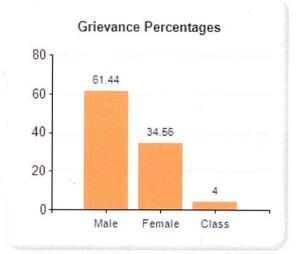
AGGREGATE INFORMATION/ASSISTANCE (MHA)

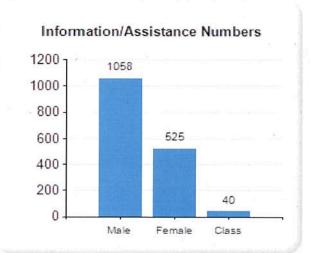
SEX	#	%	AGE	#	%	RACE	#	%
Female	525	32	<18	87	5	African American	894	55
Male	1,058	65	18-44	768	47	Asian	21	1
			45-64	660	41	Caucasian	633	39
			65+	68	4	Hispanic	32	2
						Native American	3	0
Class	40	3	Class	40	3	Class	40	3
Total	1623	100	Total	1623	100	Total	1623	100

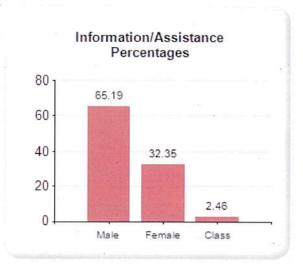
Note: Class represents demographic information representative of a class action initiated by a group of residents and cannot be assigned to any of the specific demographic areas (sex, age and race) listed on the chart.

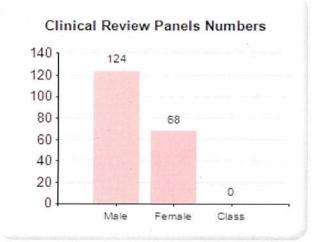
Aggregate Cases for Gender for MHA for FY13

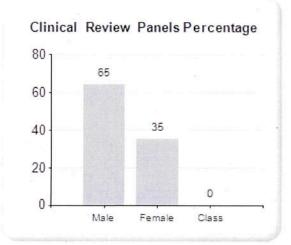




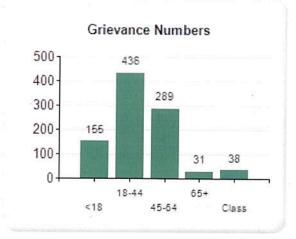


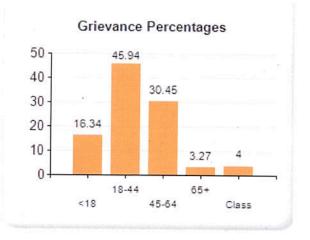


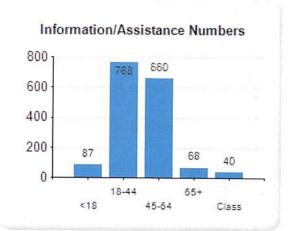


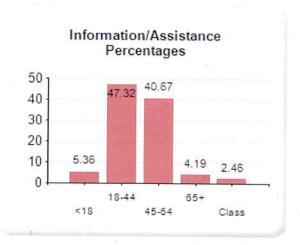


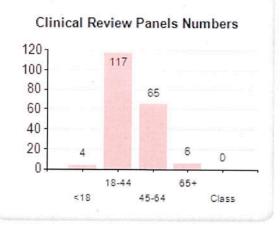
Aggregate Cases for Age for MHA for FY13

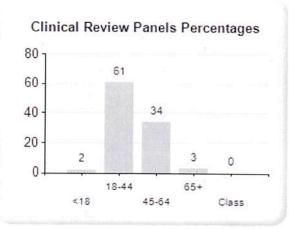








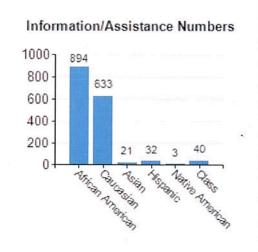


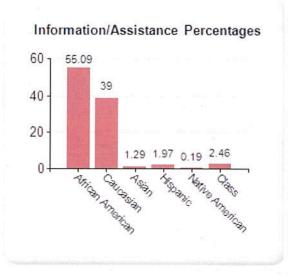


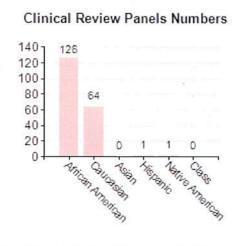
Aggregate Cases for Race for MHA for FY13

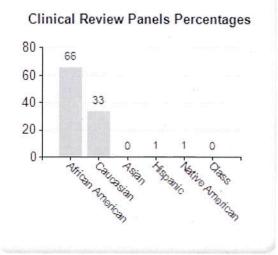












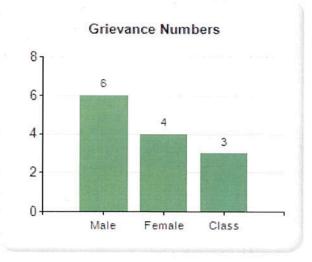
Grievances - Eastern Shore Hospital Center

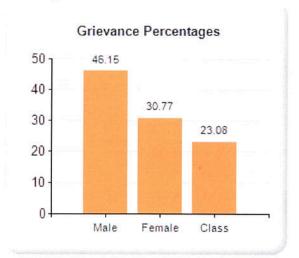
SEX	#	%	AGE	#	%	RACE	#	%
Female	4	30	<18	0	0	African American	5	38
Male	6	46	18-44	4	30	Asian	0	0
			45-64	5	38	Caucasian	5	38
	9 .		65+	1	8	Hispanic	0	0
						Native American	0	0
Class	3	24	Class	3	24	Class	3	24
Total	13	100	Total	13	100	Total	13	100

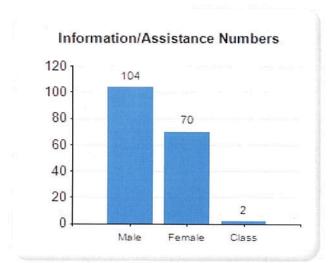
Information/Assistance - Eastern Shore Hospital Center

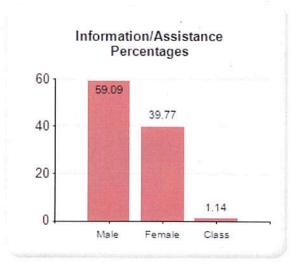
SEX	#	%	AGE	#	%	RACE	#	%
Female	70	40	<18	0	0	African American	118	67
Male	104	59	18-44	80	46	Asian	0	0
			45-64	85	48	Caucasian	56	32
			65+	9	5	Hispanic	0	0
				1.0		Native American	0	0
Class	2	1	Class	2	1	Class	2	1
Total	176	100	Total	176	100	Total	176	100

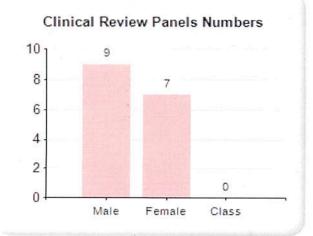
Cases for Gender for Eastern Shore Hospital for FY13

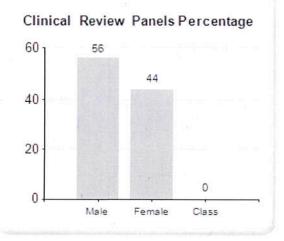




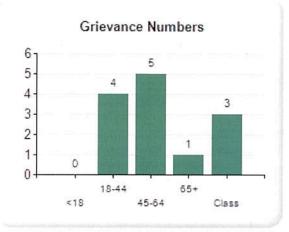


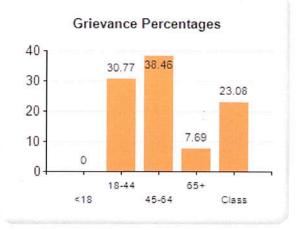


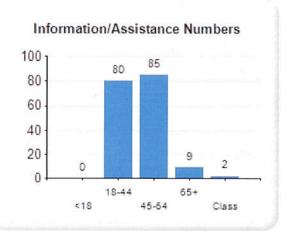


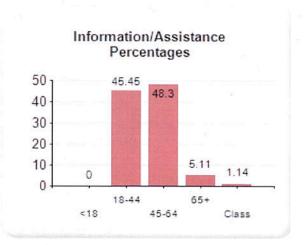


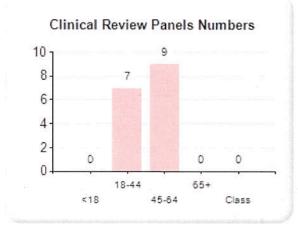
Cases for Age for Eastern Shore Hospital for FY13

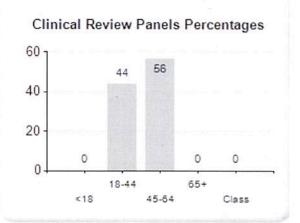




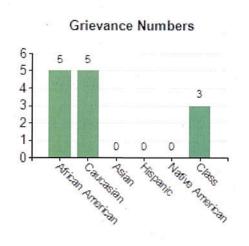


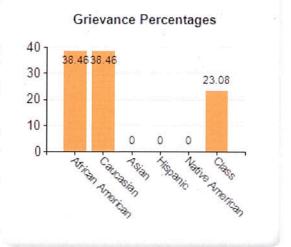


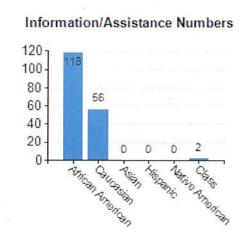


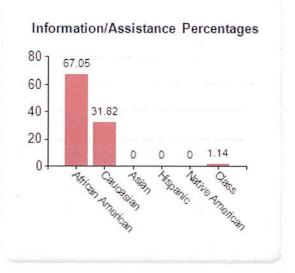


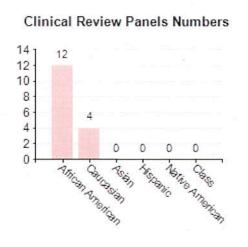
Cases for Race for Eastern Shore Hospital for FY13

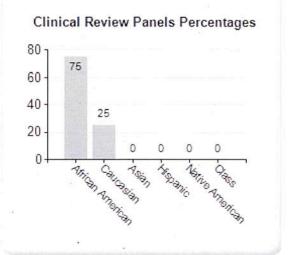












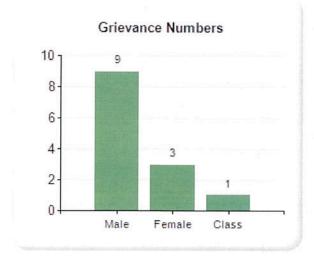
Grievances - Thomas B. Finan Center

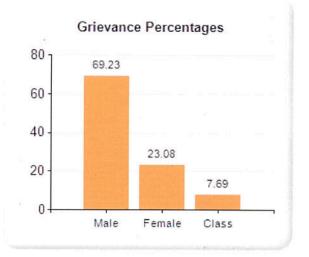
SEX	#	%	AGE	#	%	RACE	#	%
Female	3	23	<18	0	0	African American	5	38
Male	9	69	18-44	4	31	Asian	0	0
			45-64	8	61	Caucasian	7	54
			65+	0	0	Hispanic	0	0
						Native American	0	0
Class	1	8	Class	1	8	Class	1	8
Total	13	100	Total	13	100	Total	13	100

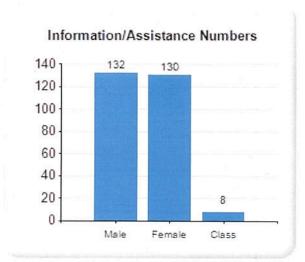
Information/Assistance - Thomas B. Finan Center

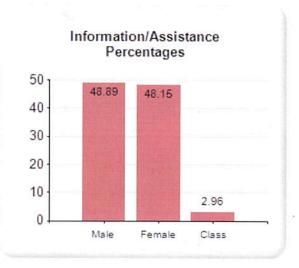
SEX	#	%	AGE	#	%	RACE	#	%
Female	130	48	<18	0	0	African American	114	42
Male	132	49	18-44	129	48	Asian	2	1
			45-64	125	46	Caucasian	145	54
			65+	8	3	Hispanic	1	0
						Native American	0	0
Class	8	3	Class	8	3	Class	8	3
Total	270	100	Total	270	100	Total	270	100

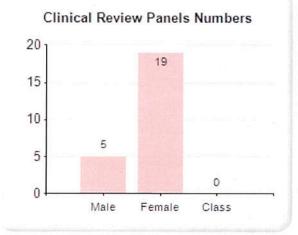
Cases for Gender for Thomas B. Finan Center for FY13

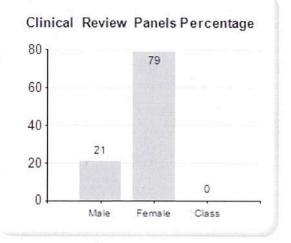




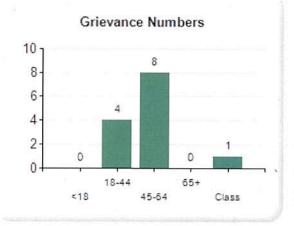


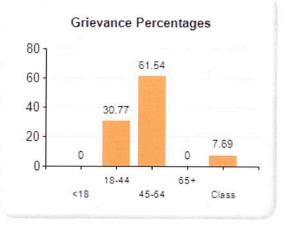


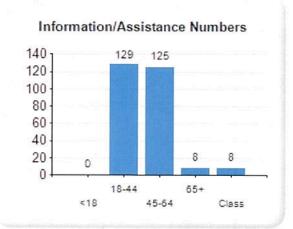


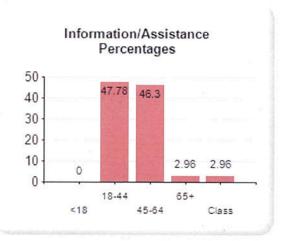


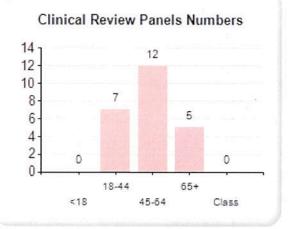
Cases for Age for Thomas B. Finan Center for FY13

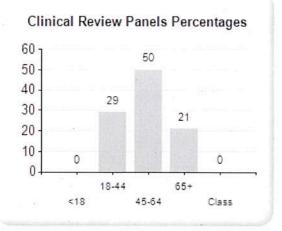




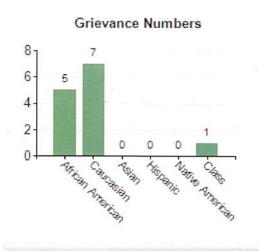


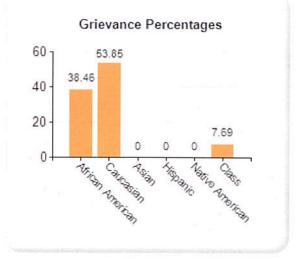


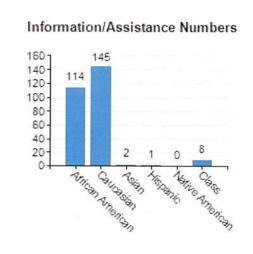


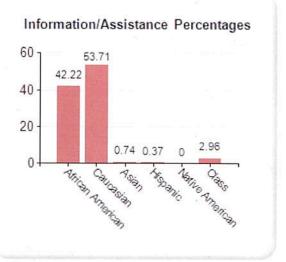


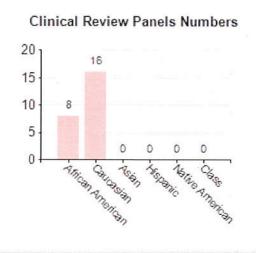
Cases for Race for Finan for FY13

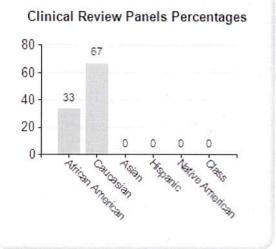












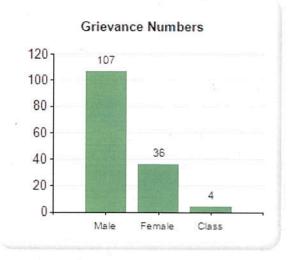
Grievances - Clifton T. Perkins Hospital

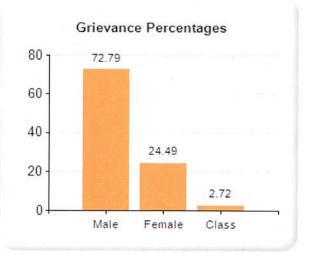
SEX	#	%	AGE	#	%	RACE	#	%
Female	36	24	<18	1	1	African American	104	70
Male	107	73	18-44	92	62	Asian	4	3
			45-64	49	33	Caucasian	34	23
			65+	1	1	Hispanic	1	1
						Native American	0	0
Class	4	3	Class	4	3	Class	4	3
Total	147	100	Total	147	100	Total	147	100

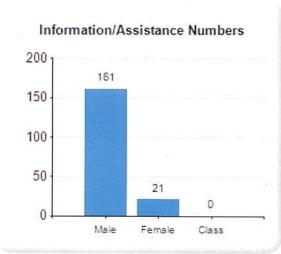
Information/Assistance - Clifton T. Perkins Hospital

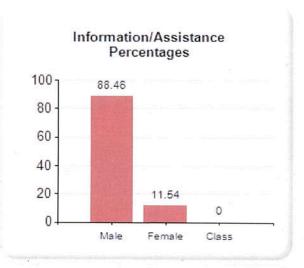
SEX	#	%	AGE	#	%	RACE	#	%
Female	21	12	<18	2	1	African American	142	78
Male	161	88	18-44	112	62	Asian	3	2
			45-64	67	36	Caucasian	35	19
			65+	1	1	Hispanic	2	1
						Native American	0	0
Class	0	0	Class	0	0	Class	0	0
Total	182	100	Total	182	100	Total	182	100

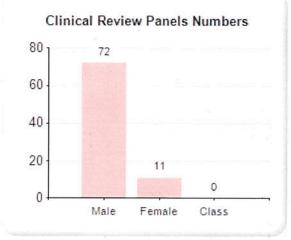
Cases for Gender for Clifton T. Perkins Hospital for FY13

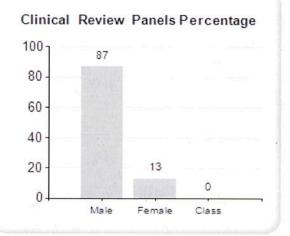




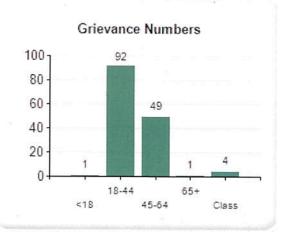


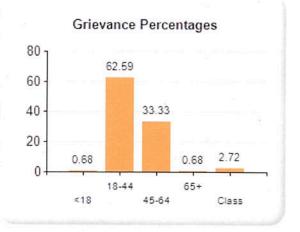


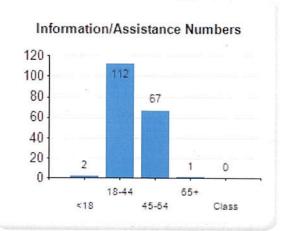


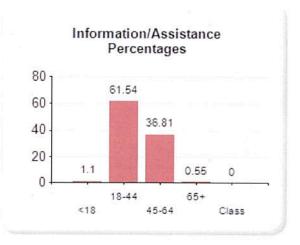


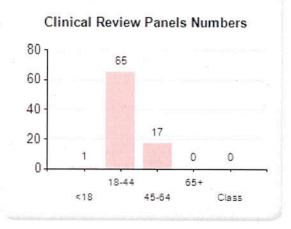
Cases for Age for Clifton T. Perkins Hospital for FY13

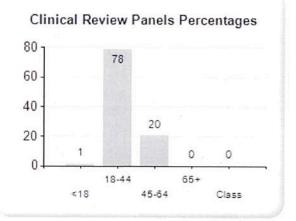




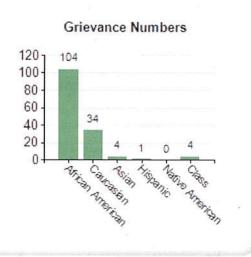


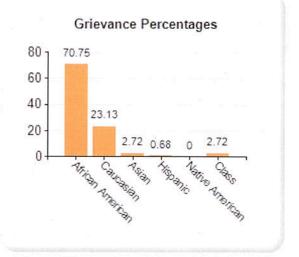


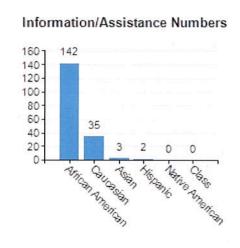


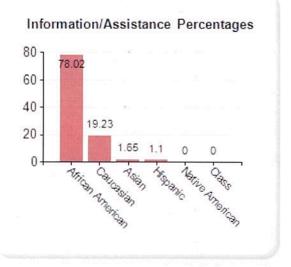


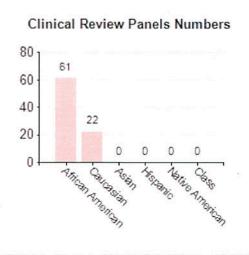
Cases for Race for Clifton T. Perkins Hospital for FY13

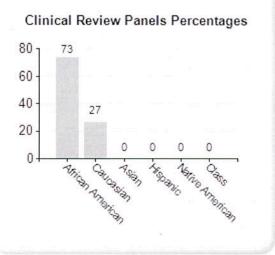












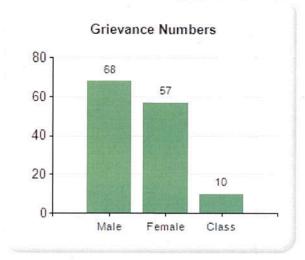
Grievances - RICA (Baltimore)

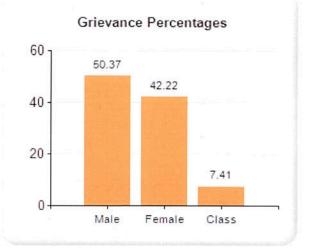
SEX	#	%	AGE	#	%	RACE	#	%
Female	57	43	<18	119	88	African American	45	33
Male	68	50	18-44	6	5	Asian	2	1
			45-64	0	0	Caucasian	75	57
			65+	0	0	Hispanic	3	2
						Native American	0	0
Class	10	7	Class	10	7	Class	10	7
Total	135	100	Total	135	100	Total	135	100

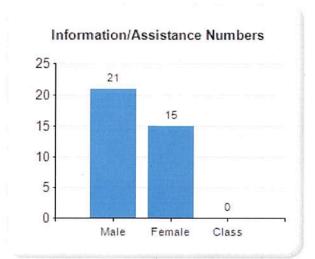
Information/Assistance - RICA (Baltimore)

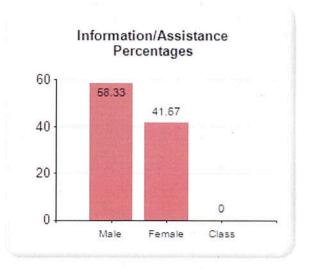
SEX	#	%	AGE	#	%	RACE	#	%
Female	15	42	<18	33	92	African American	18	50
Male	21	58	18-44	3	8	Asian	1	3
			45-64	0	0	Caucasian	16	44
1.			65+	0	0	Hispanic	1	3
						Native American	. 0	0
Class	0	0	Class	0	0	Class	0	0
Total	36	100	Total	36	100	Total	36	100

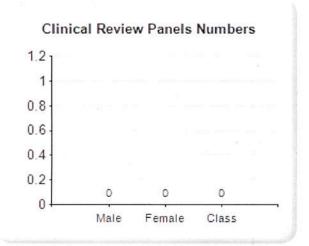
Cases by Gender for RICA Baltimore for FY13

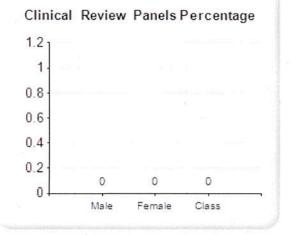




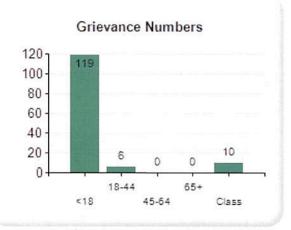


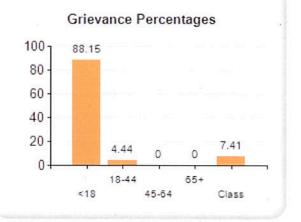


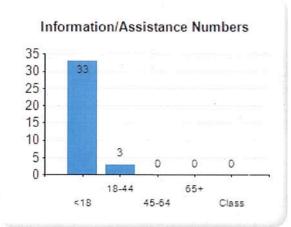


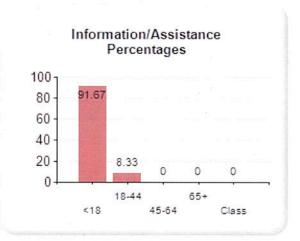


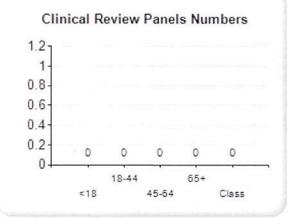
Cases by Age for RICA Baltimore for FY13

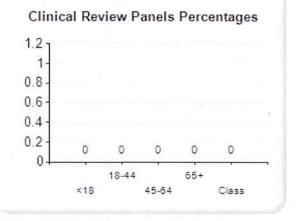




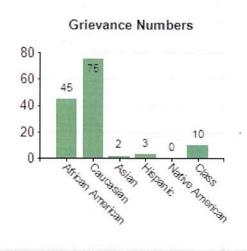


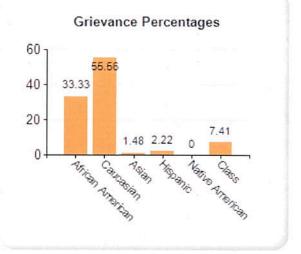


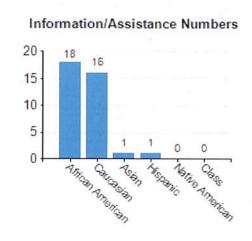


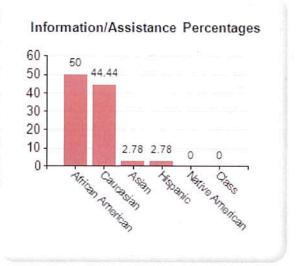


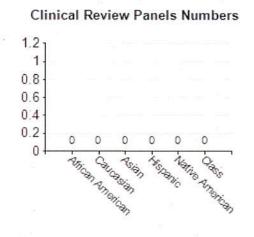
Cases by Race for RICA Baltimore for FY13

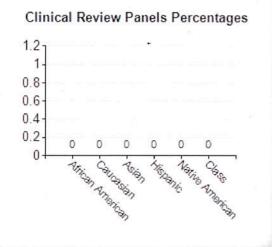












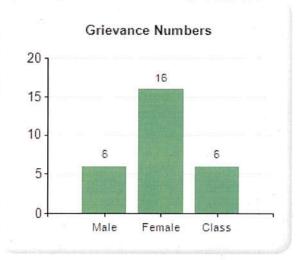
Grievances - RICA (Rockville)

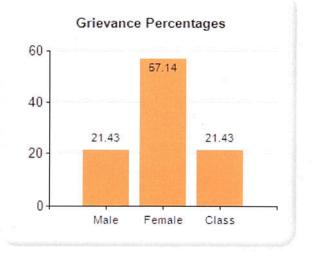
SEX	#	%	AGE	#	%	RACE	#	%
Female	16	58	<18	21	75	African American	9	32
Male	6	21	18-44	1	4	Asian	0	0
			45-64	0	0	Caucasian	12	43
			65+	0	0	Hispanic	1	4
						Native American	0	0
Class	6	21	Class	6	21	Class	6	21
Total	28	100	Total	28	100	Total	28	100

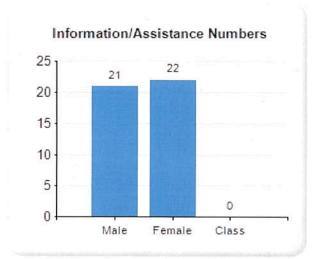
Information/Assistance - RICA (Rockville)

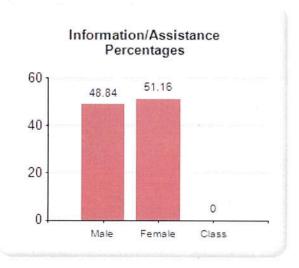
SEX	#	%	AGE	#	%	RACE	#	%
Female	22	51	<18	41	95	African American	19	44
Male	21	49	18-44	2	5	Asian	0	0
			45-64	0	0	Caucasian	20	47
	*		65+	0	0	Hispanic	4	9
						Native American	0	0
Class	0	0	Class	0	0	Class	0	0
Total	43	100	Total	43	100	Total	43	100

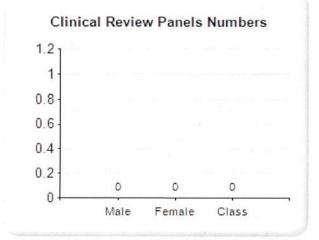
Cases by Gender for RICA Rockville for FY13

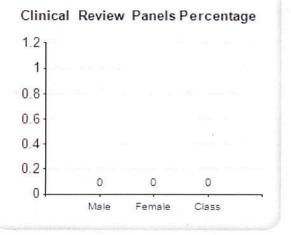




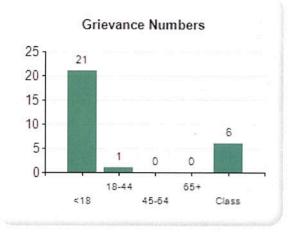


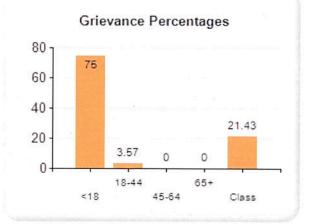


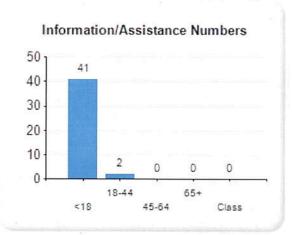


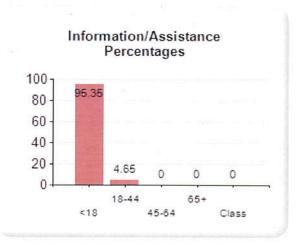


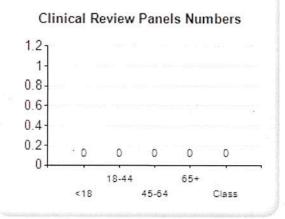
Cases by Age for RICA Rockville for FY13

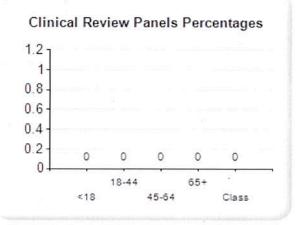






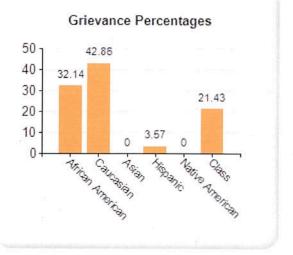


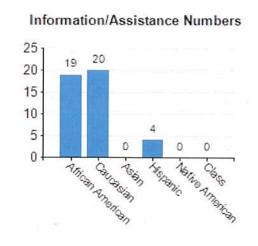


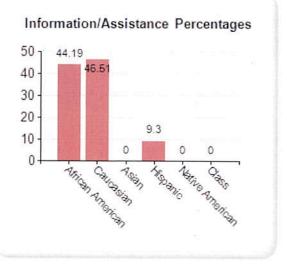


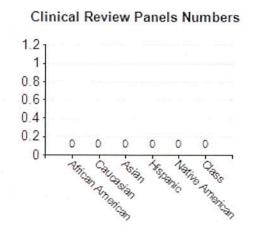
Cases by Race for RICA Rockville for FY13

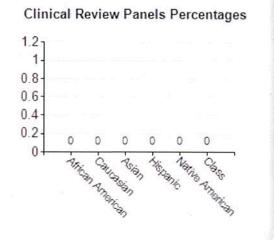












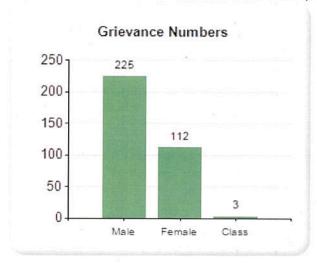
Grievances - Springfield Hospital

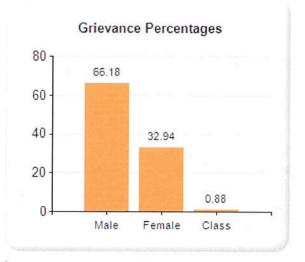
SEX	#	%	AGE	#	%	RACE	#	%
Female	112	33	<18	5	1	African American	137	40
Male	225	66	18-44	229	68	Asian	27	8
			45-64	92	27	Caucasian	157	46
			65+	11	3	Hispanic	3	1
						Native American	13	4
Class	3	1	Class	3	1	Class	3	1
Total	340	100	Total	340	100	Total	340	100

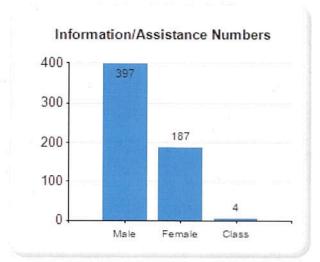
Information/Assistance - Springfield Hospital

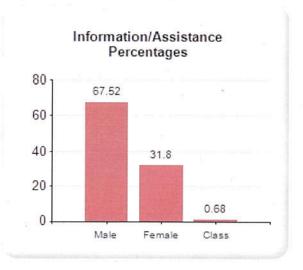
SEX	#	%	AGE	#	%	RACE	#	%
Female	187	32	<18	10	2	African American	289	49
Male	397	67	18-44	327	55	Asian	6	1
			45-64	212	36	Caucasian	266	45
			65+	35	6	Hispanic	20	3
						Native American	.3	1
Class	4	1	Class	4	1	Class	4	1
Total	588	100	Total	588	100	Total	588	100

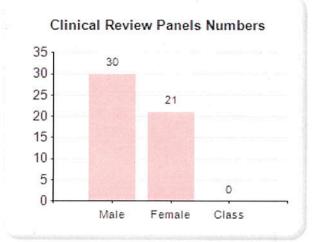
Cases for Gender for Springfield Hospital for FY 13

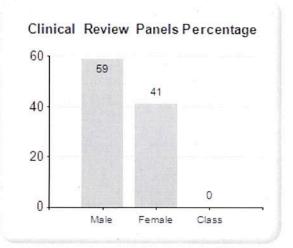




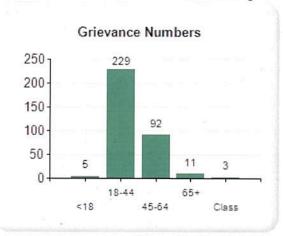


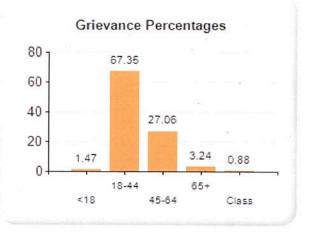


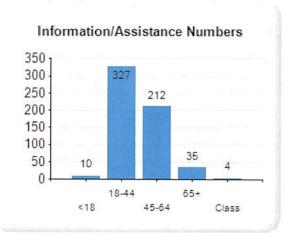


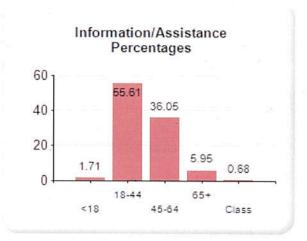


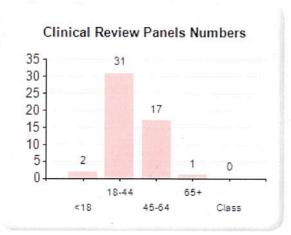
Cases for Age for Springfield Hospital for FY13

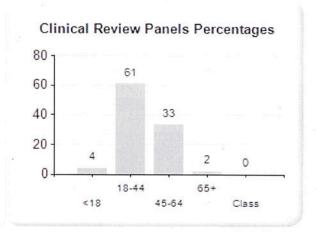






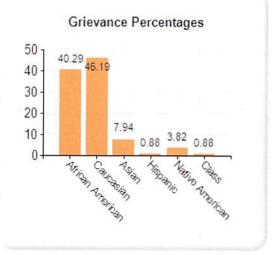


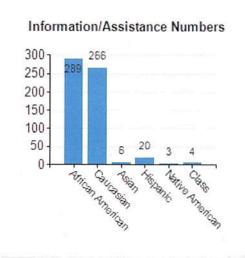


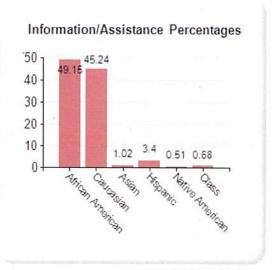


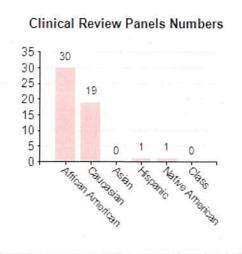
Cases for Race for Springfield Hospital for FY13

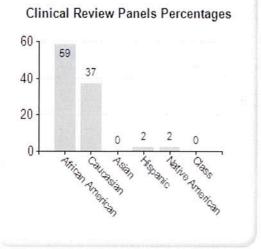












Grievances - Spring Grove Hospital

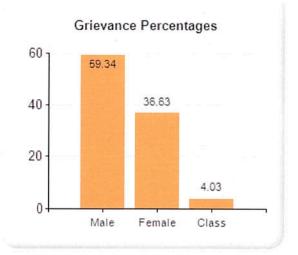
SEX	#	%	AGE	#	%	RACE	#	%
Female	100	37	<18	9	3	African American	171	62
Male	162	59	18-44	100	37	Asian	3	1
			45-64	135	49	Caucasian	86	32
			65+	18	7	Hispanic	2	1
						Native American	0	0
Class	11	4	Class	11	4	Class	11	4
Total	273	100	Total	273	100	Total	273	100

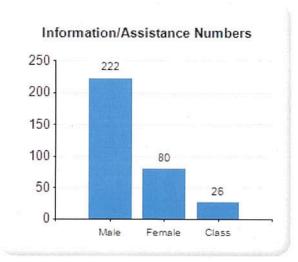
Information/Assistance - Spring Grove Hospital

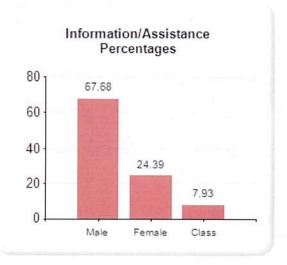
SEX	#	%	AGE	#	%	RACE	#	%
Female	80	24	<18	1	0	African American	194	59
Male	222	68	18-44	115	35	Asian	9	3
			45-64	171	52	Caucasian	95	29
			65+	15	5	Hispanic	4	1
						Native American	0	0
Class	26	8	Class	26	8	Class	26	8
Total	328	100	Total	328	100	Total	328	100

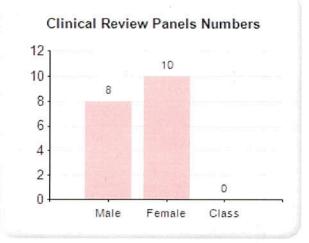
Cases for Gender for Spring Grove Hospital for FY13

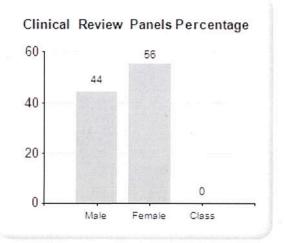




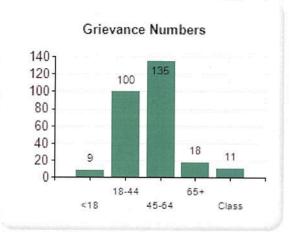


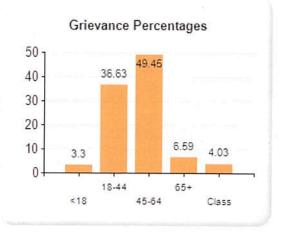


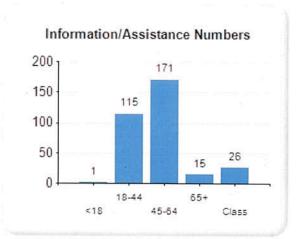


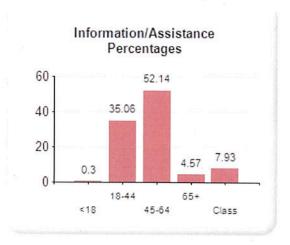


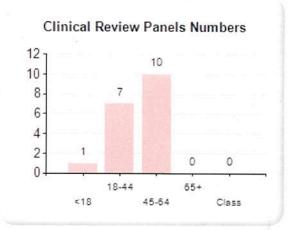
Cases for Age for Spring Grove Hospital for FY13

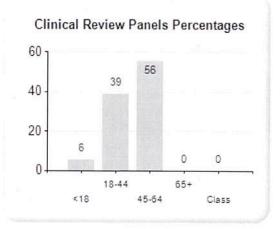












Cases for Race for Spring Grove Hospital FY13



