

State-run Alaska Psychiatric Institute

API Advisory Board
Quality Assurance Committee

Minority Report
By Dorrance Collins

Almost without exception, when a state improves psychiatric patient rights,

- Quality of patient care improves
- Opportunity for patient recovery improves
- Trauma experienced by patients during treatment is reduced

Improving psychiatric patient rights is win/win both for the psychiatric patients and society.

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1. Alaska Mental Health Board, API Board, Disability Law Center all approved revisions to the API grievance procedure '07 which was adopted. But in '09, API management revised the API grievance procedure or produced a 2 page caveat and it is terrible. API, at minimum, needs to go back to giving patients the 4-page '07 grievance procedure. (information attached)
2. A South Carolina study by Karen J. Cusack and others stated that up to 47% of the psychiatric patients in an acute care psychiatric facility experience trauma that may cause or exacerbate PTSD. (One of the most costly illnesses)

API should adopt a written policy that recognizes and calls for treatment of institutional trauma. Example: physically restraining a patient, placing a patient in isolation, strapping a patient to a gurney or other device as a means of restraint, using force to medicate a patient, physical takedowns.

3. When I toured the patient exercise therapy room—a nurse assistant was on the exercise bike with two patients standing by. The staff should not use the patient exercise equipment at all. (When staff is allowed to use equipment meant for patients, there is too much room for abuse)
4. Every patient (or guardian) entering API must be given a packet of information—grievance procedure and associated rules/grievance forms, unit manuals which outline what is available to the patient, a list of patient rights (i.e. AS47.30.840)
5. Every patient entering API should be asked to sign a form saying that they received the written grievance procedure and associated rules and that they understand them—When a patient is unable to sign the form, the hospital must make a notation of what effort they made to fulfill their obligation.
6. The posted sign on the units that outline the patient's rights is 8 1/2" x 11". The type is small and it sits in a corner. The sign should be larger (at minimum 11" x 15") and the type larger and the sign more prominently placed.

7. DHSS is required to investigate psychiatric patient complaints (AS47.30.660). The contact information for DHSS should be posted and given to every patient at API.

The average stay for an acute care psychiatric patient in a facility is 14 days. The state Ombudsman's Office and the Adult Protective Services are not set up to investigate psychiatric patient complaints and give patients a copy of the investigation in a timely manner (10 days or less). And the state cannot pass its responsibility of investigating psychiatric patient complaints to a non-state agency (J.C.A.H.O—etc.) And the idea that API will exclusively investigate itself is not acceptable.

8. When I made the tour of API, it was about 3:00 in the afternoon. One of the patient's beds smelled distinctly of urine. I was informed that API has no written policy on when to change the patient bedding. (The hospital can't leave those decisions to low-level staff)

API deals with adolescents, large numbers of adults with dementia. API must be required to adopt a written policy whereas patient sheets are changed daily. API has commercial washers and dryers. It would not be a burden.

9. When I made my tour of API, I found out patients were only able to go outdoors in the fenced-in courtyard, which have heated floors, once a week, every two weeks or longer. Patients have a legal right (AS47.30.840) and must be given a reasonable opportunity to go outdoors. The problem is—what API management considers reasonable is once a week, every two weeks or longer. It is presently not what the patient considers reasonable.

Like other states, API should have a 1 hour standard whereas patients can go outdoors in the fenced-in courtyard using the same standards for cold that schools do. (the right can be overruled by the treating physician)

Going outdoor promotes recovery. API is dark and crowded and patients need the relief that going outdoors provides.

10. Senate Bill 8 which is now law states that institutions must make a reasonable effort to provide patients with gender choice of staff for intimate care. It must be established in written policy what is a reasonable effort on behalf of the hospital (API) in providing gender choice.

This minority report considers a reasonable effort to be: first, the hospital must look for requested staff on the unit a patient is on—if not available, the hospital should be required to look to the adjacent units for requested gender staff—if not available, a staff member of the requested gender could work overtime. These procedures must be included in the gender choice for intimate care policy.

11. Senate Bill 8, which is now law, requires that routine safety checks by hospital staff (patient's bedrooms, bathrooms and showers) must be performed by the same gender staff as the patient

API gender choice policy must be very clear that that is going to happen. It is presently not clear.

12. Federal regulations say a written answer is required to a grievance/complaint at any and all levels of resolution. If there are 3 levels of resolution, then on every level, the patient must be given a written answer.

That is not happening by API policy or actions. It must be changed in policy, that patients receive a written answer to a grievance/complaint resolution at all levels of resolution.

13. AS47.30.847 states that psychiatric patients have a right to have their grievance heard in front of an impartial body.

API staff stated that Management will act as the impartial body. By no stretch of a average person's imagination could management be considered impartial. DHSS must be required to establish a true impartial body at API to hear patient's grievances / complaints.

14. It must be made very clear in written API policy that patients and guardians have a right, at the time of their choosing, to file a grievance/complaint. No patient should be required to go through an informal complaint process before being allowed to file a formal grievance/complaint.

15. The API Advisory Board was created by Administrative Order 241. The problem is, the Commissioner of DHSS has the final say on who becomes Board members. Minority recommendation—There is no acceptable number of former API employees that should be allowed to be on the Board as voting Board members. Former employees will be influenced by management.

16. The law AS47.30.847 states that there must be a patient advocate at API "who will assist a patient in bringing grievance or other redress." The problem is API does not have a hospital employee who is clearly identified as a patient advocate in literature or in postings. API has a person called a Consumer and family specialist but that is confusing to the patients.

Minority recommendation—there must be a hospital employee clearly identified as a patient advocate.