

Faith.Myers

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Sent: Friday, September 29, 2006 1:52 PM
Subject: RE: API Governing Body Grievance Committee

Dear API GBGC,

I just wanted to get back to the committee regarding the requested draft changes to API's current grievance policy. At the September 11th meeting I volunteered to try and author the requested changes by September 30th.

I was very surprised at the tone of the September 11th meeting in which I was put to task answering yes or no to the 19 questions presented by Mr. Collins. I did my best at that time to respond to the questions that were not provided to me prior to the meeting. I was left to provide answers shot from the hip in an environment that I feel Mr. Collins made hostile and accusatory. as an example of that I am enclosing a quote from his written closing statement:

"AS47.30.847 Patients' Grievance Procedure- was passed in 1992. API did not produce a grievance procedure for years. API is still working on their grievance procedure 14 years later. API doesn't seem to want to follow the statute it seems they don't want to produce a grievance procedure that is fair to the patient. Right now API should be asked to produce a fair grievance procedure."

Mr. Collins accusation is simply not true and exhibits a lack of understanding regarding hospital responsibilities and processes. API has had policy to address patient grievances since 1985. We are still working on it 21 years later not because we are failing to meet statute or that we intentionally seek to be unfair to patients, but because we continually seek to provide better service to our patients (fairness). The Alaska Statutes are very brief in this area. I believe we are above and beyond what Alaska Statute requires and have asked our Assistant Attorney General to confirm this.

Center for Medicare and Medicaid Services (CMS) Conditions of Participation (COP) recognizes complaints as a grievance. We provided personal one to one response to over 200 complaints last year. Each one of them was a form of grievance and we provided earnest efforts to resolve them. The majority of them were resolved and patients unsatisfied with the response were not denied any additional course of action available to them such as continued internal grievance actions. Additionally we clearly provide at admission and posted on every unit external avenues to pursue complaints/grievances.

When I returned to the hospital I reviewed Alaska Statute, CMS COP and Joint Commission on Accreditation of Health Care standards concerning patient grievances to see which of Mr. Collins demands were applicable. I also discussed the meeting with API Senior Management. I apologize for not being better prepared to indicate that API could not agree to what it was being asked at the time of the meeting. I currently will not try to incorporate any of the proposed changes into our existing P&P. API will keep in consideration issues brought up during the meeting and consider those issues for future grievance policy improvements. I also apologize if I have wasted the committee's time by not providing this clear response at the meeting. I know how busy everyone is and how precious time can be, you have my sincere regret for not making that time more useful to this process.

Sincerely,

Paul Ortner R.N.C
 Quality Improvement Coordinator
 Alaska Psychiatric Institute