RESIDENT GRIEVANCE SYSTEM
ANNUAL REPORT- FISCAL YEAR 2001

PATIENT RIGHTS POSTER

Patients Rights Posters are located in all public access areas and residential units of all Mental Hygiene Administration facilities. This year, the Poster was revised to include the following items, which are shown below in bold type:

Subject to certain provisions, you have a right to:

- **Voluntarily use the Quiet Room, at your request or the request of staff**
- **Appropriate assessment and management of pain**

The revised Posters have been reprinted, laminated, and are in the process of being distributed to all facilities. The Poster contains the toll-free telephone numbers of the Resident Grievance System as well as the Legal Assistance Provider for each facility .It is essential that the Posters are located in the same general area as the public telephones. Residents should be able to read the numbers when they are on the telephone. Facilities have been requested to ensure that the Posters are properly located on all residential units.

PATIENT RIGHTS BOOKLET

A copy of the Patient Rights Booklet, *Rights of Persons in Maryland's Psychiatric Facilities,* is given to all persons admitted to a State psychiatric facility and to new employees during orientation. In addition, the Rights Booklet, along with a letter of introduction from the RGS, is mailed to the parent or guardian of an adolescent at the time of their admission. The letter introduces the services provided by the RGS and the name and telephone number of the Rights Advisor assigned to their child's facility.

During the year, revisions were made to the Patient Rights Booklet because of a change in the law or certification requirements and grievances that had been filed regarding the use of quiet room. The outcome of the RGS investigations into these cases revealed that there still exists a considerable amount of confusion or misunderstanding regarding the appropriate use of the quiet room.

A newly expanded explanation for implementation of the quiet room was included in the revisions to the Rights Poster and the 2002 Edition of the Rights Booklet. The revised, 2002 Edition, of the Rights Booklet was reprinted and available for distribution in January 2002.

The following sections, shown in bold type, reflect the additions to the 2002 Edition of the booklet and the section where the addition can be found.

II. Treatment Rights

Upon admission and discharge, a member of your treatment team will ask you if you have an advance directive, or if you wish to have an advance directive. An advance directive is a document in which you give instructions to your health care provider as to what treatment you would want if you were to become incompetent to make decisions. At any time during your admission, if you are competent and do not have a court appointed guardian of the person; you have the right to complete

an advance directive. A model advance directive form is available upon request. You may contact a member of your treatment team, a lawyer or the Rights Advisor to assist you.

You have a right to appropriate assessment and management of pain.

IV. Confidentiality

Personal information may be requested from you by the facility. This information is used by the facility and Mental Hygiene Administration to coordinate, provide or fund mental health services for you. Such information may include medical, mental health and financial records, which would be used for the purposes of assessing eligibility for public mental health services and in the coordination of care. Failure to provide the information may result in the denial of services. You have the right to inspect, amend, and correct this information as permitted by State Law, Health General 4-304. Information received from you is confidential and is not generally available to the public. Information collected may be available to providers, with your consent, pursuant to Health General 4-301, Annotated Code of Maryland. This Personal Information Disclosure Statement is given in compliance with State Government Article 10-624, Annotated Code of Maryland.

V. Freedom of Movement, Restraint and Seclusion

You have the right to request use of a quiet room and, unless clinically contraindicated, may be granted use of a quiet room. You may terminate self-initiated use of the quiet room at any time or staff may terminate use of quiet room for clinical reasons.

Staff may determine that the use of the quiet room is clinically indicated and request that you voluntarily enter the quiet room. Staff may not coerce or force you into entering the quiet room. At the time you voluntarily enter the quiet room at staffs' request, they will discuss with you the recommended length of stay in the quiet room and the behavior expected upon your exit from the quiet room.

While you are in the quiet room, the quiet room door should not be locked or in a position that would prevent you from exiting the room voluntarily.

IX. Release/Discharge Rights (Subtitle Discharge)

As part of your discharge plan, the hospital will advise you on the advisability of creating an advance directive. You may wish to work with your community providers or others to create such a document for yourself. You can obtain information and assistance regarding an advance directive from a member of your treatment team, a lawyer, or the Rights Advisor .

Korean, Spanish and Vietnamese translations, as well as a Braille edition, of the Rights Booklet are available. These are regularly distributed to admission offices at all facilities and are available, on request, from the Rights Advisor at your facility or from the Director of the RGS.

PATIENT RIGHTS EDUCATION

Patient rights education is routinely presented to residents at all facilities. In addition to the group sessions, patients at acute care and adolescent facilities are seen individually by the Rights Advisor, shortly after their admission, in order to acquaint them with RGS services, review the rights booklet, and answer any questions they may have regarding patient rights.

Rights Advisors present training on patient rights during the orientation for new staff and the annual training in-services scheduled for employees. Specifically designed education presentations are developed and scheduled as the need arises, upon the request of patients or staff, or in response to grievances, which have identified deficits in a specific area of patient rights.

RGS Rights Training Per Facility -Fiscal Year 2001

	Patient	Staff	Other
Central Office	0	118	127
Walter P. Carter Center	409	8	0
Crownsville Hospital	333	342	17
Eastern Shore Hospital	0	20	0
Thomas B. Finan Center	107	42	34
Md. Psychiatric Research	20	0	0
Clifton T. Perkins Hospital	703	132	0
RICA -Baltimore	57	75	57
RI CA -Rockville	70	76	58
RICA Southern	46	47	35
Springfield Hospital	869	732	0
Spring Grove Hospital	119	30	12
Upper Shore CMHC	1	7	0
TOTAL	**2,734**	**1,629**	**340**

TOLL-FREE ACCESS
TO RESIDENT GRIEVANCE SYSTEM

In January 1996, the Resident Grievance System implemented toll-free telephone access to the Central Office, 1-800-RGS-7454, in addition to the two regular lines. This service allows residents to have immediate contact with the Resident Grievance System and has enhanced the ability to respond rapidly to patient concerns.

The RGS Administrative Assistant, Joyce Freire, responds to call from patients, obtains information regarding the caller's concern, records the information on the telephone log, and relays the concern to the Rights Advisor. If the issue presented is one that requires an immediate response, the Rights Advisor is requested to meet with the patient. If the issue does not require an immediate response, the Rights Advisor calls the patient and schedules a mutually convenient time that they can meet to discuss the concern.

ACTIVITY ON TOLL-FREE LINE FOR FY 2001

Month	Total Calls	Average Daily Calls	Duration (Minutes)	Average Call Duration
July '00	528	17.6	1,357	2.57
August '00	529	17 .1	1,329	2.51
September '00	635	20.5	1,507	2.37
October '00	524	17.5	1,345	2.57
November '00	601	19.4	1,582	2.63
December '00	517	17.2	1,027	1.99
January '01	516	16.6	1,240	2.40
February '01	552	17.8	1,374	2.49
March '01	513	18.3	1,228	2.39
April '01	560	18.1	1,402	2.50
May '01	456	15.2	1,064	2.33
June '01	600	19.4	1,564	2.61
Total	**6,531**	**17.9**	**16,019**	**2.44**

TOTAL NUMBER AND PERCENTAGE OF GRIEVANCES FOR ALL FACILITIES BY RIGHTS CLASSIFICATION FOR FY-2001 COMPARED TO FY 2000 DATA

Rights Classification	FY-2000		FY-2001	
1) Treatment Rights	300	19%	318	19%
2) Civil Rights	226	15%	250	14%
3) Environmental	225	15%	229	13%
4) Freedom of Movement	172	11%	221	13%
5) Abuse	186	12%	189	11%
6) Personal Property	120	8%	117	7%
7) Admission, Discharge & Transfer	58	4%	97	6%
8) Communication & Visits	72	5%	78	5%
9) No Right Involved	58	4%	46	3%
10) Confidentiality	32	2%	38	2%
11) Resident-Resident Assault	26	1%	35	2%
12) Money	28	1%	26	2%
13) Rights Protection System	16	1%	19	1%
14) Neglect	8	1%	10	1%
15) Other	18	1%	8	1%
TOTAL	**1,545**	**100%**	**1,681**	**100%**

RESIDENT GRIEVANCES SYSTEM –ACTIVITY PER FACILITY

Facility	Grievances	Information/Assistance	Clinical Review Panels	Total
Walter P. Carter	198	474	6	678
Crownsville	243	434	31	708
Eastern Shore	15	91	8	114
Thomas B. Finan	37	162	14	213
Md. Psychiatric Research	19	70	0	89
Clifton T. Perkins	494	279	31	804
RICA-Baltimore	70	72	0	142
RICA-Rockville	47	48	0	95
RICA-Southern	93	68	0	161
Springfield	157	247	43	447
Spring Grove	226	169	24	419
Upper Shore	82	65	4	151
Total	**1,681**	**2,179**	**161**	**4,021**

RIGHTS ADVISOR CONTACTS PER FISCAL YEAR SINCE RGS IMPLEMENTATION

1986*	2030	Grievances (eight months of operation)
1987*	2628	Grievances
1988*	2857	Grievances
1989*	2745	Grievances
1990*	2782	Grievances
1991*	2730	Grievances
1992**	3074	Grievances- 2829, Clinical Review Panels- 245
1993**	3226	Grievances- 3030, Clinical Review Panels- 196
1994**	2940	Grievances- 2940, Clinical Review Panels- 220
1995***	2740	Grievances- 2740, Clinical Review Panels- 172, Information/Assistance- 695
1996***	4115	Grievances- 4115, Clinical Review Panels- 160, Information/Assistance- 2147
1997***	4025	Grievances- 4025, Clinical Review Panels- 228, Information/Assistance- 2283
1998***	4294	Grievances- 4294, Clinical Review Panels- 204, Information/Assistance- 2649
1999***	4733	Grievances- 4733, Clinical Review Panels- 184, Information/Assistance- 2649
2000***	4243	Grievances- 4243, Clinical Review Panels- 184, Information/Assistance- 2514
2001***	4021	Grievances- 4021, Clinical Review Panels- 162, Information/Assistance- 2179

* Data reported in a single classification of patient contact- Grievances
** Data reported in 2 classifications of patient contact- Grievances and Clinical Review Panels
*** Data reported in 3 classifications of patient contact-Grievances, Clinical Review Panels, and Information/Assistance Cases

RGS DATA COLLECTION AND CLASSIFICATION

This year two new subcategories were added to the list of rights classifications that the Resident Grievance System uses to classify cases. Immigration (3R) was added to the list of subcategories for Civil Rights. Interpreter Services (4G) was added to the list of subcategories for Communication and Visits. The data in the Annual Report for Fiscal Year 2001 are reported in three major classifications: Grievances, Clinical Review Panels, and Information/Assistance.

Grievances

Cases classified as Grievances are those issues that allege a violation of patients' rights and whose goal is to obtain a specific outcome. The Rights Advisors' role in a grievance is to be a neutral fact finder, conduct a thorough investigation, and render a decision based on the evidence. Grievances are determined to be Valid, Invalid, or Inconclusive. When sufficient evidence does not exist to prove or disprove the allegation, the grievance is determined to be inconclusive.

The Rights Advisors' role is to work toward the achievement of a mutually satisfactory resolution at the lowest possible stage. Grievance investigation and resolution generally requires the Rights Advisor to have multiple contacts with the grievant and others, up to 65 working days, the total time permitted for resolution of the grievance by the RGS Regulations, COMAR 10.21.14.

Grievances consume the largest amount of Rights Advisors' time. The Rights Advisors' role is to be non-adversarial and to function as a mediator, facilitator or negotiator. In fiscal year 2001, Rights Advisors processed 1,681 grievances with 61% (1025) satisfactorily resolved at Stage I.

Clinical Review Panels

In accordance with the Annotated Code Of Maryland, Health General 10 708, the Clinical Review Panel (CRP) determines whether to approve that medication be administered to an individual who is objecting to the medication.

The Rights Advisor serves as an advocate for the patient and makes every effort to ensure that the patients' objections to the medication are presented during the CRP process. The Rights Advisor provides the patient with information regarding rights throughout the CRP process, and if the patient elects to appeal the decision, assists them in filing an appeal to the Administrative Law Judge and the Circuit Court.

A Clinical Review Panel requires the Rights Advisor to have multiple contacts with the patient during the panel and appeal process. As an advocate for the patient, the Right Advisor's role at the CRP is adversarial since they are representing the patients' objections to the medication over those of the facility .

In fiscal year 2001, Rights Advisors advocated for 161 patients at Clinical Review Panels, filed appeals for Administrative Hearings for 86 patients whose CRP determined that they could be medicated against their will, and assisted 45 patients with filing an appeal of the Administrative Law Judge's decision with the Circuit Court.

Information/Assistance

Cases classified as Information/ Assistance do not allege a rights violation but are contacts in which the patient is seeking information, clarification, or assistance with a concern. Typically, it involves a single meeting, lasting an average of 40 minutes, and does not require a Rights Advisor to have extensive contact with others. The Rights Advisors' role is simply to provide information or assistance.

In fiscal year 2001, Rights Advisors provided Information/ Assistance for 2,179 patients.

RGS STAGE 4 REVIEW BY 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, even though the Rights Advisor may not believe that the request has merit, the Rights Advisor is required to assist the patient in filing the appeal.

The Central Review Committee is comprised of three members, the Director of the Resident Grievance System and the Director and Clinical Director of the Mental Hygiene Administration, or their designees.

The Committee reviews all prior information concerning the grievance and may conduct further investigation, if deemed by the Committee to be warranted. At the conclusion of the review, the Committee issues a written decision based on their findings and makes recommendations for corrective action, if warranted.

Within 20 working days, after receiving the Committee's recommendations, the facility's Chief Executive Officer is required to forward to the Committee a written report of the status of the implementation of the recommendations. Until the make periodic reports to the Committee every 30 recommendations are fully implemented, the Chief Executive Officer is required to days.

Fiscal Year 2001 reflected a significantly greater number of grievances being appealed to Stage 4 than in any previous year since the implementation of the RGS. There were 113 grievances reviewed by the Central Review Committee this year, which is 7% of the 1,681 grievances filed. Prior to 2001, the last highest percentage was 4% in 1987.

What was significant this year, is that the greatest number of requests for a Stage 4 appeal came from one facility. Twenty residents of Clifton T. Perkins Hospital accounted for 84% (95) of the 113 requests for Stage 4. In addition, 78 of the 95 (82%) of the request were from five residents; 28 by one resident, 26 by one resident, 10 each (total of20) by two residents, 4 from one resident, and the balance of 17 by 15 different residents.

74 of the 95 Clifton T. Perkins Stage 4 grievances (78%) were determined to have no merit at previous stages of the RGS. In 60% of the Stage 4 requests, the attorneys, who had represented the residents at Stage 3, declined to actively represent the client at the Stage 4 proceedings.

HISTORICAL PERSPECTIVE OF STAGE 4 APPEALS

The following reflects the number and percentage of total RGS grievances, since the implementation of the RGS, that reached the highest level of the RGS, Stage 4, and were reviewed by the Central Review Committee.

Fiscal Year 1986	**61 (3%)**
Fiscal Year 1987	**91 (4%)**
Fiscal Year 1988	**57 (2%)**
Fiscal Year 1989	**50 (2%)**
Fiscal Year 1990	**79 (3%)**
Fiscal Year 1991	**39 (2%)**
Fiscal Year 1992	**45 (2%)**
Fiscal Year 1993	**27 (1%)**
Fiscal Year 1994	**13 (0.5%)**
Fiscal Year 1995	**10 (0.5%)**
Fiscal Year 1996	**11 (0.6%)**
Fiscal Year 1997	**19 (1%)**
Fiscal Year 1998	**17 (0.5%)**
Fiscal Year 1999	**13 (0.8%)**
Fiscal Year 2000	**43 (3%)**
Fiscal Year 2001	**113 (7%)**

GRIEVANCE OUTCOME FOR STAGES I, 2, 3 AND REFERRALS TO THE CENTRAL REVIEW COMMITTEE AT STAGE 4

- **STAGE I:** 1,681 grievances were investigated by the Rights Advisor
  1026 (61%) were closed through resolution or withdrawal

- **STAGE 2:** 635 (38%) grievances were reviewed by the Unit Director
  292 (46%) were closed through resolution or withdrawal

- **STAGE 3A:** 19 (1%) grievances were reviewed by the Resident Rights Committee

- **STAGE 3B:** 348 (21%) grievances were reviewed by the Superintendent
  235 (68%) were closed through resolution or withdrawal

- **STAGE 4:** 113 (7%) grievances were reviewed by the Central Review Committee who rendered the decisions as shown below.

    - 4 (4%) grievances were detern1ined to be Valid
    - 26 (23%) grievances were detern1ined to be Inconclusive
    - 83 (73%) grievances were detern1ined to be Invalid

        - 17 clients (15%) were represented by attorneys at Stage 4
        - 28 clients (25%) were not represented by attorneys at Stage 4
        - 68 clients (60%) were represented by attorneys through Stage 3 ; however, the attorneys declined to represent the client at Stage 4

The data reflects that 7% (113) of the 1,681 grievances reached the 4th and final stage of the RGS. This figure supports that the RGS is achieving its mission of resolving grievances at the lowest possible level through mediation, negotiation and conciliation, and that the internal rights protection system is a fair, efficient, and complete remedy for the resolution of patient complaints.

Aggregate data for the three categories of rights cases is presented on the following pages. Detailed information for each MHA facility can be obtained by contacting Carolyn Bell, LCSW-C, Director-RGS, at 1-800-747-7454.

AGGREGATE -FISCAL YEAR 2001

GRIEVANCES 1681

INFORMATION/ASSISTANCE 2179

CLINICAL REVIEW PANELS 161

TOTAL RIGHTS ADVISOR CONTACTS 4021

RIGHTS CLASSIFICATION	GRIEVANCES	INFORMATION ASSISTANCE
ABUSE	189	1
ADMISSION, DISCHARGE, TRANSFER	97	52
CIVIL RIGHTS	250	62
COMMUNICATION, VISITS	78	17
CONFIDENTIALITY	38	13
ENVIRONMENTAL	229	19
FREEDOM OF MOVEMENT	221	12
MONEY	26	441
NEGLECT	10	2
PERSONAL PROPERTY	117	14
RIGHTS PROTECTION SYSTEM (RGS)	19	793
TREATMENT RIGHTS	318	99
OTHER	8	73
NO RIGHT INVOLVED	46	26
RESIDENT -RESIDENT ASSAULT	35	555
TOTAL	**1681**	**2179**

DEMOGRAPHIC DATA

AGGREGATE

Fiscal Year 200 I

	INFORMATION ASSISTANCE	GRIEVANCES	TOTAL	%OF TOTAL
AGE				
12-17	309	231	540	14%
18-44	129	947	2242	58%
45-64	5	370	890	23%
65+	520	63	110	3%
Class Complaints	47	70	78	2%
Total	**2179**	**1681**	**3860**	**100%**
RACE				
African American	666	162	42%	
963	77	9	3%	
Asian	40	772	117	48%
Caucasian	1094	15	186	2%
Hispanic	46	82	6	3%
Other	69	61	2%	
29	III			
Class Complaints	70			
Total	**2179**	**1679**	**3860**	**100%**
SEX				
Female	766	466	1232	32%
Male	1148	2554	66%	
1406	67	7	2%	
Class Complaints	7	4		
Total	**2179**	**1679**	**3860**	**100%**

DECISION & ACTION (GRIEVANCE CASES) - FY 2001 - AGGREGATE

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STAGE 1 - RIGHTS ADVISOR
1681 GRIEVANCES

Decision at Stage 1				Action at Stage 1		
Valid	**255**	15.2	%	Resolved	**821**	48.8
Invalid	**729**	43.4	%	Withdrawn	**205**	12.2
Inconclusive	**601**	35.8	%			

Total Number of Cases Closed at Stage 1	**1026**	61.0 %
Total Number of Cases Referred to Stage 2	**636**	37.8 %

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STAGE 2-UNIT DIRECTOR
635 GRIEVANCES

Decision at Stage 2			Action at Stage 2		
Valid	**59**	9.3%	Resolved	**237**	37.3
Invalid	**392**	61.7%	Withdrawn	**55**	8.7
Inconclusive	**181**	28.5%			

Total Number of Cases Closed at Stage 2	**292**	46.0 %
Total Number of Cases Referred to Stage 3A	**55**	8.7 %
Total Number of Cases Referred to Stage 3B	**0**	0 %

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STAGE 3A - RESIDENT RIGHTS COMMITTEE
19 GRIEVANCES

Decision at Stage 3A			Action at Stage 3A		
Valid	**0**	0%	Resolved	**0**	0
Invalid	**18**	94.7%	Withdrawn	**1**	5.3
Inconclusive	**1**	5.3%			

Total Number of Cases Closed at Stage 3A	**1**	5.3 %
Total Number of Cases Referred to Stage 3B	**18**	94.7 %

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STAGE 3B- SUPERINTENDENT/CEO
348 GRIEVANCES

Decision at Stage 3B			Action at Stage 3B		
Valid	**30**	8.6%	Resolved	**198**	56.9
Invalid	**226**	64.9%	Withdrawn	**37**	10.6
Inconclusive	**92**	26.4%			

Total Number of Cases Closed at Stage 3B	**235**	67.5 %
Total Number of Cases Referred to Stage 4	**113**	32.5 %

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STAGE 4 - CENTRAL REVIEW COMMITTEE
113 GRIEVANCES

Decision at Stage 4			Action at Stage 4		
Valid	**4**	3.5%	Resolved	**109**	96.5
Invalid	**83**	73.5%	Withdrawn	**2**	1.8

Inconclusive	**26**	23.0%	Referred	**2**	1.8%

Total Number of Cases Closed at Stage 4 **113** 100%

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CLINICAL REVIEW PANELS AGGREGATE FY2001

CLINICAL REVIEW PANELS

Number of Clinical Review Panels Scheduled	177
Number of Patients Scheduled for a Clinical Review Panel	121
Clinical Review Panels Cancelled Prior to Scheduled Date	16
Number of Clinical Review Panels Convened	161
Panel Approved Medication	141
Panel Did Not Approve Medication	13
Panel Rendered No Decision	7

ADMINISTRATIVE APPEALS

Number of Administrative Appeals Requested	86
Number of Appeals Withdrawn Prior to Hearing	0
Number of Administrative Appeals Held	86
CRP Decision Upheld	70
CRP Decision Overturned	7
No Decision Rendered	9
Patients provided Legal Representation by Legal Assistance Provider	80

CIRCUIT COURT APPEALS

Number of Circuit Court Appeals Filed	45
Circuit Court Upheld Decision	22
Circuit Court Overturned Decision	1
No Decision Received from Circuit Court	22
Patients provided Legal Representation by Legal Assistance Provider	8

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DEMOGRAPHIC DATA (CLINICAL REVIEW PANELS) -FY 2001 AGGREGATE

Sex		%	Race		%	Age		%
Female	61	34.5	Af-Am	93	52.5	<18	0	0
Male	116	65.5	Asian	7	4.0	18-44	124	70.1
Total	177		Caucasian	70	39.5	45-64	50	28
			Hispanic	4	2.3	65+	3	2
			Other	3	1.7	**Total**	177	
			Total	177				