

MaineHealth

Testimony of Sarah Calder MaineHealth

In Support of LD 1229

“Resolve, to Establish the Committee to Study and Develop Recommendations to Address Guardianship Challenges that Delay Patient Discharges from Hospitals”

Wednesday, April 24, 2019

MaineHealth Member
Organizations:
Franklin Community Health
Network
LincolnHealth
MaineHealth Care At Home
Maine Behavioral Healthcare
Memorial Hospital
Maine Medical Center
NorDx
Pen Bay Medical Center
Southern Maine Health Care
Synernet
Waldo County General Hospital
Western Maine Health

Senator Carpenter, Representative Bailey and distinguished members of the Joint Standing Committee on Judiciary, I am Sarah Calder, Director of Government Affairs for MaineHealth, and I am here to testify in support of LD 1229, “Resolve, to Establish the Committee to Study and Develop Recommendations to Address Guardianship Challenges that Delay Patient Discharges from Hospitals.”

Part of the MaineHealth Family: MaineHealth is Maine’s largest integrated non-profit health care system that provides the full continuum of health care services to the residents of eleven counties in Maine and one in New Hampshire. Every day MaineHealth’s local health systems are challenged with discharging patients to the next appropriate level of care, oftentimes, due to guardianship challenges.

MaineHealth Accountable Care
Organization

MaineHealth Affiliates:
MaineGeneral Health
Mid Coast-Parkview Health
New England Rehabilitation
Hospital of Portland
St. Mary’s Health System

It takes on average 3-4 months until a petition for non-emergency guardianship can be granted by the Probate Court for a patient who is deemed to lack capacity. Ultimately, this means that a patient cannot be discharged from the hospital for 5 to 6 months until guardianship is granted and then MaineCare Long Term Care coverage is in place. Currently, Maine Medical Center has 5 such patients whose length of stays range from 137-188 days. None of these patients have had Probate hearings yet so their stays will be at least another 1-2 months. The stories of these patients are truly heartbreaking – one patient has been on P6 (Maine Medical Center’s Inpatient Medical & Geriatric Psychiatry Unit) since November of 2018. The patient’s court date was finally set in February and we are still awaiting a decision from the Probate Court.

To keep patients who no longer need acute care in the acute care setting is not patient centered care. Acute care hospitals are not designed, equipped, or staffed to best deal with the needs of patients who require a long term care setting. Being in an ill-equipped milieu is extremely stressful for the patient and it is not uncommon for us to see patients regress both physically and psychologically. This simply is not patient centered care.

We applaud Rep. Jay McCreight for bringing this legislation forward and look forward to working with the task force to develop recommendations to address guardianship, conservatorship, and authorization of transaction challenges. With

that said, I urge the Committee to vote Ought to Pass on LD 1229, “Resolve, to Establish the Committee to Study and Develop Recommendations to Address Guardianship Challenges that Delay Patient Discharges from Hospitals.” Thank you and I would be happy to answer any questions you may have.