

COMPLAINT/GRIEVANCE PROCESS (FROM PATIENT)

POLICY:

- NVHC will provide an established system whereby patients and/or their next of kin can voice their complaint/grievance about the quality of care and/or services and/or feel they have not been treated in a manner consistent with the Patient Bill of Rights.
- Patients have the right to voice complaints or grievances and NVHC will respond to such concerns in a timely, reasonable and consistent manner.
- Patients may voice a complaint and recommend change free from restraint, interference, coercion, discrimination, or reprisal, including the threat of discharge.
- If the verbal complaint is not resolved at the time of the complaint by the staff present, this is considered a grievance and the formal grievance procedure will be implemented.

DEFINITIONS:

- Patient grievance: a written or verbal complaint (when the verbal complaint about patient care is not resolved at the time of the complaint by staff present) by a patient, or the patient's representative, regarding the patient's care, abuse or neglect, issues related to the facility's compliance with the CMS Hospital Conditions of Participation (CoP) or accrediting organization standards, or Minnesota Department of Health.
- Staff present: includes any facility staff present at the time of the complaint or who can quickly be at the patient's location (i.e. nursing, administration, nursing DON) to resolve the patient's complaint.
- A written complaint is always considered a grievance, whether from an inpatient, outpatient, released/discharged patient or his/her representative regarding the patient care provided, abuse or neglect, or the facility's compliance with CoPs.
- Letter, e-mail or fax are all considered written.
- Information obtained with the Patient Satisfaction Questionnaire does not usually meet the definition of a grievance. However, if an identified patient writes or attaches a written complaint on the survey and requests resolution, then the complaint meets the definition of a grievance. If an identified patient writes or attaches a complaint to the survey but has not requested resolution, the facility must still treat this as a grievance if the facility would usually treat such a complaint as a grievance.
- Patient complaints that become grievances also include situations where a patient or a patient's representative telephones the facility with a complaint regarding

- his/her patient care or with an allegation of abuse or neglect, or failure of the hospital to comply with one or more CoPs, or other CMS requirements. Those post-hospital verbal communications regarding patient care that would routinely have been handled by staff present if the communication has occurred during the stay/visit, are not required to be defined as a grievance.
- Whenever the patient or the patient's representative requests his/her complaint to be handled as a formal complaint or grievance, or when the patient requests a response from the facility, then the complaint is a grievance and all the requirements apply.

PROCEDURE:

- At the time of patient admission to the facility, the patient or his legal guardian will be provided with The Patient Bill of Rights, and also the Patient Satisfaction Questionnaire. The nurse responsible for admitting the patient to the facility will inform the patient/legal guardian regarding the information provided. If the patient's condition does not allow for provision of the information at the time of admission, or if the patient's representative is not present at time of admission, every attempt will be made to distribute this information to the patient or his/her legal guardian as soon as possible after the patient has been admitted.
- The admitting nurse will also advise the patient and/or legal guardian of their right to discuss any problem or complaints with any staff person or the Director of Nurses.
- Once a grievance has been received from a patient while in the facility or after discharge, either by phone or in writing, the Department Manager will interview the patient and/or patient's representative for additional information as needed. The Department Manager will also query other members of the healthcare team that have been involved in the care of the patient. The Patient Complaint/Grievance Form will be initiated by the appropriate Department Manager. This form indicates:
 - Date and time complaint received.
 - Individual receiving report.
 - Date and time report initiated.
 - Department manager information.
 - Patient information
 - Name of person initiating complaint and their relationship to patient
 - Nature of concern
 - Date and time when patient was contacted that investigation is occurring
 - Date and time when patient was contacted of resolution
 - Patient's satisfaction level
 - Informing patient/family of right to appeal if unsatisfied
- In the event that the Department Manager is not available, the Administrator/ Risk Manager, shall assume this function.
- After thorough research has been conducted, the Department Manager will work in tandem with staff identified as key individuals critical to problem resolution for the specific identified concern. All efforts will be made to effectively and

expeditiously resolve the patient's grievance. A complaint is considered resolved when the patient is satisfied with the actions taken on his/her behalf.

- Complaints about situations that endanger the patient, such as abuse or neglect, will be reviewed immediately. (See Abuse Prevention Plan).
- All grievances receive immediate priority and must be investigated with efforts made toward resolution within 24 hours. If a grievance cannot be resolved within 24 hours, the grievance will be referred as described below. NVHC will make every attempt to provide a response within seven (7) days of receiving a grievance.
- The NVHC Governing Board has designated the Administrator, Director of Nursing, and Human Resources Director as the Complaint/Grievance Committee with the responsibility to review and resolve grievances.
- Patient grievances will be treated and reported through the facility QA/Risk Management function.
- The patient will be provided with written notice of:
 - The name of the Department Manager dealing with their grievance
 - The steps taken to investigate and resolve the grievance
 - The final result of the complaint and grievance process
 - The date of completion of the complaint and grievance process
 - Written notice will be provided to the patient in a language and manner the patient/patient representative can understand.
- If a grievance is not resolved, the investigation is not complete, or if the corrective action is still being evaluated within the seven (7) day timeframe, the facility shall send a response to the patient stating that the facility continues to work to resolve the complaint and the facility will follow-up with another response in 3 days.
- The Administrator will keep the NVHC Board informed of any grievances received and their outcome.
- The patient or his/her representative has the right to appeal a grievance determination. Appeals for grievance determinations will be submitted to the appropriate Department Manager and then taken to the Complaint/Grievance Committee. Final determinations for appeals must be made within 30 days of appeal notification.
- The patient and/or his/her representative maintain the right at all times to notify any of the state or federal regulatory agencies governing NVHC. NVHC supports the patient's right to voice concerns regarding his or her healthcare and will provide assistance in contacting any of the regulatory agencies requested. This will in no way compromise the care the patient receives.
- All grievances are recorded in a log of grievances which are maintained by Administrator.

INQUIRIES OR COMPLAINTS REGARDING MEDICAL TREATMENT OR THE
PATIENT'S BILL OF RIGHTS MAY BE DIRECTED TO:

Minnesota Board of Medical Practice
2829 University Ave. S.E., Suite 500
Minneapolis, MN 55414-3246
(612) 617-2130 or (800) 657-3709

Office of Health Facility Complaints
85 E. Seventh Place, Suite 220
P.O. Box 64970
St. Paul, MN 55164-0970
(651) 201-4201 or (800) 369-7994

Office of Ombudsman for Long-Term Care
P.O. Box 64971
St. Paul, MN 55164-0971
(651) 431-2555 or (800) 657-3591