

Original Effective Date: November 1985

Position Accountable: Program Directors / CEO

Latest Review Date: April 2010

Approved By: \_\_\_\_\_

William Gibson, CEO

LATEST REVISION DATE: April 2010

*(Original signed policy on file in LRC Administration.)*

## **PATIENT CONCERNS, GRIEVANCES AND RECOGNITION**

### POLICY:

To establish procedures for resolving concerns and grievances filed by patients. A complaint/concern is a dissatisfaction with an action taken by the Lincoln Regional Center. A grievance is a written or verbal expression of a complaint against or dissatisfaction with an action taken by the Lincoln Regional Center (LRC), including those actions which, in the opinion of the patient, violate the patient's rights afforded by the conditions of residency at or admission to the LRC. The facility will not tolerate retaliation on the part of any employee against any patient and/or legal guardian that files a grievance.

### PROCEDURE FOR COMPLAINT/CONCERN/RECOGNITION:

The purpose of this process is to resolve concerns and issues quickly rather than going through the formal grievance procedure. There is also an opportunity to recognize other peers in the program for positive actions, treatment progress, achievement, or to thank someone.

Process for concern, complaint, or congratulations:

- A. A concern, complaint or congratulations can be filed by completing the "My Voice" form found on each living area where the written grievance forms are also kept. Completed "My Voice" forms are to be placed in the locked box next to the forms (where written grievance forms are also placed).
- B. The Health Information Management (HIM) staff will collect the forms from the locked box daily Monday through Friday (except holidays).
- C. The HIM staff will record the information and keep a log. Once the information is logged, the form is sent to the Patient Advocate Office.
- D. The patients or staff can use this form for congratulations or to recognize or thank someone for positive actions, treatment progress, achievements, or to show appreciation.
- E. The Patient Advocate will call the employee who is receiving recognition and that employee's supervisor. The employee's supervisor will recognize the employee for the accomplishments noted. Patients will be recognized in community meetings.
- F. The Patient Advocate will keep a database of the "My Voice" concerns, complaints, and recognition. These will be reviewed monthly and the information will be reported quarterly to the Performance Improvement Committee, and to the Governing Body.

### PROCEDURE FOR VERBAL GRIEVANCES:

- A. The patient and his/her legal guardian can contact the Patient Advocate to communicate a verbal grievance. The Patient Advocate can be contacted by phone at the LRC or in writing to request a private meeting for discussion of the grievance.
- B. After the verbal grievance is reported, the Patient Advocate will investigate the grievance and then report back to the resolution to the patient or his/her guardian within seven (7) days. A file of all verbal grievances will be maintained in the Patient Advocate's office designating the name of the

person reporting the verbal grievance, information about the resolution and time frames. If the patient or his/her guardian would like confirmation of the resolution it will be provided upon request. The Patient Advocate will keep a database of all grievances and send a copy to the CEO's Administrative Assistant monthly. This database will be reviewed by the Performance Improvement Committee monthly.

- C. If the patient and his/her legal guardian are not satisfied with the resolution, he/she may file a written grievance, and the procedures for responding to written grievances as outlined below will be followed.

## PROCEDURE FOR WRITTEN GRIEVANCES:

- A. A patient or his/her legal guardian shall file a written grievance to the Program Director/Manager, or his/her designee, within 30 days of the occurrence of the action grieved. The Program Director/Manager (or designee) shall contact or meet with and respond to the patient within seven (7) days from the date the grievance was received. The written grievance, along with the written response, shall be forwarded to the Chief Executive Officer (CEO). Whitehall grievances will be filed at Knight House on the Whitehall campus. The Health Information Management (HIM) staff will keep a copy of the grievance on file in the patient's unit.

1. When the LRC is requested to transmit a grievance document, this will be done without alteration, interference or delay.
2. The LRC shall not subject a patient to any type of disciplinary action or other adverse action as a result of his/her filing a grievance.
3. A supply of grievance forms shall be maintained by the Health Information Management (HIM) staff in each program. Forms are also available on the S-Drive for staff to print.

- B. If the patient/family is not satisfied with the resolution, he/she may re-submit the grievance as an appeal to the CEO of the LRC. The Patient Advocate will meet with the patient/family member and respond in writing to the patient/family member within fourteen (14) days of receipt of the appeal. Copies of this resolution will be sent to the Program Director/Manager or designee and to the CEO. This time period may be extended by the CEO when additional time is necessary for adequate investigation, provided the patient is notified in writing of such extension. If no resolution can be agreed upon, the CEO will then provide a written response within fourteen (14) days from the date received.

- C. A patient who wishes to appeal the action taken by the LRC CEO shall do so to the Director of Behavioral Health Division of DHHS. The appeal may include any additional information as deemed necessary by the patient.

1. When the LRC is requested to transmit an appeal, this will be done without alteration, interference or delay.

- D. Program Directors/Managers, Risk Manager, and Patient Advocate or Designees meet regularly to review grievances, the grievance process, and to provide oversight of the grievance process at the monthly Performance Improvement review. A quarterly report of the information reviewed will be provided to the Governing Body.

## PROCEDURE:

- A. HIM staff are to ensure proper amounts of Patient Grievance Forms are available in each area. These items are to be stored above the Patient Grievance Lock Box. Grievance forms are also available on the S-Drive for staff to access.

- B. The HIM staff in each program will check the Patient Grievance Lock Box daily, Monday through Friday (excluding holidays).
- C. Completed Patient Grievance Form information will be logged daily, Monday through Friday, into the Patient Grievance Spreadsheet. Once the information is entered, the original grievance form is forwarded to the Program Director/Manager/designee.
- D. The staff reviewing the grievance with the patient will return the signed form to the Program Director/Manager/designee within seven (7) days from receipt of the grievance.
- E. Using the Patient Grievance Spreadsheet, the HIM staff will enter the date the grievance was reviewed with the patient as well as the date the grievance was sent to the CEO's Administrative Assistant. The HIM staff will keep a copy of the grievance on file in the program.
- F. The HIM staff will send the original signed form to the CEO's Administrative Assistant for processing.
- G. The CEO's Administrative Assistant will send a copy of any grievances being appealed to the Patient Advocate for follow-up. The Patient Advocate will then meet with the patient and respond in writing to the patient/family member within fourteen (14) days from receipt of the appeal. A copy of this response will be sent to the CEO's Administrative Assistant.
- H. Should the patient disagree with the resolution from the Patient Advocate acting as designee of the CEO, the patient can appeal to the Director of Behavioral Health.

**NOTE: Every patient shall be informed of the Patient Grievance Procedure upon admission. The Patient Grievance Procedure shall be posted in each program so that it is readily accessible to all Patients.**

See also:

**Policy R1-01 (LRC) Patient Rights**