

Policy and Procedure

Banner Health System – FMH/DC

☐ Admin ☐ Nursing Admin ☐ Human Resources
☐ Med Staff ☒ Department: Mental Health

Distribution to: ☐ All Departments

☐ Specific Depts: _____

☐

Policy No: B-35 Page 1 of 2

Date Originated: 1-2008 by N Mehta

Review/Revised: 1) _____

2) _____

3) _____

4) _____

APPROVAL:

Dept. Mgr: Neena Mehta Date: 5/19/08 Med Staff: Dr Victor Bell Date: 5/20/08

Other Dept: _____ Date: _____ Administrative: Elizabeth Woodyard Date: 5/20/08

SUBJECT: PATIENT COMPLAINT AND GRIEVANCE

PURPOSE: To resolve concerns/ complaints/ grievances to the satisfaction of the patient, family or their representative.

A. Definitions

1. "Complaint" means an expression of concern that can be resolved promptly to the patient/family/representative's satisfaction at the point of service.
 - a. Where a staff can resolve an issue to the patient's satisfaction at the point of service.
 - b. Where a Director/ RN Manager or other hospital personnel can assist in resolving the issue promptly to the satisfaction of patient.
2. "Level I Grievance" means a verbal or written complaint regarding the patient's care, abuse or neglect, issues related to the hospital's compliance with the CMS Conditions of Participation, or a Medicare beneficiary billing complaint related to rights and limitations provided by 42 CFR §489.
 - a. A verbal complaint about patient care that has been resolved promptly to patient/family/representative's satisfaction through staff present shall not be treated as a grievance.
 - b. Where the patient requests a grievance (either verbally or in writing) or where the patient requests a response from the hospital, the complaint shall be treated as a grievance.
 - c. Complaints that were neither addressed nor resolved during the patient's stay, including written or telephonic complaints received after discharge, shall be treated as grievances.
 - d. Where complaints about billing or patient valuables contain elements addressing patient services issues shall be treated as a complaint, and if not resolved immediately, as a grievance. Billing issues related to rights and limitation under 42 CFR §489 shall also be treated as a grievance.
3. "Level II Grievance" means a grievance that has been addressed through the Level I Grievance process, but has not been resolved to the patient/family/representative's satisfaction and has been referred by the complainant to the Grievance Committee for review.

TEXT OF THIS POLICY/PROCEDURE:**A. Patient Rights and Responsibilities Notification**

1. Patient Rights and Responsibilities Notification will inform patients and patient representatives of their right to express concern the process to resolve concerns and their right to file grievances if their concerns are not resolved promptly to their satisfaction. The Notification will describe the hospital's grievance process, including how to file a complaint and who to contact if they have a complaint/grievance.
2. Patient Rights and responsibilities Notification will include the telephone number and address of the state agency.
3. Grievance may be verbal or written.

B Procedure:**Complaints:**

1. Give all patients a copy of the Patient Rights and Responsibilities, including grievance rights, at the time of admission in a language or method of communication that each patient understands.
2. Attempt to resolve concerns immediately at the point of service to the satisfaction of the patient/family member/representative.
3. Concerns regarding a coverage decision, premature discharge, and/or quality of care concerns are addressed promptly.
4. The behavioral health unit offers its patients/families and their representatives the opportunity to express concerns about any aspect of their visit without fear of discrimination or retribution.
5. The behavioral health unit does not discriminate against patient's or visitors on the basis of color, sex, race, national origin, religion, age or disability. Any individual who believes he/she has been subject to discrimination may file a complaint under this policy.

Grievances:

1. Receipt of grievance is dated and recorded.
2. Inform RN Manager/ Director for appropriate follow up. RN Manager/ Director shall conduct an internal investigation, submit report of findings and implement corrective action taken and make direct contact with patient when appropriate.
3. In case of potential liability/litigation, refer complaints to Risk Manager. Notify Compliance Officer of any compliance concerns.
4. Within 7 working days patient/family/member representative shall be notified in writing notice of decision and steps taken to resolve the grievance, date of completion and the hospital contact person.

Allegations of Sexual /Physical /verbal abuse of patients: 1

Director/RN Manager shall:

1. Notify Administration, Complaint Coordinator and Risk Management immediately regarding patient allegation of physical, verbal, or sexual abuse.
2. Take action to protect patient safety.
3. Coordinate investigation with Human resources if alleged abuser is an employee.
4. Document all contacts with police, state board, and state and federal agencies
Conducting investigation pertaining to allegation of physical/ verbal abuse of a patient.

Patient Complaint Process

It is important to us that you are satisfied with the quality of care and services you receive while you are a patient at Fairbanks Memorial Hospital. We encourage you and your family to report concerns about safety and your care. Please give us the opportunity to resolve any problem that may arise during your stay.

If you have a complaint, concern or suggestion regarding any aspect of your stay, please ask to speak with the Department Director.

If you have voiced your concern to the Department Director and feel it has not been resolved, please call Fairbanks Memorial Hospital Administration at 458-5300.

If we, at the hospital level, have not been able to resolve your concern to your satisfaction, you are welcome contact the following organizations:

Banner Health Board of Directors

1441 N. 12th Street, Phoenix, AZ 85006
1-866-239-1888 (toll free)

State of Alaska/Dept. of H&SS Division of Public Health Certification and Licensing

619 East Ship Creek, Suite 232, Anchorage, AK 99501
(907) 561-8081

and/or

The Joint Commission

One Renaissance Blvd, Oakbrook Terrace, IL 60181
1-800-994-6610 (toll free)

and/or for quality of care issues, coverage decisions or to appeal a premature denial

Qualis Health (Medicaid patients)

741 Sesame Street, Suite 100, Anchorage, AK 99503
1-888-578-2547 (toll free)

Mountain-Pacific Quality Health (Medicare patients)

4241 B Street, Suite 303, Anchorage, AK 99503
1-800-497-8232 (toll free)

Patient Rights and Responsibilities



Banner Health

Denali Center

Fairbanks Memorial Hospital

Community-Owned

1650 Cowles Street, Fairbanks, AK 99701
(907) 452-8181

Patient Rights and Responsibilities

1. You have the right to courteous treatment.
2. You have the right to be informed of the outcomes of your treatment, about other types of treatment and the freedom to choose the type of treatment you want.
3. You have the right to privacy, security and personal dignity.
4. You have the right to have your care and medical record kept confidential.
5. You have the right to receive the care you need by a qualified medical care provider, even if that means you need to be transferred to another hospital.
6. You have the right to be told and to refuse if your doctor or hospital wants to participate in medical research related to your care.
7. You have the right to receive an explanation of your bill and the charges you are responsible for. It is your responsibility to provide us information about your insurance. You are responsible for prompt payment of your bill.
8. You have the right to receive an explanation of your medical treatment and to participate in decisions made. You may refuse treatment if you desire. We will tell you about possible outcomes of refusing care.
9. You have the right to an interpreter if you need one to communicate effectively.
10. You have the right to visitors during posted hours.
11. You have the right to have effective pain relief — or to refuse it.
12. Your health care provider and staff have the right to be treated with courtesy and respect.
13. You have the right to pastoral care or any other spiritual services.
14. You have the right to have your cultural, psychosocial, spiritual, and personal values, beliefs, and preferences respected.
15. You have the right to resolution of your concerns and/or complaints. We will inform you of our complaint and grievance process.
16. You have the right to access protective and advocacy services.
17. You have the right to access your medical record in accordance with hospital policy and State & Federal regulations.
18. You have the right to access, request amendment to, and receive an accounting of disclosures regarding your own health information as permitted under applicable law.
19. You have the right to receive information in a manner that you understand.
20. You have the right to freedom from the inappropriate use of all restraints and seclusion, in all hospital settings.
21. You have the right to have your Advance Directives honored; however certain orders such as Do Not Resuscitate (DNR) may be suspended during anesthesia. In these situations, you would be informed before anesthesia is administered.
22. You have the right to accept or refuse medical or surgical treatment; including forgoing or withdrawing life-sustaining treatment or withholding resuscitative services.
23. You have the right to freely voice complaints and recommend changes without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care, treatment, and services.
24. You have the right to receive adequate information about the person(s) responsible for the delivery of your care, treatment, and services.
25. You have the right to be provided a safe and secure environment, including your personal property.



Fairbanks Memorial Hospital

PATIENT UNRESOLVED COMPLAINT/GRIEVANCE REPORT

(To be completed by staff—not the patient or family)

Patient Name: _____ Date of Service: _____

Mailing Address: _____ Telephone Number: _____

Concern Received From (if other than patient): _____ Relationship: _____

Mailing Address: _____ Telephone Number: _____

Concern Initially Received by: _____ Department: _____ Date/Time: _____

Concern Referred to: _____ Department: _____ Date/Time: _____

☐ E.D. Patient ☐ Visitor ☐ Outpatient ☐ Inpatient-Unit: _____

TYPE OF CONCERN	
<input type="checkbox"/> Written Telephonic	<input type="checkbox"/> Customer Service/Service Recovery – Patient Relations (Leilani Sauer/Terry Strle)
<input type="checkbox"/> Walk-in	<input type="checkbox"/> Bill – To Jennifer Mitchell
<input type="checkbox"/> In Person (verbal)	<input type="checkbox"/> Quality of Care – Patient Relations (Leilani Sauer/Terry Strle)
	<input type="checkbox"/> Allegations of sexual/physical/verbal abuse – To Risk Mgmt
	<input type="checkbox"/> Allegation of privacy violation – To Sharon Ulrich
	<input type="checkbox"/> Allegation of Discrimination – Patient Relations (Leilani Sauer/Terry Strle)

Nature of Concern (if necessary, use reverse or additional sheet):

Action Taken:

Complaint Resolved: ☐ Yes ☐ No

Name of Person Addressing Complaint - Required

If unresolved, does patient wish to file a formal grievance? ☐ Yes ☐ No

If yes, notify Patient Relations at extension 5154 immediately.

Risk Management notified: ☐ Yes ☐ No