

## **Bartlett Regional Hospital**

Title: RRC COMPLAINTS, CONCERNS AND COMPLIMENTS PROCESS

Department/s: RRC, BRH RISK MANAGEMENT

Original Date: 10/22/2011

Author: Sandra Kohtz, Director

**PURPOSE:** The purpose of this policy is to define processes for responding to complaints, concerns and compliments received from clients and families receiving services at Rainforest Recovery Center (RRC).

**POLICY:** It is the policy of RRC to respond to all complaints and concerns received by the staff and management of RRC. The staff and management is open to and welcomes feedback regarding the services and personnel with the goal of providing quality services.

### **PROCEDURE:**

- A. These processes are outlined in the RRC Client Handbook which is given to all new clients upon admission to treatment as well as the Patient Rights and Responsibilities information.
- B. Forms entitled "Patient Feedback" are placed in locations around RRC and available for clients and families to complete.
- C. Clients are encouraged to attempt to resolve issues first with their immediate counselor.
  - C.1. Counseling staff are asked to report concerns expressed by clients to the Director or Assistant Director of RRC.
  - C.2. The steps that have been taken to alleviate concerns will be discussed at that time.
  - C.3. Resolutions to the issues will be given to the client within 24 hours of them voicing their concern.
  - C.4. If the concern is resolved, no further action will be taken.
- D. If no satisfactory resolution is attained through informal discussion with their counselor, the client will schedule an appointment with the Assistant Director or Director to seek a solution to the concern.
  - D.1. The appointment will take place within 7 days of receipt of the formal grievance or complaint.
  - D.2. Upon meeting with the client/family, the client will be asked if the resolution to the issue is satisfactory.
  - D.3. If the concern is resolved, no further action will be taken.
  - D.4. If no satisfactory resolution is reached, BRH Risk Manager will be informed and the complaint will be forwarded to Risk Management along with documentation of all attempts made to resolve this issue.
- E.1. Upon receipt of this grievance, the BRH Risk Management Department will respond to the complaint in accordance with Bartlett Regional Hospital policy Patient Complaints/Service Recovery.
- F. Clients and family members may also register complaints or concerns with:
  - F.1. Administrator  
Office of Health Facilities Licensing and Certification  
Department of Health and Human Services  
430 Business Park Blvd., Suite # 18  
Anchorage, AK 99503-7137  
(907) 531-8081
  - F.2. Medicare and Medicaid beneficiaries may contact the beneficiary hotline at 1-800-445-6941
  - F.3. The Joint Commission Accreditation (800)-994-6610

[www.jointcommission.org](http://www.jointcommission.org)

**AGE SPECIFIC CONSIDERATIONS:** 18 years or older

**REFERENCES:** BRH POLICY: Patient Complaints and Service Recovery

**ATTACHMENTS:** None

# BARTLETT REGIONAL HOSPITAL

**3260 Hospital Drive—Juneau, Alaska—Telephone 907-586-2611**

## PATIENT FEEDBACK

## TO OUR PATIENTS:

**Do you have a compliment or concern that you would like to share with us?**

Please take a minute to tell us about what you think about our services, staff and facilities, whether it is good or bad. We value your opinion.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**Would you like to discuss your ideas with one of our staff members?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**If yes, please provide us with the following information:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_ Best time to call \_\_\_\_\_

## **Bartlett Regional Hospital**

Title: **PATIENT COMPLAINTS, GRIEVANCES, AND SERVICE RECOVERY**

Department/s: All Departments

Original Date: 04/08/02

### **PURPOSE:**

To resolve patient complaints to the extent practical, that results in a positive hospital experience for patients and families, and which will improve patient satisfaction.

### **DEFINITIONS:**

- A. **Grievance:** a formal or informal written or verbal communication that is made to the hospital by a patient or patient's representative, regarding a patient issue that was not resolved during the episode of care. The following are always considered grievances, regardless of form or timing:
  - A.1. Written complaint
  - A.2. Allegation of abuse or neglect
  - A.3. Allegation of non-compliance with Conditions of Participation
- B. **Complaint:** an issue that can be resolved promptly during the episode of care by a staff person.
- C. **Service Recovery:** a business process that results in a positive approach to complaint resolution by fostering a positive relationship between the patient and the hospital.

### **POLICY:**

- A. The BRH Board of Directors (BOD) is responsible for the effective operation of the grievance process.
  - A.1. The BOD delegates the responsibility for the patient grievance process to the Chief Executive Officer, who delegates the process to the Quality Director and/or Risk Manager, who report aggregate or significant complaint data and trends to the Hospital Quality Improvement Council (HQIC) and Board of Directors Quality Assurance (BOD QA) Committee.
    - A.1.1. The BOD approves the grievance process.
- B. Grievances are to be communicated to the Quality Director or Risk Manager, regardless of origin or nature of complaint.
  - B.1. Grievances will be responded to in writing within an average of 7 business days.
    - B.1.1. If a grievance requires more lengthy investigation or resolution time, patients will receive regular and timely communication about the delay and progress toward resolution.
    - B.1.2. Written correspondence about grievance resolution will include:
      - B.1.2.1. The name of the hospital contact person
      - B.1.2.2. The steps taken on behalf of the individual to investigate the complaint
      - B.1.2.3. The results of the process
      - B.1.2.4. The date of completion of the complaint process (usually, the date of the letter)

- B.1.3. After a review of the validity of the grievance, the Quality Director or Risk Manager will make decisions on grievance-based service recovery, including write-offs, good will gestures, and other major accommodations.
- B.1.4. Billing issues are not considered grievances, unless the patient alleges poor quality of care or service.
- B.1.5. The Quality Director or Risk Manager will communicate with appropriate leadership about the resolution of any grievance, as appropriate.
- B.2. Complaint resolution shall be addressed and resolved at the lowest possible level in the organization. Staff members are encouraged to resolve complaints in real time.
  - B.2.1. The employee resolving the issue will communicate with management.
- C. Patients who voice complaints and/or recommended changes are encouraged to do so freely, without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care.
  - C.1. As applicable, patient concerns regarding quality of care or premature discharge are referred to the state quality improvement organization (QIO) in a timely manner.
- D. Orientation to the patient/family complaint, grievance, and service recovery process is provided during new employee orientation.
- E. Patient/family grievances are tracked, and trends are addressed as part of the hospital's process improvement activities.
  - E.1. The Risk Manager will provide a report on patient grievance data quarterly. Summary data will be reported to the BOD QA Committee regularly.
- F. Grievances involving employees will be referred to the applicable department director, who will address employee performance issues identified through the complaint/grievance process according to applicable Human Resource policy.
- G. Grievances involving licensed independent practitioners (MD, DO, NP, PA, etc.) will be referred to the Medical Staff Executive Committee (MSEC) by the Quality Director. Further action will follow the MSEC Policy Regarding Complaints / Concerns About Members of the Medical Staff.

**SCOPE:** Applies to all patients receiving services from any entities of BRH.

**PROCEDURE:**

- A. BRH will provide patients/family members with information concerning the complaint / grievance process that is tailored to their level of understanding.
  - A.1. Patients will receive a copy of the Patient Rights and Responsibility information in the admission packet or upon registration. The pamphlet will also be available in selected high traffic areas throughout the facility.
  - A.2. The Patient Rights and Responsibility pamphlet will contain information for contacting the Quality Director or Risk Manager, the state authority, and The Joint Commission.
- B. Patients/family members are encouraged to immediately voice concerns to any BRH employee for timely resolution.
  - B.1. Any complaint involving situations or practices that place the patient in immediate danger will be referred directly to the House Supervisor, who will attempt to resolve the issue. The House Supervisor will provide documentation of the issue

and resolution to the Quality Director or Risk Manager for follow-up and data collection.

- B.2.** Retrospective grievances concerning services or care will be immediately referred to the Quality Director or Risk Manager, who will collect information sufficient to initiate an investigation.

**REFERENCES:**

Alaska State Statute 18.20.075

The Joint Commission, CAM-H, RI.01.07.01

Medicare Hospital Condition of Participation: Patient Rights. §482.13(a)(2)(i),(ii),(iii)

BRH Policy 9500.004 Patient Rights and Responsibilities

**ATTACHMENTS:**

1. Bartlett Regional Hospital Patient Feedback Form

Approval/Review/Revision					
Date:	Signature:(Medical Director or Committee Chair, as appropriate)	Date:	Signature:(Medical Director or Committee Chair, as appropriate)	Date:	Signature:(Medical Director or Committee Chair, as appropriate)
4/02	New	8/06	Revised		
4/03	Reviewed	10/07	Revised		
09/04	Reviewed	9/08	Reviewed		
12/05	Revised	05/12	Revised		

# Bartlett Regional Hospital

3260 Hospital Drive • Juneau, Alaska 99801 • Telephone 907-586-2611

## Bartlett Regional Hospital

*Patient Feedback (For external use)*

To our patients,

**Do you have a compliment or concern that you would like to share with us?**

Please take a minute and tell us what you think about our services, staff and facilities, whether good or bad. We value your opinion.

[illegible]

**Would you like to discuss your ideas with one of our staff members? \_\_\_\_ Yes \_\_\_\_ No**

**If yes, please provide us with the following information:**

Name: \_\_\_\_\_ Phone \_\_\_\_\_ Best Time to call \_\_\_\_\_