

<b>Alaska Psychiatric Institute (API) Policy &amp; Procedure (P&amp;P) No:</b>	<b>PRE 030-03</b>
<b>Title: Patient Grievance Procedures</b>	
<b>Key Words: Complaints, Grievances, Patient Rights</b>	
<b>Primary: CFS</b>	<b>Effective Date: 04/02/2012</b>
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## **POLICY**

To uphold each patient's right to file grievances, without fear of reprisal and in accordance with all federal, state, licensing, accreditation, and other legal standards.

The institution will process grievances in a timely manner and inform the patient that steps have been taken to address their grievance.

The process for capturing and utilizing patient feedback and concerns is used to enhance the provision of services at Alaska Psychiatric Institute/Alaska Recovery Center (API).

The Consumer and Family Specialist (CFS) will act as the patient advocate in the patient grievance procedure

## **PROCEDURE**

### **I. ACTIVITIES TO SUPPORT PATIENT GRIEVANCE PROCESS**

#### **A. CFS or designee shall:**

1. Inspect boxes to insure integrity of locked box, availability of Compliant/Grievance/Suggestion forms, and collect forms each workday.
2. Assure copies of Patient's Rights and Grievance Procedures are posted in areas readily accessible to patients.
3. Provide information on patient rights, responsibilities, how to contact advocacy offices, and the grievance procedure when conducting community meetings and during individual sessions.
4. Consolidate forms by issue when multiple forms are submitted on the same issue by the same patient, assign number to form and keep numbers consistent with subsequent forms.
5. Maintain the file of completed Complaint / Grievance / Suggestion forms, assure that patient has received a copy if desired, manage on-going issues and remind reviewers of deadlines.
6. Make reasonable attempts to provide outcome information to patients who have been discharged and document that information in the specific Complaint / Grievance / Suggestion file.

**Title: Patient Grievance Procedures****B. Unit Staff shall:**

1. Provide patients admitted to his or her unit information on patient rights, responsibilities, how to contact advocacy offices, and the grievance procedure when orientating to the unit as a new admission, through individual contact, and on an as needed basis.
2. Help the patient complete the form when requested and place completed forms into the locked box at the client's request.

**II. INITIATION OF GRIEVANCE BY PATIENT****A. Patient may initiate a grievance by:**

1. Placing a completed Complaint/Grievance/Comment/Compliment form into their unit's locked Complaint/Grievance/Comment/Compliment box, or by giving it to a staff member to place in the unit's locked box.

**B. To protect patients from reprisal and encourage their right to file:**

1. Complaint and grievance records will be recorded and stored outside of the patient's permanent medical record by the CFS.
2. Complaints and grievances should not be documented in the patient's permanent record with the exception of threats to self, others, or public safety.

**III. GRIEVANCE RESPONSE PROCESS****A. Level I, First Response, CFS or designee will:**

1. Engage the patient to clarify understanding of the area of concern. Any changes to the original form will be made only with the client's permission.
2. Seek to resolve the concern with the patient during that initial meeting.
  - a. If the issue is resolved to the patient's satisfaction, the CFS has the patient sign the form as resolved.
  - b. If issue remains unresolved, the CFS refers form to Level I reviewer/manager of the area of concern.

**B. Level I Reviewer, manager of the area of concern will:**

1. Meet with patient to seek resolution of concern.
2. Write proposed resolution on form, discusses it with the patient within 7 calendar days of receipt.
  - a. The Level I Reviewer signs the form and offers the patient a copy of offered solution.

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3. If additional time is needed to research or investigate patient's concern, the Level I Reviewer may request additional time from the CFS.
    - a. Extended time is not to exceed 30 (thirty) calendar days.
  4. Level I reviewer will return completed form to the CFS.
  5. If solution is not accepted, CFS will submit to Level II.
- C. Patient will be encouraged to:**
1. Work with staff in the process of clarifying the concern and possible resolutions.
  2. Mark the form as either being in agreement or not in agreement with resolution, and sign form.

**IV. LEVEL II, CEO REVIEW****A. CFS will:**

1. Refer patient grievance directly to the CEO or designee.
2. Give patient information about external resources, including but not limited to, Disability Law Center, the ombudsmen, and The Joint Commission (TJC), where they can submit a formal complaint.

**B. CEO will:**

1. Conduct review of grievance form and offered Level I resolution.
2. Consult as needed with anyone directly involved and/or seek consultation with clinical professionals.
3. Within 7 (seven) calendar days provide the patient with a written response to verify that the complaint has been received and will be processed.
4. Level II Reviewer has up to 30 (thirty) calendar days to complete the process.
5. Provide a written response to include:
  - a. the name of the reviewer,
  - b. the steps taken on behalf of the patient to investigate the grievance,
  - c. the results of the grievance,
  - d. the date of completion, and
  - e. follow-up internal and external contact numbers.
6. When possible, the patient will review the completed Level II response form, mark whether they agree or do not agree and sign the form.
  - a. Reviewer will offer a copy of the forms to the client.

**Title: Patient Grievance Procedures****V. FORMS MARKED URGENT****A. Forms Marked “Urgent”, API staff will:**

1. Immediately deliver the grievance form marked “Urgent” to the CFS or Nursing Shift Supervisor.

**B. CFS or Nursing Shift Supervisor will:**

1. Immediately discuss the concern with the patient on the day received to assess the urgent nature of the concern.
2. If, after consultation, the patient decides the issue is non-urgent, the Level I response process will be initiated.
3. Refer urgent cases to the CEO or Medical Director or designee as directed by the patient.

**C. CEO or Medical Director or designee will:**

1. Seek resolution of urgent grievance within 7 (seven) calendar days of patient’s submission.
2. If additional time is needed to research or investigate patient’s urgent grievance, the CEO or Medical Director or designee will request up to a 30 (thirty) day extension from the patient.

**D. Patient will:**

1. Give grievances marked “urgent” directly to staff and inform staff that grievance is urgent.
2. Review urgent nature of grievance with CFS or NSS.
3. Review the offered solutions, mark the form as agree or do not agree, sign the form.
  - a. Reviewer will offer to make a copy for the patient.
4. If not satisfied with outcome, may choose to appeal civil issues to the Alaska Court System, file a grievance with Disability Law Center of Alaska, and/or file a complaint with the Joint Commission.

**VI. GRIEVANCES ALLEGING ABUSE OR EMPLOYEE MISCONDUCT****A. API Staff, CFS, or Nursing Shift Supervisor will:**

1. Immediately review the allegation with patient on the day received.
2. Refer case to CEO or Medical Director or designee.
3. Complete an Unusual Occurrence Report (UOR) and review the patient’s allegation with the Safety Officer (SO)/Risk Manager (RM) or designee.

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- a. The SO/RM staff will determine the course of action and notify CFS.
  - b. CFS will keep the patient informed on process and ensure protection and support.
4. Inform patient of any delays in meeting identified timelines.

**VII. QUALITY IMPROVEMENT****A. The CFS will facilitate quality Improvement by:**

1. Preparing periodic summary reports and present reports to the API Management Team, Advisory Board, and other stakeholder groups as assigned.
2. Coordinating quality assurance and integrity of grievance review with the appointed member of the Advisory Board Quality Assurance Sub-committee.

**B. API Senior Management will:**

1. Utilize data to inform quality improvement efforts for patient care.

**HISTORY OF REVISIONS**

New: 05/29/85 (30-24).

Revised and Renumbered: from P&P 30-24 to 30-3, 02/25/87.

Revised: 02/21/91; 10/16/97; 03/07/06; 10/31/07; 04/02/12

Reviewed: 09/9/93; 09/15/94; 08/03/00; 09/01/03

Renumbered: from P&P 30-3 to PRE-30-3 on 08/03/00.

Renamed: Patients' Rights Complaints to Patients' Complaint and Grievance Procedure, 03/07/06.

Revised and Renamed: Patients' Complaint and Grievance Procedure to Patient Grievance Procedures, 10/31/07.

**ATTACHMENTS**

[Concern/Grievance/Suggestion Form #06-15016](#)