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| POLICY:  | 06.25 Grievances/Complaints from Patients and Visitors, Handling of |
| Effective Date: | 07/20/07 |  |
| Revision Date: | 06/30/09 |  |
| Review Date: | 11/07/08 |  |
| Approved: |  |  |

POLICY:

It is the policy of Roundup Memorial Healthcare to provide an effective means for patients and visitors to communicate issues of concern and to provide a formal procedure to ensure a prompt and equitable resolution of these concerns for the improvement of the facility and satisfaction of our customers.

PROCEDURE:

A grievance is an actual or supposed circumstance causing distress and regarded as a reason for concern and complaint.

1. Any patient, his or her representative/advocate, family member, or visitor may file a grievance or complaint concerning treatment, medical care, behavior of other patients or staff, theft of property, etc., without fear of threat or reprisal in any form.
2. Upon admission, patients or his/her advocate are provided with written information on how to file a grievance/complaint.
3. Grievances/complaints may be submitted orally or in writing. Written grievances must be signed by the patient or the person filing the grievance in behalf of the patient (could be staff member assisting the patient or documenting an oral complaint).
4. **The Chief Nursing Officer, Chief Executive Officer, or Hospital Risk Manager (RM)** is responsible for investigating and reporting the grievance. Upon receipt of a written grievance/complaint, the CNO or RM will investigate the allegations and submit a written report to the administrator within 10 working days. **The Complaints of abuse, harassment, or mistreatment will be immediately investigated**.

1. The administrator will review the findings with the person investigating and determine what corrective actions, if any, need to be taken.
2. The patient or person filing the grievance will be informed of the findings and actions that need to be taken to correct any identified problems. Such report will be made by the administrator or designee within 10 working days of the filing of the written grievance with the facility. A final written report will be filed in the Risk Manager’s office.
3. Should the patient or representative not be satisfied with the result of the investigation, or the recommended actions, he or she may file a written complaint to the Regional Ombudsman office (Area II Agency on Aging 406-256-6568)

or to the state survey and certification agency(1-800-332-2272 or 406-444-2099).

1. The Patient and Visitor Grievance/Complaint Log will be reviewed by the Total Quality Management Team (TQM) quarterly as a facility assessment tool with the purpose of improving patient care and services.
2. **Staff Responsibility:** Staff members are encouraged to assist patients in filing a grievance and/or complaint when the patient or a person acting in the patient’s behalf believes that his/her rights have been violated

**Procedure for Filing a Grievance/Complaint:**

A patient, his/her representative or a visitor to the facility may file a *verbal or written* grievance or complaint without fear of threat or reprisal in any form.

1. Obtain a Patient and Visitor Grievance/Complaint Report Form from the nurses’ station or any reception area in the hospital.
2. Answer all questions on the form, as applicable. Be sure the information is accurate.
3. Be sure that you sign and date the form.
4. Give the completed report form to a Hospital Administrator (CEO or CFO), Chief Nursing Officer(CNO) or Risk Manager (RM). If these people are not available, you may leave the report form with the Charge Nurse on duty, or you may slide it under the door of the appropriate person you wish to handle the grievance/complaint.

**Procedure for Investigating:**

Our facility investigates all written grievances and complaints filed with the facility.

1. The Chief Nursing Officer (CNO), Chief Executive Officer (CEO), and the Risk Manager (RM) have the responsibility of investigating grievances/complaints.
2. The department manager of an involved employee or incident will be notified of the nature of the complaint and that an investigation is underway. The investigation and report will include, as each may apply:
	1. The date and time of the alleged incident;
	2. The circumstances surrounding the alleged incident;
	3. The location of the alleged incident;
	4. The names of any witnesses and their account of the alleged incident;
	5. The patient’s or visitor’s account of the alleged incident;
	6. The employee’s account of the alleged incident;
	7. Accounts of any other individuals involved; and
	8. Recommendations for corrective action
3. The “Patient and Visitor Grievance/Complaint Investigating Report Form” must be filed with the administrator within 10 working days of the receipt of the grievance/complaint form.
4. The patient, person acting in behalf of the patient, or visitor will be informed of the findings of the investigation, as well as any corrective actions recommended, within 10 working days of filing of the grievance.
5. A copy of the reports will be filed in the Risk Manager’s office.
6. A copy of the reports will be made available to the patient or person acting in behalf of the patient.

**Procedure for Grievance/Complaint Log:**

The disposition of all patient complaints will be recorded on our facility’s Patient and Grievance/Complaint Log.

1. The Risk Manager will be responsible for recording/maintaining this log.

1. The following information must be recorded.
	1. The date the grievance/complaint was received;
	2. The name and room number of the patient filing the grievance, if applicable;
	3. The name and relationship of a person filing in behalf of a patient, if applicable;
	4. The name and location of a visitor filing the grievance, if applicable;
	5. The date the alleged incident took place;
	6. The name of the person(s) investigating the incident;
	7. The date the patient or interested party was informed of the findings; and
	8. The disposition of the grievance (i.e., resolved, dispute, etc).
2. The Patient and Visitor Grievance/Complaint Log will be reviewed by the Total Quality Management (TQM) Team at least quarterly.