

**ALASKA PSYCHIATRIC INSTITUTE
POLICY AND PROCEDURE MANUAL**

TITLE: PRE-030-03 COMPLAINT AND GRIEVANCE

PAGE: 1 OF 5

CATEGORY: PATIENT RIGHTS & ETHICS

VERSION: 1

APPROVER: Scott York, CEO



SUPERSEDES: 07/06/2019

EFFECTIVE: 01/20/2022

REVIEWED:

1. PURPOSE

To delineate Alaska Psychiatric Institute's (API) policy regarding establishing a process for prompt resolution of complaints and grievances in a reasonable, and consistent manner.

2. POLICY

API will comply with Alaska State Statutes and regulations, Joint Commission standards, and CMS Conditions of Participation regarding requirements for the hospital to establish a process for prompt resolution of complaints and grievances.

3. DEFINITIONS

3.1. *Patient Advocate (PA)*: are designated staff members trained in mental health consumer advocacy who serve as an advocate, upon a patient's request, to assist the patient in bringing grievances or pursuing other redress for complaints concerning care, treatment, and rights.

3.2. *Complaint*: A verbal statement by a patient of a situation or practice that is unsatisfactory or unacceptable to that patient that can be resolved by API unit staff.

3.3. *Grievance*: A patient grievance is a formal or informal, written, or verbal complaint that is made to any hospital staff member by a patient, or the patient's representative, regarding the patient's care. A patient complaint automatically becomes a grievance when:

3.3.1. the complaint is not or cannot be resolved by staff present at the time the complaint is received and/or requires further actions for resolution;

3.3.2. is postponed for later resolution or is referred to other staff for later resolution;

3.3.3. the complaint requires investigation;

3.3.4. the issues are related to abuse or neglect;

3.3.5. the complainant requests that the complaint be handled as a grievance and/or request a written response;

3.3.6. the issues are related to the hospital's compliance with the CMS Hospital Conditions of Participation;

3.3.7. a Medicare beneficiary has a billing complaint related to rights and limitations provided by 42 CFR 489.

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- 3.4. A *grievance* is considered resolved when the patient is satisfied with the actions taken on their behalf and has received or been sent written communication regarding resolution of the grievance. When a grievance is not resolved to the patient's satisfaction, but where every reasonable action has taken place to investigate and/or resolve the grievance, the complaint will be closed and marked "completed."
- 3.5. *Impartial Body*: For the purpose of compliance with AS 47.30.847, API's impartial body is the hospital's CEO, and is the final arbiter of any patient grievance.

4. PROCEDURE

4.1. NOTICE OF RIGHTS TO PATIENTS AND OTHERS

- 4.1.1. One of the rights of a patient is to be informed of the hospital's internal grievance processes including whom to contact to lodge a complaint or a grievance. As part of this process the hospital will provide the patient or the patient's representative with the phone number and address for lodging a grievance with AK Health Facilities Licensing & Certification (the state agency). The hospital must inform the patient, on admission, that he or she may lodge a grievance with the state agency directly, regardless of whether he or she has first used the hospital's internal grievance process.
- 4.1.2. At the time of admission, all patients, along with any accompanying family members, legal guardians and/or designated representatives will be given a copy of the Notice of Rights and Responsibilities, which will include information about API's complaint and grievance process and who the patient may contact in order to file a grievance. Staff responsible for orienting a patient to the unit will show the patient where the grievance forms and grievance drop box are located.

4.2. GRIEVANCES

- 4.2.1. When a complaint is received, API staff will, during the shift when the complaint was made, take appropriate steps to address and resolve the complaint to the patient's satisfaction. If the patient or patient's

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representative indicates that the complaint has not been resolved, staff should assist the patient in filing a grievance. Patients may initiate a grievance by placing a completed grievance form in their unit's locked Patient Grievance Box or by giving it to the Patient Advocate (PA) staff member. Staff members will assist patients in completing the patient grievance form or shall complete the form on the patient's behalf if the patient is unable to do so independently.

- 4.2.2. Grievances related to allegations of patient abuse or neglect will be forwarded to API Senior Management (ASM) immediately. The ASM will begin an investigation immediately.
- 4.2.3. Patient Advocate (PA) staff shall meet with the patient to discuss the grievance. If PA staff are not immediately available, the Nursing Shift Supervisor (NSS), or designee will meet with the patient to discuss the grievance. Investigation of grievances will be facilitated by PA staff. Department leadership or designee will investigate grievances within their own departments as needed. Grievances related to the medical staff will be forwarded to the Medical Director/Chief of Psychiatry (CoP). Peer review will commence as determined by the CoP. Department leadership or designee will communicate the results of their investigation to the PA staff within five (5) business days. If the grievance cannot be investigated within five (5) business days due to the nature of the grievance, Department Leadership or designee will notify the PA staff within the five (5)-business day timeframe, that more time will be required. PA staff will monitor timeframes.
- 4.2.4. API will strive to resolve patient grievances and provide a written response within seven (7) business days from when the grievance was received. If the grievance will not be resolved, or if the investigation is not or will not be completed within seven (7) days, the PA staff will notify the patient or the patient's representative, in writing, that the hospital is still working to resolve the grievance and that the hospital will follow-up with a written response within thirty (30) business days. The notification will include the name and contact number of the PA unit.
- 4.2.5. When the grievance has been resolved, PA staff will provide the patient or the patient's representative written notice of the hospital's conclusions.

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The notice will include the name and contact number of the PA staff member, the steps taken on behalf of the patient to investigate the grievance, the results of the grievance process, and the date of completion. Similar written notice will be provided to the patient or representative when the grievance is not resolved to the patient's satisfaction, but where every reasonable action has been taken to investigate and resolve the grievance. In those cases, the complaint will be closed and marked "completed" and the notice will include the patient's right to challenge the conclusion of the investigation.

4.2.6. Patients who are not satisfied with the actions taken by PA or other hospital staff to try and resolve their grievance may request additional actions by contacting the hospital's Director of Quality Assurance and Program Improvement. A patient may also seek redress to their grievance by contacting the hospital's "impartial body," which is the hospital's CEO. In addition, contact information for external agencies and stakeholder groups will be provided to the grievant.

4.3. QUALITY IMPROVEMENT

- 4.3.1. The PA staff will maintain a tracking log of all grievances received. Complaints are not tracked unless they are unresolved and move to becoming grievances.
- 4.3.2. The Grievance Committee will track grievances to ensure the timeframes for resolution and closure are met. The committee will discuss trends and formulate action plans to address any issues identified.
- 4.3.3. Data collected regarding patient grievances will be incorporated in the Quality Assessment and Performance Improvement (QAPI) Program. Trends will be identified, and action plans will be initiated when required.
- 4.3.4. The QAPI Director will provide a summary report on the grievance process, timeframes, and trends to the Governing Body quarterly and as needed.

5. HISTORY OF REVISIONS

New: 05/29/85

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Revised: 02/21/91; 10/16/97; 03/07/06; 10/31/07; 04/02/12; 08/07/14, 08/15/14,
08/15/16, 10/31/18, 7/16/19; 01/20/22
Reviewed: 03/30/21

6. ATTACHMENT

Grievance Form 06-15016, 07-19

<G:\P&Ps and NDPs\P&Ps\Attachments>

Log No: _____

ALASKA PSYCHIATRIC INSTITUTE
Grievance/Comment/Compliment Form

Date Received: _____

MR No: _____

Date Resolved: _____

NO PERSON SERVED SHALL BE RETALIATED AS A RESULT OF FILING A GRIEVANCE

Patient Name:		Unit: Katmai	
<input type="checkbox"/> Grievance <input type="checkbox"/> Comment or Suggestion <input type="checkbox"/> Compliment			
Please tell us your concern/compliment or comment. Include staff names, dates, times and any other details:			
<p>If this is a grievance, did you notify a staff member about it already? If so, please provide the name of the staff member and the date and time when you informed him/her. What, if anything, did the staff member do to try and resolve your concern?</p>			
Patient Signature:		Date/Time Submitted:	
RSS Response/Resolution:			
RSS Staff Signature:		Date/ Time:	
I agree with this resolution <input type="checkbox"/> Yes <input type="checkbox"/> No		If NO, I wish to appeal this resolution <input type="checkbox"/> Yes <input type="checkbox"/> No	
API Patient Signature:		Date/ Time:	