

*NTC COMMUNITY CLINIC (NTCCC)*

*BEHAVIORAL HEALTH SERVICES (BHS)*

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**SUBJECT:** *PATIENT GRIEVANCE PROCEDURE* **EFFECTIVE DATE:** *07/03/12*

**PURPOSE:** To provide a mechanism by which NTCCC/BHS patients/Clients, or persons on their behalf, can express complaints, resolve disputes, or bring attention to incidents, conditions, practices and/or policies of NTCCC/BHS that may violate patient/client rights.

**POLICY:**

- A. NTCCC/BHS patients/clients can use the patient/client grievance procedure as a formal means to voice complaints, resolve disputes concerning staff actions or clinic/bhs procedures, or bring attention to possible violations of patient rights.
- B. The Patient Grievance Procedure is a means for inquiring into the issue raised by the patient/client, looking at the issue from the patient/client's perspective as well as that of staff members, and identifying whether any action can be taken to resolve identified problems or prevent recurrence.
- C. Patients/clients should be encouraged, but are not required, to attempt to appropriately voice complaints and resolve disputes through routine and informal interactions with staff.
- D. Anyone may submit a grievance on behalf of a patient/client concerning a complaint regarding patient/client care at NTCCC/BHS.
- E. A patient/client filing a grievance may receive assistance from any other person or organization at any stage of the grievance process.
- F. No person shall be punished or retaliated against for using the Patient Grievance Procedure. Patients/clients should be encouraged to use the grievance procedures as a formal and appropriate way to express their concerns or complaints to staff and resolve disputes, instead of relying on inappropriate, acting out behaviors.
- G. Use of the Patient Grievance Procedure does not limit the right of a patient/client to seek remedy for a complaint in the legal system.
- H. The Patient Grievance Committee reserves the right to limit the number of grievances from any one individual in process at any given time. For example, if a patient/client submits ten (10) grievances in a short period of time, they may be asked to identify the issue of primary importance. That grievance will be processed before the others are considered. Patients/clients who continually misuse the process by submitting unreasonable numbers or types of grievances or submitting a grievance on the same issue repeatedly, may be informed that their grievances will not be subject to review by the committee, but will be handled by their treatment team or other method determined by the committee.
- I. Grievances that are specific to the provision or non-provision of medical care will be handled separately and reviewed by personnel with expertise in this area.
- J. Patients/clients and family members will be provided with information regarding patient/client advocacy organization that may be able to assist them, such as the Ombudsman.

**DEFINITIONS:**

Medical Grievance – A Medical Grievance is a grievance or complaint specific to the provision or non-provision of medical care or services. An example might be a grievance concerning medications, the need for a diagnostic procedure, or a request for an opinion from another medical practitioner.

**RESPONSIBILITIES:**

A. Patient Grievance Committee is responsible for reviewing and responding to patient grievances, and recommending action within the context of this policy. The PGC is responsible for oversight and coordination of the Patient Grievance Procedure.

B. All staff is responsible for maintaining the integrity of the grievance process and helping to resolve patient complaints and disputes.

**PROCEDURE:**

1. Upon request, each patient/client is given a copy of the NTCCC Patient Rights by the front desk personnel, who may explain the patient grievance procedure, as needed. NTCCC Patient Rights and the Patient Grievance Procedure are posted on the bulletin boards; grievance forms are available, upon request. The PGC is comprised of two hospital staff members including the Tribal Health Director.

2. The PGC is responsible for enforcing the time frames prescribed in the Patient Grievance Procedure.

3. The PGC will make recommendations of appropriate action if it is determined corrective action is required.

3. The PGC will operate on a consensus basis, working to find a response to patient/client grievances that is agreeable with all members of the committee. If the committee is unable to reach consensus, the Tribal Health Director will determine the appropriate response with input from all members of the committee.

4. The grievance process may be terminated at any time if:

a. a resolution is reached;

b. a patient/client objects to continuing with a grievance filed by a third party on the patient/clients behalf;

c. the issue grieved is found by the PGC, to be without merit;

d. the issue was previously grieved by the patient/client and a decision rendered from the PGC (this does not apply to appeals of a decision);

**Step 1**

A. Staff will provide grievance forms to patient/clients whenever requested. Staff should inquire at this time whether there is anything they can do to assist the patient/client or resolve the matter. If not, patient/clients may file the grievance by filling out the form and giving it to staff or placing it in a suggestion box.

B. Staff, other patient/clients, advocates, or others may assist the patient in filling out the grievance.

- C. All grievances will be forwarded to the Patient Grievance Committee for recording. Within seven days, the Program Manager or other individual designated by the PGC will address the issue through informal means in an attempt for resolution.
- D. If a resolution is reached, both the Program Manager and the complainant will sign and date the grievance form as satisfied. The Program Manager will forward the grievance form to the Patient Grievance Committee.
- E. If a resolution cannot be reached, the Program Manager will forward the Patient Grievance Form, the Patient Grievance Action Form, and relevant documentation as necessary, to the PGC.
- F. The PGC will meet and discuss the grievance within seven days. The complainant and the Program Manager will be notified in writing of the PGC decision. The committee will maintain records of its findings and actions.
- G. Written responses will be sent by the PGC to all individuals who submit grievances. The response letter will include:
- 1) Decision that contains the name of the contact person;
  - 2) The steps taken on behalf of the patient/client to investigate the grievance;
  - 3) The results of the grievance process; and
  - 4) The date of completion.

#### Step 2

- A. If the complainant is not satisfied with the response of the PGC, an appeal may be submitted to the PGC within ten days of receiving the written decision.
- B. Review Officer will be appointed by the PGC to investigate the grievance. The selection of the Review Officer will be based on expertise relevant to the grievance and the ability to objectively investigate the issue.
- C. The Review Officer will submit a written report to the PGC within ten days of the assignment. This report will include documentation of the investigative activities and a recommendation for resolution.
- D. The PGC will make a decision based on the investigation findings.
- E. The complainant, Program Manager, and Patient Advocate (if indicated), will be notified in writing of the decision.

#### Step 3

- A. If the complainant is not satisfied with the response of the PGC, an appeal may be submitted to the PGC within ten days of receiving the written decision.
- B. The Executive Director will be notified by the PGC of this appeal.
- C. A hearing will be scheduled and conducted, unless waived by the complainant, within 15 days of receipt of appeal.
- D. The complainant, Patient Advocate (if indicated), Program Manager and others involved with the issue will be notified at least five days in advance of the date, time and location of the hearing.
- E. Every reasonable effort will be made to ensure full development of the issue in a fair and equitable manner. Parties to the grievance may call witnesses for testimony. However, the Executive Director may limit repetitive or irrelevant testimony and/or the number of witnesses.

If necessary, separate arrangements will be made to hear testimony from parties unable to attend the hearing.

F. The Executive Director will prepare a written decision within 15 days.

G. The complainant, Patient Advocate (if indicated) and Program Manager will be notified in writing of the decision.

H. In the event the hearing is waived by the complainant, the Executive Director will review applicable statements and documentation and render a written decision within 15 days of receipt of the appeal.

#### Step 4

A. If the complainant is not satisfied with the response of the Executive Director, an appeal may be submitted within ten days of receiving the written decision.

B. The Board of Directors will be notified within three days of receipt of the appeal.

C. The appeal and relevant information will be directed to the Board President. The Board President will render a written decision within 15 days of his/her receipt of the grievance unless he/she requests additional investigation into the issue.

D. If additional investigation is conducted, the decision will be rendered within 40 days upon completion of additional investigation.

E. The complainant, Patient Advocate (if indicated), Team Leader and PGC will be notified in writing of the decision. The Board President's decision is final.

F. The PGC maintains files of all grievances and corresponding documentation, statements and decisions.

G. A database of aggregate grievance information (number of grievances filed) This information is reported semiannually to the Quality Improvement Committee.

H. Medical Grievances – When a grievance is filed that is specific to medical care or treatment, the Chair of the Grievance Committee will review the complaint with the Clinic Supervisor who will appoint staff members with expertise in the area of concern to review and investigate the complaint and advise the committee on a course of action.

I. Patients should be encouraged, but are not required, to attempt to appropriately voice complaints and resolve disputes through routine and informal interactions with staff.

J. At any time, Patients have the expressed right to bypass this entire grievance procedure and contact the Department of Health and Human Services Ombudsman.