

## **Complaint Subcommittee Work Group**

Committee Members : Annette Adams (Acadia Hospital), Denise Gay (Maine General Medical Center), Lynn Gagnon (Mayo Regional Hospital), Cindy Leavit (Miles Memorial Hospital), Paul Arbor (Maine General Hospital - Complaints), Diane Bubar (Eastern Maine Medical Center), Ali Hilt-Lash (Licensing), Joan Sturmthal (consumer representative); mental health consumer representative (to be named)

Staff: Barbara Shaw (Muskie)

### **Subcommittee Tasks**

1. Analyze complaint data for 2005 and 2006 compiled by Licensing
2. Understand current complaint investigation process - categorization and priorities
3. Consider reforms that will reduce backlog of complaints
4. Develop strategies for greater hospital self-regulation for certain categories of complaints

**Update** ( based on April 3 and phone meeting on April 30):

1. Reviewed complaint data produced by licensing from 2005 and 2006
2. Heard from Paul Arbour about the complaint department process at MGH
3. Learned about the capabilities and limitations of the ASPEN complaint tracking system
4. Ali Hilt-Lash described the process of triage and prioritizing complaint;
5. Discussed system's obstacles to expeditious complaint response
5. Developed some preliminary recommendations

### **Target issues:**

- I. Decreasing backlog of complaints that are not investigated in a timely manner
  - a. Significant increase of non-investigated complaints in 2006
  - a. Most are medium level
  - b. Problems with lack of trained staff (currently 2 open positions on staff)
  - c. Difficulty on investigating case > 1 year old
2. Correcting public misperception of licensing role in complaint treatment
  - a. Patients and families go directly to licensing rather than using internal hospital complaint process
  - b. Aged complaints (5-10% of total describe actions that are more than One year old)
  - c. Desire for complete anonymity hampers effective investigation
  - d. Unrealistic goals of complainant (shut down hospital, fire employees)
  - e. Misdirected complaints (complaints that need to be handled by other agencies or professional boards get logged at licensing)
  - f. Customer service problem - complainant may wait > year for Response to complaint investigation

3. Evaluating complaint system strains
  - a. One staff member responsible for all complaint reviews – no system accountability or back-up since most decision-making regarding triage and priority of complaint is made by Ali (the big bus scenario)
  - b. Inadequate number of staff to handle complaint load – 2 open positions and takes more than one year to fully train surveyor
  - c. Survey responsibilities leave little time for responding to complaints
  - d. Limitations of ASPEN system in tracking and mining data
  
4. Addressing hospital concerns
  - a. Hospitals need disclosure of complaints earlier in the process in order to Respond and provide full information to investigators. Consider early referral of complaints directly to the facility.
  - b. Potential for announced complaint investigations to ensure that appropriate parties and information is available.
  - c. Regular communication from licensing regarding complaint trends and patterns
  - d. How can hospitals capture more complaints as part of internal grievance process to avoid complaints made directly to licensing that have not been reported to facilities first.

### **Preliminary recommendations**

1. Regulatory reform
  - a. Adopt a one year limitation in making a complaint from time of event (policy to be waived for special circumstances)
  - b. Make unannounced visits for complaints discretionary by Licensing
  
2. Public Education Campaign
  - a. Communication plan to clarify public understanding of expectations, roles, outcomes and scope of the hospital licensing complaint process, emphasizing that reporting to event to facility is best method for prompt resolution of certain problems.
  - b. Public education (on website and as part of information at facility) that directs the public to appropriate destination for non-licensing complaints and other consumer advocacy organizations
  - c. Optional electronic submission of complaint form.
  
3. Developing new processes with hospitals
  - a. Increasing off-site investigations for low and administrative complaints
  - b. Medium complaints – state to work with hospitals to develop a process For self-regulation by hospitals (internal investigation to be reviewed by Division of Licensing)
  - c. Updates for hospitals regarding trends and patterns of complaints