

Riverview Psychiatric Recovery Center

FUNCTIONAL AREA: Patient Rights Organizational Ethics **POLICY No:** RI.2.120

TOPIC: Patient Concern/ Suggestion/Grievance

AUTHORIZATION:

Clinical Director

Director of Integrated Quality & Informatics

Superintendent

I. PURPOSE:

To develop a process for capturing and utilizing patient feedback and concerns to enhance the provision of services at Riverview Psychiatric Recovery Center.

To utilize Peer Specialists to support patients in participating in organizational improvement through sharing Concerns / Suggestions/ Grievances.

To utilize Peer Support in assisting patients to solve concerns and suggestions in a less formal more appropriate means than the formal grievance process.

To assist patients in having even rights violations solved at the lowest level possible and to provide feedback on what are concerns or problems maybe more easily or expeditiously addressed in a different manner than the grievance process.

To uphold each patient's right to file grievances in accordance with all federal, state, licensing, accreditation, and other legal standards.

II. POLICY:

1. A grievance is a formal or informal written (can be emailed or faxed) or verbal complaint that is made to the hospital by a patient, a patient's representative, guardian, attorney, or advocate or any other persons. Anyone receiving such a complaint must notify their supervisor so that the complaint will be processed in the same manner as any grievance.
2. Patient Concerns / Suggestions/ Grievances will be sought as an important source of information useful in continuously improving service.
3. Patients have the right to due process with regard to grievances. This due process is spelled out in Code of Maine Rules, 14-193 CMR ch. 1, Part A, section VII, and "Rights of Recipients of Mental Health Services" which they receive at admission.

4. Notwithstanding any other civil or criminal recourse the person bringing the grievance may have, the Hospital welcomes and affords every opportunity for informal resolution of concerns, or grievances or formal resolution of grievances.
5. Notice summarizing a patient's right to due process with regard to grievances, as well as copies of forms to be used for that purpose, are available within each program area. Each patient is informed of this right, in a manner designed to be comprehensible to the individual recipient, by an employee of the hospital.
6. Burden of proof in all grievances is on the Hospital to show compliance, or remedial action to comply with policies and procedures established to ensure the rights of Patients under Department rules.

III. PROCEDURES:

A. The Hospital's Patient Concerns or Suggestion procedure is the following:

1. A "Concern / Suggestion/ Grievance" box shall be placed on each treatment unit, the treatment mall, and the cafeteria. A "Concern/suggestion" form shall be made available in the same location of each box. Any person, on behalf of a patient, may also initiate a Concern/suggestion by completing a form and placing it in the box or handing it to any RPRC employee who will deposit it in the box for them.
2. Patients will be informed of this opportunity upon admission by the peer support worker.
3. A patient or a staff member may help a patient complete a "Concern / Suggestion/ form as the patient directs, or a patient may fill out the form independently. A patient or staff may place the completed form in the locked box on the patient's behalf.
4. The morning of each business day a Peer Specialist will collect the forms and schedule a meeting with each patient to: (1) enhance understanding of the patient's area of concern and (2) enhance understanding of the outcome sought by the patient (3). assist the patient in choosing the most appropriate means of solving their concern or suggestion. The Peer Specialist may rewrite the form with the patient's permission to augment the communication.
5. Within 24 hours of receipt of the "Concern/Suggestion" form the Peer Specialist shall send a copy of the form to the designated responder (unit Nurse IV).
6. A file of reviewed forms will be maintained by the Director of Integrated Quality and Informatics/designee and the responders will assure that patient's concerns or suggestions are responded to in a timely fashion.
7. The Peer Specialist shall send the original form to the appropriate unit Nurse IV.
8. The unit Nurse IV shall review the form and meet with the patient to discuss the concern, or suggestion and look for resolution. The Nurse IV shall write

the proposed outcome on the form after discussion with the patient. The recommendation must be made by the end of the 5th regular business day unless the Superintendent grants an extension (up to an additional 5 days). The Nurse IV can refer to someone else to handle with the patient if it's more appropriate.

9. The Nurse IV first responder shall review the form with the patient and ask the patient to mark his/her reaction at the bottom: "[] Agrees, [] Disagrees and obtain the patient's signature on the form and date it.
 10. The patient has the option of filing a grievance if they believe that their rights have been violated.
- B. The Hospital's Grievance procedure is the following:
1. A "Grievance" form shall be made available, upon request, to the patient.
 2. Within 24 hours of receipt of the "Grievance" form the Peer Specialist shall send a copy the form to the Office of Advocacy.
 3. The Peer Specialist shall send the original form to the appropriate first review party.
 - Grievances marked urgent will be forwarded to the Superintendent for review. Upon receipt of the grievance form in the Superintendent's office, a date stamp will be affixed to the grievance form.
 - Grievances marked non-urgent will be forwarded to the appropriate PSD or a designee for review. Upon receipt of the grievance form, the PSD or designee will sign, date and time the form in the appropriate location.
 - The PSD will be the primary responsible party for the review of all Level I grievances. In the absence of the PSD, the unit RN-IV will be the secondary responsible party and the section ADON will be the tertiary responsible party. The PSD may refer to someone else to handle with the patient if more appropriate.
 - The first review party will also send a copy of the grievance to the office of the Director of Integrated Quality & Informatics for recording the information in the SAAMH Grievance tracking database after verifying receipt of the document.
 4. The Superintendent may, upon initial review of a grievance marked urgent, address the grievance as a Level II grievance, or send the grievance to the appropriate PSD for review as a Level I grievance.
 - a. Level 1 Grievances
 - The first review party shall review the Level I grievance and meet with the patient to discuss the grievance and look for resolution. The first responder shall write the proposed outcome on the form after discussion with the patient. Recommendations must be made by the

end of the 5th regular business day unless the responder asks for a five day extension and the Superintendent grants an extension. The patient is notified in writing of the extension.

- The first responder shall review the form with the patient, sign and date it and make a copy for the patient.
- In the event that the patient has been discharged from the hospital prior to the resolution of the grievance, a copy of the outcome will be mailed to the discharge address listed for the patient. A return receipt will be requested with the mailing and the Grievance Form (RI001) will be marked on the patient's signature response line with the statement, "Copy Mailed" and include the signature of the respondent.
- In the event that a resolution of a grievance cannot be investigated or resolved with the patient within the prescribed time frame due to the patient's clinical condition, documentation of a thorough investigation of the issue including the accurate and diverse statements of reliable and impartial witnesses, absent of the patient's input, will suffice as a resolution of the subject of the grievance.
- Any grievance that requires extensive time or expenditures to fully be resolved will be considered to be resolved when a plan of action has been defined and approved by the appropriate hospital administrator.
- The Director of Integrated Quality & Informatics will ensure that a file of patient grievances is maintained that that all patient grievances are recorded in the SAAMH Grievance tracking database.
- If a patient disagrees with the grievance response he or she has 10 days to appeal the decision of the PSD to the Superintendent.

b. Level II Grievances

- The Superintendent shall review the grievance and any investigative material available within five (5) regular business days and offer a proposed outcome to the patient. This response will be in the form of a personal letter.
- If the patient disagrees, he or she has 10 days to appeal the decision of the Superintendent to the Deputy Commissioner of Program Services in the Department of Health and Human Services.
- The Grievance Rules shall then be implemented consistent with the Code of Maine Rules, 14-193 CMR ch. 1, Part A, section VII, and "The Rights of Recipients of Mental Health Services." Grievances may be found without merit by the superintendent, who may first confer with the advocates for concurrence.

c. Exceptions

- Any Concern, Suggestion or Grievance regarding abuse, mistreatment, or exploitation.
 - The Allegations of Patient Mistreatment Including Abuse, Neglect or Exploitation policy (# PC 3.10.2) is to be followed.
 - Any allegation of abuse, mistreatment, or exploitation shall be immediately reported to the Advocate's office and to the Department.
 - Peer Specialists shall forward any grievance that the grievant considers urgent within one working day to the Superintendent. This will be considered a Level II grievance. A copy of the grievance will be sent to the Advocate's office. The Superintendent, who shall either arrange to hear the grievance within three working days or immediately refer the grievance to Level I, must review such grievances.
5. Once all levels of administrative redress have been exhausted, the grievant may appeal civil issues to the Superior Court under the Maine Rules of Civil Procedure.

IV. RESPONSIBILITY:	Director of Integrated Quality & Informatics
V. POLICY STORED IN:	Superintendent's office
VI. POLICY APPLIES TO:	Riverview Psychiatric Recovery Center
VII. KEY SEARCH WORDS:	Patient Grievances
VIII. REFERENCES:	Joint Commission. 2.120 CMS 482.13a2 Me Hospital Licensing XXAA.2d; XXI.C.b. Allegations of Patient Mistreatment Including Abuse, Neglect, or Exploitation PC 3.10.2