

PIT RIVER HEALTH SERVICE, INC.
PATIENT GRIEVANCE POLICY



Approved:

Aranda Nelson
(Department Head)

12/10/2014
Date

Sammy Hayward
Health Board Chairperson

12-9-14
Date

PIT RIVER HEALTH SERVICE, INC.
PATIENT GRIEVANCE POLICY

SECTION 1: Authorization and Scope

This policy is enacted under the authority of the PRHS Board of Directors, in their capacity as the governing body of the health clinic. This policy identifies the standard process for handling patient complaints with the utmost care and attention.

SECTION 2: Policy and Policy Procedures

Policy

It is the policy of the Pit River Health Service, Inc. to respond formally and thoroughly to all written patient complaints and grievances. It is important that we provide timely and clear communication to the patient of the receipt and resolution of their complaint. This policy creates and guides the *Patient Advocacy Committee*. The Health Board has a vested interest to ensure that all written complaints are addressed in a timely and effective manner, and as such shall receive regular summary reports on the patient complaint process and final solutions. The membership of the committee shall vary depending on the nature of the complaint, but shall include the Department Head of the relevant department and two other neutral staff members as assigned by the Health Administrator. As is the case with all discussion of patient information, all discussions shall be carried out with full compliance to HIPAA laws and regulations. It is the goal of this committee to ensure that written patient complaints are not only effectively addressed, but over time be reduced by being proactive in addressing any quality deficiencies of our programs.

Procedure

If a patient has a grievance, a written summary of the issue(s) will be prepared by the patient using a *Patient Grievance Form* and submitted to Pit River Health Service, Inc. When received, the grievance will be date-stamped and logged by the Human Resources Manager, and immediately forwarded to the Patient Advocacy Committee. A letter shall be sent to the grieving party within two (2) business days, acknowledging the complaint and indicating the next steps the patient can expect. The Committee will investigate the complaint within ten (10) business days. If a resolution is reached during the Patient Advocacy Committee meeting, a report of action is to be written by the Committee and provided to the Administrator for approval. It will then be mailed to the patient. All original paperwork will be kept on file for one year by the Human Resources Manager, in the form of meeting minutes, the letters sent, and any other relevant documentation.

If any patterns (complaints about one specific component of our service) are detected by this committee, they shall be immediately referred to the Q.A. Committee for further discussion and deliberation. If necessary, the Q.A. Committee shall make recommendations for policy change to the Administrator, who will submit to the Health Board for review and approval.

If the grievance fails to be resolved by the Patient Advocacy Committee to the satisfaction of the patient, the patient may request that the Health Board of Directors review the grievance. The request must be in writing and submitted as follows: Two (2) copies of the grievance shall be placed in a sealed envelope addressed as follows:

Pit River Health Service, Inc.

PIT RIVER HEALTH SERVICE, INC.
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Attention: Health Board
36977 Park Avenue
Burney, CA 96013

The Patient Advocacy Committee will be notified of the request by the *Administrative Secretary* and will prepare a written summary for the Board of Directors, on the case brought to the Board.

The *Board of Directors* will hold an initial meeting within fifteen (15) business days of receipt of the patient's request, to review the grievance with the patient. The Board of Directors may, at their sole discretion, interview all parties believed to have relevant information in resolving the grievance. If a meeting with the patient is scheduled and the patient fails to attend this meeting, the patient will be deemed to have voluntarily dropped the grievance, and forever waives his/her opportunity to have the Board of Directors consider the matter. The Board of Directors will issue no decision on grievances that are waived. The grieved staff member will be allowed to attend this proceeding. The patient may be asked to sign a Release of Confidential Information.

Within ten (10) working days of concluding their deliberations, the Board of Directors shall submit its decision, in writing, to the patient and Patient Advocacy Committee. A copy of the decision will also be provided to the Administrator. The decision shall be the final, binding decision of the Pit River Health Service Board of Directors.

Any corrective action passed by the Board of Directors shall be the responsibility of the *Administrator*. The Administrator shall delegate the action as necessary, and shall make a report to the Board at the following monthly Board meeting of all patient complaints – their status or resolution – for review.

SECTION 3: RESPONSIBILITIES

It is the responsibility of the Health Administrator / Executive Director to ensure consistent implementation of this policy and of the Board of Directors to periodically review and make adjustments to the policy details if needed. Detailed responsibilities of other staff members are described above.

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SECTION 4: REVIEW

The CEO and Board of Directors shall review this policy to ensure its consistency with Federal, state, and local regulations, as well as other PRHS policies. This review will also ensure the policy is practicably implementable and realistic for the day-to-day operations of PRHS.

Legislative History:

Approved by the PRHS Board of Directors November 2, 2014

Medical/Dental Clinic
36977 Park Avenue
Burney, CA 96013
(530) 335-3651
(800) 843-7447



Administrative Office
369977 Park Avenue
Burney, CA 96013
(530) 335-5090
Fax: (530) 335-5241
FTS: (530) 551-5091

Patient Complaint / Grievance Form

Name: _____

Mailing Address: _____

Telephone: _____ Email: _____

Today's Date: _____

Date of Incident: _____

Complaint against (PLEASE CHECK ONE)

- | | |
|--|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Fiscal |
| <input type="checkbox"/> Behavioral Health | <input type="checkbox"/> Senior Nutrition |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Medical | <input type="checkbox"/> PRC |
| <input type="checkbox"/> Outreach | <input type="checkbox"/> Intake |

Complaint Details (Please be specific and identify any PRHS personnel involved in the issue):

Continue on back or attach sheets as necessary. Please also attach any supporting documentation you may have. All patient complaints are to be submitted to the Medical, Dental or Administrative Receptionist. All complaints will be presented to a committee of relevant staff members for review. Your complaint will be addressed and responded to in writing and mailed back to you within ten (10) business days following date of receipt.

In the event that you are not satisfied with the written response, you may request, in writing, to appeal to the PRHS Board of Directors. Instructions for this will be included with the staff complaint response.

In signing this document, I grant authorization to the Pit River Health Service Administrator to discuss and/or review my confidential patient chart on a need to know basis.

Signature: _____ Date: _____ Time: _____

Received by: _____ Date: _____ Time: _____