

## ELLENVILLE REGIONAL HOSPITAL

<b>TITLE: Complaint and Resolution Policy</b>	<b>Page 1 of 3</b>
<b>DEPARTMENT: Administration</b>	
<b>OTHER AFFECTED DEPTS: All, Medical Staff</b>	
<b>APPROVED BY: Ashima Butler, Vice President &amp; Chief Quality Officer</b>	<b>EFFECTIVE: 11/10/09</b>
<b>REVIEWED: 7/10, 9/15</b>	<b>REVISED: 10/10, 4/12, 9/12, 7/13, 5/14, 5/16, 11/16</b>

### STATEMENT & PURPOSE:

Ellenville Regional Hospital staff and employees strive to meet patient needs and recognize that patients have the right to express concerns or complain about the quality or provision of care and/or services, or violation of rights, and have to be provided with a response in a timely manner.

### POLICY:

It is the policy of Ellenville Regional Hospital to provide a mechanism for addressing patient concerns and complaints as well as a means for patients to ask questions and make suggestions. The objectives are:

1. To have an effective mechanism for patients and their families to identify concerns or problems which need investigation and resolution;
2. To comply with statutory requirements for allowing patients and their families to file grievances and make suggestions;
3. To provide a forum for reduction in errors and for quality improvements through learning from patient viewpoints, concerns or needs;
4. To maintain adequate documentation of complaints and resolutions;
5. To avoid litigation and regulatory investigation by ensuring effective internal redress;
6. Complaint Investigations are Confidential under Public Health Law 2805-M and or Educational Law 6527 (3).

### PROCEDURE:

1. Employees who encounter a patient or their family member who wants to register a complaint, or suggestion should be referred to the appropriate Department Manager; if the complaint is received after hours or when the Department Manager is not available, the employee who receives the complaint should complete a Complaint form on the portal under the Incident/Event/Complaint reporting tab. Once the form is completed, the system will automatically email the appropriate Manager, Administrator overseeing the department and the Vice President/Chief Quality Officer.

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2. Complaints of civil rights violations under section 1557 of the Affordable Care Act (related to Interpreter Services) should be referred to the Vice President of Human Resources who acts as the ACA Section 1557 Civil Rights Coordinator. If he/she is not available, then policy on completing a complaint form on the portal should be followed.
  
3. If the complaint is directed to the Department Manager, they should address issues/concerns with the patient/family as needed; if the issue has been resolved immediately, the Department Manager should complete the complaint and investigation as listed in Step 1 with details of how the issue was handled. The Manager should do this in a timely manner to ensure that all complaints are being handled within the time frame specified in this policy.
  
4. Once completed, the system will automatically email the appropriate Administrator overseeing the department and Vice President/Chief Quality Officer immediately.
  
5. If the complaint involves an employee issue where disciplinary action is or will be taken, a copy of the Complaint and Investigation must be attached to the Disciplinary form and given to the Vice President of Human Resources.
  
6. If the complaint is not immediately resolved, the Department Manager must inform the patient that complaints are investigated and resolved within fourteen (14) calendar days, at which time the patient will be contacted with the resolution;
  
7. All complaints are responded to within (48) hours, even if there is no resolution. Final resolution must be reached within fourteen (14) calendar days of the date the complaint was received.
  
8. Investigative process may include phone or face to face meeting with the patient or their representative, hospital staff as indicated by the nature of complaint, medical record review, referral to the appropriate department for input or change in policy as needed, medical staff or the hospital administrative team as needed;

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**EXCEPTION(S):**

- Serious patient care concerns
- Patient abuse allegations
- Immediate discharge issues

All of the above exceptions must be reported directly to Chief Nursing Officer;

9. If the patient is not satisfied with the response from the Department Manager, they are referred to the appropriate Administrator overseeing the department and Vice President/ Chief Quality Officer for resolution.
10. The Vice President /Chief Quality Officer will forward any complaints involving the Medical Staff to the Medical Director for investigation and resolution; if additional resources are needed, the Medical Director will call upon the Quality Assurance and Peer Review Committee for investigation and resolution; a copy of the complaint will be kept in the provider's quality/peer review folder and become part of the provider's profile, for trending purposes;
11. The Quality Data Abstractor will be responsible for logging the complaints data into our web-based PI Program; this data will be reported at the Monthly at Patient Safety and PI Committee meetings;
12. Complaint & Resolution policy will be shared with the employees at orientation and is available on the ERH portal for reference as needed.

### **LINK TO VERGE SOLUTIONS EVENT REPORTING SYSTEM**

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