

SUBJECT: RESIDENT COMPLAINT AND GRIEVANCE MANAGEMENT	PAGE: 1 TO: 8
DEPARTMENT: NURSING	EFFECTIVE: 07/01/2015
APPROVED BY:SCCCSHD BOARD OF DIRECTORS	REVISED: 07/01/2015

SCOPE:

- SCCCSHD- South Central Colfax County Special Hospital District

PURPOSE:

1. To describe the process related to prompt resolution of resident Complaints and Grievances.
2. To describe how South Central Colfax County Special Hospital District (SCCCSHD) and each of the business unit operations notifies a visitor, resident, or a person with appropriate legal authority to act on behalf of the resident of the Resident's Rights, including the procedure for submitting a written or verbal Complaint or Grievance.
3. To establish the timeframes for (1) resolution of a Complaint and (2) review of circumstances related to Grievance and a proper responses to a Grievance.
4. To define the necessary elements of a response to a Grievance.

POLICY:

IT IS IMPORTANT TO NOTE THAT COMPLAINTS AND GRIEVANCES ARE DEFINED DIFFERENTLY. SCCCSHD HAS ADOPTED THE CMS DEFINITIONS FOR EACH. GENERALLY, A COMPLAINT IS ANY MATTER WHICH MAY BE RESOLVED ON THE SPOT BY STAFF OR THROUGH IMMEDIATELY AVAILABLE ASSISTANCE. A GRIEVANCE IS A MATTER THAT MAY TAKE LONGER TO RESEARCH AND/OR RESOLVE AND REQUIRES A WRITTEN RESPONSE. SEE THE DEFINITIONS SECTION FOR A MORE COMPLETE DESCRIPTION OF COMPLAINTS AND GRIEVANCES.

SCCCSHD provides a process by which any visitor, resident, or personal representative may file an oral or written Complaint or Grievance. As part of its process, SCCCSHD shall inform the visitor, resident, or personal representative of the procedure for submitting a Complaint or Grievance and the process utilized for resolving and responding to a Complaint or Grievance. All Complaints and Grievances will be handled in a timely manner and to the best of our ability in accordance with the Resident's Bill of Rights without discrimination due to race, color, national origin, religion, sex, sexual orientation or gender identity, age, or physical or mental handicap.

The timeframes for providing a resolution to the visitor, resident, or personal representative are stated in the "Timelines" section.

SUBJECT: RESIDENT COMPLAINT AND GRIEVANCE MANAGEMENT	PAGE: 2 TO: 8
DEPARTMENT: NURSING	EFFECTIVE: 07/01/2015
APPROVED BY:SCCCSHD BOARD OF DIRECTORS	REVISED: 07/01/2015

The hospital district's governing body shall establish, in writing, a Grievance Committee for each business unit and with the responsibility and oversight for reviewing and resolving Grievances.

When a Grievance cannot be resolved at the business unit level, responsibility for resolving that Grievance shall be delegated to the SCCCSHD Administrator. In addition, each business unit shall report trends in reportable Complaints and Grievances to the Administrator. In turn, the Administrator will report the findings to appropriate Quality Committee and governing body on a regular basis.

NOTIFICATION OF RESIDENT RIGHTS:

Visitors, residents and Personal Representatives shall be notified of the Resident's Rights in the following manner:

1. The posting of signage titled, "Residents' Rights", can be found in the hallway by the front office.
2. Information and the Resident Complaint and Grievance Management policy is provided to every resident, resident representative and employee about having the right to lodge a written or verbal grievance directly with the New Mexico Department of Health, the New Mexico Ombudsman Program, and other agencies deemed applicable by the individual.
3. A copy of the brochure titled, "Residents' Rights" is included in the admission packet given to all residents, resident representative and employees and is available in brochure format at the front office.

REPORTING RESIDENT COMPLAINTS:

1. Complaints that may be resolved on the spot and **do not** involve quality of care or safety issues are not required to be reported.

Examples:

- Resident's food is cold.
 - Resident's television is broken.
 - Resident received the wrong food tray.
2. If the employee receiving the Complaint believes that the issue complained about is

SUBJECT: RESIDENT COMPLAINT AND GRIEVANCE MANAGEMENT	PAGE: 3 TO: 8
DEPARTMENT: NURSING	EFFECTIVE: 07/01/2015
APPROVED BY:SCCCSHD BOARD OF DIRECTORS	REVISED: 07/01/2015

subject to repetition and/or could be resolved through process review, the employee is encouraged to report the Complaint.

REPORTING RESIDENT COMPLAINTS THAT INVOLVE QUALITY OF CARE OR SAFETY ISSUES:

Complaints that involve quality of care or safety issues must be reported in accordance with this policy regardless of whether they are resolved on the spot. The reporting format for a Quality of Care/Safety Complaint is the same as that of the Grievance (*see Reporting Grievances below*).

REPORTING GRIEVANCES:

1. Any Complaint that cannot be resolved on the spot is defined as a Grievance.
All Grievances brought to the attention of SCCCSHD employees must be documented in the Grievance system. All employees have accountability for reporting resident Grievances. If an employee needs assistance, he should contact his supervisor. SCCCSHD will not retaliate against any person for making or for reporting a Complaint or Grievance. The process for reporting is as follows:
 - The employee will complete the appropriate Complaint/Grievance form that is provided by their supervisor.
2. Reports shall be submitted and documented on the day the Grievance is identified, by the person receiving the Grievance, the department designee, or the department manager.
3. Any complaint of Abuse, Neglect or Harassment committed by a member of the SCCCSHD Workforce must be relayed promptly to a supervisor, department director or other member of management. The Safety team will conduct all investigations of Abuse and report to the Risk Management Department with Holy Cross Hospital. **Suspected abuse or neglect of a resident must also be reported to the Statewide Central Intake Hotline (1-800-797-3260) in accordance with the Abuse and Neglect Recognition, Identification, Reporting and Follow-up Policy, PC.PDS-A.129.** The Abuse Investigation Team comprised of representatives from Safety Management, Human Resources, the Department of Nursing, and Security (as needed), in conjunction with the Department Director for the accused employee. The Risk Management representative will send a written communication to the resident or his/her personal representative indicating an investigation of the allegations will be conducted.

SUBJECT: RESIDENT COMPLAINT AND GRIEVANCE MANAGEMENT	PAGE: 4 TO: 8
DEPARTMENT: NURSING	EFFECTIVE: 07/01/2015
APPROVED BY:SCCCSHD BOARD OF DIRECTORS	REVISED: 07/01/2015

4. When a written Grievance (letter or survey comment) is received, the recipient must enter a description of the Grievance in the reporting system. The description of the Grievance should include as much of the following information as possible so that an appropriate investigation can be conducted:
 - All pertinent information regarding the Grievance
 - Key resident information (including date of birth and/or medical record number when available)
 - The name of the person making the Grievance
 - Location where the Grievance occurred
 - Date and time of the event
 - Name and phone number of SCCCSHD contact person
 - If the situation was observed or reported by someone else, state his/her name at the top of the form
 - If the Grievance is expressed in the comment section of a satisfaction survey or via formal written letter, appropriate documentation must be part of the report
 - When a Clinical Event/Occurrence is received, Risk Management is notified. If the situation or practice described presents an immediate danger to residents, immediate steps must be taken by Department Directors or other Unit Supervisors, Human Resources and Risk Departments (as necessary) to eliminate the danger. The same timeline for formal response and tracking applies as described below.
5. When issues are identified that rise to the level of a sentinel event, the issues will be addressed in accordance with the Sentinel Event Policy.

FORWARDING RESIDENT GRIEVANCES and QUALITY OF CARE/SAFETY COMPLAINTS FOR REVIEW:

Resident Grievances are to be forwarded for review as follows:

1. When a written Grievance is received, the recipient will forward the written Grievance to the Social Services Department and/or the appropriate Complaint/Grievance Coordinator. The

SUBJECT: RESIDENT COMPLAINT AND GRIEVANCE MANAGEMENT	PAGE: 5 TO: 8
DEPARTMENT: NURSING	EFFECTIVE: 07/01/2015
APPROVED BY:SCCCSHD BOARD OF DIRECTORS	REVISED: 07/01/2015

Social Services Department and/or the Complaint/Grievance Coordinator will ensure that research and follow-up are conducted.

For Complaints involving abuse, neglect or harassment, The Risk Management Department representative of Colfax General Long Term Care will send a written communication to the resident or resident's legal representative indicating an investigation of the allegations will be conducted.

RESEARCHING RESIDENT COMPLAINT/GRIEVANCES:

1. The appropriate Department Manager or Department designee will review the Grievance, identify problems, action taken, follow-up needed/recommended, and document any final outcome.
2. When a Grievance alleges neglect or abuse by an SCCCSHD employee, the Grievance will be relayed promptly to a supervisor, Department Manager, or other member of management, as well as the Risk Management Department representative.

RESOLVING RESIDENT COMPLAINTS AND GRIEVANCES

1. Complaints related to service issues that can be resolved on the spot or through intervention by immediately available assistance (i.e. a Dept. Manager) do not have to be documented, however employees should enter any of these Complaints that may be subject to repetition even if they are immediately resolved. These Complaints are considered closed and no further follow-up is required.
2. Complaints related to Quality of Care or Safety Complaints that can be resolved on the spot or through intervention by immediately available assistance (i.e. a Dept. Manager) **are to be documented**. These Complaints are considered closed and no further follow-up is required.
3. When a Department Manager or department designee is unable to resolve a resident's Complaint on the spot, **the Complaint is then considered a Grievance**.
4. The Department Manager or designee is responsible for contacting the resident or representative as soon as possible; two business days is recommended, followed by reporting efforts to resolve the Grievance to the Social Service Department or Complaint/Grievance Coordinator.
5. The Department Manager or his/her designee must make three (3) reasonable attempts to contact the complainant, documenting each contact attempt in the Advocate record. If unable to

SUBJECT: RESIDENT COMPLAINT AND GRIEVANCE MANAGEMENT	PAGE: 6 TO: 8
DEPARTMENT: NURSING	EFFECTIVE: 07/01/2015
APPROVED BY:SCCCSHD BOARD OF DIRECTORS	REVISED: 07/01/2015

reach the complainant after three (3) reasonable attempts, the Department Manager or his/her designee must send Social Services via email the details of the investigation addressing the concerns. Social Services will send the resolution letter.

6. The details of each Grievance resolution will be entered by the Social Services Director.
7. The Social Services Department or Complaint/Grievance Coordinator is responsible for sending a written letter of resolution to the resident or his/her personal representative within the timelines outlined in the Grievance.

Resolution Letters section of this policy. An electronic copy of the letter of resolution will be attached to the Grievance.

All letters of resolution shall include the following elements:

- Contact person name
- Steps taken on behalf of the resident to investigate the Grievance and the results of the Grievance process
- Date of completion or resolution

If the Grievance cannot be resolved within seven days (see below), the Social Services Department or the Complaint/Grievance Coordinator will notify the resident or personal representative in writing that "the facility is still working to resolve the grievance and a follow-up letter can be expected in 30 days." A letter of resolution will be sent to the resident or personal representative when the Grievance is resolved. If necessary, another follow-up letter shall be issued if the Grievance is not resolved within the 30-day period referenced.

8. When a written Grievance has been copied to a regulatory agency (e.g. Centers for Medicare and Medicaid Services, Department of Health, or Health Facility Licensing and Certification Dept.), the letter of resolution will also be copied to the regulatory agency with the Regulatory Notification Letter as a cover sheet. (See attached.)
9. Any Complaint of abuse, neglect or harassment will be completed and closed by the Abuse Investigation Team. However, suspected abuse, neglect or exploitation of a resident must be reported by the facility to Statewide Central Intake (1-800-797-3260). The Abuse Investigation Team will be:

SUBJECT: RESIDENT COMPLAINT AND GRIEVANCE MANAGEMENT	PAGE: 7 TO: 8
DEPARTMENT: NURSING	EFFECTIVE: 07/01/2015
APPROVED BY:SCCCSHD BOARD OF DIRECTORS	REVISED: 07/01/2015

Responsible for determining if any protective agencies need to be notified about a complaint and will be responsible for notifying such agencies. The Legal representative on the Abuse Investigation Team will notify the resident or resident's legal representative in writing of the general outcome of the investigation. This communication will include whether the employee/Workforce member will remain in the employ of or under contract to SCCCSHD, if the allegations are determined to be true, any actions (not specific to the employee) taken by SCCCSHD to prevent such incidents in the future.

All information gathered or learned during the investigation, research, or resolution of a Grievance will be maintained and distributed in a confidential manner in accordance with SCCCSHD HIPAA privacy policies. Complaints regarding confidentiality shall be handled in accordance with HIPAA: Privacy Complaint/Grievances and Alleged Violations policy.

REQUIRED TIMELINES:

1. For Resolution of Complaints:

- Complaints are resolved promptly on the spot by the staff present. There is no requirement to follow-up the resolution with a letter to the resident or Personal Representative.

2. For Resolution of Grievances:

- In all cases, the hospital must provide a written notice (response) to each resident's grievance.
- Letters of resolution must be written in a language and manner that the resident or his personal representative understands.
- A written resolution must be mailed within seven (7) calendar days after receipt of the Grievance unless the Grievance cannot be resolved within that time.
- When a Grievance cannot be resolved within seven calendar days for instance, if the investigation is not complete or the corrective action is still being evaluated), the Department Manager or complaint designee shall notify Social Services immediately. Social Services will either contact the complainant or send a letter notifying the complainant or his/her personal representative stating that "the facility is still working to resolve the grievance and a follow-up letter can be expected in 30 days".
- When the investigation and resolution of the Grievance cannot be achieved in seven (7) calendar days, the reason for the delay will be documented.

SUBJECT: RESIDENT COMPLAINT AND GRIEVANCE MANAGEMENT	PAGE: 8 TO: 8
DEPARTMENT: NURSING	EFFECTIVE: 07/01/2015
APPROVED BY:SCCCSHD BOARD OF DIRECTORS	REVISED: 07/01/2015

- Any Grievance that cannot be resolved within seven (7) calendar days shall be reviewed by the Administrator.

Definitions:

Personal Representative: A person with appropriate legal authority to act on behalf of the resident, including a legal guardian, a person with appropriate power of attorney, statutory surrogate, or personal representative.

Reportable Complaint: Any Complaint that has been resolved on the spot but the employee believes may be subject to repetition or benefit from process review (i.e. long wait time) and any Complaint involving issues of quality of care or safety.

Resolution of a Complaint or Grievance:

The resolution of a Complaint or Grievance occurs when:

- The outcome is in alignment with policy and regulation;
- Agreement has been reached regarding what needs to be done and how;
- A timeline to complete the work has been established; and
- The resident and/or personal representative has received a communication of the decisions regarding the outcome reached.

Service Issues: Any dissatisfaction that is expressed by a visitor, resident, or personal representative regarding service received that may cause an inconvenience. Examples: cold food, dirty bathroom or resident's room, rude employee, long wait, or parking.