

**HOLYOKE HEALTH CENTER
POLICY & PROCEDURE**

TITLE: Patient Complaints and Grievances	ORIGINATION DATE: 1/27/2000	FUNCTION: Rights and Ethics
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PURPOSE: To provide a systematic mechanism to patients, families or designees to report concerns about care and services received at Holyoke Health Center, Inc (HHC).
To ensure a thorough, objective and timely investigation and resolution to reported concerns.

POLICY: Individuals are encouraged to express their concerns about services, treatment, care and other related experiences at HHC, without being subject to coercion, discrimination, reprisal or unreasonable interruption of care.
Complaints/grievances are viewed by HHC as potential opportunities for improvement in care and services.

DEFINITIONS **Complaint:** Communication by a current or former patient, or an individual communicating on behalf of a patient, to an employee relating to the person's actual or perceived negative experience.

Complainant: The person who is communicating the complaint/concern.

Service Recovery: An issue is raised and it is resolved immediately. Typically, the patient is in process of receiving the care/services and the resolution changes the experience from a negative to a positive one.

Grievance: Per Centers for Medicare and Medicaid (CMS) Conditions of Participation, a complaint process becomes a grievance when:

- i. It is not resolved at the time it is made
- ii. It is presented in a written format
- iii. The complainant requests their complaint be handled as a grievance
- iv. The complainant request a formal response from the health center or
- v. The complaint, whether verbal or written is related to abuse, neglect, or patient harm

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PROCEDURE

A. Receipt of Complaints and Grievances

1. Complaints/grievances regarding a person's experiences are received by any employee. The person receiving the complaint/grievance informs the complainant that their concern will be communicated to the department Supervisor/Manager and that they will be contacted soon.
2. Complaints/grievances received should be communicated immediately to the department Supervisor/Manager. If an immediate resolution is possible, the issue is considered resolved and no written complaint report is needed.
3. If the complaint/grievance cannot be resolved immediately in person (Service Recovery), the employee taking the complaint must document the information in an electronic complaint report.
 - a. The electronic Complaint/Grievance report must be completed by an employee
 - b. If the complainant wishes to file a written complaint, the employee will attach/scan the complainant's written complaint to the electronic complaint report
 - c. The complaint/grievance report should be completed to include as much factual detail as possible, avoiding personal opinions
 - d. The electronic complaint/grievance reports are automatically routed directly to the Director of Risk Management, Infection Control and Safety who will review the complaint and forward it to the correct department Supervisor/Manager for additional review and investigational follow-up.

B. Investigation and Resolution of Complaints/Grievances

1. In most cases, the complaint/grievance will be investigated by the appropriate Supervisor/Manager. If the event the complaint/grievance involves that Supervisor/Manager, then it will be investigated by the Supervisors/Manager's direct Supervisor

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2. In the event the Supervisor/Manager is unable to resolve the complainant's complaint/grievance to the complainant's satisfaction, it will be escalated in the following order until satisfactory resolution is resolved:
 - a. Department Director
 - b. Director of Risk Management/Infection Control and Safety or the Safety/Incident Resolution Manager
 - c. Member of Senior Leadership Team

3. Once a complaint/grievance is received, the investigator makes a good faith effort to make initial contact with the complainant, via telephone call, within twenty-four (24) hours or on the next business day, if the agency is closed during this 24 hour period

4. Any attempt(s) to contact the complainant via telephone and/or through written communication, must be documented in the electronic complaint/grievance report and in the complainant's record if they are a patient of HHC

5. Any additional information obtained from the complainant during the investigation must be documented and included in the original report

6. If the complainant is not the person directly involved in the complaint/grievance, or the person with authority to receive information about the person directly involved in the complaint/grievance, they are informed about the health center's confidentiality obligations and:
 - a. Need to have written permission from the person directly involved in the complaint/grievance, or appropriate designee, before any information is communicated
 - b. Requirement that further communication about the person directly involved in the complaint/grievance is with that person or their appropriate designee

7. Investigations will be addressed, in most cases, in no more than seven (7) business days from receipt
 - a. The timeframe may be increased or decreased depending on the complexity of the issue

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- b. If a resolution cannot be achieved within the 7 business day time period, the Supervisor/Manager will communicate with the complainant via phone or letter and discuss further proceedings and estimated dates of completion
 - c. The Supervisor/Manager will escalate complex situations to the Director of Compliance and Risk Management and the Chief Operating Officer
8. Upon completion of the investigation a response will be provided to the complainant via telephone or letter
9. DMEPOS complaints will be followed up with a written response. A copy will be filed in the complaint log
10. Complaints/Grievances will be compiled and trended by Director of Risk Management, Infection Control and Safety
11. Reports will be available to the Environment of Care/Safety Committee, Quality Committee and the Board of Directors, as required
12. Complaint/grievance reports are reviewed at the Quality and Environment of Care/Safety committee and Board of Director's meetings to discuss data trends to evaluate and recommend corrective actions and implement systems to mitigate potential future events
- a. These committees will evaluate the data and focus on implementation of recommended corrective actions and applied systems to mitigate potential future events

C. Awareness and Communication to Patients

- 1. All patients will be informed about the Compliant/Grievance process via New Patient packets
- 2. Information is posted on informational bulletin boards throughout all Holyoke Health Center, Inc. sites
- 3. Reference to the Complaint/Grievance process is noted on the Patient Bill of Rights

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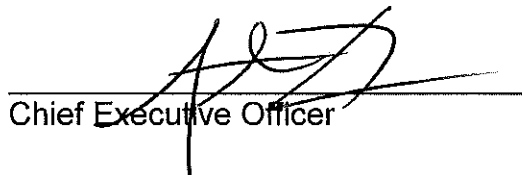
4. Patients will be provided a Complaint and Grievance Process informational sheet
 - a. How to file a Complaint/Grievance internally with an employee or use our Compliance hotline (413) 420-1700.
 - b. How to file a Complaint/ Grievance to an external agency
5. Patients will sign an acknowledgement of receipt of the Complaint and Grievance Process informational sheet on the Patient Registration Form.



Chief Operating Officer

10/5/2024

Date



Chief Executive Officer

10/9/2024

Date