

SUBJECT: PATIENT COMPLAINT AND GRIEVANCE PROCESS	KEYWORDS: COMPLAINT, GRIEVANCE
DEPARTMENT: RISK MANAGEMENT	PAGE: 1 OF 4 EFFECTIVE: 12/2009
APPROVED BY: DIRECTOR QUALITY & RISK MANAGEMENT	REVIEWED/REVISED: 12/2016

POLICY:

It is the policy of Porter Medical Center to respond to all patient complaints and grievances related to care, treatment, or services in a manner consistent with the procedure described below. A copy of the Patient's Rights and Responsibilities, which includes information related to the process for filing a complaint or grievance as well as an appeal shall be provided to patients and/or their legal representative at the time of admission. This information is also widely posted throughout the hospital and satellite locations. Patients and/or their legal representative may submit a complaint or grievance utilizing one of the following methods:

- **Verbal complaints may be submitted directly to any Porter Medical Center employee and will be forwarded to the appropriate Department Manager or Nursing Supervisor for immediate response and attempt at resolution.**
- **Telephone complaints shall be directed to the Patient Advocacy line which can be reached internally at extension 5699 or dialed directly at (802) 388-5699.**
- **Written complaints shall be directed to the following address:**
 - **Patient Advocacy, 115 Porter Drive, Middlebury, Vermont, 05753**
- **Email address for complaints: patientadvocacy@portermedical.org**
- **Alternatively, a patient or the patient's representative may request to speak directly with the Director of Quality.**

Complaints related solely to billing shall not be considered grievances, and will be forwarded to the Director of Patient Financial Services at internal extension 5680, or dialed directly at (802) 388-5680.

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PROCEDURE:

1. Upon receipt of a patient complaint, the Department Manager or Nursing Supervisor shall be notified for immediate response and shall attempt to resolve the complaint.
2. Complaints that are able to be resolved by the Department Manager or Nursing Supervisor require entry into SQSS under the Occurrence Type "Resolved at Department Level."
3. In the event a written or verbal complaint made to Porter Medical Center by a patient or the patient's representative cannot be resolved at the time of the complaint by staff present*, is postponed for later resolution, is referred to other staff or Departments for later resolution, requires investigation, and/or requires further actions for resolution, then the complaint is to be considered a grievance.
 - a. *A written complaint is always considered a grievance, to include complaints received via fax or email. Information obtained from patient satisfaction surveys usually does not meet the definition of a grievance. However, if an identified patient writes or attaches a written complaint on the survey and requests resolution, then the complaint meets the definition of a grievance.*
 - b. *"Staff present" includes any hospital staff present at the time of the complaint or who can quickly be at the patient's location (i.e., nursing, administration, nursing supervisors, patient advocates, etc.) to resolve the patient's complaint.*
4. The Quality Department will facilitate the grievance investigation and resolution, and will contact the complainant within three business days to acknowledge receipt of the grievance.
5. The grievance shall be forwarded to the appropriate Department Manager, who will contact the complainant, investigate the grievance and document closure of the investigation within 7 days.
6. Documentation shall be entered by the Department Manager and maintained within SQSS in relation to receipt of the grievance, any verbal and written contact with the patient,

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the investigation process, and corrective actions taken. A copy of all paper documents and correspondence in relation to the grievance shall be forwarded to the Quality Department at the time of resolution.

7. If the grievance will not be resolved, or if the investigation is not or will not be completed within 7 days, the Manager shall inform the patient or the patient's representative that the hospital is still working to resolve the grievance and that the hospital will follow-up with a written response within a stated number of days. Notification of the patient or their representative in relation to a delay shall be documented in the complaint investigation log in SQSS.
8. Upon receipt of notification of closure of the complaint investigation from the Department Manager, the Quality Department will forward a complaint closure letter to the patient or their representative within 3 days of receipt of the closure notification. The closure letter shall include:
 - a. Information related to the hospital's decision;
 - b. The name of a contact person for further questions or concerns;
 - c. Steps taken to investigate the grievance in a manner the patient or their representative can understand;
 - d. An attachment advising the patient or their representative of the method in which to file an appeal if they are not satisfied with the outcome of the investigation as outlined below.
9. A complaint or grievance is considered resolved when the patient and/or their representative is satisfied with the response received. In the event a grievance is unable to be resolved to the patient or patient representative's satisfaction, they will be advised of the option to appeal the decision directly to the Administrator overseeing the Department in question, or if the patient wishes to discuss their grievance with someone outside the hospital, the patient will be advised that they may contact the following agencies:

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- **Vermont Department of Health, 108 Cherry Street, Burlington, VT 05401**

(802) 657-4220 or toll free in Vermont (800) 745-7371
- **Vermont Board of Medical Practice, Vermont Department of Health, P.O. Box 70, Burlington, VT, 05402**

(802) 657-4220 or toll free in Vermont (800) 745-7371
- **Division of Licensing and Protection, Department of Disabilities, Aging, and Independent Living, HC 2 South, 280 State Drive, Waterbury, Vermont 05671-2060**

(802) 241-0480 or Survey & Certification Complaint Intake (888) 700-5330

Data collected regarding patient grievances, as well as other complaints that are not defined as grievances, shall be reviewed for trends and incorporated in the hospital's Quality Assessment and Performance Improvement (QAPI) Program.

Staff shall receive education regarding the Patient Complaint and Grievance process initially during orientation and annually thereafter.

References:

Vermont State Statute Title 18, Chapter 43, Hospital Licensing Requirements (reference to complaint reporting requirements) <http://legislature.vermont.gov/statutes/section/18/043/01905>

Vermont State Statute Title 18, Chapter 42, Bill of Rights for Hospitalized Patients <http://legislature.vermont.gov/statutes/fullchapter/18/042>