

ALASKA PSYCHIATRIC INSTITUTE POLICY AND PROCEDURE MANUAL

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Category: Patient Care
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1. PURPOSE

To delineate Alaska Psychiatric Institute's (API) policy regarding establishing a process for prompt resolution of complaints and grievances in a reasonable, and consistent manner.

2. POLICY

API will comply with Alaska State Statutes and regulations, Joint Commission standards, and CMS Conditions of Participation regarding requirements for the hospital to establish a process for prompt resolution of complaints and grievances.

3. DEFINITIONS

- a) **Patient Advocate (PA):** are designated staff members trained in mental health consumer advocacy who serve as an advocate, upon a patient's request, to assist the patient in bringing grievances or pursuing other redress for complaints concerning care, treatment, and rights.
- b) **Complaint:** A verbal or written statement by a patient of a situation or practice that is unsatisfactory or unacceptable to that patient that can be resolved by API unit staff.
- c) **Grievance:** A patient grievance is a formal or informal, written, or verbal complaint that is made to any hospital staff member by a patient, or the patient's representative, regarding the patient's care. A patient complaint automatically becomes a grievance when:

- i. The complaint cannot be resolved by staff present at the time the complaint is received and/or requires further actions for resolution;
 - ii. Is postponed for later resolution or is referred to other staff for later resolution;
 - iii. The complaint requires investigation;
 - iv. The issues are related to abuse or neglect;
 - v. The complainant requests that the complaint be handled as a grievance and/or request a written response;
 - vi. The issues are related to the hospital's compliance with the CMS Hospital Conditions of Participation;
 - vii. A Medicare beneficiary has a billing complaint related to rights and limitations provided by 42 CFR 489.
- d) A grievance is considered resolved when the patient is satisfied with the actions taken on their behalf and has received or been sent written communication regarding resolution of the grievance. When a grievance is not resolved to the patient's satisfaction, but where every reasonable action has taken place to investigate and/or resolve the grievance, the complaint will be closed and marked "completed."
- e) **Impartial Body:** In accordance with AS 47.30.847, the impartial body at the Alaska Psychiatric Institute will consist of the API Governing Body Co-Chair, Treasurer, as well as the API Chief Executive Officer. This group serves as the final arbiter for any patient grievances.

4. PROCEDURE

- a) NOTICE OF RIGHTS TO PATIENTS AND OTHERS
- i. One of the rights of a patient is to be informed of the hospital's internal grievance processes including whom to contact to lodge a complaint or a grievance. As part of this process the hospital will provide the patient or the patient's representative with the phone number and address for lodging a grievance with AK Health Facilities Licensing & Certification (the state agency). The hospital must inform the patient, on admission, that he or she may lodge a grievance with the state agency directly, regardless of whether he or she has first used the hospital's internal grievance process.

- ii. At the time of admission, all patients and any legal guardians and/or designated representatives, will be given a copy of the Notice of Rights and Responsibilities, which will include information about API's complaint and grievance process and who the patient may contact in order to file a grievance. Staff responsible for orienting a patient to the unit will show the patient where the grievance forms and grievance drop box are located.

b) GRIEVANCES

- i. When a complaint is received, API staff will, during the shift when the complaint was made, take appropriate steps to address and resolve the complaint to the patient's satisfaction. If the patient or patient's representative indicates that the complaint has not been resolved, staff should assist the patient in filing a [Grievance Form 06-15016](#). Patients may initiate a grievance by placing a completed grievance form in their unit's locked Patient Grievance Box or by giving it to the Patient Advocate (PA) staff member. Staff members will assist patients in completing the patient grievance form or shall complete the form on the patient's behalf if the patient is unable to do so independently.
- ii. Grievances related to allegations of patient abuse or neglect will be forwarded to API Senior Management (ASM) immediately. The ASM along with State of Alaska Employee Relations will begin an investigation immediately.
- iii. Patient Advocate (PA) staff shall meet with the patient to discuss the grievance. If PA staff are not immediately available, the Nursing Shift Supervisor (NSS), or designee will meet with the patient to discuss the grievance. Investigation of grievances will be facilitated by PA staff. Department leadership or designee will investigate grievances within their own departments as needed. Grievances related to the medical staff will be forwarded to the Medical Director/Chief of Psychiatry (CoP). Peer review will commence as determined by the CoP. Department leadership or designee will communicate the results of their investigation to the PA staff within five (5) business days. If the grievance cannot be investigated within five (5) business days due to the nature of the grievance, Department Leadership or designee will notify the PA staff within the five (5)-business day timeframe, that more time will be required. PA staff will monitor timeframes.
- iv. API will strive to resolve patient grievances and provide a written response within seven (7) business days from when the grievance was received. If the

grievance will not be resolved, or if the investigation is not or will not be completed within seven (7) days, the PA staff will notify the patient or the patient's representative, in writing, that the hospital is still working to resolve the grievance and that the hospital will follow-up with a written response within thirty (30) business days. The notification will include the name and contact number of the PA unit.

- v. When the grievance has been resolved, PA staff will provide the patient or the patient's representative written notice of the hospital's conclusions.
- vi. The notice will include the name and contact number of the PA staff member, the steps taken on behalf of the patient to investigate the grievance, the results of the grievance process, and the date of completion. Similar written notice will be provided to the patient or representative when the grievance is not resolved to the patient's satisfaction, but where every reasonable action has been taken to investigate and resolve the grievance. In those cases, the complaint will be closed and marked "completed" and the notice will include the patient's right to challenge the conclusion of the investigation.
- vii. Patients who feel unsatisfied with the response from the PA or hospital staff regarding their grievance can reach out to the hospital's Director of Quality Assurance and Program Improvement for further assistance. Additionally, they may seek resolution by contacting the hospital's "Impartial Body". Information for external agencies and stakeholder groups will also be provided to the individual filing the grievance.

c) QUALITY IMPROVEMENT

- i. The PA staff will maintain a tracking log of all grievances and complaints that are unresolved at the unit level.
- ii. The Grievance/Complaint Committee will discuss trends and formulate action plans to address any identified issues.
- iii. Data collected regarding patient grievances and/or complaints will be reported quarterly during QAPI meetings.
- iv. The QAPI Director will provide a summary report of the grievance/complaint process, timeframes, and trends to the Governing Body through the monthly operating report.

5. REFERENCE

- a) [AS 47.30.847](#)
- b) [42 CFR 489](#)

6. ATTACHMENT

- a) [Grievance Form 06-15016](#)
- b) [Notice of Rights and Responsibilities, 06-14023C](#)