Western Community Health Resources
Community Support Program
300 Shelton Street
Chadron, NE 69337
1-800-717-1231

Policy and Procedure for Grievances

Policy:
It is the policy of Chadron Community Hospital and Health Services and Western Community Health Resources (a department of Chadron Community Hospital) to provide a system of care whereby consumers and/or their significant others or representatives, can voice concerns about the quality of care and services they received or are receiving while in the Community Support Services Program at WCHR and receive a timely response without fear of discrimination or reprisal. Concerns over care and services received include, but are not limited to, concerns over perceptions related to premature discharge, treatment, services, damaged or lost articles, or billing.

DEFINITIONS:

Coordinator: Person(s) who facilitate the process of a grievance. These person(s) may include the: Department Head, Chief Executive Officer (CEO), Chief Consumer Care Officer (CPCO), Director of Nursing (DON), or Quality Analyst

Committee: Person(s) involved with the investigation process of the incident. These person(s) may include the CEO, CPCO, DON, Quality Analyst, management team, or providers involved with the incident

Procedure:
At the time the consumer is admitted to the program, the consumer or his/her representative, will be provided with information related to the grievance submission process.

The information provided to the consumer includes:

- Whom the consumer contacts to file a grievance.
- How to reach a Grievance Coordinator
- What the organizational grievance process entails
- Time frames for review and resolution of grievance
- Phone number and address for lodging a grievance with the State Agency at any time.

COMPLAINT/GRIEVANCES:
A consumer grievance is a written or verbal complaint by the consumer, or the consumer's representative, regarding the consumer's care, abuse or neglect, issues related to the program's compliance with state and federal agencies, or a Medicaid billing complaint. Consumers will not face retaliation or barrier to services for any grievances reported.

- Staff that are present at the time of a complaint will be responsible for "on the spot" resolving of the consumer's complaint.
    - If the consumer is satisfied with the actions taken, the complaint is considered resolved and no formal grievance action is needed.

- If the staff present cannot resolve the consumer's verbal complaint, the complaint becomes a grievance and formal action needs to be taken.
- Written complaints are always considered a grievance. This is to include faxes or emails.
    - Consumers or their representatives who wish to file a formal grievance will be provided with the Consumer Grievance Form to record their grievance. This form will then be forwarded to the WCHR Director and the incident will be entered into the online incident reporting system.
    - Information obtained on consumer satisfaction surveys does not typically meet or support the definition of a grievance. If a consumer writes on or attaches a note of complaint with the survey and requests a resolution, the Hospital must treat this complaint as a grievance.
    - If the written complaint on the survey does not request a resolution, the Hospital must determine if that complaint would normally be treated as a grievance.
- Complaints received via telephone will be transferred to the WCHR Director and again they will attempt to resolve the complaint immediately, if not the complaint becomes a grievance.
- Consumers or their representatives may request a formal grievance process at any time.
- Consumers or their representatives maintain the right to notify the State Investigative Agency at any time, regardless if they have started the hospital's grievance process.
- **All verbal or written complaints related to abuse, neglect, consumer harm or misappropriation of property must be addressed *immediately* to WCHR Director to ensure no further incidents occur. The Grievance process is then started at that time and the necessary agencies notified.**

THE GRIEVANCE PROCESSS:

1. A Coordinator will receive ***all*** grievances either by the grievant him/herself, verbal or written, or by Hospital staff, verbal or written. Consumers or their representatives who wish to file a formal grievance will be provided with the Consumer Grievance Form to record their grievance. This form will then be forwarded to a Coordinator and the grievance shall be entered into the online incident reporting software. All staff have the ability to enter complaints or grievances into the incident reporting software. The report shall include information sufficient to identify the grievant, date of receipt, and nature of the grievance. The Grievance Report Form will be used during the investigation to record all pertinent facts.
2. If someone other than the consumer complains about care or treatment the consumer must be contacted and asked if this person is their authorized representative.
    a. If they are not or the consumer does not wish to file a grievance, the grievance may be dismissed.
    b. If the person filing the complaint is the authorized representative of the consumer, the consumer's permission to discuss medical record information with that person must be obtained to remain in compliance with HIPAA. The consumer's permission to discuss PHI with their representative must be documented.
3. The Coordinators are the only ones responsible for starting and completing the Grievance Report/Investigation Flow Sheet either on paper or in Q-statim. The report shall include information sufficient to identify the grievant, date of receipt, and nature of the grievance. The Grievance Report/Investigation Flow Sheet will be used during the investigation to record all pertinent facts electronically or in paper format.
4. All grievances will be forwarded to the CPCO.

5. A Coordinator, in conjunction with the Committee, will conduct an investigation of the grievance, reviewing the consumer's medical record to obtain information regarding the consumer's condition/situation. The Coordinator will interview the consumer and/or consumer's representative for additional information as needed. The Coordinator will also query other members of the health care team that have been involved in the care of the consumer.
6. After thorough research has been conducted, the Coordinator will work with staff identified as key individuals critical to problem resolution for the specific identified concern.
7. *All efforts will be made to effectively and expeditiously resolve the consumer's grievance*. On grievances addressing potential harm to a consumer, grievances will be addressed immediately. It is expected a response shall be sent *within 7 business days* of receipt of the grievance to the grievant. If the Hospital is still working to resolve the grievance after the 7 business days, the Hospital must inform the consumer or representative in writing that the investigation is continuing and that a follow-up will be provided in the form of a written response within 30 days. If the investigation is not completed in 30 days, the consumer or representative will be informed in writing the investigation is continuing.
8. When the grievance process is complete, the grievant will be sent a written notice of its decision along with the finding facts and an explanation of the resolution or disposition of the grievance. Content will also include name of the Hospital contact person, the steps taken on behalf of the grievant to investigate the grievance and date of completion.
9. The consumer will be provided with written notice of:
    a. The name of the Coordinator.
    b. The steps taken to investigate and resolve the grievance.
    c. The final result of the grievance.
    d. The date of grievance completion.
    e. Right to appeal the determination within 30 days of its notice.
    f. The right at all times to notify any of the State or Federal regulatory agencies governing health care organizations.
        i. The consumer or his/her representative has the right to appeal a grievance determination within 30 days of its notice. Appeals for grievance determinations will be submitted to the Coordinator. Final determinations for appeals must be made within 7 days of appeal notification.
        ii. When the grievance is incapable of resolution, entry of notations to the effect shall be made on the report form which shall include the reasons why the grievance could not be resolved and the individual responsible for that decision.
10. The consumer and/or his/her representative maintain the right at all times to notify any of the state or federal regulatory agencies governing health care organizations. This facility supports the consumer's right to voice concerns regarding his or her health care and will provide assistance in contacting any of the regulatory agencies requested.
11. Medicaid consumers may also contact Heritage Health or their provider directly, for complaints regarding quality of care or wish to appeal a premature discharge. The Service Coordinator will assist any consumer or representative with complaints on coverage decisions or premature discharge.
        i. All records and related documents shall be kept in a grievance report file to be kept

by the Quality Department or online incident reporting software.

ii. The CEO is responsible for reporting all consumer complaints to the Hospital Board.

iii. In the event that the grievance is regarding the CEO, the complaint will be directly submitted to the President of the Hospital Board with the above procedure to be followed.

iv. If the consumer opts to file a lawsuit, a note is to be placed in the file and the file is to be closed. The attorney involved in the case can be given information on what has been done on the grievance up to this point.

Contact information:

Sandy Montague-Roes, RN
WCHR Director
Office: 308-432-2747
Home: 308-432-3551
Cell: 430-1320

Chadron Community Hospital and Health Services
Attn: CEO, CPCO, DON, or Quality Analyst
825 Centennial Drive
Chadron, NE 69337
308-432-5586

KEPRO (Medicare Beneficiaries)
5201 W. Kennedy Blvd, Suite 900
Tampa, FL 33609
1-855-408-8557

Dept. of Health and Human Services
Investigation Division
PO BOX 94986
Lincoln, NE 68509
1-402-471-0316

Long Term Care
PO Box 950449370
Lincoln, Ne 68509
1-800-942-7830

Ombudsman Heritage Health (Medicaid)
McKnight Road Suite 300
Pittsburgh, PA 15237
1-888-255-2605

Disability Rights of Nebraska
134 South 13th Street Suite 600
Lincoln, NE 68508
(402)474-3183
1-800-422-6691

Complaint/Grievance Procedure regarding Section 1557 of the ACA:

Section 1557 of the ACA is a law that prohibits discrimination based on race, color, national origin, sex, age, or disability in certain health programs and activities. Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance under this procedure. It is against the law for CCH&HS to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

Procedure:

1. Grievances must be submitted to the Coordinator within sixty (60) days of the date the person filing the grievance becomes aware of the alleged discriminatory action.

2. A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
3. The Coordinator shall conduct an investigation of the complaint. The investigation may be information, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Coordinator will maintain the files and records of CCH&HS relating to such grievances. To the extent possible, and in accordance with applicable law, the Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
4. The Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.
5. The person filing the grievance may appeal the decision of the Coordinator by writing to the Chief Executive Officer within 15 days of receiving the Coordinator's decision. The Chief Executive Officer shall issue a written decision in response to the appeal no later than 30 days after its filing.

The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the U.S. Department of Health and Human Services, Office for Civil Rights. A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is available at: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Complaint forms are available at: http://www.hhs.gov/ocr/office/file/index.html. Such complaints must be filed within 180 days of the date of the alleged discrimination. CCH&HS will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings.