

# CONNECTICUT VALLEY HOSPITAL

## OPERATIONAL PROCEDURE MANUAL

<b>SECTION I:</b>	<b>PATIENT FOCUSED FUNCTIONS</b>
<b>CHAPTER 1:</b>	Ethics, Rights and Responsibilities
<b>PROCEDURE 1.9:</b>	<b>Patient Grievance</b>
<b>REVISED:</b>	12/27/06; 02/01/07; 06/30/09; 08/2014; 04/8/2016; 02/18; 12/26/2018
<b>Governing Body Approval:</b>	08/28/2014; 4/14/2016; 04/18; 12/27/2018

**PURPOSE:** To ensure that all Connecticut Valley Hospital (CVH) patients and if applicable, their representatives are afforded the opportunity to voice grievances and exercise their rights regarding care in an effort to respect individual choice, and improve treatment outcomes, without being subject to coercion, discrimination, or reprisal.

**\*NOTE:** Any action filed as a grievance that might constitute Abuse, Neglect, or Exploitation must be immediately reported and investigated in accordance with Procedure 5.9. *Assessment & Reporting of Victims of Abuse, Neglect or Exploitation.*

### **PROCEDURE:**

#### **I. Grievance**

- A. The grievance procedure is available to all patients.
- B. All newly filed grievances will be reviewed at the next facility Safety Huddle to ensure the use of the proper investigatory path. (please see section G., seven (7) below)
- C. All patients are encouraged to resolve an issue, when appropriate, through discussions with their clinicians, program director or advocate.
- D. Upon request, any hospital staff may assist patients in preparing written grievances and submitting them to the Client's Rights Officer (CRO). A CVH Advocate is also available to assist patients with writing or submitting a grievance.
- E. Patients may file a formal written grievance directly with a CRO and/or when issues can not be resolved at the unit level (*See Patient Grievance Flow Chart*).
- F. Any patient filing a grievance may appoint, in writing, a representative of his or her choice to assist in pursuing the grievance.
- G. The grievance procedure is available to redress violations by an agency or staff member which include the following:
  1. violations of rights provided to patients by statute, regulation, or directive of the DMHAS (*See Your Rights as a Client or Patient - DMHAS Poster S:\Client Rights Handbook\PT*

Rights Poster\CVH PT rights 2018.doc);

2. treatment of the patient in an arbitrary or unreasonable manner;
  3. denial, involuntary reduced or terminated services or failure to provide services authorized by a treatment plan due to negligence, discrimination or other improper reason;
  4. coercive acts or actions to improperly limit the patient's choice;
  5. failure to provide reasonable intervention to protect one patient whose rights are jeopardized by the actions of another patient at CVH; or
  6. failure to treat the patient in a humane and dignified manner.
7. The grievance procedure does not apply to:
- a. matters that allege violation of DMHAS Work Rules or Provider Personnel Policies. If the grievance alleges or an investigation reveals a violation of a DMHAS Work Rule or a Provider Personnel Policy the grievance shall be referred to the appropriate manager. Therefore, any action filed as a grievance that might constitute Abuse, Neglect, or Exploitation must be immediately reported and investigated in accordance with Procedure 5.9. *Assessment & Reporting of Victims of Abuse, Neglect, or Exploitation*. The patient shall also be notified of such referral and if possible the name and phone number of the person the grievance was referred to;
  - b. matters that allege a violation of a criminal statutes. If the grievance alleges or an investigation reveals a violation of criminal statutes, the grievance shall be referred to the appropriate authorities. The patient shall be notified of such referral and if possible the name and phone number of the person the grievance was referred to;
  - c. patient against patient complaints;
  - d. complaints against a non-DMHAS funded entity, (i.e., city police, grocery store, etc) or situations beyond the control of CVH; or
  - e. matters that are under the exclusive jurisdiction of the Psychiatric Security Review Board (PSRB).
8. Matters raised in the grievance process, but which do not meet grievable criteria may be addressed as separate advocacy concerns and are not subject to the time frames stipulated in this procedure. The CRO or another member of advocacy staff may facilitate such endeavors either through direct intervention or referral to the appropriate party.
9. The patient may file a grievance within forty-five (45) days of an occurrence, unless good cause is shown for a late filing (See S:\Client Rights Handbook\Grievance Forms\1 - Grievance Form - CVH 434.doc, Patient Grievance Form).
10. A grievance may be withdrawn at any time by the affected patient, unless:
- a. it was filed by a guardian or conservator.
  - b. It has become a work rule violation investigation (See Section II. D. and E. below)  
Withdrawal of a grievance will not affect any hospital disciplinary action in progress.
11. Patient/Client Grievance Forms are located in areas on the units that patients can easily access without having to make a request through treatment staff. Forms are available in

both English and Spanish. Grievances can also be sent in any other written format but must be signed by the grievant. Anonymous grievances cannot be processed.

12. The patient gives his/her written grievances to the assigned CRO in the hospital. Other correspondences, petitions or notifications sent to any other person in the hospital are not considered a grievance and are not subject to the time frames stipulated in this procedure. Patients may place grievances in mailboxes located on each unit, call the division CRO, or submit the grievance directly to the CRO.
13. A CRO has been appointed for each division. The name and telephone number of the designated CRO is posted on every unit. The CRO:
  - a. reviews grievances;
  - b. may serve as principal investigator;
  - c. may refer or assign the grievance to the most suitable investigator;
  - d. monitors the progress of the grievance procedure in line with stipulated time frames; and
  - e. provides reports as required.
14. Staff make the necessary arrangements to accommodate any disability or linguistic needs of patients in the filing and processing of grievances.
15. Any chosen advocate may appear and advocate for the grievant at any proceeding under this policy. The grievant and advocate, with appropriate written permission, have access to all relevant records necessary to resolve the grievance. All records relating to a grievance are confidential unless disclosure is authorized, in writing, by the grievant or by the Office of the Commissioner of the Department of Mental Health and Addiction Services (DMHAS) in accordance with applicable law and policy.

## II. Procedure After Filing:

- A. The CRO provides grievants and their representatives with a written Grievance Acknowledgement Form within three (3) business days of receipt of the grievance. (See S:\Client Rights Handbook\Grievance Forms\2 - ACKNOLWEDGE FORM - CVH 667.doc, Grievance Acknowledgement Form).
- B. The CRO schedules an appointment to discuss the grievance with the patient and if applicable, his/her representative.
- C. The CRO informs the grievant if the issues presented meet grievance criteria. The CRO provides patients with alternative options and/or referrals in those situations in which the aggrieved issue does not meet grievance criteria.
- D. The CRO refers any grievance or part thereof to the Director of Human Resources or his/her designee when the allegation includes a possible work rule violation. The CRO notifies the patient in writing of the referral and provides the patient with the telephone number of the Director of Human Resources.
- E. The CRO initiates the investigation and interviews any person(s) who may have information that will assist in the prompt resolution of the grievance. The investigation may include a

review of medical records, policies and procedures, state and federal statutes, and other related documents.

- E. The CRO completes the investigation, utilizing the Notice of Proposed Resolution form, within twenty-one (21) days of the filing of the grievance inclusive of the decision of the Chief Executive Officer (CEO), unless special circumstances require additional inquiry and thus necessitate a time extension. (See Side 1 of S:\Client Rights Handbook\Grievance Forms\3 - RESOLUTION FORM - CVH 668.doc, Notice of Proposed Resolution Form).
- F. The CEO gives the grievant and if applicable, his/her representative written notice of the need for a fifteen (15) day good cause extension. Said notice is sent prior to the exhaustion of the 21 day time limit.
- G. The CRO informs the grievant that he or she has ten (10) business days to consider signing an acceptance of the Proposed Resolution which will terminate the grievance, or, in the alternative, that he or she has a “right to appeal this decision to the CEO.”
- H. The grievant indicates his/her acceptance, rejection of all or part of the proposed resolution and request for CEO decision by completing the Patient Response to Proposed Resolution (Side 2 of S:\Client Rights Handbook\Grievance Forms\3 - RESOLUTION FORM - CVH 668.doc , Notice of Proposed Resolution Form) and notifying the CRO as soon as possible.
- I. Failure of a grievant to respond to an offered resolution within ten (10) business days is treated as a withdrawal of the grievance.
- J. The CRO notifies the Director of Client Rights who notifies the CEO of any request for a CEO decision. The formal resolution from the CEO is provided to the patient within twenty-one (21) days of the grievance filing date, unless a good cause extension was granted.
- K. The CRO prepares a written investigative report of the information found, and presents it to the Hospital’s CEO or his/her designee, and the grievant. The grievant and if applicable, his/her representative, are given the opportunity to present additional information and, upon request, to appear in person before the CEO or his designee.
- L. Staff ensures that the care of the patient who has filed a grievance is not compromised in any way.
- M. Staff are advised to keep all grievance information confidential in accordance with HIPAA regulations, 42 CFR Part 2 and relevant Connecticut State Statutes.

### III. Appeal Process to the Office of the Commissioner

- A. The patient may appeal the proposed resolution to a grievance under the procedures set forth. A final administrative decision under these procedures is a prerequisite for a request for a Commissioner’s Fair Hearing under Chapter 54 of the General Statutes. This policy does not apply to matters assigned to the exclusive jurisdiction of the Psychiatric Security Review Board (PSRB).
- B. The grievant may appeal a decision of the CVH CEO to the Office of the Commissioner within fifteen (15) days of the grievant’s receipt of the denial, unless the time is extended by the DMHAS Official for good cause shown. Additionally, if a decision of CVH is more than

seven (7) days overdue, the grievant may use the appeal process to address the lack of timeliness. The appeal states what decision is being appealed and/or the grounds for the appeal and the remedy being sought. (See S:\Client Rights Handbook\Grievance Forms\4 - OOC Appeal - CVH 669.doc OOC Grievance Appeal).

- C. Upon receipt of the appeal, the official designated by the Commissioner notifies the Chief Executive Officer or his/her designee of the appeal. The CEO is responsible for providing the official designated by the Commissioner with all necessary documentation and information.
- D. The official designated by the Commissioner conducts such additional investigation that he/she deems necessary, receives additional information from parties, and/or may convene a conference of all parties.
- E. If the grievance cannot be resolved, the official designated by the Commissioner issues a written decision no later than fifteen (15) days from the date of the conference or from the date of the appeal if no conference is held.
- F. The determination of the official designated by the Commissioner serves as the department's final administrative decision. If it results in the denial, reduction or termination of services, the grievant may request a Fair Hearing in accordance with the provision of Connecticut General Statute Section 17a-451. Such a request is mailed to the Office of the Commissioner of the DMHAS within thirty (30) days from the date of mailing of the official designated by the Commissioner's decision. The request should identify the services that have been denied, involuntarily reduced, or terminated, and specifies the date of the official's decision.
- G. An agency that determines that a suspension or termination of a service is necessary provides the patient with a written notice setting forth the action taken by the hospital and the right of appeal. Additionally, the notice informs the patient that a request for continuation of services pending an appeal may be made to an official designated by the Commissioner. Such official may order the service continued until a decision is reached, order the provision of modified services, or order an expedited hearing.

#### IV. Data Collection

- A. Data related to the patient grievance and resolution process will be systematically collected and analyzed by each Treatment Division's CRO on a monthly and quarterly basis in order to improve organizational performance.
- B. A monthly grievance summary is submitted to the Incident Review Committee. The data will include the date of Safety Huddle review, the timeliness of the initial determination of the proper investigatory path, and summary of investigatory findings to ensure the correct path was followed throughout the investigation of the grievance.
- C. A summary report on trended data is submitted to each Division Director, the Director of Staff Development, the Chiefs of Patient Care Services and the Director of Performance Improvement and reported bi-annually to the Governing Body.
- D. The Director of Client Rights is responsible for and ensures that grievance responses and proposed resolutions qualitatively adhere to these established procedures.