

# POLICY MANUAL

---

**Subject:** Complaint Management

**Effective Date:** 09/24/95

---

**Initiated By:** Cinde Stewart Freeman  
Chief Quality Officer

**Approved By:** James B. Moore  
Chief Executive Officer

**Review Dates:** 2/97 CSF; 2/99 CSF; 2/09 DNF  
5/09 BLA; 1/10 Committee; 2/11 Committee  
10/12 Committee

**Revision Dates:** 12/02 CSF; 10/13 CSF

---

## **POLICY:**

As part of its commitment to patient rights and customer satisfaction, Cumberland Heights has a process through which patients, family members, or other concerned parties may express concerns and resolve complaints about the organization's practices, personnel, or services rendered. Employees are empowered to address any problem or need presented to them by any customer, internal or external. Furthermore, it is the responsibility of the person receiving the complaint to own it and address it.

## **PROCEDURE:**

### **Part A: Current Patients and Family Members/Significant Others**

1. All patient and family members/significant others are given information about how Cumberland Heights addresses complaints at the time of admission and are advised of their rights as a patient. Patient's Rights notices shall be posted in all programs and facilities.
2. If a current patient or family member has a concern or complaint, the individual shall be encouraged to meet with his/her assigned counselor to discuss it. If the complaint, involves the assigned counselor, the patient or family member should request a meeting with the director of the program in which they are enrolled.
3. Informal discussion involving all parties shall be attempted at the staff and program director level in an attempt to resolve the issue satisfactorily.
4. If satisfactory resolution is not achieved, the program director shall notify the supervising Executive or designee. A formal investigation is initiated at this point, including a review of patient/family complaint, staff/manager interview, and review of the medical record as needed. Actions to resolve the complaint are taken, as well as to prevent future complaints of a similar nature. Results of the investigation and resolution are forwarded to the Quality Management office.
5. If the patient or family member remains unsatisfied, the QM Director is notified by the supervising Executive. The QM Director or designee shall conduct an independent investigation with recommendations for resolution forwarded to the supervising Executive and the Chief Administrative Officer.
6. Should the matter remain unresolved, the QM Director forwards the matter to the Chief Administrative Officer. The CAO, as the designee of the Chief Executive Officer, is authorized to attempt final resolution, consulting with the Chief Executive Officer as needed.

### **Part B: Former Patients and Family Members/Significant Others**

1. If a former patient and/or family member/significant other voice a complaint, the matter is referred to the Quality Management Office.
2. On occasion, the complaint may be made directly to the Program Director, Chief Clinical Officer, or designee. In that case, QM is informed and assists with the resolution as needed.
3. If the matter cannot be resolved informally at the staff/program director level, the procedure is the same as items A 4-6 above.

### **Part C: Specialty External Customers**

1. Complaints from specialty external customers are resolved as follows
  - a. Outreach Coordinators work with referral sources to resolve complaints, utilizing program directors, supervising executives, and quality management as needed.
  - b. Utilization Review Specialists and/or Accounts Receivable staff work with third party payors to resolve complaints, utilizing program directors, supervising executives, and quality management as needed.
  - c. The Aftercare/Alumni Director works with alumni to resolve complaints, utilizing program directors, supervising executives, and quality management as needed.
2. As above, a complaint that requires executive and quality management involvement is treated as a formal complaint and managed as described in A 4-6.

### **Part D: Complaints to CEO or designee**

Should a complaint come directly to the Chief Executive Officer or the Chief Administrative Officer, the investigative functions of the Quality Management Office shall be utilized to resolve the complaint, as described in A 4-6.

### **Part E: General Complaint Management Guidelines**

1. When an employee receives a complaint, the following guidelines are used
  - a. The employee listens to the complaint in full, asking questions to verify understanding of the exact nature of the concern;
  - b. The employee then tells the person that we are sorry that a complaint has arisen, but glad that it has been brought to the staff's attention;
  - c. The employee then asks the person what s/he would like to have happen at this point;
  - d. The employee then gives the person information about what the employee can do immediately to resolve the issue;
  - e. If the employee cannot resolve the issue or can only partially address the issue, the employee then gives the person the name of the management staff member who will be further addressing the issue and a timeframe by which the person will hear from that person;
  - f. The employee then notified the management staff member regarding the complaint.

### **Part F: Aggregation and Review of Data**

Patient complaints are analyzed in aggregate for trends with corrective action plans, if applicable, recommended by the QM staff. These analyses are reviewed with the Chief Administrative Officer. Program Directors and their supervising Executives are responsible for corrective action plan implementation and monitoring for plan effectiveness.

# Complaint Management / Patient Grievance Flow Chart

