

<b>Name of Policy:</b> Client Rights Policy and Grievance Procedure  <b>Policy Number:</b> 3364-143-11  <b>Approving Officer:</b> Chief Nursing Officer  <b>Responsible Agent:</b> Medical Director, Psychiatric Services Administrative Director, Psychiatric Services  <b>Scope:</b> Inpatient Psychiatry		  <b>Effective date:</b> December 22, 2023  <b>Original effective date:</b> January 1998	
Key words: Kobacker, client rights, patient rights, grievance, complaint			
	New policy proposal	X	Minor/technical revision of existing policy
	Major revision of existing policy		Reaffirmation of existing policy

(A) Policy Statement

All patients will be informed of their rights and the procedure for complaints and grievances. A copy of these rights and procedures will be given to the patients.

(B) Purpose of Policy

To specify all patient rights and to ensure patients are informed of these rights, that patients adequately understand these rights, and that patients understand the grievance procedure. Grievance procedure ensures all patient concerns are addressed in a timely and appropriate manner, and maintains consistency in addressing patient concerns.

(C) Definitions

(1) Grievance will be defined as any of the following.

(a) A complaint initiated either verbally or in writing, by a patient or by any other person or provider on behalf of a patient, regarding the patient's care, abuse,

denial, or neglect of any rights, that is not resolved at the time of the complaint by staff present (i.e., hospital staff present at the time of the complaint or who can quickly be at the patient's location) to resolve the patient's complaint.

- (b) A written complaint on a satisfaction survey that requests resolution.
- (c) A written complaint on a satisfaction survey, if the complaint would usually be treated as a grievance.
- (d) Whenever the patient or patient's representative requests their complaint be handled as a formal complaint or grievance, or when a response is requested.

(2) Complaint will be defined as any other concern that is not a grievance as defined above.

(D) Procedure

- (1) A copy of the client rights and the grievance procedure is posted in a conspicuous location on the inpatient psychiatry unit. This includes the name, title, location, hours of availability, and telephone number of the client rights officer, with a statement of that person's responsibility to accept and oversee the process of any grievance filed by a patient or other person or agency on behalf of a patient; and assurance that staff will explain all aspects of client rights and the grievance procedure, upon request. Specifications of client rights are distributed to each patient in writing and orally within 24 hours of admission. Throughout the hospital stay, treatment staff shall also work with the patient to assist them in understanding and exercising patient rights. In a crisis or emergent situation, patient shall be verbally advised of at least the immediately pertinent rights, such as the right to consent to or to refuse the offered treatment and the consequences of that agreement or refusal.
- (2) Every staff person, including administrative and support staff, is familiar with all specific client rights, as well as the complaint and grievance procedure. When a concern is communicated to any staff person, that staff person will immediately attempt to resolve the concern, investigate, or ask his/her supervisor to do so. All attempts will be made to remedy the concern at that time, or as soon as possible.
- (3) If the concern is unable to be resolved at the point of service, or is a grievance as defined in the policy, the concern can be elevated to client rights officer.
- (4) Every staff person, including administrative and support staff, has a clearly

understood specified, continuing responsibility to immediately advise any patient or any other person who is articulating a complaint or grievance, about the name and availability of the client rights officer and the complainant's right to file a grievance.

- (5) The treatment staff shall aid in filing the grievance if needed, shall investigate the grievance on behalf of the griever, and shall represent the patient on the grievance if desired by the griever. The client rights officer is the individual designated to provide the above activities.
- (6) The grievance procedure will include an explanation of the process from the original filing of the grievance to the final resolution, which shall include reasonable opportunity for the griever and/or his designated representative to be heard by an impartial decision-maker.
- (7) The client rights officer will investigate the grievance, will contact the patient, and will try to resolve the grievance to patient's satisfaction within 24 business hours of being notified of the grievance. On average, a time frame of seven (7) days to resolve would be considered appropriate. If the grievance will not be resolved, or if the investigation is not or will not be completed within seven (7) days, the patient or the patient's representative will be notified that the hospital is still working to resolve the grievance and that there will be a written response within a stated number of days. Notification and explanation of the resolution will be provided to the patient, or to the griever if other than the patient, with the patient's permission. The written response must contain the name of the contact person, the steps taken on behalf of the patient to investigate the grievance, the results of the grievance process, and the date of completion. In circumstances when a grievance is filed via email, the response may be submitted via email.
- (8) Patients have the opportunity to file a grievance within a reasonable period of time from the date the grievance occurred. The patient has the option to initiate a complaint with any or all of several outside entities, specifically: the Lucas County Mental Health and Recovery Services Board, the Ohio Department of Mental Health and Addiction Services, the Ohio Legal Rights Service, the U.S. Department of Health and Human Services, and appropriate professional licensing or regulatory associates. The hospital will provide, upon request, all relevant information about the grievance to one or more of the organizations specified above to which the patient has initiated a complaint.
- (9) If the client rights officer is unavailable or is the subject of the grievance, the patient advocate team shall act as the client rights officer for the patient in this situation.

- (10) The client rights officer shall maintain a log available for department review of patient grievances, including all allegations of denial of patient rights as identified by patients, family members of patients, significant other, or other persons.
- (11) Information regarding client grievances is reported quarterly to the departmental performance improvement committee. Trend information regarding the nature of the grievance is tracked over time.
- (12) Issues regarding the use and disclosure of protected health information (PHI) are resolved by the client rights officer in conjunction with University of Toledo compliance/privacy officer. There will be no retaliation against any individual who exercises his/her right to file a complaint.
- (13) All complaints or grievances involving safety, substandard care or incorrect diagnosis, while being handled through this grievance process, will also be forwarded to University of Toledo Medical Center's quality department for incorporation into University of Toledo Medical Center's quality assessment and performance improvement committee.
- (14) Since protective services are not directly provided, the staff helps determine the need for such services and establishes necessary referral channels. A list of resources is available to give to patients, although the University of Toledo Medical Center does not accept any responsibility for these agencies.

<p><b>Approved by:</b></p> <p><u>/s/</u> Kurt Kless, MSN, MBA, RN, NE-BC Chief Nursing Officer</p> <p>_____</p> <p>Date</p> <p><u>/s/</u> Stephanie Calmes, Ph.D., LPCC-S, LICDC-CS Administrative Director, Psychiatric Services</p>	<p><b>Policies Superseded by this Policy</b></p> <ul style="list-style-type: none"> <li>42-27, 3364-122-05, ODMH-SD-112, 3364-160-SD-112</li> </ul> <p>Initial effective date: January 1998</p> <p>Review/Revision Date: September 2001 August 2002 August 2005 February 2006 December 2007 October 2, 2010</p>
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