**COMPLAINTS AND GRIEVANCES**

**NHPCO Standard(s):** EBR3

**Policy #:** CP210

**BOD Approval/Review**

03/26/14

**Regulatory Citation(s):** COPs 418.52(b)(iii), 418.58(a)(2), 10 NYCRR Part 793.1(a)(9) and (10), and 794.1(l)

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**POLICY**

High Peaks Hospice (HPH) effectively and promptly receives, investigates, and responds to complaints and grievances from patients, families, physicians and other constituents, without coercion, discrimination, reprisal, or interruption of care or services. The procedures for making and handling complaints and grievances are understood by patients, families, and staff.

**DEFINITIONS**

1. A "Complaint" is any oral or written statement of dissatisfaction from a HPH patient, family members, physicians or other constituents regarding HPH’s policies, care, or services.

2. A "Grievance" is a written or oral appeal to the resolution of a complaint.

3. "Urgent" means having an impact on specific patient treatments within the next 24 hours.

**PROCEDURES**

1. A complaint may be expressed to any HPH staff member in any setting of care. If a person wishes to have the complaint filed and responded to, the staff member receiving the complaint will complete the “Complaint and Grievance Summary” form.

2. Complaints may also be received through surveys conducted by HPH. The Patient Care Coordinator (PCC) will review the surveys that are received and complete the “Complaint and Grievance Summary” as needed.

3. The complaint receipt, investigation, and response process is as follows:
   A. The "Complaint and Grievance Summary" form is submitted to the PCC or Compliance Coordinator (CC) within 24 hours of the complaint.
   B. The PCC or CC will assess the complaint for the urgency of the complaint circumstance.
   C. The PCC or CC will investigate and respond to within 24 hours to the complainant, if urgent and requested.
D. The PCC or CC will investigate and respond in writing within 5 days, if not urgent and response is requested.
E. Any written request will be reviewed by the Executive Director (ED) or designee prior to being issued.
F. The Executive Committee will review any urgent complaint at its next meeting.

3. Complainants may appeal the response of the “Complaint and Grievance Summary” by requesting a review of the response. All Grievances are:
   A. Reviewed, investigated, and responded to by the ED or designee within 15 days. The ED may consult with legal counsel or the President of the Board of Directors prior to any decision, which is final. The final decision shall be sent to the Complainant in writing.
   B. Reviewed by the Executive Committee at its next meeting. Recommendations of the Executive Committee for program, service, or policy changes as a result of complaint and grievance activity are forwarded to the ED and to the Board of Directors. The Quality Assurance and Performance Improvement (QAPI) Committee will be included in deciding any recommendations.

4. Completed “Complaint and Grievance Summary” forms are forwarded to the CC for filing.

5. Patient Information
   Every patient/family admitted to HPH is informed at the time of admission orally and in writing concerning:
   A. The HPH complaint and grievance process, including the right to complain and the process to appeal a decision concerning any aspect of HPH policy, care, or services.
   B. How to register a complaint with HPH
   C. How to complain to the New York State Health Department, including the right to complain and the toll free number (800-628-5972) to register a complaint.

6. Staff Information
   Every staff member is informed of the HPH complaint and grievance process, including the right of every patient/family to complain, at the time of new employee orientation and annually through in-service training.

LAST REVIEW DATE:  BOD 03/26/14

LAST UPDATED:  Comp Coord 10/02/2015, 09/01/18

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