



POLICY TITLE: Grievance/Complaint Policy

OWNER: Morgan Allison, Administration

**DOCUMENT NUMBER:
ADM.028**

APPROVED BY: Morgan Allison

EFFECTIVE DATE: 11/1/2000

REVISION DATE: 1/13/2022

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POLICY:

KCMH has adopted an internal procedure for prompt and equitable resolution of complaints and grievances.

SCOPE:

All Kiowa County Memorial Hospital employees will comply with this grievance/complaint policy. It is the responsibility of all employees to make sure this grievance/complaint policy is available to anyone who has a grievance/complaint and to make sure that administration (CEO or their representative) is notified in a timely manner of any verbal complaints (immediate notification is desired but within 24 hours can be done, if circumstances dictate it) by phone and/or by use of the form at the end of this policy. If it is a simple complaint that the staff member is able to resolve, it does not have to be reported to administration. For example - a patient complains they did not get sugar with their coffee and a staff member is able to address this, that action would be sufficient to address the concern.

DEFINITION:

A patient grievance is a formal or informal written or verbal complaint that is made to a KCMH staff member, by a patient, or the patient's representative, when a patient issue cannot be resolved promptly by staff present. If a complaint cannot be resolved promptly by staff present or it is referred to a complaint coordinator, patient advocate or CAH management, it is to be considered a grievance

INVESTIGATION:

The investigation of any complaint (that cannot be resolved by the staff involved) or any grievance will be completed by administration or their representative. It may involve interviewing of staff, reviewing or records, visiting with any witnesses and the use of any other means necessary to completely investigate the matter.

PROCEDURE:

- A patient or the patient representative can file a complaint/grievance when there is any concern that their patient rights have been violated or their care has not been appropriate. Please see the patient rights listed in the Patient Rights policy.
- A patient complaint/grievance can be made verbally or in writing directly to administration or to any staff member. If a staff member receives a complaint, they shall try to resolve the issue immediately or if they cannot resolve the matter, they shall help the person submit their concern to administration or direct the person on how to do it. There are notices throughout patient care areas and within patient packets on this process. The staff member will also communicate to their manager or directly to administration, any grievance within 24 hours of the patient concern.
- KCMH administration shall address grievances in a timely, reasonable, and consistent manner.

A written response should be given within 10 days. This response will outline the plan for resolution and if that has not been accomplished within the 10 days, it should be noted in the response, as to what the expected timeframe is (depending on what actions KCMH needs to take) and what actions are planned. Once the investigation/resolution is done, further written communication will be sent. All documentation regarding internal handling of grievances/complaints will be kept in the patient complaint/grievance book. Any grievance or complaint investigations that bring care measures into question, will be sent to Risk Management for further evaluation and action.

The governing body has delegated the grievance and complaint policy to KCMH administration to manage. If administration feels the grievance or complaint cannot be addressed in full by administration, it will be reported to the Board for help in resolving the issue.

If a patient is not satisfied with the administration resolution, their complaint will be referred to the KCMH Trustee Board.

All Kiowa County Memorial Hospital employees will comply with this grievance/complaint policy. It is the responsibility of all employees to make this grievance/complaint policy available to anyone who has a grievance/complaint and to make sure that administration (CEO or representative) is notified in a timely manner of any verbal complaints by phone and/or use of the form at the end of this policy.

THIS IS THE COPY OF THE NOTICE IN PATIENT AREAS

Speak Up: Help Prevent Errors in Patient Care

Our goal is to exceed patient expectations. To file a complaint (verbal or written), a patient can contact one of the following so we can work together toward a timely (10 days) and satisfactory resolution of the situation. We want patients to speak up if they have questions or concerns. We encourage patients to be a full partner in their health care experience and encourage any employee that should hear a patient concern/complaint to encourage the patient to submit it in the following manner:

For submitting/resolution of complaints, patients should submit their concern in writing to or call:

Kiowa County Memorial Hospital
Attention: KCMH Administrator
721 W. Kansas
Greensburg, KS 67054
Phone (620) 723-3341
administration@kcmh.net

All patient concerns/complaints will be addressed within 10 working days by the Administrator.

A patient also has the right to file a grievance with the Kansas Department of Health and Environment directly, regardless of whether they have used the hospital's grievance process or not.

Kansas Department of Health & Environment
1000 SW Jackson St., Suite 200
Topeka, KS 66612-1365 Phone 1-800-842-0078

If a patient or their representative needs assistance in filing a complaint/grievance, they may be assisted in completing the form below. It is the responsibility of any staff member to assist in this process.

Grievance/complaint reporting form

NAME OF PERSON/PATIENT FILING CONCERN: _____

DATE OF CONCERN: _____

PHONE NUMBER TO CONTACT REPORTING PARTY: _____

BRIEF DESCRIPTION OF CONCERN: _____

Name of staff member who received the grievance/complaint and date completed