PENNSYLVANIA PSYCHIATRIC INSTITUTE

HOW TO FILE A COMPLAINT

PPI shall resolve patient concerns in a prompt and courteous manner, and follow a uniform procedure for resolving grievances that cannot be resolved at the point of encounter or service by staff present.

PPI staff members who become aware of a patient concern or complaint are authorized to attempt to resolve the concern or complaint as promptly as circumstances allow and in a courteous and reasonable manner. The department supervisor or manager will be notified immediately of all patient concerns or complaints. The term "department supervisor" includes a clinical manager, charge nurse, immediate supervisor, administrator, and director of a clinical area or the CNO or CEO. The patient/patient representative/visitor may also contact the Patient Advocate at 717-782-6826. Immediate attention must be given to situations that place the patient or visitor in danger. Approaches for resolving complaints and grievances may include, but are not limited to, the following:

a. Face to face meetings with the patient and/or their authorized representative.
b. Referral for an ethics consultation by any staff member, patient or patient family member or decision-maker.
c. Request for Social Services.
d. Contacting the Patient Advocate
e. Referral for financial counseling.
f. Request for housekeeping services, food and nutrition services.
g. Referral to security.
h. Contacting the Administrator, CNO or Director of Compliance.

Documentation of all complaints, including the patient's or visitor's name, the date and all other pertinent information, including how the concern or complaint was resolved, must be completed, signed and forwarded to the department supervisor or manager for follow-up.

Questions regarding billing will be directed to the Director of Finance. The Director of Finance or designee will inform the patient of his or her right for Quality Improvement Organization (QIO) review and comply with notifying the QIO if requested.

Complaints against members of the Medical Staff will be directed to the Patient Advocate, who will contact the Chief Medical Officer and/or Service Line Medical Director(s).

If the complaint cannot be resolved at the point of contact or service within a reasonable time frame under the circumstances by staff present, the complaint is then considered a grievance and is referred to Patient Advocate.

The facility must ensure that the patient/patient representative is provided written notice of its decision regarding a grievance within seven days of the facility's receipt of the grievance. Occasionally, a grievance is complicated and may require extensive investigation. If the grievance is not resolved within seven days, if the investigation is not complete, or if corrective action or other response is still being evaluated, the patient will be contacted to discuss the status of the investigation. No grievance will remain unresolved after thirty (30) days from the date received except when an extension of time is agreed to by the complainant or when it appears that a mediating effort will not resolve the grievance.

Complaints which have not been resolved at the point of contact will be investigated and resolved by the Grievance Committee.

The Patient Advocate or designee will inform the grievant in writing of the outcome of the grievance, including the name of the hospital contact person, the steps taken on behalf of the patient to investigate the grievance, the

results of the grievance process, and the date of the completion or a set date by which a follow-up written response will be provided.

A grievance is considered resolved when the patient is satisfied with the actions taken on their behalf. If a situation arises where the hospital has taken appropriate and reasonable actions on the patient's behalf in order to resolve the patient's grievances and the patient or the patient's representative remains unsatisfied with the hospital's action, the grievance will be considered closed for Center for Medicare and Medicaid (CMS) requirements. Documentation will be maintained to demonstrate compliance with CMS requirements.

The Pennsylvania Department of Human Services is also available to assist you with any questions or concerns about your hospital care. You can reach the Department of Human Services by calling (717) 705-8395

You may also contact The Joint Commission, a hospital accreditation organization at: The Joint Commission– Office of Quality Monitoring One Renaissance Boulevard Oakbrook Terrace, IL 60181 **(800) 994-6610** or complaint@jointcommission.org

PerformCare (For PerformCare members only) **671-6500**

CCBHO (For CCBHO members only) Berks County **866-292-7886,** Adams County **866-738-9849,** York County **866-542-0299**

U.S. Department of Health and Human Services Office of Inspector General - Report Medicare Fraud and Abuse **(800) 447-8477**

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