NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES

POLICY AND PROCEDURE DIRECTIVE

SUBJECT: CONSUMER/FAMILY COMPLAINT/COMPLIMENT/SUGGESTION PROCEDURE

NUMBER: NN-RI-15

ORIGINAL DATE: 01/23/91

REVIEW/REVISE DATE: 04/22/92, 07/28/93, 07/05/95, 07/10/97, 03/22/01, 05/01/03, 04/01/04, 10/28/04, 10/04/07, 8/19/10

APPROVAL: Rosalyne Reynolds {s} , Agency Director

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I. PURPOSE

The purpose of this policy is to identify the process used to resolve complaints and address suggestions made by or for consumers concerning the quality of care and/or civil rights of consumers of our services.

II. POLICY

It is the policy of Northern Nevada Adult Mental Health Services (NNAMHS) to recognize consumer concerns, compliments and suggestions. Consumer input provides us an opportunity to improve our services.

III. REFERENCE

1. Title VI of the Civil Rights Act of 1964
2. Section 504 of the Rehabilitation Act of 1973
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3. Age Discrimination Act of 1975
4. Americans with Disabilities Act (ADA), Title I
5. NRS 201.255 Penalties
6. NRS 707.340 Assistance to peace officers in tracing certain calls
7. NAC 284, Rules for State Personnel Administration
8. Department of Human Resources Prohibitions and Penalties
9. NNAMHS Policy and Procedure Directive #NN-RI-14 entitled, “Compliance with Civil Rights.”
10. NNAMHS Policy and Procedure Directive #NN-PC-PL-01entitled, “Interpretation for Language Minorities.”
11. Health Insurance Portability and Accountability Act, Privacy Regulations

IV. PROCEDURE

1. Compliment, concern, suggestion or complaint (CCS) will not compromise a consumer's future access to care.
2. Consumer's are informed of their right to present compliment, concern, suggestion or complaint and the appropriate mechanism to do so through the “Patient Handbook” and from NNAMHS staff.
3. These procedures also apply to complaints of alleged discrimination based on an individual consumer's race, color, national origin, religion, gender, age and disability (including HIV and HIV-related conditions) and to complaints about the privacy of protected health information.
4. The availability and use of this procedure does not preclude a person from filing complaints with regulatory agencies listed below:
    a. Complaints regarding discrimination on the basis of race, color, national origin, sex, religion, age or disability (including HIV and HIV-related conditions) or those related to the privacy of protected health information may be filed with the Department of Health and Human Services, Office for Civil Rights in San

Francisco, California; telephone (415) 437-8310 (voice), FAX (415 437-8329 and (415) 437-8311 (TDD). Additional information is available at www.hhs.gov/ocr/privacythowtofile.htm.

5. If the complaint is based on a disability (including HIV or HIV-related conditions) NNAMHS will make appropriate arrangements to assure that disabled persons can participate in or make use of this complaint process on the same basis as non-disabled persons. Such arrangements may include, but are not limited to, the provisions of interpreters for the deaf, providing taped cassettes of material for the blind, or ensuring a barrier-free location for the proceeding.
6. In order to submit a compliment, concern/complaint, or suggestion, a consumer or family member will complete the NNAMHS Concern-Compliment-Suggestion Form. Staff member will assist consumers and/or family members in completing the form when requested to do so by the consumer/family member. Forms for this purpose and drop boxes for collecting completed forms will be located in Building 25 and Building 5.
7. A consumer or family member may submit their completed complaint form in a variety of ways. The following are some examples:
   a. Talk with staff member, request that the staff person write it down, (the person who is making the complaint must sign this complaint)
   b. Mail it to: Agency Director, Northern Nevada Adult Mental Health Services, 480 Galletti Way, Sparks, NV 89434
   c. Give to the receptionist in Building 1 or Building 25.
   d. Fax it to the Agency Director's office: Fax Number (775) 688-2052
   e. Place it in Client Right suggestion/complaint boxes located throughout the facility.
8. Whenever possible, verbal complaints or suggestions should be resolved within the department where they originate without proceeding to the formal complaint process. Staff members will encourage consumers to discuss complaints with the

RN on duty on the inpatient units or the Director of Case Management (Program Manager I) if outpatient or the appropriate designee. Compliments should be documented whenever possible.

9. Any staff member receiving a request to provide assistance in completing a compliment, concern, suggestion or complaint form will provide such assistance or make arrangement for the provision of such assistance.
10. No staff person will take any action to prevent a consumer from completing a compliment, concern, suggestion or complaint form. No retaliation will be taken against consumers who file complaints or suggestions. Making a complaint or suggestion will not preclude a consumer from receiving services from this agency in the future.
11. Suggestions:
    a. Suggestions are forwarded to the department supervisor or function as appropriate. Also, they may be brought to the appropriate committee at the discretion of the PI Coordinator and/or committee chair. All suggestions are reported in the Consumer Action Team minutes.
12. Compliments:
    a. Compliments are copied to involved staff, their supervisor, Department Head and Agency Director. General compliments are copied to Agency Director. All compliments are reported in the Consumer Action Team Minutes.
13. Complaint Review Process
    a. This process calls for the consumer or family member to be contacted at various points in the review, if at any point in the process a consumer or family member indicates they do not want to be contacted further they will not be contacted. Once a written compliment, concern, suggestion or complaint form is received, it is reviewed by the following process:
    b. Any employee receiving a completed compliment, concern, suggestion or complaint form made by or for a consumer concerning the quality of care

and/or civil rights violation shall report the incident to the appropriate supervisor immediately, or in no event later than two hours.

Those compliment, concern, suggestion or complaint forms dropped in boxes will be picked up no less than two times a week and processing will begin within one business day of being received.

(i) Inpatient compliment, concern, suggestion or complaint forms will be reported to the Director of Nursing by the next business day.

(ii) Outpatient compliment, concern, suggestion or complaints will be reported to the Outpatient Services Director.

(iv) Department Head – Once the department head has received a complaint they are responsible to ensure the completion of the following steps.

A) Contact the consumer/ family member.

C) Gather information about the issue, as needed

D) If the issue is resolved, the department head will write a description of the resolution on the complaint form, forward the complaint form to Performance Improvement Office

E) If the department head and the consumer are unable to resolve the issue, the department head will note on the complaint form the reasons for failure to resolve the issue and sign the form. The department head will then send the form to the NNAMHS Performance Improvement Office, who will forward it to the Agency Director or designee.

F) The department head will verbally inform the consumer that the complaint has been forwarded to administration for further review.

(v) Performance Improvement Coordinator

A) Reviews action reported at various steps and consults with staff.

B) Reviews for system issues and policy changes that may be warranted.

C) Refers issue to Committees as warranted for consideration and action.

D) Tracks follow-up and reports to Consumer Action Team.

E) Explain the process to consumers and family members as needed.

(vi) Consumer Action Team - The committee is responsible to complete the following steps on the complaints that reach them without resolution:

A) Review complaints

B) Review final resolution.

C) Make recommendations to Leadership about actions that would improve services based on information from the CCS forms.

E) A copy of the response will be placed on file with the compliment, concern, suggestion or complaint in the Performance Improvement Office file

F) Refer issues to Leadership and Agency Director as warranted.

(vii) Agency Director (or designee).

A) Review and approve all forms referred by Consumer Action Team.

B) All forms involving civil rights or privacy issues will be referred to the Agency Director or designee and Civil Right Compliance Coordinator for review.

14. The Performance Improvement Office will be responsible for the following:
    a. Maintain a current file of complaints that includes, but is not limited to the name of the person, date of complaint, outcome and date of the outcome
    b. Track all complaints through the NNAMHS process described in this policy.
15. Questions about the Consumer Action Team and the complaint process can be referred to the Performance Improvement Coordinator at 688-2080 or a Consumer Service Assistant at 688-2001.