**PURPOSE**

To set forth guidelines for the resolution of patient concerns, dissatisfaction, complaints and to protect patient and family rights.

**POLICY**

Any difference of opinion, dispute, or controversy between a patient or family/caregiver or patient representative and Ohio Living Home Health and Hospice concerning any aspect of services or the application of policies or procedures will be considered a grievance.

The Executive Director/Administrator or designee will be informed of situations that may become issues to good patient relations and will be committed to maintaining a consistently high level of patient relations.

**PROCEDURE**

1. The staff member receiving the complaint should discuss the grievance with a supervisor within five (5) days of the alleged grievance. The supervisor should investigate the grievance within five (5) days after receipt of such grievance and will make every effort to resolve the grievance to the patient or caregiver's satisfaction. Staff members are encouraged to bring all grievances to their supervisor to be addressed immediately. Response to the patient or caregiver regarding the complaint will occur within ten (10) days of receipt.
2. If the grievance cannot be resolved to the patient's satisfaction, the patient or his/her representative is to notify, verbally or in writing, the Executive Director/Administrator. The grievance must state the problem or action alleged and the date the supervisor was notified. The Executive Director/Administrator or designee will then investigate the grievance and contact the patient or his/her representative regarding the grievance to resolve the differences. The Executive Director/Administrator should respond to the patient/family member within ten (10) days of notification of failure to resolve the complaint.
3. If the person feels his/her grievance has not been resolved after working with Ohio Living Home Health and Hospice personnel, he/she will be encouraged to call the Ohio Living Compliance Hotline at 1-877-780-9366. This a toll free, anonymous line that is available 24 hours a day, seven days a week.
4. Complaints and any action taken will be documented.
5. Resolution information will be communicated orally or in writing to the patient or his/her representative filing the complaint.
6. Risk management personnel will be notified of any complaints which may involve litigation by the clinician/technician involved completing an organization incident report or unusual occurrence form and forwarding a copy to the Corporate Executive of Home Health and Hospice or designee.
7. Complaints received on patient satisfaction surveys (mail) be reviewed and investigated with further actions as appropriate.
8. All complaints from patients who believe their privacy rights have been violated will be forwarded to the Compliance Officer.
9. The Clinical Team Leader, Administrator or designee will prepare a quarterly report summarizing all complaints received that quarter.
10. Reports will include:
	1. Number of complaints received
	2. Type of complaints received
	3. Action and resolution of complaints
11. The Quality Assurance and Performance Improvement Committee will review patient grievance trends on a quarterly basis. Identified trends will be followed through the established performance improvement process.