

<b>Vermont Psychiatric Care Hospital Policy and Procedure</b>		
<b>Grievance and Appeal</b>		
Effective: July 2014	Revised: September 2024	Due for Review: September 2026

## **POLICY**

The Vermont Psychiatric Care Hospital (VPCH) shall afford all due consideration to complaints from hospitalized persons relating to services and treatment provided by the hospital. Complaints shall be submitted freely without being subject to coercion, discrimination, reprisal, retaliation, or unreasonable interruption of care. Hospital staff shall attempt to promptly resolve all complaints. When a complaint cannot be resolved by staff, or the resolution is not satisfactory to the hospitalized person, a grievance can be submitted to the hospital.

## **DEFINITIONS**

**Grievance:** formal or informal written or verbal complaint that is made to the hospital by a hospitalized person or their representative regarding care and services at VPCH.

## **PROCEDURE**

### **1. Initiating a Grievance**

- a) Hospital staff shall make reasonable efforts to informally resolve complaints concerning service and/or treatment provided while at VPCH. If a hospitalized person is not satisfied by informal efforts to resolve a complaint or if they choose not to pursue a complaint with staff, they may initiate a formal grievance.
- b) Upon admission, hospitalized persons shall be provided a copy of the VPCH Guidebook, where the VPCH grievance and appeal process is described. The hospitalized person and/or their representative may initiate a grievance at any time by providing a statement that explains the problem and any relief requested to any VPCH staff member. Whenever an employee of VPCH receives a grievance, the employee shall forward the grievance to the VPCH Quality Department.
- c) Oral grievances shall be documented in writing. A hospitalized person may request assistance in writing the grievance from anyone, including hospital staff. When a hospitalized person has requested assistance from hospital staff, staff shall either provide such assistance directly or refer the request to the Quality Department. The Director of Quality or designee shall ensure that the hospitalized person is afforded the information and/or assistance needed to pursue the grievance.
- d) Hospitalized persons may also request assistance from Disability Rights Vermont (DRVT) at any stage of the grievance process by contacting:

Disability Rights Vermont  
141 Main Street, Suite 7  
Montpelier, VT 05602  
(802) 229-1355; (800) 834-7890

- e) In addition to filing a grievance, or instead of filing a hospital grievance, a hospitalized person may, at any time, file a grievance directly with the Vermont Board of Health and/or the Vermont Medical Practice Board by forwarding the grievance to:
- Board of Health and Board of Medical Practice  
Vermont Department of Health  
P.O. Box 70  
Burlington, VT 05402-0070  
(802) 657-4220; (800) 745-7371
- f) A hospitalized person complaining of abuse, neglect, or exploitation may contact the state agency responsible for investigating such complaints by writing or calling:
- Department of Disabilities, Aging, and Independent Living  
Division of Licensing and Protection  
280 State Drive  
Waterbury, Vermont 05671  
Fax: 802-871-3317; Telephone: 888-700-5330
- g) Hospitalized persons may file a complaint about concerns specific to Medicare benefits in hospital settings by contacting:
- IPRO (Medicare Quality Improvement Organization): 800-852-3685
- h) Concerns about safety or the quality of hospital care may be raised to The Joint Commission at:
- The Joint Commission’s hospitalized persons safety event phone line: 1-800-994-6610
  - At [www.jointcommission.org](http://www.jointcommission.org), using the “Report a Hospitalized persons Safety Event” link in the “Action Center” on the home page of the website.
  - By fax to 630-792-5636
  - By mail to “The Office of Quality and Hospitalized persons Safety (OQPS), The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181.

## **2. Resolution Process**

- a) The Quality Department shall record the receipt of the grievance and shall either respond directly or assign the response to an appropriate designee. Responses shall be reviewed by the Quality Department before being sent. The person(s) responsible for follow-up and response to the grievance shall prepare a written response according to the timelines established in section (c) below. This

individual shall be a person with no direct involvement in the issue being grieved. Grievances or complaints that allege abuse, neglect or exploitation shall immediately be addressed pursuant to the Mandatory Reporting Policy and Procedure.

- b) The person(s) responsible for responding to a grievance shall, whenever possible, prepare a written notice of decision within 7 business days from the day that the Quality Department received the grievance. The notice shall contain the following:
  - The name of the person responding to the grievance;
  - The steps taken on behalf of the hospitalized person to investigate the grievance;
  - The results of the grievance process;
  - The date of completion;
  - How and to whom an appeal can be made.
- c) If some or all of the complaints in the grievance cannot be resolved within the initial 7 business day period, the respondent(s) shall notify the Quality Department. Additionally, the respondent(s) shall provide written notification to the hospitalized person that the notice of decision shall be forthcoming and within 21 calendar days of the receipt of the grievance.
- d) The person responsible for responding to the grievance shall provide a final copy of their response directly to the grievant and shall also provide a final copy to the Quality Department.
- e) If the hospitalized person is dissatisfied with the response to their initial grievance, the hospitalized person may appeal to the Chief Executive Officer (CEO) by providing the Director of Quality, or designee, with written notice of appeal within ten business days from the date that the individual received the response. The Director of Quality, or designee, shall have discretion to extend this deadline for good cause shown. The notice of appeal shall contain a brief statement of the relevant facts, and a statement about why they disagree with the response to their initial grievance.

### **3. Intermediate Appeals to the Chief Executive Officer**

- a) Upon receiving a notice of appeal from a grievance decision, the Director of Quality, or designee, shall forward the grievance to the CEO and General Counsel. The CEO shall review the grievance decision and take such other action to investigate the matter as they deem appropriate.
- b) Within ten business days of receiving the notice of appeal, the CEO may decide to convene a meeting with the hospitalized person to consider any information they may wish to present in support of their appeal. If such a meeting occurs, the hospitalized person may be represented at this meeting by a person of their choice. The individual may question witnesses, offer written information for the

CEO's consideration, and tape the proceedings when appropriate consents have been obtained. The meeting shall be conducted as informally as possible consistent with the need for an orderly and complete presentation of the grievance. The rules of evidence shall not apply.

- c) Within ten business days of the meeting, or twenty days of notice of the appeal, the CEO shall provide the hospitalized person, their representative, the leader of the department being grieved, and the Director of Quality, or designee, with a written notice of decision, including the steps taken to investigate the appeal, and the reasons for the decision.
- d) If the hospitalized person is dissatisfied with the CEO's decision, they may further appeal the decision to the Commissioner of the Department of Mental Health (DMH) by providing the Director of Quality, or designee, with written notice of intent to appeal within ten business days from the date of the CEO's decision. The Director of Quality, or designee, shall have discretion to extend this deadline for good cause shown. The notice of appeal shall contain a statement of the relevant facts, and a statement about why they believe the CEO's decision was wrong.

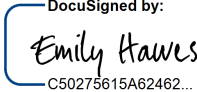
#### **4. Final Appeals to the Commissioner**

- a) Upon receiving a notice of appeal from a grievance decision, the Director of Quality, or designee, shall forward the notice to the DMH Commissioner and General Counsel. The DMH Commissioner or designee shall review the grievance decision and take such other action to investigate the matter as they deem appropriate.
- b) Within ten business days of receiving the notice of appeal, the DMH Commissioner or designee may decide to convene a meeting with the hospitalized person to consider any information the hospitalized person may wish to present in support of their appeal. If the Commissioner or designee deems a meeting is warranted, the hospitalized person may be represented at this meeting by a person of their choice. They may question witnesses, offer written information for the DMH Commissioner or designee's consideration, and tape the proceedings when appropriate consents have been obtained. The meeting shall be conducted as informally as possible consistent with the need for an orderly and complete presentation of the grievance. The rules of evidence shall not apply.
- c) Within ten business days of the meeting, or within twenty days of notice of the appeal filing, the DMH Commissioner or designee shall provide the hospitalized persons and/or their representative with written notice of decision, including the steps taken to investigate the grievance, and the reasons for the decision. The DMH Commissioner's decision shall be final, and not subject to further agency review or appeal.
- d) When the DMH Commissioner's decision includes recommendations for systems

change at VPCH or other recommendations for action, the Director of Quality, or designee, shall be responsible for ensuring all recommendations are considered by VPCH leadership.

**5. Systems Review**

- a) On a quarterly basis, the Quality Department shall review and analyze grievances filed and decisions issued. The review should consider:
  - Trends and/or patterns indicated by the grievances, specific to hospitalized persons, employees, locations, and other facts, circumstances or conditions that are similar among the grievances;
  - Ideas and suggestions for policy, procedural, educational, or other management or operational changes that might address any issues raised by the grievances; and
  - The need for performance improvement projects that may be indicated.

<b>Approved by</b>	<b>Signature</b>	<b>Date</b>
Emily Hawes, Commissioner, Vermont Department of Mental Health	 <p>DocuSigned by: <i>Emily Hawes</i> C50275615A62462...</p>	9/25/2024