

PATIENT GRIEVANCE PROCEDURE

1. If you have a complaint about anything at this hospital, you should talk with the person you think may be able to solve the problem. If you are not satisfied with the response, you may choose to contact the Hospital's Patient Rights Advocate, Dave Waldschmidt, ext. 33312, Pastoral Care Dept. He is available Monday through Friday, 7:30 a.m. to 4:00 p.m. At all other times, if your concerns can not wait, please tell your nurse and she will arrange for you to be seen by the Nursing Supervisor. The Patient Rights Advocate acts as your advocate and will look into issues and let you know what steps he has taken to address your concerns. You may call him or ask for information at any point until your complaint is resolved.
2. If your complaint isn't resolved the way you want or you want the problem looked into further, you may write your complaint as a formal grievance. You should include the facts about what happened, when it happened, the names of any staff members involved, and what you would like to see done. The Patient Rights Advocate will assist you in writing your grievance if you ask for help. Your written grievance will be referred to a Grievance Committee. You or your designated representative may be heard by this committee or a selected impartial decision maker at any point in this process.
3. The Patient Rights Advocate will respond in writing and advise you of the result, as well as the steps taken to investigate your grievance by 20 working days from the date of filing the grievance. At any time in this process or if you are dissatisfied with the outcome, you may contact one or all of the agencies below.
4. If you wish, the Patient Rights Advocate will help you contact these agencies. The Patient Rights Advocate will, upon written request from one of the agencies below, provide all relevant information about the grievance.

CUYAHOGA COUNTY COMMUNITY MENTAL HEALTH BOARD

CLIENT RIGHTS OFFICER

1400 West 25th Street
Cleveland, OH 44113
(216-241-3400)

CITIZENS OF CUYAHOGA COUNTY

OMBUDSMAN OFFICE

2800 Euclid, Suite 207
Cleveland, OH 44115
(216-696-2710)

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF CIVIL RIGHTS – Attn: Marilyn Brusherd

Region V
105 West Adams Street
Chicago, IL 60603
(312-886-5078)

To Grieve Social Workers and Counselors:

Counselors and Social Worker Board

77 South High Street, 16th Floor
Columbus, OH 43214-6108
(614-466-0912)

To Grieve Psychiatrists and Other Medical Doctors:

Academy of Medicine of Cleveland

6000 Rockside Woods Blvd., Suite 150
Independence, OH 44131
(216-520-1000)

PATIENT RESPONSIBILITIES

1. A patient has the responsibility to provide, to the best of his/her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his/her health. He/she has responsibility to report unexpected changes in his/her condition to the responsible practitioner.
2. A patient is responsible for reporting whether he/she clearly comprehends a contemplated course of action and what is expected of him/her.
3. A patient is responsible for following the treatment plan recommended by the practitioner primarily responsible for his care. This may include following instructions of nurses and allied health personnel as they carry out the coordinated plan of care, implement the responsible practitioner's orders, and enforce the applicable Hospital rules and regulations.
4. The patient is responsible for keeping appointments and, when he/she is unable to do so for any reason, for notifying responsible practitioner or the Hospital.
5. The patient and/or family are responsible for asking questions when they do not understand what they have been told about the treatment/diagnosis or what they are expected to do.
6. The patient is responsible for his/her actions if he/she refuses treatment or does not follow the practitioner's instructions.
7. The patient is responsible for assuring that the financial obligations of his/her health care are fulfilled as promptly as possible.
8. The patient is responsible for following the Hospital rules and regulations affecting patient care and conduct.

OHIO LEGAL RIGHTS SERVICE

8 East Long Street, Suite 500
Columbus, OH 43215
(1-800-282-9181)
Intake – 10 a.m. - 12:30 p.m./2:30 p.m. - 4:30 p.m.

OHIO DEPARTMENT OF MENTAL HEALTH

Attn: Client Advocacy Coordinator
30 East Broad Street, 8th Floor
Columbus, OH 43215-3430
(614-466-2333)

To Grieve Nurses:

Ohio Board of Nursing

17 South High Street, Suite 400
Columbus, OH 43215-3413
(614-466-3947)

State Medical Board

77 South High Street, 17th Floor
Columbus, OH 43215-6127
(614-466-3934) Complaint Line: 1-800-554-7717

9. The patient is responsible for being considerate of the rights of other patients and Hospital personnel and for assisting in control of noise, smoking, and number of visitors.
10. The patient is responsible for being respectful of the property of other persons and of the Hospital.

PATIENT RIGHTS

- The right to be treated with consideration and respect for personal dignity, autonomy and privacy. This includes determining the degree to which family, guardian, or custodian you would like to have involved in your care plan or to receive information about your care.
- The right to be evaluated in a physical environment that provides as much privacy and freedom as feasible.
- The right to service in a humane setting which is the least restrictive possible based on your condition and treatment plan. If your behavior becomes a threat to your self or others and you do not respond to redirection and interventions, the physician might order mechanical restraints. Our philosophy is to apply the least restrictive restraint, for the shortest time possible and to provide continuous supervision and comfort measures. If you so designate, our philosophy and these measures can be discussed with you and any designated family, guardian or custodian.
- The right to be informed of one's own condition, of proposed or current services, treatment or therapies and of the alternatives.
- The right to consent to or refuse any service treatment, upon full explanation of the expected consequences of such consent or refusal. A parent or legal guardian may consent to or refuse any service, treatment or therapy on behalf of a minor client.
- The right to current, written individualized service plan that addresses one's own mental health, physical health, social and economic needs and that specifies the provision of appropriate and adequate services, as available either directly or by region.
- The right to active and informed participation in the establishment, periodic review, and reassessment of the service plan.
- The right to freedom from unnecessary or excessive medication.
- The right to freedom from unnecessary restraint or seclusion.
- The right to participate in any appropriate and available agency service regardless of refusal of one or more other services, treatments, or therapies or regardless of relapse from earlier treatment in that or another services, unless there is a valid and specific reason necessary which precludes and/or requires the client's participation in other services. This necessity shall be explained to the client and written in the client's current services plan.
- The right to be informed of and refuse any unusual or hazardous treatment procedures.
- The right to be advised of and refuse observation by techniques such as one-way mirrors, tape recorders, televisions, movies and photographs.
- The right to have the opportunity to consult with independent treatment specialists or legal counsel, at one's own expense.
- The right to confidentiality of communications and of all personally identifying information within the limitations and requirements for disclosure of various funding and/or certifying sources, state or federal statutes, unless release of information is specifically authorized by the client or parent or legal guardian of a minor client or court-appointed guardian of the person of adult client in accordance with rule 51222-3-11 of the Administrative Code.
- The right to have access to one's one psychiatric medical or other treatment records, unless access to particular identified information is specifically restricted for that individual client for clear treatment reasons shall be understood to mean only severe emotional damage to the client such that dangerous or self-injurious behavior is an imminent risk. The person restricting the information shall explain to the client and other persons authorized the client the factual information about the individual client that necessitates the restriction. The restriction must be renewed at least annually to retain validity. Any person authorized by the client has unrestricted access to all information. Clients shall be informed in writing of agency policies and procedures for viewing or obtaining copies of personal records.
- The right to be informed in advance of the reason(s) for discontinuance of service.
- The right to receive an explanation of the reasons for denial of service.
- The right not to be discriminated against in the provision of service on the basis of religion, race, color, creed, sex, national orientation, age, physical or mental handicap, developmental disability or inability to pay.
- The right to know the cost of services.
- The right to be fully informed of all rights in a crisis or emergency situation, or if you cannot read, you will be verbally advised of your rights.
- The right to exercise any and all rights without reprisal in any form including continued uncompromised access to service.
- The right to file a grievance.
- The right to have oral and written instructions for filing a grievance.



St. Vincent Charity
Psychiatric Emergency Department
A Certified Provider of

**Cuyahoga County
Community Mental Health Board**