

OREGON DEPARTMENT OF CORRECTIONS
Operations Division
Health Services Section Policy and Procedure #P-A-11

SUBJECT: GRIEVANCE MECHANISM FOR HEALTH COMPLAINTS

POLICY: The provision of health care is an interaction between the health care provider and the patient. Therefore, the patient must have avenues to resolve dissatisfaction, misunderstanding, or complaints about service. The Department of Corrections has established by administrative rule a grievance system that provides a mechanism for inmates to resolve problems experienced during incarceration. Problems or complaints about health services may be addressed according to the Department's administrative rule on Grievances if the issue cannot be resolved informally via discussion or written memoranda. Inmates may also address complaints about health services to the Governor's office, elected officials, and other state agencies with investigatory or regulatory authority, and through the judicial system. The Health Services Section will provide objective information and respond to all inquiries received from these parties. Inmates will not be penalized for seeking resolution of problems experienced with health care during incarceration and health care staff will continue to work with the inmate to achieve an understanding and resolution of complaints about health care.

REFERENCE: OAR 291-109-005 through 291-109-060
NCCHC Standard P-A-11

PROCEDURE:

- A. Any grievance forwarded to the Health Services Unit by the institution grievance coordinator will be responded to according to the Department Administrative Rule: Grievance Review System. All grievances are to be date stamped upon receipt by health services staff.
- B. Any grievance appeal will be forwarded to the Health Services Medical Director by the institution grievance coordinator according to the Department Administrative Rule: Grievance Review System.
- C. Grievances and grievance appeals are investigated and a response provided to the inmate within time frames and according to the Administrative Rule: Grievance Review System.
- D. All other verbal or written correspondence regarding individual inmate's health care is responded to after the health record has been reviewed and the case discussed, if necessary, with health care staff responsible for service provision.

Grievance Mechanism for Health Complaints

- E. Responses to verbal inquiries or written correspondence should contain the following:
1. Responses should be easily understood by the reader. Respond using simple language. Avoid the use of medical terminology that is not easily understood by our patients.
 2. Responses should be courteous. If an apology is due to the patient, include it in the response. The numbers of grievance appeals are more likely to be reduced by an appropriate response.
 3. Direct your response to the writer. The response is not to the supervisor, it is an explanation in writing to the patient.
 4. Stick to the topic. Do not throw in material that is not relevant to the patient's complaint.
 5. If action was taken because of the grievance, let the writer know what steps you took or what you have in mind for future action.
 6. A thank you are always appreciated. If someone has identified a problem that needs some kind of intervention, let them know you appreciated the information, e.g., Thank you for bringing this problem to my attention...
 7. Keep the response short and to the point. Avoid abrupt answers such as: Appointment made. J. Smith, R.N. The patient needs some information and we need to be responsive to their request.
 8. Respond in a timely manner.
 9. Responses need to be professional and polite regardless of what has been written in the grievance.
 10. Offer an opportunity to leave a door open, e.g., if you have any questions please contact...
 11. It is recommended that all correspondence be responded to within seven (7) working days.
- F. The Health Service Manager conducts a review of inmate grievances (formal grievances, grievance appeals and other written or verbal correspondence) once each quarter to determine trends or patterns indicative of a problem that can be improved. The results of this review and improvements implemented are reported in the narrative quarterly report for October (July through September complaints), January (October through December), April (January through March) and July (April through June).
- G. Refer to P&P #P-A-06, Continuous Quality Improvement Program for details pertaining to annual review requirements.

Effective Date: _____
Revision date: February 2007
Supersedes P&P dated: January 2006

GRIEVANCE WORK SHEET

Please circle or check

Facility	CCCF, CRCI, EOCI, MCCF, OSCI, OSP, PRCF, SFFC, SCI, SCCI, SRCI, TRCI, WCCF		
UNIT	GP, DSU, IMU, INFIRMARY, ADSEG, BOOT CAMP, A&D, CS, MINIMUM, OTHER		
SEX	MALE	FEMALE	
AGE		HEP C	YES NO
CATEGORY	Medication issue – related to receipt of medication		
		Pharmacy related	Nursing related
		Intake related	
		Dental access issue – imperfection in provision of dental care	
		Dental treatment issue – disagrees with prescribed plan of dental care	
		Professional inter-relations RN – addresses specific RN	
		Professional inter-relations provider – addresses specific provider	
		Prosthetic devices – dental	
		Prosthetic devices – glasses (exam related below)	
		Prosthetic devices – ortho	
		Prosthetic devices – misc	
		Medical treatment disagreement – disagrees with prescribed plan of medical care Nursing, provider, TLC, timeliness, medications, discrimination, plan of care, miscellaneous	
		Living assignment issues – relates to living accessories and/or assignment	
	Medical access – imperfection in provision of medical care		
	Diets – related to receipt of or provision of therapeutic diets		
	Infirmary issues – relates to provision of care in an infirmary		
	Miscellaneous – responded to by health services, doesn't fit above categories and may or may not be medically related		
	Medical records – related to receipt/provision of medical records		
	Access to eye exam – unable to obtain eye exam		
COMPONENTS	For reviewing quality of responses		
		Appropriate – does it place blame, does it assume responsibility	
		Informational – does it address concern of patient	
		Professional – does it acknowledge the importance of the concern or consider the patient, or is it argumentative, defensive and lacking in professional ethics	
		Directed to the patient	