

	County of Sacramento Department of Health Services Division of Primary Health Policy and Procedure	Policy Issuer (Unit/Program)	JCH
		Policy Number	A11-1361
		Effective Date	02-05
		Revision Date	03-14
Title: Grievance Mechanism For Health Complaints		Functional Area: Governance and Administration	
Approved By: Pamela Gandy-Rosemond, MSN RN CCHP Health Administrator			
Approved By: Scarlett Ong, BSN RN Clinic Manager			

Policy:

The primary purpose of the grievance process is not only to listen to youth’s concerns about health care, but to remedy the situation. Grievances, also serve as a self-inspection system, providing important information for formal and informal audits. Grievance mechanisms are an important component for quality improvement. Well-founded grievances can provide valuable feedback regarding opportunities for improving health care.

Definition:

Grievance – A grievance is a complaint by the youth regarding any condition of confinement, act, rule or policy, written or unwritten, in which the youth contends that there is an infringement in his/her person, human, or constitutional rights.

Procedures:

A. Grievance For Health Complaints

1. Form Request

- a. Youth will complete grievance for health complaints form if the youth feels that his or her health concerns has not been resolved at the lowest appropriate staff level.
- b. Grievance slips are available in each unit and are designed to be filled out by the youth. If the youth has trouble filling out the form, Probation staff will provide assistance upon request.

2. Form Submission

- a. The completed form will be placed by the youth in the nurse sick call locked box that is available in each housing unit.
- b. Grievances will be picked up routinely once a day by a medical staff on the evening shift at 9PM.

3. Grievance Review

- a. Each health care grievance will be reviewed by the Director of Nursing (DON) and a face-to-face interview will be conducted.
- b. A written response will be prepared within ten calendar days of receipt from health staff.
- c. Mental Health grievances will be forwarded by the DON to the Mental Health Program Coordinator.

- d. Medical and/or dental health grievances may be assigned by the Director of Nursing to the Supervising Registered Nurse (SRN) for review. SRN shall consult with the health provider.
 - e. As part of the investigation, the DON or SRN will review the medical chart, talk to any medical staff who may have been involved or have knowledge of concern and meet face-to-face with the youth.
4. Resolution
- a. Results of finding will be documented on Health Grievance form and reviewed with youth.
 - b. If the grievance has been resolved, the original will be filed by the Director of Nursing.
 - c. The original grievance and any other corresponding documentation will be maintained in a secure designated location for seven years.
 - d. A summary of all medical grievances will be compiled monthly and given to the Probation Compliance Officer for review.
 - e. If the grievance is not resolved, the Senior Director of Nursing will review as part of the appeal process.
5. Identified deficiencies in health care will be addressed and remedied in a timely fashion.
6. Modifications to current health care system, as a result of the grievance process will be addressed in staff meetings.
7. Well-founded grievances will be reviewed in the quality improvement work group and quality improvement quarterly meetings.

References:

Title 15, Article 8, Section 1361

NCCHC, Y-A-11

Attachments:

Grievance Forms

Contact:

Scarlett Ong, BSN, RN, Director of Nursing

Chris Eldridge, Mental Health Program Coordinator



Grievance Juvenile
CHS.docx

Name _____ XREF No. _____ Today's Date _____

Grievance Review			
Reviewed by		Date of review	
Met with Inmate <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," provide date, time and location of meeting below)			
Location		Date and time	

Investigation Summary	

Resolution	
Resolved <input type="checkbox"/> Not Resolved <input type="checkbox"/> *	Healthcare Provider Signature:
*Second Level Review <input type="checkbox"/> Yes <input type="checkbox"/> No	Inmate Signature:
Summary of findings given to Compliance Officer <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Officer: Date:

*Second Level Review is needed if grievance is not resolved or if operational changes are needed.