

State of Iowa Department of Corrections

Policy and Procedures

Policy Number: FPH-16

Applicability: IDOC

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Chapter 10: Forensic Psychiatric Hospital

Sub Chapter: Administration and Organization

Related DOC Policies: IO-OR-05, IO-OR-06, OP-MTV-01, IO-RD-01, PREA-01

Administrative Code Reference: 481

Subject: Patient Grievance Procedures

ACA Standards: 5-ACI-3D-19, 5-ACI-6A-01 (M), 5-ACI-6C-01

PREA Standards: 115.52(a)

Responsibility: Warden Mike Heinrich, Dr. Theresa Clemmons

Effective Date: October 2023

Authority:

1. PURPOSE

To describe the grievance procedures that will be available to patients in the Forensic Psychiatric Hospital (FPH).

2. POLICY

It is the policy of the FPH to provide patients an internal mechanism designed to resolve legitimate complaints and improve FPH operations.

3. DEFINITIONS – As used in this document:

- a. Grievance - A formal, written complaint, utilizing the established procedures filed by a patient.
- b. Grievance Officer - The FPH authority whose responsibilities shall include: investigation of patient complaints, determination of the validity of the complaint and provision of response to the patient.
- c. Grievant - Patient filing the complaint.
- d. Informal Resolution - A genuine attempt by the grievant to correct the perceived problem with the appropriate staff member.
- e. Resolution - The decision to deny, sustain or partially sustain a patient's suggestion as to how his/her problem can be corrected.
- f. See Policy **AD-GA-16** for additional Definitions.

4. PROCEDURES

A. General

- 1. Patient grievances and information obtained in any step of the process are confidential.
- 2. Patients, regardless of physical condition, security, or administrative status, shall follow this process to file grievances.
- 3. Assistance shall be made available to patients who cannot complete the forms themselves. Any staff member may initiate the required assistance. **(5-ACI-3D-19)**
- 4. Patients may grieve policies, conditions, loss or damage of personal property with value of less than \$100.00 (with proof of purchase/ownership), health care treatment, employees, and other patients within the FPH that affect them personally. **(5-ACI-6C-01)**
- 5. Grievances must be filed with the Grievance Officer within 30 days of the alleged incident.

6. Stated time limits for the grievance procedure may be expanded by the Warden if extenuating circumstances arise, such as disturbances, riots or natural disasters.
7. Patients or employees who appear to be involved in a complaint shall not participate in any capacity of the formal resolution process. If a complaint is filed against the Grievance Officer or appealing authority, an alternate may be appointed by the Warden to serve as Grievance Officer or appealing authority when necessary.
8. The grievance process is confidential. In order to initiate a grievance, patients must complete the Patient Grievance Complaint form **(FPH-16 F-1)** and place in the grievance box present on unit in the FPH. This box is checked twice each week.
9. Patients are expected to use the grievance resolution procedure in good faith. Deliberate misuse, malicious, or frivolous use of the procedure may result in limitations or restrictions.
10. Upon recommendation by the Grievance Officer and approval of the Warden or designee, the number of grievances that a patient can file may be limited. On a monthly basis the Grievance Officer shall forward the names and relevant information to the Warden for review. Removal of the restriction is at the sole discretion of the Warden by using the Grievant Appeal Form. **(FPH-16 F-2)**
11. Patients may, at any time, seek assistance to their problems through the Office of Citizens' Aide/Ombudsman.
12. New employee training shall include written and oral instructions in the grievance resolution procedure.
13. Patient admission procedures shall include written and oral instructions in the grievance resolution procedure. **(5-ACI-6A-01(M))**
14. Grievances shall be filed electronically under a unified and confidential system to be kept separate from the patient's master file. At a minimum, these records must include: complaint form, investigation, initial Grievance Officer response, appeals and appeal responses. These records shall be kept for five years.
15. Expiration of a time limit at any step entitles the grievant to move to the next step unless a written extension has been given.

16. This policy shall be posted and accessible to patients.

B. Process

1. Patients must attempt informal resolution. See definition on page one.
2. The Patient Grievance Complaint (**FPH-16 F-1**) and Grievant Appeal (**FPH-16 F-2**) must be used for filing grievances or appealing decisions. Forms are available on FPH unit by the grievance box. Only one issue may be grieved per form.
3. Within seven days of receiving the grievance, the Grievance Officer will:
 - a. Number each grievance (including incomplete and non-grievable).
 - b. Determine the process to be used:
 - 1) Non-grievable: policy/procedure which have formal appeal mechanisms.
 - 2) Allegations of patient on patient sexual abuse or sexual assault or staff, contractor or volunteer sexual misconduct or sexual harassment of a patient are not grievable. Refer to IDOC policy **PREA-01**, *Offender PREA Information* for reporting processes. (**PREA 115.52 (a)**)
 - 3) Standard: Complaints, which are not an emergency.
 - 4) Emergency: Appears to be a substantial risk of physical injury or other serious and irreparable harm if regular time limits are followed.
 - 5) Issues that have been previously grieved and a decision has been rendered may not be grieved again unless new, substantial information requires additional review. This shall be a decision of the Grievance Officer.
 - 6) Not Processed: (Incomplete forms, no informal resolution attempt, insufficient information, etc.).
 - c. Notify the patient in writing of:

- 1) Receipt of each grievance. **(FPH-16 F-1)**
- 2) Process to be used (standard, emergency, non-grievable, and other).
 - a. If an emergency is declared by the grievant, but not determined to be as such by the Grievance Officer, the denial shall be explained in writing.
 - b. If the Grievance Officer determines upon initial review that an emergency grievance exists, the grievance shall be investigated immediately and corrective action, if indicated, shall be initiated.
 - c. If the Grievance Officer determines that a grievance is not grievable, written notice shall be sent to the grievant stating the reasons **(F-16 F-2)**. If the patient disputes the determination that the issue is not grievable, that determination may be appealed. If appealed the appeal authority shall rule only on the matter of grievability.
 - d. If the Grievance Officer determines that the patient did not attempt informal resolution or the form is incomplete, the grievance shall be returned to the patient to be completed properly and resubmitted.
4. Within 21 days of receiving the grievance, the Grievance Officer shall provide a written response using the Grievance Response form in ICON Grievance and a recommendation based upon the grievance investigation.
5. If a response cannot be given within 21 days of receiving the grievance, the patient shall be notified, in writing, that the investigation is continuing and of the time extension.
6. If more than one patient files a grievance concerning the application of general institution policies, practices, health care treatment, specific staff member's actions or conditions, the Grievance Officer may process these grievances as a group, therefore, providing the same response to each grievant.

C. Types of Resolution include:

1. Sustain - The patient's request is granted.
2. Partially sustained - A portion of the patient's request is granted.
3. Deny - The patient's request is refused.
4. Withdrawn - The patient has dismissed his complaint and no action is required.

D. Appeals

1. The grievant must appeal the decision within the stated time limits of the policy. Patient appeals received after the policy time limit expires will not be heard and the prior decision will be upheld.
2. The grievant may appeal the initial response of the Grievance Officer in writing (**FPH-16 F-2**) and the appeal must be **received** by the Warden within 15 days of the date of the Grievance Officer's response. (**5-ACI-3D-19**)
3. The Warden or designee shall respond in writing using the Grievance Appeal Response form in ICON Grievance to the appeal within 15 days of receipt. The appeal response shall include the reasons for the decision.
4. The grievant may appeal the Warden's or designee's response in writing and the appeal must be **received** by the respective Regional Deputy Director's within 15 days of the date of the Warden's or designee's response (**FPH-16 F-2**). Correspondence with any officials outside the institution shall be at the patient's expense. Indigent patients shall be provided for as per policy **IO-OR-05**, *Patient Legal Activities*.
5. The respective Regional Deputy Director's shall respond in writing using the Grievance appeal response form in ICON Grievance from the appropriate source within 30 days of receipt. The appeal response shall include reasons for the decision. This is the final appeal step.

6. The maximum period between receipt of a grievance and the final appeal response will not exceed 103 days unless extensions have been given.

E. Records Retention

Paper grievances shall be kept for five years. Grievances recorded in ICON will remain in the system.