

Chadron Hospital Complaint/Grievance Process:

When a patient/patient representative has expectations that have not been met or has voiced a complaint, it is encouraged that he/she communicates with the member of the healthcare team providing service and/or the manager/director for the department/service as soon as possible. The department/service unit is expected to resolve the complaint whenever possible at the time the complaint is raised. If a patient/patient representative is uncomfortable expressing a complaint to the department/service unit, he/she may contact the Nursing Supervisor and/or the Administrator-on-Call for immediate resolution. **If prompt resolution is not possible, the complaint then becomes a grievance** and is managed according to procedures designated by Chadron Hospital policy.

1. When a complaint becomes a grievance, the Grievance Coordinator will record information relevant to the situation.
2. Research will be conducted by contacting staff involved in the situation or supervisory personnel, and all information will be carefully and accurately documented.
3. The complainant will be contacted with a resolution within 7 days OR will be notified of circumstances causing delay. The investigation shall be completed within 30 days of the initial receipt of the grievance if additional time is needed.

The presentation of a complaint will in no way compromise your access to care at Chadron Hospital.

- You or your representative may voice complaints and recommend changes without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care, treatment and services.
- The grievance process will provide prompt resolution of grievances related to care and services.
- You will be assured of complete confidentiality at all times.

You may contact the CEO, CFO, CNO, DON, or Quality Analyst to file a grievance:

Chadron Hospital
Attn: Quality Analyst, CEO, CFO, CNO, or DON
825 Centennial Drive
Chadron, NE 69337
308-432-5586

At any time, the patient or patient's representative may contact the state agency that has licensure survey responsibility for Chadron Hospital. You have the right to file a complaint with the State agency as well as, or instead of, utilizing Chadron Hospital's grievance process.

Nebraska Department of Health and Human Services – Licensure Unit
PO Box 94669
Lincoln, NE 68509-4669
<https://dhhs.ne.gov/Pages/Facilities-Complaints.aspx>
Complaint intake line (402) 471-0316

PATIENT GRIEVANCE FORM

Before you complete this Patient Grievance Form, please attempt to resolve the matter informally with a staff member or someone else you trust. If a satisfactory resolution cannot be reached, complete this form and forward it to a staff member or to those listed on the back of this form. Administrative staff will contact you to discuss your concern(s) in an attempt to resolve the matter within 7 days of receipt. Please retain the yellow copy for your records.

Patient/Resident involved: _____

Name of person making complaint_____

Relationship to patient: ☐ self ☐ parent ☐ guardian/POA ☐ other_____

Address_____

Phone you wish to be reached at:_____

****Information must be complete for grievance response***

DESCRIBE YOUR GRIEVANCE IN DETAIL:

Please be as specific as possible with the following: [1] please state your concern; [2] date of event; [3] time of event; [4] staff member(s) involved, and [5] location of event.

Attach additional sheets if necessary:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Signature of patient/person filing grievance

Date

Signature of Administrative Staff that Received the Grievance

Date