

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 Medical Services Manager 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 Administrator by the institution grievance coordinator according to the Department Administrative Rule: Grievance Review System.
- C. Grievances and grievance appeals are investigated and a response is returned to the grievance coordinator within 21 days per the Administrative Rule: Inmate Communication and 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.

- 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 future actions you will take.
 6. A thank you is 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 within 21 days.
 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 but per Administrative Rule, no longer than 21 days.
- F. The Medical Services 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).

Effective Date: _____
Review date: Review date: August 2014
Supersedes P&P dated: April 2014

GRIEVANCE SUMMARY SHEET
(Optional for use)

Please circle or check

Facility	CCCF, CRCI, DRCI, EOCI, MCCF, OSCI, OSP, OSPM, PRCF, SCI, SCCI, SFFC, SRCI, TRCI, WCCF		
UNIT			
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		
	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		
	Infirmiry issues – relates to provision of care in an infirmiry		
	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		