

Project Reality

Input, Feedback, and Grievance Processes

I. Input from Stakeholders

Patients and Family: Project Reality is highly invested in the opinions of persons receiving services and seeks this feedback in several ways. Patients are notified of their rights and encouraged to give feedback at intake and at least annually. The development of a therapeutic relationship is strongly emphasized to support an ongoing dialogue between the clinician and consumer regarding all elements of the treatment program. This process may include contact during dosing hours; individual, couples, family, and group sessions; planning; and continued stay reviews. When consumer needs come into conflict with agency policies or procedures, patients are encouraged to make requests for exceptions or for alternative arrangements through their therapist. The request is then discussed and decided in staff meeting.

Patients are also encouraged to have family and/or significant others involved in their care. During the intake process the consumer is encouraged to sign consents to release information to family and the clinicians provided ancillary support to family members including couples and family therapy. The agency supports and encourages contact with family members to seek feedback and integrates this feedback into the Quality Assurance process.

A complaint/feedback box is attached to the front door in Salt Lake and available at the desk in Provo where individuals (patients, family, or other interested parties) may leave written feedback even when the agency is not open. These issues are discussed in quality assurance meetings, leadership meetings, staff meetings, and board meetings. Patients are informed upon admission, and annually, in writing of specific complaint, grievance, and feedback opportunities and procedures. Administrators, therapists, and the Quality Assurance Committee members discuss consumer feedback as well as complaints and resolutions. The organization defines a complaint/grievance as being a written document. These issues are often discussed in leadership meetings, staff meetings, and board meetings. Project Reality is invested in being sensitive to the consumer's needs and negotiating these differences while supporting the individual's growth and recovery.

Another level of communications with patients occurs through ad hoc or annual consumer advisory committees to explore specific consumer related issues or issues raised by family, staff, or community. These committees may then make recommendations to the administrative staff for review. Minutes are maintained to document these discussions and will be submitted to the QA committee for integration into the quality assurance process.

A consumer satisfaction questionnaire is conducted annually, and satisfaction is assessed through face-to-face interviews by other stakeholders (such as County auditors and CARF surveyors). The formal satisfaction questionnaire has been developed based on national standards and recommendations and may include issues specific to the Project Reality milieu and organizational structure or measures of progress identified by the advisory or Quality Assurance Committees. This data is analyzed and utilized in the quality improvement process to make recommendations to the multidisciplinary staff, leadership team, Executive Director, and Board of Governors.

The agency has developed a follow up questionnaire for people who have left treatment. The procedure is discussed at intake and includes a follow up locator form to obtain permission from the consumer to contact them after they have left treatment. The agency also utilizes a questionnaire with individuals who return for services to gather information about the time they were out of treatment.

Employee and Other Stakeholders: Employee and other stakeholder satisfaction surveys are conducted at least annually and are developed based on national standards. In addition, administrative staff members annually contact neighboring businesses to seek feedback. This data is analyzed and utilized in the quality improvement process to make recommendations to the multidisciplinary staff, leadership group, Executive Director, and Board of Governors to adjust policies and procedures, program development, and management issues.

Members of the Board of Governors and employees are encouraged to give feedback on an ongoing basis. An employee suggestion box is available for anonymous feedback and input is sought during all staff and Board meetings. Employees are supported in attending the QA committee meetings or making recommendations for the QA Committee's consideration. When any person in the multi-level, multi-disciplinary team expresses dissatisfaction with an aspect of the process the issues are discussed informally or formally to negotiate needs and solutions.

The agency is driven by the annual strategic plan and performance improvement goals. The process of developing, implementing, monitoring, and measuring performance improvement provides an ongoing feedback loop of input for the agency. This input leads to changes in many aspects of the agency and programs that are documented in planning and monitoring charts and in meeting minutes.

Project Reality receives input at least annually from major funding sources and inspectors. Several levels of inspections provide guidance related to facilities and operations. These findings are then addressed as quickly as possible and discussed in the QA committee meetings. The priorities of the funding sources and the community (as identified by public opinion and legislative priorities) are incorporated into the development of program policies and procedures. In the past several years funding sources have shifted toward funding treatment for individuals motivated toward recovery as evidenced by progress in treatment. This shift is, in part, a function of limited resources. In response to this Project Reality clinical staff developed a structure for monitoring progress and access to funding assistance. Patients who are not responding significantly to the outpatient setting are re-assessed based on ASAM criteria and referred to the appropriate placement. The patient who does not choose to seek treatment at the assessed level of care will generally be offered continued treatment that is self-pay. This treatment is more oriented toward harm reduction and the individual can return to funding assistance if they progress in their recovery. While the staff at Project Reality support the harm reduction model funding resources are not currently available for this treatment regime.

II. Use of Stakeholder Feedback

Feedback from patients, employees and other stakeholders is evaluated by the Quality Assurance Committee members to determine overall trends to adjust the policies and procedures, and in the development, monitoring, management and evaluation of programs. This is done to negotiate the stakeholders needs with the agency policies and treatment expectations with the goal of maintaining an atmosphere sensitive to the patient, employee, and stakeholder needs in conjunction with a therapeutic emphasis toward growth and recover. This feedback is utilized in the development of program planning, performance improvement, strategic planning, organization advocacy, financial

planning, and resource planning. These decisions are documented in meeting minutes and may be utilized to make recommendations to change existing policies or procedures. Consistent concerns identified through any of these means of communication may be addressed through specialized staff training.

Thus far changes made related to feedback include:

- Integration of the Methadone/buprenorphine/Buprenorphine information form into the intake interview (based on feedback received through the satisfaction questionnaire at the Salt Lake site that patients did not feel fully informed of the side effects of methadone).
- Recruitment of a former patient to act as Alumni Liaison based on consumer desire for contact with individuals that have successfully detoxified from methadone treatment (with future hope for establishment of an alumni committee).
- Increased staff presence in parking lots based on consumer request for tightening up on loitering and potential selling of benzodiazepines in parking lot.
- Development of take-out criteria checklist in response to consumer request that take outs be evaluated based on all areas of functioning and staff desire for more quantitative measures of progress.
- QA Committee exploration of options for collection of urinalysis and clinical evaluation of the need for observation.
- Staff training on productivity variations to meet take out requirements (homemaker with pre-school and/or school age children; hobbies; church involvement and activities; outside support system involvement e.g., NA, AA, ACOA).
- Develop plan to work on neighborly relations around the block at the Salt Lake site.
- In the past two years the procedures for returning take outs after they have been removed for cause has been re-designed to make the removal and reinstatement on a quicker response time, so the takeout privileges are more fluid in nature. This helps decrease the consumer's sense of failure and frustration and improves the consumer's sense of optimism around practicing recovery skills.
- A new take-out Step Level system has been designed and is being tested to speed up the rate of earning take out medication.
- Possible alternate dosing sites for the southwestern side of Salt Lake County are being explored as a response to consumer feedback.
- Intake staff have been specifically encouraging family involvement from the beginning of treatment (by discussing in the intake assessment and providing releases of information at that time) over the past two years in response to research and funding support for the positive effect of family involvement in the treatment process.

III. Project Reality Patient Advisory Committee and Feedback Systems (notice to patients)

Project Reality is highly invested in the opinions of the people receiving services. We encourage you to develop a strong relationship with their therapist and to express your ideas about all elements of the treatment program. A complaint/feedback box is attached to the front door in Salt Lake County. These complaints are discussed in Quality Assurance Committee meetings, leadership meetings, staff meetings, and board meetings. Updates on the complaints received and the actions taken regarding complaints are posted quarterly in the clinics. You will also be asked for feedback once a year through the patient Satisfaction questionnaire.

In addition, you are also encouraged and invited to attend Patients Advisory Committee Meetings. These are held twice a year and notice of the meetings will be posted in the clinic to tell you when and where to attend. Input and recommendations from these meetings are documented and integrated into the quality assurance processes.

IV. Patient or Participant Complaint/Grievance/Feedback/Follow-up Procedures

Project Reality is committed to integrating patient/participant feedback into our quality improvement process whenever possible. Patients will be encouraged and assisted throughout treatment to understand and exercise his/her rights including reporting, without fear of retribution, any incidents of suspected abuse or neglect, retaliation, humiliation, or financial or other exploitation. The grievance and appeal process includes unbiased sources in accordance with State laws and regulations and investigation and or resolution of alleged infringement of rights and to receive a decision in writing.

Patients are informed of their rights to file a Complaint/Grievance to Project Reality or to the funders and agency licensing organizations. Patients/participants may file a Complaint/Grievance orally or in writing. Complaints/Grievances will be addressed at the earliest possible time, with the staff meeting level response not to exceed 10 business days. Individuals who make the decision on a Grievance will be individuals who were not involved in any previous level of the Grievance and have the appropriate clinical expertise in treating the patient's condition.

The patient may request to meet with the team in person to discuss the complaint/grievance and may bring a support person or advocate if desired. If the complaint/grievance is not resolved at this level and goes to the Project Reality Board of Governors the Board will review the relevant records, determine if more information or a patient meeting is advised, and provide the patient a letter documenting the grievance resolution in a timeframe not to exceed 60 days.

Acknowledgement of a complaint/grievance will be documented in the complaint/grievance record, meeting minutes and patient record as appropriate.

A written response to a complaint/grievance is available to the patient if requested.

V. Project Reality Patient Feedback Procedure (notice to patients)

You may give feedback either in writing (feedback Box is available in the waiting room) or by telling any Project Reality staff member. Feedback is reviewed and responses developed at the Quality Assurance meeting. A summary of feedback is written periodically, and copies of this report are posted throughout the clinic for you and your families to see.

VI. Project Reality Internal Patient Complaint Procedures

Step 1

- Complaint/Grievance is taken to the therapist/counselor or staff representative and staff member will meet with a member of the leadership team to determine options for addressing grievances within one week.
- *If unresolved then proceed to Step 2.*

Step 2

- Complaint/Grievance is taken to a larger team meeting (within 1 week - mini-team, general staff meeting, or QA with Executive Director, when appropriate).
- Resolution options are discussed with patient with focus on hearing patient feelings/concerns.
- The participant may request or bring an unbiased representative on his/her behalf.
- *If unresolved then proceed to Step 3.*

Step 3

- Complaint/Grievance is taken to the Board of Governors or a representative of the Board within 30 days.
- Resolution options are discussed with patient with focus on hearing patient feelings/concerns.
- Final decision is made by the Board of Governors within 60 days.
- Patient is provided written notification of the Board's decision.

The grievance process will be documented in writing in agency minutes and patient or participant records, as appropriate.

A written response to a grievance is available to the patient, agent leadership, and Board of Governors, as indicated.

- State Opioid Treatment Authority: 801-538-3939
- Utah Medicaid: 1-800-662-9651
- Medicaid Optum Salt Lake: 1-877-370-8953
- Utah State Code of Conduct Violations: 801-520-2777
- Civil Rights Violations: 801-538-4250
- Salt Lake County Behavioral Health: 385-468-4707
- Utah County Department of Drug and Alcohol Treatment: 801-851-7128