

Report Title or Project Name

Complaint Data

RATIONALE or RELEVANCY:

Improving complaint tracking is important for developing strategies for quality improvement throughout the PBH network. In order to address increasing complaint resolution times, PBH identified a broad range of activities necessary to improve the process as a whole:

- Revise the current Complaint policy/procedure
- Streamline the complaint process through training and monitoring by the Quality Management Department so ALL complaints are documented
- Allow multiple portals for consumers to file complaints for easy access
- To ensure timely investigations of complaints received when a consumer's health, safety, and welfare is at risk
- To resolve complaints in a timely manner
- To ensure prompt feedback of the outcome of the complaint to the complainant

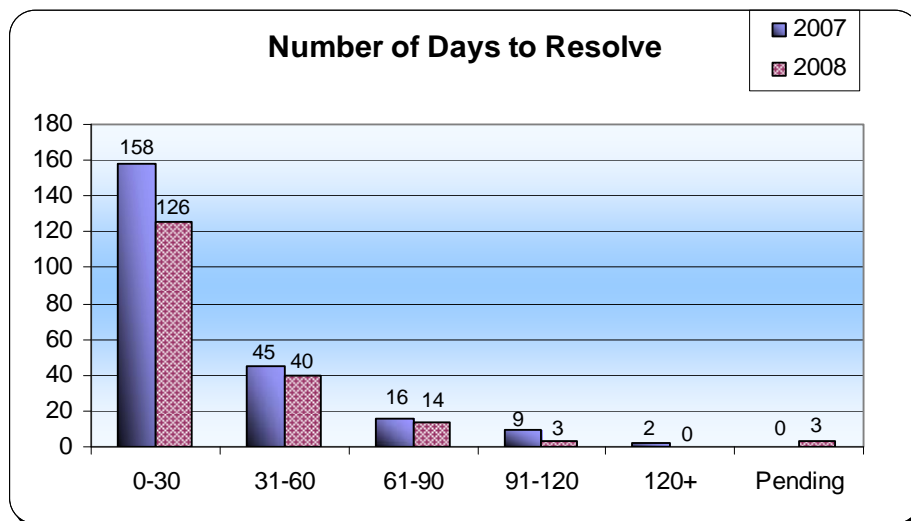
Measurements:

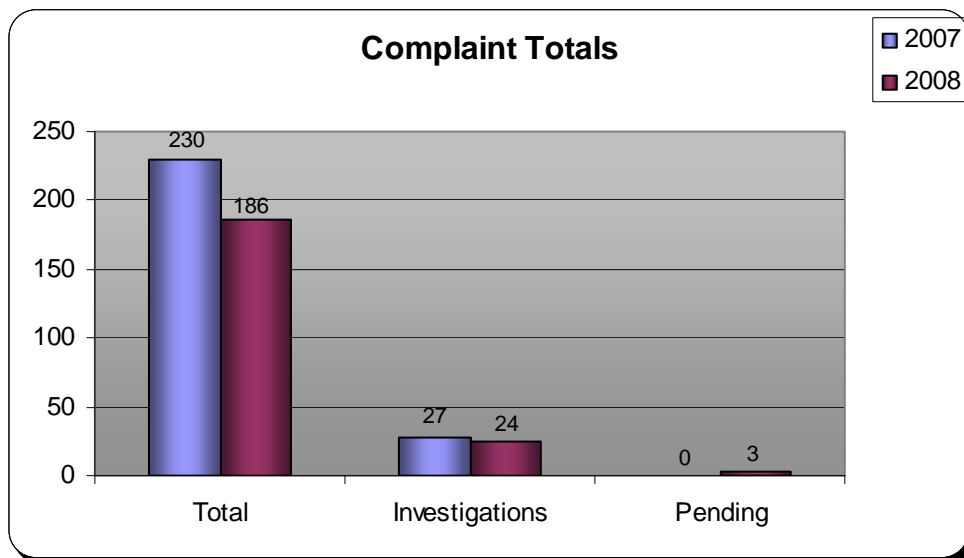
Source

| | |
|--|--------------|
| M-1. Complaints are to be resolved within 30 days | DMA Contract |
| M-2. 75% of complaints are to be resolved within 30 days | DMH Contract |

RESULTS:

| Measurement | Goal | CY2005 | CY2006 | CY2007 | CY2008 |
|---|--|--------|--------|--------|--------|
| M1- Average # days to handle a complaint. | Resolved within 30 days | 44.83 | 35.43 | 26.66 | 27.22 |
| M2- 75% of complaints are to be resolved within 30 days | 75% of complaints resolved within 30 days | 43.12% | 55.66% | 67.65% | 67.74% |





CONCLUSIONS:

Changes were made to the Complaint Module in January 2007 in order to accommodate both internal and state reporting. This resulted in data clean-up for 2006 and 2007. A comprehensive on hands training program was developed for all staff to familiarize use of the complaint data base.

The percentage of complaints resolved within the 30 day guideline increased over 10% for 2005, 2006, 2007 and 2008. According to the DMH contract, PBH must resolve 75% of complaints within 30 days. The percentage of complaints resolved within 30 days remains below this benchmark. However, there was a 24.6% increase in resolution timeliness since 2005. This trend is expected to continue as further interventions are implemented. In 2007, 67.65% of complaints were resolved within 30 days. 2008 showed a slight improvement with 67.74% resolved within 30 days. This continues to be below the state benchmark of 75%; however, each year shows improvement in this indicator.

The DMA contract requires all complaints to be resolved within 30 days. From 2005 to 2006, there was a 21% reduction in the average number of days to resolve a complaint (44.86 to 35.48 days). From 2006 to 2007, there was a 22% reduction in the average number of days to resolve a complaint (35.48 to 26.66 days). However, from 2007 to 2008, there was a 2.1% increase in the average days to resolve a complaint (26.66 to 27.22) with fewer complaints reported in 2008 (186 complaints compared to 230 for 2007). The number of investigations remained consistent from 2007 to 2008 with a slight decrease for 2008.

Based on the results and success of achieving some of our goals, PBH will continue to implement the following interventions in order to improve the complaint process:

- In order to address data integrity issues, Complaint module clean up will occur continuously and any issues/problems identified will be corrected and addressed with staff.

- In order to address the barrier of staff not resolving complaints in a timely manner, follow-up and reminder e-mails will be sent to assist staff in timely resolution. Adding reminder emails in addition to post-resolution emails have proved to be helpful in the timeliness of resolving complaints.
- Technical Assistance by QM staff to the agency. This occurs on an ongoing basis to staff.

Interventions

The following interventions were implemented to address the barriers identified through analysis of the baseline data. The impact of these interventions will be monitored by the Continuous Quality Improvement Committee. Adjustments will be made as needed according to the Committee's recommendations.

- Increased QM Department monitoring of complaints by developing a schedule for reviewing the complaints before transfer and sending standardized reminder emails to staff members to resolve their complaints. (Implemented March 2006)
- All supporting documentation related to a complaint will be housed in a secure place within the QM department. (Implemented July 2006)
- QM is in the process of creating a Complaint Intake specialist position in order to monitor the complaint module and ensure complaint information is being documented as well as resolved in a timely manner. (Implemented August 2006) This position was filled in November 2006.
- In an effort to improve resolution times, emails are sent 7 to 10 days prior to the 30 day state requirement. (Implemented December 2006)
- The complaint module will be revised for enhancements. Additional fields will be added to meet state requirements for reporting and needed. (Anticipated Implementation October 2006) Completed January 2007.
- Complaint trainings will be held for individuals and departments and will now be apart of Employee Orientation to train all new employees. (Anticipated Implementation November 2006 – December 2006) Trainings were completed by April 2007. Ongoing trainings will be offered during Employee Orientation.
- Modified the transfer process for complaints so that all complaints are now transferred to QM. QM staff reviews for completeness of data, severity of complaint, and concise entry of complaint description. This effort improves resolution times through the appropriate and timely assignment of complaints. (Implemented April 2007)
- The complaint procedure was revised for clarity. The revised procedure was reviewed by the PBH Continuous Quality Improvement Committee and will be reviewed at the next Management Team meeting in August 2006. (Anticipated Implementation September 2006) After multiple revisions by various levels of management, this procedure was approved and finalized June 2007.

- The PBH Continuous Quality Improvement Committee will be monitoring the interventions and receiving data on a quarterly basis to provide feedback and identify and address barriers. (Ongoing)
- As a result of streamlining the complaint process, technical assistance is more readily available. (Ongoing)
- Monitoring of the Complaint Module occurs multiple times daily for timely distribution and prompt attention to Health and Safety complaints. (Ongoing)

The interventions appear to have been successful in improving performance. Interventions were monitored continuously by Quality Management and results were reported to CQI, Global CQI, Executive Cabinet and the board on a quarterly basis. According to feedback from training surveys, the trainings were modified to include a hands-on component to practice entering a complaint. CQI also provided a recommendation to send reminder emails *prior* to due dates to improve complaint resolution times. No other modifications were made to existing interventions. All interventions have impacted the success of the revised complaint process.

OPPORTUNITIES/RECOMMENDATIONS

PBH will continue to implement the following interventions in order to improve the complaint process:

- In order to address data integrity issues, Complaint module clean up will occur continuously and any issues/problems identified will be corrected and addressed with staff.
- In order to address the barrier of staff not resolving complaints in a timely manner, follow-up and reminder e-mails will be sent to assist staff in timely resolution. Adding reminder emails in addition to post-resolution emails have proved to be helpful in the timeliness of resolving complaints.
- Technical Assistance by QM staff to the agency. This occurs on an ongoing basis to staff.
- The complaint intake person as well as QM staff will continue to closely monitor incoming complaints to ensure they are handled and resolved within 30 days. Beginning in the fall of 2007, complaint trainings will be included as a part of employee Orientation.
- Schedule complaint trainings during orientation for any new staff. A schedule has been made for training new staff at orientation as well as other staff who haven't received complaint training.
- Complaints concerning health and safety issues and trends/issues within the network will be reported to the CQI committee in order to make recommendations/suggestions or forward to credentialing committee for those providers who are having severe complaints.
- Also, during the data clean up, staff identified that some complaints are also not indicating what the follow up is with the complainant. This will be addressed with PBH staff to improve satisfaction with the complainant. Technical assistance is provided to fix these issues on an ongoing basis.