Kettering Health Network’s Responsibility to You
Complaint and Resolution Process

Our responsibility to you is to provide for you, the patient, quality health care in an atmosphere where physical, emotional and spiritual recovery and growth can take place.

The Kettering Health Network is committed to the resolution of any concerns that you may have. We receive, review and, when possible, resolve complaints from patients and their families. You have the right to freely voice complaints and recommend changes without being subject to coercion, discrimination, reprisal or unreasonable interruption of care, treatment and services.

The hospital responds to individuals making a concern significant (as defined by the hospital) or recurring complaint.

Kettering Health Network participates in national accreditation programs. Our organizations are committed to quality patient outcomes and experiences. There are many ways to provide us with your feedback concerning patient safety and quality of patient care.

To voice a concern, please contact one or more of the following:
• The caregiver or person in charge
• Unit or department manager
• A Patient Representative
• Hospital Administration

If satisfactory resolution has not been met by contacting the patient’s direct caregiver, person in charge, unit/department manager, the Patient Relations Department, or Administration, the patient has the right to file a formal grievance. For more information concerning the grievance process, please contact the Patient Relations Department at the number listed below.

Patients also have the right to file a complaint with the Ohio Department of Health or other state agency, agency of whether or not the patient decides to contact Kettering Health Network’s Patient Relations Department to share their concern or utilize the grievance process. Patients may reach the Ohio Department of Health through their hotline at 1-800-342-0553 or at the following address:

Ohio Department of Health
246 N. High Street
PO Box 118
Columbus, Ohio 43266-0118
ATTN: Complaint Unit/DA

Additionally, patients have the right to file a complaint with the Secretary of the U.S. Department of Health and Human Services, as well as with Centers for Medicare and Medicaid Services (CMS). The Secretary of the U.S. Department of Health and Human Services may be reached by dialing 1-877-696-6775 or 1-888-205-6257. Their mailing address is:

The U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

CMS is available by calling 1-410-786-3000 or writing to:

Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1800

If your concerns have not been addressed through the channels identified above, you may contact the facility’s accrediting organization.

To contact a Patient Representative please call:
Kettering/Sycamore Medical Centers: 937-395-8613
Grandview/Southview Medical Centers: 937-273-2013
Kettering/Sycamore Medical Centers: 937-395-8631
Grandview/Southview Medical Centers: 937-723-2313
Kettering/Sycamore Medical Centers: 937-395-2031
Fort Hamilton Hospital: 513-867-3399
Soin Medical Center: 937-702-4205

To contact the nursing supervisor who is available 24/7, call the hospital operator by dialing “0” inside the hospital.

To contact Administration Please Call:
Kettering/Sycamore Medical Centers: 937-395-8688
Grandview/Southview Medical Centers: 937-223-9988
Greene Memorial Hospital: 937-352-2320
Fort Hamilton Hospital: 513-867-2127
Soin Medical Center: 937-702-4010

To contact the HealthCare Facilities Accreditation Program Please Call:
1-800-621-1773

Greene Memorial Hospital: 937-352-2136
Fort Hamilton Hospital: 513-867-2173
Soin Medical Center: 937-702-4000

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Kettering Health Network
Patient Rights and Responsibilities

Patient Rights

The patient has the right to participate in the development and implementation of his or her plan of care (482.13(b)(1))

The hospital will actively include the patient in the development, implementation and revision of his or her plan of care. The hospital will plan the patient’s care, with patient participation, to meet the patient’s psychological and medical needs.

The patient’s (or patient’s representatives, as allowed by State law) right to participate in the development and implementation of his or her plan of care includes at a minimum, the right to: participate in the development and implementation of his/her inpatient treatment/care plan, outpatient treatment/care plan, participate in the development and implementation of his/her discharge plan, and participate in the development and implementation of his/her pain management plan.

The patient or his or her representative (as allowed under State law) has the right to make informed decisions regarding his or her cares. 482.13(b)(2)

The patient’s rights include being informed of his or her health status, being involved in care planning and treatment, and being able to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.

The patient has the right to formulate advance directives and to have hospital staff and practitioners who provide care in the hospital comply with these directives. 482.13(b)(3)

An advance directive is defined as a “written instruction, such as a living will or durable power of attorney for health care, appointed pursuant to State law relating to the provision of health care when the individual is incapacitated.” In the advance directive, the patient may provide guidance as to his/her wishes concerning provision of care in certain situations; alternatively the patient may delegate decision-making authority to another individual, as permitted by State law.

The patient has the right to have a family member or representative of his or her choice and his or her own physician notified promptly of his or her admission to the hospital 482.13(b)(4)

For every patient admission, the hospital will ask the person whether the hospital should notify a family member or representative about the admission. The hospital will also ask the patient whether the hospital should notify his/her own physician. If a patient is incapacitated or otherwise unable to communicate and to identify a family member or representative to be notified, the hospital will make reasonable efforts to identify and promptly notify a family member or patient’s representative. The notice will be provided promptly which is defined as ‘as soon as possible after the physician’s or other qualified practitioner’s order to admit the patient has been given.’ The hospital will document that the patient, unless incapacitated, was asked no later than the time of admission whether he or she desired a family member/nursing/patient representative notified, the date, time and method of notification when the patient requested such, or if the patient declined to have notice provided.

The patient has the right to personal privacy 482.13(b)(6)

The patient has the right to respect, dignity and comfort and includes, at a minimum; privacy during personal hygiene activities, during medical/nursing treatments, and when requested as appropriate. The right to privacy also includes limiting the release or disclosure of patient information such as name, age, address, income, health information without

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prior consent from the patient. A patient’s right to privacy may be limited in situations where a person must be continuously observed such as when restrained or in seclusion when immediate and serious risk to harm self or others exists.

The patient has the right to receive care in a safe setting. 482.13(c)(2)

The intention of this requirement is to specify that each patient receives care in an environment that a reasonable person would consider to be safe. Additionally, this standard is intended to provide protection for the patient’s emotional health and safety as well as his/her physical safety.

The patient has the right to be free from all forms of abuse or harassment 482.13(b)(3)

All forms of abuse, neglect (as a form of abuse) and harassment are prohibited whether from staff, other patients, or visitors. The hospital has mechanisms/methods in place to ensure that all patients are free from the above.

The patient has the right to the confidentiality of his or her clinical records 482.13(d)(1)

The hospital has sufficient safeguards to ensure that access to all information regarding patients is limited to those individuals designated by law, regulation, and policy; or duly authorized as necessary or reasonable restriction or limitation. A hospital must have written policies and procedures for the protection of the patient’s confidentiality and for the handling of complaints of abuse or harassment.

The patient has the right to know the relationship(s) of the hospital to other persons or organizations participating in the provision of his/her care 482.13(d)(3)

The patient has the right to access the patient, a staff member, or others and must be evaluated for the earliest possible time if necessary or reasonable restriction or limitation.

Restraint or seclusion may not be used unless the use of restraint or seclusion is necessary to ensure the immediate physical safety of the patient, a staff member, or others, and must be discontinued at the earliest possible time.

The patient has the right to not be restrained or secluded. 482.13(e)(1)

A patient has the right to receive medical treatment as well as the information necessary for informed consent, to receive the visitors whom he or she designates, including, but not limited to a spouse, a domestic partner (including a same- sex domestic partner), another family member, a close friend, or a, and his or her right to withdraw or deny such consent at any time.

The patient has the right to know the reasons for his/her transfer either within or outside the hospital 482.13(d)(2)

The patient has the right to be informed of the reasons for any proposed change in the professional staff responsible for his/her care

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2. Inform each patient (or support person, where appropriate) of the right, subject to his or her consent, to review their rights to access the clinician who she designates, including, but not limited to a spouse, a domestic partner (including a same- sex domestic partner), another family member, a close friend, or a, and his or her right to withdraw or deny such consent at any time.

3. Not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.

4. Ensure that all visitors enjoy full and equal visitation privileges consistent with patient preferences.

The patient’s family has the right of informed consent for donation of organs and tissues.

PATIENT RESPONSIBILITIES

You are responsible for giving complete and honest information. Upon admission, you are responsible for providing accurate and complete information about your present complaints, past illnesses, allergies, hospitalizations, medications (including over the counter), vitamins and herbal supplements, and other matters relating to your health.

You and your family are responsible for reporting perceived risks in your care as well as any unexpected changes in your condition.

You are responsible for providing feedback about your service needs and expectations.

You and your family must be considerate of the hospital’s staff and property.

You and your family have the responsibility to cooperate to the best of your ability and to do so in a considerate and courteous manner with the hospital personnel.

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When such adaptations to the care, treatment and service plan are not recommended, patients and their families are informed of the consequences of care. The patient or their representative must be provided the information, including the treatment and service alternatives and not following the proposed course. This is important as the patient and their family are responsible for accepting the consequences and outcomes of the care, services or treatment plan if not followed.

You and your family are responsible for following hospital rules and regulations concerning patient care and conduct.

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The organization makes every effort to adapt the plan or course of treatment.

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