

GRIEVANCE POLICY

VERSION HISTORY				
VERSION	APPROVED BY	REVISION DATE	DESCRIPTION OF CHANGE	CHANGED BY
1_Draft				

PREPARED BY		TITLE		DATE	
APPROVED BY		TITLE		DATE	

PURPOSE

Policy on Patient Concerns and Grievances at (THIS HOSPITAL)

THIS HOSPITAL is dedicated to delivering high-quality patient care and ensuring patient and family satisfaction. To this end, THIS HOSPITAL has established a comprehensive system that allows our consumers, their significant others, or representatives to voice concerns about the quality of care and services received at THIS HOSPITAL. These concerns may include, but are not limited to:

- Issues related to premature discharge
- Treatment
- Care Services
- Damaged or lost articles
- Billing

All concerns will be addressed promptly and without fear of discrimination or reprisal.

Objectives:

- **Response to Safety Concerns and Complaints:** To outline the appropriate steps for addressing patient and family safety concerns or other complaints at THIS HOSPITAL.
- **Commitment to Quality Care:** THIS HOSPITAL is committed to providing quality patient care and promoting patient and family satisfaction. THIS HOSPITAL staff will handle all complaints and grievances consistently and in a timely manner. THIS HOSPITAL will track and trend these complaints and grievances, implementing necessary changes and process improvements under the direction of the Quality, Patient Safety, and Service Committee.

- **Timely Resolution:** It is the goal of THIS HOSPITAL to define and resolve any patient concern or grievance within seven (7) days. Patients may request the process be initiated for filing a verbal or written complaint regarding any aspect of their care to any hospital employee at any time.
- **Compliance with Regulations:** This policy establishes a mechanism and procedure to respond to, review, and resolve patient and family grievances and complaints **as required by the Centers for Medicare and Medicaid Services (CMS) and The Joint Commission (TJC)**. It provides definitions for grievances and complaints and guidelines to identify patient concerns that meet the CMS definition of a grievance.

DEFINITIONS

Grievance Coordinator: Person(s) who facilitate the process of a grievance. These people may include the: Department Head, Chief Executive Officer (CEO), Chief Consumer Care Officer (CPCO), Director of Nursing (DON), Director of Quality, Director of Patient Safety.

Grievance Committee: Person(s) involved with the investigation process of the incident. These people may include the CEO, CPCO, DON, Quality Analyst, management team, or providers involved with the incident.

Authorized representative means a person appointed by the patient such as in an advance directive or by a court order such as guardianship.

A concern is defined as an informal or formal complaint registered by anyone other than the patient or the patient's care and may become a grievance if not addressed appropriately.

Complaint means an issue, concern, or complaint about patient care or access to care issues, including complaints regarding barriers to care or other services, which are encountered, by patients or patient representatives resolved by staff present. For example, a relatively minor request such as a request to change bedding, housekeeping of a room and serving preferred food and beverages may be made relatively quickly and would not usually be considered a "grievance" and therefore would not require a written response.

Verbal complaints made over the telephone can constitute a formal grievance under the CMS patient rights standards if staff present cannot resolve them. If the complaint is postponed for later resolution or requires further investigation, then it will be considered a grievance. An email or fax is also considered to be a written grievance. Any allegation of abuse, neglect, or failure of THIS HOSPITAL to comply with any of the CoPs is considered a grievance.

Grievance is defined as a formal verbal or written expression of dissatisfaction with some aspect of care or service that has not been resolved to the patient/family's satisfaction at the point of service. All verbal or written complaints of abuse, neglect, patient harm or the risk of patient harm, a violation of the Patient Rights and Responsibilities are examples of grievances. A verbal or written complaint sent to the Health Care Quality and Risk Management department or any request from a family to treat a complaint like a grievance will be considered a grievance (when the complaint is not resolved at the time of the complaint by the staff present), abuse or neglect, issues related to the hospital's compliance with the CMS Hospital Conditions of Participation, or a Medicare beneficiary billing complaint related to rights and limitations provided by 42 CFR.489.

Grievant means the patient on whose behalf an oral or written grievance has been filed, or the disabled visitor's or patient's legally authorized representative who has filed the grievance on behalf of the patient.

Grievance Procedure means the procedure used when the patient's concern or complaint cannot be resolved at the point of contact or service by staff present.

Point of service or contact means the place and time the services are or were to be provided or where a barrier was encountered, or where a majority of patients will receive services, including Admitting, Business Office, clinic registration counters, etc.

Patient Safety Organization (PSO) is an entity that collects and analyzes data voluntarily reported by healthcare providers to improve patient safety and healthcare quality. PSOs create a legally secure environment where clinicians and healthcare organizations can report, aggregate, and analyze data without fear of legal liability or professional sanctions.

Patient Safety Work Product (PSWP) encompasses any data, reports, records, memoranda, analyses (such as root cause analyses), or written or oral statements that are created or developed by a healthcare provider for submission to a PSO and are reported to a PSO. This information is safeguarded under the Patient Safety and Quality Improvement Act of 2005, promoting thorough and honest reporting without fear of legal consequences.

PROCEDURE

	DEFINITION	
<p>To the Grievant:</p>	<p>Upon admission to THIS HOSPITAL, every patient shall be informed and given a copy of the Patient and Family Bill of Rights, which will include information on how the patient or patient’s legal representative can file a concern or a grievance. Such information shall include the name or the title of the person at THIS HOSPITAL whom to contact to raise the concern. The patient should have reasonable expectations of care and services. The facility should address those expectations in a timely, reasonable, and consistent manner. THIS HOSPITAL must inform the patient or patient’s legal representative of the internal grievance process, including whom to contact to file a grievance. As part of its notification of rights, THIS HOSPITAL must inform the patient that he/she may lodge a grievance with the state agency directly, regardless of whether he/she first used THIS HOSPITAL’s grievance process. THIS HOSPITAL must provide the patient or the patient’s legal representative with a phone number and address for lodging a grievance with the state agency.</p> <p>The patient or his/her representative will be provided with information related to the grievance submission process. The information provided to the consumer includes:</p> <ul style="list-style-type: none"> • Whom the consumer contacts to file a grievance. • How to reach a Grievance Coordinator. • What the organizational grievance process entails. • Time frames for review and resolution of grievance. • Phone number/address for lodging a grievance with the State Agency at any time. 	
<p>THIS HOSPITAL Staff Procedures and Responsibilities:</p>	<p>Complaints:</p> <ol style="list-style-type: none"> 1. Any employee who receives a complaint from a patient/family member shall immediately attempt to resolve the complaint within that employee’s role and authority. 2. If the complaint cannot be immediately resolved, the employee shall refer the complaint through the appropriate chain of command. 3. The supervisor or manager will resolve the complaint or take steps to continue the resolution process with the knowledge and agreement of the patient or family making the complaint. 4. At any time during the complaint resolution 	<p>Responsible Party:</p> <p style="text-align: right;">Faculty and Staff</p> <p style="text-align: right;">Faculty and Management</p> <p style="text-align: right;">Faculty and Staff</p> <p style="text-align: right;">Faculty and</p>

	<p>process, the department of Quality/Risk Management may be contacted for assistance, advice or support.</p> <p>5. At any time during the complaint process, the patient’s physician should be notified if appropriate under the circumstances and should be given the opportunity to assist in resolving any complaints related to clinical care.</p> <p>6. Upon completion or resolution of the complaint the manager/director of the department shall communicate all findings to the Quality/Risk Management department on the Patient Complaint/Grievance Form.</p> <p>Grievances</p> <p>1. If the complaint cannot be resolved or qualifies as a grievance, the manager or director of the relevant department must complete a Patient Complaint/Grievance Notification Form and notify the Quality/Risk Management department within 24 hours. The Quality/Risk Management department should be informed immediately of any sentinel events, actual or potential patient injuries, allegations of abuse or neglect, or any situations posing a continued risk to patient safety.</p> <p>2. The manager/director of the department shall immediately notify the Director of Regulatory Compliance and Privacy Officer of any complaint concerning privacy/patient confidentiality.</p> <p>3. The Quality/Risk Management department will assist the department manager or director in investigating the grievance and will determine if a peer review committee should be involved. The investigation should address any identified opportunities for improvement. Any grievance involving a physician should be discussed with the physician’s department chair, who will be responsible for any necessary intervention, including referral to peer review if appropriate.</p> <p>4. Upon conclusion of the investigation, the Quality/Risk department shall assist the department manager/director or Department Chair in completing a final written summary of the investigation which shall be maintained by the Quality/Risk Management department.</p> <p>5. The Quality/Risk Management department will provide a written response to the patient or family making the grievance. If the grievance is made by someone other than the patient or the</p>	<p>Staff</p> <p>Management</p> <p>Management Staff, & Health Care Quality/Risk Management</p> <p>Management</p> <p>Management</p> <p>Management Department Chairs & Quality/Risk Management</p> <p>Management Department Chairs & Quality/Risk Management</p> <p>Quality/Risk Management</p>
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	<p>patient’s authorized representative, any Protected Health Information included in the investigation summary can only be released as permitted by law.</p> <p>6. If the investigation of the grievance cannot be completed within 7 days, the Quality/Risk Management department shall inform the person making the grievance that the investigation is continuing and that a written response will be forwarded immediately upon completion of the investigation. All grievances should be identified, reviewed and responded to within 30 days.</p> <p>7. All complaints and grievances will be logged, analyzed, and tracked by the Quality/Risk Management department. Regular reports of complaints and grievances will be submitted to the Quality, Patient Safety & Service Committee</p> <p>8. The Quality, Patient Safety & Service Committee shall receive scheduled reports from the Quality/Risk Management department and shall be responsible for reviewing and addressing trends and for overseeing improvement opportunities. The Committee shall make the necessary reports to the Board of Directors.</p> <p>9. All complaints, grievances, investigations, follow-up actions, and tracking and trending reports prepared by the Quality/Risk Management department, as well as the minutes and proceedings of the Quality, Patient Safety & Service Committee, are considered privileged and confidential committee information. No information shall be released without the permission of the Quality, Patient Safety & Service Committee chairperson and the Legal department.</p>	<p>Quality/Risk Management, Department Chairs</p> <p>Quality/Risk Management</p> <p>Quality, Patient Safety & Service Committee</p> <p>Quality, Patient Safety & Service Committee, Quality/Risk Management & Legal Department</p>
<p>Complaint/Grievance Procedure regarding Section 1557 of the ACA:</p>	<p>Section 1557 of the ACA prohibits discrimination based on race, color, national origin, sex, age, or disability in certain health programs and activities. Anyone who believes they have been subjected to such discrimination may file a grievance under this procedure. It is illegal for THIS HOSPITAL to retaliate against anyone who opposes discrimination, files a grievance, or participates in a grievance investigation.</p> <p>Section 1557 of the Patient Protection and Affordable Care Act HHS.gov</p>	
<p>U.S. Department of Health and Human Services, Office for Civil Rights.</p>	<p>U.S. Department of Health and Human Services Office for Civil Rights 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 Toll-free: (800) 368-1019 TDD toll-free: (800) 537-7697</p> <p>U.S. Department of Health & Human Services - Office for Civil Rights (hhs.gov)</p>	

<p>OCR Regional Offices: Southeast Region - Atlanta (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee)</p>	<p>Barbara Stampul, Regional Manager Office for Civil Rights U.S. Department of Health and Human Services Sam Nunn Atlanta Federal Center, Suite 16T70 61 Forsyth Street, S.W. Atlanta, GA 30303-8909 Customer Response Center: (800) 368-1019 Fax: (202) 619-3818 TDD :(800) 537-7697 Email: ocrmail@hhs.gov</p>
<p>Key Words:</p>	<p>Patient Complaint; Patient Grievance: Grievance procedure; Patient Rights; Resolution</p>
<p>References:</p>	<ul style="list-style-type: none"> • 482.13 (a) (2) Conditions of Participation under Patients’ Rights from the Centers of Medicare and Medicaid Services eCFR :: 42 CFR 482.13 -- Condition of participation: Patient's rights. • The Joint Commission (RI01.07.01) Standards for Joint Commission Accreditation and Certification The Joint Commission • https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R37SOMA.pdf • Grievances CMS • https://www.jointcommission.org/resources/news-and-multimedia/newsletters/newsletters/joint-commission-online/feb-21-2024/hospital-cah-revised-requirements-on-patient-rights-complaint-resolution-medical-waste-disposal/