SAMPLE – Patient Relations: Complaints, Grievances and Appeals Process

Subject:	Patient Relations: Complaints, Grievances and Appeals Process	
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I. Statement of Purpose

At [*insert facility name*], we recognize that all feedback from patients, families, visitors, volunteers, physicians and all others with whom we interact is an important part of continuous improvement in our system. We also recognize reviewing complaints and grievances may help us identify opportunities to respond to the concerns of our customers and/or to improve the quality of care or service delivered. Filing a complaint or grievance shall not limit a patient's access to care.

II. Policy

It is the policy of [*insert facility name*] to provide a centralized and recognized systematic process for reviewing and responding to a complaint or a grievance.

The patient relations program shall be utilized to disseminate information on patient rights and to identify actual or perceived problems in care or communication among caregivers, patients and the community. Responsibility for program coordination shall be assigned to the patient relations coordinator.

III. Definitions

A. Complaint: A relatively minor concern from a patient or a patient's representative about the care and/or services provided by [*insert facility name*] that can be promptly resolved by informal means and does not require a written response.[1]

B. Grievance: A formal or informal written or verbal complaint that is made to the hospital by a patient or the patient's representative regarding the patient's care (when the complaint is not resolved at the time of the complaint by staff present), abuse or neglect, issues related to the hospital's compliance with the CMS Hospital Conditions of Participation (CoPs), or a Medicare beneficiary billing complaint.[2] All written complaints, including those received via email and fax, are considered to be grievances.[3] Likewise, if a patient attaches a written complaint to a satisfaction survey, it is to be treated as a grievance.[4] If a patient or patient representative requests that a complaint be considered a formal grievance, then it too will be treated as a grievance.[5] All grievances require a written response.[6]

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IV. Procedure

A. General Management
   1. Complaint/grievance investigations, recommendations and/or actions taken by [*insert facility name*] are conducted for the purpose of quality/performance improvement and peer review, pursuant to applicable state statutes.
   2. As part of the patient satisfaction initiative, a dedicated telephone line has been established for parties to call for providing feedback regarding care and services. All comments will receive a response within 24 hours or on the first business day after receipt. Resolution should not exceed 24 hours for complaints and seven days for both written and verbal grievances. Both complaints and grievances will be handled as outlined in the sections below.
   3. [*Insert facility name*] will inform the patient of the complaint/grievance process, including whom to contact to file a complaint/grievance. The patient or patient representative will be given written information regarding their right to lodge a grievance with the state agency that regulates hospital organizations, regardless of whether he/she has utilized the facility's grievance process. Upon request, [*insert facility name*] will provide the patient or patient representative with the address and phone number for lodging a grievance with the state agency.
      a. A brochure shall be given to each patient during the registration process that explains the Patient Relations Program.
         i. The Patient Relations brochure shall include:
            - The "Patient Bill of Rights" and responsibilities
            - The name of the patient relations representative
            - The 24-hour telephone number of the patient relations office
            - Details as to how a complaint or concern will be handled
            - The address and phone number for lodging a complaint or grievance with the state agency and/or the Quality Improvement Organization(QIO) (designated by the Centers for Medicare and Medicaid Services [CMS])
            - Encouragement for the patient to contact the patient relations representative to voice concerns and attempt resolution, prior to contacting the state agency
         ii. The Patient Relations brochure shall be available in the following areas:
            - Admissions office
            - All outpatient departments
            - All patient/visitor entrances.

B. Management of Complaints
   1. Individual Actions
      a. Staff members having direct contact with the patient and/or family are empowered to attempt to resolve all patient complaints at the point of service. Staff members are to inform their manager of all complaints.
      b. The manager or administrative supervisor of the department/unit will become involved if the staff member is unable to resolve the complaint to the patient's satisfaction.
      c. The director of the department/unit will become involved if the manager is unable to bring about resolution and will address concerns, document findings, and respond to the patient/family within 24 hours or on the next business day after being informed of the matter.
      d. If resolution is still not achieved, the grievance procedure will be initiated. The director will contact the grievance coordinator/patient relations representative.

2. Additional Actions
    a. If the complaint involves allegations of malpractice, negligence or is an actual claim against [*insert facility name*], it will be immediately directed to the risk management professional for review and follow-up.
    b. If the complaint involves lost or damaged property of a patient or visitor, an occurrence/event report must be completed and forwarded to the risk management professional. If a patient or visitor requires immediate assistance related to lost or damaged belongings, a staff member will contact the department manager or the administrative supervisor if it is after hours.
    c. Upon receiving a complaint involving a bill, the patient relations representative will notify both patient accounting and the risk management professional. All bills shall be placed on hold until the complaint has been resolved and/or the billing department has been authorized by the risk management professional to resume billing.

        <u>Note:</u> Patient accounting personnel shall notify the appropriate department or firm that performs billing services for the attending physician and other physicians who provided care to the patient during the relevant period. The responsible individual will be asked to contact the risk management professional in order to coordinate the response to the patient's complaint.

    d. All contacts with complainants shall be documented by the staff member or the patient relations representative. Documentation shall include:
        - Name of complainant
        - Medical record number, if available
        - Room number or address and telephone number of complainant
        - Nature of the complaint or concern
        - Actions taken to address the complaint or concern
        - Written referral to the involved department or service
        - Follow-up and/or problem resolution

C. Management of Grievances
    1. Responsible Parties:
        a. Grievance coordinator/patient relations representative – This individual is designated by the grievance committee to coordinate the investigation and response to grievances received by [*insert facility name*] and may act in conjunction with the committee, if necessary.
        b. Grievance Committee – The Grievance Committee is authorized by the governing body and has been delegated the responsibility to review and resolve grievances. This committee is a sub-committee of the Performance Improvement Committee and is composed of representatives from risk management, the medical staff and the hospital general staff.
        c. Grievance Appeals Committee – The Grievance Appeals Committee is authorized by the governing body and has been delegated the responsibility to resolve appeals of Grievance Committee decisions. The Grievance Appeals Committee is composed of the chief executive officer (CEO), the chief operating officer (COO) and the chief medical officer (CMO).
    2. Grievance Process
        a. The grievance coordinator receives a written or verbal complaint, which is unresolved at the department/director level.
        b. The grievance coordinator initiates the grievance log (a mechanism used to track grievances) and begins the investigation.

*Note: The investigation and preliminary response shall be documented within five business days of receipt of the grievance. Although CMS does not require every grievance to be resolved with a specified timeframe, CMS considers **seven days** to be an appropriate amount of time for providing a response.*[7]

c. If the grievance involves allegations of malpractice, negligence or is an actual claim against [*insert facility name*], it will be directed to the risk management professional for review and follow-up.
d. If the grievance raises concerns regarding quality of care or premature discharge from the hospital, the chair of the Grievance Committee shall immediately refer the matter to the appropriate hospital committee or to the Quality Improvement Organization/QIO (formerly the Peer Review Organization), if the patient requests QIO review.
e. Department managers/directors will assist in the investigation and resolution at the direction of the grievance coordinator or the risk management professional.
f. The grievance coordinator or his/her designee will contact the complainant to acknowledge receipt of the grievance and attempt resolution. Any verbal contact made will be followed-up by a written response, which includes:
   - The name of the hospital contact person
   - The steps taken on behalf of the patient to investigate the grievance
   - The results of the grievance process
   - The date of completion
g. If there is an impending delay in the investigation that will cause the written resolution to exceed seven days, the grievance coordinator must inform the patient or the patient representative that the hospital is still working on a resolution and that the facility will provide a written response within a stated number of days, not to exceed an additional 10 days.
h. If the complainant accepts the resolution, the grievance coordinator or designee will note such in the grievance log and the matter will be considered closed.
i. If the complainant does not accept the resolution, the grievance coordinator will continue to attempt resolution and/or contact the Grievance Committee chairperson for input.
j. The Grievance Committee chairperson (an individual other than the grievance coordinator) will review the investigation and determine if there is sufficient information to support the attempted resolution.
k. If the information is not sufficient, the chairperson will investigate or request the grievance coordinator to re-investigate the matter and report back.
l. If the information is sufficient, or once the issue has been further investigated, the Grievance Committee chairperson (or grievance coordinator at the direction of the chairperson) will either attempt a different resolution, support the current resolution, or discuss the grievance with member(s) of the Grievance Committee to determine an appropriate resolution.
m. The Grievance Committee chairperson or grievance coordinator will notify the complainant in writing regarding the findings, including the following:
   - The name of the hospital contact person
   - The steps taken on behalf of the patient to investigate the grievance
   - The results of the grievance process
   - The date of completion
   - The appeals process

   Note: Written responses to patients are to be reviewed by the risk management professional prior to delivery to the patient.
n. If the complainant does not accept the response, he/she may appeal to the Grievance Committee chairperson, who will forward the appeal to the CEO.

D. Appeal Process:
   1. The Grievance Committee chairperson will contact the chairperson of the Grievance Appeals Committee (the CEO) upon receipt of an appeal.
   2. If the Grievance Committee chairperson has not previously had direct contact with the complainant, he/she will make contact and attempt to resolve the grievance. This attempt to resolve the grievance shall be confirmed in writing (as above).
   3. If the grievance has not been resolved within 30 days after receipt of a written appeal, the Grievance Appeals Committee shall review the complaint and investigation and shall do one of the following:
      a. Uphold the investigation findings and the action taken or plan of action proposed for resolution;
      b. Return the investigation to the grievance coordinator and/or Grievance Committee chairperson, requesting that it be re-investigated; or
      c. Uphold the investigative findings and determinations, but recommend that additional or different actions to resolve the grievance be undertaken
   4. The Grievance Appeals Committee shall document its decision and within 10 days of reaching its decision, the Grievance Appeals Committee chairperson (the CEO) shall notify the complainant in writing.
   5. The Grievance Appeals Committee chairperson may also recommend to the complainant that the matter be resolved via a formal mediation process.
      Note: The entire appeals process will take no longer than 60 days. ***This timeframe may vary by state. Be sure to comply with the state requirements and note the appropriate timeframe if the appeal process must be completed in less than 60 days.***

E. Outcome Reporting Process
   The outcomes of grievances presented to the Grievance Committee and the Grievance Appeals Committee will be provided to the governing body's quality committee on a quarterly basis.

F. Additional Actions
   1. The patient relations representative, the risk management professional and the quality manager shall meet on a monthly basis to review and discuss all complaints and concerns with risk management implications. The risk management professional will review and approve all written communication before it is sent to a complainant. Upon recommendation of the risk management professional, legal review of certain communications will be sought.
   2. Summary reports of complaints and grievances received and actions taken, including follow-up by involved departments, staff members and physicians, shall be presented on a quarterly basis to the Risk/Quality Management Committee as part of the hospital's Quality Assessment and Performance Improvement Program (QAPI).[8]

References

1. U.S. Department of Health & Human Services, Centers for Medicare and Medicaid Services (CMS), *State Operations Manual – Appendix A – Survey Protocol, Regulations and Interpretive Guidelines for Hospitals*, Rev. 151, 11/20/2015, §482.13(a)(2) and Interpretative Guidelines for §482.13(a)(2).
2. Ibid.
3. Ibid.
4. Ibid.
5. Ibid.
6. Ibid.
7. Ibid, §482.13(a)(2)(ii) and Interpretative Guidelines for §482.13(a)(2)(ii).
8. Ibid, §482.13(a)(2) and Interpretative Guidelines for §482.13(a)(2).