	<b>Title:</b> Complaint and Grievance, Patient	
	<b>Department:</b> Administrative Manual	
	<b>Policy#</b> 100.07	<b>Original Effective Date:</b> 10/16/2013
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## Definitions

Complaint: A verbal or written communication or expression of dissatisfaction by a patient with some aspect of care/service or with a process or person that is resolved at the point of service by the staff present or by others who can quickly respond.

Grievance: A written or verbal complaint that is filed by a patient or a patient’s representative, when a patient issue cannot be promptly resolved by SEARHC staff. Grievances include:

- patient satisfaction/customer service feedback when the patient provides a complaint/concern and provides their name for resolution;
- any report of abuse or neglect;
- any billing complaint or allegations of premature discharge for a Medicare beneficiary;
- concerns involving the quality and safety of patient care;
- compliance with CMS Conditions of Participation;
- any complaint in which the patient or patient’s representative requests resolution from SEARHC.


Resolution: A patient complaint or grievance is considered “resolved” when the patient is satisfied with the actions taken on the patient’s behalf. (Note: A grievance may be considered closed, even if not resolved, if appropriate reasonable actions have been taken on behalf of the patient and the patient remains unsatisfied.)

Patient: “Patient” means a person who is an inpatient or outpatient of SEARHC and includes former patients and a representative of the patient. In this policy, wherever the word “patient” is used, it should be read to include the patient’s representative, if any.

Staff Present: Includes any SEARHC staff present at the time of the complaint or who can quickly be available (i.e., patient care staff, administration, nursing supervisors, patient advocates, etc.) to resolve the patient’s complaint.

## Policy


- 1) The policy of SEARHC is that all complaints and grievances shall be addressed in a timely manner as per regulatory guidelines.
- 2) SEARHC encourages any staff member receiving a complaint to attempt to resolve the issue, taking into account policies and procedures of their department and SEARHC.
- 3) Complaints that cannot be resolved by the staff present will be placed in Qstatim for reviewing and responding to the complaint and/or grievance.
- 4) SEARHC will inform the patient and/or the patient’s representative of this internal grievance process, and ensure them that there will be no retaliation towards the patient.

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- a. Immediate attention will be given to complaints or grievances that could endanger the patient, i.e. neglect or abuse.
- 5) SEARHC Patient Experience Committee has responsibility for the grievance process and has delegated this responsibility to the Grievance Committee. This committee provides oversight and mediation for the grievance process as needed. The Grievance Committee is comprised of the appropriate representation from the PI Division, Medical Director(s), and a member of the administration team and/or the Chief Operating Officer (COO).
  - 6) The Patient Experience Representatives will track and monitor complaints and grievances and provide reports to appropriate leadership groups.
  - 7) Complaint and grievance investigations, recommendations and/or actions taken by SEARHC are protected and confidential. Grievances will not be documented in the patient's medical record.

### **Procedures**

- 1) It is the responsibility of the Grievance Committee, under the Patient Complaint and Grievance Policy, to ensure the following activities are completed in accordance with the standards described in this procedure.
- 2) **Notices** Each patient will be provided written notice that informs them:
  - a. That it is the policy of SEARHC to encourage patients to freely recommend changes, to make complaints and grievances, and to receive response to such complaints and grievances in an effective and timely manner;
  - b. About how to make verbal and written complaints and grievances to SEARHC, including:
    - i. assurance that it is the patient's right to make complaints and grievances and that doing so will not result in coercion, discrimination, reprisal, or unreasonable interruption in care;
    - ii. to whom complaints and grievances may be made;
    - iii. how complaints will be addressed at the point of service; and
    - iv. how grievances will be addressed;
  - c. That a grievance may be submitted to the Alaska Department of Health and Social Services (Certification and Licensing Division), quality of care and patient safety concerns to The Joint Commission, and quality of care and coverage decisions for Medicare beneficiaries to the Quality Improvement Organization (QIO). The address and phone number of these entities shall be provided.
- 3) **Staff** shall:
  - a. encourage patients to offer suggestions and to make complaints and grievances when appropriate;

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- b. make it a priority to respond and attempt to resolve complaints at the point of care whenever possible;
- c. assure patient that the complaint shall be addressed;
- d. make sure that all suggestions, complaints and grievances communicated by patients are transmitted immediately to the appropriate person, i.e. patient experience representative, manager, etc.

#### 4) **Complaints Process:**

##### a. Action to Resolve

- i. Staff who receives a complaint will attempt to resolve it immediately; if unable to resolve immediately will notify the patient experience representative, supervisor and/ or department manager for further direction.
- ii. Provide ongoing communication with the patient to keep them informed about the efforts being made to resolve the issue.
- iii. After resolution efforts are made, the staff will talk with the patient to determine if the patient is satisfied with the actions. If the patient is:
  - 1. satisfied, the complaint will be considered resolved.
  - 2. not satisfied, the complaint will be handled by the Patient Experience Representative.

##### b. Recording Complaints

- i. Staff who receives a complaint must record it in Qstatim.
- ii. Staff who attempts to resolve a complaint must ensure that the outcome is documented in Qstatim.


#### 5) **Grievance Process:**

##### a. Actions to Resolve:

- i. Any staff who receives a patient grievance shall enter it in Qstatim as quickly as possible.
- ii. The patient shall be informed that the grievance has been received by the appropriate Patient Experience Representative and they will keep the patient informed about the progress being made to resolve it.
- iii. If the grievance suggests a patient may be in immediate danger and/or patient safety may be compromised, assure appropriate care is provided and the investigation and other efforts to resolve the grievance shall be expedited.

##### b. Investigation and Other Actions

- i. The Grievance Committee will determine the best course for reviewing and investigating the grievance and initiate actions necessary to attempt to resolve the grievance.
- ii. If at the time of receipt of the grievance or during the course of investigation of it, it appears that other processes of SEARHC are implicated, the Grievance Committee will provide the necessary information to the appropriate staff responsible for such matters and develop a plan for coordinating the response to the grievance and the other processes, without delaying response.

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- iii. Within seven (7) business days after receipt of a grievance, if it has not been closed, the patient will be informed about the status and given information about when resolution is likely. Updates about the timing will be provided to the patient until the grievance is closed.
- iv. If, at any time during the grievance process, it becomes appropriate to refer a Medicare patient to the QIO, a timely referral of the patient's concerns shall be made.

c. Closing and Notification of a Grievance


- i. A grievance review and investigation may be closed if:
  - 1. the patient is satisfied with the actions taken on the patient's behalf; or
  - 2. the patient remains unsatisfied but the Grievance Committee has determined that appropriate reasonable steps have been taken on behalf of the patient.
- ii. After the review and investigation are complete as described above, a written notification must be provided to the patient from the SEARHC Grievance Committee or the approved designee.
- iii. Notification must include:
  - 1. the name of the hospital contact person: SEARHC Performance Improvement Director;
  - 2. steps taken to investigate the grievance;
  - 3. the results of the grievance process; and the date of completion of the review.
- iv. The notification is not required to:
  - 1. include statements that could be used in a legal action against the organization, provided it includes adequate information to address each item list above;
  - 2. provide an explanation of every action the hospital has taken to investigate the grievance, resolve the grievance, or other actions taken by SEARHC.
- v. A grievance may not be considered closed until the written notification has been sent or otherwise delivered to the patient.

d. Recording Grievances

- i. Each step in the investigation or other action taken to attempt to resolve a grievance shall be recorded.
- ii. Correspondence will be filed with the Performance Improvement Division.

6) **Grievance Committee** shall;

- a. meet as often as necessary to carry out its responsibilities;
- b. may include other staff as helpful or necessary to fulfill its responsibilities;
- c. review all grievances and present opportunities for improvements;
- d. monitor and, as necessary, participate in investigation of grievances;
- e. take other action necessary to achieve the purpose of the Grievance Policy and Procedure; and

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- f. make regular reports to the Patient Experience Committee regarding the grievance processes indicators and opportunities for improvement.

**References**

Interpretive Guidelines for Centers for Medicare & Medicaid Services: Hospital Conditions of Participation 42 CFR §§482.12, 482.13, 482.27 and 482.28

The Joint Commission: Comprehensive Accreditation standards for Critical Access Hospital, 2015