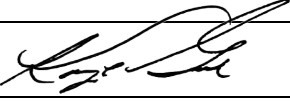


SUBJECT: Complaint, Grievance Management	POLICY #: AP-RGH-1119
DEPARTMENT: Administration	PAGE: 1 OF 4
APPROVED: 	EFFECTIVE: 06/01/2011
REVIEWED: 2/11/15, 3/5/19	REVISED: 1/28/14, 2/11/15, 3/5/19

PURPOSE:

To establish a process for prompt resolution and response to complaints or grievances made by a patient or a patient’s representative in order to provide a high-quality patient experience.

GUIDELINES:

When patients, families or designated patient representatives have a concern, it should be handled in the most timely, courteous and sensitive manner possible. Every attempt should be made to resolve concerns immediately. When concerns are expressed, no retaliation will be sought nor will it compromise a patient’s future care or access to care.

For information related to discrimination, refer to the following:

- Patient Rights and Responsibilities Policy*
- Compliance Policies/Manual*

Definitions

Complaint:

- An expression of dissatisfaction that involves quality or temperature of food, room temperature/accommodations, staff attitude/appearance, or timeliness/cost of services
- An expression of dissatisfaction typically involving a patient’s care that **is resolved by staff present**; (“**staff present**” includes any staff present at the time of the complaint or who can quickly be at the patient’s location to resolve the complaint such as manager, director, supervisor, patient advocate, etc.
- Post-hospital *verbal* communications regarding patient care that would have routinely been handled by staff present if the communication had occurred during the patient’s stay

Grievance:

- A **written or verbal** complaint that is made to the hospital by a patient, or the patient’s representative including:
- Any complaint related to a patient’s care when the complaint is not resolved at the time of the complaint by staff present, is postponed or referred to other staff for later resolution, requires investigation, and/or requires further actions for resolution
- Any complaint related to abuse or neglect
- Any complaint related to the hospital’s failure to comply with the CMS Hospital Conditions of Participation or a Medicare beneficiary billing complaint related to the

- rights and limitations provided by Medicare
- Patient or patient's representative requests complaint be handled as a formal complaint or grievance or requests response from the hospital
 - Information received from patient satisfaction surveys from an identified patient that *includes a written complaint and a request for resolution*
 - A written complaint is always considered a grievance*, which includes complaints from an inpatient, outpatient, released/discharged patient or a patient's representative regarding the care provided, abuse or neglect or the hospital's compliance with CMS Hospital Conditions of Participation. An email or fax is considered written.

Exception: Post-hospital *verbal* communications regarding patient care that would have routinely been handled by staff present if the communication had occurred during the stay/visit are not required to be defined as a grievance and will be considered a complaint.

PROCEDURE:

1. All complaints and grievances involving potential liability and quality of care issues should be reported immediately to the Grievance Committee and/or Chief Quality Officer.
2. If a patient or patient representative has a complaint, staff present will attempt to resolve the issue immediately. If a resolution is reached immediately, information regarding any complaints, the actions taken, and follow up should be entered into the electronic reporting system for tracking and reporting.
 - Staff receiving the complaint from the patient or patient's representative will document the initial complaint as well as any actions taken to resolve the complaint.
 - The manager or director responsible for the area involved in the complaint will be responsible for documenting additional actions taken or follow-up that occurred.

If a resolution cannot be reached and the issue meets the definition of a grievance outlined in this policy, staff will contact the Chief Quality Officer immediately and enter the grievance in the electronic reporting system. The Chief Quality Officer will facilitate the investigation and present the grievance and results of investigation to the Grievance Committee.

3. An attempt will be made to resolve all grievances as soon as possible; however, if a grievance cannot be resolved or an investigation cannot be completed within 7 days, the hospital will contact the patient or patient's representative and inform them of the following:
 - We are continuing to investigate and will follow up with a written response within 30 days.
4. The hospital may meet with or contact the patient and/or their representative by phone, but must also provide a written response that addresses each grievance.

5. The written response will be communicated in a language and manner that the patient or patient's representative understands and must include:
 - Name of the hospital contact person
 - Steps taken on behalf of the individual to investigate the grievance
 - Results of the grievance process
 - Date of completion
6. If a patient communicates a grievance or requests a response via email, the patient will be warned of the risks involved with insecure transmissions. If the patient insists on receiving files via email, Roosevelt General Hospital will send an email placing [SECUREME] in the subject line and no other content. The patient will be instructed in how to receive and open the secure email. This mode of delivery is not to be suggested and no cost will be charged for this service. If the hospital provides its response via a secure email, the response must include all items listed in #5 of this policy.
7. A grievance is considered resolved when:
 - The patient is satisfied with the actions taken on their behalf
 - The patient or patient's representative remains unsatisfied and the hospital has taken appropriate and reasonable actions in order to resolve the grievance
8. If the patient or patient representative has requested compensation or obtains an attorney, all communication will be referred to the hospital's Risk Manager.
9. All documentation must be maintained regarding complaints and grievances to demonstrate compliance with CMS requirements.
10. Service Recovery: Department Directors/Managers may utilize meal tickets or vouchers (not to exceed \$10 per item or \$50 annually per person) as part of service recovery when resolving concerns, complaints, or inconveniences. Service recovery will be tracked and managed by entering the issue into the electronic reporting system. If the service recovery includes a meal ticket or voucher, the amount should be included in the electronic report.

The following information will be provided to patients with regards to filing a complaint or grievance regarding their hospital stay/visit:

Request to File a Complaint or Grievance within Roosevelt General Hospital

Attention: Chief Quality Officer
Quality Management Department
p: 575-356-6679

Roosevelt General Hospital Patient
Concern/ Grievance Hotline:
p: 575-356-3444

Request to File a Complaint with an Outside Agency

In the event that a patient or patient's representative requests the address of an outside

agency to file a complaint the hospital must comply with their request by providing them with the appropriate address and information.

New Mexico Department of Health (“DOH”) Division of Health
Improvement P.O. Box 26110 Santa Fe, NM 87502-6110
1-800-445-6242

REFERENCES:

Centers of Medicare and Medicaid Services (CMS). State Operations Manual. Regulations and Interpretive Guidelines for Hospitals. Section 482.13(a)(2) Conditions of Participation: Patient’s Rights. Revised 10/17/08.

DNVGL Healthcare. (2018). Accreditation NIAHO Manual for Acute Care Hospitals. 2018, Rev.18.2.

Department of Health Regulations, 7.7.2.19 NMAC (2000)

Office of Inspector General, Department of Health and Human Services (December 7, 2016). Policy statement of gifts of nominal value to Medicare and Medicaid beneficiaries [https://oig.hhs.gov/fraud/docs/alertsandbulletins/OIG-Policy-Statement-Gifts-of-Nominal- Value.pdf](https://oig.hhs.gov/fraud/docs/alertsandbulletins/OIG-Policy-Statement-Gifts-of-Nominal-Value.pdf)

Roosevelt General Hospital Organizational Policy and Procedure Manual- Ethics/Patient Rights: Patient Bill of Rights and Responsibilities.

Roosevelt General Hospital Patient Admission Booklet: Information for Patients and Visitors.

US Department of Health and Human Services. Section 504 Grievance Procedure that Incorporates Due Process Standards