

<b>ALLEN PARISH HOSPITAL</b>		Policy Number	000-000
<b>Department:</b>	Administration	Effective Date	March 28, 2011
<b>Subject:</b>	Patient Complaint-Grievance Resolution	Page	Page 1 of 5
<b>Approved By:</b>	Governing Board	Approved Date	March 28, 2011
<b>Revised / Reviewed by:</b>	Representative/Advocacy/Grievance Committee	Date	March 9, 2011

**PURPOSE:** To provide a comprehensive process for handling patient complaints/grievance resolution.

**DEFINITIONS:**

**Complaint/Issue:** Verbal or written expression of displeasure with a clinical process or person that can be resolved promptly, on the spot by "staff present" (which includes any hospital staff present at the time of the complaint or who can quickly be at the patient's location; i.e. nursing, administration - to resolve the patient's complaint).

**Patient Grievance:** A written or verbal complaint (when the verbal complaint about patient care is not resolved at the time of the complaint by staff present) that is made to the hospital by a patient, or the patient's representative, regarding the patient's care, 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.

- "Staff present" includes any hospital staff present at the time of the complaint or who can quickly be at the patient's location (i.e. nursing, administration, nursing supervisors, patient advocates, etc.) to resolve the patient's complaint.
- If a verbal patient care complaint cannot be resolved at the time of the complaint by staff present, is postponed for later resolution, is referred to other staff for later resolution, requires investigation, and/or requires further action for resolution, then the complaint is a grievance for the purpose of these requirements. A complaint is considered resolved when the patient is satisfied with the actions taken on their behalf.
- Billing issues are not usually considered grievances for the purposes of these requirements. However, a Medicare beneficiary billing complaint related to rights and limitations provided by 42 CFR 489 is considered a grievance.
- A written complaint is always considered a grievance, whether from an inpatient, outpatient, released/discharged patient or their representative regarding the patient care provided, abuse or neglect, or the hospital's compliance with the Conditions of Participation. For the purpose of this requirement an Email or Fax is considered "written".
- Information obtained with patient satisfaction surveys or through follow up phone calls made by the hospital is not considered a grievance, unless an identified patient writes or attaches a written complaint on the survey and requests resolution, or the patient request a resolution as part of the follow up phone call, then the complaint meets the definition of a

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grievance. If an identified patient writes or attaches a complaint to the survey but has not requested resolution, the hospital must treat this as a grievance if the hospital would usually treat such a complaint as a grievance.

- Patient complaints that become grievances also include situations where a patient or a patient's representative telephones the hospital with a complaint regarding their patient care or with an allegation of abuse or neglect, or failure of the hospital to comply with one or more Conditions of Participation, or other CMS requirements. Those post-hospital verbal communications regarding patient care that would routinely have been handled by staff present if the communication had occurred during the stay/visit are not required to be defined as a grievance.
- All verbal or written complaints regarding abuse, neglect, patient harm or hospital compliance with CMS requirements, are to be considered a grievance for the purpose of these requirements.
- Whenever the patient or patient's representative requests their complaint handled as a formal complaint or grievance or when the patient requests a response from the hospital, then the complaint is a grievance and all the requirements apply.

#### **RESPONSIBILITY:**

The Governing Board of Allen Parish Hospital has delegated the responsibility of the grievance process to the Chief Executive Officer of Allen Parish Hospital. The Chief Executive Officer has delegated these functions to the Representative/Advocacy/Grievance Committee. The daily functions of the Representative/Advocacy/Grievance Committee will be the responsibility of the Patient Relations Representatives and management staff of Allen Parish Hospital.

#### **POLICY:**

Patients receiving inpatient/outpatient services in the Hospital shall be provided information on their right to file a grievance, which includes:

- Contact person/number within the Hospital Administration (337) 738-9489. After hours, nights, weekends and holidays contact the charge nurse at (337) 738-2527.
- The address and telephone of the State Agency, DHH, Health Standards Section, PO Box 629, Baton Rouge, LA 70821 – phone 225-342-0138.

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- The address and telephone of the Quality Improvement Organization is: eQHealth Solutions, 8591 United Plaza Boulevard, Suite 270, Baton Rouge, Louisiana 70809 -- phone 1-800-433-4958.

All grievances will be reviewed by the Chief Executive Officer and/or Quality Improvement Coordinator will then be referred to the Grievance Committee, established by the Governing Board, which will consist of at a minimum of the Chief Executive Officer, Quality Improvement Coordinator and the Director of Nursing.

Written complaints / grievances will receive written notice after adequate investigation to include:

- Name of the contact person
- Steps taken to investigate the grievance
- Resolution of the grievance
- Date of completion

All grievances that involve situations or practices that place a patient in immediate danger are addressed immediately.

The nature of the Grievances received and the resolutions of the Grievances will be reported to the Quality Improvement Committee for review and trending for opportunities for improvement, and then to the Governing Board.

Information shared with the patient/family/guardian will not violate any hospital, local, state, or federal rules and regulations regarding confidentiality.

#### **PROCEDURE:**

Minor, "on the spot" complaints (i.e. a change in bedding, housekeeping of a room, and serving preferred food and beverages) that can be immediately and effectively identified, investigated and resolved by an individual staff member does not require documentation.

Complaints that cannot be immediately and effectively identified, investigated and resolved by an individual staff member will be directed up the chain of command to the level required for the most complete resolution possible.

- All patient complaints, including those received over the phone (including the post-operative phone call) are documented using the Patient Complaint-Grievance Resolution form.

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- When the individual staff member receives a complaint, he/she takes immediate action on the complaint by notifying the appropriate personnel responsible for the area in which the problem occurred.
- HIPAA guidelines will be followed by obtaining patient permission when addressing grievances with someone other than the patient. Permission can be verbal, but must be documented by the staff member.
- The complaint resolution forms are initiated and sent to the appropriate department.
- Physician complaints are sent to the Chief Executive Officer who will complete the grievance process and report results to the Peer Review Committee.
- Peer review information that is required by state law to be kept confidential will not be released to patients.
- The responsible department manager should contact the patient or complainant to discuss the problem.
- Once the investigation process is complete, the department manager will complete the Patient Complaint-Grievance Resolution form.
- The Chief Executive Officer is to be notified when the manager of the department does not complete the process.

The department manager will be notified of any grievances as defined above.

- The person receiving the complaint will initiate the complaint/grievance report form and immediately notify the supervisor. The supervisor will notify administration.
- The department manager will be notified of all complaints and grievances in a timely manner.
- Grievances about situations that may endanger the patient, such as abuse or neglect, will be reviewed by the person designated in charge and immediately reported to their supervisor.
- The grievance will be reviewed by the Grievance Committee to assure thoroughness of the investigation, to assure resolution and to formulate the appropriate response to the complaint.

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- The patient/complainant will receive written notice within seven (7) days regarding the grievance resolution which will include:
  - a. Name of the contact person
  - b. Steps taken to investigate the grievance
  - c. Resolution of the grievance
  - d. Date of completion
- The written response should provide adequate information to address each item listed, however the written response should not contain statements that could be used in legal action against Allen Parish Hospital.

If the grievance will not be resolved, or if the investigation is not or will not be completed within seven (7) days, the hospital will inform the patient or the patient's representative in writing that the hospital is addressing the grievance and will follow up with a written notice within thirty (30) days.

A report of the Grievances and their resolution will be reported from the Grievance Committee to the Quality Improvement Committee for trending and pattern identification, and then to the governing board.

All patients at Allen Parish Hospital will be represented by a patient advocate that will also be part of the Grievance Committee. The advocate will make regular rounds and address any concerns voiced by patients and report the findings to the supervisor of the department.

The governing board will review the Grievance Committee report as part of the Quality Improvement Committee report.

**POINT OF EMPHASIS:**

A **complaint** is considered resolved when the patient is satisfied with the actions taken on their behalf.

In a situation where the hospital has taken appropriate and reasonable actions on the patient's behalf in order to resolve the patient's grievance and the patient or the patient's representative remains unsatisfied with the hospital's actions, the hospital will consider the grievance closed for the purpose of these requirements. The hospital will maintain documentation of its efforts in order to demonstrate compliance with this policy.