POLICY: To define patient complaints and patient grievances, and establish policy and procedure for response.

PURPOSE: To establish a procedure that ensures a coordinated, timely response to patient/family complaints and grievances.

REFERENCED POLICIES:
1. Reporting Concerns to The Joint Commission & CMS.

SCOPE:
All Departments and Units

DEFINITIONS:
1. A “patient complaint” consists of relatively minor requests that are resolved at a staff level with or without the assistance of the patient representative or Risk Manager, in a timely manner. If a complaint or concern cannot be remedied promptly by staff present then it will be considered a grievance.
2. A “patient grievance” is a written or verbal complaint (when the verbal complaint about the patient care is not resolved at the time of the complaint by staff present) 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 (CoPs), or a Medicare beneficiary billing complaint related to rights and limitations.
   a. All written letters, e-mails or faxes from patients or their representative; any written attachment to a patient satisfaction survey are considered a grievance, whether from an inpatient or outpatient, released/discharged patient regarding the patient care provided, abuse or neglect, or the hospital’s compliance with CoPs.
   b. 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 actions for resolution, then the complaint is a grievance. A complaint is considered resolved when the patient is satisfied with the actions taken on their behalf.
   c. Billing issues are not usually considered grievances for the purpose of these requirements. However, a Medicare beneficiary billing complaint related to rights and limitations are considered grievances. Billing issues can become grievances if the patient or their representative states they will not pay because of care or treatment issues.
   d. 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 CoPs, 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 (meaning when a patient or their representative calls the hospital, CAO’s office, Department Director, Patient Representative, or Risk Manager, and we are
the first “staff present” to handle that complaint it is not a grievance until it cannot be handled that moment or day as above).

e. 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.

f. Whenever the patient or the patient’s representative requests their complaint be handled as a formal complaint or when the patient requests a response from the hospital, then the complaint is a grievance and all the requirements apply.

**POLICY:**

1. St. Thomas More Hospital will meet its obligation to patients and their family members to inform patients of their grievance rights in a form and language the patient can understand, to encourage patients to speak out without fear of retribution and to provide a consistent mechanism whereby, should complaints/grievances arise, they will be investigated and resolved in a satisfactory and timely manner.

2. The St. Thomas More Hospital Board of Trustee’s has delegated the facilitation and management of the complaint/grievance process to the St. Thomas More Hospital Quality Resources Department which reports to the Quality Council & Patient Safety Council. This process is overseen by the Quality Council. St. Thomas More Quality Council consists of representation from the Executive Leadership team, Quality department, and the Risk Manager/Patient Representative. The committee will also have representation from both clinical and non-clinical department directors as needed.

3. The Quality Council meets as needed to discuss and implement action for grievances that have occurred. The Quality Council may include other ad hoc members as needed to address all issues.

4. The Risk Manger/ Patient Representative serves as a liaison between the patient/family and the facility.
   a. The Risk Manger/Patient Representative in the Quality Department will have the following qualifications:
      i. Serves as a liaison between the patient, family members, administration, staff, and physicians to meet the requirements of the state law providing for a complaint/grievance mechanism for patients/families.
      ii. Job description of the Risk Manager/Patient Representative
         (1) Communicates with patients/families to resolve the stated issues or concerns.
         (2) Collaborates with staff and physicians to coordinate, investigate and resolve patient/family complaints or grievances.
         (3) Completes documentation on the investigation to provide a record for reference and provides statistics for data collection to identify areas that may need improvements.
         (4) Provides or appoints a designee ongoing new employee orientation and regular staff education pertaining to the complaint/grievance process to improve patient care.
         (5) Investigates and coordinates the program for lost patient belongings.
         (6) Coordinates the service recovery program for St. Thomas More Hospital.

5. St. Thomas More Hospital staff members are expected to take patient/family member’s concerns any time a patient or family member indicates a desire to report a concern or complaint (24 hours a day). A complaint/grievance log database is kept by the Risk Manger/ Patient Representative for complaints in which the patient representative becomes involved and all grievances. Upon admission, each patient shall receive information regarding the St. Thomas More Hospital’s complaint/grievance process in patient information documents. The information is also available in Patient Rights and Responsibility posters mounted throughout the facility.
a. Patients are informed that they have a right to file a complaint with the Health Facilities Division of the Colorado Department of Public Health and Environment at 4300 Cherry Creek South, Denver, CO 80222-1530 regardless of whether he/she has first used the hospital’s grievance process or (303) 692-2800 or the Joint Commission’s Division of Accreditation Office of Quality Monitoring at One Renaissance Blvd., Oakbrook Terrace, IL 60181 or 1-800-994-6610 or complaint@jointcommission.org.

b. Patients may also file a complaint with the Colorado Board of Medical Examiners, the State Board of Dental Examiners, or the Colorado Podiatry Board if they have concerns with their physician, dental or podiatric patient care services, excluding fee disputes.

6. The St. Thomas More Hospital grievance process includes a mechanism for timely referral of patient concerns regarding quality of care or premature discharge to the appropriate Quality Improvement Organization, such as The Colorado Foundation for Medical Care, through the Important Message from Medicare.

7. All grievances will be followed up with a letter that identifies the, name of the hospital contact person, steps taken to investigate, results and date of completion and verification that the patient/family is satisfied with the response.

8. Staff, Risk Manager/Patient Representative, Administrative Manager, Department Manager or Director will notify the Director of Quality Resources of any significant clinical issues. Aggregate data will be reported to the Quality Council & Patient Safety Council for performance improvement opportunities.

9. New employees will be trained about the St. Thomas More Hospital Patient Complaint and Grievance process. All staff with direct patient care will be assigned to complete an annual LEARN module related to the Complaints and Grievance program.

PROCEDURE:

1. A patient/family complaint may be voiced to any staff person at any time and attempts will be made to resolve the patient care complaint while the patient is still an inpatient.

2. Verbal patient/family complaints that may be resolved promptly by the staff present, and to the patient’s satisfaction, are not included in the formal grievance process.

3. Complaint Process:
   a. Staff members who receives a verbal complaint from a patient/family in their care attempt to resolve the issue. If the staff member cannot resolve the complaint the staff member notifies their Manager, Director, or the Director of Quality Resources, immediately.
   b. If the verbal complaint is received via phone or in person by another department the person receiving the complaint notifies their Manager/Director who immediately informs the appropriate Manager, Director, or the Director of Quality Resources of the complaint by the patient/family.
   c. If the staff member is unable to resolve the patient/family complaint, the Manager, Director, or the Director of Quality Resources will visit the patient and receive the detailed complaint.
   d. Enlist the assistance of the Licensed Independent Practitioners (LIPs), as appropriate to resolve the complaint.
   e. The Manager, Director, or the Director of Quality Resources will make every attempt to immediately, if possible, resolve the patient care complaint. If the Manager, Director, or Director of Quality Resources is unable to resolve the complaint:
      i. Refer to the appropriate Director (if not already involved)
      ii. If not resolved, refer to the Administrative Representative

4. Unresolved Complaint Process:
   a. A complaint is considered resolved when the patient/family is satisfied with the actions taken on their behalf.
b. When the complaint is not resolved to the satisfaction of the patient/family at the time of the complaint, if it is postponed for later resolution or referred to other staff for later resolution, requires investigation or further action for resolution the complaint is a grievance and the Risk Manager/Patient Representative should be notified immediately.

c. Notify the Risk Manager/Patient Representative immediately about:
   i. Unresolved complaints
   ii. If the complaint has not been resolved at the time of the complaint (if there is any delay, investigation or postponement)
   iii. If the complaint is of a serious nature (for example abuse or neglect)
   iv. If the department is in need of help in resolving the issues or concerns.

5. **Grievance**:
   a. If the complaint is not resolved while the patient is in house, staff will notify the Risk Manager/Patient Representative immediately to aid with resolution of the grievance prior to the patient’s discharge.
   
   b. Once in receipt of a grievance, the Risk Manager Patient Representative:
      i. initiates the investigation
      ii. contacts the patient within three (3) working days of receipt of the grievance to acknowledge the grievance
      iii. And works to address and resolve the patient/family issues or concerns.
   c. Any verbal complaint received after discharge or written notification of grievance received needs to be forwarded to the Patient Representative immediately.
      i. If the grievance is in writing the Manager/Director will keep a copy of the written grievance and forward the original along with envelope in which it was received in to the Risk Manager/Patient Representative.
      ii. If the grievance is verbal, via telephone or in person, after the patient has been discharged from the facility, the person receiving the grievance should gather as much information as possible and forward this information to the Risk Manager/Patient Representative as soon as possible.
   d. If a grievance was received by another department the person receiving the grievance should immediately forward the original grievance documentation to the Risk Manager/Patient Representative. The Risk Manager/ Patient Representative will inform the appropriate Manager/Director of the grievance.
   e. Per recommendation of the CMS Conditions of Participation, 42 CFR § 482.13(a)(2)(ii) and (iii), a written response will be sent to the griever within seven (7) days of receipt of the grievance with a summary of the investigation, findings and a resolution.
   f. If an investigation and subsequent resolution letter cannot be completed within the seven (7) day timeframe, the Risk Manager/Patient Representative will send a follow-up letter to the griever informing the patient/family that an investigation has been initiated and a summary of investigation, findings and resolution are forthcoming.
   g. The Risk Manager/Patient Representative will send the final grievance response letter to the griever which will include the name of the hospital contact person, steps taken to investigate, results and date of completion and verification that the patient/family is satisfied with the response.
   h. The Risk Manager/Patient Representative maintains a hard copy and/or electronic copy of all complaints/grievances received; initial grievance letters and final response letters, as well as the minutes of the Quality Council, or Patient Safety Council.
   i. Electronic logs are maintained by the Risk Manager/Patient Representative for complaints received from the Patient Concern Hotline, and grievances received.

6. **Unresolved Grievance Process**:
   a. If a grievance cannot be resolved to the satisfaction of the patient/family the Risk Manager/ Patient Representative will assist the griever by providing addresses and/or
phone numbers to other regulatory authorities as listed in the Consent document given to each patient upon admission to St. Thomas More Hospital.

b. Grievances that cannot be resolved may also be referred to St. Thomas More Hospital’s Chief Administrative Officer (CAO) and/or his/her designee immediately (no later than three days). The CAO and/or his/her designee will conduct an additional investigation and provide results of the investigation to the complainant within seven days.

c. If the complainant is dissatisfied with the report of the CAO, inform the complainant that the complaint/grievance may be referred, in writing, to the Executive Director of the Colorado Department of Public Health and Environment, by the Risk Manager/Patient Representative, if requested by the complainant.
   i. Notify the complainant that they may refer the matter directly to the Executive Director of the Colorado Department of Public Health and Environment, as well.

d. Unresolved grievances are discussed at the Quality Council or Patient Safety Council meeting.

7. Monitoring
   a. The Risk Manager/Patient Representative will report to the Quality Council & Patient Safety Council at least twice a year (bi-annually).
   b. The St. Thomas More Hospital Board of Trustees will be provided with a patient complaints and grievances status report on a regular basis.

APPENDICES:
1. Patient Grievances Actions Summary

REFERENCES:
1. 42 CFR§482.13(a)(2)
2. 42 CFR§482.13(a)(2)(i)
3. 42 CFR§482.13(a)(2)(ii)
4. 42 CFR §482.13(a)(2)(iii)
5. 6 CCR 1011-1 Chap 02

POLICY AUTHORS/CONTRIBUTORS:
1. Director of Quality Resources, Lisa Drew, RN, BSN, MSN

Effective Date: 3/2/2011

Review Date: ________________________

Revised Date: ________________________

Approval: Director of Quality Resources

Approval: Chief Medical Officer

Approval: STM Board of Trustees
APPENDIX A: PATIENT GRIEVANCES ACTIONS SUMMARY (This document is to be used as a guideline to assist staff in St. Thomas More Hospital's commitment towards timely resolution of a complaint/grievance)

PATIENT GRIEVANCES: A formal written or verbal complaint generated when a patient complaint (concern) cannot be resolved by a staff member.

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<tr>
<th>BEDSIDE</th>
<th>PHONE CALL OR WALK IN</th>
<th>LETTER</th>
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<td>Staff attempts to resolve complaint. If not resolved, staff offers Manager/Director/Physician assistance. Manager/Director attempts to resolve and informs appropriate Senior Leadership and Risk Manager/Patient Representative if issue not resolved. Risk Manager/Patient Representative logs issue into the STM Resolution Database. Risk Manager/Pt Representative will monitor response to grievance, and if by day 5 and no response is received from the Manager/Director/Physician, the Risk Manager/Pt Representative will contact the appropriate executive leader to assist with grievance resolution If still unresolved, Risk Manager/Pt Representative will send a letter to patient stating that they may contact the CAO.</td>
<td>Department Director/Risk Manger/Patient Representative accepts &amp; logs issue on a complaint report Issue referred to appropriate Manager/Director/Physician for investigation and appropriate awareness to the Senior Leader. Manager /Director/Physician to respond to Risk Manager/Patient Representative by day 5. Manager/Director/Physician (in collaboration with the Risk Manager/Patient Representative) responds to the patient and/or family member in writing and forwards a copy of the response to the Risk Manager/Patient Representative. Risk Manager/Pt Representative will monitor response to grievance, and if by day 5 and no response is received from the Manager/Director/Physician, the Risk Manager/Pt Representative will contact the appropriate executive leader to assist with grievance resolution. Monitoring of the timely resolution (average of 7 days) of patient grievances will be completed by the Risk Manager/Patient Representative and presented at the Quality Council &amp; Patient Safety Council, per the reporting schedule. If still unresolved, Risk Manager/Pt Representative will send a letter to patient stating that they may contact the CAO.</td>
<td>Risk Manager/Patient Representative accepts &amp; logs issue in the complaint database (if received by Administrative Secretary, promptly forward to Risk Manager/Patient Representative, will facilitate multi-unit or complex issues). Risk Manager/Patient Representative contacts the patient via phone and informs the patient in writing the investigation process. Issue referred to appropriate Manager/Director/Physician for investigation and appropriate awareness to the Senior Leader. Manager /Director/Physician respond to Risk Manager/Patient Representative within 5 business days. Manager/Director/Physician (in collaboration with the Risk Manager/Patient Representative) responds to the patient and/or family member in writing and forwards a copy of the response to the Risk Manager/Patient Representative. Risk Manager/Pt Representative will monitor response to grievance, and if by day 5 and no response is received from the Manager/Director/Physician, the Risk Manager/Pt Representative will contact the appropriate senior leader to assist with grievance resolution. If still unresolved, Risk Manager/Pt Representative will send a letter to patient stating that they may contact the CAO.</td>
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