Managing Complaints and Grievances

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Objectives

• Understanding Grievances/Complaints and Concerns
• Responding to Grievances and Complaints
• Resolution and Follow-Up Procedures
Conditions of Participation

• Conditions of Participation (CoPs) are the guidelines that hospitals must follow to receive Medicare funding under Centers of Medicare and Medicaid Services (CMS).

• Current guidelines became effective in August 1995
Interpretative Guidelines

• Captain David Eddinger of the CMS reviewed and revised the interpretative guidelines

• Guidelines then modified by Society for Healthcare Consumer Advocacy Board

• Comments sent to CMS in February 2005

• Revised Guidelines became effective in August 2005
Complaint Process

• Defined as
  – Issues that are handled “on the spot”
  – Billing issues (with no care issues)
  – All lost and found issues

• Follow-up on complaints:
  – May be by phone, in person or by letter
  – Letter is not required
Grievance Process

• Defined as
  – Issues not handled “on the spot”
  – Any letter or e-mail
  – Any attachment or letter with a patient survey

• Follow-up on Grievances:
  – Must be acknowledged in writing within 7 days
  – Follow-up is required in writing in accordance with CMS standards and guidelines, and your organization’s grievance policy
Defining Patient Grievance

• A Patient Grievance is a written or verbal complaint by a patient, or the patient’s representative, regarding the patient’s care (when the complaint has not been resolved at that time by staff present), abuse or neglect, or the hospital’s compliance with the CMS Hospital Conditions of Participation (CoP).
Grievance versus Complaint

• Staff present includes any hospital staff member who is immediately available to take care of the patient’s complaint.

• Staff present is now broadened to mean all involved in resolving the issue that moment or that day.

• If a staff member is available to address the concern, the complaint is not considered a grievance.
Patient Concern Becomes a Grievance

If the concern cannot
• be resolved at the time,
• is postponed for later resolution,
• is referred to another staff for later resolution,
• requires investigation, and/or further actions to resolve concern

... the issue is now a grievance.
Other Patient Grievances

• Billing issues are not usually considered a grievance, however, Medicare beneficiary billing complaints are considered Conditions of Participation (CoP) issues and are therefore considered a grievance.

• Billing issues can become a grievance if the patient or their representative states they will not pay because of care or treatment issues.
Also Considered a “Patient Grievance…”

Any formal written complaint is always considered a grievance.

- Letters, e-mails and faxes
- If a patient attaches a letter to a patient satisfaction survey describing complaints
- If a patient writes comments on a patient satisfaction survey that your hospital would normally treat as a grievance
Also Considered a “Patient Grievance...”

- Telephone calls received from patient or patient representative describing patient care issues
- Any request by patient or patient representative to file a formal grievance
Also Considered a “Patient Grievance...”

All verbal and written complaints regarding:

– Abuse
– Neglect
– Patient harm
– Hospital compliance with CMS requirements
Responding to Grievances and Complaints
Complaint-Grievance Flow Sheet

SHCA developed

*Patient-Centered Approach to Handling Complaints and Grievances*

Step-by-Step analysis and decision tree guidance
Grievance Committee

• Ad hoc
• Standing Committee
CMS Complaint Follow-Up

Complaint follow-up may be

- By phone,
- In person, or
- By letter, although a letter is not required
Grievance Follow-up

Grievances require a timely resolution with a written response of the outcome of the grievance review and investigation and include:

– 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
CMS Grievance Exceptions

• Not required to provide information that can be used against the hospital. These are designated as Risk Management "WATCH" files.

• Anonymous surveys – but required to investigate and internally address issues.

• Anonymous calls - but required to investigate and internally address issues.
CMS Grievance Follow-Up

- Grievances must be acknowledged in writing within seven days
- Follow-up is required in writing in accordance with CMS standards and guidelines
Responding to the Patient

• Resolution is requested to be sent in writing within 7 (calendar) days.
• CMS will review to be sure that a response is sent on an average of 7 (calendar) days.
• If cannot resolve within 7 (calendar) days, send an acknowledgement letter with date when resolution/response letter will be sent (in accordance to hospital grievance policy)
Responding to the Patient

• Resolution is to be communicated appropriately, in a language and manner the patient or patient’s legal representative understands.

• The hospital may use additional tools to resolve a grievance—i.e. meetings with the family, or telephone conversations.

• In all cases a written notice must be provided.

• If a patient communicates to the hospital via e-mail or requests a resolution by e-mail, an e-mail response is acceptable.
Responding to the Patient

“The hospital is not required to include statements that could be used in a legal action against the hospital, but the hospital must provide the name of the hospital, contact person, steps taken on behalf of the patient to investigate grievance and results of the grievance process on all grievance letters.”

--CMS Interpretive Guidelines
Resolution and Follow-Up Procedures
When is a Grievance Resolved?

• A grievance is considered resolved when the patient is satisfied with the actions taken on their behalf

• There may be situations where the hospital has taken appropriate actions on the patient’s behalf in order to resolve the grievance and the patient or patient’s representative remains unsatisfied. In these situations the hospital may consider the grievance resolved for the purposes of this requirement.
Data Management

• Filing grievance reports and letters
• Systems used to file data
• What are the purposes in keeping a central data file?
  – File approved letters written to patient or families regarding the grievance
  – Creating /maintaining a central grievance log
Audience Response

This patient will most likely need a follow-up appointment:

1. The next day 13%
2. Within 3 days 22%
3. After 1 week 20%
4. After 2 weeks 17%
5. After 1 month 32%
6. After the next relapse 13%
Patient attached a letter to patient satisfaction survey saying they concerned the facility was not clean, staff were rude and staff did not knock on the door before entering the room. This is considered a complaint?

1. Agree
2. Neutral
3. Disagree
Spouse of patient upset that children under the age of 12 were spending the night in the waiting room on the transplant unit, during restricted visitation during flu season. Patient Advocate spoke with parents of children to review the restricted visitation policy and alternative arrangements were made for children. This concern is a complaint?

1. Agree  
2. Neutral  
3. Disagree

- Agree: 33% 
- Neutral: 33% 
- Disagree: 33%
Patient called Patient Advocate 1 week after discharge from the hospital upset that she has not received her biopsy results. Patient Advocate called the physician’s office and the MD stated he would call right away. This would be considered a grievance?

1. Agree
2. Neutral
3. Disagree
A Medicare patient is complaining that he does not feel he is well enough to be discharged from the hospital. The patient advocate speaks with the physician and the physician decides to allow the patient to stay another day. This is a grievance?

1. Agree
2. Neutral
3. Disagree
Patient’s mother is upset with the attitude of one of the nurses taking care of her child. She says that she would like her concerns to be reviewed as a formal complaint. The patient advocate is able to address this with the nurse’s supervisor and a change of assignment is made for the child. This case is considered to be a complaint?

1. Agree
2. Neutral
3. Disagree
Resources

• CMS website – www.cms.hhs.gov
• CMS State Operations Manual Revision Effective September 19, 2005
• A Patient-Centered Approach to Handling Complaints and Grievances, SHCA 2013
• Grievance Interpretive Guidelines, Society for Healthcare Consumer Advocacy (SHCA) of the American Hospital Association Webinar, 2008
• In the Name of the Patient, SHCA, 2009 (Beryl, 2014)
• Improving Patient Experience, 50 Things Every Advocate Must Know by Lisa Venn, J.D. M.A.
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