Policy: Complaint/Grievance Resolution

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APPROVED BY:		2/29/11
SVP Patient Safety, Quality Management & Regulatory		
APPROVED BY:		
President , LibertyHealth		
Administrative Manual Distribution List		

Complaint/Grievance Resolution

Purpose:
This policy establishes the structure and process for a complaint and grievance resolution procedure to address issues and concerns of Jersey City Medical Center patients and their representatives.

Policy:
Patients have reasonable expectations of care and services and JCMC should address those expectations in a timely reasonable and consistent manner. The administration of JCMC responds to patient complaints and grievances by hearing and documenting issues, investigating when necessary and/or correcting the problem as appropriate. Patients have a right to freely voice complaints without being subject to coercion, discrimination, reprisal or unreasonable interruption of care, treatment and services.

The grievance process is approved by the Governing Body of JCMC. The responsibility for the effective operation of the grievance process and the review and resolution of the grievance process and the review and resolution of grievances is delegated to the Grievance Committee.

Complaints are typically resolved by patient-staff dialogue, communication with the patient or his/her representative, dissemination of educational materials, clarification of information or the use of other available means of conflict resolution. Complaints do not involve the application of formal CMS specified procedures. Grievances require the application of the formal CMS specified procedures.

TITLE: **Complaint Grievance**
REVISED: **02/29/11**
Admin.

Definitions:
"Grievance" is a written, electronic, facsimile or verbal request for assistance describing a concern, difficulty or problem made by a patient or the patient's representative regarding patient care, treatment, abuse or neglect, non-compliance with patient rights as defined by the NJ Department of Health or the Center for Medicare and Medicaid "Conditions for Participation." Information obtained from patient satisfaction surveys is considered a *grievance* if an identified patient writes down a specific concern, difficulty or problem and requests its resolution. Whenever a patient or a patient's representative requests that a verbal request for assistance be handled as a formal grievance, it is also classified as a *grievance.*

"Complaint" is a verbal request for assistance describing a concern, difficulty or problem made by a patient or the patient's representative which does not involve patient care, abuse or neglect, non-compliance with patient rights as defined by the NJ Department of Health or the Center for Medicare and Medicaid "Conditions for Participation." A *grievance*, as defined above, may be classified as *a complaint* if the grievance is made verbally and is resolved by the staff present as defined below. A grievance may also be classified as a complaint if it involves a post-hospital verbal communication regarding patient care that would routinely have been handled by staff present had the complaint been lodged before discharge.

"Staff present" includes hospital staff present at the time a verbal request for assistance is made or who can be quickly assembled at the patient's location to resolve the concern, difficulty or problem on or around that same day.

"Grievance Committee" is comprised of an adequate number of qualified members which meets quarterly to review and resolve grievances and oversees the grievance process.

Procedure:

1. JCMC informs patients and their representatives of their right to register a complaint or grievance in the "Patient Rights and Responsibilities" notice which is posted throughout JCMC and its clinics, at principal registration points, waiting areas and in all inpatient rooms. Written copies of the "Patient Rights and Responsibilities" notice is included in the patient handbook which is distributed during the admission process. The phone number and email address of the Joint Commission on Accreditation of Healthcare Organization's Office of Quality Monitoring and the NJ Department of Health hotline is included in the patient handbook as well as on the posted notices. The handbook and posted notices inform patients where and how to register a complaint or grievance and also their right to contact these entities regardless of whether they choose to use the hospital's internal process. The phone number of the Patient Representative is made available to all patients both in the posted notice and in the patient handbook.

2. Grievances

Grievances require the application of formal CMS specified procedures including the following:

a. The patient representative shall be immediately informed of any grievance. When a grievance or complaint is reported to the Patient Representative, the Patient Representative should be provided with the following information:

1. The nature and description of the problem;
2. The full name of the patient (including MR #, if available) and the full name, address and telephone number of the complainant, if different from the patient;
3. The unit(s) or department(s) involved;
4. The date when the complaint or grievance was reported by the patient or complainant;
5. The full name(s) and job titles of all staff involved (if any);
6. All other relevant information.

b. All grievances require some investigation however, the degree of investigation will vary according to the type and complexity of the issues involved and the alternatives for resolution. Grievance review, investigation and resolution shall occur within a reasonable time frame.

c. Grievances must be promptly acknowledged in writing to the complainant. On average, a timeframe of 7 days for response is considered appropriate.

d. A written response shall be provided to the complainant including the hospital's decision, the name of the hospital contact person, the steps taken on behalf of the patient to investigate, the results of the grievance process and the date of completion. The written notice of the hospital's determination regarding the grievance must be communicated to the patient or the patient's representative in a language and manner he/she understands.

e. If a written response is not possible within 7 days because of an ongoing investigation, a written notice is sent to the complainant explaining that the hospital is still working to resolve the grievance and that the hospital will follow up with a written response within a reasonable period of time. A reasonable period of time is determined based upon the complexity of the issues and the time it takes to speak with all relevant person(s) and review the medical records.

f. The hospital is not required to provide an exhaustive explanation of every action taken to investigate the grievance, resolve the grievance or prevent future like grievances.

g. If the patient and/or the patient's representative is dissatisfied with the resolution of the grievance, he/she may request that the Grievance Committee review the investigation. In its discretion, the Grievance Committee may permit the patient and/or the patient's representative to appear in person to present his/her grievance. The Grievance Committee may also speak with other relevant staff. Such appearance shall be considered a method of informal decision-making and not subject to any formal hearing requirements.

h. When 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 dissatisfied with the hospital's action, the hospital may consider the grievance closed for the purposes of these requirements.

3. **Complaints**

a. Complaints do not involve the application of the formal CMS specified procedures. Complaints are typically resolved by personnel fostering patient-facility dialogue, communication with the patient and/or his representative, educational materials or clarification of information.

b. The Patient Representative should also be informed of any *complaint* which cannot be resolved by the staff present on the day the complaint was made. If there is a question about whether a complaint should be referred, direction may be sought from a Department Head or the Patient Representative. When a complaint is reported to the Patient Representative, the Patient Representative should be provided with the following information:

1. The nature and description of the problem;
2. The full name of the patient (including MR #, if available) and the full name, address and telephone number of the complainant, if different from the patient;
3. The unit(s) or department(s) involved;
4. The date when the complaint or grievance was reported by the patient or complainant;
5. The full name(s) and job titles of all staff involved (if any);
6. All other relevant information.

4. Grievances and Complaints

a. Any grievance or complaint that is reported to the Patient Representative shall be recorded in the Patient Reprsentatives log.

b. Grievances and complaints reported to the Patient Representative are included in a data base for tracking and trending purposes, and issues or concerns which suggest a need for system changes shall be reported to the appropriate Department Heads, the Vice President of Quality, the Grievance Committee, the Performance Improvement Steering Committee in periodic reports for appropriate review and follow-up. The Patient Representative is the central repository for all patient feedback and should be sent copies of all correspondence involving those issues.

c. Complaints and grievances may be referred to the appropriate Vice President(s), Director(s), Department Head(s) and./or other appropriate staff for investigation and resolution. A written response from such referral(s) shall be provided to the Patient Representative within 5 days.

d. Timely referral of patient concerns about quality of care or premature discharge may be referred to the Utilization and Quality Control-Quality Improvement Organization when appropriate. Patients who are Medicare beneficiaries have the right to seek review of quality of care issues, coverage decisions and to appeal a premature discharge by the Quality Improvement Organization. The Director of Case Management determines if the hospital must provide a notice of non-coverage to any fee for service beneficiary that expresses dissatisfaction with an impending discharge. There should be coordination with the hospital's mechanism for utilization review notice and referral of QIOs for Medicare beneficiary concerns in accordance with CMS requirements.

COMPLAINT – GRIEVANCE PROCESS

CONTACT TYPE	EXAMPLES	NOTIFICATION TO PT REP	INVESTIG & RESOLUTION	RESPONSE TO PATIENT	APPEAL TO GRIEVANCE COMMITTEE	PT REP REPORT TO GRIEVANCE COMMITTEE OR OTHERS
COMPLAINT THAT CAN BE RESOLVED BY STAFF PRESENT	Lost items, room temp cleanliness, noise, food quality, speed, temp; staff courtesy, communication, responsiveness, attentiveness & skill, waiting time, billing issues that do not involve pt care/treatment.	No	Yes. By staff present	Yes. By staff present via tel or in-person	No	No
COMPLAINT THAT CANNOT BE RESOLVED BY STAFF	Any of the above that **cannot** be resolved by staff present on the day of the complaint	Yes	Yes. By staff present and Pt Rep	Yes. By Pt Rep via tel or in-person	No.	Yes. As needed
GRIEVANCES	Any of the above complaints that are made in writing by the patient or his/her representative; Any issues involving patient care or treatment, or allegations of abuse or neglect	Yes. Immediately	Yes. By Pt Rep with consultation and referrals to appropriate others including staff present	Yes. By Pt Rep and/or appropriate Department head in writing	Yes.	Yes. As needed.

Responsibility	Action
Admitting Department	• Provides copies of the admission packet that includes complaint information.
Patient Representative	• Serves as an available resource to the complaint resolution process. • Informs the patient and their representative of the complaint mechanism. • Responds to the complaint directly or through the appropriate party and responds within a reasonable time frame. • Documents each complaint on the Complaint Resolution Log. • May arrange a conference of the involved principle parties or use other effective methods. • Reports regularly to the Grievance Committee • Maintains a resource list of advocacy organizations and governmental agencies such as the NJ Professional Boards, Medical Societies, Hotline Insurance Fraud, Licensing Agencies, Civil Rights Divisions, Office of the Public Guardian, Adult Protective Services and Legal Aid Society. • Follows up on complaints forwarded to the office from "off-shift" staff as necessary.
Internal Auditor	• Provides the Jersey City Medical Center Compliance Hotline Number for other compliance matters including HIPAA violations (201 - 325 -6787).
Nursing Supervisor / Administrator-on-call	• Responds to complaints which are received after regular business hours. • Documents the nature of the concern onto the patient complaint resolution log. • Ensures all complaints are "logged" with the Patient Representative.
Nursing Staff Members	• Orients, explains and reinforces the Patient's Bill of Rights upon the patient's admission to the nursing unit. • May be the 'first responders" to patient complaints and resolve them if possible. • Notifies the Patient Representative if the patient complaints are not immediately resolved to the patient's satisfaction.
All Staff	• Take ownership of any patient complaint issue and take the appropriate actions to remedy the concern. Complaints are best handled and resolved promptly at the most immediate level of responsibility. • Informs their immediate supervisor or any other staff deemed necessary to assist in resolution at that time, if they are unable to remedy or respond to the concern immediately.
Risk Management	• Reviews and takes primary jurisdiction of the concern once legal recourse is either threatened or initiated.
Ethics Committee	• Responds to or hears patient complaints that border on ethical dilemmas. Any staff member can bring a patient complaint with an ethics overlay to the chairman of the ethics committee for attention and resolution.
Grievance Committee	• Reviews and resolves grievances and oversees the Grievance Process
The Joint Commission	• Receives written or telephone complaints directly from patients. Information can be sent to the JCAHO directly, and details are provided to patients on this method in the Liberty Health Patient Information booklet.
New Jersey Department of Health	• Receives written complaints directly from patients at the following address: COMPLATINS PROGRAM, DIVISION OF HEALTH FACILITIES EVALUATION, CN 367, TRENTON, NJ 08625 – HOTLINE @ 1-800-792-9770

References:
N.J. Administrative Code – N.J.A.C. 8:43G – 5.3 (g) (h), last revised September 2005;
Federal Code of Regulation, 42 CFR 482.13 (Conditions of Participation) and Interpretative Guidelines.
Joint Commission on Accreditation of HealthCare Organizations, Hospital Accreditation Standards, R.I.1-2.