

<b>Facility Name:</b>  <b>Indiana Specialty Surgery Center</b>	<b>Policy And Procedure Guideline Name:</b>  <b>Patient Complaints and Grievances</b>	<b>Policy Number:</b>  <b>PR 101</b>
	<b>Subject Category:</b>  <b>Patient Rights and Responsibilities</b>	<b>Effective Date:</b> <b>4/2016</b>
		<b>Revised Date:</b> <b>04/15</b>
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**Policy:** To inform patients, the patient representative, or the patient’s surrogate of their rights and how to present complaints and grievances. All patients have the right, without recrimination, to voice complaints regarding care received. Response to a patient’s complaint or grievance shall emphasize that their complaint or grievance is important to the facility and shall be investigated thoroughly and fairly. This policy also provides process for dealing with patient complaints or grievances for the facility’s staff and leadership.

Upon receipt of a grievance, the Administrator will contact the patient within 72 business hours to acknowledge receipt of the grievance and for further clarification, if necessary. The grievance investigation and response (via certified letter) to the patient, patient representative, or the patient’s surrogate should be completed within 30 business days. If there are extenuating circumstances and this time line cannot be met, the Administrator will notify the patient, the patient representative, or the patient’s surrogate in writing of the delay within 30 business days and include a “reasonable” time in which the patient may expect the final response. This should be a very rare event.

All alleged violations/grievances relating, but not limited to, mistreatment, neglect, verbal, mental, sexual, or physical abuse, must be fully documented.

All allegations must be immediately reported to a person in authority in the ASC.

Only substantiated allegations must be reported to the State authority or the local authority, or both.

**Purpose:** To identify mechanisms to deal with patient, patient’s representative, or patient’s surrogate complaints or grievances concerning quality of care.

**Procedure Guidelines:**

**1. DEFINITIONS:**

**Complaint:**

- A. A complaint consists of any concern verbalized by a patient or patient representative to a staff member and is resolved at the time.

- B. A complaint should be corrected as soon as possible while the patient is in the facility and documented in EDGE™ Patient Relations along with the resolution.

**Grievance:**

- A. A grievance is a formal or informal written or verbal complaint that is made to the facility by a patient, a patient's representative, or patient's surrogate regarding the patient's care (when such a complaint is not resolved at the time of the complaint by a staff present), abuse, neglect, or other compliance issues.
- B. A complaint from someone other than a patient, patient's representative, or patient's surrogate is not a grievance. Billing issues are not usually considered grievance for the purpose of CMS grievance requirements.
- C. Although complaints may be written or verbal, a written complaint is always considered a grievance, when the written complaint is regarding the patient care provided, abuse or neglect, or compliance the CfCs (Medicare Conditions for Coverage). For the purpose of this policy complaints received via email and fax will be considered written and the grievance process will be followed.
- D. Also anytime the patient, patient's representative, or patient's surrogate requests his/her complaint be handled as a formal complaint or grievance or requests a response the complaint will be considered a grievance and the grievance process will be followed.
- E. Information obtained from patient satisfaction surveys usually is not considered a grievance. Exception is if the patient, patient representative or patient's surrogate writes or attaches a written complaint and requests resolution, the complaint MUST be treated as a grievance
- F. If there is a doubt about complaint meeting criteria of a grievance, the complaint will be treated as a grievance.

**2. Notification of Grievance Process**

- A. Prior to start of surgery, the patient or patient representative pr surrogate will receive a copy of the "Patient Rights and Responsibilities" which will include information regarding how and to whom the patient may express their concerns/complaints or grievances. The information provided will include to whom the patient, or patient representative, or patient's surrogate may make their concern/complaint/grievance know. This will include the Administrator, the State licensing authority (Indiana State Department of Health), the Medicare Ombudsman, and the accrediting agency (AAHC) both the website and the telephone numbers for each. This information is also posted in a visible place in the waiting area.
- B. During the pre-operative telephone call the nurse will verify that the patient, patient representative, or patient's surrogate received the "Patient Rights and Responsibilities" and will discuss the information and answer any questions.
- C. During the admission process the Admission Clerk will verify the patient, patient representative, or patient's surrogate received a copy of the "Patient Rights and Responsibilities" and will sign acknowledgement of the information. If patients had not received a copy of the "Patient Rights and Responsibilities" will receive a copy during a admission.

### 3. Grievance Process

- A. If the complaint involves allegations of abuse or neglect, the Administrator will notify state official as appropriate .
- B. Complaints by patient, patient representative, or patient's surrogate shall in no way negatively influence or alter the care a patient receives.
- C. When a staff member receives a complaint that they cannot remedy immediately they will notify their supervisor, who will notify the Administrator.
- D. The Administrator or designee shall immediately begin the investigation of the grievance.
- E. During the investigation, the Administrator or designee will attempt to determine if there is systemic problem that requires resolution or if this is an isolated event. If it is determined there is a systemic problem, the Performance Improvement process will be initiated.
- F. The Administrator or designee may choose to meet with the patient, patient representative, or patient's surrogate during the investigation.
- G. After carefully investigation the Administrator or designee will institute corrective action as necessary, which may include any of the following: staff education, policy changes, and staff coaching/counseling or disciplinary action.
- H. Once the investigation is complete a written letter will be sent to the patient, patient representative, or patient's surrogate which must include the following:
  - I. ASC contact person's name
  - II. The steps taken to investigate
  - III. Results of the investigation
  - IV. Results of the grievance process
  - V. Date process was completed.
- I. The letter is to be carefully worded to minimize legal risk therefore; Risk Management or legal department at USPI may be consulted as deemed necessary for appropriate wording.
- J. All grievances are to be documented in EDGE™ under Patient Relations or Risk Incident.
- K. The results of the investigation, actions taken and date letter was sent will be entered into the EDGE™/Midas and will serve as the complaint log. (A scanned copy of the letter may be added to the file.)
- L. The Quality Committee will review at each meeting the documented patient concerns/complaints/grievance to evaluate emerging trends, patterns which may begin the performance improvement process.

#### Reference:

AAAHC Accreditation Handbook for Ambulatory Health Care 2015  
CMS Conditions of Overage, State Operations Manual, Rev. 137, 04-01-2015. 42 Code of Federal Regulations §416.50