

Facility Name: North Shore Surgical Center	Policy And Procedure Guideline Name: Patient Complaints and Grievances	Policy Number: OER Patient Complaints and Grievances 103
	Subject Category: Patient Rights and Organizational Ethics	Effective Date: 12/15/17
		Revised Date:
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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.

The grievance investigation and response (via letter) to the patient, patient representative, or the patient's surrogate should be completed within 10 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 10 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 Condition 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 the date of surgery (except those scheduled same day) patient or patient representative will receive a copy of the "Patient Rights and Responsibility" brochure, 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 (as applicable), the Medicare Ombudsman, and the accrediting agency (AAAHC or Joint Commission) both the website and the telephone numbers for each.
- 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 Responsibility" brochure 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 the "Patient Rights and Responsibility" brochure, and will sign acknowledgement of the information.
- D.** For patients scheduled same day surgery (no prior notice for the center), please refer to "North Shore Surgery Scheduling" policy.

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 and place a bill hold on the account by notifying the business office of this need until otherwise instructed by the home office.
- 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. Whenever the complainant is not the patient; confirm with the patient that the grievance is on their behalf and always mail the letter in the patients name to minimize the risk of HIPAA violations.
- K. Anytime the letter will be sent to a patient who is an attorney or in which a representative of the patient is known to be an attorney the letter will be reviewed by the USPI legal department prior to mailing.
- L. All grievances are to be documented in EDGE™ under Patient Relations or Risk Incident.
- M. 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.)
- N. A Grievance is considered resolved when the patient is satisfied with the actions taken on his/her behalf. When there are situations where the ASC has taken appropriate and responsible actions to resolve the Grievance and the patient remains unsatisfied, the ASC considers the Grievance closed. All documentation of patient communication will be maintained in the EDGE™ Patient Relations application.
- O. The Governing Board has authorized the facilities quality oversight committee to review at each meeting the documented patient concerns/complaints/grievance to evaluate emerging trends, patterns which may begin the performance improvement process.

Reference:

Joint Commission Standards for Ambulatory Surgery Centers 2016
AAAHC Accreditation Handbook for Ambulatory Health Care 20115
CMS Conditions of Overage, State Operations Manual, 1-31-16.

ATTACHMENT:

Template Grievance Letter

Template Letter

Dear:

On behalf of North Shore Surgical Center I want to thank you for bringing your concerns to our attention. I have investigated your concerns with the appropriate hospital staff member(s). I can assure you that we take your concerns seriously and make every effort to thoroughly investigate them.

The steps we have taken on your behalf are:

Concern	Investigation	Action	Result

Many positive changes have occurred at North Shore Surgical Center due to the expressed concerns of past patients. This is the mechanism that we use to continually improve the quality of care for our patients.

Thank you for choosing our facility for your healthcare needs. We apologize for any inconvenience and hope you will choose North Shore Surgical Center should further healthcare needs arise.

If you would like more specific information on our follow-up, please feel free to contact me at Dean J. Michal, Administrator, 847-324-7770.

Sincerely,