

**HACKETTSTOWN REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICIES**

PATIENT COMPLAINTS AND GRIEVANCES

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Effective Date: 10/1995

Cross Referenced: NJDHSS 8:43G-4.1, CMS CoPs 42 CFR 489, 42 CFR 482.13

Reviewed Date: 5/2015

Revised Date: 5/2006, 1/2009, 2/2012, 5/2015

Policy No: AD031

Origin: Administration

Authority: President

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SCOPE

All departments and areas within Hackettstown Regional Medical Center (HRMC)

PURPOSE

To establish a process for responding to complaints and grievances from patients or their representatives.

DEFINITIONS:

Complaint – A complaint is an expression of displeasure or criticism from a patient or his/her representative regarding the patient’s care or the healthcare environment that is corrected or resolved immediately by the staff present during an outpatient visit or during an inpatient’s stay.

Complaint Resolution – For purposes of CMS requirements, a complaint is considered resolved when the patient is satisfied with the actions taken on his/her behalf.

Grievance –

- A formal or informal written or verbal complaint that is made to the hospital by a patient, or the patient’s representative, regarding:
 - the patient’s care (when not resolved at the time of the complaint by staff present);
 - abuse, neglect or patient harm;
 - issues impacting NJDHSS 8:43G-4.1 ‘Patient Rights’;
 - issues related to the hospital’s compliance with CMS Hospital Conditions of Participation (CoPs);
 - a Medicare beneficiary’s billing complaint relative to rights and limitations of CoP 42 CFR 489;
 - an issue which the patient requests handling as a formal grievance or requests hospital response.
- A written complaint is always considered a grievance.

Grievance Resolution – For purposes of CMS requirements, a grievance is considered closed when the hospital has taken appropriate and reasonable action on the patient’s behalf in alignment with 42 CFR 482.13, regardless of the patient’s / patient representative’s satisfaction with that action.

Staff Present – Any individual employed or contracted by HRMC, including line staff, supervisors, managers, directors, physicians and administration who are present at the time of the complaint or who can quickly be at the patient’s location to resolve the complaint.

Patient Relations Representative – A neutral third party with the authority to manage the communication and resolution process within the guidelines of the adopted policy as described in the Flow Chart in Appendix A.

POLICY

- I. The Board of Directors approves the grievance process through approval of this policy and procedure.
- II. The Board of Directors ensures effective operation of the grievance process through delegation of review and resolution of grievances to the Patient Relations Grievance Committee.
- III. All complaints and grievances made by patients or their representatives must be responded to in a timely manner and in accordance with regulatory requirements of 42 CFR 482.13.
- IV. Complaints and grievances may be made in person or in writing (letter, fax, e-mail) or by telephone.

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V. Any complaint that is made after an inpatient stay or outpatient visit is referred directly to the Patient Relations Representative. The Patient Relations Representative has the responsibility for communicating with the complainant and managing the investigation process outlined in the procedure or in the Flow Process in Appendix A.

VI. Exclusions to Grievance Process:

- Post-hospital or post-visit 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 defined as grievances. Examples: change in bedding, housekeeping of room, serving preferred food and beverage
- Billing issues are not considered grievance for the purposes of these requirements unless the issue is related to rights and limitations provided by CMS 42 CFR 489.
- Written complaints on patient satisfaction surveys that do not include a request for resolution are not automatically considered a grievance.

Note: If there is a request for resolution by the patient or, based on the determination of the Patient Relations Grievance Committee, the hospital would usually treat such a complaint as a grievance, it will be processed as a grievance.

PROCEDURE

I. Complaints

- A. Information about how to report a complaint is available at all points of registration, in the inpatient packet of information received at the time of admission and on the wall of every patient care/treatment room within the Patient Rights document.
- B. Patients or their representatives may give/report a complaint at any time, by letter, phone, in person, e-mail or other form of communication to any hospital employee.
- C. Upon receipt of a complaint during an inpatient stay or outpatient visit, staff present must take action to immediately resolve the complaint.
 1. Staff will acknowledge the complaint by discussing with the complainant what will be done to rectify or remedy the situation and by apologizing for any dissatisfaction or inconvenience.
 2. Most complaints that involve hospitality services can be resolved with immediate corrective actions. (Example: food, linens, housekeeping)
 3. The complaint and any action taken must be reported to the supervisor or manager/director for additional follow-up and service recovery with the complainant.
 4. Managers/Directors are responsible for assessing for any trends as part of their ongoing performance improvement process.
- D. If a complaint cannot be resolved immediately by the staff present or supervisor/manager/director during an outpatient visit or during an inpatient's stay because it requires further investigation or referral to another individual, the complaint becomes a grievance.

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II. Grievances

- A. Processing of (review, investigation, resolution) of grievances is initiated upon receipt with high priority given to any report of a situation which has the potential for patient harm.
- B. The individual who received the initial complaint will generate and document on the Patient Relations Reporting Form (Appendix B) and send a copy to the Patient Relations Representative and associated department manager/director. Electronic version of the form is located on the shared drive as follows: S:\Common\Forms\PatientRelationsReport. Documentation will include:
 - Summary of comments made by the complainant;
 - How staff tried to resolve the dissatisfaction;
 - Remaining issues not resolved or addressed to the satisfaction of the complainant;
 - Names of additional staff who have knowledge of the issue.
- C. The Patient Relations Representative will manage the communication and resolution process in consultation with the Patient Relations Grievance Committee and appropriate managers/director and/or administrative leaders within the guidelines described in the Flow Chart in Appendix A.
- D. The Patient Relations Representative will provide the patient with a written response within seven (7) business days from the receipt of the grievance and include the following information:
 - The name of the hospital contact person
 - The steps/investigation taken on behalf of the complainant
 - The results of the investigation process
 - The date of completion of the process
- E. When a grievance cannot be resolved or the investigation is not or will not be completed within seven (7) business days from receipt of the grievance, the Patient Relations Representative will inform the patient that work continues to resolve the grievance and that a follow-up written response will be provided within a situation-specific stated number of days.

III. Special Internal Notification for Complaints or Grievances

- A. Complaints or grievances actually or allegedly associated with patient harm/unexpected outcome or patient rights are immediately reported to the Risk Manager/Patient Safety Officer.
- B. Complaints or grievances which include an alleged medical malpractice component are referred to the Chief Medical Officer and the Risk Manager/Patient Safety Officer for review and action.
- C. Complaints or grievances regarding physician behavior will be referred as per the Medical Staff Chain of Command for review and action.
- D. If a complainant threatens to report an issue to the media the staff person must report this to their supervisor or manager/director who will report it to the Administrative Supervisor. The Administrative Supervisor will contact both the Administrator on Call (AOC) and the Marketing/Public Relations Manager.

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IV. Tracking, Trending and Reporting Grievance Data

- A. The Patient Relations Representative will maintain a log of grievances in order to identify trends and subsequent opportunities for process improvement. The log will classify grievances by the primary nature of complaint as determined by the Patient Relations Grievance Committee.
- B. The Patient Relations Grievance Committee identifies and shares opportunities for improvement with appropriate stakeholders/responsible parties as part of ongoing performance improvement processes.
- C. A Patient Relations Performance Improvement Report, which includes data abstracted from the log and associated actions taken for improvement will be provided to the hospital's Performance Improvement Council at a frequency determined by the Board of Directors through approval of the annual Performance Improvement Council Reporting Calendar. The Patient Relations Performance Improvement Report is forwarded to the Professional Practice Committee of the Board and to the Board of Directors, accordingly.

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REFERENCES

Appendix A – Flow Chart

Appendix B – Patient Relations Report Form

42 CFR 482.13 - Condition of Participation: Patient's Rights.

A hospital must protect and promote each patient's rights.

(a) Standard: Notice of rights— (1) A hospital must inform each patient, or when appropriate, the patient's representative (as allowed under State law), of the patient's rights, in advance of furnishing or discontinuing patient care whenever possible.

(2) The hospital must establish a process for prompt resolution of patient grievances and must inform each patient whom to contact to file a grievance. The hospital's governing body must approve and be responsible for the effective operation of the grievance process and must review and resolve grievances, unless it delegates the responsibility in writing to a grievance committee. The grievance process must include a mechanism for timely referral of patient concerns regarding quality of care or premature discharge to the appropriate Utilization and Quality Control Quality Improvement Organization. At a minimum:

- (i) The hospital must establish a clearly explained procedure for the submission of a patient's written or verbal grievance to the hospital.
- (ii) The grievance process must specify time frames for review of the grievance and the provision of a response.
- (iii) In its resolution of the grievance, the hospital must provide the patient with written notice of its decision that contains 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, and the date of completion.

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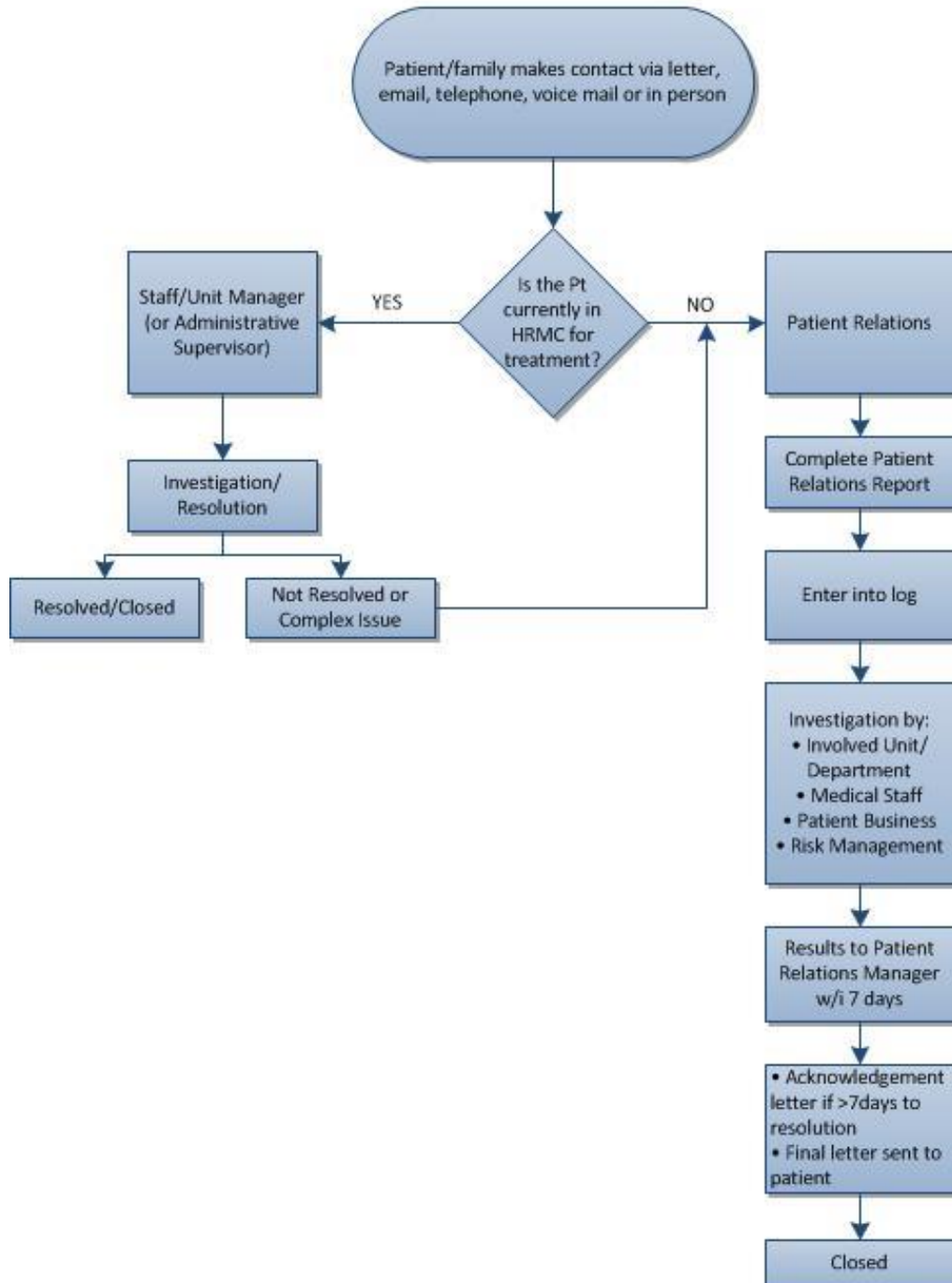
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Appendix A

Patient Relations Complaints/Grievances



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Appendix B

Patient Relations Report

<input type="checkbox"/> Complaint <input type="checkbox"/> Grievance <input type="checkbox"/> Other		Date:	Taken By:
Filed by:	<input type="checkbox"/> Patient <input type="checkbox"/> Other (specify)	Via: <input type="checkbox"/> phone <input type="checkbox"/> voice mail <input type="checkbox"/> letter <input type="checkbox"/> in person <input type="checkbox"/> e-mail <input type="checkbox"/> other	
Contact #:			
Encounter Date/Time:	Room#:	FIN/MRN#'s:	
Pt Name:	Pt Contact #:		
Pt Address:			
Other Address:			
Department: <input type="checkbox"/> ED <input type="checkbox"/> 3N <input type="checkbox"/> 3S <input type="checkbox"/> PCU <input type="checkbox"/> ICU <input type="checkbox"/> OB <input type="checkbox"/> Surg Srv <input type="checkbox"/> DI <input type="checkbox"/> Other			
Type of Issue: <input type="checkbox"/> Clinical/Quality Care <input type="checkbox"/> Communication <input type="checkbox"/> Unprofessionalism <input type="checkbox"/> Delay <input type="checkbox"/> Financial <input type="checkbox"/> Other			
Initial Comments:			
Investigation Request: <i>(What needs to be done; by whom)</i> Due Date:			
Investigation Results: <i>(Signed/Dated)</i>			
Date Closed:			