Patient Grievances

A “patient grievance” is a formal or informal written or verbal complaint that is made to the facility by a patient or a patient’s representative, regarding a patient’s care (when such complaint is not resolved at the time of the complaint by the staff present), mistreatment, abuse (mental, physical, or sexual), neglect, or the facility compliance issues.

A complaint from someone other than a patient or a patient’s representative is not a grievance.

A complaint that is presented to the facility staff and resolved at that time is not considered a grievance and the grievance process requirements do not apply to such complaints.

If a patient care complaint cannot be resolved at the time of the complaint by the staff present, is postponed for later resolution, is referred to other staff for later resolution, requires an investigation, and /or requires additional actions for resolution, the complaint is then considered a grievance for purposes of these requirements.

Billing issues are not usually considered grievances for the purposes of this policy and procedure.

A written complaint is always considered a grievance. This includes written complaints from a current patient, a released/discharged patient, or a patient’s representative regarding the patient care provided, abuse or neglect, or facility compliance with the Conditions for Coverage (CfC). For the purpose of this policy, an email or fax is considered written.

Information obtained from patient satisfaction surveys conducted by the facility usually is not considered a grievance. If an identified patient writes or attaches a complaint to the survey, and requests resolution, it should be treated as a grievance. If an identified patient writes or attaches a complaint to the survey, but does not request resolution, it should be treated as a grievance.

Patient complaints that are considered grievances also include situations where a patient or a patient’s representative telephones the facility with a complaint regarding the patient’s care or with an allegation or abuse or neglect, or a failure of the facility to comply with one (1) or more of the CfCs.

Whenever a patient or a patient’s representative requests that his or her complaint be handled as a formal complaint or grievance, or when the patient requests a response from the facility, the complaint is considered a grievance.

It is the policy of this facility to investigate all patient and family complaints (grievances) concerning the quality of care and/or services provided. Patients and/or family will be informed of their right to file complaints and the appropriate mechanism for voicing any concerns. All patient complaints will be analyzed and investigated, and when indicated, the responsible manager will provide a written response. Appropriate corrective action will be taken. Each patient and/or family member making a complaint will receive a written or verbal response from the facility that addresses issues regarding treatment or care that is (or fails to be) furnished. It is required that all patients with the same or similar health problems receive the same level of care, and that the presentation of a complaint does not, in itself, serve to compromise a patient’s future access to care at the facility.

All staff is provided education regarding their obligation to report all grievances, including whom they

should report the grievance to. The grievance process is integrated into the facility's quality assessment and performance improvement program. The patient has the right to:

- Be free of acts of discrimination or reprisal
- Voice grievances regarding treatment or care
- Be fully informed about a treatment or procedure and expected outcome

Complaint Response and Resolution

All complaints are to be analyzed and investigated to determine the appropriate response. Appropriate actions may include clarification, correction, prevention of future occurrences, and informing the complainant of the actions taken. Complaints that include unsettled patient issues are to be given the highest priority. For these complaints, initial patient or family contact should be made within 72 hours of receipt and the matter resolved as soon as possible.

All complaints addressed directly to the facility will receive a written response from the Administrator within two weeks. The patient and/or patient's representative will be notified in writing of the facility's decision regarding the grievance. The written notice must include the name of the facility's contact person, the steps taken to investigate the grievance, the results of the investigation, and the date the process was completed. Form letters with generic statements will not be utilized.

Patients and visitors should be encouraged to offer comments or suggestions to any staff member.

CMS Ombudsman 1 800 Medicare (1 800 633-4227)

Division of Health Services
Complaint Intake Unit
1 800 624-3004 or 1 919 855-4500
Or by mail
2711 Mail Service The facility
Raleigh, NC 27699-2711

Or
Accreditation Association for Ambulatory Health Care
AAAHC
5200 Old Orchard Rd
Skokie, IL 60077
1 847 853-6060