



Hospitals and Clinics Administration

ENTERPRISE 0122

DATE: 2/17/2021

TO: All Enterprise Employees, Contractors, Medical Staff and Volunteers

FROM: Paul E. Lorenz
Chief Executive Officer, Enterprise

SUBJECT: Grievance Process for Concerns Regarding Patient Care and Service

SCOPE:

Location (includes hospital and all inpatient and outpatient locations and subacute facilities of the hospital, unless otherwise indicated)	
Enterprise Wide	X
O'Connor Hospital	
Santa Clara Valley Medical Center	
St. Louise Regional Hospital	

Who May Perform This Procedure			
RN	X	MUC	X
LVN	X	HSR	X
HSA	X	Techs	X
MA	X	MD	X

REFERENCE: Center for Medicare & Medicaid Services,
Condition of Participation: Patient's Rights, 42 C.F.R § 482.13
Basic Commitments, 42 C.F.R. § 489.20
The Joint Commission, RI.01.07.01
California Code of Regulations, Title 22, Section 70707

POLICY: The Santa Clara Valley Medical Center (SCVMC) Customer Relations Department oversees and is responsible for management of the complaint and grievance resolution process and outcomes tracking and reporting for SCVMC Hospitals and Ambulatory Sites. The purpose of the policy is to

establish a process to resolve complaints made by patients and/or persons speaking on behalf of the patient in a timely, reasonable, and consistent manner throughout CSCHS sites, and improve the patient experience and quality of care. It is expected that clinic and hospital staff will attempt to informally resolve any patient complaint that may be readily resolved at the time it is made or shortly thereafter. Complaints and concerns that cannot be readily resolved at the staff level should be escalated to the Customer Relations Department per this policy.

a. Definition of Patient Grievance - A “*patient grievance*” is a complaint made to the Customer Relations Department by a patient, or the patient’s representative, regarding the patient’s care, or issues related to the hospital’s compliance with regulatory requirements, or any other concerns. A written complaint to the Customer Relations Department, including those received by e-mail or fax, is always considered a grievance.

A verbal complaint to the Customer Relations Department should be considered a grievance whenever the patient or the patient’s representative requests that his or her complaint be handled through the grievance process. If a verbal complaint is not resolved at the time of the complaint or is postponed or referred to other staff for later resolution, the complaint should be handled through the grievance process.

Complaints made to non-Customer Relations staff that can be resolved without assistance from the Customer Relations Department are not grievances under this policy. Complaints made to non-Customer Relations staff should be resolved at the staff level and escalated to Customer Relations only if staff cannot resolve the complaint at the time it is made or shortly thereafter. Information obtained through patient satisfaction surveys is not usually considered a grievance, however, if an identified patient writes, attaches a written complaint, or relates a complaint during a survey interview and requests resolution that cannot be resolved at the staff level, the complaint should be forwarded to the Customer Relations Department for resolution pursuant to this policy.

Complaints made through social media are not grievances.

Urgent Complaints - Any complaints or grievances relating to alleged patient abuse or neglect must be immediately escalated to the Risk Departments at each campus and reported as per Hospital abuse and neglect policies. Any complaints relating to quality of care or premature discharge must be referred to the Risk Department for quality review.

c. For patients wishing to contact the California Department of Public Health or the Joint Commission directly, the address and telephone numbers below may be provided.

California Department of Public Health
Licensing and Certification Program
San Jose District Office
100 Paseo de San Antonio, Suite 235
San Jose, CA 95113

Phone: 408.277.1784 or 800.554.0348
Fax: 408.277.1032

The Joint Commission
One Renaissance Boulevard

Oakbrook Terrace, Illinois 60181

Phone: 630.792.5000

Fax: 630-792-5636

The Joint Commission

601 13th Street, NW, Suite 560 South
Washington, DC 20005

E-mail: complaint@jointcommission.org or customerservice@jointcommission.org

d. The Customer Relations Department will forward billing related complaints to the Patient Business Service Office for appropriate action and follow-up.

e. The Hospital informs patients, families, and staff about the grievance resolution process, and patients about their right to file a complaint directly with the appropriate California State authority and/or The Joint Commission (TJC).

f. The Hospital's goal is to resolve grievances as soon as possible. If a complaint cannot be resolved immediately, the Customer Relations Department will acknowledge receipt of the complaint in writing within seven (7) business days and notify the patient when a resolution may be expected. All grievances should be resolved within 30 calendar days from the date on which the grievance was received unless the nature of the grievance or pending investigation requires earlier or later resolution.

Upon resolution of the grievance, a written response will be sent to the patient or representative notifying the patient or representative of the decision. The notice will include the contact information of the Customer Relations Department at the Hospital, the steps taken on behalf of the individual to investigate the complaint. If a grievance cannot be resolved within 30 calendar days, the Customer Relations Department will follow-up with the patient or patient's representative verbally or in writing as appropriate and explain the reason for the delay, the status, and an approximate time when the grievance will be resolved.

A complaint/grievance is considered resolved and closed when the patient is satisfied with the actions taken on his/her behalf, or all appropriate and reasonable actions were taken by the Hospital to resolve the grievance, but the patient remains unsatisfied. The Customer Relations Department will maintain documentation of its efforts, including summaries of all verbal communications, to resolve the complaint.

g. Complaints that cannot be resolved by the Customer Relations Department will be escalated to the Hospital Executive or designee and the Grievance Committee as appropriate. The Customer Relations Department will report on its activities to the Enterprise Quality Leadership Committee at least annually.

h. The Governing Body delegates review of grievances to the Chief Executive Officer of Hospital, who in turn delegates this function to the Customer Relations Department and Grievance Committee per this policy.

PROCEDURE:

Responsible Party	Action
Patient and/or his/her representative	Initiates verbal or written complaint to any employee, contractor, medical staff and volunteers
Any Employee/Volunteer	<ul style="list-style-type: none"> • Listens to person filing the complaint. • Acts to resolve the complaint at the time of initial contact. • If unable to resolve the complaint at the time, escalate through department chain of command to resolve the complaint. • If unable to resolve the complaint at the time, assists in filling out a Customer Relations Concern/Comment Form (Attachment 1) by adding any pertinent information, i.e. medical record number, date of birth and telephone, etc. to enable patient identification. Whenever feasible, staff will distribute and utilize the Customer Relations Concern/Comment Form. Informs patient that the completed Form will be delivered to Customer Relations Department.
PROCEDURE: (continued)	<ul style="list-style-type: none"> • Delivers completed Customer Relations Form to the Customer Relations Department. • Any complaints or grievances relating to alleged patient abuse or neglect must be immediately escalated to the Hospital Risk Department and reported as per abuse and neglect policies. • Any complaints relating to quality of care or premature discharge must be referred to the Hospital Risk Department for quality review.
Customer Relations Department	<ul style="list-style-type: none"> • Notifies patient that they may also contact their HMO or insurance carrier for assistance in resolving the grievance. • Notifies Director of Care Management and Hospital Medical Director regarding utilization management, coverage decisions and question of premature discharge. • Identifies privacy-related concerns and forwards them to the CSCHS Compliance & Privacy Officer. • Notifies Risk Management Department if it is determined the complaint needs additional quality follow up, involves allegations of patient abuse or neglect, and/or may lead to litigation.

- Informs Medicare patients of their right to also contact the Quality Improvement Organization. Enters database summaries of interviews, actions and interventions to resolve concerns.
- Contacts manager/designee and/or physician if documentation of complaint resolution is not received within five (5) business days.
- Sends acknowledgement letter within 7 business days of receipt of complaint to patient. Letter informs patient that Hospitals working to address the grievance and that a written response will follow within 30 calendar days from the date of the grievance. Letter also advises patients they may contact their HMO or insurance carrier for additional help in addressing their needs and concerns. If the grievance is resolved within seven business days of receipt, then one letter of acknowledgement and resolution may be provided to patient.
- For Medicare Beneficiaries receiving DMEPOS from CSCHS pharmacies, acknowledgement letter will be sent within 5 calendar days of receipt of complaint.

PROCEDURE: (continued)

The Customer Relations Department will call Pharmacy upon receipt of Pharmacy related complaint to determine if dmePOS. A written response will follow within 14 calendars from the date of the grievance. If the dmePOS grievance is resolved within five calendar days, then one letter of acknowledgement and resolution may be provided to patient.

- Sends resolution letter to the patient, including:
 - name of hospital contact,
 - steps taken to investigate the grievance,
 - the results of the grievance process, and
 - date of completion.
- If a grievance cannot be resolved within 30 calendar days, follow-up with the patient or patient's representative verbally or in writing as appropriate and explain the reason for the delay, the status, and an approximate time when the grievance will be resolved.
- Enters all pertinent complaint resolution data, including summary of verbal communications, into database.
- Report on activities to Enterprise Quality Leadership Committee at least annually.

Department Chair/Cost Center
Manager/Designee

- Receives concern notification from Customer Relations Department. Determines accountability for resolution and response.
- Investigates complaint and communicates with staff.
- Responds to patient, as necessary.
- Coordinates resolution with involved departments, units, or clinics.
- Documents resolution in concern management database within five (5) business days.
- Alerts Customer Relations Department if it is known that information necessary to respond to complaint cannot be provided in 5 business days, and indicates reason for delay (i.e., involved staff being off).
- Informs Customer Relations Department of expected date of completion.

Customer Relations Program Manager
or designee

- Identifies and facilitates resolution of complex complaints through:
 - a) Timely escalation of complaints regarding clinical care to medical leadership;

PROCEDURE: (continued)

- b) Facilitation of meetings between individuals with complaints and Hospital personnel; and
- c) Collaboration with Hospital Administration as needed to determine appropriate actions to be taken to resolve complex complaints.
- Identifies complaints/grievances to be reviewed by the Grievance Committee.
- Assists and trains managers, physicians, and staff in techniques of complaint resolution.
- Reports information as appropriate to Hospital Administration, the Governing Body, the Grievance Committee, and individual departments on an as needed basis.
- Reviews data to note trends and make recommendations to Hospital Administration.
- Reports at least annually to Enterprise Quality Leadership Committee
- Observes trends and collaborates with managers to develop corrective actions and make recommendations for performance improvement.

Grievance Committee

The Grievance Committee supports the Customer Relations Department in responding to patient complaints

and grievances. Membership is stated in the Grievance Committee Charter.

- Meets regularly to review certain complaints and issues.
- The Grievance Committee reviews complaints or grievances that cannot be resolved by the Customer Relations Department alone.
- Reviews aggregate patient complaint and resolution. Makes recommendations for implementation of strategies to reduce patient complaints through such interventions as revised/new policies, procedures or education.
- Identifies appropriate person(s) to be responsible for resolution of highly complex complaints.
- Reviews and makes recommendations for management of complex complaints/grievances that have not been resolved through routine intervention.
- Determines need for escalation of resolution through intervention of Hospital Administration or County Counsel.
- Documents recommendations and actions in meeting minutes and reports to Hospital Administration.
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Attachments: List attachments by title (ensure assigned number correlates with label on attachments)

1. CSCHS Enterprise Customer Relations Complaint Form
2. CSCHS Grievance Process Outline

Policies replaced: (if applicable)

- OCH: Patient Complaints Grievances (PolicyStat ID 5689346)
- SLRH: Patient Grievance and Complaint Policy (PolicyStat ID 4826537)
- VMC: Policy 301.41Grievance Process for Concerns Regarding Patient Care and Services

Issued: 2/17/2021

Revised:



**Customer Service Department
Customer Complaint/Concern Form**

Name of Patient:		Date of Complaint/Concern:	
Contact Name:		Relationship to Patient:	
Address:		Phone:	
Medical Record No:		Date of birth:	
Male:	Female:	Preferred Language:	
<u>Office Use Only</u>			
Customer Service Rep:		Telephone:	
Referred to:		Type of Concern	
FYI:	Letter:	Telephone:	
Description of Complaint/Concern/Comment: (Include who was involved, what happened, where it happened and when it happened):			

Signature: _____ **Date:** _____

This form is not for distribution as it contains confidential patient information.