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<b>Policies/Procedures</b>	<b>Effective date: 10/18/2016</b>
<b>RE: Patient Grievances</b>	<b>Review date:</b> <b>Review date:</b>
<b>Department: Administration/Nursing</b>	<b>Approved by: GB</b>

## **PURPOSE**

To establish a grievance procedure for documenting the existence, submission, investigation, and disposition of a patient's written or verbal grievance.

## **DEFINITIONS**

A "patient grievance" is a formal or informal written or verbal complaint that is made to Holly Springs Surgery Center (HSSC) 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 HSSC 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 HSSC 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 HSSC 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 center 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 HSSC with a complaint regarding the patient's care or with an allegation or abuse or neglect, or a failure of HSSC 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 HSSC, the complaint is considered a grievance.

## **POLICY**

It is the policy of this HSSC 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 HSSC 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 HSSC.

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 HSSC'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

## **PROCEDURE**

### **1. Patient Complaint Mechanism**

To facilitate the submission of a complaint in writing, a satisfaction form shall be provided to all patients at the time of discharge. Patients may utilize this form or document their concerns in written format as they choose.

### **2. Receipt of Patient Complaint.**

All staff must treat complaints in a serious manner, and make every effort to correct the situation in a manner consistent with HSSC's mission and values statements. If necessary, either the complainant or staff may request assistance from administrative staff in resolving the matter.

It is the right and responsibility of the complainant to register a complaint verbally, by telephoning CENTER or mailing a written complaint to CENTER.

- a. All complaints received by telephone or in writing are to be documented on the Patient Compliment/Complaint Form.
- b. Complete the top part of the form (from "date received" through "referred to" sections). Please note if the complainant has not reported the complaint to their primary caregiver.
- c. Forward the completed form to the Administrator or another manager who has the authority to address grievances on behalf of HSSC.

### **3. 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 HSSC will receive a written response from the

Administrator within two weeks. The patient and/or patient's representative will be notified in writing of HSSC's decision regarding the grievance. The written notice must include the name of HSSC'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.

Documentation of how the grievance was addressed and the action(s) taken shall be documented on the Compliment/Complaint form. Upon closure, all completed forms should be forwarded to the Administrator for discussion at the QAPI committee meeting.

#### **4. Complaint Review**

The QAPI Committee shall establish a mechanism to categorize patient complaints by importance. Quarterly summary reports will be discussed at the QAPI committee meetings and forwarded to the MEC for further review.

The QAPI Committee will maintain a file of complaints and/or data for at least two years. Any complaint which may have potential legal liability should be preserved in its original form.

#### **5. Comments/Suggestions**

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

### **FILE A COMPLAINT:**

#### **CMS :**

<http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

All Medicare beneficiaries may also file a complaint or grievance with the Medicare Beneficiary Ombudsman. Visit the Ombudsman's webpage on the web at:  
1-800-633-4227 or TTY: 877-486-2148

### **NORTH CAROLINA DHSR:**

#### **By Phone**

Complaint Hotline: **1-800-624-3004 (within N.C.) or 919-855-4500**

Complaint Hotline Hours: 8:30 a.m. - 4:00 p.m. weekdays, except holidays.

#### **By Fax**


Please fax your information to 919-715-7724

#### **By Mail**

Mail complaints to:

Complaint Intake Unit  
2711 Mail Service Center  
Raleigh, NC 27699-2711






You may choose to print out and complete the complaint form [[DOC](#), 63 KB] [[PDF](#), 75 KB].


Complaints may be shared with our unit [by telephone](#), [by facsimile](#) or [by postal mail](#). Our division is only able to investigate [complaints](#) regarding incidents that have occurred in the past year and issues that are regulated by [federal regulations](#)  or [state statutes](#).

Each [complaint](#) is prioritized for investigation according to the seriousness of the situation. Complaints are investigated by the appropriate licensing section within our division except for adult care homes\*. Investigations are unannounced to the facilities/agencies/homes, and complainant identifying information is not shared with the facilities/agencies/homes.

\*[Complaints](#) received by our Complaint Intake Unit for adult care homes are forwarded to the local [Department of Social Services](#) for investigation.

## **Common Issues Handled by Other Agencies and Contact Information**

- Physicians and Urgent Care Centers - [N.C. Medical Board](#)  (1-800-253-9653)
- Labor/Personnel Issues - [N.C. Department of Labor](#)  (1-800-625-2267)
- Health Insurance Portability and Accountability Act (HIPAA) Complaints - [U.S. Office of Civil Rights](#)  (1-800-368-1019)
- Discrimination Complaints - [U.S. Office of Civil Rights](#)  (1-800-368-1019)
- Medicaid Fraud - [N.C. Division of Medical Assistance](#) (919-647-8000)
- Medicare Fraud - [U.S. Office of Inspector General](#)  (1-800-447-8477)

 Denotes link to site outside of N.C. DHHS.

Or

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