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Guide to Complaint and Grievance Management

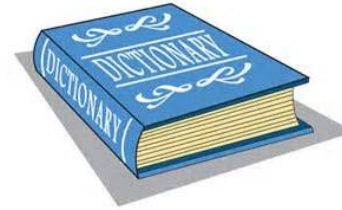


Objectives

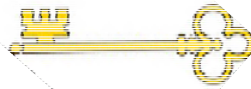
- Differentiate between a grievance and a complaint
- Articulate the provider's role in complaint resolution and grievance management



Definition of a Grievance



- A grievance is a written or verbal complaint, filed by a patient or a patient representative, for a care or safety issue that **cannot be resolved promptly**
- Prompt grievance resolution to the patient's satisfaction is required by Centers for Medicare and Medicaid and the Department of Health



How does a grievance differ from a complaint?

Grievance

- A grievance is an **unresolved** patient or family concern post-discharge from a clinic or hospital visit
- Grievances require a written response within **10** business days

Complaint

- A complaint is a concern voiced during the visit that is **resolved** prior to discharge or leaving a clinic visit
- Complaints resolved prior to discharge do not require written response



Grievance Sources

- Grievances are received from patients:
 - ✓ Letters/e-mail
 - ✓ In person
 - ✓ Healthstream red alerts
 - ✓ Insurance companies
- The majority of grievances are received via the



**Customer Concern Line
1-877-426-4701**



Patient Advocate Role



- The Patient Advocate performs grievance intake
- An intake form is initiated
- The grievance intake form is sent to the appropriate provider to investigate and document findings
- Patient Advocate composes a response letter based on the investigation findings
- Mailed within 10 business days of grievance receipt



Provider's Role in Complaint Management

Inpatient/Clinic Complaint

If a patient or family member has a concern about provider care/behavior while the patient is in the hospital or clinic:

- Meet with the patient
- Resolve the issue before discharge to prevent a complaint from becoming a grievance after discharge



How do you know if a complaint is fully resolved?

Ask!

Thank you very much for taking time to discuss your concern with me.
Has the concern been resolved to your satisfaction, or do you wish to file a grievance?



Provider's Role in Complaint/Grievance Management

After Discharge (All unresolved complaints are grievances!)

- Medical staff leader's assigned to manage grievances must:
 - ✓ Investigate the grievance and interview personnel involved
 - ✓ Write a response to each concern identified in the grievance

Provider Perspectives on Grievance Management

- ✓ Grievances are the patient's perspective of the care received
- ✓ The patient's perspective and recollection may not be 100% accurate
- ✓ Right or wrong, a formal grievance response is required



Provider's Role in Grievance Resolution

- The Medical staff leader receives the grievance intake form from the Patient Advocate
- Conducts chart review and interviews to complete the form
- Return the form to the Patient Advocate within 7 days



- **Remember:** When responding to a patient grievance, choose language that is easily understandable; use layman's terms and avoid medical jargon

Case Study:

A discharged patient believes a provider was disrespectful in communicating a diagnosis. In the middle of their conversation, the provider was interrupted by a telephone call and handed the patient his diagnosis report for independent review. No personal communication or explanation was offered.



Grievance Process Review

What happens next?

1. Patient calls Concern Line
2. Patient Advocate actively listens and completes grievance intake form
3. Intake form sent to Medical Staff Leader of unit involved
4. Medical Staff Leader conducts chart review and interview of provider
5. Medical Staff Leader responds to the grievance on the intake form
6. Intake form is returned to Patient Advocate
7. Response letter composed and mailed within 10 business days



Thank you for participating!

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