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Owner:	*Elizabeth Skene: Dir Consumer Services*
Policy Area:	*Office of Human Experience*
Applies To:	
Applicability:	*Hamilton Behavioral MD PA Network*

Complaint and Grievance Management

Complaint and Grievance Management

As a Highly Reliable Organization, Hamilton Behavioral MD PA recognizes the need for its team members to deliver consistent patient experiences and to promote a culture of safety through trust, transparency, empathy, and respect. Accordingly, we support the consumer's right to voice complaints, file grievances, and recommend new or improved services to continuously enhance our delivery of care to the community. Our team members also ensure due diligence in their review of complaints and grievances, as well as prompt, courteous, and thorough responses to patients or their authorized representative.

Purpose:

To delegate responsibility for complaint and grievance management from the governing body and establish consistent and efficient management of consumer complaints and grievances to enhance patient care, safety and services. This policy also ensures compliance with CMS Conditions of Participation and Joint Commission standards.

Administration:

The Executive Vice President and Chief Human Experience Officer, in collaboration with the Executive Vice President, General Counsels, Executive Vice President, Chief Quality Officer, and Senior Vice President and Chief Compliance Officer are responsible for the administration and subsequent revision of this policy.

Policy:

The governing body appoints the Human Experience Committee to review and approve the Complaint and Grievance Management Policy and Procedure. The Office of Patient Experience is designated to manage all grievances to ensure satisfactory, appropriate, consistent, and patient-sensitive communication. The Office of Patient Experience will also provide an analysis of aggregate data captured from complaints and grievances, to identify system and/or performance issues in order to mitigate future grievances and improve clinical care and services that enhance the patient experience.

All patients and/or persons with concerns related to a patient have the right to contact the New Jersey Department of Health Complaint Hotline at 1-800-792-9770. They may also contact the Joint Commission Office of Quality and Patient Safety to report any concerns or register a formal complaint by completing the online form or emailing their complaint to complaint@jointcommission.org. Medicare recipients may contact HQSI at 800-624-4557.

Definitions:

Consumer: Patients or their authorized representative, family members, significant others, domestic partner, or visitors.

Patient's Authorized Representative: When the attending physician/treating practitioner determines that a patient lacks decision-making capacity, the healthcare team turns to surrogates in the following order to assume decision-making responsibility:

- Court-appointed guardian with authority to make health care decisions for the patient
- Health care agent or alternate agent, pursuant to the patient's appointment in an advance directive
- Surviving spouse or civil union partner
- Domestic partner, as defined in section 3 of P.L. 2003, c246 (C26:8A-3)
- Adult children
- Parents
- Adult siblings
- Grandparents
- Adult grandchildren
- Uncles or aunts
- Adult nephews or nieces
- Adults cousins
- Adult stepchildren
- Adult relatives or next of kin of previously deceased spouse
- Any other relative or friend

Complaint: Any verbal communication regarding patient care or service that is encountered by a patient and resolved at the point of service/contact by a health system team member present.

Service Recovery: The method by which team members return consumers to a state of satisfaction. At Hamilton Behavioral MD PA, "We Resolve with C.A.R.E." (Reference Service Recovery Policy).

Just Culture: The *Just Culture* model provides a structure for holding individuals accountable when there is a substantiated concern or error. It provides opportunities for learning, consoling, designing a safer system, and managing behavioral choices.

Grievance:

Per CMS, a formal patient grievance is a complaint that is made to the hospital by a patient, or the patient's authorized representative, regarding the patient's care (when the complaint is not resolved at the time by the team member(s) present), abuse or neglect, issues related to the hospital's compliance with CMS Conditions of Participation (CoP), or a Medicare beneficiary billing complaint related to the rights and limitations provided by 42 CFR 489 (quality of care).

A formal complaint is considered a grievance when:

- It is not resolved at the time by the team member(s) present.
- It is received in writing (i.e., letter, email, fax, attachment to a patient survey).
- A patient or representative requests that their complaint be handled as a formal complaint or grievance.
- A patient or his/her authorized representative requests a response from the hospital.
- A complaint is postponed for later resolution, referred to other staff for later resolution, requires investigation, and/or requires further actions for resolution.

- Billing issues are not usually considered grievances for the purposes of these requirements. However, a Medicare beneficiary billing complaint related to rights and limitations provided by

42 CFR 489 (quality of care) is considered a grievance.

Third party grievances: Grievances that are expressed by someone other than the patient or patients' authorized representative.

Procedure:

Please note: Office of Patient Experience refers to each hospital's Office of Patient Experience. The Office of Human Experience refers to the network's Office of Human Experience.

1. It is the responsibility of all team members to be alert to any patient/family complaints and grievances and use service recovery as appropriate.
2. Team members will take a proactive role in facilitating a prompt and effective complaint resolution and will collaborate as necessary to resolve inpatient concerns prior to patient discharge. If the team member is unable to resolve a problem, the complaint should be communicated to the appropriate supervisor, manager, or designee for assistance. If the Office of Patient Experience is called upon to address an issue that the patient care team cannot resolve, the issue must be logged and tracked for resolution by the Experience team member.
3. All complaints that pose a potential risk or liability to the patient, visitors, physicians, organization or its team members will be reported to the site's risk management department using the event reporting system.
4. This grievance procedure will be used for complaints of discrimination based on disability. Pursuant to Section 504 of the Rehabilitation Act of 1973, it is the policy of Hamilton Behavioral MD PA that no otherwise qualified individual shall solely by reason of his/her disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving funding in whole or in part through Federal health care programs.
5. All verbal and written correspondence directed to the Co-CEOs or network leaders shall be referred to the Office of Human Experience.
6. All written correspondence to individual site leaders will be referred to the site's Office of Patient Experience.
7. The Office of Patient Experience serves as a liaison in gathering information and facts and is responsible for maintaining communication with patients and families until the grievance is resolved.
8. For third party grievances, permission from the patient or, when the patient lacks decision-making capacity, the patient's authorized representative is required to proceed with an investigation and response.
9. Upon receipt of a grievance, the patient or patient's authorized representative will be informed of their point of contact in the Office of Patient Experience and the anticipated timeframe for response. In general, a response should be made within seven **business** days. However, if the grievance is not resolved, the investigation is not complete, or if the corrective action is still being evaluated, interim contact will be made with the patient or patient's authorized representative. A final, written response will be sent within 45 days. Grievances with extenuating circumstances may result in an extended response time.
10. The Office of Patient Experience will promptly refer cases involving abuse or neglect to the leadership for the area involved, risk management and employee relations.
11. Each hospital will have a Grievance Management Committee with representation from the Office of Patient Experience, Risk Management and the site's quality monitoring department where a determination regarding the investigation will be made. Cases managed by the Office of Patient Experience will be

referred to the appropriate leader in accordance with this policy. For cases managed by the site's quality monitoring department, a summary will be provided.

12. The Office of Patient Experience will notify their respective risk manager of any issues posing a risk to the patient, visitors, physicians, organization, or its team members and collaborate as necessary on the investigation and resolution with the patient/patient's authorized representative.
13. Findings, assessment, recommendations for follow up and any corresponding corrective action based on the *Just Culture* model will be shared with the Office of Patient Experience and documented accordingly in the complaint management system.
14. The grievance database will be used to document concerns, feedback, and communication with the patient/patient's representative. It is the responsibility of the appropriate leader to ensure that a response to the grievance is shared with the Office of Patient Experience in a timely manner. The Office of Patient Experience staff will escalate any delay in response up the chain of command.
15. All response letters shall be reviewed and approved by the appropriate team members and communicated in a language and manner that the patient or patient's authorized representative understands. In most cases the action taken to investigate the concerns, resolution and corresponding corrective action should be included in the response. The hospital may use additional methods to resolve a grievance, such as meeting with the patient or patient's authorized representative.
16. The Office of Patient Experience will collect aggregate data, identify trends, and report accordingly on a quarterly basis to the Human Experience Committee. The Human Experience Committee will recommend performance improvement initiatives. A summary report will be submitted annually to the governing board.
17. Patients presenting grievances with timeframes greater than two years will be reviewed on a case-by-case basis.
18. A negative posting on social media is not considered a grievance. However, social media comments will be monitored by the Office of Patient Experience and referred to the appropriate leadership on a case-by-case basis.
19. Emotional harm identified through a grievance may referred to the Emotional Harm Committee for further review, trending and follow through.
20. Requests for financial consideration may be discussed with the Grievance Management Committee and referred to the Event Evaluation and Resolution Committee on an as needed basis.

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
	Claritza Huertas, Human Resource	02/2019
	Yana Pogosian	02/2019