Healthcare Risk Control

Executive Summary
Patient Support Services 1

ECRI Institute
The Discipline of Science. The Integrity of Independence.

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Key Recommendations

- Develop and implement well-defined policies, procedures, and processes for seeking and responding to patient grievances and complaints.
- Be aware of regulations and standards from the Centers for Medicare and Medicaid Services, the Joint Commission, and other entities regarding patient grievances and complaints.
- Interview patients and family members or other representatives to determine whether they understand the grievance process.
- Educate all staff members, especially those with direct patient contact, on grievance processes, and emphasize that staff should communicate calmly with patients and show empathy for their concerns.
- Collect, track, and trend data on patient grievances and complaints as part of quality improvement activities.

See page 7 for more Action Recommendations.

Supplementary Material

- Complaints and Grievances (available in the "Sample Policies and Tools" section of the *HRC* Members' Web site)
- Mix-and-Match Phrases for Grievance/Complaint Response Letters
- Resource List

For more tools on this topic, see the HRC *Members' Web site at http://www.ecri.org.*

Managing Patient Grievances and Complaints

With the increasing emphasis in the healthcare environment on patient-centered care, seeking and responding to patient feedback are important components of risk management programs. Patients have the right to file complaints and grievances when they are unsatisfied with the treatment received.

Healthcare organizations must develop processes for responding to patient grievances and complaints in order to comply with federal regulations and Joint Commission standards, as well as to protect patients and reduce their liability risk. One of the first steps in developing a grievance process is recognizing the differences between grievances and complaints.

WHAT HRC *FOUND*

Healthcare facilities should have well-defined processes for addressing and responding to patient grievances and complaints that include notification of patient rights upon admission, designation of staff members to handle grievances, time frames for responding to grievances, and guidelines for written responses. In addition, healthcare facilities should collect, track, and trend grievance and complaint data as part of their quality improvement activities. Facilities may consider hiring a patient advocate to help resolve problems patients face during their stay and to help patients feel they are being treated fairly by the healthcare facility.

Route To:

- ☐ Administration
- ☐ Ethics committee
- ☐ HIPAA privacy officer
- ☐ Nursing
- ☐ Patient safety officer
- ☐ Quality improvement
- ☐ Social services
- ☐ Staff education

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Risk Analysis
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Managing Patient Grievances and Complaints

With the increasing emphasis in the healthcare environment on patient-centered care, seeking and responding to patient feedback are important components of risk management programs. Patients have the right to file complaints and grievances when they are unsatisfied with the treatment received, and healthcare facilities should have processes in place for handling both in a timely manner. In addition, tracking and trending patient complaints and grievances may call attention to problems and quality improvement opportunities. One study found that patient complaints about physicians were associated with lawsuits or events identified as potentially leading to lawsuits against those physicians; in other words, a physician's risk of being sued was higher when patients complained about the treatment received while under his or her care (Hickson et al.). In another study of surgical cases, patient complaints were associated with surgical complications (Murff et al.).

Healthcare organizations must develop processes for addressing patient grievances and complaints in order to comply with federal regulations and Joint Commission standards, as well as to protect patients and reduce liability. Indeed, the Centers for Medicare and Medicaid Services (CMS) outlines requirements for addressing grievances in its Conditions of Participation (CoPs). Although these requirements apply to patients receiving Medicare and Medicaid funding, they are appropriate recommendations for handling grievances and complaints from all patients.

The Joint Commission complaint resolution standard requires that accredited hospitals address and resolve complaints from patients and their families (Joint Commission). In addition, facilities using Joint Commission accreditation for CMS deemed status purposes must establish a mechanism for (1) timely referral of patient complaints regarding the quality of their care or (2) premature discharge to the appropriate CMS-contracted Quality Improvement Organization (QIO) upon request by a Medicare beneficiary.

Healthcare facilities should establish, review, and monitor policies and procedures for managing complaints and grievances to ensure compliance with applicable regulations and standards.

This Risk Analysis provides information for healthcare organizations on how to effectively manage grievance processes and what actions they need to take to ensure compliance with applicable regulations. In addition, the differences between grievances and complaints, the uses of grievances and complaints for quality improvement activities, and the roles of patient advocates are discussed.

DIFFERENCES BETWEEN GRIEVANCES AND COMPLAINTS

One of the first steps in developing a grievance process is recognizing the differences between a grievance and a complaint. Complaints are patient issues that can be resolved promptly or within 24 hours and involve staff who are present (e.g., nursing, administration, patient advocates) at the time of the complaint. Complaints typically involve minor issues, such as room housekeeping or food preferences, that do not require investigation or peer-review processes. Most complaints will not require that the facility send a written response to the patient. Even if a patient's complaint is addressed quickly and informally, the facility should document the complaint and the actions taken to resolve it and maintain the records for quality improvement activities. (CMS)

Hospitals should always try to resolve patient complaints or concerns immediately and informally whenever possible; however, if patients feel their complaints have not been resolved or if they have a more in-depth concern, they may file a formal grievance. Grievances may be submitted verbally or in writing,

may be submitted after the patient is discharged (excluding billing issues), may concern unresolved issues or those that cannot be addressed immediately, may concern an alleged violation of patient rights, or may involve a patient's request for response. (CMS)

Some examples of grievances include the following (Vukson and Turvey):

- The facility did not meet the patient's care expectations.
- The staff did not notify the physician of the patient's concern.
- The patient was discharged from the hospital too soon.
- The facility did not protect patient confidentiality.
- The facility did not obtain informed consent from the patient.
- The patient alleges abuse, neglect, or other unethical behavior.

MANAGING GRIEVANCES

Healthcare organizations must have well-defined processes for addressing and responding to patient grievances and complaints. CMS requirements for managing patient grievances are outlined in the Medicare CoPs for patient rights and further described in an August 2005 letter to state surveyors providing interpretive guidance on this particular CoP and others. (See "Medicare Requirements for Patient Grievances" for the CMS CoPs on patient grievances).

A sample policy on patient grievances and complaints from the Wesley Medical Center (Wichita, Kansas) can be found in the "Sample Policies and Tools" section of the *Healthcare Risk Control* Members' Web site. In addition, information on other resources related to patient grievances and complaints is available in "Resource List."

Notification of Patient Rights

Patients should be notified of their legal rights upon admission or as soon as possible after admission to the facility. As part of their patient rights, patients should be informed that they have the right to file complaints or grievances regarding their care, that their decision to file complaints or grievances will not compromise the care they will receive, and that all information will be kept confidential. In addition, patients should receive information regarding how to file a grievance or complaint and whom they should contact with such concerns.

Healthcare facilities must also inform patients of their right to file grievances with regulatory agencies (e.g., local licensing and certification office, state agencies, QIOs). The facility should provide patients with the addresses and phone numbers of these agencies and should inform the patients that they may contact the state agency that has licensure survey responsibility for the hospital directly, even if they have not filed a grievance with the healthcare facility.

Facilities often provide this information on their Web sites or in written materials given to patients upon admission and may want to review the materials to ensure that the language is clear and easily understandable. Special considerations, such as document translation or interpreter services, should be provided for patients with limited English proficiency. Patients should sign a form to acknowledge that they were informed about their rights and that they received information on the grievance process. Hospital staff should also interview patients and their family members or other representatives to determine whether they understand the grievance process, including how to submit grievances and whom to contact.

Grievance Process

CMS and the Joint Commission require that hospitals' governing bodies approve and oversee the grievance process unless they assign these duties in writing to a grievance committee. Facilities should organize a team of individuals when developing or revising grievance policies; this team may include administration, patient relations staff or patient advocates, the risk manager, the quality manager, the compliance officer, legal counsel, and nurses or other staff with direct patient contact. Because patient grievances may be submitted from a variety of sources, the inclusion of clearly defined procedures for submissions of verbal or written grievances is essential so that all grievances are effectively managed and organized. Healthcare organizations should have policies in place to ensure patient confidentiality and compliance with the privacy rules of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Patients may file grievances with any staff member; therefore, all staff, especially physicians and staff who have direct contact with patients, should receive education on the facility's grievance process and should know how to direct grievances to appropriate personnel. In addition, education should emphasize that staff must communicate calmly with patients and show empathy for their concerns. Physicians and other staff members may instinctively rush through visits with patients who

exhibit dissatisfaction; however, it is important to treat in a calm manner patients who are unpleasant or who complain in order to relieve patients' dissatisfaction and prevent lawsuits.

Healthcare facilities should designate a "grievance coordinator" (e.g., patient advocate, risk manager, quality manager) to receive all grievances submitted to the facility and to initially determine whether the grievance should be handled by the facility or by another organization (e.g., if the complaint is about insurance coverage or another healthcare provider) (Spath). If the grievance is applicable to an organization other than the healthcare facility, the grievance coordinator should contact the individual who filed the grievance and offer to assist the individual with directing his or her grievance to the appropriate organization.

If the grievance is applicable to the healthcare organization, the patient or family member should receive notification that the grievance has been received, that it will be investigated, and that the patient or family member will receive follow-up once the issue has been resolved. Staff members should then be responsible for following up on the grievance as appropriate; for example, the privacy officer will address and respond to grievances related to confidentiality issues, and the risk manager will address grievances in which the patient or family member threatens litigation (Vukson and Turvey).

Healthcare organizations should also include in their policies specific time frames for responding to grievances. Grievances concerning situations that may endanger the patient (e.g., neglect, abuse) should be given highest priority and should be addressed immediately. For grievances involving patients receiving Medicare or Medicaid funding, CMS considers a seven-day turnaround time appropriate. This requirement does not appear in CMS's CoPs; instead, the requirement is included in the 2005 CMS letter to surveyors (Vukson and Turvey). Organizations should track and document time frames for responding to grievances so that this information can be provided to surveyors if necessary. Risk managers should also ensure that timelines for responding to grievances are clearly explained to patients.

In complex cases requiring more than seven days to resolve the grievance, CMS permits a longer time frame; however, the organization must send the patient an interim notice explaining that the grievance is being investigated and that the patient will receive a final written response in a time frame established by the hospital. Unless a grievance involves complex issues, extensive investigation, and the contributions of numerous individuals, some hospital policies specify that grievances should be resolved within 30 days (VUMC).

The University of Pennsylvania Health System (UPHS), Philadelphia, Pennsylvania, organizes its grievance and complaint policies so that patient concerns are responded to immediately (Muller). Grievances and complaints are directed to UPHS's Office of Patient Affairs; the department is headed by a nurse but comprises an interdisciplinary group of staff members.

Medicare Requirements for Patient Grievances

As part of CMS's CoPs, hospitals must inform all patients or their representatives of the rights patients have during their care. Included in the list of patient rights is the right to express grievances or concerns about care. Although these requirements apply to patients receiving Medicare and Medicaid funding, they are appropriate recommendations for handling grievances and complaints from all patients. The section of the CMS Conditions of Participation that addresses patient grievances is as follows:

> (a) (2) The hospital must establish a process for prompt resolution of patient grievances and must inform each patient whom to contact to file a grievance. The hospital's governing body must approve and be responsible for the effective operation of the grievance process and must review and resolve grievances, unless it delegates the responsibility in writing to a grievance committee. The grievance process must include a mechanism for timely referral of patient concerns regarding quality of care or premature discharge to the appropriate Utilization and Quality Control Quality Improvement Organization. At a minimum:
>
> > (i) The hospital must establish a clearly explained procedure for the submission of a patient's written or verbal grievance to the hospital.
> >
> > (ii) The grievance process must specify time frames for review of the grievance and the provision of a response.
> >
> > (iii) In its resolution of the grievance, the hospital must provide the patient with written notice of its decision that contains the name of the hospital contact person, the steps taken on behalf of the patient to investigate the grievance, the results of the grievance process, and the date of completion.

Source: 42 CFR § 482.13 (2006).

Grievances and complaints received by the department may include concerns about patient care, billing issues, complaints about waiting times to see physicians, or other issues, and most concerns are responded to on the same day they are received or one day later. If the patient who complained is still admitted to the facility, an appropriate staff member visits the patient in person to resolve the issue. Patients who are no longer admitted to the facility receive a phone call. The organization believes that there is a clear correlation between complaints and malpractice claims and that patients or family members are more likely to sue if they are angry or in a high state of anxiety. Therefore, UPHS found that if concerns are responded to quickly and effectively, patients and family members are more forgiving and less likely to turn to litigation.

Written Responses

When the grievance is resolved, the organization must send the patient a written response that includes a description of the actions taken to investigate the grievance, the results of those actions, the date of completion of the grievance process, and the name of a contact person, according to CMS regulations. Written responses should be sent even if appropriate staff members meet with the patient and family members and resolve the grievance during the discussion. In addition, the response should be written in clear and easily understandable language, should include specific information about what actions will be taken to resolve the issue, should avoid making promises for other staff members, and should reflect only actions that will be carried out. When specific information cannot be given because of confidentiality issues, the response letter may read "appropriate action has been taken." If a healthcare organization receives a grievance by e-mail, the written response may be sent by e-mail as well.

A list of sample phrases for response letters, provided by Wesley Medical Center, appears in "Mix-and-Match Phrases for Grievance/Complaint Response Letters."

Because written responses may be used as evidence in court, hospital policies should recommend that staff prepare responses objectively and only state the facts. Copies of written responses should be sent to the risk management department, and reports on all grievances and actions taken should be submitted to the governing board.

According to CMS regulations, a grievance is considered resolved when the party who filed the grievance is satisfied with the response or when the healthcare facility has taken "appropriate and reasonable" actions to resolve the grievance, even though the patient or patient's family is unsatisfied with the response.

In certain circumstances, risk managers may wish to waive portions of a patient's hospital bill after an investigated grievance. However, there are many legal and regulatory issues including compliance with fraud and abuse laws, as well as insurance coverage issues, involved in waiving a patient's bill. Healthcare facilities should proceed with guidance from both the facility's legal counsel and its malpractice insurance carrier.

GRIEVANCES AND QUALITY IMPROVEMENT

Healthcare organizations may want to collect written responses and use the data on patient grievances and complaints as part of their quality assessment or performance improvement programs. For example, the organization may identify recurring complaints or electronically organize data by category (e.g., service, physician) to determine trends. Facilities may also perform failure mode and effects analysis on issues patients complain about or use root-cause analysis to assess complaints or grievances ("Effective"). The governing board should review data related to grievances on a quarterly basis (Vukson and Turvey).

UPHS collects all data on patient grievances and complaints in an electronic database and analyzes the data for trends (Muller). For example, by breaking down complaint data by physician, the organization realized that complaints were not randomly distributed among physicians and, instead, most physicians had no complaints while a few physicians had a high number of complaints. When the organization identifies a physician receiving a high number of complaints, the physician receives peer counseling and coaching to resolve the problems. Such counseling is conducted privately and kept confidential from other staff.

UPHS also found that waiting times to see physicians were an issue that generated many patient complaints; as a result, the organization responded with an initiative to reduce waiting times.

From a regulatory perspective, CMS expects hospitals to refer Medicare beneficiary complaints regarding quality of care and premature discharge to Medicare-contracted QIOs when requested by a beneficiary.

(continued on page 6)

Mix-and-Match Phrases for Grievance/Complaint Response Letters

Note: Wesley Medical Center (Wichita, Kansas) has developed sample wording to use in letters responding to patient complaints and grievances. Some of the sample wording is reprinted below.

Opening Paragraphs

Acknowledge your receipt of complaint and apology for experience, perception

I want to thank you for your Internet letter of _____ (date) regarding the treatment you received while a patient at _____ (hospital).

I want to thank you for your Internet letter of _____ (date) regarding the treatment your mother received while a patient at _____ (hospital). I certainly intend to follow-up; however, due to federal laws regarding patient privacy and confidentiality, I will need to have your mother's permission to respond directly to you. Would it be possible for me to speak with your mother by phone? I would be happy to call her, or certainly you may have her call me at (phone) _____ to get her permission.

I wish to convey to you that your complaint is being taken very seriously.

I certainly apologize that _____ (hospital) did not meet your expectations.

Following our conversation by telephone on _____ (date), I have followed through on my promise to look into your concern(s) related to _____ . (property loss)

I have followed up on your letter of _____ (date) in which you reported the loss of your _____ (property loss), and am sorry to report that it was never located.

Process and Outcome of Investigation

Factual statement(s) about documents reviewed and outcomes of staff interviews

In preparing to respond, I reviewed documentation of your (mother's) stay in the _____ department on _____ (date).

During our telephone conversation I had made a note that you reported waiting over _____ hours. My review of your medical record noted that you arrived at _____ and were discharged/transferred at _____ . Your records reflect you were given _____ and refused _____ (which you certainly had a right to do). I cannot explain the discrepancy between what you reported, and what is documented; however, I have taken your concern seriously and have continued to investigate.

Your (letter) (concern) was forwarded to the manager of the _____ department, who has followed up with me (his/her) plan to address your concern with the _____ staff. From working with _____ on prior occasions, I can assure you his/her commitment to follow-through with his/her staff will be fulfilled.

In reviewing the documentation and talking with the (staff) _____ involved, it appears there were some opportunities for improved communication between _____ and _____ . I have instructed the (staff) _____ that future situations should be clarified with/by _____ .

We take all patient concerns very seriously and plan to make changes in processes where we can, so that we can better serve our patients.

(Property loss) I am sorry to tell you that, although a thorough search was conducted of the _____ department, the laundry, and your (loved one's) room, no (jewelry-denture-hearing aid-prosthesis-leather jacket) was found matching the description that you provided.

Closing Paragraphs

Acknowledge, apology, appreciation, contact information

I do appreciate your bringing your concerns to my attention, as it has allowed me to investigate and determine how to prevent this from occurring to other families in the future.

Please accept my sincere apology for your stay here at _____ (hospital) being anything but the best experience.

I appreciate your willingness to discuss your concerns with me, and appreciate your being a patient at _____ (hospital).

If I may ever be of assistance to you in the future, I hope that you will call on me. My direct office line is _____ (phone number).

(Property loss) We work hard to try to assure the security of our patients and staff, and certainly regret when property loss occurs at _____ (hospital). Again, I am sorry about your (mother's) reported loss, and wish that I had better news for you regarding its recovery.

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(continued from page 4)

PATIENT ADVOCATES

Patient advocates, or patient representatives, are hospital employees (or occasionally volunteers) whose specific function is to help patients cope with the often complex and frightening process of hospitalization and to help resolve any problems the patient might face during his or her stay. The patient advocate performs a valuable risk management function by solving small problems before they become large ones and by helping patients feel that they are being treated fairly by the healthcare facility. Thus, the patient advocate is likely to receive patients' complaints and expressions of dissatisfaction and may also assist patients in writing written statements of appeal if patients feel the healthcare facility did not adequately resolve their grievance (Spath). In some hospitals or healthcare facilities, the patient advocate may be the risk manager, a nurse, or another employee, while in other facilities, a separate individual is hired to perform this role. Some patients may choose to hire their own private patient advocate (Foreman). The patient advocate may or may not have medical training, and currently, no regulatory body licenses or regulates the profession.

Healthcare organizations considering implementing a patient advocate program should organize a committee to determine the scope of the program and get support from administration and staff members. In addition, healthcare organizations should consider whether patient advocates will be under the risk management program or whether their role in supporting patients will be considered a separate function. Healthcare facilities may consider using patient advocates as their liaisons with patients when a potential claim arises. The patient advocate will ideally have established trust and rapport with the patient and, therefore, is the ideal candidate for explaining the facility's procedures for handling claims. If an incident occurs, for instance, the patient advocate may introduce the risk manager to the patient with a word of explanation about the facility's risk management program.

Residents in long-term care facilities can request an ombudsman to act as their advocate as required by federal law. As part of the Older Americans Act, all states must have an ombudsman program for residents of nursing homes, assisted-living facilities, board-and-care homes, and other long-term care facilities. Along with providing information about the long-term care industry to residents and their families and making efforts to improve resident care, ombudsmen are responsible for identifying, investigating, and resolving residents' complaints or grievances and protecting residents' rights. On average, 260,000 resident complaints are

Resource List

Brown-Spath and Associates
PO Box 721
Forest Grove, OR 97116-0721
(503) 357-9185
http://www.brownspath.com

- Process for handling patient grievances. Available from Internet: http://www.brownspath.com/original_article/grievances.htm.

Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244
(877) 267-2323
http://www.cms.hhs.gov

- 42 CFR § 482.13. 1999.
- 42 CFR §§ 482.12, 482.13, 482.27, and 482.28. 2005 Aug 18.

Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
(630) 792-5000
http://jointcommission.org

- *Comprehensive accreditation manual for hospitals.*

Joint Commission International Center for Patient Safety
1515 W 22nd Street
Suite 1300 W
Oak Brook, IL 60523
(630) 268-7455
http://www.jcipatientsafety.org

- Patient safety practices.

National Long Term Care Ombudsmen Resource Center
1828 L Street NW
Suite 801
Washington, DC 20036
(202) 332-2275
http://www.ltcombudsman.org

Vanderbilt University Medical Center
21st Avenue S and Garland Avenue
Nashville, TN 37232
(615) 322-5000
http://www.mc.vanderbilt.edu

- Complaint and grievance resolution [policy].

Additional listings can be found in ECRI Institute's Healthcare Standards Directory (HCS) Online, *a comprehensive source of healthcare standards, guidelines, laws, and regulations.* HCS Online *is available from ECRI Institute.*

investigated each year by 1,000 paid and 14,000 volunteer ombudsmen (Administration on Aging).

▶ ACTION RECOMMENDATIONS

- Develop and implement well-defined policies, procedures, and processes for addressing and responding to patient grievances and complaints.
- Be aware of regulations and standards from CMS, the Joint Commission, and other entities regarding patient grievances and complaints.
- Interview patients and family members or other representatives to determine whether they understand the grievance process.
- Ensure that the facility's governing body approves and oversees the grievance process, unless they assign these duties in writing to a grievance committee.
- Inform patients of their rights upon admission or as soon as possible after admission, and include information regarding their right to file complaints or grievances. Provide patients with information on how to file a grievance or complaint and whom they should contact with such concerns. Ensure that the language in written materials is clear and easy to understand.
- Establish appropriate turnaround times for responding to grievances. CMS requires a seven-day turnaround time for grievances involving Medicare beneficiaries; however, if this is not possible, the facility should send the patient or his or her representative an interim letter explaining that the grievance is being investigated and that the patient will receive a final written response in a time frame established by the healthcare facility.
- Ensure that responses regarding resolution of the grievance are written in clear and easily understandable language, include information about what actions were taken to resolve the issue, avoid making promises for other staff members, and reflect only actions that will be carried out.
- Educate all staff members, especially those with direct patient contact, on grievance processes, and emphasize that staff should communicate calmly with patients and show empathy for their concerns.
- Collect, track, and trend data on patient grievances and complaints as part of quality improvement activities.
- Consider implementing a patient advocate program if one is not already in place.

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