# VMG HEALTH

Complaints, Grievances and your QAPI process

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Learning Objectives

- Define a complaint vs a grievance

- List three (3) risk management issues related to patient complaints and grievances

- Develop a QI Study to address complaints
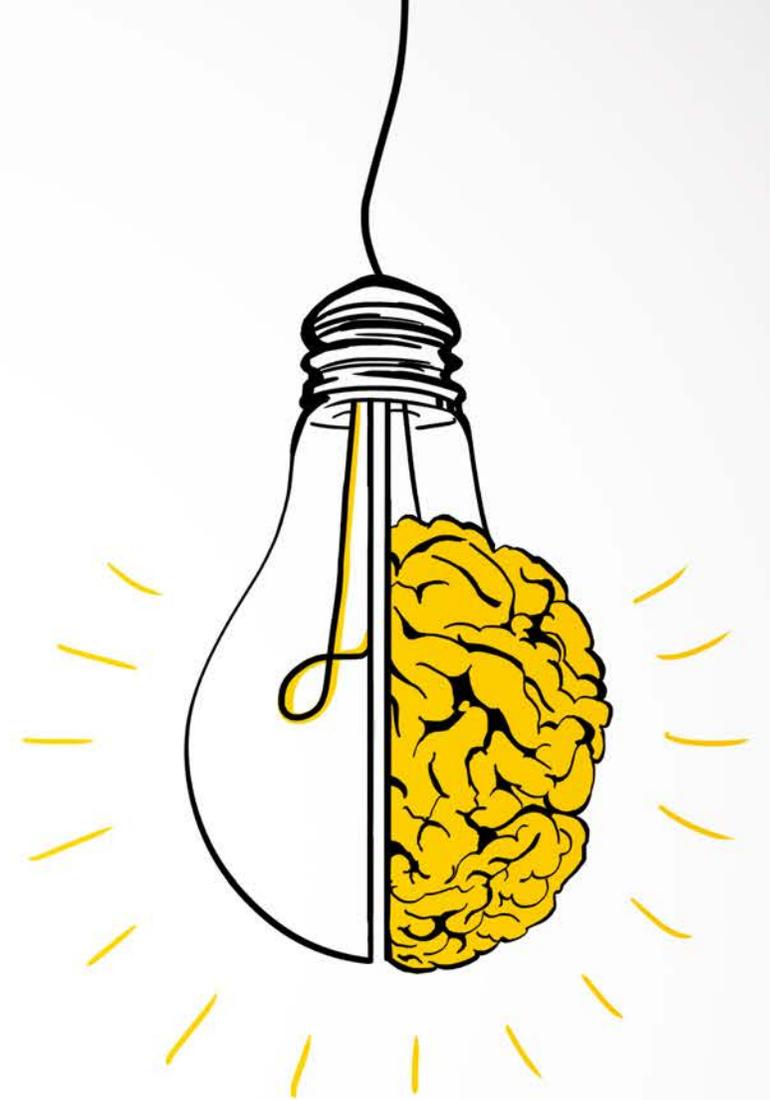
CMS
Conditions For Coverage

5 pages *dedicated to patient grievances*

Included in Patients Rights & Responsibilities

- Should have contact information for the ASC, state DOH, CMS Ombudsman and accrediting organization

- Patients should receive their rights verbally and in writing

- Patient Rights should be posted in the ASC

CMS
Conditions For Coverage

416.50

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

- Specify timelines for review and provisions of a response

- Investigate all grievances made by a patient, the patient's representative, or the patient's surrogate regarding treatment or care that is (or fails to be) furnished.

- Document how the grievance was addressed, as well as provide a written notice of its decision. The decision must contain the name of an ASC contact person, the steps taken to investigate the grievance, the result of the grievance process and the date the grievance process was completed.

CMS
Interpretive Guidelines

Patient Grievance

Formal or informal written or verbal complaint that is made regarding a patient's care, abuse, neglect, or ASC compliance issue.

If a complaint cannot be resolved at the time of the compliant, is postponed for later resolution, or is referred to other staff for later resolutions, it is a grievance

A written complaint is ALWAYS considered a grievance. An email or fax is considered written.

Anytime a patient requests a response, it is a grievance.

If an identified patient writes or attaches a written compliant on a survey and requests resolution, the compliant must be treated as a grievance.

If the patient does not request resolution but the ASC would have treated it as a grievance at the time of patient care, it is a grievance.

If the state, CMS or AO arrive unannounced for a "complaint", it is a grievance

CMS
Interpretive Guidelines

Patient Grievance

Formal or informal written or verbal complaint that is made regarding a patient's care, abuse, neglect, or ASC compliance issue.

- ✗ a complaint from someone other than a patient or patient's representative or surrogate is **NOT** a grievance

- ✗ a complaint that is resolved at the time of the complaint is **NOT** a grievance

- ✗ Billing issues are not usually considered grievances

- ✗ Information from patient satisfaction surveys are not usually a grievance *(unless response is requested or would have been treated as a grievance at the time of patient care)*

Other Complaints

HIPAA or HHS 1557

Complaints related to HIPAA or HHS 1557 should be treated differently per your specific policies.

- Privacy or Security Officer
- Civil Rights Officer

VMG Health Policy Definitions

Complaint	Grievance
Patient issues that can be resolved within 24 hours and involve the staff that are present. Complaints are minor in nature.	Patient issues that cannot be resolved within 24 hours.
Do not require investigation or peer review.	Typically require investigation.
Examples: room temperature or post op food preferences.	*Examples*: unresolved complaints, alleged violation of patient rights, patient or family ethical concern, or appeal to an external agency.
Complaints may or may not require documentation to the patient but should be tracked as part of the QAPI process.	A grievance requires documentation and should be tracked as part of the QAPI process.

Examples | Complaint

- Room temperature – *"it's cold in here"*

- Unclear discharge instructions cleared up before discharge

- Wait Times

- Poor bedside manner of MD

- Improper billing information from practice to collect at ASC

* Can become a Grievance

Examples | Grievance

- Abuse/Neglect

- Mistreatment

- Serious allegations of harm
- Lack of privacy at reception

*** May be a HIPAA Violation**

Risk Management Issues

- **Reporting:** State, CMS or AO unannounced
- **Reputation:**
  Word of Mouth, Social Media
  - *AHRQ study said 50% of unhappy customers tell provider but 96% will tell 9-10 people*

  OAS CAHPS
  - *Using any number from 0 to 10, where 0 is the worst facility possible and 10 is the best facility possible, what number would you use to rate this facility?*
  - *Would you recommend this facility to your friends and family?*
- **Fiscal Loss:** Unresolved patient concern or voluntary noninsurance billing for case
- **Lawsuit**

How to Respond

1

Be Proactive

- Educate your staff on your Grievance Policy
- Ask patients if they were satisfied with their care
  - *May not stop a complaint or grievance but could give you notice*
- Adhere to your state, CMS and AO requirements of patient rights notification, developing policies/procedures and including complaints and grievances in your QAPI program

How to Respond

2

Don't be Defensive

78% of patient complaints involve an element of staff insensitivity and communication breakdown.*

- Be professional and calm
- Take the situation to a private area, if possible
- Be an active listener
- Discuss situation with applicable staff members
- Outline steps you will take to address their feedback and resolve the issue

*According to an article by David Fuller.

How to Respond

3

Respond to the Complaint

When you have made a mistake

- Acknowledge the mistake
    - 84% of patients said the most important thing a physician can do is admit a mistake when it occurred
- Apologize
- Provide an explanation
    - how and why, something occurred
- Follow up

How to Respond

3

Respond to the Complaint

*When responsibility is **UNCLEAR***

- Apologize without admitting fault
  - "I'm sorry you felt rushed. Can you provide additional details so we can address your concerns?"

- Avoid dismissive language

How to Respond

4

Document Every Step

Documentation is key to track similar complaints or for future litigation

- Gather all details

- Talk to all parties involved

- Might include reviewing staff performance

- Might include peer review for medical staff

- Complete an incident report

  - keep separate from patient record

- May require reporting to authorities

How to Respond

5

Take Corrective Action

If litigation is possible, recommend use of liability carrier or attorney for written correspondence

- Re-educate staff if needed

- Correct system failures

- Follow up in writing for any grievances (CMS) and customer service

You have a grievance.
Now what?

- **How did you find out:** verbal, written, unannounced site visit

- **Incident report:** whenever unexpected event occurs such as a patient grievance

- Incident report **investigation and follow up** should occur per your policy

- **Peer Review** if potential provider issue

- **Track and Trend**

Real Life Scenario #1

- Unknown to ASC, patient had an issue that she reported to the accrediting organization

COMPLAINT: female patient with all male staff in OR (RN, tech, provider, anesthesia provider)

- AO conducted a site visit to explore the issue

- No accusations of improper conduct

- Patient did not voice concerns at the time of the procedure

ASC Response

- Went through survey process
- Edited their staffing policy to include that attempts will be made to have same sex staff on cases
- Staff, anesthesia staff and medical staff were educated regarding this policy
- Written correspondence with patient apologizing and informing patient of actions taken

Real Life Scenario #2

- Cataract extraction and IOL insertion

- Anesthesia
  - IV: 2 of Versed and 50-100mcg of Fentanyl
  - Topical Pre-op: Proparacine, Tetracaine in pre-op
  - Topical OR: Tetracaine followed by intracemeral Lidocaine

- Patient appeared comfortable during the procedure

- Patient wrote a letter to the Clinical Director, dissatisfaction increased during a telephone call follow up

COMPLAINT: patient reported to the state that she had inadequate anesthesia with procedure (unknown to ASC)

ASC Response

- Clinical Director called patient upon receipt of the patient's letter
- Grievance document completed
  - in lieu of incident report, though same tracking process
- This went thru the ASC Quality Management process of reporting of the complaint
- The complaint was reported to the state
  - this state requires grievance reporting
- Reporting to GB
- Notified liability carrier
- Sent patient a letter of follow up

The state did not visit the ASC, f/u via telephone

Real Life Scenario #3

- Patient complained of anxiety prior to procedure
- RN informed anesthesia provider of anxiety and mental illness history + medication hold
- Anesthesia provider told patient he would receive something in the OR for anxiety
- Patient given propofol only, no anxiety medication
- Patient told RN in PACU about anxiety. RN discussed with anesthesia provider and documented "no orders given"
- Patient reported to the Clinical Director via phone

COMPLAINT: Anesthesia provider refused to give medication for anxiety after saying they would.

ASC Response

- CD contacted patient and apologized without admission of any fault
- Provided AO contact when requested by patient
  - they had received their patient rights
- Discussed with staff involved, Medical Director, Administrator
- Provided staff education
- Incident report
- Peer review
- Communicated through QAPI Committee and GB
- Responded in writing to patient

Real Life Scenario #4

- Patient was brought into a small "holding" room with four (4) other patients.

- RN was taking VS and doing a pre op history on the patients in this holding area prior to them going into "pre-op".

- Patient had several surgeries, which the RN listed off within easy ear shot of all other patients.

- Patient was embarrassed and crying.

- Patient reported the issue to the State.

COMPLAINT: RN discussed medical history with patient in front of other patients.

ASC Response

- RN apologized
- State became involved and said arrangements needed to be made for patient rights and HIPAA education
- ASC contacted an attorney for formal follow up and potential HIPAA violation

Grievances, Complaints and QAPI

Tracking and trending patient complaints, grievances and patient satisfaction must be part of your QAPI program

- Analyze your results

- Have a process in place for patient complaints and grievances to make their way to the CD, Administrator, QAPI Coordinator

- Incident Report process

- QAPI meeting

- Governing Body meeting

Grievances, Complaints and QAPI Communication

<Facility Name>
Quality Assessment Performance Improvement Committee Meeting Agenda
<Date>

I. Call to Order
II. Approval of Meeting Minutes <Date of Last Meeting>
III. Old Business
IV. New Business

A. Pharmacy and Therapeutics
- Formulary Edits
- Consulting Pharmacy Audits
- Medication Errors
- Other

B. Tissue
- Positive Lab/Pathology Reports
- Other

C. Infection Control
- Monthly Infection Control Queries
- Infection Control Surveillance Audits
- Postop Infection Investigation
- Hand Hygiene Monitoring
- Other

D. Medical Records
- Medical Records Audit
- Other

E. Patient Satisfaction
- Patient Satisfaction
- Patient Complaints and/or Grievances
- Other

F. Physical Environment
- Physical Environment Checklist/Audit
- OSHA
- Water Quality (ANSI / AAMI ST108)
- Other

G. Incident Reports
- Incident Report Summary
- Peer Review of Incident Reports
- Near Miss Reporting Summary
- Other

H. Performance Measures
- QI Indicator Monitoring Dashboard
- Cancellations
- Facility Utilization
- Other

I. QI Studies
- QI Study (current and planned)
- Other

J. Policies and Procedures
- New
- Revised
- Other

K. Business Operations
- Scheduling
- Other

V. Other Business
VI. Adjournment

H. Performance Measures
- QI Indicator Monitoring Dashboard
- Cancellations
- Facility Utilization
- Other

normal colonoscopy (ASC-9)

Number of normothermic patients, if applicable (ASC-13)

Number of patients with unplanned anterior vitrectomy, if applicable (ASC-14)

Number of patients with pain being treated as effectively as possible

Number of laser procedure exceptions, if applicable.

ASC Quality Reporting (ASCQR) measures reported by deadline.

TRACKING OF IDENTIFIED ISSUES

Number of procedures that time out was documented

Number of charts with H&P completed and updated

Number of charts reviewed that had documentation issues for nursing care

Number of patients discharged without a physician order

Number of Pharmacy Consultant report narcotic documentation issues

Number of Pharmacy Consultant report pharmacy inspection concerns

Number of physicians that were 15 minutes or more late to start procedures

Number of patients receiving a postoperative phone call per policy

Number of risk management incident reports

Number of patients satisfied with the care and treatment they receive at this facility

Physician satisfaction (measured yearly)

Number of environmental safety concerns

Grievances, Complaints and QAPI

What if you see a trend in complaints or grievances?

QI Study

Patient Wait Times for Pain Management Cases Re-study

Conducted due to increasing complaints on patient satisfaction surveys of wait times from check in to pre op.

QI Study

Date	January 15, 2025
Name of Study	Patient Wait Times for Pain Management Cases--Restudy
Definition	There were increased complaints regarding patient wait times. In July 2024, 10% of returned patient satisfaction surveys included patients' complaints about long wait times. An internet search found article from OR Manager where the median wait time pre procedure was 48 minutes, with the best time at 6 minutes. An exact number of patients was not known. The initial study in August found that only 75% waited less than 45 pre procedure.

QI Study

Goal	Reduce patient wait from check in to pre op to under 45 minutes. Our goal is that 95% of patients will wait pre procedure less than 45 minutes.
Data Sources	Patient Records. The receptionist documents the time the patient checked in at the front desk. The pre op RN documents the time the patient arrives in pre op. This data is manually extracted from each patient record. **Numerator:** the number of patients who waited less than 45 minutes **Denominator:** the total number of pain procedures.

QI Study

Data Findings

collection, analysis and goal comparison

Initial Study

Between the dates of August 1, 2024, and August 31, 2024, data was collected to determine how many patients had to wait less than 45 minutes for their procedure. 100 pain procedures were performed. 75 patients waited less than 45 minutes (75%). ***This did not meet our goal of 95%.***

After action plans were established, a re-study was conducted November 1, 2024 – November 31, 2024. 100 pain procedures were performed. 100 patients waited less than 45 minutes (100%) from check in to pre op. ***This surpasses our goal of 95%.***

QI Study

Action Plan	Our initial action plan in September included having patients arrive in blocks. Therefore, there was never one patient arriving at a time. Hence if someone runs late or cancels, we can move forward with procedures versus waiting for the next patient. This study will be repeated April 1 – April 30, 2025, to ensure wait times remain at or above our goal.
Reporting Structure	Reported to QAPI Committee and GB on March 31, 2025

Resources

How to Deal with Patient Complaints? 5 Evidence Based Steps

David Fuller, August 7, 2024

www.medsupplysolutions.com/blog/practice-growth/how-to-deal-with-patient-complaints/

Questions?

Compliance & Operations > Quality Management

- GB and QAPI Meeting Agenda and Minutes Template
- QI Indicator Dashboard

Available to eSupport Members

Compliance & Operations > Quality Management

Available to eSupport Members

- QI Study Template
- QI Study Suggestions and Samples

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Complete Course Evaluation sent via email by **Friday, May 23**

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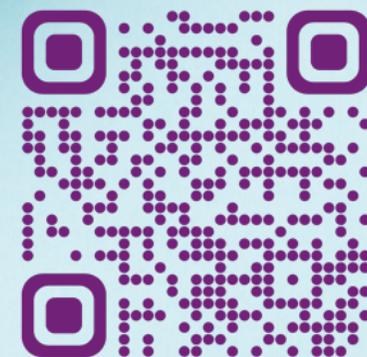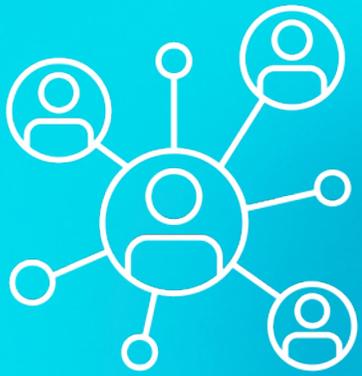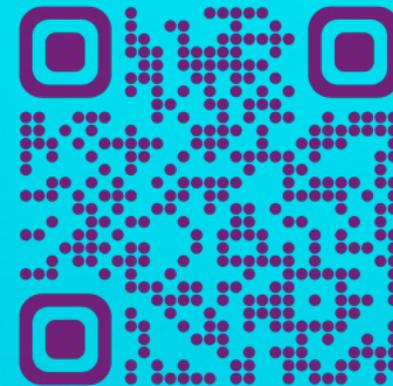
Upcoming Webinars

DATE	🕐	CE	WEBINAR TOPIC	SPEAKER
MAY 19	20		**Before the OR: Presurgical & Preanesthesia Assessments**	**Apryl McElheny** **MBA, MSN, RN, CASC, CIC** *VMG Health*
JUN 27	60	RN, CASC	**Ensuring Staff Safety: A Comprehensive Guide to ASC Employee Health Programs and Infection Control**	**Vanessa Sindell** **MSN, BSN, RN, CAIP** *VMG Health*
JUL 28	20		**Incident Reporting: From Documentation to Prevention**	**Crissy Benze** **MSN, BSN, RN** *VMG Health*

www.ProgressiveSurgicalSolutions.com/webinars