

LOS ANGELES GENERAL MEDICAL CENTER POLICY

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Subject: PATIENT/VISITOR COMPLAINTS AND GRIEVANCES	Original Issue Date: 7/11/75	Policy # 217
	Supersedes: 1/8/23	Effective Date: 2/9/24
Policy Owner(s): Admin. for Patient Experience Senior Executive Sponsor(s): Chief Community Engagement and Equity Officer		
Departments Consulted: Medical Administration Patient Financial Services HIPAA Compliance Office Patient Relations Office of Regulatory Affairs Patient Access Service	Reviewed & approved by: Attending Staff Association Executive Committee Senior Executive Officer	Approved by: (Signature on File) Chief Medical Officer (Signature on File) Chief Executive Officer

PURPOSE

The purpose of this policy is to describe the roles and responsibilities of Los Angeles County and University of Southern California (Los Angeles General) Medical Center staff in assuring that patient/visitor complaints/grievances are processed in a timely manner.

DEFINITIONS

- A “patient grievance” is a formal or informal written or verbal complaint that is made to the hospital by a patient or the patient’s representative, regarding the patient’s care (when the complaint is not resolved at the time of the complaint by the staff present), abuse or neglect, issues related to the hospital’s compliance with the CMS Conditions of participation (CoPs) or a Medicare beneficiary’s billing complaint related to rights and limitations 42 CFR § 489.
- Billing issues are not usually considered grievances for the purposes of these requirements.
- If an identified patient writes or attaches a written complaint on the patient satisfaction survey and requests resolution, then the complaint meets the definition of a grievance.

POLICY

Los Angeles General Medical Center will make every attempt to resolve complaints, at the point they are first expressed. If staff is unable to resolve a complaint to the patient/visitor’s satisfaction within the same business day, the complaint becomes a grievance and shall be documented on a “Patient/Visitor Complaint Report” form (Attachment A) and entered into the Grievance Tracking system.

The Governing Body delegates responsibility for oversight of the grievance process (review, resolution, and evaluation) to the Patient Complaint and Grievance Committee. The Patient Complaint and Grievance Committee meets at least quarterly and reports to the Governing Body through the Quality Improvement Committee

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- Patients and visitors shall be advised of the method by which they may express complaints/grievances.
- Complaints/grievances related to HIPAA Privacy Standards will be referred to the HIPAA Coordinator immediately. (See Medical Center Policy No. 120)
- Grievances shall be acknowledged within seven (7) business days of the stamped receipt date. The patient must receive a written response no more than 30 days after receipt of the complaint.

PROCEDURE**I. Patients Informed of Complaint Process**

Patients and their authorized representatives are encouraged to provide feedback to Medical Center staff regarding the care received. Patients and their authorized representatives have the right to file a complaint or grievance with their health care provider, health plan, and/or the institution in which they receive care without being subject to coercion, discrimination, reprisal or unreasonable interruption in care. Upon admission to an inpatient unit or registration in an outpatient program, patients shall be given information describing Los Angeles General Medical Center's complaint and grievance process.

When a complaint or grievance is filed by an individual other than the patient, the staff must ensure that the individual has been authorized by the patient to act on the patient's behalf. If the patient is unable to provide authorization, or there is insufficient documentation to demonstrate the individual has the authority to act on behalf of the patient, the staff will notify the individual making the complaint or grievance of the pertinent privacy regulations that may prevent any further action.

Patients receiving care in psychiatric settings shall be provided information for filing a formal grievance with the Department of Mental Health (DMH). Should a patient or their authorized representative wish to file a formal grievance with DMH, staff will ensure that the appropriate forms are available for completion and will assist as needed with forwarding the grievance to DMH. Grievance forms and informational brochures will be made available to patients on every inpatient psychiatric unit. OHS facilities are encouraged to resolve complaints and grievances internally; however, this process will not prevent a patient from filing a grievance with DMH directly.

II. Submission of Complaints

- Patients/visitors may submit complaints in writing, in person, by telephone, fax or by email.
- Patients/Visitors have the right to contact regulatory or accrediting agencies.

III. Receiving Complaints

- Every attempt must be made by hospital staff to resolve complaints immediately or within the same business day at the point of origin. **Grievances about situations that endanger the**

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patient, such as neglect or abuse, must be reviewed immediately. If unable to resolve the complaint, employees will promptly refer patients/visitors to their direct supervisor and follow the chain of command for addressing the complaint. If the highest-level administrator/clinician is unable to resolve the complaint by the end of the business day, the complaint will be converted to a grievance and resolved accordingly.

IV. Complaint Follow-up

All complaints will be managed using the Safety Intelligence tracking system according to the attached flow chart (MC217D - Flow Chart)

All privacy-related cases/complaints are reviewed as required by DHS policy 361.11.

- Grievances filed by DHS managed care patients through the health plan will be investigated with written resolution within the Health plan established timeframes
- Patients receiving care in psychiatric settings shall be provided information for filing a formal grievance with the Department of Mental Health (DMH).
- If the complaint involves billing or the cost of services and is related to care or treatment, the bill will be placed on Administrative Hold (noting this in the Complaint Tracking system) until it is resolved.
- If resolution cannot be completed within seven (7) calendar days of receipt of the grievance, an acknowledgement letter will be sent indicating that a resolution letter will be sent within 30 days.
- The final written response should include the following:
 - 1 Name of the hospital contact person.
 - 2 Steps taken on behalf of the patient to investigate the grievance.
 - 3 Results of the grievance process and or investigation.
 - 4 Corrective actions, if indicated.
 - 5 Date the investigation was completed.

Appeal Rights: If resolution is not achievable and the complainant would like to pursue resolution of the complaint outside the hospital, the patient has appeal rights. The patient/family may contact the California Department of Public Health (CDPH) and/or The Joint Commission (TJC) at the address below to register a complaint. Upon referral to either of these two organizations, responsible staff will provide a courtesy notification to the Office of Regulatory Affair. Instructions on how to escalate a HIPAA-related complaint to Los Angeles County or the Federal Government are received by all patients on the Joint Notice of Privacy Practices. This will in no way compromise the care the patient receives.

California Department of Public Health,
Licensing and Certification Program
681 South Parker Street, Suite 200
Orange, CA 92868, CA
(714) 567-2906

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The Joint Commission
Office of Quality and Patient Safety (OQPS)
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
Online: www.jointcommission.org using the “Report a Patient Safety Event” link
Via fax: 630-792-5636

V. Patient Complaint Tracking Database

Regular reports of the quantity, types, and trends in complaints shall be made to the Patient Complaint and Grievance Committee.

Summary of Patient Complaint Information and Retention of Records

- A summary report of investigations and resolutions of all grievances will be presented at least annually to the Governing Body. The data and information regarding complaints and/or grievances will be used for performance improvement.
- All complaints and grievances shall be kept by the Patient Relations Office for a period of at least 6 years after resolution.

Patient Relations shall generate a monthly report of all unresolved complaints to the Grievance Committee. RESPONSIBILITY

Medical Center Executive Committee Members
Administrators
Supervisors
All Employees

REFERENCES

Health Insurance Portability and Accountability Act, 45 CFR 160-164
California Code of Regulations, Title 22, Section 70707(c)
DHS Policy No. 322, “Patients’ Bill of Rights”
DHS Policy No. 322.100 “Patient Complaint and Grievance Management”
DHS Policy No. 440, “Handling Of Complaints”
DHS Policy No. 361.11, Complaints Related to the Privacy of Protected Health Information (PHI)
Joint Commission Standard RI01.07.01
CMS Hospital Conditions of Participation (CoPs) 42 CFR §482.13 (a) (2)
Centers for Medicare and Medicaid Services 42 CFR §489.27
Medical Center Policy No. 120 “Privacy Compliance Program”
Medical Center Policy No. 203.7, Protected Health Information (PHI): Complaints Related To

ATTACHMENTS

Attachment A – Patient/Visitor Complaint Form
Attachment B – Patient/Visitor Complaint Form (Spanish)

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Attachment C – Patient/Visitor Complaint Review Report
Attachment D – Flow Chart
Attachment E – Beneficiary/Client Grievance or Appeal and Authorization Form

REVISION DATES

August 1, 1995; November 13, 1998; April 9, 2002; January 27, 2004; August 12, 2008; October 08, 2008; July 10, 2012; May 20, 2014; June 13, 2017; June 19, 2020, January 18, 2023; February 9, 2024