



LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER

SUBJECT: GRIEVANCES INVOLVING PROVIDERS

POLICY NO. 621

CATEGORY: Patient Rights	EFFECTIVE DATE: 4/95
POLICY CONTACT: Clinton Coil, MD	UPDATE/REVISION DATE:
REVIEWED BY COMMITTEE(S): Grievance Committee, Peer Review Oversight Committee	

PURPOSE:

To ensure that all grievances against physicians and surgeons, or other providers are investigated and reviewed through the hospital's Quality of Care Program and to describe a process that will be used for all providers.

POLICY:

All grievances about a physician and surgeon or other providers will be investigated through the hospital's Quality of Care Program. This includes house staff, advanced practice providers, psychologists, podiatrists, or other providers. The complainant will be informed of the authority of the Medical Board of California to take disciplinary action.


PROCEDURE:

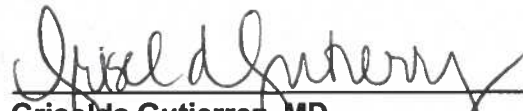
1. When a hospital workforce member receives a complaint or adverse information in written form related to the professional competence or professional conduct of a hospital physician and surgeon or other provider, or a verbal complaint that cannot be resolved immediately, the complainant should be referred to the Medical Center's Patient Advocate. Grievances regarding providers may also be received from managed care plans or outside insurance, usually through the DHS Office of Grievances and Appeals, and will be processed by staff in the Patient Advocate in the same manner as grievances received through the Patient Advocate.
2. For grievances handled by the Patient Advocate, they will interview the complainant and create a report describing the specific actions and issues constituting the basis of the grievance. Upon receipt of a formal grievance, the Patient Advocate will provide the patient with a brochure describing the grievance resolution process, contact information to lodge a complaint with the California Department of Public Health or the California Medical Board, and information about the legal authority of the Medical Board.
3. A summary of the grievance will be sent to the appropriate Department for review. The Department Chair is the default grievance investigator, but they may designate, in advance, that complaints go directly to a

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APPROVED BY:


 Anish Mahajan, MD
 Chief Executive Officer
 Chief Medical Officer


 Griselda Gutierrez, MD
 Associate Chief Medical Officer


 Jason Black, MBA, DNP, RN
 Chief Nursing Officer



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Division Chief or other designated member of the medical staff within their Department. In addition, a copy of the complaint will be forwarded to the Chief Quality Officer and designated staff in the Department of Clinical Quality and Safety.

4. The Departmental Chair or their designee will investigate the grievance. This will usually involve reviewing the medical record and speaking with the providers involved. If there are elements of the grievance that do not involve the providers or quality of care, these will be investigated separately and are not the responsibility of the medical department investigator. The investigator may contact the complainant for additional information, if appropriate. The investigator will take the appropriate action necessary to resolve the grievance in a timely manner. The goal is for most grievances to be resolved within seven (7) days of receipt by the Patient Advocate or Office of Grievances and Appeals, so the Department must respond immediately. After resolving the grievance, the investigator will prepare one or more paragraphs suitable for insertion into a letter to the patient.
5. After the grievance is resolved, it will be reviewed by the Associate Medical Director of Quality and Safety to determine if peer review by the medical staff is needed. If so, the Department of Clinical Quality and Safety will forward this information to the Peer Review Committee Chair for the involved department. The Chair will review all such complaints and determine whether any require review by the department's Peer Review Committee. The Peer Review Committee will review and determine if any action is required regarding the involved provider using their usual process. The outcome of the peer review process is not to be shared with the Clinical Quality and Safety Staff, Patient Advocate, DHS Grievances and Appeals, or the complainant.
6. The Peer Review Oversight Committee (PROC) will review a summary of grievances involving the Quality of Care or against physicians or surgeons at least twice a year. The Chief Quality Officer or Chair of the PROC will report at least annually to the Medical Executive Committee (MEC) on the number and disposition of grievances against physicians or surgeons.

Reviewed and approved by:
Medical Executive Committee 03/2022

A handwritten signature in cursive script that reads "Beverley A. Petrie".

Beverley A. Petrie, M.D.
President, Professional Staff Association



Harbor-UCLA
MEDICAL CENTER

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exceptional patient-centered care
with the compassion and respect we
would want for our loved ones,
regardless of the ability to pay.*



Health Services
www.dhs.lacounty.gov

[date]

[complainant or patient name]

[address]

[city, state zip]

Dear: [complainant or patient name]

On [date grievance received], we received your concern(s) regarding [brief statement of each grievance]. During our review of your complaint, we [insert actions taken to review the complaint; i.e. interviewed staff, reviewed the medical records, etc.].

*In reviewing the documentation and talking with the staff involved, it appears there were some opportunities for [define areas for improvement such as improved communication]. Based on these findings we [brief summary of actions taken].

**In reviewing the documentation and talking with the staff involved, I cannot explain the discrepancy between what you reported and what is documented. However, please be assured that we take your concern very seriously and plan to make changes where we can, so that we can better serve our patients.

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

**I appreciate your willingness to discuss your concerns with me, and value your being a patient at [facility]. Please accept my sincere apology for your visit not being anything but the best experience.

Should you need any further assistance, please contact me or [office or person handling grievance] at [phone number].

Sincerely,

[name of person sending letter]

[title]