Los Angeles County Department of Health Services

Policy & Procedure Title:	Patient Complaint and Grievance Management		
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Distribution: DHS-wide ☒	**If not DHS-wide, other distribution:**		

PURPOSE:

To describe the Department of Health Services' (DHS) process for receiving, investigating, and responding to patient or their authorized representative's complaints or grievances.

DEFINITION(S):

Workforce member: Employees, contract staff, affiliates, volunteers, trainees, students, and other persons whose conduct, in the performance of work for DHS, is under its direct control, whether or not they receive compensation from the County.

Complaint: A verbal expression of concern or dissatisfaction made by a patient, or the patient's authorized representative that can be resolved at the time of the complaint by staff present.

Grievance: A grievance is a written or verbal complaint that is made by a patient, or the patient's authorized representative, regarding the patient's care, abuse or neglect, issues related to compliance with Center for Medicare and Medicaid Services (CMS) Hospital Conditions of Participation, or a Medicare beneficiary billing complaint. A written (email, fax, or handwritten) complaint received from the patient or patient's authorized representative, is always considered a grievance. Any verbal complaint that cannot be resolved at the time of the complaint, is postponed for later resolution, is referred to other staff for later resolution, or requires investigation, is considered a grievance. Any complaint for which the patient requests a written response is also considered a grievance.

POLICY:

As part of DHS' commitment to providing high-quality, patient-centered care, complaints and grievances received from patients and/or their authorized representatives, shall be investigated and responded to in a prompt and courteous manner. Data gathered from the complaints and grievance process will be used to improve the quality of care provided to DHS patients.

Complaints and/or grievances that involve potential claims against the County such as serious reportable events, sentinel events, and adverse events must be referred to facility Risk Management for investigation.

PROCEDURE:

COMPLAINTS AND GRIEVANCE PROCESS

Patients and their authorized representatives are encouraged to provide feedback to DHS staff regarding the care received in DHS facilities. 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.

DHS facilities will provide information to the patient and/or the patient's authorized representative about the facility's internal grievance process, including whom to contact to file a complaint or grievance and specify the timeframe in which a response to a complaint or grievance will be provided. Facilities will receive, investigate, and respond to complaints or grievances in a timely and courteous manner. All grievances shall be entered into the UHC-Datix Safety Intelligence Complaints Module (SI) and assigned to the appropriate facility and staff for investigation and resolution.

When a complaint or grievance is filed by an individual other than the patient, the facility 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 facility will notify the individual making the complaint or grievance of the pertinent privacy regulations preventing any further action.

Medicare beneficiaries, or their authorized representatives, who file a grievance regarding quality of care, coverage, or premature discharge will be provided the contact information necessary to file a grievance with the California Quality Improvement Organization.

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, DHS 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. DHS facilities are encouraged to resolve

complaints and grievances internally; however, this process will not prevent a patient from filing a grievance with DMH directly.

A DHS patient who is enrolled with a DHS contracted health plan may file a complaint or grievance with the facility directly. The managed care patient will also be offered the opportunity to file a formal grievance with their health plan and provided with the appropriate contact information

DHS facilities shall also inform the patient or the patient's authorized representative of their right to complain to the California Department of Public Health and The Joint Commission regardless of whether they choose to utilize the facility's internal complaint and grievance process. When a written grievance is received that is related to the professional competence or professional conduct of a physician or doctor of podiatry, the facility will inform the complainant that the Medical Board of California, or the California Board of Podiatric Medicine, as applicable, is the only authority in the state that may take disciplinary action against a provider's license and provide the complainant with the address and phone number of the applicable board.

All complaints and grievances shall be received, reviewed, and resolved within a reasonable time frame. Complaints can be resolved at the time the complaint is made with a response back to the patient in one day or less. Most grievances shall be resolved within 7 days. Those grievances that have been identified by the facility as requiring extensive investigation may need additional time to be resolved. If the grievance will not be resolved, or if the investigation is not or will not be completed within 7 days, the facility will inform the patient or the patient's authorized representative in writing, that the facility is still working to resolve the grievance and will follow-up with a written response within a stated number of days. Any grievance about a situation that endangers the patient, such as neglect or abuse, shall be investigated immediately.

All grievances require a written response. In the facility's written response to the patient or the patient's authorized representative regarding a grievance, the facility will provide:

1. The name of the facility contact person
2. The steps taken on behalf of the patient to investigate the grievance
3. The results of the grievance process
4. The date of completion

The written response will be communicated to the patient or the patient's authorized representative in a language and manner they can understand. The facility is not required to include statements that could be used in a legal action against the facility, however, adequate information to address each item in the grievance shall be provided. Should a claim or lawsuit be filed against the facility regarding the complaint or grievance at hand, all communication regarding the grievance shall be routed through facility Risk Management or their designee (defense counsel, County Counsel, third-party administrator, etc.)

Subject to local facility policy, grievances received by email may be responded to by e-mail ensuring that all appropriate components of a grievance response are included within. Any

response to a grievance in which there is personally identifiable information must be sent using approved secure e-mail methods.

A complaint or grievance is considered resolved and should be closed in the SI system when the complainant is satisfied with the actions taken on his/her behalf. There may be situations, when the facility has taken appropriate and reasonable actions on the patient's behalf, but the patient or the patient's representative remains unsatisfied with the facility's actions. In these situations, the facility may consider the complaint or grievance closed.

Complaints and Grievances Filed by DHS Managed Care Patients with Their Health Plan

When a DHS managed care patient files a grievance with their health plan, the health plan may request additional information or supporting documentation (e.g. medical record, provider attestation, etc.) from the DHS facility. Health plan grievances shall be processed centrally by Managed Care Services (MCS). MCS will log the health plan grievance and forward it to the appropriate DHS facility via the SI system. MCS will review the information and supporting documentation provided by the facility, and on behalf of the facility, provide a response to the health plan within the requested time frame.

Grievances Filed by DHS Patients Covered By DHS Fee-For-Service (FFS) Contracted Health Plans

When a DHS patient who is enrolled in a DHS FFS contracted health plan files a grievance with their health plan, the health plan may request an investigation, additional information or supporting documentation. The FFS contracted health plan will submit the grievance to the DHS facility directly, who will enter the grievance into the SI system. The grievance shall be investigated by the facility and a response provided to the FFS contracted health plan within the timeframe requested.

OVERSIGHT OF THE COMPLAINTS AND GRIEVANCE PROCESS

The facility delegated governing body representative shall be responsible for the effective operation of the complaint and grievance process including the review and resolution of all grievances. Any delegation of this responsibility to a grievance committee shall be noted in writing. The grievance committee membership should have an adequate number of qualified members to review and resolve grievances consistent with applicable regulatory requirements.

USE OF COMPLAINT AND GRIEVANCE DATA FOR QUALITY IMPROVEMENT ACTIVITIES

Data collected regarding complaints and grievances shall be incorporated into the facility's Quality Improvement Program. For example, the quantity and type of complaints and grievances as well as any identifiable trends, will be monitored and communicated to the grievance committee and/or the facility's governing body representative. Specific data regarding individual physicians shall also be communicated to the appropriate medical staff office for a determination of peer review applicability.

REFERENCE(S)/AUTHORITY:

DHS Policy No. 392, Governing Body-DHS Hospitals and Ambulatory Care
Centers for Medicare and Medicaid Services (CMS) Conditions of Participation §482.13
The Joint Commission Patient Rights, Standard RI.01.07.01
California Hospital Association Consent Manual