

Policy Title:	COMPLAINT AND GRIEVANCE MANAGEMENT					
Category:	2 - Patient Rights				Policy No.:	206
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Distribution:	Hospital-Wide		If not Hospital-Wide, Other:			

PURPOSE:

To describe Olive View-UCLA Medical Center's (OVMC) process for receiving, investigating and responding to complaints and grievances.

DEFINITION(S):

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

Grievance: 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 (CMS) Hospital Conditions of Participation, or a Medicare beneficiary billing complaint. A written (e.g., letter, email, fax) complaint received from a patient, patient's authorized representative or a visitor 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 there is a request for a written response is also considered a grievance.

POLICY:

All complaints and grievances received from patients, patients' authorized representatives and/or visitors shall be investigated and responded to in a prompt and courteous manner that complies with all relevant regulations, policies and standards. 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 OVMC Risk Management for investigation.

PROCEDURE:

OVMC staff will attempt to resolve any complaint at the first level (prior to the issue elevating to a grievance). If unable to resolve at this level, staff will provide information to the individual about the facility's grievance process using the "Guest Concerns & Grievances" brochure (attached) which provides information on how to file a complaint/grievance and details the complaint/grievance process and refer the individual to the Patient Relations Office in Room 2A103.

The Patient Relations Office shall ensure that anyone wishing to submit a complaint and/or grievance in person is provided with a copy of the "Guest Concerns & Grievances" brochure.

All complaints and grievances received by the Patient Relations Office will be entered into the UHC-Datix Safety Intelligence (SI) system and assigned appropriately (i.e., to Customer Relations Office staff, Patient Accounts, or to the Clinical Grievance Coordinator). The Patient Relations Office will oversee all complaints and grievances entered into the SI system to ensure appropriate and timely investigation, response and reporting. All documentation related to complaint or grievance shall be maintained in the SI system. All grievances shall be responded to in writing in accordance with the individual's preferred language.

Each OVMC department/service line will have designated staff assigned to investigate all grievances. These staff will be assigned to investigate and provide the Patient Relations Office with a report (Facts & Findings) on the outcome of their investigation into the grievance. The Patient Relations Office will utilize the information to develop a response letter to the individual or Health Plan, as appropriate. Each OVMC department/service line is responsible for ensuring the Patient Relations Office is informed of any changes to staff designated to investigate grievances.

Data collected will be aggregated, analyzed and results will be reported to/made available to the Quality Assessment Improvement Committee, Medical Executive Committee and the Governing Body.

ATTACHMENTS/FORMS:

Guest Concerns and Grievances Brochure 10-18-2018

REFERENCE(S)/AUTHORITY:

DHS Policy No. 322.100 Patient Complaint and Grievance Management DHS Policy No. 392 Governing Body-DHS Hospitals and Ambulatory Care DHS Policy No. 440 Handling of Complaints Centers for Medicare and Medicaid Services (CMS) Conditions of Participation 482.13 The Joint Commission Patient Rights, Standard R1.01.07.01 California Hospital Association Consent Manual

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