Patient Complaint and Grievance Policy

PURPOSE: The purpose of this policy is to describe appropriate handling of complaints, including grievances, received from patients or patients’ representatives (e.g., family members, significant others, visitors).

POLICY: Laughlin Memorial Hospital, Inc. and its Board of Directors, as a part of their total commitment to providing quality, professional patient care, believes in the patients and their representatives right to courteous, prompt and complete response to their communications with the hospital. Information and response provided by Laughlin Memorial Hospital will be consistent in the presentation of facts and statement of policies. When appropriate or necessary, follow-up action and/or patient contacts will be completed.

DETAILS: The hospital will investigate complaints including grievances. The hospital will provide the patient or patient’s representative with a written response indicating the findings of the investigation, if requested or if the complaint rises to the level of a grievance. The hospital will also inform the patient or patient’s representative of their right to complain to the Tennessee Department of Health and/or The Joint Commission if he or she is not satisfied with the hospital’s written response. Filing of a complaint will not result in any form of adverse action, reprimand, retaliation or otherwise negative treatment. The Human Resources Department manages all complaints and grievances directed to Laughlin Memorial Hospital, regardless of where first contact is made.

Human Resources serve as a central resource for responding to all grievances with the exception of the following:

- Complaints, including grievances, citing only financial concerns will be managed by the Patient Accounts Director for review and response to the patient. Human Resources will document receipt of the grievance, acknowledgment, referral, and any supporting documents provided to the patient in the patient feedback system.
- Complaints, including grievances, regarding HIPAA privacy concerns shall be referred to the HIPAA Compliance/Privacy Officer who will determine their involvement in the investigation.

For these exceptions, an acknowledgement will be sent by Human Resources to the patient or their representative within seven days of receipt. The Acknowledgement will inform the patient or their representative of the referral to Department/Point of Contact and that they will receive a written response within 30 days.

ADMINISTRATION:

The Board of Directors designates the Hospital Grievance Committee as the committee to have oversight of the Complaint and Grievance process and the authority to review and resolve grievances. This group is led by the Director of Human Resources and members include the Hospital Risk Manager, Chief Nursing Officer, Compliance Officer, Director of Social Services and Quality Assurance Director. Meetings are held on a regular basis in order to identify risk management trends that translate into institutional learning and improvement with the hospital.

POLICY SCOPE AND APPLICABILITY:

This policy applies to all patients receiving care provided by Laughlin Memorial Hospital, Laughlin Healthcare Center, Laughlin Home Health Agency and Laughlin Wound Care Center. As part of the registration process, all patients are advised of their rights. Information on the process is available on the hospital website: www.laughlinmemorial.org.

DEFINITIONS:

A “complaint” is defined as an expression of dissatisfaction brought to the attention of hospital personnel. A complaint can be resolved by the appropriate department or with the assistance of Human Resources. A complaint is not initially considered to be a grievance.

All complaints receive by Human Resources will be documented in the patient complaint/grievance system.

A formal “grievance” is defined as a 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 concern is not resolved at the time of the complaint by staff present), abuse or neglect, issues related to the hospital’s compliance with the CMS Hospital Conditions of Participation (CoPs), or a Medicare beneficiary billing complaint related to the rights and limitations provided by 42 CFR 489.

A complaint is considered a grievance when:

- It is received in writing (i.e., letter, email, fax, attachment to a patient survey)
- A patient or patient’s representative requests that their complaint be handled as a formal complaint or grievance
- A patient or patient’s representative requests a written response from the hospital
A complaint is postponed for later resolution, referred to other staff for later resolution, requires investigation, and/or requires further actions for resolution.

All grievances will be received by/referred to Human Resources for documentation in the patient feedback system, investigation and response to patient or the patient’s representative.

PROCEDURE:

**Telephone Communication Procedure**

1. Internal Hospital Communication: Complaints received by phone are referred to the Human Resources Department when resolution is not possible by the individual receiving the call. The person receiving the call should record all pertinent information and tell the caller that their concerns will be referred to the Human Resources Department to facilitate resolution. The phone number to Human Resources should be provided to the patient or the patient’s representative. Referral of the caller’s name, telephone number and recorded information shall be provided to Human Resources. Telephone complaints shall be directed to Human Resources at (423) 787.5082.

2. Acknowledgement: The complainant will receive a return phone call from Human Resources within two business days of the referral. If the issue cannot be resolved prior to a patient’s discharge or end of visit, and meets the criteria for a grievance, the verbal communication will be escalated to a grievance and will follow the Written Communication/Grievance Procedure (Steps 2 & 3) detailed below.

**In-Person Communication/Grievance Procedures**

1. Internal Hospital Communication: Hospital personnel will collaborate as necessary to resolve inpatient concerns prior to patient discharge and outpatient concerns prior to the patient’s departure from the site of care.

   A patient or patient’s representative who expresses concern to hospital Administration will be referred to Human Resources.

2. Acknowledgement: If the issue cannot be resolved prior to patient discharge or end of visit, the verbal communication will be escalated to a grievance and the Written Communication/Grievance Procedure (Steps 2 & 3) will be followed.

**Written Communication/Grievance Procedure**

1. Internal Hospital Communication: Written communication is always considered a grievance and will be handled by Human Resources. Written communication will be referred to the Director of Human Resources or his or her designee, within one day for recording into the patient feedback system.

2. Acknowledgement: Within seven days of receipt of a grievance, the hospital will attempt to review, investigate and reconcile the issue raised or provide an acknowledgement letter to the patient or patient’s representative. This letter will be sent from Human Resources and the acknowledgement letter will include:

   - Confirmation of receipt
   - Expected reasonable timeframe for the hospital’s response to the concern identified
   - Name and contact information for the Human Resources representative managing the case

   The acknowledgement will be documented in the patient feedback system.

Written complaints shall be directed to the following address:

Laughlin Memorial Hospital  
Human Resources Department  
1420 Tusculum Blvd.  
Greeneville, TN 37745

Written communication addressed to the Chief Executive Officer will be acknowledged by the Director of Human Resources. The acknowledgement will name Human Resources as the point of contact for the patient or the patient’s representative.

3. Investigation and Response: The Director of Human Resources or designee, will assign each grievance to a hospital staff member. The staff member will collaborate with the appropriate leaders of the disciplines/departments involved to provide a formal response that complies with regulatory guidelines and this policy. The leader (e.g., nurse manager, department manager, unit medical director) assigned to provide feedback will investigate, address and return a response to the assigned staff member within seven days of referral.
Complaints, including grievances, regarding lost or stolen property will be managed by Human Resources. Investigation for property will be conducted by Security Department and report will be provided to Human Resources within seven days of the claim.

Human Resources will complete a written response of the hospital's findings. The response will be provided to the patient or the patient's representative in a language and format they understand. Investigation and written response to each grievance will not exceed 30 days.

Complaints, including grievances may be referred to Risk Management, who will determine its involvement in the investigation. For grievances required involvement by Risk Management, written response will be completed by, or in collaboration with, Human Resources within 30 days.

If final response is not complete within 7 days, interim contact will be made at day 15 and every 15 days thereafter with the patient or patient’s representative to advise that the investigation is ongoing. Interim contact may be made in the form of a letter, email or telephone call.

Grievances filed by the patient or patient's representative, where the party requests financial consideration for a quality of care issue, must be received in writing by Human Resources. If received by telephone, Human Resources will instruct call to forward concerns in writing. The call will be documented in the patient feedback system and closed until receipt of letter.

When reimbursement, waiver or reduction of fees equals $100.00 or less, the Director of Human Resources, with discretion, is empowered to consider/honor the request without senior leadership approval.

When reimbursement, waiver of a reduction of fees over $100.00 is requested by a patient of patient’s representative, Human Resources will make the recommendation with all supporting facts. The decision will be made by the Chief Executive Officer or his/her designee.

Each written response will include the following information:

In the event that you are not satisfied with our response, you may contact:

- The Tennessee Department of Health, Office of Health Licensure & Regulations at 865-588-5656
- The Joint Commission, Office of Quality Monitoring, at 1-800-994-6610

The hospital may use additional tools to investigate a grievance, such as a meeting with the patient and family. In its written response, the hospital is not required to include statements that could be used in a legal action against the hospital or to provide an exhaustive explanation of every action taken to investigate or resolve the grievance, or any other actions taken by the hospital.

Documentation:

Human Resources will ensure each patient complaint and grievance is appropriately documented in the patient feedback system. The electronic file will contain the following information as applicable:

- All relevant required fields
- Patient name, DOB, demographics
- Medical record number
- Submission date
- File owner
- Classification
- Location
- Description of concerns
- Parties involved in review
- Referral to Human Resources and/or Risk Management
- Documentation of steps taken to investigate and feedback

**Email Communication Grievance Procedure**

Email address for complaints shall be directed to the following:

complaints@lmhc.org

When a patient communicates a grievance to the hospital via email the hospital will provide a response via email pursuant to hospital policy. In these circumstances and when the email response contains the information stated in this requirement, the
email meets the requirement for a written response. The hospital must maintain evidence of its compliance with these requirements.

**Complaint Grievance Resolvement**

A grievance is considered resolved when the patient is satisfied with the actions taken on their behalf.

**Communication of Patient Complaints and Grievances**

Human Resources will email a report on the status of open patient grievances to senior leadership and anyone involved in a current investigation.

The trends and themes from patient complaints and grievances will be reported to the appropriate hospital and medical staff committees including the Quality Improvement Committee. Additional reports will be produced as requested. The hospital will work to identify and resolve any deeper, systemic problems indicated by themes, trends and/or individual grievances.

A physician-specific report will be made available to clinical department chairs on a semi-annual basis, with copies to the Chief Medical Officer.

**NOTES:**

- A staff member of Human Resources is available five days a week. Missed calls will be returned within two business days.
- Patients or their representative who have worked with Human Resources staff to resolve an issue, but remain unsatisfied, will be escalated up the chain of command to the Chief Executive Officer.
- The statute of limitations for review and investigation of patient communications will be (2) two years from the date of service.

REVISED: 8/20/2014
RRR/rsb