

Policy Title: Patient Grievance	
Department: Administration	Origination Date: 10/21/2002
Category: Administration	Effective Date: 10/21/2002

SCOPE:

Patients of St. Vincent General Hospital District (SVGHD), his or her representative, family member, employee, or appointed advocate have the right to voice a concern or grievance about an unresolved or safety issue concerning their care, or any other concern that arises from their experience with the hospital, without fear of retribution or changes in their care. They can expect the hospital to respond work towards resolution, when possible, in a timely manner.

PURPOSE:

SVGHD has developed and implemented a formal grievance procedure to identify the process that will be followed and the required correspondence, including grievance resolution, to be provided to the patient in the event the facility receives a patient grievance.

STATEMENT OF POLICY:

It is the policy of this facility to support each patient’s right to voice grievances and to ensure that after a grievance has been received, the facility will actively work to resolve the issue and communicate the resolution’s progress to the patient and/or patient’s family in a timely manner. The Patient Advocate is ultimately responsible for the resolution of all grievances. All grievances are investigated, and the outcome documented.

SVGHD will inform the patient and/or the patient’s legal guardian/representative of the internal grievance process, including whom to contact to file a grievance (grievance). As part of its notification of patient rights, SVGHD will inform the patient that he/she may submit a grievance with the State agency (the State agency that has licensure survey responsibility for SVGHD) directly, regardless of whether he/she has first used SVGHD’s grievance process. SVGHD will provide the patient or the patient’s representative a phone number and address for submitting a grievance to the governing State agency below:

Colorado Department of Public Health and Environment
 HFEMSD-A2 Attention: Hospital Complaint Intake
 4300 Cherry Creek Drive South
 Denver, Colorado 80246-1530
 303-692-2827 www.cdphe.state.co.us

All official St. Vincent General Hospital District policies are maintained electronically and are subject to change. No printed policy should be taken as the official policy except to the extent it is consistent with the current policy that is electronically maintained.

SVGHD will refer Medicare beneficiary concerns to the hospital's assigned Quality Improvement Organization (QIO) at the beneficiary's request if they have a grievance regarding quality of care, disagree with a coverage decision, or they wish to appeal premature discharge; additionally, SVGHD will inform all beneficiaries of this right and supply the QIO contact information below at their request:

Area 3 - KEPRO

Beneficiary Helpline 844-430-9504

<http://www.keproqio.com/>

PROCEDURE

Information on filing a grievance will be supplied at the time of all patient registrations and admissions.

Patient grievances will be handled by the Patient Advocate. When a patient wants to voice a grievance the receiving staff member will immediately notify the Patient Advocate, who will meet with the patient. If the Patient Advocate is not available at the time of grievance, the staff member will relay the patient's contact information message to the Patient Advocate – who will make contact with the patient within 48 hours. The Patient Advocate will document the grievance on the hospital's grievance log and standardized Grievance Report form.

Regardless of the nature of the grievance, the Patient Advocate will work with staff members to research the grievance and make sure the substance of each grievance is responded to by identifying, investigating, and resolving any deeper, systemic problems indicated by the grievance.

A written response will be mailed for the initial acknowledgement of the grievance (which may or may not include the resolution) within the timeframe of 7 to 10 days. SVGHD will follow-up with another written response within a specified timeframe (depending on what actions SVGHD may have to take).

Not all grievances must be in writing if SVGHD is addressing a relatively minor request from a patient and that can be immediately resolved. When appropriate, the grievance resolution will be noted in the grievance log and include:

- Identification of SVGHD's contact person
- Steps taken to investigate
- Results of the grievance process
- Date of completion

The Patient Advocate will supply a monthly grievance report to the Quality Management Team one week prior to their monthly meetings. The Patient Advocate will respond to any questions the Quality Management Team that arise from the report.

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DEFINITIONS:

None

Grievance:

A “patient grievance” is a formal or informal written or verbal grievance that is made to SVGHD by a patient, or the patient’s representative, when a patient issue cannot be resolved promptly by staff present. If a grievance cannot be resolved promptly by staff present or is referred to a grievance coordinator, patient advocate, or hospital management, it is to be considered a grievance.

Patient Advocate:

SVGHD’s Patient Advocate is the person that formally receives and responds to all patient concerns. The Patient Advocate follows a process of listen, investigate, respond and resolve for patient, and/or the patient’s legal guardian/representative grievances and complaints.

REFERENCES AND SOURCES OF EVIDENCE

NIAHO Grievance Guidelines

POLICY VIOLATION

Any SVGHD employee who fails to abide by this policy may be subject to disciplinary action, up to and including termination.

REVIEW/APPROVAL SUMMARY

Review/Revision Dates: 11/01/2018 12/21/2018 (CMO) <i>(Dates in parentheses include review but no revision)</i>	
Approval Body (ies): SVGHD Policy-Procedure Committee: Administrator/CEO: Gary Campbell Medical Executive: Dr. Lisa Zwerdlinger SVGHD Board: Shirley Ann Hoffacker	Approval Date: 10/21/2002

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****You may directly contact the patient advocate: Karen Onderdonk at 719-486-7135 or konderdonk@svghd.org****

This form is for patient advocate or manager use.

Confidential Patient Complaint Report

All patient complaints are confidential. This report and any attachments are part of the SVGHD Quality Improvement Program and therefore are protected confidential documents under the law. All complaints will be given serious attention. This patient complaint form will be forwarded to the Patient Advocate, who will directly address your concerns.

Person Making the Complaint:

Name: _____

Address: _____

Phone: _____ Best time to call you? _____

Complaint received by: _____

(Name, title and date)

Nature of complaint: _____

Date of event/service: _____ Time if known: _____

Department involved: _____

Staff members involved if known: _____

Describe complaint: _____

Patient/Client/Guardian Signature: _____ Date: _____

If this was taken by phone, please check here

***** For Office Use Only *****

Date received by Patient Advocate: _____

Signature of Patient Advocate: _____

Determined grievance or complaint? _____

Action letter mailed out: Yes or No _____

Date action letter mailed out: _____

Signature of patient advocate: _____

Follow up by: Letter Phone In-person

Date of follow up/final letter mailed: _____

Was issue resolved: Yes or No _____

Describe action taken to resolve:

If "no," state reason(s) why:

Department manager's signature: _____

Date: _____

Patient Advocate's signature: _____

Date: _____