

	Administration	No. OSD.CO-2.004	
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		Effective Date:	09-24-14
		Retires Policy Dated:	2007
		Previous Versions Dated:	
		Governing Body Approval Date:	09-24-14

I. SCOPE:

This policy applies to Pacific Endoscopy and Surgery Center (“Facility”).

II. PURPOSE:

PACIFIC ENDOSCOPY AND SURGERY CENTER places a high value on delivering excellent service that is responsive to individual needs. This policy provides a mechanism for initiation, review and, when possible, prompt resolution of patient complaints concerning the quality of care or service received.

III. DEFINITIONS:

- A. **“Patient Complaint”** means an oral or written expression of displeasure or dissatisfaction with service received that can be immediately resolved by the staff present.
- B. **“Patient Grievance”** means an oral or written complaint that is not immediately resolved at the time of the complaint by staff present. A Patient Grievance may be made by the patient or the patient’s representative regarding, but not limited to, the patient’s care or care not provided, any type of abuse (verbal, mental, sexual, physical), neglect, or complaints related to not meeting needs based on disability. A written complaint is always considered a grievance and may be submitted by fax or email. Whenever the patient or the patient’s representative requests that the complaint be handled as a formal complaint or grievance, or when the patient requests a response from the Facility, then the complaint is a grievance.
- C. **“Staff Present”** means any Facility staff present at the time of the complaint or who can quickly be at the patient’s location (*i.e.*, manager/director) to resolve the patient’s complaint.

IV. POLICY:

The patient shall have the ability to file a concern or grievance as part of the patient rights process and in compliance with California state regulations. Patients registering complaints and/or grievances shall not be subjected to retaliation and/or barriers to service. The Facility’s process for managing complaints and grievances incorporates the following objectives:

- A. Provide patients with a mechanism for filing complaints and grievances without fear of retaliation and/or barriers to service.
- B. Provide patients with information about the mechanism and procedure to use to file a complaint or grievance with the Facility.

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- C. Provide a planned, systematic mechanism for receiving and promptly acting upon issues expressed by patients and/or patient representatives.
- D. Provide an on-going system for monitoring and trending patient complaints and grievances.
- E. Clarify that billing issues are not considered a grievance unless the complaint also contains elements addressing patient service or care issues.

V. PROCEDURE:

A. Patient Notification

The Facility will inform patients, in writing, of their right to make complaints and grievances and the process to do so during the registration/admitting process.

B. Patient Complaints

1. Staff shall encourage patients to express any complaints or concerns to the individual involved. These may be resolved by the individual involved or by an appropriate nearby staff member. Complaints that have not been immediately resolved will be directed by staff addressing the patient concern to the department manager/director or designee for investigation and resolution as a grievance under Subsection V.C. below.
2. If the patient calls persons other than the direct care staff and has not tried to resolve the issue with the involved department, the contacted individual should immediately call the department involved. If the staff present are able to resolve the patient complaint at that time, it is not a grievance.

C. Patient Grievance

1. Whether a patient/family grievance is received by Facility staff in person, by telephone or in writing, the staff shall forward the report to the manager/director of the department for investigation and resolution.
2. If the grievance is determined by the manager/director to be a patient rights violation or standard of care breach, the manager/director shall forward the report to the Operations Director. The Operations Director shall enact the bill hold process.
3. The manager/director will complete the investigation concerning the results and the planned response. No more than seven days shall elapse before a response is sent to the patient.

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4. Each issue defined as a Grievance will be followed up with a notice of decision from the manager/director. The response shall include the following elements:
 - Name of the Facility contact person for patient follow up if needed
 - Steps taken to investigate and dates completed
 - Results of investigation and dates completed
5. A Grievance is considered resolved when the patient is satisfied with the actions taken on his/her behalf. When there are situations where the Facility has taken appropriate and responsible actions to resolve the Grievance and the patient remains unsatisfied, the Facility considers the Grievance closed. All documentation of patient communication will be maintained by the Facility.
6. The Facility will maintain a log that provides response to the patient (see Attachment A). Trends and issues shall be aggregated and presented to the facility governing/leadership group.

D. Complaints/Grievances Post-Discharge

Patient Grievances may also include situations where a patient or patient representative calls or writes to the Facility expressing concerns related to care or services which were not resolved during the patient's visit or where the patient/representative did not wish to address the issue during the visit.

E. Responsible Person

The Administrator is responsible for ensuring that all individuals adhere to the requirements of this policy, that these procedures are implemented and followed at the Facility and that instances of non-compliance with this policy are reported to the Senior Director-ASC Operations, Tenet Healthcare.

F. Auditing and Monitoring

Clinical Operations will audit compliance with this policy as part of the Comprehensive Clinical Audit process. Audit Services also shall audit compliance with this policy as part of the full scope audit process.

G. Enforcement

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All Staff Members whose responsibilities are affected by this policy are expected to be familiar with the basic procedures and responsibilities created by this policy. Failure to comply with this policy will be subject to appropriate performance management pursuant to all applicable policies and procedures, including the Medical Staff Bylaws/Policies, Rules and Regulations or policies, as applicable.

VI. REFERENCES:

- Hospital Patient Complaints/Grievance Policy
- Medicare Conditions of Coverage for Ambulatory Surgery Centers
- Quality, Compliance and Ethics Program Charter

VII. ATTACHMENTS:

- Attachment A: Suggested Minimum Elements on the Grievance Log
- Attachment B: Grievance Log template

Suggested Minimum Elements on the Grievance Log

- Date of the grievance
- Tracking number or identification
- Type of grievance
- Location/Department
- Person assigned to investigate
- Date of response
- Comments

