


**GUAM MEMORIAL HOSPITAL AUTHORITY
ADMINISTRATIVE MANUAL**

APPROVED BY:  Peter John D. Camacho, MPH Hospital Administrator/CEO	RESPONSIBILITY: Hospital-wide, Guest Relations	EFFECTIVE DATE: July 16, 2018	NUMBER A-RI1000	PAGE 1 of 4
TITLE: PATIENT GRIEVANCES/COMPLAINTS				
LAST REVIEWED/REVISED: 04/2018				
ENDORSED: EMC 04/2018, Q&S 06/2018				

PURPOSE:

The purpose of this policy is to assure that all patient complaints and grievances are addressed and resolved in a timely manner, as well as improve the service provided to patients.

POLICY:

1. Guam Memorial Hospital Authority (GMHA) is committed to service excellence. As part of this commitment, a mechanism has been developed to address and resolve grievances/complaints of its patients in a timely manner.
2. All patients will be informed of the grievance/complaint process via the Patient Rights and Responsibilities document given to them by Patient Registration staff.
3. A patient has the right to submit a grievance/complaint, either written or verbal, to GMHA. Complaints/Grievances may be brought to the attention of staff present, the Guest Relations Department of GMHA, Nursing Supervisor on duty, the Medicare State agency, the Joint Commission or to GMHA's Quality Management-Hospital Utilization Review Specialist.
4. Patients may express a complaint or file a grievance and recommend changes freely without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care.
5. Data collected on patient complaints and grievances will be logged by the Guest Relations Department and reported to the hospital's Performance Improvement Committee on a quarterly basis.
6. All hospital employees must be aware of the hospital's Grievance/Complaint process and the patient's right to have a complaint/grievance addressed in a timely manner. Referrals to the appropriate department for corrective action must be done in a timely manner.
7. If a complaint or grievance is received of patient abuse, neglect, or patient injuries, staff must refer to Policy No. A-RI800 *Patient/SNU Resident Abuse and Neglect Prevention*.

DEFINITIONS:

Complaint: Any concern expressed by the patient or family member concerning care or service that can be addressed relatively quickly, on the spot, by the staff or managers present. No written response is needed.

Grievance: A formal or informal 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 complaint 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), Joint Commission standards, or a Medicare beneficiary billing complaint related to rights and responsibilities. Verbal grievances must be documented by GMHA staff. The hospital's Customer Complaint Form may be used. See Attachment I.

If an identified patient writes or attaches a written complaint on a patient satisfaction survey form and requests resolution, this becomes a grievance. If an identified patient writes or attaches a written complaint on a survey but has not requested resolution, this must be treated as a grievance if GMHA would usually treat such a complaint as a grievance.

Patient complaints that are considered grievances also include situations where a patient or a patient's representative telephones the hospital with a complaint regarding their patient care or with an allegation of abuse or neglect, or failure of the hospital to comply with one or more CoPs, or other CMS requirements.

All verbal or written complaints regarding abuse, neglect, patient harm or hospital compliance with CMS requirements and Joint Commission standards are considered a grievance.

Staff Present: includes any hospital staff present at the time of the complaint or who can quickly be at the patient's location (i.e. nursing, administration, nursing supervisors, patient advocates, etc.) to resolve the patient's complaint.

PROCEDURE:

1. Complaints expressed by a patient or patient's representative shall be immediately discussed with staff present for prompt resolution.
2. A patient may file or report a grievance with the GMHA through the Guest Relations Department. Once received, the grievance will be investigated and a written response will be provided to the grievant within 7 days from the filing date. The response will include the following: (1) name of the hospital contact person; (2) steps taken to investigate the grievance; (3) results of the investigation; and (4) the date of completion. If resolution of the complaint will take longer than 7 days, a letter must be sent informing the grievant that additional time is needed and the letter must give an estimated time frame for completion.

In the absence of the Guest Relations Coordinator, the hospital's EEO shall handle the grievance, work with the appropriate department for resolution, and ensure that a written response is made to grievant within 7 days.

3. A patient may file a grievance directly with the Medicare state agency, regardless of whether the patient has previously filed a grievance with the hospital. The name, address, and telephone number of the state agency are:

DIVISION OF SURVEY & CERTIFICATION, CMS
DEPARTMENT OF HEALTH & HUMAN SERVICES
90 7th Street, Suite 5-300 (5W)
San Francisco, California 94103-6707

(415) 744-3696

4. The patient may file a grievance that pertains to patient safety or quality-of-life issues to

Office of Quality Monitoring
The Joint Commission
One Renaissance Blvd.
Oakbrook Terrace, IL. 60181
Hotline: (800) 994-6610
Fax: (630) 792-5636
Email: complaint@jointcommission.org

5. The nurse assigned and responsible for a Medicare beneficiary/patient who is planning to file a grievance in regards to the quality of care or premature discharge shall refer the case to the hospital's Quality Management-Hospital Utilization Review Specialist, who will conduct a review of the case and issue a case-appropriate letter to the beneficiary/patient. The letter shall also contain the address of the Quality Improvement Organization responsible for Guam.
6. The Guest Relations Coordinator shall review the grievance and promptly refer the grievance to the appropriate department for investigation. The department shall be informed of the 7-day closure period. Guest Relations shall follow-up with the department head for resolution of the grievance.
7. Upon referral, the Guest Relations Coordinator shall discuss with the appropriate department head any grievance involving their areas of responsibility and assist in the development of a corrective action.
8. Data collected by Guest Relations Department regarding grievances and complaints shall be logged and reported to the Performance Improvement Committee on a quarterly basis.
9. The Guest Relations Coordinator shall refer any grievance which may result in a lawsuit to the Risk Management Program Officer who shall review, investigate and prepare a case summary for the Hospital Administrator and Associate Administrator of Medical Services.

RELATED POLICY

Policy No. A-RI800, Patient/SNU Resident Abuse and Neglect Prevention of the Administrative Manual.

RESCISSION:

Policy No. A-RI1000, Grievance/Complaints; of the Administrative Manual made effective May 1, 2016.

ATTACHMENT:

- I. Customer Complaint Form

ATTACHMENT I

CUSTOMER COMPLAINT FORM

(To be completed by the patient/customer)

Date of Complaint: _____ Mailing Address: _____

Patient/Customer's Name: _____

Contact Phone Nos.: _____

I. BACKGROUND OF COMPLAINT: _____

II. WHO WAS INVOLVED? _____

III. DESCRIBE THE EVENT. (Use reverse side if necessary.) _____

IV. WHAT IS THE CUSTOMER'S REMEDY AS A RESULT OF THIS COMPLAINT? _____

PATIENT/CUSTOMER:

Signature

Date

GUEST RELATIONS DEPARTMENT:

Signature

Date