Operational Considerations

Policies, Procedures, and Staff

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| Have you implemented policies, procedures, and processes for investigation and resolution of patient complaints and grievances? **Y N** |
| Have you verified that staff understands their role in relation to established policies and procedures?  **Y N** |
| Does the process describe how to resolve grievances timely that place the patient in immediate harm?  **Y N** |
| Does the grievance process work differently for weekend coverage? **Y N**  If different, describe the process. |
| Is frontline staff empowered to act as the first line of defense against complaints? **Y N** |
| How many FTE’s are devoted to working grievances and complaints? |
| What is their job description? |

Patient Awareness

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| How do patients know you have a grievance process? |
| How do you inform each patient whom to contact to file a grievance? |
| Do you include how the patient may lodge a grievance with the State agency (including a phone number and an address)? **Y N** |
| Are patients aware that they have the right to file a complaint with the State agency as well as or instead of the facility? **Y N** |
| Are patients aware of their right to seek review by the QIO for quality of care issues, coverage decisions, and to appeal a premature discharge? **Y N** |
| How do you capture patient grievances and complaints received in writing versus verbally? |
| Do you use specialized software? **Y N** |
| Does staff know the steps to take to communicate with those patients with special needs? **Y N** |

GRIEVANCES COMMITTEE

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| How often does the committee meet? |
| What metrics are reviewed? |
| Who sits on the committee? |
| Does the committee have a formal charter? **Y N** |
| Has the governing body (your Board) provided written proof that they have delegated the process to the committee? **Y N** |
| Is the data collected and reviewed by the committee regarding patient grievances, as well as other complaints that are not defined as grievances, incorporated into the hospital’s Quality Assessment and Performance Improvement Program? **Y N** |
| Do the minutes of the committee reflect the review of the data and recommendations or action  plans? **Y N** |

TRAINING

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| Do all employees know the definition of a grievance? **Y N** |
| Do all employees know how to communicate a patient grievance to appropriate personnel? **Y N** |
| Who is responsible for root cause analysis and is documentation sufficient? |
| Does training involve escalation procedures if allegation of harm, abuse, or neglect? **Y N** |
| Does training involve the HIPAA Privacy Rule when someone other than the patient wants to file a grievance? **Y N** |

DOCUMENTATION

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| Are dates and times captured for conversations surrounding resolution of a patient grievance? **Y N** |
| Does documentation support that you are ACTIVELY working the grievance? **Y N** |
| Does the facility adhere to its documented grievance policies and procedures? **Y N** |
| Does your facility have documented time frames for investigation and resolution of a grievance? **Y N** |
| Are reasons for exceeding established time frames documented? **Y N** |
| Are patients informed of any resolution to their grievances? **Y N** |
| Is evidence of training captured and documented? **Y N** |

Additional Guidance Material:

State Operations Manual, Appendix A – Survey Protocol, Regulations and Interpretive Guidelines for Hospitals Rev. 183, 10-12-18

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf>

State Operations Manual Appendix PP - Guidance to Surveyors for Long Term Care Facilities Rev. 26, 08-17-07

<https://www.cms.gov/Regulations-and-Guidance/Legislation/CFCsAndCoPs/Downloads/som107ap_pp_guidelines_ltcf.pdf>