	Title: RISK MANAGEMENT-Grievance Procedure
	PR .5
Policy Owner: Risk Management/Patient Safety	Approved: Governing Board
Original Creation Date: 04/01/1992	Previous Review Date: 02/19/2018
Approved Date: 03/06/2015	Next Review Date: 02/19/2021
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## 1. POLICY:

- 1.1. It is the policy of Women's Hospital to provide a system whereby patients and/or their significant others or representatives, can voice concerns about the quality of care received at Women's Hospital.

## 2. PURPOSE:


- 1.1 To describe the process for the prompt resolution of a patient's (or his/her representative) grievance regarding an alleged violation of patient rights.
- 2.1 To ensure that each patient is informed who to contact to file a grievance.
- 3.1 To ensure, when necessary, that there is a mechanism for timely referral of patient concerns regarding quality of care, coverage decision or premature discharge to the appropriate Utilization and Quality Control Peer Review Organization.

## 3. SCOPE:

- 3.1. This policy applies to all inpatient and outpatient care settings.

## 4. DEFINITIONS:


- 4.1. **Grievance**  
Is defined as a formal or informal written or verbal complaint by a patient, or the patient's representative, regarding the patient's care (when the verbal complaint about patient care 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 Conditions of Participation, or a Medicare beneficiary billing complaint related to CMS rights and limitations.
- 4.2. **Staff Present**  
Includes any hospital staff present at the time of the complaint or who can quickly be at the patient's location to resolve the patient's complaint
- 4.3. If a patient care complaint cannot be resolved at the time of the complaint by staff present, is postponed for later resolution, is referred to other staff for later resolution, requires investigation, and/or requires further actions for resolution, then the complaint is considered a grievance.
- 4.4. A written complaint is always considered a grievance including written complaints from an inpatient, an outpatient, a released/discharged patient, or a patient's representative regarding the patient care provided, abuse or neglect, or the hospital's compliance with CMS Conditions of Participation.

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- 4.5. Information obtained from patient satisfaction surveys usually does not meet the definition of a grievance. However, a written attachment to, or documentation on, a patient satisfaction survey requesting resolution constitutes a grievance, if the hospital would usually treat such a complaint as a grievance. Routine patient satisfaction responses are not considered grievances
- 4.6. A patient complaint, or complaint by a patient representative via telephone received by the hospital regarding the patient's care, or with an allegation of abuse or neglect or failure of the organization to comply with one or more of the Conditions of Participation or other CMS requirements, is considered a grievance. Post hospital verbal communications regarding patient care that would routinely have been handled by Unit Manager/Directors or staff present if the communication had occurred during the stay/visit are not required to be defined as a grievance.
- 4.7. All verbal or written complaints regarding abuse, neglect, patient harm or organization compliance with CMS requirements are considered grievances
- 4.8. Any request by the patient or his/her representative that a complaint be handled as a formal complaint or when the patient requests a response from the hospital will be considered a grievance

## 5. THE GOVERNING BODY:

- 5.1. Is responsible for the effective operation of the grievance process
- 5.2. Provides the formal authority for the establishment of the grievance process
- 5.3. Delegates the responsibility of the effective operation of the grievance process to a Grievance Committee which assures prompt resolution of the grievances
- 5.4. The Grievance Committee will be an administrative hospital committee:
- 5.5. The chair of the Grievance Committee shall be the person designated as the patient advocate
- 5.6. Membership on this committee shall be of a number and composition to be determined by the committee chair based upon patient need and/or type of grievance.
- 5.7. Membership should reflect those individuals necessary to assure the prompt resolution of the grievance.
- 5.8. The committee may consult on an as needed basis in person or via email.

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## 6. PROCEDURE

6.1. A patient who perceives that a right has been violated or whose issues cannot be resolved to his/her satisfaction may submit a written or verbal grievance to Women's Hospital or may call the patient advocate at 727-7008.

6.2. In addition, regardless of whether or not the patient uses the hospital's grievance process, the patient may also submit a written or verbal grievance directly to the

6.2.1. New Mexico Department of Health  
Health Facilities Licensing & Certification, Rm. 213  
2040 S. Pacheco St. OR  
Santa Fe, NM 87505  
Phone: (800) 752-8649


6.2.2. Healthinsight NM  
5801 Osuna NE; Suite 200  
Albuquerque, NM 87109  
Phone: (800) 663-6351

6.2.3. KEPRO BFCC QIO (Area 3)  
Rock Run Center, Suite 100  
5700 Lombardo Center  
Seven Hills, OH 44131  
Phone: (844) 430-9504  
Fax: (844) 878-7921  
[www.keproqio.com](http://www.keproqio.com)

6.2.4. DNV GL Healthcare  
Hospital Complaint DNV GL Healthcare Inc  
400 Techne Center Drive, Suite 100  
Milford, OH 45150  
E-mail: [hospitalcomplaint@dnv.com](mailto:hospitalcomplaint@dnv.com)  
Phone: (866) 523-6842


6.2.5. American College of Radiology  
1891 Preston White Dr.

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**


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Reston, VA 20191  
Phone: (800) 227-6440

- 6.3. Assistance will be provided to the patient should he/she wish to contact the agency.
- 6.4. At the time of patient admission to the facility, the Admitting Department staff will provide the patient or his or her representative with information related to the grievance submission process. If the patient's condition does not allow for provision of the information at the time of admission, or if the patient's representative is not present at time of admission, every attempt will be made to distribute this information to the patient or his/her representative as soon as possible after the patient has been admitted.
- 6.5. The information provided to the patient includes:
  - 6.5.1. Who the patient contacts to file a grievance (Patient Advocate)
  - 6.5.2. How to reach the Patient Advocate
  - 6.5.3. Contact information should the patient wish to exercise his/her right to file a complaint with the New Mexico Department of Health or the State Quality Improvement Organization (QIO) as well as or instead of with the organization's Patient Advocate.
- 6.6. Post hospital verbal communications regarding patient care that would routinely have been handled by Manager/Directors or staff present *if* the communication had occurred during the stay/visit are *not* required to be defined as a grievance.
- 6.7. All grievances are to be submitted to the Patient Advocate. Upon notification of a patient grievance, information sufficient to identify the individual registering the concern, the name of the patient (if not the individual submitting the information), date of receipt, date of service, and nature of the concern will be recorded.
- 6.8. All grievances will be investigated in tandem with Unit Managers/Directors, medical staff leaders, and staff identified as key individuals critical to problem resolution for the specific identified concern. All efforts will be made to effectively and expeditiously resolve the patient's grievance within 7 days.

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- 6.9. If, within 7 days, the grievance is not resolved, an acknowledgement letter will be sent to the patient or his/her representative. Completion of the investigation will occur within 30 days, unless otherwise specified in the letter.
- 6.10. The grievance is considered resolved when the patient or his/her representative is satisfied with the actions taken on their behalf
- 6.11. If the grievance is unable to be resolved to either the patient's or patient representative's satisfaction and the hospital has taken appropriate and reasonable actions on the patient's behalf in order to resolve the grievance, the hospital may consider the grievance closed.
- 6.12. The hospital will provide written notice of its decision to the patient or his/her representative that contains:
- 6.12.1. The name of the hospital contact person
  - 6.12.2. The steps taken on behalf of the patient to investigate the grievance
  - 6.12.3. The result of the grievance process
  - 6.12.4. The date of completion
- 6.13. Quality of care issues are managed by the Patient Advocate in concert with the Quality Review Process, as appropriate. The Quality Review Process includes review of the medical record, referral to physician leader (such as Director of Department or Chair of Service/Committee. If appropriate, the Peer Review process will be initiated, for those grievances that involve medical staff.

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- 6.14. Patients have a right to appeal a premature discharge.
- 6.14.1. Grievances regarding premature discharge and/or coverage decision for all patients will be referred to Case Management.
- 6.14.2. The hospital must provide a hospital issued Notice of Non-Coverage to any fee-for-service beneficiary that expresses dissatisfaction with an impending hospital discharge.
- 6.14.3. If a determination cannot be made, they will be referred to the Utilization Review Committee, Quality Council and will be reported to the state Quality Improvement Organization (New Mexico Medical Review Association) in a timely manner.
- 6.14.4. Grievances are incorporated in the hospital's QAPI and QMS processes.

## 7. REFERENCES

- 7.1. DNVGL
- 7.2. New Mexico State Regulations
- 7.3. CMS Medicare/Medicaid Conditions of Participation, 42 CFR 482.13