



Vice President and Chief Executive Officer of the Medical Center

MEDICAL CENTER POLICY NO. 0070

A. SUBJECT: Patient Concerns and Grievances

B. EFFECTIVE DATE: October 1, 2011 (R)

C. POLICY:

The University of Virginia Medical Center is committed to responding in a timely manner to Concerns and Grievances about patient care and services, whether expressed by a patient or other person on behalf of the patient. Concerns and Grievances shall be handled and resolved in a respectful, non-retaliatory manner and shall be managed in a manner consistent with applicable law, regulatory requirements and this Policy.

At the time of registration/admission, each patient is informed of his/her right to make a complaint about his/her care and to express concerns about premature discharge, including the right to contact directly the Virginia Quality Improvement Organization (QIO).

[\(see also Medical Center Policy 0026, "Patient Rights and Responsibilities"\)](#).

It is the responsibility of all members of the Clinical Staff and Medical Center employees to listen to patient Concerns and Grievances, and to initiate or conduct follow-up. The Patient Representative Department ("Department") serves as a resource for the Medical Center and the Clinical Staff in addressing and resolving patient Concerns and Grievances.

The Medical Center Operating Board delegates to the Medical Center Patient Grievance Committee the responsibility for the Grievance process. The Patient Grievance Committee is responsible for the review, resolution, tracking and reporting of all Medical Center patient Grievances. Data and information regarding patient Concerns and Grievances shall be utilized by administrative and clinical leaders to continually assess and improve care and services at the Medical Center.

D. DEFINITIONS:

1. **Concerns(s):** A Concern is a verbal expression made by a patient or other person on behalf of a patient regarding dissatisfaction with an aspect of a patient's care or service. A Concern involves an issue(s) that can be immediately addressed (usually the same day or within 24 hours). A Concern is resolved when it is resolved to the satisfaction of the person reporting the Concern. Concerns do not need further follow-up and do not require a written response to the patient. An unresolved Concern is a Grievance (see Definition of Grievance below).
2. **Grievance(s):** A Patient Grievance is a written or verbal complaint expressed by a patient and/or other person on behalf of the patient, regarding the patient's care, allegations of abuse or neglect occurring at the Medical Center, issues related to the hospital's compliance with the Centers for

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Medicare and Medicaid Services (CMS) Hospital Conditions of Participation or a Medicare beneficiary billing complaint related to rights and limitations provided under 42 CFR489.

A Concern that is not immediately resolved by Staff Present (See Definition below), needs to be postponed for later resolution, requires investigation and/or further actions for resolution, or otherwise meets the definition of Grievance under this Policy is a Grievance for purposes of this Policy.

A written complaint is always a Grievance. Whenever a complaint meets the definition of a Grievance under this Policy, or whenever a patient or other person on behalf of a patient requests that a complaint be handled as a formal complaint or Grievance, or requests a response from the Medical Center, then the complaint is also considered a Grievance.

A Grievance requires a written response to the patient in accordance with this Policy.

3. **Staff Present:** Any hospital staff member present at the time of the complaint who can quickly be at the patient's location (i.e., nursing, administration, nursing supervisors, Graduate Medical Trainees, patient representatives, etc.) to resolve a patient's complaint.

E. PROCEDURE:

1. *Concern Management Procedure:*

- a. Upon notification of a Concern, the individual receiving it ("Recipient") must seek clarification of details from the patient or other person on behalf of a patient and determine whether the nature of the Concern falls within the scope of the Recipient's job responsibility to resolve.
- b. If the Concern falls within the scope of the Recipient's job responsibility, the Recipient is empowered to address and resolve the concern, either directly or with assistance from other Staff Present as needed. The Concern is considered resolved when the patient, or the person reporting the Concern on behalf of the patient, indicates that he/she is satisfied that the Concern has been addressed, in which case no further follow-up is needed or required.
- c. If the Concern falls outside the scope of the Recipient's job responsibility, he/she must immediately notify the appropriate Staff Present who can immediately address the Concern, seek immediate resolution, with assistance as required (see **Section E.3 below**), and seek the immediate satisfaction of the person expressing the Concern. Once the patient or person reporting a Concern on behalf of the patient is satisfied that the Concern has been addressed, no further follow-up is needed or required.
- d. If a Concern is not immediately resolved to the satisfaction of the complainant, the Recipient or the individual addressing the Concern shall notify the Patient Representative Department. Notification to the Patient Representative shall include patient demographic information and a summary of the patient's Concern. The Patient Representative shall register the patient's concern as a Grievance and shall be responsible for managing the Grievance process as outlined in Item 2 below.

2. *Grievance Management Procedure:*

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- a. Grievances can be lodged verbally or in writing, in person, *via* telephone, fax, mail, or e-mail, and can be addressed to any member of the Clinical Staff and/or Medical Center employee.
 - b. Upon receipt of a Grievance, the Patient Representative and/or other person receiving it (“Grievance Recipient”) shall acknowledge such receipt to the complainant within seven (7) business days. The acknowledgement may be by personal visit, telephone call, e-mail or letter. All information pertinent to the Grievance shall be documented in the Grievance management system.
 - c. The Patient Representative and/or the Grievance Recipient shall facilitate the investigation of the Grievance by contacting the responsible member of the Clinical Staff and/or Medical Center employee who can best investigate and address the patient’s Grievance. Members of the clinical staff and/or employees shall respond to the Patient Representatives and/or the Grievance Recipient within 48 hours from receipt of this request. If the Grievance involves multiple services or departments, the Patient Representative and/or the Grievance Recipient shall facilitate collaboration to reach resolution (**see Section E.3 below**).
 - d. The substance of the Grievance must be fully investigated. If the substance of the Grievance is validated, the involved service(s) or department(s) must take corrective action. The Patient Representative Department shall coordinate and review all responses.
 - e. The Patient Representative Department and/or the departments involved in Grievance resolution shall provide the Medical Center Patient Grievance Committee with sufficient information to ensure resolution of complaints in accordance with CMS Guidelines.
 - f. Within seven (7) days, the Medical Center must provide the patient with a written response that contains the name of the Medical Center’s contact person, the steps taken to investigate the Grievance, the results of the investigation and the date of completion. If the investigation is not completed within seven (7) days, the patient or his/her representative shall be informed in writing that the investigation is underway and will be completed as soon as possible and, optimally, within thirty (30) days of the receipt of the Grievance.
3. *Concern and Grievance Management; Notifications for Assistance:*
- a. Depending on the nature of the Concern or Grievance, the Recipient, Manager, Staff Present, or Patient Representative Department is/are responsible for notifying the following Medical Center Departments for prompt assistance in resolution:
 - i. **Billing issues** –notify the Customer Services Departments of Patient Financial Services (hospital charges) or University of Virginia Physician’s Group formerly known as University of Virginia Health Services Foundation (physician charges).
 - ii. **Alleged breach of patient confidentiality or a failure to implement patient rights’ regarding their medical information**–notify the Medical Center’s Chief Corporate Compliance and Privacy Officer.
 - iii. **Concerns or Grievances with potential legal implications**– notify Medical Center Risk Management.
 - iv. **Utilization decisions such as premature discharge and/or discontinuation of stay determinations**–notify Utilization Management.

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- v. **Concerns or Grievances of Psychiatric inpatients**—notify the Director of Psychiatry Services. Inpatient Psychiatric Units of the Medical Center shall also comply with the Grievance resolution process specified in the Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers of Mental Health, Mental Retardation and Substance Abuse Services, 12 VAC35-115-10 (<http://www.townhall.state.va.us/index.cfm>)
- vi. **Allegations of discrimination**—Patient Representatives notify the University of Virginia [Office of Equal Opportunity Programs Section 504 Coordinator](#).
- vii. **Allegations of abuse, neglect, or patient harm at the Medical Center, or hospital compliances with CMS requirements:** notify Medical Center Office of Patient Safety.
- viii. **For Concerns or Grievances presented by a government official on behalf of a patient** - notification shall be made to the Office of the Director of State and Federal Governmental Relations of the Medical Center.

- b. Patient Representatives may be contacted at any time (phone 434-924-8315). After normal business hours, the Nursing Supervisor may act on behalf of the Patient Representative.

4. *Lodging Grievances with Outside Agencies:*

In lieu of, or in addition to, using the Grievance process outlined in this Policy, patients have the right to contact outside agencies directly to lodge a Grievance. The following is contact information for such agencies:

Office of Licensure and Certification
Virginia Department of Health
Attn: Complaint Unit, Suite 401
9960 Mayland Drive
Richmond, VA 23233
Phone: (800) 955-1819; (804) 367-2106
FAX: (804) 527-4503

Office of Quality Monitoring
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
Phone: (800) 994-6610

Medicare or Medicaid Beneficiaries may also report concerns to:
The Virginia Health Quality Center, which is the Virginia Quality Improvement Organization (QIO) for the Center for Medicare and Medicaid Services; the telephone number is:
1-866-263-8402

For Grievances about confidentiality of patients' rights regarding medical information:

The Secretary of Health and Human Services

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Office for Civil Rights
U.S. Department of Health and Human Services
150 S. Independence Mall West
Suite 372, Public Ledger Building
Philadelphia, PA 19106-9111
Main Line (215) 861-4441 or (800) 358-1019
FAX: (215) 861-4431
TDD: (215) 861-4440 or (800) 537-7697

5. *Responsibility of the Patient Grievance Committee:*

The Chair of the Patient Grievance Committee is responsible for monitoring and ensuring compliance with this Policy. The Medical Center Patient Grievance Committee shall have authority over the review of all Grievances including the content of written responses.

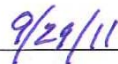
6. *Use of Grievance Management Information:*

- a. Each Medical Center service area or department is responsible for utilizing information gathered from the Concern and Grievance process as part of its quality improvement plan to improve its services.
- b. The Grievance Committee Chair and /or the Chief Quality and Performance Improvement Officer shall report to the Medical Center Operating Board Quality Subcommittee, at each of its scheduled meetings, aggregate grievance data and any supplemental information about the aggregate data requested by the Subcommittee. Data and information regarding patient Concerns and Grievances shall be utilized by administrative and clinical leaders to continually assess and improve care and services at the Medical Center and shall be incorporated into the hospital's Quality Assessment and Performance Improvement (QAPI) Program.
- c. The Privacy Office shall provide organizational oversight and responsibility for Grievances of alleged breach of confidentiality or privacy and failures to implement patients' rights regarding their medical information.

SIGNATURE:



R. Edward Howell, CEO, UVA Medical Center



DATE:

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Approved by Chief Environment of Care Officer

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