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|  <p>University of Missouri HEALTH CARE <i>The care you deserve from the team you trust.</i></p> | Subject: Response to Patient Complaints | Number: RI-5 Previously I-A-20 |
| | Function: Ethics, Rights and Responsibilities | Revised: 7-1-08 |
| | Applies To: Corporate <input type="checkbox"/> CRH <input checked="" type="checkbox"/> MRC <input checked="" type="checkbox"/> UHC <input checked="" type="checkbox"/> UP <input checked="" type="checkbox"/> | |

OBJECTIVE: To establish a method for receiving, investigating, tracking and resolving patient/visitor complaints in a confidential and timely manner.

DEFINITIONS:

1. **Complaint** - Any verbal expression of dissatisfaction with a process or person, which is generally resolvable at the department level by staff present.
2. **Grievance** - A grievance is a substantive quality of care issue or a perceived violation of a patient's rights. Please note the following about grievances:
 - A. A grievance may arise when initial attempts at the department/clinic level to resolve a complaint are deemed unsatisfactory by the patient, family, or related party.
 - B. Patient grievances may also include situations where the patient or the patient's representative notify the hospital whether verbally or in writing about concerns related to care or services that were not resolved during their stay or if they did not chose to address their issue during their stay.
 - C. If the complaint is submitted in writing or is unable to be resolved during the inpatient stay or outpatient visit, the complaint will be identified as a grievance and will be documented into the PSN by department/clinic staff.
 - D. All written complaints will be considered grievances unless written as a comment on a patient satisfaction form.
 - E. Verbal complaints expressed after the patients discharge or visit will be assessed by the department manager or Guest Relations staff and may be determined to be a grievance.
 - F. Solicited comments from patient satisfaction forms, written or electronic, will not be considered grievances unless they meet another definition of grievance.
Note: Billing issues are not considered grievances unless the complaint also contains elements addressing patient services or care issues.
3. **Staff present** - Includes any hospital staff present at the time of the complaint or who can quickly respond to the patient's location (i.e. nursing, administration, nursing supervisors, patient advocates, physicians etc.) to resolve the patient's complaint during the hospital stay.
4. **Guest Relations Department** – Staff designated in the respective hospitals and clinics responsible for receiving, investigating, tracking and resolving patient/visitor complaints.
5. **Patient Representative** - Family and friends who are believed to have knowledge of the patient's wishes and values.

POLICY: A patient will be informed of his/her right to express a complaint and what options are available. University of Missouri Health Care (UMHC) will establish and maintain a direct channel of communication and mediation between individual patients and/or visitors and hospital and medical leadership to resolve any concerns in a positive and timely manner. In situations where the complaint is not resolved, it will be treated as a grievance and will not compromise the patient's present or future medical care.

GENERAL INFORMATION

1. The patient or when appropriate, his/her representative will be informed of his/her rights (Attachment A), responsibilities (Attachment B) and the method of expressing any concerns regarding services or care (Attachment C). A copy of the Patient Rights document as well as details of the process for filing a complaint/grievance is provided in the admission packet. For outpatient and clinic areas, a copy of these attachments will be posted and paper copies available upon request. Also provided are instructions on filing a grievance directly to the State Agency for Health Facility Regulation and/or the Center for Medicare and Medicaid Services or The Joint Commission. The Patient Rights document is also posted throughout the Hospitals and Clinics.
2. The UMHC governing body, the Joint Conference Committee (JCC), delegates responsibility for implementation of the grievance process to the UMHC Guest Relations Department.
3. UMHC Guest Relations Department further delegates authority and responsibility to the specific facilities Guest Relations staff to resolve grievances in the most efficient and expeditious manner possible through local resources.
4. The organization's Patient Safety Leadership Team will perform the duties of grievance resolution and will handle disputes not resolved to the patient's satisfaction at University Hospital/Clinics and Columbia Regional Hospital/Clinics.
5. This committee will meet no less than monthly to review and monitor safety events and grievance data for trends and completed resolutions and reports.
6. This committee will meet as needed, no less than monthly to address individual grievance resolution once the Guest Relations Department has determined that a grievance resolution is at an impasse.
7. The Guest Relations Department will provide reports to Patient Safety Leadership Team, the Quality and Safety Committee, the Chief Quality Officer and the Chief Operations Officer to identify opportunities to improve processes in patient care. These reports may be forwarded to the Executive Committee of the Medical Staff (ECOMS) or the appropriate medical staff committee and the JCC as deemed necessary by the COO.
8. University Hospital, Columbia Regional Hospital and Missouri Rehabilitation Center grievance processes may vary slightly in order to accommodate timely response to the complainant.
9. Variations to this policy at specific facilities will be addressed by written procedure kept at the individual facility. All variations must be approved by the hospital director and the COO.
10. Definitions, time lines and required responses may not be changed by individual facilities with the exception that MRC must identify in policy a time period in which a

complaint will evolve into a grievance due to extended length of stay sometimes seen at MRC.

11. Clinics will be under the authority of the appropriate controlling hospital.

PROCEDURE:

Staff/Department/Clinic

1. A patient, family member or visitor may present a complaint to any staff member. Complaints will be addressed by “staff present” if possible. Department/Clinic managers or designated supervisors will work with staff present for “on-the-spot” resolution of verbal patient complaints.
2. If staff present is unable to resolve a complaint by the end of their shift, it is their responsibility to forward the complaint to a supervisor or manager of the unit.
3. If staff present are unable to resolve the complaint at the unit level during the patient’s inpatient stay or visit, the staff member, supervisor or the department manager should report the complaint in UMHC PSN and the complaint shall be referred to the Guest Relations staff for assistance.
4. All staff members are encouraged to document complaints in the PSN as they feel appropriate.
5. All complaints that are resolved during a patient’s inpatient stay or outpatient visit shall be considered closed as a complaint. No written response will be required.

Department/Clinic Managers

1. Department/Clinic Managers shall attempt to resolve all verbal complaints at the unit level prior to requesting the assistance of the Guest Relations Department unless the complainant specifically request that the complaint be processed as a grievance.
2. If a manager determines that resolution of the concern is beyond the resources of the single department or that the nature of the complaint indicates real or potential harm to the patient, the manager may immediately refer the concern to the Guest Relations staff for assistance.
3. A manager may also make the determination to advise their immediate director of a specific patient concern without referring to the Guest Relations Department if the concern can still be resolved within the patient’s inpatient stay or visit.

Guest Relations Department

1. The Guest Relations Department will review all grievances within 1 business day of receipt.
2. The Guest Relations Department will be responsible for assigning a responsible party to investigate all grievances.
3. Any unresolved verbal/written concern will be considered a grievance and will require an investigation and a written response by the Guest Relations Department within 7 (seven) working days of receipt.

Note: Grievances about situations that endanger the patient, such as neglect or abuse, should be reviewed immediately and referred to the Office of Clinical Effectiveness and Risk Management.

4. The Guest Relations Department will be responsible for monitoring the resolution process and providing the complainant with written progress reports as required. A written progress report will be provided to the complainant every 10 days until the final resolution of the grievance. E-mail responses may be utilized if requested by the complainant. E-mail responses shall be filed by the Guest Relations Department as documentation of a response. Progress reports provided to the complainant will consist of:
 - A. Steps taken to investigate the dispute
 - B. Results of the investigation, to date
 - C. Name of a hospital contact in case additional information if needed
5. The Guest Relations Department has the delegated authority to approve final resolution submitted by investigating parties. The Guest Relations Department will submit reports as needed to the appropriate directors identifying investigating parties who fail to provide adequate investigation progress and/or resolution. If after 30 days, an investigating party has still not provided an adequate progress report/resolution, a report will be forwarded to the COO and the appropriate hospital director.
6. Only the Director of the Guest Relations Department, the Patient Safety Leadership Team or the COO has the authority to close a grievance resolution.
7. All grievances that have not been resolved within 30 days will be reviewed by the Patient Safety Leadership Team.
8. If the dispute is not resolved to the satisfaction of the complainant he/she will be offered the opportunity to have the concern reviewed by the Patient Safety Leadership Team. All reviews will be reported to the Quality and Safety Committee, Executive Committee of the Medical Staff, or appropriate medical staff committee specific to individual facility policy, and the Joint Conference Committee with resolution documented.

Confidentiality

Communication with the complainant will only include steps taken to investigate the issues and the final resolution. Information that breaches the confidentiality and privilege of peer review or employee disciplinary actions will not be provided to the complainant. Written communications from the Guest Relations Department may be reviewed by Risk Management and/or the General Counsel's Office before it is sent to the complainant.

REFERENCES:

- I-A-03: Accessing Ethics Committee
- I-A-04: Visitors of Patients
- I-A-05: Confidentiality and Privacy of Patients and Staff
- I-A-06: Patient Rights and Responsibilities
- I-A-15: Patient Refusal of Medical Care
- I-A-16: Spoken and Language Interpreter Services

Key content Expert: Chair, Ethics, Rights and Responsibilities Committee

Approved:

Anita Larsen

6/30/08

Anita Larsen, Interim Chief Operating Officer
University of Missouri Health Care

Date

ATTACHMENT A - PATIENT BILL OF RIGHTS

AS A PATIENT, YOU HAVE CERTAIN RIGHTS, AND UNDERSTANDING YOUR RIGHTS WILL HELP YOU TO GET THE BEST POSSIBLE CARE.

WE WILL MAKE EVERY EFFORT:

1. To treat you with consideration and respect in a safe setting free from all forms of abuse or harassment. Your privacy will be protected.
2. To keep all communications and records about your care confidential. In general, you have the right to see all the information in your health records.
3. To clearly explain all hospital rules and regulations.
4. To provide clearly written and spoken information in words you can understand.
5. To provide all the information you need to make an informed decision about your care including: your options, risks and benefits, possible outcomes, possible side effects, who is providing your care and costs.
6. To respect your Advance Directives (Living Will or Durable Power of Attorney for Healthcare) which expresses your wishes about resuscitation and other end-of-life decisions.
7. To respect your decision to refuse care. To allow you to leave the University Hospital even if your physician advises against it.
8. To provide effective relief from pain and respect your right to refuse pain control.
9. To provide you freedom from restraints and seclusion of any form that is not medically necessary.
10. To inform you that we are a teaching hospital and that you have the right to refuse treatment from a healthcare student, fellow, or resident. You can request a consultation with another provider at any time.
11. To provide you with all available information about possible research participation and obtain your informed consent.
12. To involve you in your discharge planning and inform your physician of any health care requirements when you return home.
13. To give you the opportunity to examine and receive an explanation of your bill regardless of source of payment.
14. To express a complaint/dispute and receive a prompt response. You also have the right to file a formal dispute/grievance if you are not satisfied with the resolution of your complaint.

ATTACHMENT B - PATIENT RESPONSIBILITIES

PATIENTS AND VISITORS HAVE RESPONSIBILITIES AND WE ASK THAT YOU MAKE EVERY EFFORT TO:

1. Follow all hospital rules.
2. Consider the rights of others and treat them with respect.
3. Ask us for clear explanations and make informed decisions about your care and treatment.
4. Relate full information about your health, medical history, and insurance.
5. Provide us with your advanced directive information.
6. Follow the treatment plan as recommended and keep your follow-up appointments or notify us when unable to do so.
7. Know what medications you are taking, why you are taking them, and the proper way to take them according to your doctor's order.
8. Inform care providers of your level of pain and effectiveness of provided treatment.
9. Alert your health care provider if you have concerns or feel your rights have not been properly respected.
10. Pay bills promptly and contact us if you have any questions or financial problems.

ATTACHMENT C - COMPLAINT PROCEDURE

Welcome to University Hospital and Children's Hospital. We hope your visit will be a pleasant one. However, if you experience a problem or have a concern or complaint, you may inform any staff member and expect immediate assistance.

It is your right to express a concern or complaint and to expect a prompt response. If we cannot reach an agreement, you also have the right to file an appeal through our grievance program.

How to file a complaint

There are several ways for you to inform us of your comments or concerns.

The "Hospitality Services" telephone line is a one-stop telephone number posted in all patient rooms. Call the number displayed on your telephone if you have comments on Food & Nutrition, Heating/Cooling, Lighting, Housekeeping or other room-related issues.

"Your Opinion Counts" forms: These are posted near each inpatient unit visitor's lounge, in the main lobby and at each level of the patient garage entrances. Forms may also be requested at the Guest Services office next to the Medtique Gift Shop in the main lobby. Ask any staff member for the location of the displays or call Guest Services at (573) 882-1053.

If you wish to speak with someone in person, you may ask your nurse to contact your unit's management staff. If you wish to speak with someone outside of your inpatient unit, you may call Guest Services at (573) 882-1053.

You may send us a letter, email or fax.

Address your correspondence to:

Guest Services / DC039.00

University Hospital
One Hospital Drive
Columbia, MO 65212

Email: Guestservices@health.missouri.edu

Fax (573) 884-5957

Please be sure to provide detailed information, including the patient's full name, the date of the patient's visit or stay, the person to contact and a telephone number, mailing address or e-mail address.

How to file a Grievance

In the event that you are not satisfied with our response to your concern or complaint, you may request the initiation of a grievance review. Contact Guest Services at (573) 882-1053 for specific information about how to submit a grievance.

For additional assistance, you may also contact other agencies for assistance in resolving concerns regarding your healthcare. You may contact the Missouri Department of Health and Senior Services Health Standards and Licensure Section at 573/751-6303 or contact Health Standards and Licensure, Department of Health and Senior Services, P.O. Box 570, Jefferson City, MO 65102 or call: 1-573-751-6303 for additional assistance.

You may also contact the Joint Commission, Office of Quality Monitoring to report any concerns or register complaints by either calling 1-800-994-6610 or by e-mailing: complaint@jointcommission.org. Individuals who are Medicare Beneficiaries may also contact Medicare at 1-800-390-3330.

All communications are guaranteed to be handled in a confidential manner. We assure you that no adverse reaction will occur as the result of any comments made. We value your opinion and use all comments – both positive and negative – to continuously improve our services.