

Grievance and Complaints

Federal Regulations: 418.52(b)	Effective Date: February 2014
State Regulations: CA Article 6, Section 6.5, 6.6	Revision Date(s):

PURPOSE: To assure all patient-related grievances and complaints are resolved in a consistent and timely method.

POLICY: Patients or their representatives have the right to voice complaints and grievances regarding treatment or care that is (or fails to be) furnished and the lack of respect for property by anyone furnishing services on behalf of Hospice and to not be subjected to discrimination or reprisal for exercising his or her rights. In the event of a patient related complaint, Hospice identifies and resolves problems and uses the opportunity to improve patient care. All complaints are processed in a uniform and timely manner.

DEFINITION:

A grievance or complaint (hereafter referred to as grievance) is a formal or informal written or verbal complaint that is made to any hospice employee, including volunteers and individuals furnishing hospice services under arrangement, by a patient or the patient's representative regarding the patient's care, abuse, neglect, or misappropriation of property.

PROCEDURE:

- 1) In the case of a grievance regarding potential abuse, neglect, mistreatment or misappropriation the complaint review process follows the *Reporting of Abuse, Neglect and Misappropriation Policy*.
- 2) In the case of grievances that do not involve potential abuse, neglect, mistreatment or misappropriation, documentation of the receipt of the complaint and the initiation of the investigation occurs within 5 calendar days of receipt of the complaint.
- 3) The hospice staff receiving the complaint discusses, verbally or in writing, the issue with the clinical manager/designee. The clinical manager/designee investigates and makes every effort to resolve the issue to the individual's satisfaction.
- 4) If the complaint cannot be resolved to the complainant's satisfaction, the clinical manager notifies the Administrator/designee. The Administrator/designee investigates and contacts the patient or representative regarding the issue in an attempt to resolve the differences.
- 5) The investigation is completed within 10 days of receipt of complaint.
- 6) Complaints and any action taken are documented.
- 7) Complaints received on patient satisfaction surveys are documented and addressed as outlined above.
- 8) All complaints containing privileged healthcare information are filed in a secure place.

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- 9) Documentation of all complaints received, copies of the investigations, and responses to patients are maintained and included as part of the Quality Assessment Performance Improvement Program.
- 10) An agency may not retaliate or discriminate in any manner against any patient or family or any employee on the basis of for the reason that the patient or family or the employee has presented a grievance or complaint, or has initiated or cooperated in any investigation or proceeding of any governmental entity relating to care services or conditions of the program.
- 11) An agency is not prohibited from terminating an employee for a reason other than retaliation.
- 12) All hospice personnel (clinical and non-clinical) are informed of this process during the orientation process.