



HOLY CROSS HOSPITAL

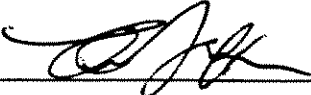
ADMINISTRATIVE MANUAL

TITLE: Guidelines for Complaint Management

CONTROLLING DEPARTMENT: Executive Administration

POLICY NUMBER: EA 1-69 **Attachments:** _____

Original Issue Date: 4-10-86 **Latest Revision Date:** 5-30-02

AUTHORIZATION SIGNATURE:  **EFFECTIVE DATE:** 5/29/02

ORGANIZATIONS AFFECTED:

OTHER ORGANIZATIONS FOR INFORMATION:

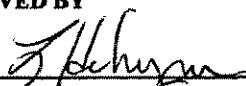

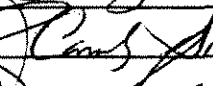
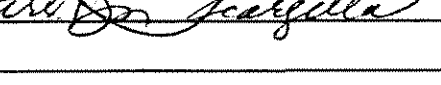

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Senior V.P., Patient Care Operations
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5/30/02
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Policy Review Notation (Controlling Department)

By: _____
By: _____
By: _____

Date: _____
Date: _____
Date: _____

PURPOSE To define the Hospital's mechanism for promptly addressing and resolving patient complaints and grievances. To define the process for disseminating and utilizing information from patient complaints to continually improve the quality of care and services.

DEFINITIONS

- A. A **Complaint** is a concern expressed by a patient, family member, or other representative that involves an issue that may be resolved immediately, usually by the staff on the unit and without the involvement of numerous levels of management to investigate or resolve.
- B. A **Grievance** is a formal written or verbal complaint filed by a patient or his/her representative. This grievance may be the expression of discontent with previous attempts to resolve a complaint, or may be of such a nature that the issue cannot be resolved at a minimal level (i.e., by staff) and involves additional levels of management to investigate and resolve the issue.

POLICY

Holy Cross Hospital supports the rights of patients and/or their representatives to voice complaints and/or grievances regarding their care, and to have those complaints resolved in a timely manner without fear of reprisal or compromise to future care. All employees and members of the Medical and Dental Staff, as well as other individuals providing services at Holy Cross Hospital, have a responsibility to advocate on behalf of the patient and, within their scope of responsibility, to address, resolve and/or report patient complaints.

Patients are informed of their right to voice complaints through the "Patient's Rights and Responsibilities" brochure, which is given to each patient upon admission and is available throughout the hospital, including in outpatient areas. A "Guide to Patient Services" manual which contains a section on "Patient Rights and Responsibilities" is also available in the patient rooms. *(Note: These publications are provided in both English and Spanish. Interpretive services are available to provide translation of documents for patients with diverse needs.)*

Patients and/or their representatives may voice complaints through any of the following mechanisms:

- Notifying any staff member
- Contacting the department manager
- Contacting the physician
- Contacting the Customer Relations Department which maintains a 24-hour voice mail
- Contacting the Administrative Coordinator

- Contacting the Office of the President of the Hospital
- Contacting the Maryland Department of Health and Mental Hygiene (Note: patients and their representatives are informed by the "Patient Rights and Responsibilities" brochure of their right to lodge their complaint directly with the state agency regardless of whether they have used the hospital's process to resolve the complaint.)

All patient concerns and/or complaints should be addressed immediately by staff, physicians and/or management of the unit/department involved. In the event that a complaint cannot be promptly resolved, the following guidelines for resolving complaints and grievances should be followed.

GUIDELINES FOR RESOLVING COMPLAINTS/GRIEVANCES

- A. Upon receipt of a patient complaint, any actions that might immediately resolve the complaint should be undertaken. If the complaint cannot be resolved immediately by a staff member or his/her immediate supervisor, the complaint should be referred to the Customer Relations Department.

- B. Any complaint that is referred to the Customer Relations Department due to the seriousness of the complaint, or the inability of the staff to achieve resolution of the complaint, will be treated as a patient grievance. A written complaint, received by any department, will be treated as a grievance. (Note: copies of all written complaints and responses should be forwarded to the Customer Relations Department.)

- C. All patient grievances will be investigated and documented as follows:
1. Outline the specific issues identified in the complaint
 2. Review all relevant documentation, i.e., patient's medical record
 3. Interview staff involved
 4. Compare review of documentation and interviews against the issues identified in the complaint; document conclusions (include any additional issues identified as a result of the review)
 5. Identify any actions to be taken as a result of the investigation and the individuals responsible for completion of those actions.

- D. Patient grievances will be responded to verbally (in person or by phone) and in writing. All responses will be completed in a timely fashion.
1. Complaints from in-house patients will be verbally responded to within 24 hours, and followed up with a written response.
 2. Complaints from discharged patients will be responded to within two weeks from the receipt of the complaint. (Note: in the event that investigation of the complaint cannot be completed within two weeks, the patient should be notified of the status of the investigation and the anticipated time for completion.)

- E. Any significant quality of care or risk management issue, that is identified during the course of an investigation, will be immediately referred to the Performance Improvement Department and to the Office of General Counsel.
- F. All participants involved in the receipt of investigation of patient complaints will handle information and documents in a professional manner and maintain confidentiality. When a complaint is received, the patient will be informed that information contained in the complaint may be discussed with other individuals whose input is required in order to investigate and/or resolve the complaint.

USE OF INFORMATION OBTAINED FROM PATIENT COMPLAINTS

- A. The Customer Relations Department is responsible for the tracking, trending and reporting of aggregate data obtained from patient complaints in the MIDAS+ database.
- B. Reports generated from the MIDAS+ will be distributed to each department on a regular basis (not less than quarterly) for use in ongoing performance improvement initiatives.

