



CLINICAL POLICY

Patient Complaints and Grievances

A. EFFECTIVE DATE :

March 16, 2021

B. PURPOSE :

This policy establishes a mechanism and procedures to respond, review and resolve patient grievances and complaints as required by the Centers for Medicare and Medicaid Services (CMS) and The Joint Commission (TJC). This policy provides definitions for a grievance and complaint and guidelines to identify patient concerns that meet the CMS definition of a grievance.

C. POLICY :

In accordance with UConn Health Patient Rights and Responsibilities Policy and in compliance with Medicare Conditions of Participation, all patients and/or their representative have the right to file a complaint or grievance. UConn Health will inform patients and/or their representative of this right and how to report a complaint/grievance.

1. UConn Health shall provide and adhere to a procedure for receiving, reviewing, resolving and responding to patient complaints and/or grievances in a timely manner.
2. UConn Health will establish and maintain a Grievance Committee that is comprised of more than one person and includes appropriate, qualified people to review and provide guidance for resolutions to select patient grievances as appropriate [see: Grievance Committee Charter].
3. All patients and/or patient representatives may file a complaint or grievance without fear of retaliation and/or barriers to service.
4. Patients or their representatives may file a grievance with any other state agency, accrediting board or legal representative of their choice independent or in conjunction with the UConn Health grievance process.
5. UConn Health will maintain a system for monitoring and trending patient complaints and grievances.

D. SCOPE :

This policy applies to UConn John Dempsey Hospital (JDH) and UConn Medical Group (UMG). This policy does not apply to the UConn School of Dental Medicine and clinical research areas.

E. DEFINITIONS :

1. **Complaint:** A verbal or written expression of dissatisfaction regarding care or services provided, which can be resolved in a timely manner by staff present.
 - i. Examples of a complaint include but are not limited to: requests for linen changes, dissatisfaction with food, appointment changes/access, prescription refills, physician call backs, staff attitude, etc.

2. **Grievance:** A written or verbal complaint by a patient or a patient's representative regarding the patient's care, abuse or neglect, hospital compliance with the Medicare Conditions of Participation, or a Medicare beneficiary billing complaint related to rights and limitations provided by 42 CFR 489.
 - i. Grievances may be filed during or after care, treatment or services provided.
 - ii. When uncertain, a complaint shall be treated as a grievance.
 - iii. Requests to treat a complaint as a formal complaint are considered a grievance.
 - iv. For the purposes of this policy, the following are considered grievances:
 1. All written complaints pertaining to JDH inpatient and outpatient services, including complaints about staff attitude and customer service.
 2. Written complaints concerning UMG's care provided, Medicare Conditions of Participation, and abuse or neglect pertaining to the UMG medical practices are reviewed and responded to through the formal grievance process as outlined in the procedures.
 - v. For the purposes of this policy, the following are NOT considered grievances:
 1. Written or verbal complaints regarding UMG staff attitude, customer service, or scheduling an appointment with the medical practices are reviewed and responded to directly by UMG clinical practice leadership or designee.
 2. Written or verbal billing complaints, concerns, or questions are not considered grievances except for Medicare beneficiary billing complaints related to rights and limitations provided by 42 CFR 489 and are reviewed and responded to directly by billing department leadership or designee.
 3. Written or verbal requests to obtain or amend medical records are reviewed and responded to by Health Information Management department staff.
 4. Letters attached to patient satisfaction surveys are not considered a grievances unless the patient requests a response or provides identification.
3. **Grievance Committee:** Designated persons by the CEO UConn Health and Executive VP for Health Affairs via charter to review patient grievances as appropriate in a manner that complies with the Medicare Conditions of Participation requirements.

F. MATERIAL(S) NEEDED :

None

G. PROCEDURE :

1. Report the Complaint/Grievance:
 - i. To resolve an issue as soon as possible, staff should first discuss with a manager or supervisor.
 - ii. If a patient or their representative remains dissatisfied, or requests to file a formal complaint or grievance, staff or manager should refer to Patient Relations.
 - iii. Patient Relations staff communicates directly with patient or representative via phone, in person visit or email.
2. Patient Relations conducts Grievance Review and Response as follows:
 - i. Verifies permission to communicate (PTC) as appropriate.
 1. If no PTC is available, a PTC is requested from the patient or representative via in person, email or mail.
 - ii. Sends a written (email/mail) acknowledgement to the patient or patient's representative within 7 business days of receipt of written grievance and/or conversation with patient or representative.
 1. Date of receipt is considered day one, next business day if weekend or holiday.
 - iii. Sends written grievance (letter/email/summary) to appropriate leadership and the Grievance Committee.

- iv. Requests a written response from reviewers (clinical leadership, medical chiefs, and/or department leaders) within five (5) business days.
 - 1. Collaborates with appropriate departments to obtain a thorough review.
 - 2. Sends written reminder to reviewers if review is not received after five (5) business days.
- v. Reviews the grievance and reviewer responses with Patient Experience and/or Risk Management leadership to determine resolution or appropriateness for further review by the Grievance Committee.
 - 1. When deemed appropriate, the grievance and reviews are presented to the Grievance Committee for resolution recommendations.
- vi. Provides a written (email/mail) response to the patient or representative within 30 business days from date of receipt.
 - 1. Written response includes: contact information for UConn Health representative, steps taken to investigate the grievance, the result of the grievance process, and the date of completion.
 - 2. CMS Interpretive guidelines do not require an exhaustive explanation of every action the hospital has taken to investigate or resolve the grievance.
- vii. Maintains documentation of the steps taken to investigate grievances.
- viii. Collects, maintains, and analyzes data obtained through the grievance process.

H. ATTACHMENTS :

[Grievance Committee Charter](#)

I. REFERENCES :

482.13 (a) (2) Conditions of Participation under Patients' Rights from the Centers of Medicare and Medicaid Services

J. SEARCH WORDS :

Grievance, complaint, resolution, committee

K. ENFORCEMENT:

Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, the University of Connecticut Student Code, other applicable University Policies, or as outlined in any procedures document related to this policy.

L. STAKEHOLDER APPROVALS :

On File

M. COMMITTEE APPROVALS :

Chair, Grievance Committee

N. FINAL APPROVAL :

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|--|-----------------------------------|
| <p>1. <u>Andrew Agwunobi, MD (Signed)</u>
Andrew Agwunobi, MD, MBA
UConn Health Chief Executive Officer</p> | <p><u>03/24/2021</u>
Date</p> |
| <p>2. <u>Anne D. Horbatuck (Signed)</u>
Anne D. Horbatuck, RN, BSN, MBA
Clinical Policy Committee Co-Chair</p> | <p><u>03/24/2021</u>
Date</p> |
| <p>3. <u>Scott Allen, MD (Signed)</u>
Scott Allen, MD
Clinical Policy Committee Co-Chair</p> | <p><u>03/23/2021</u>
Date</p> |
| <p>4. <u>Caryl Ryan (Signed)</u>
Caryl Ryan, MS, BSN, RN
VP Quality and Patient Service & Chief Nursing Officer</p> | <p><u>03/23/2021</u>
Date</p> |

O. REVISION HISTORY :

Date Issued: 1983

Dates Revised: 1/86, 12/88, 1/91, 10/92, 10/94, 4/95, 6/96, 5/97, 3/00, 1/03, 12/05, 2/06, 8/08, 6/09, 6/10, 11/12, 6/14, 6/16, 03/21

Dates reviewed: 11/91, 4/18