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Owner Cherie Hanning:
 Risk Management Director
 Policy Area Risk Management
 References ASC, CARF, CHAP
 + 3 more

Patient Grievance and Complaint Policy

POLICY:

This policy and procedure is applicable to all departments, services, and staff of the organization. It is the policy of Confluence Health (CH) including the Ambulatory Surgical Centers (ASCs), to respond to patient complaints and grievances in a timely, efficient, and consistent manner, including prompt review, investigation and resolution of patient grievances and complaints. Patients are encouraged to communicate concerns about the quality of services provided, potential safety issues, potential actions prohibited by Federal or state law or any other matter that relates to patient service.

DEFINITIONS:

- A. **Patient Complaint:** A complaint is a concern represented by a patient or patient's representative that can be addressed or resolved promptly by staff members who are present at the time of the complaint. "Staff present" includes those individuals close to the complaint situation or who can quickly be at the patient's location (i.e. nursing, administration, nursing supervisors, patient advocate, etc.) to resolve the patient's complaint. Generally, complaints can be resolved timely while the patient is still receiving care at the facility. Examples of complaints may include the following: simple billing issues, lost/damaged patient belongings, a minor complaint about quality of services provided.
- B. **Patient Grievance:** A patient grievance is a written or verbal complaint by a patient, or the patient's representative regarding quality of care, abuse or neglect, issues related CMS Conditions of Participation (CoP), unlawful discrimination, or a Medicare beneficiary billing complaint related to rights and limitations provided by 42 CFR 489.
 - A verbal complaint is considered a grievance if it cannot be resolved at the time of the complaint by staff present, if it is postponed for later resolution, if it is referred to other

staff for later resolution, if it requires investigation, and/or if it requires further actions for resolution.

- Billing issues alone are not usually considered a grievance unless related to provider Medicare agreements and supplier approval under 42 CFR 489.
- A written complaint is usually always considered a grievance if it involves a quality-of-care concern, whether from an inpatient, outpatient, released/discharged patient or their representative. A written complaint also includes those complaints received via email or fax. Regardless of the form in which a complaint is received, whenever a patient or patient's representative requests a response from the facility, the issue is defined as a grievance.

POLICY:

Each patient and/or the patient's representative will be informed of the grievance process, including whom to contact to file a grievance or complaint. The patient will be informed that a grievance may be directly filed with the WA State Dept. of Health (DOH), regardless of whether they have first used the organization's grievance process. Patient grievances are to be addressed in a timely, reasonable, and consistent manner.

Dedication to providing quality care and service to patients requires an effective mechanism for resolving patient grievances. The goal is to be responsive and foster open communication with patients at all levels within the organization with the objective of resolving complaints expediently through appropriate problem-solving actions. Presentation of a grievance or complaint will not compromise a patient's future access to care nor subject the patient to coercion, discrimination, reprisal, or unreasonable interruption of care, treatment, or services.

The Board of Directors of Confluence Health approves and is responsible for the effective operation of the grievance process. The operational responsibility for reviewing and resolving grievances has been delegated to the Patient Advocacy Group (PAG). Data collected regarding patient grievances and complaints is incorporated in the quality assessment and performance improvement program with at minimum, a twice a year report forwarded to the Board for review. Referrals may be forwarded to the Clinical Ethics Committee as appropriate. The Confluence Health Privacy Officer shall be responsible for overseeing the investigation and resolution of grievances related to the Health Insurance Portability and Accountability Act (HIPAA). The Risk Director shall be responsible for grievances involving a request or demand for money or threatened litigation.

Confidential information will not be shared with the patient's representative or any third party without appropriate written and/or verbal consent given by the patient.

Any person who believes a patient has been subjected to unlawful discrimination may file a grievance under this policy and procedure. It is against the law for Confluence Health to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

PROCEDURES:

A. *Notification of Rights Regarding Complaint/Grievance Resolution*

1. Each patient and/or patient representative is informed of the rights and responsibilities provided to patients and the process by which they may file a complaint upon facility entry. This information includes the name of the designee(s) of the organization, and the method of access to the designee to provide immediate assistance as needed.
2. Each patient receives information on how to file a grievance with the state agency upon admission to the facility. The state agency: WA State Dept. of Health (DOH), phone number, and email are provided in the event that the patient decides not to use the internal grievance process. The patient may also contact the Quality Improvement Organization (QIO) if they have a complaint regarding quality of care, disagree with a coverage decision, or they wish to appeal a premature discharge. There is coordination between the grievance process and referral procedures so that a timely referral of patient concerns to the QIO at the beneficiary's request can be assured.

B. *Complaint Resolution Process*

1. When a patient voices a complaint, the patient will be encouraged to discuss the complaint with their physician or unit nursing staff. The unit nurse manager or nursing supervisor may be involved as needed. If the complaint is related to a particular department, a representative from that department may be invited to discuss the issue with the patient. A representative of the administrative staff and/or patient safety may be involved as needed to assist with prompt resolution.
2. Every effort will be made to resolve the complaint at the lowest level possible. Each staff member is empowered to respond and resolve promptly any complaint voiced by a patient and/or their representative. The staff member receiving the complaint will notify his/her supervisor when the issue cannot be immediately resolved. At each level of this process, the staff member will listen with concern to the patient's complaint, consider the circumstances and context of the complaint, assure the patient that their complaint will be investigated and resolved as soon as possible.
 - a. If the complaint can be immediately and satisfactorily resolved by the initial recipient, the complaint is considered resolved and no further action is necessary. In these instances, the involved staff closest to the complaint will enter a RLDatix Feedback event for tracking and trending.
3. At any point in the process, the complaint may become a grievance based on prior defined criteria.

C. *Grievance Resolution Process*

1. Grievances may be received written, verbally, via email or fax, or by phone to any department and the CH employee will enter the grievance into the RLDatix Feedback reporting system.
 - a. Complaints received via the Compliance Department are forwarded to the

Compliance Officer for coordination of the investigation and response to the complainant, if identified.

2. Upon receipt of a grievance, the Risk Specialists shall task/assign the appropriate department to review, investigate and resolve with the patient and/or patient representative within seven (7) calendar days of receipt of the grievance except for complaints that endanger the patient (i.e., abuse or neglect). These grievances should be reviewed immediately given the seriousness of the allegations and the potential for harm to the patient. A representative of the administrative staff will oversee and assist with the resolution process as needed. Medical staff leadership may be involved as needed to resolve physician delivery of care issues.
3. Occasionally, a grievance is complicated and may require an extensive investigation. If the grievance will not be resolved, or if the investigation is not or will not be completed within thirty (30) calendar days, the complainant should be informed that the facility is still working to resolve the grievance, and that the facility will follow-up with a written response within sixty (60) total calendar days. An extension letter will be sent to the complainant on or by calendar day 30 if unresolved with the goal of sending the final resolution letter by calendar day 60.
4. Regardless of the nature of the grievance, the substance of each grievance must be addressed while identifying, investigating, and resolving any deeper, systemic problems indicated by the grievance.
5. In resolution of the grievance, a written notice of the decision must be provided to the complainant that contains the name of the facility contact person, the steps taken on behalf of the patient to investigate the grievance, the results of the grievance investigation, and the date of completion.
6. The written notice must be communicated appropriately to the patient or the patient's representative in a language and manner the patient or the patient's representative understands. When a patient communicates a grievance via email, the response may be provided via email. However, the response must contain the above elements.
7. At the discretion of the person conducting the investigation, other mechanisms may be utilized to resolve a grievance. For example, conducting a meeting with the complainant may be very effective. However, in all cases a written notice of response with the above elements must be provided to each patient's grievance.
8. A grievance is considered resolved when the patient and/or patient representative is satisfied with the actions taken on their behalf. There may be situations where the organization has taken appropriate and reasonable actions on the patient's behalf to resolve the patient's grievance, and the patient or the patient's representative remains unsatisfied with the actions taken by the organization. In these situations, the Patient Advocacy Group (PAG) may consider the grievance closed for the purposes of the requirements of the Conditions of Participation. However, the organization must maintain documented evidence of compliance with all regulatory requirements.
9. The director or manager of the area from which the concern originated will be assigned as the leading investigator(s) in the RLDatix Feedback reporting system.

10. Investigations of grievances will be thorough, affording all interested persons an opportunity to submit evidence relevant to the issue. Investigation records, including all attempts to resolve the concern will be maintained in the RLDatix Feedback reporting system. To the extent possible, the investigator or investigatory team will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
11. Initial contact will be made to the complainant within 5 calendar days in writing via letter or email.
12. Complaints/Grievances that involve quality of care, service recovery, medical legal issues, or are provider related will be referred to the appropriate committee, including Peer Review, Patient Safety and/or Patient Advocacy
13. When appropriate, referral of grievances will also be made to the following:
 - a. Utilization Review
 - b. Quality Improvement Organization (QIO)
14. For complaints/grievances that involve allegations of unlawful discrimination based on race, color, national origin, disability, age, sex, sexual orientation, creed, religion, marital status, veteran or military status, or any other status protected by law, the following additional requirements shall apply:
 - a. The investigation will be coordinated by Confluence Health's Civil Rights Coordinator.
 - b. Any written notice of resolution to such a grievance will include information to the complainant of their right to pursue further administrative or legal remedies by the Confluence Health's Civil Rights Coordinator.
 - c. The person filing the grievance may appeal the decision of Confluence Health by writing to the Compliance Officer within 15 calendar days of receiving a written decision. The Compliance Officer shall issue a written decision in response to the appeal no later than 30 calendar days after its filing.
15. The patient has the right to contact the following if they are not satisfied:
 - a. The Washington State Department of Health (DOH), Health Systems Quality Assurance, P.O. Box 47857, Olympia WA 98504, 1-800-633-6828 or 360-236-4700, or HSQAComplaintIntake@doh.wa.gov
 - b. Medicare, 1-800-MEDICARE (1-800-633-4227) or <https://www.cms.gov/center/ombudsman.asp>
 - c. For Medicare beneficiaries with quality of care complaints, contact Acentra the designated Quality Improvement Organization (QIO): 888-305-6759 or beneficiary.complaints@acentra.com
 - d. U.S. Department of Health and Human Services - Office for Civil Rights, 1-800-368-1019 (TDD 1-800-537-7697) or https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf

D. Tracking, Trending, and Analysis of Data

1. A grievance/complaint report can be exported from the RLDatix Feedback reporting system. This report will be maintained by the Risk Specialist. The documentation in the report will include date of complaint, location, summary of issue, how the issue was addressed, date resolved and response to complainant, and the individual responding to the grievance.
2. Documentation of the resolution process will include:
 - Name of person representing complaint and how to contact
 - Patient name
 - Nature of complaint/grievance
 - Date of service
 - Pertinent investigational information
 - Resolution/follow-up including written response for grievances
 - Signature of person addressing complaint/grievance
3. The above documentation will be forwarded to the Director of Risk Management or designated staff member. Data will be aggregated, analyzed and reported by the Risk department as included in the QAPI report to the Patient Advocacy Group and the Board of Directors minimally on a quarterly basis. Based on the QAPI priorities of the hospital, the Board of Directors shall consider requiring the reporting of the following types of data analysis:
 - Reporting of individual cases deemed to be a serious grievance, as defined by the hospital (e.g., potential for causing harm, serious breach of policy, etc.), and any root cause analysis that might have been done in response, if necessary.
 - Total of all complaints/grievances, with analysis of nature/type of problem, frequency of each type, trends by seriousness of problem type, department(s) involved, type of staff involved (e.g., nursing, ancillary, physicians), type of patients involved (e.g., inpatient, outpatient, observation, surgical, etc.), and actions taken in response to analysis of aggregate data;
 - Total of the subset of grievances only, with reporting of results of the investigations and actions taken, and the performance of follow-up and resolution, (e.g., number and percentage for which response to the patient was done timely and included written response with all required information provided).
 - Status and success of any ongoing actions or other activities intended to reduce the number, frequency and/or seriousness of complaints and grievances.

E. Accommodations:

1. Confluence Health will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary

aids and services and/or language assistance services, respectively, if needed to participate in the resolution of their grievance. This includes things like providing recorded material for individuals with low vision or assuring a barrier-free location for the proceedings.

F. Event Reporting System: RLDatix Process:

1. Confidentiality: All RLDatix information is deemed confidential. Information will not be copied or otherwise disseminated unless authorized by the Risk Management Department, or procedurally required or designated.
2. All CH staff are trained to enter feedback events.
3. Assigning/tasking will be made by the Risk Management department for follow up.
 - Leaders are trained to enter initial and follow up activity into RLDatix.
 - Assignments will be expected to be completed prior to or on the assignment due date. If not, the following escalation process will occur.
 - Risk team to send email to assignee as first notice.
 - If assignment is still not completed the following week, a second notice will be sent by the Risk team to the assignee and their direct supervisor.
 - If a third notice is warranted, the case will be referred to the Patient Advocacy Group (PAG).
 - Regular reports are made available to the Board, Confluence Health Leadership, and the Medical Executive Team as part of continuous quality improvement activities.

REFERENCES AND RELATED DOCUMENTS:

- A. Section 1557 of the Affordable Care Act (42 U.S.C. 18116) and its implementing regulations at 45 CFR part 92
- B. WAC 246-50-020
- C. WAC 246-330-115
- D. RCW 43.70.510
- E. RCW 70.41.200
- F. 42 CFR 482.13(a)(2)
- G. NIAHO Standard PR.6
- H. CHAP Standard: HMEII.12, HPFC.6.D, PCC.9, ITNI.4
- I. 2024 CARF Medical Standards Manual Section 1. K
- J. Related policies: Confluence Health [Patient Nondiscrimination Policy](#), [Patient Rights and Responsibilities](#), [Notification of Hospital Discharge Appeal Rights](#)

ADDITIONAL REVIEW AND APPROVAL BY:

Quality Enhancement and Safety Committee 3/5/25

*****Note: policy must be published on the Confluence Health website as updates occur.***

Approval Signatures

Step Description	Approver	Date
PolicyStat Administrator	Crista Davis: Regulatory Standards Coordinator	4/15/2025
CEO	Andrew Jones: Chief Executive Officer	4/15/2025
VP	Kris Deyerle: VP General Counsel	4/14/2025
VP/Compliance Officer	Sarah Brown: VP Risk and Regulatory	3/11/2025
Director	Cherie Hanning: Risk Management Director	3/6/2025
	Cherie Hanning: Risk Management Director	3/5/2025

References

ASC, CARF, CHAP, CoP, DNV, Policy

Standards

No standards are associated with this document