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Owner Sarah Brown: VP Risk and Regulatory  
Policy Area Risk Management  
References ASC, CARF, CHAP + 2 more

## Customer Feedback and Grievance Policy

### POLICY:

It is the policy of Confluence Health (CH) including the Ambulatory Surgical Centers (ASCs), to respond to patient concerns and grievances in a timely, efficient, and consistent manner. 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.

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.

### DEFINITIONS:

- A. **Patient Complaint:** A complaint is a concern that can be readily resolved, includes most billing issues (simple questions regarding their bills, requesting clarification on a bill, etc.), is related to lost/damaged patient belongings (an item that is found and returned at time of concern), or involves a minor complaint about quality of services provided.
- B. **Patient Grievance:** A patient grievance is a written or verbal complaint that is made to CH by a patient or the patient's representative regarding the patient's care, abuse or neglect, issues related to CH's compliance with the Medicare Conditions of Participation, or unlawful discrimination.
  - 1. A patient care complaint is considered a grievance when it cannot be resolved at the time of the complaint by staff present, is postponed for later resolution, is referred to other staff for later resolution, requires investigation, and/or requires further actions for resolution.
  - 2. Billing issues alone are not usually considered a grievance unless related to provider

Medicare agreements and supplier approval under 42 CFR 489.

3. A written complaint (including by email or fax) is always considered a grievance.
4. If a patient or representative requests the issue be handled as a formal complaint or grievance, the complaint is considered a grievance.

## PROCEDURES:

- A. **Patient Complaint:** If the customer concern can be immediately and satisfactorily resolved by the initial recipient, the complaint is considered resolved and no further action is necessary. In these instances, enter a RLDatix Feedback Report for tracking and trending of the issue and close.
- B. **Patient Grievance:** If the concern cannot be immediately resolved the following procedure will be followed:
  1. CH's governing board has delegated the resolution of the concern to a grievance committee. CH has designated this responsibility to the Care Incident Review Committee.
  2. The grievance is received by a CH employee and entered into the RLDatix Feedback database.
  3. The director or manager of the area from which the concern originated will be assigned as the leading investigator(s) in the RLDatix Feedback database.
  4. 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 database. 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.
  5. Initial contact will be made by CH to the complainant within 5 calendar days in writing via letter or email.
  6. Timely resolution of a concern is defined as 30 days from receipt of concern to resolution response. If the concern will not be resolved in this time frame, or the investigation will not be completed within 30 days, CH will inform the patient or his representative in writing via letter or email that the hospital is still working to resolve the concern . In addition, CH will inform the patient or his representative of an estimate of the number of days remaining to resolve the concern.
  7. A letter providing notice of CH's decision will be sent to the patient or his representative. This letter will include the name of the CH contact person, the steps taken on behalf of the patient to investigate the concern, the results of the investigation, and the date of completion of the investigation.
  8. Complaints/Grievances that involve quality of care, service recovery, medical legal issues, or are provider related will be referred to the Care Incident Review Committee (CIRC).
  9. When appropriate, referral of grievances will be made to the following:

- a. Peer Review
  - b. Utilization Review
  - c. Quality Control Improvement Organization (for premature discharge complaints)
10. For complaints/grievances that involve allegations of unlawful discrimination on the basis of 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 days of receiving a written decision. The Compliance Officer shall issue a written decision in response to the appeal no later than 30 days after its filing.
11. The investigation is considered resolved when the patient/designee is satisfied with the actions taken on his/her behalf. There may be situations where CH has taken appropriate and reasonable actions on the patient's behalf to resolve the concern but the patient or their representative remains dissatisfied with CH's actions. In these situations, CH may consider the complaint closed.
12. 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](mailto: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 Kepro, the designated Quality Improvement Organization (QIO): 888-305-6759 or [beneficiary.complaints@kepro.com](mailto:beneficiary.complaints@kepro.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](https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf)
- C. **Accommodations:** Confluence Health will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services 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.

## D. Complaint Process

### 1. Sources of Complaints and Grievances:

- a. Customer/patient comments, compliments, complaints and grievances are collected via telephone calls, written complaints, in person communications, and patient surveys.
- b. Patient surveys can become grievances if there are sufficient patient identifiers in the survey, the patient expresses a desire to file a grievance, and the issue meets the grievance criteria.
- c. All complaints and grievances are entered into RLDatix.

### 2. RLDatix Process:

- a. 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.
- b. All tickets entered into RLDatix are available for trending and analysis within 24 business hours of the receipt or knowledge of a concern issue will be entered into RLDatix.
- c. All CH staff are trained to enter service incident information.
- d. Assignment will be made by the Risk Management department for follow up.
- e. Leaders are trained to enter initial and follow up activity into RLDatix.
  - i. Assignments will be expected to be completed prior to or on the assignment due date. If not, the following escalation process will occur.
    - a. Risk team to send email to assignee as first notice.
    - b. 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.
    - c. If a third notice is necessary, notice will be sent to the assignee, direct supervisor and the next chain of command above them.
    - d. If a fourth notice is warranted, the case will be referred to the Care Incident Review Committee.
- f. All supporting documentation is retained to complete the review, resolution, and coding.
- g. 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. 2023 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 7/2/2024

ASC Governing Committee 8/12/24

**\*\*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	8/1/2024
CEO	Andrew Jones: Chief Executive Officer	8/1/2024
VP	Kris Deyerle: VP General Counsel	7/30/2024
VP/Compliance Officer	Sarah Brown: VP Risk and Regulatory	7/24/2024
	Sarah Brown: VP Risk and Regulatory	7/24/2024

## References

ASC, CARF, CHAP, DNV, Policy

## Standards

No standards are associated with this document