

<b>Facility Name:</b>  <b>Surgery Center of Peoria</b>	<b>Policy And Procedure Name:</b>  <b>Patient Complaints and Grievances</b>	<b>Patient Rights Chapter 1 #110</b>  <b>AAAH Chapter 1.F.11</b>
	<b>Subject Category:</b>  <b>Organizational Ethics, Rights and Responsibilities</b>	<b>Effective Date:</b> <b>5/09</b>
		<b>Revised Date:</b> <b>Annually</b>
		<b>Page 1 Of 4</b>

**Purpose:** To identify mechanisms to deal with patient or patient’s representative complaints or grievances concerning quality of care.

**Policy:** To inform patients or the patient representative of their rights and how to present complaints and grievances. All patients have the right, without recrimination, to voice complaints regarding care received. Response to a patient’s complaint or grievance shall emphasize that their complaint or grievance is important to the facility and shall be investigated thoroughly and fairly. This policy also provides process for dealing with patient complaints or grievances for the facility’s staff and leadership.

The grievance investigation and response (via letter) to the patient or patient representative should be completed within 10 business days. If there are extenuating circumstances and this time line cannot be met, the Administrator will notify the patient or the patient representative in writing of the delay within 10 business days and include a “reasonable” time in which the patient may expect the final response. This should be a very rare event.

All alleged violations/grievances relating, but not limited to, mistreatment, neglect, verbal, mental, sexual, or physical abuse, must be fully documented.

All allegations must be immediately reported to a person in authority in the ASC.

Only substantiated allegations must be reported to the State authority or the local authority, or both.

**Procedure Guidelines:**

**1. DEFINITIONS:**

**Complaint:**

- A.** A complaint consists of any concern verbalized by a patient or a patient representative to a staff member and is resolved at the time.

- B. A complaint should be corrected as soon as possible while the patient is in the facility and documented in EDGE Patient Relations along with the resolution.

**Grievance:**

- A. A grievance is a formal or informal written or verbal complaint that is made to the facility by a patient or a patient's representative, regarding the patient's care (when such a complaint is not resolved at the time of the complaint by a staff present), abuse, neglect, or other compliance issues.
- B. A complaint from someone other than a patient or patient's representative is not a grievance. Billing issues are not usually considered grievance for the purpose of CMS grievance requirements.
- C. Although complaints may be written or verbal, a written complaint is always considered a grievance, when the written complaint is regarding the patient care provided, abuse or neglect, or compliance with the CfCs (Medicare Conditions for Coverage). For the purpose of this policy complaints received via email and fax will be considered written and the grievance process will be followed.
- D. Also anytime the patient or patient's representative requests his/her complaint be handled as a formal complaint, grievance or requests a response the complaint will be considered a grievance and the grievance process will be followed.
- E. Information obtained from patient satisfaction surveys usually is not considered a grievance. Exception is if the patient writes or attaches a written complaint and requests resolution, the complaint MUST be treated as a grievance
- F. If there is a doubt about complaint meeting criteria of a grievance, the complaint will be treated as a grievance.

**2. Notification of Grievance Process**

- A. Prior to the date of surgery (except those scheduled same day) patient or patient representative will receive a copy of the "Patient Rights and Responsibility" brochure, which will include information regarding how and to whom the patient may express their concerns/complaints or grievances. The information provided will include to whom the patient and or representative may make their concern/complaint/grievance know. This will include the Administrator, the State licensing authority, the Medicare Ombudsman, and the accrediting agency both the website and the telephone numbers for each when applicable;

Administrator-Surgery Center of Peoria  
13260 N. 94<sup>th</sup> Drive, Suite 200  
Peoria, AZ 85381  
623-933-2900

Or

Arizona Department of Health Services-Licensing Division  
150 N. 18<sup>th</sup> Avenue  
Phoenix, AZ 85007  
602-364-2653  
[https://app.azdhs.gov/ls/online\\_complaint/MEDComplaint.aspx](https://app.azdhs.gov/ls/online_complaint/MEDComplaint.aspx).

Or

Centers for Medicare & Medicaid Services  
<http://www.medicare.gov/navigation/help-and-support/ombudsman.aspx>.

Or

Accreditation Association for Ambulatory Health Care  
5250 Old Orchard Road, Suite 200  
Skokie, IL 60077  
847-853-6060

- B. During the pre-operative telephone call the nurse will verify that the patient or patient's representative received the "Patient Rights and Responsibility" brochure and will discuss the information with the patient and answer any questions.
- C. During the admission process the Admission Clerk will verify the patient or patient representative received the "Patient Rights and Responsibility" brochure, and will have the patient sign acknowledgement of the information.
- D. For patients scheduled same day surgery (no prior notice for the center), please refer to "Same Day Surgery Scheduling" policy.

### 3. Grievance Process

- A. If the complaint involves allegations of abuse or neglect, the Administrator will notify state official as appropriate.
- B. Complaints by patient or patient representative shall in no way negatively influence or alter the care a patient receives.
- C. When a staff member receives a complaint that they cannot remedy immediately they will notify their supervisor, who will notify the Administrator.
- D. The Administrator or designee shall immediately begin the investigation of the grievance.
- E. The Administrator or designee will respond verbally to the grievance within 48 hours. A written response to the grievance will be issued to the complainant within 10 days outlining steps to prevent further occurrence or progress toward investigative and procedural processes. Final outcomes of the grievance investigation will be communicated with complainant at time of completion, but no later than 45 days post-grievance. See subsection I for grievance response elements.
- F. During the investigation, the Administrator or designee will attempt to determine if there is systemic problem that requires resolution or if this is an isolated event. If it is determined there is a systemic problem, the Performance Improvement process will be initiated.

- G. The Administrator or designee may choose to meet with the patient or patient representative during the investigation.
- H. After carefully investigation the Administrator or designee will institute corrective action as necessary, which may include any of the following: staff education, policy changes, and staff coaching/counseling or disciplinary action.
- I. Once the investigation is complete a written letter will be sent to the patient or patient representative which must include the following:
  - I. ASC contact person's name
  - II. The steps taken to investigate
  - III. Results of the investigation
  - IV. Results of the grievance process
  - V. Date process was completed.
- J. The letter is to be carefully worded to minimize legal risk therefore; Risk Management or legal department at USPI may be consulted as deemed necessary for appropriate wording.
- K. All grievances are to be documented in EDGE under Patient Relations or Risk Incident. In EDGE on the Outcomes tab is where you identified it as a grievance.
- L. The results of the investigation, actions taken and date letter was sent will be entered into the EDGE/Midas and will serve as the complaint log. (A scanned copy of the letter may be added to the file.)
- M. The Quality Council will review at each meeting the documented patient concerns/complaints/grievance to evaluate emerging trends, patterns which may begin the performance improvement process.

**Reference:**

Joint Commission Standards for Ambulatory Surgery Centers 2014  
Joint Commission Standards for Ambulatory Surgery Centers 2014