POLICY TITLE: **Patient Complaint and Grievance Policy**	IDENTIFICATION NUMBER: **RI123L**

POLICY LEVEL:	Division	**ORIGINATION/EFFECTIVE DATE**	12/2/2024
FACILITY:	Louisiana RISE Community Hospital Sites	**REVIEW CYCLE:**	Two Years
DEPARTMENT(S):	All departments	**LAST REVIEW DATE:**	4/9/2026
		LAST REVISION DATE:	4/9/2026
REVISION:	A		

POLICY STATEMENT

- RISE Community Hospital is committed to safe, respectful, and high-quality care. All concerns brought to the organization's attention by patients/legal representatives shall be reviewed in a timely manner.
- RISE Community Hospital shall respond to such concerns in a timely, reasonable, and consistent manner. Concerns regarding care received shall include, but not be limited to, concerns over perceptions related to premature discharge.
- RISE Community Hospital and its staff shall not subject patients who voice complaints and recommend changes to coercion, discrimination, reprisal or unreasonable interruption of care, treatment, and services.

PURPOSE

- To provide guidance to staff in handling patient complaints or grievances

SCOPE

- Applies to all patients/legal representatives within RISE Community Hospital.
- All employees and contract employees of RISE Community Hospital are expected to comply with the Patient Complaint and Grievance Policy.

DEFINITIONS

- Who Can File - A complaint or grievance can be brought by the patient or his/her legal representative. For patient confidentiality reasons, complaints brought by other family members or friends may be registered; however, the facility leadership may not be able to share the investigation results due to patient confidentiality requirements.
- Complaint - Concern raised by the patient about the quality of care or services provided by staff, practitioners, or contracted agents of the organization.
- Grievance - A written or verbal complaint (when the verbal complaint about patient care is not resolved at the time of the complaint by staff present) by a patient, or the patient's representative, regarding the patient's care, abuse or neglect, issues related to the facility's compliance with accrediting organization standards, or a Medicare beneficiary billing complaint related to rights and limitations.
- Staff Present - Includes facility staff present at the time of the complaint or who can quickly be at the patient's location (i.e., nursing leadership, Patient Advocate, department staff) to resolve the patient's complaints.
- How Received - E-mail and faxed complaints are accepted and subject to the same process. Any verbal communication from a patient or his/her legal representative in which he/she requests investigation or requests a response is handled per this process.
- Immediately Handled - Issue is resolved in a manner acceptable to the patient same day or during same episode of care.
- Categories of Complaint/Grievance:

- Low (i.e., minor delays in service, food preferences)
- Medium (i.e., misunderstanding with caregivers that did not result in change in the quality of services provided or allegations of potential patient harm)
- High: Allegations of actual patient harm or discrimination

- Patient Surveys- Information obtained with patient satisfaction surveys does not usually meet the definition of a grievance. However, if an identified patient writes or attaches a written complaint on the survey and requests resolution, then the complaint meets the definition of a grievance. If an identified patient writes or attaches a complaint to the survey but has not requested resolution, the facility must still treat this as a grievance if the facility would usually treat such a complaint as a grievance.

RESPONSIBILITIES

- The Hospital Administrator is responsible for receiving and addressing all Patient Grievances with the intent to resolve each issue.

PROCEDURES

1. All patients shall be provided with information about filing a complaint or grievance during admission; information shall also be posted in the front lobby.
    1. If the patient's condition does not allow for provision of the information at the time of admission, or if the patient's representative is not present at time of admission, every attempt shall be made to distribute this information to the patient or his/her representative as soon as possible after the patient has been admitted.
2. During the registration process, Patient Access staff shall provide the patient or his/her representative with written information outlining how the patient or his/her representative submits a grievance related to quality of care or premature discharge.
    1. Information provided to the patient upon request shall include:
        i. To whom the patient contacts to file a grievance (Patient Advocate) and the contact information
        ii. Brief description of the patient complaint/grievance process
        iii. The reasons for submitting a grievance, i.e., quality of care concerns or premature discharge perception
        iv. Time frames for review and resolution of a grievance
        v. Assurance that the patient will receive a written response from the facility
        vi. Assurance that the patient may lodge a complaint with the State Department of Health and/or accrediting agency as applicable
        vii. The option to file a complaint with the facility first or the Quality Improvement Organization (QIO) for quality of care, coverage issues or to appeal a premature discharge
        viii. The contact information for the Department of Health, Accrediting Agency or QIO

3. Any staff member who receives a complaint about care provided at the facility or billing concerns shall listen to the issue completely and try to resolve at the lowest level. If the issue can be resolved immediately (while the patient is still present) to the patient's satisfaction, no further documentation shall be required. If the staff member is not able to resolve the issue independently or has any questions, the department manager, facility supervisor or Patient Advocate shall be consulted. All high-level concerns shall be reported to a Patient Advocate. All actions shall be documented.
4. The department manager, facility supervisor, and/or Patient Advocate may contact the patient and/or family to review the concern and take action to address the concern. If the facility representatives can immediately resolve the issue for low and medium level concerns, no further documentation or action needs to be taken. All high-risk concerns shall be reported to a Patient Advocate.
5. Any complaint that cannot be immediately resolved or that arrives after the patient's discharge, shall be documented by the staff member who receives the complaint using the Patient Complaint Form. The following information shall be documented:
    1. Name of the patient
    2. Date the complaint/grievance was brought to facility's attention
    3. Nature of the concern, with as much detail as possible
    4. Date the issue occurred or became known
    5. Attending provider
    6. Facility location or department where the issue occurred

7. When feasible, what resolution the patient desires

6. The manager of the department shall be responsible for investigating the concern and documenting his/her findings on the Patient Complaint Form. Other leadership staff, such as the Hospital Administrator or Director of Nursing, may be consulted as needed. If the manager is not available, the Patient Advocate may assist with the initial review.
7. All verbal or written complaints regarding abuse, neglect, patient harm or facility compliance, shall be considered a grievance that requires immediate redress. The Patient Advocate shall interview the patient and/or patient's representative for additional information as needed. The Patient Advocate shall also query other members of the healthcare team who have been involved in the care of the patient.
8. All grievances shall receive immediate priority and must be investigated with efforts made toward resolution within 24 hours. If a grievance cannot be resolved within 24 hours, the grievance shall be referred as described below. This organization shall make every attempt to provide a response within seven (7) days of receiving a grievance.
    1. If the complaint is regarding cost of care or billing process and does not meet the definition of a grievance, the complaint shall be referred to a Patient Advocate or a Client Support Specialist. The Patient Advocate or a Client Support Specialist shall contact the patient to try to explain or resolve the billing issue.
    2. If the concern is a clinical quality of care complaint or grievance, the Patient Advocate shall provide a written summary of the concern, investigation, and any follow-up action in writing with the patient.
    3. If a grievance is not resolved, the investigation is not complete, or if the corrective action is still being evaluated within the seven (7) day timeframe, the facility shall send a response to the patient stating that the facility continues to work to resolve the complaint and the facility will follow-up with another response within seven (7) days.
    4. If the grievance is unable to be resolved to either the patient's or Patient Advocate's satisfaction, the following avenues shall be accessed:
        i. If the unresolved grievance is related to a quality-of-care concern, the Chief Medical Officer shall be notified and requested to intervene.
        ii. If the unresolved grievance is related to perceived premature discharge, the Chief Medical Officer shall be notified and requested to intervene. Determinations about discharge shall be made within the day the Chief Medical Officer is notified. The Chief Medical Officer shall reserve the right to confer with other designated members of the organization prior to rendering a determination. In instances where discharge is imminent and a determination cannot be rendered in a timely manner, the patient shall be allowed to stay in the facility at no charge for an additional 24-hour period.
9. All requests for compensation or waiving of charges shall be referred to the Hospital Administrator. *Aggregate information regarding patient complaints, grievances and review findings shall be shared with the Governing Body at least annually*.
10. Any high-risk patient complaint that resulted in known patient harm shall be communicated to the Hospital Administrator and Senior leadership immediately.
11. The Hospital Administrator shall send a written notice to the patient which will include the following elements (the target timeline for a written notice is seven (7) days after receipt of the concern):
    1. The name of the Patient Advocate
    2. The steps taken to investigate and resolve the Complaint/Grievance
    3. The result of the complaint and grievance process
    4. The date of completion of the complaint and grievance process
12. Written notice shall be provided to the patient in a language and manner the patient/patient representative can understand.
13. The patient or his/her representative shall have the right to appeal a grievance determination. Appeals for grievance determinations shall be submitted to a Patient Advocate, who shall in turn, forward the appeal to either the Performance Improvement Committee or the Utilization Management Committee, according to the type of grievance initially submitted. Final determinations for appeals must be made within 30 days of appeal notification.
14. Written records of patient complaints shall be maintained Quality Improvement for seven (7) years (or as required by state statute).
15. The patient or his/her legal representative may file an appeal of the grievance to the facility. The appeal shall be reviewed by two (2) members of the senior leadership. All previous investigation and complaint information shall be available to the Review Committee. The Review Committee may perform additional investigation as

deemed necessary. Final determination of appeals shall be made within 30 days and reported to the patient or his/her legal representative in 30 days.

16. The facility shall cooperate with any requests made by the State Department of Health and Human Services/Department of Health toward investigating complaints filed by patients.

To file a grievance with the State of Louisiana:

1. The Health Standards Section investigates complaints against licensed health care providers. Health Standards does not investigate complaints involving billing, reimbursement or care provided in a setting not licensed by the Louisiana Department of Health. The Health Standards Section has no authority over physicians.
2. Please use this **complaint form** to file a complaint against any health care facility licensed by the Louisiana Department of Health. Please complete the complaint form in its entirety. Please detail your complaint allegations concisely, including the name, date of birth and date of admission for the patient involved. If the complaint allegations involved an incident with a staff member or department of the facility, please be sure to include the name of the staff person involved and his/her title (e.g. R.N., LPN, aide etc.), date that it occurred, and the name of the particular department that was involved (i.e. radiology, surgery, kitchen, dining room, etc.).
3. Complaint forms received by Health Standards Section are reviewed and a determination is made as to the course of action. Once the complaint report is reviewed, the complainant will receive written notice of the department's decision. If a complaint has already been filed, in writing, directly to the facility, please allow the facility approximately 30 days to investigate the allegations and provide a response with their findings. If the facility fails to send you a written response within 30 days, you may contact our office to file a complaint.
4. Please include a copy of your original complaint letter that was mailed to the facility along with a completed complaint form.
5. Please return the complaint form to Health Standards Section:

Mail:
Health Standards Section
P.O. Box 3767
Baton Rouge, LA 70821
Phone: 225.342.0138
Fax: 225.342.5073

Email address: HSSComplaints@la.gov

To file a complaint with the Joint Commission:

The Joint Commission
One Renaissance Boulevard, Oakbrook Terrace, IL 60181
Email: complaint@jointcommission.org
www.jointcommission.org, Report a Patient Safety Event
Phone: 1-800-994-6610

To file a grievance with Medicare:

KEPRO, Quality Improvement Organization 1 (844) 430-9504

Federal Privacy Regulations:

1. Under the Federal Privacy Regulations, a patient has the right to file a complaint either directly to Hospital or to the Secretary of Health and Human Services when he/she feels there may be a violation in his/her right to privacy of protected health information. A patient who requests to file a complaint to the Secretary of Health and Human Services may do so by directing his/her complaint to the Office of Civil Rights.
2. Patient complaints filed directly to the Secretary must be made in writing and include:
    a. The name of the entity against whom the complaint is lodged
        i. A description of the acts or omissions related to Hospital's privacy practices
    b. The complaint must be filed within 180 days of the time the patient became aware or should have been aware of the violation

Documentation/Monitoring:

3. Patient complaint files shall be securely stored and maintained by administration. All complaint information shall be documented on the Patient Complaint Form and retained for a period of not less than seven (7) years. Complaints shall be aggregated and reported to the Performance Improvement Committee at least quarterly. The Performance Improvement Committee shall evaluate trends and recommend actions to eliminate root causes of dissatisfaction. The Performance Improvement Committee shall also monitor the timeliness of the complaint process. Provider-specific summary data on quality of care and service complaints and outcomes shall be incorporated into the practitioner's performance profile and reviewed at each two (2) year reappointment cycle.

REFERENCES

- US Department of Health and Human Services, Office for Civil Rights, *How To File a Complaint with the Office for Civil Rights*, http://www.hhs.gov/ocr/office/file/index.html, last accessed August 2016

APPROVAL

POLICY OWNER	Matt Alewine, RN, MSN Chief Nursing Officer
COMMITTEE	Patient Care & Safety Committee
MEDICAL EXECUTIVE COMMITTEE	Dr. Jessica Hetherington MD Chief Medical Officer
GOVERNING BODY	RISEONE Governing Body

REVISION	CHANGES	DEPARTMENT APPROVAL	COMMITTEE APPROVAL	MEC APPROVAL	GB APPROVAL
New	Initial Release	12/2/2024	12/2/2024	12/2/2024	12/2/2024
A	Standard review cycle. Updated to include all sites.	5/12/2026	5/12/2026	5/13/2026	5/13/2026