Policy Statement:

CentraState Healthcare System will afford all due consideration to patient complaints relating to service and treatment provided to the patient. This policy applies to CentraState Medical Center and those CentraState entities that are under the Medical Center’s license issued by the New Jersey Department of Health (“Facility”). CentraState staff will attempt to promptly resolve all complaints. When a complaint cannot be resolved by staff or the resolution is not satisfactory to the patient, the patient’s guardian or health care agent, then the patient or his/her representative may file a grievance with the Grievance Committee (as described below).

CentraState Healthcare System will follow the LeapFrog Group Position Statement on Never Events regarding serious reportable events.

Purpose: To delineate the procedures for the prompt resolution of patient grievances.

Definitions:

1. A grievance is a written or verbal complaint by a patient and/or the patient’s representative, regarding the patient’s care, abuse or neglect, harm or compliance with Medicare requirements.

2. A written complaint is always considered a grievance, whether from an inpatient, outpatient, released/discharged patient or their representative regarding the patient care provided, abuse or neglect.

3. E-mail or fax communication is considered “written.”

4. If a verbal care complaint cannot be resolved by hospital staff at the time of the complaint, is postponed for later resolution, is referred to other staff for later resolution, requires investigation, and/or further actions for resolution, then the complaint is a grievance.

5. Suggestions, concerns and complaints that are received via patient satisfaction surveys or verbally during rounds/discussions with patients that generally express minor
displeasure with a process or person are not considered grievances unless the patient writes and attaches a complaint to the survey.

6. A complaint is determined to be a grievance whenever the patient and/or the patient’s representative requests that their complaint be handled as a formal complaint or grievance or when a response is requested from the hospital regarding the care provided.

7. The Grievance Committee is a Board sanctioned group comprised of: the Chief Medical Officer, Director of Patient/Resident Satisfaction, Director of Risk Management, AVP Quality and PI, Lead Patient Representative, and Medical Staff Quality Improvement Liaison. The committee has been given the responsibility to review, respond and resolve grievances. Members will attend meetings on a scheduled basis and on an as needed basis based on grievance volume.

8. A serious reportable event is defined as any of the 29 events listed by the National Quality Forum as a serious reportable event.

http://www.qualityforum.org/Topics/SREs/List_of_SREs.aspx#sre1

Procedures:

1. Process for Addressing a Grievance
   a. All complaints are to be directed to the Department of Patient Satisfaction, logged into the complaint tracking database, assigned an owner, and categorized as a grievance, if the definition is met.
   b. All letters written by a patient and/or the patient’s representative are forwarded to the attention of the manager of the affected area and the members of the Grievance Committee, as appropriate.
   c. The affected manager will investigate the concern and report back to the grievance committee their findings including any actions that have been taken or performance plans to be developed and implemented.
d. The grievant will receive a written letter of acknowledgment of the grievance within 7 business days of its receipt. Acknowledgement letters may include a resolution/response in the absence of extenuating circumstances.

e. In the case when the grievant is not the patient a signed letter of authorization to release protected health information will be required.

f. No further communication with the grievant concerning investigation findings may occur without such authorization.

g. If no authorization has been received within 2 weeks a letter noting that authorization has not been received will be sent to the grievant and that the matter will be closed.

h. All grievances will be addressed in a timely manner. The majority of grievances are expected to be resolved within 30 business days of receipt. Any grievance in which there are extenuating circumstances which delay response will require an update to the patient/patient’s representative by the Director of Patient/Resident Satisfaction or designee at 30 business days. Extenuating circumstances include but are not limited to:

i. peer review input

ii. patient/staff/physician meetings

2. When resolutions are completed and reviewed by the grievance committee, the committee will author a letter to the patient. Written responses will include the name of the Director of Patient/Resident Satisfaction or designee or other appropriate contact persons, steps taken to investigate the grievance, the results, and the date of completion.

3. All communications and resolutions will be tracked by the Patient Satisfaction Department’s tracking system and database.

4. Grievances that have not been resolved may be appealed to the Grievance Committee.

5. Appeal: If the grievant is dissatisfied with the decision of a serious quality of care issue or a question of premature discharge, the patient may appeal the decision.
a. The Patient Satisfaction Department will send the grievant the “Unresolved Grievance Form” within 7 days of receipt of the request for appeal.
b. The Patient Satisfaction Department will notify the Grievance Committee that an appeal is pending.
c. A meeting will be scheduled to include the Committee members and the grievant, upon request of the grievant. The grievant will be given the opportunity to present the grievance and the Committee members may question the person to seek information and clarification.
d. The AVP, Quality will send a written response within 7 days of the unresolved grievance meeting to the grievant setting forth the Committee's decision. The written response will consist of:
   i. A restatement of the issues
   ii. The date the process was completed
   iii. Steps taken to further investigate
   iv. Final decision
   v. Any corrective action
   vi. All grievances and responses will be kept on file in the Grievance Tracking System for 3 years and will, upon request, be made available to the New Jersey Department of Health and Senior Services, The Joint Commission, the Centers for Medicare & Medicaid Services, and other regulatory authorities having jurisdiction over the Facility.

6. Serious reportable events will be handled as follows:
   a. We will apologize to the patient and/or family affected by the serious reportable adverse event.
   b. The Quality Department will report the event to at least one of the following: The Joint Commission, as part of its “Sentinel Events policy”, state reporting program for medical errors; or a Patient Safety Organization.
   c. The Quality Department will perform a root cause analysis, consistent with instructions from the chosen reporting agency.
d. The Quality Department will notify the Patient Financial Services Department if a Serious Reportable Event occurs. The Patient Financial Services Department will waive all costs directly related to a serious reportable adverse event, upon approval by Legal/Risk Department.

e. We will make a copy of our policy available to patients and payers upon request and available on our website [www.centrastate.com](http://www.centrastate.com).