I. **PURPOSE:**

The purpose of this policy is to define the roles and responsibilities of Stanford Hospital and Clinics’ (SHC) staff to ensure that patient, family and visitor complaints and grievances are evaluated and resolved in a timely manner.

II. **DEFINITIONS:**

A “**patient grievance**” is a written or verbal complaint (when the verbal complaint about the patient care is not resolved at the time of the complaint by the staff present) by a patient or the patients representative regarding the care, abuse or neglect of the patient, or issues related to the hospital’s compliance with the Centers for Medicare/Medicaid Services (CMS) Hospital Conditions of Participation (CoP), or a Medicare beneficiary billing complaint related to rights and limitations.

A. “Staff present” includes any hospital staff present at the time of the complaint or who can quickly be at the patient’s location (i.e., nursing, administration, nursing supervisors, senior patient representatives, etc.) to resolve the patient’s complaint.

B. If a patient care complaint 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, then the complaint is a grievance for the purposes of these requirements. A complaint is considered resolved when the patient is satisfied with the actions taken on their behalf.

C. Billing issues are not usually considered grievances for the purposes of these requirements. However, a Medicare beneficiary billing complaint related to rights and limitations provided by 42 CFR 489 is considered a grievance.

D. A written complaint is always considered a formal grievance, whether from an inpatient, outpatient, released/discharged patient or their representative regarding the patient care provided, abuse or neglect, or the hospital’s compliance with CoPs. For the purposes of this requirement an e-mail or fax is considered “written”. 
### Stanford Hospital and Clinics

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**E.** Information obtained from patient satisfaction surveys usually does not meet the definition of a grievance. 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 hospital must treat this as a grievance if the hospital would usually treat such a complaint as a grievance.

**F.** Those post-hospital verbal communications regarding patient care that would routinely have been handled by a staff present if the communication had occurred during the stay/visit are not required to be defined as a grievance.

**G.** All verbal or written complaints regarding abuse, neglect, patient harm, or hospital compliance with CMS requirements are considered grievances for the purposes of these requirements.

**H.** Whenever the patient or the patient’s representative requests that his or her complaint be handled as a formal complaint or grievance or when the patient requests a response from the hospital, the complaint is considered a grievance and all the requirements apply.

**I.** The Grievance Committee is compromised of the following Stanford Hospital and Clinic’s hospital members:

1. Senior Patient Representatives, Patient Representation, Guest Services
2. Clinical Risk Manager, The Risk Authority
3. Patient Safety Program Manager, Quality, Patient Safety & Effectiveness
4. Senior Quality Consultant/Peer Review, Quality, Patient Safety & Effectiveness
5. Director of Practice and Education, Nursing Administration
III. **POLICY STATEMENT**

Stanford Hospital and Clinics provides and follows a procedure for receiving, resolving and responding to the grievances/complaints and concerns for patient’s and/or a patient’s authorized representatives to ensure patient satisfaction, quality of care and service. The Administration of SHC as delegated by the SHC Board Credentials, Policy and Procedure Committee has designated the Guest Services Patient Representation department to provide a centralized system for:

A. The provision and availability of information to patients of their right to file a grievance and the mechanism for doing so

B. Investigating the grievance/complaint or concern.

C. Ensuring a resolution occurs whether via the Guest Services grievance process or Guest Services transfer of grievance as necessary per the guidance of Risk Management or Privacy/Compliance departments.

D. Responding to patient grievances as required under applicable state and federal law and accreditation oversight agencies.

E. Patient appeals for a second review of a grievance will be conducted when a patient provides new facts or concerns that arise after a response from Guest Services has been provided. Otherwise, the patient will be notified in writing that the matter has been fully investigated and the Guest Services file is deemed closed.

IV. **PROCEDURE:**

1. **Patients informed of the grievance process**

   1. Procedure for informing a patient and/or a patient’s authorized representative of the right to file a grievance/complaint or concern.
The following written materials are available for distribution to patients:


b. The “Patient Rights and Responsibilities” brochures are posted in all registration areas/nursing units and clinics; enclosed in the “Patient Information Directory”; in the “Information for Patients” brochure, and are provided to patients at time of admission. These communications include information about patients’ right to file a complaint with the Department of Public Health Services, Licensing and Certification Division, whether or not the hospital’s grievance process is used.

c. Patient Comment Forms are distributed in the clinic waiting areas, inpatient units and hospital waiting areas.

2. Submission of a grievance

1. Patients may submit grievances in a number of ways including speaking to any hospital staff in person, by telephone, via email, fax and other written communications.

   a. Workforce members (as defined in the HIPAA: Definitions Policy) should promptly assist patients who want to submit a grievance with contacting Guest Services by calling a Senior Patient Representative to the point of care or service or directing the patient to the Guest Services department in the main facility.

   b. Patients may call 650-498-3333 - This line is open 24-hours, 7 days a week. A Health Navigator will assign a Senior Patient Representative to assist the caller. The patient can also be connected to the Administrative Nursing Supervisor (House Supervisor) as necessary or if requested.

   c. Email communications should be directed to DL-GuestServices@Stanfordmed.org
3. Grievances involving HIPAA violations, Office of Inspector General, DHHS, Office of Civil Rights, CMS or Medi-Cal should be immediately forwarded to the Privacy and Compliance Department for investigation and follow-up (See Code of Conduct and Privacy-Related Complaints, Reporting, and Breach Notification Policy).

Patients and staff may call the main line at 650-724-2572 or the Anonymous Hotline at 800-216-1784.

1. Patients may also file a grievance with the California Department of Public Health, whether or not the hospital's grievance process is used. The following contact information should be provided upon request:

   California Department of Public Health  
   San Jose District Office  
   100 Paseo de San Antonio, Suite 235  
   San Jose, CA 95113  
   (408) 277-1784

2. A grievance may also be filed by the patient with The Joint Commission, whether or not the hospital's grievance process is used. The following contact information should be provided upon request:

   The Joint Commission  
   Office of Quality Monitoring 1-800-994-6610  
   Fax number: 1-683-792-5639  
   Email: complaint@jointcommission.org
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3. Grievance escalation to claims. Resolution of grievances through the guest services processes is strongly recommended and in the event that a patient desires to file a claim for a specific amount of monetary compensation from the organization, the Senior Patient Representative will first consult with a Clinical Risk Manager and provide the patient the address to the SHC Claims Department, Risk Management.

SHC Claims Department, Risk Management  
300 Pasteur Drive, MC 5713  
Stanford, CA 94305

4. Quality Improvement Organizations (QIOs) are CMS contractors charged with reviewing Medicare beneficiary’s complaints regarding the appropriateness and quality of care, disagreements with a coverage decision, or if they wish to appeal a premature discharge. SHC must ensure the complaint is handled in a timely manner and referred to the QIO at the beneficiary’s request.

Health Services Advisory Group  
700 N. Brand Blvd., Suite 370  
Glendale, CA 91203  
(818) 409-9229

4. **Documentation of Grievances:** Grievances are recorded in the Patient Representation Complaint Tracking System. This system has a tri-fold purpose:

1. Tracking the status of individual grievances.

2. Capture data to provide feedback to individual departments/units/clinics regarding their services, as perceived by patients.

3. Capture trends in grievances across the institution periodically and at least on an annual basis for reporting to the Quality, Patient Safety and Effectiveness Department and its relevant committees, leadership and Administration.

5. **Investigation and Resolution of Grievances**

   1. Department/Clinic/Service Specific Complaints
The first line of responsibility to resolve patient verbal complaints lies with the care team and/or manager of the department/clinic/service where the complaint arises. The manager will strive to resolve those complaints as they occur. Unresolved complaints will be referred to Guest Services to resolve through the grievance process.

2. The Grievance Committee

Senior Patient Representatives will present on a weekly basis and/or ad hoc as necessary all clinical care grievances to a multidisciplinary committee comprised of representatives from the following areas: Quality, Patient Safety & Effectiveness, Clinical Risk Management, and Nursing Administration (Reference to section II-1).

3. Grievances received from health insurance, regulatory and accreditation agency

Complaint letters received from governmental offices, regulatory or accreditation agencies should be immediately forwarded to the Director of Accreditation and Regulatory Affairs, Quality Improvement and Guest Services. If a workforce member knows or suspects that a patient/family member has contacted a state regulatory agency (e.g., California Department of Public Health or an accreditation agency, such as The Joint Commission, College of American Pathologists, American College of Surgeons, or American Association of Blood Banks) the workforce member must promptly notify the Director of Accreditation and Regulatory Affairs, Quality Improvement.

In addition to the California Department of Public Health and The Joint Commission, other applicable agencies may include but are not limited to:

a. California Department of Consumers’ Affairs
b. California Department of Corporations
c. California Department of Managed Care
d. California Board of Registered Nursing
6. **Response to Patient Grievances**
   a. **Time frame to resolve the grievance**
      i. The Senior Patient Representative will provide a written response within 7 calendar days to a patient or patient’s representative. If additional time is needed for resolution of a grievance, the Senior Patient Representative will notify the patient or the patient’s representative of the need for additional time which may be up to 30 calendar days.
      
      ii. In instances where the investigatory review process cannot be concluded within 30 calendar days, the Senior Patient Representative will notify the patient of the expected timeframe for final resolution.
      
      iii. CMS does not require that every grievance be resolved within the hospital’s timeframe, although most should be. CMS states that the hospital must attempt to resolve all grievances as soon as possible (Hospital Interpretive Guidelines Tag A-0122).
   
   b. **Response letter content**
      
      i. The response letter communicated to the patient or the patient’s representative must be in a language and manner the patient or the patient’s representative understands.
      
      ii. Name and contact information of the Senior Patient Representative.
      
      iii. Steps taken on behalf of the patient to investigate the grievance.
      
      iv. The results of the grievance process.
v. The date of completion.

vi. Copies of the response should be provided to those named in the grievance letter and to other appropriate individuals/agencies subject to HIPAA authorization requirements.

c. Grievances related to the professional competence or professional conduct of physicians, surgeons or podiatrists require that the response include the following information:

Because you have notified us in writing about a complaint against a physician, surgeon or podiatrist, related to professional competence or professional conduct, we are required by California law to inform you that the Medical Board of California (for physicians and surgeons) or the Board of Podiatric Medicine (for podiatrists) is the only authority that can take disciplinary action against the practitioner's license. The contact information for both organizations is:

TDD: 916-263-0935
1-800-633-2322
California Medical Board
Central Complaint Unit
2005 Evergreen St. Suite 1200
Sacramento, CA 95825-3236
www.medbd.ca.gov

There is no requirement to provide this information in response to verbal complaint.

V. COMPLIANCE

1. All workforce members including employees, contracted staff, students, volunteers, credentialed medical staff, and individuals representing or engaging in the practice at SHC are responsible for ensuring that individuals comply with this policy;

2. Violations of this policy will be reported to the Department Manager and any other appropriate Department as determined by the Department Manager or in accordance with hospital policy. Violations will be
investigated to determine the nature, extent, and potential risk to the hospital. Workforce members who violate this policy will be subject to the appropriate disciplinary action up to and including termination.

VI. RELATED DOCUMENTS:
1. Patient Rights and Responsibilities
2. Disability Discrimination Grievances

VII. APPENDICES:
1. Patient Complaint and Grievance Workflow
2. Patient Financial Services

VIII. DOCUMENT INFORMATION:
A. Legal Authority/References
   1. Title 22, California Code of Regulations, Section 70707 (c).
   2. CMS Conditions of Participation for Hospitals
   3. 2 CFR Section 482.13 (a) (2) et seq; 489
   4. Rehabilitation Act, 1973, section 504
   5. 45 CFR Part 84
   6. 29 U.S.C. 794
   7. 64 Fed. Reg. 36070, 36073 (July2, 1999)

B. Author/Original Date
   J. Kennedy

C. Gatekeeper of Original Document
   Administrative Manual Coordinators and Editors

D. Distribution and Training Requirements
   1. This policy resides in the Administrative Manual of Stanford Hospital and Clinics.
   2. New documents or any revised documents will be distributed to Administrative Manual holders. The department/unit/clinic manager will be responsible for communicating this information to the applicable staff.

E. Review and Renewal Requirements
   This policy will be reviewed and/or revised every three years or as required by change of law or practice.
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**F. Review and Revision History**
- April 1994, J. Kennedy, Director, Community and Patient Relations
- May 1994, C. Martin, Legal Counsel
- May 2000, J. Kennedy, Director, Community and Patient Relations
- January 2001, J. Kennedy, Director, Community and Patient Relations
- September 2003, J. Kennedy, Director of Community and Patient Relations
- August 1991
- March 1994, N. Manela, Community and Patient Relations
- August 1994, M. Eaton, Legal Counsel
- July 1995, N. Manela, Community & Patient Relations
- March 1996, N. Manela, Community and Patient Relations and F. Serafin-Dickson, Administration
- March 1998, N. Manela, Community and Patient Relations
- October 1998, N. Manela, Community and Patient Relations
- May 2000, N. Manela, Patient Representation, Community and Patient Relations
- November 2003, F. Souza, Director of Patient Representation
- January 2007, T. Harrison, Director, Patient Representation
- February 2007, K. Pyke, Compliance Department
- December 2010, Erin Leigh, Esq, Office of General Counsel
- January 2011, Elaine Ziemba, Director, Risk Management
- January 2013, B. Bialy, Patient Representation, Guest Services
- February 2014, Renee Bernard, Director, Risk Management

**G. Approvals**
- July 1994, Medical Board
- July 1994, Hospital Board of Directors
- October 1996, Service Improvement Complaint Management Task Force
- December 1996, Medical Board
- January 1997, Hospital Board of Directors
- April 1998, SHC Medical Board
- April 1998, UCSF Stanford Health Care Board Executive Committee
- December 1998, SHC Medical Board
- December 1998, UCSF Stanford Health Care Board Executive Committee
- January 2001, M. Mitchell, CEO
- February 2001, SHC Medical Board
- February 2001, SHC Hospital Board
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