

<p>This policy applies to: <input checked="" type="checkbox"/> <i>Stanford Health Care</i> <input checked="" type="checkbox"/> <i>Lucile Packard Children's Hospital Stanford</i></p>	<p>Last Approval Date: January, 2019</p>
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I. PURPOSE

This policy establishes a uniform process which allows patient and/or patient's authorized representative grievances/concerns and complaints from all sources to be evaluated and resolved in a manner that assures quality care and service throughout Stanford Hospital and Clinics.

II. POLICY STATEMENT

Stanford Health Care (SHC) provides and adheres to a procedure for receiving, resolving and responding to the grievances/complaints and concerns of a patient's and/or a patient's authorized representatives. The Administration of SHC has designated the Guest Services Department to provide a centralized system for:

- A. Informing a patient and/or a patient's authorized representative of the right to file a grievance/complaint and the mechanism for doing so.
- B. Investigating the grievance/complaint or concern.
- C. Ensuring a resolution occurs.
- D. Response to a patient and/or a patient's authorized representatives' grievances/concerns and complaints as required under applicable state and federal law.

III. PROCEDURES

- A. Procedure for informing a patient and/or a patient's authorized representative of the right to file grievances/complaints
 - 1. Workforce members (as defined in the HIPAA: Definitions Policy) are required to inform each patient, or when appropriate, the patient's representative, of the patient's rights in advance of furnishing or discontinuing patient care.
 - a. The following written materials are available to workforce members to provide to patients with notice regarding the SHC grievance/complaint process. They include:

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- (1) Patient Information Brochure - given at admission to the hospital;
 - (2) Guest Services Brochure - given during inpatient visits from a patient representative and distributed in clinic waiting areas;
 - (3) Patient Rights and Responsibilities (refer to Administrative Manual) are posted in all registration areas/nursing units and clinics, are enclosed in the Patient Information Directory and in the Information for Patients brochure, and are given to each patient at admission. This includes a statement about a patient's right to file a complaint with the Department of Public Health Services, Licensing and Certification Division, whether or not the patient uses the hospital's grievance process.
 - (4) Patient Comment Forms are distributed in the clinic waiting areas and inpatient units and hospital waiting areas.
2. Workforce members should promptly inform patients who want to file a grievance or complaint to contact Guest Services.
- B. Procedure For Patients/Patients' Authorized Representatives To Register Grievances/Complaints
1. Patients/Patients' authorized representatives may register a grievance or complaint with Guest Services as follows:
 - a. Phone
 - (1) Patient Line (8-3333) - This 24-hour line is answered by a Patient Representative, Monday-Friday, 7:00 A.M. to 7:00 P.M. After hours and on weekends, an answering service answers the call

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allowing the patient to be connected to an on-call Patient Representative. The patient can also be connected to the Clinical Nursing Supervisor (CNS) if requested..

- (2) Direct call to Guest Services (650) 498-3333.
 - (3) The Office of Compliance at (650) 724-2572 or the Anonymous Compliance and Privacy Hotline at 1 (800) 216-1784 for complaints such as those involving patient confidentiality or allegations of discrimination based on physical and/or mental disability.
 - b. Patient Comment Form - available in English and in Spanish is enclosed in the Patient Information Directory; available in Patient Admitting Services, in waiting areas, all nursing units and clinics.
 - c. Letter to Guest Services
 - d. Letter or phone call to involved department or Administration for matters that don't involve a formal investigation.
 - e. Visit to Guest Services
 - f. Visit to patient's room or a patient in clinic from a Patient Representative.
 - g. Questionnaire - enclosed in the Information for Patients brochure and addressed to Guest Services.
 - h. Suggestion Box - Suggestion Boxes are located throughout the hospital. Forms are addressed to Guest Services
 - i. Email messages to the CEO or a Patient Representative.
2. Administration – If patient/family grievances or complaints are initially received by an Administrative Department the individual

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should be directed to Guest Services or the call, letter, or email should be forwarded to Guest Services for follow-up.

3. Department/unit/clinic where interaction/care takes place should refer or involve Patient Representation staff when there are allegations concerning care and/or treatment, a violation of the patient's rights, or billing concerns that cannot be immediately resolved by the department or clinic.
4. Complaints written on patient surveys are responded to by a Patient Representative if the patient has identified him/herself.

C. Ensuring a Resolution Occurs

1. Documentation by Guest Services
 - a. The Patient Representative will, upon receipt of the grievance or complaint, immediately record on a designated form, all grievances/complaints or concerns expressed, including information sufficient to identify the complainant, date and nature of the problem, any steps taken to resolve the grievance/complaint. If an individual other than the patient expresses a complaint on behalf of an adult patient, the patient's authorization will be obtained before discussing any Protected Health Information (as defined in the HIPAA: Definitions Policy).
 - b. The grievances/complaints are recorded in the Patient Representation Complaint Tracking System. This system has a tri-fold purpose:
 - (1) To determine the status of individual complaints.
 - (2) To provide feedback to individual departments/units/clinics regarding their services, as perceived by patients.
 - (3) To trend patient complaints and concerns across the institution periodically and at least every six months reporting to the Quality Improvement and Patient

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Safety Committee, Managers, Directors, Quality Chiefs and Administration.

2. By Administration (Stanford Hospital and Clinics)

A copy of the complaint is forwarded to Guest Services for follow-up, response and inclusion in the Patient Representation Complaint Tracking System.

3. By Other Departments/Clinics/Units

Clinical departments and units may document the grievance/complaint and its resolution within the department but they should also forward a copy to Patient Representation for inclusion in the Complaint Tracking System.

D. Investigation And Resolution Of Grievances/Complaints

1. Grievances/Complaints related to discrimination based on mental and/or physical disability:

If a patient or patient's authorized representative feels they have experienced discrimination based on a physical or mental disability, and wish to file a grievance, they should contact the Office of Compliance at (650) 724-2572 or the Anonymous Compliance and Privacy Hotline 1 (800) 216-1784. The Compliance Officer will coordinate an investigation and response efforts with various departments as appropriate.

2. Department/Clinic/Service Specific Complaints

For those complaints that do not come directly to Guest Representation or Administration, the first line responsibility to resolve patient and/or the patient authorized representative's complaint lies with the manager of the department/clinic/service. The manager will resolve those complaints which they have the knowledge and authority to do so. The manager will track the complaints and outcomes, and is responsible for resolution. Unresolved grievances/complaints or those requiring a formal investigation will be referred to Guest Services.

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3. Consultations Needed for Grievances/Complaints

The staff member responsible for resolution will consult and/or notify the appropriate department, e.g., Guest Services, Service Line, Compliance, Risk Management, Quality, Patient Safety, and Effectiveness Department, Clinic Chief or Manager, Patient Financial Services, etc.

4. Complaint letters sent to or 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 or AAAHC), the workforce member must promptly contact or send the documentation to the Director of Accreditation and Regulatory Affairs.

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

- a. Department of Corporations
- b. Board of Registered Nursing
- c. Board of LVNs and Psych Technicians
- d. Board of Pharmacy
- e. Medical Board of California

5. Quality of Care Issues and/or Inquiries with Potential for Litigation

- a. A copy of the complaint or inquiry should be immediately forwarded to Guest Services with a copy to the attending physician, the Quality Chief, Quality Improvement and/or Risk Management (RM) for investigation.
- b. Whenever there is a written grievance/complaint against a physician, surgeon or podiatrist, related to professional competence or professional conduct, it is the responsibility of any SHC staff member to transmit the following information to the complainant:

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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

It is up to the complainant to take any further action, on their own, once the above information has been given to them.

A grievance/complaint may also be filed by the patient/patient's authorized representative with the Department of Public Health Services, whether or not the hospital's grievance process is used.

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

A grievance/complaint may also be filed by the patient/patient's authorized representative with The Joint Commission, whether or not the hospital's grievance process is used.

The Joint Commission
Office of Quality Monitoring 1-800-994-6610
Fax number: 1-683-792-5639
Email: complaint@jointcommission.org

6. Complaints involving HIPAA violations, Office of Inspector

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General, DHHS, Office of Civil Rights, Centers for Medicare/Medicaid Services or Medi-Cal should be immediately forwarded to the Chief Compliance and Privacy Officer for investigation and follow-up. (See Code of Conduct and Privacy-Related Complaints, Reporting, and Breach Notification Policy).

7. Non quality of Care Issues - are investigated with appropriate managers and staff (nurses, physicians, managers of other services). The Director of the department or unit, Chief of Staff, Medical Director and Quality Chief is also notified.

E. Response to Patients and/or Patient's Representative

1. Guest Services

a. Initial Acknowledgement

The Guest Service Representative must acknowledge the grievance/complaint within five (5) business days, explain the process that will be followed in investigating the complaint and advise them of the time frame in which to expect a response.

b. Responses to informal investigations or inquiries

The response to a complaint or grievance that does not require a formal investigation should be made using one of the following means:

- (1) Phone call or visit when appropriate and when the problem can be resolved without a formal investigation.
- (2) Letter of explanation, apology and/or description of actions taken to any concerns that cannot be resolved quickly and that require a formal investigation.

c. Final Response for formal investigations

- (1) Time frame

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The Guest Service Representative should provide the patient/family with a written response to the complaint or grievance within 30 days or advise the patient that the investigation is continuing and provide the patient with a specific anticipated date of completion.

- (2) Letter content
The letter should include a written notice of the hospital's decision regarding the complaint/grievance, an explanation of the steps taken to investigate the grievance, results of the review to resolve the grievance, date of completion of the review, name of a hospital contact person (Patient Representative Name). Copies of the response are sent to those named on grievant's/complainant's letter and to other appropriate individuals/agencies subject to HIPAA authorization requirements.

- (3) Signatory
For Quality of Care or Risk Management issues, the letter is signed by the attending physician or appropriate representative of the Quality Improvement and Patient Safety Committee, Risk Management or the clinical service. For HIPAA and privacy or compliance-related complaints/grievances, the response shall be signed by the Chief Privacy and Compliance Officer or designee. For all complaints/grievances involving the Joint Commission, or other regulatory or accrediting bodies, the Director of Regulatory Affairs should be consulted and signed by the Director of Regulatory Affairs or other designee. For formal investigations not covered above, a Patient Representative shall sign the response.

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I. COMPLIANCE

- A. 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;
- B. 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.

IV. RELATED DOCUMENTS

- A. Patient Rights and Responsibilities
- B. Disability Discrimination Grievances

V. APPENDICES:

- A: Patient Complaint and Grievance Workflow**

VI. DOCUMENT INFORMATION

- A. Legal Authority/References
 - 1. Rehabilitation Act, 1973, section 504, 29 U.S.C. 794 and 45 CFR Part 84 Civil Code 4386 1997, The Joint Commission Hospital Accreditation Standards, 2011, RI.01.07.01, California SB 609
 - 2. CMS Conditions of Participation for Hospitals
 - 3. 2008 CHA Consent Manual
 - 4. 42 CFR 482.13 (a) (2) et seq
- B. Author/Original Date

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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.

- 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
January 2001, N. Manela, Patient Representation, Community and Patient Relations and W. Gridley, Risk Management
November 2003, F. Souza, Director of Patient Representation
January 2007, T. Harrison, Director, Patient Representation
February 2007, K. Pyke, Compliance Department

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December 2010, Erin Leigh, Esq, Office of General Counsel
January 2011, Elaine Ziemba, Director, Risk Management
January 2019 Brian Borders, Lead Medical Staff Coordinator, Medical Staff Services

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
November 2003, QIPSC
January 2004, SHC Medical Board
January 2004, SHC Hospital Board of Directors
March 2007, Quality Improvement and Patient Safety Committee
April 2007, SHC Medical Board
April 2007, SHC Hospital Board
December 2009, Quality Improvement and Patient Safety Committee
January 2010, SHC Medical Executive Committee
January 2010, SHC Board Credentials, Policies and Procedures Committee
July 2010, Quality Patient Safety & Effectiveness Committee
February 2011, Quality, Patient Safety & Effectiveness Committee
November 2011, MEC

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APPENDIX A

Patient Complaint and Grievance Workflow

