

# In-service Education Packet

## How to Handle Complaints and Grievances



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## **Handling Patient/Client Complaints/Grievances**

According to agency policy, the agency must protect and promote each patient/client's rights. Part of this policy includes establishing a process for prompt resolution of patient/client grievances and informing each patient/client whom to contact to file a grievance. The agency's governing body must approve and be responsible for the operation of this process, unless the responsibility is delegated in writing. There must be timely referral of patient/client concerns. The agency must establish a clearly explained procedure for a patient/client to submit a written or verbal grievance and there must be time frames specified for review and response. The agency must provide written notice of the decision in the resolution, which contains the name of the agency contact person, steps taken on behalf of the patient/client regarding the investigation, the results of the process and the date of completion.

The emphasis on encouraging customer comments should be consistent with a healthcare organization's framework for performance improvement and the organization's policy on patient/client grievances. The acceptance of those comments/concerns should be expected of all employees. If a concern is not resolved immediately, it should follow the organization's grievance process and be documented through the event reporting system. All actions taken in response to customer concerns or comments should be undertaken with the goal of improving care and service delivery, and should include:

- investigation and resolution of customer concerns
- routing of positive comments to the appropriate departments

- identifying trends in care, service delivery, and system organization
- developing solutions, implementing changes to improve care and service

Patient/client grievances are formal or informal, written or verbal complaints made to the agency by a patient/client or the patient/client's representative when prompt resolution is not possible. When a complaint cannot be resolved promptly by staff present or is referred to the risk manager or administrator it is considered to be a grievance. Billing issues are not normally considered a grievance unless the patient/client or his/her representative requests that it be treated as such.

The manner in which complaints are received and addressed demonstrates an important measure of your agency's commitment to quality care and patient/client satisfaction.

A structured complaint and grievance policy is one of the foundations of a patient/client-centered approach to care and a hallmark of the nation's most revered service providers.

When clearly communicated to staff, patient/clients, and families and strictly adhered to by all parties, the complaint process can be a valuable asset among your resident relations and retention strategies, as well as a sound risk management practice.

Follow-up responses can include written or telephone responses or formal meetings with administrative staff addressing the identified concerns. The organization event reporting policy should include tracking and trending the concerns and the corrective action. Risk/patient/client safety issues should be forward to the organization's patient/client safety committee for evaluation and recommendation as appropriate.

It is extremely important to know your organization's policy with regard to grievances. Patient/clients admitted to home care are afforded the protection of a number of rights established under state and federal law. Information about patient/client rights and the agency grievance procedure is normally provided to the patient/client upon admission to the agency and is communicated in both oral and written form. Agencies want all of their patient/clients to have a safe, satisfactory experience while there and provide the highest quality service to patient/clients and their families.

### **Handling Employee Complaints/Grievances**

Handling an employee complaint or grievance can be one of the most challenging duties a manager will have to undertake.

The following best practice list of techniques to help managers effectively handle employee complaints and grievances:

- **Be a good listener:** Never interrupt when an employee is talking, even if you disagree with the opinions expressed. Complaints often dissolve and resolve themselves when people simply have a chance to talk about them.
- **Ask questions:** Your questions should indicate interest and a desire for more information. When you ask open ended questions like “Why do you think that happened?” you might uncover underlying causes or related problems. When you ask good questions you communicate that you are not unfairly pre-judging people or situations.
- **Do not argue:** Present any information you have in a persuasive manner rather than an argumentative one. Arguing builds resistance and can make employees more determined to have their way regardless of the facts. Asking questions can be an effective tool for disarming a potential argument. Your point of view is more persuasive when you refuse to be drawn into an argument.
- **Make sure you understand:** Some people have difficulty expressing themselves – and can have even more problems if they are stressed or emotional. Use all of your questioning and listening skills to make sure that you fully understand their position. Restate, summarize and ask additional questions to make sure you understand their point of view.

- **Treat all employees with respect:** Ridicule or comments that minimize an employee's concerns can be devastating – and have no place in today's management and leadership style. If you attempt to make an employee feel foolish, you will destroy the lines of communication and trust. Let others save face and retreat gracefully. Criticizing and belittling employees in front of others should also be avoided as this also destroys communication, trust and respect.
- **Let the employee know when to expect a response from you:** Often a problem can be settled on the spot. However, if a problem will take time to resolve, establish and communicate a time-frame for your action and response.
- **Gather the facts:** If you are unable to make a decision during the meeting, investigate what the team member has said, check the situation, refer to employment agreements or other relevant documents and, where appropriate, consult with higher management before making a final decision.
- **Make a decision:** Once you make a decision (even if it is unpopular), stick to it firmly unless new evidence that deserves consideration is presented.
- **Explain your decision:** If your decision is distasteful to the employee in question, take the time to explain it and answer any questions. Employees might not agree and might appeal your decision, but they will respect you for your stand.
- **Thank the employee:** Express your appreciation for the employee's willingness to communicate openly about problems. This will encourage more open communication in the future.

# **PATIENT/CLIENT GRIEVANCE PROCEDURE**

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## **Definition**

A grievance is a concern relating to patient care conditions or to relationships between a patient and the Agency or a caregiver in which the patient believes that he/she has been wronged and wants the wrong corrected. It is regarding problem areas in the delivery of care which appear to threaten the health and well-being of the patient.

The Agency will investigate any complaint made by patient or patient's family or guardian regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect for the patient's property by anyone furnishing services on behalf of the Agency. Both the existence of the complaint and the resolution of the complaint will be documented. All complaints/grievances are retained for a minimum of three years.

## **Procedure**

1. When a patient is admitted to the Agency, he/she is to be given an admission packet that includes a copy of the Agency Bill of Patient Rights and Responsibilities. This policy indicates that grievances are to be filed with the Agency Administrator. The fact that the policy was given to the patient is to be recorded in the clinical record.
2. All grievances and concerns are to be dealt with by the Administrator or his/her designee.
3. When a grievance is received, whether written or verbal, it is to be documented in the patient's clinical record by the Administrator or his/her designee. It is also to be noted in a log kept by the Administrator.
4. The resolution of the problem is also to be documented in the same manner.
5. Each written grievance received is to be responded to in writing by the Agency within ten (10) days.
6. Grievance received after hours, on weekends and holidays and whenever the office is closed are handled on the next business day.
7. Each written or verbal grievance received is to be responded to in writing by the Administrator within ten (10) days. This information is reviewed by the Administrator and a complaint form is completed by the Administrator. Each person involved is interviewed by the Administrator who then evaluates all collected information.
8. After thorough evaluation, The Administrator makes a determination and formulates a decision notifying all persons involved. All information regarding

activities, investigation, analysis, resolution and outcomes are documented in the Administrator's log and in the patient's chart.

9. The response is to explain the decision rendered by the Agency and it is to notify the patient of his/her right to appeal.
10. A copy of the outcome is to be filed in the clinical record and noted in the Administrator's log.
11. If the patient files an appeal, it is to be reviewed and responded to by a member of the Governing Body within thirty (30) days of its receipt by the Agency.
12. The response to the appeal is to be filed in the patient's clinical record and noted in the Administrator's log.

## Patient Grievance

Your complaints or problems are important to the Agency. We will give full consideration to a problem or complaint and make an effort to resolve the issue in an agreeable manner. We assure you that you will have the opportunity to voice grievances and recommend changes in services and/or policies without discrimination, coercion, reprisal, or unreasonable interruption of services or reprisal in any manner from the Agency.

If you have a complaint, please:

1. Submit the complaint either verbally or in writing to the Administrator or supervising nurse. If you call after normal business hours, you will be contacted by the Administrator on the next business day.
2. The Administrator or supervising nurse will contact you or your representative and will make every effort to resolve the complaint to your satisfaction. They will document all activities involved with the grievance/complaint/concern, investigation, analysis and resolution. You will be notified of the Administrator's decision within thirty (30) days.
3. If the complaint cannot be resolved to your satisfaction, you may request that the Administrator submit your complaint to the Agency's Governing Body.

Please be advised that you may ask questions or lodge complaints with the California hotline number at [Click here to enter text.](#) during regular business hours. Leave a message after regular business hours.

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[Click here to enter text.](#), Administrator  
[Click here to enter text.](#)  
[Click here to enter text.](#)  
[Click here to enter text.](#), [Click here to enter text.](#) [Click here to enter text.](#)  
[Click here to enter text.](#)

**THANK YOU FOR SHARING YOUR CONCERNS WITH US**



# STAFF RIGHTS/GRIEVANCE PROCEDURES

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## Staff Rights

All employees have rights and are entitled to fair, consistent and professional treatment including but not limited to the following:

1. Staff may request a change in assignment because of a personality conflict.
2. Staff may complain without fear of repercussion.
3. Staff has the right to special consideration to accommodate personal requests arising from cultural or religious practices provided the Agency can cover the needs of the patient/clients.
4. Staff has a right to be treated in accordance with the Agency mission and vision.
5. Staff is to receive information in a timely manner.
6. Staff is entitled to a workplace free from solicitation and distribution of unsolicited material.

## Grievance Procedures

1. Any person(s) who believes that he/she or any class of individuals has been subject to discrimination may file a complaint pursuant to procedures set forth below, on behalf of him or herself another person or handicapped persons as a class. Filing of a complaint will not subject employees to any form of adverse action, reprimand, retaliation or otherwise negative treatment by the Agency.
2. Accordingly, the Agency has adopted an internal grievance procedure providing for the prompt and equitable resolution of complaints alleging any action prohibited by the United States department of Health and Human Services regulation 45 CFR part 84, 29 USC 794. The law and regulations may be examined in the office of the [Click here to enter text.](#) who has been designated to coordinate the efforts of [Click here to enter text.](#) to comply with the regulation.
3. Complaint processing procedures are as follows:
  - a. All complaints involving matters prohibited shall first be filed with the Director, who shall render an initial resolution within seven days of receipt of the complaint.
  - b. If the complaint is not satisfied with the results achieved in step 'a,' the complainant may file an appeal with the President/CEO, who shall render a decision within five days.

- c. A complaint should be in writing, contain the name and address of the person filing it and briefly describe the action(s) alleged to be prohibited.
  - d. All complaints should be filed as set forth above within three days after the complaining party becomes aware of the action(s) allegedly prohibited by the regulations.
  - e. All complaints should also be referred to the office of the Coordinator, who shall maintain the files and records of the Agency relating to complaints filed hereunder. The Coordinator may assist persons with the preparation and filling of complaints, participate in the investigation of complaints and advise the President/CEO concerning their resolution.
  - f. The President/CEO, or his designee, shall take steps to insure an appropriate investigation of each complaint to determine its validity. These rules contemplate informal but thorough investigations, affording all interested persons and their representatives, if any, an opportunity to submit evidence relevant to the complaint. The right of a person to prompt and equitable resolution of the complaint filed hereunder shall not be impaired by the person's pursuit of other remedies such as the filing of a Complaint with the Office for Civil Rights of the United States Department of Health and Human services. Utilization of this grievance procedure is not a prerequisite to the pursuit of other remedies.
4. These rules shall be liberally construed to protect the substantial rights of interested persons, to meet appropriate due process standards and to assure Agency compliance with regulations.

# COMPLAINT/ACTION FORM

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Employee Name

Date

Social Security Number

Complaint:


Action Taken:


Supervisor

Date

## Handling Complaints and Grievances Post Test

Employee name: \_\_\_\_\_

Date: \_\_\_\_\_

Score: \_\_\_\_\_

1. According to agency policy, the agency must protect and promote each patient/client's rights.
  - A. True
  - B. False
2. A \_\_\_\_\_ is a concern relating to patient care conditions or to relationships between a patient/client and the Agency or a caregiver in which the patient/client believes that he/she has been wronged and wants the wrong corrected.
3. Who in the agency must approve and is responsible for the operation of this process, unless the responsibility is delegated in writing?
4. The following best practice list of techniques can help managers effectively handle employee complaints and grievances:
  - a. Be a good listener
  - b. Do not argue
  - c. Treat all employees with respect
  - d. All of the above

5. When a patient is admitted to the Agency, he/she is given an admission packet that includes what to items that relate to the Complaint and Grievance agency policy?
- a. A copy of the Agency Bill of Patient Rights and Responsibilities
  - b. A copy of the Grievance procedure
  - c. A letter from the Administrator
  - d. a and c
  - e. a and b
6. The \_\_\_\_\_ log is used to document complaints.
7. Each written or verbal grievance received is to be responded to in writing by the Administrator within \_\_\_\_\_ days.
8. If the patient files an appeal to a compliant resolution, it is to be reviewed and responded to by \_\_\_\_\_ within thirty (30) days of its receipt by the Agency.
- a. Governing body member
  - b. Administrator
  - c. Nursing Director
  - d. Physician
9. When handling a complaint with an employee if your decision is distasteful to the employee in question, take the time to explain it and answer any questions.
- a. True
  - b. False
10. How long is complaints and grievances documentation kept for?