Improving the Grievance Process

Brittney Jackson, LMSW, MBA

April 28, 2016



Objectives

- Grievance Definition
- Identify Key Players
 - Documentation
 - Investigation
- Grievance Log Tutorial
- Identified Trends
- Access to Available Resources

Definition of a Grievance

- What is a grievance?
 - Written or oral communication
 - From an ESRD patient or an individual representing a patient
 - ESRD service received from a Medicare-certified provider
 - With respects to safety, civility, patient rights, and/or clinical standards of care

3

Key Players: Documentation

- Who should be responsible for receiving and documenting a grievance?
 - Everyone
 - Care providers
 - Any staff person who receives a grievance
 - Facility Administrator/Clinic Manager

Key Players: Investigation

- Who is responsible for carrying out an investigation of a grievance?
 - Facility Administrator/Clinic Manager
 - Staff Member's direct supervisor

Grievance Log Tutorial

- CMS provided template
- One grievance per log
- Documentation

		Acknowledgement Letter Provided?
Month:	-	Yes□ No□ Date:
Year:	_	Outcome Letter Provided?
		Yes □ No □ Date:
	Grievance Lo	g
Date Grievance Filed:		
Grievance entered by (S		
		No FA/CM Initials:
Name of Grievant:		
Description of Grievance	:	
Actions/Steps Taken:		
Date:	Actions/Steps completed by (Staff per	son):
Date:	Actions/Steps completed by (Staff per	son):
Date:	Actions/Steps completed by (Staff per	son):
Resolution:		
Was the grievant provid	ed a verbal explanation of the above re	esolution?
	Date:	
103	Date.	
Was the Grievance escal		
If so to whom:		
ii so to whom.		

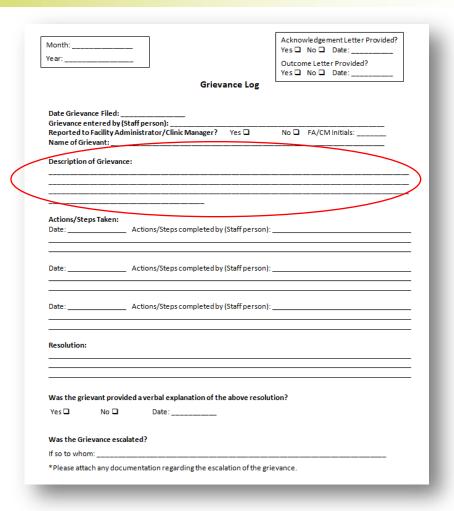
- CMS provided template
- One grievance per log
- Documentation
 - Date

Month:	Grieval	Acknowledgement Letter Provided? Yes □ No □ Date: Outcome Letter Provided? Yes □ No □ Date:
	ministrator/Clinic Manager?	Yes No FA/CM Initials:
Description of Grievand	e:	
Actions/Steps Taken: Date:	Actions/Steps completed by (S	staff person):
Date:	Actions/Steps completed by (S	itaff person):
Date:	Actions/Steps completed by (S	staff person):
Resolution:		
Was the grievant provio	ded a verbal explanation of the	above resolution?
Was the Grievance esca	alated?	
*Please attach any docu	mentation regarding the escala	tion of the grievance.

- CMS provided template
- One grievance per log
- Documentation
 - Date
 - Key Players

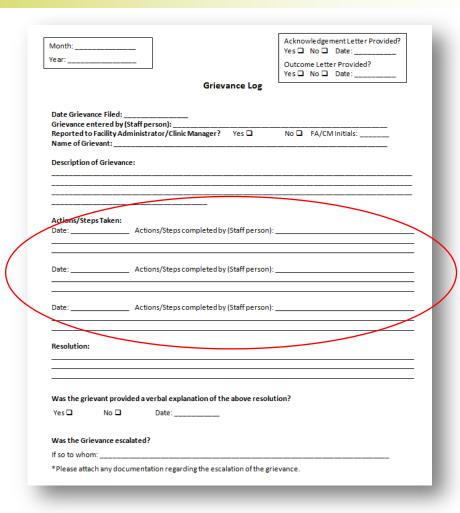
	Griev	ance Log	Outcome	No Date: Letter Provided? No Date:	
Date Grievance Filed: _					
Grievance entered by (S	ninistrator/ClinicManager?	Yes 🗆	No □ F	A/CM Initials:	
Description of Grievano	e:				
Actions/Steps Taken: Date:	Actions/Steps completed by	(Staff person): _			
Date:	Actions/Steps completed by	(Staff person): _			
Date:	Actions/Steps completed by	(Staff person): _			
Resolution:					
Was the grievant provide	ded a verbal explanation of the	e above resolutio	on?		
Yes No No	Date:				
Was the Grievance esca	llated?				
	mentation regarding the escal				

- CMS provided template
- One grievance per log
- Documentation
 - Date
 - Key Players
 - Description



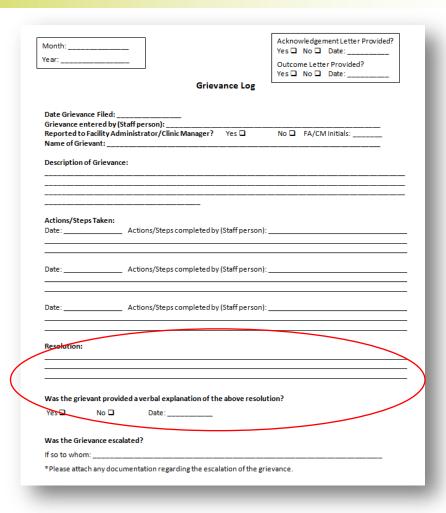


- CMS provided template
- One grievance per log
- Documentation
 - Date
 - Key Players
 - Description
 - Actions/Steps Taken



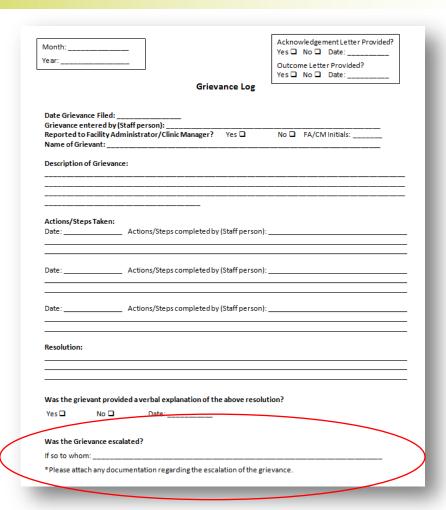


- CMS provided template
- One grievance per log
- Documentation
 - Date
 - Key Players
 - Description
 - Actions/Steps Taken
 - Resolution



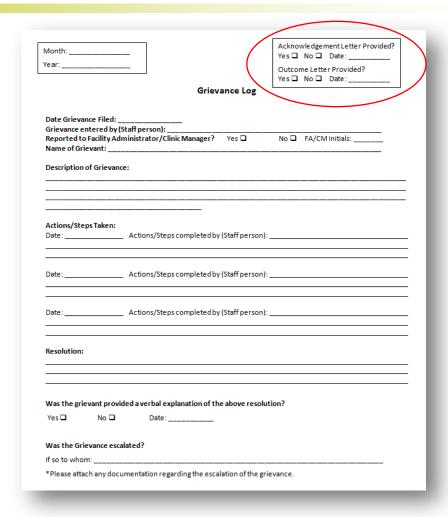


- CMS provided template
- One grievance per log
- Documentation
 - Date
 - Key Players
 - Description
 - Actions/Steps Taken
 - Resolution
 - Escalated





- CMS provided template
- One grievance per log
- Documentation
 - Date
 - Key Players
 - Description
 - Actions/Steps Taken
 - Resolution
 - Escalated
 - Tracking





13

Acknowledgement Letter

Date:	
Dear	_;
	ncern to our attention. We take all concerns very seriously and can assure you investigated. It is our goal to resolve your concerns in a manner that is ed.
	follow up with you in in one week from the date of this letter to provide you with . We appreciate your patience in this matter. If you have any questions please _at
feel that are being retaliated ag that you have been discriminat	ould feel safe filing a complaint or grievance without fear of retaliation. If you gainst, please notify immediately. Additionally, if you feel ed against based on race, color, national origin, disability, age, gender, sexual you may file a complaint with the Office for Civil Rights at 1-800-368-1019.
Kind Regards,	
Name	
Title	



Outcome Letter

Date:
Dear:
We would like to inform you that the complaint you filed on has been concluded. You have been provided with a verbal explanation of the outcome of our investigation. We thank you for brining your concerns to our attention. If you have any additional questions or concerns, please contact at
If you are dissatisfied with the outcome of your complaint, you may contact:
ESRD Network X Patient Services Department Address City, State Zip Phone: (XXX) XXX-XXXX
or
Department of Public Health Licensing and Certification Division Address City, State Zip Phone: (XXX) XXX-XXXX Fax: (XXX) XXX-XXXX
Kind Regards,
Name
Title



Case Example

- The staff at "Facility A" receive two grievances from patients during the month of January 2016, they are documented in the facility grievance log as follows:
 - On January 7th a patient requests to file a grievance with the facility because they feel that the temperature is too cold
 - On January 15th patient states that their blood pressure drops too low during dialysis treatments and requests to file a grievance with the facility

Completed Grievance Log

Month: January	Acknowledgement Letter Provided? Yes □ No 図 Date:
Year:	Outcome Letter Provided? Yes No Date:
Grievance Log	
Date Grievance Filed:1/07/16 Grievance entered by (Staff person): _B. Jones	
Reported to Facility Administrator/Clinic Manager? Yes Name of Grievant: Jane Doe	No G FA/CM Initials: JS
Description of Grievance: Patient requests to file a grievance with the facility because they feel cold	that the temperature is too
Actions/Steps Taken:	
Date: 1/07/16 Actions/Steps completed by (B. Jones): Educated paties dialysis, and offered patient a blanket. Reported concerns to the Clinic	
Date: 1/9/16 Actions/Steps completed by (J. Smith (CM)): Followard Grievance closed.	wed up with patient about concerns.



Completed Grievance Log

Resolution:	
	ed with education and resources.
Was the grievant	provided a verbal explanation of the above resolution?
_	provided a verbal explanation of the above resolution? Date:1/9/16
_	•
Yes ⊠ No □	Date:1/9/16
Yes ☑ No ☐ Was the Grievanc	Date:1/9/16

Identified Trends in Patient Complaints

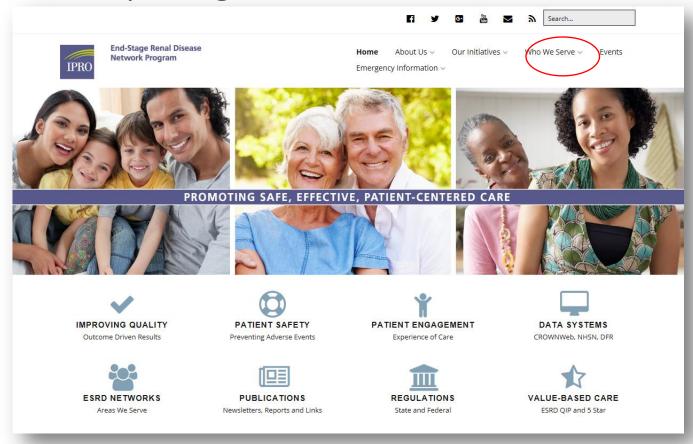
- What are the top grievances received at the Network?
 - Environmental Issues (e.g., facility too cold, basic maintenance issues such as chair, lobby)
 - Major Quality of Care or Access to Care Issues (e.g., major bleeds, wrong dialyzer, prescription changes without physician order, IVDs either at risk or actual)
 - Interpersonal Issues (e.g., conflicts between patients, conflicts between staff and patients)
 - Minor Quality of Care Issues (e.g., simple bleeding after dialysis, minor infection control issues)
 - Operational Issues (e.g., inadequate staffing, other issues related to the operation of the facility)

Assisting Patients

- What fosters an environment that encourages patients, family members and care partners to voice their concerns?
 - Ensure that all patients are aware of the option to file a grievance
 - Internally at your unit, with the Network and with the Department of Health Services (DHS)
 - Hang grievance posters in an area that is visible to all patients and visitors
 - Place grievance brochures in an area that is accessible to all patients and visitors

Available Resources: IPRO ESRD Network Program Website

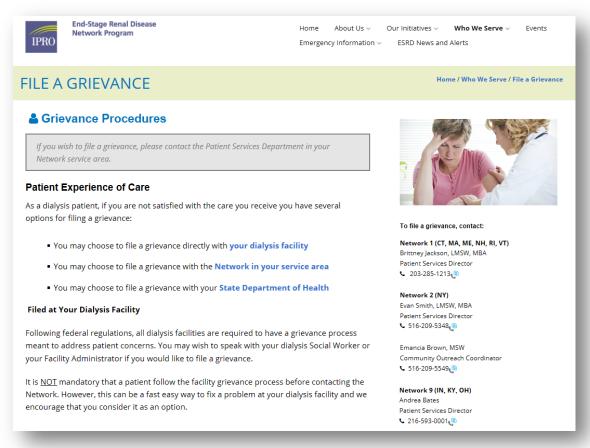
http://esrd.ipro.org





Available Resources: Grievance Process

http://esrd.ipro.org/who-we-serve/file-a-grievance

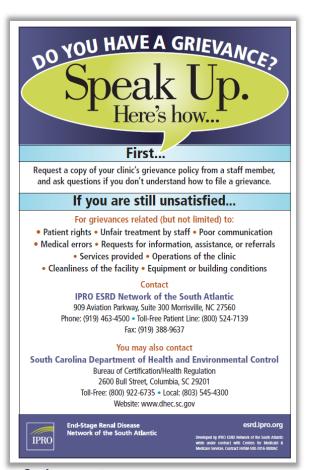




Available Resources: Grievance Posters







Please contact your Network to receive a copy of the grievance poster



For more information

ESRD Network of the South Atlantic Shannon Wright, BSW, PMP, ITIL v3 Executive Director (919) 463-4512 swright@nw6.esrd.net

ESRD Network of the South Atlantic Carla Primo Patient Services Director 919-463-4500 cprimo@nw6.esrd.net ESRD Network of the South Atlantic Wambui Kungu
Quality Improvement Coordinator
(919)-463-4506
wkungu@nw6.esrd.net



END-STAGE RENAL DISEASE NETWORK PROGRAM http://esrd.ipro.org