Improving the Grievance Process

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Objectives

- Grievance Definition
- Identify Key Players
  - Documentation
  - Investigation
- Grievance Log Tutorial
- Access to Available Resources
- Q&A
  - Please Use the Webinar Chat
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 regards to safety, civility, patient rights, and/or clinical standards of care
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

Grievance Log

Date Grievance Filed:
Grievance entered by (Staff person):
Reported to Facility Administrator/Chair Manager? Yes ☐ No ☐ FA/CM Initials:
Name of Grievant:

Description of Grievance:

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 provided a verbal explanation of the above resolution?
Yes ☐ No ☐ Date: ________

Was the Grievance escalated?
If so to whom:

*: Please attach any documentation regarding the escalation of the grievance.
Grievance Log

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

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<tr>
<th>Date Grievance Filed:</th>
<th>Acknowledgement Letter Provided?</th>
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<td>Yes ☐ No ☐ Date: ________________</td>
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*Please attach any documentation regarding the escalation of the grievance.*
Grievance Log

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

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

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

[Form image with fields for Month, Year, Date, Key Players, Description, Actions/Steps Taken, Resolution, Was the grievant provided a verbal explanation of the above resolution? Yes/No, Date, Was the Grievance escalated? Yes/No, Date, Other, and please attach any documentation regarding the escalation of the grievance.]
Grievance Log

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

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

Guarantee Log

Date Grievance Filed: __________________________

Grievance entered by [Staff person]: __________________________

Reported to Facility Administrator/Chief Manager? Yes ☐ No ☐ FA/CM Initials: ____________

Name of Grievant: __________________________

Description of Grievance:

__________________________________________________________________________

__________________________________________________________________________

Actions/Steps Taken:

Date: ___________ Actions/Steps completed by [Staff person]: __________________________

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 provided a verbal explanation of the above resolution? Yes ☐ No ☐ Date: ___________

Was the Grievance escalated? Yes ☐ No ☐

If so to whom: __________________________________________

*Please attach any documentation regarding the escalation of the grievance.
Grievance Log

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

Date Grievance Filled: __________________________
Grievance entered by (Staff person): __________________________
Reported to Facility Administrator/Chief Manager? Yes ☐ No ☐ FA/CM Initials: ______________
Name of Grievant: __________________________

Description of Grievance:
______________________________________________
______________________________________________

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 provided a verbal explanation of the above resolution? Yes ☐ No ☐ Date: ____________

Was the grievance escalated? Yes ☐ No ☐ Date: ____________
If so to whom: __________________________

* Please attach any documentation regarding the escalation of the grievance.
Acknowledgement Letter

Date:

Dear _____________________:

Thank you for bringing your concern to our attention. We take all concerns very seriously and can assure you that your concerns will be fully investigated. It is our goal to resolve your concerns in a manner that is satisfactory to all parties involved.

__________________________ will follow up with you in one week from the date of this letter to provide you with an update on our investigation. We appreciate your patience in this matter. If you have any questions please contact _____________________ at _____________________.

Please note that all patients should feel safe filing a complaint or grievance without fear of retaliation. If you feel that are being retaliated against, please notify _____________________ immediately. Additionally, if you feel that you have been discriminated against based on race, color, national origin, disability, age, gender, sexual orientation, or religious beliefs 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 bringing 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
Year: 2016

Acknowledgement Letter Provided?
Yes ☐ No ☐ Date: __________

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 ☒ No ☐ FA/CM Initials: JS
Name of Grievant: Jane Doe

Description of Grievance:
Patient requests to file a grievance with the facility because they feel that the temperature is too cold

Actions/Steps Taken:
Date: 1/07/16 Actions/Steps completed by (B. Jones): Educated patient on why they may feel cold during dialysis, and offered patient a blanket. Reported concerns to the Clinical manager

Date: 1/9/16 Actions/Steps completed by (J. Smith (CM)): Followed up with patient about concerns. Grievance closed.
Completed Grievance Log

Date: _______________ Actions/Steps completed by (Staff person): __________________________________________
__________________________________________________________

Resolution:
Patient was provided with education and resources.
__________________________________________________________

Was the grievant provided a verbal explanation of the above resolution?
Yes ☐ No ☑ Date: __________

Was the Grievance escalated? No
If so to whom: ________________________________________________

*Please attach any documentation regarding the escalation of the grievance.
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](http://esrd.ipro.org/who-we-serve/file-a-grievance)

### Grievance Procedures

**Patient Experience of Care**
As a dialysis patient, if you are not satisfied with the care you receive, you have several options for filing a grievance:

- You may choose to file a grievance directly with **your dialysis facility**
- You may choose to file a grievance with the **Network in your service area**
- You may choose to file a grievance with your **State Department of Health**

**Filed at Your Dialysis Facility**
Following federal regulations, all dialysis facilities are required to have a grievance process meant to address patient concerns. You may wish to speak with your dialysis Social Worker or your Facility Administrator if you would like to file a grievance.

It is **NOT** mandatory that a patient follow the facility grievance process before contacting the Network. However, this can be a fast easy way to fix a problem at your dialysis facility and we encourage that you consider it as an option.
Available Resources: Grievance Posters

Network 1

Network 2

Network 9

Please contact your Network to receive a copy of the grievance poster
Questions from the Chat
For more information

ESRD Network of New England (Network 1)
Brittney Jackson, LMSW, MBA
Patient Services Director
(203) 285-1213
bjackson@nw1.esrd.net

ESRD Network of New York (Network 2)
Evan Smith, LMSW, MBA
Patient Services Director
(516) 209-5348
esmith@nw2.esrd.net

ESRD Network of the Ohio River Valley (Network 9)
Andrea Bates, MSW, LSW
Patient Services Director
(216) 593-0001
abates@nw9.esrd.net

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