I. Policy Summary
To provide guidelines for the systematic receipt, documentation, tracking, evaluation, resolution and response to patient grievances.

All grievances will be handled in a timely, reasonable and consistent manner.

II. Definitions
Refer to Standard Definition Guide Document.

III. Policy
A. Information on where to file a grievance will be located in the Patient’s Rights and Responsibilities and online at www.ucrhealth.org.
B. Grievances must be filed, whether written or verbal, within 60 days of the event.
C. Grievance filed by family will not be addressed unless family is the patient’s personal representative. Specific issues will not be discussed with unauthorized third parties, however, if a third party complaint is made on behalf of a patient, attempts will be made to contact the patient in question to determine the complaints validity.
D. Whenever the patient or the patient’s representative requests their complaint be handled as a formal complaint it will be considered a grievance.
E. The facilitation and management of the grievance process will be delegated to the Compliance and Privacy Office. This process will be overseen by the Compliance Committee.
F. The Compliance Committee may include other ad hoc members as needed to address all issues.
G. Grievances received in the Clinics will be forwarded to the Compliance and Privacy Office.
H. All grievances will be followed up with a letter that identifies the name/provider location, contact person, steps taken to investigate, results and the date of completion and verification that the patient/family is satisfied with the response.
I. Aggregate data will be reported to Compliance Committee for performance improvement opportunities and ensure final resolution of issues.
J. Employees will be trained on the grievance process.

IV. Responsibilities (Not Applicable)

V. Procedures
A. A patient/family complaint may be expressed to any staff person at any time and
attempts will be made to resolve the patient complaint while the patient is still present.

B. Verbal patient/family complaints that may be resolved promptly by staff present and to the patient’s satisfaction are not included in the formal grievance process but will follow the Complaint Process

C. Complaint Process
   1. Staff members who receive a verbal complaint from a patient/family in their care should attempt to resolve the issue.
      a. If not resolved, complaint will proceed to Grievance Process

D. Grievance Reporting Process
   1. Patients’ expressing unresolved verbal complaints will require completion of the confidential Grievance Form by the staff taking the grievance
   2. Complaints received over the phone that cannot be promptly resolved will require the completion of the Grievance Form by staff member taking the complaint.
   3. All Grievance forms, as well as any complaints received in writing will be promptly forwarded via secure fax or email to the Compliance and Privacy Officer. Any hard copies not forwarded should be shredded.
   4. All complaints if a serious nature, (e.g. abuse, neglect) will also be promptly forwarded to the Compliance and Privacy Officer via secured email or fax. Any hard copies not forwarded should be shredded.

E. Grievance Resolution Process
   1. Upon receipt of the Grievance Compliance/Privacy Officer/designee will
      a. Initiate investigation
      b. Contact patient within three (3) working days to acknowledge receipt of the grievance
      c. Work to address and resolve the grievance
   2. A written response will be sent to the griever within seven (7) days of receipt of the grievance with a summary of the investigation, findings and resolution.
   3. If an investigation and subsequent resolution letter cannot be completed within the seven (7) day time frame, the Compliance/Privacy Officer/designee will send a follow-up letter to the griever informing them that an investigation has been initiated and that a summary of investigation, findings and resolution are forthcoming.
   4. The Compliance/Privacy Officer will send the final grievance response letter to the griever which will include the location where the complaint occurred and the contact person at that location, steps taken to investigate, results, date of completion and verification that the patient/family is satisfied with the response.
   5. Records will be maintained of all complaints/grievances received, initial grievance letters and final response letters as well as the Compliance Committee minutes where said grievances were reviewed.

F. Unresolved Grievance Process
   1. If a grievance cannot be resolved to the satisfaction of the patient/family the Compliance/Privacy Officer will assist the griever in providing addresses and/or phone numbers of appropriate regulatory authorities.

G. Monitoring
   1. The Compliance/Privacy Officer/designee will report aggregate data on any grievances received to the Compliance Committee Quarterly.
   2. Performance improvement opportunities will be implemented and/or reviewed for success.
VI. Forms/Instructions
   1. Grievance Form – To be completed by UCR SOM personnel
   2. Grievance Log – To be completed and maintained by the Compliance/Privacy Office

VII. Related Information

VIII. Revision History : New

   Approval(s):

   Compliance Committee (4/26/2016)
Attachment A

Patient Grievance Report Form

Patient Name: ___________________________________ Date: ________________

Name of Person with Concern: ____________________________________________

Relationship to Patient: ________________________________________________

Contact Information:

Phone: ______________________

Address: ______________________

UCR Staff Taking Report: ___________________ Site: ______________________

Information About The Complaint

Date of Occurrence: ________________

Describe What Happened (be as specific as possible):

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Actions Taken to Attempt Resolution (include names of all involved):

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

How Patient/Family Would Like to See the Problem Resolved:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Sent to Compliance/Privacy Date and Time: ________________________________
Attachment B

Patient Grievance Log

Complaint Received From: ________________________________
Date Complaint Received: _____________ Date Written Response Sent: ___________
Alleged Violation: ________________________________
Violating Party: ________________________________
Investigation Performed By: ________________________________
Investigation Results: ________________________________

Actions (if any) Taken Against Violating Party: ________________________________

Reviewed by Compliance Committee Date: ________________________________
Recommended Performance Improvement Opportunities: ________________________________

Date Case Closed: ________________

Complaint Received From: ________________________________
Date Complaint Received: _____________ Date Written Response Sent: ___________
Alleged Violation: ________________________________
Violating Party: ________________________________
Investigation Performed By: ________________________________
Investigation Results: ________________________________

Actions (if any) Taken Against Violating Party: ________________________________

Reviewed by Compliance Committee Date: ________________________________
Recommended Performance Improvement Opportunities: ________________________________

Date Case Closed: ________________