

---

## PURPOSE

Establishment of guidelines for hospitals to address grievances in a timely, reasonable, and consistent manner.

## DEFINITIONS

### Grievance

A formal complaint made to a hospital employee by a patient, or the patient's representative, regarding the patient's care that is not promptly resolved through the patient expressing satisfaction with the actions taken on their behalf. Issues related to a hospital's compliance with the Center for Medicare and Medicaid (CMS), Hospital Conditions of Participation (CoP) and Medicare beneficiary billing complaints related to rights and limitations provided by 42 CFR 489 may be grieved.

This definition does not include alleged violations of patient rights, per the Michigan Mental Health Code, which are investigated by the Office of Recipient Rights (ORR).

### Grievance Coordinator

A hospital staff member appointed by the hospital director to receive and review patient grievances and assign responsibility for their resolution.

### Hospital

An inpatient program operated by MDHHS for the treatment of individuals with serious mental or serious emotional disturbance.

### Patient Grievance Committee

A committee to whom hospital leadership has delegated the responsibility, in writing, to review and resolve grievances. Hospitals are not required to have a patient grievance committee.

### Quality Improvement Organization (QIO)

A group of health quality experts, clinicians, and consumers organized to improve the quality of care delivered to people with Medicare.

## Representative

Anyone with an interest in the patient's well-being. It could be a guardian, an attorney, a relative, an advocate, or a friend.

## POLICY

All hospital employees, contract staff, volunteers, patients, and patient representatives must alert the hospital's grievance coordinator regarding any patient grievances.

## STANDARDS

- Each hospital must establish a process for the timely and thorough review and resolution of grievances.
- Patients and guardians must be informed of how to submit a grievance and must be provided the [MDHHS Pamphlet Your Rights When Receiving Mental Health Services in Michigan](#) upon admission. Additionally, hospitals must post instructions for making grievances on each living area and in the visitor's area.
- Medicare beneficiaries must be notified of their rights to have their grievance forwarded to Livanta, LLC or the local Quality Improvement Organization (QIO).
- Each hospital must immediately investigate any grievance that involves situations or practices that place a patient in immediate danger, or that involve alleged abuse or neglect. This investigation must involve both the State Hospital Administration Investigations Section and ORR.
- Grievances must initially be assigned to an employee who can most readily address and resolve it.
- Grievances must be addressed and resolved as quickly as possible.
- If requested, hospital staff must assist a patient in completing a grievance form. Completed grievance forms must be
  - Placed in a confidential grievance mailbox located on each unit or,

- Provided to a staff person for delivery to the hospital's grievance coordinator or the hospital's grievance committee.

Grievance forms must be

- Retrieved each business day.
- Date stamped.
- Assigned a tracking number.
- Entered into the hospital's grievance log.
- Assigned to the appropriate hospital department for resolution.

Grievances do not have to be submitted on the patient grievance form to be addressed.

- Each hospital must make a good faith effort to respond to, and resolve, if possible, grievances within seven business days of receiving them. The assigned department must investigate the issue(s) raised by the grievant and report the results. The assigned department manager must forward the completed investigation to the grievance coordinator and/or the grievance committee and enter receipt of the investigation into the grievance log.

If the hospital is unable to resolve the grievance within seven business days, the assigned department manager must:

- Notify the grievance coordinator and/or the grievance committee.
- Send a written notice to the patient, and their representative, if applicable, indicating that the hospital is still working to resolve their grievance.
- Enter this information into the grievance log.
- Following resolution, the grievance coordinator and/or the grievance committee must ensure that the patient, and their representative, if applicable, is provided with written notice of the determination. This written notice must be in a manner easily understood by the patient and their representative.

- When the patient is satisfied with the action taken on their behalf, the grievance is considered resolved.

**Note:** There may be situations where the hospital has taken appropriate and reasonable actions on the patient's behalf to resolve the grievance and the patient, or their representative, remains dissatisfied with the hospital's actions. In these situations, the hospital may consider the grievance closed but must maintain documentation of its efforts.

- Copies of all responses sent to the patient must be forwarded to the grievance coordinator and/or the grievance committee and hospital administration. All hospital employees, contracted personnel, students, and volunteers must receive training on responding to patient grievances within 30 days of an employee's onboarding date.
- To assist with identification and resolution of any deeper, systemic problems as part of performance improvement, the grievance coordinator and/or the grievance committee must forward aggregated data to the hospital's performance improvement chair for review not less than quarterly. Such data must include:
  - The number of grievances filed.
  - The types of grievances and the areas impacted.
  - The time taken for resolution of the grievances.

The grievance coordinator and/or the grievance committee must present, annually, a report detailing grievances, types, areas and resolution attempts to the hospital director.

- Hospitals must retain grievance records for a minimum of three years.

## RESOURCES

Livanta, LLC  
BFCC-QIO Area 5  
10820 Guilford Rd, Suite 202  
Annapolis Junction, MD 20701-1105  
Toll-free Phone Number: 877-588-1123  
Fax: 844-420-6672  
TTY for all areas: 855-887-6668

Michigan Department of Licensing and Regulatory Affairs

Bureau of Health Care Services  
PO Box 30664  
Lansing, MI 48909  
Complaint Hotline: 800-882-6006

The Joint Commission  
One Renaissance Blvd.  
Oakbrook Terrace, IL 60181  
[complaint@jointcommission.org](mailto:complaint@jointcommission.org)  
800-994-6610

## REFERENCES

- Center for Medicare and Medicaid (CMS) Conditions of Participation, "Patient Rights", 482.13
- Center for Medicare and Medicaid (CMS) Conditions of Participation, "Provider Agreement and Supplier Approval", 489.10 (b)
- The Joint Commission, Standard RI.01.01.01 and RI.01.07.01
- Michigan Mental Health Code, PA 258 of 1974, as amended, Chapter 7
- MDHHS Policy [APF 131, Complaint Investigation, Reports and Remediation.](#)
- MDHHS Policy [APF 132, Definitions and Reporting of Abuse and Neglect.](#)

## CONTACT

For more information contact the State Hospital Administration.