PURPOSE

Consistent with the mission and values of the Michigan Department of Health and Human Services (MDHHS), the department makes every attempt to provide patient care in an atmosphere of excellent service. There may be times when there is a complaint about patient care or when patient expectations are not met. This procedure provides the guidelines for MDHHS state hospital staff to address these complaints in a timely, reasonable and consistent manner.

Patient complaints/grievances are distinguished from a recipient rights complaint which is defined as a written or oral statement alleging a violation of a right or rights of a recipient guaranteed under Chapter 7 of the Michigan Mental Health Code and Part 7 of the Administrative Rules; see MDHHS Policy APF 132.

APPLICATION

This policy applies to all patients, employees, contracted personnel, students, and volunteers of MDHHS.

DEFINITIONS

Patient Complaint/Concern

A patient complaint or concern is a verbal expression of dissatisfaction about patient care or service that may be promptly resolved by on-site staff. A complaint is not a grievance unless it is not promptly resolved. A complaint is resolved when the patient is satisfied with the actions taken on his or her behalf. Examples of complaints that may be easily resolved by staff present include:

- Request for a change in bedding.
- Housekeeping of a room.
- Heating a meal.

Patients, their families, and visitors are encouraged to address any complaints with hospital employees at the time the complaint arises and employees will make every attempt to resolve complaints immediately or refer the complainant to the appropriate employee/department for assistance.

Patient Grievance

A patient grievance is a formal or informal, written or verbal complaint made to a hospital employee by a patient, or the patient’s
representative, regarding the patient’s care when the staff does not resolve the complaint promptly. Issues related to the 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.

Patient Grievance Coordinator

A patient grievance coordinator is an individual appointed by the hospital director to receive and review patient grievances and assign responsibility for their resolution.

Patient Grievance Committee (optional)

A patient grievance committee is a committee to whom the governing body has delegated the responsibility, in writing, to review and resolve grievances.

Patient Representative

A patient representative is 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 STATEMENT

All MDHHS employees, contract staff, volunteers, patients and patient representatives are encouraged to alert appropriate staff regarding any patient complaint/grievance. Patients will be informed of the procedure for filing a formal grievance and of their right to file a complaint with the Michigan Department of Licensing and Regulatory Affairs at any time during the process instead of using the Hospital's Complaint/Grievance Process.

Michigan Department of Licensing and Regulatory Affairs
Bureau of Health Care Services
PO Box 30664
Lansing, MI 48909
Complaint Hotline: 800-882-6006

Additional Resources:

The Joint Commission
One Renaissance Blvd.
Oakbrook Terrace, IL 60181
complaint@jointcommission.org
800-994-6610
For Medicare Eligible Patients:

KEPRO
5201 W. Kennedy Blvd., Suite 900
Tampa, FL 33609
Toll Free: 855-408-8557

STANDARDS

- Each state hospital must establish a process for the timely and thorough review and resolution of patient grievances.

- Make patients and guardians aware of how to make a complaint/patient grievance upon admission through a brochure that describes the process. Additionally, post instructions for making complaints/grievances on each living area and in the visitor’s area.

- Notify Medicare beneficiaries of their rights to have their grievance forwarded to KEPRO (a Beneficiary and Family Centered Care QIO) or the local Quality Improvement Organization (QIO).

- Investigate any complaint/grievance that involves situations or practices that place the patient in immediate danger or alleged abuse or neglect immediately.

- Forward complaints about service/care first to the employee responsible for providing the disputed service/care if possible. The employee will attempt to resolve the issue as quickly as possible.

- Patients may request the assistance of staff to complete a grievance form. Patients may place the completed form in the confidential grievance locked box located on each unit or may ask the staff to forward the form to the patient grievance coordinator/committee.

- Clear grievance forms from the grievance locked box daily. Grievance forms must be date stamped, assigned a tracking number and entered into the grievance log. The patient grievance coordinator/committee will assign the appropriate department within the hospital to resolve the grievance. Grievances do not have to be submitted on the patient grievance form in order to be addressed.
Each hospital must strive to respond to grievances within seven business days of receiving them. The assigned department will investigate the issue(s) raised by the grievant and report the results. Forward the completed investigation to the patient grievance coordinator/committee and enter receipt of the investigation into the patient grievance log.

The assigned department will issue a written response within seven business days of receipt of the grievance to inform the patient of how his or her grievance has been resolved. If the hospital is unable to resolve the grievance within seven business days, the assigned department head/supervisor/manager will notify the patient grievance coordinator/committee. Send a written notice to the patient indicating that the hospital is still working to resolve their grievance. Enter this information into the patient grievance log.

Following resolution, the patient grievance coordinator/committee must ensure that the patient/patient’s representative is provided with written notice of the decision. This written notice to the patient/patient representative will be in a manner easily understood by the patient/patient representative.

When the patient is satisfied with the action taken on his/her behalf consider a complaint or grievance resolved.

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

Copies of all responses sent to the patient will be forwarded to the patient grievance coordinator/committee and the hospital director.

All employees, contracted personnel, students and volunteers of MDHHS hospitals will receive training on responding to patient concerns/grievances within 30 days of an employee’s hiring date.

To assist with identification and resolution of any deeper, systemic problems as part of performance improvement,
forward aggregated data quarterly to the hospital’s performance improvement chair for review.

- The hospital’s performance improvement committee must receive quarterly reports that trend data related to the grievances filed for quality improvement activities.
  - Number of grievances.
  - Types/areas.
  - Turn-around time.

- Present an Annual report of grievances to the Bureau of Hospitals and Administrative Operations and to the hospital director.

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 Bureau of State Hospital and Behavioral Administrative Services.