



Origination 07/1997
Last Reviewed 02/2024
Effective 02/2024
Last Revised 07/2023
Next Review 02/2025

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GA-001-010 Complaint/Grievance Management

I. Purpose

To set forth guidelines for the resolution of patient/client dissatisfactions, or concerns. The patient shall have reasonable expectations of care and service and Broward Health shall provide a mechanism for receiving and responding to complaints and grievances from patients or their designee, families and physicians concerning quality of care and services in a timely, reasonable, and consistent manner.

II. Philosophy

Broward Health regards complaints as an opportunity to improve services and seek solutions to issues which arise.

III. Definitions

- A. *Complaints: A problem identified verbally by a patient or their designee that can be resolved at the time of the complaint by staff present.*
- B. *Grievances: All written complaints including email, letters, and facsimiles.*
- C. *Any complaint, verbal or written, regarding quality of care or premature discharge not resolved to the patient's satisfaction at the time made.*
 - 1. Patient surveys which have been received that request a response from the facility.
 - 2. Any complaint, verbal or written, made by a patient where it is requested that the complaint be handled formally; any complaints, verbal or written, of abuse, neglect, patient harm or failure of the Broward Health to comply with Center Medicare & Medicaid Services (CMS) requirements for patient care or with one or more Conditions of Participation (COP's).
 - 3. Medicare beneficiary billing complaints related to the rights and limitations

provided by 42 CFR §489 including, the basic commitments and limitations to which Medicare providers must agree as part of an agreement to provide services, such as, limitations on allowable charges to beneficiaries for deductibles, coinsurance, co-payments, and services, issues of premature discharge and specific rights pertaining to discharge notice and appeal.

- D. *Staff present includes: Any Broward Health staff present at the time of the complaint or who can quickly be at the patient's location, e.g., nursing, administration, nursing supervisors, patient advocates, etc., to resolve the patient's complaint.*
- E. *Patients: Any reference to patients shall include patient, designee, or legal representative.*
E. Written Communication: Communication by means of symbols (printed or hand written). Letter, emails, and facsimiles are approved methods of written communications.

IV. Policy:

It is the policy of all Broward Health facilities to respond to all customers concerns, grievances, or requests for assistance in a consistent, expeditious, and sensitive manner. It is the responsibility of all management personnel to address complaints and/or grievances and to facilitate prompt resolution whenever possible.

- A. *A complaint is considered resolved when the patient or their designee is satisfied with the actions taken on their behalf.*
The grievance process includes identification, investigation, and resolution of any deeper, systemic problems indicated by the grievance.
The Complaint/Grievance Management policy is approved by the Broward Health Board of Commissioners who delegate the responsibility for ensuring proper handling of the grievances to each region's designated grievance committee for handling such matters. A grievance committee is more than one person and membership includes adequate number of qualified members to review and resolve grievances.
- B. *All patients within Behavioral Health Services are provided accessibility to telephones 24 hours per day 7 days per week to report a complaint. Postings are in multiple languages on the units and list telephone numbers to the Abuse Registry, Advocacy Center for persons with Disability and the Office of Consumer Affairs. Patients are provided detailed information at the time of admission in the Behavioral Health Patient Handbook.*
- C. *Notice of Patient Rights:*
 - 1. Patients and families are provided with a Patient Handbook and informed of their right to present complaints and file grievances. All patients receive or have access to Patient's Rights Information, which includes the patient complaint procedure.
 - 2. Patients are directed to speak with a guest relations representative, their designee, or a member of the management staff in their area if at any time they feel their patient rights have not been observed.
 - 3. Patients are informed they may submit written or verbal grievances.

4. Patients are informed they may lodge a grievance with the State Agency -Agency for Health Care Administration (AHCA) and/or The Joint Commission directly, and/or CHAP regardless of whether they have first used the Broward Health grievance process.
5. Patients are informed they may lodge a grievance with the Agency for Health Care Administration regarding complaints against Broward Health or the Florida Department of Health regarding complaints or grievances against a licensed health care practitioner, regardless of whether they have first used the Broward Health grievance process.
6. Medicare beneficiaries are informed that they may report any concerns they may have regarding quality of care, disagreement with a coverage decision or wish to appeal premature discharge to the appropriate Quality Improvement Organizations.
All Medicare patients with Broward Health Gold Coast Home Health and/ or Hospice of Gold Coast sign the Notice of Non-Medicare Coverage Forms prior to discharge from home care information them of their right to appeal and the QIO or insurance information if Medicare Advantage or Medicare Secondary Payer.
7. All members of the Medical Staff shall receive a copy of the Patient's Rights when first credentialed as Medical Staff members.
8. Patient Rights are displayed on all patient care units as a mechanism to reinforce the rights of patients.

D. *Communications and Time frames:*

Broward Health has in place a system for investigating, tracking, managing, and responding to complaints and patients are provided a response upon completion or investigation.

E. *Complaints*

1. Acknowledge written and verbal complaints immediately in order to resolve the Issue(s) or complaint(s) via the individual receiving the complaint.
2. Attach no blame or excuses. Remain focused on improving the working relationship for the future.
3. Keep individual updated on the progress of the resolution to the situation.
4. Always notify manager of serious complaints, regarding courses or interventions, provide written follow-up to document the complaint, facts concerning the situation and steps taken to resolve the problem.
5. When necessary, refer the client to the manager or designee for resolution or follow-up.
6. Maintain confidentiality when dealing with complaints and focus on issues and the situation, not the source of the complaint.
7. Presentation of a complaint will not compromise a future access to services.

8. Written complaints are reviewed, investigated, and have response within 7 business days to the individual placing the complaint.

F. *Grievances*

1. Broward Health must review, investigate, and resolve each patient's grievance within a reasonable time frame. Efforts will be made to complete within 7 business days.
2. If a grievance cannot be resolved within 7 business days, Broward Health will send a written communication to the patient or their designee acknowledging the grievance and the investigation to date and the expected time frame for resolution.
3. The grievance process should be completed in no more than 30 business days. If grievance issues cannot be resolved within the 30 business days, the complainant should be kept informed as to results of the grievance process thus far and the anticipated date of completion.
4. Once a decision has been reached, the patient will be notified, in writing, of the decision. The writing shall include the name of contact person, all steps taken to investigate the grievance, those results and date of completion.
5. The determination of the grievance must be communicated in writing to the patient or the patient's representative in a language and manner they will understand.

V. *Procedure:*

- A. *Person receiving the complaint will initiate their recording/tracking mechanism and incident report system (HAS) and forward to the designated department(s) for departmental tracking and trending purposes. No further action is needed on complaints as they were resolved at time they were verbalized.*
- B. *Guest Relations/Customer Service or their designee will review and log complaints/grievances and HAS reports. Guest Relations/Customer Service or their designee will be responsible for complaints/grievances follow up and closure.*
- C. *Guest Relations/Customer Service or their designee will route to the appropriate department manager as needed, should it be determined that the grievance cannot be handled by guest relations or their designee.*
- D. *If the expected resolution time frame exceeds estimated time frame, the patient or their designee will be contacted by Guest Relations or their designee.*
- E. *All written correspondence in response to grievances will be coordinated by Guest Relations/Customer Service or their designee.*
- F. *There may be situations where Broward Health has taken appropriate and reasonable actions on the patient's behalf in order to resolve the patient's grievance and the patient or their designee remains dissatisfied with the actions. In these situations, Broward Health may consider the grievance closed for the purposes of these requirements.*

- G. *In the case of physician complaint/grievances:*
 - 1. The complaint/grievance is forwarded to the Regional Manager Medical Staff Services, Chief of Staff, Chief Medical Officers, and Department Manager along with any supportive documentation available.
 - 2. Notification to Senior Leadership will be made where appropriate.
 - 3. Notification of the complaint/grievance will be communicated to the involved physician.
 - 4. Documentation of investigation and resolution will be maintained in the Medical Staff Offices.
- H. *Grievances causing serious injury or risk of harm will be entered into HAS and forwarded to Risk Management to be analyzed, tracked, and trended.*
- I. *Complaints/grievances will be analyzed, tracked by Guest Relations or their designee and reported to the appropriate committees and formally reported out to Broward Health's Quality Assessment and Oversight Committee, Local Patient Care Key Groups and/or Quality Assurance & Performance Improvement meetings.*
- J. *All requests for financial adjustments must be approved by the Chief Financial Officer and/or Chief Executive Officer.*
- K. *Referral of patient concerns regarding quality of care or premature discharge should be made to the appropriate department (i.e., Quality Management, Nursing Leader, Case Management, etc.). Issues concerning liability will be referred to Corporate Claims Services.*

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Approval Signatures

Step Description	Approver	Date
	Barry Gallison: Vice President, Clinical Quality & Risk Management	02/2024
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