

## **Administrative Policy Number: 16.03**

### **TITLE: PATIENT/VISITOR CONCERN/GRIEVANCE POLICY**

#### **I. PURPOSE**

The purpose of this policy is:

- to explain the difference between a concern and a grievance, and
- to define the process for responding to a patient concern and grievance.

#### **II. STATEMENT OF POLICY**

Zuckerberg San Francisco General Hospital and Trauma Center (ZSFG) is committed to providing consistent, compassionate, respectful attention to every individual. Consistent with that commitment, ZSFG:

- Welcomes feedback from patients or their representatives about the care they have received at ZSFG,
- Informs patients of their right to make a complaint or file a grievance about their care or services,
- Responds to patient concerns and grievances in a timely, respectful and meaningful manner,
- Informs Chiefs of Service and Departmental Managers of grievances concerning their respective areas, and
- Collects, tracks and trends patient concern and grievance data as part of its quality improvement activities.

#### **III. DEFINITIONS**

**Concern:** A patient care issue that is identified, addressed and resolved promptly within 24 hours or to the satisfaction of the patient by staff present at the time of the identified issue. By way of example, concerns may involve issues relating to food preferences and housekeeping. Concerns do not require extensive investigation or a written response if resolved promptly

**Complaint or Grievance (collectively “grievance”):** a written or verbal complaint by a patient or a patient’s representative that cannot be resolved by staff present and may require an investigation into systems and/ or peer review issues. By way of example, grievances may raise issues related to violations of patients’ rights, medical or nursing care, or appropriateness of discharge. Grievances may also include a complaint which a patient chooses not to make while in the hospital or for which s/he requests a written response. All grievances require a written response. Billing issues are not considered grievances and do not require an investigation and

written response. All billing grievances will be forwarded to Patient Financial Services and the patient or patient's representative will be notified in writing.

**Grievance Manager:** The Chiefs of Service, Departmental Managers, or their designees, who have the responsibility for investigating and responding to patient grievances relating to care or treatment provided in their respective areas.

#### **IV. PROCEDURE**

##### **A. Patient Information about Concerns and Grievances**

ZSFG gives a Patient Handbook to all inpatients at the time of their admission, which includes the following information:

1. Whom to contact with a concern or grievance,
2. That the grievance process will provide prompt resolution of grievances related to care or services,
3. That exercising this right will not compromise their care now or in the future.
4. The name, address and telephone number of the regulatory or advocacy agency that patients may contact if they believe their grievance was not adequately addressed, and
5. For Medicare beneficiaries the right to request through the Utilization Review Department that a grievance be referred to the Health Services Advisory Group (California Quality Improvement Organization) for review.

Whenever possible, ZSFG provides this information to each patient in a language or method of communication that the patient understands.

##### **B. Office of Patient Experience**

ZSFG has an Office of Patient Experience ("OPEX") that

- Assists patients in resolving concerns that do not rise to the level of a grievance,
- Assists patients in completing a grievance about care or services they received at ZSFG,
- Triages grievances to the appropriate Grievance Manager for investigation and response, and
- Assists patients inquiring about the status of the response to their grievances.

The Office of Patient Experience is located in Bldg. 5, second floor, Room 2A2. The telephone number is 628-206-5176.

Each Chief of Service and Departmental Manager will provide the Office of Patient Experience with the name of the Grievance Manager for her or his respective area and the name of an alternate in the event the Grievance Manager is temporarily unavailable.

The Office of Patient Experience reports to the Chief Experience Officer.

### **C. Patient Experience Statement**

ZSFG has a Patient Experience Statement which is available in the Office of Patient Experience or can be downloaded from the CHN website. It is currently available in English, Spanish, Chinese, Tagalog, and Russian. Interpreter Services will assist patients who speak other languages in completing the grievance form. The Patient Experience Navigators will assist patients who are unable to write. When nursing or other staff assist patients in completing a grievance form, they will forward the completed form to the Office of Patient Experience.

### **D. Investigation and Response**

**1. Patient Concern:** A patient concern, as per the definition above, should be handled by staff present as expeditiously as possible, usually within 24 hours or to the satisfaction of the patient before it escalates to a grievance.

#### **2. Patient Grievance:**

a. Upon receipt of a completed grievance form, the Office of Patient Experience will

- (1) Acknowledge receipt of the grievance form with a copy of the submitted grievance and an acknowledgement letter informing the patient or patient's representative that an investigation will be completed, and a written response will be sent within 30 business days, and
- (2) Direct the grievance form and tracking form to the appropriate Grievance

Manager for an investigation and response.

b. Upon receipt of a grievance form, the Grievance Manager will

(1) Make every effort to call the patient to:

- i. express regret that the patient had an unsatisfactory experience at ZSFG,
- ii. assure the patient, or patient's representative, that s/he is taking responsibility for investigating and responding to the grievance, and
- iii. elicit any additional information from the patient that may be helpful in conducting the investigation

(2) Generally, within thirty (30) business days, conduct an investigation of the grievance and complete a response letter. After completing the response, send it to the Chief of Service or Associate Administrator for the area where the care or service at issue was provided for review and approval unless the Grievance Manager is the Chief of Service or Associate Administrator for that area. If the investigation is taking longer than thirty (30) days, the response time may be extended, and this extension will be communicated to the patient by the Office of Patient Experience;

(3) Return the tracking form along with the completed and signed response to the Office of Patient Experience to be mailed to the patient. The Office of Patient Experience holds responses for patients, who do not have mailing addresses, until they have the opportunity to return to the Office of Patient Experience.

c. The written response to the grievance must contain the following:

- i. The name of the person at the hospital to contact for clarification or

additional information,

- ii. The steps taken to investigate the grievance,
- iii. The results or findings of the investigation, and
- iv. A brief summary of steps taken to avoid a recurrence of the event/ situation that prompted the grievance.
- v. Date of completion of the grievance process.

Specific personnel or peer review actions, which that may have been taken in response to an incident that gave rise to a grievance, should not be disclosed in the response to the grievance.

#### **E. Grievance Oversight**

The San Francisco Health Commission, the governing body for ZSFG, has delegated the responsibility for oversight of patient grievances to the Office of patient Experience (OPEX), which reports to the Performance Improvement and Patient Safety (PIPS). OPEX has the responsibility for collecting, tracking and trending grievance data and making semi-annual reports on the data and QI opportunities to the PIPS, which reports to the Joint Conference Committee.

#### **APPENDICES**

[Appendix A: Grievance/Concern Flow Chart](#)

[Appendix B: Patient Grievance Tracking Form](#)

[Appendix C: Patient Experience Statement \(English\)](#)

[Appendix D: Patient Experience Statement \(Chinese\)](#)

[Appendix E: Patient Experience Statement \(Spanish\)](#)

[Appendix F: Patient Experience Statement \(Russian\)](#)

[Appendix G: Patient Experience Statement Form \(Tagalog\)](#)

[Appendix H: Patient Experience Statement Form \(Vietnamese\)](#)

## **CROSS REFERENCES**

ZSFG Administrative Policies and Procedures

[1.03 Administrator-on-Duty](#)

[13.10 Health Information Services \(HIS\): Confidentiality, Security, and Release of Protected Health Information](#)

Medical Staff Bylaws: Peer Review

CHN Corporate Compliance Program Policy

### **Approval:**

Nursing Executive Committee	12/20/22 ( via email)
Medical Executive Committee	12/21/22
Performance Improvement and Patient Safety Committee	12/20/22

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