

Title: UNM Hospital Board of Trustees Patient Grievance		Policy			
Patient Age Group:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> All Ages	<input type="checkbox"/> Newborns	<input type="checkbox"/> Pediatric	<input type="checkbox"/> Adult

POLICY STATEMENT

It is the policy of the UNM Hospital Board of Trustees (BOT) that patients and their authorized representatives' grievances will be resolved in a timely, reasonable and consistent manner.

DETAILED POLICY STATEMENT

1. UNMHSC staff that become aware of a patient concern or complaint about patient care, patient rights, or who become aware of a concern or complaint about barriers to disabled visitors or patients, are authorized to attempt to resolve the concern or complaint as promptly as the circumstances allow, in a courteous and reasonable manner.
 - 1.1 Immediate attention must be given to grievances about situations that endanger the patient, such as neglect or abuse due to the seriousness of the allegations and the potential for harm to the patient(s).
2. Documentation of oral or written grievance, including the date of incident, the patient/visitor name, address and phone number, the employee's name who took the complaint, and all other pertinent information including how the concern or complaint was resolved, must be forwarded to the PAC.
3. If the complaint cannot be resolved at the point of contact or service within the time frame identified in this policy under the circumstances by staff present, then the patient, patient's representative will be referred to the PAC or the Administrative Supervisor for assistance in making an oral or written grievance:

Patient Assistance Coordinator:	272-2121	0800 - 1700	M-F
Administrative Supervisor:	272-2111	1701 - 0759	M-F
Administrative Supervisor:	272-2111	Sat, Sun, Holiday	
4. The patient/patient representative shall be informed that he or she has the right to file a grievance directly with:

New Mexico Department of Health ("DOH")
 Division of Health Improvement
 P.O. Box 26110
 Santa Fe, NM 87502-6110
 1-800-445-6242
5. Complaints or grievances related to quality of care or premature discharge will be forwarded to the appropriate medical department for review.
6. Concerns or complaints from Limited English Proficient (LEP) persons about language access will be referred to the Director of the Interpreter Language Services Department, who is designated as the Language Access Coordinator of the UNMHSC, at 505-272-6181.
7. Medicare beneficiaries follow the process outlined in "An Important message From Medicare about Your Rights" which is given on admission and within 2 days of discharge. Concerns regarding quality of care or premature discharge may be reported to the Quality Improvement Organization (QIO): New Mexico Medical Review

- Association at toll-free 1-800-663-6351 or voice at 1-505-998-9898 as outlined in the Important Message.
8. Approaches for resolving complaints and grievances include the following as well as any other approaches that support communication in a language and manner that the patient or patient's representative understands.
 - 8.1 Face-to-face meetings with the patient and/or their legally authorized representative;
 - 8.2 Referral for a biomedical ethics consultation by any staff member, patient, or patient family member or decision-maker (dedicated digital pager: 951-3614; cell phone number 688-9137);
 - 8.3 Request for Care Management services;
 - 8.4 Referral for UNMHSC financial counseling; (billing issues are not considered grievances for the purpose of the Conditions of Participation);
 - 8.5 Request for housekeeping services, food and nutrition services, and parking services;
 - 8.6 Referral to Children, Youth & Families Department for child and adult protective services for abuse, neglect or exploitation;
 - 8.7 Referral to UNMHSC legal counsel for protective services regarding healthcare decision-making, such as guardianship and treatment orders (272-4428);
 - 8.8 Referral to UNMH Risk Management for information on filing a grievance when the concern or complaint includes a request for money.
 - 8.9 Referral to Security.
 9. Complaints and grievances that have not been resolved within 30 days or when reasonable efforts to resolve the issue have been ineffective after review by the Grievance Committee will be referred to the Vice President for Hospital Operations and CEO, or the BOT.
 10. The patient or his or her authorized representative will be notified in writing of the investigative outcome of all grievances (oral or written). This will be done within 7 days unless additional time is needed for resolution. If additional time is needed, the patient or representative will be notified in writing. This notification will include the:
 - 10.1 Name of the UNMHSC contact person who can provide additional information;
 - 10.2 Steps taken to investigate the grievance;
 - 10.3 Results of the grievance process; and
 - 10.4 Date of completion.
 - 10.5 Additional contact information as needed.
 11. Complaints or grievances that involve patient safety should also be reported in Patient Safety Net (PSN).
 12. The use of this grievance process does not preclude patients from filing a complaint of discrimination on the basis of national origin with the U.S. Department of Health and Human Services, Office for Civil Rights.
 13. A report on grievances will be made to the Committee on Excellence on a quarterly basis.

APPLICABILITY

UNM Hospitals and Clinics.

POLICY AUTHORITY

UNM Board of Trustees

Stephen W. McKernan, Vice President, Hospital Operations and CEO, UNM Hospitals

REFERENCES

- 45 CFR Part 84 as implementing the Rehabilitation Act of 1973, as amended, (29 USC, 94) and the Americans with Disabilities Act of 1990 (42 USC, 12101-12213).
- Uniform Health Care Decisions Act, NMSA 1978, and Sections 24-7A-1, et seq. (1995, as amended through 2000).
- Uniform Anatomical Gift Act, NMSA 1978, and Sections 24-6A-1, et seq. (1995, as amended through 2000).
- Department of Health Regulations, 7.7.2.19 NMAC (2000)
- Board of Regents' Policy Manual, HSC Quality of Care (2.13.1)
- CMS Conditions of Participation (482.13(a)(2) (Rev. 37, 10-17-08)
- The Joint Commission (RI01.07.01)
- Title VI of the Civil Rights Act of 1964, 42 U.S.C. 5 2000d, and its implementing regulations at 45 C.F.R. Part 80.
- Section 504 of the Rehabilitation Act of 1973, 29 L.I.S.C 794, and its implementing regulations at 45 C.F.R. Part 84.
- Age Discrimination Act of 1975, 42 U.S.C. 6101 et seq., and its implementing regulations at 45 C.F.R. Part 91.

IMPLEMENTATION PROCEDURES

1. The UNM Board of Regents delegates to the Board of Trustees who then delegates the responsibility to assure the effective operation of the patient grievance process to the Grievance Committee and Patient Assistance Coordinator (PAC).
2. Grievances (as defined in the Conditions of Participation) that cannot be resolved by the Grievance Committee and PAC will be forwarded to the Vice President, Hospital Operations and CEO, UNM Hospitals or the BOT. All resolution letters will be forwarded to the PAC for trending purposes.
3. All grievances will be resolved within 7 days, unless the grievant is notified that the appropriate investigation will require additional time.
4. This policy and procedure applies to all patients or patient's representatives, but does not apply to requests for money.
 - 4.1. Requests for money (e.g., lost items) or billing issues are required by state law to follow a procedure, which includes written notice to the facility. The notice may be mailed to UNMH Risk Management, 2211 Lomas NE, Albuquerque, NM 87106 or to the New Mexico Risk Management Division, PO Drawer 26110, Santa Fe, NM 87502-6110. For information regarding the notice procedure and deadlines, contact the PAC or UNMH Risk Management.
5. Billing issues are not considered grievances for the purposes of this policy. However, a Medicare beneficiary billing complaint related to patient care rights and limitations provided by 42 CFR 489 may be considered a grievance. All questionable cases should be referred to the PAC.
6. Notices to patients or their authorized representative of their right to make an oral or written grievance is included in the "Patient Rights and Responsibilities," which is posted prominently throughout the facility and is included in the patient's admission packet. Copies of the "Patient Rights and Responsibilities" are available from the PAC.
7. When applicable, referrals will be made to the state designated Quality Improvement Organization (QIO) for quality of care issues, disagreements with coverage decisions, and premature discharges.
8. Grievances will not be documented in the patient's paper or electronic medical record.

9. A grievance will be considered resolved when the patient or patient’s representative is satisfied with the actions taken on their behalf. In situations where the UNMHSC has taken appropriate and reasonable actions on the patient’s behalf in order to resolve the patient’s grievance and patient or patient’s representative remain unsatisfied, UNMHSC may consider the grievance closed with appropriate documentation of its efforts.

DEFINITIONS

1. **Authorized representative** means a person appointed by the patient such as in an advance directive, by a court order such as guardianship, or according to the New Mexico Healthcare Decisions Act, NMSA 1978, Section 24-7-1, et seq. (1995, as amended through 2000), the New Mexico Anatomical Gifts Act, NMSA 1978, Section 24-6A-1, et seq. (1995, as amended through 2000), and other applicable laws. For purposes of this Policy and Procedure, family members are also considered to be authorized representatives unless the patient has indicated otherwise.
2. **Complaint** means an issue, concern, or complaint about patient care or access to care issues, including complaints regarding barriers to care or other services, which are encountered, by patients or patient representatives resolved by staff present. For example, a relatively minor request such as a request to change bedding, housekeeping of a room and serving preferred for and beverages may be made relatively quickly and would not usually be considered a “grievance” and therefore would not require a written response.
3. **Grievance** is a formal or informal written (letter, e-mail or fax) or verbal complaint that is made to the hospital by a patient, or the patient’s representative, regarding the patient’s care (when the complaint is not resolved at the time of the complaint by the staff present), abuse or neglect, issues related to the hospital’s compliance with the CMS Hospital Conditions of Participation or a Medicare beneficiary billing complaint related to rights and limitations provided by 42 CFR.489.
4. **Grievant** means the patient on whose behalf an oral or written grievance has been filed, or the disabled visitor’s or patient’s legally authorized representative who has filed the grievance on behalf of the patient.
5. **Grievance Procedure** means the procedure used when the patient’s concern or complaint cannot be resolved at the point of contact or service by staff present.
6. **Point of service or contact:** means the place and time the services are or were to be provided or where a barrier was encountered, or where a majority of patients will receive services, including Admitting, Business Office, clinic registration counters, etc.

KEY WORDS

Patient complaints

SUMMARY OF CHANGES

Replaces Patient and Disabled Visitor Grievance Policy, last revised 8/2003.

This was changed to be in compliance with CMS Conditions of Participation, Rev. 37, 10.17.08.

DOCUMENT APPROVAL & TRACKING

Item	Contact	Date	Approval
Owner	Director, Care Management		
Consultant(s)	Executive Director, Care Management		
Committee(s)	Grievance Committee		Y
Human Resources			Y
Official Approver	Board of Trustees Representatives		Y

Official Signature		Effective Date: 1/28/2009
Origination Date		unknown
Issue Date	Clinical Operations Policy Coordinator	

ATTACHMENTS

None