


<b>Name of Policy:</b> <u>Complaint/Grievance Management</u> <b>Policy Number:</b> 3364-100-60-01 <b>Department:</b> Hospital Administration <b>Approving Officer:</b> Chief Executive Officer <b>Responsible Agent:</b> Quality Management <b>Scope:</b> The University of Toledo Medical Center and Clinics	  <b>Effective Date:</b> August 9, 2024 <b>Initial Effective Date:</b> June 1, 1981
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy	
<input checked="" type="checkbox"/> Minor/technical revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy	

### (A) Policy Statement

The University of Toledo Medical Center and its affiliated outpatient clinics (collectively referred to as UTMC) is committed to patient rights and organizational ethics. Our mission is to improve the human condition by providing patient-centered, university-quality care. Patients, families, guardians or legal representatives will be informed of their right to present Complaints or Grievances (*see definitions below*) and the process available. Presentation of a Complaint or Grievance will not in itself serve to compromise a patient's future access to care. UTMC will attempt to resolve Complaints and Grievances about safety, quality of care or services in a fair, prompt and courteous manner.

### (B) Purpose of Policy

To establish a uniform procedure by which UTMC will inform the patient and his or her family of their right to have complaints reviewed by UTMC, to provide a method for addressing Complaints and Grievances, and to reinforce the obligation of respective staff to listen and respond to Patient concerns.

### (C) Procedure

#### 1. DELEGATION OF RESOLUTION OF COMPLAINTS AND GRIEVANCES

The University of Toledo Board of Trustees has delegated, to the administration of UTMC through resolution, the authority to receive, review and act upon Complaints and Grievances as set forth in this policy. The Board of Trustees may hear before it any issue regarding a Complaint or Grievance that it deems necessary. UTMC leadership and staff through Patient Advocates will work to identify and eliminate systemic obstacles to optimize customer service and process improvement and report regularly to hospital senior leadership and quality with regard to the Grievance process and improvement.

#### 2. INFORMATION REGARDING COMPLAINTS AND GRIEVANCES

- a. No retaliation will be taken against anyone for filing a Complaint or Grievance. All Complaints and Grievances will be handled confidentially and shared with only those employees or staff members with a need to know, including for educational purposes.
- b. Patient Rights and Responsibilities posters are located throughout the hospital and clinic areas. Information contained on the posters will advise Patients how to lodge or file Complaints or Grievances per this policy and will also include the following contact information with regard to Complaints or Grievances that are not resolved through this policy:

- Ohio Department of Health Hotline (800) 342-0553  
246 N. High Street  
Columbus, OH 43215
- The Joint Commission (800) 994-6610  
E-mail: [patientsafetyreport@jointcommission.org](mailto:patientsafetyreport@jointcommission.org)  
Mail: Office of Quality and Patient Safety  
The Joint Commission  
One Renaissance Boulevard  
Oakbrook Terrace, Illinois 60181
- Livanta Quality  
Improvement Organization for Medicare  
State of Ohio  
888.524.9900

3. PROCEDURE FOR FILING COMPLAINTS OR GRIEVANCES

- a. Anyone may lodge a Complaint or a Grievance (*see Definitions below*) at the point of care or service location with a UPMC staff member, a department director or their designee, or with the Department of Service Excellence and expect a response to their concerns.
- b. Complaints are expected to be resolved timely and effectively by Staff Present. UPMC staff and employees are expected to be aware of and sensitive to the unique needs and expectations of every Patient and to appropriately resolve Complaints at the point of care or service location if possible. Complaints may be responded to in a variety of ways including personal interactions, telephone calls, email or other methods depending on what is appropriate under the circumstances.
- c. If a Patient states they wish to file a Grievance or requires assistance in submitting a Grievance they should be directed to call a patient advocate in the Department of Service Excellence at 419-383-3606.
- d. Complaints that have not been resolved timely and effectively by staff present or Patient Advocates will be considered a Grievance and will be managed through the performance improvement system. The Patient Advocates will facilitate the resolution of unresolved Complaints and oversee the Grievance process with assistance from the patient advocate and patient information advocate in the Department of Service Excellence.
- e. Complaints and Grievances alleging substandard care or inaccurate diagnosis which: could result in a potential claim; involve an attorney representing a Patient; or request compensation, will be reported to and handled by the Office of Legal Affairs/Risk Management per Policy #3364-10-16 (Professional Liability Claims Reporting and Management) for resolution.
- f. Complaints and Grievances involving a Medicare beneficiary's discharge rights or notice of non-coverage rights, appropriateness and quality of care will be handled according to Policy #3364-100-01-18 Notification of Hospital Discharge Appeal Rights. These issues should be reported to the UPMC Chief Nursing Officer who will then work to resolve the issue or assist the patient in contacting the appropriate Quality Improvement Organization (currently Livanta Quality).
- g. Complaints and Grievances involving Psychiatry, Koberger Inpatient Unit and the Geri-psychiatric Unit Patients will be reported to the Client Rights Officer and handled by the appropriate grievance office under the complaint or grievances policies applicable to their respective programs as set forth

in UT Policy 3364-143-10. If the Client Rights Officer is unavailable, or is the subject of the grievance, the Patient Advocate Team shall act as the Client Rights Officer in this situation.

- h. Issues regarding the use and disclosure of Protected Health Information (PHI) are not considered Complaints or Grievances and will be immediately referred to the University's HIPAA Privacy Office for review and resolution.
- i. All Complaints and Grievances involving safety, substandard care or incorrect diagnosis while being handled through this Grievance process will also be forwarded to UTMC's Quality Department for incorporation into UTMC's Quality Assessment and Performance Improvement Committee.
- j. All Complaints and Grievances expressing concerns of Discrimination or Harassment will be promptly forwarded to the Title IX Coordinator and investigated in accordance with the process indicated in UT Policies 3364-50-01 and 3364-50-02.
- k. UTMC will prioritize and investigate all Grievances. Grievances involving allegations that potentially endanger a Patient such as neglect or abuse will be investigated immediately given the seriousness of the allegations and the potential for harm to Patient. UTMC will respond to the substance of each Grievance while identifying, investigating and resolving any deeper systematic problems indicated by the Grievance.
- l. A written response will be provided to the Grievant in accordance with University policy 3364-100-90-01 Release of Health Information. The response regarding the Grievance must be communicated to the Grievant in a language and manner that such person understands. The written response must contain the name of the UTMC contact person, the steps taken on behalf of the Patient to investigate the Grievance, the results of the Grievance process, and the date of completion. UTMC is not required to include any statements that could be used in a legal action against UTMC or its providers and UTMC is not required to provide an exhaustive explanation of every action taken by UTMC to investigate the Grievance, resolve the Grievance or other actions taken by UTMC.
- m. A Grievance is considered resolved when the Grievant is satisfied with the actions taken on the Patient's behalf. There may be situations where UTMC has taken appropriate and reasonable actions on the Patient's behalf in order to resolve the Grievance and the Grievant, the patient, or the patient's legal representative remains unsatisfied with UTMC's actions. In these situations, UTMC may consider the Grievance closed for the purposes of this requirement.
- n. UTMC will attempt to communicate the findings of the Grievance review in writing to the Grievant within seven business days of the receipt of the Grievance, unless circumstances warrant otherwise. If the Grievance response will not be completed within this timeframe, UTMC will take steps to inform the Grievant and follow up with a written response within 30 days. UTMC will maintain evidence of compliance with these requirements with regard to written responses.
- o. Grievances and the actions taken will be reviewed periodically by the Grievance Committee.
- p. Complaint and Grievance process for durable medical equipment (Renee's Survivor Shop) will be reported to the Department of Service Excellence. UTMC will attempt to communicate the findings of the Grievance review in writing to the grievant within 7 business days of its receipt, unless circumstances warrant otherwise. If the Grievance response will not be completed within this timeframe, UTMC will take steps to inform the Grievant and follow up with a written response within 30 days.

(D)

**Definitions and Criteria**

All capitalized terms have the following meanings throughout this policy:

1. **Complaint** is defined as an allegation or source of dissatisfaction about care, services or safety of the care provided by UTMC staff or health care providers to a Patient expressed verbally that is or could have been resolved by Staff Present or who can quickly be at the patient's location. This includes most billing issues and communication from written patient satisfaction surveys.
2. **Complainant or Grievant** is the person who makes the Complaint or Grievance and may include a UTMC patient or a family member, advocate, guardian, legal representative or other person with respect to a Patient.
3. **The Patient Information Advocate** will be responsible for ensuring that Complaints and Grievances are forwarded to the appropriate UTMC administrators and departments for resolution in accordance with this policy and other applicable UTMC policies.
4. **Grievance** is a formal or informal written or verbal Complaint that is not resolved promptly by Staff Present or that requires further investigation and is made by a Complainant or Grievant regarding a Patient's care. A Grievance is also any complaint verbal or written regarding abuse or neglect of a Patient, issues related to the hospital's compliance with CMS Hospital conditions of participation, or a billing complaint related to rights and limitations of a Medicare beneficiary.
  - a. Whenever the Patient or Patient's representative requests their Complaint be handled in a formal manner, beyond the Staff Present, or when the Patient requests a response from UTMC, the Complaint is considered a Grievance.
  - b. Written Complaints (including notes, faxes and emails) are always considered a Grievance.
  - c. Except for Medicare beneficiary issues which are always considered a Grievance, other billing issues are not considered a Grievance unless it also contains issues about Patient service or care. Non-Medicare beneficiary issues are to be forwarded to Patient Financial Services at 419-383-7400.
  - d. Information received through patient satisfaction surveys are not considered Complaints or Grievances for purposes of this policy except where a Grievant includes a Complaint in the survey and requests resolution.
5. **Grievance Committee** will consist of no less than three (3) of UTMC's hospital administrative staff deemed qualified for review of Grievances.
6. **Patient** means an inpatient or outpatient of UTMC hospital facilities or provider-based clinics, including a discharged or released patient, including the adult with intact decision making capacity for the patient, patient's parents, legal guardians of a minor patient, and legal representatives of an adult patient who lacks decision making capacity.
7. **Staff Present** means any UTMC staff present at the time of the Complaint or who can be at the Patient's location (i.e., nursing managers, nursing supervisors, patient advocates, etc.) to resolve the Patient's Complaint.
8. **Discrimination:** Negative or adverse treatment based on sex race, color, religion, age, national origin, ancestry, military or veteran status, genetic information, familial status, or political affiliation.

9. **Harassment:** Physical, verbal, or non-verbal conduct of an offensive, intimidating or threatening nature based on an individual's race, color, religion, sex, age, national origin, ancestry, sexual orientation, gender identity and expression, military or veteran status, presence of a disability, genetic information, familial status, or political affiliation that is sufficiently serious to deny or limit the individual's ability to benefit from the University's services.

**(E) Continuous Improvement Efforts.**

The Department of Service Excellence will report monthly statistics and trends to the UTMC Hospital Senior Leadership Team and quarterly statistics and trends to the UTMC Quality Assessment and Performance Improvement Committee.

<b>Approved by:</b>		<b>Review/Revision Date:</b>			
<i>/s/</i>		08/07/2024	6/1/81	12/11/91	5/7/03
Richard P. Swaine, CPA		Date	11/1/81	4/8/92	7/25/05
Chief Executive Officer			6/18/84	10/13/93	11/1/07
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<i>Department of Service Excellence</i>			12/14/88	6/22/99	8/1/2017
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