Name of Policy: **ESRD Patient Grievance** **Policy Number**: 3364-118-19 **Approving Officer**: Chief Executive Officer Chief Nursing Officer **Responsible Agent**: Nursing Director Hemodialysis Unit **Scope**: The University of Toledo Medical Center	**Effective date:** October 2026 **Original effective date**: November 1988
Key words:	

	New policy proposal		Minor/technical revision of existing policy
	Major revision of existing policy	X	Reaffirmation of existing policy

(A) Policy statement

All end stage renal disease (ESRD) patient concerns or grievances will be processed through the proper channels for information and/or resolution. Presentations of a complaint will not in itself serve to compromise a patient's future access to care.

(B) Purpose of policy

To provide a mechanism for addressing concerns of ESRD patients regarding quality of care and hospital services.

(C) Procedure

(1) All ESRD patients, families, legal guardians or individuals designated by power of attorney, will be informed of their right to present concerns and how to do so. Each patient will receive a copy of the grievance procedure at the time they are admitted to the program.

(2) Concerns about care or services should be directed to the staff nurse, lead nurse, hemodialysis nursing director, physician, or called to the customer care center.

(3) If resolution is not reached, the concern should be handled per policy 3364-100-60-01.

(4) If the issue remains unresolved, a process is available through the IPRO ESRD Network. The concern can be written or oral communication from ESRD patient, and/or an individual representing and ESRD patient, at esrd.ipro.org.

(5) Each patient or family voicing a significant concern will receive a response from the individual investigating the concern, which substantively addresses the concern.

(6) Following resolution of a hospital-related concern, a report identifying the concern (or complaint) and action taken is to be sent to the patient relations department. A quarterly concerns report will be compiled and shared with administration, executive committee, and other appropriate parties.

Approved by:

/s/
Daniel Barbee, MBA, BSN, RN, FACHE
Chief Executive Officer

Date

/s/
Kurt Kless, MSN, MBA, RN, NE-BC
Chief Nursing Officer

Date

Review/Revision Completed by:
Tana Cepek, Lead RN Hemodialysis Unit

Policies Superseded by this Policy:

- *None*

Initial effective date: November 1988

Review/Revision Date:

1989	February 2000
1990	July 2002
November 1991	July 2003
November 1992	July 2005
January 1993	November 2006
April 1994	June 2007
March 1995	January 23, 2008
April 1996	August 2011
September 1997	August 2014
October 1998	October 2017
	September 2020
	October 2023
	October 206

Next review date:
October 2029