I. Title

*Patient Grievance Policy*

II. Policy

The University of Texas Medical Branch at Galveston (UTMB) is committed to providing optimal care by collaborating with its patients and creating an open environment of communication in which patients or their representatives feel comfortable expressing a grievance related to the quality of care and services provided to them. These issues will be addressed in a timely and reasonable manner. UTMB aims to recover a patient’s experience, learn from patient grievances including, as appropriate, taking action to improve the service and care provided to patients, their families, and visitors.

All UTMB employees are required to report grievances to the Department of Patient Services. We are thankful for and encourage our patients and their families to share their feedback should they have concerns, compliments, suggestions, or service needs. These comments allow us to us to better address areas of concern; make positive changes as needed and continuously improve the care and service we provide.

III. Grievance Handling Process

A copy of the “Guide to Patient Services” is provided for review to all inpatients during the admission intake process. Patient Rights and Responsibilities are posted in common areas of the hospital and outpatient clinics. A detailed version is available on the UTMB website.

**Patients or their representatives may communicate any complaint or grievance to:**

- Any UTMB employee, who will then contact the Department of Patient Services with the information.

- The Department of Patient Services in person, in writing, or by calling 409-772-4772. Written grievances may be sent via email to patient.services@utmb.edu or by regular mail to the UTMB Department of Patient Services, 301 University Blvd, Galveston, Texas 77555-0306.
- The Joint Commission (TJC) directly. This may be done regardless of whether a grievance was first filed with a UTMB employee or the Department of Patient Services.

  Email: complaint@jointcommission.org
  Fax: Office of Quality Monitoring (630) 792-5636
  Mail: Office of Quality Monitoring - The Joint Commission
        One Renaissance Blvd- Oakbrook Terrace, IL, 60181

- The Texas Department of Health.
  Fax: (512)834-6653
  Mail: Health Facility Compliance Group/ MC 1979
       Texas Department of State Health Services
       1100 W. 49th St
       Austin, TX 78756
       Complaint Hotline: 1-888-973-0022

- Medicare beneficiaries with any complaints or grievances regarding quality of care, coverage decisions, or premature discharge may also contact the Texas Medical Foundation (TMF).

- HIPPA violations may also be reported to the Compliance Hotline by calling (800) 898-7679 or report via the internet at https://www.reportlineweb.com/UTMB.

Patient Services responsibilities for investigating a grievance
Once a grievance is received:
A patient or their representative will be notified of the patient’s rights and informed of the grievance process, including whom to contact internally or externally to file a complaint or grievance.

The Department of Patient Services will document receipt of the grievance, assign a handler, and make contact with the patient or their representative within twenty-four (24) business hours.

Within three (3) business days of receipt of the grievance, the appropriate individuals will be notified verbally or in writing of the grievance whenever possible. Each department or unit manager is responsible for assisting in the investigation of a patient grievance and for providing the outcome of their investigation to the Department of Patient Services.

If a grievance cannot be resolved within seven (7) business days, the Department of Patient Services will send an acknowledgement letter to the patient or their representative. The acknowledgement letter is a written communication regarding a grievance that is not resolved within seven (7) business days from the date the grievance was first received. This letter will include the name of the UTMB department handling the investigation, the name and contact information of the person assigned to handling the review, and a copy of the grievance process.

If the grievance has not been resolved after thirty (30) business days from the date the acknowledgement letter was sent, the patient or their representative will be sent a progress letter. This is a written communication regarding the status of a grievance sent to a patient or their representative, as applicable, to advise them that their concern(s) remain under review.
Upon completion of the investigation of a grievance, a letter is sent to the patient or the patient’s representative that will include a brief statement regarding the details of the initial concern(s) of the patient or their representative. The letter will also include: the steps taken to investigate the grievance, a statement that provides the results of the investigation, any steps taken to resolve the issue, the date the complaint is considered resolved (closed), and the name of the person providing this response. Every effort will be made to provide information in a manner and form that can be understood by the patient or family. This includes interpretation of the grievance process and other information into the language of the non-English speaking patient, use of alternative communication techniques for the deaf, hard of hearing or visually impaired or taking other steps as needed to communicate effectively with the patient.

Should a patient or a patient’s representative be dissatisfied with the outcome of their complaint, they may request escalation or further review by the UTMB Grievance Escalation Committee.

Manager/departmental responsibilities for responding to a grievance
Each department, unit, or clinic manager is accountable for investigating and resolving patient grievances and for providing the outcome of their investigation in a timely manner in accordance with the Grievance Handling Process. The outcome of the investigation will be provided to the patient advocate or handler who is responsible for providing the response to the patient.

IV. Confidentiality
All records, reports, database information, investigations, and related documents are prepared for quality improvement processes under the Quality of Care Committee and other medical committees and medical peer review committees within UTMB. As such, this information is confidential, privileged, and protected from discovery and inappropriate disclosure.

IV. Definitions
Grievance: A patient grievance is a complaint by a patient or their representative regarding the patient's care, alleged patient abuse, or neglect, or issues related to the hospital's compliance with the Center for Medicare/Medicaid Services (CMS) Hospital Conditions of Participation or billing practices.

A complaint is considered a grievance when …

- The complaint is communicated in writing, email, or fax, whether related to an inpatient or an outpatient encounter. Letters from patients attached to UTMB patient satisfaction survey responses, specifically requesting resolution and response; are also considered “written” and are grievances that must be reported to the Department of Patient Services.

- The complaint is communicated verbally but cannot be resolved at the time of the complaint by staff present; it requires additional time for investigation or action, or referral to other staff for sufficient resolution.

Post-encounter communications, verbal or telephone, regarding patient care that would routinely have been handled by staff present had the concern been communicated during a patient’s inpatient stay or clinic visit are encouraged, but not defined as a grievance.

- If a patient or their representative specifically requests that a complaint be handled as a formal grievance or specifically requests a response from the hospital, the complaint is considered a grievance and must be reported to the Department of Patient Services.
A complaint about billing suggesting that UTMB did not follow CMS regulations regarding allowable charges for deductibles, coinsurance, blood, or non-covered and partially covered services; the handling of incorrect collections; and, the limitations on charges that may be made to the beneficiary.

Resolved: A grievance is considered resolved when the actions taken by UTMB, in response to a grievance, are to the satisfaction of the patient or their representative; or if, the investigation outcome is appropriate and reasonable, as determined by UTMB, even if the patient or their representative remains dissatisfied. Supporting documentation is maintained within the Department of Patient Services database in accordance with UTMB’s records retention policy.

Staff Present: This includes any hospital staff present at the time of the complaint or who can quickly be at the patient's location to resolve the patient's complaint. This can include nursing, administration, patient advocates, etc.

V. Dates Approved or Amended

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VI. Contact Information

Department of Patient Services
409-772-4772
patient.services@utmb.edu