
**UNIVERSITY OF ILLINOIS HOSPITAL AND CLINICS
MANAGEMENT POLICY AND PROCEDURE**

NO.: RI 1.01

APPROVAL DATE: March 29, 2018

EFFECTIVE DATE: March 29, 2018

SUBJECT: Patient Complaint and Grievance Management

OBJECTIVE

To provide and describe a uniform mechanism for managing patient complaints/grievances regarding care and services received at University of Illinois Hospital and Clinics (Hospital). This does not include the affiliated colleges and Mile Square Health Centers. Please refer to those sites for complaint and grievance management information. The Hospital recognizes the rights of each patient to express their concerns about the quality of care or service they have received, and provides a process for prompt review and when possible resolution.

DEFINITIONS

Complaint- a patient complaint is a minor, time-limited, immediate issue which can be addressed without excessive investigation. A complaint is resolved by the next working day. Examples may include, but are not limited to: lost property, incorrect or late meal, lengthy wait time, perceived rude behavior, lack of communication, billing error, etc. A post-hospital verbal communication regarding patient care that would routinely have been handled by staff present if the communication occurred during the stay/visit is not defined as a grievance. A complaint is considered resolved when the patient is satisfied with the actions taken on their behalf.

Grievance- a patient grievance is a formal or informal written or verbal complaint that is made to the hospital by a patient, or the patient's representative, when a patient issue cannot be resolved promptly by the staff present. Grievances also include concerns raised regarding the patient's care, abuse, neglect or concerns raised regarding the hospital's compliance with the Centers for Medicare and Medicaid Services (CMS) Hospital Conditions of Participation (CoP) which cannot be resolved at the time of the complaint by staff present, is postponed for later resolution, is referred to other staff for later resolution, requires investigation and/or requires further actions for resolution.

The following are not considered grievances, according to policy:

1. If the patient is satisfied with care but the family member is not
2. Information obtained from a patient satisfaction survey that is not accompanied by a written request for resolution.
3. Billing inquiries are not considered grievances. They are referred to the Patient Accounts Office for review and action as deemed necessary.

Resolution of a complaint or grievance- a complaint or grievance is considered resolved when the patient is satisfied with the actions taken on his/her behalf, or the hospital has taken appropriate and reasonable actions and the hospital considers the grievance closed.

**UNIVERSITY OF ILLINOIS HOSPITAL AND CLINICS
MANAGEMENT POLICY AND PROCEDURE**

Staff present- includes any hospital staff present at the time of the complaint, or who can quickly be at the patient's location to resolve patient's concerns, such as nursing, nursing leaders, administration, physicians, and the patient experience navigators.

POLICY

The Hospital allows the patient to voice complaints and recommend changes freely without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care.

The Hospital will inform the patients and their representatives of their rights and responsibilities, which include information on the patient grievance process and whom to contact to file a complaint. The notification of patient rights includes a phone number and address for lodging a grievance with the State agency and/or The Joint Commission (see [RI 2.01 Patient Rights and Responsibilities](#)). This information can be located on the Hospital's website, facility signage and in the patient's handbook.

The Hospital provides the opportunity for all patients to express their concerns about the quality of care or service they have received through a complaint/grievance mechanism. The Hospital has established a process for the prompt review and resolution of patient complaints and grievances in the language used by the patient in accordance with [RI 2.02 Accommodations for Patients with Language, Hearing and Visual Needs](#).

The Hospital has designated the Patient & Guest Experience Office (PGXO) to coordinate the investigation, management, and communication of patient complaints and grievances.

The University Of Illinois Board of Trustees delegates responsibility for effective operation of the grievance process to the Hospital Grievance Committee. The Grievance Committee, as authorized by the Board of Trustees shall meet to review and reconcile grievances that remain unresolved through the process, as well as to assure the complaint and grievance response system is timely and identifying prevention solutions. All grievances involving situations or practices that place the patient in immediate danger are resolved in a timely manner.

Hospital Leadership requires all staff present at the time of a complaint to respond in a prompt manner and make appropriate attempts to resolve the complaint. Patient's complaints are resolved by the staff present when possible. If the complaint cannot be resolved at the point of service or by the next working day and requires additional investigation, the complaint becomes a grievance and the Patient Experience Navigator is responsible to facilitate the process. Any staff member who becomes aware of a patient concern or issue that cannot be resolved at the point of care or service is required to report it to the appropriate manager/supervisor. All complaints and grievances are entered into the Patient & Guest Experience data base.

Employees and providers are instructed in the process of reporting and documenting patient complaints and grievances in the Patient & Guest Experience data base.

**UNIVERSITY OF ILLINOIS HOSPITAL AND CLINICS
MANAGEMENT POLICY AND PROCEDURE**

PROCEDURE

A. Complaint Response and Resolution

1. Staff who is present will investigate and resolve the complaint, as well as provide service recovery measures. Staff behavior issues may be addressed via real-time coaching on UICARE behaviors, or other remediation as necessary. All complaints will be entered into the MIDAS Patient & Guest Experience data base which sends an electronic notification to the PGXO.
2. Upon receipt of the complaint, events are triaged, documented and managed by the PGXO.
3. Complaints not resolved at the point of occurrence by the next working day, and those that require further investigation, are considered grievances, and will be managed by the PGXO and may be forwarded to the appropriate area for follow-up as outlined in **Addendum #1**.

B. Grievance Response and Resolution

1. Grievances are investigated by the PGXO with the exception of the following:
 - a) **Privacy/HIPAA complaints**- referred to the Health Information Management Privacy Office for investigation, action, and closure.
 - b) **Sexual Misconduct or Abuse complaints involving employees** must be immediately referred to the Administrator on Call and referred to the Title IX Coordinator for investigation at
Office for Access and Equity (AOE)
809 S. Marshfield Ave. M/C 602
(312)996-8670
TitleIX@uic.edu
<http://oae.uic.edu/TitleIX/index.htm>
Any federal reporting will be handled by AOE.
Note: In addition, all sexual misconduct or abuse complaints as defined under policy LD 4.11- Patient Abuse by Employee, are to be reported to Risk Management and Patient Safety, and the appropriate administrative director.
 - c) **Allegations of a major quality of care, risk, injury from treatment, or consent**- referred to Risk and Patient Safety for investigation and recommendations.
 - d) **All complaints and grievances involving discrimination** as described in the University of Illinois Nondiscrimination Statement
<http://oae.uic.edu/docs/Nondiscrimination%20Statement%2006-10.pdf> must be referred to the Office for Access and Equity for investigation
<http://oae.uic.edu/UnlawfulDiscrimination/Resources.htm> . Any federal reporting will be completed by the Office for Access and Equity.
2. Grievances are triaged as described in A.2. Patients are notified of the status of efforts to resolve their grievances.
 - a) PGXO contact the patient or their representative via phone call or other means, within 24 hours of receipt. The patient is provided with the name and contact information of the Patient Experience Navigator responsible for facilitating their grievance.
 - b) All attempts will be made to resolve a grievance within 7 days; however, if this is not possible, the patient will be contacted via telephone on day 7 and given an

**UNIVERSITY OF ILLINOIS HOSPITAL AND CLINICS
MANAGEMENT POLICY AND PROCEDURE**

update on the investigation status. The patient or representative will be contacted every 2 weeks thereafter, until the grievance is resolved.

- c) If an investigation is still open at 30 days or the patient is not satisfied with the actions taken on his/her behalf, the case will be forwarded to the Hospital Grievance Committee for a secondary review and decision on appropriate final steps. The Grievance Committee has the authority to close a grievance when appropriate and reasonable attempts to resolve have been taken. The PGXO will maintain documentation of the hospital's efforts and final decisions.
- d) Once the investigation of a grievance is closed, the resolution or outcome is communicated back to the patient or representative in writing or e-mail if the patient requests. The notice includes:
 - 1) Name of hospital contact person
 - 2) Acknowledgement of steps taken on patient's behalf to investigate the grievance
 - 3) Results of the grievance process
 - 4) Date of completion

C. Role of Department Leaders in Resolution of Grievances

- 1. Although the offices of the PGXO and others such as Safety & Risk assist in the resolution process, the leadership of the area where the grievance originated is responsible to initiate an immediate review, determine appropriate actions, and communicate findings in a timely manner.
- 2. If departments are not responsive to notifications regarding the review and investigation to resolve grievances, the PGXO will escalate via the administrative chain of command (refer to [LD 1.13 Resolution of Issues Related to Patient Care Standards](#)).

D. Physician Complaint/Grievance Process

Grievances regarding physicians will be addressed via communications from the PGXO. An e-mail communication outlining the grievance and requesting a response will be sent to the physician and escalated via the medical staff/faculty chain of command.

University of Illinois Board of Trustees approval on file 3/29/2018

Keywords: none

References

Hospital Management Policy and Procedure

[IM 4.19 Minimum Necessary Use and Disclosure of Protected Health Information](#)

[IM 4.21 Reporting Patient Privacy and Security Related Complaints](#)

[LD 4.11 Patient Abuse](#)

[LD 1.13 Resolution of Issues Related to Patient Care Standards](#)

[LD 1.06 Patient Safety Event and Reporting Process](#)

[RI 2.01 Patient Rights and Responsibilities](#)

[RI 2.02 Accommodations for Patients with Language, Hearing and Visual Needs](#)

[TX1.07 Restraints & Seclusion](#)

[TX 5.04 Death of a Patient](#)

**UNIVERSITY OF ILLINOIS HOSPITAL AND CLINICS
MANAGEMENT POLICY AND PROCEDURE**

Patient Protection and Affordable Care Act, 42 U.S.C. § 18001 et seq. (2010).
Centers for Medicare and Medicaid Services

Addendum

Addendum 1 - Patient Complaint and Grievance Flowchart

Recession Date

May 2016
June 2015
November 2013
December 2011
December 2009
March 2006
January 2002
July 2001
April 2000
November 1996

Reviewed by:

This policy was reviewed and endorsed by the following individuals:
Chief Operating Officer

Policy Owner—Director, Patient & Guest Experience Office

UNIVERSITY OF ILLINOIS HOSPITAL AND CLINICS MANAGEMENT POLICY AND PROCEDURE

Addendum #1 Patient Complaint & Grievance Flowchart

