

UC Riverside, School of Medicine Policies and Procedures**Policy Title: Grievance Reporting and Resolution****Policy Number: 950-02-004**

Responsible Officer:	Chief Compliance and Privacy Officer
Responsible Office:	Compliance Advisory Services
Origination Date:	02/09/2016
Date of Revision:	03/2023, 08/2023
Scope:	Procedures to Respond to Patient Concerns/Grievances

I. Policy Summary

To provide guidelines for the systematic receipt, documentation, tracking, evaluation, resolution and response to patient grievances.

All concerns/issue or grievances will be handled in a timely, reasonable, and consistent manner.

II. Definitions

Concern: A concern is a written or oral expression of dissatisfaction, received by the patient or their representative, regarding services received through UCR Health or its affiliates, which is resolved at the time that it is raised, through service recovery.

Grievance: A grievance is a written or oral expression of dissatisfaction regarding the services provided at UCR Health, or its affiliates, including quality of care issues, that is not immediately resolved.

Representative: An individual appointed by a patient or other party, or authorized under state or other applicable law, to act on behalf of a patient.

III. Policy Text

A. Information on where to file a Concern or grievance will be located in the Patient's Rights and Responsibilities posted at each UCR Health clinic and online at www.ucrhealth.org.

B. Concerns

1. Concerns received will be directed to the Clinic Manager.

C. Grievances

1. Grievances filed by family or others on behalf of a patient will be addressed with consideration given to applicable privacy laws. . Specific issues will not be discussed with unauthorized third parties, however, if a third-party concern is made on behalf of a patient, attempts will be made to contact the patient in question to determine the concern's validity.
2. Whenever the patient or the patient's representative requests their concern be handled as a formal Concern, it will be considered a grievance.
3. The facilitation and management of the grievance process will be delegated to the Compliance Advisory Services Department. This process will be overseen by the Compliance Committee.

4. The Compliance Committee may include other ad hoc members as needed to address grievance issues.
5. Grievances received in the Clinics will be forwarded to the Compliance Office.
6. Documentation will be maintained that identifies the name/provider location, contact person, steps taken to investigate, results and the date of completion.
7. Aggregate data will be reported to the Compliance Committee for performance improvement opportunities and to ensure final resolution of issues.

D. Training

All clinic and Patient Access Center employees will receive initial training on the concern and grievance process from Compliance Advisory Services with new employees being trained by clinic management, as part of their onboarding process.

IV. Responsibilities

All UCR Health Employees

V. Procedures

- A.** A patient/representative concern may be expressed to any staff person at any time and attempts will be made to resolve the patient concern while the patient is still present.
- B.** Verbal patient/representative concerns that may be resolved promptly by staff at time of notification/received and to the patient's satisfaction are not included in the formal grievance process but will follow the Concern Process.

C. Concern Process

1. Faculty and Staff members who receive a verbal Concern from a patient/representative in their care should attempt to resolve the issue.
 - a. Documentation in EPIC is required.
 - i. If by telephone, documentation must be completed via a Telephone Encounter.
 - ii. If by MyChart, documentation is captured via the communication.
 - b. If not resolved, Concern will proceed to Grievance Process.

D. Grievance Reporting Process

1. Patients/representatives and health care plans filing a formal grievance may be filed in writing, by phone or via email with the Compliance Advisory Services department.
 - a. The Compliance department staff will review the request and collect the necessary documentation to file accordingly.
 - i. Any grievances received in writing will be promptly forwarded via secure fax or email to the Compliance and Privacy Officer. Any hard copies not forwarded should be shredded.
 - ii. All grievances if serious in nature, (e.g. abuse, neglect) will also be promptly forwarded to the Compliance and Privacy Officer via secure email or fax. Any hard copies not forwarded should be shredded.
 - b. Any grievance regarding harassment, sexual violence/harassment, or discrimination will be referred to the Campus LDO/Title IX Office immediately upon receipt.

E. Grievance Resolution Process

1. Upon the designated receipt of the Grievance Compliance/Privacy Officer/designee will:
 - a. Initiate investigation to collect necessary information via Epic Chat
 - b. If grievance came from patient/representative, contact within (3) working days to acknowledge receipt of grievance.
 - c. If grievance came from a health plan, respond within designated response time.
2. Response will be given based on method received by patient within seven (7) days of receipt of the grievance with a summary of the investigation, findings, and resolution:
 - a. Written grievances will receive written responses.
 - b. Telephone grievances will receive telephone response.
 - c. Emailed grievances will receive emailed response.
3. Records will be maintained of all grievances received, initial grievance communication and final response communication.

F. Unresolved Grievance Process

If a grievance cannot be resolved to the satisfaction of the patient/representative the Compliance/Privacy Officer, upon request, will assist the grievor in providing addresses and/or phone numbers of appropriate regulatory authorities.

G. Monitoring

1. The designated recipient will report aggregate data on any grievances received to UCR SOM Compliance Committee Quarterly.
2. UCR Health will review process improvement opportunities will be implemented and/or reviewed for success.

VI. Forms/Instructions

Online Database Tracking for Grievances

VII. Related Information

Appendix A – Patient Concern Workflow

Appendix B - Patient Grievance Workflow

Appendix C – Resources for Patients

Approvals:

COMPLIANCE COMMITTEE (08/22/2023)

DocuSigned by:

Paul Hackman

9/5/2023 | 8:58 PM PDT

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PAUL HACKMAN, J.D., L.L.M.
CHIEF COMPLIANCE AND PRIVACY OFFICER,
SCHOOL OF MEDICINE

DATE

DocuSigned by:

Deborah Deas

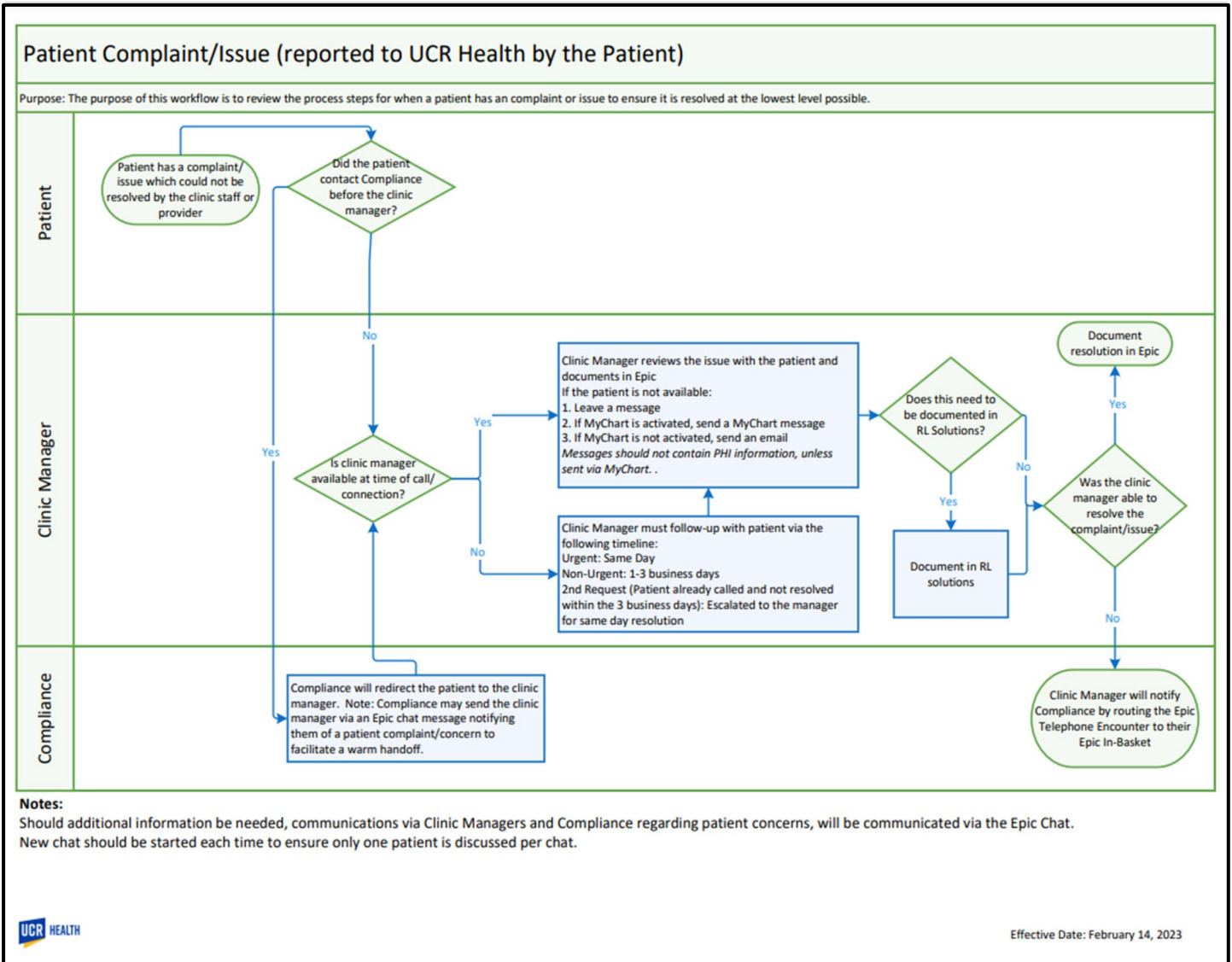
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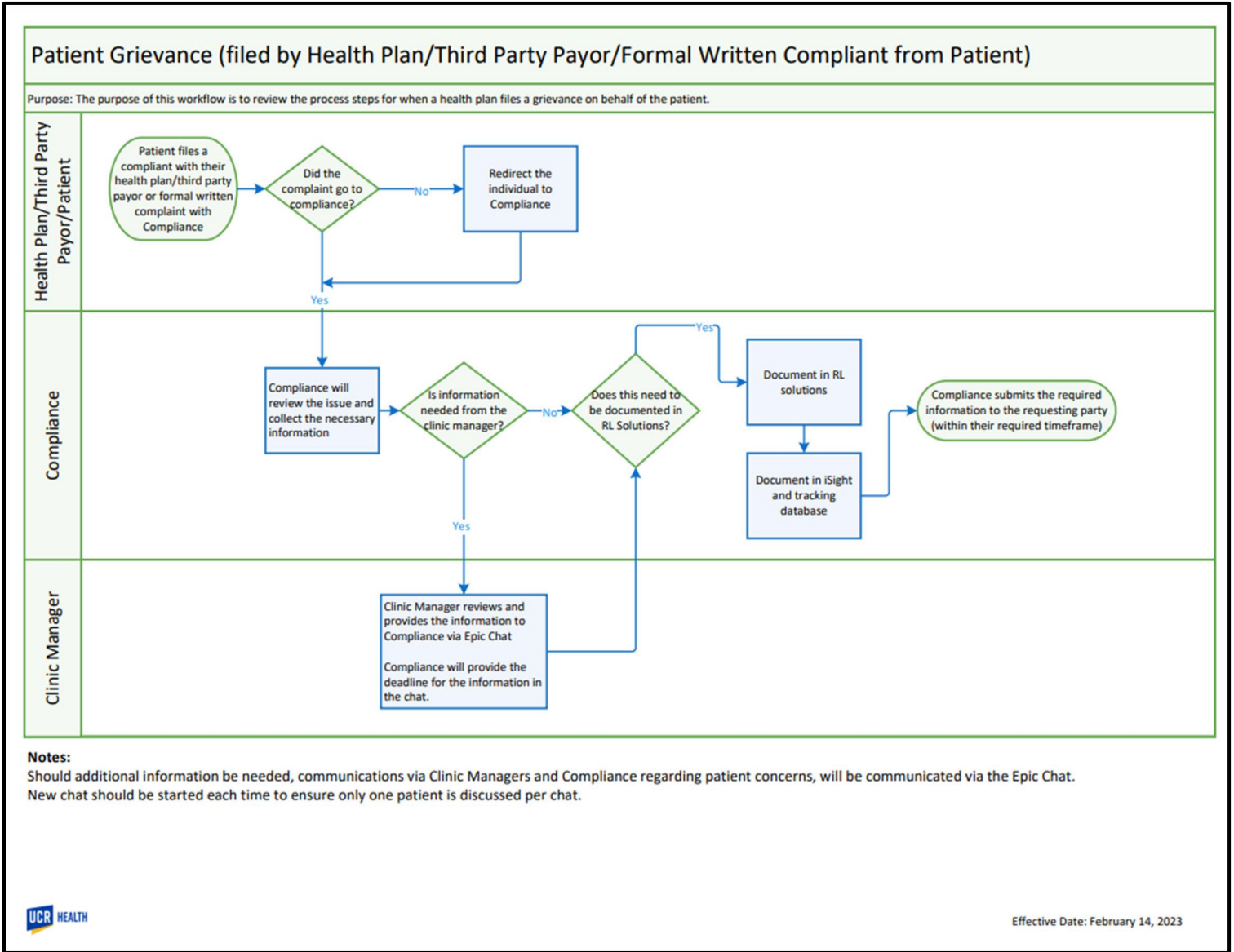
DEBORAH DEAS, M.D., M.P.H
VICE CHANCELLOR, HEALTH SCIENCES
DEAN, SCHOOL OF MEDICINE

DATE

Appendix A – Patient Concern Workflow



Appendix B - Patient Grievance Workflow



Appendix C – Resources for Patients

Resources for Patients

Below are resources for patients who wish to file external Concerns about a health care facility, health plan, or request an independent review of a determined decision from a health plan.

California Department of Managed Health Care

<https://www.dmhca.ca.gov/FileaConcern.aspx>

Mail: Department of Managed Care

980 9th St Suite 500

Sacramento, CA 95814

Phone: 1-888-466-2219

Fax: 916-255-5241

California Department of Public Health

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/FileAConcern.aspx>

*Concerns must be filed through your District Office and information is available on the website.

Medical Board of California

<https://www.mbc.ca.gov/Consumers/File-a-Concern/Concern-process.aspx>

Mail: Medical Board

Attn: Central Concern Unit

2005 Evergreen Street Suite 1200

Sacramento, CA 95815

Email: Concern@mbc.ca.gov

Fax: 916-263-2435