

Grievance Management Best Practices

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Agenda

- ▶ CFR 483.10 (j) Grievances
- ▶ Surveyor Interpretive Guidance: F585
- ▶ Other Potentially Related Deficiencies
- ▶ Grievance Management Best Practices and Promotion of the Grievance Program
- ▶ Teaching the Team: Prompt Resolution to Grievances

CFR 483.10 (j) Grievances

➤ 483.10 (j)(1)

The resident has the **right to voice grievances** to the facility or other agency or entity that hears grievances without discrimination or reprisal **and without fear of discrimination or reprisal**. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, *the behavior of staff and of other residents, and other concerns regarding their LTC facility stay.*

➤ 483.10 (j)(2)

The resident has the **right to** and the facility must make **prompt efforts** by the facility to resolve grievances *the resident may have, in accordance with this paragraph.*

➤ 483.10 (j)(3)

The facility must make **information on how to file a grievance or complaint available** to the resident.

CFR 483.10 (j) Grievances

➤ 483.10 (j)(4)

The facility must establish a ***grievance policy to ensure the prompt resolution*** of all grievances regarding the residents' rights contained in this paragraph. ***Upon request, the provider must give a copy of the grievance policy to the resident.*** The grievance policy must include:

(i) ***Notifying resident*** individually or through postings in prominent locations throughout the facility of the ***right to file grievances orally (meaning spoken) or in writing***; the right to file grievances ***anonymously***; the ***contact information of the grievance official with whom a grievance can be filed***, that is, his or her ***name, business address (mailing and email) and business phone number***; a ***reasonable expected time frame for completing the review of the grievance***; the ***right to obtain a written decision*** regarding his or her grievance; and the ***contact information of independent entities*** with whom grievances may be filed, that is, the ***pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system***;

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➤ 483.10 (j)(4)

(ii) Identifying a **Grievance Official** who is **responsible for overseeing** the grievance process, **receiving and tracking** grievances through to their conclusions; **leading** any necessary investigations by the facility; **maintaining the confidentiality** of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously, **issuing written grievance decisions** to the resident; and **coordinating** with state and federal agencies as necessary in light of specific allegations;

(iii) As necessary, taking **immediate action** to prevent further potential violations of any resident right while the alleged violation is being investigated;

(iv) Consistent with §483.12(c)(1), **immediately reporting all alleged violations** involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law;

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➤ 483.10 (j)(4)

(v) Ensuring that all written grievance decisions include the **date** the grievance was received, a **summary statement** of the resident's grievance, the **steps taken to investigate** the grievance, a **summary of the pertinent findings or conclusions** regarding the resident's concerns(s), a statement as to whether the grievance was **confirmed or not confirmed**, **any corrective action taken** or to be taken by the facility as a result of the grievance, and the **date** the written decision was issued;

(vi) **Taking appropriate corrective action** in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation for any of these residents' rights within its area of responsibility; and

(vii) **Maintaining evidence** demonstrating the result of all grievances for a period of no less than **3 years** from the issuance of the grievance decision.

Surveyor Interpretive Guidance: F585

- Intent: 483.10 (j)

To support each resident's right to voice grievances (*such as* those about treatment, care, management of funds, lost clothing, or violation of rights) *and to ensure that a policy is in place to process grievances. Facility staff are responsible for making prompt efforts to resolve a grievance and to keep the resident appropriately apprised of progress toward resolution.*

- Definitions: 483.10 (j)

“Prompt efforts to resolve” include facility acknowledgment of a complaint/grievance and actively working toward resolution of that complaint/grievance.

Surveyor Interpretive Guidance: F585

➤ Surveyor Procedures 483.10 (j)

If *a resident's response* indicates problems in voicing grievances and getting grievances resolved, determine how facility staff deal with and make prompt efforts to resolve resident complaints and grievances.

- With **permission** from the resident council president or officer, review resident council minutes.
- **Interview staff** about how grievances are handled.
 - *How does facility staff protect residents from discrimination or reprisal when a grievance is voiced?*
 - *How does facility staff ensure the right of the residents to file a grievance anonymously is supported?*
 - Interview staff about communication with resident regarding progress toward resolution of complaint/grievance.
- **Review facility grievance policy** to see if compliant with necessary requirements as listed above.
- Determine how information on how to file a grievance is **made available** to the resident.
- **Review grievance decisions** to determine if required information was provided to residents and facility documentation was maintained for at least **3 years**.

Surveyor Interpretive Guidance: F585

➤ Key Elements of Non-Compliance §483.10(j)

To cite deficient practice at F585, the surveyor's investigation will generally show that the facility failed to do one or more of the following:

- *Support the resident's right to voice any grievance without discrimination, reprisal, or the fear of discrimination or reprisal; or*
- *Make prompt efforts to resolve the resident's grievance; or*
- *Make information on how to file a grievance or complaint available to the resident; or*

Surveyor Interpretive Guidance: F585

- *Establish a grievance **policy** that includes:*
 - ▣ *Notifying the resident individually or with prominent postings throughout the facility about:*
 - ✓ *The right to file a grievance in writing or orally;*
 - ✓ *The right to file a grievance anonymously;*
 - ✓ *The reasonable timeframe the resident can expect a completed review of the grievance;*
 - ✓ *The right to obtain the review in writing;*
 - ✓ *The required contact information of the grievance official;*
 - ✓ *The contact information of independent entities with whom grievances may also be filed; or*

Surveyor Interpretive Guidance: F585

- ❑ *Identify* the grievance official; or
- ❑ *Prevent any further potential violation* of any resident right during the grievance review, if necessary; or
- ❑ Immediately *report* certain violations as required by State law to the Administrator; or
- ❑ Ensure *written grievance decisions* meets documentation requirements; or
- ❑ Take appropriate *corrective action* in accordance with State law if the grievance is confirmed by the facility or an outside entity having jurisdiction; or
- ❑ *Maintain evidence* of the result of all grievances for no less than *3 years* from the date the grievance decision was issued.

Other Potentially Related Deficiencies

- *If the facility failed to allow a resident to exercise his or her right to file a grievance, including the right to file an anonymous grievance, without interference, coercion, discrimination, or reprisal from the facility, see guidance at §483.10(b)(1), **F550, Resident Rights and Dignity**.*
- *If facility staff failed to report all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, see guidance at §483.12(c)(1), (4), **F609, Reporting of Alleged Violations**.*

Grievance Management Best Practices and Promotion of the Grievance Program

➤ Before the Grievance Occurs: Prevention

- ❑ Codes of Conduct, Background Screening and Hiring, and Effective Education
- ❑ Theme of Non-Retaliation and Center Tone
- ❑ “Open Door” Policy
- ❑ Customer Service Approaches; Ambassador Programs

➤ Promotion of Grievance Program: Admission

- ❑ Posters, Forms and Notices in Admission Materials and in Center
- ❑ Supplemental Postings: Administrator and Director of Nursing Contact; Photo
- ❑ Welcome Binder
- ❑ Weekend Managers on Duty/Postings
- ❑ Meeting/Greeting Newly Admitted Residents; “Setting Expectations”

Grievance Management Best Practices and Promotion of the Grievance Program

- Promotion of Grievance Program: During the Stay
 - ❑ Regular Listening Sessions: Patients and Staff (All Shifts)
 - ❑ Stay Interviews
 - ❑ Resident Council Presentations
 - ❑ Monthly Staff Appreciation
 - ❑ Morning Meeting Review, Stand Down Review
 - ✓ All Grievances and Events
 - ✓ “Top 5” Residents/Families: Seek Out the Challenging Residents/Families
 - ✓ Findings on Morning Rounds

Grievance Management Best Practices and Promotion of the Grievance Program

- Promotion of Grievance Program: Discharge
 - ❑ Celebration/Recognition at Discharge
 - ❑ Exit Interview
 - ❑ Post-Discharge Contact
- Other Best Practices
 - ❑ Identification of the Grievance Official: Administrator
 - ❑ Maintaining Confidentiality and Protection
 - ❑ Immediate Actions: Administrative Leave, Other Quick Resolutions
 - Written Grievance Decisions in File with Documented Corrective Actions
 - Grievance Log and Filing System
 - Train and Re-train Staff

Teaching the Team: Prompt Resolution to Grievances

- Receiving a Grievance
 - Openness to the Concern
 - Don't ASSUME and Teach Others Not to ASSUME
 - Response in the Moment
 - Example: Searching for the Pink Pajamas
- Notification of Concerns
 - Develop Routine Process to Inform Grievance Official/Designee
- Identification of Grievance Manager/Lead Investigator
 - Expertise and Independence
 - Investigation Techniques: Interview, Documentation Review, Direct Observations

Teaching the Team: Prompt Resolution to Grievances

- Preventing Additional Complaints or More Severe Actions
 - ❑ Sense of Urgency
 - ❑ Communication is Key
 - ✓ With Complainant: Beginning, Middle and End
 - ✓ With Management: Use Stand Up/Stand Down Process; Communicate with the Team Members Who Can Make Changes
 - ❑ Evaluate Effect on Other Residents
 - ✓ May Require Communication with Individuals who Haven't Complained *Yet*

Teaching the Team: Prompt Resolution to Grievances

- Quality Assurance and Performance Improvement
 - ❑ Bring Grievance Logs and Grievances
 - ❑ Evaluate Themes and Successful Corrective Actions
 - ❑ Correlate Grievances to Other Data

Benefits of a Strong Grievance Program

- Reduction in External Interventions:
 - ❑ Reduces Regulatory Interventions
 - ❑ Reduces GLPL Claims and Litigation
 - ❑ Reduces Internal “Hotline” Complaints
 - ❑ Evidence of Due Process
- Increases Internal Identification of Deficiencies
- Promotion of Quality Care and Customer Service Ideals

Questions?

