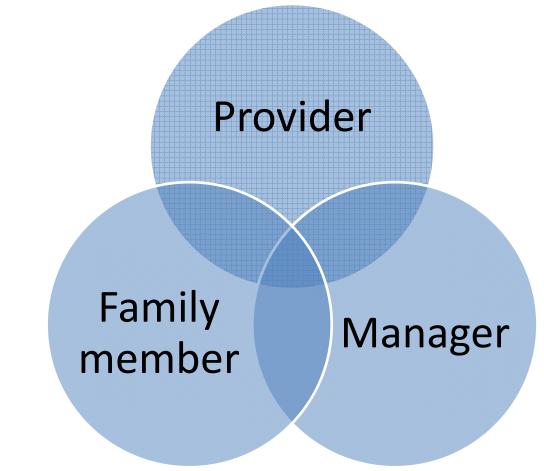
Effective Management of Complaints and Grievances

Jennifer Comerford, MJ, OTR/L, CHC, HEM Senior Risk Management Analyst



My Own Experiences





True or False???

Complaints are valid by the fact of their existence





Clinical Framework

Continuum of care

- Home care
- Short stay
- Long-term care
- Hospice

Individuals served

- Clients
- Patients
- Residents
- Families

stitute

The Discipline of Science. The Integrity of Independence.

Nomenclature

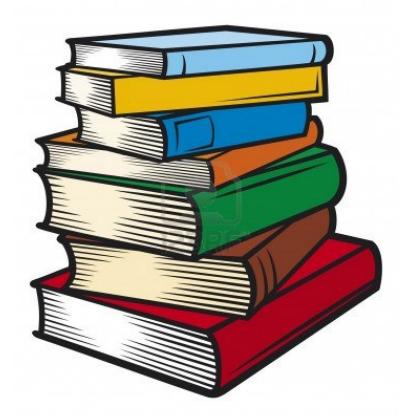
- Complaints
- Grievances
- Issues
- Concerns

Common themes

- Risk
- Opportunity



Regulatory Framework





Source: NJDCA

Learning Objectives

- **1**. Distinguish between a complaint and a grievance
- 2. Describe risk management implications of complaints
- **3**. Describe methods to capture and investigate complaints
- 4. Recall strategies for complaint resolution and response



Learning Objective #1

Distinguish between a complaint and a grievance



True or False?

Complaints are smaller issues and grievances are more significant





Distinguishing Between Complaints and Grievances

- Complaints
 - Minor issues
 - Quickly resolved
 - Handled by staff present

- Grievances
 - Significant issues
 - Cannot be resolved immediately
 - Allegations involving patient care



Examples of Complaints and Grievances

Complaints

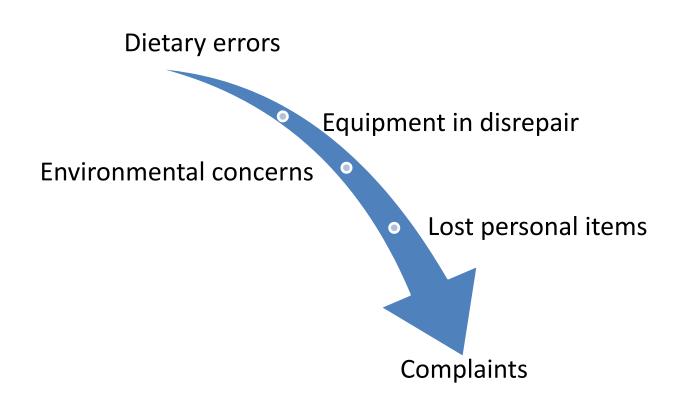
- Cold food
- Lost personal belongings
- Environmental concerns

Grievances

- Unmet patient care expectations
- Breach of confidentiality
- Lack of informed consent
- Premature discharge
- Allegations of abuse, neglect



Failure to Respond to Customer Service Issues





Sources: AHRQ; Myers





Learning Objective #2

Describe risk management implications of complaints



True or False?

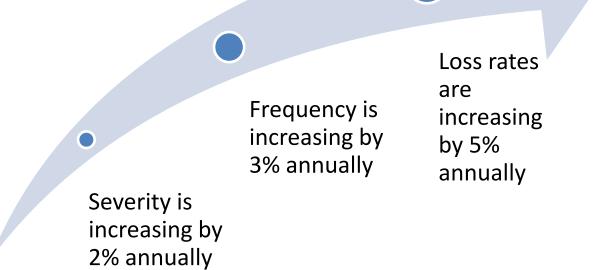
▶ Long-term care loss rates are increasing by 5% annually





Source: Aon Risk Solutions







Source: Aon Risk Solutions

Forecasted 2016 Claims Activity





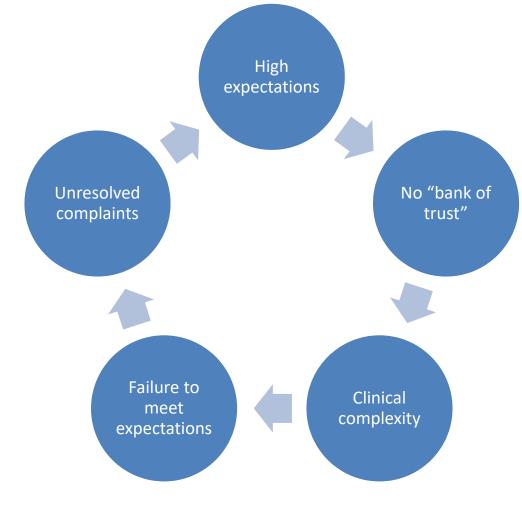
Source: Aon Risk Solutions

Common Complaints in Nursing Facilities

- Issues surrounding discharge
- Failure to answer requests for assistance
- Lack of respect for residents
- Quality-of-life issues
- Problems with medication administration



Postacute Patients: Special Concerns





Regulatory Requirements and Accreditation Standards—Brief Survey

- Centers for Medicare and Medicaid Services (CMS) for long-term care facilities
- CMS for home health agencies
- Commission on Accreditation of Rehabilitation Facilities (CARF)
- The Joint Commission
- State regulations



Sources: CARF; CMS HHA, LTC; The Joint Commission

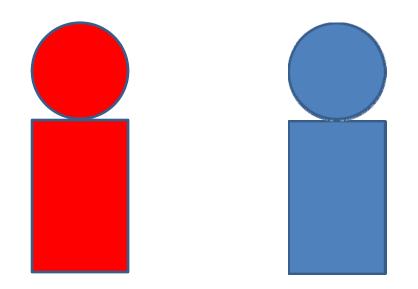
Organizational Policy and Procedure

- Clearly defines "complaint" and "grievance"
- Delineates procedures for investigation and response
- Informs patients, residents, and families of their rights
- Specifies timeframes for response
- Provides information regarding resources for advocacy
- Ensures multidisciplinary oversight



Sources: CARF; CMS HHA, LTC, SOM; The Joint Commission

Dissatisfied Customers: How Many Complain to the Service Provider?





Source: AHRQ

Dissatisfied Customers: How Many Complain to Family and Friends?



Sources: AHRQ; Levin and Hopkins

Complaints and Grievances in Healthcare

People underreport unhappiness with their healthcare due to fear of:

Retaliation

Jeopardizing the quality of care



Source: NCAL

Emotional Harm Resulting from Disrespect

- Respect has been defined as "the actions taken towards others that protect, preserve, and enhance their dignity."
- Examples of emotional harms
- Event types
 - Communication
 - Environment of care
 - Care after death



Source: Sokol-Hessner et al.

Emotional Harm: Implications for Aging Services

Theme of care after death

Impacts on other residents



Source: Sokol-Hessner et al.

Learning Objective #3

Describe methods to capture and investigate complaints



True or False?

Organizations can only address the complaints of which they are aware





Complaint Capture

Proactive approach: actively solicit feedback

Identify

- Patterns and opportunities
- At-risk staff, and improve resident satisfaction



Case Study: Complaint Capture

- Identified repositories of patient concerns:
 - Letters
 - E-mails
 - Walk-ins
 - Telephone calls
 - Electronic health record
 - Clinical staff and managers
 - Patient satisfaction surveys

- Centralized the process for complaint capture
 - Single tracking system
- Trained staff
- Increased use of complaint data

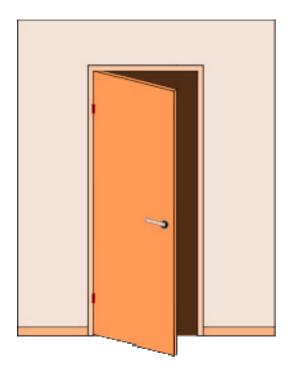


Strategies for Sustained Improvement in Complaint Capture

- Use of patient liaisons
- Brochures in multiple languages
- Visible telephone numbers for concerns
- Asking patients if all of their needs are being met



It's Free to Have an Open Door



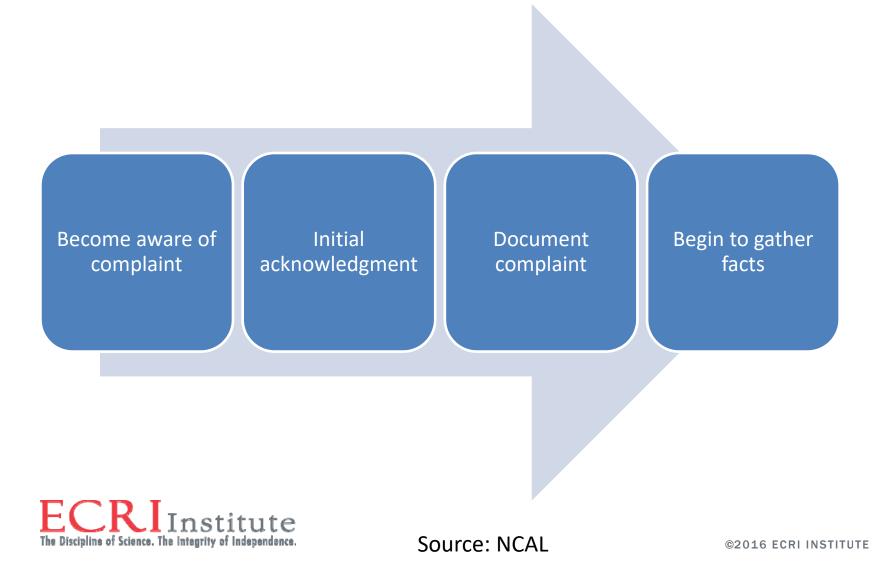


Methods to Capture Complaints

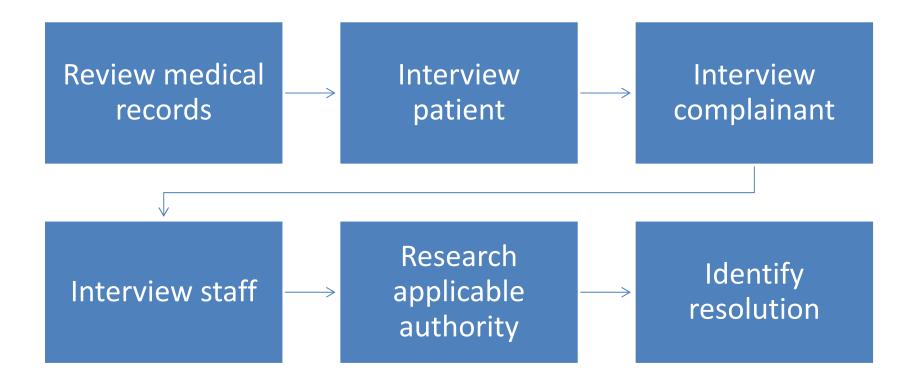
- Ask for feedback
- Encourage candor
- Ensure nonretaliation
- Collaborate among staff
- Designate a single repository



Preliminary Investigation



Steps in a Grievance Investigation





Sources: AHRQ; NCAL; Venn

Learning Objective #4

Recall strategies for complaint resolution and response



True or False?

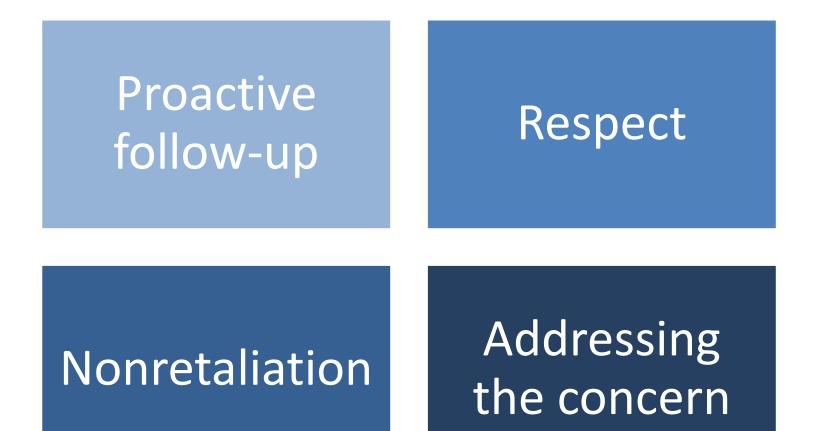
Many staff know immediately which situations or patients will eventually end up in the CEO's office





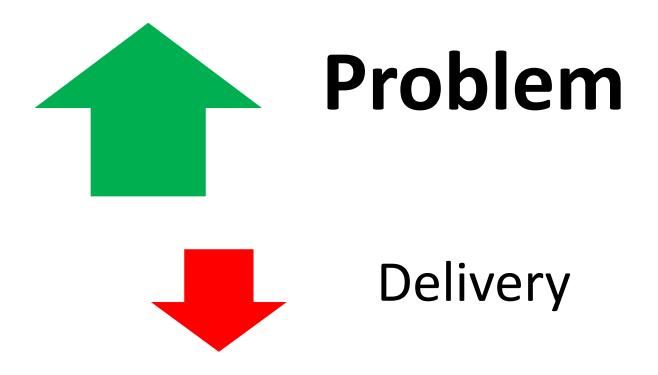
Source: AHRQ

Critical Themes of Complaint Resolution





Staff Education and Training





Source: NCAL

Good Listening Skills

- Stop all activity and make eye contact
- Sit down
 - Maintain positive body language
- Restate the concern
- Present yourself as a partner
- Focus on mutual points of agreement
- Project confidence and the ability to effect a change
 - Do not avoid stressful encounters
- Offer a solution and follow through



Source: NCAL

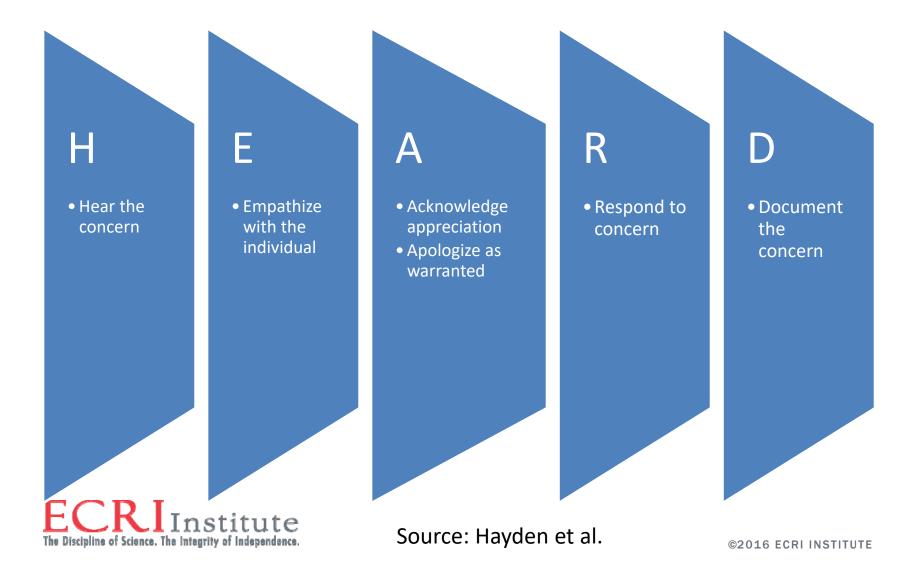
Proactive Service Recovery

- A process to "recover" dissatisfied patients
- Demonstrate the ability to "get it right"
- Restore trust and confidence



Source: AHRQ

"HEARD" for Service Recovery

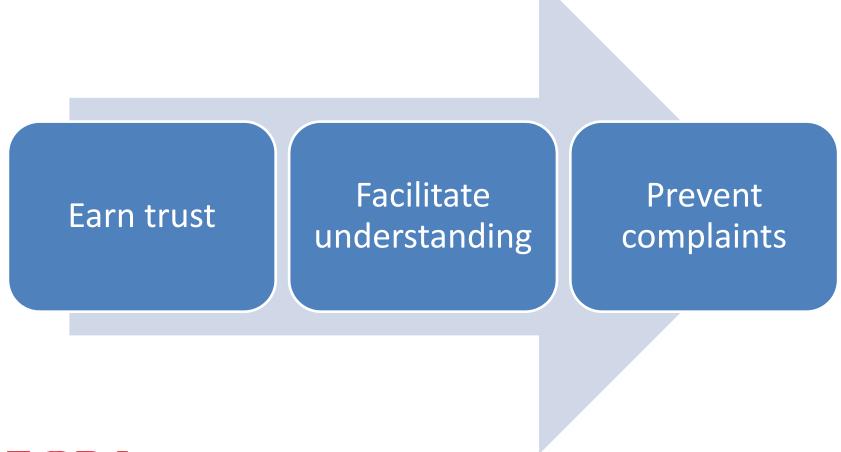


Empowering Staff to Respond

- Straightforward direction
- Clear protocols
- Minimal bureaucratic roadblocks
- Clear system of resources and lines of authority
- Backup systems for addressing complex situations



Setting Realistic Expectations





Sources: McMullin; Myers; NCAL

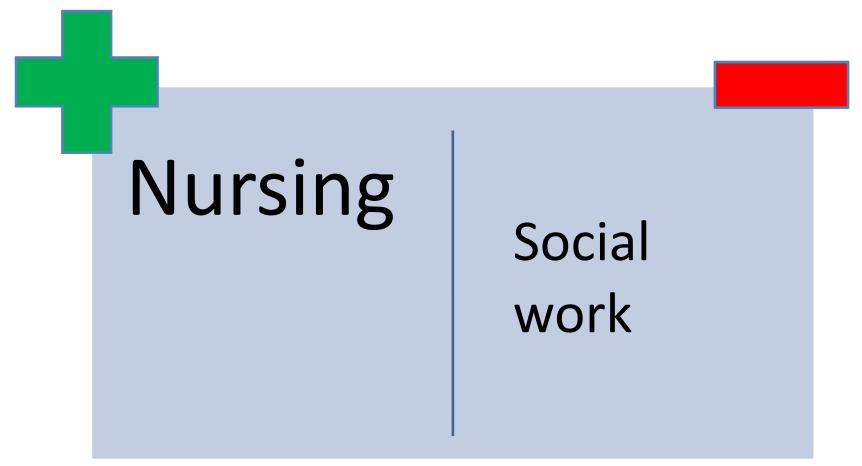
Setting Realistic Expectations: Examples

Examples:

- Weight loss
- Contracture
- Fall precautions
- Terminal prognosis



Resolutions and Responses for Postacute Patients





Written Response

- Acknowledge risks of writing, and of not writing
- Develop templates with legal counsel
- Define a process
- Respond thoughtfully and skillfully



Postresponse Analysis

- Review findings
- Discuss recommendations
- Educate as appropriate
- Failure mode and effects analysis, root-cause analysis



Tracking and Trending

Categorize data

- Analyze in aggregate—powerful tool for quality improvement
- Share with:
 - Leadership
 - Multidisciplinary oversight committee
 - Staff



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Questions?

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Thank you

