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

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

Source: CMS SOM
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

Sources: CMS SOM; Vukson and Turvey
Failure to Respond to Customer Service Issues

Dietary errors

Equipment in disrepair

Environmental concerns

Lost personal items

Complaints

Sources: AHRQ; Myers
Attention to detail + Excellent customer service = TRUST
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
Claims Trends: Long-Term Care

- Severity is increasing by 2% annually
- Frequency is increasing by 3% annually
- Loss rates are increasing by 5% annually

Source: Aon Risk Solutions
Forecasted 2016 Claims Activity

- Loss rate: $2,150/bed
- Frequency: 0.99 claims/100 beds
- Severity: $217,000/claim

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

Source: Administration on Aging
Postacute Patients: Special Concerns

- High expectations
- No “bank of trust”
- Unresolved complaints
- Failure to meet expectations
- Clinical complexity
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

Source: Levin and Hopkins
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

Source: Levin and Hopkins
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

- Become aware of complaint
- Initial acknowledgment
- Document complaint
- Begin to gather facts

Source: NCAL
Steps in a Grievance Investigation

Review medical records → Interview patient → Interview complainant

Interview staff → Research applicable authority → Identify resolution

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

- Proactive follow-up
- Respect
- Nonretaliation
- Addressing the concern
Staff Education and Training

Problem

Delivery

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

H • Hear the concern

E • Empathize with the individual

A • Acknowledge appreciation
  • Apologize as warranted

R • Respond to concern

D • Document the concern

Source: Hayden et al.
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

Sources: AHRQ; Hayden et al.
Setting Realistic Expectations

Earn trust
Facilitate understanding
Prevent complaints

Sources: McMullin; Myers; NCAL
Setting Realistic Expectations: Examples

Examples:
- Weight loss
- Contracture
- Fall precautions
- Terminal prognosis

Source: Myers
Resolutions and Responses for Postacute Patients

Nursing  |  Social work
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

Sources: CARF; Venn
References


Centers for Medicare and Medicaid Services (CMS).


References, continued


References, continued


Questions?

Please contact Jennifer Comerford, Senior Risk Management Analyst at (610) 825-6000 x5165 or jcomerford@ecri.org

Thank you