

ESRD NETWORK 13

Serving Arkansas, Louisiana & Oklahoma Renal Communities



PATIENT-CONSUMER GRIEVANCE POLICY

This grievance process is available to provide a method of consideration for concerns, complaints, or grievances of ESRD patient-consumers.

A COPY OF THIS POLICY SHOULD BE PLACED IN A LOCATION THAT IS EASILY ACCESSIBLE TO ALL PATIENT-CONSUMERS OF THE FACILITY. Facilities are required to annually document, in all patients' Plan of Care, that a copy of this policy has been received and understood (with assistance if necessary) by the patient. It is the right of all ESRD patient-consumers to file a grievance when the patient-consumer feels it is needed. Annually, facility staff should review this grievance policy with patients to ensure accessibility, understanding and receipt of revisions (if any).

Patients are encouraged to utilize the facility grievance resolution process prior to filing a grievance with the Network. All facilities are required under CMS Conditions of Coverage to have an internal grievance process that is posted and accessible to patients-consumers.

It is the policy of the ESRD Network 13 Grievance Committee to process all grievances in a timely, impartial and confidential manner.

STEPS OF THE GRIEVANCE PROCESS

If an ESRD patient-consumer has a concern, unanswered question, or complaint regarding his/her treatment or quality of care, the patient-consumer may exercise their right to file a grievance by following the steps listed here:

STEP 1 The patient-consumer should first address his/her question, concern, complaint or grievance to the person perceived as the source of the confusion or conflict. It is anticipated that most conflict will be resolved in this step. If not resolved by direct communication at the source of the problem, or if the patient-consumer does not wish to address the other person involved, he/she may proceed to Step 2.

STEP 2

All facilities are required under CMS Conditions of Coverage to have internal grievance process. The facility's internal grievance process must be implemented so that the patient may file an oral or written grievance with the facility without reprisal or denial of services. The grievance process must include:

- (1) A clearly explained procedure for the submission of grievances.
- (2) Timeframes for reviewing the grievance.
- (3) A description of how the patient or the patient's designated representative will be informed of steps taken to resolve the grievance.

The patient-consumer is encouraged to utilize the facility internal grievance process to address concerns, complaints and/or grievance regarding his/her treatment or quality of care, staff related complaints or environmental/cleanliness issues. The patient-consumer may consult the facility Social Worker to be an advocate for the patient in accessing the facility internal grievance process. If the patient-consumer wishes to remain anonymous, or appoint a personal representative as his/her spokesperson/advocate, the Social Worker should accommodate and protect the wishes of the patient-consumer.

STEP 3 The patient-consumer may choose to by-pass Steps 1 and 2, and initiate a grievance directly to the Network 13 office. This step may be taken with or without the knowledge of the facility staff involved in the grievance. The grievance may be communicated by telephone or letter. (If the patient-consumer wishes to maintain anonymity, he/she should be made aware that a full investigation may not be achieved.) Grievances should be addressed to:

Chairperson
Medical Review Board
ESRD Network 13
4200 Perimeter Center Suite 102
Oklahoma City, Oklahoma 73112-2314
or call toll free: 1-800-472-8664 or local: 405-948.2255

GRIEVANCE COMMITTEE INTERNAL PROCESS

When a grievance is received at the Network office written notification will be sent to the complainant within five (5) calendar days. It is incumbent upon the Grievance Committee to conduct a professional, impartial, timely and thorough investigation. In some cases the Committee may also provide suggested resolution options and or request a Corrective Action Plan or an Improvement Plan from the facility involved. A findings letter/report will be generated at the conclusion of all investigative activities. The facility will receive the findings report thirty (30) days prior to the patient findings letter and will have fifteen (15) days to provide comment to the patient findings report. The final findings report will be sent to the complainant accompanied by any comments provided by the facility. If the facility chooses to comment, the comments will be included in the findings report in the exact form and content received at the Network office. All Network Grievance Committee activities with the complainant will conclude within ninety (90) days of grievance initiation. If the facility is requested to submit a Corrective Action or an Improvement Plan, this activity may be ongoing as determined by circumstances of the case. All Corrective Action or Improvement Plans will utilize concepts of rapid cycle improvement with designated timelines and reports to the Network.

FACILITY OR OTHER SOURCE GRIEVANCES

Any facility complaint or complaint received from other sources in the renal community will be initiated as Complaints and handled informally utilizing conflict resolution techniques. If the matter cannot be resolved informally, a Grievance may be filed regarding the QUALITY OF MEDICAL/HEALTH CARE PRACTICES in any ESRD Network 13 facility by forwarding a letter to the Network office addressed to the Medical Review Board Chairperson. This letter should provide facts leading to the grievance.

Upon receipt of a Grievance letter as defined above, the Medical Review Board Grievance Committee Chair, and/or other members of the Committee as designated, aided by Network staff, will conduct an investigation to determine the validity of the facts noted in the Grievance letter. Based upon the determination of the Grievance Committee, aided by Network staff, a findings report or letter will be forwarded to the parties involved and recommendations regarding resolution options may accompany the findings report.

What this policy will not do:

This policy WILL NOT address, intervene, apply or circumvent any Personnel Policies within ESRD facilities. Personnel issues or conditions of employment in ESRD facilities are separate and distinct matters, to be addressed through facility's internal processes.

This policy WILL NOT address facility complaints or grievances against patients. There are a host of other mechanisms in place to address such concerns, i.e., application of Decreasing Dialysis Patient/Provider Conflict (DPC) model, behavioral modification agreements, physician intervention, patient referral, patient transfer, patient "rotation" or, in rare circumstances of patient violence, patient service termination. The facility should have policy and procedures for termination of services that abide by the CMS Conditions of Coverage and these should be followed under these circumstances.