

Policy: Suggestions and Grievances:

Purpose/Objective:

To ensure that patients are informed of the Center's Policies regarding the expression of suggestions and grievances.

1. There will be a suggestion box available in the waiting room along with blank patient surveys to encourage suggestions for improvement in the Center.
2. Patient survey letters will be handed to all patients and if returned responses will be reviewed quarterly. This will be done to ensure that patients are asked to comment on the care they received at the Center and that patient satisfaction is reviewed by the Quality Assurance Performance Improvement Committee.
3. A patient complaint log will be kept in the Center to record patient complaints.
4. The Administrator/ Director of Nursing will be responsible for collecting and reviewing all suggestions, patient surveys and complaints. The Director of Nursing will provide a report of all findings to the Medical Executive Committee quarterly.
5. If a patient complaint is significant the patient will be called to investigate the complaint if a name was given. The Administrator and Director of Nursing, and the Medical Director will review the complaint initially, will take action to attempt to resolve the situation and ensure that the situation does not reoccur. All actions taken will be reported to the Medical executive Committee at the next scheduled meeting.
6. If a patient complaint is anonymous the complaint will be reviewed by the Administrator/ Director of Nursing and the Medical Director initially, and efforts will be taken to ensure that the situation does not reoccur.

#### Complaint Resolution Procedure

Misunderstandings or conflicts can arise in any organization. To ensure effective working relations, it is important that such matters be resolved before serious problems develop. Most incidents resolve themselves naturally; however, if a situation persists that you believe is detrimental to you or to your significant other, you should follow the procedure described here for bringing your complaint to management's attention.

##### Step One

Discussing the problem with the Administrator and Director of Nursing. If, however, you do not believe a discussion with the Administrator and Director of Nursing is appropriate you may proceed directly to Step Two.

##### Step Two

If your problem is not resolved after discussion with the Administrator and Director of Nursing or if you feel discussion with the Administrator and Director of Nursing is inappropriate, you are encouraged to request a meeting with The Medical Director. In an effort to resolve the problem the Medical Director will consider the facts, conduct an investigation, and may also review the matter with the Company's Administrator. You will normally receive a response regarding your problem within seven (7) working days of meeting with the Medical Director.

### Step Three

If you are not satisfied with the Medical Director's decision and wish to pursue the problem or complaint further, you may prepare a written summary of your concerns and request that the matter be reviewed by the Managers/ Board of Directors.

The Managers/ Board of Directors after a full examination of the facts (which may include a review of the written summary of your statement, discussions with all individuals concerned, and a further investigation if necessary) which may include other individuals in the Company, will normally advise you of the decision within fifteen working days. If you are not satisfied with the decision made and wish to pursue the problem or complaint further you may contact the AAAHC and or the Department of Healthcare and Compliance. The address is posted in the surgical center waiting area.

The Patient has the Right to:

- Voice grievances or recommend changes in policies and services to facility personnel, the governing authority and/or representatives of the patient's choice either individually or as a group, and free from restraint, interference, coercion, discrimination, or reprisal,
- Use the grievance procedure to document the existence, submission, investigation and disposition of a written or verbal grievance to the Center.
- Documentation by the Center of all alleged violation/grievances relating, but not limited to, mistreatment, neglect, verbal, mental, sexual, or physical abuse.
- Have all allegations reported to the person in authority of the Center.
- Have substantiated allegations reported to the state authority or the local authority or both.
- Be provided with timeframes for review of the grievance and the provisions of a response.
- Voice grievances and to investigation of all grievances made regarding treatment or care that is (or fails to be) furnished. Written notice of the Center's decision which must contain the name of a facility contact person, the steps taken to investigate the grievance, the results of the grievance process, and the date the grievance process was completed.
- Exercise his/her rights without being subjected to discrimination or reprisal.

The Company does not tolerate any form of retaliation against patients availing themselves of this procedure.

Names and Addresses for Complaints:

Bey Lea Ambulatory Surgical Center  
Kelly Bongiovanni/ Administrator  
54 Bey Lea Road, Building 2  
Toms River, NJ 08753  
Tel: 732-281-1020  
Fax: 732-281-1024

## Accreditation Association for Ambulatory Health Care

5250 Old Orchard Road, Suite 200  
Skokie, IL 60077  
Tel: 847/853.6060  
Fax: 847/853.9028  
Email: [info@aaahc.org](mailto:info@aaahc.org)  
The Office of Acute Care Assessment and Survey  
Division of Health Facilities Evaluation and Licensing  
New Jersey State Department of Health  
PO Box 367  
Trenton, New Jersey 08625-0358  
Telephone: (800) 792-9770; (609) 292-9000 Choose Option 2 for Surgical Centers, then  
Complaint Investigator of the Day

State of New Jersey  
Office of the Ombudsman for the Institutionalized Elderly  
PO Box 852  
Trenton, New Jersey 08625-0852  
Telephone: 1-877-582-6995  
Medicare Ombudsman  
[www.cms.hhs.gov/center/ombudsman.asp](http://www.cms.hhs.gov/center/ombudsman.asp)

### What is a Complaint?

A complaint that is presented to the ASC's staff and resolved at that time is not considered a grievance:

Example: a complaint that discharge instructions are unclear may be resolved quickly before discharge and would not be considered a grievance.

If a patient complaint cannot be resolved at the time of the complaint, is postponed or referred to other staff for later resolution, requires an investigation or additional actions for resolution, the complaint is then considered a grievance for purposes of the requirements.

Billing issues are usually not considered grievances.

Although complaints may be both written and verbal, a written complaint is always considered a grievance. This includes written complaints from a current patient, a released/discharged patient, or a patient's representative regarding the patient care provided, abuse or neglect, or the ASC's compliance with the Conditions for Coverage.

For purposes of this requirement, an email or fax is considered written.

Information from patient satisfaction surveys usually is not considered a grievance. However, if an identified patient writes or attaches a written complaint on the survey and requests resolution, the complaint must be treated as a grievance. If an identified patient writes or attaches a complaint to the survey, but does not request resolution, the ASC should treat this as a grievance, if the ASC would usually treat such a complaint as a grievance.

## What is a Grievance?

A patient grievance is a formal or informal written or verbal complaint that is made to the ASC by a patient or a patient's representative, regarding a patient's care (when such complaint is not resolved at the time of the complaint by the staff present), abuse, neglect, or ASC compliance issues.

All grievances must be reported by the staff to the ASC Administrator.

All grievances must be investigated for grievances related to treatment or care the ASC provided or allegedly failed to provide and the grievances must be used to determine if there are systemic problems.

The ASC process must include a reasonable timeframe for response.

The ASC must document for each grievance how it was addressed and notify the patient or patient's representative in writing of the ASC's decision regarding each grievance.

## Definitions:

**Neglect:** Failure to provide a good and services necessary to avoid physical harm, mental, anguish, or mental illness.

**Abuse:** The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish.

**Mistreatment:** To treat badly or abuse

All allegations must be immediately reported to a person in authority in the ASC.

Only substantiated allegations must be reported to the State authority or the local authority, or both.

Grievances making allegations related to mistreatment, neglect; verbal, mental, sexual or physical abuse, or other serious allegations of harm must be fully documented. This means that all pertinent details of the allegation must be recorded and retained in the ASC's files.

Documentation should include at a minimum:

- The date and time of the alleged occurrence
- The location
- The names of all individuals involved and a description of the behavior that is alleged to have occurred within the ASC and to have constituted mistreatment, neglect or abuse or other serious harm

All grievances alleging mistreatment neglect or abuse that are submitted to any ASC staff member, whether verbally or in writing, must be reported immediately, i.e., as soon as possible, and at least on the same day, by the staff members to an ASC official who has authority to address grievances. The ASC is expected to educate the staff on their obligation to immediately report all grievances alleging mistreatment, neglect or abuse, including whom they should report the grievance to.

If the ASC confirms that the alleged mistreatment, abuse, neglect or other serious harm took place, then the ASC is obligated to report the event to the appropriate local or State authority, or even both.

Depending on the specifics of the case and State or local law, the appropriate authority(ies) might include the local police, a State agency that licenses the ASC, A State ombudsman, etc. The ASC should contact the appropriate authority promptly after it concluded its investigation of the grievance.