

Complaint Process

Department of Health Services
Division of Quality Assurance

-Welcome-

1

Introduction

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2

Introduction

- Purpose: Increase the understanding of hospitals in Wisconsin of the role of DQA in complaint investigations
- Encourage the fullest use of hospital's own internal grievance processes
- Address differences in processes for SNFs

3

Objectives

- How/why it is initiated, triaged & prioritized
- Steps from initiation of complaint to completion
- Process for accredited hospital vs. non-accredited hospital
- Regulatory structure (state/federal)
- Grievance process
- Prevention of complaints

4

Anatomy of a Complaint

- Who?
- What?
- When?
- Where?
- Why?

5

Who?

- May be anonymous
- Do not have to use the hospital's own internal grievance system before contacting DQA
- Self reporting requirements for SNFs

6

What is a Complaint/Grievance?

- “Complaint” “Grievance” interchangeable
- See booklet for text of CMS and HFS 124 regulations requiring hospitals to notify patients of DQA’s contact information

■ DQA/BHS

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7

When?

- Incident occurred within the past year.
- Exception possible but rare.

8

Where?

- Off site locations may be federally certified but not part of the hospital for State purposes.

9

Why?

- To identify regulatory noncompliance for the purpose of public protection
- Some complaints are referred elsewhere
- Motivations of complainants

10

Triage of complaints made to DQA:

- Priority categories from the federal data system are:
- A – IJ (Immediate Jeopardy)
- B - Non-IJ High
- C - Non-IJ Medium
- D - Non-IJ Low
- E - Non-IJ Admin Review/Offsite Investigation
- F - Referral-Immediately
- G - Referral-Other
- H - No Action Necessary

11

Triage of complaints made to DQA : Priority A

- *A, IJ (Immediate Jeopardy)* is defined as, "A situation in which the provider's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident." Intakes are assigned this priority if the intake information indicates immediate corrective action is necessary because a provider's or supplier's alleged noncompliance may have caused, or is likely to cause, serious injury, harm, impairment or death to a patient. Such complaints must be investigated within 2 working days of receipt of the CMS-2802 form. IJ also includes all EMTALA allegations. Federally authorized EMTALA investigations and federally mandated reports of death due to restraint/seclusion must be completed within 5 working days after authorization.

12

Triage of complaints made to DQA: Priority B

- *Non-IJ High* is defined as harm that impairs mental, physical and/or psychosocial status of such consequence to the person's well being that a rapid response is indicated. This level of complaint is represented by specific rather than general information, such as, descriptive identifiers, individual names, date/time/location of occurrence, description of harm, etc. This category includes the death investigations mandated under Wis. Stats. 50.04(2t) and 51.64(1) (deaths in psychiatric treatment areas caused by suicide, restraint, or psychotropic medications). State mandated death reports are assigned a due date within 14 days from the date of receipt of the report of the death. Other Non-IJ High complaints are assigned a due date for completion between 10 and 30 days after receipt of the complaint, depending on the urgency and credibility (e.g., specific information) of the complaint..

Triage of complaints made to DQA : Priority C

- *C. Non-IJ Medium* is defined as noncompliance that has caused or may cause harm that is limited in consequence and, although not causing actual harm, may impact the care and treatment of patients. Non-immediate jeopardy complaints for providers with deemed status that are authorized by CMS require an onsite survey within 45 calendar days after approval by the RO..

14

Triage of complaints made to DQA : Priority D

- *Non-IJ Low* is defined as situations that may have caused physical, mental and/or psychosocial discomfort. An onsite survey may be scheduled within 120 days.

15

Triage of complaints made to DQA :
Priority E

- *E. Administrative Review/Offsite Investigation* is the priority used for complaints/incidents that are triaged as not needing an onsite investigation, but are investigated by an off-site, desk review to ensure compliance with the Federal requirements.

16

Triage of complaints made to DQA :
Priority F & G

- *F. Referral – Immediately*
- *G. Referral - Other.*

- Referrals are made to Office of Caregiver Quality, Office of Client Rights, DSPS, DATCP, MetaStar, and other agencies as appropriate

17

Triage of complaints made to DQA :
Priority H

- *H. No action necessary* is the priority used when adequate information about the incident/complaint yields the conclusion that DQA can determine with certainty that no further investigation, analysis, or action is deemed necessary. an isolated incident with minor negative outcome or low probability of resulting in harm;

18

Role of accreditation in the complaint process

- CMS review
- Does complaint represent potential Condition of Participation out of compliance?
- Consequence of COP out
- HFS 124 applies in all hospitals
- EMTALA is totally federally directed

19

Role of the hospital's own internal complaint/grievance system

- See booklet for some State and Federal grievance related regulations.
- Relationship to State/Federal complaint process

20

Role of the hospital's own internal complaint/grievance system

- Surveyor review of hospital's grievance process

21

Value of hospital systems sharing POCs with all their Hospitals

- This point added at the request of the surveyors.
- Improve practice
- Decrease citations

22

Q&A

- Q&A
- Questions later? Ann Hansen, (608) 266-0297
- Thank you.

23
