A Cross-Walk of Patient Grievance Procedure Requirements in Alaska
prepared by the Alaska Mental Health Board, February 2009

	API (policy)	JCAHO	CMS (CFR)
Notice of patient rights	Provided at admission/intake P& P PRE030-03 Policy ¶ II Written copies posted and available in each program area P& P PRE 030-03 Policy ¶ II. A. Notice communicated in manner best understood by patient P&P PRE 030-03 Policy ¶ II.B. Notice provided at new patient orientation, community meetings, individual meetings P&P 030-03 Procedure ¶ I.C.	Provided upon admission RI 2.10, EP 1-4	Hospital must inform of rights before providing care (when possible) 42 CFR §482.13(a) Rights must be communicated in a language/manner patient can understand *Interpretative Guidelines* §482.13(a)(1)
Procedure required	Yes (subject to federal/state law and accrediting requirements)	Yes RI 2.120, EP 1-5	Hospital must establish a process for prompt resolution of patients grievances 42 CFR §482.13 (a)(2)
Grievance defined			Written or oral complaint (when not resolved at the time complaint is made by staff person present) re: "patient's care, abuse or neglect, issues related to the hospital's compliance with the CMS Hospital CoP, or a Medicare beneficiary billing

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			complaint" *Interpretive Guidelines* §482.13(a)(2) (8/18/05 revision and clarification) All written complaints re: care, abuse/neglect, compliance or Medicare billing are formal grievances *Interpretive Guidelines* §482.13(a)(2) (8/18/05 revision and clarification)
Other complaints, concerns, suggestions	Complaints of abuse, harassment, unlawful conduct by employees reported to authorities for investigation P&P 030-03 Procedure ¶ II. B.	Complaints of abuse should be referred to proper authority for investigation RI 2.150, EP 2	"change in bedding, housekeeping of a room, and serving preferred food and beverages may be made relatively quickly and would not usually be considered a 'grievance'" *Interpretive Guidelines* 42 CFR 482.13(a)(2) Complaints not related to patient care or within definition above are not grievances *Interpretive Guidelines* §482.13(a)(2) (8/18/05 revision and clarification)
Patient Advocate Required	Yes, assists with grievances & other complaints P&P 030-03 ¶ III. Notice given of outside advocates (DLC, etc.) P&P 030-03 ¶ II.		

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Resolution defined			Patient is satisfied with remedial action *Interpretive Guidelines* §482.13(a)(2) (8/18/05 revision and clarification) If hospital has taken appropriate & reasonable action and patient remains unsatisfied, hospital may close grievance but must maintain documentation of efforts to resolve and compliance with CMS requirements *Interpretive Guidelines* §482.13(a)(2) (8/18/05 revision and clarification)
Records/ data re: grievances	Tracking, trending, and continuous performance improvement by Patient Rights and Ethics Team P& P PRE030-03 Procedure ¶ VI. D.	Data is collected, analyzed, displayed and compared, internally and externally, using statistical techniques. PI 2.10, EP1-5 Data collection and monitoring areas include patient satisfaction and quality control. PI 1.10, EP1-8, 10, 12-18, 29	Must be maintained, incorporated in Quality Assessment and Performance Improvement Program *Interpretive Guidelines* §482.13(a)(2) (8/18/05 revision and clarification)

Grievance Procedure Requirements

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Notice of Procedure	Provided at admission/intake P& P PRE030-03 Policy ¶ II Written copies posted and available in each program area P& P PRE 030-03 Policy ¶ II. A. Notice communicated in manner best understood by patient P&P PRE 030-03 Policy ¶ II.B. Notice provided at new patient orientation, community meetings, individual meetings P&P 030-03 Procedure ¶ I.C.	Provided upon admission RI 2.10, EP 1-4	Hospital must inform of rights before providing care (when possible) 42 CFR §482.13(a)
Notice of Advocate or Contact for Grievances	Provided at admission/intake P& P PRE030-03 Policy ¶ II		Notice required 42 CFR §482.13(a)(2)
Form of Grievance	Grievance form (assistance available from advocate) P&P PRE 030-03 Policy ¶ IV.		Written or oral 42 CFR §482.13 (a)(2)(i)
Timeframe	Level 1: 5 days Level II: 5 days Urgent: review day of receipt, resolved in 3 days P&P PRE 030-03 Procedure ¶IV.		Required 42 CFR §482.13(a)(2)(ii)

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			Grievances re: neglect/abuse reviewed immediately *Interpretative Guidelines* §482.13(a)(2)(iii) For others, "7 days for the provision of a response would be considered appropriate." Response can be that grievance investigation or remedial action is ongoing. *Interpretative Guidelines* §482.13(a)(2)(iii) "The expectation is that the facility will have a process to comply with a relatively minor request in a more timely manner" (i.e. less than 7 days) *Interpretive Guidelines* §482.13(a)(2)
Resolution Process	Level 1: discussion between advocate and patient; proposed resolution to patient in writing by 5th day P&P PRE 030-03 Procedure ¶ III. Level 2: CEO investigates grievance or delegates to member of Sr. Management; written response within 5 days P&P PRE 030-03 Procedure ¶ V.		Governing body or committee must review and resolve grievances *Interpretive Guidelines* §482.13(a)(2) (8/18/05 revision and clarification) If delegated to grievance committee, must be more than 1 person *Interpretive Guidelines* §482.13(a)(2) (8/18/05 revision

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	Urgent grievances are reviewed by patient advocate the day of receipt and immediately referred to CEO/Medical Director or designee P&P PRE030-03 Procedure ¶ IV. Patients not satisfied with resolution can file a grievance with DLC, JCAHO, or Court P&P PRE 030-03 Procedure ¶ VI.		and clarification)
Written Decision Required	Yes (all levels) P&P 030-03 ¶ V. P&P PRE 030-03 Procedure ¶III-V.		For formal grievance, with name of contact person, steps taken to investigate, resolution, and date 42 CFR §482.13 (a)(2)(iii) Response must include adequate information to address each item required by 42 CFR §482.13 (a)(2)(iii) *Interpretive Guidelines* §482.13(a)(2) (8/18/05 revision and clarification) In language patient understands *Interpretative Guidelines* §482.13(a)(2)(iii) If grievance is made by email, response can be provided by

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			email *Interpretive Guidelines* §482.13(a)(2) (8/18/05 revision and clarification) Not for informal complaints (see above) *Interpretive Guidelines* §482.13(a)(2)
Oversight	Patient Rights and Ethics Team P& P PRE030-03 Procedure ¶ VI. D.	Governing body oversees quality and patient safety LD 1.20, EP6	Hospital governing body (or grievance committee) 42 CFR §482.13(a)(2)