

ABC Hospital

Patient Grievance Committee Charter

The Board of Directors of ABC Hospital has delegated to the Grievance Committee (“the committee”) the oversight responsibilities, duties and authority with respect to the grievances received by patients or any of their concerned family and friends that constitute a grievance as described in this Charter and the *Customer Grievance Policies and Procedures*.

Purpose

The primary purpose of the committee is to provide oversight for the grievance process, including review of all grievances, review of trends of both complaints and grievances (including time frames for resolution), identification of opportunities for improvement, and referral of action items to address those opportunities. The committee will also serve as an appeal option for those persons not satisfied with the resolution managed through the initial complaint/grievance resolution process.

Composition

The committee shall have at least the following core disciplines (or their designee) represented:

- CMO (Chairperson)
- COO
- CNO
- Corporate Director, Quality Management
- Corporate Director, Care Coordination
- Director, Business Services
- VPMA
- General Counsel
- Director, Risk Management
- VP of HR
- Patient Liaison Manager

Other disciplines or representatives may be added on a permanent or an adhoc basis, at the discretion of the COO.

Meetings

The committee shall meet on a regular basis to conduct needed business, with meetings scheduled on at least a quarterly basis. Each meeting of the committee is for the purpose of reviewing the grievances filed since the prior meeting, the resolution actions taken to-date, and recommending any further actions, all with the intent of improving the quality of healthcare provided by all healthcare providers at ABC Hospital. Therefore, all meetings, discussions and minutes or other documents of the Committee are confidential work product and/or the proceedings, records and files of a medical review committee as that term is defined under Alabama statutory law and entitled to all protections from discoverability and admissibility as allowed by state and federal law.

In conducting its business, a quorum for decisions is defined as at least 51% of the current active representative departments.

Authority and Resources

The committee shall have the necessary authority, as granted by the Board of Directors, and resources to discharge its responsibilities and duties. This shall include the authority to make recommendations for changes in processes, policies, and other such related actions.

Responsibilities and Duties

The following shall be the principal recurring duties of the committee in carrying out its advisory and oversight responsibilities. These duties are intended as a guide, with the understanding that the committee may modify or supplement them as appropriate.

1. On at least a quarterly basis, members will receive a packet or email of detailed information on each grievance filed since the last mailing. The information is to be thoroughly reviewed and the members prepared to offer any recommendations for action to modify or enhance any system or process.
2. Prior to the meetings of the committee, the members will receive, a) the detailed information, as per the process, as well as, b) a summary and analysis of complaints and grievances to-date for the fiscal year. This information is also to be thoroughly reviewed and the members prepared to offer any recommendations for action to modify or enhance any system or process, as well as any recommendations to address any trends of concern.
3. Appeal option
 - a. If a person filing a compliant or grievance is dissatisfied with the resolution managed through the initial complaint/ grievance process and desires and elects an appeal, this committee will receive the request, review and consider it, and opine a final decision.
 - i. The committee may convene in person or may discuss and recommend via electronic or written means.
 - ii. The committee may or may not elect to offer the appealing party an audience with the group either in person or via electronic or written means.
 - iii. As this committee consists of senior leadership, the decision of this group is to be conveyed as the final internal decision to the appealing party. Any other actions will then likely be managed through risk management processes, including mediation through the third-party administrator or legal counsel or in response to the issue being filed with an external party such as the state Office of Healthcare Quality or the Joint Commission.

- iv. The decision of the committee will be conveyed by a member of the committee other than the Patient Liaison. If the decision is in support of the initial resolution, the contact information for the state Office of Healthcare Quality and the Joint Commission should be included in the response letter.

Reporting and Recommendations

1. Minutes of the committee meetings and activities will be maintained.
2. Actions and activities will be reported to the Performance Improvement Committee and to the Patient Safety and Quality Committee, and the Board of Directors at least quarterly.

Annual Review

The committee shall annually assess the effectiveness of the work undertaken during the prior twelve months and identify goals and opportunities for improvement for the coming twelve months. The committee shall also evaluate this charter, making changes as appropriate to current regulations and the state of healthcare at the hospital and across the nation.