Grievance Panels: An Alternative to a Grievance Committee

February 21, 2023
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- **Audio Settings**: ability to select your speakers and adjust your volume.
- **Chat**: for sharing of ideas, interacting with speakers and attendees; not for promoting services and products. Make sure you choose ‘**Everyone**’ in the dropdown in the chat box.
- **Q&A**: for submitting questions to review at the end of the webinar

- Receive follow up email tomorrow with webinar slides, recording and link to survey.
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Our Speaker

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Tampa General Hospital
Grievance Panels
An Alternative to Grievance Committees
February 21, 2023
Learning Objectives

• Create a process for patients/families around an Appeal
• Using Patient Feedback to make changes and “delight” future patients
• Engage Senior Leaders in Patient Grievances for Improvement
"You have the right to appeal...."
Upon receipt of an Appeal Letter

• Patient Relations receives and reviews
• Patient’s appeal is acknowledged in writing
• Appeal is placed on agenda for next grievance panel
• Parties responsible for patient’s care receive appeal information and are asked to comment
• Expanded investigation is used in preparing summary for Grievance panel review and forwarded in advance
“We are in receipt of your recent correspondence. This letter is notify you that based on this correspondence, your concerns will be reviewed by members of our Patient Grievance panel which includes senior medical staff, nursing directors, a member of our Patient Safety Department, our VP for Patient Experience and myself.

Once this panel discussion takes place, you will receive a response in writing within 30 business days of that meeting. The decision of this panel is final.”
Patient’s Appeal – Patient in OBS area
Case Study - Grievance Appeal Summary

83 yo pt presented to the ED after a syncopal episode in bed. There was conflicting information on the patient’s story. Patient went to Urgent Care and was discharged. Patient was in bed and woke up with intense nausea and feeling uneasy. Came to the ED.
Case Study - Grievance Appeal Summary

Concerns:
- Rude and inappropriate interaction with some members of the team
- Concern with cleanliness
- No outlet, no light, no TV but a monitor was registering someone else’s vitals
- 1 bathroom – no lock or toilet paper (pt was a fall risk but made to walk across the area to the bathroom alone)

Investigation Results:
- Patient was not moved to another room since there were discharge orders (patient was there for 8 days)
- EVS Manager did meet with patient and wife prior to discharge
- Trays were picked up
Follow Up Since Appeal Letter was received

- Manager has had bathroom lock assessed and it is functional
- EVS rounding has increased
- Working on ensuring a cart is available for dirty trays
- Temporary Lights on order for patient cubicles

Items for Discussion

- If OBS is going to be used to house patients more than 48 hours, should it be made more comfortable?
- Patient’s discharge was held up due to needing an ECHO
Grievance Panel

Chief Medical Officer
EVP – Patient Safety/Quality
Associate Chief of Staff
VP/Chief Experience Officer
Sr. Director, Patient Safety
CNO
Director of Quality
Invited Guests
CareComm (aka NASA)
Outcome

We are selective about which patients go to our observation units.
We are watching how long they are in observation – no longer than 48 hours.
We increased the number of rounds from EVS for the bathrooms.
We formulated a schedule of tray pick up.
We placed full time managers in these observation units for ownership.
Response to Patient

- Apologized to patient for interactions with staff
- Informed patient about more frequent rounding by EVS Leadership
- Food cart now being left for dirty trays
- Reminded team members about closing doors on storage areas
- Informed patient about plans for the OBS area going forward
- Retrained staff on where things are (including outlets and call bells)
- Complaint around Admin/Patient Relations being locked
- Thanked the patient for letting us know of his concerns
Feedback from Senior Leaders

• They always attend
• “We should have done this a long time ago”
• Where do we stand?
• Is there need for further intervention?
• 3 of the group are physicians and 1 will do a chart review if needed
• Patients feel validated
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• Use the PXE link at the end of the evaluation to claim PXE credit at the Patient Experience Institute’s PXE Portal.
Upcoming Events & Programs

WEBINARS
February 28 | Rise&Renew: A Multifaceted Approach to Fortifying & Rebuilding Our Workforce
March 2 | Educate, Inspire and Motivate Your Workforce with Introduction to Patient Experience
March 7 | The JEDI (Justice, Equity, Diversity, & Inclusion) Volunteer Workforce
March 9 | The Human Experience Imperative: Practical insights for executives on organizational strategy, structure and impact

CONNECTION CALLS/PX CHATS
March 1 | PX Chat: Building and Engaging Your Patient and Family Advisory Council
March 8 | VPC Connection Call - Exploring In-patient Volunteer Opportunities
March 15 | Lost Belongings Workgroup

PROGRAMS
March 2-23, 2023 | CPXP Preparation Course
May 4-18, 2023 | CAVS Exam Preparation Course

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Webinars are included in membership with the Institute.
KEYNOTE SPEAKERS

Karen Grimley
Dr. Alfredo Quiñones-Hinojosa
Shola Richards
Rebekah Taussig

OVER 75 BREAKOUT & POSTER SESSIONS

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Thank you!