

# Grievance Panels: An Alternative to a Grievance Committee

February 21, 2023

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- **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



**Lynn Charbonneau MBA, CPXP**  
*Director, Patient Relations and Guest Services*  
Tampa General Hospital



# Grievance Panels

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# 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

# Verbage included in closure letter to grievance

**“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

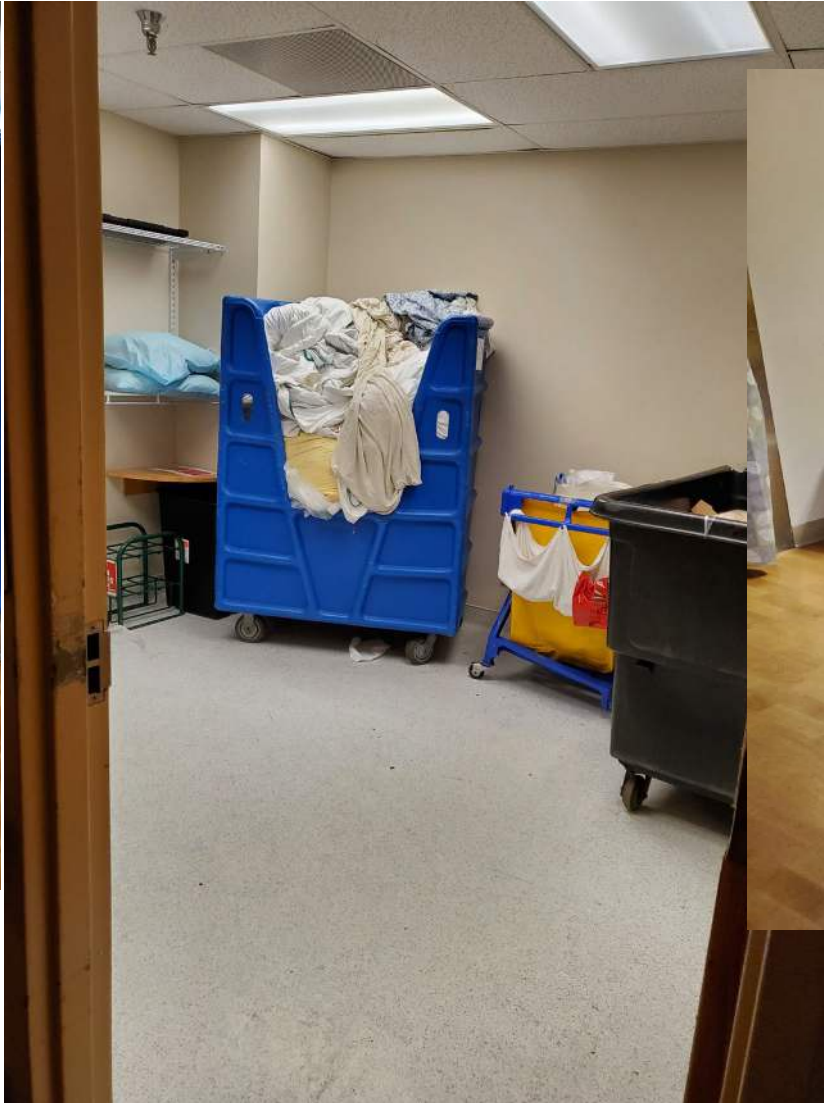


# Excerpt from Appeals Acknowledgement

**“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

Patient Name, MRN, Date of Appeal

## Clinical Journey

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

# Questions

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EMERGENCY

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# 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

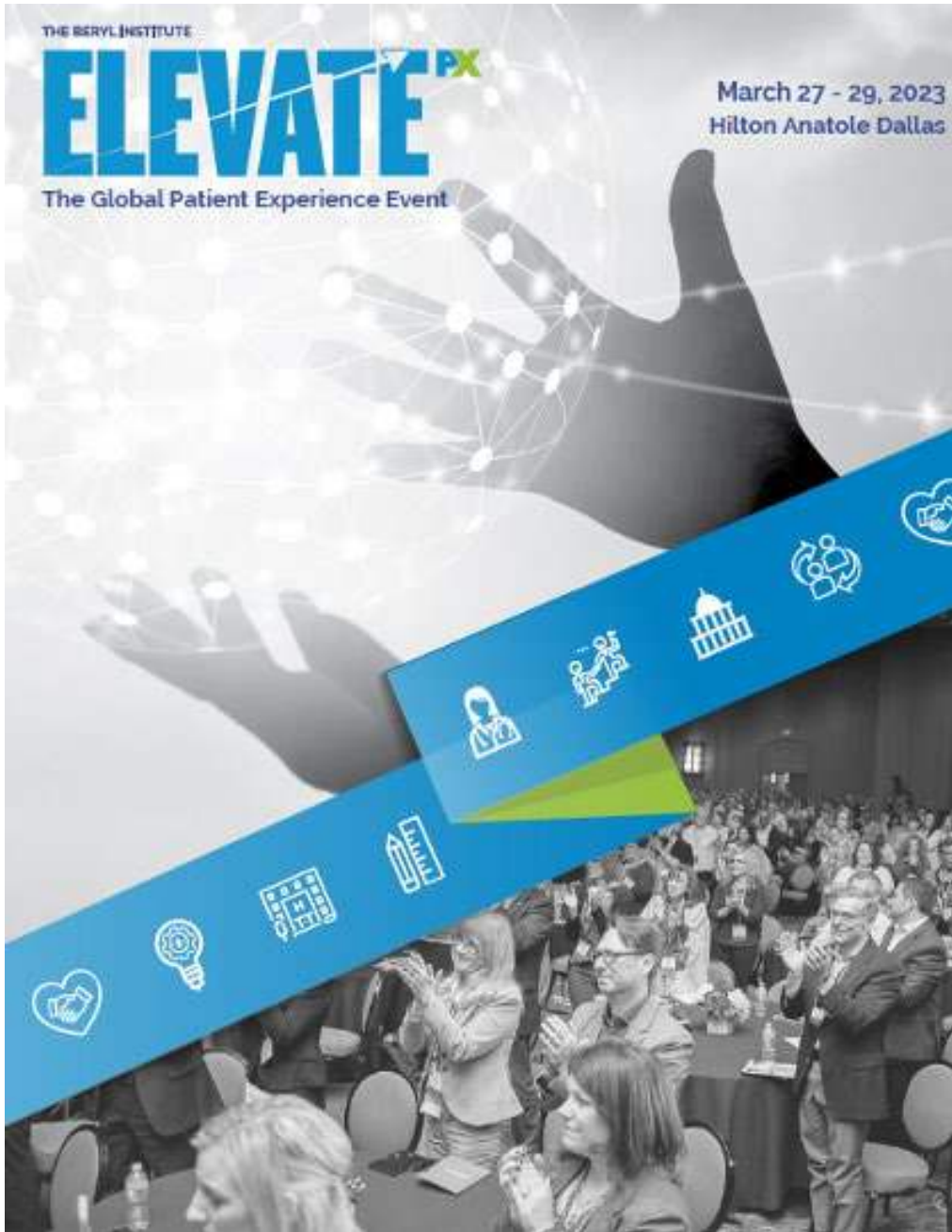


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## KEYNOTE SPEAKERS



Karen Grimley



Dr. Alfredo Quiñones-Hinojosa



Shola Richards



Rebekah Taussig

## OVER 75 BREAKOUT & POSTER SESSIONS

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 AngelEye Health  
 Arkansas Children's  
 Ascension Living  
 Reading2Connect  
 Atrium Health  
 Billings Clinic  
 Boston Children's Hospital  
 Boulder Associates  
 Brigham and Women's Hospital  
 CareMax  
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Hospital Alemão Oswaldo Cruz  
 Hospital e Maternidade Santa Joana  
 Houston Methodist  
 Instituto de Ensino e Pesquisa -  
 do Hospital Sírio Libanês  
 Kaiser Permanente  
 Lehigh Valley Health Network  
 London Health Sciences Center  
 Macquarie University  
 Major Hospital  
 Marianjoy Rehab Hospital  
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Thank you!