

TAOS HEALTH SYSTEMS, INC.

SCOPE: Hospital Wide

REVISED DATE: 2/18/2025

DEPARTMENT: Quality, Risk & Compliance

APPROVED BY: Misty Carruth, DQRC

Grievance Policy

- I. POLICY PURPOSE:** To provide a uniform process for complaints and grievances in compliance with Centers for Medicare and Medicaid (CMS).
- II. POLICY STATEMENT:** Taos Health Systems, Inc. (THS) establishes a policy to ensure the complaint and grievance procedure is followed by Holy Cross Medical Center employees and patients.
- III. PROCEDURE:**
 - A. Definitions:**
 1. **Complaint:** A reported issue or concern, experienced by a patient or visitor, about patient care, barriers or access to care or hospital services, which can be resolved in a timely, or “on the spot” manner.
 2. **Grievance:** A “patient grievance” is a written or verbal complaint (when the verbal complaint about patient care is not resolved at the time of the complaint by staff present) by a patient, or the patient’s representative, regarding the patient’s care, abuse or neglect, issues related to the hospital’s compliance with the CMS Hospital Conditions of Participation (CoP), or a Medicare beneficiary billing complaint related to rights and limitations provided by 42 CFR §489. A written complaint about patient care is always considered a grievance regardless of timeliness of resolution. A request that a complaint be managed in a formal manner, or that a response be provided, is considered a grievance. A request for a written response is considered a grievance. Information provided in a patient satisfaction survey is generally not considered a grievance, unless the patient gives their name and phone number (Interpretive guidelines §482.13(a) (2)).
 3. **Grievance Committee:** The Senior Leadership Team will serve as the Grievance Committee.
 - B.** All patient complaints which cannot be resolved to the patient’s satisfaction in a timely manner are deemed grievances. All grievances must be communicated to the Director of Quality, Risk & Compliance (DQRC) and Patient Advocate (PA). The preferred method of communication of grievances is through the Electronic

Event Reporting System (EERS). This should be done as soon as is possible but before the end of reporter's workday. A telephone call or email to the DQRC or PA may serve when the EERS is unavailable or submission by this method is otherwise impracticable.

- C. Upon receipt of the grievance, the PA will log the event in the Grievance Tracking Log and begin to investigate the reported event. Other individuals may be included in the investigation if appropriate.
- D. An Acknowledgement Letter will be sent to the patient and/or grievant within ten days of receipt of the grievance; the letter will be written in a language the patient and/or grievant understands and contain the following elements:
 1. Date of the event(s) from which the grievance stems;
 2. Recitation of the elements of grievance as understood;
 3. Information that an investigation will be conducted and anticipated next steps;
 4. Date the investigation should be concluded;
 5. Information that a Resolution Letter will be sent to the patient/grievant (if appropriate).
 6. Contact information of the PA.
- E. The date of the Acknowledgement Letter will be entered into the Grievance Tracking Log.
- F. The latest date the Resolution Letter may be sent will be entered into the Grievance Tracking Log.
- G. An investigation into grievance will be conducted by the DQRC with the PA taking the lead in most situations. Appropriate staff will be interviewed, processes will be evaluated, and records will be examined. Using this information, potential remedies will be identified. Findings and remedies will be presented to the Grievance Committee who will review the investigation and its findings. The Grievance Committee will either approve the proposed remedies or make additional recommendations for investigating or resolving the matter to the patient and/or grievant satisfaction.
- H. Step G will recur until the Grievance Committee agrees that all steps have been taken to understand and remedy grievance. Upon agreement of the Committee, grievance will be considered resolved, or closed. While investigating and

addressing the substance of grievance, the Committee will also resolve systemic conditions contributing to the reported concern.

- I. Quality of Care issues will be referred to Utilization Review or Peer Review. If a response is required, a reasonable timeframe for response will be identified.
- J. The resolution or closure date will be entered into the Grievance Tracking Log.
- K. After approval from the Grievance Committee a Resolution Letter will be sent to the patient and/or grievant within thirty days of the date of the Acknowledgement Letter. The Resolution Letter will be written in a language the patient and/or grievant understands and contain the following elements:
 - 1. Brief recitation of the dates involved and elements of grievance as stated in the Acknowledgement Letter;
 - 2. Description of actions taken to investigate grievance;
 - 3. Results of the grievance process;
 - 4. Date of completion of the investigation and closure of the process;
 - 5. Inform the patient and/or grievant of their right to file a grievance directly with the New Mexico Department of Health (NMDOH);
 - 6. Contact information for NMDOH:

New Mexico Department of Health
Division of Health Improvement
P.O. Box 26110
Santa Fe, NM 87502-6110
1-800-445-6242
- L. The date the Resolution letter was sent to the grievant will be entered into the Grievance Tracking Log.
- M. The incident report on EERS will be completed, printed, and placed in the record folder.
- N. All records associated with investigation into the grievance will be retained in the storage shed.

CROSS REFERENCES:

CMS Interpretive guidelines §482.13(a) (2)

NIAHO Accreditation Requirement

Interpretive Guidelines and Surveyor Guidance for Critical Access Hospitals Revision

18.20-20-2018 PR.6

Complaint Policy

APPROVAL CHART

Policy Category	Approvals Needed	Name
Single Department	Director/Manager	
Multiple Departments under same Director/Manager	Director/Manager	Renee Laughlin 4/2/2019
Multiple Departments under multiple Director/Managers	Director/Manager for each dept.	Leadership Team 10/8/2019
Organization/Hospital-wide	Senior Leadership Team	4/2/2019
Medical Decision Making/ Practitioner Responsibilities	<input type="checkbox"/> Emergency Department <input type="checkbox"/> Pediatric & Adult Medicine <input type="checkbox"/> Surgery & Anesthesia <input type="checkbox"/> Peri-natal <input type="checkbox"/> MEC/Chief of Staff	
Medical Staff or Governing Board Responsibilities	<input type="checkbox"/> MEC/Chief of Staff <input type="checkbox"/> Governing Board	
Reviewed Dates:		4/2/2019, 10/8/2019, 3/5/2020, 8/27/2020, 04/07/2021, 6/23/2021, 5/1/2022, 3/3/2023, 3/18/2024, 6/5/2024
Revised Dates:		04/2/2019, 8/27/2020, 4/1/2022, 6/5/2024, 2/18/2025