

January 20, 2017

Subject: Quality Improvement Activity Instructions

Thank you for serving as your facility's lead on the 2017 Grievance QIA. It is our belief that an improved process at the facility level as well as some additional quality improvement efforts may reduce the number of low level grievances that are filed. It is important to note that patients and care partners always have the right to contact the Network to file a grievance without first filing at the facility level.

Network 18 will not be changing your grievance policy. The policy in place should remain in place. We are however asking that you use our tools to track all grievances and to respond to a grievant in writing, using the templates provided. All the tools required for this QIA are enclosed in this email. **The Network logs shall be implemented as of February 1, 2016.** A list of the tools provided is as follows:

1. **Grievance Process Q&A**- ALL staff members shall review and sign the Q&A to acknowledge their role in this process (February). This includes all floor, treatment, and support staff. Please keep these copies for your own records.
2. **Grievance Log**- ALL concerns, complaints or grievances shall be recorded in the grievance log (February 1 – September 30). The concern, complaint or grievance shall be recorded in the grievance log by the individual who received the concern, complaint or grievance. It is imperative that all staff write legibly.
3. **Grievance Acknowledgement Letter** – Provide this to patients for all grievances that are not resolved on the same day as filed (March 1 – September 30). This letter is available in English and Spanish in a fillable document for use on the computer or can be printed and filled in by hand.
4. **Grievance Outcome Letter**- This letter will be provided to the grievant once the grievance has been resolved. Provide to all grievants who received an acknowledgement letter (March 1 – September 30). This letter is available in English and Spanish in a fillable document for use on the computer or can be printed and filled in by hand.
5. **Instructions**- This document will include greater details to what is listed above and can be provided to staff members to assist with implementing and following this process as required.



Grievance QIA Timeline for Participating Facilities - 2016	
January	All staff review and sign the Grievance Process Q&A – keep copies for your own records.
February through September	Log all concerns, complaints or grievances in a grievance log.
3 rd Business day of each month, March through October	Submit all grievance logs to the Network. March 3 rd , April 5 th , May 3 rd , June 5 th , July 5 th , August 3 rd , September 5 th , and October 4 th .
March through September	Conduct the following activities: <ul style="list-style-type: none"> • Continue utilizing and submitting Grievance Logs each month. • Provide each grievant with an Acknowledgement Letter, for grievances that are not resolved in one day. • Provide each grievant with an Outcome Letter upon completion of the grievance investigation. • Conduct a root cause analysis and record action plans in the PDSA form, and review the PDSA in your monthly QAPI meetings.

The Network is requesting the following:

- Monthly submission of your Grievance Logs.

Send via Fax or Email (no patient identifiers) to:

Eileen Boyte, MSW
 Patient Services Director
Eboyte@nw18.esrd.net or Fax to: 888-280-8669

Grievance Logs are due to the Network by the 3rd business day of each month.

Please understand that participation is not optional. The Conditions for Coverage require that facilities participate in Network quality improvement activities as requested. Your ongoing support and collaboration with the Network is not only appreciated, but is essential to the success of providing quality care to our patient population.

Sincerely,



Eileen Boyte, MSW
 Patient Services Director

