ALLIANT HEALTH SOLUTIONS | END STAGE RENAL DISEASE NETWORKS 8 & 14

Instructions: To help you better understand the grievance process, please read the Grievance Toolkit Summary and Patient Rights located on pages 4-6. Complete this form and fax it to 601-932-4446 or ask the Social Worker or Facility Manager at the clinic to fax it for you. You can also mail the form to Network 8, 775 Woodland Pkwy, Ridgeland, MS 39157. If you have any questions, please call 877-936-9260 and a member of the Patient Services Department will assist you.

Grievant Information

Who is filing the grievance? _____

What is your relationship to the patient? _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

May we call you if more information is needed? Yes ☐ No ☐

Preferred method of contact: Home Phone ☐ Cell Phone ☐ Text ☐

Does the patient give the Network permission to investigate the concern(s): Yes ☐ No ☐ Unsure ☐

Do we have your permission to use your name while investigating the concerns? Yes ☐ No ☐

Do we have your permission to contact the facility? Yes ☐ No ☐

Patient Information

If you are the grievant and patient, please skip to the next section.

Name: _____ Date of Birth: _____

Patient's Phone Number: _____

Treatment Days & Time: _____

Is the patient able to communicate his/her concerns? Yes ☐ No ☐

Facility Associated with this Grievance

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Manager's Name: _____

Social Worker's Name: _____

Details About Grievance

When did the situation occur? If there were multiple occurrences, please specify.

_____

_____

Please list everyone you have talked to about this grievance (including if you reported this grievance to other organizations).

_____

_____

What is your desired outcome?

_____

_____

Describe your grievance in much detail as possible.

Additional comments:

_____

_____

Note: If you are filing this grievance on behalf of someone else, an Appointment of Representative Form should also be completed (see below). We are unable to investigate until this form has been received. If you prefer, you may have the patient contact the Patient Services Department and give the Network verbal permission to investigate the identified concerns.

Exhibit J-8-1: Appointment of Representative Form

Part 1: Appointment of Representative

I, _____ designate_____
(Print Name of Patient) (Print Name of Representative)
to represent me in filing a grievance related to my dialysis or kidney transplant care.

I understand that by signing this form, I give permission for personal medical information related to my grievance to be disclosed to my representative.

I understand that once I designate this person as my representative, he or she will act on my behalf with regard to my grievance.

I understand that I can withdraw this appointment at any time.

Signed:

_____ Date: _____
(Signature of Patient)

_____
(Print Name of Patient)

Section 2: Acceptance of Appointment (To be completed by the Representative):

I accept the above appointment.

_____ Date: _____
(Signature of Representative)

_____
(Print Name of Representative)

_____
(Relationship of Representative to Patient. For example: Family member, friend, social worker.)

Patient Rights

The dialysis facility must inform patients (or their representatives) of their rights (including their privacy rights) and responsibilities when they begin their treatment and must protect and provide for the exercise of those rights.

1. The patient has the right to:
    1. Respect, dignity, and recognition of his or her individuality and personal needs, and sensitivity to his or her psychological needs and ability to cope with ESRD;
    2. Receive all information in a way that he or she can understand;
    3. Privacy and confidentiality in all aspects of treatment;
    4. Privacy and confidentiality in personal medical records;
    5. Be informed about and participate, if desired, in all aspects of his or her care, and be informed of the right to refuse treatment, to discontinue treatment, and to refuse to participate in experimental research;
    6. Be informed about his or her right to execute advance directives, and the facility's policy regarding advance directives;
    7. Be informed about all treatment modalities and settings, including but not limited to, transplantation, home dialysis modalities (home hemodialysis, intermittent peritoneal dialysis, continuous ambulatory peritoneal dialysis, continuous cycling peritoneal dialysis), and in-facility hemodialysis. The patient has the right to receive resource information for dialysis modalities not offered by the facility, including information about alternative scheduling options for working patients;
    8. Be informed of facility policies regarding patient care, including, but not limited to, isolation of patients;
    9. Be informed of facility policies regarding the reuse of dialysis supplies, including hemodialyzers;

10. Be informed by the physician, nurse practitioner, clinical nurse specialist, or physician's assistant treating the patient for ESRD of his or her own medical status as documented in the patient's medical record, unless the medical record contains a documented contraindication;

11. Be informed of services available in the facility and charges for services not covered under Medicare;

12. Receive the necessary services outlined in the patient plan of care described in §494.90;

13. Be informed of the rules and expectations of the facility regarding patient conduct and responsibilities;

14. Be informed of the facility's internal grievance process;

15. Be informed of external grievance mechanisms and processes, including how to contact the ESRD Network and the State Survey Agency;

16. Be informed of his or her right to file internal grievances or external grievances or both without reprisal or denial of services; and

17. Be informed that he or she may file internal or external grievances, personally, anonymously or through a representative of the patient's choosing.

2. Right to be informed of the facility's discharge and transfer policies. The patient has the right to:

    1. Be informed of the facility's policies for transfer, routine or involuntary discharge, and discontinuation of services to patients; and

    2. Receive written notice 30 days in advance of an involuntary discharge, after the facility follows the involuntary discharge procedures described in §494.180(f)(4). In the case of immediate threats to the health and safety of others, an abbreviated discharge procedure may be allowed.

3. The dialysis facility must prominently display a copy of the patients' rights in the facility, including the current State Agency and ESRD Network mailing addresses and telephone complaint numbers, where it can be easily seen and read by patients.

Dialysis Patients – Grievance Toolkit Summary

The grievance process provides a method for patients to voice their concerns about the services received by a provider that did not meet care standards with respect to safety, civility, patients' rights, and/or clinical standards of care.

To help guide patients through the grievance process, the Forum of ESRD Networks' Kidney Patient Advisory Council (KPAC) developed an educational toolkit. This toolkit was developed BY patients FOR patients! This summary explains what is in each chapter of the patient toolkit. If you need assistance with understanding the toolkit, you can ask your social worker to help you!

What is the Dialysis Patient Grievance Toolkit?

A guidebook designed by patients for patients to help explain the grievance system.

Chapter 1: Utilizing the Grievance Toolkit-Explains how the toolkit can be used to create a safe dialysis setting for all patients. It can be downloaded as one guidebook or by each chapter.

Chapter 2: Definitions-Describes words and terms that are used during the grievance process. To make sure patients understand what is happening, learn these words and key terms.

Chapter 3: Recommended Patient Rights and Responsibilities-Outlines the patients' responsibilities and explains what patients can expect from their health care team.

Chapter 4: Grievances in a Patient Centered Care (PCC) Environment-PCC is care that is focused on patients' values and preferences and involves sharing information and active shared decision making with patients.

Chapter 5: Barriers to a Successful Grievance Experience-Identifies some common barriers patients may face through the grievance experience. It is never too late to file a grievance.

Chapter 6: What do Patients do If They Have a Concern or Grievance-Discusses steps patients can take if they have a concern or grievance, and explains patients' rights.

Chapter 7: The Network's Role in the Grievance Process-The ESRD Network's role is to serve as an investigator, facilitator, referral agent, coordinator, and/or educator.

Chapter 8: Document Before Proceeding with a Grievance-Before filing a grievance, it is important to organize your thoughts about the grievance. The toolkit provides patients with optional resources to assist them in organizing and recording their concerns.

To view or print a chapter, visit The National Forum of ESRD Networks' website at www.esrdncc.org/GrievanceToolkit

Created By Patients For Patients

This material was prepared by Alliant Health Solutions, an End Stage Renal Disease (ESRD) Network under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Contract No. NW 8: 75FCMC19D0005-75FCMC21F0001 & NW 14: 75FCMC19D0005-75FCMC21F0002