

## Joint Commission Adopts CMS Patient Grievance Requirements

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After losing its statutory deeming authority in July, 2008, Joint Commission had to apply for deeming authority just like every other accreditation organization. As part of its hospital deeming authority application, Joint Commission revised its standards and Elements of Performance (EPs) in an effort to demonstrate that they are equal to or stricter than CMS Conditions of Participation (CoPs).

As part of the standard revision process, Joint Commission significantly overhauled its complaint resolution standard RI.01.07.01. Now, Joint Commission's complaint resolution standard more closely resembles CMS Patient Grievance CoP. The following Joint Commission EPs are effective July 1, 2009. (While effective, these standards are presently under review by CMS).

- 1 The hospital establishes a complaint resolution process. (See also LD.04.01.07, EP 1; MS.09.01.01, EP 1)  
Note: The governing body is responsible for the effective operation of the complaint resolution process unless it delegates this responsibility in writing to a complaint resolution committee.
- 2 The hospital informs the patient and his or her family about the complaint resolution process. (See also MS.09.01.01, EP 1)
- 4 The hospital reviews and, when possible, resolves complaints from the patient and his or her family. (See also MS.09.01.01, EP 1)
- 6 The hospital acknowledges receipt of a complaint that the hospital cannot resolve immediately and notifies the patient of follow-up to the complaint.
- 7 The hospital provides the patient with the phone number and address needed to file a complaint with the relevant state authority. (See also MS.09.01.01, EP 1)
- 10 The hospital allows the patient to voice complaints and recommend changes freely without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care. (See also MS.09.01.01, EP 1)
- 19 For hospitals that use Joint Commission accreditation for deemed status purposes:  
The hospital determines time frames for complaint review and response.
- 20 For hospitals that use Joint Commission accreditation for deemed status purposes:  
The process for resolving complaints includes a mechanism for timely referral of patient concerns regarding quality of care or premature discharge to the quality improvement organization (QIO).

It is noteworthy that these revised Joint Commission standards do not distinguish between patient complaints and patient grievances as does the CMS Patient Grievance CoP. (Joint Commission's January 5, 2009 version of complaint resolution EPs distinguished complaints and grievances; Joint Commission's March 26, 2009 version removed the distinction, only referencing complaints).

Hospitals should review complaint handling policies and procedure to ensure compliance with CMS Conditions of Participation, as well as Joint Commission EPs. Joint

Commission representatives advised that in Joint Commissions “discussions with CMS, there was an expectation to match the existing language of the CoPs. . .” (Joint Commission’s Hospital Deeming authority Application March 26, 2009 Teleconference, p. 4; transcript available at: [http://www.jointcommission.org/NR/rdonlyres/CB5B44EA-DACE-4446-A420-E0629692908A/0/Deemed\\_Status\\_Teleconf\\_32609.pdf](http://www.jointcommission.org/NR/rdonlyres/CB5B44EA-DACE-4446-A420-E0629692908A/0/Deemed_Status_Teleconf_32609.pdf)).

CMS is still evaluating Joint Commission’s application for hospital deeming authority. CMS will be evaluating Joint Commission surveyors out in the field to ensure that surveyors are appropriately determining hospital’s compliance with CoPs.