

DATE 1/1/2024



COMPLAINT MANAGEMENT

ADVANCING PROTECTIVE OVERSIGHT, PREVENTION, EFFICIENCY & QUALITY FOR
THE HEALTH, SAFETY & WELFARE OF PATIENTS AND CLIENTS

PRESENTED BY: COLORADO HEALTH CARE TRAINING & CONSULTING
(303) 548-4310 – WWW.GETCOMPLIANT.US – WWW.HOMEHEALTHCERTS.COM

COMPLAINT MANAGEMENT

What kinds of home care agency complaints are received?

Home care agencies may receive a variety of complaints related to the services they provide. Complaints can come from clients (those receiving care), their families, or even staff members. The nature of complaints can vary, but common themes include the following topics. Is your agency experiencing weakness in any of these areas?

Quality of Care

Complaints related to the quality of care provided, including concerns about the competence of caregivers, inconsistency in service delivery, or perceived neglect.

Understaffing and negligent management

One of the primary reasons for these incidents is a lack of supervision. Understaffing places an undue and wholly unrealistic burden on the staff.

Understaffing creates both a process and structural failure. It's a process failure because the conscious understaffing is often recognized and approved at every level of the agency's senior leadership. It's a structural failure because this understaffing becomes the practical foundation for what it causes, including the tragic deaths.

Lack of Oversight

People with Alzheimer's disease or another type of dementia will wander. This wandering can result from discomfort, anxiety or fear and can also occur when a senior tries to find someone or something. This quickly becomes a perfect storm with inadequate oversight and supervision. The adoption of failsafe procedures to ensure that every client with cognitive decline is prevented from wandering off and never be left unattended would be ideal.

The cost of adequate supervision is the cost of being in this business — it's a must-have, not a nice-to-have.

Communication Issues

Complaints about poor communication between caregivers, clients, and family members. This may involve a lack of information about the care plan, changes in schedules, or difficulties in reaching agency representatives.

Staff Behavior

Complaints about the behavior of caregivers or other staff members. This could include unprofessionalism, rudeness, or inappropriate conduct during care visits.

Scheduling and Timing

Issues related to scheduling, such as missed visits, late arrivals, or frequent changes in caregiver assignments. Inconsistencies in service timing can be a source of frustration for clients and their families.

Billing and Financial Concerns

Complaints about billing errors, unauthorized charges, or disputes over financial matters. Transparency and accuracy in financial transactions are crucial for maintaining trust.

Lack of Responsiveness

Complaints about the agency's responsiveness to concerns or requests for assistance. Clients may express frustration if their complaints or inquiries are not addressed in a timely and effective manner.

Coordination of Care

Concerns about the coordination of care, especially when multiple caregivers are involved. Clients may complain about a lack of consistency in the delivery of care or inadequate communication among care team members.

Health and Safety Issues

Complaints related to health and safety, such as incidents of accidents, injuries, or improper handling of medical equipment. Ensuring the well-being and safety of clients is paramount.

Training and Competency

Concerns about the training and competency of caregivers. Clients may express dissatisfaction if they feel that caregivers lack the necessary skills or knowledge to provide appropriate care.

Privacy and Dignity

Complaints regarding the violation of privacy or the lack of respect for the dignity of clients. This can include issues related to confidentiality, respect for personal space, and cultural sensitivity.

Agency Policies and Procedures

Complaints about agency policies and procedures that clients find restrictive, unclear, or unfair. Clients may express dissatisfaction with certain rules or regulations.

Equipment and Supplies

Issues related to the availability and condition of equipment and supplies needed for care. Clients may complain if needed items are not provided or if there are delays in obtaining them.

Regular reassessment of the needs of clients

As dementia is a progressive and degenerative disease, the condition of affected clients can, and very likely will, change over time. This means that it is incumbent upon all agencies to thoroughly assess, document and monitor the ongoing condition of each impacted client.

Again, this seems like common sense to the general public and something that every home care agency and team would prioritize. The reality can be far different, as clients who were once reasonably alert and self-sufficient regarding walking and navigation can deteriorate.

Ethics and Integrity

Suppose the cost of running the agency with unacceptable staffing and supervision and paying out legal fees and lawsuits is less than the cost of always running the agency properly. In that case, some less responsible and reputable facilities might choose the former.

Hold / Defer new admissions

When an agency experiences low staffing levels that fail to meet the needs of current clients, common sense calls for holding all new admissions if agreed by the client and their physician, or referring the new referrals to an agency that is adequately staffed with caregivers and supervisors. Admissions regulations specify that only those who can adequately and safely be care for will be admitted to any home care agency.

Transition to higher care facilities

Ultimately, where a home care agency can't prevent falls or wandering in a client, they should consider discharging the client to a higher care facility.

It's important for home care agencies to have a robust complaint management system in place to identify and address ALL concerns promptly, investigate root causes, and implement corrective actions. Any identified weakness or negative area of findings requires management attention to improve that area of operation. Effective resolution of complaints contributes to the overall satisfaction of clients, the reputation of the home care agency and ultimately a Staff that is trained and confident of the Agency's top goals of safety and quality.

COMMON DEFICIENCY CITATIONS

Commonly occurring deficiency citations in the complaint, incident, and occurrence management of home care agencies can vary, but several issues are commonly identified by regulatory bodies or accrediting organizations. Here are several examples:

Late or Incomplete Incident Reporting:

- Failure to promptly report incidents or complaints, or submitting incomplete reports, may lead to deficiency citations. Timely and comprehensive reporting is crucial for effective management and resolution.

Inadequate Root Cause Analysis:

- Deficiencies may be cited if the root cause analysis of incidents or complaints is deemed insufficient. Regulatory bodies often expect thorough investigations to identify underlying causes and prevent future occurrences.

Lack of Preventive Measures:

- If the home care agency fails to implement preventive measures based on incident or complaint analyses, deficiency citations may be issued. Establishing and documenting strategies to prevent recurrence are essential.

Poor Documentation Practices:

- Deficiency citations may result from inadequate documentation of incidents, complaints, and their resolutions. Clear, detailed, and accurate records are crucial for regulatory compliance.

Communication Failures:

- Deficiencies may be cited if there are breakdowns in communication related to incidents or complaints. This could involve inadequate communication among staff, with clients, or with regulatory agencies.

Failure to Involve Stakeholders:

- If home care agencies do not involve relevant stakeholders, such as clients, their families, or healthcare professionals, in the complaint or incident resolution process, they may receive deficiency citations.

Insufficient Staff Training:

- Deficiencies may be cited if staff members are not adequately trained in the complaint and incident management processes. This includes training on reporting procedures, root cause analysis, and preventive measures.

Ineffective Corrective Action Plans:

- Deficiency citations may result if corrective action plans lack specificity, feasibility, or are not implemented effectively. Regulatory bodies often assess the efficacy of the proposed solutions to address identified issues.

Inadequate Oversight and Supervision:

- Lack of oversight and supervision in managing complaints and incidents can lead to deficiency citations. Adequate supervision is essential to ensure that the resolution processes are consistent with established protocols.

Non-Compliance with Regulations:

- Deficiencies may be cited if the home care agency fails to comply with specific regulations or requirements related to the management of complaints, incidents, or occurrences. This includes violations of federal or state regulations governing home care services.

It's important for home care agencies to regularly assess their complaint and incident management processes, address any identified deficiencies with an action plan and stay informed about relevant regulations and guidelines.

AGENCY ANALYSIS + ACTION DEFICIENT

1. Summary of Finding: QMP documentation review revealed complaints of missed visits were coming in routinely and chart audits revealed missed visit documentation was lacking. Although the areas for improvement were identified, no action was taken to address the problem. As a result, deficient practice related the incomplete QMP and the consumer record content and care according to the plan was cited. Had the agency taken appropriate action and we still saw missed visits from time to time, it would have been mentioned but not cited.

...During an interview on 08/25/XX at 2:35 p.m., the Director of Nursing (DON) stated the agency had identified documentation, staffing and missed visits as current problems through record review. However there was no evidence of any actions taken to address the problem in QMP documentation...

During an interview on 09/01/XX at 4:30 p.m., the Administrator acknowledged the QMP did not encompass all identified agency problems, had minimal tracking and trending of data and did not have performance improvement plans in place for all identified problems.

2. Summary of Findings: In the two examples below, the agencies did not make efforts to identify patterns of problems or monitor corrections. They treated issues as isolated events and did not analyze information over time in an effort to recognize and correct systemic problems.

...Review of the agency's QMP documentation, located in the agency Home Care monthly Q and A notes and Quality Assessment and Assurance Action Plan, revealed the agency was identifying and addressing individual issues but had not tracked and trended common problem areas, implemented corrective actions or set monitoring guidelines...

During an interview conducted on 08/18/XX at approximately 11:58 a.m., the Director of Homecare acknowledged s/he had not taken the next steps to analyze cause of patterns and problems.

From a separate survey:

During an interview at 11:00 a.m. on 07/27/XX, the agency's PCP Supervisor (Employee #2) stated that s/he had begun review of 100% of the agency's charts using a new chart audit tool in February of 20XX. The PCP Supervisor further stated the results of the chart review had not been tallied or summarized. Instead, discrepancies found between the documentation of timesheets and the care plans were discussed and corrected with PCPs on an individual basis...Although the agency supervisor felt PCP documentation was improving, s/he acknowledged that without keeping track of the type and number of PCP documentation errors, and without keeping track of problems revealed by consumers during supervisory visits, it was not possible to identify trends or evaluate the effectiveness of the agency's efforts in correcting identified consumer related problems.

3. Summary of Findings: The agency used methods as set forth in the plan to identify risks and problems, however, they did nothing with the information they obtained.

... Review of consumer clinical records showed the agency conducted satisfaction surveys in addition to the supervisory visits every three months, however, there was no further documentation of what was done with the information gathered from the activities. Additionally, information from the complaint and occurrence log was not incorporated into the agency's QMP.

4. Summary of Finding: This tag may be cited when the agency doesn't have data showing that they are analyzing areas of concern. It may also be cited when they have identified areas of concern but don't implement corrective measures.

Review of the agency's QMP documentation revealed the agency had not identified areas of concern for monitoring. The QMP showed the agency only collected data on the number of visits scheduled from 07/11/XX through 07/25/XX and documented the number of canceled visits (9%). The QMP documentation also included the number of the visits that were documented by the agency's caregivers using the EMR (47%) and those that were not documented due to connectivity issues/others but were manually recorded on paper (53%). However, there was no further documentation of what was done with the information gathered from the activity. Additionally, other problems/concerns, admissions/discharges, supervisory visits, satisfaction surveys, and the information from the complaint and occurrence logs were not incorporated into the agency's QMP.

From a separate survey:

a. The agency failed to document data collected to identify potential problems/risks, and failed to analyze the frequency and causes of individual problems and patterns of problems.

During an interview on 09/21/XX at 03:05 p.m., the Backup Manager stated the agency's quality management plan/activities included monitoring all agency processes. The Backup Manager added that monitoring included review of staff and client records every three months. However, the Manager acknowledged s/he did not write anything down and would only track client record data if a problem was identified. The Backup Manager also acknowledged that s/he planned on reviewing and analyzing all comments recorded on client supervisory visit notes, but had not yet documented or analyzed client comments.

EFFECTIVE DATA ANALYSIS IS KEY

**A thorough analysis should aim to identify systemic issues,
implement corrective measures, and
establish a continuous improvement framework
within the Agency care system.**