

330h Patient Grievance/ Adverse Events Briefing

HCHN Governance Council
December 2025

Public Health
Seattle & King County 

PURPOSE

- Review HRSA requirements for gathering patient grievance/adverse events
- Review Community Health Services (CHS) Division Quality Improvement/Quality Assurance (QI/QA) Policy & Procedures
- Review current information–Public Health & Contractor sites
- Strategies for the GC and/or CAG to hear feedback directly

HRSA REQUIREMENTS – PATIENT GRIEVANCE/ADVERSE EVENTS

Quality program must have a plan & systems to address & evaluate patient grievance/adverse events:

- Frequency: no specific language. Component of periodic assessments
- Methods: grantee determines
- Targets/Goals: none set by HRSA
- Locations: HRSA approved sites

Compliance check during site visits:

1. Documentation of QI/QA systems, for example tracking resolutions & patient grievance
2. QI/QA-related operating procedures that address patient grievance/adverse events, among other elements
3. Evidence that patient grievance/adverse events information is shared with governing board, and board reviewed, and if needed, approved updates to QI/QA policies

No previous compliance issues in this area

CHS QI/QA Policy

Community Health Services (CHS) Division
Quality Improvement/Quality Assurance (QI/QA)
Policy & Procedures
330h Governance Council Update

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December 18th 2025

Purpose

- Provide a high-level review of the CHS QI/QA policy relative to the HRSA 330h grant requirements
- Confirm no major updates to the policy have been made since last review
- Highlight our process for responding to adverse events, grievances and patient safety using our Origami Risk Dashboard

Governance Council Responsibilities

HCHN Governance Council is responsible for:

1. Adopting or evaluating the QI/QA policy at least once every three years and approving updates (as needed).
2. Reviewing QI/QA, patient safety, and patient satisfaction trend reports with management staff to support decision making and oversight regarding provision of health center services and appropriate responses to patient satisfaction and patient safety issues.

Definitions in the Policy

QI/QA is quality improvement and quality assurance

Quality is the degree to which health services increase the likelihood of desired health outcomes and are consistent with current professional knowledge. **Improvement and assurance** entails a continuous and structured planning process to evaluate current practice and improve systems and processes.

Essentially – are we making a difference in people's lives and how do we show that?

Key Parts of the Policy

- Includes **clinical services** and **clinical management** and maintains the **confidentiality of patient** records and that is aligned with PHSKC policies
- The QI/QA system addresses the following:
 - The quality and utilization of health center services,
 - Patient satisfaction and patient grievance processes, and
 - Patient safety, including adverse events

Key Roles

The CHS Medical Officer works with the CHS Program Quality Manager and other program leadership across service categories (e.g., medical, dental, mental health, substance use and enabling) to ensure that staff is well-trained with current guidance.

The CHS Medical Officer works with the CHS Program Quality Manager and other program leadership across service categories (e.g., medical, dental, mental health, substance use disorder, and enabling) to ensure that each category of service performs routine quality-of-care audits, such as a chart review, a peer review, or other comparable mechanisms.

Hearing and Resolving Patient Complaints

CHS patients are informed of their Rights and Responsibilities including their right to submit a complaint.

When complaints are received at the clinic level, the following procedure applies:

1. Attempt to immediately address at the point of concern.
2. Refer outstanding issues directly to on-site supervisor and CHS management as appropriate for follow up.
3. Enter a report through the Origami portal within one (1) business day of the complaint.

Patient complaints made directly to the PHSKC Office of the Director are reviewed and appropriate response is determined by CHS leadership.

Example of our Origami Risk Management Dashboard

Our Response and Review Tool

Origami Risk Dashboard



KingCounty: Public Health - Sea... ^



Dashboards Tasks Incidents Locations Employees Reports Admin Additional People

CHS Dashboard ★

Edit Dashboard

More ▾

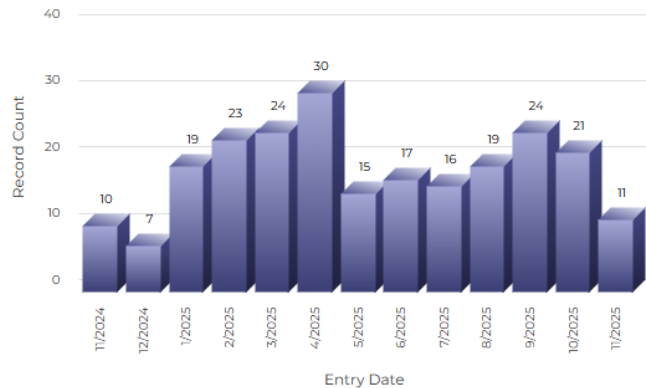
Data is current | [Refresh Data](#) | [Set Auto-Refresh](#)

Favorites: [CHS Dashboard](#) | [COVID-19 VACCINE INCIDENTS](#)

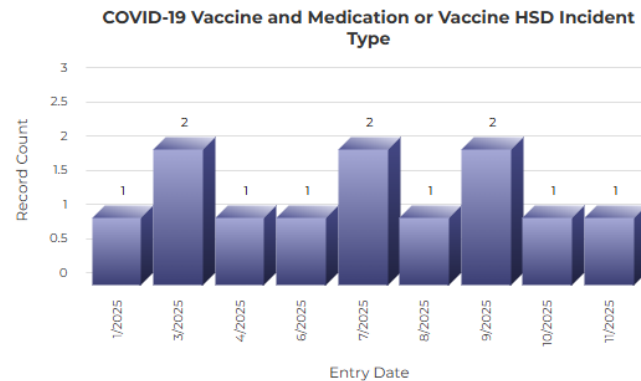
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Filter Options: Loss Date is between 11/01/2024 and 11/30/2025 [Show](#) [Apply Options](#)

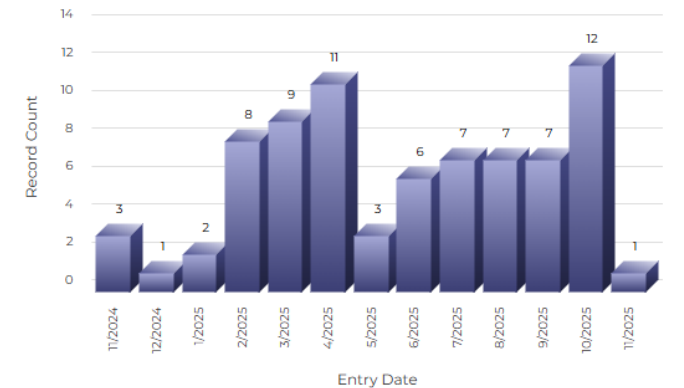
CHS Incidents Over Last 12 Months



HSD Medication Incidents Over Last 12 Months



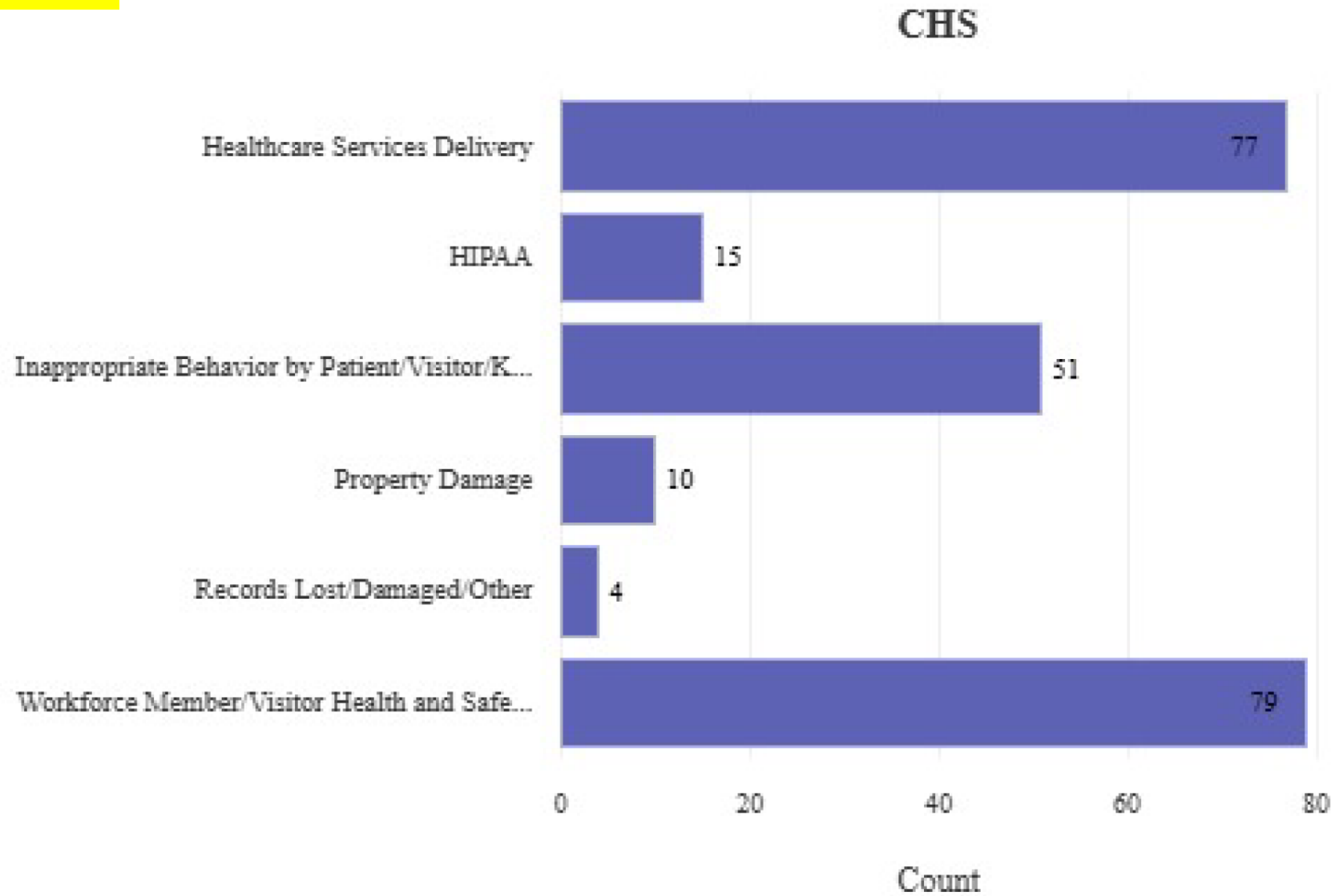
HSD Incidents Over Last 12 Months



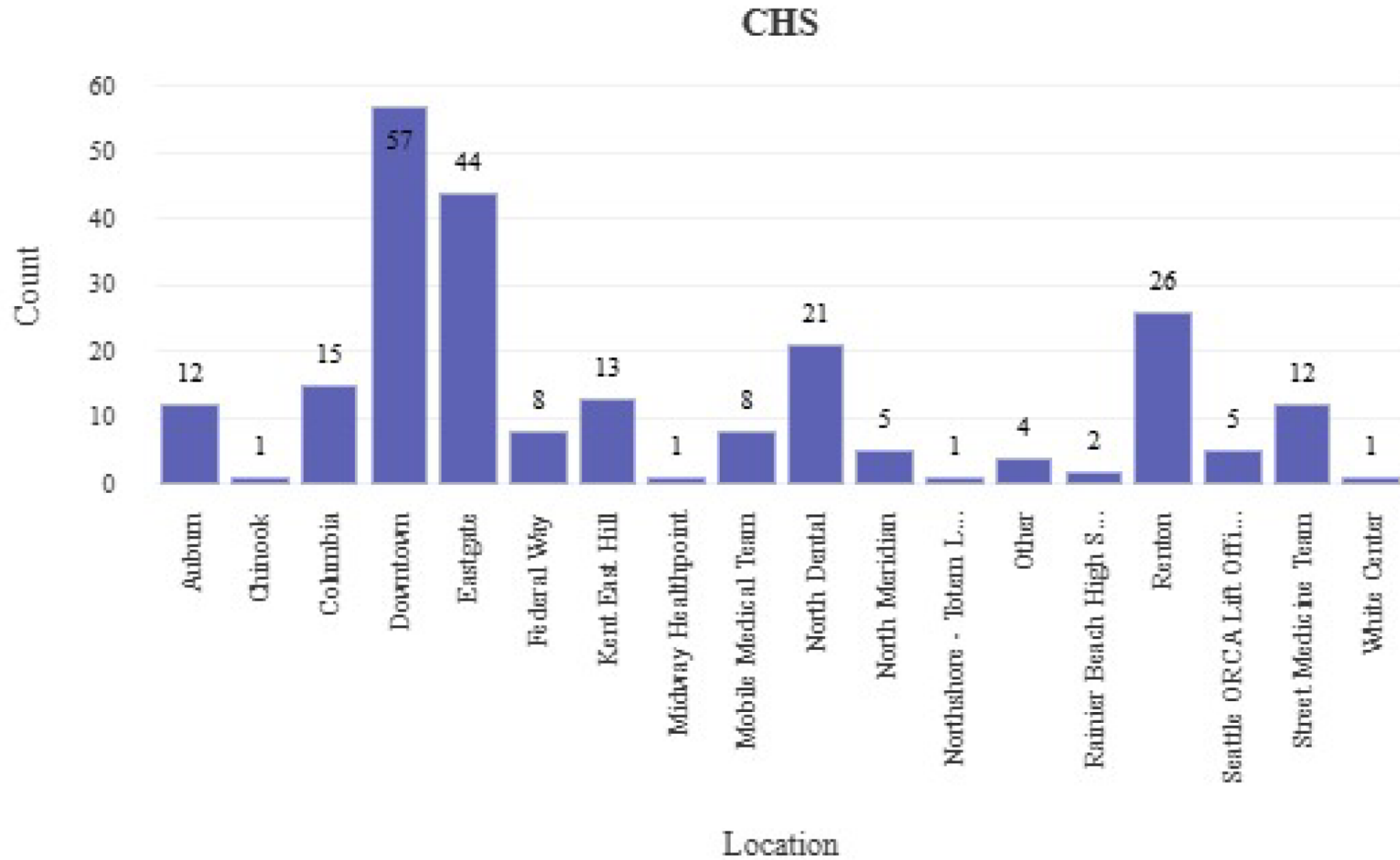
CHS = Community Health Services Division

HSD = Health Services Delivery

By Incident Type



By Site/Location



HCHN Contractors - Grievance Processes, Formal and Informal

Content for this portion developed by Corbin Muck, Denise Hawthorne, and the rest of the contracts team

HCHN Contractors - Monitoring Process

Contracted partners report information on Grievances and Adverse events during Annual Programmatic Site Visits

- Programmatic Site Visits are done retrospectively; 2023 and 2024 results are reflected here.
- HCHN does not note or keep record of the specific details of client grievances or adverse events, given legal protections related to disclosure.
- HCHN respects agency's right to confidentiality and encourages creating safe atmospheres that allow staff to share adverse events and near misses without fear of repercussion.
- Only aggregate information and trends will be shared in this presentation.

Patient Grievances & Adverse Events

5.	Did you receive any client grievances related to your contracted program(s) or HCHN funded staff during 2023 and/or 2024?	
6.	If yes to the above, please describe the nature of client grievances received and how they were addressed.	
7.	How is your organization cataloguing and improving on how you address informal complaints?	
8.	How has your organization taken steps to formally address informal complaints, as referenced in the 2022 HCHN network finding which requested all programs bolster their systems by which informal complaints and grievances are addressed and/or incorporated into continual practices?	

Patient Safety and Adverse Events

9.	Please describe any trends in patient safety or adverse event reports received during the 2023 and/or 2024 grant year.	
10.	What changes have you implemented to improve patient safety based on adverse events reported in 2023 and/or 2024?	

HCHN Contractors – Formal Systems

The following is representative of **2024** only

Formal Client Grievances

- *3 agencies out of 16 reported receiving one or more formal client grievances in 2024*
- **Trends:**
 - Grievance stemming from conflict between case/care manager and client
 - Grievance stemming from barring policy
 - Grievance stemming from availability of specific services and resources
- **NOTE:** All incidents of grievance are reported in *direct relation* to HCHN funding, which often represents only a *small slice* of each agency's services.

HCHN Contractors - Formal Grievance Process Challenges

- **It takes time**

- Clients' time and effort are limited. We cannot reasonably expect that folks will engage with potentially onerous, bureaucratic systems when other much more immediate needs are often going unmet.

- **It takes knowledge of systems**

- Clients shouldn't need a deep knowledge of escalation routes to be heard and treated appropriately – there should be no wrong door for feedback/complaints, among multiple levels of staff.

- **It risks retaliation**

- **It is a serious and contract-threatening offense for agencies to retaliate against individuals over a grievance**, but even the *perception* that it might happen can be enough for a grievance to go unreported. This is why we often get reports of one agency receiving complaints about another, so the client can voice their concerns while also taking steps to protect themselves.

HCHN Contractors & Efforts to Address These Feedback Gaps

- **2022 and 2023** – Question 7 regarding the cataloguing and improvement of agencies *informal* grievance/feedback is introduced into site visit process.
 - **Why?** -- HCHN staff finding that the *formal* grievance process, by its very nature, misses a substantial amount of potential feedback from clients.
- **2024** – Question 8 regarding the formal redress of informally sourced complaints is introduced.
 - **Why?** -- Over two years, programs were steered towards building better informal feedback channels so that greater breadth and depth of feedback would be captured.

HCHN Contractors – Informal Systems

The following is drawn from years 2022, 2023, and 2024

Learnings and Trends from Informal Processes

- **Trend**-- Often, one agency will field complaints regarding *another* agency. This doesn't mean it's lost or goes unaddressed, but it does mean that it can be difficult to count/track in the right place.
- **Learning** -- Specific staff, due to their role, tenure or relationships, can play an outsized role in addressing grievances. Still, all staff should be trained and retrained on receiving and addressing.
- **Learning** – Systemic issues take time to address. For example, the high acuity landscape of 2023 (closures, funding cuts) caused more conflict among clients and staff, and staffing/policy changes were slow to catch up.
- **Trend** – Post-Covid staff turnovers --> to institutional knowledge loss --> less effective conflict and grievance resolution. This seems to be stabilizing currently.

15 of 16 agencies now have improved informal systems in place for addressing grievances/feedback

Strategies Include:

- **Case consults and roundtables to address issues**
- **Surveys to capture feedback**
- **Designated reporters, usually supervisors**
- **Alternate reporters (supervisors, non-assigned case managers, other staff)**
- **Comment cards and secure drop boxes**
- **Hiring of specific "auditing" positions when possible**
- **Maintaining trusted and long-standing staff presence at sites**
- **Routinize use of tracking sheets (i.e., who reported, who addressed, when resolved)**
- **Staff orientation & ongoing training on receiving feedback**

Adverse Events*

*An "Adverse Event" is any event that results in unintended harm to the patient by an act of commission or omission (treatment/service or its absence) rather than by the underlying disease or condition of patient.

HCHN Contractors – Patient Safety/Adverse Events

The following is representative of **2024** only

Trends: Most trends in Patient Safety/Adverse Events were reported as community and system-wide impacts on clients, rather than internal agency concerns, including:

- Incidents of violence, intimidation, and hostile interactions more frequent in daily interactions between housed and unhoused community members.
- Political landscape increasingly hostile to unhoused individuals.
- Delay in response services leading to worse outcomes and, at times, deaths.
- Mixed picture on overdoses. Some agencies report no noticeable decrease, and others have reported a noticeable change in both use patterns and decrease in overdoses. Greater availability of Naloxone for staff and clients use.
- Isolated incidents of services being denied when clients are identified as unhoused – particularly in areas where limited services exist already.
- Cascading effects of wider closures (particularly in South King County) concentrate high-acuity needs into denser clusters and lead to feelings of lack of safety for clients and staff

Agencies use these broader themes to inform partnerships and advocacy work about client's needs.

HCHN Contractors

What's next:

- **Continued monitoring and support** of formal and informal grievance and feedback processes at HCHN funded programs/agencies
 - **For Formal** – Continue to explore and enforce measures to ensure formal grievances processes are working well in funded programs and agency-wide as possible.
 - **For Informal** – Facilitate ongoing discussions with agencies to ensure informal feedback processes inform policy and procedures and demonstrate commitment to follow up and resolution.
- **KCRHA Ombuds office collaboration** to support HCHN agencies as part of their Grievance Guidance Project across the homeless service system
 - Reviewing info gathered in 2024 & 2025 from participants and providers
 - Developing promising practices
 - Issuing guidance documents in 2026, and training to support their use

Strategies for the GC and/or CAG hear feedback directly

1. Membership recruitment – post flyers about the GC and CAG at our clinics/sites & in the community, address barriers to participation
2. Strengthen connections with contractors – engage directly with providers as part of HCHN Program Spotlights
3. Share ideas/best practices - attend/present at HCHN provider and community gatherings (i.e. Annual Gathering)
4. Others?

We'll continue these discussions at the January meeting!

Questions and Discussion