

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER -
SHREVEPORT

PATIENT/VISITOR COMPLAINTS

Purpose:

To provide a mechanism which identifies and addresses patient/visitor complaints in a timely and efficient manner.

To improve the delivery of quality healthcare services and protect patient health and safety by ensuring complaint is reviewed/investigated, tracked and trended.

To provide a mechanism through which every patient complaint is reviewed by an administrator, responding on an individual basis, and that a feedback and appeal mechanism is available to the complainant.

Definition:

Patient complaint – a formal, written or verbal grievance that is filed by a patient, or on behalf of a patient who is incapable of doing so themselves, when a patient issue cannot be resolved promptly by present staff.

Policy:

1. All patient complaints, written or verbal (including telephone complaints), and regardless of point or origin, are recorded on a patient complaint form (SN #1136) and forwarded to the Social Services Counselor, or the Director of Patient Relations located in Hospital Administration. Complaints are immediately logged into a computer database and assigned a tracking number.
2. Once logged, the Director of Patient Relations shall review each complaint and route to the appropriate administrator and department manager. The date and time of the review and routing (to whom and when) will be entered into the computerized database.
3. Within three (3) days of receipt of the complaint, the Director of Patient Relations shall generate a letter to the complainant stating that their complaint has been received and is being investigated, providing a follow-up contact name.

4. If a complaint is of a nature that the Director of Patient Relations or the Social Services Counselor can address them, they shall be contacted immediately to meet with the patient/visitor.
5. In any case, where the individual filing the complaint is offensive or agitated, the Director of Patient Relations is contacted immediately and meets with the patient/visitor.
6. If the complaint presents apparent issues of legal liability or media involvement, the Director of Patient Relations shall immediately notify the responsible Administrator and/or the Hospital Administrator on call.
7. All complaints alleging the release of protected information will be forwarded to the Hospital Privacy Officer for review and follow up.
8. In cases where there is an alleged adverse patient outcome, at the discretion of the Assistant Hospital Administrator responsible for Patient Relations, the matter may be referred for other internal review in addition to resolution through the patient complaint process.
8. In all routine cases (those not meeting the criteria set forth in #6 above), complaints once logged, assigned a tracking number and reviewed by the Director of Patient Relations, will be routed as follows:
 - A). Billing complaints – Compliance Officer & Associate Hospital Administrator.
 - B) Clinical complaints –Assistant Administrator, Professional Services
 - C). Operational complaints - Hospital Administrator to whom the involved department reports.
9. Billing complaints shall be immediately reviewed by the Associate Hospital Administrator for the purpose of compliance risk identification and trending, and then referred as appropriate for investigation, follow-up and decision.
10. Clinical complaints shall be immediately reviewed for the purpose of risk assessment, need for urgent intervention, administrative awareness of complaint issues pending investigation for appropriate routing and follow-up oversight.
11. Operational complaints shall be immediately reviewed by the Hospital Administrator to whom the concerned division reports for the purpose of tracking and trending, administrative awareness of issues pending in their divisions and for appropriate follow-up.

12. The Director of Patient Relations shall generate a weekly report detailing each patient complaint that remains active. This report shall be distributed to the Administrative staff and Medical Directors.
13. Upon resolution, and in no case later than thirty (30) days, the individual filing the complaint shall be sent a follow-up letter from the responsible Administrator. The letter shall outline the resolution of the situation, and advise the complaining individual of their right to a hearing if they are not satisfied with the outcome of the review, and the mechanism by which that hearing may be obtained.
14. Upon receipt of the resolution letter, the complainant has 30 days to request a grievance hearing with the PIC.
15. Follow-up letters in matters involving an alleged adverse patient outcome shall be reviewed and approved by the Assistant Hospital Administrator responsible for Patient Relations and Legal Affairs if necessary.
16. A Patient Issues Committee (PIC), appointed by the Medical Director, shall meet monthly to review complaints, appropriateness of action taken and delinquent responses. The Committee shall also hear any grievances brought forward by patient/visitors in regard to action taken in response to their complaint.
17. Patient Relations shall generate a report monthly of all unresolved complaints. Said report shall be by tracking number only and patient identity shall not be disclosed.
18. Upon receiving notification of a request for a grievance hearing, the Director of Patient Relations shall coordinate the hearing.



Administrator

Date

Approved by Clinical Board: 8/15/00, 7/15/01, 7/15/03, 6/15/04
Written: 7/00

Revised: 5/01, 6/01, 6/03, 6/04