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 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. A patient complaint form (SN #1136) is available for collection of relevant information regarding the complaint.

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) working 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. Every effort will be made to resolve the situation/complaint by the managerial staff for the department involved; if needed the Director of Patient Relations or the Social Services Counselor can be contacted for assistance. If resolved at that time, and no further action is indicated, the complaint is not considered a formal complaint.

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 as appropriate. University police may be requested if the situation warrants.

6. If the complaint presents apparent issues of legal liability or media involvement, the Director of Patient Relations shall immediately notify the responsible Administrator. Such allegations may be referred to the Office of Legal Affairs or Information Services at the discretion of the Administrator. All allegations of abuse or neglect involving hospital staff shall be handled in accordance with Hospital Policy 5.5, including reporting of the allegation to DHH. All such complaints shall be reported to the Hospital Administrator/Administrator on call immediately.

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 a possibility of an 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. All such allegations shall be reported to the Hospital Administrator for review.

9. 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 – Associate Administrator
   b. Clinical complaints – Assistant Administrator, Professional Services
   c. Operational complaints - Hospital Administrator to whom the involved department reports.

10. Billing complaints shall be immediately reviewed by the Associate Administrator and referred as appropriate for investigation, follow-up and decision.

11. 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.

12. 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.

13. 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 Director.

14. Upon resolution, and no later than thirty (30) days, the individual filing the complaint shall be sent a follow-up letter from the responsible Administrator. Every
effort will be made to resolve the complaint within 7 days understanding that some
complaints require interdisciplinary investigation which may involve a greater
length of time than 7 days. The letter shall provide assurance to the individual that
appropriate steps have been taken to address the issues in the complaint and
outline the resolution of the situation. The individual will also be provided with the
phone number to contact the Department of Health and Hospitals.

15. Upon receipt of the resolution letter, if the patient is dissatisfied with the provided
response, the complainant then has 30 days to request further review of the
complaint. The complainant will be informed to provide in writing any additional
information that they feel may be pertinent to the complaint. This request must be
made in writing and received within 30 days of the date of the follow-up letter.

16. A Patient Issues Committee, appointed by the Chief Medical Officer, shall serve as
the review committee for complaints. Upon receiving notification of a request for
further review, the Director of Patient Relations shall coordinate distribution of all
information related to the complaint, including the investigation and actions taken,
and additional information submitted by the patient/complainant. The committee
shall meet as directed by the Hospital Administrator to review the complaint and
evaluate the appropriateness of the response and shall determine if further action
is necessary.

17. Upon completion of any additional investigation and/or follow up, the patient will be
sent a letter regarding the findings of the review and provide the name and number
to contact the Department of Health and Hospitals. At this point the complaint will
be considered closed for follow up within the Hospital.

_______________________
Administrator

5/20/11
Date