

	<b>BLACK HAWK HEALTH CENTER POLICIES AND PROCEDURES</b>  <b>ADMINISTRATIVE: CLINIC-WIDE POLICY: PATIENT COMPLAINT</b>	Resolution:	SF-18-195
		Effective Date:	08/13/2018
		Origination Date:	06/13/2018
		Supersedes:	SF-18-158
		Revised:	07/12/2018

**POLICY:**

Patient satisfaction is of value in providing patient care and services. This policy provides a consistent procedure by which a patient or legal guardian can express complaints regarding quality of care or services. This policy applies to the Black Hawk Health Center (BHHC) as well as contracted providers who provide Direct Care Services.

**PURPOSE:**

The purpose of this policy is to assure that all BHHC complaints are addressed and resolved in an expedient, efficient, and timely manner in order to improve the quality of care provided to patients.

**DEFINITION:**

**Formal Patient Complaint-** A complaint expressed by a patient or legal guardian concerning care or services. Cannot be resolved at the time the complaint is verbalized, by a staff member or a Department Manager(s) present. Will require an investigation, and/or further action for resolution.

1. Patient complaints must be in writing, on the *Patient Complaint Form*.
2. The person making the complaint must be identified.

Concerns regarding the following issues are automatically considered a Formal Patient Complaint:

- The exercise of Patient Rights regarding his/her care
- The Privacy and Safety of a patient
- Confidentiality and access to patient records
- Involves alleged abusive, neglectful or harmful behaviors
- Involves potential non-compliance with accreditation standards

Complaints on a Licensed Medical Professional concerning Risk Management issues will be referred to the By-Laws of the Medical Staff of the Black Hawk Health Center.

Billing issues are not considered a formal patient complaint, unless the complaint also contains elements addressing patient care issues.

**Notification of Patient Rights to File Complaints**

1. Patient Registration will provide new patients a handout addressing their rights.
2. Patient Rights are posted in the lobby.
3. Handouts are available upon request.
3. The patient complaint policy is posted in the lobby.

**PROCEDURE:**

1. The BHHC staff present will make reasonable efforts to resolve the issue/complaint at the time the complaint is first made. The initial point of contact may present in a face to face encounter.
2. Complaints will be initially addressed by the staff present at the time, to include the notification or assistance of the Department Manager most capable of resolving the situation. Contact should

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be made with the Department Manager over the care and/or service the complaint addresses or the Department Manager who supervises the individual involved in the complaint. If the complaint involves a Department Manager, the Department Manager's supervisor will be notified.

3. If the patient complaint is resolved immediately to the complainant's satisfaction, no written acknowledgement or response is necessary.
4. The Department Manager shall be responsible for the investigation of the complaint within seven (7) business days of receipt.
5. The Department Manager will present his/her findings and recommendations to the Compliance Officer or designee within three (3) business days following the completed investigation.
6. The Compliance Officer or designee will review the recommendations from the Department Manager, make the final determination, and respond in writing to the complainant, within seven (7) business days of receipt from the Department Manager.
7. The Health Director will cosign this letter in approval of the findings and recommendations made by the Department Manager and/or Compliance Officer.

### **Receiving a Patient Complaint**

If the complaint cannot be resolved at the time and place it was first made, by the staff and/or manager present:

1. Ask the person expressing the complaint, to write it down in their own words, on the *Patient Complaint Form* provided.
2. This form must be completed by the patient or legal guardian. The Department Manager will assist with the completion of the form if needed.
3. The Department Manager will inform the individual that the complaint will be investigated and the Compliance Officer will respond in writing within thirty (30) days.
4. Upon receiving the completed *Patient Complaint Form*, the Department Manager will stamp with date received, and sign the completed form.

### **Investigation of Patient Complaint**

1. A completed *Patient Complaint Form* will initiate an investigation.
2. Consider whether there is any tangible confirming evidence. Verify the timelines and dates. Confirm any existing notes or documents involving the alleged incident.
3. Were witnesses identified or interviewed that could have heard or observed the disputed conduct? Are the witnesses biased?
4. Follow up as appropriate.

### **Reporting the Patient Complaint**

1. The Department Manager will provide the completed *Complaint Action Form* to the Compliance Officer or designee.
  - a. Supporting information should include the following:

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- *Patient Complaint Form*
- Written summaries of interview(s) and/or signed statement(s)
- Relevant portion of investigation

**Response to Patient Complaint**

1. The Compliance Officer or designee will provide a written explanation as to the action taken and resolution. This will be documented on the *Complaint Action Form*.
2. A written response will be provided to the complainant within 30 days from the stamped date the *Patient Complaint Form* was received.
3. All original forms and supporting documentation shall be kept in a locked file.

**QI Tracking and Monitoring of Patient Complaints**

1. A summary of the *Patient Complaint Form* and supporting documentation will be used to report the complaint to the QI Committee by the Compliance Officer or designee.
2. All identifying patient information will be deleted in reports provided for review to the QI Committee.
3. The Compliance Officer or designee will develop a complaint database to identify trends and provide quarterly reports to the QI Committee.
4. The Compliance Officer or designee will submit an annual report to the Governing Body for review.

**Confidentiality**

The BHHC Staff:

- Will observe all relevant privacy regulations to ensure health information is protected appropriately.
- Will not reference the complaint in any patient health record.
- Will not share specific personnel action taken as a result of the investigation.



**COMPLAINT ACTION FORM**

\*\*\*\*\***FOR OFFICE USE ONLY**\*\*\*\*\*

(Please attach any supporting documentation)

Witness(s)/Staff Interviewed: \_\_\_\_\_

\_\_\_\_\_

Findings/Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Department Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If you need additional space, please use back side of form)

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(This section to be completed by the Compliance Officer or designee)

Was the issue resolved: (circle one)      Yes      No

Action/Resolution: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Complainant Notified by letter: (circle one)    YES    NO    Date Mailed \_\_\_\_\_

Compliance Officer/ Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If you need additional space, please use back side of form)