

[organization name]
Complaint Resolution
Policy

1. Policy Statement
[organization] will hear complaints about hospital services and seek resolutions.

2. Policy Interpretation and Implementation

Quick response to complaints is essential because statistics state that 95% of complainants are satisfied if the complaint is resolved quickly.

3. Complaint Definition

1. The following are not automatically considered complaints:

concern
suggestion
request
observation

2. A complaint is anything that meets any of the following criteria:

1. Defined by the complainant as a complaint.

1. The complainant has the right to have his/her "problem" defined as a complaint and/or a grievance if he/she wants it taken that far through our process.
2. The difference between what is not a complaint (as above) and what is a complaint may also be determined by the emotion expressed by the complainant, e.g., anger or being upset would make it a complaint.

2. Involves the Patient Representative.

3. Involves another department.

4. Involves investigation, e.g., pulling an old medical record, talking to other departments, talking to the complainant again, etc.

5. Is a frequent occurrence, e.g., a complaint of cold coffee by an inpatient that is handled by a Nurse Aide may not be a complaint but if this occurs frequently, it is a complaint.

6. Any negative statement on a Patient Care Evaluation (PCE) or survey.

7. Anytime a complainant seeks out a higher authority, e.g., "I want to see the Charge Nurse", "...the Administrator", "What is HCFA's phone number?", "...JCAHO's number?", etc.

8. Anytime a complainant identifies negative behavior, e.g., "rude",

"disrespectful", etc.

IV Processing Complaints

1. Level IA

1. Simple or general complaints resolved at the department level will be classified as Level IA complaints. Contact should be made with the Complainant the next business day. If unable to contact the Complainant within 7 days, the Department Manager will write a letter to the Complainant and send a copy to the Patient Representative. The Complaint Resolution Form (Appendix A) should be completed within 14 days from receipt of complaint. A copy of the complaint and the Complaint Resolution Form will be filed in the department. The Business Office electronic documentation will be accepted in lieu of the Complaint Resolution Form.
2. A compilation of complaint data (e.g., 2 complaints about wait time) will be sent to the Patient Representative monthly. The Patient Representative will periodically review the individual Complaint Resolution Forms filed in the departments.

If the complaint cannot be resolved by the department, the Patient Representative will become involved and the complaint is considered to have moved to Level IB.

2. Level IB

Complaint is easily resolved - Patient Representative handles.

3. Level II

Patient Representative enlists appropriate personnel to assist with the investigation and resolution of the complaint.

4. Level III

Patient Representative handles complaint with assistance of appropriate personnel. The Risk Manager is made aware of the complaint.

5. Level IV

The investigation and resolution of the complaint requires the Risk Manager to

take action.

6. Level V

The investigation and resolution of the complaint requires the Administration to take action.

If the Complainant is satisfied at any level, the Patient Representative will file the complaint and the Complaint Resolution Form for future reference. If the Complainant is not satisfied with the resolution, the complaint is considered a grievance and the complaint is classified as Level VI.

7. Level VI

The complaint is considered a grievance and enters the grievance process which should take no longer than 30 days.

5. Grievance Process

1. If the grievance concerns quality of care or premature discharge, the Complainant will be referred on a timely basis to the appropriate utilization and quality control organization. See Appendix B for examples. Additionally, [organization]'s grievance process will proceed concurrently.
2. The Complainant will meet with the Grievance Committee. The Committee will be approved by the Board of Trustees and will be comprised from the following:
 - President,
 - Patient Representative,
 - Director of Marketing,
 - Vice President of the area involved,
 - Risk Manager,
 - a Physician, and
 - a Past Chairman of the Board of Trustees.
3. The Grievance Committee may investigate further.
4. The Grievance Committee will provide the Complainant with written notice of its decision that contains the name of [organization]'s contact person, the steps taken on behalf of the Complainant to investigate the grievance, the results of the grievance process, and the date of completion.

5. If the Complainant is satisfied with the outcome of the resolution the complaint will be filed for future reference. If the Complainant is not satisfied with the complaint resolution offered by the Grievance Committee he/she will be reminded of the options to contact the appropriate Peer Review Organization.
6. The Board of Trustees will be informed of the actions of the Grievance Committee and will be provided compiled data regarding other complaints.

References

Joint Commission on Accreditation of Healthcare Organizations RI.1.3.4
Federal Register 42 CFR Part 482.13 (a)

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Appendix A.
Complaint Resolution Form

Date Complaint Received:

Date of Occurrence:

Name of patient:

Phone(s):

Address:

Complainant:

Phone(s):

Address:

Relationship: Self Family member Visitor Advocate

Staff involved in complaint:

Complaint

Date	Time	Details

Date and Time every entry.

Reviewed by Patient Representative:

This is not to become part of any Medical Record or Personnel File.

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Appendix A.
Complaint Resolution Form
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Findings. Include staff response.

Date	Time	Details

Action Taken

Date	Time	Details

Plan to Improve

Date	Time	Details

Date and Time every entry.

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Appendix B.
Peer Review Organizations

[organization] Compliance Hot-Line
1-888-000-0000

Insurance Consumer Protection
1-800-662-7777

Medical Review of North Carolina
1-800-722-0468 (Medicare)

North Carolina Medicaid
1-919-688-6696

Virginia Medicaid
1-800-552-8627