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POLICY

Syringa Hospital & Clinics (SHC) respects the rights of patients and their families and encourages them to promptly bring concerns or complaints to our attention so issues can be addressed in a timely fashion.

- Department managers are responsible for "on-the-spot" resolving of patient problems when possible and for notifying the Director of Quality and/or Director of Nursing of complaints that have not been resolved or require ongoing investigation.
- All serious complaints or allegations shall be routed immediately to Director of Quality and/or Chief Nursing Officer.
- The Director of Quality monitors the complaint resolution process to assure that proper procedures and timelines are in compliance with hospital policy and/or regulatory requirements.

DEFINITIONS

Patient complaint – Is an expression or statement of dissatisfaction with care or service that requires a response.

Patient grievance – a formal written or verbal complaint made to the hospital by a patient or patient representative that is of a serious nature or that cannot be resolved promptly by staff or department manager. Billing issues are not considered patient grievances unless the complaint also contains elements addressing service or clinical care issues.

The following issues are automatically considered patient grievances and the Director of Quality, Chief Nursing Officer or CEO should be notified as soon as possible whenever a complaint involves:

- The exercise of patient rights regarding his/her care;
- Premature discharge;
- Privacy and safety of the patient;
- Confidentiality and access to patient records;
- Civil rights or issues of disability;
- Allegations of unprofessional or disruptive conduct by a member of the Medical or Allied Medical staff;
- Accusations of abuse;
- Complaints otherwise serious in nature.

REPORTING

Patient material is distributed at the time of hospital admission or clinic visit giving information about patient rights, including their rights to resolution of a complaint or concern. This information includes information about who to contact within the hospital, and also gives the phone number and address for the Idaho State

Bureau of Facility Standards.

The patient or public may report a complaint verbally, in writing, by e-mail, or by phone. Verbal or telephone complaints should be documented, and if possible, read back to confirm the message with the complainant.

INVESTIGATION AND RESOLUTION

Patient complaints received directly by the CEO or the Director of Quality are investigated and resolved in collaboration with the department(s) involved. The Director of Human Resources participates in resolution of patient complaints alleging unprofessional or disruptive conduct by an employee.

Patient complaint investigation and resolution is a confidential process. Those who investigate a complaint are to discuss it only with those individuals who have a need to know, or who are needed to supply necessary background information or advice. Such confidential information, when reported to Performance Improvement or Risk Management as part of the hospital's efforts to improve overall quality of service is protected under State of Idaho law.

All written complaints should be acknowledged by a phone call or written response within three working days of receipt. After a written complaint or grievance has been fully investigated, a written response should be sent to the complainant, usually within 28 working days of original receipt of the complaint. Face to face meetings which result in resolution need not be followed up with a written response, at the discretion of the Director of Quality.

The hospital may use additional tools to resolve a complaint, such as meeting with the patient and his/her family, or other methods it finds effective. For patients with special needs, translator service or other assistance will be provided in accordance with the hospital's Patients' Rights Policy.

The Director of Quality facilitates and monitors progress of complaint resolution. Every effort is made to resolve complaints within 28 working days. The Director of Quality maintains records of patient complaints for at least five years.

If the patient has a complaint of an ethical nature they may be referred to the Ethics Committee (see Ethics policy)

DOCUMENTATION

Minor service lapses may be addressed on the spot by employees and are documented on a *Service Recovery* form. Other complaints/grievances are documented on the SHC *Complaint/Grievance Report* form and should include information about the complaint, the investigation, and the resolution.

The Complaint Report form is an internal document used as a quality improvement tool, and is not to be distributed to the patient or his/her representative to record their complaints.

Service Recovery and *Complaint Reports* are routed to the Director of Quality along with relevant related documentation (e.g. clinical record, billing records). Complaints promptly and entirely resolved within a department must also be recorded and reported to the Director of Quality for tracking purposes.

Patient complaint/grievance reports are kept in a confidential file by the Director of Quality for at least five years after resolution.