POLICY | PURPOSE STATEMENT:
It is the policy of TTUHSC SON Larry Combest Community Health and Wellness Center (herein after referred to as LCCHWC) to address and resolve patient concerns in a timely, diplomatic, and equitable manner to allow patients to raise concerns without fear of compromising future care. This policy outlines the appropriate handling of patient questions, problems, or complaints (hereinafter referred to as patient concerns) regarding any aspect of patient care and service.

SCOPE:
This policy applies to all TTUHSC SON LCCHWC clinics.

DEFINITIONS:
Continuous Quality Improvement – A process to ensure compliance with applicable laws, regulations, policies, procedures, effective delivery systems, accepted professional and accreditation standards and to promote a culture of safety (hereinafter referred to as QI).

Patient Advocate – TTUHSC Patient Services Office who are charged with helping all departments deal with patient concerns.

Performance Improvement – The process that the LCCHWC uses to ensure quality improvement occurs within the center by assigning Quality Improvement activities to the Performance Improvement Committee (hereinafter referred to as PI).

Performance Improvement Committee – A committee of selected staff, Governing Board Members, and patient representative charged with implementing and maintaining Quality Improvement at the LCCHWC (hereinafter referred to as PI Committee).

PROCEDURE:
1. Whenever possible, patient concerns should be resolved in the department where they originate to allow for a timely, direct response. If a call comes directly to the department, it should be handled by the Supervisor or Director with no further contact or documentation needed. If the patient feels their concern needs to be addressed further by
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the center he/she should be provided the Patient Relations Concern Form which can be obtained from the Supervisor or Director of the department. The Supervisor of the Department can also take the concern verbally from the patient and then fill the concern form out at a later date. The Supervisor should share all patient concerns with the Director of the Department.

2. When a patient completes a Patient Relations Concern Form (see attachments) a copy of the concern will be given to the Supervisor or Director who handles patient concerns for the department, who will share all patient concerns with the PI Committee and/or Executive Director and with the provider, if related to patient care. Patient Relations Concern Forms will be treated confidentially and marked accordingly.

3. The Supervisor or Director handling the patient concern will be responsible for addressing the concern and coordinating the department’s response to the patient and will provide a copy of the concern form to the PI Committee. It is the expectation that all concerns should be addressed, resolved and documented within five (5) business days from the receipt of the original concern.

If a concern pertains to multiple departments the following actions can and may be taken:

   a. The Supervisors of all departments involved will coordinate the response to the patient by collaborating with the involved departments and arriving at a consensus as to what response should be given to the patient.

   b. The Supervisor or Director designated by the departments will make contact with the patient to discuss the concern and the options available to the patient as discussed with other departments. The designated Supervisor or Director will then document the outcome of the discussion on the form and turn the concern form into the PI Committee.

   c. If at any time the patient cannot find resolution with the Supervisor or Director of the Department/Departments, a copy of the patient concern form will be provided to the Executive Director. The Executive Director will follow up on the patient concern and take actions as deemed appropriate.

4. After closure of the case, the department will be contacted if the patient calls back either unsatisfied with the department’s decision or has filed an additional concern. Responses to cases about patient concerns dealing with quality of medical care should be done with the input of a provider.
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5. Should a patient concern come to the Front/Check-In Desk the Supervisor will contact the appropriate Supervisor or Director of the Department, at which time Supervisor process will follow the steps above in regard to notification and follow-through.

6. In cases where a patient concern is about quality of care issues and/or potential institutional liability, copies will be forwarded to the Performance Improvement/Quality Improvement, Risk Management or Compliance offices respectively as deemed necessary by the Executive Director. The Executive Director will work closely with PI/QI and Risk Management to track and identify trends, which may provide opportunities for improvement. These trends will be reported in quarterly reports to LCCHWC Governing Board as well as department leadership.

7. All Patient Relations Concern Forms will be maintained by the PI Committee. The forms will be stored in a secure area to protect any personal information. If deemed necessary by the Executive Director a copy will be sent to TTUHSC Patient Services Office for their records and input.

RESPONSIBILITIES | REVIEW | REVISIONS:
It is the responsibility of the Policy & Procedures Committee to review and initiate necessary revisions based on collaboration and input by Policy and Procedure Committee and through Administrative management of this policy, including the review and revisions will be the responsibility of the department administrator.

RIGHT TO CHANGE POLICY:
TTUHSC SON Combest reserves the right to interpret, change, modify, amend or rescind this policy in whole or in part at any time to reflect changes in policy and/or law.

ATTACHMENTS:
Attachment A: Patient Relations Concern Form