



GREIVANCE POLICY

POLICY

It is the policy of this Center to investigate all patient and family complaints (grievances) concerning the quality of care and/or services provided. Patients and/or family will be informed of their right to file complaints and the appropriate mechanism for voicing any concerns. All patient complaints will be analyzed and investigated, and when indicated, the responsible manager will provide a written response. Appropriate corrective action will be taken. Each patient and/or family member making a complaint will receive a written or verbal response from Center that addresses issues regarding treatment or care that is (or fails to be) furnished. It is required that all patients with the same or similar health problems receive the same level of care, and that the presentation of a complaint does not, in itself, serve to compromise a patient's future access to care at Center.

All staff is provided education regarding their obligation to report all grievances, including whom they should report the grievance to. The grievance process is integrated into Center's quality assessment and performance improvement program. The patient has the right to:

- Be free of acts of discrimination or reprisal
- Voice grievances regarding treatment or care
- Be fully informed about a treatment or procedure and expected outcome

PROCEDURE

1. Patient Complaint Mechanism

To facilitate the submission of a complaint in writing, a satisfaction form shall be provided to all patients at the time of discharge. Patients may utilize this form or document their concerns in written format as they choose.

2. Receipt of Patient Complaint.

All staff must treat complaints in a serious manner and make every effort to correct the situation in a manner consistent with Center's mission and values statements. If necessary, either the complainant or staff may request assistance from administrative staff in resolving the matter.

It is the right and responsibility of the complainant to register a complaint verbally, by telephoning the Center or mailing a written complaint to Center.

- a. All complaints received by telephone or in writing are to be documented on the Patient Compliment/Complaint Form.
- b. Complete the top part of the form (from "date received" through "referred to" Please note if the complainant has not reported the complaint to their primary caregiver.
- c. Forward the completed form to the Administrator or another manager who has the authority to address grievances on behalf of Center.



3. Complaint Response and Resolution

All complaints are to be analyzed and investigated to determine the appropriate response. Appropriate actions may include clarification, correction, prevention of future occurrence and informing the complainant of the actions taken. Complaints that include unsettled patient issues are to be given the highest priority. For these complaints, initial patient or family contact should be made within 72 hours of receipt and the matter resolved as soon as possible.

All complaints addressed directly to Center will receive a response from the Administrator within two weeks. The patient and/or patient's representative will be notified of Center's decision regarding the grievance. The response must include the name of Center's contact person, the steps taken to investigate the grievance, the results of the investigation, and the date the process was completed.

Documentation of how the grievance was addressed and the action(s) taken shall be documented on the Compliment/Complaint form. Upon closure, all completed forms should be forwarded to the Administrator for discussion at the QAPI committee meeting.

4. Complaint Review

The QAPI Committee shall establish a mechanism to categorize patient complaints by importance.

Quarterly summary reports will be discussed at the QAPI committee meetings and forwarded to the MEC for further review.

The QAPI Committee will maintain a file of complaints and/or data for at least two years. Any complaint which may have potential legal liability should be preserved in its original form.

5. Comments/Suggestions

Patients and visitors should be encouraged to offer comments or suggestions to any staff member.

CMS Ombudsman 1 (800) Medicare (1 800 633-4227)

Louisiana Department of Health

Health Standards Section

Phone: (800) 660-0488

State Web site: <https://ldh.la.gov/page/388>

Or

Accreditation Association for Ambulatory Health Care

AAHC

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