

**SOUTHERN NEVADA COMMUNITY HEALTH CENTER
POLICY AND PROCEDURE**

DIVISION:	FQHC	NUMBER(s):	CHCA-###
PROGRAM:	Division Wide	VERSION:	1.00
TITLE:	Patient Complaints and Grievances	PAGE:	1 of 4
		EFFECTIVE DATE: Click or tap here to enter text.	
DESCRIPTION: Policy and process for responding to informal and formal patient complaints and grievances.		ORIGINATION DATE: New	
APPROVED BY: CHIEF EXECUTIVE OFFICER - FQHC		REPLACES: New	
Randy Smith, MPA _____		Date	

I. PURPOSE

To provide a systematic approach to addressing patient complaints and grievances.

II. SCOPE

This policy applies to all Southern Nevada Community Health Center (SNCHC) Workforce members.

III. POLICY

The Southern Nevada Community Health Center (SNCHC) strives to provide high quality clinical care and customer service in a manner that meets or exceeds the expectations of the health center’s patients. On occasion, situations may arise whereby a patient feels that the health center has not achieved this endeavor. In such instances, patients and/or their representative family members/caretakers are encouraged to share their grievances so that issues can be addressed in a timely fashion. Every effort will be made by the health center to resolve the complaint informally and at the point of care.

Patient grievances are formal written or verbal complaints made to the health center by a patient and/or their representative family member/caregiver that is of a serious nature and/or that cannot be resolved promptly by Workforce members or management.

Billing issues are not considered patient grievances unless the complaint also contains elements addressing clinical care services and/or related issues.

The Health District Legal Department will be notified of any complaint or grievance in

which litigation may be involved.

Complaints that are not specific to the health center will be directed to the appropriate health district division or community partner.

IV. PROCEDURE

- A.** Materials are provided to patients during the time of establishing care that includes information about the patient's right to make a complaint or grievance and who to contact within the health center for resolution.
- B.** Reporting:
1. Department managers/supervisors or designees are responsible for "on-the-spot" resolving of patient complaints when possible.
 2. Complaints that become grievances include the following conditions:
 - a. If the complaint is not resolved and requires ongoing investigation.
 - b. The patient requests, completes, and submits a formal complaint.
- C.** The following issues are automatically considered patient grievances. In this instance, the health center's Chief Executive Officer (CEO) must be notified within 24 hours:
1. The exercise of patient rights regarding their care.
 2. Privacy and safety of the patient.
 3. Confidentiality and access to patient records.
 4. Civil rights or issues of disability.
 5. Allegations of unprofessional or disruptive conduct by a Workforce member.
 6. Accusations of abuse.
 7. Complaints otherwise serious in nature.
- D.** A patient, their representative family member/caretaker or the public may report a complaint or grievance verbally, in writing, by mail, or phone. Verbal or telephone complaints must be documented, and if possible, read back to confirm the message with the complainant. It includes the following information:
1. Patient or representative/caretaker.
 2. Date of complaint.
 3. Description of the concern/issue.
 4. Location.

5. Requested action.
6. Injury or harm if appropriate.
7. Contact information and preferred method of receiving a response.

E. Investigation and Resolution.

1. Patient complaints received by the health center's CEO or their designee are investigated and resolved in collaboration with the involved program areas. Patient complaints alleging unprofessional or disruptive conduct by Workforce members will be referred to Human Resources.
2. Patient grievance investigation and resolution is a confidential process. Workforce members involved in or with investigating grievance will only discuss with those individuals who have a need to know, or who are needed to supply necessary background information or guidance.
3. All formal grievances will be acknowledged by a phone call or written response within two working days of receipt. After a written complaint or grievance has been investigated, a written response will be sent to the complainant, usually within 28 working days of the original receipt of the complaint. Face to face meetings which result in a resolution do not need to be followed up with a written response.
4. To determine if the standard of care was compromised, cases may be peer reviewed or referred to consultants.
5. Health center management may use additional tools to resolve a grievance, such as meeting with the patient and/or their representative family members, or other methods it finds effective. For patients with special needs, assistance will be provided in accordance with Health District policies.
6. The health center's Administrative Manager or designee will monitor the grievance resolution process to assure that proper procedures and timelines comply with policy and/or regulatory requirements.

- F.** Grievance documentation will be kept and tracked for the purpose of continuous quality improvement. Report tracking includes the number of grievances received, type of grievances, and action/resolution of grievances.

V. REFERENCES

Not Applicable

VI. DIRECT RELATED INQUIRIES TO

Chief Executive Officer (FQHC)
FQHC Administrative Manager

HISTORY TABLE

Table 1: History

Version/Section	Effective Date	Change Made
Version 0		First issuance

VII. ATTACHMENTS

Attachment No. CHCA-**XXX**, ATT-1, Complaint Form

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