


 <p>MORONGO BASIN COMMUNITY HEALTH CENTER <small>A SERVICE OF MORONGO BASIN HEALTHCARE DISTRICT</small></p>	<p>DEPARTMENT / MANUAL: PATIENT CARE</p>
<p>ORIGINAL DATE: 08/2017</p>	<p>REVIEW & REVISION DATES: <i>(Supersedes CHC-QA-102)</i> 03/19, 02/22, 08/24</p>
<p>TITLE: PATIENT GRIEVANCES</p>	<p>APPROVED BY:</p> <p>Chief Medical Officer:  Date: <u>8/15/24</u></p> <p>CEO:  Date: <u>8/15/24</u></p> <p>Governing Board:  Date: <u>08/08/2024</u></p>

PURPOSE

To establish a process for prompt resolution and follow-up of patient complaints/grievances.

POLICY

Morongo Basin Community Health Center (MBCHC) Chief Patient Experience and Compliance Officer will review, investigate, and resolve verbal and written complaints/grievances in a timely manner. MBCHC encourages patients and their families to voice their concerns and to recommend changes freely, without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care.

PROCEDURE

Patient Complaint - Verbal and written expressions of dissatisfaction conveyed by the patient, or the patient’s representative must be addressed by the MBCHC employee with immediate service recovery measures and brought promptly to the attention of the Clinic Manager or Site Supervisor for instant resolution.

1. When addressing a complaint, all MBCHC employees will utilize service recovery measures by acting quickly toward resolution, maintaining a warm tone of voice and demeanor, engaging body language, and listening with empathy in a relaxed, non-rushed manner. Employees will treat patients with complaints politely, fairly, with care and honesty, and without excuses. Employees must consider patients' perspectives, take responsibility regardless of who is at fault, apologize as needed, and exceed the person's expectations if possible. Employees can offer patients reasonable choices (sit or stand, appointment tomorrow or next week, see another provider, use black or blue pen, etc.) and provide time for decision-making to work toward resolution.
2. Patient Grievance - Formal written concerns conveyed by the patient, or the patient’s representative, regarding the patient’s care or customer service at MBCHC, or a complaint that is not resolved at the time it was expressed to the staff.
3. If a patient care or customer service complaint cannot be resolved by the staff present, it must be presented in writing, in the form of a dated and signed letter or email, detailing the grievance. If the patient is unable to write or is illiterate, any of the afore mentioned staff will transcribe the grievance for them. The patient will be asked to sign, or place an “X” in lieu of their signature, if illiterate. If the patient is an Inland Empire Health Plan (IEHP) member and wishes to file a patient grievance through IEHP, staff are required to provide complaint information, forms, and assistance, if needed.

4. Patient grievances must be submitted to the Chief Patient Experience and Compliance Officer or any member of management to forward to the Chief Patient Experience and Compliance Officer for further actions or resolution.
5. The Chief Patient Experience and Compliance Officer is responsible for investigating and collecting information to address all aspects of the grievance. Explanations, conclusions, and actions pertaining to the investigation shall be reported to the CEO within ten days and the patient within fourteen calendar days of the date of the grievance.
6. Should a time extension be needed to complete a complex investigation, the Chief Patient Experience and Compliance Officer will notify the patient and the CEO indicating the reason for the time extension, including the anticipated date of resolution.
7. Once an investigation of the complaint or grievance has been completed, all the parties involved must agree on a final resolution, and a spokesperson will be designated to communicate the final resolution to the patient/patient's representative.
8. The CEO will be responsible for the immediate implementation of any changes, actions, and process and systems improvement necessary to avoid similar complaints and grievances in the future.
9. Patient complaints and grievances will be compiled, trended, and reported for further recommendations to the Quality Committee and the Governing Board on a quarterly basis.
10. All grievances and the documentation regarding their resolution will be kept on file for seven (7) years.

REFERENCES

- Inland Empire Health Plan (IEHP). (2022, January). Grievance and appeals resolution system policy in IEHP Provider Policy and Procedures Manual. Rancho Cucamonga, CA: Author.

ATTACHMENTS

- Patient Grievance Form