

The Department of Patient Services Complaint Process

Patient Representative II Responsibilities:

- Collect data and channel information about patient care problems to the appropriate departments or services for investigation and recommendations for changes in hospital procedures and policies.
- Investigate and direct inquiries, complaints to appropriate hospital staff members and act as an intermediary to hospital administration on behalf of patients and their families or representatives.
- Act in the patient's behalf in response to their comments, concerns and problems.
- Make referrals to other departments when appropriate.
- Maintain an effective system of documentation.
- Assist in referring patients to appropriate services, resources and respond when other alternatives are not available.
- Help to educate health care professionals of the need to humanize patient's hospital experiences through ongoing training programs.
- Participate in assessment of responses to incidents that, if not properly responded to, could provide serious controversy or legal problems.
- Work closely with the hospital's Risk Management Program.
- Maintain a concerned interest in the quality of care and services provided.

The information received by the department is divided into 3 categories:

1. COMPLAINTS:

A patient, their family member(s) or representative(s) report concerns related to care, service, behavior, billing, injury, treatment, and confidentiality or policy issues. These are documented and investigated through the complaint process established by the department and its medical director.

A majority of the complaints received are via phone, from the billing offices, or the ED Discharge Call process. Other can be received in person, through Press Ganey surveys, patient correspondence, forwarded through the Offices of the President or CEO and/or Public Affairs office.

a. COMPLAINT PROCESSING

- Prior to investigating a complaint, an advocate must have the patient's (or their representatives) permission to review their medical record information as needed; only those records that pertain to the reported concern.
- Once the information is received and noted clearly and concisely in the Patient Services database, the patient's records (medical record, billing, EPIC, Invision, etc...) should be reviewed to obtain accurate information for documentation purposes.
- Verbal contact is made with the faculty physician, nurse manager or appropriate director within 24 hours to advise that a complaint has been received and to discuss the concern for an immediate/verbal response if possible. If necessary a formal memo or written notification within 3 days (email with appropriate disclaimer) of the complaint will be sent to them for their review and response. (Also advising them that the appropriate individuals are copied on either method.)
- All attempts are made to complete a case within 10 days whenever possible (in accordance with CMS compliance guidelines); for Medicare, Medicaid and Star Health patients. If the appropriate individuals' response has not been received within 1 week of their notification, a follow-up email is sent. Lack of response to complaints will be presented to and discussed with Dr. Steve Quach for further instructions.
- Treatment related cases: Risk Management is notified if appropriate. Once the response is received, the case and response is presented during the next bi-weekly Patient Services QA for review and instructions from Dr. Steve Quach related to closure and response to the patient. Once closure authorization has been received from Dr. Quach, the patient is contacted verbally with the outcome and a response letter is sent as follow-up.
- Service/ Behavior/ Billing cases are also investigated and responded to in the same manner. Financial responsibility issues are discussed verbally; however, no mention of money is noted in the response letter.
- Complaints received through the Office of the CEO (Donna Sollenberger), President, or Public Relations are given a brief follow up email on what was initiated with the patient/family. Donna Sollenberger has asked that she be notified of the completion/ resolution of these cases; this can be done via email.

2. SERVICES

Patient or their family members or representatives request assistance with information, medical records requests, insurance, parking, physician or nursing contact, and prescription refill request or general information. These are handled or referred to the appropriate individuals for assistance.

Examples of Service issues:

- Appointment verification
- Physician or Nursing contact
- Medical records release requests processing information
- Requests for general information or instructions or guidance

3. INCIDENTS

Consist of:

- When a family member request to report a concern without patient authorization; and we are never contacted by the patient.
- When we get a heads-up notice from hospital/ clinic areas advising us we may be hearing from a patient or their family or representative.
- When patients want to tell us about a concern; but do not want to file a formal complaint