

Policies of the University of North Texas Health Science Center	Chapter 14 – UNT Health
14.305 Patient Complaint and Grievance Policy	

Policy Statement.

UNT Health is committed to providing quality patient care and promoting patient/family satisfaction.

UNT Health faculty and staff shall handle all patient/family complaints and grievances consistently and in a timely manner.

UNT Health shall track and trend complaints and grievances and implement necessary changes and process improvements under the direction of the Quality, Patient Safety and Service Committee.

Application of Policy.

UNTHSC Faculty and Staff

Definitions.

Complaint is defined as a verbal expression of dissatisfaction by the patient/ family regarding care or services provided by UNTHSC which can be resolved at the point at which it occurs by the staff present. Most complaints will have simple solutions that can be promptly addressed and are considered resolved when the patient/family is satisfied with the action taken on their behalf.

Grievance is defined as a formal verbal or written expression of dissatisfaction with some aspect of care or service that has not been resolved to the patient/family’s satisfaction at the point of service. All verbal or written complaints of abuse, neglect, patient harm or the risk of patient harm, a violation of the Patient Rights and Responsibilities are examples of grievances. A verbal or written complaint sent to the Health Care Quality and Risk Management department or any request from a family to treat a complaint like a grievance will be considered grievance.

Procedures and Responsibilities.

Procedure / Duty

Responsible Party

A. Complaints:

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| <ol style="list-style-type: none"> 1. 1. Any employee who receives a complaint from a patient/family member shall immediately attempt to resolve the complaint within that employee’s role and authority. | Faculty and Staff |
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| 2. If the complaint cannot be immediately resolved, the employee shall escalate the complaint through the appropriate chain of command. | Faculty and Management Staff |
| 3. The supervisor or manager shall resolve the complaint or take steps to continue the resolution process with the knowledge and agreement of the patient/family making the complaint. | Faculty and Staff |
| 4. At any time during the complaint resolution process, the department of Health Care Quality and Risk Management may be contacted for assistance, advice or support. | Faculty and Staff |
| 5. At any time during the complaint process, the patient's physician should be notified if appropriate under the circumstances and should be given the opportunity to assist in resolving any complaints related to clinical care. | Management Staff |
| 6. Upon completion or resolution of the complaint the manager/director of the department shall communicate all findings to the Health Care Quality and Risk Management department on the Patient Complaint/Grievance Form. | Management Staff, Faculty and Health Care Quality/Risk Management |
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B. Grievances | |
| 1. If the complaint cannot be resolved or meets the definition of a grievance, the manager/director of the department where the grievance occurred shall complete a Patient Complaint/Grievance Form and notify the Health Care Quality and Risk Management department within 24 hours. The Health Care Quality and Risk Management department should be notified immediately of any sentinel events, any actual or potential patient injury, any allegation of abuse or neglect or any potential for continued risk to patient safety. | Management Staff |

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| <p>2. The manager/director of the department shall immediately notify the Director of Regulatory Compliance and Privacy Officer of any complaint concerning privacy/patient confidentiality.</p> | <p>Management Staff</p> |
| <p>3. The Health Care Quality and Risk Management department shall assist the department manager/director in the investigation of the grievance and shall determine if any peer review committee should be involved in any investigation. The investigation should address any identified opportunities for improvement. Any grievance involving a physician should be discussed with the physician's department chair. The department chair shall be responsible for any necessary intervention with the physician including referral to peer review if appropriate.</p> | <p>Management Staff,
Department Chairs and
Health Care Quality/Risk
Management</p> |
| <p>4. Upon conclusion of the investigation, the Health Care Quality and Risk Management department shall assist the department manager/director or Department Chair in completing a final written summary of the investigation which shall be maintained by the Health Care Quality and Risk Management department.</p> | <p>Management Staff,
Department Chairs and
Health Care Quality/Risk
Management</p> |
| <p>5. The Health Care Quality and Risk Management department shall provide a written response to the patient/family making the grievance. If the patient or authorized representative of the patient is not the person making the grievance, Protected Health Information of a patient that may be included in the investigation summary can only be released as allowed by law.</p> | <p>Health Care Quality/Risk
Management</p> |
| <p>6. If the investigation of the grievance cannot be completed within 10 days, the Health Care Quality and Risk Management department shall inform the person making the grievance that the investigation is continuing and that a written response will be forwarded</p> | <p>Health Care Quality/Risk
Management, Department
Chairs and Management
Staff</p> |

immediately upon completion of the investigation. All grievances should be identified, reviewed and responded to within 30 days.

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| 7. All complaints and grievances shall be logged, analyzed and tracked by the Health Care Quality and Risk Management department. Scheduled reports of complaints and grievances shall be made to the Quality, Patient Safety and Service Committee. | Health Care Quality/Risk Management |
| 8. The Quality, Patient Safety and Service Committee shall receive scheduled reports from the Health Care Quality and Risk Management department and shall be responsible for reviewing and addressing trends and for overseeing improvement opportunities. The Committee shall make the necessary reports to the UNT Health Board. | Quality, Patient Safety and Service Committee |
| 9. All complaints, grievances, investigations, follow-up, tracking and trending reports prepared by the Health Care Quality and Risk Management department and the minutes and proceedings of the Quality, Patient Safety and Service Committee are considered committee information and are privileged and confidential. No information shall be released without the permission of the Quality, Patient Safety and Service Committee chairperson and the Legal department. | Quality, Patient Safety and Service Committee, Health Care Quality/Risk Management and Legal Department |

References and Cross-references.

Patient Rights and Responsibilities Policy 14.304

Forms and Tools. All patient complaints or concerns are to be documented on the “Patient Complaint/Grievance Form” located on the UNTHHealth web site under Quality Management Forms.

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