

Grievance Policy and Procedure

Policy Area: HIPAA	Subject: Grievance
Title of Policy: Complaints and Grievances	
Effective Date: 03/01/2021	
Approved Date: 03/23/2021 Revision Date: 12/21/2022	Approved by: April Hansey
<p>1. Rationale or background to policy: Beyond the HIPAA grievance policy that is required by law, a clinic-specific grievance policy should encompass all aspects of patient care so that patients are empowered to report on a variety of issues in addition to privacy violations or discrimination.</p> <p>2. Policy Statement:</p> <p>Valley Med is committed to providing quality patient care and promoting patient/family satisfaction.</p> <p>Valley Med staff and administration shall handle all patient/family complaints and grievances consistently and in a timely manner.</p> <p>Valley Med shall track and trend complaints and grievances and implement necessary changes and process improvements.</p> <p><u>Definitions:</u></p> <ul style="list-style-type: none">• Complaint is defined as a verbal expression of dissatisfaction by the patient/ family regarding care or services provided by Valley Med 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 Valley Med or any request from a family to treat a complaint like a grievance will be considered grievance. <p>3. Procedures:</p> <ol style="list-style-type: none">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.2. If the complaint cannot be immediately resolved, the employee shall escalate the complaint through the appropriate chain of command.	

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.
4. 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.
5. If the complaint cannot be resolved or meets the definition of a grievance. All grievances should be identified, reviewed and responded to within 30 days. The clinic administrator 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.
6. Any grievance involving a Provider should be discussed with the supervising physician.
7. The clinic administrator or supervising physician 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.
8. The clinic administrator shall document and file all grievances in the employee file, to be reviewed as needed, or at annual reviews. Management shall be responsible for reviewing and addressing trends and for overseeing improvement opportunities.