



**Patient Complaint and Grievance Policy**

**PURPOSE:**

The Practice highly value delivering excellent service that is responsive to individual needs. This policy provides a mechanism for initiation, review and, when possible, prompt resolution of patient complaints concerning the quality of care or service received.

**I. DEFINITIONS:**

- A. **“Complaint”** means an oral or written expression of displeasure or dissatisfaction with service received that can be immediately resolved by the staff present.
- B. **“Grievance”** means an oral or written Complaint that is not immediately resolved at the time of the Complaint by staff present. A Grievance may be made by the patient or the patient’s representative regarding, but not limited to, the patient’s care, abuse or neglect, Complaints related to not meeting needs based on disability, issues related to the practice’s compliance. A written Complaint is always considered a Grievance and may be submitted by fax or email. Whenever the patient or the patient’s representative requests that the Complaint be handled as a formal Complaint or Grievance, or when the patient requests a response from the practice, then the Complaint is a Grievance. A patient’s attorney is considered a patient representative. Except for any Notice of Malpractice Suit, all communications from a patient’s attorney that meet the definition of a Grievance must be treated as a Grievance under this policy.
- C. **“Staff Present”** means any practice staff present at the time of a Complaint or who can quickly be at the patient’s location (*i.e.*, provider, administration, nurse, medical assistant, etc.) to resolve the patient’s Complaint.
- D. **“Administration / Admin”** means a group of persons “Practice Management Team” to review and resolve the Grievances the Practice receives.
- E. **“Notice of Malpractice Suit”** means a letter from a patient or the patient’s representative that merely notifies the Practice that the patient or patient’s representative will be filing a medical malpractice lawsuit against the Practice within a stated number of days and provides no additional information that would allow the Practice to discern the nature of the patient’s Complaint or Grievance.

**II. POLICY:**

The patient shall have the ability to file a Complaint or Grievance as part of the patient rights process. Patients registering Complaints and/or Grievances shall not be subjected to retaliation and/or barriers to service. The Practice’s process for managing Complaints and Grievances incorporates the following objectives:

- A. Provide patients with a mechanism for filing Complaints and Grievances without fear of retaliation and/or barriers to service.



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- B. Provide a planned, systematic mechanism for receiving and promptly acting upon issues expressed by patients and/or patient representatives.
- C. Provide an on-going system for monitoring and trending patient Complaints and Grievances.
- D. Clarify that billing issues are not considered a Grievance unless the Complaint also contains elements addressing patient service or care issues.

### III. PROCEDURE:

#### A. Patient Notification

The Practice will inform patients, in writing (website), of their right to make Complaints and Grievances and the process to do so during the registration/admitting process.

#### B. Patient Complaints

1. Staff shall encourage patients to express any Complaints or concerns to the individual involved. These may be resolved by the individual involved or by an appropriate nearby staff member. Complaints that have not been immediately resolved will be directed by staff addressing the patient concern to the Admin for investigation and resolution.
2. If the patient calls persons other than the direct care staff and has not tried to resolve the issue with the involved person, the contacted individual should immediately call Admin. If the staff present are able to resolve the patient Complaint at that time, it is not a Grievance.
3. The Practice Admin incorporate patient Complaints into the Complaint/Grievance data set for aggregation and analysis.

#### C. Patient Grievance

1. Whether a patient/family Grievance is received by practice staff in person, by telephone or in writing, a Patient and Family Complaint/Grievance report shall be originated by staff receiving the grievance. The staff shall forward the Patient and Family Complaint/Grievance report to the Admin for investigation and resolution.
2. If the Grievance is determined by the Admin to be a patient rights violation the Admin shall forward a copy of the Patient and Family Complaint/Grievance report to the Chief Medical officer.



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The Chief Medical Office will complete the investigation and confer with the Admin concerning the results and the planned response. If the resolution of the Admin is determined to take longer than seven days, they will send a response to the patient informing him/her that the Practice is still working to resolve the Grievance and that the Practice will follow-up with a written response within a stated number of days (a "Deferral Letter"). No more than seven days shall elapse before a response is sent to the patient. The final response letter shall be approved by the Chief Medical Officer. If a Grievance is made by a patient's attorney, practice legal counsel must be consulted before any written response to the Grievance, including a Deferral Letter or Final Letter, is given. As stated above, a Notice of Malpractice Suit is not considered a Grievance.

3. Each issue defined as a Grievance will be followed up with a written notice of decision from the Admin / CMO. The written response will contain the following elements:
  - Date of receipt of Grievance
  - Name of the practice contact person for patient follow up if needed
  - Steps taken to investigate and dates completed
  - Results of investigation and dates completed
  - Completion date
4. A Grievance is considered resolved when the patient is satisfied with the actions taken on his/her behalf. When there are situations where the Practice has taken appropriate and responsible actions to resolve the Grievance and the patient remains unsatisfied, the Practice considers the Grievance closed. All documentation of patient communication will be maintained by Admin Team.

### E. Responsible Person

The Admin is responsible for ensuring that all individuals adhere to the requirements of this policy, these procedures are implemented and followed at the Practice and that instances of non-compliance with this policy are reported to the Office Administrator.

### G. Enforcement

All employees whose responsibilities are affected by this policy are expected to be familiar with the basic procedures and responsibilities created by this policy. Failure to comply with this policy will be subject to appropriate performance management pursuant to all applicable policies and procedures, up to and including termination. Such performance management may also include modification of compensation, including any merit or discretionary compensation awards, as allowed by applicable law.



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You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, we are available to help you.

For more info about complaint/grievances:

<http://www.floridahealth.gov/licensing-and-regulation/enforcement/index.html>