

MOORE COUNTY HOSPITAL DISTRICT	Policy #: 9500-RI-1015 Page 1 of 4
Responsible Dept: Administration	
Title: Patient Complaints/Grievances	Effective Date: 12/08

Policy Statement:

Definitions: Complaints:

1. A concern raised by someone other than the involved patient or their representative
2. A request for things that can be quickly resolved such as changes in bedding, room cleaning, or food choices
3. Verbal patient care concerns that are resolved or corrected by the staff who are immediately present
4. Verbal patient care concerns that are received after the patient's discharge but that would have routinely been resolved by staff who would have been immediately present
5. Most complaints about the cost of services

Grievances are concerns raised by the patient or their representative and include:

1. A verbal complaint about the patient's care that cannot be immediately resolved
2. A written complaint about patient care (including an e-mail or fax) regardless of how quickly it may have been resolved
3. Any report (verbal or written) alleging abuse or neglect
4. Any report (verbal or written) alleging a failure to comply with CMS regulations;
5. A concern requested to be handled as a Grievance (e.g. if the patient [representative] requests a formal written response from the hospital)
6. Medicare billing concerns when they deal with patient rights guaranteed by federal regulations (e.g. the Medicare Conditions of Participation or EMTALA).

MCHD, through its customer service activities, will resolve routine operational issues on behalf of customers without initiating a formal Grievance resolution process.

When a significant Grievance is brought to MCHD's attention, MCHD will initiate a formal patient grievance mechanism to provide a means of both resolving problems at early stages and collecting data to use as a means of improving processes.

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Rules:

1. Patients/residents are advised of their ability to file a complaint at any time during their stay. Written notice of complaint procedures will be given to patient/residents upon admission and placed in patient/resident rooms. (Nursing Home residents and/or family that are unable to resolve problems or differences with the facility staff should contact a local Ombudsman.)
2. Any complaint by a patient/resident will be reported to the department manager in the affected area immediately. Complaints will be reviewed and addressed as soon as they are received.
3. If the department manager cannot resolve the complaint to the satisfaction of the patient/resident/family, the complaint will be immediately referred to Risk Management.
4. Any complaint or grievance brought to Risk Management will result in a QA being completed to document the incident and determine trends in complaints. The QA record shall include any supporting information, research or attempted corrective actions.
5. Trends and summaries of complaints reaching Administration will be kept and submitted to appropriate review committees (Administrative or Medical Staff) for quality assurance purposes.
6. Any patient with a grievance resulting in review with PEC will receive a letter from PEC indicating that there will be a review of said incident.
7. All staff members must be aware that when a complaint is directed at their service, it is expected that in no way will this complaint interfere with proper treatment of the patient/resident. There will be no retaliation, coercion, discrimination, or reprisal directed at those that register complaints or grievances.
8. Any offer of financial restitution or waiving of patient/ resident charges to a complaining party must be discussed with the Director of Patient Financial Services and approved by the appropriate MCHD Administrative Officer. This clearance will be obtained prior to any commitment being made to the patient/resident or family.
9. A grievance committee, comprised of MCHD personnel appropriate to the situation, may be formed, if necessary, to obtain resolution.

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- a. The author of the grievance will be notified in writing within 7 days.
 - b. Should a Grievance Committee need to be formed it should be formed within 7 days of MCHD receiving a grievance. The notice shall include:
 1. The name of the contact person
 2. The anticipated steps taken on behalf of the individual to investigate the complaint
 3. The anticipated date of completion
 - c. Upon completion of the Grievance Process, MCHD will send the author of the grievance a final letter explaining the resolution of the concern.
10. If the results of the Grievance Committee actions fail to bring the issue to a satisfactory resolution, additional input may be obtained first from the Chief Executive Officer and then the Board, if necessary, at the next available scheduled meeting.
11. Anyone wishing to file a complaint may contact the agencies below at any time.

Complaint Agencies:

Texas Department of State Health Services
HHSC Office of the Ombudsman
Mail Code: H-700
P. O. Box 13247
Austin, Texas 78711-3247

Phone Toll-free: 1-877-787-8999
People who are deaf, hard of hearing, or speech impaired can call by using the toll-free Texas Relay service: 7-1-1 or 1-800-735-2989.
Fax Toll-free: 1-888-780-8099

KEPRO, Area 3
Rock Run Center, Suite 100
5700 Lombardo Center Dr.
Seven Hills, OH 44131
Attention: Beneficiary Complaints
Beneficiary Helpline – 844-430-9504
Fax 844-878-7921

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Health and Human Services Commission
Consumer Rights and Services Section, E-249
ATTN: Intake Coordinator
P.O. Box 149030
Austin, TX 78714-9030
Phone: 1-800-458-9858 (To Report)
Fax: 1-877-438-5827

CIHQ
Online:
On-line <https://cihq.org/complaint>

Mail: Center for Improvement in Healthcare Quality
P.O. Box 3620
McKinney, TX 75070
Attn: Chief Executive Officer

Phone: 512-661-2813

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