



POLICY & PROCEDURE

Filing A Grievance

FUNCTION
Quality & Compliance
NUMBER
11.07
PRIOR ISSUE
07/01/2011
EFFECTIVE DATE
03/11/2022

I. PURPOSE

To provide a means to identify and address patient grievances in a timely and efficient manner. Ali`i Health reserve the right to modify, amend, or terminate this policy at any time.

II. POLICY

Ali`i Health Center is committed to supporting the right of all patients to submit expressions of satisfaction or dissatisfaction regarding health care services received from Ali`i Health physicians, non-physician providers or employees and to seek resolution and response to such concerns. To improve the delivery of healthcare services by ensuring each complaint or comment received regarding patient care is analyzed and receives a response, as appropriate, on an individual basis. Grievances will be submitted to the Peer Review Committee as applicable.

III. SCOPE

This policy applies to all Ali`i Health sites where health care services are provided by physicians, mid-level providers and employees.

IV. PROCEDURE

Most grievances or comments will be received at the point of service, usually at the clinic level by the Practice Manager. Unresolved grievances that require further escalation will be forwarded to Quality Improvement. Patients and staff may file a grievance at the clinic level or via phone, email or internet submission to Quality Improvement.

All complaints or comments should be documented, preferably by the patient (or his/her representative) on a Grievance Form. If the patient is unwilling or unable to put his/her complaint or comment in writing, then someone within the Ali`i Health clinic should assist the patient in documenting his/her complaint.

In any case where an individual filing a complaint is offensive, belligerent, or agitated, the Director of Operations, Quality & Compliance Officer or Chief Executive Officer (AHC Administration) should be contacted to deal with the individual's complaint or comment.

If the complaint or comment can be resolved or addressed at the clinic level, then the Patient Complaint Form should be completed at that level by the person handling the complaint and a copy forwarded to Quality & Compliance. If the complaint cannot be handled at the clinic level, the completed Patient Complaint Form should be forwarded to the Quality & Compliance Officer or Director of Operations. All complaints should be addressed in a timely manner (within five working days) with a documented verbal and/or written response provided to the individual submitting the complaint.

Complaints may also be sent to: HHSC Compliance Officer; HHSC Compliance Hotline.

GRIEVANCE FORM

Date of Visit: _____

Patient's Name: _____

(Optional)

Address and/or phone number to Send Response:

(Optional)

Location of Complaint: _____

Nature of the Complaint: _____

Thank you for taking the time to provide us with this valuable information.
Please indicate if you would like a verbal or written response from us.

This section to be completed by Ali`i Health staff.

Date: _____

Person Responding: _____

Response/Action Taken: _____

Date of verbal/written response to patient: _____