



Ambulatory Clinic Policy and Procedure

Title: PATIENT CONCERN PROCEDURES	Policy Number: EP 6.6
Regulation Joint Commission Reference:	Effective Date: 10/2019

Policy Statement:

This policy outlines the appropriate handling of patient questions, problems, or complaints (hereinafter referred to as patient concerns) regarding any aspect of patient care and service. Patient concerns should be addressed and resolved in a timely, diplomatic, and equitable manner to allow patients to raise concerns without fear of compromising future care.

Scope and Distribution:

This policy applies to all Texas Tech Physicians of El Paso (TTUHSC El Paso) ambulatory clinics.

Procedure:

1. Whenever possible, patient concerns should be resolved in the department where they originate to allow for a timely, direct response. If a call comes directly to the department, it should be handled by the department designee with no further contact or documentation needed. If the patient cannot or wishes not to resolve the problem in the department he/she should be provided information on how to contact the Office of Clinical Affairs. The department designee should share all patient concerns with the department medical director or chairperson.
2. When a patient contacts the Office of Clinical Affairs a Patient Concern Form is completed. A copy of the concern will be given to the administrative staff member who handles patient concerns for the department who will share all patient concerns with the department Medical Director or Chairman and with the provider, if related to patient care. Patient Concern Forms will be treated confidentially and marked accordingly.
3. The department administrative staff member handling patient concerns will be responsible for addressing the concern and coordinating the department's response to the patient and will provide a copy of the concern form to the Office of Clinical Affairs.
 - a. In cases where the patient has a concern that involves more than one clinical department, the Office of Clinical Affairs will coordinate the response to the patient by collaborating with the involved departments and arriving at a consensus as to what response should be given to the patient.
 - b. It will be the responsibility of the Office of Clinical Affairs or departmental designee to contact the patient and inform them of the consensus reached. (The department designee will be responsible for providing a written response to the Office of Clinical Affairs on their part of the consensus).
 - c. In cases where consensus is not reached, each department designee involved will be responsible for submitting a formal response to the Office of Clinical Affairs who will take the responses and consult the Office of Risk Management. The patient will be notified of each department's response via a letter from the Office of Clinical Affairs. When necessary, the Office of Risk Management will assist in drafting a letter to the patient.
4. After closure of the case, the department will be contacted if the patient calls back either unsatisfied with the department's decision or has filed an additional concern. Responses to cases about patient concerns dealing with quality of medical care should be done by a physician (or his/her designee).



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5. Should a patient concern come to the Information Desk the patient representative will contact the Office of Clinical Affairs, at which time the patient concern process will follow the steps above in regard to notification and follow-through.
6. In cases where a patient concern is about quality of care issues and/or potential institutional liability, copies will be forwarded to the Quality Improvement (QI), Risk Management or Compliance offices respectively. The Office of Clinical Affairs will work closely with QI and Risk Management to track and identify trends, which may provide opportunities for improvement. These trends will be reported in quarterly reports to administration as well as department leadership.

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Signatory approval on file by: Juan Figueroa-Casas, M.D. Director of Clinical Operations Clinic Operations Committee Chair Paul L. Foster School of Medicine	