

CAROLINA FAMILY HEALTH CENTERS, INC.

PROCEDURE

TITLE: RM-301.01 Patient Grievance

EFFECTIVE DATE: October 2003

SECTION: Risk Management

REFERENCE POLICY: RM-301 Patient Grievance

RESPONSIBLE CHIEF OF STAFF: Chief Compliance Officer

RESPONSIBLE COMMITTEE: Central Committee

REVIEWED: 9/11, 8/12, 5/14, 6/17, 9/18, 12/21/2020, 12/11/2023, 01/13/2025

I. PURPOSE

The purpose of this procedure is to outline a process for evaluating and resolving patient grievances in a manner that ensures quality care and improved customer service throughout Carolina Family Health Centers, Inc. (CFHC, Inc.).

II. PROCEDURE

CFHC, Inc. empowers its employees to promptly address and resolve a patient concern/complaint as the circumstances allow courteously and respectfully. The employee receiving the concern/complaint:

- Listens to the patient or his/her representative;
- Obtains as many facts about the situation as possible; and
- Obtains the names of individuals involved.

If the CFHC, Inc. employee receiving the concern/complaint cannot resolve the issue at the point of contact, he/she seeks assistance from a supervisor or manager on-site. The supervisor/manager determines if a formal grievance is in order and, if requested, assists the patient in completing the *Patient Grievance* form (see attachment), if needed.

Concerns or complaints regarding possible discrimination on the part of CFHC, Inc. or its employees are immediately reported to the Chief Executive Officer or Chief Compliance Officer. Refer to *EXEC-306 Nondiscrimination Position Statement*. The Chief Compliance Officer investigates complaints of possible discrimination. The investigation is documented following the incident reporting process. Refer to *RM-100 Incident Reporting*. The Chief Compliance Officer ensures the grievance, the name and contact information of the complainant (if provided by the complainant), the alleged discriminatory action and alleged basis (or bases) of discrimination, the date the grievance was filed, the date resolved, grievance resolution and any other pertinent information is recorded on the incident report.

The *Patient Grievance* form is available in English and Spanish. Forms are available on the company website. Patients can submit a written grievance without using the *Patient Grievance* form as long as the document states it is a grievance.

Patient Grievance forms or other written documentation are forwarded to the Compliance Associate I who immediately initiates an *Incident Report* if this has not been done so already and contacts the patient to advise that the complaint has been received and is under review. If the complaint is in regard to possible discrimination, the Chief Compliance Officer or his/her designee contacts the patient as part of the investigation. Otherwise, the Compliance Associate I give his/her name and contact information to the patient, allowing the patient to call and obtain a status. He/she then gives a copy of the written grievance and a copy of the *Incident Report* to the Chief Executive Officer (CEO) and Chief Compliance Officer for review. The grievance is tracked through the *Incident Reporting* procedure and is handled directly by the CEO or his/her designee. Refer to *RM-100 Incident Reporting*.

The CEO or his/her designee provides an official written response to the patient or the patient's representative once all facts are recorded. Unless there are unforeseen circumstances involved, the patient should expect to receive an initial determination within ten business days. If the patient or the patient's representative is not satisfied with the resolution of his/her grievance, the patient or the representative may file a written appeal to the CEO. The CEO considers the matter and issues a final determination. CFHC, Inc. then considers the matter closed.

If the grievance involves a Medical, Dental, or Behavioral Health provider, the provider may consider the *Provider/Patient Relationship* breached and may request that the patient transfer to another provider or be dismissed from the practice. Dismissals are in accordance with the North Carolina Medical/Dental Board regulations. Refer to *EXEC-117 Termination of Provider/Patient Relationship*.

ATTACHMENT

- *Patient Grievance Form – English/Spanish*