

**MONADNOCK COMMUNITY HOSPITAL**  
**Clinical Services**

Reference:  
Distribution: Clinical Policy and Procedure Manual  
Attachment: Patient Complaint Flow Diagram  
Patient Complaint Record Form

Effective: 07/2007  
Replaces: 10/2003

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**COMPLAINT (PATIENT) POLICY**

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**POLICY:**

Monadnock Community Hospital encourages patient and family feedback about their experiences while at the Hospital. By obtaining feedback from patients and families, the Hospital can identify opportunities to improve its processes, thereby enhancing patient and family satisfaction.

**PURPOSE:**

To provide patients and their families with a mechanism for communicating a concern or complaint and to ensure that appropriate action is taken in regard to this information.

**PROCEDURE:**

All patients who are admitted to the Hospital will be informed of their right, which will include information in regard to the communication process for registering a concern or complaint.

A patient or family member may express a concern or complaint regarding any aspect of care or treatment to any member of the Hospital's staff. This may be communicated verbally or in writing.

Verbal complaints: If the complaint is made verbally, the person to whom the complaint is made will record detailed information, including, without limitation:

- Patient name
- Complainant name
- Date of complaint
- Description of the concern/issue
- Date of the concern/issue
- Requested action
- Telephone number and/or address, depending on preferred method of response.

Written complaints will serve as the primary documentation. If additional information is needed, the person primarily responsible for answering the complaint will contact the complainant to obtain the additional information.

Medical Staff Complaints: If the complaint is in regard to a member of the Hospital's medical staff, the complaint documentation will be forwarded to the Risk Manager for processing in accordance with the Complaints Regarding Medical Staff Policy.

If the person to whom the complaint is made (verbally) or received (in writing) is unable to personally address the concern expressed by the complainant, s/he will forward the complaint documentation to the leader of the area primarily addressed in the complaint. For example, a patient complaint regarding a bill will be forwarded to the Director of Patient Accounts.

Complaints are to be addressed in a timely manner. If the issue/concern cannot be immediately addressed, the complainant is to be contacted, via telephone or by letter, acknowledging the receipt of the complaint, and letting them know what additional steps are needed to resolve the matter.

Review of the issue/concern in the complaint will be conducted by the leader of the department most primarily addressed in the complaint, and will be documented. If additional help is needed, the leader will contact his/her supervisor to assist in the review, appropriate action to be taken, or the response.

Documentation of the complaint, the review and the response is to be sent to the Risk Manager for entry into the patient complaint database.

Complaints that involve the threat of legal action are to be immediately brought to the attention of the Risk Manager.

A quarterly report on patient complaints is run from the database to address completion of the complaint process, and to identify any trends. This information will be reviewed by the Risk Manager and will be forwarded to the service line leaders as appropriate. This report is distributed to the Board of Trustees on a quarterly basis.

If the complainant is not satisfied with the response s/he has received from the service line leader, s/he may pursue the grievance through contacting the Chief Executive Officer. The CEO will designate a grievance review team, including representation of the Board of Trustees, to address the grievance. The determination of this team will be considered a final resolution of the grievance.

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**PATIENT COMPLAINT RECORD**

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Medical Record #: \_\_\_\_\_ Account #: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Complaint: \_\_\_\_\_

Complainant: \_\_\_\_\_ Date of Service: \_\_\_\_\_

Address/phone for follow up: \_\_\_\_\_

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PROBLEM (Briefly describe complaint, give dates and person involved; if complaint is written, attach copy and other supporting documentation):

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Continue on back if necessary

What is complainant requesting? \_\_\_\_\_

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Name/department of person initiating this record: \_\_\_\_\_

Referred to: \_\_\_\_\_ Manager/Supervisor \_\_\_\_\_ Risk Manager  
\_\_\_\_\_ V.P. Medical Affairs \_\_\_\_\_ CEO \_\_\_\_\_ Other

Follow up action taken: \_\_\_\_\_

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Disposition of claim and date: \_\_\_\_\_

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Type of Complaints (check all that apply)

**Patient Care Factors**

- \_\_\_ Quality of care
- \_\_\_ Timeliness of care
- \_\_\_ Teaching
- \_\_\_ Other

**Staff Factors**

- \_\_\_ Courtesy
- \_\_\_ Communication
- \_\_\_ Privacy
- \_\_\_ Other

**Organizational Factors**

- \_\_\_ Waiting Times
- \_\_\_ Cleanliness
- \_\_\_ Billing charges
- \_\_\_ Other

**Medical Staff**

- \_\_\_ Quality of care
- \_\_\_ Timeliness of care
- \_\_\_ Accessibility
- \_\_\_ Other

**THIS IS A QUALITY ASSURANCE/QUALITY IMPROVEMENT DOCUMENT. DO NOT DISCLOSE WITHOUT APPROVAL. DO NOT FILE OR REFER TO MEDICAL RECORDS.**