



URBAN INTER-TRIBAL CENTER OF TEXAS
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Patient Complaints/Grievances Policy & Procedures

	Name	Position	Signature	Date
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PURPOSE

Urban Inter-Tribal Center of Texas (UITCT) is committed to the quality care and safety of its patients. This policy establishes a uniform process which allows patient's and/or patient's authorized representative's grievances/complaints and complaints from all sources to be evaluated and resolved in a manner that assures quality care and service.

POLICY

UITCT will provide and adhere to the procedure for receiving, resolving, and responding to the grievances/complaints of patients and/or a patient's authorized representative put forth in this policy. UITCT's Patient Complaints/Grievances Policy aims to provide a centralized system for:

1. Informing a patient and/or a patient's authorized representative of the right to file a grievance/complaint and the mechanism for doing so.
2. Investigating the grievance/complaint or concern.
3. Ensuring a resolution occurs.
4. Responses to a patient and/or a patient's authorized representatives' grievances/concerns and complaints as required under applicable state and federal law.

RESPONSIBILITIES

Executive Director

1. The Executive Director, either directly or through a designee, is responsible for developing, implementing, and overseeing the Patient Complaints/Grievances Program and reporting program details to the UITCT Board of Directors.



Quality Improvement Committee

1. The Quality Improvement committee is responsible for the collection, recording, review, and resolution of any complaints/grievances filed with UITCT and ensuring that all complaints/grievances are handled as required under applicable state and federal law.

All UITCT Staff

1. All staff is responsible for following the Patient Complaints/Grievances standards outlined in this document and maintaining quality care and service for patients, clients, and visitors.
2. Ensuring all patients are aware of how to file a complaint/grievance and reporting any complaints/grievances made to the appropriate personnel outlined in this document.

DEFINITIONS	
Complaint	Refers to verbal or written report regarding unsatisfactory care or services provided by UITCT and which can be resolved when the patient or their authorized representative is satisfied with the action taken on their behalf.
Grievance	Refers to verbal or written reports of quality of care issues such as abuse, neglect, patient harm or the risk of patient harm, a violation of the Patient Rights and Responsibilities, etc. and may be subject to further action under applicable state and federal law.
Protected Health Information	Under HIPAA, protected health information is considered to be individually identifiable information relating to the past, present, or future health status of an individual that is created, collected, or transmitted, or maintained by a HIPAA-covered entity in relation to the provision of healthcare, payment for healthcare services, or use in healthcare operations (PHI healthcare business uses).

PROCEDURES

Procedure for informing a patient and/or a patient's authorized representative of the right to file complaints/grievances.

1. Clinic employees are required to inform each patient, or when appropriate, the patient's authorized representative, of the patient's rights in advance of furnishing or discontinuing patient care.
 - (a) The following written materials are available to clinic employees to provide to patients with notice regarding the UITCT grievance/complaint process. They include:
 - (1) Patient Rights and Responsibilities flyer – given at registration
 - (2) UITCT Program Brochure – given during patient registration and distributed in clinic waiting areas;
 - (3) Patient Rights and Responsibilities are posted in registration, pharmacy and dental areas
2. Clinic employees should promptly inform patients or their authorized representatives who want to file a grievance or complaint of how to do so. Complaints/grievances can be submitted by patients or their representatives in the following ways:
 - (a) A Patient Complaint/Grievance Form can be filled out in person and can be retrieved from and submitted to any UITCT staff member.



- (b) A Patient Complaint/Grievance Form can be submitted by mailing it to 1261 Records Crossing Rd. Dallas, TX 75235.
- (c) A Patient Complaint/Grievance Form can be filled out and submitted online at UITCT.org.

Documentation of Complaints/Grievances

1. Any patient, client, visitor, or authorized representative may file a complaint against UITCT or any of their staff members via the Complaint/Grievance Form. All grievances/complaints or concerns expressed, including information sufficient to identify the complainant, date and nature of the problem, or any steps taken to resolve the grievance/complaint should be recorded. If an individual other than the patient expresses a complaint on behalf of an adult patient, the patient's authorization must be obtained before discussing any Protected Health Information.
2. The grievances/complaints will be filed with UITCT Quality Improvement Committee who are then responsible for investigating and resolving all complaints/grievances.
3. The grievances/complaints will also be used to:
 - (a) Determine the status of individual complaints.
 - (b) Provide feedback to clinic regarding their services, as perceived by patients.
 - (c) Trend patient complaints and concerns for periodic reporting to Managers, Directors, and the Board of Directors.

Quality of Care Issues and/or Inquiries with Potential for Litigation

1. A copy of any submitted Patient Complaint/Grievance Form should be immediately forwarded to the chair of the Quality Improvement Committee or their designee.
2. Whenever there is a written grievance/complaint against a physician related to professional competence or professional conduct, it is the responsibility of any UITCT staff member to bring to the attention of the chair of the Quality Improvement Committee for transmitting the following information to the complainant:

Because you have notified us in writing about a complaint against a physician related to professional competence or professional conduct, we are required by Texas law to inform you that the Medical Board of Texas (for Physicians and Physician's Assistant) is the only authority that can take disciplinary action against the practitioner's license. The contact information is:

Texas Medical Board
Attention: Investigations
333 Guadalupe, Tower 3, Suite 610
P.O. Box 2018, MC-263
Austin, Texas 78768-2018

Assistance in filing a complaint is available by calling the following telephone number: **1-800-201-9353**. For more information please visit their website at www.tmb.state.tx.us



3. Whenever there is a written grievance/complaint against a pharmacist related to professional competence or professional conduct, it is the responsibility of any UITCT staff member to bring to the attention of the chair of the Quality Improvement Committee for transmitting the following information to the complainant:

Because you have notified us in writing about a complaint against a pharmacist related to professional competence or professional conduct, we are required by Texas law to inform you that The Texas State Board of Pharmacy is the only authority that can take disciplinary action against a pharmacist's license.

You may file a complaint online at <https://www.pharmacy.texas.gov/consumer/complaintForm.asp>

Or call 800-821-3205 or 512-305-8070 to have a complaint form mailed to you. For more information please visit their website at <https://www.pharmacy.texas.gov/consumer/complaint.asp>

4. Complaints involving HIPAA violations, Office of Inspector General, DHHS, Office of Civil Rights, Centers for Medicare/Medicaid Services should be immediately forwarded to the Chief Compliance and Privacy Officer for investigation and follow-up.
5. Non quality of care issues are investigated with appropriate managers and staff.

Response and Resolution to Complaints/Grievances:

1. All communication with complainants, or their representative, is the responsibility of the Quality Improvement Committee chair, or their designee.
 - (a) Initial Acknowledgement:

UITCT must acknowledge the grievance/complaint with the complainant and explain the process that will be followed in investigating the complaint. The complainant should also be advised of the time frame in which to expect a response.
 - (b) Responses to informal investigations or inquiries:
 - (1) The response to a complaint or grievance that does not require a formal investigation should be made using one of the following means:
 - Phone call or visit when appropriate and when the problem can be resolved without a formal investigation.
 - Letter of explanation, apology and/or description of actions taken to any concerns that cannot be resolved quickly and that may require a formal investigation.
 - (c) Final Response for formal investigations:
 - (1) Time frame – UITCT should provide the complainant or their representative with a written response to the complaint/grievance within 60 days or advise the patient that the investigation is continuing and provide that patient with an anticipated date of completion.
 - (2) Letter content –The letter should include a written notice of UITCT's decision regarding the complaint/grievance, an explanation of the steps taken to investigate the grievance, results of the review to resolve the grievance, date of completion of the review, and the name of a UITCT contact person. Copies of the response should be sent to those named on the complainant's letter and to other appropriate individuals/agencies subject to HIPAA authorization requirements.



EMPLOYEE COMPLIANCE

1. All UITCT employees, contracted staff, students, volunteers, credentialed medical staff, and individuals representing or engaging in the practice at UITCT are responsible for ensuring that individuals comply with this policy.
2. Violations of this policy will be reported to Department Supervisor. Violations will be investigated to determine the nature, extent, and potential risk to UITCT. Employees who violate this policy will be subject to the appropriate disciplinary action up to and including termination.

RELATED DOCUMENTS

1. Patient Rights and Responsibilities
2. Patient Compliant/Grievance Form (attached)



PATIENT COMPLAINT/GRIEVANCE FORM

The Urban Inter-Tribal Center of Texas (UITCT) is committed to providing quality medical care and maintaining a responsive system for delivering care and services to all patients. If you believe our personnel have not been reasonable in resolving your complaint, you may file a grievance with UITCT'S Quality Improvement Committee. UITCT will review and investigate your submitted grievance and contact you to help resolve the complaint. Please fill out all personal information, and information regarding your complaint, such as date, staff involved, and description of the incident. You may submit this form either in person, by mail to Urban Inter Tribal Center of Texas, 1283 Record Crossing Road, Dallas, Texas 75235, or online at UITCT.org.

Personal Information	
Name (Last, First, MI):	
Address, City, State, Zip Code:	
Email:	Phone Number:
Date of Birth:	Medical Record # (If Known):

Please be as specific as possible, use other side of form or attach additional paper if necessary:

Please describe your complaint/grievance in detail:		
Incident Description:		
Staff Members Involved:		
Date of Incident:	Time of Incident:	Location of Incident:

Signature of Patient or Legal Representative _____ Date _____

THIS SECTION TO BE COMPLETED BY REVIEWER	
Date Received:	Reviewed by:
Reviewer Comments:	
Actions Taken:	
Reviewer Signature:	Date: