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:

This policy applies and will be distributed to all TTUHSC 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 appropriate office designated on each campus that handles patient concerns. The department designee should share all patient concerns with the department medical director or chairperson.

2. When a patient contacts the designated campus office a (campus specific) 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 (campus specific) concern form to the appropriate campus designee.
   a. In cases where the patient has a concern that involves more than one clinical department, the appropriate campus designee 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 appropriate campus 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 appropriate campus designee 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 appropriate campus designee 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 appropriate campus designee. 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).

5. **Should a patient concern come to the Information Desk** the patient representative will contact the appropriate campus or departmental designee, 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 Performance Improvement/Quality Improvement, Risk Management or Compliance offices respectively. The appropriate campus designee will work closely with PI/QI and Risk Management to track and identify trends, which may provide opportunities for improvement. These trends will be reported in quarterly reports to SOM administration as well as department leadership.

**APPROVAL AUTHORITY:**

This policy shall be recommended for approval by the Joint SOM Policy Committee to the Regional Deans with final signatory authority by the Deans, Schools of Medicine.

**RESPONSIBILITY AND REVISIONS:**

It is the responsibility of the Joint SOM Policy Committee to review and initiate necessary revisions based on collaboration and input by and through Quality Improvement/Performance Improvement and Risk Management. Administrative and technical management of this policy, including web site maintenance, will be the responsibility of the Lubbock Office of Performance Improvement.

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<th>Signatory approval on file by:</th>
<th>Steven L. Berk, MD</th>
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<td>J. Manuel de la Rosa, M.D.</td>
<td>Dean, School of Medicine, El Paso</td>
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