

HIGH DESERT HEALTH SYSTEM AMBULATORY SURGICAL CENTER

SUBJECT: II-136 PATIENT COMPLAINTS	POLICY #: 1034
APPROVED BY: Aram. Messerlian (CHIEF PHYSICIAN I ANESTHESIOLOGY), Beryl Brooks (ADMR, COMP AMB HEALTH CARE CENTER), Leila Adriano (NURSE MANAGER)	
DATE APPROVED: 09/15/2017	

PURPOSE: To establish a process to investigate and resolve patient complaints in the Ambulatory Surgical Center (ASC).

POLICY: All patient complaints will be handled promptly and an attempt will be made to resolve all complaints in a satisfactory manner following the procedure outline below.

PROCEDURE:

When a patient, parent, guardian, surrogate decision maker or patient’s family or friend wishes to file a complaint, steps to be taken include the following:

1. All efforts should be made to resolve the complaint at the time.
2. If the patient/family is still not satisfied and wants to file a written complaint, then a Patient Complaint form will be provided to them. (Attachment 1)
3. The patient/family can submit the written complaint to the ASC Medical Director, ASC Nurse Manager or High Desert Health System Patient Relations.
4. All complaints involving ASC nursing staff or general operations will be forwarded to the ASC Nursing Director for investigation.
5. All complaints involving physicians or Certified Registered Nurse Anesthetists will be forwarded to the ASC Medical Director.
6. All other complaints involving Registration will be forwarded to the appropriate manager of supervisor in Finance Department.
7. If there is any indication that the complaint may result in a claim being filed against the County, the complaint is to be entered in the Safety Intelligence.

ATTACHMENT:

Patient Complaint form

Original Date: 05/13/2009
Reviewed: 09/15/2017
Next Review Date: 09/15/2020
Previous Review Date(s): 07/09/13
Revised: 05/13/09; 08/28/13; 07/18/17