

PATIENT COMPLAINT

APPROVED BY: Leadership

ORIGINAL APPROVAL DATE: 08/14/2025

DATE(S) REVISED:

ACHC STANDARD: DRX2-4A

Southwest Family Medical will provide all patients with written information listing a telephone number, contact person and the company's process for receiving, investigating, and resolving concerns about its services. The company will also provide all appropriate state and accreditation agency phone numbers for reporting complaints. This information is included in a patient service agreement form and includes the phone number for registering a complaint with the company's accrediting body.

The patient has the right to:

- Complain without being subject to discrimination or reprisal
- Be informed prior to or at the initiation of service how to file a grievance/complaint in writing or via the website (for patients who can access the website) prior to or at the initial receipt of product/service.

Information to be provided the patient/caregiver includes:

- How to notify the organization of a grievance/complaint.
- How to notify ACHC if their complaint has not been resolved.
- How to notify any state or federal agency when required by regulation.
- The appropriate person to be notified of the grievance/complaint.
- Time frames for investigation, review, and evaluation of collected information.
- Timeframes to achieve resolution.
- How communications are to be performed with the patient.
- How the complaint and actions taken are to be documented and the documentation requirements.

The following procedure details the steps to be taken when a patient complaint is received. After receiving the complaint, customer service will take the following steps:

- Contact the person making the complaint if contact has not already been established.
- Record information regarding the concern on the complaint form:
 - Date.
 - Time.
 - Description of complaint.
 - Name of individuals or description of product involved, and lot numbers (if applicable).
- Determine what actions the caller feels should be initiated regarding the complaint.
- Arrange for the replacement of defective items if the complaint involves a product.
- Speak with involved employees as appropriate.
- Attempt to resolve the complaint to the patient's satisfaction.
- Report status of activities to patient within five days following receipt of the complaint. The report to the patient may be performed verbally, by telephone, email, FAX, or letter. Staff must document all conversations with the patient.
- Each complaint will be documented on a complaint form. The company should maintain a complaint forms notebook that contains all completed complaint forms.

When the company receives a complaint in writing, the company will contact the person making the complaint within five calendar days of receipt of the written complaint.

A written notification of the results of the investigation and the response to the investigation must be provided to each Medicare beneficiary within 14 days of receipt of the complaint.

Any complaint received after normal working hours by the on-call personnel will be resolved before the next working day, if possible. If not, the complaint will be reported to your supervisor after receipt or the following morning. All complaints will be logged on to an on-call log and will be written up as soon as possible on the complaint form. All complaints will be reviewed at the next Performance Improvement meeting and reported to the leadership.

All employees shall receive instructions on the company's procedure for handling patient complaints, and concerns during initial orientation. Each employee shall maintain competency in and an understanding of this procedure.

The patient shall be notified that the following agencies may be contacted to report complaints:

- Centers for Medicare and Medicaid Services
- Accreditation Commission for Health Care (ACHC)