Patient/Client Complaint

Policy

American Home Health Care Company provides a process for patients/clients to lodge an oral, written, or telephone complaint about the products and services provided. American Home Health Care Company has a complaint resolution system for identifying, responding to, and resolving complaints in a timely manner. All written, oral, and telephone complaints are documented with the following information:

- Name of patient/client or caregiver voicing the complaint
- A summary of the complaint, including:
  - Date received
  - Name of the person receiving the complaint
- A summary of actions taken to resolve the complaint
- If an investigation is not conducted, the name of the person who made that decision, along with the reason for not conducting an investigation
- Signature of supervisor

All employees are trained in how to handle complaints. Copies of all complaints and investigations are kept on file for at least three years. All complaints are summarized and presented to the Board of Directors quarterly.

Procedure

American Home Health Care Company logs complaints on a central form.

Following is a suggested step-by-step approach for the customer service representative to follow after receiving a complaint:

1. Notify the person lodging the complaint of action taken within 24 hours.
2. Record information about the complaint on the phone log (if one is used) and/or completes an incident report (if indicated). This information should include the following:

- Date
- Time
- Description of complaint
- Name of persons involved, or description of product involved (along with any serial or control numbers)

3. Determine what actions the caller thinks should be taken to resolve the complaint.
4. If the complaint involves equipment or a product, arrange for evaluation, repair, or replacement of defective items if applicable.
5. Speak with employees involved as appropriate.
6. Attempt to resolve the complaint to the patient's/client's satisfaction.

7. If the complaint is not resolved within 24 hours, report status of activities to the patient/client within two (2) days after the complaint is received and weekly thereafter until the complaint is resolved.
8. Submit written follow-up letter as appropriate.
9. When a complaint cannot be resolved as described above, forward the information to the supervisor.
10. When a complaint has been resolved, the completed report (including a description of the steps taken to achieve resolution) is forwarded to the supervisor.
11. The supervisor reviews the complaint and collects additional data as required to resolve the complaint, and responds to the complaint within 24 hours after receipt. If the supervisor cannot resolve the complaint to the patient's/client's satisfaction, the supervisor documents the grievance and action taken to date, and submits it to upper management. Upper management makes every effort to resolve the complaint to the patient's/client's satisfaction, and notifies the patient/client and appropriate management personnel of all actions taken on the customer's behalf within 10 days.

Medicare providers:
Within five (5) calendar days of receiving a patient/client complaint, American Home Health Care Company notifies the patient/client, using oral, telephone, e-mail, fax, or letter format, that it has received the complaint and that it is investigating. Within 14 calendar days, American Home Health Care Company provides written notification to the beneficiary of the results of its investigation and response. American Home Health Care Company maintains documentation of all complaints that it receives, copies of the investigations, and responses to beneficiaries.

American Home Health Care Company

Complaint Form

Patient information:

Name: _____

Address: _____

Telephone Number: _____

Medicare no. _____

Document control number of claim in question: _____

Person (other than patient) making complaint: _____

Name: _____

Address: _____

Phone number: _____

Relationship to patient: _____

Date Received: _____

Received by: _____

Summary of Complaint: _____

Actions taken to resolve: _____

Investigation: Y N

If no investigation conducted, name of person making the decision:

_____

Reason for the decision: _____

If investigation done: outcome of the investigation and who made this decision:

_____

_____

Signed

_____

Date