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**General Operating Policy: Newberg School-Based Health Center  
Complaint and Incident Review**

**Purpose**

Providence is committed to providing high quality care and a mutually respectful process for patients, families, and employees to voice any issues that may arise. The purpose of this policy is to establish standard requirements for identifying, responding, recovering, reviewing reported incidents and complaints involving the Newberg School-Based Health Center in a timely and standardized manner. Our goal is to create a process that encourages patients, parents/guardians and SBHC staff to voice any concerns they may have so that appropriate action can be taken to ensure consistent quality and safety of care. Complaints are reviewed by leadership and Providence risk and quality department to identify and improve any gaps in quality of care. Patients and staff have a right to express dissatisfaction or concern without fear of retaliation.

**Definitions**

- A. Complaint: A verbal concern from a patient or the patient's legal representative regarding the quality of patient care provided that can be effectively addressed and resolved by hospital staff present.
  - 1. A patient care issue verbalized by the patient or the patient's legal representative initially directed to clinic staff or leadership is considered a complaint if the matter can be satisfactorily resolved by staff present at the time.
  - 2. If a verbal patient complaint cannot be resolved at the time of the complaint by staff present, is postponed for later resolution, is referred to other staff for later resolution, requires investigation and/or requires further actions for resolution, then the complaint becomes a grievance.

3. Billing issues are not considered grievances – the exception being a Medicare beneficiary billing complaint related to rights and limitations provided by 42 CFR § 489.13(a)(2).
  4. Post-visit verbal communications regarding patient care that would routinely have been handled by staff present if the communication had occurred during the clinic visit are not required to be defined as a grievance and, therefore, would not require a written response.
  5. A complaint is considered resolved when the patient or the patient's representative is satisfied with the actions taken on their behalf.
- B. Grievance – a "patient grievance" is a written or verbal complaint (when the verbal complaint about patient is not resolved at the time of the complaint by staff present) by a patient, or the patient's legal representative, regarding:
1. Patient care
  2. Abuse or neglect
  3. Issues related to the clinic's compliance with state or federal regulations.
  4. Medicare beneficiary billing complaint related to the rights and limitations provided by 42 CFR § 489.13(a) (2).
  5. A written complaint is always considered a grievance, whether from an inpatient, outpatient, released/discharged patient or their legal representative regarding the patient care provided, abuse or neglect, or the clinic's compliance with state or federal regulations; for purposes of this requirement an email or fax is considered "written."
  6. When a patient or patient's representative requests that their concern be handled as a formal complaint or grievance, the concern is considered a grievance.

## **Procedure**

### Accessibility to Providing Feedback

1. Complaints or feedback concerning care provided at the Newberg SBHC may be submitted a variety of ways. To promote ease of reporting accessibility, feedback may be given to any SBHC staff member. Patients may also make a telephone report or submit via MyChart electronic communication. SBHC staff will escalate to leadership.

2. An on-site SBHC coordinator will be available to promote patient safety and help patients navigate the reporting of concerns.
3. The SBHC will provide education and promote the pathways for reporting concerns for youth patients (for example: a posted flyer on ways in which questions or concerns about their care may be escalated).

#### Verbal Complaint Management

1. After having been notified of a verbal complaint regarding care issues of a currently admitted patient, staff present will meet with the patient/patient's legal representative to review the concern and attempt to bring the matter to resolution.
2. A patient care issue verbalized by the patient or patient's representative is considered a complaint if the matter can be satisfactorily resolved by staff present.
3. Post-visit verbal communications regarding patient care that would have routinely been handled by staff present had the communication occurred during the hospital stay are not required to be defined as a grievance and, therefore, would not require a written response.
4. Staff will inform School-Based Health Center leadership and enter any issues brought forth into the Datix Feedback module.
5. SBHC leadership will contact the patient/patient's representative with the outcome of the review or follow-up, as appropriate, and work with the patient/patient's representative toward resolution of the complaint. This contact with the patient/patient's representative may be done via telephone if appropriate, a letter of response is not required for these complaints.
6. Once resolved, documentation will occur, and the complaint will be closed in the Datix Feedback module.

#### Grievance Management

1. When a written statement of complaint/grievance is received by SBHC staff, SBHC leadership or assigned designee will contact the patient/patient's representative in acknowledgment of receipt of the statement of complaint.
2. Staff will enter concerns brought forth and copy written grievance into the Datix Feedback module.

3. SBHC leadership will request any necessary reviews or follow-up be completed, involving the Providence risk and quality department when indicated. It is expected that department leadership will complete any review, investigation, or follow-up and respond to the Customer Care Team or Quality Management designee within the specified timeframe to allow the designee appropriate time to prepare and send a written response to the patient/patient's representative within a 7-business day timeframe from the date of receipt of the written complaint/grievance.
4. Once resolved, documentation will occur, and the complaint will be closed in the Datix Feedback module.

### **Stakeholders**

Providence Oregon Medical Group – Access Strategies

Providence Behavioral Health Services

Newberg Public Schools

Oregon Health Authority, Oregon School Based Health Centers

Yamhill County Public Health

### **List Cross-References**

PH&S Oregon Region, General Operating Policy: Patient Complaints and Grievances (205.00, PolicyStat ID: 9022421)