

POLICIES AND PROCEDURES

SECTION: HEALTH SCIENCES SCHOOLS	Approved 1/05/99	Effective Date 2/01/99	Revised
Chapter: PATIENT SERVICES	Replaces Policy Dated:		
Policy: PATIENT COMPLAINTS, COMMENTS, OR COMPLIMENTS	Retired:		
	PAGE 1 OF 3		

I. PURPOSE

To provide a means to identify and address patient complaints, comments or compliments in a timely and efficient manner.

II. POLICY

Creighton Health Sciences is committed to supporting the right of all patients to submit expressions of satisfaction or dissatisfaction regarding health care services received from Creighton faculty, residents, students or employees and to seek resolution and response to such concerns. To improve the delivery of healthcare services by ensuring each complaint or comment received regarding patient care is analyzed and receives a response, as appropriate, on an individual basis. To acknowledge compliments from patients regarding services received from Creighton faculty, residents, students or employees.

III. SCOPE

This policy applies to all Creighton sites where health care services are provided by faculty, residents, students and employees.

IV. PROCEDURE

Most complaints, comments or compliments will be received at the point of service, usually at the clinic level. A complaint/comment/compliment box should be placed in a conspicuous location in each Creighton clinic/facility. Most complaints, comments or compliments should be handled by an individual within the Creighton clinic (or department/school) designated to address patient complaints, comments or compliments.

SECTION: HEALTH SCIENCES SCHOOLS	Approved 1/05/99	Effective Date 2/01/99	Revised
Chapter: PATIENT SERVICES	Replaces Policy Dated:		
Policy: PATIENT COMPLAINTS, COMMENTS, OR COMPLIMENTS	Retired:		
	PAGE 2 OF 3		

All complaints or comments should be documented, preferably by the patient (or his/her representative) on a Patient Complaint/Comment/Compliment Form (Attachment "A"). If the patient is unwilling or unable to put his/her complaint or comment in writing, then someone within the Creighton clinic (or department/school) should assist the patient in documenting his/her complaint or comment.

A. Handling Complaints or Comments.

In any case where an individual filling a complaint or comment is offensive, belligerent, or agitated, the clinic or department administrator should be contacted to deal with the individual's complaint or comment.

If the complaint or comment can be resolved or addressed at the clinic/department level, then the Patient Complaint/Comment/Compliment Form should be completed at that level by the person handling the complaint and forwarded to an individual designated by the Dean within the respective School. If the complaint or comment cannot be handled at the clinic/department level, the completed Patient Complaint/Comment Form should be forwarded to the respective department chair or designee within the School for action with a copy to the Dean of the School or his/her designee. All complaints should be addressed in a timely manner and where possible resolved as soon as possible

SECTION: HEALTH SCIENCES SCHOOLS	Approved 1/05/99	Effective Date 2/01/99	Revised
<i>Chapter:</i>	Replaces Policy Dated:		
PATIENT SERVICES	Retired:		
<i>Policy:</i> PATIENT COMPLAINTS, COMMENTS, OR COMPLIMENTS	PAGE 3 OF 3		

V. ADMINISTRATION AND INTERPRETATIONS

For assistance in administering this policy, for answers to questions and clarification, you may contact your Administrator, the Compliance Officer or General Counsel.

VI. AMENDMENTS OR TERMINATION OF THIS POLICY

The Health Sciences Schools reserve the right to modify, amend, or terminate this policy at any time.

PATIENT COMPLAINT/COMMENT/COMPLIMENT FORM

Date: _____

Patient's Name: _____
(Optional)

Address to Send Response: _____
(Optional)

Location of Complaint/Comment/Compliment:

Nature of the Complaint/Comment/Compliment:

Thank you for taking the time to provide us with this valuable information.
Please give us your address if you would like a written response from us.

This section to be completed by Creighton staff.

Date: _____

Person Responding: _____

Response/Action Taken:

Date of written response to patient: _____