

Patient Complaint/Grievance Form

Every patient should have reasonable expectations of care and services provided to them while at the DOC Surgery Center. DOCSC is committed to addressing situations when those expectations are not met in a timely, reasonable, and consistent manner.

Administrative staff members are available to assist you with completing this form, filing a formal grievance over the phone, or to answer questions at (702) 294-7407. All concerns will be responded to within (7) days. Please return this form to: **DOC Surgery Center**
ATTN: Administrator, 2800 E. Desert Inn Rd., #150, Las Vegas, NV 89121.

Name: _____ Date: _____
(LAST) (FIRST) (MI)

Address: _____

Telephone: _____

Date of Birth: _____ Medical Record #: _____
(OPTIONAL)

DETAILS OF YOUR COMPLAINT

Please be as specific as possible with the following: (1) please state your concern; (2) date of the event; (3) time of the event; (4) staff member(s) involved, and (5) location of event. Use other side of this form if you need more room.

Date: _____
Signature of Patient or Legal Representative

If Legal Representative, state relationship: _____

THIS SECTION TO BE COMPLETED BY THE REVIEWER

Date Received: _____ Reviewed by: _____

Reviewer's Comments: _____

Action taken: _____

Date Patient was notified of resolution by mail to address stated above: _____

DOC Surgery Center Representative Signature: _____

POLICY:

To establish procedures for RESOLVING grievances filed by patients. A grievance is a written or verbal expression of a complaint against or dissatisfaction with an action taken by Desert Orthopaedic Center -- Surgery Center (DOCSC) including those actions which, in the opinion of the patient, violate the patient's rights afforded by the conditions of admission to DOCSC. The facility will not tolerate retaliation on the part of any employee against any patient and/or legal guardian that files a grievance.

PROCESS FOR WRITTEN GRIEVANCES:

- A. A patient or their legal guardian shall file a written grievance with the Administrator, or designee, within 30 days of the occurrence of the action grieved. The Administrator (or designee) shall contact or meet with and respond to the patient within seven (7) working days from the date the grievance was received. The written grievance, along with the written response, shall be kept on file and discussed at the Medical Executive Committee, as appropriate.
 1. When DOCSC is requested to transmit a grievance document, this will be done without alteration, interference or delay.
 2. DOCSC shall not subject a patient to any type of disciplinary action or other adverse action as a result of their filing a grievance.
 3. A supply of grievance forms for use by patients shall be maintained at the Front Desk. Forms are also available on the web at www.doclv.com.
- B. If the patient/family is not satisfied with the resolution, they may re-submit the grievance as an appeal to the DOCSC Medical Executive Committee (MEC). A representative will meet with the patient/family member and respond in writing to the patient/family member within nine (9) business days of receipt of the appeal. Copies of this resolution will be sent to the Administrator/designee and to the MEC. This time period may be extended by the MEC when additional time is necessary for adequate investigation and the patient is notified in writing of such extension. If no resolution can be agreed upon, the MEC will then provide a written response within nine (9) business days from the date received. If this does not provide acceptable resolution, the Department of State Health Services is the responsible agency for ambulatory surgical center complaint investigations. Complaints may be submitted to: Director, The State of Nevada Department of Human Resources/Health Division, 505 East King St., Room 600, Carson City NV 89701-3708, 1(775) 684-4000. Medicare Ombudsman contact: 1-800-MEDICARE; www.cms.hhs.gov/center/ombudsman.asp

PROCESS FOR VERBAL GRIEVANCES:

- A. The patient and/or their legal guardian can contact the Administrator, or their designee, to communicate a verbal grievance and may contact them by phone or in writing to request a private meeting for discussion of the grievance.
- B. After the verbal grievance is reported, the Administrator will investigate the grievance and then report back the resolution to the patient or his/her guardian within seven (7) business days. A file of all verbal grievances will be maintained in the Administrator's office along with a copy of the current trending report.
- C. If the patient and his/her legal guardian are not satisfied with the resolution, a written grievance must be submitted as outlined in section (B) listed in the "process for written grievances."

DATA ANALYSIS:

- A. Grievance data will be tracked to enable trending of data to demonstrate measures taken are effective.
- B. Grievance data will be shared with the Medical Executive Committee to ensure oversight.