



DAMIEN CENTER

Patient Feedback Policy and Procedure

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Version History

Date	Updated by	Updates Made	Leader Approving Changes (Name & Title)	Leader's Signature
6/13/24- 6/24/24	Quality, Project Manager, Desiree R	Added information patient feedback, reformatted document		
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Scope

All staff and patients of the Health Center (Damien Center).

Purpose

To outline the procedures regarding the Health Center's methods for collecting and processing patient feedback.

Responsibility

This policy was created by the Quality and Compliance department. This policy will be maintained by the Policy Committee that will review and ensure the content is up to date annually. The day-to-day implementation of the policy will be carried out by members of the Quality team.

Relevant Definitions

Advocate: Any person chosen by the patient to support them during the grievance process. The advocate provides guidance and assistance to the patient, ensuring their concerns are effectively communicated and addressed.

Client Advisory Board (CAB): A committee comprised of clients and board members who meet regularly to give feedback and advice to the Health Center on its services and policies, aiming to improve service quality and meet client needs.

Complaint: An informal expression of dissatisfaction about services that can be resolved quickly without a formal investigation.

eClinical Works: The software Health Center uses for electronic medical records for patients who receive medical care.

Grievance: A formal expression of dissatisfaction by a patient regarding the quality of services received at Health Center. Grievances may include concerns about quality of care, confidentiality issues, or perceived violations of procedures or policies.

Grievance Liaison: A designated staff member from Health Center's quality team who oversees the grievance process. The Grievance Liaison ensures thorough documentation, coordinates the review process, and facilitates communication between patients and involved parties.

Incident Report: Distinct from a grievance, an incident report pertains to matters covered under the agency's code of conduct or related protocols, which are handled separately from the grievance mediation process.

Indiana Department of Health (IDOH): State governments in the United States oversee public health through their local health departments, which collaborate with healthcare and community partners to proactively prevent and address the root causes of disease outbreaks, subsequently determining the most suitable response.

Patient: For this policy and procedure, "patient" is synonymous with "client." It refers to any individual receiving services at the Health Center.

Quality Improvement SharePoint: A confidential repository within Health Center's systems where all documentation related to grievances, including forms, communications, and resolutions, is securely stored.

Survey: A patient satisfaction tool used to collect feedback from patients about the quality of services provided, helping the Health Center identify areas for improvement.

Policy

Patient Satisfaction

To ensure a comprehensive understanding of patient experiences, the Health Center employs a variety of feedback collection methods. Our primary patient satisfaction survey is integrated into the electronic medical records system, eClinical Works (eCW). This system automatically sends surveys to patients following their medical appointments, ensuring timely and consistent feedback collection. Customized departmental surveys are developed and maintained by each department to address specific aspects of the services they provide. These surveys, designed to capture both quantitative and qualitative data, cover key areas such as service quality, communication, accessibility, and overall satisfaction. Additionally,

Beyond surveys, the Health Center has established a Client Advisory Board (CAB) that meets every other month. CAB provides an open forum for patients to share their experiences and suggestions for improvement. All patients who access services at the Health Center are invited to participate, ensuring that we receive diverse and representative feedback. The advisory board serves as a direct communication channel between patients and the Health Center's leadership, facilitating in-depth discussions and direct feedback.

The health center is committed to maintaining the confidentiality and anonymity of our patients throughout the feedback collection process. Survey responses and advisory board feedback are handled with the utmost confidentiality to ensure that patients feel safe and secure when providing their input.

The feedback we collect is systematically analyzed by our quality improvement team to identify trends, strengths, and areas for improvement. Based on this analysis, the team develops and implements specific improvement initiatives to enhance services. The Health Center regularly updates our patients and staff on the actions taken in response to feedback, demonstrating our commitment to continuous improvement and the impact of their input.

Patient Grievance

All patients who receive services through Damien have the right to register a formal grievance regarding the quality of their services at the agency. This grievance policy will be displayed within the agency and all satellite offices and will be presented to each patient at the time of intake or assessment.

The standardized grievance policy is intended to address specific issues within the services delivered within Damien. Damien will adhere to the Ryan White HIV/AIDS Program Statewide Grievance Policy and Procedure. The issues that may be addressed in a formal grievance include, but are not limited to, concerns about quality of care, perceived issues with confidentiality, or perceived violations of procedures or policies. Issues regarding complaints submitted by one patient in reference to another patient's issues, complaints about other patients, or external agency issues will not be addressed. The grievance mediation process operates independently from protocols concerning incident reports and matters pertaining to the agency's code of

conduct. It is important to note that grievances will not be addressed for patients who are currently prohibited from accessing agency services.

The health center is committed to maintaining the confidentiality and anonymity of our patients throughout the patient grievance process. Patient grievances are handled with the utmost confidentiality to ensure that patients feel safe and secure when providing their input.

The patient can expect that services will continue to be delivered without disruption, and without reduction in frequency or quality during the grievance process. The patient will not be penalized or retaliated against for filing a grievance. The patient will have the option to work in conjunction with an advocate of their choosing through the grievance procedures. Patients have the right to withdraw a formal grievance at any time in the process. If a patient's grievance is not resolved, the grievance will proceed to the next level of review.

Procedure

Patient Satisfaction

Patient Satisfaction Surveys:

- Departmental Surveys:
 - Identified departments within the Health Center will develop and administer customized patient satisfaction surveys alongside the quality team that are tailored to the specific services provided.
 - Surveys should be designed to capture feedback on key aspects of patient care, including service effectiveness, responsiveness, communication, and overall satisfaction.
 - Surveys can be distributed through various means, such as paper forms or electronic forms depending on the department's preference and patient convenience.
 - Surveys will be available in both English and Spanish. A ticket can be placed with the marketing team to translate a new survey.
 - Patients should be informed about the purpose of the survey and encouraged to provide honest and constructive feedback.
 - Staff will ensure anonymity and confidentiality of survey responses to promote candid feedback.
 - Surveys should be administered promptly after the service is provided to ensure timely feedback.
 - The survey questions on each survey will be reviewed and updated annually as needed by the quality team.
- eClinical Works Automated Surveys:
 - The primary patient satisfaction survey is integrated into the electronic medical records system, eCW.
 - Surveys should be designed to capture feedback on key aspects of patient care, including service effectiveness, responsiveness, communication, and overall satisfaction.
 - This survey is automatically sent to each patient following their medical appointment.
 - The survey results are collected and stored within the eClinical Works system for analysis.
 - Patients should be informed about the purpose of the survey and encouraged to provide honest and constructive feedback.

- The survey questions on the eCW survey will be reviewed and updated every 6 months as needed by the quality team.
- Data Collection and Analysis:
 - Survey responses will be regularly collected, reviewed, and analyzed by the quality improvement team.
 - Trends, common concerns, and areas for improvement will be identified through data analysis and sent to the appropriate department's leadership on a monthly and quarterly basis.

Client Advisory Board:

- Structure and Meetings:
 - The Client Advisory Board meets every other month and welcomes all patients who receive services at the Health Center, with participation capped at 20 patients.
 - The board is a formal committee that provides a platform for direct patient feedback to the facilitator of the meeting.
- Meeting Facilitation:
 - The facilitator will guide discussions, ensuring all participants have an opportunity to voice their opinions and suggestions.
 - Meeting agendas will be prepared in advance, focusing on key topics related to patient care and service delivery.
 - Feedback collected during advisory board meetings will be documented and sent to the relevant department at the agency for review. If appropriate, a leader from that department will then be asked to share their insight at the following CAB meeting.
 - Actionable insights will be extracted and incorporated into quality improvement plans as needed.

Utilization of Feedback:

- Improvement Initiatives:
 - The feedback from both surveys and the client advisory board will be used to identify areas for service enhancement.
 - Specific improvement initiatives will be developed and implemented based on patient feedback.
- Communication and Reporting:
 - Regular reports summarizing patient feedback and corresponding improvement actions will be shared with staff and stakeholders.
 - Patients will be informed about changes and improvements made in response to their feedback, demonstrating the Health Center's commitment to continuous improvement.

Patient Grievance

The Health Center's designated Liaison for all patient complaints will be a designee from the quality team. This Liaison will work with the patient through each step of the process and ensure that documentation is compiled thoroughly. The Liaison will be responsible for routing the grievance to each review level. The Liaison is a non-aligned, unbiased staff member who does not work directly with patients.

A grievance can be filled by going to Damien's website by clicking [here](#). A grievance can also be filled out by reaching out to the Grievance Liaison directly by calling 317-632-0123 x 225 or emailing quality@damien.org.

External Agencies for Reporting Grievances or Complaints

Patients may choose to bypass the internal grievance process and directly contact the following agencies for specific concerns:

Pharmacy-Related Grievances:

- Indiana Board of Pharmacy
- File a complaint at <https://www.in.gov/pla/file-a-complaint/>.

Mental Health-Related Grievances:

- Indiana Division of Mental Health and Addiction
- Toll-Free Consumer Service Line: 1-800-901-1133

Civil Rights or Healthcare Discrimination Complaints:

- U.S. Department of Health and Human Services
- Submit complaints at <https://www.hhs.gov/ocr/complaints/index.html>.

HIV Care Grievances:

- Indiana Department of Health, HIV Services Program
- Contact the HIV Supportive Services Program Manager at SupportiveServices@health.in.gov.

Medicare and Medicaid Complaints:

- Centers for Medicare and Medicaid Services (CMS)
- Toll-Free Line: 1-800-MEDICARE

Accreditation or Quality Concerns:

- Accreditation Commission for Health Care (ACHC)
- Submit concerns at <https://www.achc.org/contact/>

The following procedure is based on the Ryan White HIV/AIDS Program Statewide Grievance Policy and Procedure.

1. The Patient Presents a Concern Regarding Health Center Services

If a patient expresses a concern that the involved staff member cannot resolve, the patient will be directed to complete the Grievance Form (digital or paper). The staff member can reach out to the Liaison who will reach out to the patient and assist in ensuring the grievance form is completed. If the patient uses a paper copy of the form the staff member will scan the grievance form to the Liaison by the end of that same day. The Liaison will review the grievance form within 24 hours or 1 business day of submission. The Liaison will ensure the person who submitted the grievance is a patient of Health Center. The Liaison will consult with the Safety

Manager to determine if any staff have reported incidents involving the patient. Patients have the right to withdraw a formal grievance at any time in the process.

2. The Liaison will Direct the Grievance to the Staff Identified in the Formal Grievance

Upon receiving the formal grievance, the Liaison has 48 hours or 2 business days to reach out to the patient using their preferred method of contact. If the patient listed their email the Liaison will attach their grievance along with the grievance policy and procedure for reference. The Liaison will wait to hear back from the patient before reaching out to the staff member identified in the grievance to ensure the patient feels comfortable meeting with them. The Liaison will then send the grievance form to the involved staff member or their supervisor, depending on the patient's preference, prior to the meeting with the patient.

The Liaison will attempt to schedule an in-person meeting with the patient and the staff member within 5 business days of the initial contact with the patient. If the patient is unable to meet in person, then the meeting will be held virtually. The patient will have the option to work in conjunction with an advocate of their choice through the grievance process. The staff member involved will be encouraged to consult with their supervisor for guidance on preparing for the meeting with the patient.

If the Liaison does not receive a response from the patient within 48 hours, then the Liaison will attempt to contact the patient every 48 hours making three attempts with each method of contact listed on the grievance form. After the three attempted contacts, if the Liaison does not receive a response from the patient, then one last attempt to contact will be made a day before the grievance is closed. A grievance will be closed 30 days after it is submitted if the Liaison does not receive a response from the patient.

During the in-person meeting with the patient the staff member will make all reasonable attempts to resolve the concern to the patient's satisfaction. The Liaison will be present for this meeting and prepare follow-up documentation at the meetings' end.

If the matter is resolved the patient will sign the Grievance Signature Page indicating satisfaction with the proposed resolution. All documentation regarding the grievance will be kept confidentially in the Quality Improvement SharePoint.

STOP if grievance is now satisfied.

If the meeting with patient and staff does not satisfy the patient's desired outcome, the Liaison will immediately capture the patient's signature indicating their dissatisfaction with the proposed outcome and forward the grievance to the next responsible party. The Department Head will be provided with the grievance form and a meeting with the patient will be scheduled within 5 business days.

3. The Liaison will Direct the Grievance to the Department Head

The Department Head for the staff identified in the formal grievance is to attempt to meet in person with the patient to resolve the matter. The meeting must be scheduled within 5 working days of the receipt of the form from the Liaison.

The Department Head and Liaison will meet with the patient to resolve the matter to the patient's satisfaction. The Liaison will be present to notate and prepare documentation directly following the meeting.

If the matter is resolved the patient will sign the Grievance Signature Page indicating satisfaction with the proposed resolution. All documentation regarding the grievance will be kept confidentially in the Quality Improvement SharePoint.

STOP if grievance is now satisfied.

If the meeting with patient and Department Head does not satisfy the patient's desired outcome, the Liaison will immediately capture the patient's signature indicating their dissatisfaction with the proposed outcome and forward the grievance to the next responsible party. The Director of Quality Improvement will be given the grievance form, and a meeting with the patient will be scheduled within 5 business days.

4. The Liaison will Direct the Grievance to the Director of the Quality Improvement

The Director of Quality Improvement is to attempt to meet in-person with the patient to resolve the matter. The meeting must be scheduled within 5 working days of the receipt of the form from the Liaison.

The Director of Quality Improvement and Liaison will meet with the patient and attempt to resolve the matter to the patient's satisfaction. The Liaison will be present to notate and prepare documentation directly following the meeting.

If the matter is resolved the patient will sign the Grievance Signature Page indicating satisfaction with the proposed resolution. All documentation regarding the grievance will be kept confidentially in the Quality Improvement SharePoint.

STOP if grievance is now satisfied.

If the meeting with patient and staff does not satisfy the patient's desired outcome, the Liaison will immediately capture the patient's signature indicating their dissatisfaction with the proposed outcome and forward the grievance to the President and CEO (Chief Executive Officer). The President and CEO will be provided with the grievance form and a meeting with the patient will be scheduled within 5 business days.

5. The Liaison will Direct the Grievance to the President and CEO

The President and CEO of the Health Center is to attempt to meet in-person with the patient to resolve the matter. The meeting must be scheduled within 5 working days of the receipt of the form from the Liaison.

The President and CEO and Liaison will meet with the patient to resolve the matter to the patient's satisfaction. The Liaison will be present to notate and prepare documentation directly following the meeting.

If the matter is resolved the patient will sign the Grievance Signature Page indicating satisfaction with the proposed resolution. All documentation regarding the grievance will be kept confidentially in the Quality Improvement SharePoint.

STOP if grievance is now satisfied.

If the meeting with patient and staff does not satisfy the patient's desired outcome, the Liaison will immediately capture the patient's signature indicating their dissatisfaction with the proposed outcome and forward the grievance to the Board of Directors. The Board of Directors will be provided with the grievance form and a meeting with the patient will be scheduled within 10 business days.

6. The Liaison will Direct the Grievance to the Board Chair of Quality Committee

The Board Chair of the Quality Committee at the Health Center will attempt to meet in-person with the patient to resolve the matter. If the Board Chair of the Quality Committee is unable to attend then another Board member from the Quality Committee will meet with the patient. The meeting must be scheduled within 10 working days of the receipt of the form from the Liaison.

The Board of Directors and Liaison will meet with the patient to resolve the matter to the patient's satisfaction. The Liaison will be present to note and prepare documentation directly following the meeting.

If the matter is resolved the patient will sign the Grievance Signature Page indicating satisfaction with the proposed resolution. All documentation regarding the grievance will be kept confidentially in the Quality Improvement SharePoint.

STOP if grievance is now satisfied.

If the meeting with patient and staff does not satisfy the patient's desired outcome, the Liaison will immediately capture the patient's signature indicating their dissatisfaction with the proposed outcome and forward the grievance to the Indiana Department of Health. The Indiana Department of Health will be provided with the grievance form and a meeting with the patient will be scheduled within 14 business days.

7. The Liaison will Direct the Grievance to IDOH

If the patient is living with HIV and dissatisfied with the outcome of the grievance, the Liaison will immediately obtain the patient's statement with signature indicating dissatisfaction with the proposed resolution and will direct the Patient Grievance Form to the HIV Supportive Services Program Manager at the Indiana Department of Health within 14 days.

The Liaison will submit all documents to the IDOH's HIV Services Program HIV Supportive Services Program Manager via email: Supportiveservices@health.in.gov.

The Liaison will include the Patient Grievance Form and all relevant documentation for review to fully inform IDOH. Once any unresolved matters are submitted, the HIV Supportive Services Program Manager will review all submitted materials regarding the reported concern. IDOH will have 30 days thereafter to resolve and further plan. The Program Manager will attempt to contact the patient by telephone to further discuss the circumstances of the grievance. The Program Manager will contact the staff at the funded agency submitting the grievance (if applicable).

If the patient is not living with HIV and dissatisfied with the outcome of the grievance, the Liaison will immediately obtain the patient's statement with signature indicating dissatisfaction with the proposed resolution and will direct the Patient Grievance Form to the appropriate Program Manager at the Indiana Department of Health within 14 days.

The Liaison will submit all documents to the IDOH's appropriate Program Manager.

The Liaison will include the Patient Grievance Form and all relevant documentation for review to fully inform IDOH. Once any unresolved matters are submitted, the Program Manager will review all submitted materials regarding the reported concern. IDOH will have 30 days thereafter to resolve and further plan. The Program Manager will attempt to contact the patient by telephone to further discuss the circumstances of the

grievance. The Program Manager will contact the staff at the funded agency submitting the grievance (if applicable).

The decision of IDOH is final.

For program continuity and efficiency, The Health Center will not process the same grievance by the same patient more than once. All documentation regarding the grievance will be kept confidentially in the Quality Improvement SharePoint.

Documentation of Process and Outcome

All records related to a patient grievance will be maintained in files separate from medical records and employee personnel. Grievance documentation is considered confidential and will be maintained in that manner. All documentation regarding the grievance will be kept confidentially in the Quality and Compliance SharePoint.

Once a grievance is filed, Damien's Liaison will collaborate directly and impartially with the patient on all matters regarding the grievance including contact, scheduling of meetings, updating documentation and files, and the final patient signatures. The Liaison will notify the staff involved when a grievance has been resolved or closed.

Resources

IDOH grievance form: https://www.in.gov/health/hiv-std-viral-hepatitis/files/Grievance_Policy_Concern_Form.pdf

IDOH grievance procedure: https://www.in.gov/health/hiv-std-viral-hepatitis/files/Grievance-Procedure_2022-FINAL.pdf

IDOH grievance policy: https://www.in.gov/health/hiv-std-viral-hepatitis/files/Grievance-Policy_2022-FINAL.pdf

Policy Clarification Notice (PCN) # 16-02: https://hab.hrsa.gov/sites/default/files/hab/program-grantsmanagement/ServiceCategoryPCN_16-02Final.pdf