

DEPARTMENT: All Departments	POLICY DESCRIPTION: Patient/Client/Visitor Comments and Concerns
PAGE: 1 of 1	REPLACES POLICY EFFECTIVE DATE: November 24, 2015
EFFECTIVE DATE: February 25, 2019	REFERENCE NUMBER: NA
APPROVED BY: Board of Directors	
SIGNATURE: <i>Signature and date on file</i> DATE:	

PURPOSE:

To acquire information to be utilized in obtaining answers to inquiries/comments and concerns about treatment or services rendered by Desert AIDS Project (DAP). The routine uses of this form are:
(a) Resolution of comments/concerns, (b) Information will be analyzed to provide a basis for identifying problem areas and for the discretion of Managers, Directors and the Quality Assurance Administrator. (c) Serves as a means for the Patient/Client/Visitor to express opinions, concerns, and compliments, request information or make a suggestion concerning operation of DAP.

POLICY:

When concerns are made known, staff whose service delivery are the subject of those concerns are to attempt prompt communication with the patient/client/visitor to resolve the concern in a manner that is both collaborative and compliant with all governing policies, rules and regulations of program operations. If unresolved concerns persist, the patient/client/visitor should be contacted by the Quality Assurance Administrator, for additional investigation and attempts at reaching a mutually beneficial and compliant resolution. In the case where these attempts at reconciliation do not resolve the concerns, the patient/client may file a formal written grievance.

PROCEDURE:

1. Blank copies of the Comments and Concerns form are available in the Central Registration area located in the information display holders or can be obtain by any staff member at patient/client/visitor's request. Staff can retrieve Comments and Concerns form from the agency policy application located on their desktop.
2. The completed form can be placed in the DAP box located in the lobby or handed to a DAP employee that will deliver form to the Quality Assurance Administrator.
3. The Quality Assurance Administrator will be designated to address the Comments and Concerns form and assign to appropriate department staff members.
4. DAP will provide assistance to clients/patients with visual or other impairments in completing the form as requested.
5. Should no resolution come from the designated department, the Quality Assurance Administrator will be notified for further action.
6. The Quality Assurance Administrator will maintain a binder for all Patient/Client Comments and Concerns Forms and a log into a comments/concerns log.
7. Staff members assigned to comment and concerns form will respond within 7-10 days by email to inform the Quality Assurance Administrator of outcome of comment or concern.
8. If applicable, Patient/Client/Visitor will be contacted by a DAP staff member.