



Policy Title: Service Recovery / Member Complaint Resolution			
Department Responsible: Compliance and Privacy	Policy Code: 11.0	Effective Date: July 1, 2012	Next Review/Revision Date: September 30, 2019
Title of Person Responsible: Chief Compliance Officer	Approval Council: THN Compliance and Integrity- Approved July 10,, 2017		Date Approved by THN Board of Managers August 22, 2017

PURPOSE:

Service recovery and complaint resolution is a practice that demonstrates our commitment to caring for members (or members’ families) whose expectations have not been met. The goal is for a Triad HealthCare Network employee to promptly turn an unmet expectation into a positive experience. We intend to restore our relationship with the member and family member and address all concerns in a member and family centered approach. Our intent is to identify and recognize situations that may cause a concern or complaint. This commitment to proactively addressing member needs increases the likelihood that we create positive experiences.

DEFINITIONS:

- **Member or their legal representative:** as used in this policy includes the member, the Healthcare Power of Attorney, the Durable Power of Attorney, and the legal Next-of-Kin.
- **Complaint:** a statement of dissatisfaction expressed by a member or their authorized legal representative concerning any aspect of the service or care provided. The member and/or family have expressed an unmet expectation related to their care at Triad HealthCare Network. In defining a complaint or concern, we focus on the Member or family expectation of care or service and not our expectation of the care or service.
- If the quality of service or care provided alleges abuse, neglect, injury or release of restricted information it automatically becomes a **grievance** and is handled according to the Triad HealthCare Network [Patient Grievance Resolution Process](#).

POLICY:

Triad HealthCare Network recognizes that members have the right to voice concerns without fear of discrimination or reprisal, and to have these concerns reviewed and responded to in a timely manner. Triad HealthCare Network seeks to provide prompt review and timely resolution of member and/or family concerns and complaints from any member. The Board of Trustees delegates resolution of concerns, complaints and grievances to Triad HealthCare Network management.

PROCEDURE:



Any change in State or Federal requirements will take precedence over this policy.

Members Informed of Procedure

Member and or their representative are informed of their rights regarding complaints or grievances through the Member Information Booklet which is given to each member on admission or initiation of services. The information provided also notifies the member of his/her right to contact the North Carolina Department of Health & Human Services, Division of Health Service Regulation (3706 Mail Service Center, Raleigh, NC 29699-2706, phone: 800-624-3004). If a member or their representative thinks their privacy has been violated or wants to complain to the Privacy officer they may call: 1-855-809-3042 or www.conehealth.ethicspoint.com

Receipt of Complaint or Concern

1. Complaints are received directly by any staff member, 24 hour nurse line and or member of leadership.
2. If the complaint involves allegations of abuse and/or neglect, staff should notify the appropriate authorities (APS/CPS/Police) should be notified immediately. The Social Services Department is available to assist staff if needed.
3. Responsibility for resolving complaints lies with the Leadership of the department where the complaint occurs. Most complaints are resolved during a member visit by the employee who discovers the complaint. If the complaint is beyond the employee's scope of responsibility, the employee notifies department management for prompt resolution.
4. All Triad HealthCare Network staff seek to provide prompt resolution of all member complaints by the Take the LEAD Service Recovery Process (L - Listen to concern with E – Empathy, A – Apologize and acknowledge the concern, D – Do something yourself or direct it to the person who can follow up).
5. The employee will immediately attempt to resolve and notify his/her supervisor and other appropriate leadership of any member complaint or concern that cannot be resolved. The "Take the LEAD Service Recovery Process" is used by the next level leader.
6. The Department Manager may consult with their immediate supervisor and/or the Office of Patient Experience concerning resolution of the complaint.
7. Risk Management is notified when the concern or complaint involves potential liability in connection with any complaint. This includes allegation of personal injury, property loss or damage, harassment, abuse, or threat of suit. If Risk Management takes the complaint, they handle it as a grievance according to the Triad HealthCare Network [Member Grievance Resolution Process](#) policy.
8. If the complaint alleges release of restricted information, the Privacy Officer is notified and the complaint is moved to a grievance.
9. Upon receiving a complaint, the Department Director documents the information notifies involved departments, and takes appropriate corrective actions to resolve the complaint immediately.
10. Acknowledgement of receiving the complaint should occur within 24 hours. A resolution should occur promptly and by no more than seven days from receipt.
11. The Department Director documents the outcome and forwards the information to the Office of Patient Experience for tracking and improvement efforts.



12. If the complaint is about physician care by:

- Cone Health providers - the Vice President of Medical Staff Services is notified.
- Non-Cone Health providers – reference THN policy# 10.5 Member Grievance Management Process related to Health care Providers.

13. If the complaint cannot be resolved within the seven-day time span, the complaint evolves into a grievance.

REFERENCE DOCUMENTS/LINKS:

- [Cone Health Policy OP-SER-2012-119](#)

PREVIOUS REVISION/REVIEW DATES:

<i>Date</i>	<i>Reviewed</i>	<i>Revised</i>	<i>Notes</i>
July 1, 2012			Original effective date.
October 2, 2015			Updated formatting to match current policy template; no content changes.
July 10, 2017		x	Updated Cone Health Policy to meet THN needs