

Community Hospitals and Wellness Centers
CHWC Montpelier Hospital (CAH)
CHWC Bryan Hospital
CHWC Archbold Hospital

MEDICAL STAFF SERVICES POLICY & PROCEDURE

SUBJ: PHYSICIAN COMPLAINT RESOLUTION PROCESS

DATE ISSUED: 05/09

REVISED: 7/18

REVIEWED: 10/11, 10/13, 10/15, 7/21

POLICY NUMBER: **MD0004**

I. POLICY

- A. The following procedure has been established to create a responsible and accessible means of communicating and addressing physician and advanced practice provider complaints at Community Hospitals and Wellness Centers. The primary interest is to improve the quality of care through a formalized system of communications. The hospital approaches complaints as problems to be solved and by understanding:
1. The situation and circumstances surrounding the complaint issue from both the physician's or advanced practice provider's perspective and the complainant's perspective.
 2. The complaints can be a useful tool in identifying areas for improving a practitioner's clinical practice and/or professional interactions.
 3. Discipline, although not preferred, may be a necessary step in order to ensure patient and public safety.

II. DEFINITION

Complaints are concerns from patients, friends or family of patients, hospital staff, medical staff, volunteers, and anyone who is conducting business at the hospital and has a complaint about a medical staff member or advanced practice provider. Types of complaints that would be referred to the Medical Staff Office would include quality of care and behavioral issues. These complaints will be referred to the appropriate department and/or committee for review. Complaints can come in the form of a letter, phone call, email or from an incident report.

III. PROCEDURE

- A. Attending physician's and advanced practice provider staff complaints received will be reviewed, logged in and forwarded to the Credentials Chair, or designee, or hospital director or designee, for review and follow-up by the Medical Staff Office.
- B. The Credentials Chair, or designee, or hospital director or designee, will review the complaint and will notify the medical staff office of how the complaint will be handled.

- C. Complaints may be handled through one of the following scenarios:
1. The complaint can be handled by a one-on-one conversation. The department chair or designee, or hospital director or designee will send a memo to the Medical Staff Office noting the conversation and conclusion. The memo will be filed in the credentials file to be reviewed at the time of re-credentialing.
 2. If the Credentials Chair, or designee, or hospital director or designee feels that the practitioner is to be notified by a written letter, the letter will be written by the Credential's Chair, or designee, or hospital director or designee and sent to the Medical Staff Office for distribution.
- D. Informal Remedial Activities
1. The Medical Staff officers, departments and committees may counsel, educate, issue letters of warning or censure, or institute retrospective or concurrent monitoring (so long as the practitioner is only required to provide reasonable notice of admissions and procedures) in the course of carrying out their duties without initiating formal corrective action. Comments, suggestions and warnings may be issued orally or in writing. The practitioner shall be offered an opportunity to respond in writing and may be given an opportunity to meet with the officer, department or committee. Any informal actions, monitoring or counseling shall be documented in the member's file. Medical Executive Committee approval is not required for such actions, although the actions shall be reported to the Medical Executive Committee. The actions shall not constitute a restriction of privileges or grounds for any formal hearing or appeal rights under Article 9, Hearings and Appellate Review.
 2. If the complaint requires review by a medical staff committee, the outcome will be documented in the committee minutes; any action, e.g., letter to the practitioner or if the practitioner is to be called to the committee or any subcommittee, the outcome will be maintained in the credentials file to be reviewed at the time of re-credentialing.
- E. The Medical Executive Committee has the authority to over-ride the outcome of a complaint if there is a disagreement in the handling of the complaint. If the Medical Executive Committee agrees that a formal action be taken, the Medical Staff Bylaws will be followed regarding corrective action.
- F. It is the responsibility of the Compliance and Risk Department to maintain Complaint files. The Complaint will be updated to include review, follow-up and conclusion. These files will be reported, as needed, to the appropriate Medical Staff Committee as trends are identified. Ongoing unresolved issues will be reported to the Medical Executive Committee.

Approval:

Credential/Bylaws Committee: 07/21

Medical Staff: 08/21

Board of Directors: 08/21