THE NATIVE VILLAGE *of* DOT LAKE	SECTION NAME:	PATIENT RIGHTS
	SUB SECTION:	ORGANIZATIONAL
DEPARTMENT: FACILITY-WIDE	SECTION: NUMBER:	01.DLV.COM-GRI
	POLICY STATUS:	APPROVED
APPROVED BY: Tracy Charles-Smith President *of* DOT Lake Village Council	EFFECTIVE:	03/06/2022
	REVISED:	N/A

Subject: Dot Lake Village Policy *for* Patient Complaints & Grievance

PURPOSE:

This policy establishes a mechanism and procedure to assist our "Tribal," members of Dot Lake Village, with an instrument to help direct, and/or file patient grievances/complaints – concerning services, received by "Outside Agencies." As required by the Centers for Medicare and Medicaid Services (CMS), and The Joint Commission (TJC), allows our members a direction, with definitions for grievances, complaints, and guidelines thereby targeting their concerns, and meeting the CMS definition of a grievance.

POLICY:

In accordance with, the philosophy of Patient Rights and Responsibilities, and in compliance with Medicare Conditions of Participation, our "Tribal," members have a right to file a complaint or grievance, by an outside agency, which has offered them care. Dot Lake Village, through this procedure, will present this right and offer assistance with the necessary tools of filing a report, complaint, or grievance.

SCOPE:

This policy applies to all "Offsite," inpatient, and/or outpatient care settings for our "Tribal Members."

PROCEDURE:

A patient who perceives that a right has been violated, or whose issues cannot be resolved to his/her satisfaction may submit a written grievance, concerning an outside health agency. As a result, our "Tribal Member," which includes his/her representative can utilize the following FORMs for support. *See* the following attachments;

1. "Classification for Complaints - FORM" (Exhibit A) and;
2. "Dot Lake Village Complaint – FORM" (Exhibit B)

If further assistance is needed by our "Tribal Members," for taking a complaint or filing such document, this procedure will direct them - on how to report a complaint/grievance.

A. In addition, regardless of whether or not the patient uses our grievance assistance process, our "Tribal Member," may also submit a written or verbal grievance directly to the following agencies;

   a. Patients may register a complaint online if they are dissatisfied with a service, physician/provider, health care facility, insurance agent, and/or health care plan. People can also file insurance plan-specific complaints by phone at **1-800-MEDICARE**.

      If you suffer a medical error or have concerns about the quality of your hospital care, Medicare contracts with regional organizations called Quality Improvement Organizations (QIOs) with which you can file a

complaint. Find your local state Quality Improvement Organization here: https://www.ahqa.org/about-ahqa/

b. Patients can submit a complaint to The Joint Commission by e-mail. Your e-mail should include the name and address of the hospital and a thorough explanation of your complaint @ the following link; https://www.jointcommission.org/resources/patient-safety-topics/report-a-patient-safety-concern-or-complaint/

c. The public can also submit a complaint to The Joint Commission via The Joint Commission's website: www.jointcommission.org. Scroll down to "Filing a Complaint."

PATIENT ASSISTANCE:

If a "Tribal Member," needs assistance, with filling out the designated "Dot Lake Village Complaint – FORM," a request for assistance can be made through, the front office. Once a request has been made, additional resources for assistance will be allocated, such as the designation of a patient advocate, to interview, and support with the completion of the following document. *See* "Patient Advocate Interview - FORM" (Exhibit C).

RETENTION OF INTERVIEWS:

All interviews, regarding complaints that are completed by Dot Lake Village's Patient Advocate, shall be kept on file, within the Administrative Office.

DEFINITIONS:

ACCESS:

Access to medical information; appointment availability; availability of specialists; services timeliness; telephone access; geographic access; lack of access due to minority; age; disability.

COMMUNICATION/BEHAVIOR:

Education/explanation inadequate; manner was rude or uncaring; test result delays; time spent with the provider was inadequate; culturally insensitive; inadequate privacy.

COORDINATION OF CARE:

Availability of information not provided from one provider to another; follow-up not provided; coordination of treatment or delay due to lack of communication between providers.

FACILITIES/ENVIRONMENT:

Accommodations for patient needs/handicap access; cleanliness; climate, comfort or air quality; equipment cleanliness or condition; unsafe physical conditions, parking, security, signage, or disrepair.

GRIEVANCE:

Any complaint or dispute, other than one involving a prior authorization or referral, expressing dissatisfaction with the manner in with provides health care services, regardless of whether any remedial action can be taken. An enrollee, or the provider acting on behalf of the enrollee with the enrollee's written consent, may file a grievance, either orally or in any matter other than an Action, as Action is defined in 42 CFR 438.400(b)(1).

In addition, grievances may include complaints regarding the timeliness, appropriateness, access to, and/or setting of a provided health service, procedure, or item. Grievance issues

may also include complaints that a covered health service procedure or item during a course of treatment did not meet accepted standards for the delivery of health care.

HEALTH CARE ADMINISTRATION:

- Administration: general mailings; web or mobile technology;
- Benefits: copays, preventive/non-preventive; pharmacy formulary;
- Claims: EOB's; Provider billing; errors;
- Membership: eligibility; enrollment errors; premiums;
- Network: clinic/hospital options; DME vendors; pharmacy options;
- Referral and Authorizations: delayed processing; denied referral.

QUALITY OF CARE COMPLAINT:

An expressed dissatisfaction regarding health care services resulting in potential or actual harm to an enrollee. Quality of care complaints may include the following; to the extent that they affect the clinical quality of health care services rendered: access, provider and staff compliance; clinical appropriateness of care; communications; behavior; facility and environmental considerations; and other factors that could impact the quality of health care services.

TECHNICAL COMPETENCE/APPROPRIATENESS:

- Appropriateness: the wrong test ordered;
- Competence: failure to refer; outside of the scope of practice, or expertise;
- Diagnosis: delayed or incorrect diagnosis; lack of thorough exam;
- Effectiveness: inadequate treatment, desired results nor obtained;
- Misadventure: procedural error; a complication from treatment.

REFERENCES:

42 CFR 482.13(a)(2) Conditions of Participation, under Patients' Rights from the Centers of Medicare and Medicaid Services.
42 CFR 438.400(b)(1) Adverse Benefits Determination, under Grievance and Appeals from the Centers of Medicare and Medicaid Services.
Quality Improvement Organization
Report Patient Saftey Complaint (Joint Commission)
Joint Commision.Org

ATTACHMENTS:

Classification for Complaints – FORM: Exhibit A
Dot Lake Village Complaint – FORM: Exhibit B
Patient Advocate Interview – FORM: Exhibit C