



Title: Feedback, Complaint and Grievance Procedures	Policy Number: EP 6.6
Regulation CMS 42 CFR 482.13 Reference:	Effective Date: 08/2025

Policy Statement:

The purpose of this policy and procedure is to ensure all individuals at Texas Tech Physicians of El Paso (TTP-EP) Clinics are treated courteously, respectfully, and according to professional standards of medical care.

This policy outlines the appropriate handling of feedback and reported concerns, complaints and grievances regarding any aspect of patient care and service. Complaints or grievances should be addressed and resolved in a timely, diplomatic, and equitable manner to allow patients, complainants, faculty, trainees, and staff to raise concerns without fear of compromising care or relationships. The feedback, complaint and grievance handling process is focused on resolution and continuous improvement.

Scope and Distribution:

This policy applies to all Texas Tech Physicians of El Paso ambulatory clinics and to complaints and concerns originating from patients, staff or practitioners. Complaints and concerns regarding Texas Tech Physicians practitioners while working at affiliated institutions will be initially handled by those institutions according to their respective Medical Staff rules.

Definitions:

1. Feedback: Procurement of patient feedback may include, but is not limited to the following methods:
 - a. Written surveys
 - b. Face-to-face interviews
 - c. Telephone surveys
 - d. Focus groups
 - e. Mystery patients
 - f. Patient letters
 - g. Patient concerns/complaints
2. Regular Complaints and concerns are those that can be resolved promptly without extensive investigation and around the time of those being communicated.
3. A grievance is a complaint or concern that falls into one of the following categories and is an alleged violation of Patient Rights, see EP 6.1:
 - a. Those made in writing including those submitted via electronic communication.
 - b. Those escalated to a higher level of authority within or outside a clinic/department or that require investigation that delays prompt resolution.
 - c. Those regarding clinical quality of patient care.
 - d. Those alleging neglect or verbal, mental, sexual or physical abuse.



Procedure:

FEEDBACK

1. Results of patient feedback programs are available to all clinics and to applicable Professional Staff Committees.
2. The Office of Quality improvement screens systematically obtained feedback for identification of concerns possibly requiring investigation.

REGULAR COMPLAINTS AND CONCERNS

1. These come directly to the clinic/department and should be resolved in the clinic/department where they originate to allow for a timely, direct response. There is no need for documentation or reporting. If the complainant cannot or wishes not to resolve the problem in the clinic/department, the information to contact the Office of Clinical Affairs is provided.

GRIEVANCES

1. Steps when received by Clinic or Department:
 - a. Complete an Occurrence Report.
 - b. The clinic/department recipient should share grievances with the clinic/department medical director/chairperson or administrator according to the nature of the complaint.
 - c. Follow the investigation and notification of resolution processes below.
2. Steps when received by the Office of Clinical Affairs:
 - a. Complete an Occurrence Report
 - b. The grievance investigation form (Attachment A) will be forwarded to the applicable party to conduct an investigation. Grievances related to practitioners will be forwarded to the respective department Chairperson and Clinic Medical Director. Grievances related to staff will be forwarded to the respective Clinic staff head and the Clinics Administrator.
 - c. The investigation form will be completed and returned to the Office of Clinical Affairs within a specified time frame.
3. Investigation Process:
 - a. Initial acknowledgment. The complainant will be notified that the grievance has been received, that it will be investigated, and that they will receive notification once the issue has been resolved.
 - b. Interview the complainant. It is critical to understand desired outcome at the outset of the investigation.
 - c. Gathering of facts. An interview process should commence to determine the scope of the problem. Parties involved in the situation will be interviewed in order to uncover the root of the problem.
 - d. Review relevant medical records
 - e. Interview staff with potential knowledge of the situation
 - f. Research applicable laws, regulations, policies, and procedures
 - g. Identify measures, including those already taken, to resolve the problem



4. Notification of resolution:

- a. It is the responsibility of the office receiving the grievance to contact the complainant and inform them of the resolution and response within seven days from the time a grievance was received.
- b. Written notice of the response decision will be issued when deemed appropriate by the Department or Office providing the response in consultation with the Office of Risk Management. Such notice will contain the name of the TTUHSC contact person, the steps taken to investigate the grievance, the results of the grievance process, and the date of completion. The response should be written in clear and easily understandable language. When specific information cannot be provided because of confidentiality issues, the response letter may read "appropriate action has been taken." If a healthcare organization receives a grievance by e-mail, the written response may be sent by e-mail. The Office of Clinical Affairs and the Office of General Counsel will assist in drafting a written response to the complainant.
- c. A complaint/grievance that involves more than one clinical department, the Office of Clinical Affairs will coordinate the response by collaborating with the involved departments and arriving at a consensus as to what resolution and response should be given.
- d. According to CMS regulations, a grievance is considered resolved when the party who filed the grievance is satisfied with the response, or when the healthcare facility has taken "appropriate and reasonable" actions to resolve the grievance even if the patient or patient's family is unsatisfied with the response.
- e. After closure of the case, if the clinic/department is contacted due to the complainant being unsatisfied with the response the contact is forwarded to the Office of Clinical Affairs.

5. Additional Internal/External notifications:

- a. Grievances dealing with clinical quality of medical care may be referred for Quality of Care Review as needed via the Office of Quality improvement.
- b. Grievances related to billing concerns will be also referred to the office of Billing Compliance.
- c. Grievances involving inappropriate or unprofessional behavior or potential physical or mental impairment by practitioner or staff will be also reported to the Office of Clinical Affairs or Human Resources as needed.
- d. Grievances about quality of care with potential institutional liability will be reported to the Office of General Counsel, and the Office of Institutional Compliance.
- e. Substantiated allegations related to, but not limited to, mistreatment, neglect or verbal, mental, sexual or physical abuse, are reported to the appropriate state authority or the local authority or both, when recommended by those offices under c and d.

6. Monitoring:

The Office of Clinical Affairs will work closely with the Office of Quality Improvement and the Office of General Counsel to track and identify trends, which may provide opportunities for improvement. These trends will be reported in quarterly reports to department leadership and applicable Professional Staff Committees.

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Signatory approval on file by: Rajiv Rajani, M.D.

Assistant Dean of Clinical Affairs

Clinic Medical Directors Committee, Chair

Texas Tech Physicians of El Paso

A handwritten signature in black ink, appearing to read 'Rajiv'.