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<th>SUBJECT:</th>
<th>EFFECTIVE DATE:</th>
<th>PREVIOUSLY ISSUED:</th>
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<td>CLIENT CONCERNS</td>
<td>7/1/14</td>
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**DISTRIBUTION:** ADMINISTRATIVE

**POLICY:** Caring Choices staff members encourage clients to express their concerns freely. Clients can be one or any of the following: patients and/or family members, doctors, hospitals, medical clinics, suppliers, vendors, other health and social service agencies.

**PURPOSE:** To ensure quality service consistent with the agency’s philosophy and the patient bill of rights.

**PROCEDURE:**

1. All agency employees shall:
   a. Listen to concerns expressed by clients.
   b. Encourage clients to contact the case managers, supervisor or the President to discuss the specific concerns.
   c. When a complaint from a client is received, a Client Concerns Form (see attached) is completed.
   d. Give information regarding expressed client concerns to direct supervisor.

2. Client Concerns Forms shall be available for all staff/volunteers for use as needed in documenting a client’s complaint.

3. The Director:
   a. Reviews completed Client Concerns Forms.
   b. Initiates problem-solving process to deal with client concerns:
      1. Informs client by phone or written letter that the client’s concern has been received.
      2. Determines exact nature of concern with client, by doing one or all of the following: by reviewing chart, speaking with employees/volunteers, speaking with client and/or other caregivers, Physician, other agencies involved with client.
      3. Assesses probable cause of client’s concern.
      4. Plans appropriate corrective action (if necessary).
      5. Implements correction action plan (if necessary).
      6. Informs client by letter that the client’s concern has been investigated and corrective action, if necessary has been implemented.
      7. Evaluates implemented corrective action plan (if necessary) to determine if client’s concern has been alleviated.
      8. Copies of all correspondence/documentation of all telephone conversations, in steps 1-7, are forwarded to the QA/UR Coordinator.
4. a. Problems identified from client concerns are referred to QA/UR Coordinator for consideration as a continuous or special performance improvement monitoring activity.

   b. The QA/UR Coordinator will prepare a quarterly summary of client complaints/concerns and actions taken. The agency shall utilize the summary as part of its quarterly utilization review/quality management and performance improvement committee report.

5. Client concerns are communicated to individuals, as appropriate, according to Policy and Procedure, Confidentiality of Quality Assurance Information, and Policy and Procedure Administrative Control.

6. Completed quality assurance activities relative to client concerns are filed in the agency’s Client Concern Quality Assurance Activity administrative file.

7. Client concern forms shall not become part of a patient’s medical record.