

MEDDAC Memorandum 40-30

Medical Services

The Patient Representative

**Headquarters
U.S. Army Medical Department Activity
Fort George G. Meade
2480 Llewellyn Avenue
Fort George G. Meade, MD 20755-5800
12 February 2004**

Unclassified

SUMMARY of CHANGE

MEDDAC MEMO 40-30
The Patient Representative

Specifically, this revision—

- o Changes para 4f(5) to read “Who the action was forwarded to.”

The revision of 3 January 2003—

- o Changes the proponent for the publication from the Performance Improvement/Risk Manager (PI/RM) to the Clinical Administrator, and throughout the publication, reassigns the responsibilities and functions formerly assigned to the PI/RM to the Clinical Administrator.
- o Has been published in a new format that includes a cover and this “Summary of Change” page.
- o Reformats the title page. The Contents section now includes the page numbers that the various chapters and paragraphs begin on.
- o Adds the following responsibilities to the list of responsibilities for the Patient Representative: Provide a report of all comments regarding privileged providers to the Credentials Coordinator for inclusion in the providers’ credentials files and consideration by the Credentials Committee; and refer all risk management cases to the Risk Manager for review by the Risk Management Committee (para 3b).
- o Makes numerous changes in policy and procedure (para 4).

Department of the Army
Headquarters
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2480 Llewellyn Avenue
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* MEDDAC
Memorandum 40-30

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FOR THE COMMANDER:

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Administration

Official:



JOHN SCHNEIDER
Adjutant

History. This is fourth revision of this publication, which was originally published on 2 September 1998.

Summary. This memorandum covers the responsibilities, policies and procedures for the Patient Representative within Kimbrough Ambulatory Care Center (KACC).

Applicability. This memorandum applies to Headquarters, U.S. Army Medical Department Activity, Fort George G. Meade (MEDDAC) (that is, KACC)).

Proponent. The proponent of this memorandum is the Clinical Administrator.

Suggested improvements. Users of this publication are invited to send

comments and suggested improvements, by memorandum, directly to the Commander, U.S. Army Medical Department Activity, ATTN: MCXR-CA, Fort George G. Meade, MD 20755-5800, or to the MEDDAC's Command Editor by fax to (301) 677-8088 or e-mail to john.schneider@na.amedd.army.mil.

Distribution. Distribution of this publication is by electronic medium only.

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* This publication supersedes MEDDAC Memo 40-30, dated 3 January 2003.

1. Purpose

This memorandum prescribes policies, procedures and responsibilities regarding a specific office designated to receive and settle patient problems and complaints concerning the delivery of health care services within KACC, and to evaluate and make recommendations regarding suggestions for improvement of the delivery of health care.

2. Explanation of abbreviations

Abbreviations used in this memorandum are explained in the glossary.

3. Responsibilities

a. *The Clinical Administrator.* The Clinical Administrator will provide the direction and support required to ensure efficient and effective operation of the Patient Representative Office at KACC.

b. *The Patient Representative.* The Patient Representative will—

(1) Receive, classify and record all comments, favorable and unfavorable, regarding the delivery of health care within KACC.

(2) Assist patients to resolve problems and/or to provide them with information concerning KACC's policies and procedures.

(3) Coordinate directly with chiefs of departments, divisions and services to resolve patients' problems.

(4) Provide input for policy and procedure updates/changes to department, division and service chiefs, or to the commander or the deputy commanders, as appropriate, in continuing efforts of performance improvement.

(5) Serve when designated on KACC or KACC participating committees which focus on patient customer issues. Such committees include the following:

(a) Risk Management Committee.

(b) Health Consumer Council.

(c) Ethics Committee.

(d) Community Action Council.

(e) Red Cross Advisory Board.

(f) Health Education/Promotion Committee.

(6) Serve as coordinator for the Hospitality Training Program.

(7) Provide a report of all comments regarding privileged providers to the Credentials Coordinator for inclusion in the providers' credentials files and consideration by the Credentials Committee.

(8) Refer all risk management cases to the Risk Manager for review by the Risk Management Committee.

4. Policy and procedure

a. All comments, whether oral or written, regarding the delivery of health care as it affects patient relations should be directed to the Patient Representative. The Patient Representative will receive, classify and coordinate all comments with the appropriate department, division and service chiefs. Problems will be resolved as quickly as possible, with feedback, as appropriate, provided to the person who submitted the comment within five working days.

b. During absences of the Patient Representative, patients' comments will be directed as

follows:

(1) During normal duty hours: To the Clinical Administrator; if the Clinical Administrator is also absent, then to the Performance Improvement/Risk Manager (PI/RM); if the PI/RM is also absent, then to the secretary to the Deputy Commander for Clinical Services.

(2) During non-duty hours: To the KACC Administrative Officer of the Day.

c. Patients are encouraged to express their concerns to those directly involved in their health care; however, if a patient appears to be hesitant and or has concerns that are of a complex nature, the Patient Representative shall be contacted for resolution.

d. Staff are encouraged to resolve patient concerns at the lowest level, and will involve the Patient Representative whenever patients' problems or concerns cannot be resolved at the department level.

e. If a patient's and or family's problems and or concerns are resolved at or below the department level, documentation of the matter will be forwarded to the Patient Representative for continuity and coordination of trends.

f. All patient and customer complaints will be logged in the Feedback Manager for Health Care System, or other approved data logging system. The following information will be used to log the complaint and to fully investigate and resolve it:

(1) Patient's full name.

(2) Sponsor's social security number.

(3) Patient's telephone number.

(4) Date and time of the incident.

(5) Who the action was forwarded to.

(6) Resolution explained.

(7) Date closed.

(8) Any other information deemed pertinent.

g. Department and or clinic chiefs will be contacted for input to resolve the problem and for suggestions to preclude recurrences. When asked for input, the chiefs will respond to the Patient Representative within two duty days.

h. Patient and customers complaints, concerns or requests for assistance will be completed and closed within three working days. The Patient Representative will contact the patient or customer by telephone or in writing, as deemed most appropriate in each situation, and provide the results of the findings. Documentation in the form of a letter or a record of telephone conversation will be maintained on file.

i. The Commander and Deputy Commander for Clinical Services will be notified in writing of all complaints, compliments and suggestions made by patients and customers.

j. For analysis and trending purposes, all compliments and complaints, including access to care, staff attitude, a patient's waiting time, information, the telephone system, Tricare, and care received will be documented and graphed for the monthly meeting of the Performance Improvement and Utilization Management Committee.

Appendix A References

Section I Required Publications

This section contains no entries.

Section II Related Publications

A related publication is merely a source of additional information. The user does not have to read it in order to understand this publication.

AR 310-50

Authorized Abbreviations, Brevity Codes, and Acronyms

Section III Prescribed Forms

This section contains no entries.

Section IV Referenced Forms

This section contains no entries.

Glossary

Section I Abbreviations

KACC

Kimbrough Ambulatory Care Center

MEDDAC

U.S. Army Medical Department Activity, Fort George G. Meade

PI/RM

Performance Improvement/Risk Manager

Section II Terms

This section contains no entries.