

**BY ORDER OF THE COMMANDER  
59TH MEDICAL WING**

**59TH MEDICAL WING INSTRUCTION 41-115**

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**Health Services**



**PATIENT ADVOCATE PROGRAM**

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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This instruction implements Air Force Policy Directive 41-1, *Health Care Programs and Resources*. This instruction establishes policies and procedures for the Patient Advocate Program at the 59th Medical Wing (MDW) and applies to all personnel assigned, attached, or on contract to the 59 MDW. This instruction does not apply to the Air National Guard, Air Force Reserve, 959th Medical Group or 359th Medical Group. The instruction is consistent with the Accreditation Association for Ambulatory Health Care. Working documents generated by this program are considered Quality Assurance documents and are exempt from discovery IAW 10 U.S.C., Section 1102. This publication requires the collection and or maintenance of information protected by the Privacy Act of 1974 authorized by 10 U.S.C. 55, *Medical and Dental Care*, and E.O. 9397 (SSN). The applicable SORN F044 AF SG D, and Automated Medical/Dental Record System is available at: <http://dpcl.o.defense.gov/privacy/SORNs/SORNs.htm>. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF Form 847, *Recommendation for Change of Publication*. Requests for waivers must be submitted to the OPR listed above for consideration and approval. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with (IAW) Air Force Manual 33-363, *Management of Records*, and disposed of IAW Air Force Records Information Management System Records Disposition Schedule.

## ***SUMMARY OF CHANGES***

This interim change revises 59 MDWI 41-115 by changing unit to clinic/section throughout the instruction. A margin bar (|) indicates newly revised material.

### **1. Objectives.**

- 1.1. Ensure patients are able to freely express issues/concerns, while providing answers as required in a timely fashion.
- 1.2. Provide a mechanism for patients to positively acknowledge the services received.
- 1.3. Provide a mechanism for 59 MDW personnel to identify potential opportunities for improvement and identify potential quality issues needing to be addressed.
- 1.4. Develop a positive rapport and improve communication between staff and patients throughout the 59 MDW.
- 1.5. Ensure organizational adherence to DoD Instruction 6000.14, *DoD Patient Bill of Rights and Responsibilities in the Military Health System*.
- 1.6. Conduct ongoing training for group patient advocate champions and senior patient advocates, clinic/section patient advocates and promote quick, effective resolution to patient concerns, at the lowest possible level.
- 1.7. Inform leadership of patient experience and trends within the 59 MDW.
- 1.8. Ensure all Clinic Patient Advocates are trained as ICE Service Provider Manager.
- 1.9. Ensure all personnel assigned to Reports + Comments Manager (RCM) on a need to know basis.

### **2. Patient Advocate Program Personnel.**

- 2.1. The **59 MDW Commander (59 MDW/CC)** will:
  - 2.1.1. Appoint, in writing, the 59 MDW Patient Advocate and 59 MDW Patient Advocate Program Manager.
- 2.2. The **59 MDW/CCES** will:
  - 2.2.1. Function as the 59 MDW Patient Advocate Program Champion.
  - 2.2.2. Meet quarterly with Group Patient Advocate Champions, Wing Program Manager, and Wing Patient Advocate to review the program's status, direction, and concerns. All issues unresolved at this meeting, will be upchanneled at the Process Improvement Committee (PIC) meeting (as required).
- 2.3. The **59 MDSS, TRICARE Operations Element Chief** will:
  - 2.3.1. Supervise the 59 MDW Patient Advocate Program Manager.
- 2.4. The **59 MDW Patient Advocate Program Manager** will:
  - 2.4.1. Manage the 59 MDW Patient Advocacy Program, working closely with the 59 MDW/CCES.
  - 2.4.2. Be a member of the PIC.

2.4.3. Brief the Experience of Care as the Action Officer.

2.4.4. Point of Contact for:

2.4.4.1. Military Training Facility Service Delivery Assessment (SDA).

2.4.4.2. Team Strategies & Tools to Enhance Performance & Patient Safety (Team STEPPS).

2.4.5. Be the main point of contact for requesting changes and addressing ICE related issues pertaining to the 59 MDW.

2.4.6. Oversee wing-level Customer Service Training at newcomers, monthly.

2.4.7. Alternate team leader for the Accreditation Association for Ambulatory Health Care Right of Patients Administration checklist/chapter.

2.4.8. Ensure primary and alternate group champions and clinic/section patient advocates are assigned.

2.4.9. Accept and facilitate resolution to both verbal and written grievances received from patients. Ensure all patient concerns are entered into ICE under the applicable clinic/section.

2.4.10. Review all concerns not resolved at the clinic/section level, processed as formal complaints, and take action to facilitate a resolution.

2.4.11. Coordinate with the 59 MDW Inspector General in responding to all Congressional Inquiries, regarding patient concerns or service issues.

2.4.12. Provide the Balanced Scorecard report, which includes SDA and ICE metrics, to the Chief, Human Relations/Strategic Management, quarterly.

2.5. The **59 MDW Patient Advocate** will:

2.5.1. Act as a Military Training Facility SDA Patient Advocate POC.

2.5.2. Compile customer experience issues/trends and report to executive management via the PIC, as required.

2.5.3. Post monthly SDA reports on status board (near main Wiford Hall Ambulatory Surgical Center Pharmacy).

2.5.4. Accept and facilitate resolutions to verbal and written grievances received from patients and other customers—internal and external. Ensure all patient concerns are entered into ICE under the applicable clinic/section.

2.5.5. Organize/Conduct quarterly Patient Advocate trainings (assisting Wing Patient Advocate Program Manager).

2.5.6. Assist with updating the Patient Advocate roster, Patient Advocate sharepoint contacts, and the 59 MDW Patient Relations SharePoint webpage (via Public Affairs).

2.6. The **Group Commanders** (excluding, 959 MDG and 359 MDG) will:

2.6.1. Appoint, in writing, the Primary and Alternate Group Patient Advocate Champions.

2.7. The **Group Patient Advocate Champion** will:

- 2.7.1. Be an Administrator (Primary) and Superintendent (Secondary) within the group, unless approval is given to another member by the group commander.
- 2.7.2. Function as the liaison between the 59 MDW Patient Advocates and the group commanders by elevating issues/concerns, as appropriate, to the Wing Patient Advocate.
- 2.7.3. Coordinate and advise their respective Group Commander on all formal complaints requiring a written response.
- 2.7.4. Assist/advise their unit/clinic advocates, when necessary.
- 2.7.5. Assist/advise their clinic advocates, when necessary.
- 2.7.6. Group Patient Advocate Champions will be given 59 MDW RCM access for oversight of respective group metrics within ICE.

2.8. The **Squadron Commander** will:

- 2.8.1. Appoint the Primary and Alternate Clinic/Section Patient Advocate for each clinic or section with direct patient care.

2.9. **The Clinic/ Advocates will:**

- 2.9.1. Be in the grade of E-5 to E-9 or O-3 and above, unless authorized by the squadron commander. This member may be from a parent organization, but must be readily available to the patient.
- 2.9.2. Familiarize themselves with the 59 MDW Patient Advocate Program.
- 2.9.3. Accept and resolve each patient's concern within their Area of Responsibility. If the member cannot resolve the issue at their level, they must coordinate with the Group Patient Advocate Champion to facilitate a resolution.
- 2.9.4. Manage patient concerns, respond to submissions on comment cards, and ICE comments received for each clinic/section.
- 2.9.5. Accept and facilitate resolution to both verbal and written grievances received from patients. Ensure all patient concerns are entered into ICE under the applicable clinic/section.
- 2.9.6. Close out all complaints received in ICE (see paragraph 3.3.3.).
- 2.9.7. Maintain their information on the 59 MDW Patient Relations SharePoint webpage and restock the section's pamphlets (as needed) with up-to-date information verified by Public Affairs and the Wing Patient Advocate Program Manager.
- 2.9.8. Ensure either the Primary or Alternate Clinic/Section Patient Advocate are available during normal duty hours. Each Patient Advocate should be available in person, by phone, via email, or pager. If for any reason, both members are temporarily unavailable issues should be addressed with the non-commissioned officer in charge or officer in charge for the respective clinic.
- 2.9.9. Post their picture, phone number, and office location in their respective unit/clinic/section.

- 2.9.10. Provide an appointment letter to the Wing Patient Advocate within 1 calendar month of assignment.
- 2.9.11. Demonstrate a good understanding of patient advocate techniques, dealing with diversity and proper telephone etiquette.
- 2.9.12. Commit to quality care, while remaining neutral, exhibiting good listening skills, being, and adhering to any promises made.
- 2.9.13. Demonstrate good verbal and written skills, in order to discuss concerns, seek resolutions by coordinating with multiple departments, and keep accurate records of each complaint.
- 2.9.14. Familiarize themselves with the Department of Defense Patient Bill of Rights and Responsibilities in the Military Health System.
- 2.9.15. Attend mandatory Quarterly Patient Advocate training.

### 3. Process for Handling Patient Concerns.

3.1. All patient concerns must be documented in writing and kept in a secure location, in order to protect the privacy of the patient filing the complaint. The information should be written into a format that can be easily tracked and maintained for data collection purposes.

3.2. Information obtained on each patient complaint should, where applicable, include: the patient's full name, beneficiary category (active duty, retired, family member, etc.), address, phone number, sponsor's social security number (last 4), email address, summary of the complaint, clinic/department or individual involved with the complaint, and any other information pertinent to the case.

#### 3.3. Reporting Methods.

3.3.1. If the patient reports **in person** with his/her concern:

3.3.1.1. Patient advocates should address the patient's concerns in a private area, free from distraction, but readily accessible for staff intervention, if a situation should arise where safety is compromised.

3.3.1.1.1. Staff and patient safety are major concerns.

3.3.1.1.2. If a staff member feels the situation or patient presents a threat to anyone, the advocate should activate their panic button (where applicable) or call the Hospital Automated Resource Protection System at 292-6070.

3.3.1.2. Have the patient put their complaint/concern in writing, or write the information for the patient and have the patient sign it, upon verification of the written information.

3.3.1.3. Clinic/Section Patient Advocates should investigate all problems thoroughly before arriving at solutions, or referring the patient's concern to the Wing Patient Advocate. Appropriate resolutions should result in the patient receiving optimum care and a follow-up to ensure satisfactory services have been rendered. Moreover, resolutions should include any facility process requiring changes to mitigate future complaints (where applicable).

3.3.1.4. These concerns must be handled within 5 duty days. All resolutions must be within the boundaries of current directives and policies governing the 59 MDW. Promises should not be made that are illegal, outside the realm of the Patient Advocate's authority, or simply unachievable.

3.3.1.5. If unable to resolve the complaint at the clinic or section level, Patient Advocates will elevate the concern through their chain of command. If the findings indicate a mistake was made, rectify the situation within the clinic or section. Concerns that cannot be resolved at this level should be forwarded to the Wing Patient Advocate. If the patient is there in person, either request the Wing Patient Advocate to come to your clinic or walk the patient to their office.

3.3.2. If the patient files a complaint **via the web page**:

3.3.2.1. A copy of the complaint is automatically emailed to the Wing Patient Advocate Program Manager.

3.3.2.2. These complaints should be acknowledged within 1 duty day and resolved within 5 duty days.

3.3.2.3. Copies of these complaints should be logged and maintained like all other patient concerns.

3.3.3. If the patient fills out a request via **ICE or comment card**:

3.3.3.1. A response is not required when a patient completes a 59 MDW Comment Card, unless the respondent specifically asks for a reply.

3.3.3.2. Each comment and/or concern must be addressed with the parties involved. As a result, actions should be taken to prevent negative occurrences in the future.

3.3.3.3.1. These complaints should be acknowledged within 1 duty day and resolved within 5 duty days.

3.3.3.3.2. Feedback and other information should be readily available, if needed, and reported to the Wing Patient Advocate.

3.3.3.3.3. Each clinic has the ability to view their statistics via ICE.

#### 4. Types of Complaints.

4.1. Inappropriate Care.

4.1.1. All patients' complaints arising from allegations of inappropriate care are considered quality assurance activities.

4.1.2. Documents arising from such an investigation are protected under Title 10 United States Code Section 1102, *Confidentiality of Medical Quality Assurance Records: Qualified Immunity for Participants*, and will be managed accordingly.

4.1.3. The Patient Advocate will immediately notify Risk Management and the Wing Patient Advocate of any such allegations. Then, they will proceed with further investigation under the guidance of the Risk Management Director.

4.2. Health Insurance Portability and Accountability Act (HIPAA) Privacy or Security.

4.2.1. If the patient wishes to file an official HIPAA privacy or security complaint, the Clinic Patient Advocate's Office is responsible for investigating all HIPAA based complaints.

4.2.2. The 59 MDW HIPAA Privacy and/or Security Officer, HIPAA consultant, and other individuals (as required) must be engaged.

4.2.3. Once a final resolution has been reached, the final disposition of the complaint will be administered by the Patient Advocate's Office. If completed by the HIPAA Office, the Advocate must ensure the final disposition has been communicated to the patient prior to closing the case.

4.2.4. The above instructions regarding the filing, investigation, and final disposition of HIPAA complaints do not interfere with an individual's right to file a complaint with the Air Force HIPAA Privacy and/or Security Officer, the TRICARE Management Activity Privacy and/or Security Officer, and/or the Department of Health & Human Services Office of Civil Rights, in accordance with DoDD 6025.18, *Privacy of Individually Identifiable Health Information in DoD Health Care Programs*.

#### 4.3. Patient Safety.

4.3.1. The 59 MDW Patient Advocate is one avenue available to patients for filing patient safety concerns/events.

4.3.2. The 59 MDW Patient Advocate will forward the patient safety concern or event, via the Patient Safety Report, to the 59 MDW Patient Safety Office.

4.3.3. The 59 MDW Patient Safety Office will investigate, monitor and provide follow-up for all patient safety concerns/events.

4.3.4. Upon completion of the investigation, the 59 MDW Patient Safety Office will provide a summary of the concern/event to the 59 MDW Patient Advocate.

4.3.5. The 59 MDW Patient Advocate will provide a written response to the patient.

### 5. Staff Recognition.

5.1. Staff recognition is a vital component of our Patient Advocate Program. If a patient reports a specific staff member has provided exceptional service, wing or clinic/section level advocates should ensure the staff member is properly recognized through the STAR award.

5.1.1. Clinic Patient Advocates must submit the completed package to the Wing Patient Advocate 3 weeks prior to the end of the quarter.

5.2. Staff recognition programs include quarterly, annual, and section-specific awards established within each section, squadron, or group. Information on civilian awards can be obtained from 59 MDWI 36-2801, *Recognition Program*.

### 6. Required Training.

6.1. At a minimum, the topics listed below will be covered during the quarterly Wing Patient Advocates meeting.

6.1.1. Telephone and age-specific courtesies.

6.1.2. Patient confidentiality.

- 6.1.3. Patient rights and responsibilities.
  - 6.1.4. Human relations, diversity, effective communication, and conflict resolution.
  - 6.1.5. Appropriate methods to handle concerns and referrals within the facility.
  - 6.1.6. Introduction/Refresher ICE system training.
  - 6.1.7. ICE Customer-Side Overview.
  - 6.1.8. Service Provider.
  - 6.1.9. Manager Roles and Responsibilities.
- 6.2. Attendance is required by one of the two Clinic/Section Patient Advocates.

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Administrator, 59th Medical Wing

**Attachment 1****GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

AFPD 41-1, *Health Care Programs and Resources*, 15 April 1994

AFI 41-210, *TRICARE Operations and Patient Administration Functions*, 6 June 2012

AFI 44-102, *Medical Care Management*, 20 January 2012

AFI 44-119, *Medical Quality Operations*, 16 August 2011

59 MDWI 36-2801, *Recognition Program*, 2 December 2011

DoD Instruction 6000.14, *DoD Patient Bill of Rights and Responsibilities in the Military Health System*, 26 September 2011

DoD Instruction 6025.18-R, *DoD Health Information Privacy Regulation*, 24 January 2003

DoD Directive 6025.18, *Privacy of Individually Identifiable Health Information in DoD Health Care Programs*, 2 December 2009

Title 10 United States Code Section 1102, *Confidentiality of Medical Quality Assurance Records: Qualified Immunity for Participants*, 7 January 2011

***Adopted Form***

AF Form 847, *Recommendation for Change of Publication*

***Abbreviations and Acronyms***

**HIPAA**—Health Insurance Portability Accountability Act

**IAW**—In Accordance With

**ICE**—Interactive Customer Evaluation

**MDW**—Medical Wing

**MDWI**—Medical Wing Instruction

**OPR**—Office of Primary Responsibility

**PIC**—Process Improvement Committee

**POC**—Point of Contact

**RCM**—Reports + Comments Manager

**SDA**—Service Delivery Assessment

***Terms***

**Advocacy**—An action facilitating resolution of a situation to the greatest mutual benefit of the patient, the service agency, the facility, and the Air Force. Note that all interests must be considered as well as prevailing rules, standards, regulations and laws. As a result, resolution of

a conflict may not necessarily be to the complete satisfaction of the complainant or the service agency.

**Patient**—Any individual who has an interaction with a clinic, ward, section or function assigned to the 59th Medical Wing.

**Service Agency**—Any clinic, ward, section or function under the direct control of the 59th Medical Wing to which patients or customers go to receive a service or product.