

Filing a Complaint With The Joint Commission

If a patient has concerns regarding quality of care, and would like to report to The Joint Commission, they may use the following methods for contact:

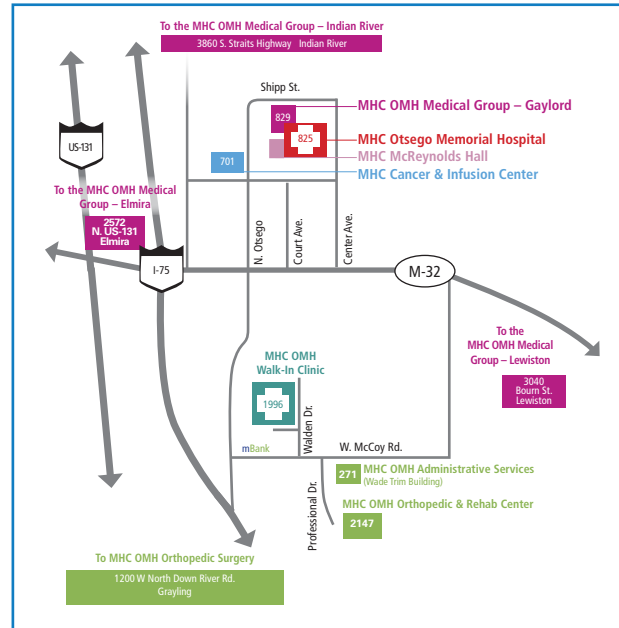
- At www.jointcommission.org, using the "Report a Patient Safety Event" link in the "Action Center" on the home page of the website.
- By fax at **630-792-5636**
- By mail at:
The Office of Quality and Patient Safety (OQPS)
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, Illinois 60181

Reports of patient safety events to The Joint Commission must include the health care organization's name, street address, city, and state.

In the course of evaluating a report, The Joint Commission may share the information with the organization that is the subject of the report. Joint Commission policy forbids accredited organizations from taking retaliatory actions against employees for reporting quality of care concerns to The Joint Commission.

Patient safety event reports can be submitted anonymously and confidentially. However, those who provide their name and contact information enables The Joint Commission to contact them for more information, if necessary, and to confirm how the report is handled.

Maps and Information



Hospital Main Switchboard **989-731-2100**

Hospital Toll Free Number **800-322-3664**

Physician Referral **989-731-2300**

 **MUNSON HEALTHCARE**
Otsego Memorial Hospital

825 North Center Avenue,
Gaylord, MI 49735
989-731-2100

munsonhealthcare.org/omh

Español (Spanish)
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **231-935-6632**.

العربية (Arabic)
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم **2366-539-132**.

Complaint Resolution

Addressing Your Concerns



 **MUNSON HEALTHCARE**
Otsego Memorial Hospital

Filing a Complaint at Otsego Memorial Hospital

Otsego Memorial Hospital has established a Patient Relations Program to provide a recognized channel through which patients, families, and visitors can voice complaints and/or concerns, and efforts can be made to investigate and resolve them in a timely manner.

All complaints and/or concerns should be directed to the Administrator on Call. If you believe you have been improperly denied services, or wish to file a complaint, please contact the Administrator on Call at **989-731-2100**. If you prefer to communicate in writing, correspondence may be directed to:

**Risk Manager
Otsego Memorial Hospital
825 N. Center Ave.
Gaylord, MI 49735**

Written correspondence may also be left at the Information Desk in the main lobby, between the hours of 8 am and 8 pm, seven days a week.

Otsego Memorial Hospital's Risk Manager is responsible for investigating complaints and resolving issues on behalf of patients and residents.

The Risk Manager can be reached at **989-731-7703**.

Filing A Complaint with the State of Michigan Department of Licensing & Regulatory Affairs

Any patient of Otsego Memorial Hospital, McReynolds Hall, or the OMH Medical Group may contact Otsego Memorial Hospital to discuss concerns related to their treatment or conditions within the facility.

Michigan law provides patients/residents with a process for reporting concerns related to an individual licensed by the State of Michigan to practice medicine, or Health Care Facilities which fail to deliver services required by law. Types of allegations investigated by the Michigan Department of Licensing & Regulatory Affairs include:

- Physical, mental or sexual abuse of a resident or patient
- Neglect of a resident or patient
- Misappropriation of property
- Failure to provide adequate care or in accordance with a physician's orders
- Unsanitary conditions
- Inadequate staffing to meet resident or patient care needs

Patients wishing to file a complaint may contact the Michigan Department of Licensing and Regulatory Affairs (LARA).

**Contact information is as follows
Complaint Hotline: 800-882-6006**

The website provides forms that can be completed online, including allegation form, treatment data form, and authorization for client information. An explanation of all required information is provided on the website:
www.michigan.gov/lara

The completed forms can be faxed to:
517-241-0093

The completed forms can be mailed to:
**Department of Licensing and
Regulatory Affairs
Bureau of Community Health Systems
PO Box 30664
Lansing, MI 48909**