



# SREE GOKULAM MEDICAL COLLEGE & RESEARCH FOUNDATION

(A UNIT OF FOUNDATION OF NON-RESIDENT INDIANS)

Recognized by National Medical Commission & Affiliated to KUHS  
Accredited by NABH



SGMCRF/C1/PGRC/2012

19/09//2024

## PROCEEDINGS OF THE PRINCIPAL

Sub: Patient Grievance Redressal Committee Re-Constituted – reg

The Patient Grievance Redressal committee is re-constituted with the following members w.e.f 17/9/2024.

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|---|----------|
| 1. Medical Superintendent   | Chairman |
| 2. Dr. Smitha Kiran, Associate Professor, Dept. of General Medicine | Convener |
| 3. Deputy Medical Superintendent                                    | Member   |
| 4. Dr. Benny P V, Professor & Head, Dept. of Community Medicine     | Member   |
| 5. Dr. Rajan, Professor, Dept. of General Surgery                   | Member   |



  
**PRINCIPAL**  
Sree Gokulam Medical College &  
Research Foundation, Venjaramoodu  
Thiruvananthapuram-695 607

# **Sree Gokulam Medical College & Research Foundation**

## **Patient Grievance Redressal Committee**

### **1. Purpose:**

The purpose of this SOP is to establish a systematic process for addressing patient grievances and facilitating their redressal at Sree Gokulam Medical. The Patient Grievance and Redressal Committee is responsible for ensuring that patient complaints and concerns are handled in a fair, transparent, and timely manner.

### **2.Scope:**

This SOP applies to all patient grievances and complaints received at Sree Gokulam Medical College and outlines the procedures to be followed by the Patient Grievance and Redressal Committee.

### **3.Committee Members:**

The Patient Grievance and Redressal Committee is composed of the following members:

1. Dr. Nandini, Medical Superintendent - Chairperson
2. Dr. Rajesh Vijayan, Deputy Medical Superintendent
3. Dr. Benny P.V, Professor & Head, Department of Community Medicine
4. Dr. Rajan, Professor, Department of General Surgery
5. Dr. Smitha Kiran, Associate Professor, Department of General Medicine - Convenor

### **4. Procedure:**

#### **4.1 Receipt of Grievances:**

4.1.1 All patient grievances and complaints shall be received by the front office or patient relations desk.

4.1.2 The front office staff shall record the details of the grievance, including the patient's name, contact information, nature of the grievance, and any relevant documentation.

#### **4.2 Review and Initial Assessment:**

4.2.1 The convenor of the committee, Dr. Smitha Kiran, shall be responsible for coordinating the initial assessment of the grievance.

4.2.2 Dr. Smitha Kiran shall review the grievance to determine its nature and severity and gather any additional information or documentation as necessary.

#### **4.3 Committee Meeting:**

4.3.1 Upon receipt of a grievance, the committee shall convene a meeting within [specify time frame, e.g., 3 working days] to review the grievance and develop an action plan.

4.3.2 The committee shall review the details of the grievance, assess its validity, and determine the appropriate course of action.

#### **4.4 Investigation and Resolution:**

4.4.1 Depending on the nature of the grievance, the committee may conduct a thorough investigation, which may include interviewing involved parties, reviewing medical records, and consulting with relevant departments.

4.4.2 The committee shall work towards resolving the grievance in a fair and timely manner, keeping the patient informed of the progress and any proposed resolution.

#### **4.5 Communication with the Patient:**

4.5.1 The committee shall communicate with the patient regarding the status of their grievance, the findings of the investigation, and any proposed solutions or actions to be taken.

4.5.2 The committee shall ensure that all communication with the patient is conducted with empathy, respect, and in a language that the patient can understand.

#### **4.6 Documentation:**

4.6.1 All grievances, investigations, and resolutions shall be documented in a secure and confidential manner.

4.6.2 The committee shall maintain records of all grievances and their outcomes for future reference and analysis.

#### **4.7 Follow-Up and Feedback:**

4.7.1 After the resolution of the grievance, the committee shall conduct follow-up with the patient to ensure that the resolution has been satisfactory and that the patient's concerns have been adequately addressed.

4.7.2 The committee shall also seek feedback from the patient regarding their experience with the grievance redressal process, with a focus on identifying areas for improvement.

#### **4.8 Reporting:**

4.8.1 The committee shall prepare regular reports summarizing the grievances received, actions taken, and outcomes achieved.

4.8.2 These reports shall be submitted to the hospital management for review and consideration, and may also be used to identify trends and recurring issues that require attention.

#### **4.9 Continuous Improvement:**

4.9.1 The committee shall regularly review its processes and procedures to identify opportunities for improvement in the patient grievance and redressal mechanism.

4.9.2 The committee shall work towards implementing improvements that enhance the effectiveness, efficiency, and fairness of the grievance redressal process.

## **5.Responsibilities:**

### **5.1 Chairperson (Dr. Nandini):**

- Provide leadership and guidance to the committee.
- Oversee the overall functioning of the patient grievance and redressal process.
- Ensure that the committee adheres to the established SOP and relevant regulations.

### **5.2 Convenor (Dr. Smitha Kiran):**

- Coordinate the initial assessment of grievances.
- Arrange and organize committee meetings.
- Ensure effective communication with the patients and other stakeholders.

### **5.3 Committee Members:**

- Participate in the review and resolution of grievances.
- Provide expert input and guidance based on their respective areas of specialization.
- Contribute to the continuous improvement of the grievance redressal process.

## **6.Training and Awareness:**

6.1 The hospital shall provide training to staff members who are involved in receiving, handling, and processing patient grievances to ensure that they are familiar with the SOP and understand their roles and responsibilities.

6.2 The hospital shall also conduct awareness programs for patients to inform them about the grievance redressal process and how they can raise their concerns effectively.

## **7. Review and Revision:**

7.1 This SOP shall be subject to periodic review and revision to ensure that it remains current and effective.

7.2 Any proposed revisions to the SOP shall be reviewed and approved by the hospital management before implementation.

## **8. Compliance:**

8.1 All staff members and stakeholders involved in the patient grievance and redressal process are expected to comply with this SOP and any related policies and procedures.

8.2 Non-compliance with the SOP may result in appropriate disciplinary action as per the hospital's policies.

This Standard Operating Procedure for the Patient Grievance and Redressal Committee of Sree Gokulam Medical College is hereby approved and effective from the date of issuance.