Complaint Investigation & Resolution

Purpose: This policy is provided as a means to receive, investigate, and resolve complaints regarding licensees falling under the purview of the Medical Control Authority (MCA).

I. Definitions:
   A. Complaint
      For the purpose of this policy, a complaint shall be defined as any notification of dissatisfaction or concern regarding medical care rendered by a MCA licensed EMS provider/agency, or any issues that involve the performance of the EMS system in whole or in part.
   B. Privileged Documents
      Privileged documents are those which are collected by the Professional Standards Review Organization (PSRO) of the MCA.
   C. Formal Inquiry
      Formal inquiry means that a complaint has been found to either be valid, or that more detailed inquiry is necessary to determine the validity of the complaint; either of which will require that the subject licensee (individual/agency) be notified of the specific complaint. A formal inquiry may involve the gathering of incident reports which provide explanations for care rendered or justification for actions, as well as subject/witness interviews. Some information gathering may not necessitate a formal inquiry.
   D. Sentinel Event
      A sentinel event is any complaint which involves at least one single level I infraction, a violation of Michigan or Federal laws, EMS rules, or 2 or more level II infractions, as described in the Medical Incident Review and Corrective Action Policy. Refer to Incident Classification Protocol.
   E. Licensee
      A licensee is defined as an individual or an agency (fire department, rescue squad, life support agency, etc.) holding a valid State of Michigan Medical First Responder, Emergency Medical Technician, Specialist, Paramedic, or agency licensed to operate within the Medical Control Authority service area. Said individual licensee shall be an employee of a provider licensed to operate within the Medical Control Authority.

II. Professional Standards Review Organization of the MCA
   A. The medical control authority shall establish a PSRO to perform its duties and functions related to complaints, investigations or quality improvement activities, both prospective and retrospective.
   B. The PSRO may be comprised of members of the board(s), MCA employees and
contract staff, EMS agency staff, hospital staff, committee members, and other designated individuals when acting on behalf of, or at the direction of the MCA when performing PSRO tasks.¹

III. Complaints Which Will be Considered

All complaints, in order to be considered for action by the MCA, shall meet the following criteria:

A. A complaint may be submitted either verbally or in writing. Hearsay or “second hand” complaints may not be accepted or investigated by the MCA.

B. The complainant must provide the MCA with his/her name, address, and telephone number. A request for anonymity by a complainant shall be honored by the MCA to the extent possible.

C. The complaint must be directed toward a licensee (individual or agency) within the MCA.

IV. Complaints That May Not Be Considered

Complaints regarding conduct of a licensee, exclusive of medical practice or actions bearing upon medical practice, shall be referred to the employer of the individual. These complaints may also be referred to the PSRO for investigation at the discretion of the MCA.

V. Complaint Delegation

A. Complaints directed toward an individual acting while employed by an agency outside of the jurisdiction of the MCA shall not be accepted or investigated but will be forwarded, or the complainant directed to, the MCA/agency under whose jurisdiction it does fall.

B. MCAs may cooperate on investigations which overlap jurisdictional boundaries. For the purposes of remediation or discipline, the MCA granting Medical Control to the provider or agency where the primary action or actions being investigated took place shall be considered the jurisdictional MCA.

C. Complaints more appropriately investigated at the agency or operational level may be turned over to the life support agency or hospital involved. Investigation results should be reported to the MCA.

VI. Receipt of Complaints

Complaints may be received at the MCA directly, at life support agencies or by individuals. Those in receipt of a complaint which involves violations of protocols, statutes, or administrative rules shall inform the MCA. The MCA will determine if further investigation is necessary.

¹ MCL §331.531, (Et Seq.)
The complainant for a case should be asked if they would like to be contacted by the agency/individual that is the subject of the complaint. This will allow the complainant the opportunity to voice a request to remain anonymous or to allow their information to be provided to the subject of the complaint.

VII. Investigation of Complaints

Once a complaint is received by the MCA, the complaint will be assigned to the PSRO. The person(s) charged with complaint investigation will gather information to determine the validity of the complaint and, if valid, will communicate with the employing agency of the subject(s) involved in the complaint. The PSRO may request copies of documents, incident reports, video and audio recordings relating to a complaint without formal notification of the complaint to the subject licensee. All requests for information will be documented in the investigation notes or with attached documentation/emails. Formal notification of the subject licensee will occur if MCA disciplinary actions or formal inquiry are indicated. A copy of the initial complaint, or a complaint summary (if the initial complainant requested anonymity), may be provided upon request.

VIII. Documentation

The documentation of the investigation of a complaint may include, but is not limited to, the following:

A. The name, address, and telephone number of the complainant (if known)
B. A copy of the stated complaint
C. The date and time of the receipt of the complaint
D. A copy of the complaint acknowledgement, if appropriate.
E. A copy of the notice to the subject licensee, if appropriate.
F. A copy of the pertinent protocol(s) and/or policy/policies.
G. Written statements of witnesses including notes from telephone interviews
H. Copies of pertinent reports, transcriptions of audio tapes; video recordings and copies of other pertinent documents or emails.

IX. General Complaint Review

The complaint review process will first seek to identify the validity of each complaint. Complaints found to be invalid will be closed as unsubstantiated; notification to the individual or the agency of the closure will only occur if prior knowledge of the complaint was provided to, or exists with, the involved individual/agency.

Complaints found to be valid, but of a minor or less severe nature may be handled in cooperation with the agency’s quality improvement personnel or management. These incidents may involve education and remediation but may not involve suspension, limitation or revocation of the individual’s or agency’s privileges to function in the MCA.
X. Sentinel Event Complaint Review

A sentinel event complaint shall be reviewed by the PSRO at a special meeting called for that purpose. Prior to a review meeting, the subject licensee shall be provided with copies of all documentation gathered regarding the complaint with the exception of any documents that would reveal the identity of an individual who requested anonymity. The licensee will be informed if documents are withheld or summarized to maintain the anonymity of an individual.

The subject licensee (individual/agency) may request a postponement, of up to thirty (30) days, of a special meeting in order to prepare his/her/their response to the complaint. The subject individual/agency must submit copies of all supporting documentation to the PSRO at least one week prior to the review meeting.

A. Attorneys and Union representatives are not permitted in PSRO case reviews without prior expressed permission of the MCA.

B. A subject licensee may bring a representative of their life support agency, such that the agency may provide guidance for the individual, and so the agency may fairly represent themselves and their policies.

C. The following steps shall be taken in the complaint review process:

1. The violation of policy or protocol shall be defined.
2. The impact on patient outcome will be evaluated.
3. The subject licensee shall be given time to speak on the issue of the complaint including the opportunity to present supporting documentation.
4. Counseling, remedial, and/or disciplinary action shall be considered and/or ordered as deemed appropriate by a majority vote of the MCA or their designated and pre-established Professional Standards Review Organization/Quality Review Committee.

D. The complainant shall, to the extent allowed under confidentiality statutes, be notified of the outcome of the complaint review process. The employer shall be notified if one of their employees has their privileges suspended or revoked.

E. If the MCA has enacted a temporary suspension, in accord with the Due Process and Disciplinary Action Policy, and the subject licensee requests a 30-day postponement, the suspension of privileges to function shall remain in place during the postponement.

F. The PSRO shall remove all the names and addresses of patients from the record before the review entity releases or publishes a record of its proceedings, or its
reports, findings, and conclusions.²

² MCL 331.533