



Policy: Serious Complaint procedure

Policy Revised Date: 10/01/2020

Purpose: To have standardized way of addressing serious complaint lodged against a Lynn Urgent Care professional staff.

Policy Guidelines:

Receipt of Complaint

Upon receipt of complaint, the center administrator must check for the following:

1. Check the timeliness of the complaint. Center staff is required to make the center administrator aware of complaints within 24 hour.
2. Verify the complaints in easily understood and that the *issue and who* at the hand is specified; What did the professional employed by Lynn Urgent Care do or fail not to do? This question must be answered appropriately within the complaint. If not, further information is necessary, and the center administrator must make an effort to receive this information from the complainant in a timely fashion; An attempt must be made within 48 hours to reach the complainant for clarification.
3. Center Administrator, functioning dually as the center's Privacy Officer, must adhere and uphold HIPAA policy and privacy standards during the life cycle of investigation and resolution. The Privacy Officer is ultimately responsible for ensuring their staff understands and adheres to all privacy practices and therefore is the authoritative party in regards to ensuring the complainant's privacy during investigation and resolution (should investigation be deemed necessary after reviewing the nature of the complaint).

Nature of Complaint

During the discovery phase, the Center Administrator and Medical Director (if the complaint involved a skilled healthcare professional or clinician) must do the following to establish whether or not the complaint require investigation:

1. All complaints must be initially reviewed to establish whether or not a violation of law or regulation possibly occurred. If there is suspicion that this may be the case, senior management from Lynn Urgent Care LLC must be involved in deeming the nature of the complaint and they are ultimately responsible for involving legal counsel, if deemed necessary.
2. If complaint is deemed a billing dispute, center administrator will refer the complaint to the appropriate billing officer. Only under the circumstance where there is a question of medical care involved will the complaint be referred back to the Medical Director.
3. The Medical Director is responsible for deciding whether or not a medical care complaint requires investigation. For example, if the medical director believes the complainant is simply making a complaint due to their belief of a poor outcome after a visit with a clinician, They are ultimately responsible for deeming whether or not the care provided followed appropriate center standard and appropriate medical standards. If the medical director believes that the care involved it follow the appropriate channels, they can deem that no investigation is necessary. Complaints regarding rude

behavior do not require investigation; However, documented conversation or written warning must occur with the Lynn Urgent Care's professionals involved within a 30 day period.

Investigation

Should the nature of the complaint deem investigation necessary, the following must be adhered to:

1. When a complaint requires further investigation, the complainant is required to make the complaint in writing (if received verbally). It will be explained to the complainant that the issue is being elevated to investigation and that in order to provide them with the outcome of the investigation, the complaint must be received in writing.
2. If the complaint involves a skilled health care professional or clinician , they must receive a copy of the complaint at this time. They are required to respond to the complaint in writing and give their written explanation to the center administrator within 72 hours. They are not permitted to contact the complainant themselves.
3. The Complaint Committee, consistence of the Center Administrator, Medical Director and senior management member of Lynn Urgent Care LLC, must review the complaint and the employee's response to the complaint.
4. Upon review, the majority vote from the Complaint Committee deems whether or not further investigation must occur. Two out of the Three committee members must decide that elevation of the complaint is necessary in order for a full investigation to be completed. If two out of the Three committee members decide that complaint of a full investigation is not necessary:
 - a. But complainant will be notified in writing that the issue was addressed internally .
 - b. There will be no verbal contact with the complainant, unless the complainant initiates verbal communication after written notification of resolution is provided to them.
 - c. Should verbal communication occur, only the Center Administrator and/or Medical Director are able to discuss with the complainant.
 - d. This issue is considered resolved at this time.
5. Should the Complaint Committee vote that a full investigation must be completed, the following will occur:
 - a. The skill health care provider or clinician will be formally interviewed by the Medical Director and Center Administrator at the same time. Notes regarding the conversation will be in written form and added the complaint's private file. The file should include the original report of complaint and the committee's reasoning as to why a full investigation must be completed.
 - b. After speaking with employee, the Medical Director and Center Administrator must decide whether or not further answers are required from the complaint. Preferably, this should be avoided. However, if necessary, to resolve the issue, contact may be made via telephone with both Center Administrator in Medical Director speaking with the complainant. No definitive statements will be made from the reviewer, only simple inquiries will be presented to the complainant during this conversation.
 - c. At this time, the Complaint Committee must speak again regarding the complaint and findings. Proper resolution must be agreed upon by the majority. Resolution may involve employee discipline, suspension or discharge. Resolution will always involve a written statement to the complainant explaining findings, when appropriate, and that the issue was resolved internally.
6. The complaint file must be closed at this time and includes all pertinent documentation.

Policy Reviewed and Approved by: Niravkumar Patel, Co-Medical Director