

SULLIVAN COUNTY PUBLIC HEALTH SERVICES
P. O. Box 590/50 Community Lane
Liberty, N.Y. 12754

PATIENT/CLIENT COMPLAINTS

<p><u>POLICY:</u> Patients and clients are provided with the opportunity to express complaints regarding treatment and care; all complaints are documented and investigated.</p> <p><u>PURPOSE:</u> To provide guidelines for receipt and resolution of complaints.</p> <p><u>RESPONSIBLE PARTY:</u> Initiating a Complaint Report: all employees Investigating a Complaint: supervisors and management-level employees</p>	<p>Original Approval: 5/90</p> <p>Reviewed: 9/99, 11/18</p> <p>Revised: 11/14, 08/16, 4/17, 6/19</p>
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APPLICABLE LAWS

10 NYCRR 763.11(a) (8)

PROCEDURE:

1. Employees are educated and instructed regarding patients' rights to grieve treatment or care.
2. During the admission process, all patients/clients are given a copy of the Patients' Bill of Rights. Staff inform all patients and clients of the procedures to file a complaint, and home care patients are given the Home Health Hotline number.
3. Employees that receive a complaint initiate the "Complaint Report" form. The employee signs the form acknowledging receipt (see attached).
4. The complaint is logged in the complaint log located in the office of the Director or Patient Services. It will indicate date of receipt and resolution (see attached).
5. Investigation of Complaints: Supervisors and management level staff to investigate complaints
 - a. Certified Home Health Agency:
The Supervising Public Health Nurse will make a home visit, if indicated, to investigate the complaint.
 - b. Other SCPHS Program Areas:
The program supervisor will conduct an investigation of the complaint.
7. Investigation and resolution of the complaint is documented in the complaint report.
8. For complaints received in writing, a written response of the investigation and resolution will be sent to the complainant. This will occur within 15 days of receipt of the complaint.
9. The supervisor responsible for investigating an oral complaint will respond in writing to the complainant if requested. This will occur within 15 days of receipt of the complaint.
10. All written responses will describe the investigation and resolution of the complaint, including all final outcomes, and will inform the complainant of their right to appeal to the agency's decision regarding the complaint and the appeal procedure.
11. Complaints will be tracked, trended, and reviewed through the Professional Advisory Committee.

Nancy McGraw, LCSW, MBA,
MPH
Public Health Director

Sullivan County Public Health Services
PO Box 590, 50 Community Lane
Liberty, NY 12754

Phone: (845) 292-5910
Fax: (845) 513-2276

Wendy Brown, RN, MS
Deputy Public Health Director
Acting Director of Patient
Services

COMPLAINT REPORT

Log # _____

Date: _____

Received Via: _____

Person Making Complaint:

Name: _____

Address: _____

If received from Home Care Services:

SOC Date _____

Diagnosis _____

Active () Discharged ()

Person Who is Subject of Complaint:

Name: _____

Address: _____

Relationship to Pt: _____

Written Response

Requested: Yes () No ()

Complaint: _____

Signature of Recipient: _____

Date of follow-up: _____

Outcome of follow-up: _____

Signature of Investigator: _____

Final Resolution of Complaint: _____

Complainant informed of the final outcomes of this investigation

Signature of DPS or Delegate: _____

