



Department of Health

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Acting Executive Deputy Commissioner

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DHDTC DAL#: 24-05
New York State Public Health Law Section 2805-t
Complaint Management and the Onsite Survey Process

Dear Chief Executive Officer:

As the Department continues to move forward with implementing Public Health Law (PHL) 2805-t and assessing compliance with the law, we wanted to provide additional information to hospitals regarding complaint management and the onsite survey process.

During the onsite survey, the Department's surveillance staff may request of the hospital:

- A private room for the survey team to review documents and hold interviews and conferences, as needed.
- A contact person who can escort surveillance team members around the hospital and who is knowledgeable about the work of the Clinical Staffing Committee.
- Meetings on the second day of the survey with all members of the Clinical Staffing Committee. There will be two meetings, one with administrative members and another one with the frontline staff members.
- A list of all patient care units with the type of service/specialty and bed capacity, and a map/schematic for planning unit tours. While on tours, the surveillance team may need a private room for staff interviews and other purposes. A break room, office, or empty patient room can be used for these interviews.
- A list of acronyms or unit nicknames that are in common use. For example, a floor named A4 would need to be defined such as Medical/Surgical Unit A located on the 4th floor. Please provide a key to understand your facility's staffing logs since acronym and nickname usage varies widely from facility to facility.
- Policies and procedures related to staffing and/or the Clinical Staffing committee, collective bargaining agreement documents, Clinical Staffing Committee meeting minutes (including reviews of staffing complaints and disposition, clinical staffing plans, etc.), and additional documentation as requested. Please note that the staffing plan, in accordance with New York State Public Health Law 2805-t(4)(a), must include specific staffing for each patient care unit and work shift and shall be based on the needs of patients. Staffing plans shall include specific guidelines or ratios, matrices, or grids indicating how many patients are assigned to each registered nurse and the number of nurses and ancillary staff to be present on each unit and shift and shall be used as the primary component of the general hospital staffing budget.

All documentation must be submitted electronically in a PDF file. Files requiring permissions or security access are not an acceptable submission. The requested documents should be provided within 72 hours of the request.

If violations are found, a statement of deficiency will detail the violations. The statement of deficiency is **not a public document** and will be provided directly to the hospital's Chief Executive Officer. The Chief Executive Officer will provide a copy to the frontline staff designate of the Clinical Staffing Committee and work with the Clinical Staffing Committee to coordinate and submit an acceptable plan of correction to the Department of Health.

- After receipt of the statement of deficiencies, the hospital will have 45 days to submit a plan of correction to the Department for review.
- The Clinical Staffing Committee, which includes representatives from hospital management and frontline staff, should collaborate to identify resolutions and develop corrective action to the deficiencies identified. The Plan of Correction should define the timeframe needed to come into compliance.

The submission of information at the request of the Department is required by New York State Public Health Law §2803(1)(a) and §2803(4).

Thank you for your partnership. Please forward any questions regarding this guidance to hospinfo@health.ny.gov.

Sincerely,

Stephanie Shulman, DrPH, MS
Director, Division of Hospitals and
Diagnostic and Treatment Centers