

Testimony to the New York City Council Committee on Criminal Justice

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April 24, 2024, Oversight – Complaint and Grievance Procedures for People in Custody

Good morning Chair Nurse and members of the Committee on Criminal Justice. I am Jeanette Merrill, Assistant Vice President of Communications and External Affairs for NYC Health + Hospitals/Correctional Health Services, also known as “CHS.” I appreciate the opportunity to speak about CHS’ processes for addressing patient complaints about the health care provided in the jails.

NYC Health + Hospitals/Correctional Health Services

CHS was established in 2016 as a new division of NYC Health + Hospitals in order to provide high-quality health care to people in the custody of the Department of Correction (DOC) – not as a contracted service but as the direct provider of care. To provide a sense of volume within our service – last calendar year, CHS provided or facilitated more than 433,600 scheduled health services to more than 26,000 patients. This includes approximately 223,000 Nursing appointments, 18,800 Medicine appointments, 105,600 Mental Health appointments, 42,400 Reentry Service appointments, 9,000 Dental appointments, 15,500 Substance Use appointments, 15,500 On-Island Specialty Services appointments, and 3,700 Off-Island Specialty Services appointments. Additionally, more than 20,000 clinical intakes were conducted at the point of admission, and there were 50,000 referred visits. CHS also provides non-scheduled health services, including injury evaluations.

CHS Health Triage Line

In addition to increasing the breadth and quality of health care provided in the jails, CHS has endeavored to improve the communication with people in custody – our patients – concerning the health services we provide. We encourage our patients to discuss their health care concerns, complaints, and requests directly with their providers during clinical encounters; however, we also recognize the importance of maintaining other pathways for patients to communicate their needs and concerns.

Accordingly, CHS developed and implemented, in early 2020, the CHS Health Triage Line to enable our patients to contact CHS directly about their non-emergency health concerns. Using their tablets or the phones in their housing areas, patients can call the Health Triage Line to speak directly and confidentially with a CHS nurse or, during off-hours, to leave a voicemail, all of which are reviewed and appropriately handled.

Last calendar year, patients made 48,622 calls to the Health Triage Line, 90 percent of which were answered live. Sixty-three percent of the total calls resulted in the Triage Nurse scheduling a clinic appointment for the patient, and 37 percent of the calls were handled administratively. If the patient calls to share a complaint or concern about the health services received in custody, CHS’ Patient Relations department will manage the inquiry.

CHS Patient Relations

CHS Patient Relations manages requests and complaints from patients, family members, attorneys, and other external parties relating to the health care CHS provides. The Patient Relations team receives these inquiries via email or phone and then determines whether the inquiry is a request for services or a complaint about services provided. Last calendar year, CHS Patient Relations received 12,998 inquiries, including 5,361 requests for health services, 4,643 complaints about health services, and 2,994 requests and complaints concerning DOC – which Patient Relations sends to DOC to address.

If the inquiry concerns a request for health services, Patient Relations contacts the clinic in the facility where the patient is housed in order to process the request. If the inquiry concerns a complaint about health services, Patient Relations assigns the case to one of its Registered Nurse (RN) Investigators. Regarding the largest categories of health care complaints that Patient Relations received last calendar year, 36 percent concerned medication, 33 percent concerned access to care, and 20 percent concerned quality of care. The 4,643 complaints were made by 2,803 unique individuals.

Patient Relations RN Investigation

After reviewing the patient's medical chart and relevant CHS policies, the RN Investigator sends a preliminary case summary to the clinical and operations teams in the relevant facility to review and to provide feedback and next steps within 48 hours. The RN Investigator follows up with the clinical team to ensure CHS has addressed the patient's concerns and to compile a preliminary investigation determination.

Following the investigation, preliminarily confirmed complaints are reviewed during Patient Relations' monthly Quality Improvement Committee meetings to make a final determination. During these meetings, an interdisciplinary team that includes staff from Medicine, Nursing, Mental Health, Pharmacy, and Operations reviews the claim, the investigative findings, and the preliminary determination. Examples of recent confirmed complaints include a patient who experienced a delay in receiving eyeglasses because the vendor did not send the order and a patient who did not receive Tylenol despite it being referenced as part of the plan of care because the provider did not submit the medication during the injury encounter.

Last calendar year, less than one percent of the 4,643 complaints about health services were clinically confirmed to be valid, meaning that the vast majority of complaints were not supported after review of the medical record and of the effect on the patient's care. For example, a patient recently issued a complaint that CHS had denied him access to dental services, but during the investigation process, the RN determined that there was an active referral for dental services in the patient's health record and the appointment was scheduled within the appropriate timeframe; therefore, the complaint was deemed unconfirmed.

Regardless of whether the Patient Relations team confirms the clinical validity of the complaint, CHS works to address every patient's complaint or concern at the facility-level. Each investigation is used to identify opportunities for improvement within CHS.

Conclusion

We recognize we have a profound responsibility - and opportunity - to care for some of the most marginalized New Yorkers while they are in the city's custody, and CHS is committed to continuing to find ways to improve the quality of the health care we provide. The mission-driven

professionals who work for CHS work each day on behalf of our patients to provide a community-standard of care despite the challenges and restrictions of a jail environment.