

## **Glossary of Terms (Definitions) & Abbreviations:**

### **A**

**Access to Care:** patients are seen by a qualified healthcare professional, receive an assessment, are rendered a clinical judgment, and receive care that is ordered, all in a timely manner.

**Activities of Daily Living (ADL's):** are defined as ambulation, bathing, dressing, feeding, and toileting.

**Administering Medications:** Administering medications (Nurse Administered Medications) is the act in which a single dose of an identified drug is given to the patient and the exchange is documented in the Electronic Health Record (EHR).

**Adult Correctional Healthcare Advisory Committee (ACHRC):** An advisory committee appointed by the Governor to review the provision of the medical, behavioral health and dental care provided for individuals incarcerated under the custody of the Delaware Department of Correction.

**Advance Directives:** Written or oral instructions which state either a person's wishes for future medical care or, in the event the person is unable to make treatment choices, a designee who will make those decisions. Advance directives can take many forms. The most common advance directives are living wills; do not resuscitate order, and durable power of attorney for health care decisions. The Department of Correction encourages the use of the Delaware Health and Human Services Division of Public Health MEDICAL ORDERS for life-sustaining treatment (DMOLST) form, but other legally recognized form(s) are acceptable.

**Adverse Clinical Event:** An adverse event occurs when there is an injury or death caused by healthcare mismanagement rather than by the patient's disease or condition.

**Aids to Reduce Effects of Impairment:** includes, but is not limited to things such as eyeglasses, hearing aids, canes, crutches, sleep apnea machines (C-PAP) and wheelchairs.

**Airborne Infection Isolation (AII):** Precaution used to protect others from an infection that can be transmitted by airborne droplets such as tuberculosis in which a negative pressure room is utilized.

**American Correctional Association (ACA):** A private, nonprofit organization that administers the only national accreditation program for all components of adult and juvenile corrections. Its purpose is to promote improvement in the management of correctional agencies through the administration of a voluntary accreditation program and the ongoing development and revision of relevant, useful standards.

**Automatic External Defibrillator (AED):** Automatic External Defibrillators are used in resuscitation efforts to treat irregular heart rhythms.

### **B**

**Bacillus Calmette-Guerin (BCG):** An immunization used in some countries to immunize against Tuberculosis (Tb) but may give a false positive Tuberculosis skin test result. BCG is not used for immunization against TB in the United States.

**Basic Life Support (BLS):** A course that familiarizes an individual with the basic life-saving skills of airway, breathing and circulation along with the use of the AED.

## C

**Certified Pharmacy Technician:** A certified pharmacy technician is a person who is certified by the Pharmacy Technician Certification Board (PTCB) or other entity approved by the Delaware Board of Pharmacy.

**Chronic Care Clinic (CC):** The Chronic Care Clinic provides on-going healthcare office visits, treatment plans, and medications to monitor and treat healthcare conditions that may or may not be curable and are managed to provide optimal functioning within any limitations the health condition imposes on the individual.

**Chronic Disease:** is a serious medical condition usually lasting more than six (6) months that requires continuous monitoring and treatment in order to prevent disease progression and deterioration of the patient's health. Chronic disease includes but are not limited to diabetes, hypertension, asthma, HIV, seizures, and mental health diagnosis.

**Clinical Encounters:** are interactions between patients and healthcare staff that involve assessment, examination, treatment, and/or an exchange of protected health information (PHI) and are usually conducted face-to-face.

**Clinical Mortality Review:** is an assessment of the clinical care provided and the circumstances/factors leading up to death.

**Clinical Performance Enhancement:** is the process of having a health professional's work reviewed by another professional of at least equal training in the same general discipline, such as a review of the facility's physician by the responsible physician. Sometimes referred to as Peer Review.

**Clinical Seclusion:** is a therapeutic intervention initiated by medical or behavioral health providers to use rooms that are designed to safely limit a patient's mobility. Communicable disease isolation is not considered seclusion for purposes of this definition.

**Clinical Setting:** refers to an examination or treatment room appropriately supplied and equipped to address an individual's healthcare needs.

**Clinically Ordered Restraints:** is a therapeutic intervention initiated by medical or behavioral health staff to implement devices designed to safely limit a patient's mobility.

**Collaborative Agreement:** Written agreement between a supervising site physician and an Advance Practice Registered Nurse (APRN)/Nurse Practitioner or Physician Assistant. To practice in Delaware, APRNs are required to have a collaborative agreement at each individual business/practice where they will be practicing. APRNs practice under their own license and not that of the supervising physician's license. A Collaborative Agreement is required only if they have practiced as an APRN less than 2 years or fewer than 4,000 hours. The APRN must maintain a collaborative agreement until they have practiced

as an APRN for at least 2 years and at least 4,000 hours.

<https://dpr.delaware.gov/boards/nursing/apnlicense/>

[https://dprfiles.delaware.gov/nursing/Collaborative\\_Agreement\\_Info.pdf](https://dprfiles.delaware.gov/nursing/Collaborative_Agreement_Info.pdf)

**Comprehensive Health Summaries:** Are documents containing relevant health information including medical, dental, and behavioral health diagnoses, medications, significant chronic conditions, allergies, and pending health referrals.

**Co-Occurring Disorders (COD):** Co-Occurring disorders refers to the coexistence of mental health and substance use disorders.

**Confidentiality:** Confidentiality of healthcare records and discussion of individuals' healthcare as part of the Bureau's peer review process is maintained pursuant to Title 24, Delaware Code § 1768. This process may also be covered by other state and federal laws, such as the quality assurance privilege. Accordingly, the records and proceedings of the committees involved in the peer review process are confidential and may be used by the committee and the members thereof only in the exercise of the proper functions of the committee. Confidentiality of information will be consistent with Title 16, Chapter 12 and any other applicable state and federal laws.

**Continuous Quality Improvement (CQI):** Structured process designed to continuously improve health care services by identifying problems, implementing and monitoring corrective actions, and assessing their effectiveness.

**Controlled Substance Registration (CSR):** a registration that the State of Delaware Division of Professional Regulation issues that allows a clinician to prescribe Controlled Substances.

**Controlled Substances (C/S):** Medications that come under the jurisdiction of the federal Drug Enforcement Agency (DEA) and the Controlled Substances Act.

**Credentialing:** The process of reviewing and approving specific healthcare staffs' education, training, experience, licensure, and certifications in order to ascertain that they are legally permitted to perform their duties. If it is determined they have the appropriate training, etc., a letter granting credentialing privileges is provided to each healthcare staff requiring credentialing.

**Custody Ordered Restraints:** measures or conditions initiated and applied by custody staff that keep offenders under control.

## D

**Delaware Automated Correctional System (DACs):** A State of Delaware computer system containing security information concerning sentencing, housing, and programming.

**Discharge Plan:** A written action plan or detailed instructions given to the offender upon release to establish continuity of care with medical, behavioral health, and other identified community-based resources. It includes information on obtaining post release services, re-entry service provider contact information, patient care instructions, prescribed medication and side effects, and a list of appointments for follow-up care.

**Discharge Planner:** Discharge Nurse, Health Coach or any other staff with offender discharge responsibilities.

**Discharge Planning:** The process through which the Department of Correction supports the return of individuals to their community by making a positive hand-off to the medical and behavioral health providers the offender would need to follow-up with after release. The strategy used to facilitate the development of a definite course of action from one health care setting to another, or to home. It is a multidisciplinary process facilitated by the Discharge Planner in collaboration with the DOC Counselor with involvement from medical, behavioral health providers, and other treatment professionals to enhance continuity of care. The process begins upon admission.

**Diversion:** any intentional disruption of a drug's path that reroutes it from its intended use. Examples include, but are not limited to the following:

- Theft
- Sharing or selling of medication
- Stockpiling for later use or at a higher dose
- Taking it in a way other than prescribed—snorting or injecting, for instance
- Failing to store it properly, leading to loss, theft or misuse by another person

**DMOLST form:** The Delaware Health and Human Services Division of Public Health MEDICAL ORDERS for life-sustaining treatment (MOLST) form used to document Advanced Directives.

**Do Not Resuscitate (DNR):** Do not resuscitate is a type of advance directive, see advance directive.

**Doula:** A doula is a trained person who provides emotional, physical, and or information support to a pregnant woman before, during, and after delivery of a child. They are not a medical professional. Doula services may include the following:

- Support and assistance during labor and childbirth,
- Prenatal and postpartum education,
- Breastfeeding assistance and lactation support,
- Parenting education,
- Support in the event that woman has been or will become separated from their child.

**Drug Enforcement Agency Registration (DEA):** A Federal Agency that issues registrations allowing a clinician to prescribe Controlled Substances and regulations surrounding the prescribing, dispensing, and management of controlled substances.

**Durable Power of Attorney (POA):** A durable power of attorney for health care decisions allows a person to designate an individual to make health care decisions any time the person is unable to make health care decisions.

## E

**Ectoparasites:** Are parasites that live on the skin (e.g. pediculosis and scabies). They are communicable and may lead to secondary infections.

**Educational Commission on Foreign Medical Graduates (ECFMG):** An organization that evaluates the qualifications of international medical graduates and issues a certificate that the individual meets the minimum qualifications to apply for a state license to practice medicine.

**Emergency Care:** Care for an acute illness (medical, dental, or mental health) or an unexpected health need that cannot be deferred until the next scheduled sick call or clinic times.

**Extraordinary Circumstances:** circumstances exist that present an immediate and serious threat of harm to themselves, staff, or others, or a substantial flight risk that cannot be reasonably be contained by any other means.

## F

**Facility Staff:** means security, healthcare, and civilian employees at a facility.

**Family Services Coordinator:** A State of Delaware employee of the Commissioner's Office, Department of Correction, who serves as the liaison between family, attorneys, etc. requesting Personal Protected Information of an offender (may include Protected Health Information – or PHI).

**Forensic Information:** physical or psychological data collected from an individual that may be used in disciplinary or legal proceedings.

**Formulary:** A written list of prescription and non-prescription medications that are ordinarily available to be prescribed by authorized (see credentialing) prescribers working in the facility.

## H

**Health Assessment:** a process whereby an individual's health status is evaluated, including inquiring about the individual's symptoms. The extent of the health assessment is defined by the responsible physician in accordance with NCCHC standard E-04 Initial Health Assessment.

**Health Care:** is the sum of all actions, preventative and therapeutic, taken for the health and well-being of a population. Health care includes medical, dental, behavioral, nutrition, and other ancillary services, as well as maintaining clean and safe environmental conditions.

**Health Care Request:** also known as a sick call request, is an oral or written request for medical, dental, or behavioral health services. Not every written request is a health care request requiring a face-to-face encounter.

**Health Education:** information on preventing illness and maintaining a healthy lifestyle.

**Health Services Administrator (HSA):** A contracted employee who by education, experience, or certification is capable of assuming responsibility for arranging for all levels of health care and ensuring quality and accessible health care services are available for all offenders.

**Health Staff:** includes full-time, part-time, and per diem qualified health care professionals as well as administrative and support staff.

**HIPAA:** The Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, by which the Federal Department of Health and Human Services defines the *Standards for Privacy of Individually Identifiable Health Information*.

**Hospice Care:** Care designed to give supportive care to an individual in the final phase of a terminal illness and focuses on comfort and quality of life, rather than cure. The goal is to enable the individual to be comfortable and free of pain, so that they live each day as fully as possible.

**Hunger Strike:** A behavior of an individual in which they refuse or restrict food and/or nutritional liquids in order to achieve a personal goal. Restricting food or fasting during religious holidays is not considered a hunger strike unless the behavior extends past the religious timeframe. [A person who has an Advance Directive of a Do Not Resuscitate (DNR) will have that decision honored if they decide that no longer wish to take food or liquids consistent with his Advance Directive].

## I

**iCHRT:** The Electronic Health Record (EHR) utilized by the Delaware Department of Correction.

**Impairment** - a condition which renders a healthcare professional unable to practice with reasonable skill or safety. Impaired professionals are not only at risk of causing harm to individuals receiving services but are also at risk of causing significant personal endangerment. Impairments may include but are not limited to the following: drug abuse, alcohol abuse, and/or mental or physical conditions that impede the individual's ability to practice with reasonable skill and safety.

**Independent Review:** the assessment of a health professional's compliance with discipline-specific and community standards. This review includes an analysis of trends in a practitioner's clinical practice.

**Infirmity Level of Care:** care provided to individuals with an illness or diagnosis that requires daily monitoring, medication and/or therapy, or assistance with activities of daily living at a level needing skilled nursing intervention.

**Institutional Grievance Chair (IGC):** The person at each facility who receives incarcerated individuals' grievances, screens the grievances for emergency versus routine grievances, inputs the data into the Delaware Automated Correctional System (DACCS) and forwards the grievance to the next appropriate reviewer.

**Institutional Record:** The record maintained by the Department of Correction which does not include the health record.

**Intra-System Transfers:** Transfers of offenders among DDOC facilities.

## K

**Keep on Person (KOP) Medications:** Medications that are prescribed by a DEDOC credentialed provider in which the individual administers the medication to themselves based on the prescription.

## L

**Latent Tuberculosis Infection (LTBI):** Latent tuberculosis is a condition in which a person has been in close contact with someone with active tuberculosis and has had an immune response from that contact resulting in a positive skin test. LTBI is not active tuberculosis and is not infectious. There is a potential danger that someone with LTBI could progress to active disease, so antibiotics are commonly prescribed to reduce this potential progression.

**Long-Term Care:** When a patient is no longer able to perform basic activities (such as dressing, bathing or feeding themselves), a long-term care provider may be involved to improve the patient's quality of life. Long-term care is most often provided to seniors who may have trouble getting around or may be dealing with medical problems that prevent them from caring for themselves. In these cases, patients may receive long-term care by moving to a care facility or by having long-term care providers visit them at home.

Although most commonly utilized by seniors, long-term care can be provided to people of all ages and backgrounds. Some examples of the types of services offered in long-term care include:

- Home health care
- Personal care (dressing, feeding and personal hygiene support)
- Adult daycare

## M

**Man-Down Drill:** a simulated healthcare emergency affecting one individual who needs immediate attention. It involves life-threatening situations commonly experienced in correctional settings. [An actual emergency can be used in place of a drill]

**Mass Disaster Drill:** a simulated emergency potentially involving mass disruption and multiple casualties that require triage by health staff. It frequently involves a natural disaster (e.g., tornado, flood, earthquake), and internal disaster (e.g., riot, arson, kitchen explosion), or an external disaster (e.g., mass arrests, bomb threat, power outage).

**Medical Clearance:** a documented clinical assessment of medical, dental, and behavioral health status before an individual is admitted to the facility. The medical clearance may come from on-site health staff or may require sending the individual to the hospital emergency department.

**Medical Diets:** modified diets ordered for temporary or permanent health conditions; they modify the types, preparation, and/or amounts of food. Examples include diabetic/consistent carbohydrate, low sodium, low fat, celiac, renal, soft, liquid, pregnancy, and nutritional supplementation.

**Medical Isolation:** housing in a separate room with a separate toilet, hand-washing facility, soap, and single-use towels, and with an appropriate accommodation for showering. Typically used to prevent the spread of an infection.

**Medical Screening:** a component of a medical surveillance program with an emphasis on clinical preventive activities. It is focused on identifying effects of exposures in specific individuals and then preventing or reducing sequelae.

**Medically Assisted Withdrawal (MAW):** formerly known as detoxification, and otherwise known as Medically Supervised Withdrawal, is the gradual reduction or tapering of medications over time under the supervision of a provider to properly manage and substantively mitigate the symptoms of withdrawal. Its purpose is to reduce or eliminate physiologic dependence on substances. Medically supervised withdrawal may be either voluntary or involuntary.

**Medication-Assisted Treatment (MAT):** is the use of medications in combination with counseling and behavioral therapies to provide a holistic approach to the treatment of substance use disorders.

**Medication:**

**Accounting:** the act of recording, summarizing, analyzing, verifying, and reporting medication usage.

**Administering:** the act in which a single dose of an identified drug is given to an individual.

**Dispensing:** the placing of one or more doses of a prescribed medication into containers that are correctly labeled to indicate the name of the individual, the contents of the container, and other vital information.

**Disposing:** is the destruction of medication after its expiration date or when retention is no longer necessary or suitable.

**Distribution:** the system for delivering, storing, and accounting for medications from the source of the supply to the nursing station or point where they are administered to the patient.

**Procuring:** is the act of ordering medications for the facility.

**Mental Disorder:** see Mental Illness

**Meritorious Good Time:** Can be earned for satisfactory participation in approved DDOC programs. These are days that can reduce an individual's sentence.

**Mental illness:** also referred to as mental health disorders, or mental disorders. Refers to a wide range of mental health conditions or disorders that affect mood, thinking and behavior. Examples of mental illness include depression, bipolar disorder, anxiety disorders, schizophrenia, post-traumatic stress disorder and substance use disorders.

**Mid-Level Provider:** Advanced Practice Nurse Practitioners and/or Physician Assistants who have a defined clinical supervisor in accordance with the State of Delaware Division of Professional Regulation rules and regulations.

**Midwife:** A midwife is a trained, licensed, or certified health professional who helps healthy women during labor, delivery, and after the birth of their babies.

**Morbidity and Mortality Review (M&M):** An assessment of the clinical care provided and the circumstances leading up to a death or incident of suicidal self-directed violence. The purpose is to look for opportunities for preventing future incidents and improving care.

## N

**National Clinical Practice Guidelines:** Guidelines promulgated by national professional organizations and accepted by experts in the respective medical field.

**National Practitioner Database (NPDB):** A web-based repository of reports containing information on medical malpractice payments and certain adverse actions related to health care practitioners, providers, and suppliers that prevents practitioners from moving state to state without disclosure or discovery of previous damaging performance.

**NCCHC:** National Commission on Correctional Health Care is the accreditation body for correctional health care (medical, dental, and behavioral health) delivered in jails and prisons throughout the United States.

**Near-Miss Clinical Event:** an error in clinical activity without a consequential adverse outcome to the individual receiving care.

**Non-Mentally Ill (NMI):** The individual has not been screened or evaluated as experiencing the following:

- Current mental illness
- History of mental illness
- Significant distress or disability in social, occupational, or other important activities of living.

**Non-Minimal Risk for Tuberculosis:** The Centers for Disease Control and Prevention (CDC) has developed criteria to estimate the risk of being exposed to active tuberculosis and published the criteria in *CDC MMWR 55(RR09); 1-44*. They have determined that prisons are generally characterized as a “non-minimal risk”, i.e. that there is some additional risk as compared with the risk of being exposed to active tuberculosis through the general public.

**Nursing Assessment:** an assessment that is conducted a minimum of once per shift for patients receiving infirmary-level care. This is otherwise known as a head-to-toe assessment and generally includes the following:

- General status
- Vital Signs
- Head, ears, eyes, nose, throat
- Neck
- Respiratory
- Cardiac
- Abdomen
- Pulses
- Extremities
- Skin
- Neurological
- Inquiries about level of pain
- Inquiry about last bowel movement

**Nursing Assessment Protocols:** written instructions or guidelines that specify the steps to be taken in evaluating an individual's health status and that guide documentation in the electronic health record (EHR). Such protocols may include first-aid procedures for the identification and care of ailments that ordinarily would be treated by an individual through self-care. They may also address more emergent symptoms such as chest pains or shortness of breath. They provide a sequence of steps to be taken to evaluate and stabilize the individual until a provider is contacted and orders are received for further care.

**Nursing Rounds:** See also "Rounds"

**Nutritionally Adequate Diets:** incorporate current American Heart Association diet and lifestyle recommendations and U.S. Department of Agriculture (USDA) dietary guidelines, consistent with the current Dietary Reference Intakes for age, gender, activity levels of the population.

## O

**Oral Care:** includes instruction in oral hygiene, examination, and treatment of dental problems. Instruction on oral hygiene minimally includes information on plaque control and the proper brushing of teeth.

**Oral Examination:** completed by a dentist and includes the taking of or reviewing the individual's oral history, and extraoral head and neck examination, charting of teeth, periodontal assessment, and examination of the hard and soft tissue of the oral cavity with a mouth mirror, explorer, and adequate illumination.

**Oral Screening:** includes visual observation of the teeth and gums, and notation of an obvious or gross abnormalities requiring immediate referral to the dentist.

**Oral Treatment:** includes the full range of services that in the supervising dentist's judgment are necessary for maintaining the individual's health.

## Orientation

**Basic Orientation:** provided on or before the first day of on-site service, includes information necessary for the health staff member to function safely in the facility. At a minimum, this addresses relevant security and health services policies and procedures, response to facility emergency situations, the staff member's functional position description, and appropriate offender/staff relationships/interactions.

**In-depth orientation:** includes a full familiarization with the health services delivery system and focuses on the similarities and difference between providing health care in the community and in a correctional setting. At a minimum, this includes all health services policies and procedures not addressed in basic orientation, health and age-specific needs of the offender population, infection control including the use of standard precautions, and confidentiality of records and health information. The content may vary depending on the roles and responsibilities of the new staff member.

## P

**Palliative Care:** Care that is specialized for individuals living with a serious illness. This type of care is focused on providing relief from the symptoms and stress of the illness. The goal is to improve quality of life for the individual. Palliative Care is based on the needs of the individual, not on the individual's prognosis. It is appropriate at any age and at any stage in a serious illness, and it can be provided along with curative treatment.

**Patient Safety Systems:** are practice interventions designed to prevent adverse or near-miss clinical events.

**Peer Review:** see also Clinical Performance Enhancement.

**Pharmacy and Therapeutics Committee, P&T:** A Bureau of Health, Substance Abuse, and Mental Health Services (BHSAMH) Committee that reviews the pharmaceutical operations of the facilities, costs of medications, and the medication formulary to maximize the benefits of medication prescribing in a cost effective manner.

**Physical Examination:** is an objective, hands-on evaluation of an individual. It involves the inspection, palpitation, auscultation, and percussion of the individual's body to determine the presence or absence of physical signs of illness.

**Policy:** is a statement of the official position on an issue related to the operation of a facility.

**Postpartum Care:** includes the examination at 2 weeks after a cesarean delivery, 6 weeks after a vaginal delivery, or as specified by hospital staff. It addresses symptoms of breast engorgement and perineal or postoperative pain, provides lactation support for breastfeeding women, and includes screening for postpartum depression and discussion of family planning. The postpartum period is the first 6 weeks after delivery.

**Prescriber:** is defined as a Physician, Nurse Practitioner, Physician Assistant, Dentist, or Optometrist or other healthcare staff member who by virtue of their license are permitted to prescribe medications to an individual. In order to prescribe in a DDOC facility, a prescriber must be credentialed in accordance with the BHSAMH policy on credentialing.

**Preserving Physical Evidence:** For the purposes of responding to sexual abuse, means that such evidence is not contaminated or destroyed. It does not mean collecting or handling physical evidence.

**Procedure:** describes in detail, sometimes in sequence, how a policy will be carried out.

**Provider:** Is a healthcare professional who is responsible for delivering healthcare to individuals in the custody of the DDOC. Examples include, but are not limited to a Physician, Physician Assistant, Nurse Practitioner, Dentist, Optometrist, Podiatrist, Psychiatrist, Psychologist, and/or Licensed Mental Health Clinician.

**Psychiatric Close Observation (PCO):** A process of observing and monitoring an individual who is exhibiting signs of or is at risk of suicidal, or non-suicidal, self-directed violence. PCO may also be used to monitor an individual experiences decompensation as a result of a behavioral health condition.

**Psychological Autopsy:** Is a written reconstruction of an individual's life with an emphasis on factors that led up to and may have contributed to a death from suicide. It is usually conducted by a psychologist or other qualified mental health professional that is not involved in the care of the deceased. Sometimes referred to as a psychological reconstruction or postmortem.

## Q

**Qualified Health Care Professionals:** include physicians, physician assistants, nurse practitioners, nurses, dentists, mental health professionals, and others who by virtue of their license, education, credentials, and experience are permitted by law to evaluate and care for patients.

**Qualified Mental Health Professionals (QMHP):** include psychiatrists, psychologists, nurse practitioners, licensed psychiatric social workers, psychiatric nurses, and licensed professional counselors who by virtue of their license, education, credentials, and experience are permitted by law to evaluate and care for mental health patients.

**Quality Improvement Committee:** consists of health staff from various disciplines (e.g., medicine, nursing, behavioral health, dentistry, health records, pharmacy, laboratory, custody staff). The committee designs quality improvement monitoring activities, discusses the results, and creates and implements corrective actions. Additional participants may be included, depending on the issues being addressed.

### Quality Improvement Studies:

**Outcome Quality Improvement Studies** examine whether expected outcomes of care were achieved by:

1. Identifying an individual's clinical care problem (e.g., poor asthma control, poor diabetes control, high volume off-site visits)
2. Determining a threshold based on the problem identified
3. Conducting a baseline study
4. Developing and implementing a clinical corrective plan
5. Restudying the problem to assess the effectiveness of the corrective action plan

**Process Quality Improvement Studies** examine the effectiveness of the health care delivery process by:

1. Identifying a health system concern (e.g., delayed sick-call appointments, discontinuity of medications, lack of follow-up on abnormal lab values)
2. Conducting a baseline study (e.g., task analysis, root cause, staffing plan)
3. Developing and implementing a clinical corrective plan
4. Restudying the problem to assess the effectiveness of the corrective action plan

## R

**Reasonable Supply:** includes a combination of medications and prescriptions to allow the individual time to arrange for follow-up in the community.

**Receiving Screening:** is a process of structured inquiry and observation intended to identify potential emergency situations among new arrivals and to ensure that individuals with known illnesses and those on medications are identified for further assessment and continued treatment.

**Red Book:** The bound book in which receipt, administration, transfer or destruction of DEA Controlled Substances is documented.

**Registered Dietician Nutritionist (RDN):** is a term adopted by the Commission on Dietetic Registration for optional use by registered dietitians and is equivalent to the “registered dietitian” designation still in use.

**Responsible Health Authority (RHA):** is a designated entity that is tasked with ensuring the organization and delivery of all health care in each facility. The Bureau of Health, Substance Abuse, and Mental Health Services (BHSAMH) is the designated Responsible Health Authority for the Delaware DOC.

**Responsible Physician:** The contracted provider shall have a statewide medical director (MD or DO) who will have the final authority at all facilities regarding clinical issues.

**Risk Needs Responsivity (RNR):** The Eight Principles of Evidence Based Practices:

1. Assess actuarial risk and needs
2. Enhance intrinsic motivation
3. Target interventions to criminogenic risk and needs; being responsive to motivation, culture, learning style, gender
4. Skill train with directed practice
5. Increase positive reinforcement
6. Engage ongoing support in natural communities
7. Measure relevant processes/practices
8. Provide measurement feedback

#### **Rounds:**

**Nursing Rounds:** a process where healthcare staff see patients that are receiving infirmity-level care. During this process the healthcare staff should ask the patient about their pain level, comfort level, bathroom needs, etc.

**Provider Rounds:** a process where a healthcare provider (MD/DO, PA, NP) sees patients that are receiving infirmity-level of care. During this process the provider should conduct an assessment that addresses the relevant healthcare condition(s) for each patient.

## **S**

#### **Security Staff:**

Includes all line staff as well as administrative staff.

**Screening for Intellectual Functioning:** includes inquiry into history of developmental and educational difficulties and, when indicated, referral for application of standardized psychological intelligence tools.

**Segregated** offenders are those that are identified by security and isolated from the general population and who receive services and activities apart from other incarcerated individuals. Facilities may refer to such conditions as administrative segregation, protective custody, or disciplinary segregation.

**Solitary Confinement** (NOTE: The DEDOC does not utilize Solitary Confinement as it is defined here) Solitary Confinement, otherwise referred to as isolation, is an extreme form of segregation

where an offender is isolated and encounters staff or other offenders fewer than three times a day.

**Segregation:** is the confinement of an offender to an individual cell separated from the general population. There are three forms of segregation: administrative segregation, disciplinary detention, and protective custody.

**Administrative Segregation:** a form of separation from the general population administered by the classification committee or other authorized group when the continued presence of the inmate in the general population would pose a serious threat to life, property, self, staff, or other inmates or to the security or orderly running of the institution. Inmates pending investigation for trial on a criminal act or pending transfer also can be included.

**Disciplinary detention** – a form of separation from the general population in which inmates committing serious violations of conduct regulations are confined by the disciplinary committee or other authorized group for short periods of time to individual cells separated from the general population. Placement in detention only may occur after a finding of a rule violation at an impartial hearing and when there is not an adequate alternative disposition to regulate the inmate's behavior.

**Protective custody** – form of separation from the general population for inmates requesting or requiring protection from other inmates for reasons of health or safety. The inmate's status is reviewed periodically by the classification committee or other designated group.

**Segregation Unit:** a housing section that separates offenders who threaten the security or orderly management of the facility from the general population.

**Self-Care:** refers to care for a condition that can be treated by the individual and may include over-the-counter medications.

**Self-Directed Violence:** Behavior that is deliberate that results in injury or the potential for injury to oneself. Self-directed violence is categorized into the following:

**Non-Suicidal Self-Directed Violence** behavior that is self-directed and deliberately results in injury or the potential for injury to oneself.  
There is no evidence, whether implicit or explicit, of suicidal intent.

**Suicidal Self-Directed Violence** is behavior that is self-directed and deliberately results in injury or the potential for injury to oneself.  
There is evidence, whether implicit or explicit, of suicidal intent

Undetermined self-directed violence is behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Suicidal intent is unclear based on the available evidence.

Crosby, A., Ortega, L., & Melanson, C. (2011, February). *Self-directed violence surveillance: Uniform definitions and recommended data elements* (Version 1.0). National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. <https://stacks.cdc.gov/view/cdc/11997>

**Self-Medication Programs:** known by the term Keep-on-Person (KOP) medication program permits responsible individuals to carry and administer their own medications per prescriber's orders.

**Serious Mental Illness (SMI):** includes offenders diagnosed with the following:

- Schizophrenia
- Delusional Disorder
- Schizophreniform Disorder
- Schizoaffective Disorder
- Brief Psychotic Disorder
- Substance-Induced Psychotic Disorder (excluding intoxication or withdrawal)
- Other Specified Psychotic Disorder
- Major Depressive Disorder
- Bipolar I, II Disorder
- Other Specified Bipolar Disorder
- Anyone who has **Significant Functional Impairment (SFI)** due to their mental health (including severe Personality Disorders, Intellectual Disability, Autism Spectrum Disorder), defined as:
  - Self-directed violence (i.e., cutting, head-banging, suicide attempts, self-strangulation, self-mutilation, swallowing foreign bodies, etc.)
  - Demonstrated difficulty in his or her ability to engage in activities of daily living (i.e., eating, grooming, participation in recreation, etc.)
  - Demonstrated a pervasive pattern of dysfunctional or disruptive social interactions (i.e., social isolation, bizarre behavior, disruptive behavior, etc.).

(Disability Law Center, Inc. v. Massachusetts Department of Correction, et. al., Civil Action No. 07-10463)

**Sexual Abuse:** is an unwanted sexual act that is coercive or assaultive in nature, and that occurs with or without the use or threat of violence.

**Sheltered Housing:** as opposed to infirmary or observation beds, provides a protective environment that does not require 24-hour nursing care. The beds can be in the infirmary itself or in other designated areas (e.g., where hospice-level care or step-down or traditional mental health care is provided).

**Significant Functional Impairment:** is clinically significant distress or impairment in social, occupational, or other important areas of functioning as long as the degree of limitation is such as to interfere seriously with one's ability to function independently, appropriately, effectively, and on a sustained basis. This may include the following four areas: activities of daily living, social functioning, concentration, persistence or pace, and episodes of decompensation.

**Site-Specific Procedure:** Site-specific procedures describe in detail how a department or bureau policy is to be implemented at a specific facility. The site-specific procedure should be sufficiently detailed to allow a new employee to understand how to perform the duties of a specific area.

**Special Needs Patients:** are those with health conditions (to include physical and behavioral health disabilities) that require development of an individualized treatment plan for optimum care.

**Specialty Care:** is specialist-provided health care (e.g., nephrology, surgery, dermatology, and/or orthopedics)

**Standard Precautions:** Are a set of infection control practices used to prevent transmission of diseases that can be acquired by contact with blood, body fluids, non-intact skin (including rashes), and mucous membranes.

**Staffing Plan:** a plan that lays out the full-time equivalent staff coverage required, lists current incumbents and vacancies, and addresses how full coverage will be accomplished if all positions are not filled (e.g., use of agency, temporary, or part-time staff).

**Standard Precautions:** The minimum infection prevention practices that apply to all care, regardless of suspected or confirmed infection status of the individual, in any setting where health care is delivered. These practices are designed to both protect DHCP and prevent DHCP from spreading infections among individuals receiving care. Standard Precautions include:

- Hand hygiene.
- Use of personal protective equipment (e.g., gloves, masks, eyewear).
- Respiratory hygiene / cough etiquette.
- Sharps safety (engineering and work practice controls).
- Safe injection practices (i.e., aseptic technique for parenteral medications).
- Sterile instruments and devices.
- Clean and disinfected environmental surfaces.

### **Suicidal Attempt**

A non-fatal self-directed potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury.

## **T**

**Thresholds:** are the expected level of performance) of aspects of health care) established by the quality improvement committee.

**Transgender:** An umbrella term for people whose gender identity and/or gender expression differs from what is typically associated with the sex they were assigned at birth.

**Treatment Plan:** A series of written statements specifying an individual's planned course of therapy and the roles of qualified health care professionals in carrying it out.

**Treatment Review Committee (TRC):** In select cases when an individual refuses medical treatment and there is a risk for injury or harm to self or others, a Treatment Review Committee (TRC) may be convened to consider non-emergency forced medication. In addition, a TRC may be convened to determine if it is in the best interest of the individual a transfer to the Delaware Psychiatric Center.

**Tuberculin Skin Testing (TST):** A diagnostic test used to diagnose Latent Tuberculosis Infection (LTBI) consisting of injecting a small amount of Purified Protein Derivative (PPD) of tuberculin into the upper layer of the skin and monitoring for a reaction of swelling, not redness within 48-72 hours. A blood test,

interferon-gamma release assay (IGRA) is sometimes used in place of the skin test with comparable results.

**V**

**Violent Behavior:** defined as expressive violence initiated as a result of an interpersonal altercation where the goal is to injure the other person, or as instrumental violence where the goal is to get something from the person.

## References

Crosby AE, Ortega L, Melanson C. *Self-directed Violence Surveillance: Uniform Definitions and Recommended Data Elements, Version 1.0*. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2011 found at the following: <https://www.cdc.gov/violenceprevention/pdf/Self-Directed-Violence-a.pdf>

National Commission on Correctional Health Care. (2018). *Standards for health services in prisons*. Chicago, IL.