

POLICY A-04 ADMINISTRATIVE MEETINGS AND REPORTS

<b>POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION</b>	<b>POLICY NUMBER</b> A-04	<b>TOTAL PAGES</b> 5
	<b>RELATED NCCHC / ACA STANDARDS:</b> NCCHC: P-A-04 (Essential), J-A-04 (Essential), MH-A-04 (Essential), O-A-04 ACA:     5-ACI-1A-15, 5-ACI-6D-01	
<b>CHAPTER:</b> 11 BUREAU OF HEALTHCARE, SUBSTANCE ABUSE, AND MENTAL HEALTH SERVICES	<b>SUBJECT: Administrative Meetings and Reports</b>	
<b>APPROVED BY THE BUREAU CHIEF:</b> Bureau Chief, Michael Records (signature on file with BHSAMH)		
<b>APPROVED BY THE COMMISSIONER AND            EFFECTIVE THIS DATE</b> Commissioner Monroe Hudson August 16, 2022 (signature on file with BHSAMH)		
<b>APPROVED FOR PUBLIC RELEASE</b>		

- I.     **AUTHORITY:** 11 *Del. C.* §6536 Medical Care
  
- II.    **PURPOSE:** To create a system of communication that ensures the facility’s healthcare and correctional administrators work together to coordinate the healthcare delivery system through joint monitoring, planning, and problem resolution to promote a healthy working environment.
  
- III.   **APPLICABILITY:** All Delaware Department of Correction (DDOC) employees and Contract Provider staff, offenders, and any outside healthcare provider servicing DDOC offenders.
  
- IV.    **DEFINITIONS:** See Glossary
  
- V.     **SUMMARY OF CHANGES:** This policy was changed to include one additional administrative meeting (Gender Dysphoria Consultation Group) and an additional representative of the BHSAMHS that must attend various meetings.
  
- VI.    **POLICY:**
  - A. It is the policy of the DDOC that the Bureau of Healthcare, Substance Abuse, and Mental Health Services (BHSAMH) in collaboration with the facility’s correctional administrators and healthcare staff coordinate the healthcare delivery system through joint monitoring, planning, and problem resolution. At a minimum, this is accomplished utilizing the following meetings:
    - 1. Healthcare Advisory Committee (HAC) is a committee that facilitates reporting and discussion of relevant correctional, administrative, and healthcare issues.
      - a. HAC shall meet at least quarterly or more often as needed.
      - b. HAC shall be made up of the following staff, at a minimum:
        - i. Site Health Services Administrator (HSA) – chairs committee
        - ii. Facility Warden (or designee)
        - iii. Responsible Health Authority (RHA), (or designee)

POLICY A-04 ADMINISTRATIVE MEETINGS AND REPORTS

- iv. Statewide Chief Nursing Officer – Contracted Provider (or designee)
  - v. Statewide Director of Behavioral Health – Contracted Provider (or designee)
  - vi. Site Medical Director (or designee)
  - vii. Site Behavioral Health Director (or designee)
  - viii. Site Substance Abuse Program Director (or designee)
  - ix. Site Medication Assisted Treatment (MAT) sponsor (or designee)
  - x. Site Pharmaceutical Representative
  - xi. Other healthcare, security, and/or administrative staff as deemed necessary
- c. Topics to be covered include, but are not limited to the following:
- i. Healthcare services including but not limited to:
    - a) Medical
    - b) Dental
    - c) Mental Health
    - d) Substance Use Treatment
      - 1. Must include MAT
  - ii. Quality improvement findings
  - iii. Infection control efforts
  - iv. Offender grievances
  - v. Environmental Inspections
  - vi. Safety Inspections
  - vii. Staffing levels
  - viii. Education completed
  - ix. Training conducted
  - x. Credentialing status
  - xi. Emergency Responses
  - xii. Performance improvement plans
  - xiii. Other topics as deemed necessary
- d. The HAC meeting at each facility shall use a uniform format at all facilities.
- e. Sign-in sheets, summaries of discussions, and meeting minutes will be maintained by the site HSA and sent to BHSAMH.
- f. Copies of sign-in sheets, summaries, and meeting minutes will be available and reviewed by all appropriate personnel.
2. Healthcare Staff Meetings
- a. Healthcare staff meetings shall occur at least once monthly for all facilities.
    - i. Medical, Dental, Mental Health, and Substance Use Disorder (SUD) Program (MAT services) staff shall have separate meetings.
    - ii. At times it may be necessary to combine Medical, Dental, Mental Health, and/or SUD Program (MAT services) staff meetings into one larger meeting. This should not replace the individual team meetings as outlined above.

- b. Healthcare staff meetings provide an opportunity for healthcare staff to receive and present current information on all aspects of the facility's healthcare delivery system.
  - c. Sign-in sheets, summaries of discussions, and meeting minutes outlining topics discussed will be maintained by the site HSA and sent to BHSAMH.
  - d. Copies of sign-in sheets, summaries, and meeting minutes will be available and reviewed by all appropriate personnel.
  - e. There should be written documentation to show that staff who were unable to attend the staff meeting were briefed on the vital information presented.
3. Bureau of Healthcare, Substance Abuse, and Mental Health Services (BHSAMH) Staff Meetings
- a. BHSAMH Staff Meetings shall occur at least once per quarter or more often as needed.
  - b. BHSAMH staff meetings provide an opportunity for BHSAMH staff to receive and present current information on all aspects of the statewide healthcare delivery system.
  - c. Sign-in sheets, summaries of discussions, and meeting minutes outlining topics discussed will be maintained by the RHA or designee.
  - d. Copies of sign-in sheets, summaries, and meeting minutes will be available and reviewed by all appropriate personnel.
  - e. There should be written documentation to show that staff who were unable to attend the staff meeting were briefed on the vital information presented.
4. Joint Vendor Meeting – a meeting between leadership from all contracted service providers and BHSAMH to ensure collaboration exists among the various services that are delivered statewide.
- a. The Joint Vendor Meeting shall occur at least once quarterly or more often if needed.
  - b. At a minimum, the Joint Vendor Meeting shall be made up of the following staff:
    - i. BHSAMH Bureau Chief – chair
    - ii. Contract Administrator – Medical Contracted Provider
    - iii. Contract Administrator – Behavioral Health Contracted Provider
    - iv. Contract Administrator – Pharmaceutical Contracted Provider
    - v. Chief Medical Officer – Medical Contract (or designee)
    - vi. Chief Nursing Officer – Medical Contract (or designee)
    - vii. Statewide Behavioral Health Director – Behavioral Health Contract (or designee)
    - viii. Statewide Clinical Program Director – Substance Use Disorder Program Director (or designee)
    - ix. BHSAMH Medical Director (or designee)
    - x. BHSAMH Director of Community Health
    - xi. BHSAMH Policy and Standards Compliance Director (or designee)
    - xii. BHSAMH Treatment Services Director – Medical (or designee)

POLICY A-04 ADMINISTRATIVE MEETINGS AND REPORTS

- xiii. BHSAMH Treatment Services Director – Behavioral Health (or designee)
  - xiv. BHSAMH Quality Assurance Administrator (or designee)
  - xv. BHSAMH Social Services Administrator (or designee)
  - xvi. BHSAMH Registered Nurse II (or designee)
  - xvii. BHSAMH LPN (or designee)
  - xviii. Other staff members as deemed necessary by the BHSAMH Bureau Chief
- c. Topics to be discussed are at the discretion of the BHSAMH Bureau Chief.
5. Special Needs Multi-Disciplinary Team (MDT)
- a. Meetings of the Special Needs Multi-Disciplinary Team (MDT) shall follow the procedures outlined in BHSAMH Policy *B-07 Communication on Patients Health Needs*.
6. Morbidity and Mortality Reviews
- a. Meetings of the Morbidity and Mortality Review Committee shall follow the procedures outlined in BHSAMH Policy *A-09 Procedure in the Event of an Inmate Death*.
7. Adverse Clinical and/or Near-Miss Events
- a. Meetings of the Adverse Clinical and/or Near-Miss Events Committee shall follow the procedures outlined in BHSAMH Policy *B-08 Patient Safety*.
8. Credentialing Committee
- a. Meetings of the Credentialing Committee shall follow the procedures outlined in BHSAMH Policy *C-01 Credentials*.
9. Pharmacy and Therapeutics Committee
- a. Meetings of the Pharmacy and Therapeutics Committee shall follow the procedures outlined in BHSAMH Policy *D-01 Pharmaceutical Operations*.
10. Treatment Review Committee
- a. Meetings of the Treatment Review Committee shall follow the procedures outlined in BHSAMH Policy *G-03 Emergency Psychotropic Medication* and *G-03.1 Non-Emergency Involuntary Medication Administration*.
11. Gender Dysphoria Consultation Group
- a. Meetings of the Gender Dysphoria Consultation Group shall follow the procedures outlined in BHSAMH Policy *E-14 Treatment of Transgender Persons*.
12. Monthly Statistical Reports – these reports shall include service volume and incidences of certain illnesses, diseases, and injuries. These reports may also be used to plan for staffing, space, equipment needs, as well as to compare facilities. This allows for identification of relevant trends and issues that may require additional review through a Continuous Quality Improvement process. These reports shall be shared with the facility warden (or designee) and BHSAMH. Items to be reported include, but are not limited to the following items:
- a. Service volume – number of offenders receiving services from the following:

POLICY A-04 ADMINISTRATIVE MEETINGS AND REPORTS

- i. Medical
    - ii. Dental
    - iii. Optometry
    - iv. Mental Health
    - v. Substance Use Treatment
    - vi. MAT services to include, but not limited to the following:
      - a) The number of referrals and the number of offenders admitted to MAT services
      - b) The number of offenders receiving MAT services by category of care
      - c) Referrals to health services facility staff and/or specialists
      - d) Number of referrals to community MAT providers
    - b. Referrals to specialists categorized by specialty
    - c. Deaths
      - i. Natural
      - ii. Suicide
    - d. Incidences of non-fatal suicidal self-injury
    - e. Incidences of specified illnesses
    - f. Infectious disease monitoring categorized by specific diseases
    - g. Emergency responses
    - h. Outside hospital admissions
    - i. Access, timeliness of health services, and follow-up
    - j. Missed appointments
    - k. Grievance statistics
    - l. Other information deemed necessary to assess the quality of healthcare services being delivered.
  13. Meeting minutes or summaries should include problems identified, corrective actions initiated, problems resolved since last meeting, and problems with corrective actions.
  14. Other staff members should attend other meetings when issues directly related to their area of responsibility or expertise will be discussed.
  15. The HSA shall obtain written confirmation that vital information is shared with pertinent staff as needed.
  16. Healthcare staff should attend other facility staff meetings in order to promote good working relationships within the facility.
- B. The Contracted Provider(s) shall develop within 30 days of the effective date of this policy, a site-specific procedure for each Level 4 and Level 5 facility implementing this policy and coordinating the procedure with the BHSAMH.