

POLICY B-07 COMMUNICATION ON PATIENTS' HEALTH NEEDS

<b>POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION</b>	<b>POLICY NUMBER</b> B-07	<b>TOTAL PAGES</b> 4
	<b>RELATED NCCHC / ACA STANDARDS:</b> NCCHC: P-B-07 (essential), J-B-07 (essential) MH-A-08 (essential), O-A-08 ACI: 5-ACI-5B-11, 5-ACI-6C-06	
<b>CHAPTER:</b> 11 BUREAU OF HEALTHCARE, SUBSTANCE ABUSE, AND MENTAL HEALTH SERVICES	<b>SUBJECT:</b> B-07 Communication on Patients' Health Needs	
<b>APPROVED BY THE BUREAU CHIEF:</b>		Michael Records (signature on file with BHSAMH)
<b>APPROVED BY THE COMMISSIONER AND EFFECTIVE THIS DATE</b> Commissioner Monroe B. Hudson Jr. January 20, 2023 (signature on file with BHSAMH)		
<b>APPROVED FOR PUBLIC RELEASE</b>		

- I. **AUTHORITY:** 11 *Del. C.* §6536 Medical Care
- II. **PURPOSE:** To ensure that special needs offenders are identified and that there is communication between the facility administration and the responsible healthcare practitioner to help make both groups aware of special considerations with offender movement and decisions regarding special needs patients.
- 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 the site medical director to attend the facility MDT meeting. Language was updated requiring discussions on accommodations for people with cardiac vest to the discussion where the use of implanted or external medical devices (e.g., pacemaker, automatic implantable cardioverter defibrillators (AICD), vagal stimulator, external cardiac defibrillation vest) must be discussed.
- VI. **POLICY:**
  - A. Special needs offenders include, but are not limited to, offenders with substance use disorders, mental illnesses, intellectual disabilities, and those who may pose a high risk or require protective custody. Procedures should identify the number, type, and frequency of commitment for special needs offenders, and special programs should be instituted for the appropriate management as those numbers may warrant.
  - B. It is the policy of the DDOC that there is communication between the facility warden (or designee) and the facility's responsible healthcare practitioner (or designee) prior to taking action regarding chronically ill, physically disabled, geriatric, seriously mentally ill, or developmentally disabled offenders as it pertains to the following:
    - 1. Housing assignments

2. Program assignments
3. Disciplinary measures
4. Transfers to other facilities

When immediate action is required, consultation to review the appropriateness of the action must take place as soon as possible, not to exceed 72 hours of the action.

- C. It is the policy of the DDOC that each facility has a Special Needs Multi-Disciplinary Team (MDT) that facilitates reporting, discussion, and communication regarding specific offenders' significant health needs that must be considered in classification decisions to preserve the health and safety of the offender population and/or staff. Specific requirements for MDT are as follows:

1. MDT shall meet at least weekly at each Level 5 facility
2. MDT shall meet at least twice per month at each Level 4 facility.
  - a. Level 4 facilities in the same geographic area may be combined as follows:
    - i. New Castle County Community Corrections (NC4)
    - ii. Kent County Community Corrections (KCCC)
    - iii. Sussex County Community Corrections (SCCC)
3. MDT shall be attended by the following staff, at a minimum:
  - a. Site Health Services Administrator (HSA) – chairs the meeting
  - b. Facility Warden, or designee
  - c. Responsible Health Authority (RHA), or designee
  - d. Site Medical Director
  - e. Site Mental Health Director
  - f. Site Substance Use Treatment Program Director
  - g. Site Bureau of Prisons (BOP) classification officer
  - h. Other healthcare, security, and/or administrative staff as deemed necessary
4. During the MDT meeting, correctional staff are advised of offenders' special health needs (including but not limited to medical, mental health, substance use disorder treatment, medication assisted treatment (MAT), medically supervised withdrawal (MAW) services) that may affect:
  - a. Housing
  - b. Work Assignments
  - c. Program Assignments
  - d. Disciplinary Measures
  - e. Transport to and from outside appointments
  - f. Admission to and transfers from facilities
  - g. Clothing or appearance
  - h. Activities of daily living
5. Healthcare and custody staff shall communicate about accommodations for offenders with special needs conditions that may include, but are not limited to, the following:
  - a. Chronic Diseases (see *F-01 Patients with Chronic Disease and Other Special Needs*)
  - b. Dialysis
  - c. Communicable Diseases
  - d. Physical disabilities including, but not limited to the following:

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- i. Visually impaired with the exception of those offenders needing glasses or contacts
  - ii. Deaf or other significant hearing impairments that require some type of adaptive equipment such as a hearing aid
  - iii. Physical disability that requires some type of adaptive equipment such as a walker, wheelchair, cane, or crutches, etc.
  - e. The use of implanted or external medical devices (e.g., pacemaker, automatic implantable cardioverter defibrillators (AICD), vagal stimulator, external cardiac defibrillation vest)
  - f. Pregnancy
  - g. Frailty or old age
  - h. Juvenile offenders
  - i. Terminal illness
  - j. Mental illness
  - k. Substance use, including MAT/MAW
  - l. Suicidal and non-suicidal self-directed violence
  - m. Developmental disability
  - n. Intellectual disability
  - o. Physical or sexual abuse
  - p. Physical or psychological contraindications to restraint or seclusion
  - q. Transgender individuals with or without gender dysphoria
  - r. Language barriers (i.e., non-English speaking)
6. Other topics that must be discussed in the MDT meeting include the following:
- a. Psychiatric Close Observation (PCO) Report. Includes at a minimum the following:
    - i. All offenders currently on PCO status
    - ii. Any offenders removed from PCO since last MDT meeting
    - iii. Report shall include the following at a minimum:
      - a) Reason for PCO placement
      - b) Initial PCO level
      - c) Current PCO level
      - d) Progress towards treatment goals related to PCO placement
  - b. Infirmery-Level Care Report. Includes at a minimum the following:
    - i. All offenders currently housed in the infirmary for 24 hours or more, or receiving infirmary-level care elsewhere in the facility
    - ii. Any offenders previously housed in the infirmary for 24 hours or more (or receiving infirmary-level care elsewhere in the facility since last MDT)
    - iii. Report shall include the following at a minimum:
      - a) The reason for infirmary-level care placement
      - b) Length of time in infirmary-level care
      - c) Current status
      - d) Progress towards discharge from infirmary-level care
        - 1) if the patient has already been discharged from infirmary but still housed in the infirmary - when

were they discharged and what is the projected time to remain in infirmary-level care

- c. Outside Hospital Report. Includes at a minimum the following:
    - i. All offenders that are currently housed outside of the facility at a community based medical or mental health facility.
    - ii. Any offenders that are housed outside of the facility at a community based medical or mental health facility since last MDT.
  - d. Any emergency responses since last MDT
  - e. Other special medical concerns
  - f. Other special behavioral health concerns
  - g. Other special medical topics
7. Special considerations should be communicated including the needs for special clothing or appearance needs (including shaving, hair length, transgender issues, etc.) when the health of the offender would otherwise be adversely affected as determined by the responsible physician or responsible psychiatric provider.
8. Participants in MDT shall initiate appropriate plans to address the needs of the individuals discussed.
9. Communication of health needs is documented.
- a. Sign-in sheets, summaries of discussions, and meeting minutes will be maintained by the site HSA and sent to the Bureau of Healthcare, Substance Abuse, and Mental Health Services (BHSAMH).
  - b. Copies of sign-in sheets, summaries, and meeting minutes are maintained and available for review as needed.
- D. The Contracted Provider 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.