Glossary of Terms (Definitions) & Abbreviations:

**A**

**ACA:** American Correctional Association is an accreditation body for Correctional Facilities.

**Administering Medications:** Administering medications, as in 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 iCHRT.

**Administrative inquiries:** Administrative inquiries are those which can be answered by Vendor or BCHS personnel who have no medical training. An example would be an offender claim of not being evaluated after a sick call request, which can be researched and answered by an administrative person. (11-A-11.1 Inquiries, Complaints and Records Requests from Attorneys, Families or Advocacy Agencies Concerning Medical Care)

**Adult Correctional Healthcare Advisory Committee, ACHRC:** An advisory committee appointed by the Governor to review the provision of the medical, mental health, substance abuse and dental care provided for the offenders under the custody of the Delaware Department of Correction. (11-A-10.1 Mortality and Morbidity Review)

**Advance Directives:** Written or oral instructions which state either a person’s choices for medical treatment or, in the event the person is unable to make treatment choices, designate who will make those decisions. Older or seriously ill people write most advance directives. 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 (MOLST) form, but any usual form is acceptable. (11-A-03 Medical Autonomy)

**Adverse Clinical or Near-Miss Event:** An adverse event is an undesired harmful effect resulting from a medication, intervention such as surgery, or a situation outside of policy such as a medication error, poor communication with security. These are sometimes called sentinel events. An adverse Clinical or near-miss is an opportunity to review the situation to identify opportunities to improve such as policy inadequacies, resource inadequacies or the need for staff education. (11-A-10.2 Adverse Clinical or Near-Miss Event Reviews)

An adverse effect may be termed a "side effect", when judged to be secondary to a main or therapeutic effect. If it results from an unsuitable or incorrect dosage or procedure, this is called a medical error and not a complication. Adverse effects are sometimes referred to as "iatrogenic" because they are generated by a physician/treatment. Some adverse effects only occur only when starting, increasing or discontinuing a treatment.

Using a drug or other medical intervention which is contraindicated may increase the risk of adverse effects. Adverse effects may cause complications of a disease or procedure and negatively affect its prognosis. They may also lead to non-compliance with a treatment regimen.

The harmful outcome is usually indicated by some result such as morbidity, mortality, alteration in body weight, levels of enzymes, loss of function, or as a pathological change detected at the microscopic, macroscopic or physiological level. It may also be indicated by symptoms reported by a
patient. Adverse effects may cause a reversible or irreversible change, including an increase or decrease in the susceptibility of the individual to other chemicals, foods, or procedures, such as drug interactions.

**Airborne Infection Isolation, AII:** also known as a negative pressure isolation room is an area to house anyone with an infection that can be transmitted by airborne droplets such as tuberculosis or plague. The standards for All are defined in the Centers for Disease Control and Prevention, *Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC, MMWR 2006 55(RR09); 1-44* (11-B-0.1, Management of Tuberculosis)

**American Correctional Association, ACA:** A private, nonprofit organization that administers the only national accreditation program for all components of adult and juvenile correction; 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. (11-A-06, Statewide Quality Improvement Program)

**Automatic External Defibrillators, AEDs:** Automatic External Defibrillators are used in resuscitation efforts to treat irregular heart rhythms. Currently, the Department uses the Life-Pak Express model. (11-A-7.3 Emergency Response Bag and Automatic External Defibrillators)

**B**

**Bacillus Calmette-Guerin, BCG:** An immunization used in some countries to immunize against Tuberculosis but may give a false positive Tuberculosis Skin Test result. BCG is not used for immunization against TB in the United States. (11-B-0.1, Management of Tuberculosis)

**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 Automated External Defibrillator. (11-C-01, Credentials, Privileging and Peer Review of Healthcare Providers)

**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. (11-D-01 Pharmaceutical Operations)

**Chronic Care Clinic:** The Chronic Care Clinic provides on-going medical office visits, treatment plan and medications to monitor and treat medical conditions that are not curable but can be managed to provide optimal functioning within any limitations the medical condition imposes on the individual. (11-E-12 Continuity of Care)

**Collaborative Agreement:** Written agreement between a supervising site physician and an Advance Practice Nurse (APN)/Nurse Practitioner or Physician Assistant. To practice in Delaware, APNs are required to have a collaborative agreement (Section 8.4 of the Board of Nursing Rules and Regulations) 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 not required by the Delaware Code and APNs are allowed independent practice. It is the policy of the Department of Correction to require Collaborative Agreements for Advance Practice Nurses (APN)/Nurse Practitioners or Physician Assistants. (11-A-03 Medical Autonomy)
**Co-Occurring Disorders**
A diagnosis of COD requires that individuals have one or more disorders relating to the use of alcohol and/or other drugs of abuse, as well as one or more mental disorders. A diagnosis of COD can be made when at least one disorder of each type can be established independent of the other, and is not simply a cluster of symptoms resulting from one disorder (Substance Abuse and Mental Health Services Administration, 2005b).

**Confidentiality:** Confidentiality of records and discussions 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, Delaware Code §§ 1230, 1231 and 1232, and any other applicable state and federal laws. (11-A-10.1 Mortality and Morbidity Review)

**Controlled Substance Registration, CSR:** A State of Delaware Division of Professional Regulation that issues registrations allowing a clinician to prescribe Controlled Substances. (11-C-01, Credentials, Privileging and Peer Review of Healthcare Providers & 11-D-01 Pharmaceutical Operations)

**Controlled Substances:** Medications that come under the jurisdiction of the federal Drug Enforcement Agency and the Controlled Substances Act. (11-D-01 Pharmaceutical Operations)

**Credentials:** The education, training, experience, licensure and certifications of a healthcare provider (Physician, Advanced Nurse Practitioner, Physician Assistant, Pharmacist and licensed Mental Health and Substance Abuse Counselors) are reviewed for appropriateness in an effort to ensure appropriate delivery of medical and mental health services to the offender population under the jurisdiction of the Delaware DOC. (11-C-01, Credentials, Privileging and Peer Review of Healthcare Providers)

**D**

**Delaware Automated Correctional System, DACS:** A State of Delaware computer system containing the non-medical offender 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 their side effects, and a list of appointments for follow-up care.

**Discharge Planning:** The process through which the Department of Correction supports the return of healthy and productive individuals to the community by making a positive hand-off to the medical and mental 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. (11-E-13 Discharge Planning)
**Dispensing Medication:** Dispensing is the placing of one or more doses of a prescribed medication into containers that are correctly labeled to indicate the name of the offender, the contents of the container and all other vital information. In the DDOC context this includes giving the offender the card of Keep-on-Person (KOP) medications. (11-D-01 Pharmaceutical Operations)

**Disposing of Medications:** Disposing of medications is the return of unused medication to the Pharmaceutical vendor for credit or destruction of Controlled Substances on their expiration dates or when the offender for which it was prescribed is released from custody. (11-D-01 Pharmaceutical Operations)

**Do Not Resuscitate, DNR:** Do not resuscitate is a type of advance directive, see advance directive. (11-A-03 Medical Autonomy)

**Drug Enforcement Agency Registration, DEA:** A Federal Agency that issues registrations allowing a clinician to prescribe Controlled Substances. (11-C-01, Credentials, Privileging and Peer Review of Healthcare Providers & 11-D-01 Pharmaceutical Operations)

**Durable Power of Attorney:** 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. It serves in place of an Advance Directive. (11-A-03 Medical Autonomy)

**Educational Commission on Foreign Medical Graduates, ECFMG:** A 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. (11-C-01, Credentials, Privileging and Peer Review of Healthcare Providers)

**Emergency Care:** Care for an acute illness or an unexpected health need that cannot be deferred until the next scheduled sick call or clinic. (11-A-01 Access to Care)

**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.

**Formulary:** A list of medications that are authorized to be prescribed and dispensed in a Department facility. The Delaware Department of Correction medication formulary follows the Delaware Medicaid formulary with some medications requiring review by the medical vendor’s Chief Medical Officer before approval.

**Health Services Administrator, HSA:** A contractor employee who oversees the administrative aspects of the medical care delivered in a facility.

**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* (“Privacy Rule”).
**Hospice Care:** Medical care, support and palliative care focused symptom control and quality-of-life issues rather than attempting cure. Hospice criteria through an outside provider are based upon the federal Centers for Medicare and Medicaid (CMS) criteria.

**Hunger Strike:** A behavior of an offender in which they refuse or restrict food and/or 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 time-frame. 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. (11-F-2.1 Hunger Strike)

**iCHRT:** The Electronic Health Record module of the Delaware Automated Correction System (DACS).

**Infirmary Care:** Medical care provided to offenders 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. Offenders are also admitted to the infirmary for Psychiatric Close Observation care. There are two levels of care for Infirmary patients; 1- acute medical reasons which includes PCO admission and 2- housing for non-medical reasons based upon the Warden’s discretion. (11-E-12 Continuity of Care)

**Inquires**
- **Administrative inquiries** are those which can be answered by the contract provider or BCHS personnel who have no medical training. An example would be an offender’s claim of not being evaluated after a sick call request, which can be researched and answered by an administrative person.
- **Medical inquiries** are those which may need additional medical explanation by the contract provider or BCHS personnel who have the training or experience to properly address the inquiry.
- **Behavioral Health inquiries** are those which may need additional behavioral health explanation by the Contract Provider or BCHS personnel who have the training or experience to properly address the inquiry.

(11-A-11.1 Inquiries, Complaints and Records Requests from Attorneys, Families or Advocacy Agencies Concerning Medical Care)

**Institutional Grievance Chair, IGC:** The person at each Department facility, who receives offender grievance, screens the grievances for emergency versus routine grievances, inputs the data into the Delaware Automated Correctional System (DACS) and forwards the grievance to the next appropriate reviewer. (11-A-11 Medical Grievance Process)

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

**Intra-System Transfers:** Transfers of offenders among DDOC facilities. (11-E-, Continuity of Care)

**Intra-system Transfers:** Movement of offenders from one DDOC facility to another, e.g. moving from a Level 5 facility to a Level 4 facility or among Level 4 or Level 5 facilities. (11-E-012, Continuity of Care)
K

**Keep on Person, KOP Medications:** Medications that the offender is responsible for self-administration as prescribed by the prescribing clinician. (11-D-01 Pharmaceutical Operations)

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. (11-B-0.1, Management of Tuberculosis)

M

**Medical inquiries:** Medical inquiries are those which may need additional medical explanation by Vendor or BCHS personnel who have the training or experience to proper address the inquiry. (11-A-11.1 Inquiries, Complaints and Records Requests from Attorneys, Families or Advocacy Agencies Concerning Medical Care)

**Mental Disorder**

A mental disorder is a syndrome characterized by clinically significant disturbances in an individual’s cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational or other important activities. An expectable or cultural approved response to a common stressor or loss, such as the death of a loved one, is not a mental disorder. Socially deviant behavior (e.g., political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental disorders unless the deviance or conflict results from a dysfunction in the individual, as described above. (American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Arlington, VA, American Psychiatric Association, 2013.)

**Mental Health Provider:** Any physician, Advanced Practice Nurse Practitioner, licensed counselor working in the field of mental health, psychologist and licensed clinical social worker who is allowed to diagnose and treat incarcerated offenders in the Department of Correction facilities. (11-E-12 Continuity of Care)

**Meritorious Good Time:** Meritorious Good Time is earned for satisfactory participation in approved BCHS Substance Use Disorder Treatment Programs. Additional Good Time may be earned through Bureau of Prisons programs. (11-G-08, Meritorious Good Time for BCHS Substance Use Disorder Programs)

**Mid-level providers:** Advanced Practice Nurse Practitioners, Physician Assistants and Pharmacists who have a defined clinical supervisor in accordance with the State of Delaware Division of Professional Regulation Title 24, Chapter 17 and Chapter 19. (11-C-01, Credentials, Privileging and Peer Review of Healthcare Providers)

**MOLST form:** The Delaware Health and Human Services Division of Public Health MEDICAL ORDERS for life-sustaining treatment (MOLST) form used to document Advanced Directives. (11-A-03 Medical Autonomy)
**Morbidity and Mortality Review:** A process through which the circumstances of a death, suicidal or natural, or a suicide attempt is reviewed for the purpose of looking for opportunities to improve the care provided to offenders and to follow-up with corrective actions if these opportunities are identified. (11-A-10.1 Mortality and Morbidity Review)

**National Practitioner Database:** A federal database of clinicians who have had disciplinary or liability settlements against them to identify clinicians who move from state to state in response to the difficulties (11-C-01, Credentials, Privileging and Peer Review of Healthcare Providers)

**NCCHC:** National Commission on Correctional Health Care is the accreditation body for medical care delivered in jails and prisons throughout the United States.

**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. (11-B-0.1, Management of Tuberculosis)

**Palliative Care:** Medical care and support services designed to provide comfort and relieve suffering complicating an end-stage medical condition such as cancer or a degenerative neurological disease like Alzheimer’s Disease or Parkinsonism, but who do not meet the criteria to be enrolled in a hospice program.

**Peer review:** The Peer Review process looks at the healthcare provider's practice, documentation and outcomes to ensure appropriate health care is delivered to the offenders under the jurisdiction of the Delaware DOC. (11-C-01, Credentials, Privileging and Peer Review of Healthcare Providers)

**Pharmacy and Therapeutics Committee, P&T:** A Bureau of Correctional Healthcare Services Committee that reviews the pharmaceutical operations of the facilities, and the Preferred Medication List to maximize the benefits of medication prescribing in a cost effective manner. (11-D-01 Pharmaceutical Operations)

**Prescriber:** A physician, Advanced Nurse Practitioner, or Physician Assistant who is privileged to prescribe medications to an offender under the custody of the Department of Correction. (11-A-04 Administrative Meetings and Reports, 11-D-01 Pharmaceutical Operations, 11-D-02 Medication Services, 11-E-14 Treatment of Transgender Persons, 11-H-01.1 DACS EHR Module Business Rules)
Privileging: The process of granting clinical privileges to a healthcare provider which includes reviewing the clinical experience in relationship to the scope of care being practiced at the Site Health Unit of the DOC facility and expressly granting permission to perform those procedures to the healthcare provider. (11-C-01, Credentials, Privileging and Peer Review of Healthcare Providers)

Procuring Medications: Procuring medications is the act of ordering medications for the facility from the Pharmaceutical vendor. (11-D-01 Pharmaceutical Operations)

Provisional Privileges: By Delaware law recent graduates of an Advance Nurse Practitioner program must have a Collaborative Agreement with a physician supervisor. Advance Nurse Practitioners shall be granted Provisional Privileges until such time as they have completed their supervision requirements under the Collaborative Agreement. (11-C-01, Credentials, Privileging and Peer Review of Healthcare Providers)

Psychiatric Close Observation, PCO: A housing situation in which an offender is judged to be a serious threat to themselves or others and is monitored by means of psychiatric observers. (11-E-13 Discharge Planning)

Psychological autopsy: A review conducted by a licensed psychologist or psychiatrist not involved in the care of the offender for each death and reported at the Mortality and Morbidity Review and to the Adult Correctional Healthcare Advisory Committee. (11-A-10.1 Mortality and Morbidity Review)

Quality Improvement Program: A process through which the Bureau of Correctional Healthcare Services and the contract vendor evaluate the programs by which medical, mental health, substance abuse and dental treatments are delivered. The Bureau and the contractor delivering the services have separate programs and perform separate audits with each reporting their findings to the other. The goals of the Quality Improvement Programs are to identify any gaps or inadequacies in policy, resources, or education. Integral to the success of these programs is the follow-up with corrective action plans. (11-A-06 Statewide Quality Improvement Program)

Red Book: The bound book in which receipt, administration, transfer or destruction of DEA Controlled Substances is documented. (11-D-01 Pharmaceutical Operations)

Responsible Health Authority: The Chief, Bureau of Correctional Healthcare Services is designated the Responsible Health Authority. It is his responsibility for the coordination and provision of healthcare services at the Department of Correction institutions. Currently, the direct patient care is provided through a contract vendor with the Department providing performance and quality oversight. (11-A-02, Responsible Health Authority)

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

- Schizophrenia
- Delusional Disorder
- Schizophrenicform 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-harming behaviors (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)

**Serious Suicide Attempt:** An act of self-harm by an inmate resulting in the need for emergent or urgent medical treatment, such as the level of care provided in a hospital emergency department. Examples: Hunger strike, attempted hanging, overdose, self-inflicted lacerations or burns, ingestion of foreign substance, etc. resulting in the aforementioned need for emergent or urgent medical treatment. (11-A-10.1 Mortality and Morbidity Review)

**Significant Functional Impairment**
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. (DSM-5 and Social Security Administration)

**Site Health Unit Scope of Care:** The determination of what medical, mental health and dental care may be provided in the Site Health Unit. These determinations will be the basis for granting clinical privileges in each Health Unit. (11-C-01, Credentials, Privileging and Peer Review of Healthcare Providers)

**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.

**Transgender:** An offender identifying with a gender other than the one assigned at birth. (11-E-14 Treatment of Transgender Persons)

**Treatment Review Committee:** In select cases when an offender refuses medicine 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 psychotropic medication. In addition, a TRC may be convened when in the best interest of the offender a transfer to the Delaware Psychiatric Center is being considered. (11-A-03 Medical Autonomy; 11-I-2.1. Treatment Review Committee)
Tuberculin Skin Testing, TST: A diagnostic test used to diagnoses 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. (11-B-0.1, Management of Tuberculosis)

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