

POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION	POLICY NUMBER A-04	PAGE NUMBER 1 of 6
	RELATED NCCHC/ACA STANDARDS: P-A-04, J-A-04 (ESSENTIAL); MH-A-04/ 4-4015; 4-4408.	
CHAPTER: 11 BUREAU OF CORRECTIONAL HEALTHCARE SERVICES	SUBJECT: ADMINISTRATIVE MEETINGS AND REPORTS	
EFFECTIVE DATE: 11/14/07	REVISED: 4/13/09; 4/23/10; 8/4/2014;	
APPROVED FOR PUBLIC RELEASE		

- I. AUTHORITY: Bureau of Correctional Healthcare Services (BCHS)
- II. PURPOSE: To provide a regular and systematic means of communication between health services staff and Delaware Department of Correction (DDOC) administration. Further, to facilitate a process of monitoring, planning, and problem resolution through a cooperative effort between the DDOC and health services staff.
- III. APPLICABILITY: All DDOC employees and vendor staff, offenders, and any outside healthcare provider servicing DDOC offenders.
- IV. DEFINITIONS: See Glossary
- V. SUMMARY OF CHANGES: This policy contains significant updates and must be reviewed in its entirety. This policy incorporates 11-A-4.1 Staff Meetings; 11-A-4.2 Health Services Reports; and 11-A-4.3 Mental Health Services Reports. References to Mental Health and Substance Abuse programs are combined under the term Behavioral Health.
- VI. POLICY:
- A. It is the policy of the DDOC that healthcare services, including medical, dental, behavioral health, and pharmacy services are discussed in a multidisciplinary, administrative forum. Monthly meetings, as well as accompanying reports, shall include information related to the utilization and effectiveness of healthcare services, environmental factors identified for improvement, implemented changes and associated impacts since the previous reporting period, and corrective action, if applicable.
- B. Each Level 4 and Level 5 facility will develop a site-specific procedure for implementing this policy and coordinating the procedure with BCHS.

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VII. PROCEDURES:

A. Medical Administrative Committee (MAC)

1. A Medical Administrative Committee (MAC) Meeting will be held each month.
2. The MAC will be chaired by the Health Services Administrator (HSA) and the members shall include:
 - Warden or designee, and other security staff as invited,
 - Site Medical Director,
 - Site Behavioral Health Director,
 - Site Clinical Pharmacist,
 - BCHS Site Liaison.
 Additional guests may be invited to attend MAC meetings at the invitation of the Warden or the BCHS.
3. The MAC Meeting will be scheduled to occur on a mutually agreeable day and time in coordination with BCHS, but after the tenth of the month when the service reports have been submitted to BCHS.
4. An agenda will be provided to each individual attending the MAC meeting via email at least 48 hours before the meeting. The agenda of the MAC meeting shall include the following as a minimum:
 - a. Call to order with Sign-in Sheet for attendance
 - b. Approval of previous meeting minutes
 - c. Update of old business items
 - d. Call for new business items
 - e. Behavioral Health Services Report
 - f. Pharmacy Services Report
 - g. Medical Services Report
 - h. Offenders with Advance Directives Update
 - i. Dietary Report
 - j. Dental Services Update (at those facilities with Dental Services)
 - k. Infection Control Report
 - l. Vendor's CQI report
 - m. Grievance Reporting and Trending
 - n. Environmental Inspection/Safety Report
 - o. Staffing & Training Reports
 - p. Morbidity and Mortality Recommendations
 - q. Site Custody Discussions
 - r. Disaster Drills/Man Down Drills
 - s. DDOC Administration Updates

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5. Reports, including the Services Reports of Medical, Behavioral Health, and Dental, provided to the MAC will be written and available for discussion at the meeting. To the extent possible, the reports will be provide data-driven analyses that will assist in the identification of relevant trends and issues that may merit additional review through the Quality Improvement process.
6. The HSA or designee will be responsible for the recording and reporting of the meeting minutes. Minutes of the meeting with a copy of the agenda and attachments will be distributed via email within 5 business days to all MAC members with the originals retained by the site HSA.

B. Facility Medical, Dental, and Behavioral Health Services Staff Meetings

1. Medical Services staff meetings will be conducted to discuss medical and dental services and documented on a monthly basis by the site HSA or designee. Topics which must be included are; Policy revisions from BCHS, Safety Inspections and Reports, Infectious Disease Exposure Reports such as needle sticks and body fluid exposures, and Operational Issues that need discussion with security by the HSA.
2. The HSA must develop a site-specific policy outlining the attendance, frequency and agenda for these staff meetings. The Pharmacy vendor personnel must be invited to these meetings.
3. Behavioral Health Services staff meetings will be conducted to discuss mental health and substance abuse services (where applicable) and documented on a monthly basis by the site Behavioral Health Director or designee.
5. The Behavioral Health Services Director must develop a site-specific policy outlining the attendance, frequency and agenda for these staff meetings. The Pharmacy vendor personnel must be invited to these meetings.
6. The Medical and Behavioral Health Services Staff Meetings may be combined through a site-specific procedure with the HSA maintaining the minutes. Minutes of the staff meetings will be maintained at the site and a copy forwarded to BCHS monthly.

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C. Multi-disciplinary Meeting (MDT)

1. The HSA shall develop a site-specific procedure for weekly MDT meetings involving the medical, behavioral health staff, security and treatment staff to discuss offenders on the Special Needs roster to ensure their needs is identified; an appropriate plan to address these needs is developed and communicated to the security staff.
2. The MDT meetings should be attended by the facility leadership (Warden, Deputy Warden or their designee), the site Medical Director, Site Director of Nursing, site Behavioral Health Director and providers who are involved in the care of those offenders whose cases will be discussed.
3. Minutes of the MDT meetings, including medical or behavioral health decisions concerning offenders will be maintained at the site and a copy forwarded via email to BCHS weekly.

D. Morbidity and Mortality Meetings

1. Morbidity and Mortality (M&M) Meetings will be conducted following an attempted or completed suicide in accordance with BCHS policy 11-A-10.1, Morbidity and Mortality Review, to determine if there are opportunities to improve the recognition of risk, communication with the security staff or other quality improvements.
2. Minutes of the M&M meetings, including corrective action plans and follow-up recommendations will be maintained at by the BCHS Quality Assurance Director.

E. Adverse Clinical and Near-Miss Review Meetings

1. The Adverse Clinical and Near-Miss Review Meetings will be conducted following an attempted or completed suicide in accordance with BCHS policy 11-A-10.2, Adverse Clinical and Near-Miss Review, to determine if there are opportunities to improve the recognition of risk, communication with the security staff or other quality improvements.
2. Minutes of the Adverse Clinical and Near-Miss Review meetings, including corrective action plans and follow-up recommendations will be maintained at by the BCHS Quality Assurance Director.

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E. Credentials Meetings

1. The credentials of licensed providers are reviewed and recommendations are made to the BCHS Chief for privileges in DDOC facilities at monthly and ad hoc Credentials Committee meetings conducted in accordance with BCHS policy 11-C-01 Credentialing.
2. Minutes of the Credentials meetings, including the credentials documents and any appeals or other documentation will be maintained at by the BCHS Compliance Director.

F. Pharmacy and Therapeutics Committee Meetings

1. The Pharmacy and Therapeutics (P&T) Committee Meetings will be conducted in accordance with BCHS policy 11-D-01, Pharmaceutical Operations to ensure the medication requirements of the offender population are met. define the formulary of which medications will be regularly stocked, review Drug Utilization Reviews (DURs) to ensure the preferred prescription list (commonly referred to as the formulary) reflects the current treatment guidelines and is cost-effective, and discuss Adverse Drug Reactions that have occurred.
2. Minutes of the P&T meetings, including recommendations for the Stock prescriptions and the preferred prescription list will be maintained by the BCHS Quality Assurance Director.

G. Treatment Review Committee Meetings

1. The Treatment Review Committee (TRC) Meeting will be conducted in accordance with BCHS Policy 11-I-2.1, Non-Emergency Involuntary Medication Administration for offenders who the medical or behavioral health staff feel require non-emergency forced medications or require transfer to the Delaware Psychiatric Center.
2. Minutes of the TRC meetings, including appointments letters, notifications to the offender, attendance rosters and recommendations to the Warden will be maintained at by the BCHS Quality Assurance Director.

H. Medical, Dental, Behavioral Health Services Reports

1. Each month the site HSA and Behavioral Health Director shall complete the Health Services Report (HSR), Dental Services Report (DSR), Behavioral Health Services Report (MHSR) and Substance Abuse Services Report

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(SASR) for all of the services provided through the iChart EHR under the Reports section. The HSA shall review and approve these reports for services rendered each month. The Medical Vendor QA Office shall provide the aggregate reports for all of the facilities to the BCHS by the 10th of each following month.

- The services reports are located in iChart under the Reports section.

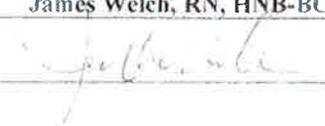
I. Emergency Bag Weekly and AED Monthly Inspection Reports

- The HSA shall ensure the weekly Emergency Bag and monthly AED inspections are completed according to BCHS policy 11-A-7.3. Emergency Response Bag and Automatic External Defibrillators (AEDs) and copies of the inspection reports are submitted to BCHS with the originals retained at the site.
- Emergency Bag and AED Inspection Reports will be maintained at the site with a copy forwarded to the site liaison weekly and maintained by the BCHS Quality Assurance Director.

J. Pharmacy Services Report

- The Pharmacy Vendor will submit to BCHS monthly reports by the 10th of each following month
 - Composite report of the pharmaceutical costs, numbers of prescriptions of selected diagnoses and non-formulary items by prescriber;
 - List of Stock items delivered to each facility monthly;
 - List of Active Prescriptions by offender, prescriber and cost monthly;
 - List of Discharge Prescriptions by offender and cost monthly;
 - List of returned items and credits monthly; and
 - List of destroyed Controlled Substances by offender and costs monthly.

Approval:

BCHS Bureau Chief, James Welch, RN, HNB-BC	Date	Robert Coupe Commissioner	Date
	9/3/14		9/3/14

STATE OF DELAWARE DEPARTMENT OF CORRECTION	POLICY NUMBER	PAGE NUMBER Review Addendum
SUBJECT:		

I have reviewed this policy and found it to be current.



BCHS Bureau Chief
Marc D. Richman, Ph.D.

4/12/16

Date