POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION	POLICY NUMBER A-11	PAGE NUMBER 1 of 5
	RELATED NCCHC/ACA STANDARDS: P-A-11; J-A-11 (Important)/1-HC-3A-01	
CHAPTER: 11 BUREAU OF CORRECTIONAL HEALTHCARE SERVICES	**SUBJECT:** MEDICAL GRIEVANCE PROCESS	
EFFECTIVE DATE: 11/7/04	**REVISED:** 4/13/09; 7/16/2010, 1/24/2011, 3/22/2013, 7/30/2013; 9/2/2015	
APPROVED FOR PUBLIC RELEASE		

I. AUTHORITY: Bureau of Correctional Healthcare Services (BCHS)

II. PURPOSE: To ensure offender grievances regarding health services are addressed with an approach designed to resolve patient concerns in a timely manner and in accordance with institutional procedures.

III. APPLICABILITY: All Delaware Department of Correction (DDOC) employees and vendor staff, offenders, and any outside healthcare provider servicing DOC offenders.

IV. DEFINITIONS: See Glossary.

V. SUMMARY OF CHANGES: Changes the investigation and resolution time period of Step 1 (Informal Resolution) to 14 days.
Allows the Bureau Chief to designate alternates for Step 3 determinations

VI. POLICY:

A. It is the policy of the DDOC to have a formal mechanism to address an offender's grievances relating to health care. The grievance process will be timely and the results documented.

B. It is also the policy of the DDOC that all attempts will be made to resolve offenders' complaints at the lowest possible level of the offender grievance process.

C. Each Level 4 and Level 5 facility will develop a site-specific procedure for implementing this policy and coordinating the procedure with BCHS.

VI. PROCEDURE:

A. Every offender will be advised during orientation concerning the Sick Call Request process and that this is the first action that should be performed when a medical

question arises. Every offender will also be advised during orientation that if after being evaluated in Sick Call those complaints regarding healthcare can be resolved by initiating the formal grievance process. The site medical staff will inform offenders upon intake screening that a grievance mechanism is available for resolution of healthcare complaints. Copies of grievance forms will be available to offenders in all housing areas of the facility.

B. Offenders are prohibited from submitting a grievance before attempting to use the Sick Call Request process and more than one grievance arising from the same incident. Offenders may only submit one issue per grievance form. Offenders must complete and submit the grievance form to the IGC within 7 calendar days of the incident, i.e. after the Sick Call appointment.

C. Offender grievances will be screened upon receipt by the Institutional Grievance Chair (IGC) and recorded in the DACS, as necessary including:
   a. Name & SBI
   b. Number or date of birth
   c. Date of grievance
   d. Date received
   e. Nature of grievance
   f. Grievance category

D. DACS will electronically forward grievances to the appropriate housing unit supervisor, area supervisor, or Local Subject Matter Expert (LSME) staff within 7 calendar days of IGC receipt.

E. Step 1

1. The site Health Services Administrator (HSA) or designee will review grievances on a weekly basis and attempt to resolve concerns brought by offenders at the initiation of the formal grievance process. The HSA will review the record and interview staff, make appropriate appointments and perform any follow-up investigation where necessary. At the conclusion of the investigation, the HSA will conduct an in-person interview with the offender to see whether the grievance issues are still pending. This investigation should be complete within fourteen (14) days of receipt of the complaint from the facility IGC. If the grievance issues are resolved, the offender may sign-off on the grievance indicating that it has been resolved informally. The HSA is then responsible for entering the investigation information into DACS and providing the IGC with a copy of the signed Informal Resolution.

2. The investigation report in DACS will include:

    a. Date of interview
    b. Date of response
    c. Nature of response
    d. Staff responding
    e. Resolution category

3. If the offender rejects the informal resolution and signs the rejection form within 7 calendar days of receipt the grievance moves to Step 2. The offender's failure to return a signed acceptance or rejection of an informal resolution will be interpreted as abandonment of the grievance. In such instances, the IGC will electronically close the case indicating an "Abandonment" status code.

F. Step 2

1. Upon receipt of the signed rejection form, the IGC will annotate DACS and electronically forward the grievance to the Medical Grievance Committee (MGC) for review.

2. The MGC will be comprised of 3 members of the health services staff and must include at least one licensed nursing professional. The IGC will also be present to record the hearing information into DACS. The MGC will convene, at minimum, twice monthly and will conduct a review of the offender's medical record and grievance with the offender present. All Step 2 grievances must be heard within 30 calendar days of the signed informal resolution rejection form. After a complete review, the MGC will make the determination to uphold or deny the offender's grievance. At the completion of the MGC hearings, a MGC Grievance Log will be provided to the BCHS and include:
    a. Offender's name & SBI
    b. Grievance number
    c. Nature of grievance
    d. Type of grievance
    e. MGC Decision
    f. Agreed outcome
    g. Date the issue is to be resolved

3. The MGC's recommendations must be implemented within 7 calendar days of the Step 2 hearing, e.g. if the decision to uphold a request for an outside consultation,

the consultation must be scheduled within 7 calendar days but not necessarily completed, dependent upon the availability of the consultant's schedule.

G. Step 3, Appeals

1. If the offender decides to appeal the MGC's decision, the offender must file a formal appeal within 7 calendar days of the date of the MGC hearing. This formal appeal is Step 3 of the grievance process. The grievance will then be reviewed by the Bureau Grievance Officer (BGO) a member of the BCHS, to make a determination regarding the merit of the offender's grievance issues. The BGO will make a recommendation to the Bureau Chief or their designee directing additional investigation, uphold or deny the offender's remedy request, making partial accommodation, or request an outside review.

2. The Bureau Chief or designee shall accept or reject the BGO recommendation and shall decide the case disposition, annotating the decision in DACS within 7 calendar days of receipt of the BGO recommendation. The offender will receive a letter from the IGC indicating the BCHS determination.

3. The maximum time period between initial grievance receipt and Bureau Chief or designee final decision shall not exceed 180 calendar days.

H. Emergency Medical Grievances

1. In the event of an emergency medical grievance the IGC shall expedite and forward emergency medical grievances to the facility Warden or designee for review. The Warden or designee may forward the emergency grievance to the highest ranking licensed medical provider at the facility who will then determine if the grievance qualifies as a medical emergency. If the grievance qualifies as an emergency, the highest ranking licensed medical provider shall provide for a solution and respond in DACS within 24 hours of receipt.

2. If the offender accepts the decision on the Emergency Medical Grievance, the case shall be closed in DACS by the IGC, and its status will indicate "resolved". The IGC shall monitor any resolution compliance issues.

3. If the offender rejects the decision, an (Emergency Medical Grievance) appeal form shall be submitted to the IGC within 24 hours of decision receipt. Failure to appeal within this timeframe shall be interpreted as abandonment of the grievance, and the offender's acceptance of the decision.

4. The Bureau Chief shall make a decision on the emergency grievance appeal by the next business day after receipt of the appeal. The offender will be notified by the IGC of the Bureau Chief decision.

5. If the Warden or designee or the highest ranking licensed medical provider determines that the grievance is not an emergency, the grievance will be electronically returned to the IGC for regular grievance processing. The IGC shall notify the offender that the grievance does not qualify as an emergency, and will proceed with regular processing.

I. Tracking and Reporting

1. Tracking of grievances will be recorded in the DACS and maintained for a minimum of three (3) years.

2. The site HSA will track the decisions at each step (1, 2, and 3), and will document the efforts made to comply with those decisions. Offender grievances will be reported in the MAC meetings, to identify trends and opportunities for improvement through the Continuous Quality Improvement (CQI) process.

3. A copy of the documentation will be filed in a grievance file in the IGC unit. A copy of the grievance will not be included in the offender's Medical Record.

4. The BCHS may audit for timeliness of grievance referrals, effectiveness of proposed resolutions, and completion, or follow-through, on upheld grievance resolutions.

Approval:

Marc D. Richman Ph.D. BCHS Bureau Chief	Date	Robert Coupe Commissioner	Date
	5/2/15		9/2/15

STATE OF DELAWARE DEPARTMENT OF CORRECTION	POLICY NUMBER 11-A-11	PAGE NUMBER Review Addendum
SUBJECT: MEDICAL GRIEVANCE PROCESS		

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

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

7/27/16
Date