

POLICY OF STATE OF DELAWARE	POLICY NUMBER 8.50	PAGE NUMBER 1 of 3
DEPARTMENT OF CORRECTION	RELATED STANDARDS:	
CHAPTER: 8 ADMINISTRATION	SUBJECT: ADULT CORRECTIONAL HEALTHCARE REVIEW COMMITTEE	
APPROVED BY THE COMMISSIONER AND APPROVED THIS DATE:	 4/2/2015	
APPROVED FOR PUBLIC RELEASE		

I. AUTHORITY: 11 *Del. C.*, §6518

II. PURPOSE: The Adult Correction Healthcare Review Committee serves in an advisory capacity to the Commissioner of the Department of Correction (DOC) on all matters in the DOC relating to the provision of inmate healthcare services, and the review of all statistics relating to the inmate healthcare.

III. APPLICABILITY: All Department of Correction employees, all offenders under the supervision of the Bureau Prisons, the Bureau of Community Corrections – Community Correction Centers and Violation of Probation Centers, and Bureau of Correctional Healthcare Services and all contracted providers of medical or substance abuse treatment.

IV. DEFINITIONS:

Committee: The Adult Correction Healthcare Review Committee

Members: An appointed individual who is a part of the Adult Correction Healthcare Review Committee. Members of the Committee shall be appointed by the Governor and confirmed by the Senate. The Committee member shall serve no more than two (2) consecutive 3-year terms.

V. POLICY:

A. The Committee consists of seven (7) members as identified in the statute, 11 *Del. C.* §6518, with at least one representative appointed by each of the following organizations: the Medical Society of Delaware, the Delaware Psychiatric Society, the Delaware Psychological Association, the Delaware Nurses Association, the Delaware State Bar Association, an expert in the field of substance abuse treatment and the Bureau Chief of Correctional Healthcare Services.

B. The chair of the Committee shall be selected by majority vote of the Committee.

C. Pursuant to 11 *Del. C.* §6518, the responsibility of the Committee shall include:

1. performing advisory reviews of medical records of inmates who have died while incarcerated;

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2. reviewing and monitoring the quality and appropriateness of healthcare services rendered in DOC facilities;
 3. reviewing critical incident and mortality and morbidity review reports;
 4. receiving and reviewing monthly summaries of inmate, staff, public and other grievances and the resolutions of these grievances in order to be fully appraised of the state of healthcare services in DOC facilities;
 5. receiving and reviewing monthly reports of inmate hospital admissions and infectious disease diagnoses, such as Hepatitis C, tuberculosis, human immunodeficiency virus (HIV), methicillin resistant staphylococcus aureus (MRSA) and meningitis from all DOC facilities;
 6. having access to any and all otherwise protected healthcare information relating to current and former inmates supervised by the DOC notwithstanding any other statute to the contrary; and
 7. reviewing and advising on any other matters relating to inmate health care that the Committee considers reasonable and worthwhile including , but not limited to, the following:
 - a. assurance that all inmates receive appropriate and timely services in a safe environment;
 - b. systematic monitoring of treatment environment;
 - c. assisting in the reduction of professional and general liability risks;
 - d. enhancing efficient utilization of resources;
 - e. assisting in credential review;
 - f. enhancing the identification of continuing educational needs;
 - g. facilitating the identification of strengths, weaknesses, and opportunities for improvement;
 - h. facilitating the coordination and integration of information systems; and
 - i. assuring the resolution of identified problems.
 8. Referring to the appropriate licensing board grievance cases in which there is a serious deviation from the community standard of care by a healthcare worker or other employee of a prison healthcare contractor, if the healthcare worker or other employee's profession or occupation is governed under Title 24 of the Delaware Code.
 9. Submitting a report by December 31 of each year to the Governor and the General Assembly on the state of adult inmate healthcare.
- D. The DOC shall forward copies of National Commission of Correctional Health Care (NCCHC) and American Correctional Association (ACA) surveys, reports, and evaluations to the Committee upon their request. Whenever a survey, evaluation or similar act is conducted by or on behalf of NCCHC or ACA, the Committee may be contacted and be allowed to contribute to the survey, evaluation, or other activity. The transmission of documents in the possession of the DOC to the Committee shall not be considered a waiver of any statutory or common law privilege.

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- E. The DOC shall forward copies of National Commission of Correctional Health Care (NCCHC) and American Correctional Association (ACA) surveys, reports, and evaluations to the Committee upon their request. Whenever a survey, evaluation or similar act is conducted by or on behalf of NCCHC or ACA, the Committee may be contacted and be allowed to contribute to the survey, evaluation, or other activity. The transmission of documents in the possession of the DOC to the Committee shall not be considered a waiver of any statutory or common law privilege.

VI. PROCEDURES:

The Committee shall meet on a quarterly basis. The agenda shall include those items identified in Section 3. The Committee will receive information from the Bureau of Correctional Healthcare Services. Bureau staff will provide administrative support to the Committee. Any document received or generated by the Committee is excluded from the definition of public record as set forth in *29 Del. C. Section 10002(g)*.

