

OREGON DEPARTMENT OF CORRECTIONS
Operations Division
Health Services Section Policy and Procedure #P-A-04

SUBJECT: ADMINISTRATIVE MEETINGS AND REPORTS

POLICY: Communication is essential between health care providers and correctional administrators so that opportunities to improve the health status of the inmate population are pursued and problems with service delivery corrected.

REFERENCE: OAR 291-124-015(6)
NCCHC Standard P-A-04

PROCEDURE:

- A. The Health Service Manager is a member of the institution management team and will regularly participate in meetings of this group. The minutes of these meetings reflect discussion of items relevant to health care services.
- B. The Health Service Manager is responsible for holding a meeting of health care staff at least monthly. The purpose of these meetings is to share information, review policies and procedures, review and/or participate in continuous quality improvement activities and receive training. At a minimum, a record is kept of the dates of the meetings, those in attendance and a list of the topics discussed.
- C. The Health Service Managers, Nurse Managers, Dental Director, Medical Director and Administrative staff meet not less than quarterly. The purpose of these meetings is to establish standards for health care delivery and to address operational problems. At a minimum, the following subjects are addressed: Policy and Procedure, Health Records, Medication/Equipment and Supplies, Mental Health, and Patient Care. Minutes of these meetings are taken and distributed to the participants.
- D. The prescribing providers meet at least quarterly with the Medical Director. The purpose of these meetings is to achieve consensus on standards for patient care and to address other clinical subjects.
- E. Each month, the Health Service Manager at each facility prepares a statistical report (attached). The statistical report is submitted to the Medical Director and Health Services Assistant Administrators of the Health Services Section and to the Superintendent of the institution.

Administrative Meetings and Reports

- F. The Health Service Manager at each facility prepares a narrative report each quarter according to the outline on Attachment A of this procedure. The quarterly narrative report is submitted to the Medical Director of the Health Services Section in October (July through September), January (October through December), April (January through March), and July (April through June).

Effective Date: _____

Revision date: February 2007

Supersedes P&P dated: January 2006

Major Activities: It is suggested that you review and comment on the trends in your monthly statistics. It can also include staffing issues such as resignations, vacancies, and appointments.

Major Accomplishments: This includes accomplishment of projects you or your staff have initiated or completed such as review and revision of nursing protocol as an example.

Problems: Description of the problem, why it is significant, what has been done to remedy the problem and what the next step is.

Inmate Deaths: Brief description of the information necessary to complete the report to the Legislature; date of death, age of the deceased, cause of death, and disposition of remains.

Continuous Quality Improvement:

1. Discussion of CQI study and implementation of improvements based on previous studies.
2. Review of grievances with discussion of trends or patterns in the content or process. Identify whether any grievances present an opportunity for improvement.
3. Results of Disaster/Emergency Response Drills including what the situation drilled was, the level of response mounted and the results of the critique.
4. Results of Environmental Inspections with discussion of actions taken and opportunities for improvement. Remember results of Safety and Sanitation Inspections are to be discussed at the monthly staff meeting. This would qualify as an action taken.
5. Infection Control is to include the results of your institution infection control committee meeting and identification of trends or opportunities for improvement.

Attachments:

1. Continuous Quality Improvement Tools
2. Written critique of Disaster/ Emergency Response Drill
3. Infection Control Report
 - a. incidence of reportable infections and communicable diseases
 - b. significant occurrences related to infection control
4. Death Report including the narrative summary for review by the Medical Director.

References:

P-A-04	Administrative Meetings and Reports
P-A-06	Continuous Quality Improvement Program
P-A-07	Emergency Response Plan
P-A-11	Grievance Mechanism for Health Complaints
P-B-01	Infection Control Program
P-B-02	Environmental Health and Safety

Institution: _____
 Month/Year: _____
 Completed by: _____

Attachment 2
P&P P-A-04

DOC HEALTH SERVICES SECTION MONTHLY STATISTICAL REPORT

Number of Nurse Encounters										
	Sick Call				By appointment	Routine monitoring				
	Indirect: kyte/phone		Direct:							
General Population										
Segregation (DSU)										
Segregation (ASU)										
IMU										
SMU										
Other Housing NOS										
Primary Care Services										
Scheduled Provider Hours for the Month:										
	Total Available Hours			Administrative Hours			Patient Care Hours			
Physician										
NP/PA										
Number of Patient Contacts:										
	Direct Contact:				Indirect Contact:					
General Population										
Specialty Housing										
Inmate Deaths										
Total Male:					Total Female:					
Number of Inmates with Special Needs Dx										
ADM		DIG		HEM		NEU		REP		OTHER
AGE		DIS		INF		ORT		RES		MH
CV		END		NEO		REN		SNS		UNS
Specialty Care										
Specialty:	# On site	# Off site			Specialty:	# On site	# Off site			
IM Sub-Specialty					Urology					
Infectious Disease					OB/GYN					
Surgery					Dermatology					
Oncology					Radiology					
Neurology					Optometry					
Orthopedic					Ophthalmology					
ENT					Dental					

Institution: _____
 Month/Year: _____
 Completed by: _____

Attachment 2
 P&P P-A-04

**DOC HEALTH SERVICES SECTION
 MONTHLY INFECTIOUS & COMMUNICABLE DISEASE STATISTICS**

TUBERCULOSIS	
# Screened	
# New Arrivals placed on Treatment	
# New Reactive PPD *	
% Placed on Treatment	
# On Treatment Caseload	
% Non-Compliant with Prophylaxis	
# Active Disease *	
# HIV + and PPD +	
HIV	
# Tested this Month *	
# Positive from those tested this month *	
# Total Sero-Positive Patients	
# Total CD4+ Between 200-500	
# Total AIDs Patients (CD4<200) (or opportunistic infection) *	
# Positive Patients then TB tested	
OTHER	
# Chlamydia (Test Positive) *	
# Gonorrhea (Test Positive) *	
# Syphilis (infectious)*	
# Hepatitis A	
# Hepatitis B *	
# Hepatitis C tested this month	
# Hepatitis C + of those tested this month	
Other Reportable Disease per Health Department Listing	

* NCCHC Required Statistics
 Form to be submitted with Quarterly Infection Control Minutes and Monthly Statistics
 Active TB Quarterly Report to be submitted as additional sheet Quarterly

DENTAL STATISTICAL SPREADSHEET													INSTITUTION: CCCC				Page 1																				
MONTH: 8/8/88																																					
DATE	PROV	INST	HRSHINDA	PS	PT	CR	RX	ES	IE	LOE	CE	CPE	RE	XR	PAN	PLT	ISCA	DEB	OS	SF	A1	A2	A3	A4	A4C	R1	R2	R3	R4	R4C	TC	PPC	CPC	SRSA			
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DEFINITIONS: DOC Health Services Section Monthly Statistical Report

- Data collection options are noted in *{Bracketed Italics}*

Number of Nurse Encounters:

Sick Call – the total number of inmates seen in sick call, as described in policy and procedure P-E-07, Non-Emergency Health Care Requests and Services. This does not include inmates who sign up for sick call and then cancel or do not show up, nor does it include contacts between nurses and inmates generated by some other means. Sick call encounters are not entered into the Inmate Health Plan. *{IHP}*

Indirect – triage of inmate health requests by either Inmate Communications, or, telephone contacts. *{Paper count, hash marks}*

Direct – inmates seen in sick call. *{Direct count}*

By Appointment – the total number of inmates seen for scheduled services, via the IHP, requiring the use and documentation of the nursing assessment process. Included in this category are inmates seen via scheduled nurse call-outs, and all other non-routine scheduled nurse/patient encounters. *{IHP}*

Routine Monitoring – the total number of inmates seen by nursing staff for routine purposes. Included in this category are glucoscans, tuberculosis screenings, blood pressure checks, DSU daily monitoring, ASU monitoring, etc. *{IHP, hash marks}*

Primary Care Services:

This refers to Physicians, Nurse Practitioners and Physician Assistants whose practice area is general medicine, internal medicine, family practice or adult health. It does not include practices areas other than primary care such as OB/GYN, psychiatric/mental health, etc.

Total Available Hours – number of hours actually worked. This number should be consistent with either the “RG” numbers noted on the monthly time sheet, or, the number of hours billed via contract. *{Time sheets, contractor bills}*

Administrative Hours – number of hours spent doing other things than direct or indirect patient care. Included in this category are, but not limited to, training, practitioner meetings, TLC meetings, reviewing policies and procedures, attending staff meetings, etc. *{Est. by the HSM}*

Patient Care Hours – number of hours spent providing patient care, either directly or indirectly – see below. *{Total number of available hours minus the administrative hours}*

Number of Patient Contacts:

Direct Contact – face to face patient care encounters when documentation in the health care record is required. *{Total number seen from the IHP monthly provider count minus indirect contacts if automated}*

Indirect Contact – encounters involving patient care other than face to face that require some type of documentation in the health care record. Included in this category are, but not limited to, documented discussions with nursing staff or other provider staff, signing and reviewing nursing protocol orders and progress notes, and documented reviews of laboratory and diagnostic tests. *{Hash marks, IHP}*

Inmate Deaths: the number of inmate deaths that occurred during the month either within or outside the facility but within the ODOC's custody. *{Manual count}*

Number of Inmates with Special Needs Dx: the number of inmates who have chronic diseases as noted and categorized in the Special Needs section of the Inmate Health Plan. *{IHP}*

Specialty Care: the number of inmates seen for specialty services either on-site, or, outside (off site) the facility. *{Manual count of IHP, count of off-site referral sheets, transport lists}*

- On-site specialty care is the total number of inmates seen regardless of what facility they came from. If an inmate is transferred, or transported, to another facility for specialty care, the facility that actually provides the service does this count.

Onsite Emergency Care: the number of inmates seen by health care staff for emergency care.

Man down calls – the number of times Health Services staff respond to a mandown call regardless of whether, upon examination, the inmate emergency was legitimate or not. This refers to the number of times Health Services staff are expected to respond to a request for emergency assistance with appropriate emergency equipment. *{Hash marks}*

Unscheduled services – unscheduled care given to inmates in the clinic area that is not entered into the IHP. Examples include walk-in emergencies (including emergent, urgent and non-urgent needs), post altercation examinations, stat laboratory specimen collection, unscheduled glucoscans, etc. *{Hash marks}*

Infirmary Care: this section is completed when a patient is assigned to a bed for the purpose of infirmity care as defined in policy and procedure P-G-03, Infirmity Care.

Total # of Admissions – the number of inmates admitted to the infirmity, in each admission category, per calendar month. *{IHP}*

of Patient Days – a patient day is the presence of any patient in an infirmity bed. This time may be for any duration (2 hours to 24 hours). Days are based from midnight to midnight. *{Count, institution specific}*

Average Daily Census – patient days divided by the number of days in the month. *{Manual calculation}*

% Occupancy = $\frac{\text{Patient Days}}{(\# \text{ of beds}) \times (\# \text{ of days in the month})} \times 100$

Comments: this area is for any information that the Health Services Manager feels should be included in the Monthly Statistical Report for sharing purposes.

DEFINITIONS: (Monthly Infectious & Communicable Disease Statistics Definitions)

Tuberculosis

Screened: Total number of inmates screened for the presence of TB. This number should minimally be the same as the number of inmates listed on the monthly screening list. Is also the total number of new intakes for the month.

New Arrivals Placed on Treatment: Number of patients who were worked up at another facility but transferred to your facility prior to being started on medications, who you then started on medications because of the prior work up.

New Reactive PPD: Number of newly positive PPD's found during the monthly screening or at intake.

% Placed on Treatment: Number of inmates started on prophylactic treatment for being a newly positive PPD.

On Treatment Caseload: Number of inmates currently on prophylactic treatment.

% Non-Compliant with Prophylaxis: Number of patients who have refused prophylaxis, or become non-compliant by taking less than 85% of their medications. These people have the highest risk of developing active TB within the next two years.

Active Disease: Number of patients diagnosed with active tuberculosis.

HIV Positive and PPD Positive: Patients that are HIV positive and also had a positive PPD test this month.

HIV

Tested this month: Those individuals that received pre-test counseling and a serum HIV test.

Positive from those tested this month: Of those individuals serum tested, the number that were positive for the HIV antibody.

Total Sero-Positive Patients: The total number of inmates currently at your institution that have tested HIV positive at any time.

CD4+ Between 200-500: The total number of inmates currently at your institution that have tested HIV positive at any time and currently their CD4 counts are between 200 and 500.

AIDS Patients: The total number of inmates currently at your institution that have tested HIV positive at any time and currently their CD4 counts are less than 200 and/or currently have an opportunistic infection.

Positive Patients then TB tested: The number of patients that tested positive this month for HIV and were then also tested for TB.

Other

Chlamydia (test positive): The number of patients that tested positive this month for chlamydia.

Gonorrhea (test positive): The number of patients that tested positive this month for gonorrhea.

Syphilis (infectious): The number of patients that tested positive this month for syphilis.

Hepatitis A: The number of patients that tested positive this month for hepatitis A.

Hepatitis B: The number of patients that tested positive this month for hepatitis B.

Hepatitis C (tested this month): The number of patients that tested for hepatitis C antibody this month.

Hepatitis C+ (of those tested this month): The number of patients that tested for hepatitis C antibody this month that returned a positive test.

Other Reportable Disease: Name and number of any other reportable disease this month as required by the Oregon State Health Department.

ABBREVIATIONS AND DEFINITIONS FOR DENTAL STATISTICS

CATEGORY	DEFINITION
DATE	Date for which stats apply
INST	Institution where work was performed
PROV	Provider for which stats apply
HRS	Hours Dentist Present, not counting Staff mtgs, Continuing Ed, and TLC mtgs
HNDA	Hours there was no dental assistant present
PS	Number of patients seen for the day
PT	Number of patients "treated" for the day
CR	Chart Reviews
RX	Physician Orders
ES	Emergency Screenings-Brief triage
IE	Intake Exam
LOE	Limited Oral Evaluation-Examination of specific area of mouth
CE	Comprehensive Oral Evaluation (with FMX and perio screening)
CPE	Comprehensive periodontal evaluation (20 or more teeth)
RE	Recall exam with cleaning
XR	X-rays taken
PAN	Panoramic x-rays taken
PLT	Palliative/Miscellaneous Treatments: <ol style="list-style-type: none"> 1) Occlusal adjustment or smooth filling 2) Application of Gluma Desensitizer 3) Recement Crown
SCA	Adult scale
DEB	Debridement
QS	Scale/Root Plane per Quad w/anesthesia
SF	Sedative/Temporary Filling
A1	Amalgam 1 surface-One surface silver filling
A2	Amalgam 2 surface
A3	Amalgam 3 surface
A4	Amalgam 4 surface
A4C	Amalgam 4 surface complicated
R1	Resin 1 surface
R2	Resin 2 surface
R3	Resin 3 surface
R4	Resin 4 surface
R4C	Resin 4 surface complicated
TC	Temporary Crown
PPC	Preparation of tooth for permanent crown
CPC	Cementation of permanent crown
SRA	Start Root Canal on Anterior tooth
SRB	Start Root Canal on Bicuspid tooth
SRM	Start Root Canal on Molar tooth
SRMC	Start Root Canal complicated Molar
CRA	Completion of Root Canal on Anterior tooth
CRB	Completion of Root Canal on Bicuspid tooth
CRM	Completion of Root Canal on Molar tooth
CRMC	Completion of Root Canal complicated Molar
SR	Suture Removal or post surgical exam
PSE	Post surgical exam
ST	Surgical treatment – Post surgical treatment or incise and drain
EX	Simple extraction
EXS	Surgical extraction – including flap and sutures
EXSC	Surgical extraction – complicated tooth
EXST	Extraction – Soft Tissue impaction

EXPB	Extraction – Partial Bony impaction
EXFB	Extraction – Full Bony impaction
ALXO	Alveoplasty not in conjunction with extractions
TR	Removal of bony Tori
BPX	Biopsy
DA	Denture adjustment
DR	Denture or partial repaired
IMP	Primary or study model impressions
IMP2	Secondary impressions
TRY	Try in prosthetic appliance
BR	Bite registration
SL	Temporary relin of denture or partial
DFD	Deliver full denture
DPD	Deliver partial denture
PR	Permanent relin of denture or partial
NG	Night guard – soft or hard

Miscellaneous Abbreviations

NS	No show
NE	No escort
RS	Reschedule
RT	Refuse treatment
FUD	Full upper denture
FLD	Full lower denture
PUD	Partial upper denture
PLD	Partial lower denture
APUD	Acrylic partial upper denture
APLD	Acrylic partial lower denture
IR	Answer interview request
CK	Check (e.g., new denture, filling, etc.)