

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 are corrected.

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

PROCEDURE:

- A. The Medical Service and BHS Managers are members of the institution management team and will regularly participate in meetings of this group. Other Health Services members attend these meetings as appropriate. The minutes of these meetings reflect discussion of items relevant to health care services.
- B. The Medical 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, documented minutes or summaries are kept of the dates of the meetings, those in attendance and a outline of the topics discussed.
- C. The multi-disciplinary Health Services Management Team meets regularly. This group includes representatives from Administrative Services, Medical Services, Behavioral Services, Business Services, Pharmacy and Stores, Dental Services, and Human Resources. The purpose of these meetings is to establish standards for health care delivery, share information, and to address operational problems. Minutes of these meetings are taken and distributed to the participants.
- D. Each month, the Medical Service Manager at each facility prepares a statistical report, (Attachment 2). Using a data collection that has been provided to each MSM, the statistical report is submitted to the Health Services Administration and to the Superintendent of the institution.
- E. The Medical Service Manager at each facility prepares a narrative report each quarter according to the outline (Attachment 1) of this procedure. The quarterly narrative report is submitted to the Health Services Administration in October (July through September), January (October through December), April (January through March), and July (April through June).

Effective Date: _____

Review date: Review date: August 2014

Supersedes P&P dated: April 2014

Quarterly Report Template

Major Accomplishments and/or Activities: A brief description of all accomplishments and/or activities that have occurred within the institution's Medical Services area.

Problems: Brief description of any existing significant problems, what has been done to remedy the problems 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: A brief discussion about your CQI activities including infection control and disaster drills.

Oregon Department of Corrections
Health Services Program
Monthly Statistical Report

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

Number of Nurse Encounters		
Housing	Direct	Indirect
General Population		
Special Housing		
Total		

Primary Care Encounters		
Provider	Appointments	Chart Review
Physician		
General Population		
Special Housing		
Subtotal		
NP / PA		
General Population		
Special Housing		
Subtotal		
Total		

Inmate Deaths	
Gender	Total
Males	
Females	

Number of Inmates by Major Diagnosis Code						
ADM	-	END		ORT		Other
AGE		HEM		REN		MH
CV		INF		REP		UNS
DIG		NEO		RES		
DIS		NEU		SNS		

Infectious & Communicable Disease Statistics	
Tuberculosis	
# Screened	
# New Arrivals placed on Treatment	
# New Reactive PPD *	
% Place 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	
Other	
# Chlamydia (Test Positive) *	
# Gonorrhea (Test Positive) *	
# Syphilis (infectious) *	
# Hepatitis A	
# Hepatitis B *	
# Hepatitis C tested this month	
Other Reportable Disease per Health Department Listing	none

* 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

DEFINITIONS: DOC Health Services Section Monthly Statistical Report

- All encounters below must be noted in the IHP or by hand, (facility choice) but must be counted in monthly STATS report
- Any encounter (direct or indirect) listed below in these definitions must have corresponding documentation

General Population

Housing other than Special Housing

Special Housing

Housing outside of General Population designed for specific care. These can include such units as:

- Intensive Management Unit
- Behavioral Health Unit
- Segregated Housing Unit
- Disciplinary Segregated Unit
- Administrative Segregation
- Segregation
- Infirmary
- Mental Health Infirmary
- Temp Holding
- Death Row

Number of Nurse Encounters:

- **Direct**
 - Direct – inmates seen in sick call as outlined in P-E-07. Face to face patient care encounters when documentation in the health care record is required.
 - Direct-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.
 - Direct- 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.
- **Indirect:** must include documentation in inmate healthcare record
 - Indirect – triage of inmate health requests by either Inmate Communications, or, telephone contacts.
 - Indirect- any medical issue f/u that is not a direct encounter. Ex include
 - Processing parole orders
 - Processing transport meds/charts
 - Answering kites

Primary Care Encounters:

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.

Number of Patient Encounters:

- Direct Contact – face to face patient care encounters when documentation in the health care record is required.
- Indirect Contact – encounters involving patient care other than face to face that requires some type of documentation in the health care record. Included in this category include, but is not limited to:
 - documented discussions with nursing staff or other provider staff
 - signing and reviewing nursing protocol orders and progress notes
 - signing and reviewing telephone orders
 - documented reviews of laboratory and diagnostic tests

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

Number of Inmates by 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.

Specialty Care: the number of inmates seen for specialty services either on-site, or, outside (off site) the facility.

- 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.

Unscheduled Onsite 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.
- 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.
- After hours BHS health services –care given to inmates that would normally fall under BHS services. This could include items like:
 - Suicide Watch initiation
 - Suicide Close Ops initiation
 - Talking with an inmate about thoughts of self-harm

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 infirmary, in each admission category, per calendar month.

- # of Patient Days – a patient day is the presence of any patient in an infirmary bed. This time may be for any duration (2 hours to 24 hours). Days are based from midnight to midnight.
- Average Daily Census – patient days divided by the number of days in the month.

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.)