State of Iowa Department of Corrections

Policy and Procedures

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Chapter 6: Health Services
Sub Chapter: Health Screening and Appraisals
Related DOC Policies: HSP-502, HSP-603, HSP-702, HSP-740, IO-HO-01, IO-HO-10, IO-HO-11
Administrative Code Reference: N/A
Subject: Multidisciplinary Meeting Structure
ACA Standards: 5-ACI-6A-04, 5-ACI-6A-05
Responsibility: Dr. Jerome Greenfield
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Authority:

1. PURPOSE

To have scheduled multidisciplinary meetings about the treatment effectiveness for patients who are receiving medical and/or mental health care.

2. POLICY

It is the policy of the Iowa Department of Corrections Health Care Services to ensure that there is structured multidisciplinary communication about patients receiving specialized medical and/or mental health care in order to promote teamwork and to improve informed decision making about the patients' treatment.

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3. DEFINITIONS

A. Committee - Institutional-based multidisciplinary committee that addresses cases that fail to achieve anticipated health outcomes, require transfer to another facility when necessary level of health care is not available in-house, require adaptations to traditional treatment services, or require customized treatment interventions/services. Committee membership represents interdisciplinary staff, which may include Nursing Director and other licensed nurses, Health Services Administrator, physician (includes PA, NP), psychiatrist, social workers, psychologists, Unit Managers, Correctional Counselors, Program Staff, Activity Staff, Security Supervisors, involved security staff and/or Associate Wardens.

B. Executive Health Care Team - Team comprised of the Iowa Department of Corrections Health Services Administrator, Medical Services Administrator, Mental Health Director and Nurse Administrator.

C. Medical Assisted Living Housing - Designated housing for patients who require a higher level of observation by health services staff and proximity to health care treatment. It provides for medical care following surgery or injury or a life-threatening event, and/or short- or long-term unstable chronic care, palliative hospice care, and/or dementia care.

D. Skilled Nursing Housing - Designated housing for the care and treatment of the acute and subacute patients including those requiring medical isolation. It provides for the evaluation and monitoring of symptoms and clinical status that requires daily contact with medical care provider and 24/7 nursing care.

4. PROCEDURES

A. Treatment Team Meeting

1. Each institution, based on the level of medical and/or mental health care provided within that institution, shall:

    a. Establish the positions that are members of treatment teams for medical and mental health consistent with a multidisciplinary, team-oriented approach including consultative members as appropriate to the patient's needs.

b. Establish the medical and mental health positions that are responsible for updating the treatment plans following the treatment team meeting.

c. Establish which team member(s) will meet with the patient to discuss changes in the treatment plan within 24 hours of the treatment team meeting.

d. Develop a mechanism by which staff can readily identify patients' individual treatment plan directives.

e. Develop the schedule (day of week, time of day) that the treatment team meetings will be conducted.

2. The treatment team, shall:

a. Be responsible for the treatment needs and the operational requirements of patients in medical or mental health housing.

b. Develop an individualized treatment plan for each patient under the team's care and supervision consistent with **HSP-702**, *Multidisciplinary Treatment Planning for Mental Health Housing Units*.

c. Review the treatment plan with the patient and review any concerns by the team in achieving the goals identified in the plan.

d. Identify problems, outcomes and interventions and will amend any of these as situations occur in an effort to better meet each patient's treatment goals.

e. If those amendments require additional team member input and/or discussion, the treatment team shall make recommendations that a patient's care be reviewed before its scheduled time based on concerns that the treatment plan is not effective. This recommendation must be made to the Unit Manager at least three days prior to the scheduled team meeting.

f. Shall make decisions to transfer the patient to a lesser or greater level of care available within that institution based on the patient's treatment needs consistent with IDOC Policies **HSP-603**, *Medical Levels of Care*; **IO-HO-10**, *Medical Housing*; **HSP-740**, *Mental Health Levels of Care*; **IO-HO-11**, *Mental Health Housing*.

g. Shall make recommendations to the Committee if the patient's treatment needs cannot be met by the level of medical or mental health care provided at the institution.

h. Shall review each patient's treatment plan at least once every 30 days.

3. The Unit Manager (or designee) of the medical and/or mental health unit consistent with **IO-HO-01**, *Unit Management*, shall:

   a. Conduct a weekly treatment team meeting.

   b. Set the agenda to determine which patients will be reviewed each week and notify staff on a timely basis.

   c. Ensure that there is a mechanism in place for obtaining information from all team members and all shifts.

   d. Allocate time to review any patients where there are major concerns that need to be addressed by the team immediately and cannot wait for their scheduled review.

   e. Ensure, in coordination with the health authority, that individualized treatment plans are developed and reviewed for all patients receiving specialized medical or mental health care.

   f. Assign a counselor or clerical staff to serve as recorder to ensure that all documentation is completed on each treatment plan.

g. Develop a mechanism for sharing treatment planning information with appropriate nursing and correctional officer personnel not attending the meeting.

4. The recorder will be responsible for:

a. Take notes on each patient's treatment plan on the computer.

b. Update the status of suggested interventions from notes of previous meeting.

c. Send out a meeting summary to all appropriate individuals noting the patients that were reviewed, any significant changes and remind staff that updated treatment plans need to be reviewed.

d. Ensure demographic data is consistently updated.

e. Ensure that update treatment plans are posted in the designated staff accessible area of each medical and mental health housing unit.

f. Maintain a calendar listing of all patients to be reviewed each week.

B. Committee

1. The Committee is responsible for reviewing cases that fail to achieve anticipated health outcomes, require transfer to another facility when the necessary level of health care is not available in-house, planned and unplanned admissions to the health care beds within the facility, patients who require adaptations to traditional treatment services, or require customized treatment interventions/services.

2. Each institution, based on the level of medical and mental health care provided within that institution, shall:

a. Establish an institution-wide Committee that oversees the medical and mental health care of patients within that institution consistent with a multidisciplinary, team-oriented approach.

b. Determine the name of the committee and the positions that comprise the Committee and forward that information in writing to the DOC Health Services Administrator.

c. Determine the schedule (frequency, day, time) that the Committee meetings will be conducted.

3. The health care authority (or designee) for the institution, shall:

a. Conduct the Committee meeting.

b. Be responsible for setting the agenda for the Committee meeting.

c. Distribute the agenda at least two days prior to the meeting date.

d. Ensure that emergency Committee meetings shall be held as necessary to meet the health care needs of the population related to transfers to or from another institution to obtain the necessary level of care.

e. Ensure that brief, confidential meeting minutes are documented and forwarded to the DOC Health Services Administrator within 24 hours of the meeting.

f. Be responsible for communicating (or delegating the authority to the treating medical or mental health professional) with the receiving or sending institution, institution operations, and when necessary the Executive Health Care Team regarding the recommendation for transfer to another institution within IDOC consistent with IDOC Policies **HSP-502**, *Intra-System Transfers*; **HSP-603**, *Medical Levels of Care*; and **HSP-740**, *Mental Health Levels of Care*.