

<b>CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL</b>	Effective Date: 3/17/2016	<b>NUMBER: A-04.1</b>  <b>Page 1 of 2</b>
	Replaces: 3/18/2015	
	Formulated: 1/85 Reviewed: 1/18	
<b>ADMINISTRATIVE MEETINGS</b>		

**PURPOSE:** To establish a mechanism for effective communication among the facility health care staff and regional health care staff and TDCJ Health Services Division, as well as among facility correctional and health care staff.

**POLICY:**

- I. Each unit Facility Leadership Council as per the Correctional Managed Health Care Quality Improvement Plan is to be composed of the following members:
  - Facility Health Authority/Medical Director
  - Director of Nursing/Nurse Manager Facility
  - Health Administrator/Manager
  - Warden or the Designee
  - Facility Dentist
  - Facility Mental Health Manager
  - Representatives from other staff as applicable (i.e. Infections Disease Nurse, Laboratory and Radiology Services)
  
- II. Each unit Facility Leadership Council shall meet monthly to fulfill its functional responsibilities as listed in the Correctional Managed Health Care Quality Improvement Plan Monitor Access to Care:
  - A. Identify the most strategically significant 2-4 Aspects of Care (clinical or administrative) for facility improvement in addition to those identified by System Leadership Council.
  - B. Assign a champion to implement the monitoring of each Aspect of Care.
  - C. Monitor and evaluate all selected major Aspects of Care.
  - D. Develop a Quality Improvement Program annually or more often, if necessary, that includes Scope of Care, assignment of responsibilities, selected Aspects of Care, and the identification of Indicators by which important aspects of care will be monitored.
  - E. Maintain informative flow with the System Leadership Council regarding the above activities.

Additionally, the Facility Leadership Council meeting is to provide opportunity for staff to share any other information pertinent to the provision of health services, infection control issues, offender grievances, environmental inspection reports, or other related facility business.
  
- III. Minutes of these meetings are to be recorded, shared with facility staff and regional staff and kept as a reference for three years. A copy of the minutes are to be turned in to TDCJ Health Services by the 20<sup>th</sup> of the following month.

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Minutes should include an account of the effectiveness of the health care delivery system, a description of any factors that need improvement, recommended corrective action and changes since the last report.

The following statement will be on each page of the original copy of the minutes:  
 “These minutes are PRIVILEGED and CONFIDENTIAL and prepared at the request of and for sole distribution to this committee in accordance with Vernon’s Annual Civil Statutes, Health & Safety Code, Chapters 161.032 & 161.033.”

Reference: ACA Standard 4-4408 & 4-4410 (Ref. 3-4328)