

## **INFORMAL RESOLUTION PROCESS**

### **A. PURPOSE**

The purpose of this guideline is to provide a structure that facilitates participation in the resolution of all offender health-related complaints by facility healthcare providers. It is the responsibility of each facility medical department to appoint a Complaints Coordinator and an Alternate to serve as a facilitator for the informal resolution of health related complaints. The coordinator will assure that each complaint is recorded, and then directed to the appropriate discipline for investigation; that, when indicated, the offender is interviewed; that all necessary personnel and witnesses are interviewed; that all pertinent documentation is reviewed; and that any action taken is documented regarding the resolution of the complaint.

There is a general order for the resolution of any reported medical problem, as efforts should always be to address problems at the lowest possible level. The offender has the responsibility of bringing his/her medical concerns to the attention of the medical department by submitting a request or a walk-in visit to the medical department. If the attempt to utilize this avenue is not successful, then the offender should submit an I-60 to the facility Complaints Coordinator. All informal resolutions will be processed even if not written on an I-60. It is the responsibility of the Complaints Coordinator to address the reported problem through interview (offender and/or witnesses), investigation, and documentation of any/all action taken. The focus is to address or resolve the concern at the lowest possible level. If efforts toward informal resolution are unsuccessful, the offender then has the option of filing a Step 1 and then a Step 2 Medical Grievance.

### **B. OFFENDER EDUCATION**

Upon the offender's arrival to the facility, the medical department will provide each offender with information on the resolution of health care concerns. It is the responsibility of the medical department to provide, in writing (verbally when necessary) the most current information (Forms HSA 34 and 34A, Getting Medical Treatment) and include instructions for submitting an informal resolution attempt. Special attention should be directed to the process for submitting requests for medical assessment or treatment, which is to record this information on the Sick Call Request. The I-60 form is generally used for administrative type questions, such as a request for informal resolution through the Complaints Coordinator. However, if the I-60 or any other form of communication reflects symptoms or a request to see a provider, it is to be handled as a Sick Call Request.

### **C. INFORMAL RESOLUTION**

It is the responsibility of each facility medical department to have in place a written informal review mechanism. This will provide the offenders the opportunity for resolution of his or her concerns at the lowest possible level. This plan must be available for review if requested. It is understood that the initial level of conflict resolution does not include referrals to the Patient Liaison Program or to the Offender Grievance Program. The agency grievance procedure requires that offenders attempt informal resolution prior to the filing of a Step 1 Grievance. Because the offender must file his Step 1 Grievance within 15 days of the incident or knowledge of the incident, the Complaints Coordinator must assure that he/she receives a response to their concern. A response should be made as soon as possible (preferably within 24-72 hours). This will allow the offender to effectively participate in the Step 1 Grievance process. A record will be maintained of all contacts.

### **D. PATIENT LIAISON PROGRAM**

The Patient Liaison Program is a process through which a third party may request an investigation and information into concerns regarding an offender's health care. The Patient Liaison Program is not part of the Informal Resolution Process. (Reference CMHC Policy A-12.2, Patient Liaison Program)

A-12.1 Attachment C  
Effective: 11/19/2018  
Replaces: 1/8/2016  
Reviewed: 10/18

## **E. LOGS/DATABASES**

The Medical Department of each facility will maintain a log/database of all complaints which contain the following information at a minimum:

1. Staff Member - name of discipline staff member assigned to complete investigation of grievance.
2. Name, TDCJ-ID #, Facility/Unit – self-explanatory.
3. Presenting Problem – synopsis of the allegations, concerns or complaints. This must include the names of Health Services personnel who have allegations of inappropriate actions levied against them.
4. Date Interviewed – date of offender interview, if applicable. Provide rationale if interview is not conducted.
5. Action Taken – a brief, but thorough summary of the investigation done by staff (i.e., interviewed offender; reviewed medical records, flow sheets and related medical documents; obtained witness statements; consulted physician/other providers [include name(s)], arranged/expedited medical referrals or appointments, etc.).
6. Outcome – a description of the findings of the investigation indicating whether the issues were resolved satisfactorily, did not warrant corrective action, required action of some type or were closed for administrative/other reasons. If an issue requires an action, an explanation must be included here (i.e., Director of Nursing is to in-service staff, etc.).
7. Response Date – date the response is provided to the inquirer (offender, third party, grievance office).

This retention of **Informal Resolution** information will follow the same schedule **as the offender medical record.**

## **F. OFFENDER GRIEVANCE PROGRAM**

The Offender Grievance Program is under the purview of the Administrative Review and Risk Management Division. The facility medical department is responsible for investigating and responding to Step 1 Medical Grievances. The TDCJ Health Services Division Office of Professional Standards Step 2 Medical Grievance is responsible for the appellate review at Step 2 of the Step 1 Medical Grievance response. The facility medical department and the Office of Professional Standards Step 2 Medical Grievance are responsible for adherence to Administrative Directive (AD) 03.82 “Management of Offender Grievances” and the Offender Grievance Operations Manual.

Resources:

1. Offender Grievance Operations Manual
2. Texas Department of Criminal Justice Offender Handbook
3. Correctional Managed Health Care Policies and Procedures - 12.1 and 12.2
4. Quality of Care Monitoring by the TDCJ and Health Care Providers – Sec. 501.150

The resource information, as reflected above, is updated periodically and the facilities are responsible for securing the most recent information as it becomes available. This Informal Resolution Process can also be found on the CMC web under Manuals. The Offender Grievance Operations Manual is available on the TDCJ intranet under Manuals and Publications.