GUIDANCE DOCUMENT CERTIFICATION

I have reviewed this guidance document or proposed guidance document and I certify that it complies with sections §227.10 and §227.11 of the Wisconsin Statutes.

I further certify that the guidance document or proposed guidance document contains no standard, requirement, or threshold that is not explicitly required or explicitly permitted by a statute or a rule that has been lawfully promulgated.

I further certify that the guidance document or proposed guidance document contains no standard, requirement, or threshold that is more restrictive than a standard, requirement, or threshold contained in the Wisconsin Statutes.

_____________________________________________________
Name of Individual Certifying this Document/Proposed Document

James Greer

Director, Bureau of Health Services

_____________________________________________________
Signature

_____________________________________________________
Date Signed

Department of Corrections – Wisconsin
Office of the Secretary
Wis. Stat. § 227.112(6)
DOC-2910 (6/2019)
POLICY
The Division of Adult Institutions facilities shall ensure inmate patients have a right to disagree with or questions the DOC health Care System/Services.

REFERENCES
Wisconsin Administrative Code Ch. DOC 310 – Complaint Procedures

DEFINITIONS, ACRONYMS AND FORMS
BHS – Bureau of Health Services
Corrections Complaint Examiner (CCE) – Employee assigned to review complaints appealed to the Secretary and to conduct further investigation as needed.

DOC – Department of Corrections
DOC-400 – Offender Complaint

HSM – Health Service Manager
Institution Complaint Examiner (ICE) – Employee assigned by the Warden/Superintendent at each facility to investigate inmate complaints.

Inmate Complaint Review System (ICRS) – Process under Wisconsin Administrative Code Ch. DOC 310 by which complaints filed by inmates are investigated and resolved.

Responsible Health Authority (RHA) – The individual delegated with the responsibility for the facility’s health care services and arranges all levels of health care and assure quality, assessable and timely health services for inmates. The RHA may be a physician, health service manager, nursing coordinator or agency.

Reviewing Authority (RA) – The health authority who makes the final decision for health complaints. This is an assigned Nursing Coordinator.
PROCEDURE

I. Resolution of Inmate Patient Complaints and Concerns by Health Staff
(Prior to Filing of a Complaint Under ICRS)
   A. Patients have the right to disagree or question or complain, health care
      system/services including their medical, dental and mental health care. While
      a formal process exists for complaints/questions, the patient’s complaints may
      be verbal or in writing.
   
   B. Attempts should be made to informally resolve an inmate patient’s health care
      complaints or concerns.

II. Patients’ concerns, questions and complaints are an important component
    of continuous quality improvements and shall be tracked through the
    facility CQI Program.
   A. An inmate patient may contact health staff in an attempt to informally resolve
      concerns, questions or complaints.
   
   B. Responses to patient grievances, questions or complaints shall be
      professional and demonstrate an interest for safe patient care.
   
   C. A formal grievance process exists for unresolved complaints.

III. A face to face interview by health staff, specifically the HSM, a care
    provider or charge nurse is an effective way to resolve issues and
    concerns and is encouraged.
   A. Health staff shall document interventions and responses to questions and
      complaints in the health care record.
   
   B. Health staff shall respect the confidential nature of patient complaints or
      concerns by not discussing the complaint or concern with other staff or inmate
      patients, except those who have a job related need to know.
   
   C. Where issues, concerns or complaints are long standing, unresolved or on-
      going, health care staff shall periodically meet with patients as a check in on
      healthcare service.

IV. Investigation of ICRS Complaint
   A. When a patient files a formal complaint by submitting DOC-400, designated
      health staff shall collaborate with the ICE in the first step of the investigation
      of the complaint. If someone other than a member of the health care staff
      responds to patient complaints, health staff shall be consulted.
   
   B. During the ICRS process, designated health staff shall respond to requests
      for information from the appropriate RA and CCE or the Office of the
      Secretary.
C. Designated medical, dental and mental health staff shall attempt to resolve patient complaints and concerns by reviewing and evaluating the complaints and concerns in a timely manner based upon principles of adequate health care delivery.

V. Actions Following an Affirmed Complaint
A. HSMs shall review complaints, and identify and resolve systematic problems in health care delivery in coordination with the assigned Nursing Coordinator.

B. HSMs shall track patterns and themes related to inmate patient complaints and make recommendations for changes in practice at the facility and system level.

C. RAs shall inform the Medical/Nursing Director of complaints that may require a change in health practices or policies/procedures.

D. The BHS Director, Medical Director, Director of Nursing, Mental Health Director, Pharmacy or Dental Director shall:
   1. Determine when health care practices or policies and procedures should be developed, revised or rescinded at the systems level.
   2. Notify BHS committees/staff responsible for revising protocols, treatment guidelines, policies/procedures and forms when changes result from a complaint.
   3. Notify health staff of changes in health practices, policies and procedures resulting from affirmed complaints.

Bureau of Health Services: ________________________________Date Signed: ____________
James Greer, Director

________________________________Date Signed: ____________
Paul Bekx, MD, Medical Director

________________________________Date Signed: ____________
Mary Muse, Nursing Director

Administrator’s Approval: ___________________________Date Signed: ____________
Jim Schwochert, Administrator
REFERENCES

DEFINITIONS, ACRONYMS, AND FORMS

FACILITY PROCEDURE

I.

A.

1.

a.

B.

C.

II.

A.

B.

C.