



**CORRECTIONS MEDICINE**  
**Administrative Meetings and Reports**  
**ACA Standard: 4 ALDF – 7D – 25**

Effective: January 1993

Revised: Jan 2006, Oct 2014, May 2019, July 2019

Reviewed: Aug 2001, Oct 2014, Apr 2016

Policy Number:  
CM – 04

- I. **PURPOSE:** To create open lines of communications across the care team members to assure high quality of care.
  
- II. **POLICY:** The Saint Louis County Department of Justice Services (DJS) and the Saint Louis County Department of Public Health (DPH) shall maintain scheduled meetings among key stakeholders within both departments to assure coordination of care and operations and to address key initiatives, patient care, and strategic planning.
  
- III. **RESPONSIBILITY:** All Corrections Medicine staff and contracted staff are responsible for the content of this policy and procedure as well as adherence to the policy.
  
- IV. **PROCEDURE:**
  - 1. The Team Treatment Meeting is held regularly to discuss patients in the infirmary and any patients in the facility with identified special needs. This team includes members from DJS administration or their designee, responsible Health Authority or designee, a DJS case worker, a DPH supervisor, mental health team representative(s), and a nurse and Corrections Officer from the Infirmary, when census allows. Included in this meeting is a review of the Morbidity and Mortality for sentinel events, including attempted suicide(s). The team gives recommendations for process changes with continuous weekly follow up until completion.
    - a. If a death occurs, a separate Morbidity and Mortality meeting is scheduled as soon as possible with all parties involved in the care of the patient, as well as the Chief Medical Officer.
    - b. The Morbidity and Mortality review is completed for each conference (see Attachment 1). A Psychological Assessment report is completed for all cases that involve a significant mental health component (see Attachment 2).
  - 2. Monthly DPH Corrections Medicine leadership meetings are held to discuss policies and procedures, new programs and program changes, standing order modifications, and issues related to provider – nursing relationships related to patient care.
  - 3. Monthly Corrections Medicine staff meetings are held. Topics of discussion can include staffing, CQI updates, program changes, accreditation assignments and updates, supervisor updates, quality improvement and utilization review updates.
  - 4. Matters requiring follow-up pertaining to Corrections Medicine operations will be disseminated to the appropriate meeting participants prior to the next meeting.

**V. ATTACHMENTS:**

Attachment 1: Morbidity and Mortality Review Report form

Attachment 2: Saint Louis County Corrections Medicine Health Provider Suicide Attempt Review form

**VI. REFERENCE:**

National Commission on Correctional Health Care; Standards for Health Services in Jails; 2015;  
Standard J-A-04

**ATTACHMENT 1.**

**Morbidity and Mortality Review Report**

**Conference Date:**

**Attendees:**

**Patient:**

**Admission Date:**

**Booking Date & Time:**

**Adverse Event Date & Time:**

**General Patient Information/Clinical Course (generated from EMR):**

**Description of Incident (generated from EMR):**

**Other Relevant Information:**

**Suicide Risk Factors:**

**Psychological Factors:**

**Current Psychiatric Diagnoses:**

**Summary of Discussion:**

**Senior Leader/Lead Physician/CMO Comments:**

**Corrections Medicine Process Recommendations:**

Recommendation	Assigned to	Status	Comments
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**Justice Services Process Recommendations:**

Recommendation	Assigned to	Status	Comments
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## ATTACHMENT 2.

**Saint Louis County Corrections Medicine Mental Health Provider Suicide Attempt Review**

*This form is to be completed by a staff psychologist for each occurrence of a suicide attempt – alleged or actual – by an inmate.*

Inmate's Name [REDACTED]      DOB [REDACTED]      IMN [REDACTED]  
Date of review [REDACTED]      Time of review [REDACTED]      Reviewer [REDACTED]

**Attempt/Alleged attempt**

Day and date [REDACTED]      Time [REDACTED]      Incident Report # [REDACTED]

Specific location [REDACTED]

Inmate testimony about contributing factors, trigger(s), motivation, etc. (be specific) [REDACTED]

Inmate's response to this question: What, if anything, might have prevented you from taking the actions you did? Inmate quote:  
[REDACTED]

What, if any, actions did the inmate take to attempt to manage the impulses more appropriately? [REDACTED]

Means used (e.g. sheet, uniform) [REDACTED]

How were the means accessed? [REDACTED]

Did the inmate seek help prior to making the attempt? If so, what type of help? [REDACTED]

Has the inmate been seeing by a mental health professional since admission? If so, by whom and when? [REDACTED]

Has the inmate been given a psychiatric diagnosis while incarcerated here? If so, when and what? [REDACTED]

Is the inmate taking any medications? If so, types and dosages. If so, was the inmate compliant? [REDACTED]

Was the action determined to be an actual suicide attempt, a suicide gesture, or other [REDACTED]

Staff Name and Title [REDACTED]

Signature: \_\_\_\_\_