

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES
Health Care Department Operations Manual

1.2.2 Clinical Documentation and Decision Support Committee

(a) Policy

The California Correctional Health Care Services (CCHCS) shall maintain a Clinical Documentation and Decision Support (CDADS) Committee that is responsible for the following:

- (1) Oversee the research and development or the adaptation of existing evidence-based standards of care, including but not limited to clinical guidelines and pathways, procedures, and protocols in order to promote evidence-based practices for patients under care of the California Department of Corrections and Rehabilitation (CDCR).
- (2) Facilitate the dissemination of updated clinical guidance through the CCHCS Health Care Regulations and Policy Section (RPS).
- (3) Coordinate with other relevant committees, as indicated.
- (4) Consult on documentation and clinical decision-making tools within the electronic health record system (EHRS) to promote best practices and ensure integration of standards of care into the EHRS.
- (5) Regularly monitor and evaluate implementation of standards of care.

(b) Responsibility

(1) Statewide

The Deputy Director (DD), Medical Services, and the Deputy Medical Executive (DME), Policy and Provider Workforce, are responsible for the statewide planning, implementation, and evaluation of the CDADS policy and procedure.

(2) Regional

Regional leadership are responsible for reviewing and providing feedback for documentation and decision support, as requested by the CDADS Committee, within the designated timeframes as well as facilitating dissemination of the guidelines to the appropriate staff.

(3) Institution

Health care leadership are responsible for the following:

- (A) Reviewing and providing feedback for documentation and decision support, as requested by the CDADS Committee, within the designated timeframes.
- (B) Facilitating dissemination of guidelines to appropriate staff and implementation of evidence-based practice to the appropriate staff.
- (C) Ongoing monitoring to ensure sustainable incorporation into their practice utilizing designated patient care tools.

(c) Procedure

(1) Clinical Documentation and Decision Support Committee Membership and Meetings

- (A) The Chair shall be a DME or Assistant DME appointed by the DD, Medical Services. The Chair shall assist the DD, Medical Services in the selection of other members of the CDADS Committee when multiple candidates may be available.
- (B) The Chair and members serve on the committee for two-year terms, and may serve multiple terms. To ensure program continuity, terms are staggered so that no more than fifty percent of members will change in any given year, if necessary.
- (C) Voting members (and alternate designees) shall be appointed by the DD, Medical Services from among CCHCS/CDCR staff nominated by relevant clinical leaders for each discipline:
 1. Three Headquarter Physician Managers or designees
 2. Statewide Chief Nurse Executive or designee
 3. Two Chief or Senior Psychiatrists (Headquarters or Institution)
 4. One Senior or Chief Psychologist
 5. One Chief or Supervising Dentist
 6. Statewide Chief, Pharmacy Services or designee
 7. Two Statewide or Regional Pharmacy Services Managers
 8. Four Institutional or Regional Physician Managers or designees
 9. One Supervising Psychiatric Social Worker
 10. Chair, Continuing Health Care Education Planning Committee
- (D) CDADS Committee members may choose a designee to serve in their stead. Designees shall be approved by the Chair or the Chair's designee.

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- (E) Non-voting members of the CDADS Committee, non-members, or guests shall be approved by the Chair or the Chair's designee.
- (F) Meetings
 1. The CDADS Committee shall meet at least monthly unless there are no agenda items for discussion.
 2. A quorum shall exist when at least nine voting members are present.
 3. Committee actions shall be approved by a majority vote.
 4. Documentation of the committee recommendations and resulting decisions shall be kept for three years for historical reference.

(2) CDADS Scope of Review

The CDADS Committee is authorized to take the following actions:

- (A) Oversee, adopt, review, or make clinical recommendations to guidelines, care guides, and patient education materials to meet the needs of patients, making appropriate adaptations in consideration of safety and security, and other issues which apply in the correctional environment.
- (B) Review literature, as needed, including published guidelines, to ensure documentation for review is consistent with community standards.
- (C) Review and make recommendations on additional health care guidance from other disciplines, when requested, including treatment protocols, procedures, related education or training programs, and accompanying patient education materials specific to patient care issues.
- (D) Use experience of medical experts to inform recommendations when medical literature or research is unavailable in certain areas of care.

(3) Review Process

- (A) All clinical decision support material to be reviewed by the CDADS Committee shall be submitted to the committee support staff via email at CCHCS-CDADS@cdcr.ca.gov.
- (B) Care Guides and other clinical standards of care will be sent to all Regional and Institution clinical leaders of the appropriate discipline for review, providing ten calendar days to review materials and provide feedback to be considered by the committee.
- (C) The committee will review and approve clinical decision support materials detailed above in consultation with appropriate subject matter experts and CCHCS programs.
- (D) Upon approval by the committee, any materials containing medication or pharmaceutical recommendations shall be forwarded to the Pharmacy and Therapeutics (P&T) Committee for review and other relevant committees, if indicated. P&T shall review the materials and recommend:
 1. Approval;
 2. Approval with revisions; or
 3. Disapproved with revisions.
- (E) Once approved, all materials will follow the appropriate established workflow developed by the RPS as appropriate.
- (F) The committee will provide reasons for denial or deferral with recommended changes for all materials that are reviewed and not approved.

References

- California Code of Regulations, Title 15, Division 3, Chapter 1, Subchapter 5, Article 2, Sections 3409 and 3413
- California Fair Political Practices Commission, www.fppc.ca.gov
- National Guideline Clearinghouse, www.guideline.gov
- Agency for Healthcare Research and Quality, www.ahrq.gov
- National Commission on Correctional Health Care Standard P-G-01, Chronic Disease Services, <https://www.ncchc.org/chronic-disease-services-31-3>

Revision History

Effective: 12/2003

Revised: 05/2021