VOLUME 3: QUALITY MANAGEMENT	Effective Date: 12/03
CHAPTER 5	Revision Date(s): 1/06, 1/09, 5/11, 3/13
POLICY 3.5 CLINICAL GUIDELINES COMMITTEE	Attachments: Yes ☐ No ☒

I. POLICY

The California Correctional Health Care Services (CCHCS) shall maintain a Clinical Guidelines Committee (CGC) that promotes specific evidence-based guidelines in the treatment of California Department of Corrections and Rehabilitation (CDCR) patient-inmates.

II. PURPOSE

CCHCS supports the application of proven prevention, diagnosis and treatment strategies, and the overall practice of evidence-based medicine. This policy establishes a mechanism to improve patient-inmate care and outcomes by:

- Supporting the application of evidence-based medicine;
- Developing recommendations conforming to current evidence in clinical science in the form of treatment guidelines; and
- Providing assistance in clinical decision-making for CCHCS health care staff.

Care guides are not fixed protocols that must be followed, but are intended for consideration of health care professionals and providers. While they identify and describe generally recommended courses of intervention, they are not presented as a substitute for the advice of a physician or other knowledgeable health care professional or provider. Individual patients may require different treatments from those specified in a given care guide. Care guides are not entirely inclusive or exclusive of all methods of reasonable care that can obtain/produce the same results.

III. PROCEDURE

A. Clinical Guidelines Committee and Meetings

1. The committee chairperson or co-chairs shall be clinician(s) appointed by the Statewide Chief Medical Executive (SCME) or designee. The chairperson or co-chairs shall assist the SCME in selecting the other members of the CGC where multiple candidates may be available. In addition to the SCME, membership of the CGC may consist of the following voting members:
   - Chief Quality Officer
   - Statewide Chief Nurse Executive
   - Mental Health clinical representatives (2)
   - Dental clinical representatives (2)
   - Chief, Pharmacy Services
   - Deputy Medical Executive(s) (1-4)
   - Institution Medical Executive(s) and/or other clinicians (up to 6)
   - Chair, Continuing Medical Education Committee

CGC members may choose a designee to serve in their stead. Designees must be approved by the CGC chair or the Chair's designee.

Non-voting members of the CGC, nonmembers, or guests shall be approved by the CGC chair or the Chair's designee.

2. Conflict of Interest

   Regular voting members of the CGC, as CDCR/CCHCS employees, are subject to Title 15, section 3409 and section 3413 requirements, as well as pertinent Government Code sections and the Fair Political Practices Act (FPPA). These requirements prohibit CDCR/CCHCS employees from deriving any compensation from any entity doing or seeking to do business with the state. Many incumbents in designated positions within CDCR/CCHCS are required to complete a Form 700 (Statement of Economic Interests) on an annual basis disclosing relevant income sources. The exclusions of the Conflict of Interest code and the FPPA regulations are less restrictive than those imposed on CDCR/CCHCS employees in Title 15, sections 3409 and 3413(a). For CDCR/CCHCS, it is not sufficient to disclose potential conflicts of interest, as most of these conflicts are incompatible with employment in CDCR/CCHCS.

   Members of the CGC will provide a copy of their submitted Form 700 annually to the CGC Chair to be kept on file in CCHCS offices. Any member of the CGC who is not required to complete Form 700 as a CDCR/CCHCS employee will complete and submit the Form 700 prior to approval for CGC membership.

3. Confidentiality

   The proceedings and records of the CGC shall be confidential and protected from discovery to the extent permitted by law, including, but not limited to California Evidence Code Section 1157, and California Civil Code Section 56, et seq.

4. Meetings

   The CGC shall meet at least quarterly. A quorum shall exist when six of the CGC's voting members are present. The CGC may not take action on any agenda item without a quorum. Voting members each have one vote. CGC action is approved with a majority vote. A record of CGC proceedings shall be kept which documents all CGC actions and recommendations.

B. Clinical Guidelines Committee Responsibilities

The CGC is empowered to take the following actions:

1. Create, adopt, revise, or update clinical guidelines, care guides, order sets, and patient education materials to meet the needs of CDCR patient-inmates, making appropriate adaptations in consideration of safety and security and other issues which apply in the correctional environment.
2. Review literature, including published guidelines, for applicability/utility in CDCR.
3. Disseminate clinical guideline information through a method other than adoption as a care guide, such as through an informational newsletter.

4. Make recommendations on guidelines, care guides, order sets, related education/training programs, and accompanying patient education materials, specific to patient-inmate care issues.
5. Use opinions of medical experts to inform treatment choices when medical literature/research is lacking in a particular area of care.
6. Ensure that guidelines meet the following National Guideline Clearinghouse inclusion criteria:
   a) The guidelines should have been produced under the auspices of medical specialty associations, relevant professional societies, public or private organizations, government agencies at the federal, state, or local level, or health care organizations or plans.
   b) Corroborating evidence can be produced and verified that a systemic literature search and review of existing scientific evidence published in peer reviewed journals was performed during the guideline development. When such evidence-base is lacking, expert panels were consulted in the development of the guideline.
   c) The guideline is current and the most recent version produced.
   d) Documented evidence can be produced or verified that the guideline was developed, reviewed, or revised within the last five years.

Guidelines from outside sources may be used if they meet the above criteria and are vetted through the CGC.

C. Guideline Development

1. Subject matter experts approved by the CGC chair or the Chair's designee will assist in selecting and revising clinical guidelines to meet correctional health care requirements.
2. The CGC may convene subcommittees to develop guideline recommendations for submission to the CGC.
3. The CGC will also coordinate with other relevant committees and programs including, but not limited to the Systemwide Pharmacy and Therapeutics Committee, Utilization Management, Continuing Medical Education Committee, Quality Management, Medical Services, Dental Services, Mental Health Services, and Nursing Services, in guideline development.

D. Guideline Review

1. The CGC will review and approve guidelines, care guides, and related patient education materials, in consultation with appropriate experts and CCHCS programs.
2. Upon completion of a care guide by the CGC, the care guide, with a memorandum highlighting new or revised features and distribution recommendations, will be forwarded to the CCHCS Clinical Operations Team (COT).
3. COT will review the care guide and recommend:
   a) Approval and forward to the Joint Clinical Executive Team (JCET);
   b) Revision and forward to JCET; or
   c) Revision and return to CGC.

4. JCET will review and determine whether revisions to the care guide are indicated and/or:
   a) Approve the care guide in original form;
   b) Approve the care guide as submitted by COT;
   c) Approve the care guide with revisions; or
   d) Recommend revisions and return the care guide to COT or CGC.
5. If a care guide is returned to CGC, indicated revisions, if any, will be inserted and the care guide resubmitted to COT.

E. Guideline Distribution and Education

The Policy Development Section will be responsible for dissemination of each new or revised care guide. CGC, COT, and JCET will provide assistance and direction to ensure that information and indicated training is provided to all appropriate health care staff.

F. Forms

1. Clinical forms will be developed or updated by the CGC when needed/appropriate for care guide implementation.
2. These new or revised forms will be submitted with the care guide for review by management. The forms will be forwarded to the CCHCS Forms Committee to be finalized with approval of the care guide.

IV. REFERENCES

- 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, http://ncchc.org/resources/guidelines.html
- Institute for Medicine, guidelines for Clinical Practice: From Development to Use, 1992, www.nap.edu/openbook.php
- California Code of Regulations , Title 2, Division 6, Chapter 7, Conflicts of Interest
- California Code of Regulations, Title 15, Sections 3409 and 3413
- California Evidence Code Section 1157
- California Civil Code Section 56 et seq.
- California Fair Political Practices Commission, www.fppc.ca.gov