

GEORGIA DEPARTMENT OF CORRECTIONS



Standard Operating Procedures

Policy Name: Health Services Vendor Communications

Policy Number: 507.03.16

Effective Date: 8/22/2023

Page Number: 1 of 5

Authority:
Commissioner

Originating Division:
Health Services Division

Access Listing:
Level I: All Access

I. Introduction and Summary:

The Georgia Department of Corrections (GDC) aims to facilitate excellent internal and external communications among staff, vendors, offenders, and the general public about issues related to the medical, mental health, dental and other healthcare needs of the offender population. Communications should be open, appropriate to the audience, clear, concise, constructive, informative, and timely. It is important that information be disseminated in a consistent manner. This policy applies to all manner of communications issued or engaged in the Office of Health Services and its vendors pertaining to activities or issues related to offender healthcare. The purpose of this policy is to outline policy and procedures for managing communications to accomplish the following:

- A. Ensure a clear understanding and awareness of expectations.
- B. Share successes and learning opportunities.
- C. Proactively and consistently engage, collaborate, and consult with all stakeholders in a timely manner.
- D. Communicate organizational changes effectively.
- E. Maintain confidentiality; and
- F. Mitigate risk.

II. Authority:

- A. GDC Standard Operating Procedures (SOPs): 101.02 Standard Operating Procedures, 102.01 Media Relations, 101.07 Open Records Request, 506.08 Correctional Training Requirements, 507.03.09 Orientation Training for Health Care Staff, and 507.03.10 Continuing Education for Qualified Health Services Personnel.
- B. O.C.G.A. §§42-5-36(b) and (c); O.C.G.A. §50-18-70, *et seq.*; and
- C. HIPAA.

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III. Definitions:

- A. **Confidential State Secrets** - The contents of an offender's institutional file, central office file, SCRIBE, information related to investigations conducted by the Office of Professional Standards, and intelligence information gathered by the Office of Professional Standards are considered Confidential State Secrets.

- B. **Protected Health Information (PHI)** - The personal health records of offenders related to medical care, mental health care and dental care while in the custody of the GDC is considered Protected Health Information.

IV. Statement of Policy and Applicable Procedures:

A. Responsibilities:

- 1. Communications should be conveyed first to the appropriate GDC leadership based upon the functional area to which the content applies.

- 2. Key Contacts by Communication Category:
 - a. Clinical matters requiring physician direction should be routed through the Statewide Medical Director and the Assistant Commissioner for Health Services.

 - b. Operational matters pertaining to contractual requirements and contract administration should be routed through the Assistant Commissioner for Health Services and the Director of Health Services.

 - c. Financial matters pertaining to the contracted cost proposal invoicing or key performance indicators should be routed through the Assistant Commissioner for Health Services and the Assistant Commissioner for Administration and Finance.

 - d. Information technology matters pertaining to hardware, software or technological deliverables should be routed through the Assistant Commissioner for Health Services and the Chief Information Officer.

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B. Operational Protocols for Communications Channels:

1. Staff and vendor personnel shall adhere to the recommended protocols so that uniformity of practice may be achieved across disciplines as far as is practical.
2. Any change in process of healthcare delivery is to be presented to the Assistant Commissioner for Health Services for consideration and approval prior to implementation.
3. Content should be approved by the relevant line manager and be proofread thoroughly prior to issue so as to ensure they contain accurate information and project a professional image.
4. Vendors shall not use the GDC's logo or the Great Seal of the State of Georgia without the express written consent of the Commissioner.
5. Where the production of printed material is necessary, staff must ensure that appropriate procurement procedures are followed. The placement of media advertisements is also subject to public procurement procedures.
6. GDC may retract a communication if it is deemed to be inappropriate or offensive.

C. Preferred Methodologies:

1. Information relating to training, standard operating procedures, ACA standards and related issues shall be conveyed via email. Managers should ensure that their subordinates familiarize themselves with the changes applicable to their duties and take appropriate steps to inform any personnel who do not have email access, such as temporary or locum contractors.
2. Changes to the formulary for prescription drugs shall be conveyed via email, and managers should ensure that their subordinates with prescribing, purchasing or dispensing authority familiarize themselves with the changes applicable to their duties.
3. Employee safety information shall be conveyed via email. Managers should

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ensure that their subordinates familiarize themselves with the changes applicable to their duties and take appropriate steps to inform any personnel who do not have email access, such as temporary or locum contractors.

4. Crisis information related to disruptions in operations, outages, threats, and similar issues shall be disseminated as directed by the Assistant Commissioner for Health Services or their designee.
- D. All staff are responsible for ensuring that effective communication takes place with colleagues and vendor partners. In order to support efficient and effective communication, a range of protocols is in place regarding what information should be communicated to whom, who should issue such information, and how such information should be communicated.
- E. Healthcare communications issued by vendors related to the delivery of services for offenders in the custody of the GDC should never be defamatory or harassing, reveal PHI or Confidential State Secrets, result in liability for the GDC, or actually or potentially damage the reputation of the GDC. Requests for public documents under the Open Records Act or for medical records should be routed to the Office of Legal Services. Inquiries from the media should be routed to the Office of Public Affairs.
- F. Protocols Compliance:
1. Staff and vendor personnel shall adhere to the recommended protocols so that uniformity of practice may be achieved across disciplines as far as is practical.
 2. All publications should be approved by the relevant line manager and be proofread thoroughly prior to issue so as to ensure they contain accurate information and project a professional image.
 3. Vendors shall not use the GDC's logo or the Great Seal of the State of Georgia in any communication without the express permission of the Commissioner.
 4. Vendors may supplement the preferred communication channels with printed materials at their own expense. Consideration should be given to

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safety issues that may result from the revelation and/or posting of security-related updates.

5. The GDC may retract a communication if it is deemed to be inappropriate or offensive.

G. Vendor personnel shall notify the facility Warden of any issues that affect the well-being, safety and/or security of an offender or other persons within the facility. The vendor personnel shall also provide information requested by the facility Warden.

H. Vendor personnel from each discipline shall communicate effectively with those representing other vendors.

I. Any issue that cannot be resolved at the facility level should be escalated up the healthcare vendor's chain of command and shared with the Office of Health Services for resolution.

J. Each vendor should have an effective methodology in place for conducting vital communications for continuity of care of patients at shift change.

K. Vendor personnel should make themselves available for interdisciplinary meetings and staffing on particular patients.

V. **Attachments:** None.

VI. **Record Retention of Forms Relevant to this Policy:** None.