



Operating Procedure

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Amended 3/29/12	Operating Level Department
Supersedes Operating Procedure 701.1 (8/1/10) and Operating Procedure 701.2, (11/1/08)	
Authority COV §53.1-32	

Subject

HEALTH SERVICES ADMINISTRATION

ACA Standards
4-4082, 4-4085, 4-4088, 4-4379, 4-4380, 4-4381, 4-4382, 4-4383, 4-4389, 4-4391, 4-4392, 4-4393, 4-4402, 4-4403, 4-4407, 4-4408, 4-4410, 4-4411, 4-4412, 4-4422, 4-4423, 4-4424, 4-4426, 4-4427; 4-ACRS-4C-02, 4-ACRS-4C-17, 4-ACRS-4C-18, 4-ACRS-4C-20, 4-ACRS-7B-14, 4-ACRS-7B-15, 4-ACRS-7B-18

Incarcerated Offender Access
Yes No

FOIA Exempt Yes No
Attachments Yes #1 No

Office of Primary Responsibility
Health Services Unit

I. PURPOSE

This operating procedure establishes organization, responsibility, and authority of the Health Services Unit; and defines the relationship of the Health Services Unit within the Department of Corrections.

II. COMPLIANCE

This operating procedure applies to all facilities operated by the Department of Corrections (DOC). Practices and procedures shall comply with applicable State and Federal laws, Board of Corrections policies and regulations, ACA standards, and DOC directives and operating procedures.

III. DEFINITIONS

- Allied Health Care Staff** - Radiology, Laboratory, and Optometry
- Community Corrections Facility** - A residential facility operated by the Department of Corrections to provide the Detention Center Incarceration program in accordance with [COV §53.1-67.8](#) or the Diversion Center Incarceration Program in accordance with [COV §53.1-67.7](#).
- Contract Healthcare Staff** – Agency or professional contract persons who work generally part-time to provide healthcare services in DOC facilities – this does not include full time employees of contract healthcare vendors i.e., Armor, CORIZON, or Peabody.
- Corrections Health Assistant (CHA)** – A credentialed person authorized to provide health care to offenders under the direction of a licensed physician within the Department of Corrections.
- Dental Auxiliary Staff** - Registered Dental Hygienist or Dental Assistant
- Facility** - Any community corrections facility or institution
- Facility Unit Head** - The person occupying the highest position in a DOC residential facility, such as an institution, field unit, detention center, or diversion center.
- Health Authority** - The individual who functions as the administrator of the facility medical department
- Healthcare Professional/Healthcare Staff** – Licensed workers who typically provide direct patient care, including RN, LPN, CHA, PA-C, Nurse Practitioner, Certified Nursing Assistant, Dental Hygienist, Dental Assistant, Lab Technician, and X-Ray Technician
- Institution** - A prison facility operated by the Department of Corrections - includes major institutions, field units, and work centers.

Lead Health Care Staff – The facility’s highest ranking person in their specialty, i.e. Physician, Midlevel Practitioner, Head Nurse, or Dentist

Licensed Independent Practitioners (LIP) – Persons who are licensed by the Virginia Board of Health Professions, who can be autonomous in their practice (not DOC employees), but are administratively supervised. Duties are determined by each facility and written into the purchase of services contract.

Medical/Dental Authority - A clinical expert in the provision of health care, a Physician, Dentist, or Midlevel Practitioner

Midlevel Practitioner - Nurse Practitioner and Physician Assistant

Nurse Practitioner - A person who is licensed by the Board of Nursing and Medicine to diagnose and treat medical conditions under the supervision of a physician licensed in Virginia.

Physician Assistant - A person who is licensed by the Board of Medicine to diagnose and treat medical conditions under the supervision of a physician licensed in Virginia.

Regional Dental Hygienist- The Registered Dental Hygienist who provides hygiene care at several facilities.

Regional Healthcare Administrator – A registered nurse who reports to the Chief Nurse and supervises the Head Nurses at the facilities within their assigned region

Treatment Guidelines - Written medical and nursing guidelines for management of specific health or medical conditions

IV. HEALTH SERVICES ADMINISTRATION

A. Mission and Philosophy of DOC Health Care

1. As the unit responsible for provision of health care in DOC facilities, the Health Services Unit (HSU) has the mission of providing adequate health care services to all incarcerated offenders in a humane, cost-effective, and timely manner.
2. The DOC health care philosophy is to affirm the right of all persons in its custody to adequate health care which respects their dignity and provides for continuity of care. The DOC recognizes that health care is preventative as well as curative, and encourages offenders to learn and develop responsibility for their own well-being.
3. The HSU and the medical department at each facility shall develop measurable goals and objectives in support of the mission and philosophy of DOC health care. These goals and objectives are reviewed annually and updated as needed. (4-4422)

B. Organization of HSU

1. The Health Services Unit is administered by a Health Services Director responsible to the Operations Manager for its management and operations. All health care personnel within the DOC are responsible to the Health Services Director.
2. Contract vendors providing health services to facilities are responsible to provide administrative and clinical supervision to contract vendor staff under the oversight of the Health Services Director as contract administrator.
3. The Health Services Director is supported by the following HSU Chiefs who have primary responsibility for staffing and personnel within their specialty.
 - a. Chief Physician
 - b. Chief Dentist

- c. Chief Nurse
 - d. Mental Health Program Director
 - e. Chief Pharmacist
 - f. Chief Psychiatrist
4. Administration of Mental Health Services is covered in Operating Procedure 730.1, *Mental Health Services: Administration*.
5. The Chief Nurse supervises Regional Healthcare Administrators (one for each institutional region ~~and one for community corrections facilities~~) who are responsible for ~~Head Nurses or other~~ Health Authorities in DOC facilities. (changed 3/29/12)
6. The HSU shall designate a Health Authority and a Medical Authority for each facility.
- a. The Health Authority is responsible for the administration of the facility Medical Department. The Health Authority is authorized and responsible for making decisions about the deployment of health resources and the day-to-day operations of the medical services program.
 - b. The Health Authority and the facility administration should communicate constantly to ensure that provision of health services is integrated into facility operations so that health care can be provided with minimal inconvenience to medical staff and minimal impact on other facility operations.
 - c. The Health Authority is usually the head nurse or a health services administrator. Final clinical judgments rest with a single, responsible physician designated as the Medical Authority.
 - d. By written agreement, contract, or job description, the designated Health Authority has responsibility for ongoing health care services. (4-4380, 4-ACRS-4C-2)
 - e. For institutions, the Health Authority's responsibilities include the following: (4-4380)
 - i. Establish a mission statement that defines the scope of health care services
 - ii. Develop mechanisms, including written agreements, when necessary, to assure that the scope of services is provided and properly monitored
 - iii. Develop the institution's operational health policies and procedures
 - iv. Identify the type of health care staff needed to provide the determined scope of services
 - v. Establish systems for the coordination of care among multidisciplinary health care providers
 - vi. Develop a quality ~~management~~ assurance program (changed 3/29/12)
 - f. The Health Authority is responsible to the appropriate Regional Healthcare Administrator in clinical matters. Clinical decisions are the sole province of the responsible health care provider and are not countermanded by nonclinicians. (4-4381)
 - g. The Health Authority will be both administrative and clinically responsible for all nurses, correctional health assistants, allied health care staff, and medical records/clerical staff.
 - h. The Health Authority is responsible to the Facility Unit Head in matters regarding safety, security, sanitation, and good order of the facility.
 - i. The Health Authority shall report to the Facility Unit Head any serious health threats that may affect staff and offender health and safety.
 - j. The Health Authority is exempt under the Fair Labors Standard Act and managed on a 28-day or monthly schedule.
 - k. The Health Authority will have administrative responsibility that may include employment processes, leave approval, training, discipline, audits, other administrative functions, and management of employee time and time sheets.

1. The Health Authority will have responsibility to ensure that facility health care services comply with audit requirements and responsibility to provide documentation of compliance.
- m. Offenders have access to nonprescription (over-the-counter) medications through the facility commissary. The items offered are approved by the DOC Commissary Committee. The specific items available at a facility are approved jointly by the Facility Unit Head and the Health Authority. (4-4379)
7. All physicians will report to the Chief Physician clinically and to the Health Authority administratively.
8. All dentists ~~and dental hygienists~~ will report to the Chief Dentist. (changed 3/29/12)
 - a. The facility dentist is responsible for making decisions about the day-to-day operations of the dental program.
 - b. For dental issues, final clinical judgments lie with the facility dentist.
 - c. Dental assistants are under the supervision of the facility dentists.
 - d. Dental Hygienist is under the supervision of the assigned facility dentist. (changed 3/29/12)
9. Health care personnel should have no restrictions imposed upon them by the facility administrators regarding the practice of medicine, dentistry, mental health, or nursing; however security regulations applicable to facility personnel also apply to all health care personnel.

V. ADEQUATE RESOURCES FOR PROVISION OF HEALTH CARE

- A. Each facility shall provide support services including, but not limited to utilities, telephone, food, clothing, building maintenance, procurement, and human resources.
 1. Physical Plant
 - a. Adequate space is provided for administrative, direct care, professional, and clerical staff. This space includes conference areas, a storage room for records, a public lobby, and toilet facilities. (4-4426)
 - b. Health care encounters, including medical and mental health interviews, examinations, and procedures, should be conducted in a setting that respects the offenders' privacy. (4-4403)
 - c. Exercise areas are available to meet exercise and physical therapy requirements of individual offender treatment plans. (4-4407)
 2. Staffing Expenditures:
 - a. All facility health care positions are on the facility payroll.
 - b. Budgets should be established in Program 398-10 (Medical) at each facility to absorb the costs associated with the recruitment of health care personnel. The facility will be responsible for placing the advertisements and payment of services.
 3. Travel Expense:
 - a. The Regional Healthcare Administrator will approve travel requests for the Health Authority and return them to the facility for processing the payment and charging the expense to the facility medical budget.
 - b. Other facility health care staff will submit travel requests and vouchers to the Health Authority for approval.
 - c. The facility will process the payment and charge the expense to the facility medical budget.
 4. Equipment:

- a. If approved by the Health Services Director or designee, the funding for an authorized equipment purchase will be transferred to the operating unit.
 - b. Each facility will be responsible for the procurement of the equipment, payment of the invoice and processing of all necessary FAACS forms.
5. Supplies (medical, mental health, dental, pharmacy, and office):
- a. Equipment, supplies and materials for health services are provided and maintained as determined by the Health Authority. (4-4427)
 - b. Budgets should be established in Program 398-10 (Medical) at each facility for costs associated with supply needs. The facility is responsible for procurement of the supplies and payment of the invoices.
- B. The Health Services Director has the responsibility to control expenditure of health care resources as prudently and effectively as possible.
1. Health care expenditures require approval by persons authorized by the HSU Director.
 2. Operating budget and capital requests will be developed by the HSU Director at the beginning of each budgetary cycle and during the interim as necessary. Such requests will be submitted to the Operations Manager to be considered for inclusion in the DOC's annual budget requests.
 3. To facilitate monitoring of health care expenditures, the HSU health programs analyst in conjunction with the DOC budget office, will prepare a budgetary control report at the beginning of each month. The report shall show costs for all pharmacy, hospital, medical, mental health, and dental care of offenders for the preceding month and fiscal year to date. Existing administrative and accounting procedures shall be used to compile this data.

VI. HEALTH SERVICES STAFFING

- A. A health care staffing analysis will be developed to establish essential positions necessary to provide the scope of health services required for the facility. A staffing plan is developed and implemented from this analysis. This plan will be reviewed and updated annually by the Health Authority to determine if the number and type of staff is appropriate to facility needs. (4-4412)
- B. Appropriate health care staff in conjunction with the HSU will manage the vacancies and hiring of lead health care staff.
1. The appropriate HSU Chief shall be notified of all lead health care staff resignations as they occur. A face-to-face exit interview shall be completed by the facility Human Resource Officer and sent to the DOC employee manager within ten working days after the interview. (see Operating Procedure 175.3, *Employee Exit Process*)
 2. The HSU will determine whether to fill any health care position including contract staff and its location to meet the needs of the DOC. The facility will be responsible for advertising the position, choosing the appropriate media for advertising, notifying applicants, and scheduling interviews.
 3. The appropriate Health Services Chief or designee will be the appointing authority for lead healthcare staff and shall chair, or designate the chair for the final interview. The Facility Unit Head or designee will participate in the final interview.
 4. The Health Authority will chair interviews and will be the appointing authority for all facility medical staff. When the Health Authority is not available the Regional Healthcare Administrator shall arrange for a substitute.
 5. The facility dentist will conduct interviews for dental assistant positions. The facility dentist will be the appointing authority.

6. Corrections Health Assistants (CHA) shall be interviewed and approved by the facility Medical Authority prior to hiring.
 - a. After the selection of the CHA, the following documents shall be sent to the HSU for review and registration.
 - i. Completed credentialing form, including a list of duties.
 - ii. Copy of high school diploma, GED, military separation forms (where applicable), and training credentials.
 - b. After review and approval, the HSU will return the above named documents to the facility. The original should be placed in the employee's personnel file and copies provided to the supervising physician and the nursing supervisor.
 - c. Re-registration is required every 12 months and the Health Authority at each facility is responsible for obtaining timely renewals.
 - d. When the Medical Authority changes at the facility, the new Medical Authority will interview the CHA and write a letter accepting responsibility. The letter shall be sent to the HSU within 30 days of employment of the new physician.
7. Prior to hiring, the Health Services Unit shall conduct a [National Practitioner Data Bank Query 701_F7](#) for all final candidates for the positions of physician, midlevel practitioner, dentist, and any licensed psychologist.
8. At a minimum, the following information shall be available before employment will be authorized:
 - a. Completed State Application (employees only)
 - b. Acceptable background investigation
 - c. National Practitioner Data Bank Query (Physicians, Psychiatrists, Dentists, Physician Assistant and Virginia Board of Health Professions licensure look-up – Physicians and all licensed professionals)
 - d. Current CPR Certification if required by discipline
9. At a minimum, the following information shall be available before contracting with Licensed Independent Practitioners:
 - a. Curriculum Vitae (CV) (professional healthcare contracts only)
 - b. Acceptable background investigation
 - c. National Practitioner Data Bank Query (Physicians, Psychiatrists, Dentists, Physician Assistant, and Virginia Board of Health Professions licensure look-up – Physicians and all licensed professionals)
 - d. All licensed/certified healthcare professionals, state and contract, will have a current Virginia license or shall be eligible for licensure as designated by the appropriate licensing board.
 - e. All contract Physicians, Psychiatrists, Optometrists, and Dentists must have written approval from the DOC Health Services Director to subcontract and meet the same credentialing standards. Applicable forms are available in the Professional Medical Services Contract that can be obtained by contacting the facility buyer or DOC Headquarters Procurement Unit.
10. The facility human resource officer is responsible for the completion of all documentation required during the recruitment, selection, hiring, evaluation, and disciplinary processes. The Facility Unit Head shall provide input when appropriate into employee work profiles, performance evaluations, employee discipline, and grievance responses.

C. Health Services Staff Credentials and Licensure

1. All professional staff shall comply with applicable Virginia and federal licensure, certification, or registration requirements.
2. All health care staff including, but not limited to physicians, nurses, dentists, optometrists, pharmacists, X-ray technicians, and dental hygienists shall provide documentation of current licensure and license renewals.
3. All licensed health care personnel (i.e. nurses, X-ray technicians, physicians, and optometrist) shall provide a copy of their current license and applicable Drug Enforcement Administration (DEA) Certificate to the Health Authority at their facility. The Health Authority shall review the license, maintain it on file, and ensure timely renewals to keep all licenses current.
4. All ~~licensed dental care personnel (i.e. dentist and dental hygienist)~~ Dentists shall provide a copy of their current license and applicable Drug Enforcement Administration (DEA) Certificate to the Chief Dentist. The Chief Dentist shall review the license, maintain it on file, and ensure timely renewals to keep all licenses current. (changed 3/29/12)
5. The assigned facility Dentist shall maintain a copy of the Dental Hygienist's license. (added 3/29/12)
6. Verification of current credentials are on file in the facility. (4-4382, 4-ACRS-4C-18)
7. The Regional Healthcare Administrator shall maintain a copy of the Health Authority's license.

D. Health Services Staff Job Descriptions and Performance Reviews

1. Health care services are provided by qualified health care staff whose duties and responsibilities are governed by written job descriptions, contracts, or written agreements that are approved by the appropriate Health Authority and are on-file in the facility. (4-4382)
2. The facility Health Authority shall write and approve Employee Work Profiles and conduct Performance Evaluations on all facility health services staff except dental staff.
3. The Health Authority will complete performance reviews on all physicians with input from the Chief Physician as applicable. The Facility Unit Head will also be given the opportunity to provide feedback for the performance reviews. The Regional Healthcare Administrator will be the reviewer.
4. The Health Authority should receive input from the Medical Authority for performance reviews of Corrections Health Assistants.
5. The Chief Dentist will be responsible for performance planning and evaluation of the facility dentist(s) with input from the Health Authority and review by the Health Services Director.
6. The facility dentist will be responsible for performance planning and evaluation of dental auxiliary staff with input from the Health Authority and review by the Chief Dentist.
7. The assigned facility dentist will be responsible for performance planning and evaluation of the dental hygienist. (added 3/29/12)

E. Health Services Staff Orientation and Training

1. Appropriate DOC staff, the Academy for Staff Development, and outside authorities shall provide staff training as required by this operating procedure and other applicable DOC training procedures.
2. Orientation and training for Health Services staff shall be completed and documented in accordance with Operating Procedure 160.1, *Staff Orientation*, Operating Procedure 160.2, *Training and Development*, and the *Training Matrix* developed by the Academy for Staff Development.
3. The content and expenses of health care training shall be prescribed and approved by the Health Services Director or designee. The appropriate Chief or designee must approve, in advance, any expenses for education and training.

4. Training records shall be maintained at the Academy for Staff Development with copies in the employee's training file at the facility.
5. All new full time health care employees must complete the facility's 40-hour orientation program before undertaking their assignments. (4-4082, 4-ACRS-7B-14)
6. The Regional Health Care Administrator and Health Authority or designee will provide additional orientation appropriate to the employee's health care duties, to be documented as follows:
 - a. [Medical Orientation Checklist – Nurses](#) 701_F3
 - b. [Medical Orientation Checklist – Ancillary Staff](#) 701_F4
 - c. [Medical Orientation Checklist – Health Authority](#) 701_F5
7. All **full time** health care staff who have offender contact shall receive 40 hours of training in addition to orientation training during their first year of employment and 40 hours of training each year thereafter. (4-4085, 4-ACRS-7B-15) (changed 3/29/12)
 - a. Part time nurses that work more than 1500 hours/year will complete the same training requirements as full time nurses.
 - b. Part time nurses working less than a 1500 hours/year will complete 8 hours of classroom training specific to institutional rules and security presented by the Facility Unit Head or designee. An additional 8 hours minimum of training appropriate to their job assignment will be provided by the Health Authority or designee and documented by memo.
8. The facility Health Authority or designee shall provide formal orientation to **part-time healthcare providers and Agency and Registry** nurses appropriate to their assignments and additional training as needed. The Facility Unit Head or designee will provide institutional rules and security training specific to the facility not to exceed 2 hours of training. (4-4088, 4-ACRS-7B-18) The Health Authority and Facility Unit Head or designee should document training content and delivery by memo. (changed 3/29/12)
- ~~9. Facility staff and the facility Health Authority or designee shall provide formal orientation to part-time contract healthcare providers appropriate to their assignments and additional training as needed. (4-4088, 4-ACRS-7B-18) Training content and delivery should be documented by memo. (deleted 3/29/12)~~

F. Continuing Education for Employees:

1. Full time Healthcare Professionals will complete forty hours of continuing education annually in accordance with the *Training Matrix*. This training should be specific to healthcare staff as it relates to the facility setting and shall, at minimum, include administration of basic first aid, CPR with AED, bloodborne pathogens, suicide prevention training modules, and other healthcare related educational topics. Training shall also include: (4-4389)
 - a. Response to health-related situations within a four-minute response time
 - b. Recognition of signs and symptoms, and knowledge of action required in potential emergency situations
 - c. Methods of obtaining assistance
 - d. Signs and symptoms of mental illness, violent behavior, and acute chemical intoxication and withdrawal
 - e. Procedures for patient transfers to appropriate medical facilities or health care providers
2. Each Healthcare Professional shall submit a [Health Services Training Documentation](#) 701_F6 to the Health Services Education Coordinator by January 31 and July 31 each year to document training received in the previous six months.

G. Health Services Staff Disciplinary Actions

1. All health care staff members are responsible to the Facility Unit Head in matters regarding safety, security, sanitation, and good order of the facility. When a violation occurs in these matters, the Facility Unit Head or designee shall approve any proposed discipline.
2. Medical Staff Disciplinary Actions
 - a. When there is a violation of policy regarding clinical care or health care management, the Health Services Director or designee in conjunction with the Regional Healthcare Administrator shall approve the proposed discipline.
 - b. For all subordinate health care staff, the Health Authority will administer written notices for issues pertaining to clinical care and management.
 - c. The Health Authority may consult with the Regional Healthcare Administrator at any time for input regarding a disciplinary issue with a subordinate.
 - d. Written notices for improper clinical actions or clinical management for lead health care staff will be administered by the Regional Healthcare Administrator after consultation with the appropriate HSU Chief.
 - e. The Health Authority will report all disciplinary investigations and actions to the Regional Healthcare Administrator and appropriate HSU Chief.
3. Dental Staff Disciplinary Actions (*changed 3/29/12*)
 - a. Disciplinary actions for facility Dentists ~~and Dental Hygienists~~ will be administered by the Chief Dentist in consultation with the Health Services Director, and Warden, Assistant Warden, HRO, or designee at the facility.
 - b. Disciplinary actions for the Dental Assistants will be administered by the facility Dentist, in consultation with the Chief Dentist, and Warden, Assistant Warden, HRO, or designee at the facility.
 - c. *Disciplinary actions for the Dental Hygienist will be administered by the assigned facility Dentist, in consultation with the Chief Dentist, and Facility Unit Head or designee at the facility.*
4. Disciplinary action, including termination, is to be carried out utilizing the appropriate Human Resources Office.
5. The appropriate HSU Chief will determine whether to report a disciplinary action to the appropriate Health Regulatory Board in accordance with COV §54.1-2900 et seq. or §54.1-3000 et seq..

H. Grievance resolution steps for Health Services Unit staff - Employee grievances are initiated and resolved in accordance with Operating Procedure 140.1, *Employee Grievances*, and the Commonwealth of Virginia's *Employee Grievance Procedure*. The response and resolution steps for HSU staff are as listed below:

1. For grievances originated by DOC staff nurses and physicians within DOC facilities:
 - a. First Step Respondent is the facility Health Authority.
 - b. Second Step Respondent is the Regional Healthcare Administrator.
 - c. Third Step Respondent is the appropriate HSU Chief.
2. For grievances originated by the Health Authority in a DOC facility:
 - a. First Step Respondent is the Regional Healthcare Administrator.
 - b. Second Step Respondent is the Chief Nurse.

- c. Third Step Respondent is the Health Services Director.
 3. For grievances originated by **Dental Hygienist** or line Dental Assistants within DOC facilities: **(changed 3/29/12)**
 - a. First Step Respondent is the facility Dentist.
 - b. Second Step Respondent is the Chief Dentist.
 - c. Third Step Respondent is the Health Services Director.
 4. For grievances originated by a facility Dentist:
 - a. First Step Respondent is the Chief Dentist.
 - b. Second Step Respondent is the Health Services Director.
 - c. Third Step Respondent is the Operations Manager.
 5. The Health Authority or facility Dentist will advise the Unit Head when a Health Services staff member files a grievance and will keep the Unit Head informed as the grievance progresses and is resolved without breaching information or issues which are confidential.
- I. Health Care Provided by Other than a Licensed Provider
1. All facilities have qualified health care personnel. **(4-4383)**
 2. The facility nurse shall provide training approved by the Board of Nursing to non-medical employees needed to provide essential health care while the nurse is not on duty. Non-medical employees shall only provide the health care services for which they have been trained or pursuant to written standing or direct orders by personnel authorized by law to give such orders. **(4-ACRS-4C-17)** Training shall be documented in the employee's personnel file and should include: **(changed 3/29/12)**
 - a. Administration and documentation of medication
 - ~~b. Taking and recording vital signs~~
 - ~~c. Medical screening~~
 3. In facilities where there is a dentist vacancy, the Regional Dental Hygienist, in cooperation with the Health Authority and Facility Unit Head, shall provide interim leadership for the dental staff.
 4. If volunteers are used in the delivery of health care, there is a documented system for selection, training, staff supervision, facility orientation, and a definition of tasks, responsibilities, and authority that is approved by the Health Authority. Volunteers may only perform duties consistent with their credentials and training. Volunteers agree in writing to abide by all facility policies, including those relating to the security and confidentiality of information. **(4-4391)**
 5. Any student, intern, or resident delivering health care in the facility, as part of a formal training program, will work under staff supervision commensurate with their level of training. There is a written agreement between the facility and training or educational facility that covers the scope of work, length of agreement, and any legal or liability issues. Students or interns agree in writing to abide by all facility policies, including those relating to the security and confidentiality of information. **(4-4392)**
 6. Unless prohibited by state law, offenders (under staff supervision) may perform familial duties commensurate with their level of training. These duties may include the following: **(4-4393)**
 - a. Peer support and education
 - b. Hospice activities

- c. Assisting impaired offenders on a one-on-one basis with activities of daily living
 - d. Serving as a suicide companion or buddy if qualified and trained through a formal program that is part of a suicide prevention plan
7. Offenders are not to be used for the following duties:
- a. Performing direct patient care services
 - b. Scheduling health care appointments
 - c. Determining access of other offenders to health care services
 - d. Handling or having access to surgical instruments, syringes, needles, medications, or health records
 - e. Operating diagnostic or therapeutic equipment except under direct supervision (by specially trained staff) in a vocational training program

VII. PROCEDURES AND GUIDELINES

- A. The HSU will coordinate with the Policy and Initiatives Unit to maintain current operating procedures on all relevant health care issues. These procedures will be maintained in the Department of Corrections Virtual Library.
- B. The appropriate HSU Chief or the Health Services Director shall review each policy, procedure, and program in the health care delivery system at least annually and revise if necessary. The facility Health Authority shall review each policy, procedure, and program in the facility health care delivery system at least annually and provide input for revision if necessary. (4-4424)
- C. The HSU will establish *Medical and Nursing Guidelines* to guide staff in treatment issues. The *Medical and Nursing Guidelines* will be revised and updated as necessary.
- D. The Health Authority will ensure in writing that all health care staff have read and have access to all communications related to health care. Health care staff should be advised of the importance of complying with health care directives, policies, procedures, laws, and regulations.

VIII. RESEARCH

- A. The use of offenders for medical, pharmaceutical, or cosmetic experiments is prohibited. (4-4402, 4-ACRS-4C-20)
- B. Offenders may participate in clinical trials that are approved by the DOC *Human Subject Research and Review Committee* based on the offender's need for a specific medical intervention. (see Operating Procedure 020.1, *Research Conducted in DOC Units*)
- C. Any research performed in DOC facilities will be in compliance with all state and federal guidelines.

IX. MEETINGS AND REPORTS

- A. The Health Authority should have a system in place for reporting necessary health care information to other health care workers at shift change.
 - 1. Reporting may be by verbal reports, written, or taped reports.
 - 2. This report should include any pertinent information to include offenders admitted to medical beds, offenders out for medical appointments, and other information needed for continuity of care.
- B. Health care staff should meet among themselves at least monthly to receive current information and to communicate any changes in the delivery of health care. Attendance rosters and minutes are kept of this meeting.

- C. The Health Authority, Facility Unit Head, and other members of the health care staff meet at least every three months to discuss health care services, quality improvement initiatives/findings, infection control efforts, offender grievances, and other issues related to health care. Corrective actions and changes implemented since last meeting are discussed. The Health Authority submits quarterly reports on the health services system and health environment, and submits plans to address issues raised. (4-4408) Minutes of these meetings are kept and filed at the facility.
- D. All lead health care staff shall attend mandatory meetings scheduled by the HSU. The appropriate Health Services Chief will be the approval authority for excuses from these meetings.
- E. The Health Authority shall submit a [Health Services Quarterly Activity Report](#) 701_F2 (see Attachment 1 for instructions) to the HSU outlining the facility's health service activities. This *Report* should be received in the HSU by the 15th of the month following completion of a calendar quarter.
- F. The Dentist shall submit a *Dental Activity Report* (see Operating Procedure 720.6, *Dental Services*) to the HSU by the 15th of the following month.

X. ASSESSMENTS AND REVIEWS (Not Required for Community Corrections Facilities)

- A. A system of documented internal review will be developed and implemented by the Health Authority. The necessary elements of the system will include: (4-4410)
 - 1. Participating in a multidisciplinary quality improvement committee collecting, trending, and analyzing of data combined with planning, intervening, and reassessing
 - 2. Evaluating defined data, which will result in more effective access, improved quality of care, and better utilization of resources
 - 3. Onsite monitoring of health service outcomes on a regular basis through:
 - a. Chart reviews by the responsible physician or designee, including investigation of complaints and quality of health records
 - b. Review of prescribing practices and administration of medication practices
 - c. Systematic investigation of complaints and grievances
 - d. Monitoring of corrective action plans
 - 4. Reviewing all deaths in custody, suicides or suicide attempts, and illness outbreaks
 - 5. Implementing measures to address and resolve important problems and concerns identified (corrective action plans)
 - 6. Reevaluating problems or concerns to determine objectively whether the corrective measures have achieved and sustained the desired results
 - 7. Incorporating findings of internal review activities into the organization's educational and training activities
 - 8. Maintaining appropriate records (meeting minutes) of internal review activities
 - 9. Issuing a quarterly report to be provided to the health services administrator and facility or program administrator of the findings of internal ~~review~~ activities (changed 3/29/12)
 - 10. Requiring a provision that records of internal ~~review~~ activities comply with legal requirements on confidentiality of records (changed 3/29/12)
- B. Each facility will establish an internal review and quality assurance program. This program will be monitored by the HSU quarterly. There is an internal system for assessing the achievement of goals and objectives and that documents findings. Program changes are implemented, as necessary, in response to

findings. (4-4423)

- C. The Chief Physician and the Chief Dentist will manage a peer review program for physicians and dentists.
- D. A documented peer review program for all health care practitioners and a documented external peer review program will be utilized for all physicians, psychologists, and dentists every two years. (4-4411)

XI. REFERENCES

Employee Grievance Procedure

Medical and Nursing Guidelines

Operating Procedure 020.1, *Research Conducted in DOC Units*

Operating Procedure 140.1, *Employee Grievances*

Operating Procedure 160.1, *Staff Orientation*

Operating Procedure 160.2, *Training and Development*

Operating Procedure 175.3, *Employee Exit Process*

Operating Procedure 720.6, *Dental Services*

Operating Procedure 730.1, *Mental Health Services: Administration*

Training Matrix

XII. FORM CITATIONS

[Health Services Quarterly Activity Report](#) 701_F2

[Medical Orientation Checklist – Nurses](#) 701_F3

[Medical Orientation Checklist – Ancillary Staff](#) 701_F4

[Medical Orientation Checklist – Health Authority](#) 701_F5

[Health Services Training Documentation](#) 701_F6

[National Practitioner Data Bank Query](#) 701_F7

XIII. REVIEW DATE

The office of primary responsibility shall review this operating procedure annually and re-write it no later than January 1, 2015.

Signature Copy on File

A. David Robinson, Chief Corrections Operations

Date