

Idaho Department of Correction 	Standard Operating Procedure	Title: Non-emergency Health Care Requests and Services		Page: 1 of 5
		Control Number: 401.06.03.037	Version: 3.0	Adopted: 03-11-1999

Pat Donaldson, chief of the Management Services Division, approved this document on 06/18/2015.

Open to the public: Yes No

Redacted version available: Yes No

SCOPE

This standard operating procedure (SOP) applies to all Idaho Department of Correction (IDOC) healthcare services staff, offenders, contract medical providers and subcontractors.

Revision Summary

Revision date (06/18/2015) version 3.0: Update to new format, clarify parts of the "sick call" process and the timeframes to be seen by a provider.

BOARD OF CORRECTION IDAPA RULE NUMBER 401

Medical Care

POLICY CONTROL NUMBER 401

Clinical Services and Treatment

PURPOSE

The purpose of this standard operating procedure (SOP) is to establish a program to ensure that offenders' routine healthcare needs are met in a timely manner by appropriately qualified health professionals.

RESPONSIBILITY

Health Authority

The health authority is responsible for:

- Monitoring and overseeing all aspects of healthcare services; and
- The implementation and continued practice of the provisions provided in this SOP.

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When healthcare services are privatized, he will also be responsible for:

- Reviewing and approving (prior to implementation) all applicable contract medical provider policy, procedure, and forms; and
- Monitoring the contract medical provider's performance, to include but not limited to reviewing processes, procedures, forms, and protocols employed by the contract medical provider to ensure compliance with all healthcare-related requirements provided in this SOP **and** in *National Commission on Correctional Health Care (NCCHC) standard P-E-07, Non-emergency Healthcare Requests and Services*. (See [section 2](#) of this SOP.)

Contract Medical Provider

When healthcare services are privatized, the contract medical provider is responsible for:

- Implementing and practicing all provisions of this SOP, unless specifically exempted by written contractual agreements;
- Ensuring facility health authorities utilize all applicable contract medical provider policy, procedure, forms, and educational information to fulfill all healthcare-related requirements provided in this SOP, *NCCHC standard P-E-07*, **or** as indicated in their respective contractual agreement(s); and
- Ensuring all applicable contract medical provider policy, procedure, and forms are submitted to the health authority for review and approval prior to implementation.

Note: Nothing in this SOP shall be construed to relieve the contract medical provider(s) of any obligation and/or responsibility stipulated in respective contractual agreements.

Facility Health Authority

The facility health authority will be responsible for:

- Ensuring the presence of an adequate number of appropriately trained staff are available to meet the requirements of this SOP;
- Establishing and monitoring applicable contract medical provider policy and procedure to ensure that all elements of this SOP **and** *NCCHC standard P-E-07* are accomplished as required; and
- Evaluating policy, procedure, NCCHC standards, and other information, to include offender concerns or grievances, workload statistics and continuous quality improvement studies, and adjusting scheduling and staffing accordingly to ensure that the frequency and duration of sick call is sufficient to meet the health needs of the offender population.

In addition, in conjunction with the facility medical director, the facility health authority will be responsible for:

- Training staff and establishing applicable contract medical provider policy and procedure **and** systems of control to ensure that healthcare staff is appropriately trained to perform the duties described in this SOP.

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Facility Head

In conjunction with the facility health authority, the facility head will be responsible for ensuring that non-healthcare staff does not make determinations regarding whether an offender shall receive healthcare services.

GENERAL REQUIREMENTS

1. Guidelines

Note: The contract medical provider is responsible for supplying and providing any forms indicated in this section.

Note: Security staff must not have access to requests for health assistance.

- Offenders must have the ability to request healthcare attention on a daily basis. Requests for health assistance (whether medical, dental, or mental health) must be received, reviewed, documented, and acted upon by qualified healthcare professionals. The offender's health complaint must be triaged, treated, and referred based upon the healthcare professional's clinical evaluation. **Non-healthcare staff must not determine whether an offender receives healthcare attention.**
- All areas of offender living, segregated and non-segregated, must have access to request healthcare on a daily basis. The process for this will vary from institution to institution and must be delineated in applicable contract medical provider policy and procedure. All changes to applicable contract medical provider policy and procedure must be reviewed and approved by the health authority prior to implementation.
- Requests for "sick call" can be done by submitting a Health Service Request (HSR). Each HSR will be received daily and triaged within 24 hours of receipt, seven (7) days a week. If open sick call is used an offender has the opportunity, daily, to go to medical at an established time, with their completed HSR, to be evaluated by a QHCP. The process for this will vary from institution to institution and must be delineated in applicable contract medical provider policy and procedure. All changes to applicable contract medical provider policy and procedure must be reviewed and approved by the health authority prior to implementation.
- Not every sick call request requires a sick call appointment; however, when a sick call request describes a clinical symptom, a face-to-face encounter between the offender and the qualified health professional is required. This requirement applies to mental health and dental symptoms as well.
- Following this triage, medical, dental, and mental health requests that involve a significant clinical symptom must be seen by a qualified health professional within 24 hours (72 hours on weekends) for evaluation and treatment.
- Each request for health assistance will be evaluated and must be documented in the offender healthcare record utilizing the subjective, objective, assessment, plan (SOAP) charting format. Each request that involves a clinical symptom requires the use of a Nursing Assessment Protocol. The offender must be provided with an explanation of the assessment findings, any further recommended treatment or evaluation, and any patient education relevant to the request for health assistance.

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All encounters will be dated, timed, signed, and placed in the healthcare record.

(Note: In addition to this requirement, a sick call log must be maintained to record, at a minimum, the name of the offender, the date of the request, the nature of the request, and to who/whom/where the offender was referred.)

- All offenders, regardless of housing assignment, must have access to regularly scheduled sick call. The frequency and duration of sick call must be sufficient to meet the needs of the offender population and must coincide with other routine offender activities in the facility (i.e., it cannot take place at an unusually early or late time of day).
- Sick call or provider appointments for non-segregated populations are conducted in an area appropriate for the evaluation of the complaint. Offender healthcare records must be available to the healthcare staff at the time of the sick call contact. Each offender will be seen on an individual basis in a designated area to ensure privacy and confidentiality.
- Offenders who receive a referral to a provider must be seen within fourteen (14) days of the qualified health professional's assessment at sick call when:
 - ◆ Indicated by protocol;
 - ◆ The patient requires a higher level of evaluation and/or care;
 - ◆ Nursing assessment is deferred; or
 - ◆ Two (2) or more recent contacts are made for the same health complaint.

2. Compliance

Compliance with this SOP and all related Department-approved protocols will be monitored by the health authority (or designee) by using various sources to include: this SOP, clinical practice guidelines, routine reports, program reviews, and record reviews.

The health authority (or designee) must conduct two (2) audits a year (or more frequently as desired based on prior audit results). The audits must consist of monitoring applicable contract medical provider and IDOC policy and procedures, applicable NCCHC standards, and the review of a minimum of 15 individual records.

DEFINITIONS

Clinical Setting: An environment in which an examination or treatment room is appropriately supplied and equipped to address a patient's confidential healthcare needs.

Contract Medical Provider: A private company under contract with the Department to provide comprehensive medical, dental, and/or mental health services to the incarcerated offender population. A contract medical provider may include private prison companies and other entities under contract with the Department to operate the Idaho Correctional Center (ICC) and other out-of-state facilities housing Department offenders.

Daily: Seven days per week, including holidays.

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Facility Health Authority: The contract medical provider employee who is primarily responsible for overseeing the delivery of medical services in an Idaho Department of Correction (IDOC) facility.

Health Authority: The Department employee who is primarily responsible for overseeing or managing the Department’s medical and mental health services. The health authority is commonly referred to as the health services director.

Providers’ Clinic: A clinic for sick call, which is held by a qualified health professional

Qualified Health Care Professional: A physician, physician assistant, nurse practitioner, nurse, dentist, mental health professional, or other health professional who — by virtue of his education, training, credentials, and experience — is permitted by law (within the scope of his professional practice) to educate, train, evaluate, provide services, and care for patients.

REFERENCES

National Commission on Correctional Health Care (NCCHC), Standard P-E-07, *Non-Emergency Healthcare Requests and Services*

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