This document was approved by Dr. Mary Perrien, chief of the Division of Education and Treatment, on 8/8/09 (signature on file).

BOARD OF CORRECTION IDAPA RULE NUMBER 401

Medical Care

POLICY STATEMENT NUMBER 401

Hospitalization, Institutional Clinical Services, and Treatment

POLICY DOCUMENT NUMBER 401

Hospitalization, Institutional Clinical Services, and Treatment

DEFINITIONS

Standardized Definitions List

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.

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.

Facility Medical Director: The highest ranking physician 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.

Medication Administration Error: Any deviation from the ordered medication regimen for a patient, to include administration errors such as (1) administering medications to the wrong patient, (2) administering the wrong medication, (3) administering the wrong dosage or strength of medication, (4) administering medications at the wrong time (5) administering an extra dose of medication, or (6) omitting a dosage of medication.

Medication Room: A room where medications are stored and distributed.

Self-medication Program: A program that permits responsible offenders to carry and administer their own medications. (Also known as Keep-on-Person Program.)

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PURPOSE

The purpose of this standard operating procedure (SOP) is to establish procedures for ensuring offenders are provided medication services that are clinically appropriate, timely, safe, and sufficient to address the medication needs identified by the healthcare practitioner.

SCOPE

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

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.

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 respective contractual agreements, this SOP, **and** in *National Commission on Correctional Health Care (NCCHC) standard P-D-02, Medication Services.* (See section 3 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 that all aspects of this SOP and *NCCHC standard P-D-02* are addressed by applicable contract medical provider policy and procedure;
- 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-D-02*, **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.

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Facility Medical Director

The facility medical director will be responsible for establishing and monitoring contract medical provider prescriptive practices, including assignment of prescription privileges, in accordance with State and federal laws and regulations.

Facility Health Authority

The facility health authority will be responsible for:

- Ensuring the presence of an adequate number of appropriately trained staff and materials 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-D-02* are accomplished as required;
- Ensuring that medication services are included in the continuous quality improvement (CQI) process, with emphasis on addressing trends noted in offender concerns and grievances. (See SOP 401.06.03.006, *Continuous Quality Improvement Program*.)

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Table of Contents

General Rquirements 3
1. Guidelines 3
2. Contract Medical Provider Procedures 3
3. Compliance 5
References 5

GENERAL REQUIREMENTS

1. Guidelines

- The facility medical director shall determine prescriptive practices in his facility.
- Prescription medications shall be administered or delivered to the patient only upon the order of a physician, dentist, or other legally authorized individual.
- Medications shall be prescribed only when clinically indicated.
- Psychotropic and behavior modifying medications shall not be used for disciplinary reasons.
- Offenders entering the facility who are on prescription medications shall continue to receive the medication (or an acceptable alternate medication) without interruption, as prescribed, and as clinically indicated.

Note: Doors to medication rooms shall remain locked at all times. Under no circumstance shall the doors to medication rooms be left ajar, propped open, or blocked in any way to prevent closing.

2. Contract Medical Provider Procedures

At a minimum, contract medical provider procedures must address the following in detail:

- **Storage of medications**—All medications and supplies shall be stored in a manner that is consistent with patient and staff safety, and State and federal laws and regulations.
- **Self-medication**—The self-medication (keep-on-person) program must specify (1) medications that are available for offender self-medication, (2) written instructions for offenders to follow, and (3) all matters necessary to ensure that the program is safe and effective.
- **Medication administration errors**—The evaluation of medication errors is critical for identifying the immediate medical concerns of the patient and to help prevent repeat errors. All medication errors shall be evaluated, documented, and maintained on file for review.

Note: The error occurs only when the patient is directly involved. If the error is corrected before the medication is administered, then the error shall not exist.

- **Stock medication control**—The ordering of medication for stock shall be controlled and documented in a perpetual log tracking each dose of stock medication distributed.
- **Medication stop orders**— Medications shall be administered to patients for the amount of time specified by the ordering healthcare practitioner as defined by State and federal laws and regulations. No medications shall run indefinitely due to lack of specific orders.
- **Medication administration record (MAR)**—Medication administration records shall be maintained for each offender who has been prescribed medications. The MAR shall include patient name, IDOC#, date of birth (DOB), and allergies. The MAR shall be maintained on a monthly basis and updated as medication orders are adjusted to meet the healthcare needs of the offender. All orders shall include the prescribing provider, medication, dose, frequency, and start and stop dates. The timely filing of the MAR in the offender's healthcare record is of critical importance.
- **Sterile parenteral products**—Sterile parenteral products shall be prepared as prescribed by the healthcare practitioner in a manner that ensures the product is free from microbial or particulate contamination according to pharmacy practice.
- **Medication for starter doses**—Stock medication and pre-labeled stock medication for immediate use shall be kept in a locked area. Access shall be limited to appropriately credentialed health services personnel.
- **Ordering and delivery of medications**—The ordering or delivery of medications shall be as prescribed, in a safe and efficient manner, and meet all State and federal laws and regulations.
- **Urgent and emergency medication needs**—The Healthcare Services Unit shall respond to urgent medication requests during working hours in a timely and appropriate manner. Services will be available to provide emergency medications and medication information on a 24-hour basis when clinically indicated.
- **Medication distribution system**—The medication distribution system shall be a per-patient packaging system. Medication will be distributed from a licensed central pharmacy system on a regular basis.

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- **Discharge medications**—Discharge medications and medical supplies that are necessary for the continuity of care shall be distributed to offenders upon release (two [2] weeks of medication, along with a prescription for two [2] additional weeks) per *NCCHC standard P-E-13, Discharge Planning*, and the current contract.

Note: If the current contract changes, the requirements for discharge medications may also change. As a result, the health authority must ensure the requirements for discharge medications are kept up-to-date in this SOP.

3. 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 per year, per facility (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 a minimum of 15 individual records.

REFERENCES

National Commission on Correctional Health Care (NCCHC), *Standards for Health Services in Prisons*, Standard P-D-02, Medication Services

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