

Organizational Responsibility of Medical Services	1
I. Chief Medical Officer	1
A. Medical Services Program.....	1
B. Provision of Medical Services.....	2
C. Health Care Authority (4-4380M, 4-ACRS-4C-02).....	2
D. Dental Authority	4
II. References	4
III. Action.....	4

Section-14 Medical Services	OP-140101	Page: 1	Effective Date: 09/21/2016
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Joe M. Allbaugh, Director Oklahoma Department of Corrections		Signature on File	

Organizational Responsibility of Medical Services

For the purpose of this procedure, the term “inmate” applies to anyone in the custody or care of a prison or community-based facility operated by or contracted with the Oklahoma Department of Corrections (ODOC).

I. Chief Medical Officer

The chief medical officer is responsible for administration of the medical services program of the Department of Corrections (ODOC). (2-CO-4E-01) Under the supervision of the division manager of Health Services, the chief medical officer has developed medical standards, established goals, coordinated all medical services, developed standardized procedures and supervises medical services.

Policies, procedures, programs, goals and objectives in the health care delivery system are reviewed at least annually by the chief medical officer. Revisions and program changes are updated and implemented as needed. (4-4422, 4-4423, 4-4424)

A. Medical Services Program

1. The medical services program includes staff within the Medical Services administrative offices and medical and dental care professionals in each correctional facility.
2. In clinical matters, medical care personnel will be responsible to the regional supervising physician and the chief medical officer. Dental personnel will be responsible to the chief dental officer and the chief medical officer, in consultation with the facility head. Medical services at each facility will be directed by a medical provider. The regional supervising physician will provide clinical oversight of the medical providers within the region. The regional dentist will provide clinical oversight of dentists in the region. The medical and dental provider will make clinical decisions regarding services and the treatment of inmates.

3. Hiring, termination and performance management of unclassified medical services personnel, to include medical providers and dentists, in correctional facilities will be coordinated with the facility head. Final decisions will be made by the chief medical officer or lead regional dentist in conjunction with the facility head and division manager of Health Services.
4. The facility will use a staffing analysis, developed by medical services, to determine the essential positions needed to perform the health services mission and provide the defined scope of services. The staffing plan will be reviewed annually by the health authority to determine if the number and type of staff is adequate. (4-4412)

B. Provision of Medical Services

1. All medical and dental services involving medical judgement are the sole province of the responsible physician or dentist and are not countermanded by non-clinicians. (4-4381M) Security regulations applicable to facility personnel will be applicable to medical services personnel.
2. Provision of health care will be a joint effort of facility administrators and medical and dental care providers which will be accomplished in a manner that ensures appropriate health care for inmates in a manner that best utilizes available state resources.

C. Health Care Authority (4-4380M, 4-ACRS-4C-02)

The health care authority may be either a physician or correctional health services administrator (CHSA). At community corrections centers, the health care authority may be a nursing manager. When the authority is other than a physician, final medical judgements rest with a single designated physician. The health care authority will establish a mission statement defining the scope of services and identify the type of health care providers needed to provide the determined scope of services. (4-4380M b# 1, 2) The CHSA will be supervised by the regional CHSA who will be supervised by the medical services administrator.

The scope of responsibility of the Health Care Authority will include:

1. Maintaining procedures for the delivery of health care and provisions of medical services; ensuring accessibility to all medical staff. Community corrections center administrative personnel and the CHSA or designee will jointly be responsible for maintaining the medical services field manual;
2. Developing written agreements, contracts or job descriptions prior to the employment of medical services personnel and arranging for all levels of medical care; (4-4380M b# 2)

3. Arranging for the availability of medical care services and ensuring the quality of medical care and inmate access to all medical services;
4. Providing the administrative support for accessibility of services to inmates and determining and arranging for the provision of adequate supplies, space, security, equipment, and transportation as needed; (4-4380M b# 2, 4)
5. Coordinating provision of the following:
 - a. Medical;
 - b. Dental;
 - c. Nursing, to include:
 - (1) Nurse competency verification; and
 - (2) Certified medication aide competency verification;
 - d. Personal hygiene instruction;
 - e. Clinical dietary services;
 - f. Training on agency policies, procedures and protocols;
 - g. Safety and sanitation standards;
 - h. Health education;
 - i. Maintenance and management of medical records;
 - j. Required reports and information; and
 - k. A quality management program in accordance with [OP-140139](#) entitled "Performance Improvement Program" and MSRM 140139-01 entitled "Procedure for Implementation of Performance Improvement Program." (4-4380M b# 6)
6. Meeting with the facility head at least quarterly, submitting quarterly reports and annual statistical summaries on the health care delivery system and health environment and submitting and implementing plans to address issues raised on the performance improvement audits. (4-4408, 4-4423) Reports will include:
 - a. Referrals to specialists;

- b. Prescriptions written;
 - c. Laboratory and x-ray tests completed;
 - d. Infirmary admissions (if applicable);
 - e. Onsite or off-site hospital admissions;
 - f. Serious injuries or illnesses;
 - g. Deaths; and
 - h. Off-site transports.
- 7. Establishing systems for the coordination of care among multidisciplinary health care providers; and (4-4380M b# 3, 5)
 - 8. Ensuring medical services personnel are fully informed of current security measures.

D. Dental Authority

Under the supervision of the chief medical officer, the chief dental authority will be the chief dental officer.

II. References

Policy Statement No. P-140100 entitled "Offender Medical, Mental Health and Dental Care"

OP- 140139 entitled "Performance Improvement Program"

MSRM 140139-01 entitled "Procedure for Implementation of Performance Improvement Program"

III. Action

The chief medical officer and medical services administrator are responsible for compliance with this procedure.

The division manager of Health Services is responsible for the annual review and revisions.

Any exceptions to this procedure will require prior written approval from the director.

This procedure is effective as indicated.

Replaced: Operations Memorandum No. OP-140101 entitled "Organizational

Section-14 Health Services	OP-140101	Page: 5	Effective Date: 09/21/2016
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