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Section-14 Health Services	OP-140117	Page: 1	Effective Date: 10/30/2015
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Robert Patton, Director Oklahoma Department of Corrections	Signature on File		

Access to Health Care

The Oklahoma Department of Corrections (ODOC) ensures that every offender has unimpeded access to health care (2-CO-4E-01, 4-ACRS-4C-01M). Continuity of care is provided from admission to transfer or discharge from the facility, including referral to community-based providers when indicated. (4-4347) Health related services are provided in a timely manner.

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

I. Definitions

A. Health Care Provider

Health care providers are defined as any person licensed in the delivery of health care. For the purpose of establishing defined duties, the following language will be used:

1. Medical Provider

Includes physicians, dentists, physicians' assistants, advanced practice nurses, and others who, by virtue of their education, training, credentials, and experience, are permitted by law within the scope of their professional practice statutes to provide medical care for offenders.

2. Qualified Health Care Professional (QHCP)

Includes all health care providers as well as registered nurses, licensed practical nurses and others who, by virtue of their education, training, credentials and experience, are permitted by law within the scope of their professional practice statutes to evaluate and provide health care for offenders.

B. Health Care Staff

Includes all QHCPs as well as medical administrative and support staff.

C. Qualified Mental Health Professional (QMHP)

Includes psychiatrists, psychologists, psychiatric social workers, psychiatric nurses, and others who by virtue of their education, training, credentials, and experience are permitted by law within the scope of their professional practice statutes to evaluate and provide mental health care for offenders.

D. Offender/Staff Health Care Encounter

Contact between an offender and a QHCP or QMHP who has primary responsibility for assessing and treating the offender for a given contact.

II. Offender Orientation (4-4344M 4-4281-1M, 4-ACRS-4C-01M)

A. Participation

1. Upon arrival at DOC and/or assignment to a facility, the following information is communicated to all offenders, both orally and in writing, and in a language clearly understood by the offender:

a. How to access health services;

- b. How to access the grievance system in accordance with [OP-090124](#) entitled "Offender Grievance Process"; and (4-4344M)
- c. Sexual abuse/assault including:
 - (1) Prevention/intervention;
 - (2) Self-protection;
 - (3) Reporting sexual abuse/assault; and
 - (4) Treatment and counseling. (4-4281-1M)
2. Information regarding the medication administration system and copayments will be provided during orientation.
3. An in-depth medical orientation session will be provided during the initial reception process and when an offender is transferred to another facility in accordance with [OP-060201](#) entitled "Initial Reception of Offenders."

B. Format

All orientation sessions will be presented in an oral format by health care staff and will include: (4-4344M)

1. A written instructional brochure/handout will be provided to each offender. The brochure will include information on the Prison Rape Elimination Act (PREA), sick call process, clinic hours etc. The information will be reviewed annually and updated as needed. (4-4344M)
2. An explanation of the effect of the HIPAA (Health Insurance Portability and Accountability Act of 1996) law, regarding the release of protected health information contained in an offender's health record.
3. Appropriate assistance will be provided to offenders who are unable to comprehend the material presented because of language barriers, illiteracy, hearing impairments, developmental disabilities, or mental illness. (4-4344M)

III. Medical Access Program Components

A. Emergency Care

Emergency care will be provided in accordance with [OP-140118](#) entitled "Emergency Care."

B. Sick Call

1. Availability

Sick call will be available to all offenders to initiate requests for health services on a daily basis. Requests will be triaged daily by a QHCP. A priority system will be used to schedule clinic appointments. Clinical services will be available to offenders daily and will be performed by a medical provider, QHCP or QMHP. (4-4346)

2. Requests

- a. All sick call requests must be submitted to the facility's health services unit or medical host facility, using the "Request for Health Services" form ([DOC 140117A](#), attached).
- b. A "Request for Health Services" form is not required when an offender returns to a clinic to receive medical, dental, or optometric follow-up treatment that was previously recommended by a healthcare provider.
- c. Sick call request forms will be readily available and accessible to all offenders at designated locations within facilities.
- d. Each facility's health services unit will designate a process for collecting sick call request forms. This process may require offenders to submit the request forms in person to the health services unit at designated times, or via a secure collection box.
- e. Health care staff will record the date of receipt and will affix his/her initials to all sick call request forms received.
- f. Upon receipt of "Request for Health Services" forms, a registered nurse, or a licensed practical nurse under the clinical supervision of a registered nurse or healthcare provider, will review and prioritize (triage) and schedule clinic appointments. If during the triage process an emergent need is identified, a health care assessment will be conducted immediately.
- g. Offenders initiating a sick call request may cancel an appointment prior to the date/time of the scheduled appointment.

3. Log

- a. Each health services unit will maintain a "Sick Call Log" ([DOC 140117B](#), attached). All "Request for Health Services" forms received will be documented on the "Sick Call Log."
- b. The sick call log will be secured and maintained by the facility's correctional health services administrator (CHSA) or designee. Monthly statistics will be compiled from the sick call log.

C. Medication Refills

All medication refill requests will be submitted in accordance with [OP-140130](#) entitled "Pharmacy Operations."

D. Cost of Health Care (4-4345)

1. All offenders will be notified in writing, at the time of admission, of the guidelines of the copayment system. (4-4345)
2. Offenders will not be refused health care because of their financial status. However, offenders will be charged a \$4.00 copayment fee for each offender-initiated request for medical, dental or optometric service, and \$4.00 for each medication issued during an offender-initiated clinic visit.
3. A co-pay of \$25 per emergency room visit will be assessed for any offender assigned to work release, if the emergency room visit does not result in a hospital admission.
4. Offenders will not be charged a \$4.00 copayment fee for the following:
 - a. Physical examinations and health assessments;
 - b. Medical provider- initiated health care services, including any medical, dental, and optometric follow-up treatment, that may be recommended by a medical provider, and can be scheduled on a subsequent clinic visit;
 - c. Laboratory services;
 - d. Radiological services;
 - e. Immunizations, tuberculosis screening, vaccinations, and any other treatment prescribed for public health concerns;
 - f. Mental health services;

- g. Initial health assessments conducted during the reception process at the assessment and reception center;
- h. EKG's, dressing changes, and other treatments prescribed by a healthcare provider;
- i. Prenatal, perinatal, and clinically indicated postpartum care;
- j. Health care provider initiated medical referrals to outside public or private health care facilities;
- k. Initial acute care treatment rendered for an on-the-job injury;
- l. Prescription medications prescribed for asthma, coronary artery disease, chronic obstructive pulmonary disease, diabetes mellitus, Hepatitis C, HIV, hypertension, seizures, and mental health disorders. Specific prescription medications which are exempt from a \$4.00 copayment fee are listed in "Medications Exempted from \$4.00 per Medication Co-pay" ([Attachment A](#), attached); and
- m. Emergency or trauma care (i.e., life threatening medical conditions).

E. Waiver

A waiver is the intentional and voluntary giving up of something; the act of choosing not to use or require something that you are allowed to have or that is usually required; an official document indicating that someone has given up or waived a right or requirement.

1. A "Waiver of Treatment/Evaluation" ([DOC 140117D](#)) form does not need to be signed for:
 - a. Vital sign refusal (BP, pulse, respirations, temperature, FSBS, weight, height, etc.);
 - b. No show for a self-initiated sick call (most illnesses are self-limiting);
 - c. No-show for pill line – Refer to [OP-140143](#) entitled "Nursing Services" for monitoring adherence; or
 - d. For every time a patient refuses a dose of medication - Refer to [OP-140143](#) entitled "Nursing Services" for monitoring adherence.
2. Procedure for Obtaining a Waiver

- a. When an offender refuses treatment or procedure prescribed by a healthcare provider, a QHCP will interview the offender to determine the reason(s) for refusal. Based upon the results of the interview, the interviewer will either:
 - (1) Provide appropriate counseling, support and/or education;
 - (2) Refer the offender to the prescribing medical provider for further explanation and education; or
 - (3) Refer the offender to a QMHP for further assessment and counseling.
- b. If the offender refuses to report for the interview appointment, health care staff will notify the facility head or designee to request that the offender be escorted to the interview.
- c. If at anytime during this process, any health care staff has reason to believe that due to mental illness or defect, the offender lacks the capacity to make a reasonable decision about consent or refusal of treatment, then he/she will be referred to a QMHP for an evaluation of competency. If the offender is found to be incompetent to waive treatment and is in need of further mental health evaluation and/or intensive treatment, then he/she will be transferred to an appropriate mental health unit until such time that he/she regains competency.
- d. If after all the above efforts have been exhausted and the offender continues to refuse or waive treatment, a QHCP or QMHP will complete the "Waiver of Treatment" form ([DOC 140117D](#), attached) and obtain the required signatures. If the offender refuses to sign the waiver form, it will be so noted in writing by the primary witness (health care staff) and will be cosigned by a secondary witness (any correctional staff).
- e. Court Intervention

When a facility's medical provider determines that a life threatening situation exists, as a result of an offender initiating a waiver of treatment, the facility's CHSA, the chief medical officer (CMO), and facility head will be notified immediately. The CMO or designee, in conjunction with the general counsel, will determine the necessity of seeking a court order allowing DOC to initiate life-saving measures.

F. Nursing Practice Protocols (4-ACRS-4C-17)

1. Nursing staff will use DOC nursing practice protocols in accordance with MSRM 140117-01 entitled "Nursing Practice Protocols," when conducting offender assessments. Protocols will be readily available to all DOC and private prison nursing staff.
2. The CMO will review and approve all nursing protocols, prior to implementation.

G. Healthcare Provider Appointments

1. A registered nurse, or a licensed practical nurse under the clinical supervision of a registered nurse or health care provider, will conduct the initial assessment to determine if there is a medical necessity for the offender to be referred to a medical provider. Nursing practice protocols may be utilized when appropriate.
2. An advanced practice nurse or physician assistant will refer an offender to a physician, if the offender requires care or treatment that is beyond his/her scope of practice.
3. An offender will be referred to a DOC or private prison physician for further evaluation if the offender has been examined by an advanced practice nurse or physician assistant twice for the same complaint and has not demonstrated clinical improvement.

H. Offender/Medical Staff Health Care Encounter

1. Offender observations, vital signs, and other pertinent information obtained during an offender/staff encounter will be documented in the offender's electronic health record, in accordance with [OP-140106](#) entitled "Healthcare Record System."
2. Vital signs will be obtained during an offender/medical staff encounter. However, vital signs may be excluded during encounters that involve scheduled blood pressure checks, breathing treatments, fingerstick blood sugar checks, lab draws, mental health unit rounds, medication administration at pill line, segregated housing unit rounds, and during therapeutic interventions.
3. Offender medical staff encounters, including medical and mental health interviews, examinations and procedures, will be conducted in a setting that respects the offender's privacy, and will be consistent with necessary security requirements. (4-4403)

I. Outside Specialty Care (4-4347)

Offenders whose medical needs require health-related services not available at a correctional facility may be referred to an outside health care provider in accordance with [OP-140121](#) entitled "Outside Providers for Health Care Management."

J. Dental Care

The dentist on-duty or other QHCP will be responsible for assessing an offender who presents with symptoms of a dental emergency, in accordance with [OP-140124](#) entitled "Dental Services."

K. Mental Health Care (4-ACRS-4C-15)

Offenders will have access to mental health services in accordance with [OP-140201](#) entitled "Mental Health Services, Duties and Responsibilities."

L. Laboratory Services

Laboratory services will be provided in accordance with [OP-140132](#) entitled "Laboratory, Radiology, and Optometric Services."

M. Chronic Illness Management Clinics

Offenders identified with certain chronic illnesses will receive medical treatment in accordance with [OP-140137](#) entitled "Chronic Illness Management."

N. Missed Clinic Appointments

1. Offender-Initiated Request for Appointment

If an offender misses a clinic appointment scheduled at his/her request (i.e., via sick call), the appointment will be documented as "No Show" (NS) indicating that he/she did not attend the scheduled clinic appointment. The offender may submit a new "Request for Health Services" form ([DOC 140117A](#)) to reschedule the appointment if desired.

O. Provider-Initiated Request for Appointment

1. If an offender misses a chronic clinic or physical examination appointment scheduled by the health care provider, the offender will be summoned to report to the clinic. If the offender does not report to the clinic when summoned, he/she will be required to meet a QHCP for counseling. If the offender refuses the chronic clinic or physical examination appointment, the offender will complete the "Waiver of Treatment/Evaluation" ([DOC 140117D](#)).

2. If the offender misses a provider initiated follow-up appointment, the health care provider will be notified to determine if the offender

needs to report to the clinic. If the health care provider determines that the offender does not need to report to the clinic, a "Waiver of Treatment/Evaluation" ([DOC 140117D](#)) will not be required. Provider notification for "No Show for Follow-up Appointment" will be documented in the offenders EHR by a QHCP.

P. Segregation Status (4-4400M)

1. Health care staff will be informed immediately when an offender is transferred to segregation. A review and assessment of the offender's current health status will be conducted by a QHCP.
2. Upon entering a segregation housing unit, the presence of a QHCP will be announced and recorded in the segregation unit's security logbook.
3. The facility's health authority will determine the frequency of medical providers' visits to segregation housing units.
4. Offenders participating in a Keep-On-Person (KOP) medication program will be required to relinquish all KOP medications when he/she is transferred to a segregation housing unit. Relinquished medications will be returned to the appropriate health services clinic.
5. A QHCP will document all medications that are administered to an offender residing in a segregation housing unit, in accordance with [OP-140106](#) entitled "Healthcare Record System."
6. A QHCP will make daily rounds on segregation housing units, unless medical attention is needed more frequently, to solicit health care requests and/or administer medications. (4-4258)The QHCP who conducts rounds will document the date and time of each visit on the segregation unit's "Individual Offender Segregation Log" ([OP-040204, Attachment D](#)) or "Individual Transit Detention Log" ([OP-040206, Attachment C](#)) and in accordance with [OP-040204](#) entitled "Segregation Measures" or [OP-040206](#) entitled "Transit Detention Units."

Q. Transit Detention Units (TDU)

1. A QHCP will make daily rounds on transit detention units (TDU) unless medical attention is needed more frequently. Documentation of daily visits including date and time will be on the transit detention unit's "Individual Transit Detention Log" ([OP-040206, Attachment C](#)).
2. All offender medications will be relinquished to facility staff upon transfer.

3. Non-medical facility staff will continue to issue medications to the offenders in TDU in accordance with [OP-140143](#) entitled "Nursing Service."
4. Medication issued in TDU will be documented on [DOC 140130J](#) entitled "Community Corrections – Supervised Medication/Syringe Count Log or Supervised TDU Medication Log."

IV. References

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

OP-040204 entitled "Segregation Measures"

OP-040206 entitled "Transit Detention Units"

OP-060201 entitled "Initial Reception of Offenders"

OP-090124 entitled "Offender Grievance Process"

OP-140106 entitled "Healthcare Record System"

OP-140118 entitled "Emergency Care"

OP-140121 entitled "Outside Providers for Health Care Management"

OP-140124 entitled "Dental Services"

OP-140130 entitled "Pharmacy Operations"

OP-140132 entitled "Laboratory, Radiology, and Optometric Services"

OP-140137 entitled "Chronic Illness Management"

OP-140143 entitled "Nursing Service"

OP-140201 entitled "Mental Health Services, Duties and Responsibilities"

Medical Services Resource Manual 140117-01 entitled "Nursing Practice Protocols"

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V. Action

The chief medical officer is 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 require prior written approval from the director.

This procedure is effective as indicated.

Replaced: Operations Memorandum No. OP-140117 entitled "Access to Health Care" dated August 21, 2014

Deleted: OP-140117 Revisions-01 dated March 19, 2015

Distribution: Policy and Operations Manual
Agency Website

<u>Referenced Forms</u>	<u>Title</u>	<u>Location</u>
DOC 140117A	"Request for Health Services"	Attached
DOC 140117B	"Sick Call Log"	Attached
DOC 140117C	"Fecal Occult Blood Testing Education/Acceptance/Waiver"	Attached
DOC 140117D	"Waiver of Treatment"	Attached
DOC 140130J	"Community Corrections Supervised Medication/ Syringe Count Log"	OP-140130
<u>Attachments</u>	<u>Title</u>	<u>Location</u>
Attachment A	"Medications Exempted from \$4.00 per Medication Co-pay"	Attached
Attachment B	"Medical Orientation"	Attached
Attachment D	"Individual Offender Segregation Log"	OP-040204
Attachment C	"Individual Offender Transit Detention Log"	OP-040206

