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<b>Chronic Illness Management</b>	<b>ACA Standards: 2-CO-4E-01, 4-4350, 4-4354M, 4-4356M, 4-4357M, 4-4359M, 4-4361, 4-ACRS-4C-09, 4-ACRS-4C-10</b>		
<b>Joe M. Allbaugh, Interim Director</b> <b>Oklahoma Department of Corrections</b>		<b>Signature on File</b>	

## Chronic Illness Management

Chronic illnesses are defined as illnesses that are either ongoing or recurring over a course of several months to years. The purpose of managing chronic illnesses is to provide close monitoring, maintain the inmate’s health status or to slow the progression of the illness. For the purpose of this procedure, the term “chronic illness” will refer to those diseases referred to in Section. III. A. items 1. through 9. of this procedure entitled “Chronic Clinic Guidelines.”

For some chronic illnesses, nationally recognized clinical practice guidelines exist. These guidelines serve as the framework within which care will be provided. Individualized treatment will be based on co-existing illnesses, medications, health history, and objective data from illness monitoring. (2-CO-4E-01, 4-4357M, 4-ACRS-4C-09)

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

### I. Identification of Chronic Illness

#### A. Chronic Illnesses

Chronic illnesses are typically identified in one of the following ways:

1. At intake, through review of health history and examination;

2. At a regularly scheduled physical examination; or
3. Upon presentation for acute or episodic care.

At the time a chronic illness is identified, the inmate diagnoses will be entered in the Problem List and scheduled for routine visits to the health services unit. Severity classifications will be in accordance with "Severity Classification of Common Chronic Illness" ([Attachment A](#), attached).

B. Initial Treatment Plan (4-4350, 4-4359M)

The Initial treatment plan will be developed by a medical provider and documented on the "Chronic Clinic and/or Routine/Physical Examination" form ([DOC 140137A](#), attached), as outlined in [OP-140106](#) entitled "Healthcare Record System." The plan will include, but will not be limited to: patient education, instructions and orders about diet, exercise, adaptation to the correctional environment, medication, type and frequency of diagnostic testing, special therapies, activity restrictions and the frequency of follow-up for medical evaluation/referral and adjustment of treatment modality.

II. Routine Chronic Illness Clinic Visits

A. Inmates with Chronic Illnesses

Inmates identified with chronic illnesses will be scheduled for routine visits to the health services unit to ensure reevaluation of the condition and adjustment of the treatment plan as needed. Follow-up will be provided as clinically indicated for inmates with unstable or poorly controlled illnesses.

B. Routine Visits

Routine visits will be conducted by a medical provider.

1. The inmate will be seen by a medical provider at least twice annually or more often, and adjustments to the treatment plan will be made as clinically indicated.
2. Results of the chronic illness visits for inmates diagnosed with a chronic illness will be documented by the medical provider on the "Chronic Illness and/or Routine/Physical Examination" form ([DOC 140137A](#)). (4-4359M)
3. Between routine medical provider visits, nursing visits with a registered nurse (RN) may be scheduled as clinically indicated for inmate education, monitoring, review of testing, and other nursing interventions as part of a collaborative multidisciplinary approach. These visits will be documented utilizing the "Chronic Clinic RN Progress Note" (MSRM 140137.09)

C. Monitoring of Chronic Illnesses

For some chronic illnesses, frequent monitoring is an integral part of the treatment plan (e.g., blood pressures, blood sugars, peak flows) and will be provided by health care staff as ordered and recorded in the EHR. If a separate log is kept of the results of monitoring, this information will be scanned and placed into the inmate's electronic healthcare record weekly at a minimum.

D. Inmate Education (4-4361)

Inmate education is a vital part of chronic illness management and should be done at each visit. Providing reasonable opportunities for inmates to participate in self-care prepares them to manage their conditions during their incarceration and upon discharge from custody.

III. Chronic Clinic Guidelines

A. Clinical Guidelines

Clinical guidelines have been developed for certain chronic illnesses, based on nationally recognized clinical practice guidelines. These clinical guidelines located in the Medical Services Resource Manual (MSRM) represent a framework for routine management of chronic illnesses, and address the monitoring of medications, laboratory testing, and use of chronic care clinics, health record forms, and the frequency/referral of specialist consultation and review.

Each inmate's care will be individualized by a medical provider using the clinical guidelines. The clinical guidelines also form the basis for monitoring activities for performance improvement. (4-4359M) They are as follows:

1. MSRM: 140137-01 entitled "Management of Asthma;"
2. MSRM: 140137-02 entitled "Management of Diabetes;"
3. MSRM: 140137-03 entitled "Management of Human Immunodeficiency Virus Infection / Acquired Immunodeficiency Syndrome;" (4-4354M, 4-4357M)
4. MSRM: 140137-04 entitled "Management of Hypertension;"
5. MSRM: 140137-05 entitled "Management of Seizure Disorder;"
6. MSRM: 140137-06 entitled "Management of Hepatitis C;"(4-4356M,)
7. MSRM: 140137-07 entitled "Management of Coronary Artery Disease;"

8. MSRM: 140137-08 entitled "Management of Chronic Obstructive Pulmonary Disease;" and
9. MSRM: 140125-01 entitled "Management of Viral Hepatitis." (4-4356M)

B. Clinical Guideline References

Clinical guidelines address the following:

1. Frequency of follow-up visits;
2. Recommended content for history and examination;
3. Routine laboratory and other diagnostic tests;
4. Recommended therapeutic measures;
5. Chronic clinic documentation;
6. Specialty consultation;
7. Monitoring of medications;
8. Goals of therapy; and
9. Criteria for discontinuance in chronic clinic enrollment.

C. Guidelines for Routine and Annual Follow-up

The "Chronic Illness Management Guidelines-Routine and Annual Treatment Guidelines" ([Attachment B](#), attached) provides treatment guidelines for routine and annual follow-up.

- D. Chronic care management uses a collaborative multidisciplinary team approach. To assist the medical provider in the management of chronic illnesses, a QHCP may schedule routine appointments and procedures, order and obtain routine labs, and perform EKG's per "Chronic Illnesses Management Guidelines – Routine and Annual Treatment Guidelines" ([Attachment B](#)). The QHCP will utilize the "Chronic Clinic Nursing Interventions Nursing Protocol" (MSRM 140117.01.64). "Chronic Clinic Nursing Interventions Nursing Protocol" is approved by the chief medical officer for nursing to perform in accordance with the "Chronic Illness Management Guidelines – Routine and Annual Guidelines." The approved "Chronic Clinic Nursing Interventions Nursing Protocol" does not require a healthcare provider's order. The "Chronic Clinic Nursing Intervention Nursing Protocols" are based upon nationally recognized evidence-based guidelines and recommendations.

IV. References

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

OP-140106 entitled "Healthcare Record System"

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 will require prior written approval from the director.

This procedure is effective as indicated.

Replaced: Operations Memorandum No. OP-140137 entitled "Chronic Illness Management" dated April 24, 2014

Distribution: Policy and Operations Manual  
Agency Website

<u>Referenced Forms</u>	<u>Title</u>	<u>Location</u>
<a href="#">DOC 140137A</a>	"Chronic Clinic and/or Routine/Physical Examination"	Attached
MSRM 140117.01.64	"Chronic Clinic Nursing Interventions Nursing Protocol"	MSRM 140117.01
MSRM 140137.09	"Chronic Clinic RN Progress Note"	MSRM 140137.09

<u>Attachments</u>	<u>Title</u>	<u>Location</u>
<a href="#">Attachment A</a>	"Severity Classification of Common Chronic Illness"	Attached
<a href="#">Attachment B</a>	"Chronic Illness Management Guidelines-Routine and Annual Treatment Guidelines"	Attached