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		HEALTH AUTHORITY AND ADMINISTRATION	

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SUMMARY of REVISION/REVIEW

Annual Review: Completed Added sentence section IV. Annual reviews; added line e to section V; scattered minor changes

APPROVED:


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PURPOSE

To establish authority, responsibility and procedures for health care service.

GENERAL

It is the policy of the Nebraska Department of Correctional Services (NDCS) to provide comprehensive health care services by the qualified personnel to protect the health and well being of inmates. This policy is applicable to all institutions.

The health authority may be a physician, health services administrator, or health agency. When the health authority is other than a physician, final clinical judgments rest with a single, designated, responsible physician. The health authority is authorized and responsible for making decisions about the deployment of health resources and the day-to-day operations of the health services program.

PROCEDURES

I. Deputy Director, Health Services

NDCS shall have a designated health authority with responsibility for health care, pursuant to a written agreement, contract or job description. The health authority for the Department shall be the NDCS Medical Director with responsibility for ongoing healthcare services. Such responsibilities include the following:

- Establishing a mission statement that defines the scope of health care services
- Developing mechanisms, including written agreements, when necessary, to assure that the scope of services is provided and properly monitored
- Developing a facility's operational health policies and procedures
- Identifying the type of health care providers needed to provide the determined scope of services
- Establishing systems for the coordination of care among multidisciplinary health care providers
- Developing a quality management program
- Establish measurable goals and objectives with an annual internal review by the Leadership Team

II. CLINICAL DECISIONS

Each institution shall designate an Institutional Health Care Coordinator responsible for oversight and coordination of health care delivery at the facility level. Final clinical decisions shall rest with a single physician, as designated by the institution.

All medical, psychiatric and dental matters involving clinical decisions shall be the sole province of the responsible physician and dentist, respectively and are not countermanded by non-clinicians. Security regulations which are applicable to facility personnel are also applicable to health personnel.

III. QUARTERLY MEETINGS and REPORTS

The NDCS health authority meets quarterly with the Warden and Institutional Health Care Coordinator. These meetings will include the facility Director of Nursing or the Associate Director of Nursing responsible for the facility, especially those facilities with licensed Skilled Nursing Facility (SNF) beds. The Chief Operating Officer (COO) discusses annual statistical

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summaries and quarterly reports on the health care delivery system and health environment at this meeting. Meeting minutes will serve as a quarterly report on the health services system and health environment with plans to address issues raised.

Quarterly reports are prepared and include, at a minimum, the use of healthcare services by category, referrals to specialists, prescriptions written, laboratory and x-ray tests completed infirmity admissions, onsite or off-site hospital admissions, serious injuries or illnesses, deaths, and off-site transports.

IV. ANNUAL REVIEWS

Each policy, procedure and program in the health care delivery system is reviewed at least annually by the NDCS Medical Director, Health Services COO, Institutional Health Care Coordinator and the NDCS Director of Nursing (DON) as well as the facility Director of Nursing (DON) / Associate Director of Nursing (ADON) and revised if necessary. Each document shall bear the date of the most recent review or revision and the signature of the reviewer.

V. INTERNAL/EXTERNAL REVIEW

A system of documented internal review will be developed and implemented by the health authority. The necessary elements of the system will include:

- Participating in a multidisciplinary quality improvement committee;
- Collecting, trending, and analyzing of data combined with planning, intervening, and reassessing.
- Evaluating defined data, which will result in more effective access, improved quality of care, and better utilization of resources.
- Onsite monitoring of health service outcomes on a regular basis through:
 - a) chart reviews by the responsible physician or his or her designee, including investigation of complaints and quality of health records
 - b) review of prescribing practices and administration of medication practices
 - c) systematic investigation of complaints and grievances
 - d) monitoring of corrective action plans
 - e) focused utilization review of services provided by outside medical entities
- Reviewing all deaths in custody, suicides or suicide attempts, and illness outbreaks.
- Implementing measures to address and resolve important problems and concerns identified (corrective action plans).

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- Reevaluating problems or concerns to determine objectively whether the corrective measures have achieved and sustained the desired results.
- Incorporating findings of internal review activities into the organization's educational and training activities.
- Maintaining appropriate records of internal review activities.
- Issuing a quarterly report to be provided to Warden or Program Administrator of the findings of internal review activities.
- Requiring a provision that records of internal review activities comply with legal requirements on confidentiality of records.

A documented external peer review program for physicians, mental health professionals, and dentists is used by the facility every two years.

VI. SPACE, EQUIPMENT, SUPPLIES and MATERIALS

Space, equipment, supplies and materials for health services are provided and maintained as determined by NDCS Medical Director with the input from the NDCS Health Services COO, Institutional Health Care Coordinator, and the Director of Nursing (DON) as well as the facility Director of Nursing (DON) / Associate Director of Nursing (ADON). Adequate space is provided for administrative, direct care, professional, and clerical staff. This space includes conference areas, a storage room for records, and toilet facilities.

VII. INTERSTATE TRANSFER MEDICAL EXPENSE

All interstate transfer inmates shall have routine medical expenses paid from the NDCS Medical budget.

Non-routine medical expenses shall be the responsibility of the sending state. These non-routine medical expenses are generally those off-site medical expenses, unless directed otherwise by the NDCS Medical Director. All bills shall be paid by NDCS and a billing sent to the sending state by NDCS Accounting.

VIII. COUNTY SAFEKEEPERS

All routine and non-routine medical expenses for county safekeepers shall be paid by the county or NDCS, per written agreement. In-house medical services will be billed by the facility Business Manager at a pre-determined rate. Outside medical services will be billed directly to the county by the provider. A copy of the outside medical services billing shall be forwarded to NDCS Accounting by the facility Director of Nursing / Associate Director of Nursing (ADON) or designee.

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REFERENCE

- I. ATTACHMENTS - None.
- II. AMERICAN CORRECTIONAL ASSOCIATION (ACA) STANDARDS
 - A. Standards for Adult Correctional Institutions (4rth edition): 4-4380, 4-4381, 4-4408, 4-4410, 4-4411, 4-4422, 4-4423, 4-4424, 4-4426 4-4427.
 - B. Performance Based Standards for Adult Community Residential Services (APPFs) (4th edition): 4-ACRS-4C-02