SUMMARY of REVISION/REVIEW

AR title changed. Incorporated AR 115.02. Procedure III – Changed Chief Operating Officer to the facilitator and changed RN to nurse. Procedure IV & VI – Removed Health Services COO. Procedure V – Changed frequency of the external peer review program from every two years to every year.

APPROVED:

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PURPOSE

To protect the health of patients within the Nebraska Department of Correctional Services (NDCS) by ensuring health care providers are properly licensed, trained and/or supervised. This policy establishes authority, responsibility, and procedures for health care services.

GENERAL

It is the policy of the Nebraska Department of Correctional Services (NDCS) to provide comprehensive health care services by qualified personnel to protect the health and well-being of patients. All health care professionals must comply with applicable federal, state and/or local licensure and/or certification requirements; standing and direct orders must be adhered to as appropriate; and appropriate supervision and limitations govern the use of students, interns, health trained staff and patient assistance. This policy is applicable to all institutions.

If a facility provides health care services, they are provided by qualified health care personnel whose duties and responsibilities are governed by written job descriptions that are on-file in the facility and are approved by the health authority. If offenders are treated at a facility by health care personnel other than a licensed provider, the care is provided pursuant to written standing or direct orders by personnel authorized by law to give such orders. NDCS Health Authority must be a physician per The Nebraska Correctional Health Care Services Act 83-4,153 to 83-4,165. 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. QUALIFICATIONS

Appropriate state and federal licensure, certification or registration requirements and restrictions shall apply to personnel who provide health care services to patients. The duties and responsibilities of such personnel are governed by written job descriptions approved by the NDCS health authority. Verification of current credentials and job descriptions are on file in the facility and consists of copies of credentials or a letter confirming credential status from the State licensing or certification body.

II. STAFFING

The facility uses a staffing analysis to determine the essential positions needed to perform the health services mission and provide the defined scope of services. A staffing plan is developed and implemented from this analysis. There is a bi-annual review tied to legislative budget by the Health Authority to determine if the number and type of staff is adequate.

III. ADMINISTRATION of TREATMENT

All treatment by health care personnel other than a physician, dentist, psychologist, optometrist, podiatrist, or other independent provider shall be performed pursuant to written standing or direct orders by personnel authorized by law to give such orders. Nurse practitioners and physician’s assistants may practice within the limits of applicable laws and regulations.

IV. STUDENTS and INTERNS

Any students, interns, or residents delivering health care in the facility, as part of a formal training program, work under staff supervision, commensurate with their level of training. There is a written agreement between the facility and training, or educational facility that covers the scope of
work, length of agreement, and any legal or liability issues. Students or interns agree in writing to abide by all facility policies, including those relating to the security and confidentiality of information.

V. HEALTH TRAINED STAFF

When institutions do not have full-time, qualified health-trained personnel, Health Services Leadership team will utilize qualified healthcare professionals from staffing agencies and Contractors.

VI. PATIENT ASSISTANTS/VOLUNTEERS

If volunteers or assistants are used in the delivery of health care, there is a documented system for selection, training, staff supervision, facility orientation, and a definition of tasks, responsibilities, and authority that is approved by the health authority. Volunteers may only perform duties consistent with their credentials and training. Volunteers agree in writing to abide by all facility policies, including those relating to the security and confidentiality of information.

Unless prohibited by state law, patients (under staff supervision) may perform familial duties commensurate with their level of training. These duties may include the following:

A. Peer support and education;
B. Hospice activities;
C. Assisting impaired patients on a one-on-one basis with activities of daily living; and/or
D. Serving as a suicide companion or buddy if qualified through a formal program that is part of a suicide prevention plan.

Patients shall not be used for the following duties:

A. Performing direct patient care services, unless trained and certified to provide such services.
B. Scheduling health care appointments.
C. Determining access of other patients to health care services.
D. Handling or having access to surgical instruments, syringes needles, medications, or health records.
E. Operating diagnostic or therapeutic equipment.

VII. MEDICAL DIRECTOR

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 internal reviews by designated Health Care professionals

VIII. 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.

IX. QUARTERLY MEETINGS and REPORTS

The NDCS health authority meets quarterly with the Warden or designee and Institutional Health Care Coordinator. These meetings include the facility Director of Nursing or designee at those facilities with licensed Skilled Nursing Facility (SNF) beds. At other facilities meetings include Associate Director of Nursing or responsible for the facility. The facilitator of the quarterly meetings will facilitate discussion on environmental factors, infectious disease issues and effectiveness of the health care delivery system.

Quarterly reports are prepared for ACA by Risk Manager Nurse and include, use of healthcare services by category, referrals to specialists, prescriptions written, laboratory and x-ray tests completed infirmary admissions, onsite or off-site hospital admissions, serious injuries or illnesses, deaths, and off-site transports.

X. ANNUAL REVIEWS

Each policy, procedure and program in the health care delivery system is reviewed at least annually by the NDCS Medical Director, 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.

XI. INTERNAL/EXTERNAL REVIEW

A system of documented internal review for all health care practitioners 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).

• 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 year.

XII. 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 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.
XIII. INTERSTATE TRANSFER MEDICAL EXPENSE

All interstate transfer patients 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.

XIV. COUNTY SAFE KEEPERS

All routine and non-routine medical expenses for county safe keepers shall be paid by the county or NDCS, per written agreement. In-house medical services will be collected and forwarded to NDCS Accounting. 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.

REFERENCE

I. ATTACHMENTS – None.

II. AMERICAN CORRECTIONAL ASSOCIATION (ACA) STANDARDS

A. Standards for Adult Correctional Institutions (4th edition): 4-4380, 4-4381, 4-4382, 4-4383, 4-4384, 4-4391, 4-4392, 4-4408, 4-4410, 4-4411, 4-4412, 4-4422, 4-4423, 4-4424, 4-4426, 4-4427.

B. Performance Based Standards for Adult Community Residential Services (ACRS) (4th edition): 4-ACRS-4C-02, 4-ACRS-4C-17, 4-ACRS-4C-18.