



**MONTANA STATE PRISON  
HEALTH SERVICES OPERATIONAL PROCEDURE**

Procedure No.: MSP HS B-07	Subject: <b>Communication on Patients' Health Needs</b>
Reference: NCCHC Standards: P-B-07, 2018 MSP HS F-01.1, 2018 Inmates with Special Needs	Page 1 of 2 and 2 attachments
Effective Date: November 1, 2010	Revised: October 1, 2020
Signature / Title: /s/ Cindy Hiner / Medical Bureau Chief	
Signature / Title: /s/Dr. Rees, M.D. / Medical Director	

**I. PURPOSE**

To provide guidelines and procedures to ensure health care staff communicate with custody staff regarding any significant health needs that should be considered in decisions regarding an inmate's housing, work, programming, and disciplinary management in order to preserve the health and safety of the inmate, other inmates, and/or staff.

**II. Definitions:**

Health Status Report (HSR) – the document used to identify and communicate to facility staff any accommodations or restrictions to an inmate's housing, movement, work assignments, clothing and appearance and activities of daily living or programming related to his health needs.

Special needs patient – a patient with health conditions that require multidisciplinary individual treatment planning for optimal care. These conditions might include but are not limited to adolescence, developmental disability, frail or elderly patients, physical disabilities including vision and hearing, patients with serious mental health disorders, patients with recent hospitalizations or ER visits and patients receiving end of life/palliative care.

Treatment plan – a series of written statements specifying a patient's particular course of therapy and the roles of qualified health care professionals in carrying it out.

**III. PROCEDURE**

**A. General Requirements**

1. Health care staff will notify facility custody or administrative staff regarding inmates who require accommodations based on: chronic illness, dialysis, adolescents in adult facilities, communicable diseases, physical disability, terminal illness, unique medication modalities, frail or elderly, mental illness or suicidal, developmental disability, suspected victims of physical/sexual abuse, or other health conditions requiring arrangements for housing, movement, work or other program activities related to their health needs.
2. Communication of patient health needs is documented. (*Attachment B*)
3. A Health Status Report (HSR) is completed by a provider/nurse when he/she identifies a health condition(s) during the initial health assessment or for new health condition(s) discovered during subsequent exams which results in the need for:
  1. further diagnostic procedures;
  2. specialty consults;
  3. activity limitations;
  4. medical equipment or supplies
  5. facility restrictions or special housing requirements; or

Procedure No. MSP HS B-07.0	Subject: <b>Communication on Inmate Health Needs</b>
Effective Date: November 1, 2010	p.2 of 2

6. other special needs or work restrictions.

The provider/nurse will refer to the *HSR Criteria Table* prior for finalizing any HSR.

4. In general, the notification will be via an [HSR form](#), copies of which will be filed in the medical chart and provided to the inmate and to staff who operate the inmate's housing unit (a copy should be placed in the inmate's mini-file.
5. The white copy of the completed HSR form is to be placed in the inmate medical chart. The yellow copy is for the inmate. The pink copy of the HSR form is to be forwarded to the unit manager of the appropriate unit for entry into the OMIS system and placement into the inmate's mini-file. Entries will include pertinent information, restrictions, special allowances etc. but not medical diagnosis.
6. Medical records staff will enter work restriction data on the adult Offender Management Information System (OMIS) database. Entries will be based upon initial health assessment information and subsequent work status changes / updates generated by an HSR.
7. Mental Health clinicians will share pertinent information with custody or administrative staff regarding inmate mental health needs.
8. The Infirmary Special Needs Committee will review complex inmate cases and requests for restrictions/accommodations from housing unit staff, ADA staff, and administrators at its regular meetings.

#### IV. CLOSING

Questions concerning this operational procedure will be directed to the MSP Clinical Services Manager.

#### V. ATTACHMENTS

[HSR Criteria Table](#)  
[HSR Request form.docx](#)

attachment A  
attachment B



Inmate Name: \_\_\_\_\_ Inmate #: \_\_\_\_\_  
Age: \_\_\_\_\_ Housing location: \_\_\_\_\_ Date Requested \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Inmates current work status and work location: \_\_\_\_\_

Initial Treatment                       Renewal                       Supplies Issued

**PROVIDER/NURSE MUST COMPLETE**

HSR Requested: \_\_\_\_\_ Duration: \_\_\_\_\_

Directions: \_\_\_\_\_  
\_\_\_\_\_

Prescriber: \_\_\_\_\_

Reason HSR is necessary, check all that applies:

- Inmate strictly meets criteria for HSR
- Nursing protocol treatment
- Alternative treatments have been explored and found ineffective
- Other – Explain: \_\_\_\_\_  
\_\_\_\_\_

Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PA/NP/Physician Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Comments: <b>Quality Assurance Manager</b> <input type="checkbox"/> Approved as Requested <input type="checkbox"/> Approved with Modification <input type="checkbox"/> Denied until Further Review Explanation: _____ _____ _____ Name: _____ Signature: _____                      Date: ____ / ____ / ____
---

**Instructions:**

1. Requests will be reviewed and returned within 48 hours. Requests received after 11:00 a.m. on Fridays will be reviewed on the next working business day.
2. If HSR's are needed **ASAP** such as lay-ins, dressing supplies, crutches or ice, the form will be filled out and the supplies provided. A copy is then placed in the Quality Assurance Manager's mail box for review.

