



**MONTANA STATE PRISON
HEALTH SERVICES OPERATIONAL PROCEDURE**

Procedure No.: MSP HS E-07.0	Subject: NON – EMERGENT HEALTHCARE REQUESTS & SERVICES
Reference: NCCHC Standards P-A-01, P-A-09, P-E-07, P-I-06, P-D-03, P-C-07, P-G-05 2018, MSP HS E-08.1, DOC 4.5.16, Offender Non-emergency Health Requests and Sick Call; DOC 4.5.32, Right to Refuse	Page 1 of 5 and 1 attachments
Effective Date: November 1, 2010	Revised: December 30, 2021
Signature / Title: /s/ Cindy Hiner / Medical Bureau Chief	
Signature / Title: /s/ Paul Rees / Medical Director	

I. PURPOSE

To maintain a system that provides inmates the ability to request health care attention for health complaints orally or written on a daily basis. This procedure also provides an organized system for the collection, triage, treatment, and referral of inmate health care requests (HCR) by health care staff and guidelines for the treating clinician's clinic practices.

II. DEFINITIONS

Health Care Request form (HCR) – the form, paper or electronic, utilized by inmates at MSP to request health care, that is received and reviewed by qualified health care staff, who act on the request for attention.

Clinical Setting - an examination or treatment area appropriately supplied and equipped to address the patient's health care needs

Triage – the sorting and classifying of inmates' medical, dental, and mental health requests to determine priority of need and the proper place for health care to be rendered.

Provider – a physician, nurse practitioner, or physician assistant.

III. PROCEDURES

A. General requirements

1. Inmates are expected to initiate access to health care services by completing and submitting a Health Care Request form (HCR) available from housing unit staff or on electronically on the Edovo tablets. Offenders are encouraged to utilize electronic submission to assure timeliness of response.
 - a. HCR forms, paper and electronic, are available to all inmates in the housing units within the main compound, the Martz Diagnostic/Intake Unit (MDIU), the Work and Re-entry Center (WRC), the Treatment Center (F-unit), and/or from staff.
 - b. Completed HCR forms are a confidential medical document used to assess the priority of the request (triage) and to route to the appropriate discipline, provider, or nurse for assessment.
 - c. Each housing unit will maintain a clearly marked, locked box designated for depositing completed paper HCRs by the inmates, except restrictive housing units.
 - d. A health care staff member will collect paper HCR forms daily from the housing unit boxes. HCR's are picked up daily by nursing staff during scheduled pill pass times in the restrictive housing units from each unit block.

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- e. If an inmate is unable or refuses to complete a HCR request, health care staff will assist or complete the form on behalf of the inmate reporting the complaint and will document reason the inmate did not personally complete the form. In this instance, the request form must be signed and dated by the medical staff member completing the form.
 - f. Inmates having medical emergencies will receive medical services with or without having submitted an HCR. Inmates may access emergency care by making their needs known to custody staff or medical staff. Inmates with life threatening conditions will receive immediate medical attention (MSP HS E-08.1).
2. Correctional Health Service Technicians (CHST) will not make nursing assessments that exceed their scope of training, license, or departmental policies or procedures.
 3. All health care staff will ensure that communication with inmate patients occurs in private whenever possible. When cell-side triage is required in restrictive housing units or other situations, health care staff will take precautions to promote private communication between staff and inmates.

B. Processing Health Care Service Request forms

1. HCR's will be triaged daily by a health care staff member and appropriate disposition of the request will be made.
2. Triage forms will be organized and distributed to the appropriate EHR cue in accordance with the service requested (e.g., medical, dental, pharmacy, mental health, etc.).
3. Monday-Friday, all Sick Call HCR's will be reviewed daily by a nursing supervisor to assure appropriate triage, distribution, and completion.
4. An HCR request that is deemed urgent/emergent during triage will have the assessment encounter with a Qualified Health Care Professional occur immediately as necessary.
5. A health care staff member will enter each paper HCR with a clinical symptom description into the "HCR Sick Call appointment cue in the EHR". Sick Call entries will capture, electronically, date, time of entry, inmate's name, inmate's DOC identification number, inmate's housing unit, symptom/issue, date of nursing assessment, whether provider referral was made, and whether protocol medications were issued.
6. All Medical provider referrals will be assigned to the appropriate EHR appointment cue-by nursing staff. Entries will electronically capture date, time, name, unit, DOC ID number, reason/issue for referral, and nurse initiating the appointment.
7. Non-medical staff are not expected or allowed to approve or deny requests for health care attention made by an inmate.
8. Completed HCR's will be scanned into the appropriate section of the inmate's electronic health care record. Sick Call HCR's with completed nursing protocol assessments will be captured in the EHR.

C. Responding to Health Care Requests

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1. Medical Provider clinics will consist of:
 - a. Sick Call HCR triage.
 - b. Urgent/emergent encounters; and
 - c. Routine referrals and follow-ups
2. All HCR requests requiring a face-to-face assessment with a Qualified Health Care Professional will be seen within 24 hours of receipt of the HCR. The encounter will happen in a clinical setting as indicated.
3. After the assessment by a Qualified Health Care Professional per protocol recommendations, a referral may be made if the inmate is to be seen by a physician immediately (emergency), within 24 hours (urgent), or next available appointment.
4. Appointment referrals will be captured in the electronic record under the appointment type “Medical Provider” and include date, time, name, ID number, reason for referral, and time frame for the referred appointment to occur.
5. Appointments will be reviewed each morning by the Clinic Health Services Manager for urgent or ASAP prior to the start of the clinic operations.
6. The staff responsible for inside appointment scheduling will prepare the following days clinic list to include Sick Call HCR’s.
7. Inmates seen and assessed by nursing staff more than two times for the same complaint who have not seen a Medical provider for the complaint will be scheduled for follow up in the provider's clinic.
8. Nurse may provide treatment based upon physician approved protocols and standing orders consistent with the Nursing Scope of Practice. Nurse will schedule patients for the next appropriate Medical provider's clinic when indicated by the nursing assessment.
9. Daily clinics to address Sick Call HCR's will take place in a private area to avoid conversation and assessment from being overheard by security staff or other inmates. Typically, this will occur in satellite clinic areas throughout the institution or the main infirmary as is appropriate.
 - a. Security personnel will only be present if the patient poses a probable risk to the safety of the health care professional or others or as per procedure in restrictive units.
 - b. If conditions exist that require staff other than health care professionals to be present, health services staff will instruct those staff on maintaining patient confidentiality.

D. Provider's Clinic

1. Providers will be on site to see inmates as scheduled. Provider’s clinics are held at a frequency and staffing level that meet the health needs of the MSP population and will be sufficient to prevent unreasonable delay in patients receiving necessary care.
2. The provider's appointments will consist of, but are not limited to, the following inmates:
 - a. Those assessed and referred by a nurse.
 - b. Those seen during off hours in the emergency room as deemed necessary by the physician on call.
 - c. Those returning from follow up appointments as ordered by the provider.

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- d. Those returning from the outside diagnostics/procedures as deemed necessary by the provider.
- e. Those referred by receiving nurse on intake from the intake/diagnostic housing unit.
- f. Routine chronic care appointments.
- g. Those scheduled for follow up by the provider during a previous appointment.
- h. Inmates seen for more than two nursing assessments in response to HSR's for the same complaint.
- i. Daily emergencies as needed.

E. Documentation

1. Information will be collected from each inmate requesting medical service and captured in the Electronic Health Record. At a minimum, the information collected will include items such as nature and history of complaint, current medications, allergies, vital signs, and other physical findings. Documentation will also include date, time, name, title, and electronic signature of the staff providing the service.
2. Inmate information will be properly documented on the appropriate form and maintained in the inmate's electronic health record. Recorded medical documentation will be in Subjective, Objective, Assessment, and Plan format that is defined as follows:
 - a. Subjective: This is what the inmate tells the provider about his medical complaint during the interview. Often this includes the inmate's own words. The elicited history will include details pertinent to the provider's observation of the inmate's medical complaint.
 - b. Objective: This includes vital signs, the physical assessment, and the review of the record for diagnostic tests.
 - c. Assessment: This is the medical staff's assessment findings of the inmate's medical complaint. These findings generate the decision for emergent, urgent, next available appointment or if no follow up is indicated.
 - d. Plan: *NURSE* - This includes action to be taken by the nurse so that the inmate receives appropriate medical care. This includes, but is not limited to, referral to the provider or scheduling a clinic appointment after consultation with a provider. RN/LPN's may provide treatment following the established nursing protocols and approved standing orders in which they have been trained.
 - e. Plan: *PHYSICIAN*: - The provider will list in detail the medical plan including, but not limited to, follow-up, medications, tests, procedures, consultations, and X-rays. Patient Education by providers will also be included in the plan.
3. Provider documentation will occur on a progress note or chronic care form in the patient's electronic health record.
4. Nursing documentation will occur on nursing protocols and in some cases progress notes in the patient's electronic health record.

F. Appointments

1. Inmates are expected to initiate access to medical care through an electronic HCR within the Edovo tablet platform. If an inmate is unable access electronic means, then the inmate may submit a paper HCR. If the inmate is unable to walk or requires a security escort, arrangements will be made for transportation to the Infirmary. All medical interviews will be conducted in a confidential manner, subject to security concerns.

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- a. The inmate has reported to sick call more than two times with the same complaint and has not seen a physician.
2. The inmate will be scheduled to see the provider for the earliest possible appointment if:
 - a. The inmate was assessed by the RN/LPN and findings indicate referral.
 - b. The medical complaint is outside the scope of practice of the RN/LPN.
3. In the event that a scheduled provider is absent, the schedule is to be reviewed by a health services manager to approve the canceling or rescheduling of appointments. Inmates with highest priority will be added to another on-site provider’s schedule for that day. All rescheduled appointments will be documented in the inmate’s electronic medical record and on the provider's daily appointment schedule.
4. Inmates scheduled to be seen by a provider will be ‘held in’ their housing unit for the day of scheduled appointment.
5. Infirmery staff will provide the housing unit notification prior to the expected provider's appointment. A call-out sheet of inmate names for those with appointments will also be distributed to appropriate security staff.
 - a. The inmate is expected to arrive to the infirmary at his prearranged appointment time.
 - b. If an inmate is a “no-show” for an appointment an inquiry will be made to the unit as to the reason.
 - 1) If an inmate refuses to come to a scheduled appointment, a signed, informed refusal will be initiated. By refusing treatment at a particular time the inmate does not waive his right to subsequent health care, and the inmate may not be punished for exercising his right to refuse.
 - 2) The refusal form will be captured into the inmate’s electronic medical record and the refusal will be documented in the progress notes.
 - 3) If a “no-show” is related to institutional measures, it is the responsibility of the clinic staff to remedy the cause if possible and/or refer to the Clinical Services Manager
 - 4) Refused appointments may be rescheduled as deemed appropriate by the provider.

IV. CLOSING

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

V. ATTACHMENTS

HCR form

Attachment A

