



MONTANA STATE PRISON
HEALTH SERVICES OPERATIONAL PROCEDURE

Table with 2 columns and 6 rows containing metadata: Procedure No., Subject, Reference, Effective Date, Signature/Title, and Revised date.

I. PURPOSE

To provide appropriate diagnosis, treatment, and follow up for inmate health care needs inclusive of medical, dental, and mental health needs throughout the inmate’s incarceration.

II. DEFINITION none

III. PROCEDURES

A. General requirements

- 1. Patients receive medical, dental and mental health services from admission to discharge per prescribers’ recommendations, orders, and evidence-based practices.
2. Health care provider orders for patient care will be noted and implemented by health care staff in a timely manner.
3. All health care encounters and refusals will be documented in the health care record.
4. Ordered diagnostic tests and specialty consultations will be completed in a timely manner, with evidence in the record of the ordering clinician’s review of results.
5. When an inmate returns from hospitalization or an emergency room visit, the qualified health care professional will see the patient, when appropriate, review the discharge orders, and issue follow-up orders as clinically indicated.
6. Further follow up appointments related to hospitalizations and emergency room visits will be ordered by the provider or designated health care staff member as appropriate.

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7. Individual treatment plans will be developed to guide treatment for episodes of illness. The responsible physician will determine the frequency and content of periodic health assessments on the basis of protocols promulgated by nationally recognized professional organizations.
8. The treatment plan and any changes to the treatment plan will be discussed with the patient and the discussion and justification for the change will be documented during the clinician appointment.
9. Referrals to the Special Needs Committee should be utilized as needed for collaborative involvement in the care and medical management of complex patients (see MSP HS B-07.0).

IV. CLOSING

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

V. Attachments

[result notification form \(002\) revised.docx](#)