

#### MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS E-09.0		COORDINATION, AND QUALITY EING INCARCERATION
Reference: NCCHC Standards PE-09 and PD-08, 2018		Page 1 of 2 and one attachments
Effective Date: November 1, 2010		Revised: December 31, 2019
Signature / Title: /s/ Cindy Hiner / Medical Bureau Chief		
Signature / Title: /s/ Paul Rees M.D./ Medical Director		

## 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. Appropriate diagnostic testing and referral to community practitioners is utilized as indicated to enhance health care treatment plans.

## 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.
  - a. if changes in treatment are indicated, the nurse will contact the provider on call to discuss outside provider recommendations;
  - b. the changes will be implemented or a clinical justification for an alternative course will be noted. The provider will review the findings with the patient in a timely manner;
  - c. these findings will be used to modify treatment plans as appropriate; and
  - d. all diagnostic tests and screening results will be communicated to the patient either through scheduled follow up appointment (including regularly scheduled Chronic Care appointments) with the appropriate clinician or health care provider and/or confidential written correspondence. The correspondence will not include specific disease processes or indicate positive 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. If the physician is not on site, a designated health care staff member will immediately review the hospital's discharge instructions and contact the on-call physician for orders as needed.
- 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