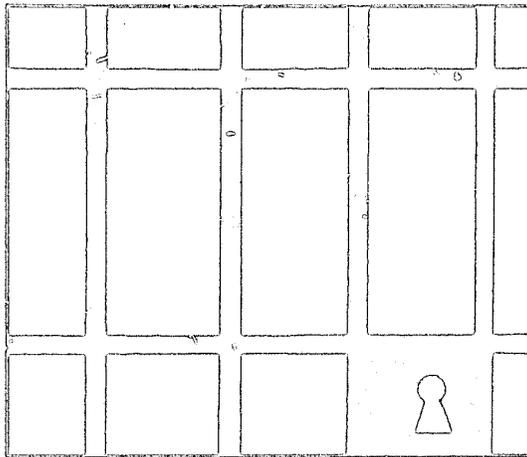


PROCEEDINGS

2nd National Conference on Medical Care and Health Services in Correctional Institutions



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FORMALIZING HEALTH CARE SYSTEMS*

This monograph is devoted to the formalization of the health care system based upon the individual standards contained in Standards for the Accreditation of Medical Care and Health Services in Jails.

WHAT AND WHY

WHAT

Standard operating procedures are statements regarding and describing the structure (people, equipment and supplies) and processes (how the structure works) of medical care made available to the inmates. These statements will, by necessity, describe--but not be limited to--the following:

1. Medical authority and responsibility.
2. The patient flow starting at the point of request for care to final disposition.
3. Identified referral sources (clinicians and/or institutions in the community).
4. Identify clinicians by title within the jail (i.e.: Staff physician, infirmary nurse, etc.)
5. Orders regarding jailer roles in the delivery of health care.

Standards operating procedures identify the goals of the health delivery system and guide the personnel "toward these goals through realistic and attainable objectives."²

Standard operating procedures should be used to provide:

1. A basis for training programs to enable new personnel to acquire knowledge and skills.

1
American Medical Association Program To Improve Medical Care and Health Services in Correctional Institutions, Chicago.

2
Accreditation Manual for Hospitals, 1979 Edition, Joint Commission on Accreditation of Hospitals, Chicago.

*Presented by Myron P. Nidetz, Associate Director, Health Care in Correctional Institutions, American Medical Association.

2. A ready reference on procedures.
3. Standardized procedures and equipment.
4. A basis for evaluation and study to insure continued improvement.³

WHY

"Private" care need not necessarily require the formalization of policy and procedures. Institutional care does because it is based on a system of multiple providers of medical care and a revolving patient population.

Legal considerations: The documentation of written procedures and the compliance thereof make it difficult to prove deliberate indifference; a phrase used by the United States Supreme Court in the famous case: Estelle v. Gamble.

Finally, and certainly not the least, is the adoption of horse sense: written standard operating procedures are simply good professional and business practice.

WHO

The standard operating procedures are developed by both the sheriff and/or his staff and the responsible physician. The standard operating procedures are periodically reviewed and revised as necessary by both and are approved-in-writing by the responsible physician.

COST

The cost of writing down these standard operating procedures is dependent upon the time spent by the sheriff and physician and that of a typist whose salary is relative to the individual jail.

IMPLEMENTING THE FORMALIZATION OF THE HEALTH CARE SYSTEM

The present delivery system is assessed including who does what and where they do it.

The second step is the comparison with the Standards requirements to see where the delivery system fits and where it doesn't.

3

Ibid.

The following are some of the standard operating procedures and policies required by Standards:

1004 Written standard operating procedures approved by the responsible physician exist for the following:

Receiving screening;
Health appraisal data collection;
Non-emergency medical services;
Emergency medical and dental services;
Deciding the emergency nature of illness or injury;
Provision of medical and dental prostheses;
First aid;
Notification of next of kin or legal guardian in case of serious illness, injury or death;
Chronic care;
Convalescent care;
Medical preventive maintenance;
Screening, referral and care of mentally ill and retarded inmates;
Implementing the special medical program;
Delousing;
Detoxification; and,
Pharmaceuticals.

CASE STUDIES

The following case presentations demonstrate how each of the individual standards can be used to construct the required standard operating procedures.

Case No. 1 - The Standards require a standard operating procedure implementing the special medical program:

1026 A special program exists for inmates requiring close medical supervision. A written individual treatment plan for each of these patients is developed by a physician which includes directions to medical and non-medical personnel regarding their roles in the care and supervision of these patients.

This is easily translated into:

When the physician prescribes closed medical supervision for an inmate, the physician will construct an individual treatment plan which may include special orders and instructions to the jail staff. The staff, in turn, is responsible for carrying out these orders. The general

overall program for inmates who require special medical supervision is directed by Dr. Kildare.

Case No. 2 - The standards require quite a bit of written documentation regarding routine-type dentistry:

Dental care is provided to each inmate under the direction and supervision of a dentist licensed in the state as follows:

Dental screening within 14 days of admission;
Dental hygiene services within 14 days of admission;
Dental examinations within three months of admissions; and
Dental treatment, not limited to extractions, within three months of admission when the health of the inmate would otherwise be adversely affected."

This in turn relates to:

Each inmate will receive a dental screening within 14 days after admission to the facility. This screening will include the charting of decayed, missing, and filled teeth and the taking of a dental history. The screening will be performed in conjunction with the health appraisal data collection and will be performed by the medically trained corrections officer.

Each inmate will receive dental hygiene services within 14 days of admission to the facility. The hygiene services will include instructions in brushing and flossing teeth and will employ the procedures developed by the Illinois State Dental Association. The responsibility for this service is that of the shift commander.

(The following is a standard operating procedure which does not reflect the specific requirements of the individual standard but a statement thereto is still a mandatory requirement for accreditation:)

Dental examinations are performed by the dentist during the office visit in which dental treatment occurs. (This does not meet the requirements of the standards; i.e.: Not all inmates are given dental examinations.)

Inmates will receive dental treatment within three months of admission to the facility when the health of the inmate would otherwise be adversely affected. Dental treatment is not limited to extractions.

Case No. 3 - The control of prescriptions of medications--The standards require a policy which addresses the following:

1028 "The facility's standard operating procedures for the proper management of pharmaceuticals include:

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A policy regarding the prescription of all medications with particular attention to behavior modifying medications and those subject to abuse;"

The Standard Operating Procedures:

The prescription of all inmate medications--both those requiring a written prescription and those not--is controlled by Dr. Kildare. This does not preclude the delegation of this control by Dr. Kildare to other physicians of his choice. The names of these delegate physicians are on file at the jail. All prescriptions written by other than Dr. Kildare and his delegates must be cleared by Dr. Kildare before their administration to the inmate.

All prescriptions of behavior modifying medications and those subject to abuse is controlled by Dr. Kildare via his personal approval of each of these prescriptions or by the delegate physicians of Dr. Kildare's choosing.

OTHER RESOURCES

The Practical Guide to the American Medical Association Standards for the Accreditation of Medical Care and Health Services in Jails contains examples of standard operating procedures for the following subjects:

- administrative structure
- health appraisal date collection
- non-emergency medical care
- emergency medical care
- chronic and convalescent care
- medical preventative maintenance

The national program staff of the American Medical Association Program to Improve Medical Care and Health Services in Correctional Institutions, Chicago, and the participating state medical societies can provide limited technical assistance to persons interested in formalizing health care systems.

END