DEPARTMENT OF CORRECTIONS

Policy Number:	**500.010**
Title:	**Health Services**
Effective Date:	**9/18/18**

PURPOSE: To provide a mission statement describing the scope of health care services to offenders/residents.

APPLICABILITY: All offenders and residents (juveniles) under the custody of the commissioner of corrections

DEFINITIONS: None

PROCEDURES:

A. All DOC health services staff and contractors must comply with the communicable disease reporting rules as established in Minnesota Rules 4605.7000 through 4605.7900.

B. The director of health services:

1. Ensures that staffing levels, job descriptions, contracts, and procedures are developed in order to implement this policy;

2. Determines essential positions needed to perform the defined scope of health services, developing and implementing a staffing plan and annually reviewing the staffing plan to ensure the adequacy of numbers and types of staff;

3. Establishes measurable goals and objectives as part of the strategic plan; specifies a system to annually assess the achievement of goals and objectives, administering program changes as necessary;

4. Develops mechanisms, including written agreements, when necessary to assure the scope of services is provided and properly monitored;

5. Develops and reviews the facilities' operational health policies and procedures;

6. Establishes a system for the coordination of care among multidisciplinary health care providers; and

7. Develops and reviews a quality management program.

C. The health authority ensures the development of plans of care for chronic conditions such as hypertension, diabetes, and other diseases requiring periodic care and treatment. Chronic care plans address medications, lab testing, use of chronic care clinic protocols, health record forms, and frequency of specialist consultation and review. Infirmary care is available for adult male offenders at the Minnesota Correctional Facility-Oak Park Heights in the transitional care unit.

D. The facility health services administrator at each facility is the designated facility health authority. The facility health authority is authorized and responsible for making decisions about the

deployment of health resources and the day-to-day operations of the health services program. All medical, psychiatric, and dental matters involving medical judgments are the sole province of the responsible physician and dentist, respectively, and may not be countermanded by non-clinicians. The DOC medical director has final authority for medical judgments.

E. A qualified interpreter is provided for an offender/resident who has limited ability to communicate (for example, having a hearing or vision impairment). Offenders who do not speak or understand English are provided language interpretive services. Offender interpreters are not used unless a delay could cause immediate safety or security issues. Informed consent standards in the jurisdiction are observed and documented for offender/resident care in a language understood by the offender/resident. Any offender/resident may refuse, in writing, medical, dental, and/or mental health care. (See Section L, below.)

F. In the case of juveniles, health services staff obtains appropriate informed consent (see Policy 500.1261, "Health Care for Juvenile Residents and Youthful Offenders").

G. All health care interviews, including medical and mental health reviews, exams, and procedures are conducted in a setting that respects the offender's/resident's privacy. All health services staff and contractors must comply with Minn. Stat. Ch. 13, "Minnesota Government Data Practices Act," and Division Directive 500.190, "Health Care Data Practices," when dealing with offender/resident health care records. All offender/resident health information must be retained in their medical files.

H. Behavioral health services are approved by the appropriate behavioral health authority and include services provided by qualified mental health professionals meeting the educational and license/certification criteria specified by their respective professional discipline.

I. Duties of offender/resident workers in health care

1. The DOC does not use offender/resident workers for the following duties:
   a) Performing direct patient care services without staff present;
   b) Scheduling health care appointments;
   c) Determining access of other offenders/residents to health care services;
   d) Handling or having access to surgical instruments, syringes, needles, medications, or health records;
   e) Operating diagnostic or therapeutic equipment, except under direct supervision by specially trained staff in a vocational training program; or
   f) Handling dental instruments except for the purpose of cleaning and sanitizing, when directly supervised, and in compliance with applicable tool control policies.

2. The DOC allows offenders to perform familial duties commensurate with their level of training which may include:
   a) Providing peer support and education;
   b) Performing hospice activities; and
   c) Assisting impaired offenders with activities of daily living.

J. To the fullest extent possible in the correctional facility environment, the following applies to offenders/residents who receive medical care and treatment.

1. Every offender/resident receives considerate and respectful care.

2. Every offender/resident may reasonably expect to obtain from his/her practitioner, or the primary physician of the facility, complete and current information concerning the offender's/resident's diagnosis, treatment, and prognosis in terms and language the offender/resident may reasonably be expected to understand. For those cases when it is not medically advisable to give such information to the offender/resident, the information may be made available to the appropriate person on the offender's/resident's behalf.

3. Upon request, the offender/resident is told the name and specialty, if any, of the physician coordinating care.

4. Every offender/resident is provided every consideration of privacy and individuality as it relates to the offender's/resident's social, religious, and psychological well-being.

5. Every offender/resident is treated with respect and given privacy as it relates to the offender's/resident's health care program. Offenders/residents are provided with same-sex chaperones for encounters with opposite-sex health care providers. Case discussion, consultation, examination, and treatment are considered private government data and must be conducted discreetly.

6. Every offender/resident receives a reasonable response to requests from the facility's health services.

7. Every offender/resident may obtain information concerning any relationship of the facility to other health care and related institutions to the extent that the offender's/resident's care is concerned.

8. Every offender/resident receives a reasonable continuity of care.

9. The DOC does not provide financial support for health care services upon the offender's/resident's release from a DOC facility.

10. All offender/resident health information is retained in the offender's/resident's medical file.

K. Administrative meetings and reports

1. The facility health services authority, warden/superintendent, and practitioner meet at least quarterly to address the opportunities to improve the delivery of health care to incarcerated offenders/residents.

2. The medical service contractor submits monthly claims reports to the DOC medical director including data on health care statistics and use.

3. Health services staff meetings must be held at least monthly, facilitated by the facility health services administrator or designee.

4. Each facility's health services administrator completes a monthly infectious disease report and submits it to the central office health services unit by the tenth of the following month.

5. Minutes from all meetings, including the date of the meeting, list of attendees, and topics discussed must be prepared and retained according to the retention schedule.

L. Refusal of health care

1. Offenders/residents may refuse health care at the time of being offered medical evaluation or treatment. However, offenders/residents may not refuse transport to an emergency room or hospital if deemed necessary by DOC staff.

2. Health care staff must ensure that the offender/resident is aware of:
   a) The importance of the recommended treatment; and
   b) The risks involved in refusal.
   c) Health care staff must notify the contracted health care vendor medical director and the DOC health services director if the offender's/resident's refusal of treatment may result in a life-threatening condition.

3. The contracted health care vendor or designee counsels offenders/residents who refuse medical treatment and documents those meetings in the offender's/resident's medical record.

4. An offender's/resident's refusal of treatment must be written on the Refusal of Health Care form (attached).
   a) The Refusal of Health Care form must describe the nature of the condition for which treatment is being offered, the type of service offered, and must be filed in section one of the offender's/resident's medical record.
   b) If the offender/resident is a juvenile, the resident's parent/guardian must be informed and must sign the Refusal of Health Care form, if the parent/guardian approves.

5. If the offender/resident and/or the parent/guardian refuse to sign the form, staff must obtain the signature of a second witness to document the verbal refusal.

6. If indicated, a referral to a behavioral health professional, clergy, or legal assistance is initiated.

7. Refusal of Health Care forms are valid for up to one year, at which time the forms must be reviewed.

8. Refusal of Health Care forms are not valid when the offender/resident transfers to another facility. Health care staff at the receiving facility must discuss the refusal and counsel the offender/resident if the offender/resident wishes to continue to refuse health care.

INTERNAL CONTROLS:

A. Meeting minutes taken at the monthly health services staff meetings are retained according to the retention schedule.

B. All offender/resident health information is retained in the offender's/resident's medical file.

C. The Refusal of Health Care form is retained in the offender's/resident's medical file.

ACA STANDARDS: 2-CO-4E-01; 4-4381, 4-4408, 4-4409, 4-4347, 4-4350, 4-4351, 4-4362, 4-4364, 4-4378, 4-4344, 4-4368, 4-4393, 4-4355, 4-4399, 4-4397, 4-4396, 4-4359, 4-4380, 4-

4382, 4-4403, 4-4409; 1-ABC-4E-02, 1-ABC-4E-03, 1-ABC-4C-11, 1-ABC-4C-12, 1-ABC-4C-15, 1-ABC-4C-43, 1-ABC-4C-48, and 1-ABC-4C-53

REFERENCES: Minn. Stat. §§ 241.021, subd. 4; 243.212; and 144.651; and Ch. 13
Minn. Rules 4605.7000 - 4605.7900
Division Directive 500.190, "Health Care Data Practices"
Policy 500.1261, "Health Care for Juvenile Residents and Youthful Offenders"
Policy 500.700, "Health Services Quality Assurance Program"
Policy 301.040, "Tool Control"
Policy 105.118, "Proper Management of Sharps and Sharp Containers"
Policy 500.122, "Needle, Syringe, and Instrument Control"

REPLACES: Division Directive 500.010, "Health Services," 10/18/16.
All facility policies, memos, or other communications whether written, verbal, or transmitted by electronic means concerning this topic.

ATTACHMENTS: Refusal of Health Care form (500.010A)
After Hours Medical Emergency form for Non-Medical Staff (500.010B)

APPROVALS:
Deputy Commissioner, Facility Services
Deputy Commissioner, Community Services
Assistant Commissioner, Facility Services
Assistant Commissioner, Operations Support