

**STATE OF LOUISIANA  
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS  
CORRECTIONS SERVICES**

**Health Care Policy  
No. HC-01**



**28 February 2011**

**ACCESS TO CARE AND CLINICAL SERVICES**

1. **OBJECTIVE:** To ensure that unimpeded access to routine (scheduled) and emergent health care services is available to all offenders in a timely and efficient manner and that no offender is refused health care for financial reasons.
2. **APPLICABILITY:** Deputy Secretary, Chief of Operations, Department's Medical/Mental Health Director, Regional Wardens and Wardens. Each Warden is responsible for ensuring that appropriate unit written policy and procedures are in place to comply with the provisions of this policy.
3. **REFERENCES:** ACA Standards 4-4344, 4-4345, 4-4346, 4-4403 and 4-4403-1 (Adult Correctional Institutions) and Department Offender Posted Policy (DOPP) #031 "Access to Health Care and Clinical Services."
4. **POLICY:** It is the Secretary's policy that all facilities shall have a mechanism in place that enables any offender to request access to health care, routine and emergent, on a daily basis and that the response to those requests shall be timely and efficient. All offenders shall be informed verbally and in writing about procedures to access health services for routine and emergent health care and no offender shall be refused health care for financial reasons. Access to care is managed by health care staff and no member of the correctional staff shall approve or disapprove requests for health care services.
5. **DEFINITIONS:**
  - A. **Administrative Remedy Procedure (ARP):** Offender Grievance Procedure.
  - B. **Backlog:** The number of offenders waiting to be seen by a health care provider or specialty clinic.
  - C. **Critical Lab Values or Test Reports:** Reports of significantly abnormal laboratory results or other diagnostic test reports which require immediate notification of the responsible health care practitioner for further disposition.
  - D. **Declared Emergency:** Unexpected health care need that cannot be deferred until the next scheduled sick call.
  - E. **Health Care Practitioner:** Clinicians (such as physicians, dentists, psychologists, podiatrists, optometrists, nurse practitioners, physician assistants and psychiatrists) trained to diagnose and treat patients.

- F. **Health Care Professional:** Staff (such as health care practitioners, nurses, social workers and emergency medical technicians) who perform clinical duties in accordance with each health care professional's scope of training and applicable licensing, certification and regulatory requirements.
- G. **Priority System:** System of scheduling offender health concerns according to levels of appropriate intervention, i.e. emergent, urgent, routine.
- H. **Routine Sick Call:** A self initiated request for routine care during regularly scheduled sick call hours with a health care provider.
- I. **Sick Call Request:** Request for Medical Treatment (Form HC-01-A.)
- J. **Tele-health:** Consultations for various specialties conducted via telecommunications equipment.
- K. **Tracking System:** A system to log and monitor appointments for follow up care ordered by the practitioner or consultations ordered for specialist evaluations.
- L. **Triage:** The review or screening of offender health concerns by health care personnel to determine the priority of need and the appropriate level of intervention.

6. **PROCEDURES:**

- A. Upon arrival at each facility, all offenders shall be informed regarding procedures to access routine and emergent health services (medical, dental and mental health.) Offenders shall be educated regarding the difference between routine and emergent health needs, chronic clinic encounters and other health care encounters during orientation. Offenders are also informed about the Administrative Remedy Procedure and the medical co-payment process. This information is communicated orally and in writing, and is conveyed in a language that is easily understood by each offender.
- B. Each facility shall establish a process for all offenders, including those in segregation, to initiate requests for health services on a daily basis (routine and/or emergent.) These requests shall be triaged daily by health care professionals. A priority system shall be used to schedule clinical services. This system shall address emergent, urgent and routine needs. Clinical services, which may include tele-health, are available to offenders in a clinical setting at least five days per week and are performed by a health care practitioner. If tele-health services are utilized for patient encounters, the process shall include provisions for consent which can be implied and confidentiality of health information as outlined in Health Care Policy Nos. HC-25 "Confidentiality" and HC-26 "Informed Consent: Voluntary and Involuntary Treatment." The encounter shall be documented in the offender's

medical record and any reports from consultation via a tele-health system shall be integrated into the offender's medical record.

- C. Each institution shall maintain a tracking system and a log to assure scheduled follow up from sick call encounters, scheduled consultations and referrals for specialty care onsite and off site. The tracking system shall be utilized to provide statistical information and summaries for the number of offenders that access routine and emergent health care, the number of offenders referred for health practitioner evaluation and the number of offenders on backlog for clinics and specialty consultations or procedures. Reports shall be submitted monthly in accordance with the Health Care C-05-001 report.
- D. Each institution shall maintain a system that shall address the specific handling of laboratory and x-ray reports, including a review of findings, reporting of critical lab values or test reports to the responsible health care practitioner and the filing of such reports in the offender's medical record. All diagnostic reports shall be reviewed and initialed by the health care practitioner.
- E. All sick call requests shall be recorded on the Request for Medical Treatment (Form HC-01-A) and filed in each offender's medical record. Evaluation and disposition of treatment shall be recorded and signed by the health care provider and reviewed by the healthcare practitioner. All reviews shall be signed and dated by the health care practitioner at the earliest possible date.
- F. Health care encounters, including medical and mental health interviews, examinations and procedures shall be conducted in a setting that respects the offender's privacy.

s/James M. Le Blanc  
Secretary

Form: HC-01-A Request for Medical Treatment

This policy supersedes Health Care Policy No. HC-01 dated 01 August 2002.

Name \_\_\_\_\_ DOC # \_\_\_\_\_ Age \_\_\_\_\_ Housing \_\_\_\_\_ Job Assignment \_\_\_\_\_

**OFFENDER COMPLETE THIS SECTION ONLY -- COMPLAINT AND/OR REQUEST:**

**Healthcare Personnel Screening:** Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location Seen: \_\_\_\_\_

(Circle One): Emergency / Routine Sick Call / Work Related Allergies: \_\_\_\_\_

B/P \_\_\_\_\_ Pulse \_\_\_\_\_ Resp \_\_\_\_\_ Temp \_\_\_\_\_ Other \_\_\_\_\_

**Assessment/Comment:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Disposition:**  
  
  
  
**New Medications Ordered:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ **Total #:** \_\_\_\_\_

**Health Care Practitioner Notes:**  
  
  
  
  
  
  
  
  
  
**HCP's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Screener's Signature:** \_\_\_\_\_

No Fees  \$3 Access Fee  \$6.00 Access Fee  \$2 for Each Prescription Fee: \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_

I understand that in accordance with Dept. Reg. No. B-06-001, I will be charged \$3.00 for routine request for health care services, \$6.00 for emergency request and \$2.00 for each new prescription written and dispensed to me, with the exceptions noted in the referenced regulation.

Offender Signature \_\_\_\_\_ DOC # \_\_\_\_\_ Date \_\_\_\_\_ Witness Signature \_\_\_\_\_  
Original - Offender's Medical Record Yellow - Business Office Pink - Offender's Copy