

Department of Public Safety and Correctional Services

Clinical Services & Inmate Health



Operations Manuals

Administration	Medical Records
Chronic Disease Management	Pharmacy Services
Infection Control	Pregnancy Management
Infirmatory Care	Sick Call
Inmate Deaths	Substance Abuse
Medical Evaluations	

By signing this cover page, DPSCS officials responsible for the care and treatment of persons confined to their facilities give approval that the policies and procedures, reviewed and updated as needed annually and found herein, formally establish these processes to be acceptable to DPSCS.

Patricia Goins-Johnson

Patricia Goins-Johnson, Executive Director Field Support Services

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Date Reviewed	1/2013
	11/2014
	1/2015
	2/2016

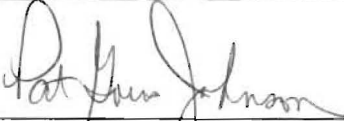


Department of Public Safety and Correctional Services

Clinical Services & Inmate Health



Administration Manual

Date	2/22/2012
Reviewed	8/2013
	11/2014
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	2/20/2016


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DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

OFFICE OF CLINICAL SERVICES/INMATE HEALTH

ADMINISTRATION MANUAL

Chapter 1
Continuous Quality Improvement (CQI)

Section A
ADMINISTRATION

- I. Policy: To facilitate continuous improvement of quality health care being provided to all inmates located within the health care facilities of the Department of Public Safety and Correctional Services (DPSCS), it is the policy of DPSCS to comply with all applicable Federal, State and Local laws and health services standards for the purpose of ensuring provision of quality health care to inmates.
- II. Procedure:
 - A. The DPSCS Quality Improvement Program shall be designed, maintained, and implemented within Clinical Services (CS). Its focus will be on the assessment and monitoring of all health care activities, functions, and standards including, but not limited to, clinical practice, education, contract compliance and administration for comprehensive healthcare including Medical, Mental health, Dental, Utilization and Pharmacy processes.
 1. The Continuous Quality Improvement program monitoring shall include, but not limited to, the following areas of the Division of Correction health care delivery system:
 - a. Physician services
 - b. Nursing services
 - c. Pharmaceutical services
 - d. Rehabilitation services
 - e. Dental services
 - f. Dietary services
 - g. Radiology services

- h. Mental Health services
 - i. Quality Improvement Program/Discipline
 - j. Emergency services
 - k. Laboratory services
 - l. Infection Control
 - m. Health services contracts
 - n. Medical Record services
 - o. Environmental Health and Safety
 - p. Social Services
 - q. Telemedicine
 - r. Electronic Patient Health Record
- B. Clinical Services has the responsibility and authority for the administration of the Continuous Quality Improvement (CQI) program. The Chief Medical Officer of Clinical Services, the Chief Nursing Officer, and the Agency Contract Operations Manager (ACOM) in conjunction with Quality Improvement Infection Control Nurse Manager and staff will work together to assure the process. The DPSCS Chief Medical Officer shall chair a quarterly CQI meeting that will provide oversight for:
1. Scheduling, supervising and implementing quality improvement evaluations as approved by Clinical Services
 2. Reviewing reports of the contractors' quality improvement program, trending, monitoring activities.
 3. Approving changes in activities, functions and/or standards emanating from monitoring activities as appropriate.
 4. Submitting reports of Clinical Services compiled by the Quality Improvement Infection Control Nurse Manager and approved by the DPSCS Director of Nurses to site administrators and wardens, highlighting findings of deficient standards and/or regulations. Referrals to the licensing boards of nursing, midlevel providers, physicians, dentists, mental health staff etc. as appropriate.

- C. The DPSCS CQI committee consisting of the DPSCS CQI/Infection Control nurses and the DPSCS Quality Improvement/Infection Control Nurse Manager will convene with representative vendors quarterly.
- D. The contractor's quality improvement committee will submit minutes, trend data summaries, risk management issues, pharmacy, dental, mental health etc. to the DPSCS CQI Committee monthly.
- E. The Service area CQI Committees will evaluate and review regional findings, develop and submit a corrective action plan to the ACOM and DPSCS CQI Committee to investigate and review for effectiveness in altering outcomes.
- F. The DPSCS Quality Improvement/Infection Control Nurse Manager's responsibility shall include, but not limited to:
 - 1. Representing Clinical Services at the contractor's regional quality improvement committee meetings, as appropriate.
 - 2. Developing and executing plans for the organization, direction and supervision of Clinical Services Quality Improvement Program, and for addressing programmatic issues in the improvement and reorganization of existing methods and procedures in the care and treatment of physically and mentally ill inmates.
 - 3. Submitting budgetary requests for various needs of the Quality Improvements Program to the Director of Office of Inmate Health Services.
 - 4. Scheduling and supervising a quality improvement audit calendar in collaboration with the Agency Contract Operations Managers and DPSCS Chief Medical Officer.
 - 5. Conferring with Clinical Services Chief Medical Officer, Chief Nursing Officer in the development of policies related to the administration of health services to inmates.
 - 6. Reviewing and analyzing the Clinical Services Quality Improvement Program reports submitted to the regional site administrators and wardens concerning problems as well as the in-house monitoring findings, and making periodic institutional visits and health services rounds with the health care providers as a quality improvement monitoring approach.

7. Reviewing quarterly summary reports concerning health services provided to inmates and health education received by contracted staff functioning at the health care facilities within the DPSCS to highlight adverse trends or sentinel events for review by the DPSCS Chief Medical Director.
 8. Conducting the health services contractual audits periodically in the field with the ACOMs.
 9. Supervising Clinical Services Quality Improvement Program staff.
 10. Developing, coordinating, and implementing the Quality Improvement Program tools to be utilized by the staff in monitoring the delivery of health services in the correctional health care facilities.
 11. Preparing reports for submission to Clinical Services Chief Nursing officer regarding the findings of the ACOMs and the Quality Improvement Program staff.
 12. Coordinating the problem identification process with the vendor Quality Improvement staff, utilized in monitoring the quality of health care provided in the correctional health care facilities.
 13. Comparing various data obtained during monitoring of the provision of health services by the contractor. This shall be done in collaboration with the ACOM and the DPSCS Chief Medical Director.
 14. Reviewing the contractor's Quality Improvement Programs for approval.
 15. Comparing institutional quality improvement staff audits findings with the findings of the Office of Clinical Services Quality Improvement staff.
 16. Performing other duties as assigned.
- G. There will be a Quality Improvement Program Committee composed of an interdisciplinary team of DPSCS employees including, at a minimum
1. DPSCS Chief Nursing Officer
 2. Quality Improvement Field Coordinators/ACOMs
 3. DPSCS Quality Improvement/Infection Control Nurse Manager
 4. DPSCS Chief Medical Officer
 5. DPSCS Dental Consultants
 6. Other designated personnel as required such as the Director of Mental Health

7. Representatives of Office of Clinical Services
- H. The Quality Improvement Program Committee shall:
1. Assist in generating and coordinating ideas for monitoring activities to prevent duplication, assist in identifying potential interdisciplinary studies and facilitate as well as coordinate monitoring activities.
 2. Design effective mechanism for identification and prioritizing of problems, their assessment, resolution, and evaluation.
 3. Assist in generating and coordinating ideas for monitoring activities.
 4. Develop criteria for monitoring activities and utilize appropriate mechanism to aggregate data relevant to practice and performance so that patterns are ascertainable.
 5. Make recommendations, as appropriate, for corrective action in activities, functions, and/or standards to the Quality Improvement Program Administrator.
 6. Establish an annual study calendar in response to organizational goals, including specific issues and responsible person(s).
 7. Review educational opportunities relevant to quality improvement and quality control.
 8. Evaluate annually and assist in the modification of, as necessary, the Clinical Services program's plans to ensure integration, coordination, confidentiality and effectiveness of the Quality Improvement Program.
 9. Re-study Death Reviews, Serious Incident Reports (SIR), etc.
- I. The Quality Improvement Program Committee shall have the authority to identify, investigate, and provide guidance to the responsible personnel regarding areas of non-compliance and corrective action and will:
1. Assist the Quality Improvement Program Staff in reviewing and approving or disapproving institutional plans of correction.
 2. Monitor inmates receiving health services and the professionals and paraprofessionals providing health services within DPSCS health care facilities. Health Care Services shall be monitored according to predefined standards, structure, processes and performance outcome criteria.

3. Emphasis shall be placed on known, potential or suspected problems relevant to:
 - a. Inmates and the quality of health service rendered.
 - b. Professionals and paraprofessionals and their practices.
 - c. Other problems affecting the health care services provided which cannot be justified as appropriate under specific circumstances i.e. sentinel events.
4. Provide problem assessment in order to identify and select deviations from the expected occurrence. To do this, the Quality Improvement Program staff shall validate the:
 - a. Existence of the problem
 - b. Extent of the problem
 - c. Nature of the problem
 - d. Complexity of the problem; and
 - e. Characteristic of the problem
 - f. Performance measures indicators where appropriate
 - g. Contract compliance issues
- J. Other methods to be utilized during assessment visits shall include:
 1. Internal data sources, such as patient records, committee reports, staff interviews and inmate questionnaires; and
 2. External data sources, such as Federal, State and other regulatory agency reports, costs review commissions, and third payer reports, if applicable.
- K. Problems shall be selected for review when resolution will provide a positive impact on patient care and/or professional practices.
- L. An entrance interview, as required, shall be held with the following staff members to state the purpose of a visit to a facility, as appropriate:
 1. Agency Contract Operations Manager
 2. Private contractor/designees
 3. Warden or designee; and
 4. Vendor Site Administrator

- M. An exit interview shall be held with the following members to advise the institutional staff of the Division of Correction auditor findings, and will include at a minimum:
1. Agency Contract Operations Manager
 2. Private contractor/designees
 3. Warden or designee
 4. Site Administrator; and
 5. Quality Improvement Coordinator
- N. The findings of the Quality Improvement Program staff's audit shall be sent to the following members of the involved institution:
1. Agency Contract Operations Manager
 2. Site Quality Improvement Coordinator
 3. Vendor Site administrator
- O. A copy of the report and request for plan of correction shall be sent to the:
1. Vendor Site Administrator
 2. Quality Improvement Coordinator for the contractor; and
 3. Other pertinent staff including Chief of Security if indicated.
- P. A plan of correction shall be developed and submitted for approval to the Quality Improvement Program Staff and the ACOM from the following institutional staff:
1. Warden/custody staff if applicable
 2. Contractor Site Administrator; Medical Director, Director of Nursing or designee
 3. Quality Improvement Coordinator for the contractor; and
 4. Other pertinent staff including Chief of Security if indicated.
- Q. The plan of corrections shall be submitted within the requested time frame, and the strategies to remedy problems shall describe:
1. All actions required;
 2. Person(s) responsible for implementing each action; and
 3. The time by which actions are to be completed.
- R. The following actions shall be implemented during the CQI evaluation process:

1. A letter of approval or disapproval of the plan of corrections (CAP) shall be sent from the ACOM
2. Approved CAP shall be sent to the Office of Clinical Services CQI Coordinator for review, and will include:
 - a. A re-audit schedule to be within 30 days of implementation of the process resolution and within 90 days to determine sustainability.
 - b. Person designated as the one who will be held accountable for the implementation and resolution of the problem.
 - c. An expected date of resolution.
 - d. A plan for sustainability i.e. ongoing updates for staff, recurrent in-services with pre and posttests.
3. Failure to produce an approved Corrective Action Plan regarding impaired processes to the ACOM may result in the ACOM requesting another plan within 10 working days or a request for damages.

III. References:

IV. Rescissions: DPSCS 130-700-001:Administration

V. Date Issued: July 15, 2007

VI. Revised: September 17, 2009
November 14, 2011
October 2012
July 2013
November 18, 2014
December, 2015

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

OFFICE OF CLINICAL SERVICES/INMATE HEALTH

ADMINISTRATION MANUAL

Chapter 1
Continuous Quality Improvement (CQI)

Section B

CQI REPORTS AND MEETINGS

- I. Policy: To facilitate continuous improvement of quality health care being provided to all inmates located within the health care facilities of DPSCS, it is the policy of the Department of Public Safety to comply with all applicable Federal, State and local laws and health services standards for the purpose of ensuring provision of quality health care to inmates and to require certain reports related to that quality.
- II. Procedure:
 - A. All vendors are required to submit in a timely fashion (defined by contractual agreement) the following reports:

Indicators	Eastern	Western	Jessup	Baltimore
ER				
Mortality				
MH Referrals				
Methadone				
HIV				
TB				
Hepatitis C				
Pregnancy				
Sentinel Events				
Assaults on Staff				
Inmates Assaults				
Injuries				
Grievances/ARPs				
On Call				
Unplanned Readmissions				

Security Breeches				
Medication Errors				
Patient Clinical Case Conferences				

B. DPSCS will hold a meeting quarterly that will include a discussion of the findings from these reports as well as provide an update on processes and improvement initiatives taking place throughout the State. This meeting will be organized and chaired by the medical vendor.

1. DPSCS Quarterly CQI Meeting attendees will include, but not limited to:

a. Contractor Staff

- The Contractor State Medical Director
- The Contractor Medical Director Utilization Management
- The Contractor UM Administrator designee (initial then as requested)
- The Contractor State Infection Control Manager
- The Contractor State Director of Nursing
- *The Pharmacy Contractor Designee (initial then as requested)
- *The Contractor Dentist Director/Designee (initial then as requested)
- The Contractor Mental Health Director Designee
- *The Contractor EPHR/HIMS Manager (initial then as requested)
- The Contractor State Quality Improvement Manager
- Contractor VP or Regional Manager Designees

b. The Agency State Medical Director

c. The Agency Contract Operations Managers (ACOMS)

d. Agency Social Work Designee

e. Agency Director of Mental Health

f. Agency Director of Nurses Clinical Services

g. Agency CQI/Infection control Nurse Manager

2. Representatives named above should be present if trend issues or serious incidents in their areas occurred. The initial meeting will serve as an

introduction to format and establish the objectives and how action plan items would be managed.

3. Fixed Agenda will include:
 - a. UM data/region/quarter, ER/Ambulatory care, Inpatient days, consultation/specialty/Top Drugs
 - b. Risk Management, Serious Incidents, Assaults, Sentinel Events:
 1. Infection Control stats, Hep C, MRSA, TB, HIV, Outbreaks, Contact isolation etc.
 2. Deaths/region/quarter ICD 9 diagnoses/Dispositions 1-4
 - c. Review of trend data areas; Action Plans by specialty, Medical, Dental, Mental Health, Infection Control
 - d. Audits for the quarter/Performance Measures articulated in the proposal for each contractor will be reviewed/discussed and a projected schedule of monitoring of specific contracted services/focus
- C. A Monthly Regional Meeting will be held by each contracted vendor and a Quarterly Combined Regional Meeting will be held and chaired by the Medical Director of the Medical contractor. The reports of those meetings will be made in the following format:

MONTHLY REGIONAL CQI REPORT

Region/Site: _____

Date: _____

Committee Members	Title	Present/Excused
	Medical Director/Dentist/Psychiatrist – Chairperson	
	HSA/PROGRAM MANAGER	
	DON	
	ADON	
	ACOM	
	CCC Nurse/Mental Health counselor/dental assistant	
	Infection Control	
	Discharge Planner	
	Charge Nurse	
Guests		Signature sheet scanned and posted in Netdocs

Continuous Quality Improvement (CQI) - a system that seeks to improve the provision of services with an emphasis on future results

NOTE - after discussion a decision must be made as follows:

- No problem identified, no action required
- Potential problem identified or early trend identified, will continue to monitor
- Likely problem identified, additional study scheduled or action plan to be developed and re-study scheduled.

Topic	Data Collection	Data Interpretation	Action Plan	Follow-up Schedule	Outcome Evaluation
I. Call to Order I.A. Acknowledgement of Guests I.B. Approval or previous minutes					
II. Topics II.A. CQI follow-up from MAC or other meetings - discuss, improvement strategies					
II.A.1. Grievances – discuss ARPs with merit; % increase/decrease, category					
II.A.2. Infection Control Report					
II.A.3. Safety and Environmental Report					
II.A.4. Statistical Report					
II.A.5. Emergency Responses					
II.B. Critical Incidents – discuss negative findings					

needing improvement strategies and/or CAP					
II.B.1. Results of morbidity/ mortality review					
Topic	Data Collection	Data Interpretation	Action Plan	Follow-up Schedule	Outcome Evaluation
II.B.2. Review of adverse patient events					
II.B.3. Review of self injury events					
II.B.4 Other key sentinel events					
C. Review of audits/charts - discuss findings, trends, improvement strategies from previous month					
D. QI projects/studies – develop an appropriate project or develop current projects for each site/region					
E. Other E1. Unplanned topics/business –					

Cover topics and/or business, which have arisen since your last meeting and which do not fit into any topics which are covered on a regular and re-occurring basis					
IV. Adjournment IV.A. Set next meeting date, time and place					

Signature/Title

Date

Quarterly Combined Regional CQI Meeting

Region _____

Date _____

Committee Members	Title	Present/Excused (proxy)
	Regional Medical Director – Chairperson	
	Medical Director	
	HSA /PROGRAM MANAGER	
	RM	
	DON	
	ADON	
	Infection Control	
	AA	
	Warden/designee (State position)	
	Area Dentist	
	Area Pharmacist	
	Area Psychiatrist	
	Psychologist (State position)	
	Area EPHR/HMIS Manager	
	Area Utilization Management Manager	
	QI Manager (State position)	
	ACOM (State position)	
Guests:		

Continuous Quality Improvement (CQI) - a system that seeks to improve the provision of services with an emphasis on future results

NOTE - after discussion a decision must be made as follows:

- No problem identified, no action required
- Potential problem identified or early trend identified, will continue to monitor

- Likely problem identified, additional study scheduled or action plan to be developed and re-study scheduled.

ISSUE	Sites involved	ACTION TO BE TAKEN	PERSON RESPONSIBLE	DUE DATE	STATUS
I. Call to Order .A. Acknowledgement of Guests B. Approval or previous minutes					
I. Review of Regional Total Health Care Operation – Identify areas of improvement in response to policy compliance, consent decree, etc.					
II. Identify trends in Vendor reports/Issues referred by the state (ACOM)					
DENTAL					
1. Quarterly Incident Trend Report					
2. Quarterly Grievances/Complaints Trend Report					
3. Patient Case Conference Report - List DOC # initial name and issues/processes related to coordination of care review and identified trends					
4. Risk Management /Mortality Report; identified					
5. Lapses in Protocol /Procedure; identified Trends					

6.	Security Breaches, Sharps, medication, keys; identified trends					
7.	Pharmacy issues/trends					
8.	EPHR trends					
MENTAL HEALTH						
1.	Quarterly Incident Trend Report					
2.	Deaths etc.					
3.	Quarterly Grievances/Complaints Trend Report					
4.	Patient Case Conference Report - List DOC # initial name and issues/processes related to coordination of care review					
5.	Risk Management /Mortality Report					
6.	Lapses in Protocol /Procedure Report					
7.	Security Breaches, Sharps, medication, keys					
8.	EPHR					
PHARMACY						
1.	Quarterly Incident Trend Report					
2.	Quarterly Grievances/Complaints Trend Report					
3.	Patient Case Conference Report - List DOC # initial name and issues/processes related to coordination of care review					
4.	Risk Management /Mortality Report					
5.	Lapses in Protocol /Procedure Report					
6.	Security Breaches, Sharps, medication, keys					

7. Pharmacy issues					
8. EPHR					
MEDICAL					
1. Quarterly Incident Trend Report					
2. Deaths etc.					
3. Quarterly Grievances/Complaints Trend Report					
4. Patient Case Conference Report - List DOC # initial name and issues/processes related to coordination of care review					
5. Risk Management /Mortality Report					
6. Lapses in Protocol /Procedure Report					
7. Security Breaches, Sharps, medication, keys					
8. Pharmacy issues					
9. EPHR					
V. Other business					
VI. Adjournment					
VII. Next Meeting					

Signature/Title

Date

III. References:

IV. Rescissions:

V. Date Issued: September 15, 2007

VI. Revised: 9/30/09

November 14, 2011

October 2, 2012

July 2013

Reviewed: December, 2014

Reviewed: December, 2015

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

OFFICE OF CLINICAL SERVICES/INMATE HEALTH

ADMINISTRATION MANUAL

Chapter 1 CQI

Section C AUDIT REPORT FORMAT

- I. Policy: Periodic data collection utilizing Department of Public Safety and Correctional Services (DPSCS) approved tools shall be reported on the standardized Audit Report (Appendix A) in order to document the vendors' compliance with contractual obligations and applicable policies and procedures. The uniformity of the audit report format will simplify the identification of outcomes of the results from audits and to readily see the recommendations being made for continuous quality in the DPSCS health care system.
- II. Procedure:
 - A. The departmental audit report will be prepared by departmental staff using the attached DPSCS Audit Report form, including the completion of the worksheets developed by Clinical Services and calculations of compliance to the criteria.
 - B. Support documentation will include but will not be limited to:
 1. Worksheets (Excel based audit tools)
 2. Comments
 3. Calculations portion of the Excel tools
 - C. The audit report shall consist of an analysis of the audit findings and shall include recommendations for improvement, corrective action plans (CAPS) if needed, and recommendations for the imposition of liquidated damages if needed. The form preparation includes the following:
 - D.

Form Blank	Description for Completion
1. Date prepared	Date of the audit.
2. Prepared by	Name and title of the person preparing the report with the office address of the preparer.
3. Audit Region/facility	Name of the region, name of the facility or multiple names of facilities if audit covers more than one facility.
4. Audit Subject	Name of audit tool used.
5. Audit period	Specify the time frames covered in the audit, for example: 7/1/2007-1/31/2010 or any time limiting factors used in selection audit sample.
6. Randomization criteria	Identify how the sample was selected and the number of records that were selected as well as the number of records that were audited.
7. Reason for audit/audit focus	Describe the source of the audit, such as whether it is a departmental directive (policy), a contractual issue, a routine audit per the audit calendar, a targeted audit resulting from an identified problem area, or a follow up audit to a previous one that had adverse findings, etc. Identify the focus of the audit (MAR, sick call, intake, etc.)
8. Materials audited	Describe the materials used in the audit such as logs, medical records, inmate interviews, etc.
9. Report distribution	List who will receive copies of the audit report, including DPSCS personnel and vendor personnel by name.
10. Summary	Provide a brief analysis of audit findings.
11. Recommendations	Note any specific recommendations for any aspect of the process, including CAP (with specific measurable outcomes). Recommendations may be as simple as "Continue to monitor compliance" in the event of a positive audit outcome.
12. Liquidate damages recommended or not	Describe any recommendations necessary for liquidated damages if needed followed by completion of the Excel Spreadsheet for the review board per policy. If none are assessed, state that in this blank.

- E. The Audit Report must be maintained on-site in Clinical Services for reference and for any comparative studies for a period of not less than five years.
 - 1. It will be filed in the auditor's office with attachments
 - 2. It will be distributed without attachments to:
 - a. The chief nursing officer of Clinical Services
 - b. The nurse manager of CQI/IDC in Clinical Services
 - c. The chief medical officer of Clinical Services
 - d. The regional health services administrator (HSA) for the vendor
 - e. The regional medical director or director for the appropriate vendor
 - f. The director for quality issues for the appropriate vendor and, when applicable, the infection control administrator for the audited vendor.

Appendix A

**State of Maryland
Department of Public Safety and Correctional Services
Office of Programs and Services: Clinical Services**

AUDIT REPORT

Date Prepared: _____

Prepared By: _____
Name Title Office Location

Audit Region and Facility: _____
Region Facility/Facilities

Audit Subject: _____

Audit Period:

Randomization Criteria:

Reason for Audit/Audit Focus: _____

Materials Audited: _____

Summary: _____

Recommendations: _____

Liquidated Damages Recommended or Not: _____

- III. References:
- IV. Rescissions: DPSCS 130-800-002 all issuances and versions
- V. Issued: October 15, 2007
- VI. Revised: 09/30/09
- Reviewed: November 14, 2011
- Reviewed: October 2012
- Reviewed: July 2013
- Reviewed: December 2014
- Reviewed: December, 2015

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

OFFICE OF CLINICAL SERVICES/INMATE HEALTH

ADMINISTRATIVE MANUAL

Chapter 10

MEDICAL AUTONOMY

- I. Policy: Clinical decisions are the sole responsibility of responsible health care professionals. In compliance with COMAR 12.14.05.02 D, which states that “The Managing official shall have a written policy specifying that matters of medical, psychiatric, and dental judgement are the province of qualified health care personnel; and not subject to interference by facility personnel unless necessary to maintain order and security.”

Clinical Services will work with Custody officials to assure compliance with security and safety of staff and inmates/detainees, but retain the sole right to the direction of patient care.

- II. Procedure:
 - A. The DPSCS health authority also known as Chief Medical Officer (CMO) or Medical Director has the responsibility for making or approving all medical decisions regarding the care provided to inmates of the institution.
 1. The CMO has the authority to delegate that responsibility to health care professionals to make clinical decisions within their licensed scope of practice.
 - a. Delegated responsibility is made to vendor staffs including Medical Directors, licensed physicians, including specialist and psychiatrists, physicians assistants and certified nurse practitioners to diagnose, order and oversee medication delivery, plan patient care, and implement treatments as appropriate to detainees and inmates of the DPSCS.

- b. Delegated responsibility is made to nurses hired by State vendors to make nursing diagnoses, implement clinician orders, and provide curative and palliative measures as prescribed and/or those within the scope of nursing practice.
- c. Delegated responsibility is made to licensed pharmacy personnel to provide their services within the scope of their practice guidelines and within the policies and procedures of the State of Maryland DPSCS.
- d. Delegated responsibility is made to para-medical personnel such as optometrists, physical therapists, occupational therapists, counselors, orthotists, etc. to provide services to detainees and inmates of DPSCS within the scope of their licensure and practice.

B. Decisions on the type of treatment and need for transfer to outside resources are the responsibility of the Chief Medical Officer through this delegated process.

C. Decisions on the type of medical and/or mental health treatment and need for transfer to outside resources are the responsibility of designated medical and mental health professionals.

D. Health services staff regardless of employer, adhere to institutional security regulations.

E. The DPSCS CMO and/or his or her designees shall provide administrative support along with policies and process to be followed by vendor medical and mental health staff in accordance with contractual agreements between those personnel and the State.

III. References: National Commission on Correctional Health Care: Standards for Health Services in Jails, 2014, J-A-03
American Correctional Association: Standard for Adult Local Detention Facilities, 4th Ed. 2004. 4-ALDF- 4D-02
Maryland COMAR 12.14.05.02 D

IV. Rescissions: None

V. Date Issued: July 15, 2010

Reviewed and Revised September, 2011

Reviewed September, 2012

Reviewed July, 2013

Reviewed November 17, 2014

Reviewed December 2015.

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

OFFICE OF CLINICAL SERVICES/INMATE HEALTH

ADMINISTRATIVE MANUAL

Chapter 11

INVOLUNTARY TREATMENT/TREATMENT AGAINST ONE'S WILL

- I. Policy: Emergency medical treatment shall be provided with or without consent as necessary for the health and well being of the inmate. **An inmate may not refuse placement/admission to the onsite infirmary, nor can they refuse transfer to another medical facility for care. After the transfer is completed, the inmate may refuse care once they are seen by the medical personnel at the receiving site.** If the inmate is a minor, "Consent to Treatment" shall be obtained from the appropriate responsible person authorized to provide such a consent for that minor before any medical procedure is performed. Except in cases when there is doubt as to a patient's ability to provide an informed consent, no treatment shall be provided without that consent. In cases where emergency treatment is necessary and no consent is available, certain steps shall be taken to ensure patient rights and safety. All medical and mental health staff shall familiarize themselves with this policy and shall share with Custody when a patient is refusing treatment.
- II. Procedure:
 - A. There exists a policy describing informed consent and the associated forms in the Medical Records Policy: Chapter One (Consent to Treatment). This policy requires patient consent for routine and special care and offers the right to refusal in the event that he or she does not want a particular service.
 1. Refusals of care must be specific and cannot blanket a desire to avoid all health services.

2. Refusals of care cannot be initiated by custody staff. An original signature from the patient and a signature from a medical/nursing staff witness are both required.
 3. In the event a patient refuses care but will not sign the refusal form, two persons (neither of which may be custody staff) may witness the refusal and document same on the refusal form. Both witness signatures are required for this practice.
- B. No punishment by any entity may result from a refusal to care.
- C. Alternate methods of assuring the public health shall be considered in the event of care refusals if necessary. Such measures may include:
1. Medical isolation for a period of time that would be considered as “contagious” by licensed medical doctor (i.e. flu-like symptoms).
 2. Housing with other persons that refuse similar treatment for a period of time that would enable the clinicians to evaluate for potential disease (i.e. TB testing).
- D. In situations where a continued refusal may seriously jeopardize the patient’s health, the individual should be brought to the medical area of the facility.
1. The clinician or appropriate medical personnel shall explain the benefits and risks of treatment posed.
 2. The patient shall be provided the opportunity to ask questions and be answered in a professional manner at a level of understanding for the patient’s level of education and comprehension.
 3. Written materials, if available, may be provided to the patient.
 4. In the face of continued refusal, the patient shall be counseled on the possible medical consequences of that refusal.
 5. All elements of this encounter shall be recorded in the patient’s medical record.
- E. Federal Detainees refusing health care in potentially life threatening cases shall be reported to the facility Jail Administrator in addition to following the processes described in this policy.

- F. In the event that a patient reverses his or her decision and assuming the treatment is still a viable route for the treating clinician, the treatment shall be made available to that patient in a timely manner in keeping with policy developed for a particular disease entity.
- G. If the patient is deemed to be unable or unwilling to partake in his or her care; the provider will follow the process described in DPSCSD #:124-403 for seeking guardianship or a Surrogate Decision Maker.
- H. Exceptions to this policy include mental health restraints and Emergency Mental Health Medications, both covered in the Mental Health Manual.

- III. References: NCCHC Standard for Prisons: P-I-06
DPSCSD #124-403-Pending Secretary's approval
- IV. Rescissions: None
- V. Issue Date: February 16, 2012
Reviewed October 2012
Reviewed/Revised May 23, 2013
Reviewed December 2014
Reviewed December 2015

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

OFFICE OF CLINICAL SERVICES/INMATE HEALTH

ADMINISTRATIVE MANUAL

Chapter 12

ORGAN DONORS AND TRANSPLANTS

- I. Purpose: Donor-It is the policy of the Department of Public Safety and Correctional Services that the Department of Corrections (DOC) and Patuxent inmates may participate in organ donation to immediate family members, and be tested by the recipient's transplant team within the State of Maryland. This does not extend to donations beyond the state. Recipient-It is the current policy that DPSCS does not provide for organ transplant for inmates in our system involving but not limited to liver, kidney, lung, heart etc. On a case by case basis, consideration for bone marrow transplant will be done for non-experimental treatment regimens.
- II. Procedure:
 - A. Definitions for this purpose of discussion regarding this subject include:
 1. Transplant – An organ taken from one individual and grafted into another.
 2. Organs – Independent body part that performs a specific function.
 3. Recipient – One who receives an organ graft.
 4. Donor – One from whom tissue/organ is taken for grafting.
 - B. Initiation of the process is as follows:
 1. The recipient's physician shall forward a letter to the Department of Public Safety and Correctional Services (DPSCS) medical director's attention, stating his/her approval and describing the necessity of a transplant.
 2. The donor (detainee/inmate) shall supply a written statement of agreement to become a donor.

3. The DPSCS medical director shall inform the regional medical directors of all requests related to organ transplants.
- C. The regional medical director shall determine the perspective donor to be a healthy individual.
- D. The recipient's physician and transplant team shall submit a written request to the DPSCS Agency Contract Operations Manager (ACOM) for the facility in which he/she is housed to arrange entry into the institution for evaluation and laboratory studies.
1. The recipient's transplant team will visit the perspective donor for evaluation and laboratory studies which shall be performed by the recipient's transplant team.
 2. The transplant team shall inform the DPSCS ACOM of the results of laboratory studies, confirming or rejecting a "match" for transplant.
 3. After confirmation of a match, further studies and evaluations shall be scheduled and performed at the offsite hospital where the surgical procedure will be performed. Such activities would be facilitated by the medical vendor.
- E. The perspective organ donor shall be transported for each appointment, to and from the offsite hospital, by the regional transportation correctional staff.
1. When the actual surgery has been scheduled, the facility will be notified by the offsite hospital and/or the ACOM or medical vendor.
 2. The perspective donor shall be transported to the hospital several hours prior to surgery following standard DPSCS transportation policies and procedures.
 3. The perspective donor shall be hospitalized for at least three (3) days, or for a period considered to be good medical practice.
 4. After hospitalization, the donor shall be discharged back to the regional institution's infirmary for several days, or until the stated post operating period is completed.

- F. The recipient's family shall be responsible to arrange offsite accommodations for surgery within the State of Maryland at their own or that of their insurance company costs.
1. The donor (inmate) and his/her family shall be responsible for all expenses.
 - a. All expenses shall include meals for two (2) officers per shift, transportation and security watches for the entire hospital confinement.
 - b. Expenses include the costs of custody staff for the shifts spent with the donor.
 - c. Estimated expenses shall be received by the Department from the donor or his/her family prior to surgery.
 - d. Unforeseen expenses shall be requested by invoice.
 - i. The invoice will be forwarded to the inmate and/or his/her family.
 - ii. If reimbursement becomes necessary, the inmate's family will be compensated at the same rate of payment as was submitted in overpayment.
 - iii. There will be no interest paid on such monies that were paid to the State in good faith as accurate.

- III. References: A. Health General Article, 10.30.06 (Transplantation Standards)
B. Annotated Code of Maryland, Article 3-808
C. DCD 130-100, Section 120, Infirmary

IV. Rescissions: DPSCS 130-100-113, May 2000, Revised Draft, 2005

V. Issue Date: December 1, 2010

Reviewed: September 22, 2011 (No changes)

Reviewed: October 3, 2012 (No changes)

Reviewed: July 2013

Reviewed: December 2014

Reviewed: December 2015

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

OFFICE OF CLINICAL SERVICES/INMATE HEALTH

ADMINISTRATION MANUAL

Chapter 13

HUNGER STRIKE (DECLARED/UNDECLARED) AND STARVATION

- I. Policy: DPSCS will establish guidelines for the medical management of patients on self-imposed hunger strikes or starvation diets, when announced by the inmate/detainee or identified by staff. Management shall be inter-disciplinary, including medical, mental health, nursing, social work, administrative and correctional staff. Hunger Strike is defined as a patient or patients' declaration of a hunger strike, without necessarily verbalizing that intent whereas he or she refuses nourishment (food, vitamins, minerals, calories, or water) for more than twenty-four (24) hours or has three consecutive refusals of meals for reasons other than physical illness or has refused nutrition intermittently enough times over a five day period to raise concerns regarding health maintenance.
- II. Procedure:
 - A. All disciplines (nursing, social work, mental health, correctional officers, and the facility's administrative staff) shall be alerted to unusual eating habits of inmates, particularly those inmates on disciplinary segregation, administrative segregation and protective custody status. Upon notification a medical and mental health provider shall assess the individual to determine if this is a declared or undeclared hunger strike and shall rule out any underlying physical or mental illness as reasons for the refusal to eat. If medical and/or mental conditions are noted as contributory factors, the management process below shall be followed in addition to treatment of the underlying medical/mental health condition.
 1. In the event an inmate refuses his meal tray three times, or has refused nutrition enough times during a period of a week to raise concerns regarding his/her health status a nurse should be notified of this information by correctional officers and the nurse shall record this information in the detainee/inmate's medical record.
 2. On refusal of a fourth tray of food, the nurse shall report the information to the shift commander on duty for that shift via a Matter of Record (DPSCS official form for reporting incidents) and to the facility clinical provider and the facility Director of Nursing.

3. The Clinical provider in the facility shall order intake and output for the detainee/inmate to be completed for each shift until the order is discontinued in writing or a decision to admit the inmate to the infirmary is made and the admission orders for the inpatient are completed.
 4. Meals will continue to be presented to the detainee/inmate three (3) times daily, and an adequate supply of drinking water will be made available at all times to the detainee/inmate.
 - a. The inmate will be encouraged to eat at each meal and intake shall be documented on the DPSCS bedside Intake/Output Record and noted in his/her electronic medical record. (The bedside record shall become part of the hard copy record upon discontinuance of the Intake/Output order). (Attachment B)
 - b. Refusal of the meal will also be documented in the electronic medical record progress notes.
- B. A Clinician shall see the detainee/inmate (now considered as a patient) and advise the patient verbally and in writing via The Effects of Starvation and Consent to Treatment form (Attachment #1). This signed, witnessed form shall be placed in the patient hard copy medical record and a copy shall be given to the patient.
1. Daily efforts shall be made and the outcome of those efforts documented to obtain consent for medical treatment for the effects of starvation from the detainee/inmate.
 2. There shall be a chain of notification/alerts to facilitate the safety of the inmate during his or her continued resistance to accepting care to prevent clinical harm. This shall occur:
 - a. After reasonable efforts to secure the patient's consent for treatment,
 - b. When the documentation supportive of competency resulting from the mental health evaluation has been completed and/or
 - c. When there is an identified medical necessity for immediate treatment of a life or health threatening situation, which is documented.
 3. The chain of notification shall be initiated by the provider and shall include, but not be limited to the following:
 - a. The clinician shall contact the following: the assigned ACOM, and the facility psychology and mental health staff and the facility warden.
 - b. The contractor's regional medical director who should contact the contractor statewide medical director who shall alert the contractor's statewide DON; and for DPSCS the Director of Clinical Services, Director and Deputy Director of Mental health and Director of Nursing. The provider shall contact the facility warden who shall facilitate contact with the facility legal staff to seek a request for a court order to allow treatment of the patient

without consent, if this is found to be medically necessary based on continuous evaluation and observation of the patient, his or her vital signs and other measures of medical starvation, and a patient's continued refusal to take food or fluid. The inmate should be placed for monitoring in the Infirmary.

- c. The medical contractor's clinician shall identify appropriate personnel to be included in and shall request the statewide medical and psychiatrist directors to convene a multidisciplinary patient care committee consisting of mental health, social work, warden's representative, custody, dietary, nursing, etc. to cooperatively develop a treatment plan that will lead to a resolution of the patient needs.
4. The facility clinician shall draft documentation of the clinical markers that lead to the consideration that the health status of the detainee/inmate is critical in nature for the facility legal staff, share that information with the facility's warden in a continued effort to keep the facility's legal team apprised to facilitate obtaining a court order for care should it become necessary for the patient's safety.
5. The DPSCS Chief Medical Officer shall be kept informed of the patient's progress by the contractor's Statewide Medical and Mental Health Directors.
 - a. The contractor's Statewide Medical Director with the DPSCS Chief Medical officer in consultation with the facility clinical team may order the inmate to be taken to an off-site facility for assessment with an emergency room provider for treatment and a second opinion regarding the clinical stability of the patient. Prior to a patient's condition appearing to have deteriorated as to be considered as "life-threatening" due to prolonged starvation, the warden of the facility and the DPSCS Deputy Director of Mental health shall be notified. The DPSCS Chief Medical Officer shall be notified immediately and shall direct medical to obtain an evaluation at an offsite facility, emergency room/, hospital emergently.
 - b. All disciplines involved in the care and treatment of the patient shall be notified by contractor staff of any such movement by the facility provider.
6. If a court order is granted regarding force feedings and the inmate resists efforts to comply, notification to the contractor's Statewide Medical Director and DPSCS Director of Clinical Services shall be made.
 - a. Disposition of the therapeutic options shall be discussed.
 - b. The final clinical decision/options for what care to be provided and its route of delivery will reside solely with the DPSCS Director of Clinical Services/Chief Medical Officer.
- C. In addition to obtaining or attempting to obtain the patient's consent to care and providing education on starvation (Attachment A), the clinician shall perform the following evaluation

procedures at his or her initial visit to the patient and assure that prescribed follow-up measures are completed and documented as ordered: Non Infirmatory visits (clinic, cell , dispensary)

1. Measure and record height and weight initially;
2. Record vital signs daily (check blood pressure and pulse, lying and standing);
3. Urinalysis (dipstick U/A is sufficient) and daily urine assessment for ketones
4. General physical examination; to include description of hydration related to mouth and skin condition
5. Complete blood count, blood chemistry, and other tests as indicated by the medical evaluation;
6. Document patient's activity level, conversation, movement and orientation.
7. Order a consultation with Mental Health regarding competency.

D. Thereafter, a Registered Nurse or higher (midlevel, Nurse practitioner) shall:

1. Conduct assessments daily to include monitoring and documentation of signs and symptoms of dehydration and shall report any positive findings immediately to a provider.
2. Obtain and record weight and vital signs daily, obtain and record urine for ketones daily, and complete any other tests ordered as indicated by the clinician.
3. Assure that the patient is evaluated by a provider (physician, CRNP or mid-level) daily and that documentation of these daily evaluations is made in the patient's electronic medical record. The patient must be evaluated by a physician (at least every other day).
4. Document the patient's food and/or fluid consumption by shift using the form "Nursing Department Dietary Daily Record Forms Percentage of Meal/Fluid Intake" (Attachment B). This form shall be kept at cell side or bedside if admitted to an infirmatory for quick assessment by the clinician or nurse seeing the patient.
5. Notify the clinician of any changes in the patient's condition or need for additional medical attention, and arrange for the patient to be seen in the clinic for the purpose within 24 (twenty-four) hours of such a finding.

E. A mental health evaluation shall be completed within 72 hours of the onset of the hunger strike or sooner if an occult underlying mental health issue is a concern.

1. If competency testing results in the patient being competent to make the decision to stop eating, the medical clinician should be advised of the results that same day.
2. If competency testing finds the patient incapable of making such a decision, the mental health specialist shall notify the medical clinician of the finding and shall contact the warden's office that same day to request that a referral for guardianship or surrogate decision maker be initiated to the facility's legal staff.

F. Medical shall contact Social Work within 72 hours of the onset of the hunger strike. Social work shall facilitate the identification of the next of kin, inform them of the situation, and be the primary contact with the next-of-kin as a liaison with medical and appropriate custody personnel.

G. Housing in a medical infirmary:

1. Shall be initiated by the clinician if vital signs and/or physical exam are unstable or there is a concern regarding the ability to monitor the patient's medical condition safely in the cell/tier or mental health infirmary.
2. Notification of the admission of a detainee/inmate to a medical infirmary directly related to a hunger strike whether declared or undeclared shall be made to the office of the DPSCS Director of Clinical Services and contractor statewide medical and mental health directors, along with the warden's office, DPSCS DON and facility ACOM.
3. The patient may not refuse the housing assignment to the medical infirmary and may not sign out of the infirmary against medical advice.
4. The patient may sign a refusal for specific procedures, in which event all of these signed and witnessed documents shall be placed in the patient's medical record (hard copy) in their original form.
5. The "Nursing Department Dietary Daily Record Forms Percentage of Meal/Fluid Intake" (Attachment B) begun before the patient's admission to the infirmary shall be continued throughout the infirmary stay, and kept at the patient's bedside for quick reference and assurance of any additions as they happen, and filed with the medical record.

H. When a patient who has been refusing meals begins to eat, he or she shall remain on meal monitoring with intake and output recording for a minimum of three days. Food and fluids if not previously ingested should be reintroduced over the three day period progressing to a regular diet as tolerated.

1. At the end of an infirmary admission for hunger strike, notifications shall be made to the contractor Statewide Medical Director, warden's office, the DPSCS Medical Director, director of mental health, the DPSCS DON and ACOM .
2. The patient's resumption of intake shall be documented in the EMR along with any other appropriate observations related to the lack of intake previously.

I. Media contacts concerning a patient(s) on hunger strike shall be referred to the office of the Deputy Secretary of Operations.

III. Rescissions:

DPSCSD 130-100 Hunger Strike February 1998

Primary/ Specialty Medical Services Manual: Hunger Strike Protocol 2005

IV. Date Issued:

V. Date Issued: April 30, 2011
Reviewed: October 2012
July 2013
December 2014
December 2015
Revised January 2016

Attachment A

DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES

THE EFFECTS OF STARVATION AND CONSENT TO TREATMENT

Prolonged Starvation can result in serious harm to a person's body and mind. When a person's caloric intake falls far below his daily energy expenditure, a complex series of reactions are set in motion by the body in an effort to defend itself against this abnormal condition. These reactions go far beyond a simple loss of weight and an emaciated appearance. If these reactions are prolonged and severe enough, they can result in serious damage or death.

When there is a deficit in energy intake, the body draws on its own stores to maintain blood glucose, its main fuel. The body will first use whatever stored fat may be available. When fat stores are exhausted, the body will then begin to use muscle and organ tissue to produce energy. As this occurs, there is a wasting away of muscle and of tissue in the liver and intestines, the heart decreases in size and output. Blood pressure and respiratory rates are reduced and cardio respiratory failure can eventually occur. The skin becomes thin, dry inelastic, pale and cold and bones protrude. A patchy brown pigmentation may occur and hasten the wasting process. Apathy and irritability are common. Eventually the body enters a comatose state, usually followed by death.

Proteins are essential for maintenance of cellular functions and when the body's proteins have been depleted to approximately one-half of their normal levels, death ordinarily ensues.

In addition to the above factors, many negative changes in the chemistry of the body also occur. Vitamin deficiencies occur, particularly the Vitamin B group and Vitamin C, and further weaken the body. Resistance to disease and infections decreases, making the body vulnerable to other illnesses.

I understand that my refusal to eat can bring about the above deleterious effects (as well as others) on my body and my well being. I understand that continued refusal to eat may result in serious and possible irreversible bodily changes and can eventually result in my death. Furthermore, I understand that the Department will do everything within its power to prevent the death of any person committed to its custody.

I hereby certify that I have read (or had read to me) and had explained to me and understand the destructive effects that may occur to my body as a result of my refusal to eat. I give my consent for the Department medical staff to treat my condition to assure my safety and well-being which may include intravenous therapy, feeding tube, oral fluids or other means of nutritional support.

Patient Signature

Patient Name Printed and ID Number

Witness Signature and Printed Name/Title

Date

OR

Inmate: _____ # _____ has been advised of the above information regarding the deleterious effects of his/her continued refusal to eat

by _____ (Name and Title) on _____ (date) but refused to sign the above form.

Health Care Witness Number 1

Healthcare Witness Number 2

Date

NOTE TO ALL STAFF: DETAINEE/INMATE IS GIVEN A COPY OF THE SIGNED FORM WHETHER OR NOT HE OR SHE HAS SIGNED IT. ORIGINAL IS KEPT IN HARD COPY RECORD.

ATTACHMENT B

**Nursing Department Dietary Daily Record Forms
Percentage of Meal/Fluid Intake**

Patient Name: _____ ID Number: _____ Diet: _____
Housing Location: _____ Week Ending: _____

Meal	Reviewed by unit Nurse	Monitors Signature if other than nurse	Veg	Fruit	Grain Cereal	Meat	Milk	Other Liquid	OUTPUT
Breakfast									A Shift
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Lunch									B Shift
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Dinner									C Shift
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									

KEY: Enter into the appropriate space, the number representing the percentage of each food group consumed by the patient.

0=0 1=25% 2=50% 3=75% 4=100%

Output: Measure all urine, stool and drainages in ccs and record for each shift each day

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Chapter 14

INMATE WORKERS IN HEALTH CARE SETTING

- I. Policy: Detainee/inmate privacy shall be protected in compliance with local and federal law. This prevents detainee/inmates from providing direct patient care or to having access to medical records.

The one exception to this policy is Inmate Observers, a program that enables persons who have been cleared and recommended by Case Management for such work to act as inmate observers in the cases of persons who have exhibited suicidal tendencies and require visual observation continually for a set period of time.
- II. Procedure:
 - A. Detainees/inmates are prohibited from being used as health care workers.
 - 1. Detainees/inmates do not distribute or collect sick-call slips, schedule appointments or handle medical records, medications, surgical instruments or sharps.
 - 2. Detainees/inmates do not provide direct patient care.
 - 3. Inmates employed in cleaning health care areas are appropriately trained and supervised regarding their assignments. (Documentation of such training is maintained at the facility by custody staff).
 - B. Inmates may not be substitutes for regular program or health care staff.
 - C. The program developed by the secretary's office that enables inmates to become suicide watchers is the only exception to this policy. These persons are trained and supervised by custody staff to sit in front of a room housing a potential suicide inmate so that custody and health may be called if anything unusual or suspicious is seen.

III. References: National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2003, P-C-06

The DPSCS Secretary's Guideline to Inmate Suicide Observers

IV. Rescissions: None

V. Date Issued: February 16, 2012
Reviewed: October 31, 2012
Reviewed July 2013
Reviewed August 2014
Reviewed: December 2015

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

OFFICE OF CLINICAL SERVICES/INMATE HEALTH

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Chapter 15

USE OF TOBACCO POLICY

- I. Policy: Medical providers will follow the facility guidelines regarding the use of tobacco products both inside and outside the facility. DPSCS supports and promotes a tobacco-free designation for correctional facilities.
- II. Procedure:
 - A. DPSCS will prohibit the use of tobacco products within the confines of the health care units.
 - B. DPSCS supports a prevention and abatement program. Written materials on smoking prevention/cessation and abatement will be available as part of the inmate education program. Materials identifying methods of smoking prevention will be made available when requested.
 - C. Medical providers who determine that an inmate requires a nicotine replacement product to aid smoking abatement may prescribe an appropriate nicotine replacement therapy through the non-formulary medication process.
 - D. Upon receipt of an approved prescription, the pharmacy vendor will supply nicotine replacement patches in one of the following strengths: 7mg, 14mg, or 21mg. for 60 days in association with a smoking cessation class or group therapy. The medical providers will monitor the inmate in sick call. Smoking will be addressed as an addiction for inmates who require nicotine replacement and may be referred to Mental Health for assistance as well.
 - E. Inmates are not allowed to have more than a week's supply, seven (7) patches, in his/her possession at any one time.

F. Inmates found misusing or experiencing a reaction to the therapy will be referred to a medical professional for assistance.

- III. Rescissions: None
- IV. Date Issued: September 5, 2013
- V. Date Reviewed: November 19, 2014
December 2015

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

OFFICE OF CLINICAL SERVICES/INMATE HEALTH

ADMINISTRATION MANUAL

Chapter 2

NURSING PROTOCOL

- I. Policy: It is the policy of Department of Public Safety and Correctional Services (DPSCS) Clinical Services to adhere to and maintain compliance with Current Consent Decrees, State laws and regulations, Maryland Commission on Correctional Standards, Departmental protocols and directives, and National Commission on Correctional Health Care (NCCHC) Standards at Baltimore City Detention Center (BCDC) and Baltimore City Booking and Intake Center (BCBIC).
- II. Procedure:
 - A. Contractors (medical, mental health and pharmacy) shall develop and implement protocols governing the practice of nursing staff for each of their respective areas.
 - B. Protocols must comply with the Maryland Nurse Practice Act and the Maryland Board of Nursing Standards.
 - C. If the protocols do not address particular conditions/complaints, substitution of other protocols shall not be used. If the protocols are not listed in the clinical Services Manual, or if they require that a level other than a nurse perform the function, the inmate must be referred to a physician.
 - D. All nursing protocols must be reviewed and approved by the DPSCS Director of Nurses within 35 days of the commencement of the contract and annually thereafter.
 - E. Any changes to the nursing protocols shall be approved by the DPSCS Director of Nurses before being distributed to staff or placed in existing manuals.
 - F. The use of a nursing protocol, as with all nursing functions relating to patient care, must be documented in the inmate's medical record.

III. References:

A. Title 10, Department of Health and Mental Hygiene, Board of Examiners of Nurses.

B. Nurse Practice Act, Health Occupations Article, Title 8, Annotated Code of Maryland

IV. Rescissions: DPSCS 130-700-724 Office of Programs and Clinical Services Manual Volume 1: Nursing Protocol.

V. Date Issued: July 15, 2007
Revised September 2009
Revised December 2010
Revised September 2011
Reviewed October 2012
Reviewed July 2013
Reviewed November 2014
Reviewed December 2015

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Chapter 3

LICENSURE, CERTIFICATION AND CPR CERTIFICATION

- I. Policy: To establish policies and procedures governing possession of license, certification and credentials as required by federal, state and local laws and regulations. All health care professionals providing services to the inmates within the Maryland Department of Public Safety and Correctional Services will maintain valid licenses, certificates, cooperative agreements, registrations, and credentials as required by all applicable federal, state and local laws.
- II. Procedure:
 - A. All licensed health care professionals (contractors and their staffs) shall possess the credentials, licenses and /or certificates required by law and regulation to provide the services required of an individual's profession.
 1. All employees shall maintain the proper training, licenses, certificates, cooperative agreements and registrations necessary to provide these services in Maryland as required by COMAR, licensing boards, contractual agreements and applicable job specific requirements.
 2. All licensure, certification and CPR certification shall be renewed on or before expiration dates and shall be made available to the facility Agency Contract Operations Manager (ACOM) for review upon request.
 3. Failure to renew and submit a copy of all licenses and/or certification may result in denial of entry into the institution to practice.
 4. The Contractor shall maintain credential folders for all health care providers they employ and for those employed by a subcontractor. The folders will contain the items required for employees to perform their duties according to governing agencies of the State.

5. The contractor shall maintain current policies and procedures that define the credentialing process in detail.
6. The contractor shall establish a written procedure to ensure that nursing personnel have valid and current Maryland licenses and, practice in accordance with the American Nurses Association standards for correctional facilities, and the Maryland Practice Act.
7. The contractor shall assemble and have accessible on site and available for review by DPSCS, credentialing information for medical doctors, dentists, pharmacists, physician assistants, nurse practitioners, registered nurses, licensed practical nurses and certified medication aids (CMAs) etc. that include (where applicable):
 - a. a signed application
 - b. verification of education and training, work history
 - c. professional references
 - d. malpractice claims history
 - e. results of a National Practitioner Data Bank Query
 - f. a copy of current license to practice
 - g. board or specialty certification
 - h. evidence of review of health status
 - i. DEA and CDS certificate(s)
 - j. Lack of present illicit drug use
 - k. CPR certification
 - l. Criminal background check and
 - m. e-mail internet agreement
8. Supervisors of CMAs and Licensed Practical Nurses (LPNs) shall ensure certification and supervision, and that there is no deviation from the limitations and restrictions placed upon them.
9. Supervisors (site manager or director of nursing) shall ensure qualifications and certification of the medical records supervisor and shall ensure that credentials for radiology staff and special services staff, as applicable, are current and maintained in the institution.

10. The contractor shall provide the DPSCS with copies of all federal, state and local licenses, certificates, registrations, cooperative agreements, specialty board certifications or other notices of eligibility for certification, that are legally required for an employee or subcontractor:
 - a. prior to the performance of any services under the contract, and
 - b. prior to the renewal date of the credential.
11. Before institutional identification is issued, the employee must attend the DPSCS orientation.

- III. References:
 - A. Title 10, DEPARTMENT OF HEALTH AND MENTAL HYGIENE Subtitle 27 BOARD OF NURSING Chapter 09 Standards of Practice for Registered Nurses Authority: Health Occupations Article.
 - B. Board of Physician Quality Assurance
- IV. Rescissions:

DCD 130-100, Sect. 160 dated April 28, 1993
 DPSCSD 130-700-720 Quality Improvement Program: Licensure, Certification, CPR
- V. Date Issued: July 15, 2007
 Revised: December 2010
 Revised: September 2011
 Revised: October 2012
 Revised: July 2013
 Reviewed: November 17, 2014
 Reviewed: December 2015

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

OFFICE OF CLINICAL SERVICES/INMATE HEALTH

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Chapter 4

CONTRACT MANAGEMENT PROCEDURE

Section A

MONTHLY FACILITY SERVICES SCHEDULE

- I. Policy: there shall be a Monthly Facility Services Schedule (“MFSS”) approved by the Department, submitted by any Health Services Contractor providing services in DPSCS facilities. The MFSS shall comply with the contractor’s Staffing and Services Plan, consistent with the scope of work defined by the contract. In accordance with its MFSS, the Contractor shall employ the number and types of personnel necessary to effectively provide the programs and services required by the Request for Proposal (RFP) as the Services Delivery Areas at the various facilities and locations in the facilities.
- II. Procedure:
 - A. The MFSS and related documentations shall be submitted in a form and format as required by the Department. The MFSS shall be placed on S-Drive.
 - B. The MFSS shall comply with the following requirements:
 1. Provide the full name and credential (e.g. PA, RN, etc.) of every individual assigned to a position on the schedule for the month;
 - a. The Contractor may not place individuals in positions for which they are not qualified or for which they are not properly credentialed. The Contractor shall assure that personnel are qualified and licensed to perform assigned duties.
 - i. The Agency shall consider for approval qualified healthcare personnel to be employed on a PRN or temporary basis. The Contractor shall use

only those pre-approved employees to staff vacant positions within the Service Delivery Area.

- ii. These personnel shall fill a position that has a defined position description approved by the Agency as described in the Contractor's Personnel Manual.
2. Provide the times and locations of all clinic services to be provided;
 - a. Clinical calendars shall list the type of clinic(s) at each institution and shall include, but not be limited to:
 - i. Chronic care clinics,
 - ii. Specialty clinics (e.g. Optometry, PT, surgical, Orthopedic, ID, etc.)
 - b. As a legend insert, this calendar schedule will also include the daily on-call coverage by name, pager and phone numbers of each individual.
 3. Provide the time and locations of all training activities, and all administrative, clinical and management meetings;
 4. Provided administrative responsibility assignment information (administrator on-call) and staffing coordinator assignment.
 5. Be delivered to the ACOM not later than 10 days prior to the first day of the beginning of the services month addressed by the MFSS.

C. MFSS Adjustments

1. The Contractor may adjust the MFSS for any provider upon verbal approval of the Agency Contract Operation Manager.
 - a. If the Agency Contract Operations Manager cannot be reached, the Agency Health Care Administrator; the Agency Medical Director of the Office of Inmate Health Care may act in the Agency Contract Operations Manager's place.
 - b. The verbal approval is not effective until confirmed by the Contractor in writing to the Agency within 10 workdays of the Agency's verbal approval, and the Agency approves the Contractor's written confirmation.

- D. The Contractor shall provide a staffing report by position, indicating position hours not properly filled, on the 10th day of the month following the month being reported.

- E. If requirements or conditions change, the Agency may direct minor variations to the MFSS. Otherwise, the Contractor shall provide whatever additional number and types of personnel as necessary to provide the services, without additional reimbursement.
- F. The Department shall complete a periodic review for comparison to contract specifics to include, but not limited to, the following:
 - 1. Appropriate credentials
 - 2. Compared to Contractual specifications, the level of coverage by name/credential
 - 3. Vacancies, number, credential and frequency
 - 4. A copy of the on call schedules will be provided to the facility administrators/wardens for distribution as they deem fit.
- G. The hours worked by any individual shall correspond with the daily facility sign-in/sign-out shall be periodically reviewed by the Department.

III. References:

- IV. Rescissions: DPSCS 130-800-003 all insurances and versions
- V. Date Issued: July 15, 2007
- Revised: September 2009
- Reviewed: October 2011
- October 2012
- July 2013
- December 2014
- December 2015

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

OFFICE OF CLINICAL SERVICES/INMATE HEALTH

ADMINISTRATIVE MANUAL

Chapter 4

CONTRACT MANAGEMENT PROCEDURE

Section B

CONTRACTOR STAFF TIME REPORTING

- I. Policy: All employees of the Department of Public Safety and Corrections Services (DPSCS) health care contractors shall be required to make an entry on the sign in/sign out logs every time they enter or exit DPSCS facilities and shall sign into the biometric time reporting system established by the medical vendor in all DPSCS facilities for the purposes of positive time keeping.
- II. Procedure:
 - A. The contractor staff sign in/sign out log in each facility shall be used by contractor staff only and shall be maintained by Custody for security purposes only. Each log entry shall include:
 1. Correct time;
 2. Legible signature
 3. Specific Destination
 - B. At no time shall any person sign in/sign out or enter a time in or out on the contractor staff logs for any other contractor staff person, for any reason.
 1. All signatures and time entries shall be legible.
 2. Military time shall be used to enter all sign in/sign out times. Examples:
 - a. 0800= 8:00 AM
 - b. 1200= Noon
 - c. 1900= 7:00 PM

- d. 2400= Midnight
 - e. 0001= 12:01 AM or once minute after midnight
- C. With the exception of temporary personnel, all contractor staff shall show their Department approved IDs upon signing in/signing out. The identity of temporary medical staff that is issued a visitor's badge shall be confirmed by another form of Photo ID issued by the Motor Vehicle Administration and/or the contractor. In accordance with security regulations, all contractor staff will strictly adhere to the sign-in/sign-out procedures established by the facility administration.
- D. For vendor time and attendance reporting to the Medical Internal Audit Unit (MIAU), all contractor employees will sign in and sign out of every facility using the DPSCS approved biometric time keeping system established by the medical vendor.
- E. The biometric timekeeping system shall maintain the capability of generating a monthly report to be sorted by facility and profession, to obtain the hours required versus the hours provided. The monthly report shall be provided to the department for every clinical position, facility and service delivery area by the 10th of the month following each service month.
- F. The DPSCS Medical Director, Director of Nursing, Contract Manager, ACOMS, the DPSCS Chief Financial Officer, internal and external auditors and other Department personnel as directed by the Department Contract Manager shall be granted unencumbered secure (password protected) read-only access to the contractors' electronic timekeeping system for verification purposes and shall have the capability to conduct extensive searches on specific individuals listed within the system.

III. References:

- A. All Health Services Contracts for the Department of Public Safety and Corrections Services (DPSCS)

IV. Date Issued:	October 18, 2007
Revised	September 17, 2009
Reviewed/revised	December 2010
	September 26, 2011

August 2012
October 2012
July 2013
December 2014
December 2015

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OFFICE OF CLINICAL SERVICES/INMATE HEALTH

ADMINISTRATION MANUAL

Chapter 5

RESIDENT MEDICAL GRIEVANCE PROCEDURE FOR PRETRIAL

- I. Policy: All residents will have access to a formal procedure for individual complaints against or about employees, officials, policies, or health care services provided through the DPSCS health services contracts. Residents shall also be assured of written and timely responses to these complaints that are fair and reasonable.
- II. Procedure:
 - A. All staff having direct contact with residents is to be informed of the complaint process available to residents in order to facilitate timely implementation.
 1. It is the responsibility of the DPSCS Contractors to comply with all facility processes required to facilitate the residents' rights of grievance regarding health care matters, and to assure that all staff is made aware of the process and the steps that must be followed in its implementation.
 2. All staff will comply with any request to a grievance in a timely manner.
 - B. There are four (4) Grievance Procedures "Steps"
 1. To begin the process (Step 1), a residents with a grievance or complaint against or about health care employees, medical, mental health, dental service or dietary service of any DPSCS contractor may initiate a grievance by completing an Inmate Grievance Form, "Step 1" within 30 calendar days of the date on which the incident occurred or within 30 calendar days of the date the resident first gained knowledge of the complaint.
 - a. The form should be submitted to the Resident Grievance Office (RGO) through the section Resident Council Representative, the Section Office or by depositing the form in one of the facility mail boxes. Residents in the

Women's Detention Center may also use one of the Grievance Boxes that are located next to the dorms.

- b. The Resident Grievance Coordinator (RGC) shall conduct a fact finding investigation of all grievances submitted, except those involving health care services. For health care services complaints, the RGC shall:
 - i. Copy the grievance form;
 - ii. Log it into a tracking system;
 - iii. Forward a copy of the grievance form to the appropriate health care provider, i.e. medical, mental health, dental and to the Agency Contract Operations Manager (ACOM) within two days.
 - c. Upon receipt of a health care grievance form, the health care provider shall: investigate the grievance; document findings; take appropriate action as indicated and forward a written response to the RGO with a copy to the ACOM within 10 business days of receipt of the grievance.
 - d. The RGC, upon receipt of the response from the health care provider, shall ensure that a copy of all related provider responses is forwarded to the resident within 2 working days as per the DPDS Directive 180-1.
 - e. The ACOM shall track the date of the response from the health care provider(s) allowing no more than the stated 10 business days.
2. Grievance Procedure "Step II" allows a resident who wishes to appeal the "Step I" decision. The resident may do so by completing a "Motion for Grievance Committee, Step II Form". The form must be submitted via the Resident Grievance Box.
- a. The RGC will schedule the complaint to be reviewed by the Resident Grievance Procedure (RGP) Committee at its next hearing (Committee meetings are scheduled as needed).
 - b. At the scheduled time and place for the hearing, the RGC shall convene the hearing. The hearing shall be conducted in an informal manner, beginning with a presentation of the grievance by grievant, followed by the testimony of other parties and/or witnesses.

- c. The RGC shall allow committee members to question any of the parties or witnesses concerning their testimony and also allow the grievant or his/her representative to question the parties or witnesses.
 - d. Following the completion of the testimony, the RGC shall ask the grievant and his/her representative (if applicable), to leave the hearing room so that the RGP Committee can deliberate on the grievance and discuss possible solutions.
 - e. Following their discussion, the RGP Committee shall make a decision on a resolution of the grievance. The decision is to be made by a majority vote of the committee members.
 - f. If the decision of the RGP Committee is that the grievance is without merit, the inmate shall immediately return to the Hearing Room, and be notified verbally of the committee's decision. A written explanation of the committee's decision shall be sent to the resident within 5 working days of the hearing date.
 - g. If the RGP Committee finds that the grievance is meritorious, the inmate shall be immediately returned to the Hearing Room and receive verbal notification of the committee's decision. The committee's decision shall be sent in writing to the Warden with a recommendation for specific relief within 5 working days of the hearing date. The committee's recommendation is subject to the Warden's review and may be affirmed, reversed, or modified in writing within 5 working days of receiving the committee's report.
3. Grievance Procedure "Step III" enables a resident wishing to appeal the "Step II" decision to the Warden. He or she may do so by completing a "Motion to Appeal to the Warden, Step III Form" and submitting it to the RGC within 3 working days of the decision rendered in "Step II."
- a. The RGC shall deliver a copy of the appeal to the Warden within 1 (one) working day of receiving the appeal, making all records of the grievance (to date) available to the Warden.
 - b. The Warden shall review the grievances, the records and the decision (conducting any appropriate investigation) and will submit a written decision

on the appeal (within 3 working days of receiving the appeal) to the RGC, the grievant and parties to the grievance.

4. Grievance Procedure "Step IV" enables an inmate wishing to appeal the "Step III" decision to the Central Region Commissioner. He or she may do so by completing a "Motion to Appeal to the Commissioner, Step IV Form" (Appendix D) and forwarding it to the RGC within 3 working days of the inmate's receipt of the decision rendered in "Step III."
 - a. The Commissioner shall direct the RGC to schedule a hearing and to inform the grievant and other parties to the grievance of the time, date and place for the hearing.
 - b. At the conclusion of the hearing the Commissioner shall submit a written notice of the decision to the resident and copies to the RGC, within 20 working days of the hearing. That decision shall be final. Any final decision from the Warden or the Commissioner which determines that the grievance is at least in part meritorious shall direct certain relief to be afforded to the resident and shall direct the appropriate staff to provide the relief and to document compliance within 10 working days (if possible), or as may be otherwise specified in the decision.

- III. References: DPDS 180-1 Grievances: Adult Resident Grievance Procedures
- IV. Rescissions: None
- V. Date Issued: July 15, 2007;
Revised September 17, 2009
Revised November 30, 2010
Reviewed November 11, 2011
Revised October 26, 2012
Reviewed July 2013
Reviewed October 30, 2014
Reviewed December 2015

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

OFFICE OF CLINICAL SERVICES/INMATE HEALTH

ADMINISTRATION MANUAL

Chapter 6
MEDICAL RESEARCH

- I. Policy: To assure that inmates do not participate in medical, biomedical, chemical, behavioral or pharmaceutical, studies that do not have a direct or indirect health benefit to them or studies that do not follow existing state and federal regulations regarding inmates and research studies, any research, (biomedical, chemical or behavioral) using inmates as subjects, must be conducted in accordance with existing State and federal regulations and DPSCS application process for research proposals through the Institutional Review Board (IRB).

- II. Procedure:
 - A. Any study shall require the written approval of the, Chief Medical Officer/Director of Clinical Services, the Executive Director for Programs and Support Services, and the DPSCS Departmental Research Committee.

 - B. Researcher will request or obtain a DPSCS application for research and complete the following fields:

Researcher's Name	
Academic Title and Affiliation, if any	

Mailing Address	
Telephone Number	
Email Address	
Title of Research Study	
Main Research Hypothesis and Purpose of Study (why it will advance knowledge or practices in the criminal justice or related fields)	
Methodologies	Timeline: Data Collection: Analysis: Confidentiality:
DPSCS Data or Cooperation Required	
Funding Source, if any	
Study Duration (include estimated begin date)	
Publication Intentions	
Other Relevant Information	
Date	

- C. Researcher will mail or email the completed application, together with the researcher's résumé or curriculum vitae, to the Department's Chief Medical

Officer. If there are additional agencies involved, please provide their memorandums' of agreement with the request.

- D. Additionally, the researcher will send the completed application to the Executive Director of the Office of Planning, Policy, Regulations and Statistics for DPSCS.

Executive Director (410-339-5066; fax 410-339-4227.)
Office of Planning, Policy, Regulations & Statistics
Department of Public Safety and Correctional Services
300 East Joppa Road, Suite1000
Towson, Maryland 21286-3020

- E. Completed applications will be returned to the researcher if all requested information is not provided on the application form. Allow at least 60 days after submission to receive a formal response from the Department.
- F. Any applications requesting research on federal detainees or inmates shall be submitted to the Office of the Federal Marshals for their approval before any project can be initiated even if cleared by the IRB.
- F. Protecting the privacy of the research subjects is paramount. Any project found to be in violation of privacy and confidentiality as prescribed by DPSCS will be immediately discontinued.

III. References: MCCS .02 L
 NCHC P-72
 ACA, HC-3A-09

III. Rescissions: DPSCS 130-17

V. Date Issued: September 15, 2007
Reviewed/Revised December 2010
Reviewed: September 22, 2011
Reviewed/Revised: February 16, 2012
Reviewed October 3, 2012 (No Changes)

Reviewed July 2013

MD-DPSCS-CMS
Medical Policies and Procedures Manual
Reviewed December, 2015

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL
SERVICES

OFFICE OF CLINICAL SERVICES/INMATE HEALTH

ADMINISTRATION MANUAL

Chapter 7

MEDICAL SERVICES LIABILITY FOR INMATES ON LEAVE
OR ESCAPE STATUS

- I. Policy: The Department of Public Safety and Correctional Services (DPSCS) is financially responsible for any treatment of injury or illness sustained to inmates while they are on unescorted family leave, work release, unescorted special leave, or in escape status.
- II. Procedure:
 - A. Any inmate on leave status requiring medical care during that leave should be advised of DPSCS procedures for obtaining that care. A written instruction regarding what to do in case of medical need should be provided to an inmate before he/she begins any unescorted leave.
 - B. Emergency treatment shall be provided through the standard means for the community. Invoices shall be submitted to the DPSCS: Clinical Services or to the DPSCS third party payment agent by the health care provider providing medical services to the inmate.
 - C. Non-emergency treatment shall be provided through the DPSCS medical contractor at the facility from which the inmate is on leave.
- III. References:
- IV. Rescissions: DPSCS 130-28 (All Issuances)
- V. Date Issued: September 15, 2007
Date Reviewed: September 16, 2009
Date Reviewed: November 08, 2010
Date Reviewed: October 2012
Date Reviewed: July 2013
Date Reviewed: November 19, 2014
Date Reviewed: December, 2015

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
OFFICE OF CLINICAL SERVICES/INMATE HEALTH
ADMINISTRATIVE MANUAL

Chapter 8
HOME DETENTION AND RE-INTEGRATION PROGRAMS

- I. Policy: Department of Public Safety and Correctional Services (DPSCS) inmates assigned to the Home Detention Program and other re-integration and/or treatment programs (such as Threshold), shall have access to health care consistent with good medical practice and in accordance with established procedures.
- II. Procedure:
 - A. Medical Records of all Home Detention/Re-integration Programs candidates will be reviewed by medical staff prior to inmate assignment to the program.

Assignment protocol will include the following:

 1. Inmates should be screened for acute and/or chronic medical/mental health problems that cannot be effectively managed in the DPSCS community programs.
 2. Medical clearance for Home Detention/Re-integration participation will be verified by medical personnel through completion of the Medical Condition Review Form (DPSCS Form OTS 130-150-1 Appendix A) and if indicated, the Psychiatric Condition Review Form (DPSCS Form OTS 130-150-2 Appendix B), which shall be forwarded by the Case Management Department to the medical vendor for completion.
 3. The Home Detention/Re-integration Program Medical/Psychiatric Condition Review forms shall be completed by the medical vendor and returned to the Case Management Department within five (5) working days, including the two days allowed if a mental health clearance is required.
 - a. Additional clearance by Mental Health is necessary only if there is a Serious Mental Illness (SMI) requiring psychiatric services during the patient's participation in the Home Detention Program/Re-integration Program.
 - i. If this additional clearance is required, Mental Health will see the inmate or make a recommendation based on a chart review. The Mental Health

Specialist shall complete the psychiatric condition review form and return it to the medical vendor for inclusion in the Base File, which will be forwarded to the HDU/Re-integration Program.

- ii. The mental health vendor shall complete and return the psychiatric review form to the medical vendor within 48 hours of receipt of that form.
 - b. Inmates with acute or unstable medical or mental health problems should not be cleared for participation in the Home Detention Program/Re-integration programs.
 - c. Inmates with chronic, stable medical or mental health problems may be cleared for participation in the Home Detention Program/Re-integration programs unless they require prescribed medications that are categorized in Group #1 (controlled) medication. Note:
 - i. Psychotropic medication exceptions noted in the Keep on Person (KOP) policy found in the Pharmacy Manual (Chapter 3, Section R).
 - ii. All drug classifications can be found in the Pharmacy Manual (Chapter 2).
 - d. The frequency and duration of anticipated medical visits to the Home Detention Unit dispensary and/or other designated clinics for re-integration programs and/or subspecialty clinic must be clearly enumerated on the medical and/or psychiatric condition review forms.
- B. Inmates enrolled in the Home Detention/Re-integration programs will have access to routine medical services at the DPSCS Home Detention Unit (HDU) dispensary or the designated DPSCS medical facility and shall be provided the following services:
- 1. Sick Call
 - 2. Medication Administration
 - 3. Chronic Care Clinics
 - 4. Periodic Medical Evaluation/Urgent Care
 - 5. Infirmary Care
 - 6. Specialty Clinic
- C. Persons enrolled in the Home Detention Program/Re-integration program shall be provided their prescribed medications as well as any paraphernalia that is required to administer medications.
- 1. Medications will be provided using the procedures in the KOP policy (Pharmacy Manual: Chapter 3, Section 18).

2. Participants shall be provided syringes, alcohol swabs, and diabetic testing materials as necessary for controlling their chronic disease.
 3. Participants shall be provided with a supply of medication that is not to exceed the need for thirty days compliance with the clinician orders.
 4. Tubes of medication, creams, and inhalers will be provided to the participant as necessary for one month's supply but not to exceed one tube, one jar, and/or one inhaler.
- D. Home Detention/Re-integration program inmates requiring infirmary care shall be transferred to DOC or Baltimore City Detention Center infirmaries. Female DOC inmates shall be transferred to the Maryland Correctional Institution for Women.
 - E. Home Detention/Re-integration program inmates requiring emergency services should contact his/her designee at the Home Detention Unit or Re-integration program. The inmate will then be referred to the HDU dispensary nurse or to the designated facility dispensary nurse during operation hours. During non-operating hours, the call will be made to the regional dispensary medical unit (e.g. MTC for Home Detention and Threshold).
 - F. Specialty services will be scheduled by the medical vendor's regional scheduler for on-site and off-site services.
 - G. Medical Records for inmates participating in the Home Detention Program shall be maintained at the Home Detention Unit in a confidential manner in accordance with DPSCS established procedures and applicable laws and regulations.
 - H. Medical Records for re-integration programs shall be maintained at the designated DPSCS facilities in a confidential manner in accordance with DPSCS established procedures and applicable law and regulations.

- III. References:
- A. Case Management Manual 100.0002
 - B. Pharmacy Service Manual

- IV. Rescissions:
- DCD 130-100: Home Detention Program, September 11, 1992
- DCD 100-520 through DCD 100-529: Home Detention

- V. Date Issued:
- October 18, 2007
- Reviewed September 16, 2009
- Revised December, 2010
- Reviewed October 2012
- Revised February 2013
- Reviewed and revised July 2013
- Reviewed December 2014
- Reviewed December 2015

MEDICAL CONDITION REVIEW FORM

NAME	ID#	FACILITY
Requested By	Date	Due By

The medical record of the above named inmate has been reviewed by health care staff for acute or chronic medical illnesses that would preclude participation in Off-Site Programs.

The inmate:

- Yes No Has been on the same medication regimen and has been without acute symptoms for greater than two months.
- Yes No Would be appropriate for outpatient treatment in a community setting.
- Yes No Does not require more than monthly chronic care visits.
- Yes No Has a stable chronic illness.
- Yes No Is able to work in the community.
- Yes No Is able to work as a food worker in the community.
- Yes No Agrees to participate in monthly Chronic Care Clinics.
- Yes No Agrees to take medication as ordered by clinician.

_____ The inmate is mobile with the use of a: Cane; Crutches; Wheelchair

_____ The inmate is recommended for participation in off-site programs.

_____ The inmate is **not** recommended for participation in Off-Site Programs. The criteria are not met.

If enrolled in an off-site program, the inmate will need follow-up evaluation and care in chronic care clinic every _____ months while participating in the Program.

Signature: _____
Reviewer/Evaluator

Date of Review: _____

Printed Name: _____

Company: _____

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OFFICE OF CLINICAL SERVICES/INMATE HEALTH

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Chapter 9
CONTINUITY OF CARE

Section A
GENERAL

- I. Policy: Inmates leaving the Department of Public Safety and Corrections facilities (Pre-Trial, Sentenced, and Home Detention Units) will be provided with information and access to systems that will enable them to continue care for diagnosed disease processes that was received while the inmate was incarcerated.
- II. Procedure:
 - A. The medical vendor's Nurse Manager or discharge planner in a facility will review the monthly summary of all projected releases obtained through the Offender Case Management System (OCMS) or through other means in the Department by the middle of each month. The Nurse Manager/Discharge planner will also review the MAP Mutual Agreement Program (MAP) provided by Case Management to assure that all known projected releases are addressed.
 1. The Nurse Manger/Discharge planner or designee will review the projected release summary and MAP with the Pharmacy and identify all patients who are eligible to receive discharge medication by DPSCS guideline.
 2. The Nurse Manager/Discharge planner shall generate a roster of the inmates who will require a 30 day supply of chronic care medications as well as the remaining doses of any short term antibiotics or drugs.
 3. A copy of the final release list as it is known by medical shall be faxed to the Regional Pharmacy vendor, the Social Work Department of the facility and the medical records room.

- B. The Nurse Manager/Discharge planner will request Social Work to send a current monthly list of release planning completed to that date at the beginning of each month to the Nurse Manager/Discharge planner in each facility for inclusion in the continuity of care (COC) form. Social Work will have documentation of the planning completed in the inmate medical record via the Electronic Medical Record (EMR).
- C. Fourteen days (or as soon as a release date is known) prior to the patients release date, all of the following processes will have been addressed:
1. All after care follow-up that has been planned will be reviewed prior to the medical release date.
 - a. Medications will be ordered by the physician for “mandatory release” no more than two weeks prior to the known date of release for a specific prescription (not to exceed 30 day supply), including but not limited to medications equating a 30 day supply of psychotropic medications, up to a 30 day supply for chronic care medication. The clinician ordering the medications will specify in the written order that the order is for discharge medications.

No medication will be sent for INH/B6 or DEA controlled medications (TB Inmates will be referred for immediate follow up with the local health department in the jurisdiction in which they plan to reside.)
 - b. The treatment plan for M-2 status inmates (chronic but stable conditions) will be outlined on the Continuity of Care form (NCR paper MD DPSCS Form 130-237 aR (revised 6/2009) that will also include a short medical summary.
 2. A nurse assigned to the dispensary will interview the patient at least 24 hours prior to release and will assure that the following criteria are met:
 - a. The Continuity of Care form will be discussed with the patient and completed. This will include details regarding ongoing treatment, medications, diet, and general guidelines for continued care. The form will also include the amount of medications (numbers of each pill or amount of liquids, or tubes for topical, etc.) that will be provided to the inmate, and

how long these medications should last prior to the patient leaving the institution unless the inmate is released directly from court.

- b. The nurse, including his or her title and the patient will sign, and date the form.
 - c. For person being released from the facility where the interview takes place, one of the two following processes will occur:
 - i. The nurse will give the completed COC form and the discharge medications to the patient as he leaves the facility, or
 - ii. The nurse will go over the information with the patient, provide the discharge medications and completed COC form (with a copy) to the release officer or case manager to be placed in the sealed envelope that is issued to the patient upon release. If this occurs, the release officer or case manager will sign for the COC form and that will be placed in the sealed envelope with the discharge medications that are issued to the patient upon his or her release.
 - d. The original of the completed form will be returned to the Medical Records Department for filing with the inmate's medical record.
- D. If there is no notice to the Medical Department of a release, nursing will provide medications to the patient as follows:
- 1. Nurse will count the remaining medication by medication name and record these counts on the medication administration record (MAR).
 - 2. Patient will be given those remaining medications and ask to sign that he or she has received them on the MAR beside the count.
 - 3. Patient will also be asked to sign the pharmacy form that indicates the medications are not in discharge form i.e., the medications are not in child-proof containers.
 - 4. The nurse will give the remaining medications still in the packaging as they were received from the pharmacy and sign the MAR that this was done.
 - 5. Nurse will remind patient that he or she is taking these medications for a specific reason and that follow up in the community is essential.
 - 6. Nurse will note these transactions in the EMR.

- E. In the event, it may be medically necessary to send medical equipment home with a patient (such as CPAP, wheelchair, crutches, etc.):
1. The nurse discharging the patient shall record the DPSCS assigned number that has been placed on the equipment at purchase onto the COC form before it is given to a patient.
 2. The nurse shall notify custody staff that a piece of equipment will be going out with the patient to avoid any confusion at the time of release.
 3. The equipment numbers of any equipment released with a patient shall be entered into the medical vendor's spreadsheet for monitoring the status of equipment belonging to the State.
- F. In the event that a patient is transferred to a different facility before his or her release, the above procedure shall be followed with the exceptions noted here:
1. When the nurse meets with the patient twenty-four (24) hours prior to his or her release (D 2 above), the nurse will provide the COC information and will advise the patient that his or her discharge medication will be placed in a sealed envelope that will be provided to the patient as he or she leaves the releasing facility.
 2. The nurse will also prepare the current medications for transfer with the patient in the same manner used for all transfers.
 - a. The patient should be asked to bring all KOP medications to the medical station when he or she arrives for the COC interview as described above.
 - b. The patient shall be advised that all of his current medications will be administered at pill call so that the medications are not packed away pending the transfer.
 - c. On the day of the transfer, the nurse shall provide the transportation officer a sealed envelope that contains the current medications, a photocopy of the MAR, and a hard copy of the completed transfer screening form. A list of the contents of the envelope shall be attached to the front of the envelope with any special instructions (such as a medication due to be administered at a given time that day).

- d. The nurse will obtain a signature from the transportation officer indicating that these items have been placed in his or her possession. The signature may be given on the MAR with a nursing note of what has been included in the envelope.
- G. If the patient is released directly by the court, i.e., he or she does not return to the facility for release, medical will send one letter to the released patient advising him or her of their COC form status as described below. NO medications will be sent through the mail system.
1. In the event that an inmate is released from the court or in any other manner that would preclude the continuity of care policy process, the Continuity of Care Form, which will have been initiated at Intake Screening will be completed with the information known, i.e.; Inmate did not return to facility for whatever reason that caused that to occur.
 2. The completed form will be forwarded by the nurse completing the form, to Medical Records.
 3. Medical Records Staff will develop and maintain a log of forms received in an electronic format (preferably Excel or some other software that will enable the manipulation of the log to find an individual name if necessary).
 4. The Form will then be placed in the Patient's medical record if the patient does not appear in medical to receive it before discharge/release. If there is a recent address on file, the form (but no medication or equipment) may be mailed to the patient at his or her home.

III. Reference: DPSCS Directive 130-100-186
 DPSCS Division of Pre-Trial Services Directive 130-124
 DPSCS Emergency Directive DOC.230.0005

IV. Rescissions: DPSCS Directive 130-100-186

V. Date Issued: October 18, 2007
 Revised: July 2008
 Revised: June 2009
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 November 2010
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 October 2012

July 2013
December 2014
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DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

OFFICE OF CLINICAL SERVICES/INMATE HEALTH

ADMINISTRATIVE MANUAL

Chapter 9
CONTINUITY OF CARE

Section B
RYAN WHITE GRANTEES ASSIGNMENTS FOR HIV FOLLOW
UP INTO THE COMMUNITY

- I. Policy: DPSCS will implement proactive discharge planning for HIV positive inmates that enable released inmates to receive continued appropriate treatment and HIV related services upon return to the community.

Ryan White Grantees (RWG) will be instrumental in making this happen by making initial pre-release contact with the HIV+ inmate to connect him or her to community HIV services. Social Workers, Release Planning Coordinators and Infection Control Coordinators at DPSCS facilities will assist RW Grantees to assure that care is not interrupted upon the release to the community. Ryan White Grantees shall provide pre-release services to persons known to the Department up to 180 days prior to anticipated release. Services shall be provided to the inmate regardless of his or her housing location at the time the discharge is known. Service Delivery Areas that will receive these services include: Eastern Correctional Facilities (ECI), Baltimore, Jessup, Hagerstown, and Western (Cumberland) and include up to twenty-seven facilities.

Continuity of Care shall be encouraged by increasing awareness of the inmate regarding personal risks that may help him or her to change behaviors that put them and others at risk. Ryan White Grantee Community Outreach Workers will assist in this endeavor by providing a safety net that links the inmate to all available

community services including housing, clothing, drug treatment, employment assistance and social services.

II. Procedure:

- A. DPSCS Clinical Services will provide the projected list of pending inmate releases for 60-90 days to its contracted medical vendor and DPSCS Social Work.
- B. The Infection Control coordinator/designee for each region will:
 - 1. Check the transfer-screening and projected release lists at the beginning of each month.
 - 2. Check the lists of all HIV patients.
 - 3. Check with Social Work to determine if medical has the same lists of HIV+ persons being released as does Social Work.
- C. Complete lists of persons with HIV+ status from the local Infection Control Staff will be forwarded to the Ryan White Office Representative.
 - 1. The Coordinator will develop a statewide list of those persons HIV+ scheduled for release and will share that list with the State's Director of Social Work.
 - 2. Ryan White Office Representative will "assign" these projected releases to Ryan White grantees for the express purpose of initiating transitional care that will be continued in the community upon release.
 - 3. The procedure for making the assignments to the grantees is as follows:
 - a. All inmate names on the HIV+ projected release list for a given month shall be entered into an assignment process to assure equity among the Grantees.
 - b. Names will be drawn and assigned to Grantees in a continuously looped list. Only those Ryan White grantees named in an MOU signed by the Department will be considered for assignments.
 - c. Inmates who have been previously assigned to a Grantee will be referred back to that same Grantee.
 - d. The assignment process will continue until all names for the given month have been assigned to one of the Grantees

4. The Ryan White Office Representative will forward the final assignments to Grantees to:
 - a. DPSCS Director of Nurses or her designee.
 - b. DPSCS Director of Social Work or her designee who will forward the lists to the Regional Social Work staff,
 - c. Regional IC Coordinators.
 5. In the event that a Local IC Coordinator or Social Worker determines that an individual has not been assigned to a Grantee, that person will contact the Ryan White Office Representative, who will assign a RWG to the inmate using the next Grantee in line to receive a referral.
 6. For the assignments made after the notifications in #4 above, the RWG office representative will send updated assignments to the Regional IC coordinators, DPSCS DON and the DPSCS Director of Social Work. If, at any time the Grantee assigned cannot facilitate the needs of the inmate, they will:
 - a. Contact the Ryan White Office Representative who will refer the inmate to the next Grantee in the assignment rotation and
 - b. The two parties will complete their referral agreement and submit the completed agreement to the Social Work Representative.
- D. Grantees provided assignments of HIV+ names will:
1. See inmates assigned to them according to the process outlined in 3 a-d regardless of the location in which the inmate resides.
 2. In the event an assigned grantee does not have the services needed by the inmate, the inmate requests to be referred to another Grantee, or the inmate elects to receive services from an entity other than the Grantee; that Grantee will contact the Ryan White Office Representative for a re-assignment or release from the DPSCS RW Program as appropriate.
 - a. Services include, follow up into the community health setting represented by the Grantee and
 - b. Transportation, case management, housing or others as available to persons eligible for Ryan White services.

3. Assignments made to Grantees shall require monthly reporting using the attached format and includes the completion of all columns on that sheet each month for each inmate assigned. Grantees will complete a monthly report to the Ryan White Office Representative, DPSCS HIV Coordinator and Contractual Statewide Coordinator and will:
 - a. Enter names into a spreadsheet (copy attached), and keep the information on that spreadsheet current.
 - b. Update spreadsheet and submit monthly after discussion at the designated portion of the monthly Statewide Infection Control Meeting to which all Grantees are invited and encouraged to attend.
4. Grantees shall work with the local ID Nurse to schedule an interview with the inmate within seven (7) working days of receipt of the assignment.
 - a. Final assigned Grantee lists of inmates assigned to them are forwarded to each SDA IC Coordinator, Director of Social Work, and Grantees of each month.
 - b. The SDA IC Coordinator will facilitate the contact between the Grantee and prospective clients.
 - c. Local IC Coordinators will contact Grantees to facilitate the initial interview with the inmate within three (3) business days upon receipt of the assignment listing via e-mail.
 - d. In the event that the IC Coordinator fails to contact the Grantee within that three (3) business day time period, the Grantee should contact the IC Coordinator by email as a reminder.
 - e. If there is still no contact initiated within 48 hours of the e-mail, the Grantee should e-mail that vendor Statewide Coordinator who will facilitate the contact.
 - f. A Grantee may contact DPSCS Clinical Services via e-mail if no assistance has been provided after the above steps.
 - g. Tele-medical Services may be used after an initial meeting face to face with the inmate, when it is difficult for a grantee to travel to remote regions.

- i. Arrangements to interview an inmate via telemedicine prior to discharge maybe arranged with the IC Coordinator.
 - ii. The IC designee of the region will schedule the inmate the Telemedicine after the Grantee informs the Ryan White Office Representative of the reasons for communicating via telemedicine.
 - h. RWG will communicate with Social Workers at the SDA where the assigned inmate is housed at least five days prior to the first appointment with the inmate at their facility.
 - i. All cancellations or barriers to inmate appointments with RWG should be documented and given to the Ryan White Office Representative for tracking.
 - 5. Grantees may place posters in each service delivery area clinic and bring flyers to IC Coordinators for informational purposes and for inmates including those not pending release.
 - 6. In-services on HIV+ and RW services are encouraged for area staff and should be held during staff or nursing meetings as well as at the monthly IC meetings.
- E. Nursing will participate in discharge as directed in the Continuity of Care Policy (Administrative Manual, Chapter 9)
- 1. Nursing staff will work closely with Social Work and Case Management to determine projected release dates for a given month.
 - 2. Nursing staff will order 30 days of discharge medications for inmates on the release list and have them available to be provided to the inmate or to custody per policy on the day of release or transfer to a release center).
 - 3. Nursing staff will complete the Continuity of Care form and as per policy will forward photocopy to the Grantee for use in follow up care, noting on the form itself that inmate will be followed by the named Grantee into the community.
- F. Social Workers at the SDAs where the inmate is housed will assist the inmate in applying for any benefits for which they are eligible, arrange a medical appointment with the Grantee to which (s)he is assigned, arrange mental health

appointments as needed, and arrange for application to or receipt of other resources that may be available to them.

1. The Social Worker must have contact with and work with the Grantee to assist the released inmates to secure necessary items as described here. Social Workers shall document their efforts toward discharge planning and collaboration with Grantees in the electronic medical record.
2. Achievement of any of the discharge planning items shall be recorded in the electronic medical record. (Such as appointments obtained, benefits applied for, community housing, etc.)

III. References: None

IV. References: None

V. Date Issued: June, 2009

Date Reviewed/Revised: September, 2009
September, 2010
December, 2010
September 26, 2011
October 24, 2012
July, 2013
October 31, 2014
December 2015.

Attachment

Ryan-White Grantee: (Name of Grantee)

Month/Year:

New Inmates Assigned for this Month To R-W Grantee										Visitation			Other Information Needed for Grantee Use				
Inmate Information					Signed Release of Inmate Received by Grantee		Assigned to R-W Worker : (Name)	Date assigned to Grantee Worker	Social Worker Contacted and Date	IC Nurse Contacted and Date	Seen while still incarcerated (Date)	Seen in community once released (Date)	Released before they could be seen (Date of release)	Referrals made for Inmate Services "Client Advocacy"			Comments
Last Name	First Name	DOC #	Facility	Yes	No	Note: The contact between the parties is to be collaborative			Housing	Transportation				To another Grantee (name)			
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	