

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction
Division Of Prisons

SECTION: Administrative

POLICY # AD I-5

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SUBJECT: Definitions of Medical Missions

EFFECTIVE DATE: April 2008

SUPERCEDES DATE: January 2006

PURPOSE

To provide definitions of the various medical missions throughout the Division of Prisons

DEFINITIONS

Processing

Specific facilities are identified as Processing Centers for inmates entering the prison system from the county jails. Processing includes collecting health information from the inmate, assessing current health status, identifying acute and chronic illnesses and conditions and implementing the initial plan of care if needed. The health care component of processing must be completed within 7 days of admission.

MEDICAL SERVICES

I. Out-Patient Medical

Outpatient medical services are available to all inmates who need such services at all facilities.

Specific outpatient medical services include but are not limited to:

- Scheduled sick calls for non-urgent, non-emergency medical requests
- Medical care for emergencies seen on an as they occur basis
- Medical care for inmate declared emergencies (care that the inmates feels he/she can not wait for sick call)
- Chronic disease clinics to provide follow-up for inmates with chronic diseases
- Medication administration (direct observation and self-administered)
- Provider (MD/PE, psychologist) clinics and referrals to specialty clinics as needed
- Immunizations and screenings
- Segregation checks
- Counseling and Patient Education on diet, medication and disease related issues
- X-ray and lab services
- Aftercare planning and referrals

II. Specialty Clinics

Specialty Clinics are clinics that are conducted at specific facilities throughout the state by specialist with expertise in a particular medical field. Examples of specialty clinics are Infectious Disease (ID) Clinic, Hepatology Clinic, Orthopedic Clinic, Urology Clinic, Maternity Clinic, Cardiology Clinic, etc. An approval by the Utilization Review Section is required and the inmate must be scheduled to attend the clinic.

III. Telephone Triage

Telephone Triage provides access to medical care for all inmates 24 hours a day, 7 days a week. Certain facilities have been identified as triage facilities. Facilities without 24 hour/7 day nursing coverage have been assigned a triage facility. Custody officers telephone the triage nurse when inmates complain of illness or injury after their facility's medical hours. The telephone triage nurses are registered nurses, who collect information from the officer and/or inmate and utilize the nursing

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protocols and clinical judgment in meeting the inmate's medical needs. This may include contacting the on-call physician, conducting a face to face examination and/or sending to the emergency room.

IV. Acute Medical (infirmary)

Acute medical services in DOC are liken to an infirmary and represent our inpatient medical services. Acute medical in DOC or infirmary care is care provided to inmates with an acute illness or diagnosis that requires 24-hour monitoring, medication and/or therapy or assistance with daily living at a level needing skilled RN nursing assessment and intervention. Specific care, treatment and services include but are not limited to intravenous therapy, medical isolation, post-anesthesia recovery, recuperation post-hospitalization, wound vacs and sterile dressing changes.

V. Short-Term Medical Observation

The purpose of the short-term medical observation service is to provide 24 hour/7 day nursing care for the inmates that require a higher level of nursing care due to a short term medical condition. Examples are: Post-op status from a minor or outpatient surgical procedure including complicated or frequent dressing changes; fractures that have been fixated; short term narcotic order. These inmates will be from facilities that do not have 24 hour, 7 day nursing coverage or those facilities that feel they cannot care for these inmates who are currently at a higher acuity. Inmates for this service should not have an acuity level higher than 2AB prior to illness/injury, and must be minimum or medium custody male felons. Admission time to the short-term medical unit is no longer than 5 days unless curative process does not go as expected.

VI. Chronic Disease

Chronic disease is an illness or condition that affects an individual's well-being for an extended interval and generally is not curable, but can be managed to provide optimum functioning within any limitations the condition imposes on the individual. There are two levels of chronic disease services: stable chronic disease and unstable chronic disease. All facilities provide stable chronic disease services in accordance with the Chronic Disease Guidelines by a registered nurse. Inmates with unstable chronic disease are housed in Chronic Disease units at specified facilities throughout the state. Chronic disease clinics, along with monitoring, are provided by nurse clinicians at facilities where unstable chronic disease inmates are housed.

VII. Long Term Care

Long Term Care is a service for the aged inmate or other inmates requiring 24 hour supervision and assistance with personal care needs. These inmates typically have dementia. The inmate needs are attributed to the aging process, cognitive impairment, physical impairment, or a combination of these and likely to continue indefinitely. These inmates may also have an unstable chronic disease. Inmates requiring long term care may have substantial limitations in:

- 1) Self care
- 2) Receptive and expressive language
- 3) Mobility
- 4) Self direction and/or
- 5) Capacity for independent living and self sufficiency

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VIII. Skilled Nursing Care

Skilled Nursing Care is a service for inmates requiring total assistance with personal care (toileting, eating, bathing, dressing, mobility, etc) or intensive rehabilitation services (status post cerebrovascular accident, severe trauma, wining from a tracheotomy, etc.) They require 24 hour RN supervision. Often these inmates are bedridden or confined to a wheelchair or geri-chair requiring range of motion exercises and/or receive tube feedings. These inmates may be comatose, in a persistent vegetative state or suffer from severe dementia. Acute illnesses which occur in this population, may be treated on a skilled nursing unit.

IX. Hospice

These services may be provided to an individual certified as terminally ill. An individual is considered to be terminally ill if the medical prognosis is that the individual's life expectancy is six months or less. Certification of need for hospice services must come from two physicians at the time of admission to hospice services.

MENTAL HEALTH SERVICES

I. Out-Patient Mental Health

Outpatient mental health services are available to all inmates who need mental health care. Specific outpatient mental health services include:

- psychological assessments
- psychiatric evaluations and treatment
- individual and group psychotherapy
- psychotropic medication services (education, prescribing, dispensing, and administering)
- relapse prevention programs.
- aftercare planning services

II. Acute Inpatient Mental Health

Acute in-patient mental health services are provided to stabilize inmates who cannot be safely and or effectively treated at a lower level of care. Acute in-patient mental health services are available 24 hours a day, 365 days a year at Central Prison (male inmates) and at North Carolina Correctional Institution for Women (NCCIW) (female inmates). Specific acute inpatient mental health services provided include:

- psychiatric evaluation and treatment
- individual and group psychotherapy
- psychotropic medications services (education, prescribing, dispensing and administering)
- activity and rehabilitation therapy services
- mental health nursing services
- social work services

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III. Residential Mental Health

Residential mental health services are provided to Seriously and Persistently Mentally Ill inmates who are unable to adequately adapt to living in general population housing. Specific residential mental health services include:

- psychiatric evaluation and treatment
- individual and group psychotherapy
- psychotropic medication services (education, prescribing, dispensing, and administering)
- activity and rehabilitation therapy services
- mental health nursing services
- mental illness education
- relapse prevention training
- social skills training
- social work services

IV. Mental Retardation/Developmental Disability (MR/DD)

An individual who meets the criteria for both a diagnosis of mental retardation and a classification as developmentally disabled.

V. Mental Retardation: (per DSMIV-R)

- A. Significantly sub-average intellectual functioning: an IQ of approximately 70 or below on an individually administered IQ test
- B. Concurrent deficits or impairments in present adaptive functioning (i.e., the person's effectiveness in meeting the standards expected for his/her age by his/her cultural group) **in at least two** of the following areas:
 - a. communication
 - b. self-care
 - c. home living
 - d. social/interpersonal skills
 - e. use of community resources
 - f. self-direction
 - g. functional academic skills
 - h. work
 - i. leisure
 - j. health
 - k. safety
- C. Onset is **before age 18 years**.

VI. Developmental Disability: (per Federal and State definitions)

An individual identified with all of the following:

- A. An intellectual or physical impairment, manifested **prior to age 22** years, or traumatic brain injury at any age
- B. The condition is likely to continue indefinitely
- C. Deficits in adaptive functioning **in at least 3** of the following areas:

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- a. self-care
 - b. receptive and expressive language
 - c. learning
 - d. mobility
 - e. self-direction
 - f. capacity for independent living
 - g. economic self-sufficiency
- D. Ongoing need for specialized care/treatment/services which are lifelong or of an extended duration; such services will be individually planned and coordinated.

Safekeepers

Services (healthcare or custody) may be provided to jail inmates who have been sent to the NCDOC by a court order for treatment or security reasons. These individuals are referred to as Safekeepers. They are housed at designated facilities that are equipped to meet their special needs. Once treatment is complete or the security issue has been resolved the inmate can be returned to the sending jail.

Paula Y. Smith, M.D.

4/18/08

Paula Smith, M.D., Director of Health Services

Date

SOR: Director of Nursing