

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction
Division Of Prisons

SECTION: Care and Treatment of Patient -
Access to Services

POLICY # TX I-12

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SUBJECT: Mental Health Outpatient Services –
Tele-psychiatry Clinics

EFFECTIVE DATE: April 2012
SUPERSEDES DATE: None

References **Related ACA Standard 4th edition Standards for Adult Correctional Institutions 4-4368. See also NC DOP TX I-3 on Mental Health Outpatient Services.**

PURPOSE

To outline the manner in which video-conferencing equipment is to be used in the North Carolina Department of Correction (DOC), Division of Prisons (DOP), to successfully treat and monitor inmates who are taking psychotropic medications. This manner of treatment and monitoring is known colloquially as ‘tele-psychiatry.’

POLICY

Tele-psychiatry clinics are arranged for those facilities within the DOP at which psychiatric coverage is not available on-site, either due to inability to recruit local psychiatric staff or unexpected or prolonged scheduled absences on the part of the psychiatrist who normally covers the facility in question. Tele-psychiatry is viewed as another avenue by which outpatient mental health services may be provided within the system based on the most efficient allocation of available resources.

PROCEDURE

Any prison facility that is in need of tele-psychiatry services will have the necessary operational computer hardware and software in place on-site before clinics can be arranged.

- I. Mental health staff at the facility in question:
 - A. must have been trained in the operation of the computer hardware and software before clinics are to be scheduled;
 - B. will insure that the hardware is located in a room that affords privacy for mental health inmates during the clinic while also attending to custody concerns;
 - C. are to work in liaison with the DOC’s Administrative Assistant for the Director of Mental Health Services in Raleigh NC, or designee, to reserve online ‘airtime’ prior to the day of clinic;
 - D. will send, at least (24) twenty-four hours prior to clinic, preferably scanned and emailed as a pdf but via fax if a scanner is not available, to the DOC’s Administrative Assistant for the Director of Mental Health Services in Raleigh NC or designee, the following information:
 - i. A list of inmates to be seen, including name and OPUS numbers.
 - ii. The OPUS mental health encounter log for each inmate.
 - iii. The initial or most recent psychology assessment and / or progress note.
 - iv. The most recent psychiatry assessment, progress note, or discharge summary, if applicable.
 - v. MARS for the past (2) two months, if applicable, especially to document any medication refusal or partial compliance.
 - vi. Physician orders for the past two months, if applicable.
 - vii. AIMS, if already completed.
 - viii. Any available laboratory test results performed in the past (6) six months, especially those involving blood chemistry, blood count, thyroid function, blood lipids (i.e., cholesterol and triglyceride), therapeutic drug levels, and EKG.
 - ix. Any other information that is felt to be pertinent by staff at the facility in question.

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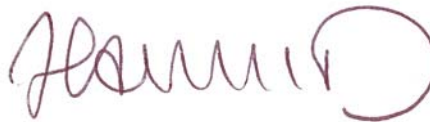
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- E. will send, once formulated, treatment plans in the original to the psychiatrist for review and signature (it is not necessary to both mail and fax prior to clinic); and
 - F. will be responsible for making the OPUS entries reflecting the clinical interaction for both themselves and the psychiatrist.
- II. The psychiatrist:
- A. will connect via DOC intranet with the facility in question at the appointed time;
 - B. will perform clinic duties in the same manner, regarding conduct and content and documentation, as would be the case were the psychiatrist physically on-site;
 - C. will dictate a clinic note for each inmate interaction, preferably following a SOAP format, within one (1) week of the clinic interaction;
 - D. will handwrite orders on a "Provider Orders" form DC-834, these orders will include, in pertinent part, changes or additions to any medication regimen, referrals to sick call for follow-up of health issues not directly under the purview of mental health, request for laboratory testing, and referral for AIMS assessment by nursing;
 - E. will make note of interaction on a "Provider Progress Notes" form DC-752;
 - F. will fax the completed DC-834 and DC-752 to the contact person at the facility in question within (24) twenty-four hours of the clinic interaction (or, in the case of orders that are considered ASAP or STAT, the psychiatrist will phone nursing at the facility with a verbal order in question in addition to faxing);
 - G. will collate the original orders to be mailed, along with reviewed and signed treatment plans and lab results, through inter-departmental mail to the facility in question by the Administrative Assistant or designee; and
 - H. will follow-up, as indicated, regarding any testing (e.g., blood work, AIMS) that has been ordered.



4/17/12

John S. Carbone, MD, JD, FCLM
Director of Mental Health Services

Date

SOR: Director of Mental Health Services