

STATE OF OHIO



DEPARTMENT OF REHABILITATION
AND CORRECTION

SUBJECT: Specialty Health Care Services	Page 1 of 12
	NUMBER: 68-MED-14
RULE/CODE REFERENCE: 5120-9-06	SUPERCEDES: 68-MED-14 dated 5/23/12
RELATED ACA STANDARDS: 4-4349; 4-4357; 4-4398; 4-4144;	EFFECTIVE DATE: August 19, 2014
	APPROVED: 

I. AUTHORITY

This policy is issued in compliance with Ohio Revised Code 5120.01 which delegates to the Director of the Department of Rehabilitation and Correction the authority to manage and direct the total operations of the Department and to establish such rules and regulations as the Director prescribes.

II. PURPOSE

The purpose of this policy is to establish standard procedural guidelines for the delivery of specialty health care services to inmates incarcerated under the jurisdiction of the Department of Rehabilitation and Correction (DRC).

III. APPLICABILITY

This policy applies to all persons employed by, or under contract with, the Department of Rehabilitation and Correction, and specifically to those involved in the provision of medical care, and to all inmates incarcerated under the jurisdiction of the Department of Rehabilitation and Correction.

IV. DEFINITIONS

Cosmetic Services - Procedures, treatments, or surgery designed to enhance the inmate's appearance, but which are non-essential to the maintenance of the inmate's basic health.

Medical Protocol - An official clinical statement that defines a medical procedure or course of action. These guidelines shall be reviewed and revised, if necessary, on an annual basis by the Bureau of Medical Services and the Medical Policy Review Committee to maintain consistency with professional standards of practice for licensed medical professionals.

Physician Consultant - A medical doctor who is trained in a specific medical specialty, and who has agreed to evaluate and recommend treatment for certain medical conditions, as requested by the primary physician. It should be emphasized that the final decision about any treatment protocol or subsequent management rests entirely with the institution Chief Medical Officer.

Telemedicine - A two-way interactive videoconferencing system that allows for visual and limited physical examination of an inmate by a physician specialist while the inmate remains at his/her prison setting and the physician specialist remains at the health care facility. It also includes educational and administrative uses of this technology in the support of health care, such as distance learning, nutrition counseling and administrative videoconferencing.

V. POLICY

It is the policy of the Ohio Department of Rehabilitation and Correction when any incarcerated inmate under its supervision requires health care interventions beyond the resources available at an institution, these inmates shall be referred to the appropriate resource for such care. Such resources may include the utilization of specialty services as well as chronic, hospice, and convalescent care.

VI. PROCEDURES

A. Franklin Medical Center (FMC) Services

1. Long term, skilled care:
 - a. Long term medical care is available at the Franklin Medical Center (FMC) for those patients who are designated as medical level four and who cannot perform two or more activities of daily living.
 - b. Placement into the FMC long-term care unit is a medical decision that shall be made by the FMC Chief Medical Officer (CMO) or DRC State Medical Director/designee.
2. Acute, skilled care:
 - a. Acute skilled medical care is available to all patients who have been discharged from an acute unit at a local hospital or from the Ohio State University Medical Center (OSUMC) or whose needs temporarily surpass the level of services offered at the institution. Such services include, but are not limited to:
 - i. Sustained IV therapy;
 - ii. Blood transfusions;
 - iii. Initiation of chemotherapy;
 - iv. Pre and post-operative care;
 - v. Stabilization of a new insulin dependent diabetic;
 - vi. Evaluation and treatment of active tuberculosis; and
 - vii. Frequent physical therapy.
 - b. Patients may be directly admitted to FMC for evaluation or treatment if their medical needs have temporarily surpassed the level of services available at the parent institution, i.e. stabilization of a newly diagnosed diabetic, initiation of treatment of active tuberculosis. Direct admissions to FMC must be coordinated between the parent institution's CMO and the FMC CMO.

3. Palliative care:
 - a. The care unit at FMC provides a hospice-type program of patient and family focused care to meet the social, emotional, and spiritual needs of terminally ill patients.
 - b. The care unit consists of six beds set aside for this purpose. Four beds are designated for patients who are still receiving curative treatments. Two beds are reserved for patients who have agreed to receive comfort care and support.
 - c. All patients shall be evaluated and approved by the FMC CMO for admission to the care unit. Admission criteria for the care unit include:
 - i. The patient must have a terminal diagnosis;
 - ii. The patient's prognosis must be six months or less;
 - iii. All patients admitted to the palliative care room must have completed advanced directives for health care, including a living will and/or a Do Not Resuscitate (DNR) order.
4. When patients are admitted to FMC or the Ohio State University Medical Center (OSUMC), either for acute or palliative care, Patient One View will be referenced for the patient's current medications.
5. Audiology services are available at FMC. Referrals to Audiology can be made either from the Ear, Nose and Throat (ENT) clinic or from the institution CMO. Audiology services include:
 - a. Audiograms;
 - b. Hearing aid fittings; and
 - c. Hearing aid repair or replacement.
6. Prosthetics and Orthotics:
 - a. A full range of prosthetic and orthotic services are available. The institution CMO, or a consulting specialist with the approval of the CMO, may refer patients to this clinic.
 - b. The patient must be evaluated by Physical Therapy prior to his/her first visit to the Prosthetics clinic.
 - c. Each recommendation for prosthesis shall be reviewed through Collegial Review.
 - d. A completed consult must accompany each patient to every visit. Supporting documentation (i.e. orthopedic consult) should be attached.

- e. Prosthetic devices can take several months to build. The patient's discharge date should be considered when scheduling Prosthetic clinic because the prosthetic device will not be sent to the patient's home address.
 - f. Prosthetic and orthotic devices shall be replaced under the following circumstances only:
 - i. The device is no longer functional and/or is unsafe to use;
 - ii. It has been determined (e.g. RIB) that the prosthetic device was lost or destroyed by someone other than the patient owning the device; or
 - iii. A change in the patient's physical condition renders the device non-functional.
 - g. Prosthetic or orthotic devices shall not be replaced if it is determined that the device was willfully destroyed, lost, or mutilated by the patient. Replacement in such cases shall be the sole responsibility of the patient or his/her family.
7. Outpatient services include:
- a. Laboratory services;
 - b. Radiology services;
 - c. Physical therapy; and
 - d. Specialty clinics.

B. Frazier Health Center Services

1. Long term, assisted living services:
- a. Long term assisted living services are available for male patients with long-term medical conditions who can perform all but one of the basic activities of daily living as outlined on the Advanced Medical Placement Form (DRC5330). Such services include, but are not limited to:
 - i. Continuous intermediate nursing care including wound and skin care, continuous oxygen therapy, etc;
 - ii. Short term skilled nursing care including iv therapy, blood transfusions and adjunctive tube feedings;
 - b. Infirmary level care is available to all Pickaway Correctional Institution (PCI) Frazier Health Center patients who have short term acute care needs, but do not require the level of care provided at FMC or the OSUMC.
2. Long term dialysis services:
- a. Acute dialysis needs are managed in cooperation with the OSUMC. Those-patients requiring long-term dialysis shall be transitioned for treatment at PCI Frazier Health Center when deemed appropriate by the OSUMC nephrology specialists.

- b. Long-term dialysis treatments are available to male and female patients.
 - i. Security level 1 and 2 male patients in need of renal dialysis shall be housed at the Pickaway Correctional Institution.
 - 1) Suitability of placement of higher security level male patients at the PCI shall be determined on a case-by-case basis by the DRC State Medical Director.
 - 2) Any patient requiring dialysis who is deemed unsuitable for placement at PCI due to specific security concerns shall receive dialysis treatments by alternative means.
 - ii. Female patients and those male patients not housed at PCI may be transported round trip by their parent institutions. As an alternative, onsite contractual dialysis programs may be provided at designated institutions as determined by the Office of Correctional Health Care - Bureau of Medical Services for patients requiring dialysis.

C. Specialty Services Provided at the Institutional Level

- 1. Optometry Services: Each institution shall provide, or shall have easy access to, Optometry services. A consulting Ophthalmologist shall be available for consultation if deemed necessary by the Institution CMO or consulting Optometrist.
 - a. Glaucoma checks, if medically indicated by the consulting ophthalmologist or advanced level practitioner.
 - b. Glasses (frames and lenses) shall be provided once every four years as needed or at anytime there is a significant change in the patient's visual acuity, as determined by the institution optometrist. Lost/damaged frames or lenses shall be replaced at the patient's expense unless, in the opinion of the Institutional Inspector, there are extenuating circumstances.
 - c. Clear contact lenses may be prescribed only when deemed to be medically necessary; contact lenses shall not be for cosmetic reasons.
 - i. Inmates who have clear contact lenses at the time of incarceration shall be permitted to wear them for up to 6 months or may be permitted to receive them through the mail for 6 months; all maintenance costs shall be the inmate's responsibility. Those inmates serving a sentence of greater than 6 months shall be referred to the institution optometrist within 3 months.
 - ii. Colored contact lenses are not permitted.
 - d. Inmates may request glasses be sent from home; this may include an existing set of glasses or inmates may request that the institution optometrist provide a prescription

that can be filled by an outside optometry department at the inmate's or family's expense and sent to the institution.

- i. Glasses sent in from an outside optometrist must be authorized by the Health Care Administrator (HCA) and must meet security requirements.
 - ii. Glasses sent in from an outside optometrist shall not exceed \$150.00 in price. A receipt must accompany the glasses to verify the cost.
 - e. An optometrist shall prescribe sunglasses or tinted lenses only when medically necessary. All other sunglasses, if permitted by institutional rules, must be purchased through the commissary or obtained according to security regulations.
2. Podiatry Services
- a. Podiatry services are available upon referral by the institution physician when deemed to be medically necessary.
 - b. Provision of properly fitted footwear is the responsibility of the institution quartermaster.
 - i. Patients shall not be referred to the podiatrist for prescription of special footwear unless a significant physical deformity of the foot is present.
 - ii. Patients requiring soft or cloth footwear due to neuropathy related to diabetes or peripheral vascular insufficiency shall likewise be referred to the institution quartermaster for provision of appropriate footwear.
 - c. The institution podiatrist may refer patients requiring orthotics or orthopedic services that are beyond the scope of services available at the institution. The institution CMO must approve all such referrals.

D. Specialty Clinic Services

1. The institution CMO shall determine the level of medical care needed by each patient. If the CMO determines that specialty medical services are needed which are beyond the scope provided by the parent institution, he/she shall make the appropriate referral.
2. If specialty consultation is needed for diagnosis or management, the patient shall be referred to the appropriate specialty clinic at FMC or to the OSUMC. The Consultation Request Form (DRC5244) must be completed according to the Office of Correctional Health Care (OCHC) Clinic Scheduling Guidelines (located on the DRC Intranet Correctional Health Care – Medical page) and Medical Protocol B-1, Consultation Referrals.

3. As detailed in Medical Protocol B-1, Consultation Referrals, the staff responsible for medical scheduling at each institution shall appropriately update and track consults on the Consult/Referral Flowsheet (DRC5535).
 - a. An electronic/computerized consult tracking database may be utilized in lieu of the Consult/Referral Flowsheet (DRC5535) as long as it includes all of the elements of the form identically.
 - b. If utilized, the electronic/computerized consult tracking database must still be printed, reviewed, and signed by the HCA and CMO on a monthly basis, as detailed in Medical Protocol B-1, Consultation Referrals.
4. Utilization Review:
 - a. Designated clinics and test referrals are reviewed to ensure that the referral is appropriate and complete. Refer to Medical Protocol B-1, Consultation Referrals, for details.
 - b. All referrals that are designated must be submitted and be approved before the appointment is scheduled.
5. Health care staff shall collaborate with security personnel when determining conditions of transportation and security precautions when a patient needs to be transported to another facility or clinic.
6. Patients shall be evaluated by the OSUMC specialty consultants in a timely manner. Please see Medical Protocol B-1, Consultation Referrals for details regarding processing consultation requests.

E. Telemedicine Services

1. Upon mutual agreement between the DRC and the OSUMC, specialty clinics may be conducted utilizing the DRC telemedicine network.
 - a. Referrals to telemedicine clinic and the processing of the consultant recommendations should follow the guidelines in Medical Protocol B-1, Consultation Referrals, and the OCHC Clinic Scheduling Guidelines.
2. The following medical personnel may present patients via telemedicine:
 - a. Physicians;
 - b. Nurse practitioners;
 - c. Physician assistants;
 - d. Registered nurses;
 - e. Licensed practical nurses.
3. The OCHC Clinic Scheduling Guidelines and Medical Protocol B-1, Consultation Referral, outline how the patients will be referred for a telemedicine specialty consult,

the information that should generally be provided, the physical assessment skills likely to be utilized, and how to process for consultant recommendations.

- a. Telemedicine specialty consults shall be handled in the same manner as in-person specialty consults, as detailed in Medical Protocol B-1, Consultation Referral, in regard to ensuring the patient's consent and documentation.
 - b. The telemedicine specialty consult shall be considered confidential and the report integrated into the patient's medical chart in accordance with Medical Protocol B-7, Medical Records Format, and Department Policy 07-ORD-11, Access and Confidentiality of Medical, Mental Health, and Recovery Services Information.
4. The OSUMC telemedicine manager or FMC clinic nurse shall fax the completed recommendations to the institutional medical department, along with the name of the attending physician and the division phone number where the consultant can be reached for questions.
 5. Patients requiring physical examinations beyond the scope of telemedicine shall be referred to the OSUMC outpatient clinics or the FMC outpatient clinic area. If the need is emergent, the patient should be referred to the emergency department.
 6. As with any patient, the institutional physician may utilize the OSUMC consult line at 1-800-293-5123 if there are questions concerning the plan of care.
 7. The DRC telemedicine network is part of the larger DRC videoconferencing network. The maintenance of the videoconferencing equipment, transmission lines, and bridging services are under the auspices of the Bureau of Information & Technology Services. The videoconferencing administrator, in conjunction with the Office of Correctional Health Care - Bureau of Medical Services, shall approve any changes to the telemedicine network.

F. Surgery

1. The consulting specialist shall determine the need for and recommend surgery.
 - a. The specialist shall then complete the Pre-admission Testing and Order form (DRC5296), designating both the level of need and preoperative orders.
 - b. All surgeries recommended by any consulting physician must be pre-approved prior to submission to OSU Corrections Scheduling. Refer to Medical Protocol B-1, Consultation Referrals, for details.
2. Designated levels of care have been established by the Office of Correctional Health Care - Bureau of Medical Services to assure provision of necessary medical care to patients with serious medical conditions. The following levels have been established to define the level and extent of care available, particularly in regards to surgical intervention and invasive procedures.

- a. Medically Mandatory: This includes emergency care and cases where urgent medical intervention is required i.e. heart attack, appendectomy, etc.
 - b. Medically Necessary: Care without which the patient could not be maintained without significant risks of either further serious deterioration of the condition or significant reduction in the chance of possible repair after release, or without significant pain or discomfort.
 - c. Medically Acceptable: Care that is not medically necessary, and is considered to be elective i.e. non-cancerous skin lesions, etc.
 - d. Cosmetic: Care that is not considered medically necessary. This may include, but is not limited to, cases such as tattoo removal, elective circumcision, minor nasal reconstruction and other cosmetic surgery.
 - i. Cases that fall within Medically Mandatory and Medically Necessary levels are generally eligible for provision of medical or surgical procedures.
 - ii. Cases that fall within the Medically Acceptable and Cosmetic levels will generally not result in provision of medical or surgical services.
 - a) Medically Acceptable cases may result in the provision of services where a special need or situation exists on a case-by-case basis.
 - b) Procedures that fall under the Cosmetic level shall require the approval of the DRC State Medical Director.
3. If the institution CMO disagrees with any recommendation of the physician specialist, he/she shall document the rationale for the disagreement and recommend an alternative treatment plan.
 4. All surgeries that have been pre-approved must be submitted to OSU Corrections Scheduling by fax to 614-445-7043. The specialist shall also take a copy of the preadmission form to his/her service at OSUMC to be scheduled by that service.
 5. Patients are admitted to FMC on the working day before the scheduled surgery for preoperative lab testing. A history and physical exam is completed either preoperatively at the specialty clinic or at OSUMC on the day of surgery.

G. Physical Therapy

1. Either a consulting specialist or the institution CMO may refer patients for Physical Therapy.
 - a. Physical Therapy is available at FMC.

- b. For further details regarding the services available, please see the OCHC Clinic Scheduling Guidelines.
2. As with all Specialty Services, a completed consult and a medical plan of care must accompany the patient.
3. Patients with the need for special treatment or medical rehabilitation, such as extended physical therapy, may be placed at FMC transiently or permanently, depending on the nature of the medical condition and the custody level of the patient.

H. Respiratory Therapy

1. Either a consulting specialist or the institution CMO may refer patients for Respiratory Therapy.
2. As with all Specialty Services, a completed consult and a medical plan of care must accompany the patient.
3. Respiratory Therapy is available at FMC and PCI Frazier Health Center.

I. Support Services for Inmates with Disabilities

1. Each institution shall provide the equipment, facilities, and support necessary for inmates to perform self-care activities in a reasonably private environment.
2. The institution shall ensure that any necessary education is provided to disabled inmates so that they may perform self-care activities. Such education may include training for proper use of equipment or the correct procedure for self-care activities.

J. Transportation and Scheduling

1. All scheduled hospitalizations and diagnostic tests at OSUMC shall be scheduled through the OCHC Central Scheduling and/or OSU Corrections Scheduling.
2. If a patient is scheduled for a clinic or surgery appointment, any transfers from his/her present institution to another should be delayed until after the appointment is completed, if possible.
3. The following guidelines shall be followed by all institutions for medical trips.
 - a. Upon approval of the consult and prior to the scheduled appointment, each patient is to be contacted and asked if he/she still wishes to be seen or have the scheduled procedure or surgery. The reason for the trip shall be explained.

- i. The Notification of Medical Appointment form (DRC5082) shall be completed at this time.
 - 1) A patient's signature on the main section of the Notification of Medical Appointment form (DRC5082) indicates agreement of the medical trip.
 - 2) A patient's signature in the Refusal section of the Notification of Medical Appointment form (DRC5082) indicates a refusal of the medical trip.
 - a. The patient shall immediately be referred to a nurse or ALP to discuss the refusal; and
 - b. A Release of Responsibility form (DRC5025) shall be signed by the patient; and
 - c. The patient's name shall be removed from the trip list.
- b. If the patient agrees to the appointment by signing the main section of the Notification of Medical Appointment form (DRC5082) and then refuses on the day of the trip, the following shall occur:
 - i. A Release of Responsibility (DRC5025) shall be signed by the patient; and
 - ii. The patient shall be removed from the trip list; and
 - iii. The patient shall be re-evaluated by an institutional ALP to discuss the refusal of the medical trip. If the need is established, the trip may be rescheduled; and
 - iv. A Conduct Report (DRC4018) shall be written.
 - 1) Refer to section J-3-d below for exceptions.
 - 2) The Rules Infraction Board (RIB) shall consider discipline, and a \$20.00 administrative fee may be charged for the late cancellation.
 - 3) The RIB panel shall consider excuses and mitigating circumstances.
- c. Inmates refusing trips must be re-evaluated by an institution ALP and if the need is established, the trip may be rescheduled.
 - i. If the problem is subsequently resolved and/or the trip is otherwise deemed unnecessary, the ALP shall document this fact in the medical record.
 - ii. The trip shall not be rescheduled unless the inmate reports to the Medical Department that the problem has recurred.

- d. Cancellations and re-scheduling of medical trips shall be done in the following circumstances with proper documentation. A conduct report shall not be written under these circumstances:
 - i. Attorney visit;
 - ii. Parole Board Hearing;
 - iii. GED testing; or
 - iv. Out of state visit.

- 4. If the medical treatment which is being refused is considered to be essential to maintenance of life (i.e., chemotherapy, dialysis, etc.), the CMO or HCA shall follow the steps outlined in Department Policy 68-MED-24, Consent To & Refusal of Medical Treatment.

- K.** The DRC contracts with various agencies to provide health care services to its inmate population. In general, these agencies must follow DRC policy requirements. However, these agencies may develop specific protocols and guidelines to deliver health care to inmates, which may vary from DRC procedures. Such variances may include:
 - 1. Use of facilities and services other than those provided by OSUMC or FMC for specialty health care;
 - 2. Use of facilities other than OSUMC or FMC for surgical procedures; and/or
 - 3. Use of transportation and scheduling procedures other than those provided by DRC HUB transportation and OCHC Central Scheduling.

Related Department Forms:

Conduct Report	DRC4018
Release of Responsibility Form	DRC5025
Notification of Medical Appointment Form	DRC5082
Consultation Form	DRC5244
Pre-Admission Testing and Order Form	DRC5296
Advanced Medical Placement Form	DRC5330
Consult/Referral Flowsheet	DRC5535
Health Services Request	DRC5373