

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.30.11	Page 1 of 6
	Original Effective Date: 05/01/89; 01/01/09	New Effective Date: 02/15/17
	Supersedes: 500.30.11	Dated: 06/01/16
	Administrator's Approval: Jim Schwochert, Administrator	
Required Posting or Restricted:		
<input checked="" type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
Chapter: 500 Health Services		
Subject: Daily Handling of Non-Emergency Requests for Health Care		

POLICY

The Division of Adult Institutions shall ensure all inmates have the opportunity to request health care verbally and in writing.

REFERENCES

Standards for Health Services in Prisons, National Commission on Correctional Health Care, 2014, P-E-07 Non-Emergency Health Care Requests and Services
DAI Policy 500.40.02 – Triage of Dental Service Requests and Prioritizing Appointments
DAI Policy 500.70.12 – Psychological Service Requests

DEFINITIONS, ACRONYMS AND FORMS

Advanced Care Provider (ACP) – A provider with prescriptive authority including, physicians, nurse practitioners, physician assistants, dentist, and optometrists.

Clinical setting – An examination or treatment room appropriately supplied and equipped to address the inmate patient's health care needs.

Clinician's clinic – Sick call held by qualified health care professionals.

Daily – Seven days a week including holidays.

DOC-3021 – Progress Notes

DOC-3023 – Prescriber's Orders

DOC-3035 – Health Service Request and Copayment Disbursement Authorization

DOC-3437 – Nurse's Telephone Consultation

DOC-3639 – Nursing Encounter Protocols

HSR – Health Service Request

HSU – Health Service Unit

Qualified Health Care Professional – Includes physicians, physician assistants, nurse practitioners, registered nurses and mental health staff who are permitted by law within the scope of their professional practice acts to evaluate and care for patients.

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RN – Registered Nurse

Sick call – Evaluation and treatment of a patient in a clinical setting by a qualified health care professional.

Triage – Review and prioritization of requests for health care.

WCCS – Wisconsin Correctional Center System

PROCEDURES

I. Triaging Requests For Health Care

- A. The requests are documented and reviewed for immediacy of need and the intervention required.
- B. Sick call and clinicians' clinics are conducted on a timely basis and in a clinical setting by qualified health professionals.
- C. The form to request medical care is DOC-3035 – Health Service Request and Copayment Disbursement Authorization. If an inmate uses another form to request medical care, it shall be treated as a DOC-3035 for responding and filing.
- D. Requests for dental care shall adhere to DAI Policy 500.40.02.
- E. Requests for psychological care shall adhere to DAI Policy 500.70.12.
- F. Health staff shall be available to receive requests for care daily when nursing staff is on site.
- G. For facilities without daily staffing, a process shall be established to ensure inmate patient requests for health care can be addressed and triaged in a timely manner.
 1. This may include having a health trained officer on site.
 2. An on-call program may be in place to guarantee nursing coverage in the absence of on-site coverage.
- H. Inmates shall place requests for medical care in a designated area (locked box) or hand it directly to a nurse.
- I. All efforts shall be made to assure inmate patient confidentiality in all settings.
- J. Requests for medical care shall be responded to on a daily basis by health care staff.
- K. Medical requests shall be triaged by health care staff within 24 hours.

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- L. Qualified health care professionals shall triage requests for health care in accordance with standards of care and approved protocols to determine severity of complaints or need for immediate assessment.
- M. When qualified health staff is not available, health-trained correctional staff shall ensure timely access to an appropriate level of health care provider.
- N. Triage may require an inmate patient assessment and review of the health care record in addition to reviewing the inmate patient's health request form.
- O. When an inmate patient describes a symptom, a face-to-face encounter between the inmate patient and health care professional is required.
- P. Requests for medical care communicated orally by inmate patients, officers or telephone shall be triaged by the nurse. This may require a face-to-face visit or speaking directly with the inmate patient.

II. Responding to Medical Requests RN On-Call (No 24-hour coverage)

- A. RNs shall be available via the on-call system for consultation and direction whenever a RN is not on-site.
- B. RNs on-call shall:
 - 1. Return calls within 10 minutes.
 - 2. Screen and triage based on information from the inmate patient.
 - 3. Facilities shall have a portable telephone or a means for the inmate patient to talk directly to the nurse.
 - 4. Document contacts on the DOC-3437 – Nurse's Telephone Consultation, and ensure it is filed in the medical chart/progress notes section, on the employee's next working day.
 - 5. Screen and triage the inmate patient's health need in accordance with nursing standards of care and approved nursing protocols prior to contacting the on-call physician for consultation.
 - 6. Document any telephone orders for medications or treatments from an on-call physician on the DOC-3023 – Prescriber's Orders.
 - 7. The nurse shall complete a follow-up assessment with the inmate patient the next calendar day at the facility or contact the HSU to ensure a health care professional follows up the next day.
 - 8. Nurse Clinician 4s for WCCS facilities alternate call and are expected to do telephone triage only.

III. Sick Call

- A. All inmates, regardless of custody status, have access to regularly scheduled sick call.
- B. Routine sick call shall be scheduled a minimum of five days per week at facilities with five to seven day coverage. Exceptions may be made for holidays, training days and other activities.

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- C. Qualified health professionals shall make timely assessments in a clinical setting and provide treatment according to clinical priorities and standards of care.
 - 1. Those requiring immediate care shall be assessed immediately.
 - 2. Those not requiring immediate care shall be seen within twenty-four (24) hours of receipt of a HSR on Monday through Friday and within seventy-two (72) hours on weekends.
 - 3. The standard for 72 hours does not apply to facilities with daily operations of health services.
 - 4. When the inmate patient has been seen in sick call more than two times with the same complaint and has not seen an ACP, a timely referral shall be made.

- D. Sick call appointment logs shall be maintained in the HSU.

IV. Documentation and Forms Management

- A. All health request forms shall be date stamped when received in HSU.

- B. The nurse shall note a disposition, sign and date the health request when triaged.

- C. Health requests shall be placed in the inmate patient's manila (HSR) Patient Request Folder in chronological order, and be readily available with the medical chart to provide continuity of care.

- D. HSU shall notify the inmate patient of the receipt and disposition of the DOC-3035 – Health Service Request and Copayment Disbursement Authorization by returning the pink copy of the form to the inmate patient in a confidential manner within 24 hours of receipt.

- E. Assessments including telephone triage and sick call appointments shall be documented using one of the following:
 - 1. DOC-3021 – Progress Notes.
 - 2. DOC-3639 – Nursing Protocol Encounter.
 - 3. DOC-3437 – Nurse's Telephone Consultation.

V. Psychological and Dental Care

- A. Triage and response to Psychological Services Requests are addressed in DAI Policy 500.70.12.

- B. Triage and response to Dental Services Requests are addressed in DAI Policy 500.40.02.

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Bureau of Health Services: _____ **Date Signed:** _____
James Greer, Director

_____ **Date Signed:** _____
Ryan Holzmacher, MD, Medical Director

_____ **Date Signed:** _____
Mary Muse, Nursing Director

Administrator's Approval: _____ **Date Signed:** _____
Jim Schwochert, Administrator

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Name		
Original Effective Date:	DAI Policy Number: 500.30.11	Page 6 of 6
New Effective Date: 00/00/00	Supersedes Number:	Dated:
Chapter: 500 Health Services		
Subject: Daily Handling of Non-Emergency Requests for Health Care		
Will Implement <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
Warden's/Center Superintendent's Approval:		

REFERENCES

DEFINITIONS, ACRONYMS, AND FORMS

FACILITY PROCEDURE

- I.
 - A.
 - 1.
 - a.
 - B.
 - C.

- II.
 - A.
 - B.
 - C.