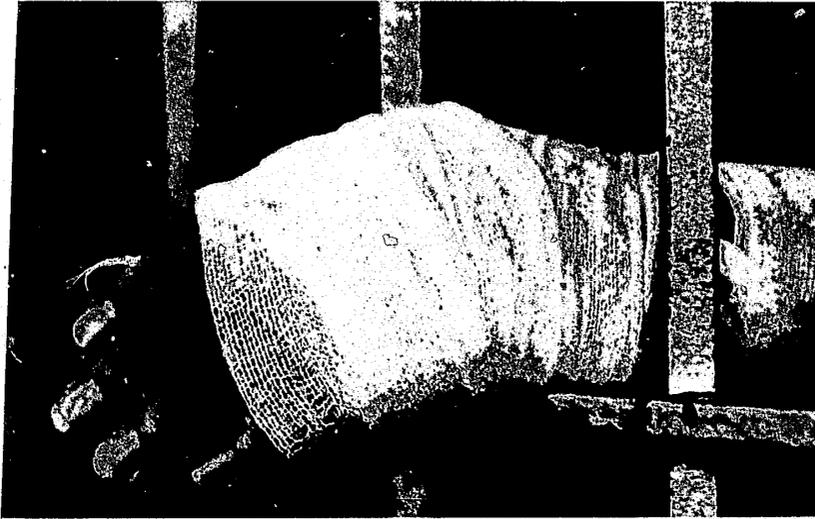


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✓ Orienting jailers to health and medical care delivery systems

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Medicine and Systems for Providing Health Care

According to recent estimates approximately five million persons are employed in health related fields. Of these, 394,000 are physicians. Health care in general is provided by a variety of allied people who work under the medical direction of physicians. This applies to clinics, hospitals, health departments and institutions. Physicians, nurses, allied health professionals, administrators and clerical staff all have important roles to play in providing health care and medical services in a systematically coordinated way.

A physician is one who has acquired a contemporary education in the basic and special sciences of medicine and who has received the degree of Doctor of Medicine, (M.D.), or Doctor of Osteopathy, (D.O.), from a Medical School or School of Osteopathy of recognized standing. He is licensed to practice medicine by the medical examining board of the state. Medicine is the art and science of promoting, maintaining and restoring individual health by diagnosing and treating disease.

The physician is the only professional allowed by law to practice medicine; that is, to diagnose, manage and prescribe therapy for a patient. Physicians are responsible for the provision of clinical care, (the treatment which follows a diagnosis), to their patient and the professional supervision of those to whom he delegates patient care tasks. This clinical care extends from "hands on" medicine by the physician through referrals to other physician specialists, laboratories, hospitals, clinics, special care

centers and allied health therapists, to patient education. Physician referrals to medical resources are usually made with an awareness of financial limitation; the physician is generally the most efficient rationer of these resources.

The relationship between the physician and the patient is known as the physician-patient privilege. This privilege is a theory of law which protects the patient from disclosure to a third party of his or her confidences which have been entrusted to the physician during the course of treatment. The specific statutes governing this privilege vary considerably from state to state, although all states recognize the existence of this privilege in some form. While physicians cannot be expected to share with the jail administration everything known about the patient, there are reasonable exceptions to this rule of confidentiality such as the discovery of conditions which may affect the safety of the patient and/or the general jail population. The physician, usually in concert with the patient, should determine what information should be shared with third parties, on a need-to-know basis. General guidelines should be developed for sharing medical management information with the jail staff by the supervising physician.

Physicians do not work in isolation from other health professionals. Networks of experts are formed relative to the health needs of the patient. These networks can consist of several types of physicians (primary care and various specialists), nurses and allied health personnel. The latter are professional and technical workers in the fields of pa-

tient care, public health, and health research who engage in activities that support, complement, or supplement the professional functions of physicians and dentists.

Registered Nurses (R.N.'s) are professional health care providers who are licensed under the Nurse Practice Act of each state. They are accountable for their own practice and do not practice nursing under the aegis of any other health discipline.

The legal scope of nursing practice is defined in the Act and it may include, but is not restricted to:

- Assessment of the needs of the patient;
- Planning, supervising and evaluating the nursing care of each patient;
- Delegating aspects of nursing care to support personnel according to their abilities, or actually providing such care as necessary;
- Teaching health care and rehabilitation to patients.

Licensed Practical Nurses (L.P.N.'s), also called Licensed Vocational Nurses (L.V.N.'s), are also health care providers who are licensed under the Nurse Practice Act of each state. They function under the supervision and direction of an R.N. or physician. L.P.N.'s provide routine nursing care to patients, help the R.N. in the care of the acutely ill patient, and assist the physician with various therapies.

While Registered Nurses work independently as regards the nursing care of the patient, such care is dependent upon

the therapeutic regimen of the physicians. Written policies and procedures must be available for all nursing personnel to use as a guide and must delineate the parameters of accountability.

Jail staff will generally have more contact with nurses than they will with any other group of health professionals. Nurses work in jails more often than any other category of health professional, doing screening for communicable diseases, nursing assessments and screening physical examinations (when they have had such training), administering medications, holding sick call, maintaining medical records, and monitoring the health care system in general. They can also help upgrade the jail staff's health care training while on the job. In addition, when jail staff calls the hospital emergency room, (ER), they will usually speak with the ER nurse whose job it is to sort out and rank the most critical problems in the ER. Thus, it is important to know what nurses' special skills and roles are when their advice and help is sought by the jail staff.

The physician's assistant is a skilled person qualified by academic and practical training to provide patient services under the supervision and direction of a licensed physician who is responsible for the performance of that assistant. Physician's Assistants, (P.A.'s), are persons trained to work in a variety of medical specialty areas, at different levels of responsibility, and with different specific occupational titles including "physician's assistant," "physician's associate," "MEDEX," "child health associate" and others.

Thus, the actual job functions of a "physician's assistant" will vary with the above factors. A number work for the primary care physician (family practitioner, internist or pediatrician). Others work primarily in such specialty areas as general surgery, urology, ophthalmology, anesthesiology, and pathology. The primary care PA functions in a number of areas including diagnostic services, continuing medical care for chronic disease and pregnancy, care of acute disease and injury, rehabilitation, health maintenance, and health services to the community at large. The tasks performed by the primary care PA are those which require technical skills, execution of standing orders, routine patient care tasks, and such complicated diagnostic and therapeutic procedures as the physician may wish to assign to the assistant after he has attained and demonstrated his proficiency through adequate instruction and for whose provision the doctor is willing to accept responsibility. The PA may be responsible for keeping complete records of all events and results of encounters with patients, whether by direct contact with patients or by telephone.

Health professionals are governed in their daily professional lives by federal and state regulations. These laws generally have the approval of the individual professions, and state what each professional member can, and in some cases, cannot, do. In addition to these licensing and certification laws, there are pharmaceutical laws and regulations (both federal and state) which govern the practice of

prescribing, storing and dispensing of medicines. Some of these are contained in state medical practice acts and pharmacy acts.

The Jail: An Institution Which also Arranges for the Provision of Medical Care

It has been firmly established in the law that each jail must arrange for the provision of adequate medical care for its inmates. All institutions whose primary function is to provide medical care (hospitals, nursing homes, extended care facilities) are governed by federal, state and county laws and regulations. These regulations have been developed for two primary reasons:

- 1 To assure high quality care delivered by qualified professionals and technical workers; and,
- 2 To develop and assure the most efficient utilization of resources and skills.

The provision of medical services to inmates is also governed by federal, state and county regulations as illustrated in case law. Medical practitioners must be licensed or certified attesting to their level of skill, knowledge and competence. Licensure defines what the legal limits of action are and determines the extent of responsibility within the overall health care system. A licensed physician is the best person to assume the responsibility for the availability and quality of medical care in the jail because he or she is at the top of the health professions ladder with the highest degree of overall training. The physician also carries the

greatest authority among the health professionals, and is not likely to follow policies or procedures developed by allied health professionals or administrators. The physician, however, should develop policies and procedures for the jail's delivery system and arrange for a professional peer review which will be accepted by other health professionals. Policies and procedures developed by an administrator or nonphysician are not likely to meet with wide acceptance in the health professional community since they can place the patients and staff in danger of improper procedures, and cause avoidable legal actions against the administrator and the county.

When developing a specific health care system for a jail, state and federal laws and regulations must be consulted to ensure that the jail will be within the requirements of the law. These laws and regulations will generally help to assure that health care is delivered properly by the appropriate personnel. While the jail may wish to turn to the armed forces or other federally controlled environments for examples of health care delivery, it should be kept in mind that many of these regulations and procedures are contrary to existing state laws and local customs. It must be kept in mind that existing state laws and local practices are the criterion which the courts will use in making decisions regarding the adequacy of the health care provided by a jail; it is also more appropriate to develop a health care system with local health professionals which reflects local practice methods regardless of the environment (community vs. jail).

In fact, there cannot be a difference in their methods of practice or the jail could be faulted for providing health care inconsistent with that available in the general (free) community.

The type of medical services needed by the inmate population will vary from jail to jail. The planner must take into account that the jail is a closed community where some diseases can easily turn into epidemics. Given the highly communicable nature of some of the diseases identified in the 1976 American Medical Association Inmate-Patient Profile regarding the health of 641 inmates and the overcrowding which exists in a number of jails, and the fact that the majority of individuals in jail will be returning to their communities in just a few days, even one case of tuberculosis, syphilis or hepatitis cannot go untreated. In summary, from a public health standpoint, the medical needs of this high risk population cannot be ignored.

The jail population as a whole is as sick as the "free" population of the same socio-economic group. In 1974, the average U.S. citizen had 17.2 days of restricted activity and 6.7 days of bed disability. Jails should minimally prepare for sickness among their inmates. In addition, it is conceivable that an inmate's focus on his "well being" will be emphasized during confinement. It is to the medical provider that one must look for guidance in distinguishing inmate needs for medical attention from inmate demands. This guidance can be reinforced and implemented through training of jail staff and specific written policies and procedures covering

various health situations in the jail.

American Medical Association *Standards for the Accreditation of Medical Care and Health Services in Jails* defines required levels of care for accreditation by the AMA. *Standards* has a basis in current case law which requires "adequate" health care be available to inmates and reflects organized medicine's definition of "adequate" health care. The jail administrator, working with the physician responsible for the jail's medical care, can utilize *Standards* as a guide in developing a jail's health delivery system.

The jail administrator knows that the efficient overall operation of his jail will depend, in part, on the availability of written jail policies and standard operating procedures. Medical care rendered or arranged for in an institutional setting such as a jail will also be aided by written policies and standard operating procedures. These medical policies and procedures can formally structure the jail's health care system by defining, directing and guiding both health professionals and correctional staff in the joint effort of providing health services to jail inmates, and should be developed by the supervising physician in consultation with the jail administration and staff. The medical policies and procedures must be the province of the medical director and be based on providing quality medical care to those who need it. They should include well established and routine procedures for determining and documenting which inmates have specific needs. They also must be based upon the unique situation of

the particular jail with its needs for security and its limitations of personnel. The services should include equipment and supplies, transportation of inmates to referral resources, and, effective therapy administration. The jail administration is also responsible for informing the health professionals about security and developing an appropriate plan so that all are comfortable while professional quality care is delivered.

In addition to the primary role of directing the health care delivery to inmates, the health professional also provides a variety of other services to the jail administration. These include assistance with planning, developing and conducting appropriate ongoing training for jail staff, advice regarding environmental concerns, and preventive measures toward control of communicable diseases and epidemics within the closed society of the jail.

Conclusion

The jail health system, like any health system, is successful only because of the cooperative effort of all those involved in the direct and indirect care of the patient. Within this system, the jail staff has a crucial role to play in assuring that the jail provides access to professional care for inmate/patients. In addition, a proper interface between the jail staff and health care personnel will enable the jail health system to be the most practical and efficient possible.

Complete reliance on health professionals to do the total job in a correctional setting has many dangers, particularly

since the inmates generally do not have the same access to the health professionals that they have in the free world. Of crucial importance is the need for health and correctional staffs to coordinate efforts through communication on a regular basis, thereby promoting feelings of mutual trust in

the overall goal of providing adequate medical care to all inmates. Under this arrangement the responsibilities for the health care system are shared between administration, security and medical staffs allowing easy operation without fear of legal consequences.