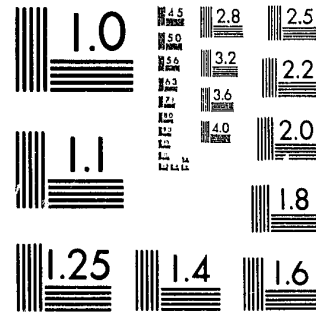


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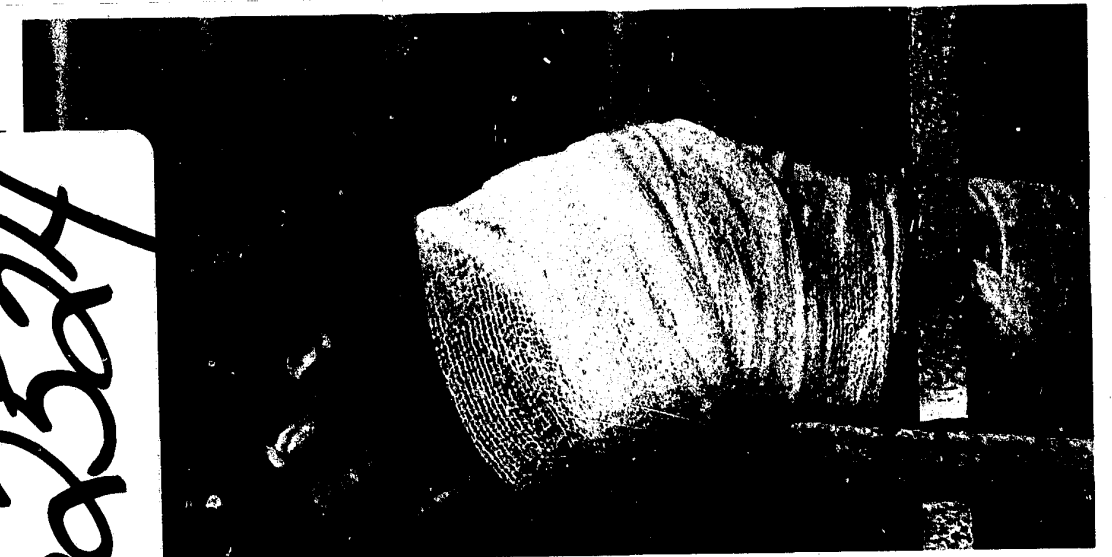
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## Preface

The mission of the American Medical Association Program To Improve Medical Care and Health Services in Correctional Institutions is threefold: first, to develop comprehensive Standards for Medical Care and Health Services in Jails; second, to establish replicable models for health care delivery in jails; and third, to implement a national accreditation program for medical care and health services in jails.

The purpose of this monograph is to describe the second objective: model health care delivery systems existing in AMA pilot jails.

A model is an example of one system or aspect of a jail health delivery system that demonstrates an innovative approach or process which is replicable in another correctional setting.

The adoption of the following models or any parts thereof should be viewed as a method of upgrading the jail's health care delivery system. In that light, these models offer methods whereby specific standards of the *AMA Standards for the Accreditation of Medical Care and Health Services in Jails* can be met. The health care delivery system models were found to be in significant compliance with *Standards* and were awarded accreditation status by the American Medical Association.

This monograph does not imply that these models are exclusive or more acceptable than others which exist but were not encountered in AMA pilot jails; neither, is it the intent to retard the development and creation of newer health care delivery system models.

## The models

The predominant jail health delivery system identified in the 1972 AMA Survey of the nation's jails consisted of transporting inmates to emergency rooms and "downtown" physicians' offices.

The following seven health delivery systems describe new alternate approaches to the provision of jail health services. All except one model involve qualified health care providers who previously did not practice in the jail.

Preliminary data shows that most of the model jail health delivery systems accredited were able to implement AMA Standards for the Accreditation of Medical Care and Health Services at the same or less cost than previously, not meeting standards.

### **Model 1 - County Health Physician and County Nurse**

Jail A has an average daily inmate population of twenty inmates. The health authority is the local county health department physician who, with the county health nurse (an R.N.), provides primary medical services to the inmates. Secondary and tertiary services are provided by the community hospital (a private institution). Mental health services are provided by a local office of the state Department of Mental Health which is charged with the supervision and provision of mental health services, drug and alcohol counseling and developmental/retardation support services.

### **Model 2 - County Health Department - Medical Liaison Officer - Hospital Physician Group**

Jail B has an average daily population of thirty-five in-

mates. The county health officer (an M.D.) acts as the health authority under a memorandum of agreement. A county nurse (R.N.) has the jail assigned as one of her responsibilities. Communicable disease tests and the collection of other health appraisal data are performed through the County Health Department. Physician services are provided by a hospital physician group upon referral from the county nurse.

The Medical Liaison Officer (a Correctional Officer) who has emergency medical technician training, as well as training in the recognition of common health problems in the jail, coordinates the health care activities. This includes monitoring the receiving screening done by other members of the jail staff, collecting and organizing routine health requests for the nurse, establishing and organizing the medical records for the nurse, and ensuring that the health care policies and procedures are followed in the jail at all times. He also arranges transportation for inmates for care outside the jail. The Liaison Officer works closely with the nurse and the hospital physician group as an essential part of the jail's health care team. In addition, he has helped develop the medical record forms and health care procedures currently in use in the jail so that they are the most practical and efficient, and ensures that they are used properly.

### **Model 3 - House Staff - Jail Nurse**

Jail C has an average daily population of 157 inmates. The health authority is a contracted group of house officers (resident physicians in training) from the univer-

sity medical school. The group is medically directed by the current house officer association president (the responsible physician). A full-time jail nurse coordinates the provision of health services. Primary care is rendered by an assigned physician house officer who is backed up by physician specialists and the jail nurse. Secondary and tertiary medical services are provided at the university hospital by the appropriate specialty resident serving the jail.

### **Model 4 - Private Physician Group Practice**

Jail D has an average daily population of 1,800 inmates. The medical section of the jail is comprised of the Receiving, Diagnostic and Classification Center (RDCC), a hospital ward, clinical area, the medical record section, and a sheltered ward which houses the infirm, the chronically ill and the convalescent.

Primary medical care is rendered to the inmates by a physician's associates group which is under contract to provide full medical coverage to the facility. A single designated physician from the group is the responsible physician. All medical support personnel (physician's assistants and registered nurses) report directly to this medical director.

There is a health administrator who handles the non-medical aspects of the medical section. He reports directly to the deputy warden of the jail. Statistical reports are completed on a monthly basis, thereby providing adequate documentation of the activities carried out in the institution.

Receiving screening is performed in the RDCC. The city hospital maintains a secure locked ward and acts as the provider of secondary and tertiary medical services. There is a pharmacy in the jail staffed by two registered pharmacists. Nurses (R.N.'s) administer all medications on a one-dose-only basis.

#### **Model 5 - Contract Physician - Staff Nurses**

Jail E has an average daily population of 410 inmates. A licensed physician, who practices in the local community, acts as the health authority. Reporting to him is a jail health care staff which consists of registered nurses on duty around-the-clock. There is a pharmacist on call twenty-four hours a day through a local pharmacy. There is an infirmary in the jail which consists of the nurses' station and one examination/treatment room. There are no overnight beds in the infirmary. Inmates needing in-patient care are taken to the county hospital. Laboratory services to the jail are provided by the local general hospital.

#### **Model 6 - Contract Physician and EMT**

Jail F has an average daily population of 1.5 inmates. The health authority is a contract physician who owns a comprehensive health clinic in a neighboring town. The physicians and dentist of his clinic are available twenty-four hours a day. Professional certified EMT's provide emergency and acute medical services in the jail under the direction of the responsible physician. Because of the limitations of staff in the jail, the sheriff has initiated a policy that requires each arresting of-

ficer to fill out the receiving screening form. The deputy on duty oversees the receiving screening process and has final authority to determine whether the inmate should be booked into the jail. When there is any doubt about a prisoner's medical condition, an EMT from the county ambulance service is called. Health appraisal data is collected by the EMT's under the direct supervision of the responsible physician. Most commonly, sick call is conducted by an EMT who handles routine problems based on standing orders from the responsible physician. If a situation is not covered by standing orders the EMT contacts the responsible physician by telephone.

#### **Model 7 - Health Maintenance Organization**

Jail G has an average daily inmate population of 2.9 inmates. The jail's health care delivery system is under the direction of a local physician who acts as the health authority, although he does not personally render any medical care to the inmates. Primary care, including health data collection on new inmates, is rendered by the regional health center (a health maintenance organization) located two blocks from the jail. Secondary and tertiary services are provided by physician consultants at a community hospital. Dental care is provided by dentists from the regional health center.

#### **Model systems for meeting specific standards**

**Dental services** in one jail are provided by a group of supervised dental students from the local school of den-

tistry. The jail has its own dental suite which contains several dental operatories.

**Mental health services** are provided by mental health workers from the local mental health agency. These workers visit the jail on a routine basis to help screen and refer inmates for diagnosis and therapy.

In another jail, psychiatric services are provided by a new pilot project sponsored by the police department, the county jail, the county health department and the local state mental hospital.

In another jail, care of the mentally ill is provided primarily through the "offender services coordinator" who works in the jail on a full-time basis. His primary function is either to provide or arrange for counseling and other community services for those inmates who need them. He also provides training for the sheriff's staff in the recognition and short-term management of the mentally ill. Incidentally, he monitors the health care delivery system of the jail.

**Receiving screening** functions are performed in a unique manner in a large jail whose average daily population is 528 inmates. Different receiving screening functions are assigned to the personnel working in specific areas of the booking and admissions section of the jail. The initial registration desk officers obtain the "medical history"; the strip search and shower staff complete the observations section and the assignment officer, who has been specifically trained to do so, makes referrals to medical providers following a written protocol approved by the responsible physician.

**Medical preventive maintenance** is performed in one jail by the county nurse who has been assigned the responsibilities by the county health department. During the course of holding sick call, she has available to her a multitude of health education brochures supplied by her own department. In addition, she has been counseling inmates regarding their previous use of alcohol and other drugs.

**END**