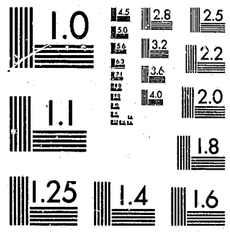
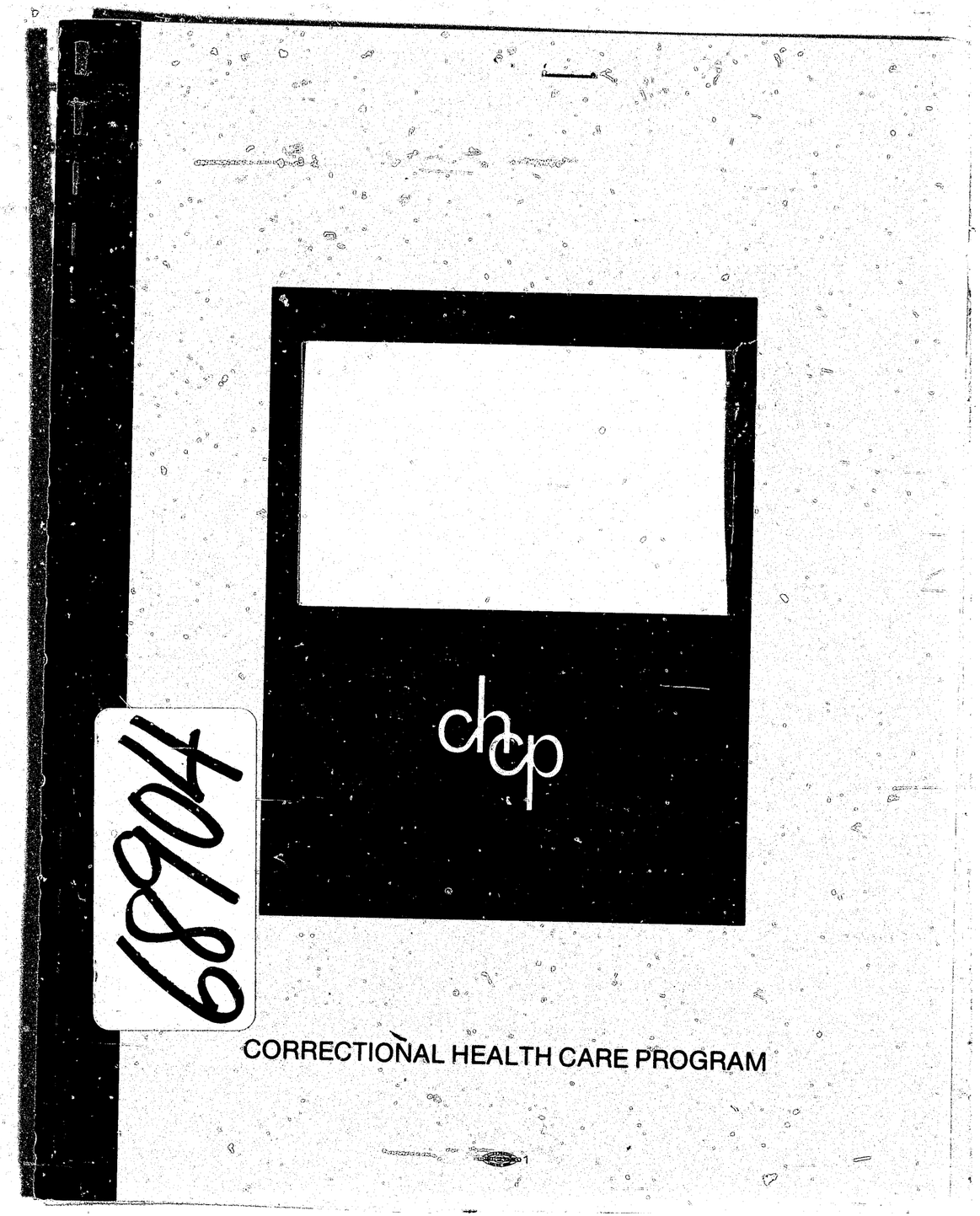




CORRECTIONAL HEALTH CARE PROGRAM

FINAL REPORT

APPENDICES

A - F

APPENDIX A

CORRECTIONAL HEALTH CARE

PROGRAM STAFF

PROJECT DIRECTOR:	Jay K. Harness
PROJECT COORDINATOR:	Barbara L. Worgess
PROJECT CONSULTANTS:	Kenneth R. Peterson Richard E. Johnson Judith Groty Kenneth L. Faiver William J. Byland
PROJECT SECRETARY:	Terri Gladstone
UM PROJECT CO-DIRECTORS:	J. William Thomas Richard Lichtenstein Leon Wyszewianski
UM SENIOR PROJECT ASSOCIATE:	Marilyn Lindenauer
UM PROJECT ASSOCIATES:	Joanne C. Reuss Philip Glassanos Robert Varty
UM SECRETARY:	Kay Pierson
MUS PROJECT CO-DIRECTORS:	Joseph A. Papsidero Thomas S. Gunnings
MSU RPOJECT COORDINATORS:	Charles L. Maynard Mary B. Long
MSU PROJECT ASSOCIATES:	Susan Hunter Carol Charney Wanda Dean Lipscomb Mary E. Longe
MSU PROJECT SECRETARY:	Barbara McWiliams
AMA PROJECT DIRECTORS:	B. Jaye Anno Joseph Rowan
AMA PROJECT CONSULTANT:	Marcia Claussen
URC PROJECT DIRECTOR:	Myrna Seidman
URC PROJECT ASSOCIATE:	Inese Balodis
URC PROJECT SECRETARY:	Gwen Knight

Jay K. Harness, MD - Project Director, Correctional Health Care Program; Director, Office of Health Care, Michigan Department of Corrections; Clinical Assistant Professor, Department of Surgery, Section of General Surgery, University of Michigan Medical Center; Fellow of the American College of Surgeons.

Barbara L. Worgess, MPH - Project Coordinator, Correctional Health Care Program; consultant, American Medical Association, Program to Improve Medical Care and Health Services in Correctional Institutions.

Kenneth R. Peterson, RN - Consultant, Correctional Health Care Program; Operations Coordinator, Office of Health Care, Michigan Department of Corrections; formerly Director of Nursing, State Prison of Southern Michigan.

Richard E. Johnson, MA - Consultant, Correctional Health Care Program; Training Administrator, Michigan Department of Corrections; formerly Assistant Professor, Department of Criminal Justice, Northern Michigan University.

Judith Groty, RRA - Consultant, Correctional Health Care Program; Medical Record Consultant, Michigan Hospital Association; formerly Medical Record Consultant, Office of Health Care, Michigan Department of Corrections.

Kenneth L. Faiver, MLIR - Consultant, Correctional Health Care Program; Associate Director, Office of Health Care, Michigan Department of Corrections.

William J. Byland, DDS - Consultant, Correctional Health Care Program; Assistant Director, Office of Health Care, Michigan Department of Corrections.

J. William Thomas, PhD - University of Michigan Project Co-Director, Correctional Health Care Program; Assistant Professor, Department of Medical Care Organization, School of Public Health, University of Michigan; formerly Assistant Executive Director, Philadelphia Health Management Corporation.

Richard Lichtenstein, MPH - University of Michigan Co-Director, Correctional Health Care Program; Candidate for PhD degree in Medical Care Organization; Lecturer, Department of Medical Care Organization, School of Public Health, University of Michigan; formerly Executive Assistant to the Commissioner of Health and Hospitals, City of Boston.

Leon Wyszewianski, MHA - University of Michigan Co-Director, Correctional Health Care Program; Candidate for PhD in Medical Care Organization, Lecturer, Department of Medical Care Organization, School of Public Health, University of Michigan.

Marilyn Lindenauer, MPH - University of Michigan Senior Project Associate, Correctional Health Care Program; Senior Research Associate, Department of Medical Care Organization, School of Public Health, University of Michigan; Consultant, Office of Health Care, Michigan Department of Corrections.

Joanne C. Reuss, MPH - University of Michigan Project Associate, Correctional Health Care Program; Consultant, American Medical Association, Program to Improve Medical Care and Health Services in Correctional Institutions; Research Associate, Department of Health Planning and Administration, School of Public Health, University of Michigan.

Philip J. Glassanos, MS - University of Michigan Project Associate, Correctional Health Care Program; formerly Administrator, Institute of Law and Psychiatry, McLean Hospital.

Joseph A. Papsidero, PhD - Michigan State University Project Co-Director, Correctional Health Care Program; Professor, Department of Community Health Science, Colleges of Human Medicine and Osteopathic Medicine, Michigan State University.

Thomas S. Gunnings, PhD - Michigan State University Project Co-Director, Correctional Health Care Program; Professor, Department of Psychiatry and Assistant Dean, College of Human Medicine, Michigan State University; Professor, Urban and Metropolitan Studies, College of Urban Development, Michigan State University.

Charles L. Maynard, MA - Michigan State University Project Coordinator, Correctional Health Care Program; PhD Candidate in Instructional Development and Technology; Instructional Development Specialist, Department of Community Health Science, Colleges of Human Medicine and Osteopathic Medicine, Michigan State University.

Susan M. Hunter, MA - Michigan State University Project Associate, Correctional Health Care Program; PhD Candidate in Criminal Justice; Consultant, American Medical Association, Program to Improve Medical Care and Health Services in Correctional Institutions; Instructor, School of Criminal Justice, Michigan State University.

Carol Charney, RN, MS - Michigan State University Project Associate, Correctional Health Care Program; Director of Nursing Activities, Area L - Area Health Education Center.

Wanda Dean Lipscomb, PhD - Michigan State University Project Associate, Correctional Health Care Program; Assistant Professor, Department of Community Health Science, Colleges of Human Medicine and Osteopathic Medicine, Michigan State University; Admissions Counselor, College of Human Medicine, Michigan State University.

APPENDIX B

CORRECTIONAL HEALTH CARE PROGRAM

APPLICATION QUESTIONNAIRES

ATTACHMENT 3

CORRECTIONAL HEALTH CARE PROGRAM

Jay K. Harness, M.D.
Program Director

Collaborating Organizations
Office of Health Care
Michigan Department of Corrections
3222 S. Logan—Logan Center
Lansing, Michigan 48913
(517) 373-9487

Department of Medical Care Organization
School of Public Health
The University of Michigan
109 Observatory Street
Ann Arbor, Michigan 48109
(313) 764-8450

Department of Community Health Science
Colleges of Human and Osteopathic Medicine
Michigan State University
A105 East Fee Hall
East Lansing, Michigan 48824
(517) 353-3994

Program to Improve Health Care in Correctional Institutions
Division of Medical Practice
American Medical Association
535 N. Dearborn Street
Chicago, Illinois 60610
(312) 751-6405

March 24, 1978

Dear Colleague:

Enclosed is a detailed description of the Correctional Health Care Program about which Perry Johnson wrote you several weeks ago. As you will recall, this project is funded by the Law Enforcement Assistance Administration (LEAA) to help ten states improve their correctional health care systems. LEAA's support will enable selected states to obtain intensive assistance at virtually no cost.

After reading the descriptive material, we hope that you will fill out as thoroughly as possible the enclosed questionnaires which constitute the application to the Program. We appreciate that adequate answers to these questions will require more than cursory treatment. These answers are essential, however, since they will be used to (1) provide information for selection of participating states; (2) provide basic national data on the "state of the art" in correctional health care; and (3) assist us in refining and adapting course materials.

Applications for the Program are being mailed to all states and the District of Columbia. Please note that the deadline for returning the questionnaires is April 21, 1978 and instructions for returning them are on page 7 of the enclosed Program description.

We encourage your interest in what we hope will be an exciting and rewarding project and look forward to hearing from you promptly.

Sincerely yours,

Jay K. Harness, M.D.
Project Director

THE CORRECTIONAL HEALTH CARE PROGRAM

The Michigan Department of Corrections is offering a training and technical assistance program designed to assist correctional personnel in improving health services in state prison systems.

OBJECTIVES

1. Provide correctional health care administrators and providers with information and skills necessary for the design, implementation, administration and evaluation of health services programs in the correctional setting.

2. Identify critical areas of need in individual states and provide expert assistance in planning and implementing programs to address those needs.

THE PROGRAM

Summer, 1978	Ten-day workshop for correctional health care administrators
Fall, 1978	Three 7-day courses for health care providers in correctional settings
Summer, 1979	Five-day follow-up course for correctional health care administrators
Fall, 1979	Three-day seminar for non-correctional administrators
Fall, 1978 through Fall, 1979	Technical assistance to individual states -- site visits by specialist consultants -- on-site courses for providers and correctional officers

COLLABORATING ORGANIZATIONS

Office of Health Care, Michigan Department of Corrections

Program to Improve Health Care in Correctional Institutions, Division of Medical Practice, American Medical Association

Department of Medical Care Organization, School of Public Health, The University of Michigan

Department of Community Health Science, Colleges of Human and Osteopathic Medicine, Michigan State University

PARTICIPATING STATES

Participation in the Program will be limited to ten states. States will be selected from among those states returning the enclosed questionnaires. The criteria for selection are explained in the Program description.

SPONSOR

Law Enforcement Assistance Administration, United States Department of Justice

LEAA GRANT # 77ED 99 0026

THE CORRECTIONAL HEALTH CARE PROGRAM

chcp

TABLE OF CONTENTS

THE CORRECTIONAL HEALTH CARE PROGRAM

INTRODUCTION

The Michigan Department of Corrections (MDOC) has received a grant from the Law Enforcement Assistance Administration (LEAA) to develop a program to assist ten states in improving health care services in their correctional systems. Collaborating with the MDOC in this effort will be the University of Michigan, School of Public Health; Michigan State University, Colleges of Human and Osteopathic Medicine; and the Medical Practice Division of the American Medical Association. The project will include a series of specially designed workshops for correctional health administrators and health providers and a technical assistance effort which will enable each state to utilize expert consultants in attempting to solve specific health care problems.

This package includes a description of the various components of the Program, the agencies who will be collaborating in its presentation, and the Program's schedule, as well as other pertinent information regarding application to the Program. Also included are two questionnaires pertaining to your state's correctional health program: Part I (state-wide information) and Part II (individual prison information).

This Program represents a strong commitment on the part of LEAA to address the complex problems associated with delivering health care in correctional institutions. Because it is a pilot project, participation in the Program must be limited to ten states who will receive intensive help with a variety of problem areas. It is hoped that a successful outcome in this project will stimulate additional funding for subsequent efforts, and that the remainder of the states will eventually be able to benefit from the experience and knowledge gained by the ten states and the staff participating in this Program.

DESCRIPTION OF WORKSHOPS TO BE OFFERED

Administrators' Workshops

August 18-27, 1978, and Summer 1979, Ann Arbor, Michigan

The Department of Medical Care Organization at the University of Michigan will conduct two workshops, spaced approximately one year apart, for administrative personnel in correctional health programs. Each of the participating states will be invited to send three senior administrative personnel to both workshops.

The initial workshop, which will be offered August 18 through August 27, 1978 is designed to provide correctional health administrators with information and skills necessary for the design, implementation, administration and evaluation of health services programs in the correctional setting. The Program will include an overview of the issues and problems faced in correctional health care; detailed information concerning how traditional models of health care are affected by the prison setting; and specialized case studies, exercises and coursework to assist the administrator in applying management techniques to the solution of many correctional health system problems. Extensive field work by Program staff will help ensure that issues addressed in this workshop will be relevant to states' actual problems. Below are some of the topics which will provide the framework for this workshop:

- Factors influencing inmate health status and utilization of services.
- Specific personal health services which must be provided to inmates.
- Limitations imposed on health system design by the correctional setting.
- The effect of legal decisions on the design of correctional health programs.
- Assessing needs, services and resources required for the provision of acute hospital care to inmates.
- Professional staff recruitment.
- Process for designing and implementing improved correctional health service systems.
- Health records system design.
- Techniques for budgeting and financial planning and analysis.
- Techniques for quality assessment and utilization review.

The second workshop in the administrators' series will run for five days at Ann Arbor in the Summer of 1979. It will serve as follow-up training to the initial course and to on-site technical assistance which will be offered for one year after the initial workshop. The curriculum will be designed to address the priority problems encountered by participating states during the technical assistance phase.

Participants in the Administrators' Workshops will be persons who hold primary management responsibility for the health care aspects of the corrections system. Participants may include directors and/or deputy directors of Departments of Correction; physician or non-physician health administrators for institutional or statewide correctional health programs; and administrators in other state

or local agencies (e.g., health departments) who have responsibilities for correctional health care programs and/or budgets. In some cases physician administrators may wish to attend these sessions as well as the workshop for providers described below.

Providers' Workshops

Workshop #1, September 30 - October 6, 1978
Workshop #2, November 4 - 10, 1978
Workshop #3, December 2 - 8, 1978

The Department of Community Health Science at Michigan State University will conduct workshops in Lansing, Michigan for clinicians who are direct providers of correctional health services. Attendees should include clinical supervisors such as medical directors and head nurses as well as staff physicians, nurses and other clinical providers.

A similar 7-day program will be offered three times (during the periods listed above) to provide participants flexibility in scheduling attendance. A total of 15 providers from each participating state may attend. While scheduling will be left up to the state, it is recommended that each state send five people to each workshop so that total attendance is balanced among the three periods.

The Providers' Workshops are designed to give clinicians in correctional health programs the opportunity to learn about various approaches and techniques which may enhance their ability to provide health care in the correctional setting. Participants will be involved in a number of different workshop activities ranging from lectures by experienced correctional clinicians to small group discussion-interaction sessions. Field visits to several Michigan correctional institutions will be made, and illustrative case studies of correctional systems (e.g., Michigan) will supplement the workshop and field visit activities. These materials will be used during the training sessions to serve as an example of program options and to promote discussion among participants. Workshop sessions will focus on the practical concerns of health care delivery in the correctional setting and include the following kinds of topical concerns:

- The epidemiology of common health problems in the corrections setting.
- Ethical, legal and other issues relating to appropriate types and levels of care for inmates.
- Factors influencing and influenced by inmate-provider relations.
- Limitations imposed by security considerations on medical case management.
- Limitations imposed by correctional setting on self-care, and methods for encouraging effective self-care.
- Development and use of inservice training programs for clinical and corrections staff.
- Implementation and maintenance of improved health records systems.

Michigan State University is approved by the American Medical Association for the granting of continuing medical education credits. Provisions will be made at the workshops for those participants desiring such course credits. Detailed information on number and type of credit will be supplied at a later date.

State Health Policy Maker's Seminar

Early in the Fall of 1979 (dates to be determined) a three-day seminar will be held at the University of Michigan, School of Public Health in Ann Arbor for non-correctional administrators, planners and educators whose activities and decisions impact on correctional health programs.

This seminar is intended to familiarize these persons with the problems facing correctional health programs, and to discuss means of cooperative interaction between correctional and non-correctional decision-makers. The content of the seminar will be based largely on actual experiences of the participating states and will be empirical and pragmatic rather than theoretical and idealistic.

Attendees for this seminar will be identified by the participating states and the project staff. Major criteria for selection will include the individual's position in relation to correctional health programs and potential ability to influence change. Among the types of persons who should be invited to attend this seminar would be: members of state legislatures or Governors' staffs; state medical, dental, nursing or hospital association officials; state or regional health planning officials; faculty from schools of medicine, dentistry, etc.; and public health administrators.

The Technical Assistance Phase

Participating states will have access to expert assistance in addressing their correctional health care problems through this Correctional Health Care Program. Following the initial Administrators' Workshop, field staff and consultants from the Program will be available to work with states in problem areas which the states identify. Technical assistance may be provided by staff from any of the collaborating Program agencies and may include help with:

- Refining sick call or ambulatory care procedures.
- Designing more effective medication distributions systems.
- Evaluating needs for acute care hospital coverage.
- Developing patient education programs.
- Establishing liaison with state and local medical societies.
- Developing program plans to meet accreditation guidelines.

In addition, the Program will offer the following types of assistance on-site, at the request of each participating state:

- An abbreviated, three-day version of the Providers' Workshop, by Michigan State University.
- A two-day workshop directed at improving communications and relations between correctional officers and health care staff, by the Michigan Department of Corrections.

SELECTION OF PARTICIPANTS

Ten states will be selected for participation from among those submitting applications. Since this is a pilot program and since there is interest in determining its usefulness for states representing a variety of correctional health settings, states will be selected to provide a suitable mix in terms of:

- Geographic location within the United States,
- Size of the state in terms of geographic area and population,
- Stage of development of correctional health services system,
- Degree to which court rulings are requiring improvements in correctional health services,
- Size of correctional system, in terms of number of prisons and number of inmates at each security level, and
- Organizational configuration of correctional health services system.

Applications received by April 21, 1978, will be screened according to the above considerations, and a tentative selection of participants will be made based upon information provided in the applications.

Program personnel then will visit each of these candidate states to interview corrections officials and gather more information on the state's correctional health services system. Final selection of participants will be made after these visits. States applying to the Program will be informed by June 1, 1978.

OBLIGATIONS OF PARTICIPATING STATES

The Correctional Health Care Program is supported by a grant from the Law Enforcement Assistance Administration, with ten percent matching funds from the State of Michigan. This funding is adequate to cover virtually all program activities, and, as a consequence:

- There will be no tuition fees for the workshops;
- There will be no fees for technical assistance provided under the Program;
- All travel and per diem expenses for individuals attending workshops in Ann Arbor and Lansing will be covered by the grant.

The cost to a participating state will therefore be small.

State correctional agencies will be required to demonstrate a commitment toward improving their health care systems by:

- Releasing appropriate key personnel to attend workshops both on-site and in Ann Arbor and Lansing.
- Cooperating with Program staff in gathering data, identifying problem areas, and developing a remedial work plan with priorities for short- and long-run improvements.
- Working with Program staff to schedule technical assistance visits with appropriate correctional staff persons within reasonable time periods.

BACKGROUND AND ROLES OF COLLABORATING ORGANIZATIONS

The Office of Health Care of the Michigan Department of Corrections is responsible for the overall design of this Program. As grant recipient, the Office of Health Care arranged for several other organizations to collaborate on various segments of the Program. Below is a brief description of each organization and its role in the project.

Office of Health Care (OHC), Michigan Department of Corrections (MDOC)

For several years, the Michigan Department of Corrections has been engaged in a wide array of activities designed to upgrade health services in prisons. In 1975, MDOC established a special unit, the Office of Health Care, to provide central management of health services delivery.

As host state, Michigan will serve as a laboratory for much of the work of the project. OHC will arrange field visits to different institutions in the Michigan system for attendees at the Providers' Workshops in order to show firsthand the methods used in Michigan to deal with problems common to many state prison systems. Included in field visits will be: the adolescent and psychiatric facilities at Ionia, the women's facility at Ypsilanti and the adult male Southern Michigan State Prison at Jackson. Among the newly instituted programs which will be reviewed are: the problem-oriented unit health record system, the health care utilization data system, medical and dental intake procedures, therapeutic diet programs, and the financial management information system.

Program to Improve Health Care in Correctional Institutions, American Medical Association (AMA)

In 1975, the AMA's Division of Medical Practice received an LEAA grant to develop a Program To Improve Health Care In Jails. The outcome of that Program was a set of standards which are now being used as a basis for accreditation of jail health facilities.

As one of the collaborating organizations in the Program, the AMA will develop guidelines for medical care and health services in prisons, both for inpatient infirmary and outpatient ambulatory care. They will also develop a plan for an accreditation program based on these guidelines.

AMA staff will also provide assistance to the states in establishing liaison with state and local medical societies, when such assistance is requested.

Department of Medical Care Organization (MCO), University of Michigan

The Department of Medical Care Organization at the University of Michigan School of Public Health has been a leader in the field of health care administration for over 30 years. Members of the Department have trained and worked with administrators and policy makers in virtually every aspect of medical care administration in the United States and abroad.

In the past, MCO faculty members have provided workshops and technical assistance to administrators of neighborhood health centers, health maintenance organizations (HMOs), rural health centers, public hospital outpatient departments and innumerable other health delivery organizations.

The MCO staff will provide the two workshops for administrative personnel, the seminar for health policy makers and will coordinate the technical assistance portion of the project in each of the ten selected states.

Department of Community Health Science (CHS), Michigan State University

The Department of Community Health Science at Michigan State University is a multidisciplinary unit of the Colleges of Human Medicine and Osteopathic Medicine. Members of the Department include physicians, nurses, behavioral and social scientists, quantitative and evaluation specialists and specialists in health education. In recent years, the Department has worked with various members of the medical community in every aspect of medical care.

The CHS faculty have been involved in research, consultation, technical assistance and training with allied health care professionals at the regional, state and local levels. These activities include continuing medical education programs which range in content from specific clinical protocols to provider-patient relations.

The CHS staff will provide three workshops for medical personnel. If requested, these will be followed by a three-day on-site seminar for health providers for each participating state.

DIRECTIONS FOR RETURNING QUESTIONNAIRES

Those interested in participating should return their completed questionnaires to:

Jay K. Harness, M.D.
Office of Health Care
Michigan Department of Corrections
3222 South Logan, Logan Center
Lansing, Michigan 48913
ATTENTION: Correctional Health Care Program

Applications should be received in Lansing by Friday, April 21, 1978.

Inquiries regarding the completion of the questionnaires should be directed to Richard Lichtenstein [(313)764-5432] or William Thomas [(313)764-8450] at the Department of Medical Care Organization, University of Michigan.

THE CORRECTIONAL HEALTH CARE PROGRAM

APPLICATION QUESTIONNAIRE

PART I

(To Be Completed for Statewide Correctional System)

STATE _____

PLEASE INDICATE OFFICIAL RESPONSIBLE FOR CORRECTIONAL HEALTH - NAME _____

TITLE _____

ADDRESS _____

_____

TELEPHONE _____

COMPLETED APPLICATIONS SHOULD BE RETURNED ON OR BEFORE FRIDAY, APRIL 21, 1978 TO:

Jay K. Harness, M.D., Director
Office of Health Care
Michigan Department of Corrections
3222 South Logan, Logan Center
Lansing, Michigan 48913
ATTENTION: Correctional Health Care Program

INSTRUCTIONS

The questionnaires comprising this application are designed to provide our staff with information needed to determine the states that will be asked to participate in the Correctional Health Care Program (CHCP). A secondary but equally important function is to develop some basic data on the status of correctional health services in the United States. Summarized data from the applications will be used in CHCP courses and will also be distributed to correctional officials in states not selected for participation. No information specifically identifying any state will be used in the courses or otherwise released.

This application is divided into two parts. Part I contains questions applicable to the state office with central responsibility for corrections programs, and Part II relates to individual prisons. If possible, a separate Part II questionnaire should be completed for each prison in the state system. It is recognized that this may not be possible in all cases, however. If it is not feasible for you to submit a Part II questionnaire on each of your prisons, you should, in determining how many and which institutions to describe, seek to provide us with as accurate and comprehensive a picture of your system as possible.

While most states have a central correctional authority (e.g., Department or Bureau of Corrections) and operate several correctional insitutions, many variations exist in this structure. Because of such differences, some of the questions or the listed responses to questions may contain terminology which is different from that used in your system or may be totally inappropriate to your situation. In those instances where the terminology used in a question differs from yours (e.g., the question refers to a Department of Corrections and you have an Office or Bureau of Corrections), we would ask you to disregard the specific terms and respond to the concept addressed in the question. If any question clearly does not apply, please feel free to either ignore the question or to describe why it cannot be answered.

Inquiries regarding the completion of the questionnaires should be directed to Richard Lichtenstein [(313)764-5432] or William Thomas, [(313)764-8450] at the Department of Medical Care Organization, University of Michigan.

A. GENERAL DATA

1. Please fill in the following information for all correctional institutions in your state system.

NAME OF INSTITUTION	CHECK ALL THAT APPLY TO EACH INSTITUTION							CURRENT NUMBER OF INMATES	ACTUAL DESIGNATED BED CAPACITY OF INSTITUTION	TOTAL NUMBER OF FTE EMPLOYEES IN INSTITUTION	YEAR(S) CONSTRUCTED
	SECURITY LEVEL			ADOLESCENT	ADULT	SEX OF INMATES					
	MAX	MED	MIN			MALE	FEMALE				

*We are interested in the year of construction of the major housing units currently used in each institution.

2. In some state correctional systems there are institutions which provide special health care services which are not provided at all correctional facilities, e.g., intake physicals, chronic inpatient care, psychiatric inpatient services, etc. If you have such arrangements in your state, please list below the name of the institution and the services they provide for your system.

NAME OF INSTITUTION — SERVICES PROVIDED

_____

_____

_____

_____

_____

3. What is the number of professional/administrative employees in the state office with central responsibility for corrections? i.e., correctional employees not specifically assigned to any single institution. _____employees

B. ORGANIZATIONAL STRUCTURE OF CORRECTIONS

The statewide organizational structure of correctional systems varies greatly among states. In some states, corrections is a single department whose head is a cabinet level executive, while in others, corrections is a unit of another department and the Director of Corrections is responsible to an office below that of the Governor. Further, organizational responsibility for the health component of corrections varies even more across the U.S. In some states, responsibility for correctional health is maintained in the Office of the Director of Corrections; in some, that responsibility is delegated to wardens and superintendents; in others, there is a statewide Office of Correctional Health Care and in a few the function has been assigned to a separate agency such as the Department of Health.

The following questions relate to the organizational structure of your state's correctional system with particular emphasis on the responsibility for correctional health care.

1. In your state's organizational structure, corrections is: (Please check the most appropriate.)

[] a. A single department with exclusive responsibility for corrections. The Director of Corrections is responsible directly to the Governor and/or a Corrections Commission.

[] b. A unit (e.g., sub-department or bureau) of a larger department. The director of this larger department is a cabinet level official responsible directly to the Governor. (If this is the case, please identify the larger department.) _____

_____

[] c. A group of fairly autonomous prisons whose wardens/superintendents are responsible to the Governor.

[] d. Other. (Please describe.) _____

_____

_____

_____

_____

_____

2. Which of the following best describes authority for decisions relating to the organizational arrangements and administration of correctional health care? (PLEASE PROVIDE ANY ORGANIZATIONAL CHARTS WHICH DESCRIBE THIS LEVEL OF ORGANIZATION.)

[] a. The director of corrections delegates this authority to institutional wardens and superintendents.

[] b. Authority for correctional health care rests with the staff of the central corrections office, although there is no specifically organized health care unit.

[] c. Authority rests with a specially organized health care unit within the central office of corrections.

[] d. The responsibility has been assumed by another state agency. (Please identify.) _____

[] e. Other. (Please explain.) _____

_____

_____

3. For each of the following specific functions, please check whether decisions are generally made by the central office of corrections (leaving little discretion for administrators at individual institutions), by individual institutions (with a great deal of institutional descretion) or by another agency:

	Central Office of Corrections	Individual Institutions	Other Agency	Please Identify
a. Establishment of policies pertaining to:				
1. The range and types of health services available to all inmates	[]	[]	[]	_____
2. Types of medications (formulary)	[]	[]	[]	_____
3. Structure of medical records	[]	[]	[]	_____
4. Use of non-physician health providers (physician assistant, etc.)	[]	[]	[]	_____
5. Use of inmates as support personnel in health care delivery	[]	[]	[]	_____
6. Conduct of Sick Call	[]	[]	[]	_____
b. Establishment of Standards for:				
1. Environmental sanitation and quality of living conditions (water, sewage, etc.)	[]	[]	[]	_____
2. Cleanliness of food processing	[]	[]	[]	_____
3. Nutritional quality of inmate diets	[]	[]	[]	_____
c. Recruitment of professional staff (i.e., physicians, dentists, etc.)	[]	[]	[]	_____
d. Establishment of health staff development and continuing medical education programs	[]	[]	[]	_____

C. LEGAL PRESSURES

1. Legal pressures have emerged as a major factor motivating change in correctional health care. Please indicate below which types of court decisions related to correctional health care have taken place in your state, and whether they are currently in force or not:

	Never Occurred	Occurred, but No Longer In Effect	Currently Occurring Or in Effect
a. Injunctions or directives applied to the entire state as well as to individual prisons	[]	[]	[]
b. Injunctions or directives applied to an individual prison, but not the entire system	[]	[]	[]
c. Court decisions providing specific monetary or other remedies to individual inmates or a class of inmates	[]	[]	[]

2. Which of the following best describes how correctional health personnel are protected against professional liability claims (malpractice) in your state?

[] a. Individual professionals must obtain their own malpractice insurance without any assistance from the state.

[] b. Individuals must obtain their own malpractice coverage but the state will provide legal counsel in the event of suit.

[] c. The state offers malpractice coverage to health professionals as part of their employee benefits. If so, is this accomplished through the states's:

[] purchase of insurance; or [] self-insuring?

[] d. The state does not offer malpractice coverage, but individual correctional institutions do.

[] e. Other. (Please describe.) _____

_____

_____

_____

_____

_____

D. BUDGET DATA

1. For fiscal years 1976, 1977 and 1978 please indicate the total operating budget (exclusive of capital expenditures) for corrections and the amount spent on health services for inmates. Please indicate whether the figures represent actual, estimated or budgeted amounts.

Total Corrections Operating Budget	Actual	Estimate	Budgeted
a. FY 1976 $ _____	[]	[]	[]
b. FY 1977 $ _____	[]	[]	[]
c. FY 1978 $ _____		[]	[]
Correctional Health Budget			
a. FY 1976 $ _____	[]	[]	[]
b. FY 1977 $ _____	[]	[]	[]
c. FY 1978 $ _____		[]	[]

2. If you expect any significant expansion in your expenditures for health services in FY 1979, please indicate why:

[] a. No significant expansion of the health budget is expected.

[] b. Expansion is expected, but only because of increases in the size of the inmate population.

[] c. Additional funds will be spent to increase the capacity of the health system or to upgrade the number or quality of services offered.

[] d. Major capital expenditures are planned for the health system.

[] e. Other reasons. _____

_____

_____

3. a. Recognizing that funding for correctional health services must be obtained in competition with other ongoing activities of state government, how would you rate the prospects for obtaining significant increases in funds for correctional health services over the next two years?

[] 1. very likely

[] 2. likely

[] 3. unlikely

[] 4. not certain

b. Please indicate why you rate your prospects this way?

_____

_____

_____

_____

E. OTHER INFORMATION

1. If you are currently in the process of making changes in your state correctional health services system, please feel free to describe them below or to submit any reports which would be pertinent.

2. If your system is presently facing specific problems which you feel should be addressed in this Correctional Health Care Program, please indentify these problems below:

THE CORRECTIONAL HEALTH CARE PROGRAM

APPLICATION QUESTIONNAIRE

PART II

(To Be Completed For Each Prison.)

STATE _____

PRISON _____

ADDRESS _____

OFFICIAL COMPLETING QUESTIONNAIRE:

NAME _____

TITLE _____

COMPLETED APPLICATIONS SHOULD BE RETURNED ON OR BEFORE FRIDAY, APRIL 21, 1978 TO:

Jay K. Harness, M.D., Director
Office of Health Care
Michigan Department of Corrections
3222 South Logan, Logan Center
Lansing, Michigan 48913
ATTENTION: Correctional Health Care Program

INSTRUCTIONS

The questionnaires comprising this application are designed to provide our staff with information needed to determine the states that will be asked to participate in the Correctional Health Care Program (CHCP). A secondary but equally important function is to develop some basic data on the status of correctional health services in the United States. Summarized data from the applications will be used in CHCP courses and will also be distributed to correctional officials in states not selected for participation. No information specifically identifying any state will be used in the courses or otherwise released.

This application is divided into two parts. Part I contains questions applicable to the state office with central responsibility for corrections programs, and Part II relates to individual prisons. If possible, a separate Part II questionnaire should be completed for each prison in the state system. It is recognized that this may not be possible in all cases, however. If it is not feasible for you to submit a Part II questionnaire on each of your prisons, you should, in determining how many and which institutions to describe, seek to provide us with as accurate and comprehensive a picture of your system as possible.

While most states have a central correctional authority (e.g., Department or Bureau of Corrections) and operate several correctional insitutions, many variations exist in this structure. Because of such differences, some of the questions or the listed responses to questions may contain terminology which is different from that used in your system or may be totally inappropriate to your situation. In those instances where the terminology used in a question differs from yours (e.g., the question refers to a Department of Corrections and you have an Office or Bureau of Corrections), we would ask you to disregard the specific terms and respond to the concept addressed in the question. If any question clearly does not apply, please feel free to either ignore the question or to describe why it cannot be answered.

Inquiries regarding the completion of the questionnaires should be directed to Richard Lichtenstein [(313)764-5432] or William Thomas, [(313)764-8450] at the Department of Medical Care Organization, University of Michigan.

A. SETTING

1. This prison's location is best described as:

[] a. In or near a large metropolitan area.

[] b. In or near a small city.

[] c. In a predominately rural area.

B. CORRECTIONAL HEALTH MANPOWER

1. Please indicate the number of full-time equivalent (FTE) personnel in the listed categories who work in your institution. Personnel may be either salaried (full or part-time) or serving on a contract. Salaried personnel may be covered or not covered by civil service.

	NUMBER OF FTE'S		
	SALARIED (CIVIL SERVICE)	SALARIED (NOT CIVIL SERVICE)	CONTRACT
a. Primary care physicians			
b. Psychiatrists			
c. Other physician specialists			
d. Psychologists			
e. Dentists			
f. Pharmacists			
g. Physician assistants/ nurse practitioners			
h. Registered nurses			
i. Licensed practical nurse			
j. Dental hygenists/ assistants			
k. Laboratory technicians			
l. X-ray technicians			
m. Physical therapists			
n. Non-clinician administrators whose only responsibility is health care			

C. ADMINISTRATION

1. Overall responsibility for medical services in this institution lies with:

[] a. A full-time physician.

[] b. A part-time physician.

[] c. A full-time nurse.

[] d. A part-time nurse.

[] e. A non-clinician administrator whose only responsibility is health care.

[] f. A non-clinician administrator who is responsible for several areas including health care.

[] g. Other. (Please specify.) _____

_____

_____

_____

_____

2. The person identified in (1) above reports administratively to:

[] a. The warden (superintendent) directly.

[] b. A deputy or assistant warden.

[] c. An official in the state's central office of corrections.

[] d. Other. (Please specify.) _____

_____

_____

_____

3. Below are listed several functions related to health services. For each, please indicate whether principal responsibility rests with:

   1. The institution's medical director.
   2. The institution's non-clinician health administrator.
   3. Officials in the state's central office of corrections.
   4. Officials in some other state agency (e.g., Department of Health).
   5. Warden, Superintendent or business manager.
   6. Other.

HEALTH SERVICE FUNCTIONS	Principal Responsibility of: MEDICAL DIRECTOR 1	HEALTH ADMIN-ISTRATOR 2	CENTRAL OFFICE 3	OTHER AGENCY 4	WARDEN SUPT. BUS MGR 5	OTHER 6
a. Recruiting clinical staff						
b. Establishing work schedules for clinical staff						
c. Developing arrangements for outside hospitalization and specialists referrals						
d. Developing operating procedures for health services delivery						
e. Developing annual health care budget proposals						

D. HEALTH CARE BUDGET

1. Funds for health services are (check the most appropriate description):

[] a. Identified as a separate line item in the prison budget, with the medical director (or other person identified above in C.1) controlling the use of funds.

[] b. Identified as a separate line item in the prison budget, with the warden retaining authority to reallocate funds from health to other areas as he deems necessary.

[] c. Included in the prison budget, but not as a separate line item; e.g., health care staff are included under the prison's general staff budget.

[] d. Not included in the prison's budget, but instead comes under a special health budget of the central office of corrections or other state office.

[] e. Budgeted and controlled in a way other than those described above. (Please describe.)

_____

_____

_____

_____

2. Please indicate the amount spent on health services in fiscal years 1976 and 1977, and estimated expenditures for fiscal year 1978. Indicate whether the amounts shown are actual, estimated, or budgeted figures.

	Actual	Estimate	Budget
a. $ _____ for FY 1976	[]	[]	[]
b. $ _____ for FY 1977	[]	[]	[]
c. $ _____ for FY 1978		[]	[]

3. The amounts shown in D.2 include funds for the following: (Check all that apply.)

[] a. Staff salaries, and fees for non-staff physician services.

[] b. Medical-surgical supplies, medications, and other consumables.

[] c. Purchase of minor items of movable equipment.

[] d. Purchase of major equipment items, renovation of facilities or other types of capital expenditures.

[] e. Expenses associated with outside hospitalization of inmates.

[] f. Transportation and security expenses associated with outside hospitalization and outside diagnostic and treatment services.

[] g. Facility overhead expenses.

4. If you expect any significant expansion in your expenditures for health services in fiscal year 1979, please indicate why.

[] a. No significant expansion is expected.

[] b. Expansion is expected, but only because of increases in the size of the inmate population.

[] c. Clinical staff will be added to improve capacity for delivering services or to expand the range of services provided in-house.

[] d. Major capital expenditures are planned for equipment, facility renovation, etc.

[] e. Other reasons. _____

_____

_____

_____

_____

_____

_____

_____

E. HEALTH CARE SERVICES

1. The examination given newly arriving inmates is given:

[] a. Within 48 hours of arrival at your institution.

[] b. Within one week of arrival at your institution

[] c. Within one month of arrival at your institution.

[] d. Other. (Please explain.) _____

_____

_____

_____

_____

[] e. Entering medical examinations are not given.

2. The examination given newly arriving inmates consists of (check all that apply):

[] a. Medical history.

[] b. Physical examination by physician (or physician assistant).

[] c. Tests for tuberculosis, vernereal disease, and other communicable diseases.

[] d. Dental examination.

[] e. Psychological evaluation.

3. There is great variety in the range and level of health services provided in prisons and in the type of personnel available to provide these services. Some institutions provide only minimal services on-site and may employ no physicians because more severe cases are referred outside of the institution. Other prisons utilize a variety of health practitioners to provide a great many services on-site, and refer "outside" only in exceptional cases.

Please indicate, by checking the appropriate boxes below, which of the following services are available on-site at your institution and which type of personnel plays a significant role in providing each service. (More than one type of personnel can provide each service.)

SERVICES PROVIDED ON-SITE	INMATE AIDE	CORRECTIONS OFFICERS	NURSES	PHYSICIAN ASSISTANTS OR NURSE PRACTITIONERS	PHYSICIANS	PHARMACISTS
FIRST AID (Initial stabilizing care for accidents and medical emergencies.)						
SICK CALL						
ROUTINE MEDICAL CARE (Follow-up care from sick call.)						
INITIAL PHYSICAL EXAMINATIONS						
DISPENSING PRESCRIPTION DRUGS						

4. If your facility maintains an infirmary (with beds separated from usual inmate housing) please indicate which of the following functions it serves by checking all the appropriate boxes:

[] a. Isolation of inmates with communicable diseases. (e.g., TB)

[] b. Services for inmates who require continual care but who are deemed not to require hospitalization.

[] c. After care for patients who were recently discharged from hospitals.

[] d. No infirmary is maintained on-site.

5. Although many prisons maintain infirmaries with limited inpatient capabilities, it is still necessary to provide for hospitalization of inmates with more severe conditions. Inmates at your prison who require inpatient hospital care are:

[] a. Treated at your own on-site hospital.

[] b. Treated at a correctional system-operated hospital located at another prison.

[] c. Treated at a designated hospital having a special secure unit for handling inmates.

[] d. Treated at a designated hospital which does not have a secure unit, but which does have a formal arrangement with the central corrections office or your prison.

[] e. Treated at any local hospital selected by your medical staff.

[] f. Other. (Please describe.) _____

_____

_____

_____

_____

APPENDIX C

CORRECTIONAL HEALTH CARE PROGRAM APPLICATIONS:

SCALING PROCEDURES AND CLUSTER ANALYSIS

SIZE

No. Inmates 2364
Metro
Sm City
Rural
No. Inmates/Institution 100-1455 Range
Total Bed Capacity 2527
Total FTE Employees 508
No. Facilities 4

SECURITY

No. Maximum 1
No. Medium 2
No. Minimum 1

AGE

	No. Inst.	No. Inmate
No. < 5 yrs.	1	662
No. 5-20 yrs.	1	100
No. > 20 yrs.	2	1600

Hospitalization

Treated at on-site facility
Treated at correc syst hospital
Treated at designated Hosp Secure Unit 1 (few cases)
Treated at designated hospital formal agreement III
Treated at any hospital

* HOSPITAL DIAGNOSTIC CTR. UNDER CONSTRUCTION EXPECTATION FOR INCREASE IS TO STAFF THIS FACILITY

BUDGET

	Correct.	Health	% Change Correct.	% Change Health	HEALTH % CORRECT
FY 76	9.4 M	202K			2%
FY 77	12.6M	336K	34%	67%	3%
FY 78	15.4 M	349K	22%	4%	2%

FY 79 Expansion unlikely — X — probable

Per capita 78 correctional costs 5325 System-wide

Per capita 78 correctional costs Institutional Range

Per capita 78 health costs 142 System-wide

Per capita 78 health costs Institutional Range

HEALTH CARE BUDGET

Central Budget	Line Item in Institutional Budget-HD Control	Line Item In Institutional Budget-Warden Control	Institutional Budget-No Line Control	Other
X				

HEALTH CARE PERSONNEL

Type of Provider	No. System Total	No. Per Instit. (Range) Total	Inmates/Provider (Instit. Rank)
Primary Care Physicians	1/5 1 1	2½	
Psychiatrists	2	2	
Other Phys. Specialists	2	2	
Psychologists	2 2	4	
Dentists	2/5 2 1	3½	
Pharmacists	1 1 1	3	
Phys. Assistants/ Nurse Practitioner	1	1	
Registered Nurses	2 1	3	
Lic. Practical Nurse	1	1	
Dental Hygienist/ Assistant			
Lab Technicians	1	1	
Xray Technicians			
Physical Therapist			
Non-Clinician Administrator	2 6	8	

Characterize the organizational configuration of the corrections system and the correctional health services delivery system. Consider the following: 1) Bureaucratic structure; 2) Lines of authority; 3) Decision making prerogatives in health care policies and standards; 4) Administrative responsibility for health care services; 5) Performance of specific health care functions such as recruitment, negotiating with providers; etc.

SINGLE DEPARTMENT OF CORRECTION RESPONSIBLE TO GOVERNOR. AUTHORITY FOR HEALTH SERVICES RESTS WITH SPECIALLY ORGANIZED HEALTH UNIT. RANGE & TYPE OF SERVICE & STRUCTURE OF MEDICAL RECORD ARE THE RESPONSIBILITY OF CENTRAL OFFICE, OTHER POLICIES DETERMINED AT INSTIT. LEVEL MALPRACTICE COVERED BY STATE

1975 AGREEMENT FOR OPSIP SERVICES AT JEFFERSON HOSPITAL SERVES C,T&W UNITS

SUBSTANTIAL PLASMAPHERESIS CTR. PROVIDE FUND TO COVER SOME MEDICAL COSTS.

UNIT INFIRMARIES PROVIDE RX, SICK CALL, XRAY LAB STUDIES, ISOLATION FOR C.D. MINOR SURGERY, PHARMACY & DENTAL & OPTHALMOLOGY.

REFERRAL MADE TO PRIVATE PHYSICIANS AS WELL AS U of A MEDICAL SCHOOL DEPARTMENT OWNS ITS OWN AMBULANCES.

PROBLEMS: INSUFFICIENT FUNDS, LIMITED STAFF, & DEPENDENCY ON EXTERNAL MEDICAL SERVICES.

Summarize the respondent's answer to whether the system is currently undergoing changes. Particularly note your subjective impressions of the likelihood of change occurring in this system concomitant with and/or as a result of CHCP.

No Response

HOSPITAL DIAGNOSIS, CLASSIFICATION RECEPTION CTR. IS BEING CONSTRUCTED SCHEDULED FOR COMPLETION IN MID 76.

HEALTH CARE FUNCTIONS

Health Services Provided by:*	Inmate Aides	Correct. Officers	Nurses	PA NP	Physicians	Pharmacists
First Aid	II	III	II	I	III	
Sick Call			II	I	III	
Routine Med. Care	II		II	I	II	
Dispensing Prescription Drugs			II	I	III	

*Enter number of institutions

	Never Occurred	Occurred, but No Longer in Effect	Currently Occurring Or in Effect
LEGAL PRESSURES			
Injunctions or directives applied to the entire state as well as to individual prisons	[]	[]	X SINCE 1969
Injunctions or directives applied to an individual prison, but not the entire system	[]	[]	X

What is your impression of the care with which the application was completed: (e.g., accuracy of answers, completeness, etc.

BLUE PRINT FOR CORRECTION 1977-1980 ENCLOSED WHICH WILL SERVE AS MASTER PLAN FOR THIS SYSTEM

[illegible] HEW Region

Abstractor's Initials [illegible]

HEALTH CARE PERSONNEL [illegible]

SIZE

No. Inmates 20,3[illegible]

Metro 761

Sm City 4959

Rural 7586

No. Inmates/Institution 2,614 – 22 (Range)

Total Bed Capacity 19,216*

Total FTE Employees 5,502

No. Facilities 23 [illegible]

SECURITY

No. Maximum [illegible]

No. Medium [illegible]

No. Minimum [illegible]

Hospitalizations

Treated at on-site facility 3

Treated at correc syst hospital 15

Treated at designated Hosp Secure Unit 7

Treated at designated hospital formal agreement 6

Treated at any hospital 6

AGE

	No. Inst.	No. Inmate
No. < 5 yrs.	13	5070
No. 5-20 yrs.	4	6,126
No. > 20 yrs.	[illegible]	[illegible]

CHCP

BUDGET

	Correct.	Health	% Change Correct.	% Change Health	% Hlth. Budget
FY 76	82,663,014	6,624,111			8%
FY 77	121,469,476	8,736,122	+47%	+32%	7.2%
FY 78	138,356,987	9,018,?19	+14%	+3%	6.5%

FY 79 Expansion: unlikely ———— probable

Per capita 78 correctional costs $6816.00 System-wide

Per capita 78 correctional costs ____ Institutional Range

Per capita 78 health costs $ 499.00 System-wide

Per capita 78 health costs $ 2010.00 – 243.00 Institutional Range

HEALTH CARE BUDGET

Central Budget — Line Item in Institutional Budget-HD Control — Line Item in Institutional Budget-Warden Control — Institutional Budget-No Line Control — Other

Characterize the organizational configuration of the corrections system and the correctional health services delivery system. Consider the following: 1) Bureaucratic structure; 2) Lines of authority; 3) Decision making prerogatives in health care policies and standards; 4) Administrative responsibility for health care services; 5) Performance of specific health care functions such as recruitment, negotiating with providers, etc.

Single dept of corrections with director responsible to governor. Central office for health care policy and coordination but does not have line authority over individual institutions. Central office sets policy for medical records, [illegible] providers and inmates. All other areas involve institutional policy [illegible] outside agencies involved in [illegible] and food processing. Typically full time medical directors are in charge of most aspects of health care in the institutions of larger size with part time med. directors in smaller institutions. The medical director reports to the institutional superintendent who, in turn, reports to the regional director. It appears that there is some provision for the medical director to report to a central office on medical/surgical matters but this is unclear as to whether it is a general policy. Superintendents seem to have most impact on recruiting and budget. There are a few health care/hospital administrators but they are usually associated with the on-site hospitals. The structure suggests that although individual medical directors are under the superintendent, medical directors maintain control over health care processes with central office backing.

Summarize the respondent's answer to whether the system is currently undergoing changes. Particularly note your subjective impressions of the likelihood of change occurring in this system concommitant with and/or as a result of CHCP. This system appears to be in a dynamic state based upon developments in the areas of needs assessments; creating a system-wide health service plan; [illegible] services [illegible] through cost benefit analyses, reorganization of health services; implementation of cost containment measures and quality control programs. Such movement appears to be likely because of [illegible] adequate staffing in the central office and [illegible]

Type of Provider	No. System Total	No. Per Instit (Range)	[illegible]
Primary Care Physicians			
Psychiatrists			
Other Phys. Specialists			
Psychologists			
Dentists			
Pharmacists			
Phys. Assistants/Nurse Practitioner			
Registered Nurses		--	
Lic. Practical Nurse			
Dental Hygienist/Assistant			
Lab Technicians			
Xray Technicians			
Physical Therapist			
Non-Clinician Administrator			

HEALTH CARE FUNCTIONS

Health Services Provided by:*	Inmate Aides	Correct. Officers	RN/LPN Nurses	PA NP	Physicians	Pharmacists
First Aid		1	11 / 10	3	10	
Sick Call			10 / 4	3	?	
Routine Med. Care			10 / 4	4	10	1
Dispensing Prescription Drugs			3 / 8	1	4	12

*Enter number of institutions

LEGAL PRESSURES	Never Occurred	Occurred, but No Longer in Effect	Currently Occurring Or In Effect
Injunctions or directives applied to the entire state as well as to individual prisons	[]	[]	[X]
Injunctions or directives applied to an individual prison, but not the entire system	? []	[]	[]

What is your impression of the care with which the application was completed? e.g., accuracy of answers, completeness, etc. [illegible] get a fairly good grasp of a complicated system [illegible]

State ILLINOIS HEW Region V

Abstractor's Initials ______

Hospitalizations

Treated at on-site facility IIII

Treated at correc syst hospital I

Treated at designated Hosp Secure Unit I

Treated at designated hospital formal agreement IIII II

Treated at any hospital IIII

* ADDITIONAL FUNDS WILL BE SPENT TO INCREASE SERVICES & UPGRADE SYSTEM

SIZE

No. Inmates 11,598

Metro ______

Sm City ______

Rural ______

No. Inmates/Institution 34-2572 (Range)

Total Bed Capacity 12,380

Total FTE Employees 3770

No. Facilities 18

SECURITY

No. Maximum 1 } 2 } 5

No. Medium } 3

No. Minimum 7

AGE

	No. Inst.	No. Inmate
No. < 5 yrs.		
No. 5-20 yrs.		
No. > 20 yrs.		

BUDGET

	Correct.	Health	% Change Correct.	% Change Health	HEALTH % CORRECT.
FY 76	87.6M	2.99M			3%
FY 77	97.1M	3.32M	↑ 11%	11% ↑	3%
FY 78	133.6M	5.69M	↑ 38%	71% ↑	4%

FY 79 Expansion: unlikely ——— probable (marked X at probable) *

Per capita 78 correctional costs $11,550. System-wide

Per capita 78 correctional costs ______ Institutional Range

Per capita 78 health costs $470. System-wide

Per capita 78 health costs $200 - $2167 Institutional Range

HEALTH CARE BUDGET

Central Budget — Line Item in Institutional Budget-MD Control — Line Item in Institutional Budget-Warden Control — Institutional Budget-No Line Control — Other

HEALTH CARE PERSONNEL

ONLY ADULT FACILITIES

Type of Provider	No. System Total	No. Per Instit. (Range)	Provider (Instit. Range)
Primary Care Physicians	14	1-3	
Psychiatrists	11 1/5	1/2-3	
Other Phys. Specialists	12 1/2	ALSO PRN IN SOME INSTI.	
Psychologists	13	1/2-4	
Dentists	12	2/5-4	
Pharmacists	2 2/5	0-1	
Phys. Assistants/ Nurse Practitioner	7	0-4	
Registered Nurses	58	3-12	
Lic. Practical Nurse	20	0-5	
Dental Hygienist/ Assistant	3	0-1	
Lab Technicians	3	0-1	
Xray Technicians	6	0-1	
Physical Therapist	1		
Non-Clinician Administrator	3	0-1	

HEALTH CARE FUNCTIONS

Health Services Provided by:*	Inmate Aides	Correct. Officers	Nurses	PA NP	Physicians	Pharmacist
First Aid		I	IIII IIII	III	IIII	
Sick Call			IIII III	III	IIII II	I
Routine Med. Care			IIII III	III	IIII I	I
Dispensing Prescription Drugs		III	IIII IIII	II		IIII

*Enter number of institutions

LEGAL PRESSURES

	Never Occurred	Occurred, but No Longer in Effect	Currently Occurring Or In Effect
Injunctions or directives applied to the entire state as well as to individual prisons	[X]	[]	[]
Injunctions or directives applied to an individual prison, but not the entire system	[]	[]	[X]

What is your impression of the care with which the application was complete e.g., accuracy of answers, completeness, etc.

Characterize the organizational configuration of the corrections system and the correctional health services delivery system. Consider the following: 1) Bureaucratic structure; 2) Lines of authority; 3) Decision making prerogatives in health care policies and standards; 4) Administrative responsibility for health care services; 5) Performance of specific health care functions such as recruitment, negotiating with providers, etc.

SINGLE DEPARTMENT RESPONSIBLE TO GOVERNOR. AUTHORITY FOR HEALTH DECISIONS RESTS WITH SPECIALLY ORGANIZED HEALTH CARE UNIT. NO MALPRACTICE COVERAGE.

JUDICIAL PRESSURES PLUS GUBERNATORIAL & LEGISLATIVE SUPPORT INCREASE LIKELIHOOD OF ADDITIONAL FUNDING IN COMING YEAR.

UNIVERSITY OF ILLINOIS HOSPITAL USED AS REFERRAL CENTER.

8/10 INSTITUTIONS HAVE INFIRMARIES WHICH PROVIDE ISOLATION FOR TB, C.D., NURSING CARE AND AFTER. 2/10 INSTITUTIONS HAVE INFIRMARIES WITH MORE LIMITED SERVICES

8 ADOLESCENT FACILITIES ARE NOT CONSIDERED HERE - ONLY 1 PT FOR NC.

MANY PT IR QUESTIONNAIRES INDICATE INCREASED ALLOCATIONS FOR STAFF BEGINNING 6/78, IN RESPONSE TO LITIGATION

Summarize the respondent's answer to whether the system is currently undergoing changes. Particularly note your subjective impressions of the likelihood of change occurring in this system concommitant with and/or as a result of CHCP.

NO RESPONSE.

SIZE

No. Inmates 7113

Metro

Sm City

Rural

No. Inmates/Institution 208-1708 (NO CAMPS)
Range

Total Bed Capacity 4826

Total FTE Employees 1946

No. Facilities 18 (INCLUDING 5 CAMPS)

SECURITY

No. Maximum	2
No. Medium	13
No. Minimum	3

AGE

	No. Inst.	No. Inmate
No. < 5 yrs.	0	
No. 5-20 yrs.	4	482
No. > 20 yrs.	6	6131

Hospitalizations

Treated at on-site facility 11

Treated at correc syst hospital 1

Treated at designated Hosp Secure Unit 1111

Treated at designated hospital formal agreement

Treated at any hospital 11

BUDGET

	Correct.	Health	% Change Correct.	% Change Health
FY 76	37.9M	1.56M		
FY 77	42.5M	1.66M	12%	6%
FY 78	43.5M	2.1M	2%	29%

HEALTH % CORE. 5%

FY 79 Expansion unlikely — X — probable

Per capita 78 correctional costs 6120 System-wide

Per capita 78 correctional costs ____ Institutional Range

Per capita 78 health costs 230 System-wide

Per capita 78 health costs 1.8% - 6.7% Institutional Range EXCLUDING CAMPS

HEALTH CARE BUDGET

Central Budget | Line Item in Institutional Budget-MD Control | Line Item in Institutional Budget-Warden Control | Institutional Budget-No Line Control | Other

1111

* FUNDS BUDGETED FOR PAYMENTS TO U OF M HOSPITAL FOR PROVISION OF MED SERVICES ALSO...

Type of Provider 1107	No. System Total	No. Per Instit. (Range)	Hours Per Provider (Instit. Range)
Primary Care Physicians FTE'S	6 2 2		
Psychiatrists	2. 3		
Other Phys. Specialists	10 6 4		
Psychologists	8 2 3 1		
Dentists	4 2 2 1		
Pharmacists	3 2 1		
Phys. Assistants/ Nurse Practitioner	1 1		
Registered Nurses	10 1193		
Lic. Practical Nurse	1		
Dental Hygienist/ Assistant			
Lab Technicians	5		
Xray Technicians	3 1		
Physical Therapist	3		
Non-Clinician Administrator	1		

Characterize the organizational configuration of the corrections system and the correctional health services delivery system. Consider the following: 1) Bureaucratic structure; 2) Lines of authority; 3) Decision making prerogatives in health care policies and standards; 4) Administrative responsibility for health care services; 5) Performance of specific health care functions such as recruitment, negotiating with providers, etc.

CORRECTIONS IS SUB-UNIT OF DEPT OF PUBLIC SAFETY & CORRECTIONAL SVCES.
AUTHORITY FOR H.C. IN C.O. THOUGH THERE IS NO SPECIAL UNIT.
WARDEN'S RESPONSIBLE FOR CONTROL OF HEALTH RESOURCES
PHYSICIAN'S RPT TO WARDENS AND SHARE HEALTH FUNCTIONS IN (IV C3)
BUDGETARY EXPANSION WILL LIKELY BE IN RESPONSE TO INCREASES IN THE NUMBER OF INMATES.
BUDGETING CATEGORIES IN (III D3) DIFFER BETWEEN INSTITUTIONS (?)
INFIRMARIES MAINTAINED ON 4/6 SITES
SECURE UNIT MAINTAINED AT U OF M. MEDICAL CTR.

Summarize the respondent's answer to whether the system is currently undergoing changes. Particularly note your subjective impressions of the likelihood of change occurring in this system concommitant with and/or as a result of CHCP.

REORGANIZATION OF MEDICAL SERVICES PLANNED WITH EMPHASIS ON INCREASED CENTRALIZATION

HEALTH CARE FUNCTIONS

Health Services Provided by:*	Inmate Aides	Correct. Officers	Nurses	PA NP	Physicians	Pharmacists
First Aid	111	1111	111	11	111	1
Sick Call			11	11	111	1
Routine Med. Care			111	1	111	
Dispensing Prescription Drugs		1	1		1	11

*Enter number of institutions

	Never Occurred	Occurred, but No Longer in Effect	Currently Occurring Or in Effect
LEGAL PRESSURES			
Injunctions or directives applied to the entire state as well as to individual prisons	X	[]	[]
Injunctions or directives applied to an individual prison, but not the entire system	X	[]	[]

COURT CASES PENDING

What is your impression of the care with which the application was complete. e.g., accuracy of answers, completeness, etc.

State: Missouri HEW Region ______ Abstractor's Initials ______

SIZE

No. Inmates	5271
Metro	
Sm City	4979
Rural	247
No. Inmates/Institution (Range)	2572-[illegible]
Total Bed Capacity	5100
Total FTE Employees	1235
No. Facilities	7

SECURITY

No. Maximum	2683
No. Medium	1700
No. Minimum	288

AGE

	No. Inst.	No. Inmate
No. < 5 yrs.	1	150
No. 5-20 yrs.	2	1297
No. > 20 yrs.	4	3812

Hospitalizations

Treated at on-site facility	1
Treated at correc syst hospital	8
Treated at designated Hosp Secure Unit	0
Treated at designated hospital formal agreement	8
Treated at any hospital	0

CP

BUDGET

	Correct.	Health	% Change Correct.	% Change Health	% HC of TOT
FY 76	14,332,000	525,521			3.65
FY 77	16,835,835	670,529	+17%	+27.6 %	4.0
FY 78	21,723,442	921,577	+29%	+[illegible] %	4.5

FY 79 Expansion: unlikely ——(×)—— probable [illegible]

Per capita 78 correctional costs: $4,121.90 (System-wide)

Per capita 78 correctional costs: ______ (Institutional Range)

Per capita 78 health costs: $186.00 (System-wide)

Per capita 78 health costs: $292.00* to $25.70** (Institutional Range)

*includes capital exp.
** Farm

HEALTH CARE BUDGET

Large Inst. / Small Inst.

Central Budget | Line Item in Institutional Budget-MD Control | Line Item in Institutional Budget-Warden Control | Institutional Budget-No Line Control | Other

Characterize the organizational configuration of the corrections system and the correctional health services delivery system. Consider the following: 1) Bureaucratic structure; 2) Lines of authority; 3) Decision making prerogatives in health care policies and standards; 4) Administrative responsibility for health care services; 5) Performance of specific health care functions such as recruitment, negotiating with providers, etc.

Missouri Division of Corrections is a sub-unit of the Department of Social Services. The Director of Social Services is a cabinet level official reporting to the governor. There is a centrally organized health care unit headed by the Health Care Coordinator reporting to head of Corrections. The role of the coordinator seems to be one of assistance rather than central authority. Responsibility for standards is generally shared. Central direction has come in the areas of medical records, formulary, and range of services. Institutional Medical Directors are generally responsible to the Warden or his deputy. Med. Directors seem to play an important role in all aspects of institutional health care. It is not clear how strong a role the [illegible] [illegible] Warden's play but they do assume responsibility in the areas of [illegible], outside hospital [illegible] arrangements, procedures, and budgeting. There is a Head Health care administrator but his role seems limited.

Summarize the respondent's answer to whether the system is currently undergoing changes. Particularly note your objective impressions of the likelihood of change occurring in this system concommitant with and/or as a result of CHCP.

No substantial change at this time. Some smaller [illegible] [illegible] [illegible] shift [illegible] expansion in budget to cover growing population in [illegible] – about 3% over capacity. Probably will have more reliance on purchased [illegible] medical services – [illegible] [illegible]. [illegible] seems to be a fairly well established system – not likely to change substantially. [illegible] have not identified any problem areas where we could help significantly. [illegible]

HEALTH CARE PERSONNEL

Type of Provider	No. System Total	No. Per Instit. (Range)	Inmates Per Provider (Instit. Range)
Primary Care Physicians			
Psychiatrists			
Other Phys. Specialists			
Psychologists			
Dentists			
Pharmacists			
Phys. Assistants/ Nurse Practitioner			
Registered Nurses			
Lic. Practical Nurse			
Dental Hygienist/ Assistant			
Lab Technicians			
Xray Technicians			
Physical Therapist			
Non-Clinician Administrator			

HEALTH CARE FUNCTIONS

Health Services Provided by:*	Inmate Aides	Correct. Officers	Nurses	PA NP	Physicians	Pharmacists
First Aid	3	4	6	3	4	
Sick Call	2		5	3	4	
Routine Med. Care	2		6	3	3	
Dispensing Prescription Drugs		1	7	2	3	

*Enter number of institutions

LEGAL PRESSURES	Never Occurred	Occurred, but No Longer in Effect	Currently Occurring Or In Effect
Injunctions or directives applied to the entire state as well as to individual prisons	X	[]	[]
Injunctions or directives applied to an individual prison, but not the entire system	X	[]	[]

What is your impression of the care with which the application was completed? e.g., accuracy of answers, completeness, etc. [illegible] concise with little elaboration. Only 1 problem area [illegible] Some conflict in responses concerning [illegible] hospitalization. [illegible] FTE info was invalid [illegible] [illegible]

SIZE

No. Inmates 1470

Metro ______

Sm. City ______

Rural ______

No. Inmates/Institution 60-900 (Range)

Total Bed Capacity 1856

Total FTE Employees 800

No. Facilities 5

SECURITY

No. Maximum ______ } 1 } 2

No. Medium ______

No. Minimum 2

AGE

	No. Inst.	No. Inmate
No. < 5 yrs.		
No. 5-20 yrs.	1	60
No. > 20 yrs.	4	1410

Hospitalizations

Treated at on-site facility ______

Treated at correc syst hospital ______

Treated at designated Hosp Secure Unit ______

Treated at designated hospital formal agreement (2)

Treated at any hospital ______

* MAJOR CONSTRUCTION PROJECT WILL INCREASE NO. OF INSTITUTIONS AND LEGISLATURE H.C. COMM IS WORKING TOWARD EXPANDED AND IMPROVED SERVICES

BUDGET

	Correct.	Health	% Change Correct.	% Change Health	HEALTH % CORRECT
FY 76	9.5M	804K			8%
FY 77	10.7M	1.3M	↑ 13%	57% ↑	12%
FY 78	14 M	1.3M	↑ 30%	2% ↑	9%

FY 79 Expansion: unlikely ——— probable [marked at probable: XX *]

Per capita 78 correctional costs 7301 (System-wide)

Per capita 78 correctional costs ______ (Institutional Range)

Per capita 78 health costs 871 (System-wide)

Per capita 78 health costs ______ (Institutional Range)

HEALTH CARE BUDGET

Central Budget — Line Item in Institutional Budget-MD Control — Line Item in Institutional Budget-Warden Control — [X] Institutional Budget-No Line Control — Other

Type of Provider	No. System Total	No. Per Instit. (Range) DSC	Inmates Per Provider (Instit. Range)
Primary Care Physicians	2 1/5 1/10 1/10	2 2/5	
Psychiatrists	1 1/10 1/10	1 1/5	
Other Phys. Specialists	1/15 1/3	4/15	
Psychologists	2 1 1/10 2 1	6 1/10	
Dentists	1 1/2 1/10 1/5 1	2 8/10	
Pharmacists	3 1/10	3 1/10	
Phys. Assistants/ Nurse Practitioner	2 1	3	
Registered Nurses	9 2 1 1	13	
Lic. Practical Nurse	1	1	
Dental Hygienist/ Assistant	2	2	
Lab Technicians	1	1	
Xray Technicians	1	1	
Physical Therapist			
Non-Clinician Administrator	2	2	

HEALTH CARE FUNCTIONS

Health Services Provided by:*	Inmate Aides	Correct. Officers	Nurses	PA NP	Physicians	Pharmacis
First Aid		I	III	I	I	
Sick Call			III	I	III	
Routine Med. Care			III	I	I	
Dispensing Prescription Drugs		I	III			I

*Enter number of institutions

LEGAL PRESSURES	Never Occurred	Occurred, but No Longer in Effect	Currently Occurring Or In Effect
Injunctions or directives applied to the entire state as well as to individual prisons	[X]	[]	[]
Injunctions or directives applied to an individual prison, but not the entire system	[X]	[]	[]

Characterize the organizational configuration of the corrections system and the correctional health services delivery system. Consider the following: 1) Bureaucratic structure; 2) Lines of authority; 3) Decision making prerogatives in health care policies and standards; 4) Administrative responsibility for health care services; 5) Performance of specific health care functions such as recruitment, negotiating with providers, etc.

SINGLE DEPARTMENT OF CORRECTION RESPONSIBLE TO GOV. DIRECTOR DELEGATES AUTHORITY FOR HEALTH TO WARDENS (1) (below)

REPRESENTATION PROVIDED FOR MALPRACTICE BUT NO INS. COVERAGE.

(2) LINCOLN GENERAL HOSPITAL - ADULT ♂ INPATIENT SERVICES
LINCOLN REGIONAL CENTER - 23 BED PSYCHIATRIC WARD
HASTINGS REGIONAL CENTER - DENTAL & PSYCHIATRIC CARE FOR ADULT ♀

EXCEPT AT NP&CC WARDENS RESPONSIBLE FOR HEALTH FUNCTIONS (IIc3)

NP&CC: NEW RECORD SYSTEM BEING IMPLEMENTED, REVIEWING DRUG DISTRIBUTION SYST

PROBLEMS:
STANDARDS FOR CARE, DENTAL, MENTAL HEALTH SERVICE
ONGOING EVALUATION SYSTEM TO ASSESS EFFECTIVENESS AND COST-CONTROL

Summarize the respondent's answer to whether the system is currently undergoing changes. Particularly note your subjective impressions of the likelihood of change occurring in this system concommitant with and/or as a result of CHCP.

(1) DEPT. MEDICAL DIRECTOR AND ADMINISTRATIVE AST TO BE HIRED. WILL BE RESPONSIBLE FOR HEALTH STDS, & COST CONTROL.

SYSTEM IS UNDERGOING A MAJOR CAPITAL CONSTRUCTION PHASE WHICH WILL RESULT IN NEW FACILITIES FOR ALL ADULT MALES - EXPANSION OF MEDICAL [illegible]

What is your impression of the care with which the application was complet e.g., accuracy of answers, completeness, etc.

COMMITMENT TO IMPROVE H.S. AT DEPT, GOV. & LEGIS. LEVELS. PROGRAMMATIC [illegible] REPRESENTATIVES FROM DEPT. LEGIS. [illegible]

State NEVADA HEW Region IX Abstractor's Initials [illegible]

Hospitalizations

Treated at on-site facility ______

Treated at correc syst hospital ______

Treated at designated Hosp Secure Unit ______

Treated at designated hospital formal agreement CONTRACT

Treated at any hospital STATE MENTAL HOSP PSYCH. SVCES

SIZE

No. Inmates 1207
Metro 162
Sm City 1045
Rural ______
No. Inmates/Institution 34-547 (Range)

Total Bed Capacity 1102
Total FTE Employees 416
No. Facilities 4 + CAMPS

SECURITY

No. Maximum 1
No. Medium 3
No. Minimum 1 (CAMP)

AGE

	No. Inst.	No. Inmate
No. < 5 yrs.	2	[illegible]
No. 5-20 yrs.	2	610
No. > 20 yrs.	1	[illegible]

2 PT.II's COMPLETED

BUDGET

	Correct.	Health	% Change Correct.	% Change Health	HEALTH % CORR.
FY 76	6.1 M	285K		--	5%
FY 77	7.3 M	511K	↑ 20%	78% ↑	7%
FY 78	9.6 M	711K*	↑ 32%	39% ↑	7%

FY 79 Expansion: unlikely ——— X probable

ADDITIONAL FUNDS FOR INCREASE IN SERVICES

Per capita 78 correctional costs: 6056 (System-wide)

Per capita 78 correctional costs: ______ (Institutional Range)

Per capita 78 health costs: ______ (System-wide)

Per capita 78 health costs: ______ (Institutional Range)

HEALTH CARE BUDGET

Central Budget — Line Item in Institutional Budget-MD Control — Line Item In Institutional Budget-Warden Control — X Institutional Budget-No Line Control — Other

*DOES NOT INCLUDE NEW FACILITY (175,000)

Characterize the organizational configuration of the corrections system and the correctional health services delivery system. Consider the following: 1) Bureaucratic structure; 2) Lines of authority; 3) Decision making prerogatives in health care policies and standards; 4) Administrative responsibility for health care services; 5) Performance of specific health care functions such as recruitment, negotiating with providers, etc.

3 INSTITUTIONS IN NORTHERN PART OF STATE SERVED BY ONE MEDICAL STAFF
1 INSTITUTION IN SOUTH IS NOT FULLY COMPLETED (WILL INCLUDE MODERN MEDICAL FACILITY)
SINGLE DEPT OF CORRECTION RESPONSIBLE TO GOV & CORRECTIONS COMMISSION
NO SPECIFIC HEALTH UNIT: DIRECTOR IS RESPONSIBLE FOR HEALTH VIA MEDICAL DIRECTOR AT INSTITUTION.
INSTITUTIONS DETERMINE USE OF INMATES AND CONDUCT OF SICK CALL. ALL OTHER POLICIES, PROCEDURES, STD AND RECRUITMENT DONE BY C.O.
MALPRACTICE COVERED BY STATE VIA LIMITATIONS IMPOSED BY STATUTE.
CENTRAL OFFICE ADMINISTRATOR, RESPONSIBLE FOR OTHER AREAS, HAS RESPONSIBILITY FOR H.C.
BUDGET INCLUDES TRANSPORTATION & SECURITY EXPENSES

Summarize the respondent's answer to whether the system is currently undergoing changes. Particularly note your subjective impressions of the likelihood of change occurring in this system concommitant with and/or as a result of suits:

LACK OF RESOURCES FOR 24HR COVERAGE, CONTROL OF MED RECORDS & DRUGS
PHYSICAL PERFORMED (COMPLETE) WITHIN 1 WK, INFIRMARIES ON SITE AT BOTH.

HEALTH CARE PERSONNEL

Type of Provider	No. System Total	No. Per Instit. (Range)	Inmates Per Provider (Instit. Range)
Primary Care Physicians	1/1		
Psychiatrists	1		
Other Phys. Specialists			
Psychologists	1/PT		
Dentists	1/PT		
Pharmacists	1		
Phys. Assistants/ Nurse Practitioner			
Registered Nurses	3/1		
Lic. Practical Nurse	5/2		
Dental Hygienist/ Assistant			
Lab Technicians			
Xray Technicians			
Physical Therapist			
Non-Clinician Administrator			

HEALTH CARE FUNCTIONS

Health Services Provided by:*	Inmate Aides	Correct. Officers	Nurses	PA NP	Physicians	Pharmacists
First Aid			II		II	
Sick Call			II		II	
Routine Med. Care			II			
Dispensing Prescription Drugs			II			

*Enter number of institutions

	Never Occurred	Occurred, but No Longer in Effect	Currently Occurring Or In Effect
LEGAL PRESSURES INVESTIGATED BY TWO COMMITTEES - AGREE THAT DEPARTMENT NEEDS TO EXPAND SERVICES			
Injunctions or directives applied to the entire state as well as to individual prisons	[]	[]	X
Injunctions or directives applied to an individual prison, but not the entire system	[]	[]	X

What is your impression of the care with which the application was completed? e.g., accuracy of answers, completeness, etc.

SIZE

No. Inmates 14468
Metro
Sm City
Rural
No. Inmates/Institution 550-1714 Range
Total Bed Capacity 12795
Total FTE Employees 4196
No. Facilities 79 *(7)

SECURITY

No. Maximum 1
No. Medium 4
No. Minimum 2

AGE

	No. Inst.	No. Inmate
No. < 5 yrs.	1	-
No. 5-20 yrs.	0	-
No. > 20 yrs.	79	-

Hospitalizations

Treated at on-site facility 1
Treated at correc syst hospital IIII
Treated at designated Hosp Secure Unit
Treated at designated hospital formal agreement III
Treated at any hospital

BUDGET

	Correct.	Health	% Change Correct.	% Change Health	HEALTH % CORREC.
FY 76	56.8M	6.8M			12%
FY 77	64-M	8.2M	12.5%	20.6%	13%
FY 78	78.5M	8.9M	22.7%	8.5%	11%

FY 79 Expansion — unlikely — X** — probable

Per capita 78 correctional costs 4426 System-wide
Per capita 78 correctional costs Institutional Range
Per capita 78 health costs 566 System-wide
Per capita 78 health costs 92-2378 Institutional Range

HEALTH CARE BUDGET

IIII

Central Budget | Line Item in Institutional Budget-MD Control | Line Item in Institutional Budget-Warden Control | Institutional Budget-No Line Control | Other

** ADDITIONAL FUNDS TO INCREASE SERVICES & UPGRADE QUALITY

Type of Provider	No. System Total	No. Per Instit. (Range)	Inmates Per Provider (Instit. Range)
Primary Care Physicians	37½	1 - 13	
Psychiatrists	12 7/10	1/6 - 3½	
Other Phys. Specialists	6⅓	0 - 6½	
Psychologists	36½	½ - 9	
Dentists	10½	0 - 3	
Pharmacists	2⅕	0 - 2	
Phys. Assistants/ Nurse Practitioner	6	0 - 2	
Registered Nurses	71	1 - 19	
CORR. HEALTH ASSISTANT Lic. Practical Nurse	125	0 - 93	
Dental Hygienist/ Assistant	12	0 - 5	
Lab Technicians	4	0 - 4	
Xray Technicians	2	0 - 2	
Physical Therapist	6/10	0 - ½	
Non-Clinician Administrator (INCLUDES CLERICAL)	18	0 - 18	

*7 CATEGORIES USED IN COMPLETION OF PTIES

Characterize the organizational configuration of the corrections system and the correctional health services delivery system. Consider the following: 1) Bureaucratic structure; 2) Lines of authority; 3) Decision making prerogatives in health care policies and standards; 4) Administrative responsibility for health care services; 5) Performance of specific health care functions such as recruitment, negotiating with providers, etc.

CENTRAL PRISON: ACUTE CARE HOSPITAL / PSYCHIATRIC HOSPITAL / OP SPEC CLINICS / INTAKE &
McCAIN: LONG TERM NURSING CARE / TB INPATIENT
SINGLE DEPARTMENT RESPONSIBLE TO GOVERNOR - C.O. CHIEF OF HEALTH SERVICES ESTABLISHES POLICIES & PROC. IMPLEMENTATION DELEGATED TO WARDENS.
STATE REIMBURSES PROFESSIONALS FOR MALPRACTICE PREMIUMS
MOVING TOWARD EXPANSION OF CONTRACTUAL SERVICES FOR PRIMARY CARE' INCREASES IN NURSING, DENTISTRY, MENTAL HEALTH PERSONNEL ON SITE (FROM DOH) IMPROVE PHARMACY WITH SYSTEM-WIDE CENTRAL SERVICE.
20 BED INTERMEDIATE NURSING CARE FACILITY TO BE ESTABLISHED IN 1979/450 BED HIGH RISK FACILITY UNDER CONSTRUCTION & 12 BED INC. 144 BED LONG TERM INPATIENT PSYCHIATRIC FACILITY UNDER CONSTRUCTION
FACILITY MEDICAL RESPONSIBILITY RESTS WITH CLINICAL PERSON WHO REPORTS TO WARDEN
NO HEALTH FUNCTIONS DELEGATED TO SECURITY PERSONNEL (IIC3) IN MOST INSTITUTIONS
ALL QUESTIONAIRES FILLED OUT AT CENTRAL OFFICE.
FIVE OUT OF SIX QUESTIONAIRES INDICATE INFIRMARY FACILITIES ON SITE.

Summarize the respondent's answer to whether the system is currently undergoing changes. Particularly note your subjective impressions of the likelihood of change occurring in this system concommitant with and/or as a result of CHCP.

COMPREHENSIVE HEALTH CARE PACKAGE TO BE PRESENTED TO FY79 GENERAL ASSEMBLY. COMMUNITY SUPPORT FROM; NSD, DENT NURSING SOCIETIES & MENTAL HEALTH ASSOCIATION
MEDICAL MANAGEMENT INFORMATION SERVICE PLANNED (REQUIRES STAFF)

HEALTH CARE FUNCTIONS

Health Services Provided by:*	Inmate Aides	Correct. Officers	Nurses	PA NP	Physicians	Pharmacist
First Aid		IIII	IIII I	IIII	I	
Sick Call			IIII I	II		
Routine Med. Care			IIII	IIII	IIII I	
Dispensing Prescription Drugs			IIII I	IIII	II	II

*Enter number of institutions

LEGAL PRESSURES	Never Occurred	Occurred, but No Longer in Effect	Currently Occurring Or In Effect
Injunctions or directives applied to the entire state as well as to individual prisons	X	[]	[]
Injunctions or directives applied to an individual prison, but not the entire system	X	[]	[]

What is your impression of the care with which the application was completed e.g., accuracy of answers, completeness, etc.

INCLUDED PUBLISHED DESCRIPTION OF D.O.C. (2 YRS OLD)

SIZE

No. Inmates 6667 (6113) *
Metro 4072
Sm. City
Rural 2575
No. Inmates/Institution 115-2828 (Range)
Total Bed Capacity 5627
Total FTE Employees 2784
No. Facilities 14

SECURITY

No. Maximum 4
No. Medium 6 } 1
No. Minimum 2 } 1

AGE

	No. Inst.	No. Inmate
No. < 5 yrs.	2	1057
No. 5-20 yrs.	3	569
No. > 20 yrs.	8	4198

Treated at on-site facility 1
Treated at correc syst hospital 5
Treated at designated Hosp Secure Unit 3
Treated at designated hospital formal agreement 6
Treated at any hospital 4

BUDGET

	Correct.	Health	% Change Correct.	% Change Health	Health % Correct.
FY 76	48.3M	1.4M			3%
FY 77	60M	1.9M	24%	29%	3%
FY 78	70.7M	2.5M	18%	32%	3%

FY 79 Expansion: unlikely ——— X * ——— probable

Per capita 78 correctional costs 9013 (9830) System-wide
Per capita 78 correctional costs ______ Institutional Range
Per capita 78 health costs 278 (303) System-wide
Per capita 78 health costs 69-467 Institutional Range

HEALTH CARE BUDGET

Central Budget	Line Item in Institutional Budget-MD Control	Line Item in Institutional Budget-Warden Control	Institutional Budget-No Line Control	Other
	1	8	4	

*554 ADULT MALES ON EXTENDED FURLOUGH

Characterize the organizational configuration of the corrections system and the correctional health services delivery system. Consider the following: 1) Bureaucratic structure; 2) Lines of authority; 3) Decision making prerogatives in health care policies and standards; 4) Administrative responsibility for health care services; 5) Performance of specific health care functions such as recruitment, negotiating with providers, etc.

* NO SIGNIFICANT EXPANSION PLANNED FOR YOUTH SERVICES.
ADULT SERVICES WILL RECEIVE FUNDS FOR UPGRADING H.C. SERVICES, MAJOR CAPITAL IMPROVEMENTS AS A RESULT OF RECENT LITIGATION
DECENTRALIZED HEALTH CARE DECISIONS DELEGATED TO WARDENS
SEPARATE FACILITIES HAVE MEDICAL CARE RESPONSIBILITIES SUPERVISED BY RN'S OR "HOSPITAL SUPERINTENDENTS"
CORRECTIONS SYSTEM OTHER THAN HEALTH SEEMS TO BE RELATIVELY CENTRALIZED
HX & PX COMPLETE DONE CENTRALLY - NOT ALL INSTITUTIONS MAINTAIN INFIRMARIES

Summarize the respondent's answer to whether the system is currently undergoing changes. Particularly note your subjective impressions of the likelihood of change occurring in this system concommitant with and/or as a result of CHCP.

CURRENTLY IN THE PROCESS OF IMPROVING HEALTH SERVICES IN RESPONSE TO LEGAL PRESSURE. DO NOT SEEM VERY FAR ALONG IN THE PROCESS. MONIES HAVE BEEN APPROVED FOR CAPITAL IMPROVEMENTS. CONTRACTS FOR SERVICES WITH MEDICAL SCHOOL HAS BEEN ATTEMPTED UNSUCCESSFULLY.

HEALTH CARE PERSONNEL

Type of Provider	No. System Total	No. Per Instit. (Range)	Provider (Instit. Range)
Primary Care Physicians	16½		
Psychiatrists	6 1/10		
Other Phys. Specialists	17		
Psychologists	9		
Dentists	16½		
Pharmacists	5		
Phys. Assistants/ Nurse Practitioner	2		
Registered Nurses	10½		
Lic. Practical Nurse	15½		
Dental Hygienist/ Assistant	2		
Lab Technicians	2		
Xray Technicians	1		
Physical Therapist	1		
Non-Clinician Administrator	11		

HEALTH CARE FUNCTIONS

Health Services Provided by:*	Inmate Aides	Correct. Officers	Nurses	PA NP	Physicians	Pharmacists
First Aid	4	1	8	4		
Sick Call	2		8	4		
Routine Med. Care	1		7	4	6	
Dispensing Prescription Drugs		3	6	4		2

*Enter number of Institutions

LEGAL PRESSURES	Never Occurred	Occurred, but No Longer in Effect	Currently Occurring Or In Effect
Injunctions or directives applied to the entire state as well as to individual prisons	[]	[]	[]
Injunctions or directives applied to an individual prison, but not the entire system	[]	[]	X

What is your impression of the care with which the application was completed e.g., accuracy of answers, completeness, etc.

COMPLETE QUESTIONAIRE PT II'S FILLED OUT BY DIFFERENT PEOPLE. NOT ALWAYS CLEAR REGARDING THEIR PROFESSIONAL STATUS / AND RESPONSIBILITY

SIZE

No. Inmates 3828
Metro
Sm City
Rural
No. Inmates/Institution 20-1693 (Range)
Total Bed Capacity 3591
Total FTE Employees 1263
No. Facilities 9

SECURITY

No. Maximum 3 (1 MAN/RED 2 MAN/MIN)
No. Medium 2
No. Minimum 7

Hospitalizations

Treated at on-site facility
Treated at correc syst hospital
Treated at designated Hosp Secure Unit
Treated at designated hospital formal agreement
Treated at any hospital

AGE	No. Inst.	No. Inmate
No. < 5 yrs.	2	134
No. 5-20 yrs.	4	1008
No. > 20 yrs.	3	2686

3 PTI QUEST. COMPLETED

BUDGET

	Correct.	Health	% Change Correct.	% Change Health
FY 76	31.8M	2.6M		
FY 77	37.4M	3.2M		
FY 78	43.7M	3.3M		

HEALTH % CORR.

FY 79 Expansion — UNCERTAIN (unlikely NO SIGN. EXP. probable)

Per capita 78 correctional costs — System-wide
Per capita 78 correctional costs — Institutional Range
Per capita 78 health costs — System-wide
Per capita 78 health costs — Institutional Range

HEALTH CARE BUDGET

Central Budget | Line Item in Institutional Budget-MD Control | Line Item in Institutional Budget-Warden Control | Institutional Budget-No Line Control | Other

Type of Provider	No. System Total	No. Per Instit. (Largest Inst)	Inmates Per Provider (Instit. Range)
Primary Care Physicians	121	4	
Psychiatrists	111	3	
Other Phys. Specialists	42	6	
Psychologists	411	6	
Dentists	212	5	
Pharmacists	1	1	
Phys. Assistants/ Nurse Practitioner	32	5	
Registered Nurses	276	15	
Lic. Practical Nurse	85	13	
Dental Hygienist/ Assistant	11	2	
Lab Technicians	11	2	
Xray Technicians	11	2	
Physical Therapist			
Non-Clinician Administrator	1	1	

HEALTH CARE FUNCTIONS (5) ICP SUPV. MILITARY CORRECT

Characterize the organizational configuration of the corrections system and the correctional health services delivery system. Consider the following: 1) Bureaucratic structure; 2) Lines of authority; 3) Decision making prerogatives in health care policies and standards; 4) Administrative responsibility for health care services; 5) Performance of specific health care functions such as recruitment, negotiating with providers, etc.

CORRECTIONS IS SUB-UNIT OF DEPT OF SOC. & HEALTH SERVICES. DIRECTOR OF CORRECTIONS AND WARDENS HAVE AUTHORITY FOR ALL PROGRAMS – DEPT. MED DIRECTOR PROFESSIONALLY SUPERVISES HEALTH SERVICES & PERSONNEL.

MOST POLICIES (EXCEPT FOR ACTUAL DELIVERY PROCESS E.G. SICK CALL) ARE MADE CENTRALLY.

EXPANDED USE OF PA'S & NP'S PLANNED AND PHASE OUT OF ON SITE HOSPITAL PROCESS OF DEVELOPING POLICIES & PROCEDURES HAS STARTED.

IN SERVICE TRAINING PROGRAM UNDER SUPERVISION OF MEDEX OF U OF WASHINGTON

Summarize the respondent's answer to whether the system is currently undergoing changes. Particularly note your subjective impressions of the likelihood of change occurring in this system concommitant with and/or as a result of CHCP.

PROBLEMS: STAFFING LEVELS, USE OF MIDLEVEL PRACTITIONERS, IN SERVICE TRAINING

Health Services Provided by:*	Inmate Aides	Correct. Officers	Nurses	PA NP	Physicians	Pharmacists
First Aid	I	II	III	II	II	
Sick Call	I		II	II	II	
Routine Med. Care			II	I	III	I
Dispensing Prescription Drugs		I	III	II	II	II

*Enter number of institutions

LEGAL PRESSURES	Never Occurred	Occurred, but No Longer in Effect	Currently Occurring Or in Effect
Injunctions or directives applied to the entire state as well as to individual prisons	[ ]	[X]	[ ]
Injunctions or directives applied to an individual prison, but not the entire system	[ ]	[ ]	[ ]

What is your impression of the care with which the application was completed? e.g., accuracy of answers, completeness, etc.

3/9/78 MED SVCES STATUS REPT. OUTLINES CURRENT PROBLEMS AND FUTURE PLANS

State COLORADO HEW Region VIII

Abstractor's Initials [illegible]

Hospitalizations

Treated at on-site facility: 1

Treated at correc syst hospital: ____

Treated at designated Hosp Secure Unit: 11

Treated at designated hospital formal agreement: ____

Treated at any hospital: 1

2 PT II's RECEIVED COVERING 4/7 INSTITUTIONS

SIZE

No. Inmates	2219
Metro	
Sm City	1471
Rural	748
No. Inmates/Institution (Range)	70-824
Total Bed Capacity	2480
Total FTE Employees	569
No. Facilities	7

SECURITY

No. Maximum	3
No. Medium	3
No. Minimum	1

AGE

	No. Inst.	No. Inmate
No. < 5 yrs.	—	
No. 5-20 yrs.	4	
No. > 20 yrs.	3	

BUDGET

	Correct.	Health	% Change Correct.	% Change Health	HEALTH % CORRECT.
FY 76	19.3M	619K			3%
FY 77	22.6M	663K	↑17%	7%↑	3%
FY 78	27.8M	925K	↑23%	39%↑	3%

FY 79 Expansion: unlikely X ——— probable

Per capita 78 correctional costs: 10,166 (System-wide)

Per capita 78 correctional costs: — (Institutional Range)

Per capita 78 health costs: 300 (System-wide)

Per capita 78 health costs: — (Institutional Range)

NO SIGNIFICANT EXPANSION PLANNED OVER NEXT 2 YRS

HEALTH CARE BUDGET: Central Budget / Line Item in Institutional Budget-MD Control (marked) / Line Item in Institutional Budget-Warden Control / Institutional Budget-No Line Control (marked) / Other

HEALTH CARE PERSONNEL

Type of Provider	No. System Total	No. Per Instit. (Range)	Per Provider (Instit. Range)
Primary Care Physicians	1 / .6	.6-1	
Psychiatrists	.2 / 1	.2-1	
Other Phys. Specialists	.3	0-.3	
Psychologists (NOT MED)	3 / 1	1-3	
Dentists	1.4 / 1	1-1.4	
Pharmacists	1.3	0-1.3	
Phys. Assistants/ Nurse Practitioner	2 / 1	1-2	
Registered Nurses	7 / 4	4-7	
Lic. Practical Nurse	6	0-6	
Dental Hygienist/ Assistant			(2 INMATES)
Lab Technicians			(2 INMATES)
Xray Technicians			(1 INMATE)
Physical Therapist			
Non-Clinician Administrator	1	0-1	

HEALTH CARE FUNCTIONS

Health Services Provided by:*	Inmate Aides	Correct. Officers	Nurses	PA NP	Physicians	Pharmacists
First Aid	1	1	11	11	1	1
Sick Call			11	11	1	
Routine Med. Care			11	11	11	1
Dispensing Prescription Drugs			1	1		1

*Enter number of Institutions

LEGAL PRESSURES	Never Occurred	Occurred, but No Longer in Effect	Currently Occurring Or In Effect
Injunctions or directives applied to the entire state as well as to individual prisons	X	[]	[]
Injunctions or directives applied to an individual prison, but not the entire system	X	[]	[]

Characterize the organizational configuration of the corrections system and the correctional health services delivery system. Consider the following: 1) Bureaucratic structure; 2) Lines of authority; 3) Decision making prerogatives in health care policies and standards; 4) Administrative responsibility for health care services; 5) Performance of specific health care functions such as recruitment, negotiating with providers, etc.

SINGLE DEPARTMENT OF CORRECTION RESPONSIBLE TO GOV. AUTHORITY FOR HEALTH SERVICES REST WITH CENTRAL OFFICE AND IS ASSIGNED AS A PART TIME RESPONSIBILITY TO ONE STAFF PERSON.

POLICIES & PROCEDURES ETC. MADE AT CENTRAL OFFICE - HEALTH DEPT IS RESPONSIBLE FOR ENVIRONMENT / PRISON INDUSTRIES - FOOD.

RECRUITMENT & STAFF DEVELOPMENT ARE CENTRAL RESPONSIBILITIES.

STATE SELF-INSURING FOR MALPRACTICE.

RECENT LARGE EXPENDITURES FOR PHYSICAL PLANT (INCLUDING HC. FACILITY)

BOTH INSTITUTIONS HAVE INFIRMARIES AND USE A SECURE UNIT FOR HOSPITALIZATION

INSTITUTIONAL MEDICAL STAFF REPORT TO CENTRAL OFFICE

Summarize the respondent's answer to whether the system is currently undergoing changes. Particularly note your subjective impressions of the likelihood of change occurring in this system concommitant with and/or as a result of CHCP.

CHANGES PLANNED: IMPLEMENTATION OF POMR WITH U of C MED CTR / UNIT DOSE SYST. AND NEW FORMULARY / TRIAGE SYSTEM USING PA'S.

PROF. MED STAFF INCREASED BY 300% IN LAST 18 MO

30 BED HOSPITAL IS PLANNED

What is your impression of the care with which the application was completed? e.g., accuracy of answers, completeness, etc.

INTERESTED IN CONTINUING ED PROGRAMS

INTERFACE c̄ NEW INDUSTRIAL PROGRAM

NEW FACILITY DESIGN.

SIZE

No. Inmates 3796
Metro 969
Sm City 2827
Rural ______

No. Inmates/Institution
1239 290-1066
Range

Total Bed Capacity 3573
Total FTE Employees 1885
No. Facilities 8

SECURITY

No. Maximum 2
No. Medium 3 } 3 YOUTH
No. Minimum ______

AGE

	No. Inst.	No. Inmate
No. < 5 yrs.	1	400
No. 5-20 yrs.	3	1400
No. > 20 yrs.	4	2000

Hospitalizations

Treated at on-site facility ______

Treated at correc syst hospital ______

Treated at designated Hosp Secure Unit 7 } COMB

Treated at designated hospital formal agreement ______

Treated at any hospital 8

BUDGET

	Correct.	Health	% Change Correct.	% Change Health	HEALTH % CORR.
FY 76	29.9M	1.5M			5%
FY 77	31.9M	1.7M	↑7%	13%↑	5%
FY 78	–	–			

FY 79 Expansion: unlikely ——— probable [XX marked at probable]

Per capita 78 correctional costs 8416 (System-wide)

Per capita 78 correctional costs – (Institutional Range)

Per capita 78 health costs 441 (System-wide)

Per capita 78 health costs 332-951 (Institutional Range)
1237 ♀

HEALTH CARE BUDGET

[X] Central Budget — Line Item in Institutional Budget-MD Control — Line Item in Institutional Budget-Warden Control — Institutional Budget-No Line Control — Other

Type of Provider	No. System Total	No. Per Instit. (Range)	Inmates Per Provider (Instit. Range)
Primary Care Physicians	6 1/2	1/2 - 1	
Psychiatrists			
Other Phys. Specialists	5	6 - 3.5	
Psychologists			
Dentists	9 1/3	.3 - 2	
Pharmacists	3	0 - 2	
Phys. Assistants/ Nurse Practitioner			
Registered Nurses	34 1/2	3 - 5	
Lic. Practical Nurse	4	0 - 3	
Dental Hygienist/ Assistant	4 1/2	0 - 1	
Lab Technicians	1	0 - 1	
Xray Technicians	1/2	0 - 1/2	
Physical Therapist			
Non-Clinician Administrator	1	0 - 1	

HEALTH CARE FUNCTIONS

Health Services Provided by:*	Inmate Aides	Correct. Officers	Nurses	PA NP	Physicians	Pharmacists
First Aid		II	IIII III		IIII III	
Sick Call			IIII III		IIII III	
Routine Med. Care			IIII III		IIII III	
Dispensing Prescription Drugs			IIII II		IIII III	I

*Enter number of institutions

LEGAL PRESSURES	Never Occurred	Occurred, but No Longer in Effect	Currently Occurring Or In Effect
Injunctions or directives applied to the entire state as well as to individual prisons	X	[]	[]
Injunctions or directives applied to an individual prison, but not the entire system	[]	X	[]

Characterize the organizational configuration of the corrections system and the correctional health services delivery system. Consider the following: 1) Bureaucratic structure; 2) Lines of authority; 3) Decision making prerogatives in health care policies and standards; 4) Administrative responsibility for health care services; 5) Performance of specific health care functions such as recruitment, negotiating with providers, etc.

RESPONSIBILITY FOR HEALTH TRANSFERRED TO DIV OF HEALTH 1/15/78 SO DH HAS RECRUITMENT, HIRING, SUPERVISION AND DIRECTION OF ALL HEALTH CARE PERSONNEL AND THEIR ACTIVITIES. ALSO DH RESPONSIBLE FOR BUDGET AS WELL AS POLICY & PROCEDURES GOVERNING THE DELIVERY OF ALL HEALTH ACTIVITIES PSYCHOLOGY & PSYCHIATRY REMAINS IN CORRECTIONS.

EXPANSION IN BUDGET FOR CAPITAL IMPROVEMENTS AND INCREASED STAFF.

MALPRACTICE PURCHASED BY STATE.

MEDICAL PX DONE WITHIN 1WK - COMPLETE c̄ NO DENTAL

INSTITUTIONAL SUMMARIES PROVIDED FOR EACH INSTITUTION WHICH COMPLETELY

MEDICAL RECORDS, PHARMACEUTICAL & SICK CALL SYSTEMS TO BE REVIEWED.

Summarize the respondent's answer to whether the system is currently undergoing changes. Particularly note your subjective impressions of the likelihood of change occurring in this system concomitant with and/or as a result of CHCP.

C.O. OF BUREAU OF INST. HEALTH SERVICES TO BE STAFFED AND WORKING RELATIONSHIP NEED TO BE CONCRETIZED. UPGRADING - REORGANIZATION - IMPLEMENTATION TO BE CARRIED OUT. PLANS TO COORDINATE PHYSICAL, DENTAL & MENTAL HEALTH SERVICES. EMPHASIS ON UPGRADING AMOUNT, TYPE AND QUALITY OF SERVICES.

What is your impression of the care with which the application was completed? e.g., accuracy of answers, completeness, etc.

MUCH DATA - MANY CHANGES PLANNED AND BEING IMPLEMENTED

State RHODE ISLAND DHW Region — Abstractor's Initials JP

SIZE

No. Inmates	903
Metro	-
Sm City	903
Rural	-
No. Inmates/Institution	12-480 (Range)
Total Bed Capacity	1032
Total FTE Employees	430
No. Facilities	9

SECURITY

No. Maximum	2
No. Medium	2
No. Minimum	4
ONE NOT DESIGNATED	

AGE

	No. Inst.	No. Inmate
No. < 5 yrs.	0	
No. 5-20 yrs.	6	178
No. > 20 yrs.	3	725

Hospitalizations

- Treated at on-site facility: ____
- Treated at correc syst hospital: ____
- Treated at designated Hosp Secure Unit: ____
- Treated at designated hospital formal agreement: X STATE HOSPITAL
- Treated at any hospital: X

BUDGET

	ESTIMATES Correct.	Health	% Change Correct.	Health	HEALTH % CORRECT
FY 76	14M	275K			
FY 77	17M	490K	↑21%	78%↑	
FY 78	19M	700K	↑12%	43%↑	

FY 79 Expansion: unlikely ← X → probable

Per capita 77 correctional costs: 18,000 (System-wide)

Per capita 77 correctional costs: ____ (Institutional Range)

Per capita 77 health costs: 543 (System-wide)

Per capita 77 health costs: ____ (Institutional Range)

HEALTH CARE BUDGET

Central Budget | Line Item in Institutional Budget-HD Control | Line Item in Institutional Budget-Warden Control | Institutional Budget-No Line Control (X) | Other

HEALTH CARE PERSONNEL

Type of Provider	No. System Total	No. Per Instit. (Range)	Inmates Per Provider (Instit. Range)
Primary Care Physicians	1.53	.33 - 1.20	
Psychiatrists	1	0 - 1	
Other Phys. Specialists			
Psychologists			
Dentists	1.08	.33 - .75	
Pharmacists	1	0 - 1	
Phys. Assistants/ Nurse Practitioner			
Registered Nurses	3	1 - 2	
Lic. Practical Nurse	15	2 - 13	
Dental Hygienist/ Assistant			
Lab Technicians			
Xray Technicians	.5	0 - .5	
Physical Therapist			
Non-Clinician Administrator	1	1	1

HEALTH CARE FUNCTIONS

Health Services Provided by:*	Inmate Aides	Correct. Officers	Nurses	PA NP	Physicians	Pharmacists
First Aid			IIII IIII		SOMETIMES IIII IIII	
Sick Call			IIII IIII		IIII IIII	
Routine Med. Care			IIII IIII		SOMETIMES IIII IIII	
Dispensing Prescription Drugs						IIII IIII

*Enter number of institutions

Characterize the organizational configuration of the corrections system and the correctional health services delivery system. Consider the following: 1) Bureaucratic structure; 2) Lines of authority; 3) Decision making prerogatives in health care policies and standards; 4) Administrative responsibility for health care services; 5) Performance of specific health care functions such as recruitment, negotiating with providers, etc.

RHODE ISLAND SYSTEM INCLUDES JAIL & DETENTION, STATE PRISONS, YOUTH CORREC CTRS.
CENTRALIZED CORRECTIONAL SYSTEM RESPONSIBILITY → TO GOVERNOR.
CENTRALIZED OFFICE OF HEALTH CARE - ADMINISTRATOR REPORTS TO DEPUTY ASSISTANT DIRECTOR. PHYSICIAN MEDICAL DIRECTOR & NON-CLINICIAN DIRECTOR OF MED. SVCES.
ALL NINE (9) FACILITIES ARE LOCATED WITHIN ONE MILE SO CENTRAL ADMINISTRATION IS NATURAL.

PROBLEMS IDENTIFIED:
1. ATTITUDES OF SECURITY PERSONNEL TO IMPROVEMENTS IN HEALTH CARE
2. INSERVICE TRAINING AND STAFF DEVELOPMENT
3. IMPROVING RECORD KEEPING SYSTEM
4. INSTRUMENT & MECHANISM FOR QUALITY ASSESSMENT.

Summarize the respondent's answer to whether the system is currently undergoing changes. Particularly note your subjective impressions of the likelihood of change occurring in this system concommitant with and/or as a result of CHCP.

HEALTH CARE UNIT FORMED IN FALL 1976. 8/77 COURT ORDED MANDATED CHANGE IN DELIVERY OF MEDICAL SERVICES. MAJOR CAPITAL DEVELOPMENT PROJECT UNDERWAY. NEED FOR ASSISTANCE BECAUSE THE CHANGE PROCESS HAS BEGUN.

	Never Occurred	Occurred, but No Longer in Effect	Currently Occurring Or In Effect
LEGAL PRESSURES			
Injunctions or directives applied to the entire state as well as to individual prisons	[]	[]	X
Injunctions or directives applied to an individual prison, but not the entire system ?	[]	[]	[]

What is your impression of the care with which the application was completed? e.g., accuracy of answers, completeness, etc.

APPENDED MOOP DESCRIPTION OF SYSTEM, POLICIES & PROCED.

Size of Correctional System
1 2 3 4 5
Small — Large

- Number of Facilities
- Number of Inmates
- Number of Beds
- Number of FTE's
- Range of Inmates per Institution (I/A/1)

Dispersion of Inmates and Facilities in Correctional System
1 2 3 4 5
Not Dispersed — Very Dispersed

- Number of Inmates
- Number of Facilities
- Range of Inmates per Institution
- Distance Between Facilities

} Rural/Urban (I/A/1) (II/A/1)

Organizational Configuration of Correctional Health Services System
1 2 3 4 5
Decentralized — Centralized

- Authority for Decisions re: organ/Admin of Health Care Services (I/B/2)
- Authority for Decisions re: Specific Functional Areas (I/B/a/1-6)
- Recruitment Decisions (I/B/c)
- Staff Development (I/B/d)
- Health Administrator Reports To: (II/C/2)
- Responsibility for Health Service Functions (II/C/3/a-e)
- Budget Control (II/D/1)

Stage of Development of Correctional Health Services System
1 2 3 4 5
Primitive — Advanced

- Malpractice Protection (I/C/2)
- Changes Currently Occurring and Specific Problems (I/E/1 and 2)
- Correctional Health Manpower (II/B/1)
- Management of Medical Services in Individual Institutions (II/C/1)
- Responsibility for Health Service Functions (II/C/3/a-e)
- Budget Control (II/D/1)
- Intake Exams (II/E/1 and 2)
- Functions of Health Care Staff (II/E/3)
- Infirmary Functions (II/E/4)
- Hospitalizations (II/E/5)

Level of Allocation of Resources for Correctional Health Services
1 2 3 4 5
Low — High

- Current Operating Budget-Corrections and Health Care (I/D/1, II/D12)
- Expected Expansion of Expenditures (I/D/2, II/D/4)
- Probability of Increase in Funds (I/D/3/a)

Legal Pressures for Change in the Health Services System
1 2 3 4 5
No Pressure — High Pressure

- State-wide Injunctions (I/C/1/a)
- Institutional Injunctions (I/C/1/b)
- Individual Court Decisions (I/C/1/c)

Probability of Substantial Program Impact
1 2 3 4 5
Low — High

- Degree of Legal Pressure (I/C/1/a-c)
- Expected Expansion of Expenditures (I/D/2)
- Changes Currently Occurring & Specific Problems (I/E/1 and 2)

State

HEW Region

Population

Square Miles

Density

COMMENTS:

Scaling Procedure

The purpose of the scaling procedure is to summarize the information received from the states in such a way that comparisons can be made between states. This will make it possible to systematically group states by several criteria, and select states for participation from among the groups.

It is anticipated that the information received from the states will vary considerably in completeness, accuracy, and consistency. For this reason, it is not possible to design a method by which states can be objectively characterized. The scaling procedure relies on a process of subjective and relative consideration of many pieces of information; considerable individual judgment is required to assign a state to a point on the scale. However, it is assumed that the directions are explicit enough, and that the information provided will be sufficient to result in consistent judgments between abstractors. This assumption will be tested by having several people summarize single states, and comparing the results.

Seven scales have been developed, based on the selection criteria outlined in the application. For each scale, directions are included which identify the relevant questions and specific information which should be considered. In all cases, the entire questionnaire and any attachments, narrative descriptions, etc., should be considered, in addition to the response to a specific question. The directions should serve only as a guide to the type of information and responses which should be considered for each scale. Sometimes other portions of the questionnaires, or appended data or narrative descriptions may give information which appears to be more complete or accurate than the responses to the questions. In these cases, use whatever information seems to give the most complete picture of the system.

Occasionally, the same question and/or information will be considered for two different scales. This double-counting is deliberate because different aspects of the information are important for different scales.

Scaling Procedure - Instructions

Size of Correctional System

I/A/1: Number of Inmates - Sum figures given for prisons listed.

Number of facilities - Total number listed.

Number of beds - Sum figures given for prisons listed.

Number of FTE's - Sum figures given for prisons listed.

Range of inmates per institution - Identify the smallest and the largest institutional population. NOTE: The institutions listed on this form may not include all sites in the correctional system, for example, trustee farms or camps. If data are included elsewhere in the questionnaire which reflect larger numbers than those summed in this question, use the more accurate numbers.

Using these five items, identify the system on a continuum from small to large. As a guide, an inmate population of greater than 10,000 would be considered large (relative between states) while an inmate population of less than 1,000 would be small. States with similar inmate populations may vary on the scale because of number of facilities or employees. Note that this scale does not consider the ratio of inmates to civilian population. We are looking for a size of the correctional system, not relative to size of the state population, recognizing that some correlation does exist.

Dispersion of Inmates and Facilities in Correctional System

I/A/1: Number of inmates - Rural vs. urban

Number of facilities

Range of inmates per institution - Identify the smallest and the largest institutional populations.

Distance between facilities - The dispersion factor is difficult to define. It includes distances between facilities, number of facilities, and range of inmates per institution. For example, a system with three facilities which are over 100 miles from each other may be considered less dispersed than a system with fifty sites which average less than 50 miles apart, given similar inmate populations. Generally, we would expect smaller states to be lower on the scale than larger states, but variation could be great within a group of large states.

Organizational Configuration of Correctional Health Services

I/B/2: Authority for decisions regarding the organizational and administration of health care - Degree of centralization may be reflected by this response, with "a" being most decentralized and "c" being the most centralized.

I/B/a/1-6: Authority for decisions regarding specific functional areas - Characterize by number of centralized functions and what they are. If "other agency" is marked, try to determine if it is state (centralized) or local (decentralized).

I/B/b/1-3: Authority for decisions regarding standards - If any of these are in "individual institutions", this could be characterized in sum as decentralized.

I/B/c: Recruitment decisions - (self-evident)

I/B/d: Staff development - (self-evident)

II/C/2: Health services administrator reports to - On a continuum, "b" may be the most decentralized, and "c" the most centralized.

II/C/3/a-e: Responsibility for health service functions - Characterize on a continuum of decentralized to centralized, using all of the information provided. Generally, if most of the functional responsibilities rest with "3" or "4" it would be centralized, and if most rest with "1", "2", or "5", then it will be decentralized. NOTE that the differences between 1,2, and 5 (all decentralized, but qualitatively different) are covered in the scale on "Stage of Development".

II/D/1: Budget control - This response indicates whether control of the budget is decentralized (a,b,c) or centralized (d). NOTE that again the qualitative difference between a, b, and c is included in the scale on "State of Development".

It is likely that a pattern will emerge with respect to the criteria outlined above which will suggest where the state falls on a scale of decentralized versus centralized.

Stage of Development of Correctional Health Services System

I/C/2: Malpractice protection for clinical staff - It is felt that a state which is fairly advanced in the development of its health services system will offer some kind of malpractice protection (c,d) whereas a state which is barely developed will offer none (a) or little (b).

I/E/1 and 2: Changes currently occurring and specific problems - The information provided in these two questions should be evaluated together with respect to (1) the indications they contain which describe an advanced versus primitive system, and (2) the level of commitment to change (advancement) which is suggested by the responses.

II/B/1: Correctional health manpower - It is believed that level and type of health care personnel and their functions are the most significant indicators of state of development. Evaluate the responses to this question in light of the size of the system (ratio of personnel to inmates), and the functions of various types of staff (see questions II/E/3 and 4). Generally, the higher level of personnel the more advanced the system; and the more appropriate are functional responsibilities, the more advanced is the system.

II/C/1: Management of individual institutions' medical services - Evaluate this response in terms of the size of the institution and correctional system. Generally, it is better to have a clinician-administrator (a,b,c,d) and generally it is better to have an administrator whose only responsibility is health care (e).

II/C/3/a-e: Responsibility for health service functions - Among the persons in an individual institution with responsibility for health services (1,2,5), a more advanced system would have this responsibility rest with a medical director (1) or health administrator (2) as opposed to a warden or business manager (5). In a system where this responsibility was centralized (3,4), the responsibility should be in a department of corrections (3) rather than included in a general staff item (c).

II/E/1 and 2: Intake examinations - These should be evaluated together because some examination content may be given soon after arrival, and others later. Generally, an advanced system should give intake exams within one week of arrival (a,b) which consists of at least a history, physical, and lab workup (a,b,c). Best would be a complete exam (a-e) within one week (a,b).

II/E/3: Functions of health care staff - As noted earlier, health personnel and their functions are seen as the most significant indicators of stage of development. Evaluate this information in combination with the size of the correctional system, and the type of health care staff, as directed for question II/B/1.

II/E/4: Infirmary functions - Evaluate this question in light of other characteristics of the correctional system. If the size of the system and the sizes of the facilities warrant it, an advanced system is likely to maintain an infirmary on site (a,b,c).

II/E/5: Hospitalizations - How hospitalizations are handled will vary considerably depending on the nature and size of the correctional system and its facilities. Generally speaking, an advanced system will have at least some formal arrangements for hospitalizations (a,b,c,d).

Combining the results of assessing the state system for the above ten criteria, identify a point on the scale which best characterized the state's stage of development for their correctional health services.

Level of Allocation of Resources for Correctional Health

I/D/1 (II/D/2): Current operating budget - corrections and health care - There are two items of information to be considered when characterizing the allocation level as high or low. (1) The total corrections and health care budget with respect to the inmate population may be high or low relative to other states (due to wealth of state, and variations in labor and other costs); and (2) the ratio of the per capita health care budget to the percapita corrections budget may be high or low relative to other states. As a guide, New York allocates 3.4% (down from 4.3% in 1973) of its total corrections budget for health care.

I/D/2 (II/D/4): Expected expansion of expenditures for health care - If a significant expansion is expected, this could alter the point on a scale of high to low at which you would consider the state.

I/D/3/a: Probability of increases in funds in next two years - Similarly, this response could modify your characterization of the state's allocation level.

Legal Pressures for Change in the Health Services System

I/C/1/a: State-wide injunctions

I/C/1/b: Institutional injunctions

I/C/1/c: Individual court decisions

Characterize the degree of pressure for change from the legal system based on these responses. Generally speaking, pressure would be greatest if the entire state system was under judicial injunction to change the health care system.

Probability of Substantial Program Impact

I/C/1/a-c: Degree of legal pressure - A high degree of legal pressure would contribute to a high probability of program impact.

I/D/2: Expected expansion of expenditures - The program is most likely to have an impact if the system is already planning to allocate additional resources to health care.

I/E/1 and 2: Changes currently occurring and specific problems - Evaluate these responses in light of whether the state is "ready for intervention" and is able to change as a result of the program.

Again, use all of the information received from the state to evaluate the likelihood of substantial program impact.

Comments: Use this section to write in any details of the state system which you feel are not adequately reflected in the scales or which you feel may influence our selection decision in favor of or against this state, all other factors being equal.

State

Stage of Development of Correctional Health Services System

1 2 3 4 5

Primitive — Advanced

. Malpractice Protection (I/C/2)

. Changes Currently Occurring and Specific Problems (I/E/1 and 2)

. Correctional Health Manpower (II/B/1)

. Management of Medical Services in Individual Institutions (II/C/1)

. Responsibility for Health Service Functions (II/C/3/a-e)

. Budget Control (II/D/1)

. Intake Exams (II/E/1 and 2)

. Functions of Health Care Staff (II/E/3)

. Infirmary Functions (II/E/4)

. Hospitalizations (II/E/5)

______ State

Organizational Configuration of Correctional Health Services System

1 — 2 — 3 — 4 — 5

Decentralized ... Centralized

- Authority for Decisions re: Organ/Admin of Health Services (I/B/2)
- Authority for Decisions re: Specific Functional Areas (I/B/a/1-6)
- Recruitment Decisions (I/B/c)
- Staff Development (I/B/d)
- Health Administrator Reports To (II/C/2)
- Responsibility for Health Service Functions (II/C/3/a-e)
- Budget Control (II/D/1)

[illegible]

TK

______ State

Level of Allocation of Resources for Correctional Health Services

1 — 2 — 3 — 4 — 5

Low ... High

- Current Operating Budget-Corrections and Health Care (I/D/1, II/D/2)
- Expected Expansion of Expenditures (I/D/2, II/D/4)
- Probability of Increase in Funds (I/D/3/a)
- [illegible] that is allocated to health
- [illegible]

Legal Pressures for Change in the Health Services System

1 — 2 — 3 — 4 — 5

Low Pressure ... High Pressure

- State-wide Injunctions (I/C/1/a)
- Institutional Injunctions (I/C/1/b)
- Individual Court Decisions (I/C/1/c)

Probability of Substantial Program Impact

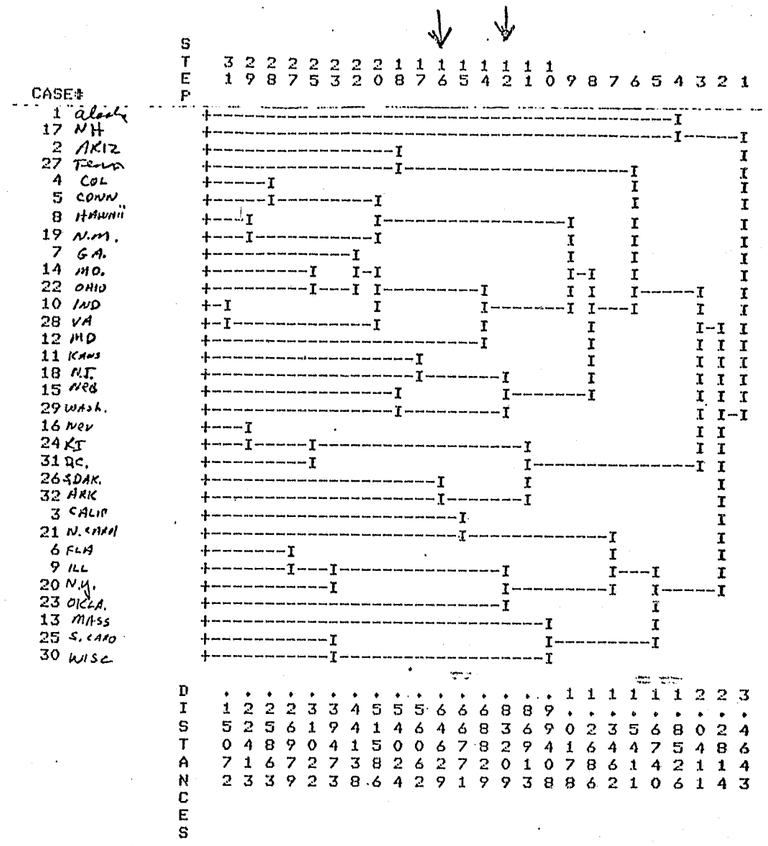
1 — 2 — 3 — 4 — 5

Low ... High

- Degree of Legal Pressure (I/C/1/a-c)
- Expected Expansion of Expenditures (I/D/2)
- Changes Currently Occurring & Specific Problems (I/E/1 and 2)

CLUSTER ANALYSIS
CASEWISE N=32 ALGORITHM=AVERAGE DISTANCE=EUCLIDEAN

USING: 1.SIZE, 2.DISPER, 3.CONFIG, 4.DEVELOP, 5.ALLOCT, 6.LEGAL



DISTANCES

STEP	LOW	HIGH	VALUE	STEP	LOW	HIGH	VALUE
31	(10)	(28)	.15072	30	(16)	(24)	.21166
29	(8)	(19)	.22413	28	(4)	(5)	.25863
27	(6)	(9)	.26979	26	(16)	(31)	.30927
25	(14)	(22)	.31022	24	(25)	(30)	.39250
23	(6)	(20)	.39473	22	(7)	(14)	.44138
21	(4)	(8)	.49653	20	(7)	(10)	.51586
19	(2)	(27)	.54024	18	(15)	(29)	.54024
17	(11)	(18)	.56062	16	(26)	(32)	.64629
15	(3)	(21)	.66771	14	(7)	(12)	.68829
13	(6)	(23)	.82601	12	(11)	(15)	.83209
11	(16)	(26)	.86913	10	(13)	(25)	.99408
9	(4)	(7)	1.0178	8	(4)	(11)	1.2686
7	(3)	(6)	1.3462	6	(2)	(4)	1.5411
5	(3)	(13)	1.6740	4	(1)	(17)	1.8526
3	(2)	(16)	2.0411	2	(2)	(3)	2.2814
1	(1)	(2)	3.4643				

COMMAND

```
?cluster option=complete,standard function=euclidean
 VARIABLES FOR CLUSTER ANALYSIS
=all
 MAXIMUM NUMBER OF STEPS TO PRINT, TO SAVE
=32
 RELATIONSHIP (WEIGHTS) FOR THE VARIABLES
=*
```

CLUSTER ANALYSIS
CASEWISE N=32 ALGORITHM=COMPLETE DISTANCE=EUCLIDEAN

APPENDIX D

CORRECTIONAL HEALTH CARE PROGRAM

SITE INTERVIEW GUIDE

BACKGROUND INFORMATION

1. Briefly describe the current status of corrections, major problems, current trends.
   a. What are the most significant problems/issues in the corrections system currently?
      *Overcrowding
      *Turnover rate
      *Old facilities
      *Budget
      *Media difficulties
      *Recruitment
   b. What do you see as the objectives of incarceration?
   c. How did these objectives get defined?
      *Who
      *When
      *History of DOC

2. How do the three branches of government impact on corrections.
   *Corrections affected by changes in state political structure or party in power?
   *Was corrections an issue in last legis. election?
   *Any important bills in legislature currently related to corrections or correctional health care?
   *Legislative committees on corrections?
   *Judges actively interested in or participating in corrections now or previously?

3. Describe your views regarding the objectives and role of your correctional health care system.
   a. How are correctional health care objectives integrated with the objectives of incarceration?
   b. What are the major or most common problems/issues in correctional health care?
      *Clinical (TB, dental)
      *Non-clinical (records, recruitment)
   c. Have any specific changes occurred in correctional health care in the past two years?
      *Purpose of the change
      *Who initiated
      *Present status
   d. What are your expectations or perceived benefits from this program?
      *Why did you apply?
      *How can CHCP assist you and your program?
      *What specific program changes would you like to implement through this project? (Encourage them to articulate these.)

ORGANIZATIONAL CONFIGURATION

4. Would you describe your organizational structure especially regarding:
   a. The appointment of key officials at the state level:
      *Vulnerability to political changes
   b. The role of the corrections commission, board, or other formally constituted advisory or governing body.
      *Composition
      *Appointment process
      *Responsibilities
   c. The decision-making process, especially in the area of correctional health care.

LEGAL ISSUES

5. Is there significant legal pressure requiring changes in your health care system?
   a. Have there been any successful suits against you?
      *Class actions
      *Malpractice
   b. What is their current status (resolved, pending, in effect)?
   c. Describe any changes that have been made in your health care system which resulted from court orders or judicial injunctions/directives.
      *What standards were used by the court?
      *Have you made any changes designed to minimize the possibility of future litigation?

6. One measure of legal pressure is the amount of resources which must actually or potentially be obligated because of litigation. Do you have a sense of whether this is a problem in your state?

BUDGETING

7. Please describe the budget development process.
   a. If institutional differences, explain why:
   b. Does this process apply to health care as well? If not, what are the differences?
   c. At what level of detail is the health care component of the budget developed? Cost centers? Accounts?
   d. Are any portions of the health care budget centrally controlled? By Corrections? By Health Care Administrators?
   e. How are security costs treated for off-site health care delivery?

COST MONITORING

8. Describe any formal procedures used for monitoring of costs.
   a. Review/approval of off-site hospital and referral fees.
   b. If costs in providing specific health care services seem excessively high, what measures are taken?
   c. If expenditures exceed or are likely to exceed appropriations, what mechanisms are available for supplemental funding?
      *How long does this process take?
      *Are there any areas of chronic budget overruns?
   d. Who have responsibility for authorizing budgeted health care expenditures?

RESP/PROG ACCT SYSTEM

9. Is there a responsibility/program accounting system in use?
   a. If yes, is health care a clearly identified entity in the system?
   b. How does it work?
   c. Who benefits the most from this system? What are major benefits?
   d. Who is responsible to follow-up on budget variances?

PERSONNEL & STAFFING

10. What do you see as your major problems in the area of personnel?
    *Recruiting
    *Hiring
    *Staffing levels authorized
    *Orientation
    *In-Service
    *Civil Service
    *Non-Competitive pay scales
    *High Turnover Rates
    *Security,Union/Contract Provisions
    *If yes, why? _____ *Stress?
    *Low competence level
    *Low morale

PERSONNEL & STAFFING Continued

10. a. How do you deal with these problems?
       *Rotation
       *Staff Development Programs
       *Recruitment Strategies
          *Malpractice
          *Institutional License
    b. What are the civil service ranks and pay ranges for:
       *MD/DO's
       *PA's
       *Nurses
       *CMA or equivalent

11. What kind of arrangements do you have with agencies or providers outside of corrections?
    *Formal *On-site care
    *Informal *Off-site care
    *Community Hospitals
    *Medical and other professional schools
    *Public Health Department
    *Mental health
    *Other state agencies or institutions

12. What specific changes and/or improvements would you like to see occur in your staff as a result of this program? (Skills, knowledge, behavior.)

13. Do you have any formal staff development programs in your health system?
    *Continuing Medical Education
    *Attendance at professional conferences

14. Would you describe your policies pertaining to use of residents in the health care delivery system?
    *Criteria for use
    *Areas that are "off-limits"
    *Who sets these policies

15. Would you briefly describe the qualifications of CMA:
    *Do you have a job description for these positions?
    *Certification/license

RECRUITMENT

15A. At a large institution, you need a full or part time physician. Your medical staff consists of several RNs and LPNs, and a few aides. Inmate population: Geog. location:
   a. Who decides: --that you need to hire a physician and whether full time or part time
      --qualifications and nature of license
      --salary level and fringes
   b. Who coordinates recruitment process; e.g., advertising, job description?
   c. Who actually interviews?
   d. Who recommends hiring and/or has authority to hire?
   e. To whom does physician report?
   f. Who establishes work schedule?

HEALTH CARE DELIVERY SYSTEM

INTAKE

16. Describe your intake procedures.
    a. How long does the process take?
    b. What does the process consist of?
        *Health history
        *Physicial examination
        *Dental examination
        *Hearing/vision screening
        *Psychological testing
        *Lab work
        *C X-ray
    c. Who conducts each component?
    d. How is the information recorded?
    e. What decisions are made based on this process; by whom?
        *Does the medical staff have any input into classification?
    f. If residents are transferred from intake to another institution, are workups redone? What do workups consist of?
    g. What are your views on how effective the intake process is in detecting health problems, or other conditions which could cause difficulties later?
    h. Are there written policies/procedures pertaining to the intake process and follow-up when abnormalities are detected.

SICK CALL

17. Describe how sick call is conducted?
        *Sign-up procedures
        *Frequency
        *How do residents get to sick call?
            *Differ by security level
        *Who are the providers on sick call?
            *Is there a regular, defined sequence in which patients see providers (triage)?
        *Protocols or standing orders available for management of a specific problem
    a. What types of treatments can occur during a sick call visit?
        *Medications
        *Types, quantity
        *Standing orders, scrips
        *X-ray
        *Lab tests
    b. What kinds of decisions can be made at sick call?
        *Lay in
        *Work release
        *Appointments-secondary care
        *Informary
        *Hospitalizations
    c. What kinds of information is kept on use of sick call?
        *Health records system
        *Utilization data

POST SICK-CALL PRIMARY CARE

18. If a patient needs care that is more extensive than what is usually handled at sick call -- what is the procedure for getting that care?
        *Can patient go directly from sick call to on-site MD?
        *Appointment from sick call
            *How often are primary care providers available? Who? (PA,NP,MD,DO)

19. In a situation where a physician is not on-site full time, how would you handle the following patient:
    1. Flank pain, cloudy urine, fever (kidney infection, stones).
    2. Spiking fever, chect pains, coughing (pneumonia).

SUPPORT SERVICES

20. What support services are available on-site to the medical staff, and how they are used.
        *Lab tests
        *X-ray
        *Therapeutic diets
        *Substance abuse programs
        Health education programs

21. How is your medication system organized?
        *Centralized/written formulary
        *Pharmacist (staff/consultant)
        *Dispensing procedures
        *Use of psychotropic drugs (ask for examples)
        *Use of OTC drugs

SECONDARY CARE (For State Medical Director)

22. Describe procedures you have for caring for the patient that requires care in addition to that which can be provided at sick call, or on an ambulatory basis by primary care providers at the institutions.
    a. Do all/most of your institutions have infirmaries? What are their functions?
    b. How do you arrange for care by medical specialists?
        *Regular clinics on-site
        *Formal arrangements with community practitioners for care off-site
    c. What arrangements do you have for acute hospital care?
        *Secure unit
        *Formal agreements
        *Informal arrangements
    d. What do you do about medical emergencies?

OFF-SITE OUTPATIENT CONSULT

. At a facility of _____ beds, you have one part time physician, no PA, several RNs. You have infirmary beds, not staffed 24 hours. You are located in a _____ (geog. area). Sometimes an inmate requires care by a specialist.
    a. Are there guidelines for deciding when to refer for off-site consult? Who developed them?
    b. Who decides which physician or hospital to send patient?
    c. What criteria are used to decide where patient goes in:
        *Psychiatric
        *Surgical
    d. Who decises on security requirements?
        *Transportation
        *CO coverage at clinic or hospital
    e. Who approves the bill?
    f. Who decides inpatient needs continual or additional off-site care?
    g. If outside consult write scrip, who decides if/when it is filled and despensed?
    h. Who makes formal arrangement (if any) with outside specialists to accept inmate patients when necessary?
    i. Who decides if and where a patient is sent in a medical emergency when the physician is absent?

SECONDARY CARE (Institutional Medical Director)

. Describe the infirmary and its functions and staff.
*How many beds?
*How is infirmary staffed?
*What is the most serious type of illness which is cared for in your infirmary?
*Hospital discharges
a. Does having an infirmary cut down on hospital length of stay? (Do not have infirmary):
b. How are people who require continuous care, isolation or observation, but who do not need to be hospitalized, handled?

. What are your procedures for making specialty care available?
a. Regular clinics on-site.
*Frequency
*Utilization
*Which specialties
*How is provider/specialty selected
*What is the relationship between specialists and DOC
*Community practitioners
*Rotating prison system physicians
*Medical school residents
*Indiv. contract
*Employee
*Group contract
b. Specialty care off-site
*Selection
*Discretion of prison MD
*Location
*Reimbursement
*How deal with transportation and security
*Are there problems?
*Who has responsibility for ongoing care?
c. Adequacy of health care resources in the area
*Level of resources in area
*Attitudes of providers toward accepting inmates as patients

. Describe your provisions for acute hospital care.
State has a system hospital:
a. Do you use the prison hospital when your patients need inpatient care? Would you describe the hospital, its functions and staff?
*Types of services provided
*Staff (types, coverage)
*What is most intensive level of care that is provided there?
b. For cases which are so emergent or severe that this hospital can't handle them, what procedures are there for care elsewhere?
*Secure unit
*Formal agreements
*Location
*Discretion
*Transportation/security
State does not have a system hospital:

. Would you describe for us your procedures for obtaining acute hosptial care?
*Reimbursement arrangements (costs instead of charges)
*Secure unit
*Transportation/security arrangements
*Satisfaction with hospital services

*Selection
*Discretion of institutional MDs
*Location
*Formal agreements
a. How do you handle medical emergencies?
*On-site (MD present or absent)
*Equipment
*Standing orders
*Training for corrections officers
*Disaster plan
*Off-site
*Who makes decisions
*Location
*Formal agreements-ambulance

DENTAL

. Deseribe the dental services which are available in your system.
a. How do residents obtain dental services?
*Access procedures
*Do they usually request services as a result of pain, or because they are informed of the availability of care and choose to take advantage of it?
*Arranged as a result of screening/intake?
b. What are your resources for dental care?
*Staff
*Equipment
c. Who makes decisions on priorities/levels of care?

MENTAL

. Could you describe hoe mental health services are provided in your system, who provides it, and in what circumstances?
a. What are the philosophy and objectives of mental health programs?
b. What types of staff provide mental health services?
c. Who decides when/where mental health services will be provided?
d. What facilities are available?

. What is the relationship between the mental health program and correctional treatment program?

. Do you have any systematic orientation or training programs regarding health for inmates?
a. Literature/pamplets
*Inmate rights and resp. re. health care.
*Grievance procedure
*Self-care health education
*Use of system
b. Classes/counseling re. health.

HEALTH RECORDS & MANAGEMENT DATA

. Describe your health records system:
a. Is the same form used at all institutions?
b. Is it a unit or decentralized system, that is inpatinet/outpatient, dental and psych. records combined in a unit record?
*If not, are various records filed centrally or separately?
*Is information from off-site referrals incorporated into the records?
*What format do you use?
*Chronologically or by problem?
*How are sick call visits recorded?

c. What do you consider your major problems in the area of health records?
   *Retrieval
   *Completeness of charting, filing
   *Obtaining consultants reports, discharge summaries for off-site cases?
   *Having records accompany inmates upon:
      *Transfer within the system
      *To off-site providers
   *Integration of separate pieces

d. How is privacy/security or records assured?
   *Who has access to records?
   *Do residents work in the records department?
   *Does corrections department have access to medical records?
   *Is access to psychiatric records handled differently?

e. Do you use the records for any regular evaluation of the health care procedures?
   *Medical audit of off-site/on-site care
   *Review of records upon death

f. Would you describe any other kinds of management information you collect for the health services program [other than costs, which is in the budget section].
   *Use of services:
      *Productivity of providers
   *How do you use this information?

g. Do you have special needs and/or problems in the area of health data collection for management purposes?

ENVIRONMENT

. Are you aware of any particular problems in living conditions?
  Traceable to: *Prison Industries
  *Food Service
  *Sanitation

. How are inspections conducted?
  *Who inspects?
  *To whom are reports directed?
  *Occupational safety and health in industries
  *Food preparation
  *Sanitation

. Would you describe your provisions for exercise, recreation, and privacy for inmates.
  *Gym facilities
  *Library
  *Educational programs

APPENDIX E

AMERICAN MEDICAL ASSOCIATION

ACCREDITATION PLAN AND SUPPORT DOCUMENTS

ACCREDITATION PLAN

FOR

HEALTH SERVICES IN PRISONS

The accreditation of a prison health service program will be awarded to governmental jurisdictions responsible for the operation of prisons and related facilities.

Thus, a facility within a correctional system or one which is administratively independent, enters the accreditation process when an Application for Accreditation from the person legally responsible for the facility is accepted by the Accrediting Body. This applying official may withdraw the application at anytime.

During the Applicant Phase, the official receives a self-evaluation questionnaire designed to assist in identifying the areas of the prison facility which are in compliance with the Standards. The information gained provides a basis for future improvements in the facility's health services which are necessary in order for the prison facility to obtain accreditation.

Next, the self-evaluation questionnaire is reviewed by the Accrediting Body Program Staff pursuant to the directives of the Accrediting Body Advisory Committee. Should the questionnaire reflect that the prison facility is in sufficient compliance with the Standards to warrant accreditation, the person legally responsible for the correctional system will be notified that its prison facility status in the accreditation process has been changed to that of a Candidate for Accreditation. If,

however, the questionnaire indicates that the facility's health service system is deficient, the area of deficiency will be communicated to the official responsible for the prison and technical assistance will be offered to assist the facility in reaching a higher level of compliance with the Standards. A second self-evaluation is recorded on the questionnaire within six months to hopefully place the facility in the status of Candidate for Accreditation.

During the period of Candidacy, an on-site field monitoring survey is conducted by a trained multidisciplinary survey team, consisting of physician and non-physician members. The team interview various levels of the prison facility personnel, health care providers and inmates and essentially review all aspects of the facility operations and administration related to the health services. The field report from the on-site survey team, including any comments regarding accreditation, is then forwarded to the Accrediting Body Advisory Committee for final action.

After reviewing the application, self-evaluation questionnaire, on-site survey documents, reports and comments of the survey team, the Accrediting Body may grant Two or One Year Application, or deny accreditation. The official applying for accreditation receives a full report regarding the action taken.

If a facility is denied accreditation, the responsible official may request, in writing, within thirty days, a review

of the decision denying accreditation. There is provided an impartial appeal procedure which includes the right to an interview, a hearing and formal reconsideration by the Accrediting Body.

In all facets of the accreditation process, except as otherwise provided by law, a confidential relationship is established. This policy is based on the belief that criticism if kept confidential, is more likely to be uninhibited and to promote needed improvements.

CONTINUED

1 OF 3

APPLICATION FOR ACCREDITATION

FOR

HEALTH SERVICES IN PRISONS

Instructions: Some of the Items on this questionnaire may not apply to your particular facility. In such cases, please mark NA in the answer space.

1. Name of facility _____
2. Address of facility _____
   City State Zip
3. Facility phone number (___) _____

4. Title of official legally responsible for facility _____
5. Name of official _____
6. Address of official _____
   City State Zip
7. Phone number of official (___) _____

8. Design rated capacity _____
9. Average daily population total _____ Male _____ Female _____
10. Average daily intake _____
11. Admissions per year _____ Male _____ Female _____
12. Average length of inmate stay _____

13. The custody level of your facility is (check one):
    Minimum _____ Medium _____ Maximum _____
    Other (specify) _____

14. What types of health care and services are provided WITHIN your facility? (Check all that apply)

(a) Clinic/Dispensary _____
(b) Dental Care _____
(c) Psychiatric Care _____
(d) Infirmary Care _____
(e) Pharmacy Service _____
(f) Laboratory Service _____
(g) X-Ray Service _____
(h) Other (specify) _____

15. Name of health authority responsible for health services _____

16. Phone number of health authority ( ) _____

17. Name of physician responsible for medical care _____

18. Phone number of physician ( ) _____

19. (a) Does your facility do any routine screening for potential medical problems? Yes _____ No _____

If you answered yes, please complete the following:

(b) When is this screening done? (Within number of days) _____

(c) Who performs this screening? (Title) _____

20. (a) How often is sick call held? _____

(b) What level of staff performs sick call? _____

21. Does your facility offer on-going medical services or just emergency medical treatment? On-going _____ Emergency only _____

22. Name of hospital providing emergency or in-patient services _____

23. Name of facility providing clinic services _____

24. Does your facility offer on-going mental health services or just emergency mental health treatment? On-going _____ Emergency only _____

25. Name of hospital providing psychiatric in-patient services _____

26. Name of facility providing outpatient mental health services _____

27. Does your facility offer on-going dental services or just emergency dental treatment? On-going _____ Emergency only _____

28. Name of dentist or dental clinic providing dental services _____

29. Dentist or clinic phone number ( ) _____

30. (a) Does your facility provide for alcohol detoxification? Yes____ No____

(b) If yes, is detoxification performed at your facility? Yes____ No____

If you answered "no" to 30(b), please complete the following:

(c) Name of facility providing detoxification services _____

(d) Facility phone number ( ) _____

31. (a) Does your facility provide for drug detoxification? Yes____ No____

(b) If yes, is detoxification performed at your facility? Yes____ No____

If you answered "no" to 31(b), please complete the following:

(c) Name of facility providing detoxification services _____

(d) Facility phone number ( ) _____

32. Does your facility have a policy and procedure manual for health services? Yes ____ No ____

33. Does your facility maintain uniform inmate health records? Yes____ No____

34. Are there any other special services or unusual features of the facility that we should consider in planning the survey? Yes ____ No ____
If yes, please explain on a separate sheet.

35. Have there been any lawsuits against your prison within the past five years where the adequacy of the health care services offered was an issue?
Yes ____ No ____

36. Is your prison currently under such a suit? Yes ____ No ____

37. Do you think you would have much difficulty in getting your health care staff to assist you with changes in the prison's health care system if this proved necessary in order to meet the accreditation standards? _____

38. If improving the health care in your prison required an increase in the medical budget, would you be willing to go to the funding body and request the additional funding? _____

39. If you are unable to provide information on the cost of current health care, are you willing to help obtain this information and develop records to reflect future changes? _____

I hereby apply for accreditation of health services of the facility for which I am legally responsible.

_____
Signature

_____
Title Date

8/79

AMERICAN MEDICAL ASSOCIATION

SELF-SURVEY QUESTIONNAIRE FOR THE EVALUATION

OF HEALTH SERVICES IN PRISONS

August, 1979

American Medical Association
Programs to Improve Medical Care and
Health Services
in Correctional Institutions
535 North Dearborn Street
Chicago, Illinois 60610

This project was supported by Grant Number 77-ED-99-0026, awarded by the Law Enforcement Assistance Administration, United States Department of Justice. Points of view or opinions stated in this publication are those of the American Medical Association and do not necessarily represent the official position of the United States Department of Justice.

SELF-SURVEY QUESTIONNAIRE FOR THE EVALUATION OF HEALTH SERVICES IN PRISONS

GENERAL INSTRUCTIONS

You have received two copies of an Accreditation "Self-Survey Questionnaire" (a working copy and an official copy). The purpose of the questionnaire is to assist you in identifying the areas of your prison's health care delivery system which are in compliance with the AMA's standards. For definitions of terms used, please consult the latest AMA's Standards for Health Services in Prisons (July, 1979).

The questionnaire is intended to document the health services available at your prison at two points in time so that changes may be recognized. The first column should be completed based on current services available when you first receive the questionnaire. Upon completion, forward it to the Accrediting Body Program staff. Then, when your prison is ready to be officially surveyed or when you believe you have implemented your complete health care program, request that your initial self-survey questionnaire be returned and complete the second column.

DIRECTIONS:

The answer "Yes" is used only to indicate an unqualified affirmative response to a statement. The answer "No" should be used to indicate anything other than an unqualified affirmative response, unless the standard is completely not applicable to your facility. In this case, enter "NA."

INITIAL SELF-SURVEY

1. Complete Column I in your working copy by placing an "X" in the appropriate "Yes" or "No" space for each question. Sign and date the last page under "Column I."

2. Transcribe the working copy to the official copy and check for accuracy. Retain the working copy in your files.

3. Send the official copy to the Accrediting Body Program staff.

FOLLOW-UP SELF-SURVEY

1. Complete Column II as above. Repeat steps 2-3.

SELF-SURVEY QUESTIONNAIRE FOR THE
EVALUATION OF HEALTH SERVICES IN PRISONS

		Column I		Column II	
		YES	NO	YES	NO
101	There is a designated health authority with responsibility and authority for health care services.	___	___	___	___
	There is a written agreement, contract or job description designating the health authority.	___	___	___	___
	The health authority is a:				
	Physician.	___	___	___	___
	Health administrator.	___	___	___	___
	Agency.	___	___	___	___
	If the health authority is other than a physician, final medical judgments rest with a single designated responsible physician licensed in the state.	___	___	___	___
102	Matters of medical and dental judgment are the sole province of the responsible physician and dentist, respectively.	___	___	___	___
	Security regulations applicable to facility personnel also apply to health personnel.	___	___	___	___
103	Health services are discussed at least quarterly between the health authority and the official legally responsible for the facility.	___	___	___	___
	These meetings are documented.	___	___	___	___
104	There is minimally a quarterly report on the following:				
	Health care delivery system.	___	___	___	___
	Health environment.	___	___	___	___
	There is an annual statistical summary.	___	___	___	___

		Column I		Column II	
		YES	NO	YES	NO
105	There is a manual of written policies and defined procedures approved by the health authority.	___	___	___	___
	If yes, the following policy and defined procedure topic areas are included:				
	Peer review	___	___	___	___
	Sharing of information	___	___	___	___
	Decision-making: psychiatric patients	___	___	___	___
	Transfer of patients with acute illnesses	___	___	___	___
	Health trained correctional officers	___	___	___	___
	Access to diagnostic services	___	___	___	___
	Routine transfer of inmates	___	___	___	___
	Notification of next of kin	___	___	___	___
	Postmortem examination	___	___	___	___
	Disaster plan	___	___	___	___
	Health appraisal personnel	___	___	___	___
	Medications administration training	___	___	___	___
	Training for emergency situations	___	___	___	___
	First aid training	___	___	___	___
	Training of staff regarding mental illness and chemical dependency	___	___	___	___
	Health and hygiene requirements; food service workers	___	___	___	___
	Utilization of volunteers	___	___	___	___
	Inmate workers	___	___	___	___
	Levels of care	___	___	___	___
	Treatment philosophy	___	___	___	___

		Column I		Column II	
		YES	NO	YES	NO
105 cont.	Continuity of care	—	—	—	—
	Access to treatment	—	—	—	—
	Receiving screening	—	—	—	—
	Delousing	—	—	—	—
	Health appraisal	—	—	—	—
	Dental care	—	—	—	—
	Interim health appraisals: mentally ill and retarded inmates	—	—	—	—
	Daily triaging of complaints	—	—	—	—
	Sick call	—	—	—	—
	Medical evaluation: inmates in segregation	—	—	—	—
	Chemically dependent inmates	—	—	—	—
	Detoxification	—	—	—	—
	Special medical program	—	—	—	—
	Infirmary care	—	—	—	—
	Preventive care	—	—	—	—
	Emergency services	—	—	—	—
	Chronic and convalescent care	—	—	—	—
	Pregnant inmates	—	—	—	—
	Special diets	—	—	—	—
	Use of restraints	—	—	—	—
	Prostheses	—	—	—	—
	Exercising	—	—	—	—
	Personal hygiene	—	—	—	—
	Management of pharmaceuticals	—	—	—	—

		Column I		Column II	
		YES	NO	YES	NO
105 cont.	Confidentiality of health record	—	—	—	—
	Transfer of health records and information	—	—	—	—
	Record retention	—	—	—	—
106	The following documents of the health delivery system are reviewed at least annually and revised as necessary under the direction of the health authority:				
	Polices.	—	—	—	—
	Procedures.	—	—	—	—
	Programs.	—	—	—	—
	Each document bears the date of the most recent review or revision and signature of the reviewer.	—	—	—	—
107	If health services are delivered in the facility, the following are adequate for the performance of health care delivery as determined by the health authority:				
	Staff.	—	—	—	—
	Space.	—	—	—	—
	Equipment.	—	—	—	—
	Supplies and materials	—	—	—	—
108	When there is no full-time qualified health personnel available, there is a health trained staff member who coordinates the health delivery services in the facility.	—	—	—	—
	If yes, the health trained staff member performs the services under the joint supervision of the responsible physician and facility administrator.	—	—	—	—
109	The medical peer review program utilized by the facility is defined in written policy.	—	—	—	—

		Column I		Column II	
		YES	NO	YES	NO
110	The facility has a public advisory committee.	___	___	___	___
	If yes, the committee has health care services as one of its charges.	___	___	___	___
	One of the committee members is a physician.	___	___	___	___
111	The responsible physician or his/her designee has access to information contained in the inmate's confinement record when the physician believes, information contained therein, may be relevant to the inmate's health.	___	___	___	___
112	There is consultation between the facility administrator and the responsible physician or their designees prior to the following actions being taken regarding diagnosed psychiatric patients:				
	Housing assignments.	___	___	___	___
	Program assignments.	___	___	___	___
	Disciplinary measures.	___	___	___	___
	Transfers in and out of institution.	___	___	___	___
113	Patients with acute psychiatric and other serious illnesses who require health care beyond the resources available in the facility are transferred or committed to a facility where such care is available.	___	___	___	___
114	The monitoring of health services rendered by providers other than physicians and dentists is performed by the responsible physician.	___	___	___	___
	The responsible physician reviews these health services as follows:				
	At least once per month in facilities with less than 50 inmates.	___	___	___	___

		Column I		Column II	
		YES	NO	YES	NO
114 cont.	At least every two weeks in facilities of 50 to 200 inmates.	___	___	___	___
	At least weekly in facilities of over 200 inmates.	___	___	___	___
115	Inmates are within sight or sound of at least one health trained correctional officer at all times.	___	___	___	___
	Minimally, one health trained correctional officer per shift is trained in:				
	Basic cardiopulmonary resuscitation (CPR).	___	___	___	___
	Recognition of symptoms of illnesses most common to the inmates.	___	___	___	___
116	First aid kits are available in designated areas of the facility.	___	___	___	___
	If yes, the health authority approves:				
	Content.	___	___	___	___
	Number.	___	___	___	___
	Location.	___	___	___	___
	Procedures for monthly inspection of kits.	___	___	___	___
117	Access to the following services (utilized by facility providers) is outlined in the policy and procedure for:				
	Laboratory services.	___	___	___	___
	Diagnostic services.	___	___	___	___
118	Medical aspects are considered for routine transfer of inmates to other facilities.	___	___	___	___
119	In case of serious illness, injury or death, the inmate's next of kin or legal guardian is notified.	___	___	___	___

		Column I		Column II	
		YES	NO	YES	NO
120	In the event of an inmate's death:				
	The medical examiner or coroner is notified immediately.	___	___	___	___
	A postmortem examination is requested by the responsible health authority, if the death is unattended or under suspicious circumstances.	___	___	___	___
121	The facility's disaster plan includes health aspects which are approved by:				
	The responsible health authority.	___	___	___	___
	The facility administrator.	___	___	___	___
122	The state's licensure, certification or registration requirements and restrictions apply to health care personnel who provide services to inmates.	___	___	___	___
	Verification of current credentials for each provider is on file in the facility.	___	___	___	___
123	The duties and responsibilities of personnel who provide health care are defined in job descriptions and are in accordance with <u>their roles</u> in the facility's health care system.	___	___	___	___
	The job descriptions are approved by the health authority.	___	___	___	___
124	All health service personnel participate in orientation and training appropriate to their health care delivery activities.	___	___	___	___
	There is a written plan, approved by the health authority for the above.	___	___	___	___
125	Standard and current publications are available for professional health care staff.	___	___	___	___
	The selection of these publications is determined by the responsible health authority.	___	___	___	___

		Column I		Column II	
		YES	NO	YES	NO
126	Health history and vital signs are collected by health trained or qualified health personnel.	___	___	___	___
	Collection of all other health appraisal data is performed only by qualified health personnel.	___	___	___	___
	All health appraisal data are recorded on forms approved by the health authority.	___	___	___	___
127	The personnel who administer or distribute medication:				
	Have training from the responsible physician <u>and</u> the facility administrator or their designees.	___	___	___	___
	The training includes:				
	Accountability for administering or distributing medications in a timely manner according to physician's orders.	___	___	___	___
	Recording the administration or distribution of medications in a manner and on a form approved by the health authority.	___	___	___	___
128	All correctional personnel who work with inmates have training for health-related emergency situations.	___	___	___	___
	If yes, the training program was established by the responsible health authority in cooperation with the facility administrator.	___	___	___	___
	The training includes:				
	Types of and action required for potential emergency situations.	___	___	___	___
	Signs and symptoms of an emergency.	___	___	___	___
	Administration of first aid.	___	___	___	___
	Methods of obtaining emergency care.	___	___	___	___
	Procedures for patient transfer to appropriate medical facilities or health care providers.	___	___	___	___

		Column I		Column II	
		YES	NO	YES	NO
129	All correctional personnel have been trained within the past five years in basic first aid equivalent to that defined by the American Red Cross.	___	___	___	___
130	All correctional personnel who work with inmates are trained to recognize signs and symptoms of:				
	Chemical dependency.	___	___	___	___
	Emotional disturbance.	___	___	___	___
	Developmental disability/mental retardation.	___	___	___	___
	This training is done by the responsible physician or his/her designee.	___	___	___	___
131	All inmates and other persons working in food services:				
	Have a pre-service physical examination.	___	___	___	___
	Have periodic re-examinations conducted in accordance with local requirements regarding restaurant and food service employees in the community.	___	___	___	___
	Have instructions to wash their hands upon reporting to duty and after using toilet facilities.	___	___	___	___
	If the facility's food service is provided by an outside agency or individual, the facility has written verficiation that the outside provider complies with the state and local regulations regarding food service.	___	___	___	___
132	If volunteers are utilized in health care delivery, there is a system for their:				
	Selection.	___	___	___	___

		Column I		Column II	
		YES	NO	YES	NO
132 cont.	Training.	___	___	___	___
	Supervision by staff.	___	___	___	___
	Policy and procedures for the above have been approved by the health authority and facility administrator.	___	___	___	___
	In addition, written policy defines their:				
	Tasks in the facility.	___	___	___	___
	Length of service.	___	___	___	___
	Responsibilities to the facility.	___	___	___	___
	Authority regarding inmates.	___	___	___	___
133	Are inmates prohibited from the following duties?				
	Performing direct patient care services.	___	___	___	___
	Scheduling health care appointments.	___	___	___	___
	Determining access of other inmates to health care services.	___	___	___	___
	Handling or having access to:				
	Surgical instruments.	___	___	___	___
	Syringes.	___	___	___	___
	Needles.	___	___	___	___
	Medications.	___	___	___	___
	Health records.	___	___	___	___
	Operating equipment for which they are not trained.	___	___	___	___

		Column I		Column II	
		YES	NO	YES	NO
134	The following levels of care are provided to inmates either within the facility, at another correctional institution or in the general community:				
	Self-care.	___	___	___	___
	First aid.	___	___	___	___
	Emergency care.	___	___	___	___
	Clinic care.	___	___	___	___
	Infirmary care.	___	___	___	___
	Hospital care.	___	___	___	___
135	Health care is rendered with consideration of the patient's dignity and feelings.	___	___	___	___
136	Continuity of care from admission to discharge is provided to inmates of the facility, including referral to community care when indicated.	___	___	___	___
137	Upon arrival at the facility, information is communicated orally and in writing to inmates regarding:				
	Access to health care or services.	___	___	___	___
	Processing of complaints regarding health care or services.	___	___	___	___
138	Treatment by health care personnel (other than a physician or dentist) is performed pursuant to direct orders written and signed by personnel authorized by law to give such orders.	___	___	___	___
139	If standing medical orders exist, they are signed by the responsible physician.	___	___	___	___
140	Receiving screening is performed by health trained or qualified health care personnel on all inmates, including transfers, upon arrival at the facility.	___	___	___	___

		Column I		Column II	
		YES	NO	YES	NO
140 cont.	If yes, the screening includes at a minimum:				
	Inquiry into:				
	Current illness and health problems including venereal diseases.	___	___	___	___
	Medications taken and special health requirements.	___	___	___	___
	Use of alcohol and other drugs including types of drugs used, mode of use, amounts used, frequency used, date or time of last use and a history of problems which may have occurred after ceasing use (e.g., convulsions).	___	___	___	___
	Other health problems designated by the responsible physician.	___	___	___	___
	Observation of:				
	Behavior, which includes state of consciousness, mental status, appearance, conduct, tremor and sweating.	___	___	___	___
	Body deformities and ease of movement.	___	___	___	___
	Condition of skin, including trauma markings, bruises, lesions, jaundice, rashes and infestations, and needle marks or other indications of drug abuse.	___	___	___	___
	Disposition to:				
	General inmate population.	___	___	___	___
	General inmate population and later referral to appropriate health care service.	___	___	___	___
	Referral to appropriate health care service on an emergency basis.	___	___	___	___

		Column I		Column II	
		YES	NO	YES	NO
140 cont.	The health findings are recorded on a printed screening form approved by the health authority.	___	___	___	___
141	When delousing is performed, is it done as defined by the responsible physician.	___	___	___	___
142	A health appraisal for each inmate is completed within 14 days after arrival at the facility.	___	___	___	___
	In the case of an inmate who has received a health appraisal within the previous 90 days, the need for a new health appraisal is determined by the physician or his/her designee.	___	___	___	___
	The health appraisal includes:				
	Review of the earlier receiving screening.	___	___	___	___
	Collection of additional data to complete the medical, dental, psychiatric and immunization histories.	___	___	___	___
	Laboratory and/or diagnostic test results to detect communicable disease, including venereal diseases and tuberculosis.	___	___	___	___
	Recording of height, weight, pulse, blood pressure and temperature.	___	___	___	___
	Other tests and examinations as appropriate.	___	___	___	___
	Medical examination with comments about mental and dental status.	___	___	___	___
	Review of the results of the medical examination, tests and identification of problems by a physician.	___	___	___	___
	Initiation of therapy when appropriate.	___	___	___	___

		Column I		Column II	
		YES	NO	YES	NO
143	A program of dental care is under the direction of a designated dentist.	___	___	___	___
	Dental care is under the direction and supervision of a dentist licensed in the state.	___	___	___	___
	Dental examination occurs within 14 days of admission.	___	___	___	___
	A defined classification system identifies the oral health condition and specifies the priorities of treatment by category.	___	___	___	___
	Treatment is in accordance with a treatment plan that is not limited to extractions, but is considered appropriate for the needs of the individual as determined by the treating dentist.	___	___	___	___
	Consultation through referral to recognized specialists in dentistry is available.	___	___	___	___
144	There is post-admission screening of mentally ill or retarded inmates whose adaptation to the correctional environment is significantly impaired.	___	___	___	___
	Mentally ill or retarded inmates are referred for care.	___	___	___	___
	There is a written list of specific referral resources provided by the health authority.	___	___	___	___
145	Inmates' health complaints are processed at least daily.	___	___	___	___
	All inmate health complaints are solicited and acted upon by health trained personnel.	___	___	___	___
	Appropriate triage and treatment by qualified health personnel follow.	___	___	___	___
146	Sick call is conducted by a physician and/or other qualified health personnel.	___	___	___	___

		Column I		Column II	
		YES	NO	YES	NO
146 cont.	Sick call is available to each inmate as follows:				
	In small facilities of less than 100 inmates, sick call is held once per week at a minimum.	___	___	___	___
	In medium sized facilities of 100 to 300 inmates, sick call is held at least three times per week.	___	___	___	___
	In facilities of over 300 inmates, sick call is held a minimum of four times per week.	___	___	___	___
	If an inmate's custody status precludes attendance at sick call, arrangements are made to provide sick call services in the place of the inmate's detention.	___	___	___	___
147	Inmates removed from the general population and placed in segregation are evaluated at least three (3) times weekly by qualified health care personnel.	___	___	___	___
148	The clinical management of chemically dependent inmates includes:	___	___	___	___
	Diagnosis of chemical depedency by a physician.	___	___	___	___
	A physician deciding whether an individual requires pharmacological or non-pharmacological supported care.	___	___	___	___
	An individualized treatment plan which is developed and implemented.	___	___	___	___
	Referral to specified community resources upon relase when appropriate.	___	___	___	___
149	Detoxification from alcohol, opioids, stimulants and sedative hypnotic drugs is effected as follows:				
	When performed at the facility, it is under medical supervision.	___	___	___	___

		Column I		Column II	
		YES	NO	YES	NO
149 cont.	When not performed at the facility, it is conducted in a hospital or community detoxification center.	___	___	___	___
150	A special medical program exists for inmates requiring close medical supervision.	___	___	___	___
	A written individualized treatment plan for each of these patients is developed by a physician.	___	___	___	___
	If yes, the treatment plan includes directions to health care and other personnel regarding their roles in the care and supervision of these patients.	___	___	___	___
151	If the facility has an infirmary (as defined by Standard 151), the scope of infirmary care services available is defined in writing.	___	___	___	___
	A physician is on call 24 hours a day.	___	___	___	___
	Nursing service is under the direction of a registered nurse on a full-time basis.	___	___	___	___
	Health care personnel are on duty 24 hours per day.	___	___	___	___
	All inmate/patients are within sight or sound of a staff person.	___	___	___	___
	A manual of nursing care procedures exists.	___	___	___	___
	A separate and complete medical record is maintained for each inmate.	___	___	___	___
152	If the facility operates a hospital, it meets the legal requirements for a licensed general hospital in the state.	___	___	___	___
153	Medical preventive maintenance is provided to inmates of the facility.	___	___	___	___
154	There is 24-hour emergency medical and dental care availability.	___	___	___	___

		Column I		Column II	
		YES	NO	YES	NO
154 cont.	If yes, arrangements include:				
	Emergency evacuation of the inmate from within the facility.	—	—	—	—
	Use of an emergency medical vehicle.	—	—	—	—
	Use of one or more designated hospital emergency rooms or other appropriate health facilities.	—	—	—	—
	Emergency on-call physician and dentist services when the emergency health facility is not located in a nearby community.	—	—	—	—
	Security procedures providing for the immediate transfer of inmates when appropriate.	—	—	—	—
155	Chronic care is provided to inmates of the facility.	—	—	—	—
	Convalescent care is provided to inmates of the facility.	—	—	—	—
156	Comprehensive counseling and assistance are provided to pregnant inmates in keeping with their expressed desires in planning for their unborn children regarding these options:				
	Abortion.	—	—	—	—
	Adoption service.	—	—	—	—
	To keep the child.	—	—	—	—
157	An adequate diet, based on the recommended dietary allowances established by the Food and Nutrition Board of the National Academy of Sciences - National Research Council, is provided to inmates.	—	—	—	—
158	Special medical and dental diets are prepared and served to inmates according to the orders of the treating physician or dentist or as directed by the responsible physician.	—	—	—	—

		Column I		Column II	
		YES	NO	YES	NO
159	The use of medical restraints is guided by written policy and procedures.	—	—	—	—
160	Medical and dental prostheses are provided when the health of the inmate/patient would otherwise be adversely affected as determined by the responsible physician or dentist.	—	—	—	—
161	Each inmate is allowed a daily minimum of one hour of exercise involving large muscle activity, away from the cell, on a planned, supervised basis.	—	—	—	—
162	The facility furnishes bathing facilities in the form of either a tub or shower with hot and cold running water.	—	—	—	—
	Regular bathing is permitted at least twice a week.	—	—	—	—
	In facilities without air temperature control, daily bathing is permitted in hot weather.	—	—	—	—
	The following items, if not furnished by the inmate, are made available by the facility:				
	Soap.	—	—	—	—
	Toothbrush.	—	—	—	—
	Toothpaste or powder.	—	—	—	—
	Toilet paper.	—	—	—	—
	Sanitary napkins.	—	—	—	—
	Laundry services at least weekly.	—	—	—	—
	Haircuts and implements for shaving are made available to inmates, subject to security regulations.	—	—	—	—

		Column I		Column II	
		YES	NO	YES	NO
163	The management of pharmaceuticals includes:				
	Adherence to state law as related to the practice of pharmacy.	___	___	___	___
	A formulary specifically developed for the facility.	___	___	___	___
	Adherence to regulations established by the Federal Controlled Substances Act.	___	___	___	___
	Prescription practices which require that:				
	Psychotropic medications are prescribed only when clinically indicated (as one facet of a program of therapy) and are not allowed for disciplinary reasons.	___	___	___	___
	The long-term use of minor tranquilizers is discouraged.	___	___	___	___
	"Stop-order" time periods are stated for behavior-modifying medications and those subject to abuse.	___	___	___	___
	Re-evaluation be performed by the prescribing provider prior to renewal of a prescription.	___	___	___	___
	Procedures for medication dispensing and administration or distribution.	___	___	___	___
	Maximum security storage and weekly inventory of all controlled substances, syringes and needles.	___	___	___	___
164	The health record file contains at a minimum:				
	The completed receiving screening form.	___	___	___	___
	Health appraisal data forms.	___	___	___	___
	All findings, diagnoses, treatments and dispositions.	___	___	___	___

		Column I		Column II	
		YES	NO	YES	NO
164 cont.	Prescribed medications and their administration.	___	___	___	___
	Laboratory, X-ray and diagnostic studies.	___	___	___	___
	Signature and title of each documenter.	___	___	___	___
	Consent and refusal forms.	___	___	___	___
	Release of information forms.	___	___	___	___
	Place, date and time of health encounters.	___	___	___	___
	Discharge summary of hospitalizations.	___	___	___	___
	Other health service reports (e.g., dental, psychiatric and other consultations).	___	___	___	___
	The method of recording entries in the record and the form and format of the record are approved by the health authority.	___	___	___	___
165	The active health record is maintained separately from the confinement record.	___	___	___	___
	Access to the health record is controlled by the health authority.	___	___	___	___
166	Summaries or copies of the health record are routinely sent to the facility to which the inmate is transferred.	___	___	___	___
	Written authorization by the inmate is necessary for transfer of health record and information, unless otherwise provided by law or administrative regulation having the force and effect of law.	___	___	___	___
	Health record information is transmitted to specific and designated physicians or medical facilities in the community upon the written authorization of the inmate.	___	___	___	___

		Column I		Column II	
		YES	NO	YES	NO
167	Inactive health record files are retained as permanent records.	___	___	___	___
	Legal requirements of the jurisdiction are followed.	___	___	___	___
168	Informed consent practices applicable in the jurisdiction are likewise observed for all inmate examinations, treatments and procedures.	___	___	___	___
	In the case of minors, the informed consent of parent, guardian or legal custodian applies where required by law.	___	___	___	___
169	Research performed on inmates is done:				
	In compliance with state and federal legal guidelines.	___	___	___	___
	With the involvement of an appropriate "Human Subjects Review Committee."	___	___	___	___

This Survey Questionnaire for the Evaluation of Health Care in Prisons was completed by:

Column I	Column II
Name _____	Name _____
Title _____	Title _____
Date _____	Date _____
Name _____	Name _____
Title _____	Title _____
Date _____	Date _____
Name _____	Name _____
Title _____	Title _____
Date _____	Date _____

Name of Facility _____

Address of Facility _____

Facility Phone Number ( ) _____

Title of official legally responsible for facility _____

_____

Name of official _____

Phone number of official ( ) _____

GUIDELINES AND WORKSHEETS

FOR THE ON-SITE SURVEY

OF HEALTH SERVICES

IN CORRECTIONAL FACILITIES

GUIDELINES FOR

ON-SITE SURVEY OF HEALTH SERVICES

IN CORRECTIONAL FACILITIES

Rational for On-Site Survey:

History has provided sufficient experience in criminal justice to demonstrate that on-site verification of conditions within an agency or institution must be realistically handled or the accreditation program will lose credibility and fail.

It would be more economical to accept on face value the accuracy of all responses to the Questionnaire received from the administrator of the agency which has applied for accreditation. However, the experience of several national survey-consultation agencies bears out the fact that too many mistakes will be made relying only upon agency administrators' reports on how the agency is performing. It is not only a matter of slanting the report to show conditions from a favorable standpoint. Various administrators admit that "things went on in our program which we frankly didn't know about" or, contrary, things were not happening which they felt were.

This situation is true not only in criminal justice. Personnel employee attitude surveys conducted in business have had some "rude awakening" effects on administrators. They learned about conditions which they thought occured but didn't, or occurred but were not known. They were brought to light and verified on a wholesale basis by employees.

Following a personnel employee attitude survey which revealed very negative conditions in a correctional institution, the superintendent, with a good reputation for correctional administration, "hit the ceiling" in a strong reaction against the initial findings. About a week later when he came back to the central office, after having thorough dicussions with staff at various levels in his institution, he said that he would have to be the first to admit that the findings of the personnel employee attitude survey were "right on target." Within two years he capitalized on the survey findings to help develop the institution into one with national reputation.

Persons with survey experience can cite numerous situations as described above. In most instances, it is not a case of administrators purposely exaggerating conditions but not really knowing actual conditions. This occurs for a variety of reasons, including the fact that the criminal justice field is a negative one from the standpoint of the public. Agencies and people who have worked in the field have a natural tendency to build a shell around themselves and to develop various defense mechanisms due to the constant exposure to criticism and from having operated "under the spotlight."

Survey Process:

The on-site survey provides for the documentation of information gathered from various workers in the health services and other persons in the correctional facility as related to the AMA Standards. Additionally, observation of conditions, functioning of personnel and records/documents are verified and so recorded on survey worksheets.

The following list identifies the fourteen (14) worksheets processed during the on-site survey visit:

1. Responsible Health Authority
2. Responsible Physician
3. Dentist
4. Health Providers
5. Pharmacist
6. Health Records Person
7. Review of Health Records
8. Tour of the Facility
9. Person Legally Responsible for the Facility
10. Correctional Officer
11. Person who Distributes Medication
12. Inmate
13. Director of Food Service
14. Documentation Check List

When scheduling the on-site survey with the person officially responsible for the facility, inform them of your need to have these various categories of personnel present for the purposes of these interviews on the on-site date. If such staff persons either are not present or do not exist, the facts should be documented on the worksheets. This information will be conveyed to the person responsible for the facility.

The survey team members will select those inmates, correction officiers, health providers to be interviewed - not the facility administrator or health authority/physician responsible for the health services in the facility. In some instances, one person will have more than one function; in such cases it will be indicated that this person has in fact been interviewed using two different worksheets. Whenever possible this should be avoided. In other words, in a facility where a health provider is also a health records person, one should seek to interview a health provider and another person who is a health records person.

It is of the utmost importance that all survey team members are familiar with the Standards and definitions as so defined in the Standards; also, is conversant with the requirements of each standard.

The survey team is expected to complete each worksheet on the day of the on-site survey visit. Information gathered subsequent to this visit is disallowed.

Worksheets 1 through 8 should be delegated to the physician(s) survey team member(s). Worksheet 14 may dictate that it be assigned to one person as the surveyor's only singular task because of the variance, length and depth of investigation required. The remaining worksheets are assigned to the pre-arranged scheme set by the Accrediting Body Program staff.

Only two worksheets require any identification of the interviewee, however, such identification - e.g., "female" inmate, "female" corrections officer, title of licensure/certification would be useful for eventual study of the collected data. In other words, it is recommended that these people be identified, as such, on the interview worksheets.

All interviews are to be conducted privately...no "group" interviews; one interviewer, one interviewee. This applies to all worksheets.

The number of interviewees required for the survey instrument is based on several factors. For instance, a facility that has a well developed health system would of course require multiple interviews of providers including physicians, dentists, nurses, technicians, etc. Regarding the number of instruments utilized for inmates and correctional officers, the following scheme is suggested:

TOTAL NUMBER OF INMATES IN THE FACILITY	NUMBER OF INMATES FOR INTERVIEW	NUMBER OF CORRECTIONAL OFFICERS FOR INTERVIEW
1 to 19 inmates	4	2
20 to 49 inmates	5	4
50 to 100 inmates	8	6
more than 100 total inmates	at least 2 per wing with a minimum of 10 inmates being interviewed	at least one per wing with at least eight correctional officers being interviewed

In facilities with female inmates, a selected number of female inmates and correctional officers are to be interviewed. Again, the worksheets should be so identified - "female" inmate, etc.

When the facility's responsible health authority is in fact the responsible physician, both worksheets are applicable - both are to completed.

A multi-faceted monitoring process is recommended as follows:

1. Obtained written documentation in all possible instances supported by:

a. On-site observation of operational practices

b. Verbal documentation with:

1) Various levels of staff

2) Consumers - inmate patients

3) Representatives of community agencies which provide services to facility inmates

2. Verbal confirmation must be supported by written or visual documentation

As a final note, while the facility may "roll out the red carpet" on the date of the survey, it is still difficult to effectively change a facility over night. By following proper interviewing techniques with staff and inmate-patients on a pattern basis, it can be readily determined if conditions as found by the surveyors generally occur. The important thing is to "cover all bases" and follow a multi-faceted approach.

Changing Roles - From Service Providers to Service Monitor:

National accreditation and survey-consultation agencies have found that the best qualified professionals in various fields frequently have difficulty adjusting to their new role as survey-consultatnts or field monitors. In changing roles from that of service provider to service monitor, the adjustment is easier to make if the person involved knows what is transpiring and has thought about it.

Service providers, whether they be physicians, medical society staff people, or whoever, are generally providing service to people who want it. There is a "giving" under generally positive circumstances. In most instances the reception on the part of the client or patient is of a positive nature. However, in going into an agency to conduct a field audit to verify responses on the questionnaire for accreditation, the field monitor is wearing a "different hat." The service being offered is of quite a different nature.

As a service provider, the physician basically accepts what the client says regarding existing problems. However, in going into the agency for monitoring purposes, in effect the physician, by very nature of the process and his being there, says "We received your application for accreditation and are here to verify what you said." This is a somewhat different posture than in the case of the "giving" service provider.

Thought and discussion regarding the new "mind set" are important for the efficiency of the field monitor. If she/he is frustrated by the process

because of the new role, and has not been able to work through it, it is bound to have an effect on the process.

One factor which the monitor needs to keep in mind is that she/he and the administrator of the agency being reviewed for accreditation purposes may feel a bit apprehensive about what is or will be transpiring. The administrator will no doubt be under a certain amount of natural tension. It is inescapable. When the process is over, after its having been thoroughly and professionally handled, the administrator will feel better about it because of the way it was handled. He'll know that the certificate was properly earned and, if denied, what deficiencies need to be corrected. Further, he will certainly know that the process is thorough and one cannot manipulate it. In short, a track record or credibility will exist.

AMERICAN MEDICAL ASSOCIATION
PROGRAM TO IMPROVE HEALTH SERVICES IN PRISONS

WORKSHEET I

RESPONSIBLE HEALTH AUTHORITY

		YES	NO
101	Are you the person who has been delegated the responsibility for this facility's health care services?	____	____
	If you are not a physician, do final medical judgments rest with a single designated responsible physician?	____	____
103	Do you and the official legally responsible for this facility discuss health services at administrative meetings?	____	____
	If yes, are these administrative meetings documented?	____	____
	Are these meetings held at least quarterly?	____	____
104	Do you prepare a quarterly report on the health care delivery system and health environment?	____	____
	Do you prepare a statistical summary?	____	____
	If yes, is the summary on an annual basis?	____	____
105	Have you approved the following written policies and defined procedures?		
	Peer review	____	____
	Sharing of information	____	____
	Decision-making: psychiatric patients	____	____
	Transfer of patients with acute illnesses	____	____
	Health-trained correctional officers	____	____
	Access to diagnostic services	____	____
	Routine transfer of inmates	____	____
	Notification of next of kin	____	____
	Postmortem examinations	____	____
	Disaster plan	____	____
	Health appraisal personnel	____	____
	Medications administration training	____	____

		YES	NO
105 cont.	Training for emergency situations	____	____
	First aid training	____	____
	Training of staff regarding mental illness and chemical dependency	____	____
	Health and hygiene requirements: food service workers	____	____
	Utilization of volunteers	____	____
	Inmate workers	____	____
	Levels of care	____	____
	Treatment philosophy	____	____
	Continuity of care	____	____
	Access to treatment	____	____
	Receiving screening	____	____
	Delousing	____	____
	Health appraisal	____	____
	Dental care	____	____
	Interim health appraisals: mentally ill and retarded inmates	____	____
	Daily triaging of complaints	____	____
	Sick call	____	____
	Medical evaluation: inmates in segregation	____	____
	Chemically dependent inmates	____	____
	Detoxification	____	____
	Special medical program	____	____
	Infirmary care	____	____
	Preventive care	____	____
	Emergency services	____	____
	Chronic and convalescent care	____	____
	Pregnant inmates	____	____
	Special diets	____	____
	Use of restraints	____	____
	Prostheses	____	____
	Exercising	____	____
	Personal hygiene	____	____
	Management of pharmaceuticals	____	____
	Confidentiality of health record	____	____
	Transfer of health records and information	____	____
	Record retention	____	____
106	Are the following documents in the health care delivery system reviewed at least annually and revised as necessary under your direction:		
	Policies;	____	____
	Procedures;	____	____
	Programs?	____	____

		YES	NO
107	Have you determined that the following are adequate for this facility's health delivery system:		
	Health staff;	____	____
	Space;	____	____
	Supplies;	____	____
	Materials?	____	____
109	Do you utilize a medical peer review program for services provided by the facility?	____	____
113	Are inmates who require health care beyond the resources available in this facility transferred or committed to a facility where such care is available for:		
	Acute psychiatric illnesses;	____	____
	Other serious illnesses?	____	____
116	Are first aid kits available in designated areas of the facility?	____	____
	Have you approved the following:		
	Content;	____	____
	Number;	____	____
	Location;	____	____
	Procedures for monthly inspection of the kits?	____	____
118	Are medical care aspects included in the routine transfers of inmates to other facilities?	____	____
120	In the event of an inmate death:		
	Is the medical examiner or coroner notified immediately?	____	____
	Is a postmortem examination requested by yourself if the dealth is unattended or under suspicious circumstances?	____	____

		YES	NO
121	Are the health aspects of the facility's disaster plan approved by:		
	Yourself;	____	____
	The facility administrator?	____	____
122	Do state licensure, certification, or registration requirements and restrictions apply to health care personnel who provide services to the inmates?	____	____
123	Have you approved the written job descriptions that define the duties and responsibilities of personnel who provide health care?	____	____
	Do these job descriptions reflect their roles in the facility's health care system?	____	____
124	Do all health services personnel participate in orientation and training appropriate to their health care delivery activities?	____	____
	If yes, is there a written plan for these activities?	____	____
	Have you approved of this written plan?	____	____
125	Do the professional staff have available for reference, standard and current publications?	____	____
	If yes, have you approved of these publications?	____	____
126	Have you approved of the forms used for the collection and recording of health appraisal data?	____	____
128	Is there an established training program for the training of all correctional personnel who work with inmates to respond to health-related emergency situations?	____	____

		YES	NO
130	Are all correctional personnel who work with inmates trained to recognize signs and symptoms of:		
	Chemical dependency;	____	____
	Emotional disturbance and/or developmental disability;	____	____
	Mental retardation?	____	____
133	Are inmates used for the following duties?		
	Performing direct patient care services	____	____
	Scheduling health care appointments	____	____
	Determining access of other inmates to health care services	____	____
	Handling or having access to:		
	Surgical instruments	____	____
	Syringes	____	____
	Needles	____	____
	Medications	____	____
	Health records	____	____
	Operating equipment for which they are not trained	____	____
144	Are mentally ill or retarded inmates screened and referred for care when their adaptation to the correctional environment is significantly impaired?	____	____
	Have you provided a written list of specific referral resources?	____	____
146	If an inmate's custody status precludes attendance at sick call, are arrangements made to provide sick call services in the place of the inmate's detention?	____	____
147	Are inmates who are removed from the general population and placed in segregation evaluated at least three times weekly by qualified health care personnel?	____	____
152	Does the facility operate a hospital?	____	____
	If yes, does it meet the legal requirements for a licensed general hospital in this state?	____	____

		YES	NO
153	Is medical preventive maintenance provided to inmates of the facility?	____	____
157	Do inmates receive an adequate diet based on the recommended dietary allowances established by the Food and Nutrition Board of the National Academy of Sciences?	____	____
158	Are special medical and dental diets provided to inmates?	____	____
	Are these diets prepared and served to inmates according to the orders of the treating physician or dentist?	____	____
164	Have you approved of the following in reference to the medical record:		
	The method of recording entries;	____	____
	The form and format?	____	____
165	Is the active health record maintained separately from the confinement record?	____	____
	Do you control access to the health record?	____	____
166	Are summaries or copies of the health record routinely sent to the facility to which the inmate is transferred?	____	____
	Do you obtain written authorization by the inmate for transfer of health record information unless otherwise provided by law or administrative regulation?	____	____
	Do you transmit health record information to specific and designated physicians or medical facilities in the community upon the written authorization of the inmate?	____	____
167	Are inactive health record files retained as permanent records?	____	____
	Do you follow the legal requirements of the jurisdiction in regard to minimal health records retention?	____	____

		YES	NO
168	Are all examinations, treatments and procedures governed by informed consent practices applicable in your jurisdiction likewise, observed for inmate care?	____	____
	In the case of minors is the informed consent of parents, guardian or legal custodian obtained when required by law?	____	____
169	Is there any research done on inmates in the facility?	____	____
	If yes, is this done in compliance with state and federal legal guidelines?	____	____
	Is this done with the involvement of an appropriate "Human Subjects Review Committee?"	____	____

I, _____,
a survey team member certify that I completed this document on _____ date.

AMERICAN MEDICAL ASSOCIATION
PROGRAM TO IMPROVE HEALTH SERVICES IN PRISONS

WORKSHEET 2

RESPONSIBLE PHYSICIAN

		YES	NO
101	Have you been designated as the responsible physician to make final medical judgments?	____	____
102	Do you and other physician providers make the final decisions regarding matters of medical judgment?	____	____
	Do security regulations apply to health personnel?	____	____
108	Does this facility have full-time qualified health personnel?	____	____
	If no, is there a health-trained staff member who coordinates the health delivery services in the facility?	____	____
	Is this health-trained staff member under joint supervision of both yourself and the facility administrator?	____	____
111	Do you or your designee have access to information contained in the inmate's confinement record, when you believe that information is releveant to the inmate's health?	____	____
112	Does the facility administrator or his designee consult with you prior to the following actions being taken regarding diagnosed psychiatric patients:		
	Housing assignments;	____	____
	Program assignments;	____	____
	Disciplinary measures;	____	____
	Transfers in and out of institution?	____	____
114	Do you monitor health services rendered by health providers other than physicians and dentists?	____	____

		YES	NO
114 cont.	If yes, how often?_____		
127	Have you or your designee trained the personnel who administer or distribute medications?	____	____
	If yes, has this training included:		
	Accountability for administering or distributing medication in a timely manner;	____	____
	Recording the administration or distribution of medications in a manner and on a form which you have approved?	____	____
130	Have you or your designee trained all correctional personnel who work with inmates to recognize signs and symptoms of:		
	Chemical dependency;	____	____
	Emotional disturbance/development disability;	____	____
	Mental retardation?	____	____
139	Do you have standing medical orders?	____	____
	If yes, have you signed all orders?	____	____
141	Have you approved of the policy that defines delousing procedures?	____	____
142	Are new health appraisals determined by you or your designee in the case of an inmate who has received a health appraisal within the previous 90 days?	____	____
160	Are medical prostheses and dental prostheses provided to inmates when the health of the inmate/patient would otherwise be adversely affected?	____	____

		YES	NO
168	Are informed consent practices applicable in the general community likewise observed for all inmate care within this institution?	____	____
	In the case of minors, is the informed consent of parent, guardian or legal custodian obtained?	____	____

I, _____,
a survey team member certify that I completed this document on _____ date.

AMERICAN MEDICAL ASSOCIATION
PROGRAM TO IMPROVE HEALTH SERVICES IN PRISONS

WORKSHEET 3

DENTIST

		YES	NO
102	Do you make final judgments regarding dentistry?	____	____
143	Is the dental program under the direction of a designated dentist?	____	____
	Is dental care provided under the direction and supervision of a dentist licensed in the state?	____	____
	Are dental examinations provided to inmates within 14 days of admission?	____	____
	Is there a defined classification system which identifies the oral health condition and specifies the priorities of treatment by category?	____	____
	Is treatment given in accordance with the treatment plan that is not limited to extractions, but appropriate for the needs of the individual as determined by the treating dentist?	____	____
	Is there available consultation through referral to recognized specialists in dentistry?	____	____
154	Is 24-hour emergency dental care available?	____	____
158	Does the facility provide special dental diets according to the orders of the treating dentist?	____	____
160	Are dental prostheses provided to inmates when the health of the inmate/patient would otherwise be adversely affected?	____	____
164	Are dental records filed in the inmate's health record file?	____	____

		YES	NO
168	Are all examinations, treatments and procedures governed by informed consent practices applicable in the general community observed for inmate care?	____	____

I, _____
a survey team member certify that I completed this document on _____ date.

AMERICAN MEDICAL ASSOCIATION
PROGRAM TO IMPROVE HEALTH SERVICES IN PRISONS

WORKSHEET 4

HEALTH PROVIDERS

Please circle interviewee or identify "other:"
MD DO PA RN LP(V)N EMT MTA Other _____

		YES	NO
102	Does the responsible physician have sole province in making medical judgments regarding inmates health?	____	____
	Do security regulations applicable to facility personnel also apply to health personnel?	____	____
111	Does the responsible physician or his/her designee have access to information contained in the inmate's confinement record, when the physician believes the information contained is relevant to the inmate's health?	____	____
113	Are inmates with acute psychiatric and other serious illnesses who require health care beyond the resources available in the facility, transferred or committed to a facility where such care is available?	____	____
114	How often does the responsible physician review the health services delivered at the facility? _____		
117	Is there a written document that outlines access to laboratory and diagnostic services?	____	____
118	Is there a written document which considers medical aspects of routine transfer of inmates to other facilities?	____	____
119	Is there a written document which requires notification of the inmate's next of kin or legal guardian in case of serious illness, injury or death?	____	____

		YES	NO
120	In the event of an inmate's death is the medical examiner or coroner notified immediately?	____	____
	Is a postmortem examination requested by the responsible health authority, if the death is unattended or under suspicious circumstances?	____	____
122	Are you currently licensed in the state?	____	____
	Do the state laws and regulations regarding licensure, certification or registration apply to your job in the institution as it would if you worked in the general community?	____	____
123	Do you have a written job description?	____	____
	Does this job description define your duties and responsibilities?	____	____
	Is your role in the health delivery system reflected in your job description?	____	____
124	Do health personnel participate in orientation and training appropriate to their health care delivery activities?	____	____
125	Do you have standard and current publications available to you for reference?	____	____

126 Regarding the health appraisal:

Who collects the health history? _____ (type of person)

Who collects the vital signs? _____

Who performs the laboratory tests? _____

Who performs the medical examination? _____

Who interprets the results of the laboratory tests and medical examination? _____

		YES	NO
133	Are inmates used for any of the following duties?		
	Performing direct patient care services	____	____
	Scheduling health care appointments	____	____
	Determining access of other inmates to health care	____	____
	Handling or having access to:		
	Surgical instruments	____	____
	Syringes	____	____
	Needles	____	____
	Medications	____	____
	Health records	____	____
	Operating equipment for which they are not trained	____	____
134	Are there written policies and defined procedures for the following levels of care:		
	Self-care;	____	____
	First aid;	____	____
	Emergency care;	____	____
	Clinic care;	____	____
	Infirmary care;	____	____
	Hospital care?	____	____
136	Is continuity of care from admission to discharge from the facility provided to the inmates?	____	____
	Is referral to community care made available when indicated?	____	____
138	Is treatment by health care personnel, other than a physician or dentist, performed pursuant to direct orders written and signed by personnel authorized by law to give such orders?	____	____
140	Who performs the receiving screening functions on all inmates upon their arrival at the facility? _____ _____ _____		
	Is the disposition process of receiving screening handled appropriately?	____	____

		YES	NO
142	Is the following health appraisal performed on each inmate within 14 days of his/her arrival at the facility?		
	Review of the earlier receiving screening	____	____
	Collection of additional data to complete the medical, dental, psychiatric and immunization histories	____	____
	Laboratory and/or diagnostic test results to detect communicable diseases, including venereal diseases and tuberculosis	____	____
	Recording of height, weight, pulse, blood pressure and temperature	____	____
	Other tests and examinations as appropriate	____	____
	Medical examination with comments about mental and dental status	____	____
	Review of the results of the medical examination, tests, and identification of problems by a physician	____	____
	Initiation of therapy when appropriate	____	____
145	Are inmates' health complaints processed at least daily?	____	____
	Who refers the complaints to you? _____ _____ _____		
	Is triage and treatment performed only by qualified health personnel?	____	____
146	Is sick call conducted only by a physician and/or qualified health personnel?	____	____
	How often is sick call held? _____ _____		
	If an inmate's custody status precludes attendance at sick call, are arrangements made to provide sick call services in the place of the inmate's detention?	____	____
147	Are inmates who are removed from the general population and placed in segregation evaluated at least three times weekly by qualified health personnel?	____	____

		YES	NO
148	Is a physician the only person who diagnoses chemical dependency?	____	____
	Does only a physician decide whether an individual requires pharmacological or non-pharmacological supported detoxification?	____	____
	Is an individualized treatment plan developed and implemented for each inmate who requires clinical management of chemical dependency?	____	____
	Are referrals to specific community resources made upon release of inmates who need continuing management for chemical dependency?	____	____
	Are detoxification services provided within the facility?	____	____
	If yes, is it done under medical supervision?	____	____
	If not perfomed within the facility, where is the detoxification performed? _____		
150	Is there a special medical program for inmates who require close medical supervision?	____	____
	If yes, is there a written individual treatment plan for each of these patients?	____	____
	Does this treatment plan include direction to health care and other personnel regarding their roles in the care and supervision of these patients?	____	____
151	Does the facility have an infirmary?	____	____
	If yes, is the scope of available infirmary care services defined in writing?	____	____
	Is there a physician on call 24 hours a day?	____	____
	Is the nursing service under the direction of a full-time registered nurse?	____	____

		YES	NO
151 cont.	Are there health care personnel on duty 24 hours a day?	____	____
	Are all inmate/patients within sight or sound of a staff person?	____	____
	Is there a manual of nursing care procedures?	____	____
	Is there a separate and complete medical record for each inmate?	____	____
153	Is health education provided to inmates of the facility?	____	____
	Are inoculations and/or immunizations provided to take advance measures against disease?	____	____
154	Is 24 hour emergency care available for:		
	Medical care;	____	____
	Dental care?	____	____
155	Is chronic care provided to inmates in the facility?	____	____
	Is convalescent care provided to inmates in the facility?	____	____
156	Is comprehensive counseling and assistance provided to pregnant inmates in keeping with their expressed desires in planning for their unborn children regarding these options:		
	Abortion services;	____	____
	Adoption services;	____	____
	Keep the child?	____	____
158	Are special medical and dental diets prepared and served to inmates according to orders?	____	____
159	Do written policy and defined procedures guide your use of medical restraints?	____	____

		YES	NO
160	Are medical and/or dental prostheses provided to inmates when the health of the inmate/patient would otherwise be adversely affected?	____	____
163	Do you adhere to the state law as related to the practice of pharmacy?	____	____
	Is there a formulary in this facility?	____	____
	Do you adhere to the regulations established by the Federal Controlled Substances Act relating to controlled substances?	____	____
	Are there prescription practices which require that:		
	Psychotropic medications are prescribed only when clinically indicated;	____	____
	The long-term use of minor tranquilizers is discouraged;	____	____
	"Stop-order" time periods are stated for for behavior modifying medication and those subject to abuse;	____	____
	Re-evaluation by the prescribing provider prior to renewal of a prescription?	____	____
	Are there medication procedures for:		
	Dispensing;	____	____
	Administration or distribution?	____	____
	Are the following stored under maximum security:		
	Controlled substances;	____	____
	Syringes;	____	____
	Needles?	____	____
	Is there a weekly inventory of all:		
	Controlled substances;	____	____
	Syringes;	____	____
	Needles?	____	____
165	Is the active health record maintained separately from the confinement record?	____	____
	Is access to the health record controlled by the health authority?	____	____

		YES	NO
166	Are summaries or copies of the health record routinely sent to the facility to which the inmate is transferred?	____	____
	Is written authorization by the inmate obtained for the transfer of his/her health record?	____	____
	Do law or administrative regulations having the force and effect of law permit you to transfer medical records without a signed release?	____	____
	Is health record information transmitted to specific and designated physicians or medical facilities in the community upon the written authorization of the inmate?	____	____
168	Are informed consent practices applicable in the general community likewise observed for all inmate care within this institution?	____	____
	In the case of minors, is the informed consent of parent, guardian or legal custodian obtained?	____	____
169	Is there any research performed on inmates?	____	____
	if yes, is this done in compliance with state and federal legal guidelines?	____	____
	Is this done with the involvement of an appropriate "Human Subjects Review Committee?"	____	____

I, _____,
a survey team member certify that I completed this document on _____ date.

AMERICAN MEDICAL ASSOCIATION
PROGRAM TO IMPROVE HEALTH SERVICES IN PRISONS

WORKSHEET 5

PHARMACIST

		YES	NO
109	Does the pharmacy service provide any information for the medical peer review program utilized by the facility?	____	____
116	Are first aid kits available in the facility?	____	____
122	Do the state licensure, certification or registration requirements and restrictions apply to pharmacy personnel?	____	____
133	Do inmates work in the pharmacy?	____	____
152	Does this facility operate a hospital?	____	____
	If yes, does the pharmacy meet the legal requirements for a pharmacy in a licensed general hospital in the state?	____	____
163	Are there written policy and defined procedures which guide the proper management of pharmaceuticals?	____	____
	Is there a formulary specifically developed for this facility?	____	____
	Does the facility adhere to regulations established by the Federal Controlled Substances Act relating to controlled substances?	____	____
	Does the facility adhere to state law as related to the practice of pharmacy?	____	____
	Is there maximum security storage of the following:		
	All controlled substances	____	____
	Syringes	____	____
	Needles	____	____

		YES	NO
163 cont.	Is there a weekly inventory of the following:		
	All controlled substances	____	____
	Syringes	____	____
	Needles	____	____
	Are there defined procedures for medication dispensing?	____	____
	Do prescription practices require that:		
	Psychotropic medications are prescribed only when clinically indicated	____	____
	The long term use of minor tranquilizers is discouraged	____	____
	"Stop-order" time periods are to be stated for behavior modifying medications and those subject to abuse	____	____

I, _____,
a survey team member certify that I completed this document on _____ date.

AMERICAN MEDICAL ASSOCIATION
PROGRAM TO IMPROVE HEALTH SERVICES IN PRISONS

WORKSHEET 6

HEALTH RECORDS PERSON

		YES	NO
109	Do you participate in the process of the medical peer review program?		
	If yes, how do you participate? _____		
111	Is any information in the inmate confinement record made a part of the health record when that information is considered relevant to the inmate's health?		
114	Are health records utilized by the responsible physician to review the health services by providers other than physicians and dentists?		
133	Do inmate workers:		
	Handle health records;		
	Have access to health records?		
152	Does this facility operate a hospital?		
	If yes, is the health record maintained according to legal requirements for a licensed general hospital in the state?		
164	Does the health record file contain the following:		
	The complete receiving screening form		
	Health appraisal data forms		
	Findings		
	Diagnoses		
	Treatments		
	Dispositions		
	Prescribed medications		
	The administration of medications		
	Laboratory studies		

		YES	NO
164 cont.	X-ray studies		
	Diagnostic studies		
	Signature of documenter		
	Title of documenter		
	Consent forms		
	Refusal forms		
	Release of information forms		
	Place of health encounters		
	Date of health encounters		
	Time of health encounters		
	Discharge summary of hospitalization		
	Miscellaneous health service reports such as: dental, psychiatric and other consultations		
	Has the method of recording entries in the health record been approved by the health authority?		
	Has the form and format of the health record been approved by the health authority?		
165	Are there written policy and defined procedures which effect the principle of confidentiality of the health record?		
	Is the active health record maintained separately from the confinement record?		
	Is access to the health record controlled by the health authority?		
	If yes, how is it controlled? _____		
166	Are there written policies and defined procedures regarding the transfer of health records and other information?		
	Are summaries or copies of the health record routinely sent to the facility to which the inmate is transferred?		
	Is written authorization by the inmate necessary for the transfer of his/her health record?		
	If no, is the transfer of the health record authorized by law or administrative regulation having the force and effect of law?		

		YES	NO
166 cont.	Is health record information transmitted to specific and designated physicians or medical facilities in the community?	____	____
	If yes, is this performed upon the written authorization of the inmate?	____	____
167	Are there written policies and defined procedures regarding record retention?	____	____
	Are inactive health record files retained as permanent records?	____	____
	Are the legal requirements of the jurisdiction regarding records retention followed?	____	____

I, _____,
a survey team member certify that I completed this document on _____ date.

AMERICAN MEDICAL ASSOCIATION
PROGRAM TO IMPROVE HEALTH SERVICES IN PRISONS

WORKSHEET 7

REVIEW OF HEALTH RECORDS

		YES	NO
126	Based on the health records alone I can identify the following levels of personnel who performed the following functions:		

Receiving screening: _____

Health history: _____

Laboratory and diagnostic tests: _____

Vital signs (Temperature, Pulse, Respiration, Blood Pressure): _____

Medical examination: _____

Identification of health problems: _____

136	I have been able to ascertain from the health records that continuity of care from admission to discharge is provided to inmates?	____	____
138	I have been able to ascertain from the health records that treatments by health care personnel other than physicians or dentists are performed pursuant to direct orders written and signed by personnel authorized by law to give such orders?	____	____

		YES	NO
150	I have been able to ascertain from the health records that individual treatment plans exist for patients who require close medical supervision?	____	____
153	I have been able to ascertain from the health records that medical preventive maintenance is provided to inmates of the facility?	____	____
155	I have been able to ascertain from the medical records that chronic care is provided to inmates of the facility?	____	____
	I have been able to ascertain from the medical records that convalescent care is provided to inmates of the facility?	____	____
160	I have been able to ascertain from the medical records that medical and dental prostheses are provided to the inmates?	____	____
164	I have seen that the health record files contained the following:		
	The completed receiving screening form	____	____
	Health appraisal data form	____	____
	All findings, diagnoses, treatments, dispositions	____	____
	Prescribed medications and their administration	____	____
	Laboratory, x-ray and diagnostic studies	____	____
	Signatures and titles of documenters	____	____
	Consent and refusal forms	____	____
	Release of information forms	____	____
	Place, date and time of health encounters	____	____
	Hospitalization discharge summaries	____	____
	Health service reports such as dental, psychiatric and other consultations	____	____

I, _____,
a survey team member certify that I completed this document on _____ date.

AMERICAN MEDICAL ASSOCIATION
PROGRAM TO IMPROVE HEALTH SERVICES IN PRISONS

WORKSHEET 8

TOUR OF THE FACILITY

		YES	NO
125	I have seen standard and current publications available as reference for the professional health staff.	____	____
151	I have seen the manual of nursing care procedures in the infirmary.	____	____
	I have seen a separate and complete medical record for each inmate in the infirmary.	____	____
162	I have seen bathing facilities with hot and cold running water.	____	____
163	I have seen the formulary specifically developed for the facility.	____	____
	I have seen the maximum security storage of:		
	All controlled substances	____	____
	Syringes and needles	____	____
	I have seen the weekly inventory of:		
	All controlled substances	____	____
	Syringes and needles	____	____
165	I have seen that the active health record is maintained separately from the confinement record.	____	____
	I have been able to ascertain that access to the health record is under control as determined by the health authority.	____	____
167	I have seen that inactive health record files are retained as permanent records.	____	____

I, _____,
a survey team member certify that I completed this document on _____ date.

AMERICAN MEDICAL ASSOCIATION
PROGRAM TO IMPROVE HEALTH SERVICES IN PRISONS

WORKSHEET 9

THE PERSON LEGALLY RESPONSIBLE FOR THE FACILITY

		YES	NO
102	Are matters of medical and dental judgment the sole province of the responsible physician and dentist?	____	____
	Do security regulations applicable to facility personnel also apply to health personnel?	____	____
103	Do you and the health authority discuss health services at least quarterly?	____	____
	Are these meetings documented?	____	____
104	Is there a quarterly report on the health care delivery system and health environment?	____	____
	Is there an annual statistical summary of the health delivery system?	____	____
108	Does the facility have any full-time qualified health personnel?	____	____
	If no, is there a health-trained staff member who coordinates the health delivery system in the facility?	____	____
	Is this health-trained staff member under the joint supervision of the responsible physician and yourself?	____	____
110	Does the facility have a public advisory committee?	____	____
	If yes, does the committee have health care services as one of its charges?	____	____
	Is one of the committee members a physician?	____	____

		YES	NO
111	Does the responsible physician or his/her designee have access to information contained in the inmate's confinement record when the physician believes that information is relevant to the inmate's health?	____	____
112	Is there consultation with the responsible physician prior to the following actions being taken regarding diagnosed psychiatric patients:		
	Housing assignments	____	____
	Program assignments	____	____
	Disciplinary measures	____	____
	Transfers in and out of institution	____	____
113	Are inmates with acute psychiatric and other serious illnesses who require health care beyond the resources available in this facility, transferred or committed to a facility where such care is available?	____	____
115	Are inmate/patients within sight or sound of at least one health-trained correctional officer at all times?	____	____
	Is there minimally one health-trained correctional officer per shift who has been trained in:		
	Basic cardiopulmonary resuscitation	____	____
	Recognition of symptoms of illnesses most common to the inmates	____	____
118	Are medical aspects considered with reference to the routine transfer of inmates to other facilities?	____	____
119	Do you have a system for notification of the inmate's next of kin or legal guardian in case of serious illness, injury or death?	____	____
120	In the event of an inmate's death:		
	Is the medical examiner or coroner notified immediately?	____	____

		YES	NO
120 cont.	Is a postmortem examination requested by the responsible health authority if the death is unattended or under suspicious circumstances?		
121	Does the facility disaster plan include a health component?		
	If yes, has this been approved by the responsible health authority and yourself?		
128	Is there a training program for all correctional personnel who work with inmates to respond to health-related emergency situations?		
129	Have all correctional personnel been trained within the past five years in basic first aid equivalent to that defined by the American Red Cross?		
130	Are all correctional personnel who work with inmates trained to recognized signs and symptoms of:		
	Chemical dependency		
	Emotional disturbance and/or developmental disability		
	Mental retardation		
131	Are all persons working in the food service subject to the following:		
	A pre-service physical examination		
	Periodic re-examination conducted in accordance with local requirements		
	Are your facility food services provided by an outside agency?		
	If yes, do you have written verification that the outside provider complies with the state and local regulation regarding food services?		

		YES	NO
132	Have you approved the written policy and procedures for the utilization of volunteers in health care delivery?		
133	Are inmates used for any of the following duties:		
	Performing direct patient care services		
	Scheduling health care appointments		
	Determining access of other inmates to health care services		
	Handling or having access to:		
	Surgical instruments		
	Syringes		
	Needles		
	Medications		
	Health records		
	Operating equipment for which they are not trained		
162	Are inmates permitted to bathe twice a week?		
	Are the following items furnished or made available to the inmate.		
	Soap		
	Toothbrush		
	Toothpaste or powder		
	Toilet paper		
	Sanitary napkins		
	Laundry services at least weekly		
	Are haircuts and implements for shaving made available to the inmates?		
168	Are the informed consent practices applicable in the general community likewise, observed for inmate care?		
	In the case of minors is the informed consent of parent, guardian or legal custodian obtained?		
169	is medical research performed on inmates in this facility?		
	If yes, is the research done in compliance with state and federal legal guidelines?		

		YES	NO
169 cont.	Is it done with the involvement of an appropriate "Human Subjects Review Committee?"	____	____

I, _____,
a survey team member certify that I completed this document on _____ date.

AMERICAN MEDICAL ASSOCIATION
PROGRAM TO IMPROVE HEALTH SERVICES IN PRISONS

WORKSHEET 10

CORRECTIONS OFFICER

		YES	NO
115	Are inmates within sight or sound of at least one health-trained correctional officer at all times?	____	____
	Is there one health-trained correctional officer per shift who has been trained in:		
	Basic cardiopulmonary resuscitation	____	____
	Recognition of symptoms of illnesses most common to the inmates	____	____
116	Do you know where the first aid kits are kept?	____	____
128	Have you had training for emergency situations which cover the following:		
	Types of and action required for potential emergency situations	____	____
	Signs and symptoms of an emergency	____	____
	Administration of first aid	____	____
	Methods of obtaining medical assistance	____	____
	Procedures for patient transfer to appropriate medical facilities or health care providers	____	____
129	Have you been trained within the past five years in basic first aid?	____	____
130	Have you been trained to recognize signs and symptoms of:		
	Chemical dependency	____	____
	Emotional disturbance and/or developmental disability	____	____
	Mental retardation	____	____
137	Are inmates told how to get access to medical care?	____	____

		YES	NO
137 cont.	Is there anything in writing for the inmates about access to care?	____	____
	If yes, what is it? _____		
144	Are mentally ill or retarded inmates who are recognized during confinement, referred for care?	____	____
	Is there a written list of specific referral sources?	____	____
145	Are inmate health complaints processed at least daily?	____	____
	Are the health complaints referred to qualified health care personnel?	____	____
146	How often is sick call held in this facility? _____		
	If an inmate's custody status precludes attendance at sick call, are arrangements made to provide sick call services in the place of the inmate's detention?	____	____
147	Do qualified health personnel evaluate inmates in segregation at least three times weekly?	____	____
154	Is 24 hour emergency care available for:		
	Medical care	____	____
	Dental care	____	____
	Are there written security procedures providing for emergency transfer of inmates from the facility?	____	____
161	Is each inmate allowed a daily minimum of one hour of exercise involving large muscle activity away from the cell?	____	____
	Is this done on a planned, supervised basis?	____	____

		YES	NO
162	Is inmate bathing permitted twice a week?	____	____
	Is daily bathing permitted for inmates in hot weather?	____	____
	Are the following items, furnished or made available to the inmate:		
	Soap	____	____
	Toothbrush	____	____
	Toothpaste or powder	____	____
	Toilet paper	____	____
	Sanitary napkins	____	____
	Laundry services at least weekly	____	____
	Are haircuts and implements for shaving made available to the inmates?	____	____
165	Is the active health record kept separate from the confinement record?	____	____
	Do you have access to the health record?	____	____

I, _____,
a survey team member certify that I completed this document on _____ date.

AMERICAN MEDICAL ASSOCIATION
PROGRAM TO IMPROVE HEALTH SERVICES IN PRISONS

WORKSHEET 11

PERSON WHO DISTRIBUTES MEDICATION

The person interviewed is a:
- Corrections officer ____
- Health-trained person ____
- Qualified health person ____
- Other (specify) _____

		YES	NO
127	Have you been trained to administer medications by:		
	The responsible physician or his/her designee	____	____
	The facility administrator or his/her designee	____	____
	If yes, does this training include:		
	Accountability for administering medications in a timely manner	____	____
	Recording the administration in a manner, on a form approved by the health authority	____	____

I, _____,
a survey team member certify that I completed this document on _____ date.

AMERICAN MEDICAL ASSOCIATION
PROGRAM TO IMPROVE HEALTH SERVICES IN PRISONS

WORKSHEET 12

INMATE

		YES	NO
137	Do you know how to get medical/dental care?	____	____
	When you were brought to this facility were you:		
	Told how to get medical/dental care	____	____
	Shown this in writing	____	____
	Told how to submit complaints regarding health care or services	____	____
140	At the time of your arrival at this facility before you were assigned a permanent bed, did anyone ask you questions:		
	Regarding your current health	____	____
	Regarding medications that you were taking	____	____
	Did anyone check your skin	____	____
142	Have you been in this facility for 14 days or longer?	____	____
	If yes, before your 14th day were you offered the following:		
	Test for venereal diseases	____	____
	Test for tuberculosis	____	____
	A medical examination	____	____
	Were the following taken:		
	Height	____	____
	Weight	____	____
	Pulse	____	____
	Temperature	____	____
	Blood pressure	____	____
143	Were you offered a dental examination?	____	____
	Do the dental people fix teeth rather than just pull them?	____	____

		YES	NO
145	Are your requests to see a health person picked up at least daily?	____	____
146	How often is sick call held? _____		
147	Have you ever been in segregation?	____	____
	If yes, while you were in segregation was there a health care person who visited you at least three times a week?	____	____
161	Are you allowed to exercise at least one hour a day?	____	____
	If yes:		
	Is this done away from your cell?	____	____
	Is this done on a planned, supervised basis?	____	____
162	Is bathing permitted twice a week?	____	____
	In hot weather is daily bathing permitted?	____	____
	If you do not buy the following items does the facility make them available for you:		
	Soap	____	____
	Toothbrush	____	____
	Toothpaste or powder	____	____
	Toilet paper	____	____
	Sanitary napkins	____	____
	Laundry services	____	____
	Are haircuts and implements for shaving made available to you?	____	____

I, _____,
a survey team member certify that I completed this document on _____ date.

AMERICAN MEDICAL ASSOCIATION
PROGRAM TO IMPROVE HEALTH SERVICES IN PRISONS

WORKSHEET 13

DIRECTOR OF FOOD SERVICE

		YES	NO
131	Do all of your workers - both civilian and inmate:		
	Have physical examinations before they are allowed to start working in the food service	____	____
	Receive periodic re-examinations as required in the general community	____	____
	Have instructions to wash hands upon reporting to duty and after using toilet facilities	____	____
157	Are the diets based on the recommended dietary allowances established by the Food and Nutrition Board of the National Academy of Sciences?	____	____
158	Do you receive:		
	Orders from the Health Service regarding medical diet needs for inmates	____	____
	Orders from the Health Service regarding dental diet needs for inmates	____	____
	Are these diets prepared and served according to orders?	____	____

I, _____,
a survey team member certify that I completed this document on _____ date.

AMERICAN MEDICAL ASSOCIATION
PROGRAM TO IMPROVE HEALTH SERVICES IN PRISONS

WORKSHEET 14

DOCUMENTATION CHECK LIST

		YES	NO
101	I have seen the written agreement, contract or job description that delegates responsibility for health services to the health authority.	____	____
103	I have seen documented administrative meetings between the health authority and the official legally responsible for the facility.	____	____
	These meetings are held at least quarterly.	____	____
104	I have seen the reports on the health care delivery system and health environment.	____	____
	I have seen the annual statistical summary.	____	____
105	I have seen the manual of written health policies and defined procedures.	____	____
	(109) I have seen the written policy and defined procedures for peer review.	____	____
	(111) I have seen the written policy and defined procedures for the sharing of information contained in the confinement record.	____	____
	(112) I have seen the written policy and defined procedures for decision making, which requires consultation between the facility administrator and the responsible physician or their designees prior to the following actions being taken regarding diagnosed psychiatric patients:		
	Housing assignments;	____	____
	Program assignments;	____	____
	Disciplinary measures;	____	____
	Transfers in and out of Institution.	____	____

		YES	NO
105 cont.	(113) I have seen the written policy and defined procedures for the transfers of inmates with acute illnesses.	____	____
	(115) I have seen the written policy and defined procedures for health-trained correctional officers which include:		
	One officer to be within sight or sound of inmates;	____	____
	One officer per shift to be trained in:		
	Basic cardiopulmonary resuscitation;	____	____
	Recognition of symptoms of illnesses most common to the inmates.	____	____
	(117) I have seen the written policy and defined procedures that outline access to laborato. and diagnostic services.	____	____
	(118) I have seen the written policy and defined procedures governing the medical aspects of the routine transfer of inmates.	____	____
	(119) I have seen the written policy and defined procedures for the notification of the inmate's next of kin.	____	____
	(120) I have seen the written policy and defined procedures for an inmate postmortem examination which require:		
	Notification of the medical examiner or coroner:	____	____
	A request for examination if the death is unattended or under suspicious circumstances.	____	____
	(121) I have seen that the health aspects of the facility's disaster plan have been approved by the responsible health authority and facility administrator.	____	____

105 cont.

	YES	NO
(126) I have seen the written policy and defined procedures for health appraisal data collection which require:		
Health appraisal forms to be approved by the health authority;	____	____
Health history and vital signs to be collected and recorded by health trained or qualified health personnel;	____	____
Collection of all other health appraisal data to be performed and recorded only by qualified health personnel.	____	____
(127) I have seen the written policy and defined procedures for medications administration training which require training from the responsible physician and the facility administrator or their designees.	____	____
I have seen the written policy and defined procedures for training regarding accountability for administrating or distributing medications in a timely manner according to physician orders.	____	____
I have seen the written policy and defined procedures for recording the administration or distribution of medications in a manner and on a form approved by the health authority.	____	____
(128) I have seen the written policy and the training program for emergency situations which covers;		
Types of and action required for potential emergency situations;	____	____
Signs and symptoms of an emergency;	____	____
Administration of first aid;	____	____
Method of obtaining assistance;	____	____
Procedures for patient transfers to appropriate medical facilities or health care providers.	____	____
(129) I have seen the policy for first aid training.	____	____
(130) I have seen the policy for training of staff regarding mental illness and chemical dependency.	____	____

105 cont.

	YES	NO
(131) I have seen the written policy and defined procedures for health and hygiene requirements for food service workers which require:		
A pre-service physical examination;	____	____
Periodic re-examinations conducted in accordance with local requirements regarding restaurant and food service employees in the community;	____	____
All food handlers have instructions to wash their hands upon reporting to duty and after using toilet facilities.	____	____
(132) I have seen the written policy and defined procedures for utilization of volunteers which include:		
A system for selection, training and length of service;	____	____
Staff supervision;	____	____
Definition of tasks, responsibility and authority.	____	____
(133) I have seen the written policy stating that inmate workers will not be used for the following duties:		
Performing direct patient care services	____	____
Scheduling health care appointments	____	____
Determining access of other inmates to health care services	____	____
Handling or having access to:		
Surgical instruments	____	____
Syringes	____	____
Needles	____	____
Medications	____	____
Health records	____	____
Operating equipment for which they are not trained.	____	____

105 cont.

	YES	NO
(134) I have seen the written policy and defined procedures for the following levels of care:		
Self-care;	____	____
First aid;	____	____
Emergency care;	____	____
Clinic care;	____	____
Infirmary care;	____	____
Hospital care.	____	____
(135) I have seen the written policy stating that health care is rendered with consideration of the patient's dignity and feelings.	____	____
(136) I have seen the written policy and defined procedures for continuity of care.	____	____
(137) I have seen the written policy and defined procedures regarding inmates' access to treatment.	____	____
I have seen the written policy and defined procedures for processing of inmate complaints regarding health care.	____	____
(140) I have seen the written policy and defined procedures for receiving screening.	____	____
(141) I have seen the written policy for delousing.	____	____
(142) I have seen the written policy and defined procedures for health appraisal.	____	____
(143) I have seen the written policy and defined procedures for dental care which require that:		
The program is under the direction of a designated dentist	____	____
Dental care to be provided under the direction/supervision of a dentist licensed in the state	____	____

105 cont.

	YES	NO
A defined classification system identifies the oral health condition and specifies the priorities of treatment by category	____	____
Treatment is in accordance with a treatment plan that is not limited to extractions, but that is considered appropriate for the needs of the individual as determined by the treating dentist	____	____
Consultation through referral to recognized specialists in dentistry is available	____	____
(144) I have seen the written policy and defined procedures for interim health appraisal regarding mentally ill and retarded.	____	____
(145) I have seen the written policy and defined procedures for daily triaging of complaints.	____	____
(146) I have seen the written policy and defined procedures for sick call.	____	____
(147) I have seen the written policy and defined procedures for medical evaluation of inmates in segregation.	____	____
(148) I have seen the written policy and defined procedures for chemically dependent inmates' which require:		
Diagnoses of chemical dependency by a physician	____	____
A physician deciding whether an individual requires pharmacological or non-pharmacological supported care	____	____
An individualized treatment plan to be developed and implemented	____	____
Referral to specific community resources upon release when appropriate	____	____
(149) I have seen the written policy and defined procedures for detoxification from alcohol, opioids, stimulants and sedative-hypnotic drugs.	____	____

105 cont.

	YES	NO
(150) I have seen the written policy and defined procedures for special medical programs.	____	____
(151) I have seen the written policy and defined procedures for infirmary care which require:		
A definition of the scope of available infirmary care services	____	____
A physician to be on-call 24 hours a day	____	____
Nursing service to be under the direction of a registered nurse on a full-time basis	____	____
Health care personnel to be on duty 24 hours a day	____	____
All inmate/patients to be within sight or sound of a staff person	____	____
A manual of nursing care procedures	____	____
Separate and complete medical record for each inmate	____	____
(153) I have seen the written policy and defined procedures for medical preventive maintenance.	____	____
(154) I have seen the written policy and defined procedures for emergency services which include arrangements for:		
Emergency evacuation of the inmates from within the facility	____	____
Use of an emergency medical vehicle	____	____
Use of one or more designated hospital emergency rooms or appropriate health facilities	____	____
Emergency on-call physician and dentist services when the emergency health facility is not located in the nearby community	____	____
Security procedures for the immediate transfer of the inmates when appropriate	____	____
(155) I have seen the written policy and defined procedures for chronic and convalescent care.	____	____
(156) I have seen the written policy and defined procedures for pregnant inmates in planning for their unborn children.	____	____

105 cont.

	YES	NO
(158) I have seen the written policy and defined procedures for special medical and dental diets.	____	____
(159) I have seen the written policy and defined procedures which guide the use of restraints.	____	____
(160) I have seen the written policy and defined procedures for medical and dental prostheses.	____	____
(161) I have seen the written policy and defined procedures for exercising which require:		
A daily minimum of one hour activity involving large muscle activity away from the cell, on a planned, supervised basis.	____	____
(162) I have seen the written policy and defined procedures for a personal hygiene program which include:		
Bathing facilities/tub or shower	____	____
Bathing permitted twice each week	____	____
Daily bathing permitted in hot weather in facility without air temperature control	____	____
The following items are furnished to the inmate or made available by the facility:		
Soap	____	____
Toothbrush	____	____
Toothpaste or powder	____	____
Toilet paper	____	____
Sanitary napkins	____	____
Laundry services at least weekly	____	____
Haircuts and instruments for shaving to be available.	____	____

		YES	NO
105 cont.	(163) I have seen the written policy and defined procedures for management of pharmaceuticals which require:		
	Adherence to state law as related to the practice of pharmacy	____	____
	A formulary specifically developed for the facility	____	____
	Adherence to regulations established by the Federal Controlled Substances Act	____	____
	Prescription practices to include:		
	Psychotropic medications to be prescribed only when clinically indicated	____	____
	The discouragement of long-term use of minor tranquilizers	____	____
	"Stop-order" time periods to be stated for behavior modifying medications and those subject to abuse	____	____
	Re-evaluation by the prescribing provider prior to renewal of the prescription	____	____
	Procedures for medications dispensing and administration distribution	____	____
	Security storage and weekly inventory of all controlled substances, syringes and needles	____	____
	(165) I have seen the written policy and defined procedures for confidentiality of health records that require:		
	The active health record to be maintained separately from the confinement record	____	____
	Health record access to be controlled by the health authority	____	____
	(166) I have seen the written policy and defined procedures for transfer of health records and information which require that:		
	Summaries or copies of the health record are to be routinely sent to the facility to which the inmate is transferred	____	____

		YES	NO
105 cont.	(166) cont. Written authorization by the inmate is to be obtained for transfer of health record information unless otherwise provided by law or administrative regulations	____	____
	Health record information is to be transmitted to specific and designated physicians or medical facilities in the community upon the written authorization of the inmate	____	____
	(167) I have seen the written policy and defined procedures for record retention which require that:		
	Inactive health record files are to be retained as permanent records	____	____
	Legal requirements of the jurisdiction are to be followed	____	____
106	I have seen that each policy, procedure and program in the health care delivery system has been reviewed at least annually.	____	____
	I have seen that each document bears the date of the most recent review or revision and the signature of the reviewer.	____	____
122	I have seen the current credentials of health care personnel who provide services to inmates.	____	____
	These are on file in the facility.	____	____
123	I have seen the written job descriptions that define the duties and responsibilities of personnel who provide health care and that they are in accordance with their roles in the facility.	____	____
124	I have seen the written plan which provides for all health services personnel to participate in orientation and training appropriate to their health care delivery activities.	____	____

		YES	NO
139	I have seen that standing medical orders have been signed by the responsible physician.	____	____
140	I have seen the receiving screening form which includes:		
	Inquiry into:		
	Current illness and health problems, including venereal disease	____	____
	Medication taken and special health requirements	____	____
	Use of alcohol and other drugs including the types of drugs used, mode of use, amounts used, frequency used, date or time of last use and a history of problems which may have occurred after ceasing use	____	____
	Other health problems designated by the responsible physician	____	____
	Observation of:		
	Behavior	____	____
	Body deformities	____	____
	Condition of skin	____	____
	Disposition to:		
	General inmate population	____	____
	General inmate population and later referral to appropriate health care service	____	____
	Referral to appropriate health care service on an emergency basis	____	____
142	I have seen from the health record that the "health appraisal" includes:		
	Medical, dental, psychiatric and immunization histories	____	____
	Laboratory and/or diagnostic tests to detect communicable disease	____	____
	Height, weight, pulse, blood pressure and temperature	____	____
	Tests and examinations as appropriate	____	____
	A medical examination including mental and dental status	____	____
	Identification of problems by a physician	____	____
	Therapy initiated as ordered	____	____

		YES	NO
144	I have seen the written list of specific referral resources for the care of mentally ill or retarded inmates.	____	____
151	I have seen the manual of nursing care procedures for nursing care delivered in the infirmary.	____	____
	I have seen the defined list of available infirmary care services of the facility.	____	____
	I have seen that separate and complete medical records are kept for each inmate in the infirmary.	____	____

I, _____,
a survey team member certify that I completed this document on _____ date.

APPENDIX F

AMERICAN MEDICAL ASSOCIATION

GUIDELINES FOR PRISON HEALTH FACILITIES,

SPACE AND BASIC EQUIPMENT

AMERICAN MEDICAL ASSOCIATION

GUIDELINES

FOR

PRISON HEALTH FACILITIES,

SPACE

AND

BASIC EQUIPMENT

American Medical Association
Programs to Improve Medical Care and
Health Services
in Correctional Institutions
535 North Dearborn Street
Chicago, Illinois 60610

This project was supported by Grant Number 77-ED-99-0026, awarded by the Law Enforcement Assistance Administration, United States Department of Justice. Points of view or opinions stated in this publication are those of the American Medical Association and do not necessarily represent the official position of the United States Department of Justice.

PREFACE

Consistent with the American Medical Association's long-standing interest in the criminal justice field, the AMA has been undertaking the preparation of comprehensive standards for medical care and health services in correctional facilities. In 1978 and 1979 working in cooperation with the State of Michigan Department of Corrections under the aegis of a Department of Justice, Law Enforcement Assistance Administration grant, the AMA developed standards for prisons: AMA *Standards for Health Services in Prisons*. Recognizing that the lack of adequate facilities, equipment, and supplies would hamper the actions of even dedicated physicians, other health care professionals and administrators in providing adequate services, the AMA has developed this guide to facilities and equipment for prison health.

An examination of the existing literature, discussions with concerned and involved physicians and other health care professionals, contacts with professional architectural organizations and their representatives, discussions with correctional facility administrators, and elected public officials indicated an increased awareness of and a growing concern for the accessibility, availability and cost-effectiveness of health care services in correctional facilities. This interest notwithstanding, an up-to-date comprehensive set of facility guidelines did not exist. Hence, this document is a first step in a needed direction.

It should be recognized however, that *this document is not a set of standards*, and does not purport to provide a definitive answer to all of the contemporary issues and problems concerning facilities management. For one thing, existing state operational codes and standards for health care facilities should apply in the correctional settting and may differ from what is suggested here. Further, medical and administrative judgments at the local level -- based on both objective and subjective factors -- represent important components in any review of a facility and its equipment. Thus, while it is hoped that the suggestions contained in this guide may prove useful as examples, they may be neither applicable nor feasible to implement in a given facility.

INTRODUCTION

Adequate space and appropriate operating equipment are prerequisites for an efficient and effective health service facility. To determine adequate space and equipment, a number of factors need to be considered: e.g., patient volume; age of patients; levels of health care rendered; number of medical and other health providers functioning in the service area; type, size and amount of equipment; accessibility of the facilities to other rooms within the health providers functioning in the service area; type, size and amount of equipment; accessibility of the facilities to other rooms within the health service area and to other areas of the institution; the individual practice style of physicians and dentists; administrative or management preferences of the health care administrator; and financial constraints.

The most obvious characteristics for facility space are dimensions (square feet), proportion (cubic feet) and shape of the room. Key issues to be defined in detail include: needs of the space user; tasks and behavior performance of the occupants within the space; and manner in which the space will be used. This document addresses only one aspect, namely, dimensions. A square foot range is a beginning in the process of facility design. The square foot ranges recommended in this document are not the ultimate. The ranges were generated from various literature sources, articles, unpublished materials and discussions with correctional physicians and administrators. It should be recognized that, it is not *how much* space you have which is most important, but *how* you use it.

Since the operational program and services will vary with each institution, it is not possible to prepare a standard equipment list to cover the wide range of health care facilities even in institutions of the same size. These lists, therefore, are intended only as guides and must be adapted to the specific needs and programs of each facility. The equipment items, medical and non-medical listed here are those primarily considered as moveable or fixed equipment and subject to possible storeroom control. Supplies that are normally consumed and items considered expendable are not included in this document.

It is a fundamental principle that no large investment should be made in equipment unless it is certain that operating personnel are available and that they are legally qualified to operate such equipment. Equipment once purchased, also requires funds to maintain it in working condition and within legal safety requirements.

Five key questions should be considered before determing equipment needs: (1) What task is to be accomplished? (2) What should the equipment do? (3) What skills and knowledge are needed to use it? (4) How often will it be used? and (5) Can the facility afford to maintain it?

CONTENTS

CLINICAL FACILITIES AND EQUIPMENT

EXAMINING ROOM

From 48 sq. ft. To 120 sq. ft.

A room 6 by 8 feet will allow a health care provider to examine and treat patients from one side of the examining table and accommodate a minimum amount of equipment.

A large room, 8 by 10 feet, is usually required to examine and treat patients from both sides of the examining table. To accommodate additional equipment, such as an electrocardiogram machine and stand, resuscitator, and small sterilizer, a 10 by 10 foot or 10 by 12 foot room is recommended.

Greater physician efficiency can result if more than one examining room is available and those rooms connect; however, security factors, i.e., available guards and health care providers, influence the ultimate design.

Recommended Basic Examining Room Items

Basket, waste
Blood pressure apparatus, portable
Cabinet or counter space
Can, trash
Chair, straight
Chart, eye
Hammer, percussion
Light, examining
Ophthalmoscope
Otoscope
Scale with measuring rod
Sink for hand washing
Stethoscope
Stool, foot
Stool with castor, operator
Table, examining with stirrups
Thermometers
Writing area 14 to 18 inches in width, at sitting or standing height, and sufficiently long enough to hold an open chart, medical forms, etc.

OPTIONAL ITEMS

Electrocardiograph on stand
Lamp, ultraviolet
Stand, instrument
Suction machine, portable
Viewer, x-ray

CONTINUED

2 OF 3

DENTAL SERVICE

(Operatory, Laboratory, Darkroom, Office)

From 270 sq. ft. To 450 sq. ft.

Operatory (1 dental unit)	From 90 sq. ft. To 150 sq. ft.
Laboratory (1 technician)	From 65 sq. ft. To 150 sq. ft.
Darkroom	From 35 sq. ft. To 50 sq. ft.
Office	From 80 sq. ft. To 100 sq. ft.

It is conceivable that more than one dental unit will be used to increase the efficiency of services. Therefore, space allocation may be for separate rooms or for several dental units in one room. The size for the one room operatory would be determined by adding the total square feet for the number of dental units. For example: if 125 sq. ft. per dental unit is used, two (2) dental units in one operatory would require 250 sq. ft.

If more than one dental technician is to be used, the dental laboratory will need to be increased at least 50 sq. ft. for each additional laboratory technician.

To conserve space, the dental laboratory may double as a darkroom; furthermore, a darkroom will not be necessary if a dental automatic x-ray film processor is used.

Office space is suggested only if other health office space is not available in the vicinity of the dental complex.

Recommended Basic Dental Service Items

OPERATORY
Air compressor
Apron, patient, lead lined
Basket, waste
Cabinet, dental
Cabinet, storage
Chair, straight
Dental chair
Dental unit, complete with light
Electric amalgamator
Evacuating system
Hand piece, engine and air driven
Sink for hand washing
Sterilizer
Stool, operator
Stool, assistant
Table, utility
Viewer, dental x-ray
X-ray, dental
X-ray, badges

DENTAL SERVICE

Recommended Basic Dental Service Items (cont.)

DARKROOM
Counter
Darkroom timer
Film hanger, dental x-ray
Prdcessing tank
Rack, film dryer
Safelight

LABORATORY
Benches
Laboratory workbench
Lathes
Safety glasses

OPTIONAL ITEMS
Automatic dental x-ray film processor
Emergency oxygen tank, portable

INFIRMARY PATIENTS' ROOMS

These rooms are for inmate/patients who need 24 hours or more of skilled nursing care for illness or diagnosis which requires limited observation and/or management.

The following allowance of floor space is suggested:

(a) Rooms for only one patient - from 100 sq. ft. to 120 sq. ft. Rooms for two or more patients - 80 sq. ft. per bed.

(b) Beds should be placed at least five (5) feet apart.

(c) Multiple person rooms require clear room width of at least 11 feet, 6 inches for clearance passage of a stretcher.

All rooms require a sink for hand washing. No additional space is needed if located in the room.

An adjoining bathing facility and toilet requires an additional 68 sq. ft. to 80 sq. ft. of space.

At least one private room is recommended for purposes of inmate/patient communicable disease isolation, close observation and care, and/or an extraordinary quiet environment is needed.

INFIRMARY PATIENTS' ROOMS

Recommended Basic Infirmary Patient Area Items
Bed, adjustable
Cabinet, bedside
Chair, straight
Mattress, innerspring, waterproof, fireproof
Sink for hand washing
Table, overbed

SUPPORT FACILITIES AND EQUIPMENT

MEDICAL RECORDS

From 300 sq. ft. To 2,000 sq. ft.

Health records require secure handling, which is impossible without secure and separate areas for storage. To determine space, it is necessary to consider the volume of active and inactive record storage, plus access and work space.

Calculation of filing space needed should take into account the average thickness of records. Usually eight (8) to ten (10) records take about one inch of filing space. For every 30 inches of open shelf filing, about four inches are considered waste space because of the support structure.

With open shelving for side filing, four shelves high about 80 linear feet total with 24 inch aisles on each side for access, a minimum of 160 sq. ft. or a room 8 by 20 ft. is recommended (two aisles, four shelves), plus access and work space.

If old records are microfilmed, a work space for a reading machine and separate storage facilities, cabinets or another secure room for the films will be needed.

Recommended Basic Medical Records Room Items
Basket, waste
Chair, posture
Chair, straight
Desk, secretarial
Filing, cabinets or shelves
Table, work
Typewriter

CLINICAL LABORATORY

From 100 sq. ft. To 300 sq. ft.

The kinds of diagnostic tests to be performed, the number of tests processed per day or week, the kind and quantity of equipment and the number of laboratory technicians have profound effect in determining space requirements.

Generally, a laboratory technician can perform from 9,000 to 11,000 tests per year. If you project a greater number of tests, more working space should be allowed for additional personnel in the laboratory.

Arrangement of the counters and aisle plan are also determinants in total size calculation. Counter heights for standing work are usually 48-52 inches, and for sitting work, as in microscopy, 30 inches.

Recommended Basic Laboratory Service Items

Basket, waste
Bunsen burner
Cabinet, file
Cabinet, storage
Can, trash
Centrifuge
Chair, straight
Chair, swivel
Counters, benches
Desk
Lamp, substage
Microscope
Pipettes
Refrigerator
Shaker, pipette
Sinks, varying forms
Stool, operator
Typewriter
Water bath

OPTIONAL ITEMS

Incubator
Spectrophotometer

PHARMACY SERVICE

Dispensing, compounding and storage	From 150 sq. ft. To 300 sq. ft.
Dispensing and storage only	From 120 sq. ft. To 150 sq. ft.
Dispensing only (cart storage)	From 80 sq. ft. To 100 sq. ft.

Although an institution may not have a dispensing, compounding and storage pharmacy facility, floor space for pharmaceutical operation and/or storage is necessary. For example, drugs distributed from a central control require space for a day's supply of medications and the individual distributing the medication. Also, if a medication cart or basket is used to distribute medication on the tiers, a place (space) is needed to store the cart or basket between the drug distribution hours.

Security measures (e.g., locks, safes, constant surveillance) for all pharmaceutical operations, including storage, location and distribution, are of ultimate concern, regardless of space available.

Recommended Basic Pharmacy Service Items

Basket, waste
Cabinets, cupboards, or adjustable shelves for working stock
Chair
Counter, work, with shelving above
Desk
Drawers for storage of pill boxes, bottles, corks, labels, capsules, etc.
File, prescription
Refrigerator
Safe, narcotics and other control items
Scales, prescription
Sink, utility
Sink for hand washing
Typewriter

The dispensing of medication from a pharmacy requires an adequate window or dutch door constructed in a convenient location.

RECOMMENDED BASIC ITEMS FOR
DRUG DISTRIBUTION AND STORAGE ONLY

Adequate lighting
Cabinet, drug lockable
Counter, work
Sink for hand washing
Refrigerator
Shelves, adjustable

RADIOLOGY

(x-ray room including darkroom and separate file storage)

From 260 sq. ft. To 500 sq. ft.

X-ray room including darkroom	From 216 sq. ft. To 450 sq. ft.
Film file storage	From 44 sq. ft. To 56 sq. ft.

Basic facilities for radiological services include space for an x-ray unit, film developing and film storage. Preferably these facilities should be adjacent to each other. These areas require specific protection standards. The U.S. Government National Bureau of Standards, as well as local and state building codes, include the protection standards for interior walls, floors and ceilings where x-ray equipment is used. Likewise, there are stringent code requirements for the electrical wiring of x-ray rooms and equipment.

Storage space for radiographs is determined by knowing the thickness of the average number of radiographs in a filing envelope and the number of envelopes that can be stored in one linear foot of space. The weight of radiographs per linear foot is important for file room construction and the type of shelving necessary.

A "rule of thumb" estimate of film storage for six (6) envelopes with an average of three films per envelope (18 films) will take one inch of shelf space stored on edge.

While there need not necessarily be an x-ray office nor a reading room, some provision should be made for reasonable space in which an individual can adequately prepare films for reading and filing, sort reports and prepare typewritten material.

Recommended Basic X-Ray Service Items

X-RAY UNIT
- Basket, waste
- Cabinet, film filing
- Chest, unit, x-ray automatic
- Films, assorted sizes, types
- Generator, x-ray
  - control
  - power module
  - transformer
- Intensifying screens and cassettes
- Stool, foot
- Table, x-ray
- Viewer, x-ray

RADIOLOGY

Recommended Basic X-Ray Service Items

DARKROOM
- Basket, waste
- Bin, film loading
- Cabinet with sink and adjustable shelves
- Developer, film, automatic
- Safe light
- Tank, replenisher
- Thermometers
- Thermostatic mixing-valve controls
- Timers

FILEROOM
- Basket, waste
- Steel shelving unit
- Table, work

If file cabinets are used, it is recommended that they be firmly attached to either the floor or wall to prevent forward tipping because of the weight when the top drawer is open.

OTHER SUPPORT FACILITIES

PATIENT WAITING AREA

From 120 sq. ft. To 200 sq. ft.

Space should be planned for each area where waiting for health service is anticipated, e.g., general clinic, dental clinic. The waiting area should not interfere with the smooth flow of traffic or functioning of the clinical area. The area should be adjacent to the health care service area.

A rule of thumb for a seating area for waiting patients is about 12 square foot per person. The anticipated patient load, schedule and flow and security factors should be considered in the determination of square foot space.

Recommended Basic Waiting Area Items
- Basket, waste
- Chairs, straight or a combination or multiple seating (benches)
- Rack, pamphlet for health education material

UTILITY SERVICE ROOMS

From 80 sq. ft. To 100 sq. ft.

Space allocations will depend upon the service functions, size and amount of equipment to be stored. Space should be planned for a *clean* service utility room completely *separate* from a *soiled* service utility room.

Clean service utility rooms are utilized for the preparation, cleaning and processing of items not considered contaminated. Certain medical items such as sponges, applicators, basins, and airways may be stocked in this room. A limited amount of clean linen may also be stored in this area.

Soiled service utility rooms are utilized for cleaning contaminated equipment, flushing bed pans, and discarding of dirty linen. This room is not a substitute for a janitorial closet.

SUPPORT SPACES

OFFICE space is essential for desk work, securing certain documents and other controlled items, private interviews and staff meetings. Although each physician, dentist, consultant and administrator would like a private office, this is not always feasible nor necessary. Office space can be shared in many instances.

If possible, each full-time physician and dentist should have office space. This space may be a private room or a large room with several professional staff sharing the space. When there is no physician and/or dentist employed full time there should be one office that may be used by visiting consultants. Nursing office space also needs to be considered.

Office space needs range from 100 to 270 square feet.

STORAGE space is required for each room within the health service areas. These may be cabinets, built-in or free-standing, wall hung or workbench style. Large closets with shelves may be used for linen and disposable stock supplies. Lockable and secure storage is necessary for most medical equipment, supplies and drugs.

A separate room should be used to store wheelchairs, stretchers, large orthopedic equipment, and other large equipment not in active use nor required for immediate emergency treatment.

The space allocation will depend upon the size and quantity of equipment/supplies to be stored.

SUPPORT SPACES

Standard *JANITORIAL CLOSET(S)* including a proper mop sink, hanging rack, shelves for supplies, etc., need to be considered for health service areas. Closets range from 15 to 18 square feet.

WASHROOM FACILITIES (wash basin and toilet) require 20 to 30 square feet. Staff personnel, inmate capacity and structural outlay of the health service areas will be factors determining the number of washrooms. A washroom adjoining the laboratory and x-ray services for inmate/patients is advisable if possible.

ADDITIONAL EQUIPMENT TO SUPPORT MEDICAL SERVICE PROGRAMS

Apparatus, anesthetic, inhalation
Audiometer
Clocks, electric
Hydro-hotpack cabinet
Light, emergency, portable
Shredder, syringe and needles
Stretchers, folding (litters)
Tub, sitz
Ultrasonic therapy unit
Wheel chair, folding
Whirlpool, arm, leg (moveable or fixed tank)

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