MONTANA STATE PRISON
OPERATIONAL PROCEDURE

Procedure:	**MSP HS E-07.0 NON-EMERGENT HEALTH CARE REQUESTS**
Effective Date:	11/01/2010 Page 1 of 5
Revision Date(s):	12/01/2024; 06/30/2026
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I. PURPOSE

Maintain a system that provides inmates the ability to request health care attention for health complaints orally or in writing on a daily basis.

Provide an organized system for the collection, triage, treatment, and referral of inmate Health Care Requests (HCRs) by health care staff and guidelines for the treating clinician's clinic practices.

II. DEFINITIONS (see Glossary)

III. REQUIREMENTS

A. General Requirements

1. Inmates are expected to initiate access to health care services by completing and submitting a Health Care Request (HCR) electronically on inmate tablets.
   a. Although inmates have the option to submit the HCR on paper, they are encouraged to utilize electronic submission to ensure timeliness of response.
   b. Completed HCRs contain confidential medical information used to assess the priority of the request (triage) and to route to the appropriate area, provider, or nurse for assessment.
   c. If an inmate is unable or refuses to complete an HCR, health care staff will assist or complete the form on behalf of the inmate and will document the reasons the inmate did not personally complete it.
      1) The medical staff triaging a paper HCR must sign and date it.
   d. Inmates having medical emergencies:
      1) will receive medical services regardless of having submitted an HCR; and
      2) may access emergency care by making their needs known to custody staff or medical staff.
2. Inmates with life-threatening conditions will receive immediate medical attention.
3. Correctional Health Service Technicians (CHSTs) will not make nursing assessments that exceed their scope of training, license, or Department policies or procedures.
4. Whenever possible, all health care staff will ensure communication with inmate patients occurs in private.
   a. When cell-side triage is required in restrictive housing units or other situations, health care staff will take precautions to promote private communication between staff and inmates.

B. Processing HCR Submissions

1. HCRs will be triaged daily by Nursing, and appropriate disposition of the request will be made.
2. Triaged submissions will be organized and distributed to the appropriate Electronic Health Record (EHR) queue in accordance with the service requested (for example, medical, dental, pharmacy, mental health, etc.)
3. From Monday through Friday, all Sick Call HCRs will be reviewed daily by a nursing supervisor to assure appropriate triage, distribution, and completion.
4. For HCR requests deemed urgent/emergent during triage, assessment by a Qualified Health Care Professional (QHCP) will occur immediately as necessary.
5. Sick Call entries in the EHR will electronically capture date, time of entry, inmate's name, inmate's DOC ID number, inmate's housing unit, symptom/issue, date of nursing assessment, whether provider referral was made, and whether protocol medications were issued.
6. All medical provider referrals will be assigned to the appropriate EHR appointment queue by nursing staff.
   a. Entries will electronically capture date, time, name, unit, DOC ID number, reason or issue for referral, and nurse initiating the appointment.
7. Non-medical staff are neither expected nor allowed to approve or deny requests for health care attention made by an inmate.
8. Sick Call HCRs with completed nursing protocol assessments will be captured in the EHR.

C. Responding to Health Care Requests

1. Medical provider clinics will consist of:
   a. Sick Call HCR triage;
   b. urgent/emergent encounters; and
   c. routine referrals and follow-ups.
2. For all HCRs requiring a face-to-face assessment in a clinical setting with a QHCP, inmates will be seen within 24 hours of receipt of the HCR.
3. After the assessment by a QHCP per protocol recommendations, a referral may be made if the inmate is to be seen by a physician:
   a. immediately (emergency);
   b. within 24 hours (urgent); or
   c. next available appointment.
4. Appointment referrals will be captured in the EHR under the appointment type "Medical Provider" and include date, time, name, DOC ID number, reason for referral, and time frame for the appointment to occur.
5. Staff responsible for clinic or HCR Sick Calls will prepare the day's Sick Calls.
6. Prior to the start of clinic operations each morning, a Nursing Manager will review appointments for appropriate routing.
7. Inmates seen and assessed by nursing staff more than two times for the same complaint who have not seen a medical provider for the complaint will be scheduled for follow up in the provider's clinic.
8. Nurses may provide treatment based on physician-approved protocols and standing orders consistent with the Nursing Scope of Practice.
   a. Nurses will schedule inmates for the next appropriate medical provider's clinic when indicated by the nursing assessment.

9. Daily clinics to address Sick Call HCRs will take place in a private area to avoid conversation and assessment from being overheard by security staff or other inmates.
   a. Typically, this will occur in satellite clinic areas throughout the institution or the main Infirmary as appropriate.

10. Security personnel will only be present if:
    a. the inmate poses a probable risk to the safety of the health care professional or others; or
    b. as required in restrictive units.

11. If conditions exist requiring staff other than health care professionals to be present, health services staff will instruct those staff on maintaining patient confidentiality.

D. Provider Clinics

1. Inside scheduler will prepare clinical lists for provider clinic and send out “hold in” before noon for the following day.
   a. Exception: Sick Call HCR will be completed by the nightshift nurse and “hold in” called to the unit.

2. Providers will be on site to see inmates as scheduled.

3. Provider clinics are held at a frequency and staffing level that meet the health needs of the MSP population and will be sufficient to prevent unreasonable delay in inmates receiving necessary care.

4. The provider's appointments will consist of, but are not limited to, inmates who are:
   a. assessed and referred by a nurse
   b. seen during off hours in the emergency room as deemed necessary by the physician on call
   c. returning from follow up appointments as ordered by the provider
   d. returning from outside diagnostics or procedures as deemed necessary by the provider
   e. referred by receiving nurse on intake from the intake/diagnostic housing unit
   f. scheduled for routine chronic care appointments
   g. scheduled for follow up by the provider during a previous appointment
   h. seen for more than two nursing assessments in response to HSRs for the same complaint
   i. having daily emergencies as needed
   j. following up for Infirmary stay

E. Documentation

1. Information will be collected from each inmate requesting medical service and captured in the EHR.
   a. At minimum, the information collected will include items such as nature and history of complaint, current medications, allergies, vital signs, and other physical findings.
   b. Documentation will also include date, time, name, title, and electronic signature of the staff providing the service.

2. Inmate information will be properly documented on the appropriate form and maintained in the inmate’s EHR.

3. Recorded medical documentation will be in Subjective, Objective, Assessment, and Plan format that is defined below.
   a. Subjective
      1) This is what the inmate tells the provider about the medical complaint during the interview.
      2) Often this includes the inmate’s own words.
      3) The elicited history will include details pertinent to the provider’s observation of the inmate’s medical complaint.

b. Objective
   1) This includes:
      a) vital signs;
      b) the physical assessment; and
      c) the review of the record for diagnostic tests.
c. Assessment
   1) This is the medical staff's assessment findings of the inmate's medical complaint.
   2) These findings generate the decision for:
      a) emergent;
      b) urgent;
      c) next available appointment; or
      d) follow up is indicated.
d. Plan
   1) **Nurse**
      a) This includes action to be taken by the nurse so that the inmate receives appropriate medical care.
      b) This includes, but is not limited to, referral to the provider or scheduling a clinic appointment after consultation with a provider.
      c) RNs/LPNs may provide treatment following the established nursing protocols and approved standing orders in which they have been trained.
   2) **Physician**
      a) The provider will list in detail the medical plan including, but not limited to, follow-up, medications, tests, procedures, consultations, and X-rays.
      b) Inmate education by providers will also be included in the plan.

4. Provider documentation will occur on a progress note or chronic care form in the inmate's EHR.

5. Nursing documentation will occur on nursing protocols and in some cases progress notes in the inmate's EHR.

F. Appointments

1. Inmates are expected to initiate access to medical care through an electronic HCR within the tablet platform.
   a. An inmate unable to access electronic means may submit a paper HCR.

2. If the inmate is unable to walk or requires a security escort, arrangements will be made for transportation to the Infirmary.

3. All medical interviews will be conducted in a confidential manner, subject to security concerns.

4. The inmate will be scheduled to see the provider for the earliest possible appointment if:
   a. the inmate was assessed by the RN/LPN and findings indicate referral; and/or
   b. the medical complaint is outside the scope of practice of the RN/LPN.

5. If a scheduled provider is absent:
   a. a Nursing Manager reviews the schedule to approve the canceling or rescheduling of appointments;
   b. inmates with highest priority will be added to another on-site provider's schedule for that day; and
   c. all rescheduled appointments will be documented in the inmate's EHR and on the provider's daily appointment schedule.

6. Inmates scheduled to be seen by a provider will be "held in" their housing unit for the day of scheduled appointment.

7. Infirmary staff will provide notification to the housing unit prior to the expected provider's appointment.
   a. A call-out sheet of inmate names for those with appointments will also be distributed to appropriate security staff.
   b. The inmate is expected to arrive at the Infirmary at the prearranged appointment time.
   c. If an inmate is a “no-show” for an appointment, an inquiry will be made to the unit as to the reason.
      1) If an inmate refuses to come to a scheduled appointment, a signed, informed refusal will be initiated.
         a) By refusing treatment at a particular time, the inmate does not waive the right to subsequent health care, and the inmate may not be punished for exercising the right to refuse.
         b) The refusal form will be captured in the inmate’s EHR.
         c) The refusal will be documented in the progress notes.
         d) Refused appointments may be rescheduled as deemed appropriate by the provider.
      2) If a “no-show” is related to institutional measures, it is the responsibility of the clinic staff to remedy the cause if possible and/or refer to the Health Services Bureau Chief.

IV. CLOSING

Questions about this procedure should be directed to the Medical Health Services Manager.

V. FORM

MSP HS E-07.0 (A) Health Care Request