MONTANA STATE PRISON
OPERATIONAL PROCEDURE

Procedure:	**MSP HS F-01.0 CHRONIC DISEASE SERVICES**
Effective Date:	11/01/2010 Page 1 of 3
Revision Date(s):	12/01/2019; 06/30/2026
Public Safety Chief Signature:	/s/ John Schaffer, Public Safety Chief
Medical Director Signature:	/s/ Dr. Paul Rees, MD
Health Services Bureau Chief Signature:	/s/ Cynthia McGillis-Hiner, RN, MSN

I. PURPOSE

Identify inmates who have chronic diseases, other significant health conditions, and disabilities to ensure they receive ongoing multidisciplinary care aligned with evidence-based standards through a chronic care program.

Provide quality inmate care, decrease frequency and severity of symptoms, prevent disease progression and complication, and improve inmate outcomes. Clinical protocols will be used for the management of chronic illness that are consistent with national clinical practice guidelines.

II. DEFINITIONS (see Glossary)

III. REQUIREMENTS

A. Chronic Care Enrollment

1. Inmates will be enrolled in the chronic care program upon initial intake assessments and/or throughout the remainder of their incarceration as they are identified.
   a. During the intake *Receiving Screening* completion with nursing, initial chronic care diseases will be identified on the inmate's chart as reported by the inmate or identified by medical records received.
   b. Providers will review any chronic diseases identified on initial assessment during the provider's physical assessment and further identify chronic care enrollment needs to establish an individualized treatment plan for the inmate.

2. All orders for enrollment will be entered into the Electronic Health Record (EHR) by listing chronic disorders within the *Receiving Screening*, adding the chronic condition flag to the chart, or by scheduling a chronic care sick call appointment for the condition.
   a. Inmates enrolled in chronic care will be seen for their chronic disease(s) soon after initial enrollment.

3. Chronic Diseases Monitored
   a. Chronic care disorders will be listed in the flag section of the inmate chart and on the inmate's problem list.
   b. Chronic diseases monitored through the chronic care program include chronic illnesses requiring a treatment plan, including:
      1) Cardiovascular Disorders: Arrhythmia, CAD, CHF, Dyslipidemia, Hypertension, and PVD;

2) Endocrine Disorders: Adrenal Disease, Diabetes, Thyroid Disease, and Hormone Replacement Therapy;
3) Gastrointestinal/Hepatic: Alcohol Liver Disease, Cirrhosis, and Inflammatory Bowel Disease;
4) Hematology/Oncology: Anemia, Bleeding or Coagulation Disorders, Cancer, and Sickle Cell Disease;
5) Infectious Disease: Hepatitis C, HIV/AIDS, and Tuberculosis;
6) Mental Health: Bipolar and Schizophrenia;
7) Neurological Disorders: Seizures, Stroke, and Dementia;
8) Respiratory Disorders: Asthma and COPD/Emphysema; and
9) Other Miscellaneous Chronic Conditions: Kidney Disease, Transplant, and other chronic care.
    a) Other chronic care is further identified by the comment placed with the flag on the chart to specify indication for enrollment.

4. Chronic Care Visit Documentation
    a. Documentation for each chronic care visit will be completed through the chronic care Sick Call appointment on the chronic care Visit form in the inmate's health record.
        1) The *Chronic Care Visit Form* provides baseline laboratory and diagnostic monitoring for each disorder as well as follow-up diagnostic monitoring and clinic follow-up recommendations, based on national clinical practice guidelines.
            a) Providers are expected to follow the guidelines provided. Any clinically indicated deviations must be documented and explained within the *Form*.
            b) The *Form* will be completed thoroughly by the provider.
            c) Additional information or other condition information can be documented by the provider within the Reason for Visit and/or Additional Plan sections of the *Form*.
        2) The *Form* will include:
            a) a list of the inmate's chronic disorders;
            b) documentation of all health education and self-care provided to the inmate, including diet and exercise recommendations;
            c) designation of disease improvement or digression by indicating level of disease control and disease status at each encounter;
            d) follow-up frequency as determined by disease control and clinical guidelines; and
            e) type and frequency of diagnostic testing and therapeutic regimen modifications.
    b. Follow-up orders and indicated labs and diagnostic tests will be ordered after every inmate's chronic care visit based on the guidelines and/or the provider's examination and treatment plan.
    c. The provider will place all follow-up labs, diagnostic orders, medication changes, and other treatment plan orders through the Add New Orders section of the *Chronic Care Visit Form*.
    d. The chronic care nurse will review chronic care inmate charts periodically to verify completeness of forms.

5. Laboratory and Diagnostic Monitoring
    a. Indicated laboratory and diagnostic tests for chronic care visits will be ordered at each visit and completed approximately 2 weeks prior to the next chronic care appointment, to allow for a review of the data at the chronic care follow-up with the provider.
    b. Providers will choose the schedule date of labs requested to identify the week in which the diagnostic needs to be completed and/or correlates to the timeframe prior to follow-up.
    c. As noted, laboratory and diagnostic testing will be ordered in accordance with accepted national clinical practice guidelines as outlined on the *Chronic Care Visit Form* to ensure timely lab and follow-up intervals.

6. Chronic Care Program Oversight
    a. The chronic care nurse will be responsible for tracking all chronic care inmates during their incarceration and/or discontinuation from chronic care.
    b. Mental health diagnosis and enrollment is overseen by mental health providers and the mental health manager.
    c. The provider may ask the chronic care nurse to follow up with chronic care inmates to help ensure compliance with chronic care visits, medication recommendations, diet modifications, and treatment plan changes, as well as education on their disease and self-care as needed.
        1) Requests will be placed as a chronic care nurse sick call appointment with the reason for the request identified.
        2) The chronic care nurse may also initiate education to inmates individually or in groups using classes, audio or videotapes, brochures or pamphlets, or other available medical education handouts.
            a) Education will be based on chronic diseases, self-care, medication compliance, diets, exercise, or other medical and healthy lifestyle needs.
        3) All health education and instruction in self-care completed by the chronic care nurse will be documented in the inmate's EHR.
    d. The chronic care nurse will review chronic care inmate charts periodically to ensure appropriate labs and diagnostic testing are ordered and follow-ups are scheduled, as clinically indicated per national clinical practice guidelines.
        1) If labs and/or diagnostic testing or follow-ups were not ordered and are indicated by national clinical practice guidelines, the chronic care nurse may enter these orders on the inmate's chart under the direction of the Medical Director.
    e. All refused or no-show chronic care appointments will be documented on the chart the day of the appointment by choosing the refused option when closing out the appointment.
        1) The appointment will be rescheduled within a reasonable timeframe for the inmate's condition status, using the *Chronic Care Refusal Form* in the EHR.
        2) Once the *Form* is completed, a copy will be sent to the inmate to notify the inmate of the rescheduled time frame.
    f. With supporting documentation and rationale for discontinuation from chronic care in the chart, inmates may be discontinued from the chronic care program if they have been asymptomatic subjectively and objectively (including labs) for 2 years while off all medications or treatments.

IV. CLOSING

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

V. REFERENCES

A. *DOC 4.5.22 Inmate Health Care Continuity; DOC 4.5.24 Inmate Health Education and Promotion*
B. *NCCHC Standard P-F-01, P-B-01, P-E-09, 2018*