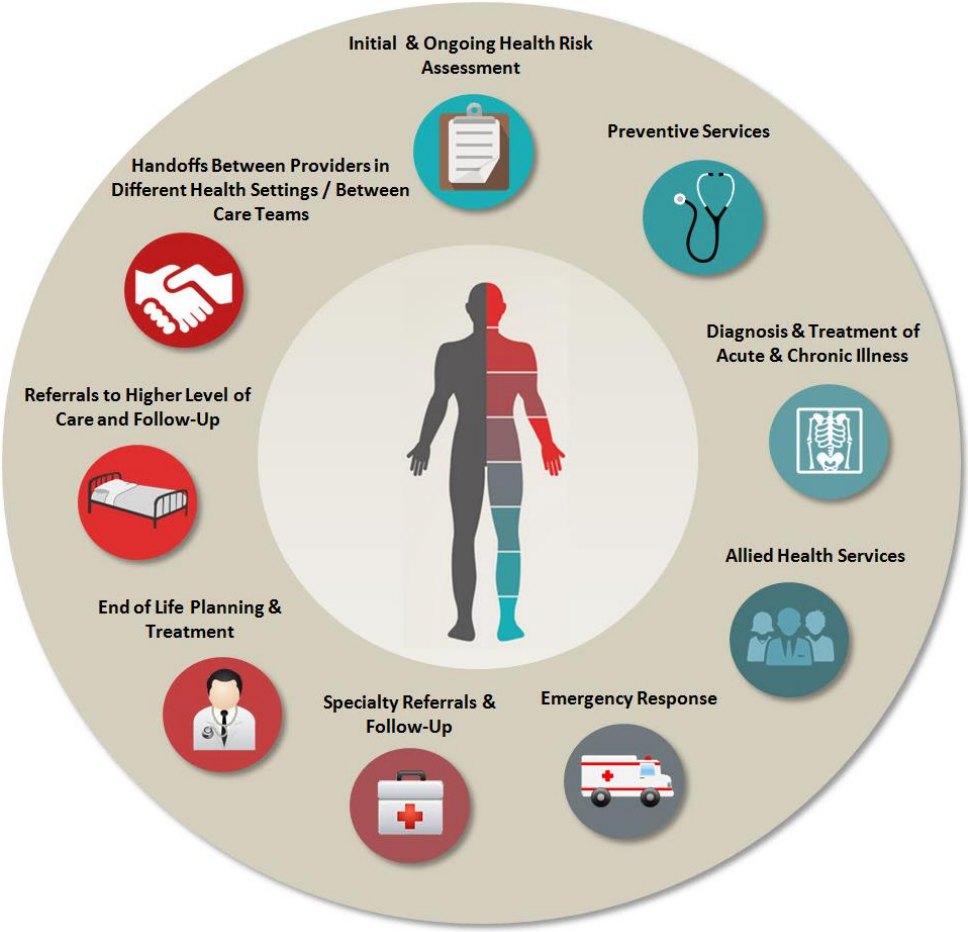
CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

VOLUME 4: MEDICAL SERVICES	Effective Date: 03/2017
CHAPTER 1.1	Revision Date:
4.1.1 SCOPE OF PATIENT CARE SERVICES PROCEDURE	Attachments: Yes ☒ No ☐

I. PROCEDURE OVERVIEW

Under the Complete Care Model, an assigned Primary Care Team (PCT) serves as the center of each patient's Health Home, directly delivering the majority of dental, medical, mental health, and nursing services and coordinating all care that falls outside the team's scope of services (refer to the figure below).

COMPLETE CARE MODEL PATIENT CARE SERVICES



Applicable standards for the delivery and coordination of the services outlined in this procedure can be found in existing California Correctional Health Care Services (CCHCS) and Division of Health Care Services (DHCS) policies and procedures. PCTs remain responsible for adhering to these standards under the Complete Care Model (Refer to Attachment A, Services Delivered and/or Coordinated by the Primary Care Team and Associated Standards in IMSP&P).

This procedure incorporates existing policies and procedures that describe the scope of primary care services provided and coordinated by the PCTs to fulfill their role as the center of each patient's Health Home by following the Complete Care Model. Refer to the following as indicated: Inmate Medical Services Policies and Procedures (IMSP&P), Inmate Dental Services Program Policies and Procedures, and the Mental Health Services Delivery System Program Guide. In addition, the PCTs shall utilize existing decision support tools such as Care Guides, Nursing Protocols, Order Sets, Standing Orders, etc., when providing services.

II. DEFINITIONS

Allied Health Services: Health care professions including clinical laboratory personnel, physical therapy, occupational therapy, dietetic services, medical record personnel, radiologic services, speech-language pathology and audiology, and respiratory therapy that promote interdisciplinary communication and collaboration and the efficient use of resources by various health care providers to improve health care.

Care Coordination: The deliberate organization of patient care activities between two or more participants involved in a patient's care to facilitate the appropriate delivery of health care services and minimize the danger of care fragmentation.

Care Team: An interdisciplinary group of health care professionals who combine their expertise and resources to provide care for a panel of patients.

Chronic Care: Ongoing care for a current health problem that impacts or has the potential to impact a patient's functioning and long-term prognosis and has lasted, or is expected to last, for more than six months.

Emergency Response: The organizing, coordinating, and directing of available resources in order to respond to an event and bring the emergency under control.

Episodic Care: Services to assess and treat exacerbation of a pre-existing condition or symptoms of a new condition, often unplanned and initiated when a patient submits a request for services.

Health Care Services: CCHCS and DHCS; medical, mental, and dental health services.

Health Home: A care model that involves the coordinated care of an individual's overall health care needs and where individuals are active in their care.

Health Maintenance Services: A systematic program or procedure planned to prevent illness, maintain maximum function, and promote health.

Health Promotion Services: Providing clients with information to enhance health and prevent disease and encouraging lifestyles that influence good health.

Institutional Health Care Executives: Chief Medical Executive; Chief of Mental Health; Chief Nurse Executive (CNE); Health Program Manager III, Dental and Quality Management Programs; and Chief Support Executive.

Patient Panel: A clearly defined group of patients that are assigned to a particular Care Team. Every Care Team has one panel of patients, and every patient is assigned to a Care Team.

Primary Care Team: An interdisciplinary team that organizes and coordinates services, resources, and programs to ensure consistent delivery of appropriate, timely, and patient-centered, evidence-based care to a designated patient panel.

Urgent Care: Clinics that treat acute illnesses and injuries that are not serious enough for a visit to an emergency room.

III. RESPONSIBILITIES

A. Statewide

California Department of Corrections and Rehabilitation and CCHCS departmental leadership at all levels of the organization, within the scope of their authority, shall ensure administrative, custodial, and clinical systems are in place and appropriate tools, training, technical assistance, and levels of resources are available so that Care Teams can successfully implement the Scope of Patient Care Services Procedure.

B. Regional

Regional Health Care Executives are responsible for implementation of this procedure at the subset of institutions within an assigned region.

C. Institutional

1. The Chief Executive Officer (CEO) has overall responsibility for implementation and ongoing oversight of a system to provide management of the Scope of Patient Care Services. The CEO delegates decision-making authority to designated Institutional Health Care Executives for daily operations of the Scope of Patient Care Services Procedure and ensures adequate resources are deployed to support the system.
2. The CEO and all members of the institution leadership team are responsible for ensuring all necessary resources are in place to support the successful implementation of this procedure at all levels including, but not limited to, the following:
   a. Institution level.
   b. Patient panel level.
   c. Patient level.
3. The CEO and all members of the institution leadership team shall ensure access to and utilization of equipment, supplies, health information systems, patient registries and summaries, and evidence-based guidelines.
4. The CEO and all members of the institution leadership team as a part of the Quality Management process on an ongoing basis shall:
   a. Review and compare institutions' PCT performance, including the overall quality of services, health outcomes, assignment of consistent and adequate resources, utilization of Dashboards, Master Registries, Patient Summaries, decision support tools and address issues pertaining to delivery of the Scope of Patient Care Services.
   b. Provide PCT members with adequate resources, including protected time, staffing, physical plant, information technology, and equipment/supplies to accomplish daily tasks.
   c. Work with custody staff to minimize unnecessary patient movement and ensure appropriate escort and transport.
5. The CNE is responsible for the overall daily clinic operations and ensuring that the institution has designated supervisors to monitor clinic operations including, but not limited to:
   - Efficiency.
   - Coordination.
   - Supplies.
   - Equipment.
   - Physical plant issues.
   - Scheduling and access to care on a daily basis.

- Identifying and addressing or elevating concerns regarding barriers.

IV. PROCEDURE

Services Delivered and/or Coordinated by the Primary Care Team

The PCT is responsible for coordinating care for patients within the assigned panel, pulling in other health care staff as necessary to meet the needs of the patient. The PCT identifies services that are outside of the team's purview, coordinates patients' access to necessary services, and ensures appropriate follow-up after services have been provided by other providers in other health care settings.

The PCT provides the full scope of primary care services to patients within an assigned patient panel including, but not limited to:

- Care coordination.
- Initial and ongoing health risk assessment.
- Preventive services, such as health screenings, health promotion, and health maintenance services.
- Diagnosis and treatment of acute and chronic illness.
- Allied Health Services required for diagnosis and treatment of acute and chronic illness such as diagnostic testing, medication administration, nutritional services, and health care equipment and supplies.
- Emergency response.
- Planning for end-of-life care such as advance directives, physicians' orders for life-sustaining treatment, and palliative care.
- Specialty referrals and follow-up.
- Referrals to higher levels of care and follow-up.
- Facilitating handoffs between providers in different health care settings or between Care Teams to ensure the best possible care for the patient and continuity of planned care, pending appointments or services, medications, medical equipment and supplies, and all other necessary treatment.

V. ATTACHMENTS

- Attachment A: Services Delivered and/or Coordinated by the Primary Care Team and Associated Standards in IMSP&P

VI. REFERENCES

- California Correctional Health Care Services, Volume 4, Chapter 1, Complete Care Model Policy
- California Department of Corrections and Rehabilitation, Inmate Dental Services Program Policies and Procedures
- California Department of Corrections and Rehabilitation, Mental Health Services Delivery System, Program Guide, 2009 Revision
- National Committee for Quality Assurance – Patient-Centered Medical Home Recognition http://www.ncqa.org/Programs/Recognition/Practices/PatientCenteredMedicalHomePCMH.aspx
- The Joint Commission Primary Care Medical Home Certification http://www.jointcommission.org/accreditation/pchi.aspx
- Agency for Healthcare Research and Quality – Patient Centered Medical Home Resource Center http://www.pcmh.ahrq.gov/
- Commonwealth Fund – Safety Net Medical Home Initiative http://www.commonwealthfund.org/interactives-and-data/multimedia/videos/2011/safety-net-medical-home-initiative)
- Robert Wood Johnson Foundation / Improving Chronic Illness Care – The Chronic Care Model http://www.improvingchroniccare.org/index.php?p=About_US&s=6 and Reducing Care Fragmentation http://www.improvingchroniccare.org/downloads/reducing_care_fragmentation.pdf)

CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

ATTACHMENT A

Services Delivered and/or Coordinated by the Primary Care Team and Associated Standards in IMSP&P	
Service Type	**Applicable Standards**
Initial and Ongoing Health Risk Assessment	• Reception Health Care (IMSP&P Volume 4, Chapter 2) • Health Care Transfer Process (IMSP&P Volume 4, Chapter 3) • Comprehensive Accommodation (IMSP&P Volume 4, Chapter 23) • Medical Classification System (IMSP&P Volume 4, Chapter 29) • Care Team and Patient Panel (IMSP&P Volume 4, Chapter 1.2) • Scheduling and Access to Care (IMSP&P Volume 4, Chapter 1.3) • Population and Care Management Services (IMSP&P Volume 4, Chapter 1.4)
Preventive Services	• Public Health and Infection Control (IMSP&P Volume 10) • Patient Health Care Education (IMSP&P Volume 4, Chapter 6.1) • Patient Care During Pregnancy and Childbirth (IMSP&P Volume 4, Chapter 24) • Inmate Dental Services Program Policies and Procedures
Diagnosis and Treatment of Acute and Chronic Illness	• Scheduling and Access to Care (IMSP&P Volume 4, Chapter 1.3) • Medication Management (IMSP&P Volume 4, Chapter 11) • Clinical Guidelines (IMSP&P Volume 3, Chapter 5) • Gender Dysphoria Management (IMSP&P Volume 4, Chapter 26) • Hepatitis C Management (IMSP&P Volume 4, Chapter 31) • Nursing Services/Protocols (IMSP&P Volume 5) • Inmate Dental Services Program Policies and Procedures • Mental Health Services Delivery System Program Guide
Allied Health Services	• Diagnostic Services (IMSP&P Volume 4, Chapter 10) • Medical Imaging Services and Radiology (IMSP&P Volume 4, Chapter 30) • Outpatient Dietary Intervention (IMSP&P Volume 4, Chapter 20) • Durable Medical Equipment and Medical Supply (IMSP&P Volume 4, Chapter 32) • Pharmacy Services (IMSP&P Volume 9)
Emergency Response	• Emergency Medical Response System (IMSP&P Volume 4, Chapter 12)
Specialty Referrals and Follow-Up	• Outpatient-Specialty Services (IMSP&P Volume 4 Chapter 8) • Utilization Management Program (IMSP&P Volume 4 Chapter 34) • Physician Orders for Life-Sustaining Treatment (IMSP&P Volume 1, Chapter 18)
End-of-Life Planning and Treatment	• Palliative Care and Treatment (IMSP&P Volume 4, Chapter 21) • Advance Directive for Health Care (IMSP&P Volume 1, Chapter 17) • Physician Orders for Life Sustaining Treatment (IMSP&P Volume 1, Chapter 18)
Referrals to Higher Levels of Care and Follow-Up	• Health Care Transfer Process (IMSP&P Volume 4, Chapter 3) • Outpatient Housing Unit (IMSP&P Volume 4, Chapter 14) • Correctional Treatment Center (IMSP&P Volume 4, Chapter 15)
Handoffs Between Providers in Different Health Settings / Between Care Teams	• Health Care Transfer Process (IMSP&P Volume 4, Chapter 3)

The list is not a complete listing of all associated Policies and Procedures