HEALTH SERVICES PROVISION OF CARE

Minnesota Sex Offender Program

Issue Date: 8/6/24 Effective Date: 9/3/24 Policy Number: 310-5010

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POLICY: Health Services provides care to maximize function, improve outcomes, prevent disease and disability, improve quality of life, and promote ideal development of each client. Minnesota Sex Offender Program (MSOP) provides services through its own Health Services department and through utilization of community resources.

AUTHORITY: Minn. Stat. § 246.014, subd. (d)

APPLICABILITY: MSOP, program-wide

PURPOSE: To outline health services offered to clients.

DEFINITIONS:

After hours – after 4:30 PM for clients residing at Community Preparation Services (CPS) and 10:30 PM for clients residing at St. Peter.

Case manager/management team – see MSOP Division Policy 310-5035, "Health Services Documentation."

Elective therapy – in medicine, something chosen (elected) by the client or the medical practitioner that is advantageous to client health but is not urgent or essential. Examples include, but are not limited to: most joint replacements or arthroplasties, preventative services, routine eye exams, hearing aids and hearing tests, most dermatology consults, some specialty consults for chronic conditions such as chronic pain or gallbladder surgery, sleep pulmonary function testing, and second opinions. In certain clinical situations, a medical determination can make these "non-elective."

Elective surgery – is decided by the client or their medical practitioner. The procedure is seen as beneficial but not essential at that time.

Health Services Communication Chain – the first person is a member of the primary nursing team. The second person is the facility registered nurse supervisor (RNS).

Medical emergency – a health condition manifesting by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in placing the individual's health in serious jeopardy, serious impairment to bodily functions, or a serious dysfunction of bodily organs. Immediate intervention is required.

Medical practitioner – see Direct Care and Treatment (DCT) Policy 320-1060, "Medication Administration."

Medical urgency – an unexpected illness or injury that requires medical attention, but is not an immediate threat to health. These are times when care is necessary but not critical.

Medically necessary – health care services or supplies needed to diagnose or treat an illness, injury, condition, disease or symptoms that meet accepted standards of medicine, meeting four general principles:

A. Health professionals agree the service is useful and helps people;
B. Health professionals agree the service is the right treatment for a specific problem;

C. The service is not just for the practitioner, client or family; and
D. The service does not cost substantially more than a treatment that is just as likely to work for that problem.

Primary nurse/nursing team – see MSOP Division Policy 310-5035, "Health Services Documentation."

PROCEDURES:

A. General Principles

1. MSOP Health Services provides clients health care, including preventive, routine, urgent, and emergency care.

2. MSOP health care is consistent with community health care standards, including standards relating to privacy, unless otherwise specified in policy.

3. To maintain client confidentiality, only clients currently receiving care may enter Health Services.

4. Clients do not provide care for other clients except as outlined in MSOP Division Policy 310-5225, "Helping Hands Volunteers."

5. MSOP Health Services provides clients with medically necessary, medically urgent and emergent health care regardless of the client's ability to pay, the size of the facility, or the duration of the client's commitment.

6. MSOP provides clients with timely access to appropriately trained and licensed health care staff in a safe and sanitary setting designed and equipped for diagnosis or treatment.

7. MSOP provides continuity of care from admission to transfer or departure from the program, including referral to community-based providers when indicated. Medical practitioners, registered nurses (RN), and/or licensed practical nurses (LPN) review a client's health care records upon arrival from outside health care entities.

B. Orientation to Facility - upon admission to MSOP or transfer to another MSOP site, clients receive a Client Orientation to Health Services (310-5010a, 310-5010d, or 310-5010f) and undergo an Nursing Assessment (AVATAR) (see MSOP Division Policy 210-5100, "Admission to the MSOP" and MSOP Division Policy 310-5035 "Health Services Documentation").

C. Nursing staff obtain a general medical history and offers a physical examination (History and Physical Adult) (AVATAR) completed by a medical practitioner per MSOP Division Policy 210-5100, "Admission to the MSOP" and MSOP Division Policy 310-5035 "Health Services Documentation."

D. Health Services maintains a client's health record according to Minn. Rule 4665.4100.

E. Nursing staff report any occurrence of communicable disease listed in Minn. Rule 4665.9900 to the Minnesota Department of Health as per MSOP Division Policy 315-5510, "Communicable Disease Prevention and Monitoring."

F. MSOP provides onsite primary care for most chronic and many acute conditions. In addition, MSOP offers some specialty services which may include, but is not limited to optometry, dentistry, dietary, phlebotomy, radiology, physical therapy, and hospice.

G. Client Medical Request (310-5010e) – Submitting and Processing

1. Clients communicate with Health Services via a Client Medical Request (310-5010e) regarding non-emergent (non-urgent) health concerns, to request a medical appointment, or to request medical follow-up. A Client Medical Request (310-5010e) is used to identify, track, and respond to an individual client's non-emergent or non-urgent medical request.

2. Clients must complete the Client Medical Request (310-5010e), providing necessary information for staff to make an informed decision. Health Services staff may return a Client Medical Request (310-5010e) to the client to request additional information.

3. Clients must submit the Client Medical Request (310-5010e) to Health Services or the Dental Clinic by placing in the designated box in Health Services. When a client submits a Client Medical Request (310-5010e), Health Service staff:
   a) document on the form the date/time received;
   b) legibly print staff name in the area provided; and
   c) return the pink copy to the client.

4. Health Services staff pick up Client Medical Requests (310-5010e) at least once per day and review them as they are received, triage the request and deliver to appropriate staff for a response. Health Services staff respond in writing to requests submitted on the Client Medical Request (310-5010e) within ten calendar days of receipt.

5. Staff notify the client when additional time is needed to respond to a request, specifying when an answer can reasonably be expected. Staff follow up with the response.

6. Once the response to the Client Medical Request (310-5010e) is complete, the responding staff:
   a) scans the document and any associated attachment(s) to Health Information Management Services (HIMS) for filing in the client health services record;

   b) returns the original to the client; and

   c) forwards the facility copy to the RNS for review. The RNS completes random audits on responses and then forwards the facility copy to HIMS.

7. The client may submit a subsequent Client Medical Request (310-5010e) to Health Services if the client disagrees with the response, attaching the initial response to the new request. The Health Services team forwards the request following the Health Services Communication Chain as appropriate.

8. Prior to submitting a formal grievance request, clients must attempt informal resolution of their Health Service concerns using the Health Services Communication Chain. Clients must attach all communication regarding the presenting topic along with the grievance request (see MSOP Division Policy 420-5099, "Client Requests and Grievances").

H. If a client experiences a medical emergency, a nurse assesses and provides appropriate care using the Lippincott Advisor and ER Evaluation Tool (310-5010c) as a guideline for assessment and care.

I. Clients may request elective or specialty services not ordered by a MSOP practitioner, or deemed non-essential, as outlined in MSOP Division Policy 315-5185, "Client-Requested Non-MSOP Health Care."

J. Staff must return all Health Services information to the client as outlined in MSOP Division Policy 135-5100, "Confidentiality and Data Privacy."

K. Health Services Care Conference

1. A client/guardian (see MSOP Division Policy 210-5110, "Guardianship Initiation") or staff may request a Health Services care conference with the client's primary nursing/case management team when there are questions related to the client's diagnosis and plan of care.

2. At a minimum, a Health Services care conference meeting must include the client, at least one member of the client's current primary nursing/case management team, and the facility RN supervisor. The primary nursing/case management team member or RN supervisor may invite other treatment team members as appropriate, as well as one family member and one chosen representative (unless determined otherwise by the MSOP Health Services Director). If the client refuses to attend, MSOP still holds the meeting.

3. One of the client's current primary nursing/case management team facilitates the meeting, ensuring the client and staff have the opportunity to discuss the areas of concern for both the client and primary nursing team.

4. At the conclusion of the meeting, the client's primary nurse/case manager completes an Individual Progress Note (AVATAR) summarizing the Health Services care conference.

L. After Hours

1. CPS

   a) In a medical emergency, staff initiate the Incident Command System (ICS) (see MSOP Division Security Policy 415-5310, "Incident Command System"), requesting an ambulance.

   b) Staff provide the CPS Medical Response Decision Tree (310-5010g) as guidance to determine a course of action when a client reports a medical or psychiatric need and nursing staff are not available.

   c) Staff do not make decisions on behalf of the client except in medically emergent situations.

   d) Nursing staff use the CPS Medical Response for Clients (310-5010h) as a guideline to educate clients on independent medical decision making during the Orientation stage (see MSOP Division Policy 225-5020, "CPS Client Stages and Liberties"). Nursing staff document this meeting and the client's level of understanding in an Individual Progress Note (AVATAR).

   e) Clients are encouraged to use the Client Medical Concern Worksheet (310-5010i) to gather more information about their condition to help guide their decision making.

2. St. Peter

   a) In a medical emergency, staff initiate the Incident Command System (ICS) (see MSOP Division Security Policy 415-5310, "Incident Command System"), requesting an ambulance.

b) For non-emergent medical concerns, staff provide the client with the Client Medical Concern Worksheet (310-5010i) and ask the client to complete. For clients residing in the alternate program, staff may facilitate writing responses to the questions. Once completed, the facility officer of the day (OD)/designee contacts the Moose Lake charge nurse to discuss. A copy of the completed Client Medical Concern Worksheet (310-5010i) accompanies the client if transferred to an acute care facility and the original is placed in the "as needed medication" tacklebox in the OD office. All other Client Medical Concern Worksheets (310-5010i) are placed in the "as needed medication" tacklebox in the OD office.

c) As Needed Medications

(1) Clients without self-administration of medication (SAM) privileges (see MSOP Division Policy 320-5212, "Self-Administration of Medications (SAM) or Independent Glucose Monitoring (IGM)") or clients with prescription medications listed on the Restricted Self-Administered Medications (320-5212c) list may be provided with one or more individual doses of a prescribed medication to provide sufficient coverage for an identified acute need during times when Health Services is closed.

(2) Clients identified as a vulnerable adult (see MSOP Division Policy 210-5058, "Vulnerable Adults") and clients who do not possess the ability to purchase over-the-counter (OTC) medications (see MSOP Division Policy 320-5211, "Health Maintenance Products and Health Maintenance Equipment") have an identified pouch labeled with the client's name and placed inside a tackle box.

i. Each pouch contains two tablets of acetaminophen 325 mg and two tablets of ibuprofen 200 mg.

ii. Clients requesting a dose notify the unit staff who contact the OD, obtain the client pouch, and observe the client remove and administer the medication independently. The pouch is then returned to the tackle box.

iii. Nursing staff check the tackle box in the OD office daily during second watch. Nursing staff confirm the tackle box is locked and verify lock number. If the tackle box was opened, nursing staff inventory the pouches for use, and follow up with any client utilizing medication during the time Health Services was closed. Nursing staff document the follow-up via an Individual Progress Note (AVATAR).

iv. One additional pouch contains the medications identified in section L.2.c)(2)i above and is available to any client whose status changes during the time Health Services is closed and who no longer has access to personal medications. Staff document the use of this pouch via Incident Report (410-5300a) (Phoenix) identifying the client.

3. If a client returns to the MSOP facility after business hours, any paperwork returned with the client from the outside medical facility is provided to the OD who scans and sends to the Moose Lake nurse.

REVIEW: Biennially

REFERENCES:
Minn. Rule Chap. 4665
Minn. Stat. § 144.651, subd. (10)
DCT Policy 320-1060, "Medication Administration"
MSOP Division Policy 310-5035, "Health Services Documentation"
MSOP Division Security Policy 415-5310, "Incident Command System"
MSOP Division Policy 210-5100, "Admission to the MSOP"
MSOP Division Policy 315-5510, "Communicable Disease Prevention and Monitoring"
MSOP Division Policy 420-5099, "Client Requests and Grievances"
MSOP Division Policy 315-5185, "Client-Requested Non-MSOP Health Care"
DCT Policy 310-1045, "Legionella Risk Management"
MSOP Division Policy 310-5225, "Helping Hands Volunteers"
MSOP Division Policy 135-5100, "Confidentiality and Data Privacy"
MSOP Division Policy 315-5185, "Client-Requested Non-MSOP Health Care"
MSOP Division Policy 225-5020, "CPS Client Stages and Liberties"
MSOP Division Security Policy 415-5310, "Incident Command System"
MSOP Division Policy 320-5212, "Self-Administration of Medications (SAM) or Independent Glucose Monitoring (IGM)"
MSOP Division Policy 210-5058, "Vulnerable Adults"
MSOP Division Policy 210-5110, "Guardianship Initiation"
MSOP Division Policy 320-5211, "Health Maintenance Products and Health Maintenance Equipment"
Lippincott Advisor

ATTACHMENTS:
General Client Orientation to Health Services – Moose Lake (310-5010a)
ER Evaluation Tool (310-5010c)
General Client Orientation to Health Services – St. Peter (310-5010d)
Client Medical Request (310-5010e)
General Client Orientation to Health Services - CPS (310-5010f)
CPS Medical Response Decision Tree (310-5010g)
CPS Medical Response for Clients (310-5010h)
Client Medical Concern Worksheet (310-5010i)

Nursing Assessment (AVATAR)
History and Physical Adult (AVATAR)
Individual Progress Note (AVATAR)
Restricted Self-Administered Medications (320-5212c)
Incident Report (410-5300a) (Phoenix)

SUPERSESSION: MSOP Division Policy 310-5010, "Health Services Provision of Care," 6/6/23.

/s/
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