

# HEALTH SERVICES PROVISION OF CARE

## Minnesota Sex Offender Program

Issue Date: 1/8/19                      Effective Date: 2/5/19                      Policy Number: 310-5010

**POLICY:** Health Services maintains an optimal general level of client health to maximize function, prevent disability, 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:

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 in most cases, sleep and pulmonary function testing. 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.

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 – a licensed nurse practitioner, physician’s assistant or medical doctor with medical staff privileges in the MSOP. (See also MSOP Division Policy 315-5020, “Health Professional Privileging and Credentialing.”)

Medical urgency – an unexpected illness or injury that needs prompt medical attention, but is not an immediate threat to health. These are times when care is necessary but not critical. Intervention is provided within 24-48 hours of the report.

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.

### PROCEDURES:

- A. General Principles

1. MSOP 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 health care for other clients, except as outlined in MSOP Division Policy 310-5225ML, "Helping Hands Volunteers."
  5. MSOP provides clients with medically necessary, medically urgent and emergency 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 discharge 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. Clients receive a Client Orientation to Health Services (310-5010a or 310-5010d) and undergo an Initial Nursing Assessment (210-5100w-3510) within three days of admission per MSOP Division Policy 210-5100, "Admission to the MSOP."
- C. MSOP obtains a general medical history and offers a physical examination (History and Physical Assessment, 210-5100o-2010M) completed by a medical practitioner within three days of a client's admission and annually thereafter.
- D. Health Services maintains a client's health record according to Minn. Rule 4665.4100.
- E. Health Services 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 Form (310-5010e) – Submitting and Processing
1. Clients communicate with Health Services via Client Medical Request Form (310-5010e) regarding non-emergent (non-urgent) health concerns, to request a medical appointment, or to request medical follow-up. Client Medical Request Forms (310-5010e) are 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 Form (310-5010e), providing necessary information for staff to make an informed decision. Health Services staff may return a Client Medical Request Form (310-5010e) to the client to request additional information.

3. Clients must submit the Client Medical Request Form (310-5010e) to Health Services or the Dental Clinic by placing in the designated box in Health Services or medication pass areas. When a client submits a Client Medical Request Form (310-5010e), Health Service staff:
    - a) document on the form the date/time received;
    - b) legibly print his/her name in the area provided; and
    - c) return the pink copy to the client.
  4. Health Services staff pick up Client Medical Request Forms (310-5010e) at least once per day and review them as they are received, assess the request for urgency of client's medical need and deliver to appropriate staff for a response. Health Services staff respond in writing to requests submitted on the Client Medical Request Form (310-5010e).
    - a) Health Services staff address Client Medical Request Form (310-5010e) with urgent medical concerns as soon as the appropriate staff is available, but within one working day of receipt.
    - b) Health Services staff respond to less urgent requests in writing within five working 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 will follow up with the response.
  6. Once the response to the Client Medical Request Form (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 medical record;
    - b) returns the original to the client; and
    - c) forwards the facility copy to the nursing supervisor for review. The nursing supervisor forwards the facility copy to HIMS.
  7. The client may submit a subsequent Client Medical Request Form (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 facility Communication Chain as appropriate.
  8. Prior to submitting a formal grievance request, clients must attempt informal resolution of their Health Service concerns using the posted facility Communication Chain. Clients must attach all communication regarding the presenting topic along with the grievance request (see MSOP Division Policy 215-5021, "Client Grievances").
- H. Practitioners provide clients the results of their imaging or laboratory results via Diagnostic Results Memo (310-5010b).
- I. If a client experiences a medical emergency, a licensed nurse assesses and provides appropriate care using the Nursing Triage Manual and ER Evaluation Tool (310-5010c) as a guideline for assessment and care.

- J. Clients may request elective or specialty services not ordered by a MSOP practitioner, or deemed non-essential, as outlined in MSOP Policy 500.135, "Client-Requested Non-MSOP Health Care."
- K. Staff must return all Health Services information to the client as outlined in MSOP Division Policy 135-5100, "Confidentiality and Data Privacy."

**REVIEW:** Annually

**REFERENCES:** Minn. Rule Chap. 4665  
MSOP Division Policy 315-5020, "Health Professional Privileging and Credentialing"  
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"  
MSOP Division Policy 315-5185, "Client-Requested Non-MSOP Health Care"  
DCT Policy 310-1045, "Legionella Risk Management"  
MSOP Division Policy 310-5225ML, "Helping Hands Volunteers"  
MSOP Division Policy 215-5021, "Client Grievances"  
MSOP Division Policy 135-5100, "Confidentiality and Data Privacy"  
Nursing Triage Manual

**ATTACHMENTS:** General Client Orientation to Health Services – Moose Lake (310-5010a)  
Diagnostic Results Memo (310-5010b)  
ER Evaluation Tool (310-5010c)  
General Client Orientation to Health Services – St. Peter (310-5010d)  
Client Medical Request (310-5010e)  
  
Initial Nursing Assessment (210-5100w-3510)  
History and Physical Assessment (210-5100o-2010M)

**SUPERSESSON:** None

/s/  
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