HEALTH SERVICES BULLETIN: **15.06.05**

SUBJECT: INSTRUCTIONS FOR OPENING NEW INSTITUTIONAL HEALTH UNITS

EFFECTIVE DATE: 08/05/15

I. PURPOSE:

These instructions are to assist in opening health service units in new institutions and satellite facilities.

This document is not intended to be inclusive, but rather a resource in the start-up process.

These standards and responsibilities apply to both Department staff and Comprehensive Health Care Contractor (CHCC) staff.

II. DEFINITIONS

A. **Comprehensive Health Care Contractor (CHCC)** refers to contracted staff that has been designated by the Department to provide medical, dental, and mental health services at designated institutions within a particular region.

III. GENERAL INFORMATION:

Planning for the on-site delivery of health services at new institutions is influenced by a number of variables, including: construction schedule; mission; number of inmates to be served; health classification grades of the inmates; location (free standing or located on the property of another institution); etc.

IV. ROLES AND RESPONSIBILITIES

Planning should be coordinated with appropriate Department central office, regional and institutional staff, including, but not limited to: the Director of Health Services Administration and Programs or designee; the Regional Director or designee; Facility Services; Human Resources; Office of Information Technology; Procurement; Security; Classification, etc. Health Services roles and responsibilities are as follows:

The **Director of Health Services Administration and Programs** or designee will represent the Office of Health Services on the statewide planning workgroup, provide policy direction, and ensure regional and institutional health services staff have the resources they need to ensure a successful transition.

The **Regional Health Services Manager** or CHCC equivalent personnel will oversee the planning and implementation at the regional level; coordinate institutional issues in the absence of a Health Services Administrator or CHCC equivalent personnel will ; identify barriers, challenges and best practices; and provide regular progress updates to the Director of Health Services Administration and Programs.

The **Health Services Administrator** or CHCC equivalent personnel will work with the Warden and institutional staff to ensure the new health services unit complies with all statutes and rules, and Department procedures and health services bulletins.

The **Chief Health Officer** or CHCC equivalent personnel provides clinical oversight for the new institution and works with the Warden and Health Services Administrator or equivalent CHCC personnel to ensure the new health services unit ahs the resources needed to provide appropriate health care services to inmate patients.

V. PLANNING DOCUMENTS:

The department handles all issues related to construction planning and implementation. Regional Department or CHCC equivalent health services personnel shall complete associated planning documents to facilitate the phase-in and provide clarification and technical assistance to institutional health services staff.

A. New Bed Phase-In:

Phase-in schedules will be provided by the Director of Health Services Administration and Programs at the time the new construction is planned.

B. Proposed Staffing Schedule:

Staffing schedule will be determined at the time the phase-in schedule is issued. The Director of Health Services Administration and Programs will work with the Budget Office to allocate funding for positions to meet the phase-in schedule, based on staffing recommendations submitted by the Regional Health Services Manager or CHCC equivalent personnel. Staffing levels will be commensurate with facility mission, number of inmates, mix of inmates, location, and level of care. If healthy services is outsourced, staffing requirements will be outlined in contract.

C. Schedule of Fixed Capital Equipment:

Central office discipline directors should be consulted regarding furniture and equipment to be funded as part of the project.

D. DC4-522 *Preoccupancy Checklist*:

DC4-522 *Preoccupancy Checklist* is issued periodically by the Office of Health Services which approves and/or certifies new institutions to reach a certain level of occupancy based on variables relating to physical structure, administration, staffing, transportation, etc. This checklist is to be used as a guide for facility staff. The Impaired Inmate Services Coordinator monitors the phase-in schedule and submits a checklist each time there is an increase of bed capacity.

Checklists are completed only following coordination with the Regional Health Services Manager and the Director of Health Services Administration and Programs.

E. DC4-523 *Habitability Checklist*:

DC4-523 *Habitability Checklist* is a master checklist which is used to monitor the overall phase-in process. It identifies the mix of inmates by special categories. This checklist is to be used by facility staff as a guide. It is the responsibility of the Impaired Inmate Services Coordinator to maintain the checklist.

Staffing patterns will be established by the Director of Health Services Administration and Programs based on the above variables.

The Office of Health Services generally approves/disapproves staffing, supplies/equipment, services, etc., based on habitability. Habitability is driven by a variety of variables including construction, intake, class, and mix of expected intake, etc. The DC4-522 *Preoccupancy Checklist* is closely associated with habitability issues.

F. DC4-807 *New Institutional Health Services Unit Checklist*

The DC4-807 *New Institutional Health Services Unit Checklist* is a master operational checklist used to monitor progress in critical areas of implementation. This document is used as a complement to the DC4-522 and DC4-523. The Regional Health Services Manager or CHCC equivalent will be responsible for completing the checklist, and for addressing any issues or concerns.

VI. HEALTH CARE SERVICES CONTRACTS:

If applicable, the Health Services Administrator or CHCC equivalent personnel shall ensure contracts for hospital services, specialty care and ancillary services are in place prior to the transition.

VII. SUPPLIES AND EQUIPMENT:

A. The timely ordering of supplies and equipment is paramount to the opening of a new institutional health services unit. The institutional Health Services Administrator (HSA), in conjunction with the RHSM or CHCC equivalent personnel shall follow all applicable procurement guidelines for equipment and supplies and monitor the procurement process all the way to delivery.

B. To ensure that adequate start-up medical supplies are available, the RHSM or CHCC equivalent personnel shall order sufficient stock from applicable State or CHCC contracts and take necessary measures to ensure a timely delivery of supplies to the institution.

C. The RHSM or CHCC equivalent personnel shall order sufficient over-the-counter (OTC) medications to handle sick call and dorm requirements. THE RHSM shall order stock legend and DEA controlled medications, if appropriate, to handle the institutions requirements. OTC ordered shall be placed through the assigned Regional Pharmacy. The Central Office Pharmacy and Therapeutics Committee shall establish an approved list of over-the-counter medications to be used in nursing sick call that can be issued by approved medical staff to inmates for personal use (see HSB 15.14.04). The Central Office Pharmacy and Therapeutics Committee shall establish an approved list of legend and DEA Controlled medications approved for stock at the institution.

D. Based on the anticipated availability of on-site dental services, the ordering of dental supplies is usually handled by the senior dentist at the new institution in conjunction with the institutional HSA.

VIII. LICENSURE:

The institution shall apply for and maintain a Florida Board of Pharmacy Modified Institutional Class IIB Pharmacy Permit along with a US Department of Justice DEA

Controlled Substance Permit. The RHSM shall take the lead in filing the application to ensure the institution's pharmacy permit and DEA permit are received in a timely manner.

Applications for the DEA permit can be obtained at http://www.deadiversion.usdoj.gov/drugreg/index.html

State of Florida Pharmacy permit applications can be obtained at http://floridaspharmacy.gov/Applications/app-institute-pharm-permit.pdf

IX. REQUIRED REFERENCE MATERIALS/MANUALS:

A. The HSA shall be responsible for ordering a complete set of reference materials in accordance with HSB15.06.06 *Required Reference Materials/Manuals for Health Units*. Other medical reference books may be obtained with authorization from the Assistant Secretary of Health Services.

X. DC FORMS:

A. There are numerous Department of Corrections forms required for health record maintenance. The institutional HSA is responsible for ordering the start-up supply of forms and taking the measures necessary to ensure timely arrival. All required forms are to be ordered from PRIDE Printing at Sumter C.I. (or downloaded from the departmental or CHCC web pages, as appropriate) at the following address:

PRIDE Printing
Sumter C.I.
P.O. Box 519
Bushnell, FL 33513

XI. REQUIRED REPORTS:

The number, type, and frequency of required reports vary. The following represents current reporting requirements. It is the responsibility of the RHSM or CHCC equivalent personnel to issue instructions on report preparation.

	REPORT	**FREQUENCY**
A.	RN/LPN Utilization	Biweekly
B.	Health Services Vacancy Report	As directed

C.	HSA Narrative Report	As directed
D.	Health Services Meeting Minutes	As directed
E.	Health Services Management Report	As directed
F.	Workload and Utilization Report*	Monthly

*Input through OBIS-HS

Reports prepared manually must be forwarded to the regional office for consolidation and submission to central office.

XII. MATTRESSES, BLANKETS AND PRIVACY WRAPS:

Each isolation management room must have one (1) plastic/vinyl-covered, triple stitched mattress, three (3) security rated blankets and three (3) 30-inch privacy wraps. The privacy wraps and blankets are part of the start-up package drop shipped to the institution. Neither the blankets nor privacy wraps have been treated for fire retardation upon receipt. The institutional HSA is responsible for monitoring the arrival of these items and immediately shipping them for fire retardation treatment. The vendor of choice is as follows:

Alachua Fire Extinguisher Co., Inc.
2939 S.W. Williston Road
Gainesville, FL 32608
(352) 377-3473

These items are not certified for use until they have been treated for fire retardation. A copy of the fire retardant certification must be on file.

XIII. OFFENDER BASED INFORMATION SYSTEM—HEALTH SERVICES (OBIS-HS):

A. The health services component of the automated Offender Based Information System (OBIS-HS) is an on-line management information system used by management to formulate budget requests, redistribute resources, write policy, and project need. The importance of this system cannot be overstated. The system is as current as its data entry.

B. Training in OBIS-HS is a priority. The HSA shall ensure all health services staff receive training on OBIS that is appropriate to their job. Technical assistance on OBIS-HS is provided by OHS central office.

C. Clinical staff should be scheduled as soon as possible, especially if point-of-contact data entry is required.

XIV. RELATIONSHIPS:

A. The importance of quality staff relationships within the institution cannot be overemphasized. Every entity from administration to the recreation field impacts health services. Every effort must be expended to team-build with other entities. It is absolutely imperative that Health Services establish and maintain a positive and productive relationship with each entity throughout the institution.

B. Equally important is staff relationships within the health services unit. The unit depends on the combined effort of all disciplines (medical, mental health, dental and administration). The Chief Health Officer must be kept informed of all operations. The Health Services Administrator, by definition, is responsible for the administrative caretaking of all three professional disciplines.

C. A team approach to managed care is expected and anything less is unacceptable. Regular monthly meetings of the health services staff are required and a good opportunity to communicate concerns. The warden shall be notified and invited to attend. At minimum, s/he should be kept informed by a copy of the minutes.

XV. EMERGENCY PREPAREDNESS:

Each institution shall have a written agreement with the local county emergency medical service for the emergency transport of inmates who are medically compromised. The scope of service must address whether the service is advanced life support (ALS) or basic life support (BLS), willingness to transport across county lines, response time to institution, etc. Involve the contract ambulance service during annual disaster drills and critique their effectiveness. Determine the accessibility of Life Flight and whether the emergency transport of inmates with armed security presents a problem. Locate the nearest Life Flight landing pad and assess the proximity in terms of time. Seek to establish a negotiated rate for emergency air and ground transportation.

XVI. RECRUITMENT:

Aggressive recruitment is key to health unit readiness. Every effort must be expended to ensure the timely arrival of staff to meet population demands. These efforts cannot be limited to traditional advertising. Creativity and innovation are absolutes to gaining a competitive edge. Be visible in the community, ever ready to advocate correctional health

care as a profession. Establish rapport with local colleges and universities and seek opportunities to speak to graduates. Strongly encourage the hiring of local professionals from the surrounding community/county.

XVII. ORIENTATION:

The most important step to retaining staff is the emphasis given to their orientation process. The regional health services staff should be utilized to orient new institutional health professionals. Neighboring institutions are an excellent resource, and staff rotation through a sister facility will greatly expedite the learning process. Be in close communication with institutional training staff to strongly support the orientation program.

The subjects covered in the institutional orientation are mandatory. Look for ways that the institutional orientation and the health services orientation can complement each other. Be a strong supporter of both and encourage participation.

XVIII. STAFFING

Staffing levels are established or approved by central office OHS for each health services unit, based on medical and mental health missions and other factors. The HSA shall be responsible for ensuring all positions are filled and staff is on board with sufficient lead time to allow for appropriate training and orientation period to the opening of the institution/facility.

XIX. PHARMACY AGREEMENT:

A. A contract which will provide for a local pharmacy to provide initial prescription coverage to your institution and emergency coverage thereafter will be maintained at Central Office.

The Facility shall register with the statewide Reverse Distributor contractor selected for the Department.

XX. BILL CERTIFICATION:

As health services bills are received, the HSA will be required to code and certify these bills for payment. The RHSM will provide specific orientation for the performance of this task. If health services is outsourced, the CHCC will be responsible for paying bills timely, in accordance with contractual requirements. .

XXI. IMPLEMENTATION DATE:

Each institution will implement this health services bulletin no later than 30 days after signature.

Assistant Secretary of Health Services Date

This Health Services Bulletin Supersedes: *Health Services Handbook for Opening New Institutions* 1994
TI 15.06.05 dated 6/02/02