SUBJECT: HEALTH SERVICES PERSONNEL ORIENTATION

EFFECTIVE DATE: 02/02/2018

I. PURPOSE:

The purpose of this bulletin is to ensure that all:

A. Health Services personnel receive adequate orientation to perform their job requirements according to Department of Corrections Health Services guidelines and/or:

B. Licensed personnel have been oriented to or demonstrated adequate proficiency identified in the skills checklist.

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

II. DEFINITION:

Clinician - includes doctors, advanced registered nurse practitioners (ARNPs), and physician assistants (PAs).

Comprehensive Health Care Contractor (CHCC) - has been designated by the department to provide medical, dental and mental health services at designated institutions within a particular region.

III. OVERVIEW OF DEPARTMENT OF CORRECTIONS HEALTH SERVICES:

A. CENTRAL OFFICE:

1. The Department of Corrections (DC) is headed by a Secretary who is appointed by the Governor and confirmed by the Senate.

2. The Health Services Director who is the final authority for professional health matters, reports directly to the Secretary of Corrections. The Health Services Director is responsible for all health services planning and development, developing policies, identifying inmate medical, mental health, and dental needs, reviewing and monitoring services provision, and assuring program quality statewide.

3. The Chief Clinical Advisor is the final clinical authority for the Department. The Chief Clinical Advisor reports to the Health Services Director and oversees all clinical matters.

4. The Office of Health Services is divided into six major disciplines/areas. There is a chief for each discipline/area, as follows: Chief of Medical Services; Chief of Mental Health Services; Chief of Dental Services; Chief

of Nursing Services; Chief of Pharmaceutical Services; and Chief of Health Services Administration. Each chief reports directly to the Health Services Director, and is responsible for the general oversight of their assigned discipline/area. The clinical Chiefs (Medical, Mental Health, Dental, Nursing and Pharmacy) are also responsible to the Chief Clinical Advisor on all clinical matters.

5. The Office of Health Services' Central Office (CO) coordinates statewide policy and procedure development, quality assurance, program planning/development, resource development, and oversight of the provision of comprehensive health care services. In addition, OHS CO staff review and oversee the implementation of corrective action plans developed in response to deficiencies identified during surveys conducted by the Correctional Medical Authority.

B. REGIONAL HEALTH SERVICES OFFICES:

DC is divided geographically into four regions. Regional health services offices are established in keeping with the Department's geographic alignment. The Department or CHCC shall maintain sufficient regional staff to oversee the delivery of health care services within each region.

C. INSTITUTIONAL ORGANIZATION:

1. The senior manager of the institution is the warden who is responsible for all security staff and administrative staff at the institution. The warden is responsible for operations and program functioning within his/her institution.

2. The warden is generally responsible for the well-being of inmates, but will defer to the advice and decisions of the Chief Health Officer (CHO) or Medical Director (MD) on health care matters that require or involve medical judgment. The warden shall ensure the administrative integrity of health services and shall consult with regional and, central office staff to resolve matters that cannot be fully addressed at the institutional level. The warden ensures that non-health care staff, especially correctional officers, are available for special health related training, and that other institutional services, including security operations, are performed in such a manner that they do not impede access to necessary mental health care or interfere unnecessarily with the delivery of health services.

3. Each institution has a health services department. Each Department shall include a leadership team comprised of a CHO or MD; Health Services Administrator or Nurse Manager; Sr. Registered Nursing Supervisor or equivalent, a Sr. Mental Health Clinician, and Sr. Dentist. The Department or CHCC shall main adequate staff to provide health care services in accordance with FDC policies and procedures. Final medical responsibility and authority for health care matters at the institutional level rest with the CHO or MD in consultation with the warden, with support provided by the regional and central office leadership.

D. GUIDING PRINCIPLES:

1. Evaluation and treatment is provided in an appropriate setting. Health services are provided only by staff who meet at least minimum qualifications defined in position class specifications established by the Department of Management Services and are clinically privileged by the Office of Health Services Credentialing Committee to provide such services.

2. Inmates are fully informed of any treatment they are receiving and must give informed consent or have the right to refuse the care offered (only after being made aware of any known risks and potential benefits of the treatment, as well as the possible consequences of refusal of that treatment).. Except for emergencies in which the inmate poses an immediate threat of harm to self or others, involuntary treatment shall only be imposed with a court order.

3. Inmates move within and between levels of care according to their level of functioning and treatment needs. Each inmate is treated in the least restrictive environment appropriate to the inmate’s need.

4. Health records are maintained by professional staff in accordance with the principles of confidentiality required by statute and professional standards. The quality of care provided shall be monitored through a system-wide Quality Management program, the Office of Health Services Quality Management reviews and, routine management supervision. The Correctional Medical Authority provides ongoing oversight as per their legislative mandate.

E. ON-GOING ASSESSMENT OF CLINICAL CARE:

Each facility shall be assessed periodically by the regional Contract Monitoring Team. Areas of clinical practice are evaluated for appropriateness and compliance with department policies, procedures, and directives. Through an act of the Legislature, the Correctional Medical Authority has been established as an independent agency. This agency is responsible for the review of comprehensive health care services provided and ongoing oversight of Quality Management programs within Department of Corrections facilities. Results of the surveys are used at the facility level to identify potential areas of concern and develop corrective action plans to address any areas of service delivery which may need improvement. Institutional staff is responsible for the initiation of the corrective action plan, which is then reviewed at the regional and central office level. In addition, when the Department delivers care through a CHCC, the Department shall monitor the performance of the contractor(s) in accordance with the performance measures and other requirements outlined in the contract(s).

IV. RESPONSIBILITY:

A. It is the responsibility of all Health Services staff to complete Department of Corrections mandatory orientation requirements and the health services orientation specific to their discipline.

B. It is the responsibility of the discipline supervisor to assure that each new employee is provided with the information/monitoring identified in their discipline specific orientation and that the appropriate DC4-654 series form is completed.

C. It is the responsibility of regional Health Services staff to review these files periodically to assure compliance.

D. The appropriate regional staff should be advised of any employee who has not successfully completed the orientation process, as demonstrated by the completion of the checklist, prior to completing the probationary period.

E. It is the responsibility of all Health Services staff to safeguard health records from wrongful disclosure, alteration, falsification, unlawful access or destruction (section 945.10, F.S., and the HIPAA Privacy Rule).

F. It is the responsibility of all Health Services staff to be familiar with the Americans with Disabilities Act (ADA), as well as the HSBs and policies and procedures pertaining to ADA covered inmates.

V. HEALTH SERVICES DISCIPLINES:

See the following appendices or bulletin:

A. Appendix A, Issues for Health Care Delivery in Corrections
B. Appendix B, Bloodborne Infections/Infection Control Education for Nurses
C. Appendix C, Employee Tuberculosis (TB) Training
D. Appendix D, Health Services Unit Orientation and attachment Nursing Supervisor Training Outline
E. Appendix E, Nursing Personnel Orientation and attachment Mental Health Nursing Orientation
F. Appendix G, Clinician Personnel Orientation
G. Appendix H, Dental Personnel Orientation
H. Appendix I, Pharmacy Personnel Orientation
I. Appendix J, Health Services Administrative Personnel Orientation
J. Appendix K, Health Services Administrator/ Nurse Manager
K. HSB 15.05.14, Mental Health Services

VI. IMPLEMENTATION DATE:

Each institution will immediately implement this bulletin.

Health Services Director Date

This Health Services Bulletin Supersedes:

HSAM 98-1 dated 5/29/98
HSAM 98-2 dated 12/30/98 HCS 25.11.01 dated 10/1/89
TI 15.11.01 dated 4/19/01, 04/10/03, and 04/06/15