

2018 Standards for Health Services: What's New?

by Tracey Titus, RN, CCHP-RN, and Jeffrey Alvarez, MD, CCHP

The standards have been revised, reorganized and simplified to improve their usefulness. As always, the standards reflect the latest evidence and best practices in meeting professional, legal and ethical requirements in delivering correctional health care.

After two years in the making, NCCHC's 2018 *Standards for Health Services* have been published. The manuals have been streamlined and reorganized to create a more user-friendly guide for correctional health professionals using the standards in everyday practice. Each section of standards begins with an introductory paragraph that describes the intent of the section in the overall organization of a correctional health care system. Standard wording has a more global approach, while the compliance indicators give detail that is more specific on requirements to meet the standard.

In this article, we will highlight changes and new concepts in the 2018 *Standards*.

Reorganization and Consolidation

The first major change that users will notice is that there are now seven sections instead of nine. Most content from former sections F (Health Promotion), H (Health Records) and I (Medical-Legal Issues) was consolidated and/or relocated. For example, all of the 2014 Section F standards were moved into other sections. All of the 2014 Section H standards were consolidated into one standard, A-08 Health Records, although most of the content did not change.

The 2014 standards A-07 Emergency Response Plan and E-08 Emergency Services were consolidated into one standard, D-07 Emergency Services and Response Plan. Similarly, standards G-01 Chronic Disease Services, G-02 Patients With Special Health Needs and G-10 Aids to Impairment were combined into one standard, F-01 Patients With Chronic Disease and Other Special Needs. Section G (formerly Special Needs and Services) now contains standards related to Medical-Legal Issues.

As health administrators update policies and procedures to align with the 2018 standards, the way that policies are organized can follow any format or order that an agency chooses. However, every standard, including compliance indicators and definitions, should be addressed in the policy manual. To help users easily identify which standards have been combined and/or relocated, the introductory section of the *Standards* manuals has two tables that detail these changes. These tables may prove helpful as policies are updated.

Highlights of Changes by Section

In addition, there are many changes and new concepts within each section. It is important to refer to the complete set of standards when revising your correctional health program as this column will highlight only significant changes.

Section A – Governance and Administration

- **A-02 Responsible Health Authority** – Requires a designated dental clinician if dental services are under a separate organizational structure; the responsible physician must be available to the facility frequently enough to fulfill clinical and administrative responsibilities
- **A-05 Policies and Procedures** – Health staff are to review policies when revised or new policies are introduced
- **A-06 Continuous Quality Improvement Program** – Health record reviews are required as part of the CQI program (previously required under Continuity and Coordination of Care During Incarceration; at least one process and/or outcome study must be done annually
- **A-07 Privacy of Care** – Requires privacy (e.g., privacy screen, curtain, private area) during physical exams, with special considerations for pelvic, rectal, breast or other genital exams
- **A-09 Procedure in the Event of an Inmate Death** – Administrative reviews no longer have the 30 day requirement; compliance indicators clarify what content should be in a death review log

Section B – Health Promotion, Safety, and Disease Prevention

- **B-01 Healthy Lifestyle Promotion** – Requires a nutritionally adequate diet for the general population and a review of the regular diet menu by a registered dietitian nutritionist or other nutrition professional at least annually; a system exists to notify the RDN when a change is made to the regular diet menu; health staff are to promote and provide education on physical activity options in the facility
- **B-03 Clinical Preventive Services** – The responsible physician determines the medical necessity and/or timing of screenings and other preventive services, including screening for communicable diseases (plus laboratory confirmation, treatment and follow-up); the dentist determines the frequency and content of periodic dental evaluations
- **B-04 Medical Surveillance of Inmate Workers** – New standard requires facilities to have a program to prevent illness and injury among the inmate worker population
- **B-05 Suicide Prevention and Intervention** – Clarifies that the monitoring of acutely and nonacutely suicidal inmates is to be completed by facility staff
- **B-06 Contraception** – Requires arrangements to be made to initiate contraception for women when there is a planned release to the community

- **B-07 Communication on Patients' Health Needs** – Expanded on the examples of situations where custody staff should be informed of special needs

- **B-09 Staff Safety** – Requires methods of communication (e.g., radio, panic button, voice proximity) between health staff and custody staff; custody staff must be readily available to health staff if a safety concern arises; items subject to abuse must be inventoried *on each shift where health staff are present*, and discrepancies immediately reported to the custody staff; requires health staff to identify and use contemporary equipment during the course of their duties



Section C – Personnel and Training

- **C-02 Clinical Performance Enhancement** – Clarifies which disciplines are required to have a clinical performance enhancement review; reviews are required for all full-time, part-time and per diem employees in each category

- **C-03 Professional Development** – The RHA must document compliance with continuing education requirements and maintain a list of the state's continuing education requirements for each category of licensure of all qualified health care professionals

- **C-04 Health Training for Correctional Officers** – This standard lists all training required for COs; added requirements for training on dental emergencies and maintaining patient confidentiality

- **C-06 Inmate Workers** – Allows inmate workers to participate in a reentry health care training program but gives inmates the right to refuse care from those enrolled in the program; clarifies permitted activities for inmates in peer health-related programs

- **C-07 Staffing** – Provider and nursing time must be sufficient to fulfill clinical responsibilities, and responsible physician time sufficient to fulfill administrative responsibilities

Section D – Ancillary Health Care Services

- **D-01 Pharmaceutical Operations** – Clarifies that the facility must maintain records as necessary to ensure adequate control and accountability for all medications, *except those that may be purchased over the counter*; a staff or consulting pharmacist must document inspections and consultations of all sites, including satellites, at least quarterly

- **D-02 Medication Services** – A formulary is no longer required but, if used, there must be a process to obtain nonformulary medications in a timely manner

- **D-03 Clinic Space, Equipment, and Supplies** – Additional equipment required: sterilizer for nondisposable medical or dental equipment, pulse oximeter, personal protective equipment

- **D-05 Medical Diets** – Requires a review of the medical diet menu by a RDN or other nutrition professional at least annually (not semiannually); requires a system to notify the RDN when a change is made to the medical diet menu; classification changed to essential

- **D-07 Emergency Services and Response Plan** – Clarified that mass-disaster drills should be conducted so each shift has a chance to participate over a three-year period (eliminated the annual requirement)

- **D-08 Hospital and Specialty Care** – Written or verbal information about the patient and the specific problem to be addressed must be communicated to the outside entity when patients are referred out for care; the health record should contain results and recommendations from off-site visits, or attempts by health staff to obtain these results

Section E – Patient Care and Treatment

- **E-02 Receiving Screening** – Added dental problems to the list of inquiries on the receiving screening

- **E-03 Transfer Screening** – Eliminated the 12 hour requirement for review of the transferred inmate's health record, but the record must still be reviewed and must have evidence of continuity of care and medication administration; inmates who do not have initial medical, dental or mental health assessments done at an intake facility are to be evaluated at the receiving facility in a timely manner

- **E-04 Initial Health Assessment** – Option 2, Individual Assessment When Clinically Indicated, is now an option for jails only (prisons are required to complete the full population assessment); jails have the option of deferring the initial health assessment if there is a documented health assessment on file within the last 12 months and the receiving screening shows no change in health status; the responsible physician should determine the components of the initial health assessment; RNs who conduct the full population health assessments no longer need additional training in order to do so; jails are required to test for TB during the initial health assessment; prisons must perform a pelvic exam (or refer for a pelvic exam) with or without a Pap smear;

Time Line for Implementation

Accredited jails and prisons have approximately six months to transition to the 2018 standards. Surveys that occur in May, June or July 2018 will be conducted using the 2014 standards. Surveys in August, September or October will have the option of being surveyed under the 2014 or 2018 standards. Effective Nov. 1, all surveys will be conducted using the 2018 standards.

requirement for other communicable disease testing and immunizations moved to B-03 Clinical Preventive Services

- **E-06 Oral Care** – Training for qualified health care professionals who perform the oral screening can be provided *or approved* by the dentist; for jails, the time line for providing instructions in oral hygiene and preventive oral education was changed from 30 days to 14 days
- **E-07 Nonemergency Health Care Requests and Services** – Documented face-to-face triage with the patient occurs within 24 hours of receipt of a health care request
- **E-10 Discharge Planning** – Prisons must develop a process to assist inmates with health insurance application prior to release

Section F – Special Needs and Services

- **F-01 Patients With Chronic Disease and Other Special Needs** – Clarified that protocols should include mood disorders and psychotic disorders; protocols for sickle cell and seizures no longer required
- **F-02 Infirmary-Level Care** – Similar to the name change (formerly Infirmary Care), the focus is on the level of care provided, regardless of location of delivery; standard now allows facility staff to be within sight or sound but requires qualified health care professionals to respond in a timely manner
- **F-04 Medically Supervised Withdrawal and Treatment** – Formerly named Intoxication and Withdrawal; requires protocols to be reviewed and approved annually
- **F-05 Counseling and Care of the Pregnant Inmate** – Pregnant patients with active opioid use disorder receive evaluation upon intake, including offering and providing medication-assisted treatment with methadone or buprenorphine; emergency delivery kits are to be available at the facility; custody restraints are limited to handcuffs in front of the body, during pregnancy *and the postpartum period* (but not used at all during active labor and delivery); postpartum care should be provided and documented

Section G – Medical-Legal Issues

- **G-02 Segregated Inmates** – Eliminated requirement for checks of former category “2c” inmates, those who are allowed periods of recreation or routine social contact among themselves
- **G-04 Therapeutic Relationship, Forensic Information, and Disciplinary Actions** – Health staff may not participate in disciplinary action nor be compelled to provide clinical information solely for the purposes of discipline; treatments and medications are never withheld as a form of punishment, and segregation and restraints are never clinically implemented as disciplinary action

More Useful for You

NCCHC received many excellent comments and suggestions from experts and users of the standards throughout the country over the last four years. The 2018 *Standards for Health Services* were crafted after careful consideration of all ideas so they would be useful to facilities seeking an effective and efficient health care delivery system. The result promises to promote improved health services in our nation's jails and prisons.

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2018 STANDARDS for Health Services in Jails or Prisons

The most authoritative resources for correctional health care services, the NCCHC Standards are continually updated to reflect the latest evidence and best practices in meeting professional, legal and ethical requirements in delivering correctional health care services.



National Commission on Correctional Health Care

Revised, reorganized and simplified

Consolidated into seven categories

Emphasis on each standard's intent

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