



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

APPLICABILITY
PRISON
OFFENDER/SPANISH MANUALS

REVISION DATE
6/12/18

PAGE NUMBER
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NUMBER
DOC 610.650

POLICY

TITLE
OUTPATIENT SERVICES

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SUMMARY OF REVISION/REVIEW:

Major changes. Read carefully!

APPROVED:

Signature on file

K. GABRIELLE GASPAR, MD, MPH, MBA
Chief Medical Officer

5/7/18

Date Signed

Signature on file

KEVIN BOVENKAMP,
Assistant Secretary for Health Services

5/8/18


Date Signed

Signature on file

STEPHEN SINCLAIR, Secretary
Department of Corrections

5/10/18

Date Signed

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REFERENCES:


DOC 100.100 is hereby incorporated into this policy; [DOC 320.255 Restrictive Housing](#); [DOC 320.260 Secured Housing Units](#); [DOC 320.265 Close Observation Areas](#); [DOC 590.100 Extended Family Visiting](#); [DOC 600.025 Health Care Co-Payment Program](#); [DOC 610.010 Offender Consent for Health Care](#); [DOC 610.040 Health Screenings and Assessments](#); [DOC 610.110 Transfer of Offenders for Health Reasons](#); [DOC 610.600 Infirmery/Special Needs Unit Care](#); [DOC 630.500 Mental Health Services](#); [DOC 640.020 Offender Health Record Management](#); [DOC 670.000 Communicable Disease, Infection Prevention, and Immunization Program](#); [DOC 700.000 Work Programs for Offenders](#); [DOC 890.000 Safety Program](#); [Health Status Reports \(HSRs\)](#); [Offender Health Plan](#)

POLICY:

- I. The Department will ensure incarcerated individuals have access to health care services as outlined in the Offender Health Plan.
- II. Except for services provided in an infirmary or Extended Observation Unit (EOU), outpatient services are all health services provided within a Department facility and will be provided in a manner that maintains the safe, secure, and orderly operations of the facility and conducted in settings that respect patient privacy.
- III. Patients will be fully informed about their health condition and any proposed treatment or interventions. Patients have the right to refuse any offered health care services unless considered a necessary involuntary administration per Department policy.

DIRECTIVE:

- I. General Responsibilities
 - A. The facility Health Authority will ensure that incarcerated individuals, including community supervision violators, have access to health care services conducted by qualified personnel per the Offender Health Plan.
 - B. Facilities will ensure that requests for health care services are collected and triaged on a daily basis, including requests from individuals in restrictive housing.
 1. Requests to be seen at sick call or for scheduled appointments will be triaged by qualified health care providers.
 - a. Clinical services will be prioritized and scheduled according to need.

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b. Non-emergent outpatient services will be provided during regularly scheduled business hours.

2. During non-business hours, triage will be determined based on reports of emergencies from offenders or by contacting an on-duty Department health services provider.

C. Facilities will establish procedures to identify clinical need and obtain required health services not available at their facility per DOC 610.110 Transfer of Offenders for Health Reasons.

II. General Requirements

A. Informed consent will be obtained and documented per DOC 610.010 Consent for Health Care.

B. Initial and subsequent health screenings and assessments will be conducted per DOC 610.040 Health Screenings and Assessments.

C. Copayments for outpatient services will be assessed and charged, if applicable, per DOC 600.025 Health Care Co-Payment Program.

1. Copayments will not be charged for new work-related injuries, which will be managed per DOC 700.000 Work Programs for Offenders and DOC 890.000 Safety Program, unless it is related to a pre-existing Labor and Industries (L&I) claim.

2. Assessed copays may be reversed if an L&I claim is filed and approved.

D. Patients assigned to a Close Observation Area (COA) bed within an infirmary will be considered outpatients unless they are also being admitted as an infirmary patient for medical issues.

1. Health services for COA patients will be conducted per DOC 320.265 Close Observation Areas.

2. Health services for infirmary patients will be conducted per DOC 610.600 Infirmary/Special Needs Unit Care.

E. All outpatient health care services will be consistent with the Offender Health Plan, and will follow chronic care management, infection prevention, and other statewide and health services health care protocols, including:

1. Care for illnesses/injuries,



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2. Treatment of chronic conditions (e.g., diabetes, hypertension, asthma),
3. Mental health services per DOC 630.500 Mental Health Services,
4. Dental care,
5. Referral to appropriate medical, mental health, or dental providers, when necessary,
 - a. Referrals may include consultants or specialists at the parent facility, other Department facilities, telemedicine, or community-based care.
 - b. The General Consult in the health services section of the patient's electronic file will be completed when referring a patient to onsite specialists or community-based providers.
6. Physical therapy services in an area available for patients to meet the physical therapy requirements of their individual treatment plan,
7. Lab services ordered by authorized providers,
 - a. Facilities will establish procedures:
 - 1) For processing lab tests conducted at an off-site lab, to include logging specimens.
 - 2) To ensure the requesting health care provider reviews and initials lab results before being filed in the health record.
8. Diagnostic imaging services ordered by authorized providers,
 - a. Nursing employees/contract staff may use DOC 13-038 Diagnostic Imaging Request to document verbal orders from a clinical practitioner.
 - b. Facilities will establish procedures to ensure the requesting health care provider/designee reviews and initials diagnostic testing results before being filed in the health record.
9. Prevention services per DOC 670.000 Communicable Disease, Infection Prevention, and Immunization Program,

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10. When necessary, recommendations concerning health care requirements related to housing, medications, physical activities, work assignments, medical devices, diet, and classification transfers to other facilities,
 - a. Health care providers will complete a Health Status Report (HSR) in the health services section of the patient's electronic file per the Health Status Reports (HSRs) protocol to communicate requirements to non-clinical employees.
 - 1) HSRs will have end dates not to exceed one year for re-assessment of patient needs.
 11. Prescribed medications (e.g., immunizations, transfer/release medications),
 12. Gender-specific health needs of female patients, including:
 - a. Women's health (e.g., pap smear, mammogram).
 - b. Pregnancy management, including:
 - 1) Testing,
 - 2) Prenatal care,
 - 3) High-risk care,
 - 4) Postpartum care,
 - 5) Management of the chemically addicted,
 - 6) Appropriate nutrition, and
 - 7) Comprehensive counseling and assistance, when requested.
 - c. Medical contraceptive treatment, which may be started during the month before release or an approved Extended Family Visit per DOC 590.100 Extended Family Visiting.
 13. Medically necessary prostheses or other durable medical equipment, and
 14. Medically appropriated hormone treatment for gender dysphoria.
- F. Discussions among employees/contract staff regarding patient care will occur in private, without the potential for being overheard by other individuals or non-health care employees/contract staff.
- G. Except in emergencies, when a female patient is examined by a male provider, a female health services employee/contract staff will be present during the visit.

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1. Documentation of the visit will include details concerning any emergency where a female health services employees/contract staff is not present.

H. When a genital or rectal examination is performed, the provider will have another health care provider present during the exam, regardless of gender.

I. Any patient has the right to request a second health care provider be present during a medical examination.

III. Emergency Health Care Services

A. Emergency response for health care is available 24 hours a day.

1. Patients requiring emergency services not available at the facility will be referred to a community hospital emergency room or another Department facility with 24 hour nursing care and/or an infirmary.

a. The Shift Commander will call the on-duty medical officer/practitioner, who will determine emergency care needs and patient transfer.

2. Employees/contract staff will declare a medical emergency for all serious or potentially life-threatening emergencies they encounter.

3. All incarcerated individuals have the right to declare a health care emergency.

4. A patient reporting a health emergency will not be denied access to health care, including evaluation and clinically indicated treatment, even when there is suspicion or history of abuse of the medical emergency system.


a. Allegations of abuse of the medical emergency system will be referred to the Health Services Manager/Health Authority/designee after health care is provided.

IV. Access to Non-Emergency Health Care Services

A. Patients may request non-emergency health care services by:

1. Signing up to be seen at the next sick call, or
2. Submitting DOC 13-423 Health Services Kite or an electronic kite through the kiosk, if available.

a. Kites will be stamped with the date and time received.

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- b. Facilities will develop a process for clinical employees/contract staff to triage kites to ensure triage is completed in a timely manner.
 - 1) Urgent issues will be given priority.
- c. Responses to kites will be completed within 15 days and will be:
 - 1) Consistent with clinical care standards and timeframes,
 - 2) Handled in a manner that meets confidentiality requirements for protected health information, and
 - 3) Professional in tone and provide enough information that the individual's question or concern is addressed.
- d. Except for kites requesting an appointment be scheduled, multiple kites with the same subject may receive a single response or refer to the response previously sent when the answer is the same.

B. Facilities will collect kites and sick call lists, as well as voiced concerns received during daily rounds in restrictive housing, every business day.

- 1. During non-business hours, requests will be triaged for emergent needs.


V. Outpatient Services in Restrictive Housing

A. A qualified health care provider will conduct at least one wellness check daily for individuals in restrictive housing per DOC 320.255 Restrictive Housing and DOC 320.260 Secured Housing Units. Wellness checks:

- 1. Must include visual observation, requested health care patient concerns, and noted response (e.g., verbal, movement) from every individual.
- 2. Should be separate, but may be included in pill line if necessary.

B. Health care screenings, evaluations, and conversations of a personal nature, excluding a brief description of a concern, will not be conducted at the cell front.

- 1. Facilities will designate a treatment room within the restrictive housing unit for health services to be provided in a private setting or establish a process for services to be provided safely in the health services clinic.
- 2. If significant safety concerns prevent patient movement from the cell, every effort will be made to maintain confidentiality (e.g., speaking at a low volume that others cannot hear).

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- C. Confidentiality of correspondence, including kites, containing protected health information will be protected through the use of sealed envelopes.
- D. Assessments provided by health care professionals during recorded events (e.g., emergency response, use of force) will be kept confidential, safety permitting. Cameras will be pulled back or turned away and audio should not disclose/record specific clinical information.

VI. Ongoing Health Care Services

- A. The need for ongoing health care services, including periodic health examinations and chronic care management, will be determined by health care providers consistent with the Offender Health Plan.
- B. A local process will be developed to:
 - 1. Schedule patients,
 - 2. Check patients into the clinic using the callout system,
 - 3. Allow patients to cancel their appointments,
 - 4. Track, evaluate, and minimize no shows,
 - 5. Track chronic care patients,
 - 6. Track pregnancies, and
 - 7. Review health records to determine if appointments need to be rescheduled.

VII. Documentation

- A. All outpatient documents will be completed on approved health services forms as directed by discipline-specific statewide clinical directors and managed per DOC 640.020 Offender Health Record Management.
- B. DOC 13-378 Problem List and PULHES codes should be updated when applicable.

DEFINITIONS:

The following words/terms are important to this policy and are defined in the glossary section of the Policy Manual: Parent Facility. Other words/terms appearing in this policy may also be defined in the glossary section.

ATTACHMENTS:

None

DOC FORMS:



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[DOC 13-378 Problem List](#)

[DOC 13-423 Health Services Kite](#)