I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.

II. PURPOSE: To detail the administrative responsibilities of the Tennessee Department of Correction (TDOC) Office of Health Services.

III. APPLICATION: Wardens/Superintendents, Chief Medical Officer, Office of the Inspector General, all TDOC staff, medical contractors, and privately managed institutions.

IV. DEFINITIONS: Office of Inspector General (OIG): A division within TDOC which consists of Compliance, Contract Monitoring of Privately Managed Facilities, Contract Monitoring/Compliance, and departmental Risk Assessment/Mitigation. See Policy #103.20.

V. POLICY: The health services delivery system within the TDOC shall be administratively structured to promote continuity and consistency in quality of care within all facilities.

VI. PROCEDURES: The organizational structure of the TDOC health services system shall consist of two Administrative levels, departmental and institutional, which integrate multiple sources of care into a coordinated system to ensure maximum therapeutic and economic effectiveness.

A. Departmental Responsibility: The TDOC is responsible for the overall provision of medical, nursing, and dental services necessary to maintain the overall health of each inmate.

1. Chief Medical Officer (CMO): The Commissioner or designee shall designate a Chief Medical Officer who is responsible for the overall administration of health services for the inmate health delivery system. The Chief Medical Officer serves as the Department's health authority for the following duties:

a. Develops and maintains plans for the design and operation of a coordinated health services delivery system.

b. Develops policies and procedures which specifically address the delivery of health services for inmates housed in TDOC and private facilities.

c. Provides administrative oversight over the delivery of health care services

d. Advises executive staff on health care issues that may potentially affect the delivery of health care to inmates.

e. Ensures that the medical contractor and privately managed institutions meet their responsibilities for providing quality medical, nursing, and dental services for all inmates.

f. Provides institutions with recommendations of staffing, planning, organization, and monitoring of the Department's health services delivery system.

g. Provides clinical support to the OIG for recommendations to the Wardens/Superintendents and the Health Administrators for improvements in health services delivery.

h. Assists in the development and selection of contracts and/or letters of agreement with health providers and businesses. The Chief Medical Officer shall review all contractual agreements for health services.

i. Recommends and ensures the most efficient and effective system of health care delivery and bed management in conjunction with the Assistant Commissioner of Rehabilitative Services.

j Approves publications and the course curriculum for health services in-service training, including but not limited to: *Tuberculosis Control Manual;* Flu Preparedness Plan; *Bloodborne Pathogens Exposure Control Plan;* Nursing Protocols; Chronic HCV Guidance: Recommendations for Testing, Managing, and Treating Hepatitis C; Infirmary Protocols; and Clinical Competency Skills Checklist, etc.

k. Develops and analyzes monthly health services statistics and submits an annual report of health services to the Executive Staff for the preceding fiscal year. The annual report is due no later than March 1 of each year.

l. Maintains a Continuous Quality Improvement Program that shall monitor all aspects of the TDOC health care system, in accordance with Policy #113.09.

m. Monitors the performance of private health services contractors to ensure that services are provided according to contract and state expectations.

2. Health Services Contract Monitoring: All contracts shall be audited according to the frequency specified in the contract or more often as indicated by the performance level of the individual contract and in accordance with Policy #205.02

B. Institutional Responsibilities: The daily delivery of health services at each institution is ultimately the responsibility of the Warden/Superintendent. The provision of effective healthcare is a joint effort between facility administrators and health services providers and can be achieved only through cooperative efforts from both parties.

1. Physician: Subject to current contract provisions, a designated physician at each institution shall be accountable for final clinical judgments concerning patient care. Matters of medical treatment involving clinical judgments are the ultimate province of the responsible physician/practitioner. However, these services must be provided in keeping with the security regulations of the institution and the TDOC. As such, the responsible physician/practitioner shall immediately report to the designated administrator any medical condition or practice which imposes a danger to the health and safety of staff, inmates, or visitors.

a. The duties of each institution's physician shall be specified in a written agreement, contract, or functional job description.

b. The physician, in coordination with the Health Administrator, shall monitor the quality of health care available to inmates at TDOC institutions.

2. Health Administrator: Each institution shall have a designated facility staff member who is administratively responsible to the Warden/Superintendent or designee for the provision of health services to the inmate population. The Chief Medical Officer and Statewide Director of Nursing shall jointly approve the health administrator selected at the state-operated facilities prior to requesting the approval of the Warden/Superintendent.

a. The duties and responsibilities of the correctional Health Administrator shall be specified in a written functional job description approved annually by the Warden/Superintendent and Chief Medical Officer.

b. Health Administrators shall meet at least quarterly with the Warden/Superintendent and present a written report of the institutional health care program and health environment.

(1) The purpose of such meetings shall be to review statistics, identify problems, and offer resolutions concerning the effectiveness and quality of the institutional health care programs.

(2) The Health Administrator shall maintain a record of such meetings, including the date, time, agenda, and persons attending the meeting.

c. All Health Administrators shall attend statewide and/or regional health services meetings. Other members of the health services staff may attend these meetings periodically upon the request of the Chief Medical Officer. The purpose of these meetings shall be to identify problems and resolutions about the health care system and improve the coordination and delivery of health services on a system-wide basis.

d. All Health Administrators shall verify the credentials of health services professionals prior to employment.

(1) Private contractors who provide professional services at TDOC facilities shall verify credentials according to contract requirements.

(2) Credentials/Qualification Verification, CR-2943, should be utilized in the verification process.

(3) Verification of current credentials and job descriptions shall be on file in the facility.

(4) Should the Department require credentials which exceed the minimum specifications of the preferred service rating system, the Department shall request a selective register certification.

e. At least annually, the Health Administrator shall review all policies, procedures, and services within the health care delivery system.

f. All health administrators shall document this review by signature and date on the unit manual signature sheet. If necessary, the Health Administrator shall make suggested revisions to institutional policies and forward them to the Warden/Superintendent for consideration. Changes made to health services operations will be reviewed by appropriate clinical staff. This review shall be completed at the Tennessee Correctional Academy (TCA), by the Superintendent or designee.

C. Manual of Unit Operation: In accordance with Policy #102.02, each institutional health services operation shall maintain a unit manual of documents that readily define the scope of the health services provided in the care and treatment of inmates.

1. The manual design, contents, and placement shall be readily available to all clinical staff and serve as an operational guide to current personnel and as an orientation guide for new employees.

2. Depending on the institutional mission, the manual may consist of one or more volumes and shall include, at a minimum, the following information:

a. Copies of all current Clinical Services #113.00 Policy Series (departmental and institutional policies and procedures). Privately managed facilities shall maintain copies of all applicable #113.00 Policy series and corporate policies.

b. The institution's health services philosophy, the scope of services, goals, and objectives for the year, including their relationship to the institutional mission.

c. Central Office and institutional Health Services organizational chart.

d. Copies of functional job descriptions and responsibilities including the required professional qualifications for each employee working in an institutional clinic.

e. Clinical and nursing protocols and guidelines

f. Health Services disaster procedure plan

g. Health Services forms currently in policy

h. Current procedures for acquiring laboratory or diagnostic services

3. The master manual should be located in the health administrator's office, and a copy placed in an accessible area for employee reference where needed.

a. Each policy, and procedure in the unit manual is reviewed at least annually by the health services staff. The health services staff shall document this review by signature and date on the unit manual's signature sheet.

VII. ACA STANDARDS: 5-ACI-6A-09, 5-ACI-6B-01, 5-ACI-6B-02, 5-ACI-6D-01, 5-ACI-6D-10 and 2-CO-4E-01.

VIII. EXPIRATION DATE: August 1, 2024

TENNESSEE DEPARTMENT OF CORRECTION
CREDENTIALS / QUALIFICATION VERIFICATION

_____
INSTITUTION

Applicant: _____ Social Security Number: _____

This will certify that I have reviewed the above-named applicant's application and verified information with regard to:

_____ Previous Employment History

1. _____
2. _____
3. _____

_____ References

1. _____
2. _____
3. _____

_____ Education

1. _____
2. _____
3. _____
4. _____
5. _____

_____ Licensure / Certification (if applicable) License Number: _____

_____ CPR ☐ Yes ☐ No

_____ Other (explain): _____

Comments: _____

_____

_____

_____

Note: A copy of diploma or transcript, license or certificate (if applicable), and continuing education information shall be submitted to accompany the application.

I recommend the above named applicant to be appointed to the position of: _____,

effective on _____.
(date)

_____ _____
Signature – Health/Behavioral Health Administrator or Designee Date