

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 11/19/2018	NUMBER: E-37.1
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DAILY PROCESSING OF HEALTH COMPLAINTS AND SICK CALL		

PURPOSE: To describe procedures for processing offender health complaints and establish guidelines for offender sick call services.

POLICY: Each facility within the Texas Department of Criminal Justice provides daily processing of offender health complaints and has a sick call system for the treatment of routine, non-emergent illness or injury.

Sick call services by qualified health care personnel are offered a minimum of five days each week.

It is the responsibility of each facility Director of Nursing (TTHUSC)/Nurse Manager (UTMB-CMC) to develop a nursing sick call schedule that is approved by the facility health authority/management team.

DEFINITIONS:

Sick Call Request (SCR) - Any written expression of a health related complaint or request to access health services (dental, mental health or medical).

Sick Call Visit - An initial in person assessment of an offender who has submitted a SCR performed by a licensed health care professional and conducted in a clinical setting.

Mental Health Staff – Individuals whose primary duty is to provide mental health services to offenders commensurate with their respective levels of education, experience, training, and credentials.

Qualified Mental Health Professional (QMHP) - Mental health staff who are qualified to diagnose and treat patients with a mental illness, (for example, physicians, physician extenders, psychologists, licensed professional counselors, and social workers) in accordance with each health care professional’s scope of training and applicable licensing, registration, certification, and regulatory requirements.

Walk-in – an offender who presents to the clinic in person during hours of operation requesting to be seen by a licensed health care professional

Written Response Only- Written instruction or information that is the sole response to the SCR that completely addresses the issues in the SCR.

Licensed Healthcare Staff – staff who perform clinical duties, such as health care practitioners, nurses, licensed professional counselors, social workers, and emergency medical technicians in accordance with each health care professional’s scope of training

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and applicable licensing, registration, certification, and regulatory requirements.

PROCEDURE:

- I. At a minimum, Sick Call Request forms (HSA-9) must be available and accessible in-offender housing areas.
- II. Written offender requests for health care services (medical, dental and mental health) are to be placed in the container (s) designated for that purpose. All written offender requests for health care services will be processed as sick call requests even if they are not written on the HSA- 9 form.
- III. For offenders unable to write, the procedures listed in Attachment A must be followed. Medical staff will collaborate with security rank to assure all security staff is aware of this process.
- IV. Sick Call Request forms are collected daily by health services staff. All Sick Call requests will be date stamped and initialed upon receipt in the health services department the same day as collected.
- V. Sick call requests will be screened within 24 hours of receipt in the health services department. The individual responsible for screening the sick call requests will assess each request for emergent needs. The screener will sign each request. The signature will indicate the screener's professional title or license. Designated screeners are as follows:
 - Medical complaints: Licensed vocational nurse, registered nurse, midlevel provider, or physician
 - Dental complaints: Dentist, dental hygienist, licensed vocational nurse, or registered nurse
 - Mental Health complaints: Mental health staff, qualified mental health professional, licensed vocational nurse, or registered nurse
- VI. Offenders with complaints of recent seizure, altered mental status, suicidal ideation, chest pain, shortness of breath, difficulty breathing, abdominal pain, or other possible emergent or urgent conditions, will be afforded immediate access to health services for assessment. Offenders found to not require emergent or urgent care may be advised to continue with the routine sick call process.
- VII. Each facility may institute special Routine or Maintenance Care Clinics to be held

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periodically based upon volume and need to address specific offender requests for routine services such as nail clipping, visual acuity checks, PAP smears, etc. These special Clinics will not be held to Access to Care timelines but must be held at least every 30 days.

- VIII. Each facility will have a process to ensure all sick call requests are documented in the health care record with all complaints listed and the date and time the Sick Call Request was received in the health care services department noted. Sick Call Requests will be scanned into the electronic health record (EHR) - or placed in the physical medical chart if there is no EHR available - within 72 hours of the receipt of the Sick Call Request.
- IX. The original SCR must be returned to the offender.
- X. A copy of each SCR must be filed chronologically by discipline and retained in the medical department until authorization is received for destruction.
- XI. A “Written Response Only” is acceptable for certain sick call requests.
- A “Written Response Only” should be delivered to the offender within 2 business days of receipt of the SCR.
 - A “Written Response Only” is never acceptable for any Sick Call Request communicating possible emergent or urgent signs or symptoms.
 - SCRs may be answered with a “Written Response Only” in situations including but not limited to the following:
 - Administrative questions – e.g. “When is my appointment?”, “What are my restrictions?” etc.
 - Requests for services that are scheduled for the next available Routine or Maintenance Clinic. Appointment date should not exceed 30 days from receipt of the SCR.
 - Requests for medication refills, but the provider must determine if the offender needs to be evaluated or if clinical or laboratory monitoring is indicated.
 - Complaints evaluated by a provider within the prior 7 days. However, the provider must review the sick call request and document his/her clinical decision that the offender does not need to be seen.
 - More than one complaint for the same non-emergent/non-urgent condition, excluding preventive services, within 14 days that has not been physically examined must be scheduled for a nursing or provider sick call visit within 72 hours of receipt of the second

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SCR

- Offenders are not to be sent Written Responses in the form of a question. If additional information is required, the offender must be seen in person.

XII. An offender complaining of clinical signs or symptoms or specifically requesting to be seen for symptoms/complaints not permitted in the “Written Response” section (XI) in the SCR must be seen by a licensed healthcare worker within 72 hours of receipt of the SCR.

- For dental complaints, the sick call visit is to be a face-to-face or telehealth encounter performed by a nurse, medical/dental provider, or dental hygienist.
- For medical complaints, the sick call visit is to be a face to face or telehealth encounter performed by a nurse or medical provider.
- For mental health complaints, the sick call visit is to be a face to face or telehealth encounter performed by a nurse, QMHP, or medical provider.

XIII. When necessary, the offender is referred to a midlevel provider, physician, or dentist. The time frame for an appointment with a midlevel provider, physician, or dentist is based upon the acuity of the presenting symptoms but the offender must be seen within **10 business** days of receipt of the original SCR.

- Offenders referred to Dental Services by nursing sick call will be seen by a dentist within **10 business** days of the original complaint.
- Offenders referred to a medical provider by nursing sick call will be seen by a provider within **10 business** days of the original complaint.

XIV. If an offender reports to nursing sick call more than two times over a 14 day period with the same complaint and has not seen a midlevel provider or physician, he/she will receive an appointment to do so within 7 days.

XV. Offenders requesting or referred for mental health services will be interviewed within 72 hours of receipt of the SCR or notification by mental health staff, nurse, midlevel provider, or physician to determine urgency of need as follows:

- **Urgent Mental Health needs** – refer immediately to Qualified Mental Health Professional (QMHP).

Urgent complaints include but are not limited to risk of suicide or injury to self or others, acute distress or agitation and **certain** medication side effects.

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- **Non-urgent Mental Health needs** – refer to QMHP within 10 business days.
- **Request/complaint not mental health related** – refer patient to the appropriate department and follow-up on further requests or referrals.
- Offenders already on the Mental Health caseload need not be referred to a QMHP if other Mental Health Staff can resolve the offender’s issues.

XVI. Referrals for Mental Health Services from outside the health services department (i.e. security, chaplain, or educator) will be acted upon in the same manner as a Sick Call Request received from the offender.

XVII. If an offender reports to sick call for a mental health complaint more than two times over a 14 day period with the same complaint and has not seen a Qualified Mental Health Professional, he/she will receive an appointment to do so within 7 days.

Reference: ACA Standard 4-4346 Clinical Services
TDCJ Administrative Directive AD-06.07, Access to Health Services Occupations Code Title 3, Health Professions, Subtitle B. Physicians, Ch 157 Authority of Physician to Delegate Certain Medical Acts