

CORRECTIONAL HEALTH CARE REPORT[®]

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Coordinating Physical and Mental Health Care

By Kathryn A. Burns, M.D., M.P.H.

Correctional health care is a smaller, contained version of the larger American health care system. Physical health care is separate from behavioral health care and both are practiced independently of one another in spite of the general agreement that the provision of all health care should be holistic and address the needs of the patient in a comprehensive fashion.

With respect to corrections, jails and prisons have not been designed or built with inmate health care needs in mind. Often, the physical plant simply does not permit colocation of medical and mental health services. Medical clinics and services typically are located in or near an infirmary with satellite clinic space for sick call in areas where inmate movement is restricted so that services are brought to inmates rather than escorting inmates to the clinic. Treatment space required for mental health is different, requiring much less medical equipment and supplies but ample treatment rooms offering sound privacy for individual and group treatment interventions. (In fact, it could be dangerous to use medical offices for mental health appointments due to the potential dangerous misuse of medical equipment and supplies by inmates.)

The distinctive space, equipment, supplies, professional staffing levels, and treatment models has led to separate clinic locations within the prison or jail and, sometimes, two paper medical records per inmate—one for physical health care and the second for mental health care.

Records in this case are frequently then stored separately, to permit the respective staff easy and timely access for appointments and documentation. Occasionally, psychiatrist notes are copied into the medical file, but rarely are other mental health professionals' notes in the medical file. The medical file contains the physician orders and is generally made available for psychiatric appointments, though not always because if the inmate has a medical appointment scheduled for the same day, the medical file will be at the medical clinic and not available for use in the psychiatric clinic. (Loose orders and notes are saved to be filed in the medical record at a later time in hopes that eventually all documentation will make it into its intended folder and filed in the proper section and in chronological order.) While the adoption of an electronic health care record clearly will help solve some of these problems, it will not automatically ensure care coordination.

There has been discussion in the clinical literature of health care coordination, integrated care, and a "holistic" approach for a number of years. Health care reform outside the prison walls has breathed new life into the concepts of coordinated/integrated care, driven importantly by the expanded numbers of persons covered by insurance, comprehensive coverage with parity for treatment of medical and behavioral health

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Nursing Essentials

Medication Management in Correctional Settings

By Catherine M. Knox

The roles and responsibilities of correctional nurses for medication management are broader in scope than other practice settings. In health care settings many other professional and support personnel contribute to delivery of patient care. However in correctional facilities nurses are relied upon to deliver care without the availability of these other types of personnel. The result is that correctional nurses often work in professional isolation and may feel like they are in a foreign country (Muse, 2012). I think traveling in a foreign country is a good analogy for correctional nursing. Doing this well involves preparation by learning something about the sights to see, building skill using a little of the language, familiarizing yourself with the rules, particularly which side of the road people drive on and finding out how to avoid being robbed or harmed in some way. The thrill of correctional nursing, like the thrill of foreign travel, comes when you realize how much you are enjoying it, especially the independence of professional nursing practice in this field. Think of this article as part of a guidebook for your journey managing medication in correctional settings.

State law, rule and regulation

State law serves as the basis for nearly all of the practices and

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procedures involved in medication management. Most nurses are familiar with the nurse practice act in their state. If not, this is the place to start by reviewing it for definitions and references to medication. The nurse practice act will be especially helpful in describing the training and supervision requirements if non-licensed personnel, such as nursing assistants, administer medication at the correctional facility.

The pharmacy practice act is the most important resource to review. These laws will define how to obtain, store, dispense and account for medication which are often the responsibility of nurses when there is no pharmacist on site. Even if there is a pharmacist at the facility, being familiar with the law that governs their practice is helpful in understanding the recommendations pharmacists make about drug storage, packaging of medications and accountability.

The medical practice act provides important information about how a physician's order for medication is lawfully carried out. The medical practice act also has information about how medical assistants and paramedics work as well as the requirements for training and supervision which need to be followed if these personnel are involved in medication management.

This is not interesting reading but it does provide information that nurses can use in determining the responsibilities of

personnel for medication management. It also provides definitions and terminology to accurately communicate with the pharmacy that provides medication to the facility and with providers about implementation of orders. Finally, it provides nurses a basis to knowledgeably resist inappropriate requests to carry out

Correctional health professionals must familiarize themselves with the state laws governing their practice—especially nursing practice acts, medical practice acts, and pharmacy practice acts.

tasks that are inconsistent with state law made by custody and other personnel not familiar with health care laws.

Accreditation Standards

The National Commission on Correctional Health Care (NCCCHC) and the American Correctional Association (ACA) are organizations which accredit correctional facilities for providing services and programs consistent with national standards. The standards are also used by most correctional facilities in developing policy and practices even if accreditation is not sought. Both organi-

zations have standards related to medication management which are summarized in Figure 1. This list is a handy description of all the moving parts and pieces of medication management in correctional settings and nurses are involved in all of these components. This list can be used to review how medication management is handled at a facility and identify areas that may need attention.

Nursing standards

The American Nurses Association (ANA) has recognized correctional nursing as a specialized field of practice since 1995. The ANA publishes a reference that describes the scope and sets standards for the practice of correctional nurses. With regard to medication management the role and responsibility of correctional nurses is as follows:

1. To be knowledgeable of medications administered, including dosages, side effects, contraindications and food and drug allergies.
2. Practices with regard to medication management in the correctional setting meet the same standards as in the community. To do so nurses must be knowledgeable about state practice acts (as suggested earlier in this chapter).
3. Ensure that patients know what medications they are taking, the correct dosage and potential side effects.

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4. If patients are expected to take medications without supervision the nurse evaluates the patient's competence to self-manage and takes steps to protect those who are not competent to do so.
5. Work with custody staff so that patients receive medication in a timely and safe manner (ANA, 2013).

This overview makes me reflect on my first experience with medication management in correctional nursing. I was being oriented to administer medications on the evening shift at a maximum custody men's prison. A technician rolled a grocery cart filled with stock bottles of all kinds of medication out to me. The cart was full. In giving me the cart he said "You roll this along the tier and stop at every cell. Ask the inmates what meds they want. When you give them the medication then you record it on one of these index cards that has the medication listed at the top." I remember being shocked and asked the technician why they did it that way. He shrugged his shoulders and went on with his tasks. While this experience is pretty extreme you might use it to review against the ANA nursing standards of practice, the accreditation standards and state law that were reviewed in this post and identify the inconsistencies. Being knowledgeable about the standards and requirements for medication management prevents erosion of professional practice and ultimately protects patients from harm.

Going back to the travel analogy, knowing state law, the national standards for correctional facilities as well as the standards of practice for correctional nurses is like having a guidebook to review the sights to see in place you have selected to travel to. These become a reference point to plan so you can make the most of your time as well as an expectation for what will take place while on your journey.

Is medication management a troublesome area where you practice correctional nursing? Have you looked at the problem through the lens of applicable state law, corrections standards and the nursing practice standards? If so, what have you identified as the problem areas?

Figure 1: Standards for medication management in correctional facilities

	NCCHC	ACA
Applicable standards	C-05, D-01, D-02	4-4378, 4-4379
1.	Facility operates in compliance with state and federal laws regarding medications.	Similar
2.	There is a formulary and method to obtain non-formulary medication.	Similar
3.	Policy and procedures address how to procure, receive and account, dispense, distribute, store, administer and dispose medication.	Similar
4.	Medications are under control of appropriate staff and accounted for.	Secure storage and perpetual inventory of controlled substances, syringes and needles.
5.	Medication is only prescribed as clinically indicated after provider evaluation.	Similar
6.	Providers are notified of medication needing renewal prior to expiration.	Similar
7.	Staff are properly trained to administer or distribute medication.	Similar
8.	Inmates do not prepare, dispense, or administer medications. Self-carry medication programs are allowed.	
9.	There are no outdated, discontinued, or recalled medications at the facility.	
10.	If there is no on-site pharmacist, a consulting pharmacist is available for advice and makes inspections of the facility's medication program at least quarterly.	

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