

CHAPTER 4

Access to Primary Care

I. POLICY

The California Department of Corrections and Rehabilitation (CDCR) health care staff shall provide inmate-patients access to primary health care services.

II. PURPOSE

To ensure inmate-patients receive primary health care services based on medical necessity.

III. PROCEDURE

A. *General Requirements*

1. The CDCR Form 7362, Health Care Service Request, shall be available to inmate-patients in the housing units, clinics, Reception Centers, and/or from health care staff. The CDCR Form 7362 is a confidential medical document that shall be completed by inmate-patients and utilized by health care staff to assess the priority of the request, to document the nursing triage, and to document appropriate referrals.
2. Each institution shall have at least one locked box on each yard/facility designated for depositing the CDCR Form 7362 by inmate-patients.
3. If an inmate-patient is unable to complete a CDCR Form 7362, health care staff shall complete the form on behalf of the inmate-patient. Health care staff shall document the complaint, and reason the inmate-patient did not personally complete the form, and shall sign and date the CDCR Form 7362.
4. Translation services (including sign language) shall be available for inmate-patients, as necessary, via bilingual health care staff or by utilizing a certified interpretation service (i.e., AT&T Translation Services) when bilingual health care staff are unavailable. Each institution shall maintain a contract for certified interpretation services.
5. Each inmate-patient ducated for primary health care services shall be seen for his/her scheduled appointment in the clinic by the appropriate discipline. Primary health care services shall be available at least eight (8) hours per day, Monday through Friday, excluding holidays.
6. The clinic Registered Nurse (RN) or Medical Technical Assistant (MTA) shall make arrangements with the custody unit supervisor to have inmate-patients with urgent requests, as documented on the CDCR Form 7362, report to the clinic on their own or escorted to the clinic, if necessary for evaluation. If an inmate-patient is unable to walk, arrangements shall be made to have the inmate-patient transported to the clinic or Triage and Treatment Area (TTA) as appropriate.
7. Each clinic shall maintain a minimum staffing level of one RN, one MTA, and one Physician or Nurse Practitioner during the hours in which medical services are regularly provided.
8. Inmate-patients with life-threatening conditions shall receive immediate medical attention (Refer to Volume 4, *Urgent/Emergent Response*).

9. MTAs shall not make nursing assessments that exceed their scope of license, training or departmental policies.
10. A health care staff member shall maintain the Health Care Services Request, CDCR Form 7362 Tracking system.
11. The facility is responsible for developing a system to ensure that the CDCR Form 7362 and associated Nurse Encounter information is available to the PCP at the time of scheduled appointment with the inmate-patient.

B. CDCR Form 7362 Collection, Triage, and Distribution

1. Monday through Friday:
 - a. A health care staff member shall collect the CDCR Forms 7362 each day from the designated areas.
 - b. Upon receipt of the collected forms, an RN/MTA shall initial and date each CDCR Form 7362.
 - c. The CDCR Forms 7362 shall be delivered to the designated program representative in mental health services and/or dental services for same-day processing on business days (Monday through Friday).
 - d. If the CDCR Form 7362 requests services from more than one area, i.e., medical and dental, the RN/MTA reviewing the CDCR Form 7362 shall copy and forward it to the second requested service area. The original shall be forwarded to the first requested service area.
 - e. To ensure medication continuity, CDCR Forms 7362 requesting medication refills or renewals shall be reviewed by the licensed staff member assigned to medication distribution for follow-up. CDCR Forms 7362 requesting medication refills or renewals do not require a face-to-face nurse triage.
 - f. Each CDCR Form 7362 requesting medical services for symptoms shall be reviewed each day by the RN. The RN shall establish medical priorities on an emergent or non-emergent basis. If there is no RN in the clinic, the Director of Nursing, or designee, shall be notified to provide direction.
 - i. Inmate-patients with emergent health care needs shall be seen by an RN, mental health clinician, and/or dentist immediately to establish disposition.
 - ii. Inmate-patients with non-emergent medical needs shall be seen by an RN on the following business day for a face-to-face RN triage.
 - iii. Inmate-patients with non-emergent mental health or dental needs shall be seen in a time frame consistent with established program guidelines.
2. On weekends and holidays:
 - a. The TTA RN or designated RN shall review each CDCR Form 7362 for medical, dental, and mental health services; shall establish medical priorities on an emergent and non-emergent basis; and shall refer to the appropriate health care staff.
 - b. The RN shall contact the physician, mental health clinician, or dentist on call for inmate-patients identified with urgent or emergent conditions.
 - c. Inmate-patients with emergent health care needs shall be seen by an RN, mental health clinician, and/or dentist immediately to establish disposition.

- d. Inmate-patients with routine health care needs shall be seen by an RN for a face-to-face triage by the next business day.

C. Face-to-Face RN Triage

1. The RN triage line shall consist of the following inmate-patients:
 - Inmate-patients who have submitted a CDCR Form 7362 on which medical symptoms are reported and medical services are requested
 - Urgent walk-ins (Refer to Volume 4, *Urgent/Emergent Response*)
 - Custody staff referrals for medical services
2. The RN shall request the inmate-patient's Unit Health Record for scheduled face-to-face triage. The absence of the UHR shall not preclude access to care.
3. The face-to-face RN triage shall be documented on the applicable nurse encounter form or if none has been developed, on a CDCR Form 7230, Interdisciplinary Progress Record.

The RN shall document on the CDCR Form 7362 that a nurse encounter form has been completed or that a CDCR Form 7230 has been completed.

4. The RN shall record the following: nature and history of complaint, current medications, medication compliance, allergies, vital signs, weight, and other positive physical findings.

Documentation recorded on the CDCR Form 7362, Nurse encounter form, and/or CDCR Form 7230 shall be in Subjective, Objective, Assessment, Plan, Education (SOAPE) format. The CDCR Form 7362, Nurse encounter form, and CDCR Form 7230 shall be filed in the inmate-patient's Unit Health Record (UHR).

5. If the RN determines that a physician referral is necessary, the RN shall document the referral on the CDCR Form 7362 and shall indicate the time frame in which inmate-patient shall be seen by the physician [immediately (emergency); within 24 hours (urgent); within fourteen (14) calendar days (routine)].
6. If the inmate-patient is a "no-show" for the face-to-face RN triage the RN shall contact the housing unit supervisor to have the inmate-patient escorted to the clinic. If the inmate-patient refuses to be escorted to the clinic, custody staff shall notify the RN. The RN shall complete a CDCR Form 7230 (documenting the refusal) and a CDCR Form 7225, Refusal of Treatment. The RN shall also note the refusal in the Daily Clinic Appointment Log.
7. Inmate-patients shall be scheduled to see the PCP for the earliest possible appointment if: (1) the inmate-patient was educated to see the RN and a medical complaint or treatment is not within the RN's scope of practice or (2) this is the inmate-patient's third request for the same medical complaint following face-to-face triage by the RN.

D. Primary Care Provider Line

The physician line shall consist of but is not limited to the following inmate-patients:

- Triaged and referred by the RN
- Seen during off hours in the TTA by a physician or RN
- Returning for follow-up appointments, as ordered by the physician
- Returning from out to medical

- Referred by the Receiving and Release RN
- Returning for diagnostic test results
- Returning from Specialty Service appointment or every 30 days until Specialty Service appointment is completed
- Chronic Care appointments
- High-Risk appointments (by qualified high-risk providers only)

E. Medical Appointments

1. Priority health care ducat lists for routine appointments shall be prepared by the health care staff no later than one (1) day prior to the scheduled visit. Inmate-patients scheduled for routine appointments shall be ducated at designated intervals. Inmate-patients shall receive the priority health care ducat prior to their scheduled appointment and shall arrive at the clinic at the specified time as indicated on the priority health care ducat. (Refer to Volume 4, *Priority Health Care Ducat Utilization*).
2. Medical interviews shall be conducted in a confidential manner, subject to security concerns.
3. If an inmate-patient is a "no show" for a physician visit, the MTA or RN shall contact the housing unit supervisor to ascertain the reason for the "no show" and record in the UHR the reason given. The RN or MTA shall contact the PCP who shall determine, as clinically indicated, when the inmate-patient shall be rescheduled. If the PCP determines that the inmate-patient does not need to be rescheduled for a physician visit, the PCP shall document the reason on a CDCR Form 7230. The CDCR Form 7230 shall be filed in the UHR. If the inmate-patient refuses the physician visit, the RN or MTA shall complete a CDCR Form 7230 (documenting the refusal) and a CDCR Form 7225, Refusal of Treatment.
4. Physician requests to cancel clinic sessions or individual medical appointments shall only be canceled with the approval of the Health Care Manager (HCM) or Chief Medical Officer (CMO).
5. A list of UHRs necessary for routine appointments shall be generated from the clinics. Clinic staff shall forward the list to Health Record Services one (1) day prior to scheduled appointments. The UHR shall be available when the inmate-patient is seen except in exceptional circumstances.
6. Clinics shall continue to provide services during alarms/incidents not occurring on the clinics yard. For alarms/incidents occurring on the clinic yard, inmate movement shall be frozen until the alarm is cleared. However, clinicians shall continue to see inmate-patients who are currently in the clinic. Any closure or cancellation of scheduled appointments in a clinic requires the approval of the HCM or CMO.

F. Female Health Care Visits

Each female medical visit, which requires an examination by a male health care provider, shall be attended by a female licensed health care staff person including Certified Nursing Assistants (CNA). The female licensed health care staff shall be present for the duration of the medical visit and is required to be present regardless of whether an unclothed examination is necessary. If clinical assistance with the examination is

required by the licensed female health care staff member, she shall be appropriately licensed as indicated. The licensed female health care staff member shall be identified by name by the health care provider in the medical record (i.e., “examination performed in the presence of _____”).

G. Lockdown

1. During a facility or prison lockdown, the clinic RN/MTA staff shall coordinate with custody staff to facilitate continuity of care. Custody personnel shall escort inmate-patients to scheduled clinic appointments; lockdown shall not prevent the completion of scheduled medical appointments.
2. In facilities/housing units on lockdown status, a system shall be maintained to provide inmate-patient access to health care services. Access to health care services shall be accomplished via daily cell front rounds by health care staff for the collection of the CDCR Forms 7362. The rounds and collection of the CDCR Forms 7362 shall be documented in the housing unit logbook.
3. Inmate-patients in Restricted Housing Units (RHU) (i.e., Administrative Segregation, Security Housing, Psychiatric Services, Protective Housing), shall have access to CDCR Forms 7362. The inmate-patients shall be provided a method for depositing the CDCR Form 7362 in the locked box for daily pick up by health care staff or the CDCR Forms 7362 shall be collected by the RN/MTA/Licensed Psychiatric Technician (LPT) during the daily rounds in the RHU. The MTA/RN/LPT shall document the rounds in the CDCR Form 114, Isolation Log Book, and the MTA/RN/LPT shall sign in and sign out, noting the time in the logbook.
4. Inmate-patients with clinical symptoms shall be seen the next business day in an appropriate medical setting for face-to-face triage.