ldaho Department of	Standard	Control Number: 401.06.03.051	Version: 2.0	Page Number: 1 of 4
Correction	Operating Procedure			Adopted: 2-13-2008
THE OF O	Division of Education and Treatment	Title: Management of Chronic Disease		Reviewed: 3-31-2008
	Operational Services			

This document was approved by Dr. Mary Perrien, chief of the Division of Education and Treatment, on 3/31/08 (signature on file).

BOARD OF CORRECTION IDAPA RULE NUMBER 401

Medical Care

POLICY STATEMENT NUMBER 401

Hospitalization, Institutional Clinical Services, and Treatment

POLICY DOCUMENT NUMBER 401

Hospitalization, Institutional Clinical Services, and Treatment

DEFINITIONS

Standardized Definitions List

Chronic Disease: An illness or condition that (1) affects an individual's well-being for an extended interval, usually at least six months, and (2) is generally not curable but can be managed to provide optimum functioning within any limitations the condition imposes on the individual.

Chronic Disease Program: A program that consists of regular clinic visits that incorporate a treatment plan in which a licensed medical provider monitors the patient's progress during clinic visits and, when necessary, changes the treatment. The program also includes patient education for symptom management.

Clinical Practice Guideline: A systematically developed, science-based statement designed to assist the practitioner and patient with decisions about appropriate health care for specific clinical circumstances.

Contract Medical Provider: A private company under contract with the Department to provide comprehensive medical, dental, and/or mental health services to the incarcerated offender population. A contract medical provider may include private prison companies and other entities under contract with the Department to operate the Idaho Correctional Center (ICC) and other out-of-state facilities housing Department offenders.

Facility Health Authority: The contract medical provider employee who is primarily responsible for overseeing the delivery of medical services in an Idaho Department of Correction (IDOC) facility.

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Health Authority: The Department employee who is primarily responsible for overseeing or managing the Department's medical and mental health services. The health authority is commonly referred to as the health services director.

National Clinical Practice Guideline: Guidelines presented by the national professional organizations accepted by experts in the respective medical field.

Treatment Plan: A series of written statements specifying a patient's particular course of therapy and the roles of qualified healthcare professionals in carrying it out.

PURPOSE

The purpose of this standard operating procedure (SOP) is to establish a program to identify patients with chronic diseases, with the goal of decreasing the frequency and severity of symptoms, including preventing disease progression and fostering improvement in function.

SCOPE

This SOP applies to all Idaho Department of Correction (IDOC) employees, offenders, contract medical providers and subcontractors.

RESPONSIBILITY

Health Authority

The health authority is responsible for:

- Monitoring and overseeing all aspects of healthcare services,
- The implementation and continued practice of the provisions contained in this SOP, and
- Mandating the use of specific clinical practice guidelines.

Note: When services are privatized, the health authority will also be responsible for reviewing and approving (prior to implementation) all national clinical practice guidelines.

Contract Medical Provider

When services are privatized, the contract medical provider is responsible for:

- Implementing and practicing all provisions of this SOP, unless specifically exempted by written contractual agreements;
- Ensuring their medical director establishes clinical protocols consistent with national clinical practice guidelines promulgated by experts in the field; and
- Submitting each clinical practice guideline to the health authority for review and approval prior to implementation.

In addition, the contract medical provider will ensure that the processes are conducted in accordance with National Commission on Correctional Health Care (NCCHC) standard P-G-02, *Management of Chronic Disease*, and any additional requirements stated in this SOP or included in their respective contractual agreement(s).

Note: Nothing in this SOP shall be construed to relieve the contract medical provider(s) of any obligation and/or responsibility stipulated in respective contractual agreements.

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Facility Medical Director

The facility medical director will be responsible for:

- Establishing clinical protocols consistent with approved national clinical practice guidelines,
- Supervising all qualified healthcare professionals who utilize the protocols,
- Ensuring all practices are consistent with written guidelines, and
- Annually approving chronic disease protocols.

Facility Health Authority

The facility health authority will be responsible for:

- Establishing and monitoring a system to ensure continuity of medications for chronic diseases;
- Establishing and monitoring procedures to ensure that documentation in the medical record confirms that qualified healthcare professionals are following chronic disease protocols (when clinically indicated, the facility health authority must ensure deviation from the protocols are explained in the medical record);
- Maintaining a current list of chronically ill patients, and providing the list to the health authority upon request; and
- In conjunction with the facility medical director, ensuring the presence and functionality of all resources necessary to support the chronic disease program are available.

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GENERAL REQUIREMENTS

1. Monitoring Patients who have Chronic Illnesses or Diseases

The responsible licensed medical provider shall monitor patients who have a chronic illness or disease at regular intervals to assure continuity and quality of care. Included among chronically ill patients are, but not limited to, the following: asthma/respiratory, diabetes, high blood cholesterol, human immunodeficiency virus (HIV), hypertension, seizure disorder, and tuberculosis (TB).

A written treatment plan will be developed by a licensed medical provider at the time the condition is identified, updated when warranted, and will include, at a minimum:

- Medication:
- The type and frequency of diagnostic testing and therapeutic regimens;
- The frequency of follow-up for medical evaluation and adjustment of treatment modality;

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- Diet and exercise, when appropriate; and
- Adaptation to the correctional environment.

2. Compliance

Compliance with this SOP and all related Department-approved protocols will be monitored by the health authority (or designee) by using various sources to include: this SOP, clinical practice guidelines, routine reports, program reviews, and record reviews.

REFERENCES

National Commission on Correctional Health Care (NCCHC), Standard P-G-02, Management of Chronic Disease

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