HEALTH SERVICES BULLETIN NO**: 15.03.05**

SUBJECT: CHRONIC ILLNESS MONITORING AND CLINIC ESTABLISHMENT GUIDELINES

EFFECTIVE DATE: 03/05/2021

I. PURPOSE:

The purpose of this health services bulletin is to provide guidance to institutional health services personnel in the areas of chronic illness monitoring and clinic establishment guidelines.

NOTE: For the purposes of this health services bulletin, clinician refers to physician or clinical associate (Physician Assistant or Advanced Registered Nurse Practitioner).

These standards and responsibilities apply to both Department staff and Comprehensive Health Care Contractor (CHCC) staff.

II. CHRONIC ILLNESS CLINIC ESTABLISHMENT GUIDELINES:

A. Patients shall be assigned to one or more of the following chronic illness clinics according to diagnoses:

1.	Respiratory	RC
2.	Endocrine	EC
3.	Miscellaneous	MC
4.	Cardiovascular	CC
5.	Tuberculosis	TC
6.	Immunity /340B Program	IC/340B
7.	Neurology	NC
8.	Gastrointestinal	GC
9.	Oncology	OC

B. A current list of all patients in the Chronic Illness Clinics shall be maintained on OBIS-HS and routinely printed through report #GHS-19 and/or GHS-19A.

C. When a chronic illness is diagnosed at the initial physical exam or at the institutional level, the clinician will order the appropriate baseline labs or diagnostic exams, appropriate medications and for the chronic illness clinic to be started. The order should include the timeframe for the CIC to be scheduled, not to exceed 30 days. The initial/baseline chronic illness clinic can be completed at the inmate's permanent institution upon arrival or at the reception center. There shall be documentation that old records have been requested if indicated by the history. The new diagnosis will be added to the DC4-730 Problem List.

D. The assignment of health grades shall occur according to HSB 15.03.13 Assignment of Health Classification Grades to Inmates utilizing DC4-706 Health Services Profile. All inmates in a Chronic Illness Clinic will be classified as a medical grade M-2 at minimum if medical condition is stable. Exception: an inmate in Immunity Clinic (IC) will be assigned a grade of M-3 at baseline. Refer to HSB 15.03.05 Appendix #6 for further discussion on IC medical grading.

E. Patients in the Chronic Illness Clinics shall be seen as often as the clinician determines necessary or according to clinic established guidelines, but not to exceed intervals of 365 days. The exception to this will be HIV+ inmates, who are stable as documented by the clinician, may be seen up to six months. Inmates who have been on antiretroviral treatment for a minimum of 2 years and have been deemed clinically stable, may be downgraded to Medical Grade 2 with the clarification that they will remain at a 340B facility.

F. The Institutional Chief Health Officer/ Medical Director shall be responsible for the operation of the Chronic Illness Clinics.

G. The initial clinic visit shall include baseline data documented on the appropriate DC4-770 series. The DC4-770 series includes the Clinic Flow Sheet(s) and the Baseline History and Procedures. The initial clinic shall also include documentation in narrative form on the DC4-701F, "*Chronic Illness Clinic*". Baseline data that is not available at the initial visit shall be documented once the data is available on the previously documented DC4-770, "*Series Baseline History and Procedures*".

The current medical record volume shall contain the last four narratives, DC4-701F, and the corresponding DC4-770 series flow sheet(s) and Baseline History and Procedures, at all times. There also must be entries on the GH08 and the GH10 screens in the OBIS-HS system. See Section IV for list of relevant forms and documents.

H. When the Chronic Illness Clinic visit is entered on OBIS-HS, the computer can be set to automatically create the next required appointment. The next computer appointment date can be adjusted as appropriate to meet the patient's needs. If a patient in a Chronic Illness Clinic is transferred to another institution, she/he must be seen at the receiving institution within the previously established time- frame.

I. Findings from each clinic visit must be documented in the health record on the specified forms and reflect the medical information reviewed and evaluated at the time of the clinical encounter. At each chronic clinic visit there shall be a clinical evaluation as to the CONTROL OF THE DISEASE (GOOD, FAIR or POOR) and to

the STATUS OF THE PATIENT since the previous chronic clinic visit (IMPROVED, UNCHANGED, or WORSENED).

J. Each Chronic Illness Clinic encounter shall be entered on the GH08 OBIS screen.

K. The Chronic Illness Clinic visits shall be combined for patients who have multiple diagnoses. For example, a diabetic patient who is also asthmatic may be seen in one encounter for both problems. For patients seen on a particular visit with multiple chronic illnesses, the physician or appropriate health care provider shall complete the specific flow sheet for each chronic illness clinic and shall document in narrative form on one DC4-701F.

L. Patients who meet the criteria for inclusion in multiple clinics shall be enrolled in all appropriate clinics.

M. The patient's profile shall be reviewed and updated at the initial and all subsequent Chronic Illness Clinic visits as appropriate.

N. The DC4-730, Problem List will be reviewed at each clinic and updated as indicated by assessment of on-going medical conditions.

O. The 340B Program is a Department of Health program. The inmate is evaluated and treated by DOH staff. The institutional clinician providing primary care will review DOH Clinician's notes and document recommendations on the DC4-701, Chronological Record of Health Care. Clerical aspects of the program (e.g., inmate callout, lab results available on day of appointment, availability of inmate's medical record, etc.) are the responsibility of the medical staff. For more information on this program and the role of the nursing staff, please see the Nursing Manual.

III. CHRONIC ILLNESS MONITORING:

The attached protocols (see appendices 1 through 9) shall be considered the minimum to be followed in terms of physical examination and laboratory follow-up. Any patient who is not medically stable shall be seen and evaluated at more frequent intervals as conditions require.

IV. GENERAL:

A. Patients in Chronic Illness Clinics shall receive health education relating to their illness and such education shall be documented on the appropriate Clinic Flow Sheet (DC4-770 series). Health education conducted shall be entered on the encounter form and the data entered on the second page of the GH08 OBIS screen.

B. Tuberculosis Clinic exception: Nurses shall follow patients in the Tuberculosis Clinic on a monthly basis and document such on the "*Tuberculosis/INH Treatment for Latent Tuberculosis Infection Follow-up Visit*," DC4-719. Patients in the Tuberculosis Clinic for prophylaxis with no other chronic illness shall be seen by the clinician for an initial clinic visit, as referred by the nurse, and for a final clinic visit at the completion of the period of prophylaxis. Those patients being followed in the Tuberculosis Clinic, while being treated for active tuberculosis, shall be followed at intervals ordered by the clinician, as well as being followed by the nurse on a monthly basis. All clinician visits shall be documented in narrative form on the DC4-701F and entered in OBIS-HS.

C. Patients who have not been screened or previously refused to be screened for Hepatitis C will be educated at each visit in accordance with HSB 15.03.09 Supplement 3, Management of Hepatitis C. Education will be documented on the DC4-701F. Screening will be scheduled as indicated and refusals will be documented on the DC4-711A, Refusal of Healthcare Services form.

IV. RELEVANT FORMS AND DOCUMENTS:

A. DC4-701F *Chronic Illness Clinic*
B. DC4-719, *Tuberculosis/INH Treatment for Latent Tuberculosis Infection Follow-up Visit*
C. DC4-730, *Problem List*
D. DC4-770A *Respiratory (RC) Clinic Flow Sheet*
E. DC4-770AA, *Respiratory Baseline History and Procedures*
F. DC4-770B *Endocrine (EC) Clinic Flow Sheet*
G. DC4-770BB, *Endocrine Baseline History and Procedures*
H. DC4-770C *Miscellaneous (MC) Clinic Flow Sheet*
I. DC4-770CC, *Miscellaneous Baseline History and Procedures*
J. DC4-770D *Cardiovascular (CC) Clinic Flow Sheet*
K. DC4-770DD, *Cardiovascular Baseline History and Procedures*
L. DC4-770F *Neurology (NC) Clinic Flow Sheet*
M. DC4-770FF, *Neurology Baseline History and Procedures*
N. DC4-770G *Gastrointestinal (GC) Clinic Flow Sheet*
O. DC4-770GG, *Gastrointestinal Baseline History and Procedures*
P. DC4-770H *Oncology (OC) Clinic Flow Sheet*
Q. DC4-770HH, *Oncology Baseline History and Procedures*
R. DC4-770K *Immunity (IC) Clinic Flow Sheet*
S. DC4-770KK, *Immunity Baseline History and Procedures*
T. DOH-340B, *Immunity Medical Assessment & Examination Form*

U. Appendix #1 Respiratory Clinic (RC)

V. Appendix #2 Endocrine Clinic (EC)
W. Appendix #3 Miscellaneous Clinic (MC)
X. Appendix #4 Cardiovascular Clinic (CC)
Y. Appendix #5 Tuberculosis Clinic (TC)
Z. Appendix #6 Immunity Clinic (IC)
AA. Appendix #7 Neurology Clinic (NC)
BB. Appendix #8 Gastrointestinal Clinic (GC) Non-Hepatitis Conditions
CC. Appendix 8-1 Gastrointestinal Clinic, Hepatitis B (acute and chronic)
DD. Appendix 8-2 Gastrointestinal Clinic, Viral Hepatitis
EE. Appendix #9 Oncology Clinic (OC)

Health Services Director Date

This Health Services Bulletin Supersedes: HSOI No. 87-01 dated February 5, 1987, HSOI No. 87-09 dated June 26, 1987, HSB No. 87-15 dated December 24, 1987, HSB 15.03.05 dated 4/1/88, 5/2/88, 12/11/88, 8/6/92, 2/22/95, 6/23/95, 4/16/96, 10/17/97, 8/24/98, 1/2/01, 02/19/04, 04/1/08, 08/27/12, 8/27/14, 07/07/2015, AND 07/31/2019