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Scott Crow, Director Oklahoma Department of Corrections	Signature on File		

Organizational Responsibility of Health Services

I. Chief Medical Officer

The chief Medical Officer (CMO) is responsible for administration of the Health Services program of the Oklahoma Department of Corrections (ODOC). (2-CO-4E-01) The chief Medical Officer develops medical standards, establishes goals, coordinates all medical services, develops standardized procedures and supervises medical services.

The CMO will annually review policies, procedures, programs, goals and objectives in the health care delivery system. Revisions and program changes are updated and implemented as needed. (5-ACI-6D-08, 5-ACI-6D-09, 5-ACI-6D-10)

A. Health Services Program

1. The Health Services program includes staff within the Health Services administrative offices and medical and dental care professionals in each correctional facility.
2. In clinical matters, medical care personnel will be responsible to the regional supervising physician and the CMO. Dental personnel will be responsible to the chief Dental Officer (CDO) and the CMO. A medical provider will direct medical services at each facility. The regional supervising physician will provide clinical oversight of the medical providers within the region. The chief Dental Officer will provide clinical oversight of dentists, dental hygienists and dental assistants. The medical and dental provider will make clinical decisions regarding services and the treatment of inmates.
3. The regional supervising physician, CMO, and CDO will coordinate hiring, termination, and performance management of medical services personnel, to include medical providers and dentists, in correctional facilities. Nursing staff and laboratory technicians employment and supervision is coordinated through the facility nurse manager, regional

nurse manager, administrator of Nursing and the CMO. The CMO, CDO, and the administrator of Nursing, in consultation with the facility head, will make final decisions.

4. Each facility will use a staffing analysis, developed by health services, to determine the essential positions needed to perform the Health Services mission and provide the defined scope of services. The staffing plan will be reviewed annually by the health authority to determine if the number and type of staff is adequate. (5-ACI-6D-04)

B. Provision of Medical Services

1. All medical and dental services involving medical judgement are the sole province of the responsible physician or dentist and are not countermanded by non-clinicians. (5-ACI-6B-02M) Security regulations applicable to facility personnel will be applicable to medical services personnel.
2. Provision of health care will be a joint effort of facility administrators and medical and dental care providers, which will be accomplished in a manner that ensures appropriate health care for inmates in a manner that best utilizes available state resources in accordance with Section I. A. item 2. of this procedure.

II. Health Care Authority (5-ACI-6B-01M, 4-ACRS-4C-02)

The health care authority may be either a physician or correctional health services administrator (CHSA). At community corrections centers, the health care authority may be a nursing manager. When the authority is other than a physician, final medical judgments rest with the supervising physician for a mid-level provider. The health care authority will establish a mission statement defining the scope of services and identify the type of health care providers needed to provide the determined scope of services. (5-ACI-6B-01M b#1) The CHSA will be supervised by the facility head at their assigned facility.

The scope of responsibility of the health care authority will include:

- A. Maintaining procedures for the delivery of health care and provisions of medical services; ensuring accessibility to all medical staff. Community corrections center administrative personnel and the CHSA or designee will jointly be responsible for maintaining the medical services resource manual; 5-ACI-6B-01M b#3)
- B. Developing written agreements, contracts or job descriptions prior to the employment of medical services personnel and arranging for all levels of medical care; (5-ACI-6B-01M b#2)
- C. Arranging for the availability of medical care services and ensuring the quality of medical care and inmate access to all medical services; (5-ACI-

6B-01M b#5)

- D. Providing the administrative support for accessibility of services to inmates and determining and arranging for the provision of adequate supplies, space, security, equipment, and transportation as needed; (5-ACI-6B-01M, b# 2, b# 4)
- E. Coordinating provision of the following:
 - 1. Medical;
 - 2. Dental;
 - 3. Nursing, to include:
 - (a) Nurse competency verification; and
 - (b) Certified medication aide competency verification;
 - 4. Personal hygiene instruction;
 - 5. Clinical dietary services;
 - 6. Training on agency policies, procedures and protocols;
 - 7. Safety and sanitation standards;
 - 8. Health education;
 - 9. Maintenance and management of medical records; (4-ACRS-4C-23)
 - 10. Required reports and information; and
 - 11. A quality management program in accordance with [OP-140139](#) entitled "Performance Improvement Program" and MSRM 140139-01 entitled "Procedure for Implementation of Performance Improvement Program." (5-ACI-6B-01M b#6)
- F. Meeting with the facility head at least quarterly, submitting quarterly reports and annual statistical summaries on the health care delivery system and health environment and submitting and implementing plans to address issues raised on the performance improvement audits. (5-ACI-6D-01, 5-ACI-6D-09) Reports will include:
 - 1. Referrals to specialists;
 - 2. Prescriptions written;

3. Laboratory and x-ray tests completed;
4. Infirmary admissions (if applicable);
5. Onsite or off-site hospital admissions;
6. Serious injuries or illnesses;
7. Deaths; and
8. Off-site transports.

G. Establishing systems for the coordination of care among multidisciplinary health care providers; and (5-ACI-6B-01M b#3, b#5)

H. Ensuring medical services personnel are fully informed of current security measures.

III. Dental Authority

Under the supervision of the CMO, the chief dental authority will be the CDO.

IV. References

Policy Statement P-140100 entitled "Inmate Medical, Mental Health and Dental Care"

OP-140139 entitled "Performance Improvement Program"

MSRM 140139-01 entitled "Procedure for Implementation of Performance Improvement Program"

V. Action

The chief Medical Officer and medical services administrator are responsible for compliance with this procedure.

The chief Medical Officer is responsible for the annual review and revisions.

Any exceptions to this procedure will require prior written approval from the agency director.

This procedure is effective as indicated.

Replaced: OP-140101 entitled "Organizational Responsibility of Medical Services" dated September 24, 2020

Distribution: Policy and Operations Manual

Agency Website