

	State of Indiana Indiana Department of Correction	Effective Date 4/1/2022	Page 1 of 3	Number 1.10A
HEALTH CARE SERVICES DIRECTIVE-ADULT Manual of Policies and Procedures				

Title MEDICAL AUTONOMY

Legal References (includes but is not limited to) IC 11-8-2-5	Related Policies/Procedures (includes but is not limited to) 01-02-101	Other References (includes but is not limited to) National Correctional Health Services Standards
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I. PURPOSE:

This Health Care Services Directive (HCSD) ensures clinical decisions are made for clinical purposes without interference from other personnel.

II. DEFINITION:

CASE PLAN CREDIT TIME (CPCT): CPCT is an earned credit time cut structure that is driven by the needs indicated in the Indiana Risk Assessment System (IRAS) and incentivized through the individual case plan to provide each individual the opportunity to earn the maximum credit time as allowed by law.

III. GUIDELINES:

A. Health Services Division

Clinical decisions are the sole province of the responsible clinician and are not countermanded by non-clinicians. This responsibility is subordinate to no other Department responsibilities, although it is not superior to custodial needs. Appropriate Health Services cannot be provided in a vacuum; decisions regarding delivery of Health Services interact and interrelate with other decisions regarding management of correctional facilities.

The provision of Health Services is a joint effort of Facility Administrators and Health Services Staff and can be achieved only through mutual trust and cooperation. The Health Services Administrator (HSA) arranges for the availability of health services; the responsible clinician determines what services are needed; the facility's operations staff provide the administrative and Custody support for making the services accessible to incarcerated individuals and the Unit Team staff work collaboratively with

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clinicians to hold incarcerated individuals accountable for identified treatment goals through the Case Plan Credit Time process;

B. Health Services and Operations

Clinical decisions and their implementation must be completed in an effective and safe manner. Decisions regarding delivery of health services must be coordinated with operations and administrative staff. However, determining patient needs, access to Health Services, diagnostic requirements, and treatments/interventions to be provided remain within the province of authority of Health Services staff. Personnel who are not health care professionals employed within Health Services are not permitted to make decisions regarding incarcerated individual's health services management and may not deliver or order health care interventions. This decision making is reserved to licensed Health Services staff.

It is the responsibility of the HSA assigned to each facility to ensure that proper coordination is maintained between the Health Services unit and the Custody staff assigned to moving patients to and from Health Services and other treatment areas. Custody and Unit Team staff must support the implementation of clinical decisions. Custody, Unit Team and Health Services staff shall work together, recognizing that the interests of the patients and the facility are well served when health care is delivered in a professional and appropriate fashion.

The Department has determined that it will comply with Health Services standards established by the national correctional accrediting organization. In accordance with these standards and with various federal court requirements, security restrictions that would interfere with provision of necessary health services shall not be placed on staff physicians or other qualified health care professionals providing services within Department facilities. At the same time, Health Services staff is subject to the same security regulations as other facility employees. Operations and Health Services personnel are expected to resolve conflicts when they arise.

C. Conflicts Between Health Services and Operations

If a physician or other qualified health professional provides an order that is in direct conflict with a security directive, the Health Services employee shall be requested to review both the order and the directive. When possible and appropriate, the Health Services employee is expected to modify their order in a way that will comply with the security directive but will not negatively impact the patient's health. If this is not possible, the Health Services employee shall consult directly with the local Health Services and

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Operations administrative staff and attempt to work out a mutually acceptable treatment plan.

If this cannot be accomplished, consultation with the Chief Medical Officer (CMO), the Health Services Division's appropriate Executive Directors , as well as other appropriate parties shall be sought. If delay of the ordered service will result in a significant negative impact upon the patient's health, the physician or qualified health care professional's order must be followed without undue delay even if this precedes the previously described consultation. This will ensure the delivery of needed Health Services and also the cooperation that is required within all facilities.

III. APPLICABILITY:

This Health Care Services Directive is applicable to all facilities providing health services to incarcerated adults.

signature on file

Kristen Dauss, MD
Chief Medical Officer

Date