



**HEALTH CARE SERVICES
DIRECTIVE-ADULT
Manual of Policies and Procedures**

Title

ANNUAL HEALTH SCREEN

Legal References (includes but is not limited to) Indiana Code:	Related Policies/Procedures (includes but is not limited to)	Other References (includes but is not limited to)
11-8-2-5 11-8-5-2 11-10-1-2 11-10-2-4 11-10-3-1 11-10-8-2 11-10-8-5 11-10-9-2 11-11-5-4 11-11-6-2	01-02-101	ACA Health Care Standards

I. PURPOSE:

This Health Care Services Directive (HCSD) provides Health Services staff with information and guidelines regarding the annual screening of patients within the Department.

II. ALL PATIENTS:

Annually each health record shall be briefly reviewed and the patient interviewed and screened. This review shall be timed to coincide (approximately) with the patient's birthday. If the patient arrived and was fully screened at an Intake Unit during the previous three (3) months, the annual screen may be deferred one (1) year or at the Chief Medical Officer's (CMO) discretion. The "Medical Birthday Report," in the offender information system may be used to identify patients who are due for an annual health screen.

The review shall be performed by a Registered Nurse (RN) or a Licensed Practical Nurse (LPN) directly supervised by a RN. During the review and screening, the following shall be accomplished:

1. Determine whether chronic or serious illness or conditions are present and determine if appropriate interventions have been provided during the previous year. Additional services as necessary shall be scheduled;
2. The Suicide Risk Assessment shall be completed in the Intake template of the EMR
3. Determine which age-appropriate interventions need to be offered in accordance with HCSD 2.09, "Age Appropriate Interventions," and offer or schedule those interventions;

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4. Provide appropriate tuberculosis screening based upon the patient's history, status, and the requirements of the Department's Tuberculosis Prevention and Control Manual;
5. Obtain a brief history of current or recent symptoms suggestive of an active serious illness;
6. Obtain vital signs;
7. Review and update the physical health, behavioral health, and disability status codes, if indicated; and,
8. Determine and document whether the patient is physically capable of performing kitchen work.
9. Ensure there is a completed Clinical Review Form with identified treatment goals for patients with chronic physical health conditions and/or behavioral health codes other than "A." Patients incarcerated prior to January 1, 2022 must opt into the Case Plan Credit Time (CPCT) process. All patients incarcerated on or after January 1, 2022 will automatically be enrolled in the CPCT process. Each patient with identified CPCT goals on a Clinical Review Form must have a review of their progress toward goals completed annually.
10. It is recommended that State Form 46729 "Authorization To Release/ Request Information" along with State Form 55317 "Indiana Physician Orders for Scope of Treatment." These forms shall be documented into the EMR upon completion by the patient. Education shall be provided that the form is valid for a period of 365 days unless revoked by the patient.

III. FEMALE PATIENTS ONLY:

A. Breast Cancer Screening

Patients aged 50 to 74, will receive biennial (every two [2] years) screening mammography.

The decision to start regular, biennial screening mammography before the age of 50 years should be considered, case-by-case, based on the patient's individual risk factors and medical history.

Screening mammography is not recommended for patients over age 75 years or older.

An annual clinical breast exam and teaching breast self-examination is not mandatory but is highly recommended. This may be accomplished by a trained female that is qualified to teach breast self-examination, with a third female medical staff present. A clinical breast exam should be performed when the patient has breast-related symptoms.

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B. Cervical Cancer Screening

The following recommendations apply to women who have a cervix regardless of sexual history. These recommendations do not apply to women who have received a diagnosis of a high-grade precancerous cervical lesion or cervical cancer, women with in-utero exposure to diethylstilbestrol, or women who are immunocompromised (e.g., HIV positive).

For patients aged 21 to 65 screening for cervical cancer with cytology (Pap smear) shall be provided every three (3) years.

Routine cervical cancer screening shall not be done in patients younger than age 21 years, unless the patient has a history of previous abnormal cervical cytology/histology. Screening women younger than age 21 years (regardless of sexual history) with no prior history of abnormal cervical cytology/histology does not reduce cervical cancer incidence and mortality compared with beginning screening at age 21 years.

Patients older than age 65 shall not be screened for cervical cancer if they have had adequate prior screening and are not otherwise at high risk for cervical cancer. Adequate prior screening means three (3) normal Pap tests in a row or two normal human papillomavirus (HPV) tests in a row within the last ten (10) years. The most recent Pap/HPV test must be within the past five (5) years. Screening may be clinically indicated in older women with an inadequate or unknown screening history. Data suggests that ¼ of women aged 45 to 64 years have not been screened for cervical cancer in the preceding 3 years. In particular, women with limited access to care, women from racial/ethnic minority groups, and from countries where screening is not readily available may be less likely to meet criteria for adequate prior screening.

Cervical cancer screening shall not be done for patients who have had a hysterectomy with removal of the cervix and who do not have a history of high grade precancerous lesion (i.e., cervical intraepithelial neoplasia [CIN] grade 2 or 3 or cervical cancer).

All patients age 21 years and older with an ASCUS cervical cytological result shall receive appropriate clinical follow-up. All adult women age 21 years and older with a high-grade squamous intraepithelial lesion (HSIL) cervical cytological result shall have a colposcopy with endocervical curettage (ECC) or LEEP. All women age 21 years or older with a low-grade squamous intraepithelial lesion (LSIL) cervical cytological result shall have a colposcopy.

C. Osteoporosis

Bone mineral testing shall be offered to patients aged 65 and older. Patient education shall be provided as well.

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Screening for patients, age 60 to 64 shall be conducted on a case-by-case basis if the patient has risk factors for osteoporosis or osteoporotic fracture (e.g., Asian race, low body weight, history of fragility fracture, fracture after age 50, estrogen deficiency at an early age [<45 years] etc.) if the patient has a medical condition associated with increased risk of osteoporosis, or if the patient is taking medication associated with reduced bone mineral density

Repeat bone mineral testing shall be provided at the provider's discretion based on the patient's medical history and fracture risk assessment. Bone mineral testing should not be repeated for at least two (2) years. Intervals longer than two (2) years may be adequate to identify new cases of osteoporosis.

Medical management for the prevention or treatment of osteoporosis shall be provided when clinically indicated.

D. Contraception and STI Education

All women are provided an opportunity for education on contraceptive choices and the importance of condom use and the prevention of STIs and pregnancy prevention and planning.

III. APPLICABILITY:

This HCSD is applicable to all facilities providing health services to incarcerated adults.

signature on file

Kristen Dauss, MD
Chief Medical Officer

Date