

**UNIVERSITY OF CONNECTICUT HEALTH CENTER
CORRECTIONAL MANAGED HEALTH CARE
POLICY AND PROCEDURES
FOR USE WITHIN THE CONNECTICUT DEPARTMENT OF CORRECTION**

NUMBER: P 1.01

Page 1 of 1



PATIENT SAFETY SYSTEM/PSS: DOWNTIME PROCEDURE

Effective Date: 05/12/08

- POLICY:** In the event of interruption of service of the Patient Safety System/PSS CMHC staff shall ensure continuity of care by using a paper-based process.
- PROCEDURE:** If unable to process orders using the Patient Safety System/PSS, staff shall revert back to manual paper requisitions (UCHC Radiology Requisition HCH 576/Laboratory Medicine Requisition HCH 812).
- DEFINITION:** Patient Safety System Downtime is the interruption of service in the Patient Safety System/PSS.
- REFERENCES:** CMHC Patient Safety System/PSS User's Manual (Rev.3/2008).

Approved: UCHC - CMHC

Date:

Title: CMHC Executive Director, Robert Trestman MD PhD _____

Title: CMHC Director of Medical Services, Mark Buchanan MD _____

Title: CDOC Director Health Services, Daniel Bannish PsyD _____

**UNIVERSITY OF CONNECTICUT HEALTH CENTER
CORRECTIONAL MANAGED HEALTH CARE
POLICY AND PROCEDURES
FOR USE WITHIN THE CONNECTICUT DEPARTMENT OF CORRECTION**

NUMBER: P 1.02

Page 1 of 1



PATIENT SAFETY SYSTEM/PSS: INMATE ADMISSION/QUICK ADMIT

Effective Date: 05/12/08

POLICY: CMHC staff shall ensure that an established inmate health record (HR) exists in the Patient Safety System/PSS. All inmates admitted from the community to an intake facility and who will require orders for laboratory, radiology, or pharmacy services prior to the next routine OBIS feed (around 2:00 am), require the initiation of /or reactivation of a Patient Safety System/PSS HR.

DEFINITIONS: An Inmate Admission is the creation of a new PSS HR for the initial incarceration of an individual to CDOC, or the new admission of a former inmate who has no established PSS HR (discharged prior to June 14, 2004).

A Quick Admit is the reactivation of a previously established PSS HR.

PROCEDURE: CMHC staff shall enter the inmate current incarceration date, facility, and housing location following the instructions in the PSS User Manual.

REFERENCES: CMHC Patient Safety System/PSS Net User's Manual (Rev.3/2008)

Approved: UCHC - CMHC

Date:

Title: CMHC Executive Director, Robert Trestman MD PhD _____

Title: CMHC Director of Medical Services, Mark Buchanan MD _____

Title: CDOC Director Health Services, Daniel Bannish PsyD _____

**UNIVERSITY OF CONNECTICUT HEALTH CENTER
CORRECTIONAL MANAGED HEALTH CARE
POLICY AND PROCEDURES
FOR USE WITHIN THE CONNECTICUT DEPARTMENT OF CORRECTION**

NUMBER: P 1.03

Page 1 of 1



PATIENT SAFETY SYSTEM/PSS: TRANSFER OF INMATES

Effective Date: 05/12/08

POLICY: CMHC staff at the sending facility shall update the Patient Safety System/PSS location information of any inmate who is transferred from one DOC facility to another or from a DOC facility to a Halfway House or from a DOC facility to an acute care facility.

DEFINITION: A transfer is the manual process of changing an inmate location in the Patient Safety System/PSS.

PROCEDURE: CMHC staff shall follow the instructions in the Patient Safety System/PSS User Manual to update an inmate location.

REFERENCES: CMHC Patient Safety System/PSS User's Manual (Rev. 3/2008).

Approved: UCHC - CMHC

Date:

Title: CMHC Executive Director, Robert Trestman MD PhD _____

Title: CMHC Director of Medical Services, Mark Buchanan MD _____

Title: CDOC Director Health Services, Daniel Bannish PsyD _____

**UNIVERSITY OF CONNECTICUT HEALTH CENTER
CORRECTIONAL MANAGED HEALTH CARE
POLICY AND PROCEDURES
FOR USE WITHIN THE CONNECTICUT DEPARTMENT OF CORRECTION**

NUMBER: P 1.04

Page 1 of 1



PATIENT SAFETY SYSTEM/PSS: PHYSICIAN/PRESCRIBER CO-SIGNATURES

Effective Date: 05/12/08

POLICY: The University of Connecticut Health Center (**UCHC**), Correctional Managed Health Care (**CMHC**) requires all telephone orders placed in the Patient Safety System/PSS to have co-signatures documented.

Physician /Prescriber electronic co-signature for telephone orders is required within 72 hours or, when a physician is not on site, during the next physician visit. The electronic co-signature will carry a date and time.

PROCEDURE: The Physician/Prescriber co-signature function of the Patient Safety System/ PSS can be completed by following the procedure outlined in the CMHC Patient Safety System User Manual.

REFERENCES: University of Connecticut Health Center Correctional Managed Health Care Policy and Procedure Manual, E 14.01 Prescriber Orders.

CMHC Patient Safety System/PSS User Manual (Rev. 3/2008).

Approved: UCHC - CMHC

Date:

Title: CMHC Executive Director, Robert Trestman MD PhD _____

Title: CMHC Director of Medical Services, Mark Buchanan MD _____

Title: CDOC Director Health Services, Daniel Bannish PsyD _____

**UNIVERSITY OF CONNECTICUT HEALTH CENTER
CORRECTIONAL MANAGED HEALTH CARE
LABORATORY MANUAL
FOR USE IN THE CONNECTICUT DEPARTMENT OF CORRECTION**

NUMBER P 1.05

Page 1 of 4

LABORATORY TEST ORDERING AND RESULTS REPORTING

Effective Date: 11/24/08

POLICY: University of Connecticut Health Center (**UCHC**), Correctional Managed Health Care (**CMHC**) shall ensure for Connecticut Department of Correction (**CDOC**) inmates the required laboratory tests are ordered and the results from laboratory testing are available for review, and filed in the inmates' health record.

PROCEDURE: **LABORATORY ORDERS:**
All CMHC Health Service Units with the ability to place laboratory orders electronically using the Patient Safety System (PSS) shall submit laboratory orders to the Department of Laboratory Medicine using the PSS. When ordered in the PSS, a hard copy of the laboratory order "Order Session Print", will print on-site at the facility. The PSS generated laboratory order hard copy, "Ordered Session Print", shall be filed in the inmate's health record on top of the physician order sheet, right hand side. Once the laboratory results have been received, reviewed and filed, the hard copy of the "Order Session Print" shall be removed from the inmate's record and shredded.

All CMHC Health Service Units without the ability to place Laboratory orders through the Patient Safety System and those with the ability but are experiencing a "Downtime" or "interruption of service" with the PSS should place orders by the manual process of using a paper requisition, **Form HCH – 812, Laboratory Medicine Requisition, see attachment.**

All information requested on the requisition shall be completed. The inmate's identification number shall be used and shall have the prefix I00 (capital I) to identify the referral source as CDOC. The identification number should contain nine (9) digits. For example,I00123456.

LABORATORY TEST ORDERING AND RESULTS REPORTING

Each requisition shall have the following information:

CMHC Information

Inmate Name
Inmate Identification Number
Requesting Physician
Inmate Date of Birth
Sex of Inmate
Name of Inmate's facility
Health Service Unit Phone Number
Date Drawn
Time Drawn
TECH ID

RESULTS:

Laboratory test results shall be available electronically in the Patient Safety System (PSS) Lifetime Clinical Record (LCR). Results shall be printed, reviewed, dated and signed by a prescriber, and filed in the inmate health record.

All critical laboratory test results shall be reported to the facilities by the UCHC Laboratory staff as stated in their Department of Laboratory Medicine Policy: Reporting of Critical Values. Once the result has been authenticated, the Laboratory staff will immediately place a telephone call to the location of the patient as stated on the requisition form. The Laboratory staff will ask to speak to the requesting physician (as stated on the requisition form) or to a nurse working in the CMHC facility. The critical results shall be reported to a licensed care provider. A licensed CMHC care provider shall immediately notify a prescriber of the critical value and document the notification in the inmate health record.

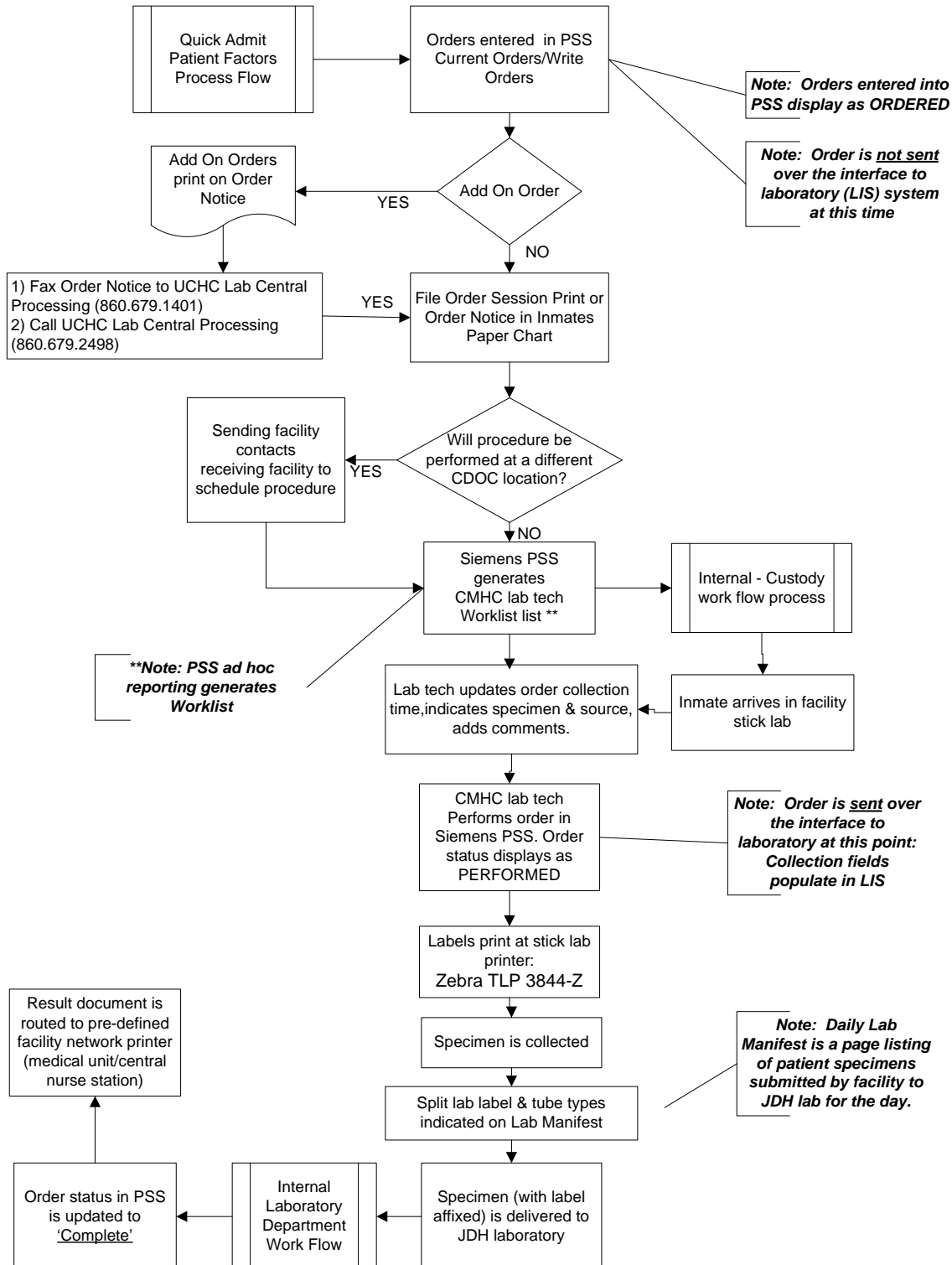
See attached Form HCH – 812, Laboratory Medicine Requisition

See attached UCHC Laboratory Medicine Policy: Reporting of Critical Results

LABORATORY TEST ORDERING AND RESULTS REPORTING

**University of Connecticut Health Center
Correctional Managed Health Care**

**Patient Safety System
Lab Electronic Order Processing Workflow**



LABORATORY TEST ORDERING AND RESULTS REPORTING

Approved: UCHC - CMHC

Title: CMHC Executive Director, Robert Trestman MD PhD _____

Title: CMHC Director of Medical Services, Mark Buchanan MD _____

Title: CDOC Director Health Services, Daniel Bannish PsyD _____

UNIVERSITY OF CONNECTICUT HEALTH CENTER

263 FARMINGTON AVE, FARMINGTON, CT 06030

LABORATORY MEDICINE REQUISITION HCH-812

LICENSES: CT #HP-0213 / CLIA #07D0092519

REV. 6/08

CORRECTIONAL FACILITY

TEL NO.

PR #

Under current Federal and State regulations (Reg. No. 5 Subpart M405 1315(c), all requests for laboratory procedures must be in written form and signed by the authorizing physician.

AUTHORIZING PHYSICIAN NAME (SIGNATURE)

PATIENT NAME (LAST, FIRST, M.I.)

| | | | | | |
|---------------|---------------|--------|---------|---|---|
| DATE OF BIRTH | INMATE I.D. # | SEX: M | RACE: W | B | H |
| | | F | A | I | U |

TECHNICAL NOTES AND INSTRUCTIONS

| | | | |
|------------|------------|---------|---------|
| DATE DRAWN | TIME DRAWN | STAT | TECH ID |
| | | FASTING | |

PLEASE PLACE HIV INFORMED CONSENT LABEL BELOW

PLEASE (X) DESIRED PROFILES/INDIVIDUAL TESTS

DOCAP **ADMISSION PROFILE **** 2 S,L

GFR **GFR (Estimate)****

(CBCSC, CHEM7, Hepatic Func Panel, RPR (w/reflex titer))

DOCHP **CHRONIC HEP SCREEN **** S

(Hep B Core Ab, Hep B Surf Ab, Hep B Surf Ag, Hep B Surf Ab Quant, Hep C Ab)

DOCPR **PRENATAL PROFILE **** 3 S,L,R

GFR **GFR (Estimate)****

(Adm Profile, Chronic Hep Screen, Rubella IgG Ab)

DOCTN **THYROID PROFILE **** S

(Free Thyrox. Index, T-Uptake, T3, T4, TSH)

DOCDP **TOXICOLOGY PROFILE ****

(Cocaine, Marijuana (THC), Opiates (incl. Codeine & Morphine))

DOCTP **T-CELL PROFILE** 2L

(Total T-Cell Count, CD4/CD8 Panel)

| | | |
|-------|-------------------------------|---|
| ALBAU | ALBUMIN | S |
| ALP | ALK. PHOSPHATASE | S |
| AMY | AMYLASE | S |
| ALT | SGPT | S |
| AST | SGOT | S |
| BILTD | BILIRUBIN, T&D | S |
| BUN | BLOOD UREA NITROGEN | S |
| CBCSC | CBC W/AUTO DIFF | L |
| CHOL | CHOLESTEROL | S |
| CREAT | CREATININE | S |
| GFR | GFR (Estimate)** | S |
| CK | CREATINE KINASE | S |
| LYTE | ELECTROLYTES** | S |
| | (Sodium, Potassium, Cl-, CO2) | |
| GLU | GLUCOSE | S |
| GLU50 | GLUCOSE, 50 GM CHAL | S |
| GLYCH | GLYCOHEMOGLOBIN A1C | L |
| LDH | LDH | S |
| LIPA | LIPASE | S |
| TRIG | TRIGLYCERIDES | S |

THERAPEUTIC DRUGS
ONLY RED TOP TUBE ACCEPTED

DIGXN DIGOXIN R

PTN DILANTIN (PHENYTOIN) R

LI LITHIUM R

PHENO PHENOBARBITAL R

CARB TEGRETOL (CARBAMAZEPINE) R

VALP VALPROIC ACID (DEPAKOTE) R

URINE/FECAL ANALYSIS**

CDAG C. DIFFICILE TOXIN

O & P OVA & PARASITES

FECC STOOL CULTURE

URC URINE CULTURE

UMACR URINALYSIS, MACRO

MICROBIOLOGY

S STRSN BETA STREP SCREEN

S BAFBA BLOOD CULT (AFB) (ISOLATOR)

S BLDCU BLOOD CULTURE (ROUTINE)

S SITE: _____

S CANDC CANDIDA SCREEN

S FDERM DERMATOPHYTE CULTURE

S FUNGC FUNGAL CULTURE

W SOURCE: _____

CTPCR CHLAMYDIA PCR

GCPCR GC PCR

S GENC GENITAL CULTURE

S SOURCE: _____

B HSVC HERPES CULTURE

B SOURCE: _____

S RESPC SPUT. CULT & GRAM STAIN

L VIRC VIRAL CULTURE

L SOURCE: _____

S WNDG WOUND GRAM STAIN & CULT

S SOURCE: _____

ADDITIONAL TESTS - PLEASE PRINT TEST NAME/TECHNICAL NOTES

B=Blue Top, 4.5 ml on Ice
>4 hours, separate & freeze

G=Green, 3 ml on Ice
L=Lavender Top, 3 ml

R=Plain Red Top, 5 ml
S=Gold Top (SST Tube), 3.5 ml

W=White (PPT), 5 ml

* PLEASE FILL OUT PREMARITAL FORM

**PERFORMED PURSUANT OF PUBLIC ACT #06-120

DEPARTMENT OF LABORATORY MEDICINE
REPORTING OF CRITICAL VALUES

PRINCIPLE

A critical value is a laboratory result which is at such variance with the established reference interval as to represent a pathophysiologic state that is life-threatening to the patient unless immediate action is taken. It is the responsibility of the laboratory to promptly communicate these results to a responsible individual, with appropriate clinical skills, who is in close proximity to the patient. The results of all critical values obtained from patients in John Dempsey Hospital are to be called **by telephone** to the patient care area as listed by the ADT (Admission, Discharge, Transfer) system. Critical value results obtained from outpatients must be called to the location identified on the test requisition. The laboratory's obligation to speak to a responsible individual is the same for outpatients as it is for inpatients. Appropriate documentation must be entered into the LIS (laboratory information system).

The test menu for which critical values have been assigned by the laboratory directors is attached to the end of this procedure. Any critical values reported by reference labs to the Department of Laboratory Medicine will be communicated to appropriate personnel by the procedure that follows.

PROCEDURE

Inpatients:

1. All critical value results must be repeated or confirmed by another method if possible (i.e. platelet estimate to confirm low platelet count). The time for repeat analysis or confirmation should not exceed 30 minutes. Since critical value results are indicative of a life-threatening situation, where immediate medical action should be taken, every effort should be made to verify/confirm the result as soon as possible.
2. After the critical value is authenticated, immediately place a telephone call to the location of the patient as stated on the laboratory test requisition form (i.e. ICU, ED, Surg 7, etc.). Ask to speak to the requesting physician or to the primary care nurse assigned to the patient or any other licensed provider.
3. If both the physician or nurse on the unit are not available, page the ordering physician or whoever is covering for that provider. If no one calls back, notify the supervisor or Lab Med faculty on call.
4. Relay the results to the recipient and have the recipient "read back" the results to assure accuracy.
5. Record the name of the recipient of the call, the telephone number called (if different from the telephone number in the pop-up screen), a brief description of the nature of the call (e.g., critical K to RN Jean, read back) into the LIS (see section entering call comments below).

Outpatients:

8:30 AM to 5:00 PM (clinic hours)

1. Repeat the analysis to confirm the abnormal result within 30 minutes. Again, every effort should be made to provide the verified result as expeditiously as possible
 2. Once the result has been authenticated, immediately place a telephone call to the location of the patient as stated on the requisition form (*i.e.* medical specialties, *etc.*). Ask to speak to the requesting physician (as stated on the requisition form) or to a nurse working in the clinic. If you get an answering service or voice mail, page the physician. If the physician does not respond to the page record his/her name in the appropriate section of the LIS and notify a the laboratory medicine faculty on-call for evening/night coverage.
 3. Record the name of the recipient of the call and the telephone number called (if different from the telephone number in the pop-up screen) into the LIS (see section entering call comments below).
- 5:00 PM to 8:30 AM (non clinic hours):

1. Repeat the analysis or confirm the result using an appropriate confirmation test within 30 minutes.
2. Immediately place a telephone call to the page operator (679-2626) and ask for the physician covering the service. Inform the physician of the verified critical value result.
3. Document the name of the recipient of the call and the telephone number called (if different from the number in the pop-up screen) in the LIS (see section on entering call comments below).
4. If the name and telephone number of the physician covering the service cannot be obtained from the page operator, notify the laboratory medicine faculty on-call. If the physician identified by the page operator as covering the service refuses to accept responsibility for the result, record his/her name in the appropriate section of the LIS and notify the laboratory medicine faculty on-call.

Entering Call Comments into the Laboratory Information System:

As the call is being placed, open the call list window in the result entry portion of the LIS (see below). Record the name of the individual to whom the result was given. The LIS will capture the date/time/technologist initials.

- I. From bottom of **Results Screen**

2. Press **^C** call/comments

3. Enter **Y** or press **F2** to open the call list window.

4. With the call list window displayed, call the number of the ward as indicated (which is defaulted) or the number/page of the doctor entered in the order comment. Enter the following data in each applicable field:

Called: (use this field to indicate the status of the call)

Y The results are called in.

N The results have been requested but are not yet called in.

Y Information was added after the initial call was placed.**

Y The call was attempted but not completed (i.e. the phone was busy, doctor paged but did not return call, nurse or physician not available, results faxed instead).

** This disposition is used when you need to add additional information. For example, if you page a doctor and he or she calls 10 minutes later, record the call back by first putting the Y sign in the "Called:" field. This will clear the message that was there and allow you to add additional information. After you have done that Press F12 to indicate that the call was completed.

Person/Message:

Enter the name of individual who received the critical value result as well as the telephone number to which the call was placed (if different from the number displayed in the call list window). Verification information must also be included. The LIS will automatically log the date and time of the comments. The technologist's password will automatically document the individual placing the call.

5. To see how many times the call was attempted, press the equal (=) key.

6. After entering the appropriate information, press F12 and Y to confirm entries.

CRITICAL VALUES FOR CLINICAL LABORATORY TESTS

| <u>Clinical Chemistry</u> | <u>Units</u> | <u>Low</u> | <u>High</u> |
|------------------------------------|---------------------|-------------------|--------------------|
| Serum calcium (adult and newborn) | mg/dL | ≤6.6 | ≥12.9 |
| Serum ionized calcium | mmol/L | < 1.00 | ≥1.55 |
| Serum glucose | mg/dL | ≤50 | ≥500 |
| Serum phosphorus (inorganic) | mg/dL | ≤1.0 | ≥7.5 |
| Serum sodium | mEq/L | ≤122 | ≥160 |
| Serum potassium | mEq/L | ≤2.8 | ≥5.9 |
| Serum potassium (newborn) | mEq/L | ≤2.4 | ≥7.1 |
| Serum potassium (hemolyzed) | mEq/L | ≤2.8 | ≥8.0 |
| Serum bicarbonate | mEq/L | <12 | ≥40 |
| Serum bilirubin (total - newborn) | mg/dL | | ≥15 |
| Serum blood urea nitrogen | mg/dL | | ≥120 |
| CSF glucose | mg/dL | < 40 | ≥200 |
| CSF protein | mg/dL | | ≥70 |
| Acetaminophen | mg/L | | ≥200 |
| Amikacin peak | µg/mL | | ≥36 |
| Amikacin trough | µg/mL | | ≥11 |
| Carbamazepine | mg/L | | ≥15 |
| Digoxin | ng/mL | | ≥4 |
| Ethanol | mg/dL | | ≥300 |
| Gentamicin peak | µg/mL | | ≥11 |
| Gentamicin trough | µg/mL | | ≥2.1 |
| Lithium | mmol/L | | ≥2.0 |
| Phenobarbital | mg/L | | ≥60 |
| Phenytoin | mg/L | | ≥21 |
| Salicylate | mg/dL | | ≥31 |
| Theophylline | mg/L | | ≥21 |
| Tobramycin peak | µg/mL | | ≥11 |
| Tobramycin trough | µg/mL | | ≥2.1 |
| Valproic acid | mg/L | | ≥101 |
| Vancomycin peak | µg/mL | | ≥41 |
| Vancomycin trough | µg/mL | | ≥21 |
| <u>Hematology</u> | <u>Units</u> | <u>Low</u> | <u>High</u> |
| Blood hematocrit | % | < 21 | ≥60 |
| Blood hemoglobin | g/dL | <7 | ≥20 |
| Blood total leukocyte count (WBC) | WBC/uL | | ≥100,000 |
| Blood platelet count | Cells/uL | < 20,000 | ≥1,000,000 |
| Plasma prothrombin time | seconds | | 24 |
| Plasma partial thromboplastin time | seconds | | ≥110 |
| Fibrinogen | mg/dL | ≤100 | > 1000 |

Microbiology

Any positive culture of normally sterile body fluid.

CSF: Gram stain result, antigen result, or positive culture.