
***Division of Institutions
Policy and Procedure***

I. PURPOSE

To outline the process for North Carolina Department of Adult Correction (DAC), Division of Institutions to provide operational oversight and administrative guidance to the field in order to safely, effectively, and ethically provide health and wellness care, treatment, and services to the offender population through telehealth services.

II. DEFINITIONS

A. Horus Scope

Single camera handle with interchangeable lens and integrated viewing screens used to examine the patient with a general lens, sub-dermal views of the skin with a dermscope lens and an otoscope lens to view the inner ear, nose and throat.

B. OmniSteth

Digital stethoscope that allows the telepresenter to select the desired organ(s); heart, lungs, abdomen, or carotid arteries, from which sounds are captured and recorded.

C. Telehealth Schedule

Web-based application utilized in order to schedule offenders for appointments with specialty providers. Appointments can be made by selecting a specific provider or in some cases a specialty clinic.

D. Tele-presenter

Individual whose role is to assist with synchronous, real time video encounters between a health care provider and a patient. A tele-presenter, designated by the facility Health Authority in collaboration with the Warden/designee, can be a licensed professional such as a nurse, or a trained layperson such as a medical record assistant, correctional health assistant, administrative specialist, or correctional officer.

III. POLICY

- A.** Telehealth services are provided to supplement existing health and wellness care, treatment, and services at facilities.

- B. Comprehensive Health Services can include, but is not limited to, telepsychiatry, telepsychology, specialty care, primary care, chronic care, and after-hours triage.
- C. Telehealth is viewed as an efficient and effective allocation of available resources that increases access to healthcare for the offender population, increases public safety, and decreases offender off site healthcare transportation costs.

IV. PROCEDURES

- A. ***Upon processing/admission into Institutions, offenders shall be provided the DC-598 Comprehensive Health Services Consent form which addresses their consent to participate in Telehealth appointment/encounters that are deemed appropriate by their healthcare providers (5-ACI-6C-11).***
- B. All prison facilities are equipped with the necessary hardware (DX80) and peripheral equipment necessary to conduct a telehealth encounter.
- C. All telehealth equipment must be secured and inventoried each day by medical staff.
- D. The telepresenter shall ensure that all technology is in proper working order and tested, such as batteries being fully charged, and everything is ready for the encounter/appointment.
- E. Back-up telepresenters shall be identified and trained in the use of the technology and peripheral equipment.
- F. Information Technology staff shall ensure the functionality of the telemedicine connectivity between institutions and the providers is maintained. Contingency plans must be in place for a loss of connectivity. Contact the Central Office IT Helpdesk (DPS_DOC_DOP_IT@ncdps.gov) for any loss of connectivity or technology related issue.
- G. Telehealth services are available from a variety of contracted specialty providers and DAC staff.
 - 1. For medical services requests for contracted specialty providers, a referral for specialty services must be approved through the Utilization Review (UR) process.
 - 2. Internal DAC medical services do not require UR approval.
 - 3. For Behavioral Health (telepsychiatry/telepsychology) services, the schedule is coordinated through the local facility and the Office of Behavioral Health/Chief of Psychiatry.
- H. Medical Records or Administrative Specialist staff shall schedule all telehealth encounters in the Telehealth Scheduler. (<https://opus.doc.state.nc.us/apps/telehealthschedulerweb/admin-waiting-list#>)
 - 1. Medical staff shall look into the waitlist and schedule the appointment in an available timeslot for the provider.

2. At the end of each business day, medical staff will print a copy of the next day's schedule and provide to their facility correctional staff to ensure they are aware of all scheduled patient movement.
- I. Telehealth appointments shall not be canceled due to unavailability of Medical Records or Administrative Specialty staff.
- J. In case of cancellations, the Telehealth Help Desk (TELEHEALTH_HELP@ncdps.gov) shall be notified in advance in order to maximize the providers' availability.
- K. ***Encounters/appointments shall adhere to patient confidentiality policies, procedures, and applicable regulations (5-ACI-6C-11). To protect the privacy of the offender, all encounters must be held in a secured office that has a dedicated phone line (5-ACI-6C-10).***
- L. The telepresenter shall check in the patient in the Telehealth Scheduler (<https://opus.doc.state.nc.us/apps/telehealthschedulerweb/admin-waiting-list#>) at least 15 minutes before the scheduled appointment.
- M. Once the connection is established with the provider, the telepresenter shall confirm the encounter, discuss with the provider the backup plan if there is a technology failure and provide a direct line phone number before the encounter begins.
- N. The telepresenter shall assist the provider to achieve a quality examination. This may include the use of peripheral equipment such as the OmniSteth and Horus scopes to maximize the assessment of the offender.
- O. ***In order to ensure continuity of care, the telepresenter will ensure the provider signs out their recommendations to the local facility provider in the patient's healthcare record (5-ACI-6A-04, 5-ACI-6C-11).***
- P. Follow-up appointments can be scheduled in the Telehealth Scheduler (<https://opus.doc.state.nc.us/apps/telehealthschedulerweb/admin-waiting-list#>).
- Q. ***Same day documentation in the patient's healthcare record is required for encounters except when extenuating circumstances cause a necessary delay. In such cases, documentation shall be initiated on the day of the encounter and completed at the earliest possible time (5-ACI-6C-11).***
- R. ***In the event of an emergency or crisis event, documentation shall be initiated and completed at the time of the encounter (5-ACI-6C-11).***
- S. After Hours Triage
 1. The referring facility Officer-in-Charge (OIC), Licensed Practical Nurses (LPNs), or Unlicensed Assistive Personnel shall contact their designated triage facility by phone for an offender that requires an after-hours assessment when there is not a Registered Nurse (RN) or Provider on site.

2. The triage member (RN or provider) completes a phone/video conferencing assessment with the OIC, and patient as indicated. Refer to policy [S .3500, Nursing Triage](#).
3. ***The triage member (RN or provider) shall document the chief complaint and vital signs provided in the patient's health care record. The vitals may be taken by the offender and include blood pressure, temperature, and oxygen saturation. Blood pressure may be taken with a wrist cuff (5-ACI-6C-11).***

T. Training

The facility responsible health authority and the Warden/designee shall be responsible to ensure applicable Comprehensive Health Services and custody staff receive initial, as needed, and annual training on telehealth processes, documentation, and equipment (5-ACI-6B-04).

V. REFERENCES

A. 5th Edition Standards for Adult Correctional Institutions

5-ACI-6B-04, 5-ACI-6C-03, 5-ACI-6C-04, 5-ACI-6C-11

B. NC Gen. Stat. § [130A-143](#)

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