VOLUME 4: MEDICAL SERVICES	Effective Date: 01/2006
CHAPTER 14	Revision Date: 06/2016
4.14.2 OUTPATIENT HOUSING UNIT PROCEDURE	Attachments: Yes ☐ No ☒

I. PROCEDURE OVERVIEW

This procedure outlines the requirements, responsibilities, and clinical conditions appropriate for placement in an Outpatient Housing Unit (OHU) to provide patients with housing that is consistent with their health care needs, and for whom admission to a licensed health care facility is not warranted and housing in the general population may place their health at risk.

The California Department of Corrections and Rehabilitation (CDCR) Mental Health Services Delivery System Program Guide, and Inmate Dental Services Program Policies and Procedures, shall be applied to all patients housed in an OHU.

II. DEFINITIONS

Care Team: An interdisciplinary group of health care professionals who combine their expertise and resources to provide care for a panel of patients.

Health Care Provider: A Medical Doctor, Doctor of Osteopathy, Doctor of Podiatric Medicine, Clinical Psychologist, Marriage and Family Therapist, Dentist, Clinical Social Worker, Nurse Practitioner, or Physician Assistant.

Institutional Health Care Executives: Chief Medical Executive (CME), Chief of Mental Health (CMH), Chief Nurse Executive (CNE), Health Program Manager III, Dental and Quality Management Programs, and Chief Support Executive.

Institution Leadership Team: Composed of all supervisors and managers at the institution who are responsible for the planning and provision of health care services to meet the needs of the patient. This group includes, but is not limited to, the institutional health care executives, and all medical, nursing, mental health, dental, and other classifications designated as Exempt, Supervisory, or Managerial by departmental policy.

Outpatient Housing Unit: A designated housing area within institutions designed to provide supportive services for patients who may require limited assistance with activities of daily living or short term observations.

Primary Care Team: An interdisciplinary team that organizes and coordinates services, resources, and programs to ensure consistent delivery of appropriate, timely, and patient-centered, evidence-based care to a designated patient panel.

Specialized Medical Bed: An institutional Correctional Treatment Center, Outpatient Housing Unit, Skilled Nursing Facility, or Specialized Outpatient bed.

III. RESPONSIBILITIES

A. Statewide

1. CDCR and California Correctional Health Care Services (CCHCS) departmental leadership at all levels of the organization, within the scope of their authority, shall ensure administrative, custodial, and clinical systems are in place and appropriate tools, training, technical assistance, and levels of resources are available so that Care Teams can successfully implement OHU services.

2. The Health Care Placement Oversight Program (HCPOP) is responsible for the management of OHU beds statewide as a part of a Specialized Medical Beds program in collaboration with health care services to ensure appropriate level of care.

B. Regional

Regional Health Care Executives are responsible for implementation of this procedure at the subset of institutions within an assigned region.

C. Institutional

1. The Chief Executive Officer (CEO) has overall responsibility for implementation and ongoing oversight of a system to provide management of the scope of OHU services. The CEO delegates decision-making authority to designated Institutional Health Care Executives for daily operations of the OHU procedure and ensures adequate resources are deployed to support the system.
2. The CEO and all members of the institution leadership team are responsible for ensuring all necessary resources are in place to support the successful implementation of this procedure at all levels including, but not limited to the following:
   a. Institution level.
   b. Patient panel level.
   c. Patient level.
3. The CEO and all members of the institution leadership team shall ensure access to and utilization of equipment, supplies, health information systems, patient registries and summaries, and evidence-based guidelines.
4. The CEO and all members of the institution leadership team, as a part of the Quality Management process on an ongoing basis, shall:
   a. Review and compare institutions' Primary Care Teams (PCT) performance, including the overall quality of services, assignment to the appropriate level of care, health outcomes, assignment of consistent and adequate resources, utilization of Dashboards, Master Registries, Patient Summaries, and decision support tools, and address issues pertaining to delivery of OHU services.
   b. Provide PCT members with adequate resources, including protected time, staffing, physical plant, information technology, and equipment/supplies to accomplish daily tasks.
   c. Work with custody staff to minimize unnecessary patient movement and ensure appropriate escort and transport.
5. The CNE is responsible for the overall daily OHU operations and ensuring that the institution has designated supervisors to monitor OHU operations including, but not limited to:
   - Efficiency.
   - Coordination.
   - Supplies.
   - Equipment.
   - Physical plant issues.
   - Scheduling and access to care on a daily basis.
   - Identifying and addressing or elevating concerns regarding barriers.

IV. PROCEDURE

A. Clinical Conditions Appropriate for Assignment to an OHU Level of Care

The health conditions appropriate for assignment to an OHU level of care may include but are not limited to patients:

1. Who would benefit from additional monitoring or services for chronic disease(s) (e.g., diabetes with early renal disease, coronary artery disease, failing eyesight).
2. Who return from a higher level of care and warrant observation until full recovery (e.g., uncomplicated post-surgical care).
3. Requiring intravenous therapy on a non-continuous or intermittent basis (e.g., intravenous antibiotics administered once, or twice, per day or replacement fluids).
4. Receiving postpartum care.
5. In the third trimester of pregnancy or cases where a Primary Care Provider (PCP) determines there would be greater risk of harm to the mother or fetus if the mother is housed in the general population.
6. Requiring supervision due to memory loss or loss of other cognitive abilities, mild dementia, or mild organic brain syndrome.
7. Requiring initiation of involuntary medications or Medical Conservatorship.
8. With intermaxillary fixation (wired jaw), are stable (e.g., intraoral and facial tissue swelling have subsided, have no problem breathing, and are able to do their own activities of daily living).
9. Requiring assistance to complete preparatory work prior to diagnostic procedures (e.g., colonoscopy, barium studies, or Magnetic Resonance Imaging).
10. Requiring post procedure care and/or monitoring that cannot be provided in the general population and do not require a licensed level of care.
11. With paraplegia or hemiplegia but able to participate in self-care, or who require minimal assistance with activities of daily living (e.g., eating, dressing, grooming, bathing, or assistance with mobility) due to mild contractures, other neuromuscular disorders, or casts.
12. With colostomy or indwelling catheters that cannot perform total self-care and require minimal nursing intervention.
13. With uncomplicated bolus feeding.
14. With uncomplicated surgical wound or open lesions, excluding wound vacuum assisted closures, with comorbidities that require frequent intervention by nursing staff.

B. Health Care Provider Responsibilities

1. Assignment to and follow-up for OHU level of care.
   a. The health care provider shall order an OHU level of care using the appropriate format for order entry to include at a minimum:
      1) Diagnosis.
      2) Allergies.
      3) Activity privileges (including access to general population programming unless there is documentation by the health care provider of any limitations).
      4) Medication orders as needed.
      5) Treatment.
   b. The health care provider shall document the need for OHU assignment on a progress note within 24 hours of OHU placement.

c. Patients in the OHU shall be seen as dictated by clinical condition but no less than every 14 calendar days during the first month after assignment, and no less than every 30 calendar days thereafter.

2. Change level of care.
   a. Patients in an OHU requiring admission to a higher level of care, which includes contract and CDCR institutions, shall be transferred as medically necessary.
   b. Transfer to a higher level of care shall occur as indicated on a health care provider's order, but no later than 24 hours after the order is written. Mental health transfers shall be in accordance with the Mental Health Services Program Guide.
   c. The health care provider shall complete a Physician's Order and a transfer or release note for any level of care transfer outside of an OHU.
   d. The PCP shall complete a Medical Classification Chrono for any changes in the patient's level of care.

C. Nursing Responsibilities

1. A Registered Nurse (RN) shall complete and document an assessment on the day of a patient's assignment to the OHU.
2. An RN shall be assigned to the OHU on second watch. A Licensed Vocational Nurse (LVN) shall be assigned to the OHU on first and third watch.
3. At least one RN shall be present at the institution and be available for clinical consultations with the health care staff in an OHU at all times.
4. At a minimum, an RN or LVN shall make rounds in OHUs once per watch and document the rounds in the designated Unit Log Book.
5. OHU patients shall be followed by the appropriate PCT and all care management services shall be continued or initiated as required by the documented treatment plan and/or the Patient Service Plan.
6. Nursing staff shall document all clinical interactions or changes in level of care and shall report all significant changes to the health care provider or provider-on-call. This notification and any orders given shall be documented.
7. All patients discharged from an outside licensed health care facility (e.g., community hospital) shall be assessed in the Triage and Treatment Area by an RN prior to assignment to an OHU level of care and this shall constitute the RN OHU assignment assessment.
8. The Utilization Management (UM) Nurse shall assess and document the patient's level of care needs, per UM guidelines, upon placement and then every 30 days thereafter or whenever there is a change in the patient's condition, to determine if the patient continues to be in the appropriate level of care placement.
9. For patients who are not in the appropriate level of care, the UM Nurse shall report findings to the CME and CNE or their designee and, when appropriate, the CMH or designee. The UM Nurse shall coordinate with HCPOP for requests for changes in level of care placement.

V. REFERENCES

- California Penal Code, Part 3, Title 1, Chapter 3, Article 1, Section 2602
- California Probate Code, Division 4, Part 7, Section 3203, Capacity Determinations and Health Care Decisions for Adult Without Conservator
- California Code of Regulations, Title 22, Division 5, Chapter 12, Article 1, Section 79555, Outpatient Housing Unit
- California Correctional Health Care Services, Inmate Medical Services Policies and Procedures, Volume 4, Chapter 1.4, Population and Care Management Services
- California Correctional Health Care Services, Inmate Medical Services Policies and Procedures, Volume 4, Chapter 34, Utilization Management Policy and Procedures
- California Department of Corrections and Rehabilitation, Inmate Dental Services Program Policies and Procedures
- California Department of Corrections and Rehabilitation, Mental Health Services Delivery System, Program Guide, 2009 Revision