



**PRISONS**  
**Health and Wellness Services**  
**Policies and Procedures**

<b>Title</b>	Telehealth Services			
<b>Section</b>	TX I - 19	<b>Issue Date</b> June 23, 2021	<b>Supersedes Date</b> April 2018	

**References**

**Performance-Based Standards and Expected Practices for Adult Correctional Institutions, 5<sup>th</sup> Edition**  
**5-ACI-6B-04, 5-ACI-6C-03(M), 5-ACI-6C-04(M), 5-ACI-6C-10, 5-ACI-6C-11; DC 598 Health and Wellness Consent Form; Health and Wellness Policy and Procedure AD IV – 1 Informed Consent and AD IV – 3 Confidentiality; General Assembly of North Carolina Session 2019, Session Law 2019-135, House Bill 106 Part I Inmate Health Care Reimbursement and Internal Processes and Telemedicine Pilot; North Carolina General Statute (N.C.G.S.) 143B-707.3(b) Medical Costs for Inmates and Juvenile Offenders, N.C.G.S. 130A-143 Confidentiality of Records**

**I. PURPOSE**

To outline the process for North Carolina Department of Public Safety, Division of Prisons 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. POLICY**

- (a) Telehealth services are provided to supplement existing health and wellness care, treatment and services at facilities.
- (b) Health and Wellness services can include but is not limited to tele-psychiatry, telepsychology, specialty care, primary care, chronic care and after-hours triage.



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**Health and Wellness Services**  
**Policies and Procedures**

<b>Title</b>	Telehealth Services			
<b>Section</b>	TX I - 19	<b>Issue Date</b> June 23, 2021	<b>Supersedes Date</b> April 2018	

- (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 health care transportation costs.

**III. DEFINITIONS**

- (a) **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.
- (b) **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.
- (c) **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.
- (d) **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.

**IV. PROCEDURE**

- (a) *Upon processing/admission into DPS Prisons offenders shall be provided the DC 598 Health and Wellness Consent form which addresses their consent to participate in Telehealth appointment/encounters that are deemed appropriate by their health care 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 Nursing staff.
- (d) The Tele-presenter shall ensure that all technology is in proper working order, tested,



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**Health and Wellness Services**  
**Policies and Procedures**

<b>Title</b>	Telehealth Services			
<b>Section</b>	TX I - 19	<b>Issue Date</b> June 23, 2021	<b>Supersedes Date</b> April 2018	

- (e) such as batteries fully charged and everything is ready for the encounter/appointment. Back-up tele-presenters 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 DPS 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 DPS 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) Nursing staff shall look into the wait list and schedule the appointment in an available timeslot for the provider.
  - (2) At the end of each business day, nursing staff will print a copy of the next day's schedule and provide to their facility Correctional staff to insure they are aware of all scheduled patient movement.
- (i) Telehealth appointments shall not be cancelled due to unavailability of Medical Records or Administrative Specialist staff.
- (j) In case of cancellations, the Telehealth Help Desk



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<b>Section</b>	TX I - 19	<b>Issue Date</b> June 23, 2021	<b>Supersedes Date</b> April 2018	

[TELEHEALTH\\_HELP@ncdps.gov](mailto: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 Tele-presenter 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 Tele-presenter 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 Tele-presenter 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 insure continuity of care, the Tele-presenter will insure the provider signs out his/her recommendations to the local facility provider in the patient's health care record. (5-ACI-6C-11 and 5-ACI-6A-04)*
- (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 health care 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)*

**V. AFTER HOURS TRIAGE**



**PRISONS**  
**Health and Wellness Services**  
**Policies and Procedures**

<b>Title</b>	Telehealth Services			
<b>Section</b>	TX I - 19	<b>Issue Date</b> June 23, 2021	<b>Supersedes Date</b> April 2018	

- (a) The referring facility Officer-in-Charge (OIC) shall contact their designated Triage facility by phone for an offender that requires an after-hours telehealth assessment.
- (b) The Triage member (RN or Provider) completes a phone/DX80 assessment with the OIC and patient within 15 minutes.
- (c) *The Triage member (RN or Provider) shall document the chief complaint and vital signs provided by the referring facility officer in the patient's health care record. The vitals shall be taken by the offender or officer and include BP, temperature and oxygen saturation. (5-ACI-6C-11)*
- (d) The Triage RN may be able to address the patient complaint using Standing Orders/Nursing Protocols  
OR
- (e) The Triage Nurse determines the need to refer to provider at CPHC for DX80 evaluation and facilitates that appointment with the facility OIC and CPHC  
OR
- (f) The Triage Nurse refers life threatening issues to the local ER.
- (g) *Patient encounters via telehealth (DX80 or telephonic) shall be documented in the patient's health care record at the time of the evaluation. (5-ACI-6C-11)*
- (h) If the condition warrants EMS activation, the facility OIC shall follow existing polices/SOP for emergency situations.

**VI. TRAINING**

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



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<b>Section</b>	TX I - 19	<b>Issue Date</b> June 23, 2021	<b>Supersedes Date</b> April 2018	

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Todd E. Ishee  
Commissioner of Prisons

June 23, 2021  
Date