

Annexure B

Healthcare Services Quality Framework for Victorian Prisons 2023

Justice Health

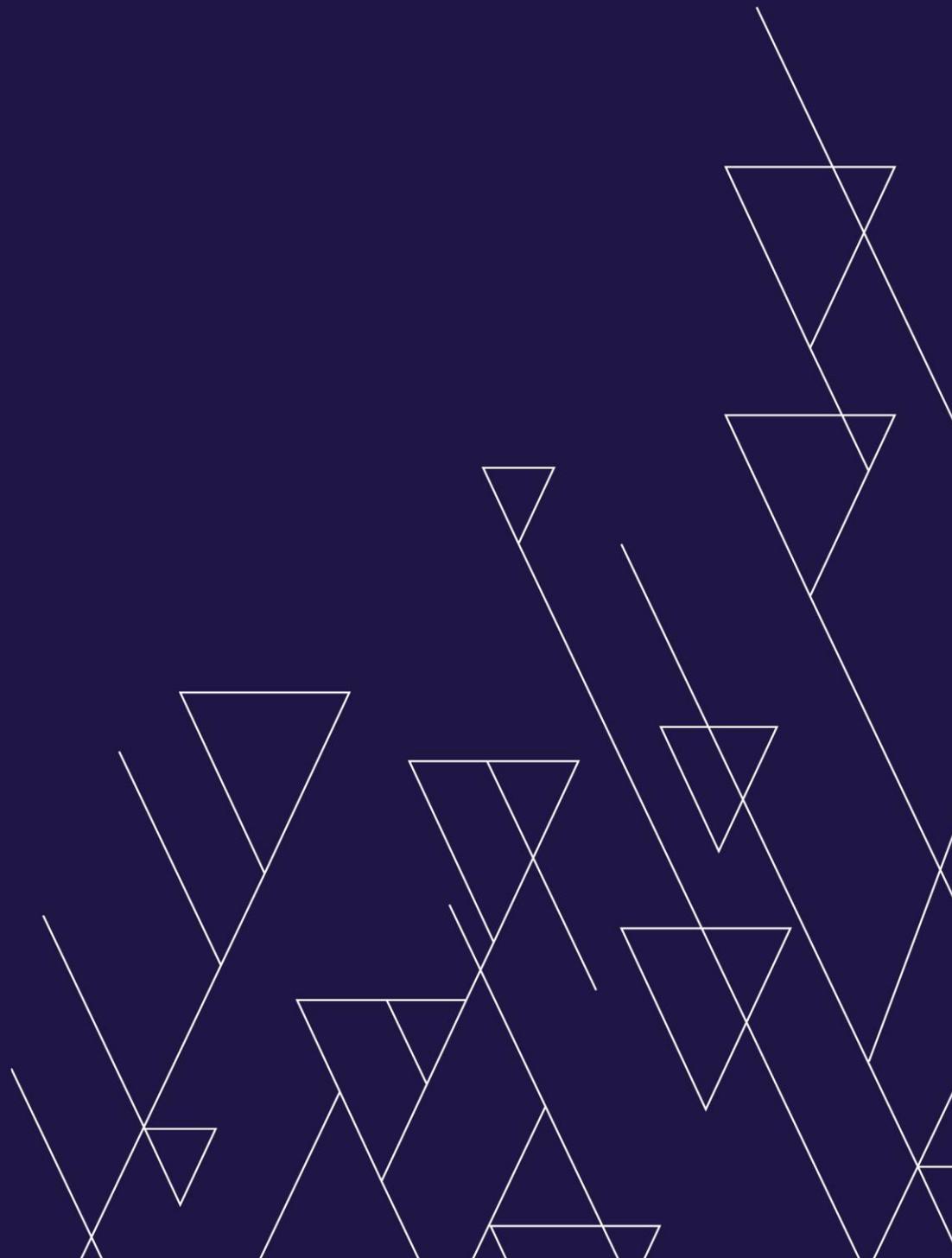




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Introduction

The Healthcare Services Quality Framework for Victorian Prisons 2023 (Quality Framework) articulates the standard of care expected to be delivered by health service providers in prisons and the unique requirements of delivering care in a prison system.

The purpose of the Quality Framework is to enable the delivery of reliable, safe and high-quality health services by:

- providing health service providers with a set of criteria and key requirements to implement, manage and self-monitor
- providing the Department of Justice and Community Safety (the department) with a set of criteria and key requirements to monitor, audit and assess the health service provider
- providing people in prison and the community with information about prison health services.

The State has a duty of care under the *Corrections Act 1986* to provide people in prison with access to reasonable medical care and treatment necessary for the preservation of health. The department's goal is for people in prison to realise health outcomes that are equivalent to health outcomes of the wider community wherever possible. The department aims to improve the mental and physical health of people in prison, which through their release to community, ultimately contributes to the health and wellbeing of the wider community.

Health service providers in prison work in a complex policy and legislative environment and are required to comply with current legislation and the department's policies.

The delivery of health services in prisons provides unique opportunities and challenges for health service providers. Health service providers play an integral role in assisting the department to fulfill its duty of care and supporting the welfare of prisoners. To ensure health services are accessible, safe, integrated and meet the needs of people in prison, health service providers must work collaboratively with the department, including Justice Health and Corrections Victoria prison management and staff.

The Quality Framework is closely aligned to the [National Safety and Quality Health Service \(NSQHS\) Standards- Second edition 2021](#)¹ developed by the Australian Commission on Safety and Quality in Health Care.

Scope

In Victoria, prison health services are contracted out to health service providers. The Quality Framework applies to all contracted health service delivery within the adult prison system, including primary healthcare services delivered in both public and private prisons.

Some Criteria of the Quality Framework will not be relevant to all prison locations and healthcare services, for example:

- Women in prison and Children in the care of their mothers will only apply to prison locations that house women and children.
- Rivergum Residential Treatment Centre is a post-sentence facility that houses a small population of approximately 20 men. Primary healthcare services at this location are provided via weekly clinics and in reach health services as required, however some exclusions apply and therefore some areas of the Quality Framework will not apply, including Personal care, Dental services and Alcohol and Other Drugs Health programs.

¹ Any subsequent versions of NSQHS Standards cited in this document should be used by the health service providers when using the Quality Framework



Structure of the Quality Framework

This document is separated into two parts:

Part A: Universal Quality applies across all health service providers, and

Part B: Primary Healthcare Services applies specifically to primary health service delivery, including primary mental health.

Within each part are a number of Quality Domains. Each Quality Domain consists of:

- an **intent** that describes the goal of each Quality Domain
- why this is **important** by describing the relevance of the Quality Domain to healthcare delivery in Victoria's prisons, and includes explanatory notes, relevant definitions, and context
- **criteria** that define the area that services will be measured against
- **expected outcome**, which is the indicator that will gauge the effectiveness of the health service provider in the delivery of prison health services
- **action areas** and specific **requirements**, which are the measurable variables by which the attainment of the expected outcome can be judged or assessed.

Figure 1: Overview of Quality Framework structure



Part A: Universal Quality

Part A contains five Quality Domains that apply to all health service providers.

The Quality Domains in Part A include:

- Clinical governance
- Safe practice for healthcare in prison
- The rights and needs of people in prison
- Person-centred care
- Aboriginal people in prison

Part B: Primary Health Care Services

Part B contains four Quality Domains that focus on the specific health services and programs delivered to people in prison.



These four Quality Domains focus on services delivered by primary health care service providers:

- Health assessments and planning
- Population Health
- Primary care (including primary mental health, dental and allied health)
- AOD Health

Using the Quality Framework

For health service providers

The Quality Framework supports health service providers to deliver the quality of care the department expects in the prison system.

Health service provider compliance with the Quality Framework is monitored by Justice Health, a branch within the department.

The Quality Framework will be used by Justice Health and health service providers to:

- monitor the delivery of health services using audits to assess the quality of health service delivery and factors that may impact the quality of health service delivery
- assess and analyse the quality of clinical service delivery, identifying issues and opportunities for improvement
- address health service delivery, safety and quality issues

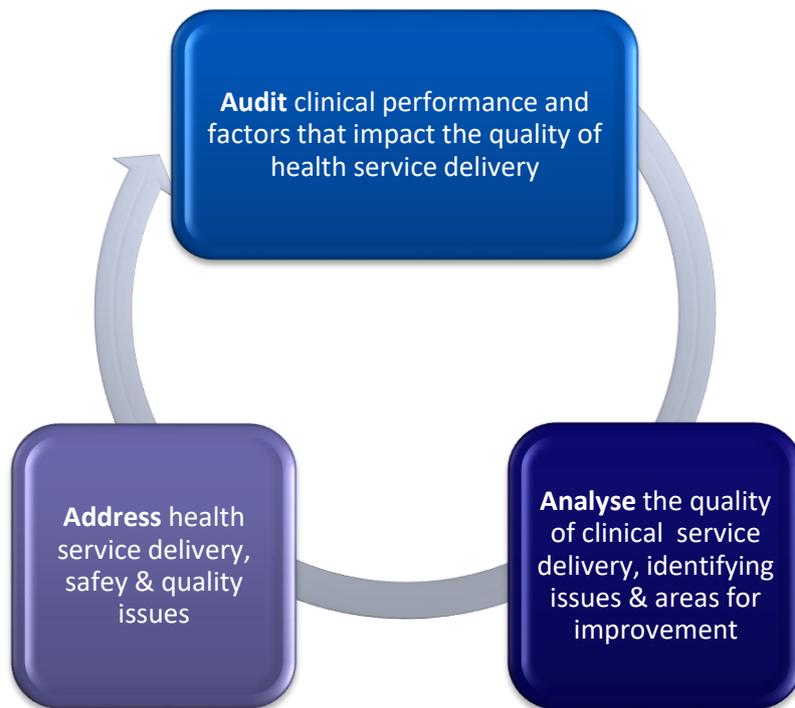
For people in prison or in the community

The Quality Framework supports people in prison or the broader community to understand:

- the type of healthcare services available for people in prison to access
- the quality of services that people in prison can expect to receive
- the rights of people in prison in relation to health care services
- how health service providers are held accountable for the services they provide to people in prison

The Quality Framework refers to a range of national standards that are relevant to care in prison settings and then details the unique requirements of delivering care in Victorian prisons.

Figure 2: Implementing the Quality Framework



Note: Standards and Requirements

Reference to internal and external requirements or standards means the requirements and standards as they exist at the time of commencing provision of health services in Victorian prisons and may change from time to time during the term of the health service provider's contract.

Part A: Universal quality

Quality Domain 1: Clinical Governance

Intent

The Clinical Governance Quality Domain ensures health service providers are responsible and accountable for the safety, quality and continual improvement of their services within Victorian prisons.

Criteria

- Governance, leadership and culture
- Patient safety and quality systems
- Clinical performance and effectiveness

Standards that apply



The National Safety and Quality Health Service (NSQHS) Standards

- Clinical Governance Standard
 - Governance, leadership and culture
 - Patient safety and quality systems
 - Clinical performance and effectiveness
 - Safe environment for the delivery of care

National Standards for Mental Health Services

- Standard 8: Governance leadership and management

Why this is important

Clinical governance is the system by which the health service provider’s governing body, managers, clinicians, and staff share responsibility and accountability for the quality of care, continuously improving, minimising risks, and fostering an environment of high-quality care for people in prison.

Clinical governance has a strong focus on leadership, culture, and improvement as fundamental to delivering high quality care within Victorian prisons. Clinical governance must consider the local circumstances in which the health services operate, and the complex health and wellbeing needs, barriers to accessing care and the broader social determinants of health for people living in prison.

Clinical governance systems are not static and must be regularly reviewed and evaluated to meet local requirements and drive continued improvement.

This Quality Domain includes actions related to the role of leaders and employees at all levels of the organisation in the safety and quality of health care in Victorian prisons.

Criterion: Governance, leadership and culture

Expected outcome

Leaders at all levels in the health service establish and use clinical governance systems to improve the safety and quality of health care for people in prison.

Action area	Requirements
Governance	Health service providers must: <ol style="list-style-type: none"> 1.1. meet the NSQHS Clinical Governance Standard: Governing bodies 1.2. satisfy the department that all levels of the health service provide leadership to develop a culture of safety, quality, and continuous improvement within the health service
Organisational leadership	Health service providers’ leadership team must: <ol style="list-style-type: none"> 1.3. meet the NSQHS Clinical Governance Standards: Organisational leadership



	<p>1.4. use a planned approach for the use of prison facilities and services to ensure care, treatment and services can be safely and effectively provided</p>
Workforce	<p>Health service providers must demonstrate that:</p> <p>1.5. their staff at all levels are supported to understand and perform their delegated safety and quality roles and responsibilities</p> <p>1.6. all of their staff operate within the clinical governance framework to improve the safety and quality of healthcare for people in prison</p>



Criterion: Patient safety and quality systems

Expected outcome

Safety and quality systems are integrated with governance processes to enable health services to actively review, manage and improve the safety and quality of health care for people in prison

Action area	Requirements
Policies and procedures	<p>Health service providers must:</p> <ul style="list-style-type: none"> 1.7. meet the NSQHS Clinical Governance Standard: Policies and procedures 1.8. keep a register of all policies, procedures and protocols, including processes for evaluating and updating them
Measurement and quality improvement	<p>Health service providers must:</p> <ul style="list-style-type: none"> 1.9. meet the NSQHS Clinical Governance Standard: Measurement and quality improvement 1.10. have a process to involve people in prison and the workforce in the review of safety and quality performance and systems 1.11. provide timely reports to the department on safety and quality systems
Risk management	<p>Health service providers must:</p> <ul style="list-style-type: none"> 1.12. meet the NSQHS Clinical Governance Standard: Risk management 1.13. regularly report on health service delivery risks to the department 1.14. notify the department, Corrections Victoria and prison management immediately of any critical risks, threats, emergencies or disasters
Incident management systems and open disclosure	<p>Health service providers must:</p> <ul style="list-style-type: none"> 1.15. meet the NSQHS Clinical Governance Standard: Incident management and open disclosure 1.16. have a process to identify, investigate, analyse, minimise, and report on incidents to improve safety and quality 1.17. have a process to support people in prison, family and carers to communicate health service concerns or incidents 1.18. involve the workforce and people in prison in the review of incidents 1.19. provide timely feedback and reports on the analysis of incidents, and near miss incidents to the person involved, the governing body, the workforce and the department
Feedback and complaints	<p>Health service providers must:</p> <ul style="list-style-type: none"> 1.20. have processes to seek and manage regular feedback from people in prison about their experiences and outcomes of care



	<p>1.21. have processes to regularly seek and manage feedback from the workforce on their understanding and use of the safety and quality systems and workforce satisfaction, including regular workforce surveys</p> <p>1.22. analyse and monitor trends in feedback provided by people in prison and the workforce to improve safety and quality systems, and identify workforce training needs or opportunities to improve prisoner understanding of services</p> <p>1.23. encourage and support people in prison, family and carers, and the workforce to report complaints</p> <p>1.24. ensure that advocacy services are available to people in prison and their family and carers</p> <p>1.25. ensure a process is in place for the escalation of grievances in the case of an unsatisfactory investigation of a complaint</p> <p>1.26. resolve complaints and provide feedback on the outcomes of complaints in a timely and compassionate way</p>
<p>Diverse and Priority Groups</p>	<p>Health service providers must:</p> <p>1.27. meet the NSQHS Clinical Governance Standard: Diversity and high risk groups</p> <p>1.28. identify barriers to accessing health care for diverse and priority groups</p> <p>1.29. plan and implement evidence-based strategies to reduce the barriers to accessing health care for diverse and priority populations</p> <p>1.30. identify workforce training needs to ensure the health service delivery is responsive to the diverse range of attitudes, cultures, abilities, genders and health needs of people in prison</p>
<p>Healthcare records</p>	<p>Health service providers must:</p> <p>1.31. meet the NSQHS Clinical Governance Standard: Healthcare records</p> <p>1.32. utilise the department's electronic medical record system and follow the department's policies and procedure for medical records</p> <p>1.33. ensure the healthcare details are separate from the custodial management of the person in prison</p> <p>1.34. have procedures in place to ensure the multidisciplinary workforce is supported to maintain accurate and complete healthcare records using standardised templates, terminology, and international codes for disease classification</p> <p>1.35. regularly audit health records and share the results with the department and health staff to inform continuous improvement</p> <p>1.36. record critical information about medical and psychiatric alerts in all relevant information systems</p>



Criterion: Clinical performance and effectiveness

Expected outcome

The workforce has the right qualifications, skills, training, and supervision to provide safe, high-quality health care to people in prison.

Action area	Requirements
Safety and quality training, roles, and responsibilities	<p>Health service providers must:</p> <ul style="list-style-type: none"> 1.37. meet the NSQHS Clinical Governance Standard: Safety and quality training 1.38. meet the NSQHS Clinical Governance Standard: Safety and quality roles and responsibilities 1.39. ensure its workforce receives suitable orientation and training for working in the custodial environment <p>Health service providers must have strategies to:</p> <ul style="list-style-type: none"> 1.40. improve the cultural capability of the workforce to meet the needs of Aboriginal people in prison using a resource approved by the department 1.41. improve the cultural capability of the workforce to meet the needs of culturally and linguistically diverse people in prison 1.42. improve the understanding and capabilities of the workforce to meet the needs of Priority Groups in prison such as people with a disability, women and LGBTIQ+ people in prison 1.43. improve the understanding and delivery of trauma informed care which responds to the diverse needs and life experiences of all people in prison 1.44. ensure the delivery of equitable and ethical clinical care to people in prison
Performance management	<p>Health service providers must:</p> <ul style="list-style-type: none"> 1.45. meet the NSQHS Clinical Governance Standard: Performance management 1.46. meet the NSQHS Clinical Governance Standards: Variation in clinical practice and health outcomes
Credentialing and scope of clinical practice	<p>Health service providers must:</p> <ul style="list-style-type: none"> 1.47. meet the NSQHS Clinical Governance Standard: Credentialling and scope of clinical practice
Evidence based care	<p>Health service providers must:</p> <ul style="list-style-type: none"> 1.48. meet the NSQHS Clinical Governance Standards: Evidence based care 1.49. have processes to ensure all health programs delivered to people in prison are based on contemporary practice and supported by documented research and evidence



Quality Domain 2: Safe practice for healthcare in prison

Intent

The aim of this Quality Domain is to ensure health service providers proactively identify and manage safety and risk of harm and have procedures in place to ensure the safe delivery of health care to people in prison.

Criteria

- Safe delivery of care
- Communicating for patient safety
- Preventing and controlling infections

Standards that apply

The National Safety and Quality Health Service (NSQHS) Standards

- Clinical Governance Standard
 - Safe environment for the delivery of care
- Preventing and Controlling Infections Standard
 - Clinical governance
 - Infection prevention and control systems
 - Reprocessing reusable equipment and devices
 - Antimicrobial stewardship
- Communicating for Safety Standard
 - Correct identification and procedure matching
 - Communication at clinical handover
 - Communication of critical information
 - Documentation of essential information
- Comprehensive Care Standard
 - Minimising patient harm
- Medication Safety Standard
 - Clinical governance and quality improvement to support medication management
 - Documentation of patient information
 - Continuity of medication management
 - Medication management processes
- Recognising and Responding to Acute Deterioration Standard
 - Clinical governance and quality improvement to support recognition and response systems
 - Detecting and recognising acute deterioration, and escalating care
 - Responding to acute deterioration

National Standards for Mental Health Services

- Standard 5: Safety



Why this is important

This Quality Domain recognises the critical importance of the environment, communication, and infection control in supporting continuous, coordinated and safe patient care.

Health care providers need to ensure the health care environment is equipped to promote the delivery of safe and high-quality care to people in prison, this includes managing the safety of equipment, medication management and other identified risks in the delivery of healthcare in a correctional environment.

The cost of medication errors and adverse medication events can be significant for individual patients and the healthcare system. Standardising and systemising processes can improve medication safety by preventing medication incidents. These processes should include improving the processes for recording and reviewing medication information, improving communication with people in prison about their medications and processes for clinical handover, and ensuring the safe storage, dispensing and administration of medications in prison. In addition, the health service providers should have systems for the safe and appropriate prescribing and use of antimicrobials as part of an antimicrobial stewardship program.

Communication is a key safety and quality issue and is inherent to patient care. While informal communication will occur throughout care delivery, it is necessary to recognise the importance of effective communication for supporting continuous, coordinated, and safe patient care by the multidisciplinary healthcare team. This is particularly important as people in prison move between health facilities and prison sites, where changing or escalating health needs are identified, and on release to the community. This also includes communication with external health service providers, custodial staff, prison management or Corrections Victoria to manage risk in the prison environment.

Where appropriate, and when consent is given, the health service providers should communicate with family and carers regarding relevant history or circumstances to ensure the person in prison's health and wellbeing needs are well understood.

To reduce the risk to people in prison and members of the workforce of acquiring preventable infections, the health service providers must have policies and processes to prevent and control any kind of infection that may be transmitted in the healthcare service or the prison, regardless of where the infection was acquired. These should be developed to meet the requirements of the *Australian Guidelines for the Prevention and Control of Infection in Healthcare* as specified in the National Safety and Quality Health Service's Preventing and Controlling Infections Standard, which have been updated to include lessons learned during the COVID-19 pandemic.



Criterion: Safe delivery of care

Expected outcome

The health care environment promotes and provides safe and high-quality health care for people in prison.

Action area	Requirements
Safe environment	<p>Health service providers must:</p> <ol style="list-style-type: none"> 2.1. meet the NSQHS Clinical Governance Standard: Safe environment for the delivery of care 2.2. work in collaboration with Corrections Victoria and prison management to ensure there is a safe environment, free of violence, for staff to work in and that effective security management procedures are in place 2.3. ensure health staff are trained and competent in the prison Emergency Management Plan, Business Continuity Plan, and all relevant Commissioner's requirements and prison policies 2.4. maintain equipment and utilities to ensure they are accessible, fit-for-purpose and safe to use 2.5. have a process to notify the department of any issues with infrastructure that may compromise the safety of the healthcare environment 2.6. manage the storage and safety of chemicals, equipment, sharps, and medications, including having appropriate procedures in place 2.7. ensure a safe and welcoming environment for all people in prison accessing health services, regardless of their cultural background, age, sex, gender identity, sexuality, religion or disability status 2.8. ensure an inclusive and safe work environment for all employees regardless of their cultural background, age, sex, gender identity, sexuality, religion or disability status
Medication management	<p>The health service providers must:</p> <ol style="list-style-type: none"> 2.9. meet the NSQHS Medication Safety Standard: <ol style="list-style-type: none"> a. Clinical governance and quality improvement to support medication management b. Documentation of patient information c. Continuity of medication management d. Medication management processes 2.10. undertake medication reviews for people upon reception into prison and obtain collateral information from community providers to verify a person's medication history 2.11. prescribe medications as clinically indicated, based on evidence-based guidelines 2.12. have processes for prescribing medications that comply with the "7 rights" of medication administration: right patient, right



	<p>drug, right dose, right time, right route, right reason and right documentation</p> <p>2.13. ensure people in prison are continued on all medications prescribed at the time of transfer between facilities until reviewed by a Medical Practitioner at the receiving custodial facility</p> <p>2.14. ensure people in prison are informed about the processes for prescribing, dispensing and administering medications</p> <p>2.15. ensure people in prison are given sufficient understandable information about the risks and benefits of recommended medications to support shared decision making about their medication regimen</p> <p>2.16. ensure prescribed medications accompany people in prison upon transfer to and from custodial facilities and that medications are continued and accessible if required during transfer</p> <p>2.17. have a system in place to allow a person who attends court to access their prescribed medication</p> <p>2.18. have a process in place for the administering of medication by the health service team that ensures the person ingests their prescribed oral medication at the time it is administered to prevent diversion</p> <p>2.19. have a process in place for medications requiring supervision by custodial staff</p> <p>2.20. have a process in place to facilitate self-administration of prescription medications that are not considered a tradeable commodity, for approved people, in prisons that allow this process</p> <p>2.21. maintain an accurate record of medications held within the custodial setting</p> <p>2.22. ensure support is not withdrawn for other treatment and support programs based on a prisoner's non-compliance with medication</p> <p>2.23. avoid prescription medications known to have potential for dependency or abuse wherever possible</p>
Minimising patient harm	<p>The health service providers must:</p> <p>2.24. meet the NSQHS Comprehensive Care Standard: Minimising patient harm</p> <p>2.25. work with custodial staff on identifying risk factors and developing prevention strategies for minimising suicide and self-harm to people in prison and referring them to appropriate support programs and services</p>
Recognising and responding to acute deterioration	<p>The health service providers must:</p> <p>2.26. meet the NSQHS Recognising and Responding to Acute Deterioration Standard</p>



Criterion: Communicating for patient safety

Expected outcome

Timely, effective, and coordinated communication and documentation supports the delivery of integrated, continuous, and safe care for people in prison

Action area	Requirements
Correct identification and procedure matching	Health service providers must: 2.27. meet the NSQHS Communicating for Safety Standard: Correct identification and procedure matching
Communication at clinical handover	Health service providers must: 2.28. meet the NSQHS Communicating for Safety Standard: Communication at clinical handover 2.29. ensure information is provided to the relevant health professionals who have assumed healthcare responsibilities for the person in prison 2.30. ensure that clinical handover processes are followed within and between healthcare services when a person is transferred to another prison, another health service or is released to a community health care service
Communication of critical information	Health service providers must: 2.31. meet the NSQHS Communicating for Safety Standard: Communication of critical information 2.32. have a process to communicate critical information and risks to custodial staff when there is a change to a person's health that places the person in prison, other prisoners or staff at risk of harm 2.33. have a process in place to communicate to the nominated next of kin, when there is a sudden change in the health status of a person in prison, that is considered to be life threatening 2.34. have a procedure in place to review and document test results and provide timely feedback to people in prison 2.35. have a procedure in place to manage and follow up communications or healthcare recommendations when a person in prison has accessed an external health service, including specialist care.
Documentation of essential information	Health service providers must: 2.36. meet the NSQHS Communicating for Safety Standard: Documentation of information



Criterion: Preventing and controlling infections

Expected outcome

The risk of people in prison or the workforce acquiring preventable infections is reduced and managed by having processes for infection prevention and control and antimicrobial stewardship

Action area	Requirements
Clinical governance and quality improvement systems are in place to prevent and control infections, and support antimicrobial stewardship and sustainable use of infection prevention and control resources	<p>Health service providers must:</p> <ul style="list-style-type: none"> 2.37. meet the NSQHS Preventing and Controlling Infections Standard: Clinical governance, and quality improvement systems are in place to prevent and control infections, and support antimicrobial stewardship and sustainable use of infection prevention and control resources 2.38. develop, maintain and implement a Health Protection Plan that details the health service provider's response in the event of a communicable disease outbreak 2.39. report incidence data on communicable diseases, infections and the volume and appropriateness of antimicrobial use to the department 2.40. work with the department, Corrections Victoria, prison management and other service providers to ensure there is a consistent and collaborative approach to managing and responding to public health and pandemic risks 2.41. have processes to audit and improve workforce compliance and competence for the appropriate use of standard and transmission-based precautions for infection control
Infection prevention and control systems	<p>Health service providers must:</p> <ul style="list-style-type: none"> 2.42. meet the NSQHS Preventing and Controlling Infections Standard: Infection Prevention and control systems (exemptions apply for the sections Aseptic technique and Invasive medical devices for health services who do not perform invasive medical procedures) 2.43. comply with notification processes for infectious diseases and other conditions of concern in Victoria 2.44. inform the prisoner of their diagnosis, infection risk, treatment options and the infection control precautions they are required to take to protect themselves and others 2.45. communicate details of a person's infectious status to prison management and Corrections Victoria where it is determined there is a risk to other people in prison 2.46. have processes to communicate to custodial staff the accommodation and placement needs of the person within the prison, to manage infection risks, including any risks to the wellbeing of that person if they are placed in isolation for infection control purposes



	<p>2.47. communicate to custodial staff if infection control precautions are required when moving a person in prison between health facilities, between prisons or to external services</p> <p>2.48. identify and communicate to custodial staff the need for any additional environmental cleaning or disinfection processes and resources in the prison facility</p> <p>2.49. consider the need for the emergency contact, family, carer, custodial staff or other people who may have been in contact with the person prior to entering prison, to be informed of their potential exposure to a communicable disease</p> <p>2.50. ensure their workforce screening and immunisation policies are consistent with the department’s requirements for vaccine preventable diseases and are designed to protect people working and living in prison</p>
<p>Reprocessing reusable equipment and devices</p>	<p>Health services that reuse equipment and devices must:</p> <p>2.51. meet the Preventing and Controlling Infections Standard for Reprocessing reusable equipment and devices</p>



Quality Domain 3: The rights and needs of people in prison

Intent

People in prison understand their rights to be informed of and involved in decisions about their health care which must not be compromised by being in custody

Criteria

- Healthcare rights
- Information for people in prison

Standards that apply

The National Safety and Quality Health Service (NSQHS) Standards

- Partnering with Consumers Standard
 - Clinical governance and quality improvement systems to support partnering with consumers
 - Partnering with patients in their own care
 - Health literacy
 - Partnering with consumers in organisational design and governance

National Standards for Mental Health Services

- Standard 1: Rights and responsibilities
- Standard 3: Consumer and carer participations
- Standard 6: Consumers

Why this is important

Empowering people in prison to understand and manage their health needs, including through increased access to information, education and resources, is a key aim in delivering holistic health care.

These aims can only be realised by involving individuals in their own care with decisions made in partnership between people in prison, family and carers and clinicians.

People in prison must be informed about the risks and benefits of health care and be given the opportunity to fully participate in decision making regarding treatment options. To provide informed consent, people must have a clear understanding of expectations and risks and should have the choice to seek advice from a nominated support person to assist with their decision making. People in prison have the right to refuse treatment or to seek other opinions,

Individual health literacy is the skills, knowledge, motivation, and capacity of a person to access, understand, appraise, and apply information to make effective decisions about their health and health care, and to take appropriate action.

Further to building individual skills, health service providers can create a health literacy environment where the infrastructure, policies, processes, materials, people and relationships that make up the healthcare system and the broader prison system, can work to improve the ways in which people access, understand, appraise and apply health related information. Improving the health literacy of people in prison helps to build their health agency.



Health staff have a professional obligation to ensure they understand their patients' healthcare problems and that people in prison understand the information provided to them, so they can exercise their rights and provide informed consent and make informed decisions about their health care.

It is important that people in prison are aware of their right to express their opinion or make complaints about the health services they receive and their right to have those complaints considered and resolved.

Criterion: Healthcare rights

Expected outcome

People in prison are aware of and understand their rights and make voluntary and informed decisions about their health care.

People in prison are supported to be actively involved in planning and decisions regarding their health care and rehabilitation.

People in prison receive health care that is private and confidential, and sharing of their health information occurs in accordance with relevant privacy legislation and policies.

Action area	Requirements
Governance	<p>The health service providers must:</p> <p>3.1. meet the NSQHS Partnering with Consumers Standard: Clinical governance and quality improvement systems to support partnering with consumers</p>
Access	<p>Health service providers must ensure:</p> <p>3.2. there is a triage system for people in prison seeking or requiring health care according to clinical need to ensure urgent care is prioritised</p> <p>3.3. people in prison have access to out-of-hours health services to ensure health and medical service are available 24 hours per day</p> <p>3.4. people in restrictive environments have access to and receive appropriate health care services, including those accommodated in observation cells, close supervision and management and high security unit beds</p> <p>3.5. a coordinated and integrated system ensures timely access to primary healthcare and timely referral to specialist care</p> <p>3.6. that active referrals are reviewed when a prisoner is transferred to another custodial facility and the triage process at the new prison considers wait times already incurred so that the person is not disadvantaged by being moved between facilities</p> <p>3.7. they implement appropriate technologies such as tele-health to enhance access to health services for people in prison, providing the quality of care is not compromised by using such technologies</p>



	<p>3.8. they coordinate and facilitate referrals and bookings for tele-health appointments with external health service providers including specialist and surgical consultations</p> <p>3.9. a private space and health staff are available to facilitate the consultations and that tele-health consultations are documented in the healthcare record</p> <p>3.10. in-reach services are provided with appropriate onsite facilities to deliver clinically appropriate specialist health care to people in prison while reducing the need for movement to external health services</p>
Privacy and confidentiality	<p>Health service providers must ensure that:</p> <p>3.11. people in prison are interviewed, assessed and examined in an environment that ensures privacy, confidentiality and dignity</p> <p>3.12. procedures are in place to maintain privacy and confidentiality for the collection, storage and sharing of health information for people in prison</p> <p>3.13. procedures that clearly outline the process of consent for information sharing are in place to govern the sharing of information between the health service provider, prison management, Corrections Victoria, Community Correctional Services, family and carers, or other relevant organisations</p> <p>3.14. policies and procedures which comply with applicable legislation are in place for information sharing without consent, where it involves a risk of harm to the person in prison or others</p>
Informed consent	<p>The health service providers must:</p> <p>3.15. meet the NSQHS Partnering with Consumers Standard: Partnering with patients in their own care, including</p> <ul style="list-style-type: none"> – Healthcare rights and informed consent <p>The health service providers must ensure that:</p> <p>3.16. evidence of informed consent for health interventions and consent to share information is documented in the health record</p> <p>3.17. evidence of informed consent for the presence of a third party during a consultation is documented on the health record for example interpreter, family or carer, student clinician or custodial staff</p> <p>3.18. evidence of informed consent is documented to allow sharing of information with relevant organisations or support people on the person's release from prison</p> <p>3.19. evidence of informed consent for the collection of health data for research purposes is documented in the health record (this excludes de-identified data collected internally for quality improvement purposes)</p>



	<p>3.20. a person in prison who refuses medical treatment is managed in accordance with the relevant departmental policy</p> <p>3.21. people in prison have the right to change their decision and withdraw consent at any time</p> <p>3.22. compulsory medical treatment orders adhere to current legislation and are restricted to prisoners who meet the specific criteria, such as ordered by the court</p>
Partnering with people in prison in their own care	<p>The health service providers must:</p> <p>3.23. meet the NSQHS Partnering with Consumers Standard: Partnering with patients in their own care, including</p> <ul style="list-style-type: none"> – Healthcare rights and informed consent – Sharing decisions and planning care
Partnerships in healthcare governance planning, design, measurement and evaluation	<p>The health service providers must:</p> <p>3.24. meet the NSQHS Partnering with Consumers Standard: Partnering with consumers in organisational design and governance</p> <p>3.25. involve a representative group of people currently in prison, advocates of people in the prison system and/or people with lived experience of prison in the governance, design, measurement and evaluation of the health care delivered in Victorian prisons</p>

Criterion: Information for people in prison

Expected outcome

All people in prison receive timely information about the health care services available in prison.

People in prison know how to access services and understand the processes for providing feedback and complaints.

All information provided is tailored to meet the diverse communication and health needs of people in prison and to improve health literacy.

Action area	Requirements
Information about health services	<p>The health service providers must inform all people at orientation and throughout their period in custody about:</p> <p>3.26. all healthcare services and health programs delivered across the Victorian prison system, including availability and eligibility requirements</p> <p>3.27. how the health services will coordinate primary and specialist services to provide integrated, person centred care to each person in prison</p> <p>3.28. their rights and responsibilities in relation to health care while in prison</p> <p>3.29. privacy and confidentiality of health services</p>



	<p>3.30. how to seek further health information second opinions if the person is not satisfied with their health care</p> <p>3.31. the diagnosis, treatment options, prevention and management of their health conditions</p> <p>3.32. proposed investigations and referrals, including their purpose, risks and benefits</p> <p>3.33. the processes for making complaints and providing feedback</p> <p>3.34. how they may be able to access a private registered health practitioner, at their own expense, with the approval of the Principal Medical Officer in accordance with the department's policy</p> <p>3.35. how to access services within the community upon release</p> <p>3.36. how to request that health information is made available to their family or carer with the consent of the person in prison</p>
Health literacy	<p>The health service providers must:</p> <p>3.37. meet the NSQHS Partnering with Consumers Standard: Health literacy</p> <p>3.38. build the health agency of people in prison by actively working to improve their health literacy in relation to common health conditions, treatment options and prevention strategies for improving physical and mental health, such as minimising risk factors and increasing health promoting behaviours to maintain health and wellbeing</p> <p>3.39. reduce unnecessary complexity for people in prison in using and navigating the health service</p> <p>3.40. ensure communication mechanisms and materials are tailored to the diversity and the specific needs of the people in prison, for example:</p> <ul style="list-style-type: none"> a. information is provided in the persons preferred language b. information uses plain and easy to understand language c. information is provided in accessible formats d. interpreters, including sign language interpreters, are provided for people who need them e. people in prison who experience difficulties with communication are given assistance to understand <p>3.41. build a health literacy environment by:</p> <ul style="list-style-type: none"> a. developing and implementing health literacy processes that aim to improve health literacy levels of people in prison b. providing health education programs



Quality Domain 4: Person-centred care

Intent

The health service providers ensure the delivery of holistic person-centred health care to all people in prison, as well as recognising the specific requirements for any Priority Groups.

Criteria

- Health care for Priority Groups
- Health care for all ages

Standards that apply

The National Safety and Quality Health Service (NSQHS) Standards

- Clinical governance
 - Patient safety and quality systems

National Standards for Mental Health Services

- Standard 4: Diversity responsiveness

Why this is important

Person-centred care is an approach to the planning, delivery and evaluation of health care that is founded on mutually beneficial partnerships among clinicians and patients. Person-centred care is respectful of, and responsive to, the preferences, needs and values of patients and consumers. Person centred care in prison should meet the individual needs of people, provide integrated health care, programs and supports, to deliver holistic, wraparound care for the individual. Key dimensions of person-centred care include respect, emotional support, information and communication, continuity and transition, care coordination, involvement of carers and family, and access to care (NSQHS).

Person-centred health care in the prisons is delivered using an approach that is trauma informed, culturally safe and recognises intersectionality. Proactive engagement with the individual ensures that services are specific to their needs, their cultural or religious views and beliefs, identity, gender identity or sex, sexuality, age, lifecycle, and ethnicity, and recognises that a broad range of factors contribute to an individual's health status. Health service providers must recognise intersectionality when providing services, whereby people may belong to two or more different social categories and have overlapping and compounding experiences of discrimination.

All people in prison have the right to comprehensive and individualised care that is person centred and provides a holistic approach to their general health, mental health and wellbeing. This Quality Domain recognises that there are specific cohorts of people within prison that face additional barriers to accessing care and require a suite of tailored health responses and services.



Criterion: Health care for Priority Groups

Expected outcome

People in prison receive health services that are consistent with and respectful of their health status, rights, beliefs, religious and cultural needs.

Action area	Requirements
Culturally and linguistically diverse (CALD) people in prison	<p>Health service providers must ensure that:</p> <ol style="list-style-type: none"> 4.1. their staff treat CALD people with respect and are welcoming of diversity 4.2. health services are culturally safe and responsive to the diverse ethnic, cultural, linguistic, spiritual and religious needs of CALD people 4.3. CALD people in prison have the choice to communicate in their preferred language through easy access to professional interpreter services, in person or by telephone 4.4. with informed consent, family members or a nominated support person are engaged in the release planning of the CALD person 4.5. planning and delivery of clinical care to people in prison with diverse needs proactively involves consultations with relevant community stakeholders or advocacy organisations, and may also include in-reach services by local health organisations tailored for the CALD community
People with a disability in prison	<p>Health service providers must ensure that:</p> <ol style="list-style-type: none"> 4.6. procedures are in place to assist with the identification of people with disability who are in custody, including recording the diagnosis of a disability, and other relevant details in the healthcare record 4.7. people with a disability are managed in partnership with Corrections Victoria or prison management 4.8. the planning and delivery of integrated clinical care to people in prison with a disability is conducted proactively and in consultation with the person in prison and their family/carer, the multidisciplinary health team, and relevant stakeholders or advocacy organisations 4.9. health services proactively manage the specific health needs of people in prison with a disability which may include cognitive impairment, mental illness, acquired brain injury, sensory disability or physical disability 4.10. people with a disability in prison are supported to access health services and to overcome any potential communication difficulties with health staff 4.11. custodial staff and management, family/carer and other relevant stakeholders are engaged as required to ensure integrated support and continuity of health care for people with a disability



	<p>4.12. health staff support custodial staff with the planning and applications for the National Disability Insurance Scheme by conducting relevant health assessments and sharing relevant health information, with the consent of the person</p> <p>4.13. health staff participate in correctional case conferences when required</p> <p>4.14. assessment, supply and fit of medical aids for people with a disability occurs in a timely manner</p>
<p>Women in prison (transgender and cisgender women)</p>	<p>Health service providers must ensure that:</p> <p>4.15. women in prison have access to specialist women-specific health services</p> <p>4.16. they take into consideration that women’s sentences are usually shorter, although more frequent</p> <p>4.17. women in prison can request a female Medical Practitioner or nurse without incurring additional wait times</p> <p>4.18. women in prison are treated in a manner that is holistic, trauma-informed and promotes choice and self-efficacy</p> <p>4.19. trauma symptoms for women are not triggered or exacerbated by interaction with the service</p> <p>4.20. health assessments address women-specific health issues, for example, gynaecological history, current and past pregnancies and urological complaints</p> <p>4.21. they are responsive to age-specific women’s health issues, for example, contraception, identification and management of menopause and osteoporosis for older women</p> <p>4.22. pregnant women receive timely antenatal and postnatal assessments, referrals, counselling and treatment in a manner that is respectful to the woman’s cultural and/or religious diversity. This includes development of a case management plan to ensure integrated care that meets the individual needs of pregnant women</p> <p>4.23. a process is in place to inform Corrections Victoria and prison management of any pregnant women in prison to ensure that the needs of these women are met in a holistic way</p> <p>4.24. women receive advice and support in their choice to breastfeed, formula feed or to express and store breast milk in prison</p> <p>4.25. women in prison who experience ectopic pregnancy, miscarriage, stillbirth or terminated pregnancy are assessed and provided with appropriate physical and mental health support</p> <p>Children in the care of their mothers</p> <p>The health service providers must ensure that:</p> <p>4.26. children in the care of their mothers receive primary health care which includes:</p>



	<ul style="list-style-type: none"> a. Medical Practitioners and nurses b. pharmacy services c. first aid and emergency care d. immunisation and pathology services e. co-ordinated care, including referrals to allied health and specialist care
<p>LGBTIQ+ people in prison</p>	<p>Health service providers must ensure that:</p> <ul style="list-style-type: none"> 4.27. processes are established for inclusive practice that considers the diversity of sexual orientations, gender identities and intersex variations, and promotes appropriate professional practice 4.28. the workforce has knowledge of, and is skilled in responding to the specific health needs of LGBTIQ+ people, and is competent using gender inclusive and culturally aware language 4.29. they foster an organisational culture that is safe and inclusive for LGBTIQ+ staff and actively seek to employ LGBTIQ+ people 4.30. there is an ongoing process of implementing strategies, training, programs and initiatives to continually build the capability of all health staff in working with LGBTI+ people, including reflective practice, trauma informed care and training in unconscious bias 4.31. the organisation regularly reviews capability building needs to improve LGBTIQ+ inclusive practice 4.32. a process is established to facilitate safe disclosure of sexual orientation, gender identities or intersex variations and identify their needs (including upon reception and throughout a person’s time in custody) 4.33. all of their staff address LGBTIQ+ people in prison using that person’s preferred name and pronoun at all times. Where the health service provider is unsure, they should ask the person how they would like to be addressed and document it in the healthcare record 4.34. confidentiality is assured and permission is sought for documenting LGBTIQ+ status in the healthcare record. Consent to share relevant information with custodial staff must be obtained 4.35. on reception into custody, the physical health and mental health needs assessment and planning includes an assessment of the specific health needs of a person who identifies as LGBTIQ+, noting the particular health care needs of transgender, gender diverse and intersex people 4.36. care and referral pathways for LGBTIQ+ people must be established under a secondary consult model with appropriate community providers or in reach service providers. Such pathways must not disadvantage the person,



such as incurring longer wait times, and can be accessed on request of the person

Criterion: Healthcare for all ages

Expected outcome

People in prison receive health care appropriate for their age throughout their stay in prison

Action area	Requirements
Young people in prison (aged 18–25 years)	<p>Health service providers must ensure that:</p> <p>4.37. services for young people in prison consider their lifestyle, risk-related activities, and that their sentences are usually shorter, although more frequent</p> <p>4.38. services are safe, supportive, and relevant to age-related behaviours, developmental stages and health needs, such as alcohol and drug use, sexual health, mental health and suicide prevention, and consider the possible history of trauma and abuse</p> <p>4.39. services have an emphasis on risk factor management, wellbeing and recovery, and disease prevention for younger people and where beneficial, health service providers partner with local youth-focused organisations to deliver in-reach services</p>
Older people in prison (aged over 45 years old for Aboriginal people and 50 years old for non-Aboriginal people)	<p>Health service providers must ensure that:</p> <p>4.40. older people in prison receive age-appropriate comprehensive functional and health assessments as required (including for dementia and cognitive impairment and), appropriate healthcare plans, routine screening, assessments, and referrals throughout their prison term</p> <p>4.41. the primary healthcare team proactively refer to appropriate services such as allied health, personal care services, specialist geriatric services, neurology, and other prison services</p> <p>4.42. they work alongside custodial staff through information sharing and ongoing training to jointly manage the needs of older people, such as those living with physical impairments, cognitive impairments, age-related cognitive decline or dementia</p> <p>4.43. they work with custodial staff and family or carers, where appropriate, to facilitate access for eligible older people to the specialist Aged Care Assessment Service by providing necessary referrals or information, with consent of the person</p>



Quality Domain 5: Aboriginal people in prison

Intent

Aboriginal people receive comprehensive and culturally safe healthcare that allows them to achieve their health and wellbeing goals.

Criteria

- Aboriginal cultural safety

Standards that apply

The National Safety and Quality Health Service (NSQHS) Standards

- Clinical governance Standard
 - Governance, leadership and culture
 - Clinical performance and effectiveness
 - Safe environment for the delivery of care
 - Partnering with consumers in organisational design and governance
- Comprehensive care Standard
 - Developing the comprehensive care plan

National Standards for Mental Health Services

Standard 4: Diversity responsiveness

Why this is important

Aboriginal people are over-represented in the criminal justice system and are at an increased risk of chronic and complex medical conditions compared to the non-Aboriginal population.

Evidence shows that Aboriginal people are more likely to access health services where service providers communicate respectfully, focus on building rapport and relationships, understand culture, and have Aboriginal people on staff, in identified or designated roles.

Cultural safety is defined as an “environment which is spiritually, socially and emotionally safe, as well as physically safe for people; where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience, of learning together with dignity and truly listening” (Williams 1999). The Victorian Aboriginal Community Controlled Health Organisation (VACCHO) describes cultural safety as the provision of “quality service that fits within the cultural values and norms of the person accessing the service that may differ from your own and/or the dominant culture.”

Cultural safety is important for all health service providers to maintain engagement, ensures continuity of attendance and assist with people in prison feeling comfortable whilst accessing services. Unsafe cultural practices are defined as any action that diminishes, demeans or disempowers the cultural identity and wellbeing of an individual or group.

Culturally safe health services adopt a Social and Emotional Wellbeing (SEWB) approach to healthcare. SEWB in Aboriginal Culture is a concept that reflects a holistic understanding of health, mental health and wellbeing. This concept recognises that achieving optimal conditions for health and wellbeing requires a holistic view of health encompassing the social, emotional, spiritual and cultural wellbeing of the individual and their community.



Connection to land, culture and community are central to Aboriginal wellbeing; they are strengths of the community which can play a pivotal role in building resilience. As all aspects of Social and Emotional Wellbeing are interrelated, ill health is likely to persist in Aboriginal people if any aspect of their SEWB is left untreated.

Being able to access culturally safe and competent health care for many Aboriginal people is key to the accessibility and effectiveness of health services they receive. Culturally safe services are welcoming and otherwise unthreatening environments that acknowledge the socioeconomic and cultural factors influencing the health and wellbeing of Aboriginal people. Culturally safe services place the person at the centre of care utilising a wraparound approach to address health and wellbeing needs in a holistic manner. The presence of Aboriginal staff members (i.e. Aboriginal health workers) has been demonstrated to help manage the risk of services unintentionally alienating Aboriginal clients (AMA Report 2014).

Consistent continuity of care during transition back into the community is imperative in providing a culturally safe health system and to ensure that health gains that are achieved in the prison are not lost upon an individual's release. This can be achieved through collaboration and information sharing between the health service provider and relevant services to provide coordinated care.

Criterion: Aboriginal Cultural Safety

Expected outcome

Health services are designed and delivered to meet the physical, social, emotional, spiritual and cultural wellbeing needs of Aboriginal people in prison in a culturally safe manner

Action area	Requirements
Governance	<p>Health service providers must:</p> <p>5.1. meet the NSQHS Clinical Governance Standards relating to Aboriginal people in:</p> <ul style="list-style-type: none"> – Governance, leadership and culture – Clinical performance and effectiveness – Safe environment for the delivery of care – Partnering with consumers in organisational design and governance <p>5.2. meet the NSQHS Comprehensive Care Standard relating to Aboriginal people in:</p> <ul style="list-style-type: none"> – Developing a comprehensive care plan <p>5.3. ensure service accountability to the Aboriginal community through Aboriginal representation on relevant health service governance bodies</p>
Collaboration	<p>Health service providers must:</p> <p>5.4. provide coordinated care to Aboriginal people in prison through collaboration and information sharing between health services and the Aboriginal Wellbeing Officer or Aboriginal Liaison Officer at all prison locations</p> <p>5.5. engage and establish meaningful working relationships with Aboriginal Community Controlled Health Organisations (ACCHOs) in local communities to enhance health service</p>



	delivery and to support transition and continuity of care for Aboriginal people leaving custody
Community Engagement	<p>Health service providers must:</p> <p>5.6. provide information to Aboriginal people in prison in a way that is accessible and meets their needs, this includes being provided with culturally appropriate literature regarding health information</p> <p>5.7. develop rapport with Aboriginal people in prison to improve cultural safety, health promotion, prevention, and early intervention</p> <p>5.8. with informed consent, engage family, a nominated support person or in-reach ACCHO services to support Aboriginal people with health and mental health needs throughout their stay in prison</p> <p>5.9. with informed consent, engage family, a nominated support person, service provider or a community Elder or navigator to be involved with the Aboriginal person's release planning to increase the chances of maintaining health gains post release</p>
Organisational	<p>Health service providers must:</p> <p>5.10. have an ongoing process of implementing strategies, training, programs and initiatives to continually build the cultural capability of all health staff, including reflective practice, trauma informed care and training in unconscious bias</p> <p>5.11. employ, retain, and develop Aboriginal staff at all levels of the health workforce and provide evidence of an Aboriginal employment and retention strategy, including professional development and progression opportunities</p> <p>5.12. foster an organisational culture and service that is culturally safe, inclusive, welcoming, and responsive to the needs of Aboriginal people in prison</p> <p>5.13. provide cultural wraparound support for Aboriginal staff. This includes providing Aboriginal staff access to culturally appropriate places to practise their spirituality, culturally appropriate professional support, and embedding Aboriginal cultural values in its policies and operational practices</p>



<p>Policies and procedures</p>	<p>Health service providers must:</p> <ul style="list-style-type: none"> 5.14. have evidence of strategies, activities, and tailored health services and monitoring undertaken to improve health outcomes for Aboriginal people in prison 5.15. embed Aboriginal cultural values in health programs and services for Aboriginal people 5.16. improve communication and support for Aboriginal people from the point of reception to encourage them to engage with health services and to be involved in the planning for their release 5.17. maintain a culturally safe process for handling complaints, incident reports, and feedback where Aboriginal people in prison, Aboriginal health staff and third parties feel safe when lodging a complaint and can receive timely and culturally appropriate support 5.18. actively monitor the nature of complaints lodged by Aboriginal people in prison, their families or nominated representative, and Aboriginal health staff to identify and address any evidence of systemic deficiencies that negatively impact the cultural safety of the health service
<p>Social and emotional wellbeing</p>	<p>Health service providers must:</p> <ul style="list-style-type: none"> 5.19. incorporate Aboriginal social and emotional wellbeing needs in the design and delivery of health care 5.20. invest in strengthening cultural identity, addressing trauma, building resilience, and promoting positive social and emotional wellbeing in its workplace environment and services for Aboriginal people 5.21. provide health staff with regular cultural capability training that increases their understanding of Aboriginal social and emotional wellbeing concepts of health, as well as the physical manifestations of trauma 5.22. work closely with the prison and Aboriginal wellbeing staff to ensure easy access to traditional healing and other services tailored for social and emotional wellbeing for Aboriginal people in prison



Part B: Primary Healthcare Services

Quality Domain 6: Health Assessments and Planning

Intent

People in prison receive continuous and comprehensive care from their initial reception into prison through to their release.

Criteria

- Health assessments
- Care planning

Standards that apply

The National Safety and Quality Health Service (NSQHS) Standards

- Comprehensive Care Standard
 - Developing the comprehensive care plan

Australian Commission on Safety and Quality in Health Care

- National Guidelines for On-Screen Presentation of Discharge Summaries

National Standards for Mental Health Services

- Standard 7: Carers
- Standard 9: Integration
- Standard 10: Delivery of care

Why this is important

Health Assessments and Planning contributes to improving the health of people in prison through the assessment, risk factor identification, integrated care planning and release planning processes that provide comprehensive and individualised care for people in prison. These processes ensure that people in prison can access health services when they need them and continuity of care is available on release.

Every person's health needs are assessed at times of highest risk, namely upon reception, transfer and release, with integrated care planning undertaken for those requiring ongoing care. Prevention of self-harm and suicide must be a key priority for all health services at all times.

Health is a critical domain within Corrections Victoria's Reintegration Pathway, which recognises that release preparation commences upon entry to prison and continues throughout the prison episode, to influence the best possible reintegration outcomes.

Health Assessments and Planning processes are also designed to support Corrections Victoria and prison management to maintain an environment of good order and safe custody, which facilitates a setting that fosters rehabilitation, and protects and promotes health and wellbeing.



Criterion: Health assessments

Expected outcome

All people entering the prison have their immediate healthcare needs and clinical risks assessed to initiate planning for their health care and inform their placement in the prison system.

People at-risk of suicide or self-harm are identified and receive an integrated response that includes an at-risk management plan developed by the clinical team.

A system is in place to ensure people in prison who are to be transferred to another prison location or to court are medically fit to travel.

Action area	Requirements
Medical reception assessment	<p>The health service provider must:</p> <ul style="list-style-type: none"> 6.1. undertake a health assessment for all people on reception in a manner that encourages the individual's participation in the assessment and recognises the initial reception into custody is a stressful and high-risk time 6.2. seek the presence of an Aboriginal Wellbeing Officer or Aboriginal Liaison Officer, if available, when requested by an Aboriginal person 6.3. reoffer any services that are declined at the initial health assessment at subsequent appointments <p>The health service provider must undertake a health assessment for all people on reception to prison that includes:</p> <ul style="list-style-type: none"> 6.4. an assessment of general health that identifies any immediate and/or ongoing health risks and health care or personal care needs, including alcohol and other drugs needs 6.5. an assessment of mental health, including an at-risk of self-harm and suicide assessment 6.6. identifying and recording any type of pre-identified disability or cognitive impairment 6.7. identifying and recording whether a person identifies as LGBTIQ+ 6.8. establishing the person's immunisation status 6.9. the option of screening for blood borne viruses or other communicable diseases 6.10. the option of pregnancy tests for women 6.11. referral to additional health services if required 6.12. commencing planning for the delivery of healthcare, personal care and for release



At-risk assessment	<p>Health service providers must ensure that at-risk assessments are conducted when:</p> <ul style="list-style-type: none"> 6.13. a concern is raised about a person in prison's behaviour during any health assessment 6.14. a concern is raised by the person in prison or any other person that believes the person in prison may commit an act of self-harm <p>Health service providers must ensure that:</p> <ul style="list-style-type: none"> 6.15. an at-risk management plan is developed and implemented for any person assessed as being at-risk of suicide and/or self-harm with an emphasis placed on positive outcomes under a recovery-led model of care 6.16. at-risk people in prison are reviewed on an ongoing basis, with arrangements in place for monitoring the person's progress and outcomes 6.17. referrals from the primary health service to the forensic mental health service are timely and informed by best practice protocols 6.18. Aboriginal people will be offered the attendance of an Aboriginal Health Practitioner or Aboriginal Health Worker, if requested and available
Aboriginal health check	<p>Health service providers must ensure that:</p> <ul style="list-style-type: none"> 6.19. all Aboriginal people are offered an annual Aboriginal health check that is equivalent to the Medicare item number 715 and considers the physical health and social and emotional wellbeing needs of the individual 6.20. the Aboriginal health check informs the Integrated Care Plan 6.21. the health check is conducted by an Aboriginal Health Practitioner or Aboriginal Health Worker
Transfer health assessments	<p>Health service providers must ensure that:</p> <ul style="list-style-type: none"> 6.22. the healthcare needs and the fitness to travel of people in prison proposed for transfer between facilities or attending court is assessed prior to transport 6.23. all necessary information, medication, equipment or aids are provided to custodial staff to ensure people in prison are safely transferred to another custodial facility or court 6.24. inter-prison transfer health assessments and return from hospital health checks are conducted at destination prisons 6.25. face to face welfare health checks are conducted at the destination prison after a court appearance



Criterion: Care planning

Expected outcome

The health and wellbeing of an eligible person in prison is optimised and managed using integrated care plans to ensure ongoing care and treatment that considers the person in prison's health goals and needs.

The health of people in prison is maintained through comprehensive care planning in collaboration with other health service providers and community-based health service providers.

Action area	Requirements
Comprehensive care planning	<p>The health service providers must ensure they meet:</p> <p>6.26. the Comprehensive Care Standard in the NSQHS for Developing the comprehensive care plan</p>
Integrated care plan (ICP) requirements	<p>Health service providers must identify people in prison who are eligible for an ICP, which includes:</p> <p>6.27. all Aboriginal people in prison</p> <p>6.28. all people who identify as transgender, gender diverse or intersex</p> <p>6.29. people diagnosed with one or more current chronic medical condition</p> <p>Health service providers must ensure that:</p> <p>6.30. ICPs are informed by previous health assessments and developed for eligible people in prison to support the planning and ongoing treatment of their individual health needs during their time in custody</p> <p>6.31. ICPs are reviewed and revised on a regular basis</p> <p>6.32. a representative from the health workforce attends correctional case conferences or case management review committees for people with complex care needs</p> <p>6.33. development of ICPs for Aboriginal people are led by an Aboriginal Health Worker or Aboriginal Health Practitioner in consultation with the multidisciplinary team</p> <p>6.34. development of ICPs for people who identify as transgender, gender diverse and intersex will involve relevant community providers under a secondary consult model</p>
Release planning	<p>The health service providers must ensure that:</p> <p>6.35. release planning commences early during a person's term of imprisonment and informs the holistic release preparation within the Corrections Victoria Reintegration Pathway and Offender Management Framework</p> <p>6.36. a family member, carer or nominated support person is involved in health release planning, when appropriate and with the consent of the person in prison</p> <p>6.37. people with an Integrated Care Plan, a Mental Health Release Plan, or who require ongoing health care will have a</p>



	<p>health release planning appointment to discuss their health related release needs</p> <p>6.38. every person leaving prison receives a copy of their health release summary</p> <p>6.39. follow up appointments with health services in the community should be made, when required for continuity of care, and follow up instructions for medication or appointments should be clearly documented in the release summary and include dates and contact details for services</p> <p>6.40. ensure people being released from custody have a 5 day supply of medications (excluding Medication Assisted Treatment of Opioid Dependence (MATOD))</p>
<p>AOD-specific release planning</p>	<p>The health service providers must:</p> <p>6.41. ensure release planning considers specific risks associated with substance use upon release from prison, encourages uptake in targeted AOD-related release activities and involves family/carers (when consent is provided)</p> <p>6.42. provide naloxone training for eligible people prior to their release</p> <p>6.43. issue naloxone on release for those prescribed MATOD or any other opioid medication who have completed naloxone training</p> <p>6.44. support the continuity of care for people in prison with AOD concerns by making appropriate referrals to community-based AOD services</p> <p>6.45. send a 7 day MATOD prescription to a community pharmacy prescriber, for people who are being released from prison on MATOD</p> <p>6.46. ensure the person being released is made aware of the MATOD community pharmacy subsidy program</p> <p>6.47. ensure that on release, the person is aware of the MATOD prescription and given the contact details of the community pharmacy where their prescription has been sent</p> <p>6.48. pre-arrange an appointment with a General Practitioner in the community, which must occur within 7 days of the person's release date</p>



Quality Domain 7: Population Health

Intent

Health service providers achieve service cohesion through strong linkages between health services to improve prisoner health outcomes and reduce health inequities experienced by the prison population.

Criteria

- Communicable diseases
- Early detection of disease
- Health promotion and prevention

Standards that apply

The National Safety and Quality Health Service (NSQHS) Standards

- Clinical Governance Standard
 - Governance, leadership and culture
 - Patient safety and quality systems
- Partnering with Consumers Standard
 - Health literacy
- Preventing and Controlling Infections Standard
 - Clinical governance and quality improvement systems are in place to prevent and control infections, and support antimicrobial stewardship and sustainable use of infection and prevention and control resources
 - Infection prevention and control systems
 - Reprocessing of reusable equipment and devices
- Communicating for Safety Standard
 - Clinical governance and quality improvement to support effective communication
 - Communication at clinical handover
 - Communication of critical information
 - Documentation of information

National Standards for Mental Health Services

- Standard 5: Promotion and prevention

Why this is important

Population Health includes a range of services to support early detection, prevention and health protection within the prison as a health setting. Recognising that most people in prison are there for relatively short periods, population health interventions in the prison system have been proven to generate health benefits in the broader community.

Communicable diseases present an ever-changing risk to the prison population, especially given the prison environment and the potential speed of transmissibility. People entering prison and throughout their stay in prison should be offered screening and testing for communicable



diseases and be provided with treatment and prevention strategies to minimise their exposure to and harm from preventable communicable diseases.

Health screening aims to improve the health of people in prison and is aligned with the population health and best practice models of early detection. Coupled with health education and engagement from the individual, screening can prevent progression of disease such as cancer, obesity, diabetes, and heart disease. This may minimise the risks of early death, especially for at-risk people by providing them access to specialist services for further assessment or treatment where needed.

Health promotion plays a crucial role in improving population health. Health promotion improves health literacy and empowers individuals to make healthy choices and cultivate healthy habits. Improving health literacy helps individuals to better understand their health issues and risk factors and enables individuals to make informed decisions about their health and health care during their time in prison, and acts to support continuity of care after release. Health promotion extends beyond medical risk factors as it also promotes pro-social behaviours and helps build protective factors for people in prison under a whole-of-prison approach to foster a ‘health promoting prisons’ environment.

As most people in prison return to the community, imprisonment presents an opportunity to improve their health and wellbeing and to reduce the potential need for more costly specialist health care. Timely and effective primary care intervention, supported by a strengthened focus on health promotion, early intervention, preventative health, and continuity of care can improve health outcomes for people in prison and maximise the state’s return on its health investment through public health benefits in the longer term.

Criterion: Communicable diseases

Expected outcome

Health service providers develop and implement a comprehensive system that includes prevention and treatment of communicable diseases.

Action area	Requirements
Prevention	<p>Health service providers must:</p> <ul style="list-style-type: none"> 7.1. meet the NSQHS Preventing and Controlling Infections Standard 7.2. offer voluntary screening for communicable diseases (such as hepatitis, HIV/AIDS, STIs) and other BBVs to all eligible individuals upon reception into prison, on transfer or when new risk factors are identified 7.3. provide testing to prevent transmission of communicable diseases during ongoing outbreaks (such as COVID-19) 7.4. provide the option of pre and post-test counselling to people being tested for communicable diseases 7.5. offer routine and catch up immunisations to people in prison 7.6. ensure people in prison are aware of how to use and where to access bleach sachets, condoms and dental dams in the prison



	7.7. proactively monitor screening uptake levels and deploy strategies to engage with people who are hesitant to undertake BBV/STI screening
Treatment	Health service providers must: 7.8. ensure timely access to treatment that is not significantly delayed by prisoner movement and that appropriate referral mechanisms are in place on release of the person to ensure continuity of care
Collaboration	Health service providers must: 7.9. collaborate with Aboriginal Control Community Health Organisations and other bodies to deliver in-reach programs that encourage screening uptake of communicable diseases 7.10. work closely with the Department of Health's communicable diseases team and specialist services to manage and treat communicable diseases 7.11. establish connections with community-based health clinics and organisations to facilitate continuity of care, in particular on release, to ensure completion of immunisation courses and support ongoing treatment and management

Criterion: Early detection of disease

Expected outcome

People in prison receive community equivalent access to screening services to support early detection and treatment, prevent progression of disease, and minimise the risk of early death.

Action area	Requirements
Screening	Health service providers must: 7.12. provide access to the equivalent of the national population-based screening services for all eligible people in prison (breast, cervical and bowel cancer screening) 7.13. provide opportunistic, targeted risk and routine examination screening as part of their ongoing health care plans and assessment of risk factors, such as blood tests or other routine medical examinations which may provide protection against disease through early intervention, for example skin cancers, hepatitis, diabetes, vision loss, respiratory and cardiovascular disease 7.14. identify and address barriers to screening uptake. This may include partnering with local health organisations to deliver in-reach screening services or health promotion activities to encourage people in prison to access screening services 7.15. arrange the appropriate follow up health care in a timely manner to support treatment and management of the disease



Criterion: Health promotion and prevention

Expected outcome

People in prison receive health information, education, and services that support choices, improve health agency and empower people in prison to engage with their health.

Action area	Requirements
Health promotion	<p>Health service providers must:</p> <ul style="list-style-type: none"> 7.16. develop and implement an annual health promotion plan that is evidence based and adapted for the custodial setting 7.17. incorporate health promotion strategies that adopt a whole-of-prison “systems approach” through collaboration between the department, prison managers, and other service providers to address the wider determinants of ill health and empower staff at all levels to deliver health promotion messages 7.18. tailor health promotion to common health needs, disease prevalence and risk factors at each prison location, as well as the specific needs of Priority Groups 7.19. improve the knowledge of prisoners about the modifiable behaviours that promote good health and wellbeing, such as a healthy diet and regular exercise, minimising risk factors such as smoking, drug and alcohol use and promoting pro-social behaviours 7.20. employ innovative initiatives to encourage meaningful engagement with health issues affecting people in prison, including leveraging resources available in the community, community health promotion campaigns, and using in-reach health promotion services to target Priority Groups 7.21. ensure that health promotion strategies are inclusive and are tailored to the diverse language preferences of the prison demographic, such as Aboriginal and CALD people, LGBTIQ+ people and people with disabilities



Quality Domain 8: Alcohol and Other Drugs - Health

Intent

All people in prison experiencing or at-risk of AOD harm receive integrated end-to-end care that addresses their medical and psychosocial AOD Health needs in manner that is respectful of, and responsive to, their preferences, needs and values.

Criteria

- Identification of AOD needs
- AOD programs and services

Standards that apply

The National Safety and Quality Health Service (NSQHS) Standards

- Recognising and Responding to Acute Deterioration Standard
 - Detecting and recognising acute deterioration, and escalating care
 - Responding to acute deterioration
- Comprehensive Care Standard
 - Delivering Comprehensive Care
- Communicating for Safety Standard
 - Correct identification and procedure matching
 - Communication at clinical handover
 - Communication of critical information
 - Documentation of essential information

National Quality Framework for Drug and Alcohol Treatment Services

National Standards for Mental Health Services

- Standard 9: Integration
- Standard 10: Delivery of care

Why this is important

Many people in prison experience higher levels of mental illness and histories of harmful AOD use. There are significant health risks for people who use or experience AOD dependency when they enter prison, during their stay in prison and when they leave prison, as tolerance will have reduced over time.

A range of evidence-based interventions have shown efficacy in improving outcomes for people across the spectrum of prevention and early intervention to withdrawal, rehabilitation and pharmacotherapy treatments.

Increasing awareness and ensuring that AOD harm reduction and relapse prevention support is embedded at all touch points throughout the prisoner health pathway is critical to improving the response to people experiencing AOD harm. It is crucial that this support recognises the complex relationship between mental health and AOD use. People with dual diagnosis or complex needs require holistic and integrated care that provides simultaneous access to mental health and AOD treatment throughout their recovery.



AOD Health programs and services in prison will aim to provide integrated care to address the health needs of people with AOD issues, including medical care, withdrawal support, Medication Assisted Treatment of Opioid Dependence (MATOD), harm reduction information, AOD peer educators, Identified Drug User (IDU) reviews, and targeted AOD release planning.

Criterion: Identification of AOD Health needs

Expected Outcome

People in prison are identified and supported to access AOD services and programs to meet their health needs in a timely fashion

Action area	Requirements
Identification of AOD medical needs and withdrawal management	<p>The health service provider must ensure that:</p> <ul style="list-style-type: none"> 8.1. health staff comply with Victorian and national best practice clinical guidelines and procedures for alcohol and drug withdrawal 8.2. current and historical AOD use is accurately documented 8.3. withdrawal management is completed in an environment that considers the needs of the individual within the available prison facilities 8.4. procedures are in place to identify when specialist medical advice, care, or transfer to the emergency department may be warranted 8.5. pregnant women experiencing withdrawal are assessed and managed as a matter of urgency in accordance with best practice guidelines 8.6. AOD treatment and support, including withdrawal support is co-ordinated with primary healthcare services' staff, forensic mental health and prison management as required to ensure holistic and integrated care
Managing AOD and mental health concerns	<p>The health service must ensure:</p> <ul style="list-style-type: none"> 8.7. the co-occurrence of a mental illness does not preclude a person in prison from accessing a full range of AOD services 8.8. the AOD team work collaboratively with the primary mental health and forensic mental health teams to provide integrated care for people with dual diagnosis
Planning	<p>The health service provider must:</p> <ul style="list-style-type: none"> 8.9. ensure AOD interventions are tailored to the individual person's needs including the person's general health, mental health, cultural background, sentence length, individual circumstances and treatment goals
Pharmacotherapy	<p>The health service provider must:</p> <ul style="list-style-type: none"> 8.10. meet the Medication Safety Standard in the NSQHS and comply with Medication management in the Criterion for Safe delivery of care (Quality Domain 2) 8.11. provide appropriate interventions such as a prescribed regimen of medications and support to alleviate or minimise



	<p>the symptoms of withdrawal and reduce the risk of medical complications</p> <p>8.12. deliver pharmacotherapy to comply with the Victorian prison MATOD program to treat opioid dependence for people in prison</p>
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Criterion: AOD programs and services

Expected outcome

People in prison receive AOD programs and services that are informed by evidence and are respectful of, and responsive to, the preferences, needs and values of people in prison including culturally responsive treatment models.

Action area	Requirements
AOD peer educators	<p>The health service provider must:</p> <p>8.13. develop AOD peer educators to use their lived experience of AOD and skills learned in supervision to deliver and contribute to services, harm reduction information and strategies, infection control and motivation to support other people in prison with AOD concerns</p>
Identified Drug User reviews	<p>The health service provider must:</p> <p>8.14. undertake reviews of people who are identified as drug users in prison with a positive drug test and use strategies to motivate the person to identify their treatment needs, provide harm reduction information, reduce the risk of relapse and enrol in the appropriate AOD program and/or Corrections Victoria Drug Free Incentive Program</p>
Harm reduction & staying safe information sessions	<p>The health service provider must:</p> <p>8.15. deliver harm reduction information sessions on entry and prior to release from the prison system</p>
AOD information provision	<p>The health service provider must:</p> <p>8.16. deliver evidence-based information that seeks to motivate people in prison to engage with AOD services and programs during their time in custody, with a particular focus on entry to prison and on release</p>
AOD Health programs	<p>The health service provider must:</p> <p>8.17. support people in prison to exercise choice and control about their treatment goals</p> <p>8.18. deliver a range of programs that vary in the level of intensity and duration and have clearly defined outcomes and target groups</p> <p>8.19. deliver programs that are tailored to meet the specific needs of Aboriginal people and other priority populations in prison in a manner that is culturally safe and trauma informed</p>



Quality Domain 9: Primary Health Care

Intent

People in prison have access to a comprehensive suite of culturally appropriate and trauma-informed primary healthcare services to address health issues that are identified upon reception or arise during an individual's prison term.

Criteria

- Primary care services
- Dental services
- Allied health
- Access to specialist care

Standards that apply

The National Safety and Quality Health Service (NSQHS) Standards

- Recognising and Responding to Acute Deterioration Standard
 - Detecting and recognising acute deterioration, and escalating care
 - Responding to acute deterioration
- Comprehensive Care Standard
 - Delivering Comprehensive Care
- Communicating for Safety Standard
 - Correct identification and procedure matching
 - Communication at clinical handover
 - Communication of critical information
 - Documentation of essential information

National Standards for Mental Health Services

- Standard 9: Integration
- Standard 10: Delivery of care

Why this is important

To ensure people in prison receive the quality of primary health care equivalent to care they would receive in the community, the primary health service provider must deliver primary care services that include, but are not limited to:

- medical and nurse clinics
- primary mental health
- medication management
- dental services
- allied health
- reproductive and sexual health (such as contraception, condoms and dental dams, and pregnancy tests)
- chronic medical condition treatment



- advanced care planning
- referrals to specialist health care
- emergency care

Telehealth and mobile services, such as radiology, are utilised to reduce prisoner movements for access to health services that are not available onsite.

All prisons have a health centre that provide Medical Practitioners, general and mental health nursing, allied health, and dental services. Under the multidisciplinary health workforce model, primary care is managed primarily through the operation of on-site nurse clinics led by Nurse Practitioners, Registered Nurses and Mental Health Nurses. People in prison may request to see a Medical Practitioner at the onsite medical clinics. The range of services are delivered within the bounds of security systems and protocols that apply to the custodial environment, including for those in observation cells, protection or management units.

The primary health service provider will facilitate access to specialist services (secondary and tertiary care such as specialist medical and surgical consultation and treatment, and elective procedures) for people in prison who require this level of care.

Criterion: Primary care

Expected outcome

People in prison receive the quality of primary care services equivalent to what they would receive in the community

Action area	Requirements
Primary care services	<p>Health service providers must:</p> <p>9.1. meet the NSQHS Comprehensive Care Standard: Developing the Comprehensive Care Plan and Delivering Comprehensive Care</p> <p>9.2. ensure people in prison have timely access to a Medical Practitioner when requested or when deemed to be clinically indicated by nursing staff or health triage processes</p> <p>9.3. ensure the primary care team assumes the responsibility for the co-ordination of integrated health care for people in prison, including but not limited to co-ordinating appointments and referrals for allied health, specialist health care, telehealth appointments, accessing health programs, dental services, screening, pathology and radiology requests, liaising with custodial staff and release planning</p>
Primary mental health	<p>Health service providers must:</p> <p>9.4. ensure there is an integrated approach to the prevention and management of mental illness, self-harm and suicide in custody that involves all relevant service providers</p> <p>9.5. develop a Mental Health Recovery Plan in partnership with the person in prison and conduct regular reviews</p> <p>9.6. deliver mental health promotion, mental illness prevention, early intervention, and on-going treatment and interventions to treat and support people in prison who may be experiencing issues such as anxiety, depression or related disorders, including co-</p>



	<p>occurring disorders, which have an impact on quality of life, wellbeing and rehabilitation</p> <p>9.7. encourage and support prisoners to take an active role in their treatment, provide education that supports them with their mental illness, goal setting, recovery planning, effective treatments and to help them to build the skills required to help them pursue their personal recovery</p> <p>9.8. ensure mental health treatment and ongoing care is provided with an emphasis on early intervention and positive outcomes for people in prison under a holistic recovery-led model of care</p> <p>9.9. ensure care is escalated to the forensic mental health service when clinically indicated and that people receive a coordinated response from primary mental health clinicians working closely with the forensic mental health service</p>
<p>Personal care services</p>	<p>At nominated service locations the health service providers must:</p> <p>9.10. provide Personal Care Assistants to deliver safe and comprehensive personal care that focuses on maintaining a person’s dignity</p> <p>9.11. assess people in prison for personal care services when they require assistance with activities of daily living such as washing, toileting, oral and general hygiene and getting in and out of bed. This may include services for older people, people with a disability or chronic medical condition, or post-operative patients with acute personal care needs.</p> <p>9.12. develop a personal care plan, based on the assessment, that provides responsive personal care services that meet the level and duration of need, which may fluctuate over time and vary depending on the individual</p>
<p>End of life care</p>	<p>The health service provider must ensure that:</p> <p>9.13. the NSQHS Comprehensive Care Standard: Delivering comprehensive care at the end of life are met</p> <p>9.14. people in prison are supported to develop Advanced Care Directives and resuscitation orders</p> <p>9.15. people in prison have access to palliative care as required</p> <p>9.16. palliative and end-of-life care services are designed to meet the cultural, spiritual, and religious needs of Aboriginal and CALD people</p> <p>9.17. appropriate information and guidance is offered to prisoners on organ and/or tissue donation and assistance is provided to prisoners should they require further information and guidance</p> <p>9.18. necessary support and access to information is provided to all prisoners regarding their options in relation to resuscitation orders and ensuring those orders are implemented in the prison setting</p> <p>9.19. processes are in place to notify the department regarding requests for voluntary assisted dying and support is provided as required to the department and the individual to manage the request</p>



Criterion: Dental services

Expected outcome

All people in prison have access to appropriate dental services and treatment when required.

Action area	Requirements
Dental services	<p>The health service providers must:</p> <ul style="list-style-type: none"> 9.20. ensure all people in prison have access to contemporary dental services based on their clinical need 9.21. have a process to triage and manage waiting lists for people needing access to general dental services 9.22. provide priority access to dental services for pregnant women and Aboriginal people in prison 9.23. seek approval from the department prior to a referral to specialist dental services
Denture services	<p>The health service providers must:</p> <ul style="list-style-type: none"> 9.24. have processes in place to triage and manage the waiting list for people requiring denture care services, ensuring people who start treatment are able to complete it 9.25. repair or replace dentures when they are damaged or no longer fit for purpose 9.26. provide acrylic dentures unless there are clinical grounds for cast metal dentures 9.27. provide priority access to denture care services for pregnant women and Aboriginal people in prison



Criterion: Allied health

Expected outcome

People in prison can access allied health services when clinically indicated to meet their healthcare needs

Action area	Requirements
Allied health	<p>Health service providers ensure that:</p> <p>9.28. people in prison have access to a multidisciplinary allied health team as part of their comprehensive care</p> <p>9.29. there is a process for people in prison to request a referral to allied health services</p> <p>9.30. there is a process to triage patients to manage waiting lists for people accessing allied health services</p> <p>9.31. allied health services include but are not limited to:</p> <ul style="list-style-type: none"> – Pharmacy – Optometry – Dietetics – Audiology – Podiatry – Speech pathology – Physiotherapy – Occupational Therapy – Social work – other allied health services as needed <p>9.32. people in prison are assessed, supplied and fitted with medical aids, prosthetics and other equipment as clinically required in a timely manner, with reviews undertaken regularly (excludes provision of residential and fixed equipment that requires installation in a cell, which is the responsibility of Corrections Victoria and prison management)</p> <p>9.33. standard hearing aids are provided based on an audiology assessment</p> <p>9.34. prescription glasses are provided based on an optometry assessment. Contact lenses are only provided to existing contact lens users or when clinically indicated</p> <p>9.35. eye emergencies are referred directly to ophthalmology services or to an appropriate emergency department</p>
Diagnostic services	<p>Health services providers will ensure that:</p> <p>9.36. all diagnostic requests and services such as radiology and pathology are delivered in accordance with contemporary professional guidelines and requirements</p>



Criterion: Access to Specialist care

Expected outcome

People in prison receive integrated care which includes specialist healthcare services and emergency care when required

Action area	Requirements
Planned Specialist Healthcare Services	Health service providers must: 9.37. ensure people in prison are referred to planned specialist healthcare in a timely manner based on their clinical need
Emergency care	Health service providers must ensure that: 9.38. they meet the NSQHS Recognising Acute Deterioration Standard: Responding to Acute Deterioration 9.39. procedures are in place that support timely response by clinicians with the skills required to manage episodes of emergency care 9.40. in an emergency, first aid is provided to staff, visitors and children in the care of their mothers in prison facilities 9.41. protocols and mechanisms are in place for escalating care to emergency ambulance services