



ADMINISTRATIVE POLICIES
AND PROCEDURES
State of Tennessee
Department of Correction

Index #: 113.40

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Effective Date: April 1, 2020

Distribution: A

Supersedes: 113.40 (4/1/17)
PCN 18-48 (9/15/18)
PCN 17-17 (11/30/17)

Approved by: Tony Parker

Subject: HEALTH EDUCATION

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To enhance and promote inmate wellness and disease prevention and management through individual teaching and group health education programs.
- III. APPLICATION: Wardens, Associate Wardens of Treatment, Superintendents, Deputy Superintendents, Health Administrators, health care staff, inmates, and privately managed institutions.
- IV. DEFINITIONS:
 - A. Health Education: Learning activities which foster an individual's motivation, skills, and confidence to take action to improve his/her personal health and well-being, and to make informed decisions that are conducive to community health.
 - B. Tennessee Department of Correction (TDOC) Chief Medical Officer (CMO): A physician administrator whose responsibilities include implementing efficient medical interventions, and enforcing clinical guidelines to ensure appropriate healthcare delivery.
 - C. TDOC Statewide Associate Director of Nursing (DON): A nursing administrator whose responsibilities include leadership of the Quality Assurance Team as directed by the CMO.
 - D. TDOC Statewide Director of Clinical Support: A nursing administrator whose responsibilities include clinical case management, health education, and infectious disease within the Department as directed by the CMO or designee.
 - E. TDOC Statewide Director of Nursing: A nursing administrator whose responsibilities include the coordination of training for health professionals through direct training and/or identification of resources within the Department or other state agencies as directed by the CMO or designee.
- V. POLICY: An inmate health and wellness education program shall be developed that is consistent with the health needs of the inmates and the availability of health care resources.
- VI. PROCEDURES:
 - A. General: Because of professional and legal demands for health care accountability, patient education/teaching concerning health problems and health maintenance is a major responsibility of health care providers.
 1. Individual teaching is an integral component of any treatment plan. Before any teaching intervention can be planned, the health care provider must assess the patient and his/her environment.

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2. Patient teaching is necessary for the prevention of accidents and disease, for the optimal maintenance of the chronically ill and convalescent patient, and for the optimal restoration of the injured, acutely ill, and those suffering from disabling physical and/or mental conditions.
3. The Teaching/Counseling Plan, CR-2742, shall be used to document a specifically designed plan of action for health teaching/counseling of individual patients.
4. The individual teaching plan shall be relevant to the specifically identified individual health needs. See Section VI.(C) of this policy.
5. To maximize the quality and effectiveness of the individual patient teaching process, the teaching plan shall contain only factual and current related information, and be appropriate to the educational and comprehension level of the individual patient.
6. Formulating health teaching plans will often require flexibility and creativity in teaching patients with special needs. Individuals with an altered ability to learn, congenital disorders, or pathology and disability will require specially designed teaching plans. Teaching mechanisms and plan content may have to be altered to meet their special needs.
 - a. Individuals with decreased visual and auditory capabilities pose special challenges that require the health care provider to make sure he/she can hear and understand the words being used. It may be necessary to speak face-to-face with the patient and check frequently to make sure he/she can hear and understand the words being used. Any printed materials should have print large enough for the patient to see, especially if instructions are involved.
 - b. Impaired cognitive abilities may be affected by various medications and general failing physical and mental health. If teaching a skill, multiple return demonstrations may help the patient to learn the material. In certain instances, the physician may determine that the patient's condition is severely impaired and prevents education. In those instances, the Teaching/Counseling Plan, CR-2742, should be updated to indicate the rationale for the teaching/counseling plan exemption.
 - c. Available resources (e.g. translators or education material in the individual's native language) shall be utilized for Limited English Proficiency (LEP) inmates.
7. Teaching goals should always encourage patients to be their own advocates and to assume responsibility for their own health care when possible.
8. Whenever any health teaching/counseling is done in conjunction with a health assessment and/or treatment intervention, documentation of the health care provider's teaching or counseling intervention shall be recorded in the inmate's health record, on the Problem Oriented-Progress Record, CR-1884.

B. Health Education

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1. By January 7th of each year, the Statewide Director of Clinical Support shall develop the annual health education program curriculum. Once approved the curriculum shall be distributed to all TDOC facilities by January 21st for implementation by January 31st.
 - a. An effective health education program shall include the following elements:
 - (1) Curricula that is relevant and concise, containing only factual and current national health and disease prevention education standards.
 - (2) Curricula that is appropriate to the general educational and comprehension level of the targeted participants attending the program.
 - (3) Curricula that is only presented by health care providers, health educators, or trained facilitators, all of whom must have a thorough knowledge of the subject matter/topic being taught.
 - (4) Curricula that provides opportunity for questions or concerns to be discussed.
 - (5) Curricula that lists the reference/resources used in the topic preparation.
 - b. Health education topics may include, but not be limited to:
 - (1) Access to Health Care Services
 - (2) Communicable Disease prevention - HIV/AIDS, TB, Hepatitis A, B, and C
 - (3) Prevention of sexually transmitted diseases (STDs) such as gonorrhea, syphilis, chlamydia, and genital herpes
 - (4) Principles for maintaining health and well being (physical fitness, stress reduction, periodic health appraisals, male reproductive exam (for males), self-breast examination, family planning, prenatal care, and chronic disease management)
 - (5) Principles basic to health and nutrition (required nutrients, weight management)
 - (6) Smoking cessation
 - (7) Principles basic to maintaining dental/oral hygiene
 - (8) Basic principles of personal hygiene and grooming
 - (9) Prevention of accidents and injuries (inmate assigned work-sites)
 - (10) Dangers of self-medication and substance use
 - c. Methods of presenting the health education programs may include the following :
 - (1) Group lecture

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- (2) Demonstrations/simulations (effective in teaching techniques)
 - (3) Closed circuit TV (programs scheduled throughout the day and evenings)
 - (4) Audiovisual presentations, including via electronic tablets
 - (5) Models, printed materials (brochures, posters, pamphlets, diagrams)
 - (6) State, county, and community health promotional presentations
2. Each facility shall use curriculum provided by the Statewide Director of Nursing and the Statewide Director of Clinical Support to develop a well-designed health education and disease prevention program that will promote individual health and wellness. The program design and content shall have a clear message regarding disease prevention, disease management, and wellness. An effective health promotion program will encourage inmates in self-care, decision making skills, and promote the self-esteem needed to make healthy life-style choices.
 3. All health education programs shall be documented on Health Education Roster, CR-3013 (See Policy #113.45 for form), to include the course title, name(s) of instructor(s), date and time the class was conducted, method of presentation, and training aids used (video, handouts, etc.). The names and TDOC numbers of all inmate participants are required to be listed on the CR-3013; however, closed circuit TV presentations are exempt from this requirement. The Health Administrator shall be responsible for maintaining documentation for all health promotional activities within the facility, including all Health Education Rosters, CR-3013, memoranda or other documentation relative to the planned health education activities within the facility.
 4. Annually, the TDOC Statewide Director of Nursing, the Statewide Director of Clinical Support, and the TDOC Statewide Associate Director of Nursing, in coordination with the institutional Health Administrators, the Directors of Nursing/Nurse Supervisors, Continuous Quality Improvement/Infection Control Coordinators will evaluate the health education program, making revisions as necessary to ensure the content is consistent with the population's health needs in terms of age and gender, incidence of disease, and potential for high risk health and/or workplace injuries. They shall also ensure the program is consistent with the inmate(s) response to program/evaluations and includes topics suggested by inmates.
 5. Educational initiatives shall be outlined by TDOC CMO or designee.
 6. Tasks shall be assigned by the TDOC CMO or designee.
- C. Chronic Care Education: The topics below shall be discussed during each chronic care visit as indicated:
1. Nutrition and exercise with a diagnosis of hypertension, diabetes, or pregnancy.
 2. Medication compliance management (each visit): In the event a referral for medication non-compliance was completed since the last chronic care visit, discuss current compliance.

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3. Smoking as defined by risk.

4. Current diagnostic test results.

VII. ACA STANDARDS: 4-4361, 4-4354, and 4-4360.

VIII. EXPIRATION DATE: April 1, 2023.



TENNESSEE DEPARTMENT OF CORRECTION

TEACHING/COUNSELING PLAN

Patient's Name/TDOC ID

Subject

ELEMENT	DATES TAUGHT
Element: _____ _____	
Provider Signature: _____	
Patient Signature: _____	
Element: _____ _____	
Provider Signature: _____	
Patient Signature: _____	
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Note: Each entry must be signed.

