

 <p style="text-align: center;"><b>DIVISION OF ADULT INSTITUTIONS</b></p> <p style="text-align: center;"><b>POLICY AND PROCEDURES</b></p>	<b>DAI Policy #:</b> 500.30.02	<b>Page</b> 1 of 9
	<b>Original Effective Date:</b> 08/01/97	<b>New Effective Date:</b> 10/02/17
	<b>Supersedes:</b> 500.30.02	<b>Dated:</b> 04/04/16
	<b>Administrator's Approval:</b> Jim Schwochert, Administrator	
<b>Required Posting or Restricted:</b>		
<input checked="" type="checkbox"/> <b>Inmate</b> <input checked="" type="checkbox"/> <b>All Staff</b> <input type="checkbox"/> <b>Restricted</b>		
<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Consultation with Off-Site Providers or Health Care Provided by Off-Site Providers or On-Site Contract or LTE Providers		

**POLICY**

All Division of Adult Institution facilities shall develop procedures to ensure continuity of care when off-site providers or services provided onsite by contract or LTE providers are used for specialty consultation, emergency services and inpatient services.

**REFERENCES**

Standards for Health Care in Prisons, National Commission on Correctional Health Care, 2014, P-E-12 – Continuity of Care During Incarceration, P-D-05 – Hospital and Specialty Care, P-E-12 – Coordination of Care During Incarceration, P-G-01 – Chronic Disease Services (last two are referenced in P-D-05)

DAI Policy 500.10.12 – Prior Authorization Guidelines for Non-Urgent Care (Class III)

DAI Policy 500.80.03 – Medication Reconciliation – Continuation of Medication Compact Drug Formulary

**DEFINITIONS, ACRONYMS AND FORMS**

Advanced Care Provider (ACP) – A provider with prescriptive authority.

CPS – Central Pharmacy Service

CT – Computed tomography

DCI – Dodge Correctional Institution

DOC – Department of Corrections

DOC-3001 – Off-Site Service Request and Report

DOC-3022A – Speech Therapy Progress Notes

DOC-3023 – Prescriber's Orders

DOC-3054 – Eye Care Examination Form

DOC-3347 – Medical Appointments – Off-Site

DOC-3436A – Prior Authorization for Therapeutic Level of Care

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DOC-3528 – Change of Consultant Recommendations

DOC-3559 – Physical/Occupational Therapy Initial Evaluation

DOC-3560 – Physical/Occupational Therapy Progress Notes

DOC-3561 – Physical/Occupational Therapy Discharge Summary

ED – Emergency Department

ER – Emergency Room

HSU – Health Services Unit

LTE – Limited term employee

MRI – Magnetic resonance imaging

Off-Site/LTE/Contract Provider – Physicians, physician assistants, nurse practitioners, registered nurses, optometrists, dentists, physical therapists, occupational therapists, respiratory therapists, speech therapists, x-ray personnel or other health care providers who are not permanent DOC employees who provide health care to patients.

REECC – Robert E. Ellsworth Correctional Center

RN – Registered Nurse

Specialty Care – Specialist provided healthcare

STF – Sturtevant Transitional Facility

TCI – Taycheedah Correctional Institution

WCI – Waupun Correctional Institution

WRC – Wisconsin Resource Center

WSPF – Wisconsin Secure Program Facility

## **PROCEDURES**

### **I. General Guidelines**

- A. The DOC may contract outside ACPs to provide health care services for inmate patients where an established relationship for service exists. The DOC shall accept orders as written for inmate patients in these cases without the need for additional approval.

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- B. For continuity of care, the DOC shall accept orders as written by WRC prescribers upon return to the DOC following a WRC stay without the need for additional approval. An official copy of all orders shall be included by WRC staff in the inmate patient chart.
- C. For emergency room consultations the orders shall be initiated and followed as written until a health care professional is on-site for an assessment review.

## **II. Ordering Specialty Consultation**

- A. The procedure shall include:
  - 1. Providing complete and accurate information to off-site, contract or LTE providers.
  - 2. Processing recommendations from off-site, contract or LTE providers.
  - 3. Reviewing the plan of care with the inmate patient, providing education and assessment if indicated.
- B. Specialty consultation requests shall be processed as indicated in DAI Policy 500.10.12 prior to making the appointment.
- C. The referring ACP shall provide the following information:
  - 1. Referral instructions.
  - 2. Relevant symptoms/problems/diagnosis.
  - 3. Questions/outcomes to be addressed by the evaluation.
  - 4. Any additional information that needs to be provided.
  - 5. ACP shall indicate on the DOC-3023 – Prescriber’s Orders whether the appointment is appropriate for telemedicine.
  - 6. ACP shall indicate an appropriate timeframe for the appointment on the DOC-3023 – Prescriber’s Orders. If not indicated, transcriber shall obtain the timeframe from the ACP and document the encounter in the progress notes.

## **III. Scheduling Specialty Consultation**

- A. For clinic/hospital providers, contact the appropriate clinic/department and schedule the appointment.
- B. For telemedicine, contact the appropriate person to schedule the appointment.
- C. For appointments with specialists who provide services on-site at one facility for several facilities (DOC Ortho clinic).
  - 1. Contact the HSU by telephone or email where the appointments will be conducted to schedule the appointment.
  - 2. Fax the approval if applicable to the facility HSU where the appointment is to be scheduled. Approvals must be within the last six months.

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- D. For appointments with specialists providing services on-site at your facility, contact the vendor or clinic to schedule the appointment.
- E. Dental panoramic x-rays are available at DCI, TCI, STF, WSPF and REECC. Contact the dental staff at one of those facilities to schedule.
- F. Visual fields may be done by DOC staff at DCI. Contact the optometric assistants at (920) 324-6534 to schedule an appointment.
- G. Document all scheduled appointments on DOC-3347 – Medical Appointments Off-Site.

#### **IV. Providing Information to Consultant/Provider**

- A. An ACP shall complete the top portion of DOC-3001 – Offsite Service Request and Report with the following exceptions:
  - 1. HSU nursing staff may complete if information is available for copying from one of the following documents:
    - a. DOC-3436A – Prior Authorization for Therapeutic Level of Care.
    - b. DOC-3023 – Prescriber’s Orders.
  - 2. A RN shall complete this section for emergencies if the ACP is not on-site. If time does not permit documenting all the information, the information shall be communicated to the ED via telephone while the inmate patient is in transit.
  - 3. A supply of blank DOC-3001 – Off-Site Service Request and Report shall be kept by the Security Supervisor/designee for use when there is no RN on-site so that recommendations can be returned to the facility with the inmate patient.
  - 4. The on-call RN shall call the ED with a verbal report about the inmate patient’s condition and other health information, and document accordingly in the medical chart.
- B. Schedule required lab tests, x-rays or any other appointments prior to the specialty appointment.
- C. Attach documents as identified by the ACP.
- D. Attach a copy of the Compact Drug Formulary if the appointment is in the community.
- E. Place all documents in a sealed envelope, labeled with:
  - 1. Inmate patient’s name and DOC number.
  - 2. Name, address and telephone number of clinic.
  - 3. Date and time of appointment.
  - 4. Name of the practitioner who will be seeing the inmate patient.

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- F. Exceptions may be made for frequent ongoing appointments; e.g., radiation therapy, speech therapy. A mechanism for communication shall be developed by the HSU with the off-site provider; e.g., one DOC-3001 – Offsite Service Request and Report per week, a supply of blank DOC-3001s at the provider for use when necessary.
- G. The Medical Chart, and any pertinent x-rays, MRIs or CTs taken at a hospital shall accompany the inmate patient for orthopedic clinic at DOC facilities.

**V. Follow-up After Appointment with Specialist, ER Visits and Inpatient Hospitalizations**

- A. All inmate patients returning from an appointment with a Specialist, ER visit or hospitalization shall be seen by a RN.
  - 1. Recommendations and the plan of care shall be reviewed with the inmate patient.
  - 2. The nurse shall advise the inmate patient the ACP will be reviewing the recommendations and determine the definitive plan of care.
  - 3. Review the DOC-3001 – Off-Site Service Request and Report, ER report or hospital discharge summary with the inmate patient upon return to the facility, or the next working day if the inmate patient returns when there is not a RN on-site.
  - 4. Provide the inmate patient with any necessary education and instructions for self-care including restrictions and follow-up.
- B. Recommendations from off-site providers or contract providers shall be reviewed and ordered by an ACP working for the DOC before implementation (unless no healthcare professionals are on-site).
  - 1. A RN shall contact a DOC ACP for approval and orders prior to implementation of any outside recommendations, including medications.
  - 2. Security Supervisor/designee shall contact the on-call nurse upon inmate patient return when an RN is not on-site to review DOC-3001 – Offsite Service Request and Report.
  - 3. The on-call physician shall be contacted if recommendations require implementation prior to the ACP being on-site.
- C. If the inmate patient was inpatient, all previous DOC orders shall be discontinued upon return to the facility and new orders written. See DAI Policy 500.80.03.
- D. Some recommendations will require prior-authorization before implementation according to DAI Policy 500.10.12. Any additional referrals or recommendations require prior authorization.

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- E. Medications may be obtained before returning to the facility depending on the site. If a RN is not onsite upon return, the on-call RN shall be contacted prior to delivering any medications to the inmate patient.
  
- F. All offsite consultation recommendations shall be written on the DOC-3023 Prescriber's Orders and flagged for review by the onsite ACP prior to implementation except where stated above. Entry on the DOC-3023 shall be as follows:
  - 1. Date and time.
  - 2. Recommendations from.
  - 3. List type of visit:
    - a. Offsite facility.
    - b. Specialty clinic.
    - c. ER/provider.
  - 4. List recommendations.
  - 5. Signed nurse recording information on the form.
  
- G. The DOC ACP shall review the off-site recommendations on the DOC-3023 – Prescriber's Orders, sign and date if in agreement with recommendations.
  
- H. Any modifications to the recommendations shall be written as a new order.
  
- I. The DOC-3001 – Offsite Service Request and Report shall be initialed and dated by the ACP indicating when the document was reviewed.
  
- J. If the DOC ACP writes orders significantly different than the recommendations of consultant or does not follow the recommendations, a DOC-3528 – Change of Consultant Recommendations shall be completed and forwarded to the specialty consultant, especially if it involves a significant recommendation; e.g., transplant evaluation, treatment for Hepatitis C, versus comfort items or changes in medications.
  - 1. Justification for changes in the treatment plan shall be documented.
  - 2. File a copy of the DOC-3528 in the Medical Chart – Consultation Section, in front of the corresponding DOC-3001 – Offsite Service Request and Report.
  - 3. If the ACP writes orders different than recommended, the inmate patient shall be informed.
  
- K. Orders shall then be flagged for transcription.
  
- L. Date stamp, file and flag dictated clinic notes and letters upon receipt for the ACP to review.
  - 1. The ACP shall initial and date when the document was reviewed.
  - 2. Any action to be taken shall be written as an order on the DOC-3023 – Prescriber's Orders.

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3. The nurse shall determine urgency of need for follow-up with the inmate patient, and ensure a RN and ACP follow up with the inmate patient when next on site.

**VI. On-Site Specialists – DOC-3001 – Offsite Service Request and Report Not Used**

**A. Physical/Occupational/Speech Therapy**

1. Providers shall document their initial evaluation on DOC-3559 – Physical/Occupational Therapy Initial Evaluation.
2. Providers shall document on DOC-3560 – Physical/Occupational Therapy Progress Notes for ongoing treatment.
3. Discharges from therapy shall be documented on DOC-3561 – Physical/Occupational Therapy Discharge Summary.
4. Contract speech providers may use their company forms or the DOC-3022A – Speech Therapy Progress Notes if the care is provided on-site.
5. File all consultation documents in the Medical Chart – Consultation Section.

**B. Optometry**

1. Contract providers shall document on the DOC-3054 – Eye Care Examination Form.
2. File DOC-3054 in the Medical Chart – Optical Section.

**C. Oral Surgery**

1. Surgeon documents on his own form.
2. File form in the Dental Record.

**D. Other (e.g., Podiatry)**

1. Some providers dictate notes.
2. Some providers use their own forms.
3. Some providers use the DOC-3001 – Offsite Service Request and Report.
4. File all documents in the Medical Chart – Consultation Section.

**Bureau of Health Services:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
 James Greer, Director

\_\_\_\_\_ **Date Signed:** \_\_\_\_\_

\_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
 Mary Muse, Nursing Director

**Administrator's Approval:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
 Jim Schwochert, Administrator

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**DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES**

<b>Facility:</b> Name		
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<b>New Effective Date:</b> 00/00/00	<b>Supersedes Number:</b>	<b>Dated:</b>
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<b>Will Implement</b> <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
<b>Warden's/Center Superintendent's Approval:</b>		

**REFERENCES**

**DEFINITIONS, ACRONYMS, AND FORMS**

**FACILITY PROCEDURE**

- I.
  - A.
    - 1.
      - a.
  - B.
  - C.
  
- II.
  - A.
  - B.
  - C.