

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.30.55	Page 1 of 5
	Original Effective Date: 07/31/13	New Effective Date: 08/24/23
	Supersedes: 500.30.55	Dated: 08/31/20
	Administrator's Approval: Sarah Cooper, Administrator – 07/28/23	
	Required Posting or Restricted: <input checked="" type="checkbox"/> PIOC <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted	
Chapter: 500 Health Services		
Subject: Patients with Chronic Disease Services and Other Special Needs		

POLICY

The Division of Adult Institutions shall ensure patients with a chronic disease and other significant health conditions and disabilities receive ongoing multidisciplinary care aligned with evidence-based standards.

REFERENCES

Standards for Health Services in Prisons, National Commission on Correctional Health Care, 2018, P-F-01 Patient with Chronic Disease and Other Special Needs

DAI Policy 316.00.01 – Inmate Copayment for Health Services

DAI Policy 500.70.01 – Mental Health Screening, Assessment and Referral

DAI Policy 500.70.16 – Mental Health Treatment – General Population

DAI Policy 500.70.17 – Mental Health Treatment – Special Units

DAI Policy 500.70.18 – Mental Health Treatment – Restrictive Housing

DAI Policy 500.70.19 – Mental Health Treatment Plans

DAI Chronic Disease Management – Asthma

DAI Chronic Disease Management – Chronic Pain

DAI Chronic Disease Management – COPD

DAI Chronic Disease Management – Diabetes

DAI Chronic Disease Management – Dyslipidemia

DAI Chronic Disease Management – HBV

DAI Chronic Disease Management – Hepatitis C

DAI Chronic Disease Management – HIV

DAI Chronic Disease Management – Hypertension

DAI Chronic Disease Management – Seizure

DAI Wound and Skin Care Management

Wisc. Stat. s. 302.38 - Medical Care of Prisoners

Wisc. Stat. s. 302.386 - Medical and Dental Services for Prisoners and Forensic Patients

DEFINITIONS, ACRONYMS AND FORMS

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

Aids to Impairment – Aids to reduce effects of impairment include, but are not limited to eyeglasses, hearing aids, canes, crutches, sleep apnea machines, and wheelchairs.

BHS – Bureau of Health Services

Chronic Disease – An illness or condition that affects the individual patient's well-being for an extended interval, usually at least six months, and is generally not curable, but

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can be managed to provide optimum functioning within any limitations the condition imposes on the individual.

Chronic Care Visit – A regularly scheduled clinic visit overseen by an ACP specifically for following on-going medical needs related to chronic medical conditions, including but not limited to those identified as Chronic Management Guidelines by the DOC.

Copayment – The amount charged a patient for patient initiated health services.

DOC – Department of Corrections

HCR – Healthcare record

HSU – Health Service Unit

Special Health Needs Patients – Those patients with health conditions that require regular care.

Treatment Care Plan – Series of written statements specifying a patient’s particular course of therapy and the roles of qualified health care professionals in carrying out the plan.

PROCEDURES

I. Chronic Disease Management

- A. The BHS Medical Director is responsible for developing and approving Chronic Disease Management Guidelines to be used for monitoring chronic conditions.
- B. The BHS Medical Director shall annually approve Chronic Disease Management Guidelines and ensure they are consistent with national clinical practice guidelines.
- C. Clinical protocols for the identification and management of chronic diseases or other special needs include, but are not limited to the following:
 1. Asthma.
 2. Cardiovascular disease.
 3. Chronic pain.
 4. Chronic obstructive pulmonary disease.
 5. Diabetes.
 6. Dyslipidemia.
 7. Hepatitis B.
 8. Hepatitis C.
 9. Human immunodeficiency virus.
 10. Hypertension.
 11. Seizure disorder.
 12. Sickle cell disease.
 13. Tuberculosis.

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- 14. Chronic wounds.
- 15. Mood disorders.
- 16. Psychotic disorders.

- D. Care and treatment of mental health conditions shall be addressed separately within DAI Policy 500.70.XX series policies.
- E. Individualized treatment plans shall be developed by an ACP at the time the condition is identified and updated when warranted.
- F. Documentation in the HCR confirms ACPs are following chronic disease protocols and special needs treatment plans as clinically indicated by:
 - 1. Determining the frequency of follow-up for medical evaluation based on disease control.
 - 2. Monitoring the patient's condition (i.e., poor, fair, good) and status (e.g., stable, improving, deteriorating) and taking appropriate action to improve patient outcome.
 - 3. Indicating the type and frequency of diagnostic testing and therapeutic regimens (e.g., diet, exercise, medication).
 - 4. Documenting patient activities (i.e., diet, exercise, medication).
 - 5. Clinically justifying any deviation from the protocol.
- G. Chronic illnesses and other special needs requiring a treatment plan shall be listed on the problem list in the HCR.
- H. The BHS Medical Director/Associate Medical Directors/designee shall periodically review Chronic Disease Management to ensure compliance through facility audits and make recommendations for improvements/change based on audit results.
- I. If a patient is deemed to no longer have a specific chronic disease, a notation including rationale will be made in the HCR and the condition shall be removed from the problem list.

II. Provision of Aids to Impairment

- A. Medical and dental orthosis, prosthesis, and other aids to reduce effects of impairment shall be supplied in a timely manner when patient would otherwise be adversely affected, as determined by the ACP or dentist.
- B. Security shall not remove aids to impairment from a patient's possession unless a significant security risk is identified.
- C. When there is a significant security risk and aids to impairment are contraindicated, security shall consult with Health Services (on site or on call)

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for consideration of appropriate alternatives so the health needs of the patient are met.

III. Repair and Replacement of Aids to Impairment

- A. DAI 500.10.12 and 500.40.06 shall be followed for repair or replacement of aids to impairment items that cost over \$500.00. The following considerations shall be made prior to considering a request for items:
1. Relative need or overall necessity, including history of use.
 2. Urgency of need.
 3. Time left on sentence.
 4. Morbidity mortality.
 5. Functional disability and expected improvement.
 6. Alternatives.
 7. Risks and benefits.
 8. Cost/benefit.
 9. Security concern.
- B. Refer to DAI Policy 316.00.01 for PIOC patient copayment for repair or replacement of aids to impairment items.

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Name		
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New Effective Date: 00/00/00	Supersedes Number:	Dated:
Chapter: 500 Health Services		
Subject: Patients with Chronic Disease Services and Other Special Needs		
Will Implement <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
Warden's/Center Superintendent's Approval:		

REFERENCES

DEFINITIONS, ACRONYMS AND FORMS

FACILITY PROCEDURE

I.

A.

B.

1.

2.

a.

b.

c.

3.

C.

II.

III.

RESPONSIBILITY

I. Staff

II. PIOC

III. Other