

 <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> 500.30.59 (E)	<b>Page</b> 1 of 4
	<b>Original Effective Date:</b> 12/08/17	<b>New Effective Date:</b> 04/08/19
	<b>Supersedes:</b> 500.30.59 (E)	<b>Dated:</b> 12/08/17
	<b>Administrator's Approval:</b> Makda Fessahaye, Administrator	
<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> Discharge Planning (EMR)		

**POLICY**

Division of Adult Institution facilities shall facilitate discharge planning for all patients releasing to the community.

**REFERENCES**

Standards for Health Care in Prisons – National Commission on Correctional Health Care, 2018, P-E-10 – Discharge Planning  
DAI Policy 300.00.27 – Medical Guardianship  
DAI Policy 500.00.01 – Advance Directives for Health Care

**DEFINITIONS, ACRONYMS, AND FORMS**

Discharge Planning – Multidisciplinary review of the patient's health to ensure identified needs are met during transition to the community.

DOC – Department of Corrections

DOC-2077 – Health Transfer Summary

DOC-3397 – Discharge Medication Request

HSU – Health Services Unit

Multidisciplinary coordination – A review the plan of care involving applicable disciplines participating in the care and treatment of the inmate patient with complex needs.

OTC – Over the counter

STD – Sexually transmitted disease

TB – Tuberculosis

**PROCEDURE**

- I. **Records shall notify HSU of a patient's scheduled release in a timely manner. Regardless of time of notification, ongoing patient care needs shall still be addressed.**

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**II. HSU shall:**

- A. Coordinate and educate release needs with Social Services such as health insurance application, along with the assigned probation and parole agent.
- B. Provide discharge education as appropriate to patient, family and/or guardian/activated Power of Attorney for Health Care.

**III. Arrangements and/or referrals shall be made for follow-up community services for those with medical or mental health needs or care as required by public health laws (e.g., STDs, TB).**

- A. Community resources are provided with instruction to the inmate patient on the importance of continuity of care and appropriate follow-up.
- B. Patients with special care needs who are being transferred to nursing homes, community based facilities, group homes or other community facilities require specialized planning for continuity of care. Coordination regarding medical supplies, equipment and medication shall be discussed in these situations as the receiving facility may supply certain items.
- C. Complete review and provide discharge summary with patient and sign applicable DOC-3397 Discharge Medication Request.
- D. A DOC-2077 shall be substituted if a patient is being discharged to a County Jail or other Correctional System.
- F. Ensuring medication continuity a six week plan consisting of:
  - 1. A two week supply of all prescribed medications, and certain OTCs shall be ordered from Central Pharmacy Services.
  - 2. A 30 day written Prescription for prescribed medications completed by the ACP.
- G. A two week supply of Diabetic Management Supplies shall be sent including:
  - 1. Insulin.
  - 2. Blood glucose meter.
  - 3. Lancets.
  - 4. Syringes.
  - 5. Test strips.
- H. Arrangements to secure necessary medical equipment (e.g., assistive devices, C-Pap, Bi-Pap, oxygen) from a DME shall be completed.

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**IV. Specialized transportation shall be arranged prior to scheduled release if alternate arrangements are necessary due to medical need.**

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

\_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Dr. Paul Bekx, Medical Director

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

**Administrator's Approval:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Makda Fessahaye, Administrator

## DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

<b>Facility:</b> Name		
<b>Original Effective Date:</b>	<b>DAI Policy Number:</b> 500.30.59(E)	<b>Page</b> 4 of 4
<b>New Effective Date:</b> 00/00/00	<b>Supersedes Number:</b>	<b>Dated:</b>
<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Discharge Planning (EMR)		
<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.

B.

1.

2.

a.

b.

c.

3.

C.

II.

III.

### RESPONSIBILITY

I. Staff

II. Inmate

III. Other