

 <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> 500.30.67	<b>Page</b> 1 of 4
	<b>Original Effective Date:</b> 04/14/14	<b>New Effective Date:</b> 10/24/14
	<b>Supersedes:</b> 500.30.67	<b>Dated:</b> 04/14/14
	<b>Last Reviewed, No Changes:</b> 02/01/16	
	<b>Administrator's Approval:</b> Cathy A. Jess, 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> Continuity and Coordination of Care During Incarceration		

**POLICY**

The Division of Adult Institution shall ensure all aspects of care are coordinated and monitored from admission to discharge.

**REFERENCES**

Standards for Health Services in Prisons – National Commission on Correctional Health Care 2014, P-E-12 – Continuity of Care during Incarceration  
DAI Policy 500.11.01 – Verification of Health Care Credentials  
DAI Policy 500.80.03 – Medication Reconciliation – Continuation of Medication

**DEFINITIONS, ACRONYMS, AND FORMS**

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

ER – Emergency room

RN – Registered Nurse

**PROCEDURE****I. Clinical Care and Treatment**

- A. Health care services shall be provided that preserve and maintain the health status of the inmate patient during incarceration.
- B. Health care assessments and procedures shall be conducted in an appropriate clinical setting by credentialed personnel.
- C. All health care encounters shall be documented in the health care record.
- D. ACP orders shall be evidenced based and implemented in a timely manner.
  1. The ordering ACPs shall review all results.
  2. The ACP shall review all results/findings with the inmate patient in a timely manner.
  3. When changes in treatment are indicated, or clinical justification for an alternative course occurs the changes are implemented and the inmate patient is notified.
- E. When an inmate patient returns from an ER visit the following shall occur:

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1. The inmate patient is seen by a RN, an assessment is done and a complete set of vital signs are taken.
  2. If on-site, the ACP shall see the inmate patient, review the discharge orders, and issue follow-up orders as clinically indicated.
  3. If an ACP is not on-site, a RN shall contact the on-call physician to review the ER findings and obtain orders as appropriate. The facility ACP shall review the medical chart and orders when next on-site.
  4. If a nurse is not on-site the on-call nurse shall be contacted by security staff.
    - a. The on-call nurse may need to call the ER or talk to the inmate patient directly if needed.
    - b. An assessment and complete set of vital signs are taken as soon as possible when nursing staff are next on site.
- F. When an inmate patient returns from an inpatient hospitalization, the following shall occur:
1. The inmate patient is seen by a RN, an assessment is done and a complete set of vital signs are taken.
  2. The ACP sees the inmate patient, reviews the discharge orders and issues follow-up orders as clinically indicated including medication reconciliation per DAI Policy 500.80.03.
  3. If an ACP is not on-site, a RN shall contact the on-call physician to review the hospital findings and obtain orders as appropriate including medication reconciliation per DAI Policy 500.80.03.
  4. The facility ACP shall review the medical chart and orders when next on-site.
  5. If a nurse is not on-site the on-call nurse is contacted by security staff.
    - a. The on-call nurse may need to call the hospital or talk to the inmate patient directly if needed.
    - b. An assessment and complete set of vital signs are taken as soon as possible when nursing staff are next on site.
- G. ACPs shall use diagnostic and treatment results to modify treatment plans as appropriate.
- H. If changes in treatment are clinically indicated, clinical justification for an alternative course shall be documented in the health care record.
- I. Individual treatment plans are used to guide treatment for episodes of illness. Planning shall include:
1. Frequency of follow-up for medical evaluation and adjustment of treatment modalities.
  2. Type and frequency of diagnostic testing and therapeutic regimens.
  3. When appropriate, instructions about diet, exercise, adaptation to the correctional environment and medications.

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J. The assigned ACP shall determine the frequency and content of periodic health assessments on the basis of protocols promulgated by nationally recognized professional organizations.

**II. Clinical Chart Reviews**

- A. Chart reviews shall be done on a routine basis to assure that clinically appropriate care is ordered and implemented by health staff.
  
- B. Chart review results may be discussed with the facility Responsible Health Authority and facility Continuous Quality Improvement Committee as deemed appropriate.

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

\_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Ryan Holzmacher, Medical Director

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

**Administrator's Approval:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Cathy A. Jess, Administrator

**DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES**

<b>Facility:</b> Name		
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<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Continuity of Care During Incarceration		
<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