

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.30.67	Page 1 of 4
	Original Effective Date: 04/14/14	New Effective Date: 08/31/20
	Supersedes: 500.30.67	Dated: 10/24/14
	Administrator's Approval: Makda Fessahaye, Administrator	
Required Posting or Restricted:		
<input checked="" type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
Chapter: 500 Health Services		
Subject: Continuity and Coordination of Care During Incarceration		

POLICY

The Division of Adult Institution shall ensure patient medical, dental, and mental health care is coordinated and monitored from admission to discharge.

REFERENCES

Standards for Health Services in Prisons – National Commission on Correctional Health Care, 2018 P-E-09 – Continuity, Coordination, and Quality of Care during Incarceration
DAI Policy 500.11.01 – Verification of Health Care Credentials
DAI Policy 500.80.03 – Medication Reconciliation – Continuation of Medication
Wisconsin Statutes s. 302.38 – Medical Care Of Prisoners
Wisconsin Statutes s. 302.385 – Correctional Institution Health Care
Wisconsin Statutes. s. 302.386 – Medical and Dental Services for Prisoners and Forensic Patients

DEFINITIONS, ACRONYMS AND FORMS

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

ED – Emergency Department

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 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 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 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.

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- E. When a patient returns from an ED visit the following shall occur:
 - 1. The patient is seen by a RN for an assessment, vital signs and patient education.
 - 2. If on-site, the ACP shall see the 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 ED findings and obtain orders as appropriate. The facility ACP shall review the Health Record 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 ED or talk to the 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 a patient returns from an inpatient hospitalization, the following shall occur:
 - 1. The patient is seen by a RN for an assessment, vital signs and patient education.
 - 2. The ACP sees the 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 Health Record 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 patient directly if needed.
 - b. An assessment, vital signs and patient education are completed 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. Instructions related to diet, exercise, medications and adaptation to the correctional environment, when appropriate.

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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:** _____
Michael Rivers, Director

_____ **Date Signed:** _____
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

Facility: Name		
Original Effective Date:	DAI Policy Number:	Page 4 of 4
New Effective Date: 00/00/00	Supersedes Number:	Dated:
Chapter: 500 Health Services		
Subject: Continuity and Coordination of Care During Incarceration		
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. Inmate

III. Other