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|  <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> 500.31.11                                    | <b>Page</b> 1 of 3                     |
|  | <b>Original Effective Date:</b><br>06/03/13                       | <b>New Effective Date:</b><br>06/03/13 |
|  | <b>Supersedes:</b> N/A  | <b>Dated:</b> N/A                      |
|  | <b>Administrator's Approval:</b> Jim Schwochert,<br>Administrator |  |
|  | <b>Last Reviewed, No Changes:</b> 11/22/16                        |  |
| <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> Physician Coverage   |   |  |

**POLICY**

The Division of Adult Institutions shall ensure Peritoneal Dialysis services for End Stage Renal Disease patients are provided under the direction of the assigned Nephrologist.

**REFERENCES**

Guidelines for Care of ESRD Patients, ESRD Network 4, Inc. July, 2004

**DEFINITIONS, ACRONYMS AND FORMS**

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

BHS – Bureau of Health Services

CQI – Continuous Quality Improvement

ESRD – End Stage Renal Disease

PD – Peritoneal Dialysis

PRN – As needed

**PROCEDURE**

- I. An ACP may assist in providing medical coverage to the ESRD PD inmate patient under the supervision of the assigned Nephrologist.
- II. The attending Nephrologist and/or ACP shall:
  - A. Assess each ESRD inmate patient and make recommendations for appropriate dialysis modality options.
  - B. Monitor and evaluate the inmate patient progress, condition and response to dialysis therapy monthly and as needed.
  - C. Provide documentation of patient evaluation on a monthly basis and PRN.
  - D. Provide continuous medical coverage for patient care needs as arranged by BHS.

|                                     |                                     |                    |
|-------------------------------------|-------------------------------------|--------------------|
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| <b>Chapter:</b> 500 Health Services |                                     |                    |
| <b>Subject:</b> Physician Coverage  |                                     |                    |

- E. Collaborate and work in conjunction with the dialysis facility staff in the responsibilities to meet the goals and needs of the ESRD population.
- F. Actively participate in inmate patient care conferences, the inmate patient plan of care and renal continuous quality improvement.
- G. Generate the dialysis prescription, medications, therapies, diet and fluid regimen.
- H. Provide appropriate transfer information to the facility upon request when an inmate patient transfers to a community facility.

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

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

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

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

**DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES**

|  |                                     |                    |
|--|-------------------------------------|--------------------|
| <b>Facility:</b> Name  |                                     |                    |
| <b>Original Effective Date:</b>  | <b>DAI Policy Number:</b> 500.31.11 | <b>Page</b> 3 of 3 |
| <b>New Effective Date:</b> 00/00/00  | <b>Supersedes Number:</b>           | <b>Dated:</b>      |
| <b>Chapter:</b> 500 Health Services  |                                     |                    |
| <b>Subject:</b> Physician Coverage   |                                     |                    |
| <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