

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.30.02	Page 1 of 6
	Original Effective Date: 08/01/97	New Effective Date: 03/01/21
	Supersedes: 500.30.02	Dated: 10/02/17
	Administrator's Approval: Sarah Cooper, 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: Specialty Consultations		

POLICY

All Division of Adult Institution facilities shall develop procedures to ensure continuity of care when off-site providers or services provided onsite by contract ~~or LTE~~ providers are used for specialty consultation, emergency services and inpatient services.

REFERENCES

Standards for Health Care in Prisons, National Commission on Correctional Health Care, 2018 P-E-09 – Continuity, Coordination, and Quality of Care During Incarceration; 2018 P-D-08 – Hospital and Specialty Care; 2018 – F-01 Patients with Chronic disease and Other Special Needs

DAI Policy 500.10.12 – Prior Authorization Guidelines for Non-Urgent Care (Class III)

DAI Policy 500.80.03 – Medication Reconciliation – Continuation of Medication Compact Drug Formulary

DEFINITIONS, ACRONYMS AND FORMS

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

CPS – Central Pharmacy Service

CT – Computed tomography

DCI – Dodge Correctional Institution

DOC – Department of Corrections

DOC-3001 – Off-Site Service Request and Report

ED – Emergency Department

HSU – Health Services Unit

MRI – Magnetic resonance imaging

Off-Site/Contract Provider – Physicians, physician assistants, nurse practitioners, registered nurses, optometrists, dentists, physical therapists, occupational therapists, respiratory therapists, speech therapists, x-ray personnel or other health care providers who are not permanent DOC employees who provide health care to patients.

RHA - Responsible Health Authority

DAI Policy #: 500.30.02	New Effective Date: 03/01/21	Page 2 of 6
Chapter: 500 Health Services		
Subject: Specialty Consultations		

RN – Registered Nurse

Specialty Care – Specialist provided healthcare

WRC – Wisconsin Resource Center

PROCEDURES

I. General Guidelines

- A. The DOC may contract outside ACPs to provide health care services face to face or via technological means (i.e. Telemedicine) for patients where an established relationship for service exists. The DOC shall accept orders as written.
- B. For continuity of care, the DOC shall accept orders as written by WRC prescribers upon return to the DOC following a WRC stay without the need for additional approval. WRC prescriber orders shall be scanned into the healthcare record.
- C. For emergency room consultations, the ACP shall be contacted before orders are initiated.

II. Ordering Specialty Consultation

- A. Specialty Consultations require an order and prior authorization if indicated.
 - 1. The ACP shall determine the need for off-site care and discuss this with the patient.
 - 2. All appointments shall be documented in the Health Record.
 - 3. Processes shall be in place to assure timely scheduling of off-site visits.
 - 4. Timeframe delays or changes to scheduled appointments shall be communicated with an ACP and RHA.
- B. Specialty consultation requests shall be processed as indicated in DAI Policy 500.10.12 Prior Authorization Guidelines for Non-Urgent Care (Class III) prior to making the appointment.
- C. The referring ACP shall provide the following information:
 - 1. Referral instructions.
 - 2. Relevant symptoms/problems/diagnosis.
 - 3. Questions/outcomes to be addressed by the evaluation.
 - 4. An appropriate timeframe for the appointment. If timeframe not specified scheduler shall obtain the timeframe from the ACP and document the communication in the message center.
- D. Ensure a “Transfer Patient to Emergency Room” order is placed for an Emergency Room visit by an ACP or RN.

III. Scheduling Specialty Consultation

DAI Policy #: 500.30.02	New Effective Date: 03/01/21	Page 3 of 6
Chapter: 500 Health Services		
Subject: Specialty Consultations		

The HSU manager shall designate an appropriate HSU staff member(s) to schedule consultations with clinic, hospital or telemedicine providers.

- A. For specialists who provide services on-site at a site for several facilities (e.g. DOC Ortho Clinic, Optical services), contact the HSU to schedule the appointment.
- B. Dental panoramic x-rays are available at several facilities. Contact the dental supervisor to determine which facility.

IV. Providing Information to Consultant/Provider

- A. An ACP shall provide the medically necessary information for health staff to complete the top portion of DOC-3001 – Offsite Service Request and Report.
 - 1. Schedule required lab tests, x-rays or any other appointments prior to the specialty appointment.
 - 2. Attach documents as identified by the ACP.
 - 3. Attach a copy of the Compact Drug Formulary if the appointment is in the community.
 - 4. Place all documents in a sealed envelope, labeled with:
 - a. Patient's name and DOC number.
 - b. Name, address and telephone number of clinic.
 - c. Date and time of appointment.
 - d. Name of the practitioner who will be seeing the patient.
 - 5. Exceptions may be made for frequent ongoing appointments (e.g., radiation therapy, speech therapy). A mechanism for communication shall be developed by the HSU with the off-site provider (e.g., one DOC-3001 – Offsite Service Request and Report per week).
 - 6. A RN shall complete this section for emergencies. If time does not permit documenting all the information, the information shall be communicated to the ED via telephone while the patient is in transit.
 - 7. The on-call RN shall communicate with the ED to provide continuity of care. Document in the healthcare record.
 - 8. A supply of blank DOC-3001 – Off-Site Service Request and Report shall be kept by the Security Supervisor/designee for use when there is no RN on-site so that recommendations can be returned to the facility with the patient.

V. Follow-up After Appointment with Specialist, ER Visits and Inpatient Hospitalizations

- A. Any patient returning from an off-site visit shall be seen by a RN.
 - 1. Recommendations and the plan of care shall be reviewed with the patient.
 - 2. The nurse shall inform the patient that the ACP will be reviewing the recommendations and determine the definitive plan of care.
 - 3. Review the DOC-3001 – Off-Site Service Request and Report, ER report or hospital discharge summary with the patient upon return to the facility, or the next working day if the patient returns when there is not a RN on-site.
 - 4. Provide the patient with any necessary education and instructions for self-care including restrictions and follow-up.

DAI Policy #: 500.30.02	New Effective Date: 03/01/21	Page 4 of 6
Chapter: 500 Health Services		
Subject: Specialty Consultations		

- B. Recommendations from off-site providers or contract providers shall be reviewed and ordered by a DOC ACP before implementation.
 - 1. A RN shall contact a DOC ACP for approval and orders prior to implementation of any outside recommendations, including medications.
 - 2. Security Supervisor/designee shall contact the on-call nurse upon patient return when an RN is not on-site to review DOC-3001 – Offsite Service Request and Report.
 - 3. The on-call physician shall be contacted if recommendations require implementation prior to the ACP being on-site.
 - 4. Some recommendations require prior-authorization before implementation according to DAI Policy 500.10.12.

- C. Inpatient hospital stays require orders to be reviewed and reconciled upon return. See DAI Policy 500.80.03.

- D. Medications may be obtained before returning to the facility depending on the site. If a RN is not onsite, the on-call RN shall be contacted prior to delivering any medications to the patient.

- E. The DOC ACP shall review, and authenticate the DOC-3001 Off-Site Service Request and Report and any other accompanying paperwork.

- F. Deviation from off-site recommendations/orders require rationale and shall be documented in the Health Record.
 - 1. If the DOC ACP orders significantly differ from recommendations of consultant, a DOC-3528 – Change of Consultant Recommendations shall be completed and forwarded to the specialty consultant.
 - 2. Scan the DOC-3528 into the healthcare record.
 - 3. If the ACP orders differ from recommendations, the patient shall be informed.

- G. Date stamp and scan dictated clinic notes and letters upon receipt for the ACP to review.
 - 1. The nurse shall determine urgency of need for follow-up with the patient, and ensure a RN and ACP follow up with the patient when next on site.

DAI Policy #: 500.30.02	New Effective Date: 03/01/21	Page 5 of 6
Chapter: 500 Health Services		
Subject: Specialty Consultations		

Bureau of Health Services: Michael Rivers **Date Signed:** 2-22-21
Michael Rivers, Director of Healthcare Administration

_____ **Date Signed:** _____
Vacant, MD, Medical Director

Mary Muse **Date Signed:** 2-22-21
Mary Muse, Nursing Director

Administrator's Approval: Sarah Cooper **Date Signed:** 2/25/21
Sarah Cooper, Administrator

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Name		
Original Effective Date:	DAI Policy Number: 500.30.02	Page 6 of 6
New Effective Date: 00/00/00	Supersedes Number:	Dated:
Chapter: 500 Health Services		
Subject: Specialty Consultations		
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.
 - 1.
 - a.
- B.
- C.

II.

- A.
- B.
- C.