

POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION	POLICY NUMBER E-12	PAGE NUMBER 1 of 17 plus attachment
	RELATED NCCHC/ACA STANDARDS: C-04 (essential); E-01 (essential); E-03 (essential); E-04 (essential); E-06 (essential); E-07 (essential); E-08 (essential); E-11 (important); E-12 (essential); E-13 (essential); G-01 (essential); G-02 (essential); G-03 (essential) 4-4346; 4-4347; 4-4348; 4-4349; 4-4350; 4-4351 (mandatory); 4-4352; 4-4360; 4-4362 (mandatory); 4-4365 (mandatory); 4-4366; 4-4367; 4-4375; 4-4389 (mandatory); 4-4399; 4-4414	
CHAPTER: 11 BUREAU OF CORRECTIONAL HEALTHCARE SERVICES	SUBJECT: CONTINUITY OF CARE	
EFFECTIVE DATE: 11/14/2009 REVISED: 4/13/2009; 4/23/2010; 1/12/2016; 2/18/2016		
APPROVED FOR PUBLIC RELEASE		

- I. AUTHORITY:** DE Code Title 16 § 3204; Bureau of Correctional Healthcare Services (BCHS)
- II. PURPOSE:** Health services are provided to detainees and sentenced offenders in a timely and seamless manner through a combination of care within the prison facility and outside medical facilities and providers. Diagnostic and other health services are provided as ordered and results are used to modify treatment plan.
- III. APPLICABILITY:** All Delaware Department of Correction (DDOC) employees of Level 4 & Level 5 facilities and Contract Provider staff, offenders, and any outside healthcare provider servicing DOC offenders.

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V. DEFINITIONS: See glossary.

VII. SUMMARY OF CHANGES: Clarifies the term Mental Health provider to include a psychiatrist, psychologist, psychiatric nurse practitioner or psychological assistant and their infirmary responsibilities.

VIII. POLICY:

- A. It is the policy of the DDOC that medical and behavioral health services shall be seamlessly provided to offenders starting with the Intake Screening Process, in accordance with BCHS policies 11-E-02, *Receiving Screening-Intake* and 11-E-02.1 *Mental Health Screenings* through the sick call process, annual preventive care visits, chronic care clinics, infirmary care, consultations and hospital care outside of DDOC facilities and facilitating medical and behavioral care in the community upon release in accordance with BCHS policy 11-E-13, *Discharge Planning*. medical, behavioral health and dental providers shall share information about the care and treatment of mutual patients through the DDOC electronic health record (iCHRT).
- B. It is also the policy of the DDOC that all medical and behavioral health care shall be documented in iCHRT. Until the iCHRT is fully developed paper documents are acceptable but shall be scanned into the iCHRT "Documents" section within one (1) business day. Past paper health records will be closed but maintained and archived in accordance with BCHS policy 11-H-01, *Health Records* until such time as the iCHRT matures and all documentation is stored electronically. Pertinent past paper documents that have bearing on current treatment shall also be scanned into iCHRT; e.g. Treatment Review Committee (TRC) documents.
- C. The Medical Contract Provider shall develop within 90 days of the effective date of this policy, a site-specific procedure for each Level 4 and Level 5 facility implementing this policy and coordinating the procedure with BCHS.

IX. PROCEDURES:

A. MEDICAL EMERGENCIES

- 1. Medical Emergencies shall be responded to as quickly as possible and within a four (4) minute response time within the security constraints of the facility.

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- a. A medical emergency may be declared by security and the medical response shall be in accordance with BCHS policy 11-A-07.1, *Emergency Code 1, 4, 7, 11 Response*.
- b. In accordance with BCHS policy 11-C-04, *Training for Correctional Officers*, correctional officers receive training in First Aid, recognizing the need for emergency care in life-threatening situations and acute manifestations of chronic illness, suicide prevention and symptoms of mental illness, cardio-pulmonary resuscitation and notify medical personnel when an offender presents with a medical need. Medical personnel shall respond to notifications by security as soon as possible to evaluate the possibility of an emergency situation. Any offender with a request suggesting a problem of an emergent nature (e.g. chest pain) shall receive immediate attention.

B. MEDICAL INTAKE SCREENING

1. Every detentioner and sentenced offender shall have an Intake Screening in accordance with BCHS policy 11-E-02, *Receiving Screening-Intake*. Depending on the results of the Intake Screening process, iCHRT shall automatically schedule follow-up medical, behavioral health and dental appointments.

C. INITIAL EVALUATIONS

1. A mental health screening shall take place within twenty-four (24) hours after the medical intake screening and documented in the Electronic Health Record (iCHRT) in accordance with BCHS policy 11-E-02.1, *Mental Health Screening*.
2. Every detentioner and sentenced offender shall have an Initial Preventive Health Examination by a physician or mid-level provider within seven (7) days of admission, except when clinically significant findings such as an acute medical

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problem or the need for chronic medications are found during Intake Screening the offender shall receive the initial health assessment within two (2) days.

- a. If the last Preventive Health Examination was performed within 12 months and the Intake Screening notes no significant change in the health status a repeat Initial Preventive Health Examination is not required upon re-admission and the next Preventive Health Examination shall be scheduled in accordance with section J below.
3. If not performed previously within the last year, detentioners shall have an oral examination within ninety (90) days of Intake Screening and sentenced offenders shall have an oral examination within (30) days of Intake Screening.

D. SICK CALL REQUESTS

1. Access to non-emergency healthcare is obtained by submitting a written request (Attachment A), which is placed in a locked sick call box or handed to a health care professional.
2. Sick Call Requests are picked up from the sick call box by medical personnel seven (7) days a week and are time/date stamped upon receipt.
 - a. Nursing personnel shall make daily rounds in restricted housing areas to solicit Sick Call Requests from segregated offenders. These rounds shall be documented on the Segregation Logs. Requests by offenders in restricted housing shall be triaged daily and scheduled for sick call visits in the same manner as Sick Call Requests from offenders housed in general population.
3. The Sick Call Request shall be triaged by a Registered Nurse (RN) within twenty-four (24) hours of receipt. The request date, and date collected shall be annotated in iCHRT under the "New Sick Call" tab along with a full description of the problem using the offender's words as close as possible, and triage nurse's comments, if possible. iCHRT is programmed to automatically

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schedule the Nurse Sick Call (NSC) appointment, the Behavioral Health appointment, Dental Sick Call appointment or route the administrative problem to the appropriate personnel. Appointments are scheduled either as Routine or Urgent depending upon the nature of the problem. Urgent appointments for Behavioral Health shall occur within twenty-four (24) hours and routine appointments shall occur within seventy-two (72) hours of the triage date and time.

4. After the information is entered into iCHRT the written Sick Call Request shall be immediately scanned into the iCHRT "Documents" section labeled as "NSC *date*", example "NSC 5-28-15".
5. Administrative sick call requests for such things as shoes, visits, phone calls, etc., shall be triaged within the twenty-four (24) hours and a written response provided within four (4) business days. The written Nurse Triage Comments shall be printed from the Triage screen and sent through the normal facility mail process to the offender.

E. NURSE SICK CALL VISITS

1. An RN shall perform the Nurse Sick Call Clinic seven (7) days a week utilizing the approved nursing protocols within iCHRT. The nurse's assessment and treatment based upon the appropriate Nurse Protocol and the disposition of the offender's complaint shall be documented in the iCHRT under the "New Encounter" screen.
 - a. The nursing protocols are reviewed annually and approved by the site Medical Director and reviewed annually by BCHS through the Continuous Quality Improvement process in accordance with BCHS policy 11-A-06, *Statewide Quality Improvement Program*. The nursing protocols utilizing over-the-counter (OTC) medicines during the Nurse

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Sick Call Clinic shall be approved by both the Medical Services Contract Provider and BCHS.

- b. If an offender has an "As Needed" (PRN) order for a prescription medicine such as for asthma treatments, the RN may initiate treatment during the Nurse Sick Call Visit as previously ordered by the physician or mid-level provider.
2. All OTC medicines dispensed in the Nurse Sick Call Clinic shall be entered into iCHRT and "profiled" so that the OTC medicine is added to the Medication Administration Record but an offender-specific delivery of medicine shall not be delivered from the Pharmaceutical Contract Provider but shall be replaced through the iCHRT Inventory Control.
 3. Offenders shall be given a copy of the patient education form printed from iCHRT concerning their medical problem and treatment and a receipt obtained.
 4. Offenders being evaluated in Nurse Sick Call for the same complaint two (2) times shall be referred to a physician or mid-level provider sick call visit after the second nurse sick call visit. Offenders requiring care beyond the scope of the nurse protocols shall be referred to a physician or mid-level provider sick call visit. The iCHRT is programmed to schedule these visits within five (5) business days.
 - a. Offenders being evaluated by a mid-level provider for the same complaint without resolution or control of symptoms shall be referred to an in-house physician after the second visit for the same complaint.
 5. Offenders who do not show for a scheduled sick call assessment shall be rescheduled and seen within next business day. The reason for no show shall be documented in an iCHRT "Encounter Note".

F. TRANSFER WITHIN A DDOC FACILITY SCREENING

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1. The site Classifications staff determines and schedules transfers among the DDOC facilities and transfers are annotated in the Delaware Automated Correction System (DACS) which automatically notifies the Electronic Health Record (iCHRT) of the pending transfer preparing a “Medical Transfer Out” list.
2. Transfers-Out To Other DDOC Institutions
 - a. The RN (an LPN may not perform this duty) assigned to Intake Screening at Level 5 facilities or the Nurse Manager at Level 4 facilities shall be responsible for ensuring completion of the Transfer-Out Details iCHRT section including offender's general information, current medical and mental conditions, allergies, current medications, current treatment, physical disabilities and limitations, assistive devices and prosthetics, Appointment Schedule Information including: Service Type/Specialty/Focus (PPD Read/Initial; Physical Initial; Dental IOE), Priority (routine, TBD), provider Type (nurse, physician, etc.), Appointment Date and Time. Most of these details will be automatically generated by the iCHRT and the RN’s responsibility shall be to ensure the information is correct.
 - b. The RN assigned to Intake Screening at Level 5 facilities or the Nurse Manager at Level 4 facilities shall be responsible to ensure that all medications, eyeglasses, dentures, hearing aids, assistive devices such as canes and crutches or other medical supplies must be transferred with the offender.
 - i. The RN assigned to Intake Screening at Level 5 facilities or the Nurse Manager at Level 4 facilities shall sign-out the Controlled Substance medications from the Narcotic Red Book with a notation of how many pills are being transferred to what facility.

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3. Transfers-In From Other DDOC Institutions

- a. Transfers-In from other facilities do not require the repeat of the initial Intake Screening but do require the Transfer-In Details in iCHRT to be completed.
- b. The RN (an LPN may not perform this duty) assigned to Intake Screening at a Level 5 or Nurse Manager at Level 4 facilities must complete the Transfer-In Details iCHRT section Incoming Facility button and is responsible for completing the transfer documentation of the medications received (including documenting the Controlled Substances in the Narcotic Red Book), the current treatment, housing placement and receipt of any paper health records, rescheduling appointments, last PPD date, Result, Date of last physical, vitals, observations, deformities, referrals (None, Emergency Room, sick call, physician and mental health), Placements (infirmatory, general population, others), Education, Medical File Received, Date, Addendum. Most of these details will be automatically generated by the iCHRT and the RN's responsibility shall be to ensure the information is correct, any appointments are properly rescheduled and medications/glasses/etc. are received.

G. Chronic Care Clinic

1. Those offenders who have been identified as having a chronic medical condition or require chronic medications, even chronic PRN (as needed) medications, during Intake Screening, during the Initial Physical Evaluation or during a Sick Call or Preventive Medicine visit shall be enrolled in the Chronic Care Clinic in iCHRT. Once enrolled in the Chronic Care Clinic and an initial clinic visit is documented, iCHRT shall schedule a follow-up visit every ninety (90) days or sooner as determined by the provider.
2. Every offender enrolled in the Chronic Care Clinic shall have an individualized

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treatment plan allowing the treating provider to schedule an offender more frequently if the condition requires a more frequent follow-up visit; request laboratory or imaging follow-up on an individualized schedule and provide educational and specialty consultation as needed.

3. Some diagnoses such as diabetes and hypertension have stability guidelines to monitor the offender's progress. The stability guidelines are incorporated into the Chronic Care Clinic module in iCHRT and shall be updated during the follow-up visits as part of the ongoing Quality Improvement Program.
 - a. The Chronic Care Clinic nurse shall be trained in using and be responsible for reporting cancer related treatment to the Delaware Cancer Registry *Web Plus* <https://webplus.dhss.delaware.gov/>
4. After an offender has a laboratory or imaging report returned or after an outside-the-facility consultation, the Chronic Care Nurse shall review the results upon receipt.
 - a. If results require immediate attention or action implementation, the nurse shall contact a provider for immediate follow-up orders.
 - b. If the results do not require an immediate action, the Chronic Care Nurse shall schedule a face-to-face visit with the requesting provider within seven (7) calendar days.
 - c. Based on review of consults and diagnostic test results, the requesting provider shall document any change in the treatment plan, continuation of current plan, or additional monitoring, etc. that may be required.
 - d. After the laboratory, imaging or consultation report is reviewed by the Chronic Care Nurse it shall be immediately scanned into the iCHRT "Documents" section labeled as "Lab and *date*", example "Lab 5-28-15" or the name of the image and date, example "Chest x-ray 5-28-15" or "CT Brain 5-28-15" or the type of consultation and date, example "Neuro Cons

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5-28-15” or “Ortho Cons 5-28-15”.

5. Chronic Care Clinic patients are encouraged to annotate an Advance Directive (DHSS Medical Orders for Life-Sustaining Treatment —MOLST) in accordance with BCHS policy 11-A-04, *Medical Autonomy*, in case their medical condition worsens during incarceration.
6. Chronic Care Clinic patients with an identified release date shall have a Discharge Plan in accordance with BCHS policy 11-E-13, *Discharge Planning*, developed within ninety (90) days of release and documented in iCHRT, including outside medical and behavioral health referrals, contact telephone numbers for follow-up visits and a 30-day supply of essential prescription medications. Pertinent medical information shall be shared with off-site community medical and behavioral health providers in accordance with confidentiality requirements. Obtaining Release of Medical Information permission of the offender is part of the discharge planning process.
7. Offenders enrolled in the Chronic Care Clinic whose chronic condition has resolved, are in good control without medications for at least two (2) years may be discharged from the Chronic Care Clinic upon a written discharge order by a provider in iCHRT.
 - a. If an offender persistently declines to participate in the Chronic Care Clinic, any refusals to attend a scheduled visit shall be annotated through the Refusal Form. The treating provider shall counsel the offender concerning the risks of non-participation when repeated refusals occur, however, the offender shall continue to be scheduled for a follow-up visit every ninety (90) days and all efforts by medical staff to encourage the offender's participation shall be documented in the iCHRT.

H. INFIRMARY CARE

1. Infirmary Care is available for offenders who require;

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- a higher level of acute medical care for self-limiting, short-term illness or injury, or behavioral health observation, e.g. Psychiatric Close Observation (PCO),
 - specific housing accommodations, e.g. Airborne Infection Isolation (AII) negative pressure room housing for suspicion of active tuberculosis,
 - observation prior to admission to an outside acute care hospital or outpatient surgical facility for medical, surgical or diagnostic procedure,
 - observation after discharge from an outside acute care hospital or outpatient surgical facility requiring convalescent care related to a medical, surgical, diagnostic procedure or emergency room visit, or
 - long-term care for chronic medical conditions that require skilled nursing care or cannot be accommodated in general population, e.g. hospice/palliative care.
- a. Offenders may be housed in the infirmary when the facility population requires the bed space as determined by the Warden or their designee.
- i. Offenders admitted to the Infirmary for an acute medical condition, observation prior to going out of the facility for a medical procedure, admitted for PCO or long-term care for medical conditions such as hospice or dialysis are housed for medical reasons and not by request of the security staff shall be evaluated during the physician/psychiatrist rounds as medical/behavioral health patients.
 - ii. An acute medical condition is defined as any condition that requires but are not limited to monitoring of symptoms, such as anxiety, depression, pain, nausea, etc.; monitoring of physical findings such as vital signs, breath sounds or spirometry associated with asthma, menstrual bleeding, drug or alcohol parameters, etc.;

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or monitoring prior to or upon return from an outside consultant or emergency room visit.

2. The infirmary is under the supervision of the Director of Nursing or their RN designee twenty-four (24) hours a day, seven (7) days a week.
3. Admissions to the infirmary for medical or behavioral health shall be accomplished through a physician/psychiatrist admission order in iCHRT for medical or behavioral health reasons and an admission note outlining the physical findings and treatment plan. Admissions to the infirmary for housing reasons shall be accomplished through direction of the Warden or their security designee. Medical providers may admit an offender to the infirmary for medical reasons only and may not admit an offender for housing purposes only.
4. The site Medical Director has overall responsibility for the care of offenders admitted to the infirmary for medical reasons, including reporting on the infirmary offenders in the Multidisciplinary Team (MDT) Meetings and for offenders housed in the infirmary based upon the Warden's direction. The site mental health director is responsible for the behavioral health care of offenders admitted for behavioral health reasons, including those on PCO and along with the site medical director for those on withdrawal protocols.
 - a. A physician/mid-level provider shall be on-call twenty-four (24) hours a day, seven (7) days a week.
 - b. The Medical Director or Clinical Services Director in the Medical Director's absence shall make rounds on offenders admitted for medical reasons including those offenders housed for behavioral health, hospice or dialysis reasons five (5) days a week and arrange coverage for weekend rounds through the Medical Contract Provider when the condition of an offender would require the offender to be visited by a physician on weekend days. A mental health provider, i.e. psychiatrist, psychologist or

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psychiatric nurse practitioner shall make rounds and document their assessment in iCHRT three (3) times a week on offenders admitted for behavioral health reasons. Daily rounds are not required for offenders housed in the infirmary without a medical reason and solely based upon the Warden's direction.

- i. The on-call medical provider shall make weekend rounds on any offender with an unstable medical condition identified by the Medical Director or by the Infirmary Charge Nurse, or if the offender is admitted on nights, weekends or holidays and is medically unstable.
 - c. Documentation of medical rounds by the physician must be annotated into iCHRT whenever an offender is visited during medical rounds.
 - d. Nursing documentation in iCHRT on offenders admitted for medical or behavioral health reasons shall be at least three (3) times daily. Nursing documentation for offenders housed in the infirmary without a medical or behavioral health problem based upon the Warden's direction shall be once daily.
5. Discharge from the infirmary shall be through a physician, after discussion with and with concurrence of a licensed mental health provider order in iCHRT. A Discharge Summary shall be documented in iCHRT by the Medical Director for those offenders admitted for medical reasons, and by a Mental Health Provider in iCHRT for those admitted for behavioral health reasons.
- a. Offenders housed in the infirmary for PCO must be released by a mental health provider before the medical provider may discharge the offender from the infirmary.

I. HOSPITAL AND SPECIALTY CONSULTATION

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1. Specialty consultation and acute care hospitalization is available when an offender's medical requirements exceed the scope of care available within the DDOC facilities. Some specialty consultation is available within the DDOC facilities, e.g. Obstetrics/ Gynecology, Optometry, Podiatry, and Physical Therapy.
 - a. Specialty consultation is arranged upon request by a provider credentialed and privileged to work within the DDOC facilities and coordinated with the facility security. At no time shall scheduled appointments dates be discussed with the offender.
 - b. Requests for specialty consultation must be entered into iCHRT which routes the request through the Medical Contract Provider for approval. The Medical Contract Provider employs Consultation Coordinators in each of the facilities to make appointments and coordinate with security for transportation. Every effort shall be made to schedule the specialty consultation with the local area (county) to limit the time of travel outside the facility.
 - c. Off-site consultations are highly dependent upon the availability of the specialty consultants; however, the goal for a routine consultation is that the consultation occurs within thirty (30) days of the consultation request date. Urgent consultations shall be referred to a local emergency facility.
 - d. Follow-up visits to specialty consultants shall be scheduled as recommended by the consultant consistent with security constraints.
2. Off-site community providers shall be responsible for documentation of care rendered. All documentation received from outside consultants shall be scanned into the "Documents" section of iCHRT as soon as it is received.
3. Upon receipt of the off-site specialty visit results, diagnostic testing or other health services, the Intake/Transfer Nurse or Infirmary Charge Nurse shall

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review the report. If results require immediate attention or action implementation, the nurse shall contact a provider for immediate follow-up orders. If results do not require immediate follow up, the nurse shall schedule a provider visit with the requesting provider within seven (7) days.

4. Security staff who accompanies the offender to the specialist consultation shall convey any documentation to and from the appointment. The offender shall not convey the documentation. Upon return, the documentation shall be given to the Intake/Transfer Nurse or Infirmery Charge.

J. PREVENTIVE HEALTH VISITS

1. Offenders shall have periodic preventive health visits;
 - a. Offenders in the Chronic Care Clinic shall have an annual preventive health visit.
 - b. Offenders 40 years of age and over shall have a preventive health visit every other year.
 - c. Offenders younger than 40 years of age shall have a preventive health visit every 5 years.
 - d. All offenders shall have an annual tuberculosis screening in accordance with BCHS policy 11-B-01, *Infection Control Program*.
 - e. Age-appropriate preventive screenings shall be performed within the security restrictions including laboratory test and mammograms and colonoscopies shall be scheduled as routine consultations through the Preventive Health Visit. The age-appropriate preventive screenings shall be based upon the United States Preventive Services Task Force (USPSTF) guidelines; however, the provider may adjust these or follow other recognized specialty guidelines based upon their discussion with the offender with these decisions documented in iCHRT.

K. HOSPICE AND PALLIATIVE CARE

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1. Terminally ill offenders are provided palliative and hospice care focused on symptom control and quality of life issues based on discussions between the offender and the Contracted Medical Services providers, when a cure is not possible.
2. When an individual condition or diagnosis may make the offender eligible for a sentence modification or parole based upon the clinical status, the site Medical Director shall submit a summary of the case to the DDOC Medical Director including the diagnoses, prognosis, special needs, current treatment plan, potential placement if the sentence modification is granted and any other relevant information for consideration.

L. DISCHARGE TO THE COMMUNITY

1. Medical, behavioral health and dental providers shall share information about the care and treatment of mutual patients in accordance with BCHS policy 11-E-13, *Discharge Planning*.

Approval:

Marc D. Richman, Ph.D. Chief, BCHS	Date	Robert Coupe Commissioner	Date
	2/1/16		2/18/2016

PLACE THIS SLIP IN THE MEDICAL REQUEST BOX OR DESIGNATED AREA

MEDICAL USE ONLY (RECEIVED STAMP)

[Empty rectangular box for stamp]



STATE OF DELAWARE
DEPARTMENT OF CORRECTION
BUREAU OF CORRECTIONAL HEALTHCARE SERVICES

SICK CALL FORM

(CIRCLE ONE) MEDICAL MENTAL HEALTH DENTAL

PRINT NAME _____ DATE OF REQUEST _____

SBI Number _____ DATE OF BIRTH _____ HOUSING LOCATION _____

PROBLEM OR REQUEST:

I AGREE TO BE TREATED BY HEALTH STAFF FOR THE PROBLEM ABOVE.

Signature: _____ Date _____

DO NOT WRITE BELOW THIS AREA - MEDICAL USE ONLY

RN Triage by: (Initial & Date) TIME:

Triaged to: 1- Mandatory: ROUTINE URGENT

2- Which Clinic: Nurse Sick Call Mid-level/Physician Behavioral Health
 Dental Administrative

Triage Nurse Signature & Title: _____ Date & Time: _____

Upon completion of this form the RN triaging the request shall immediately scan the form into iCHRT