POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION	POLICY NUMBER D-08	TOTAL PAGES 6
	RELATED NCCHC / ACA STANDARDS: NCCHC: P-D-08 (essential), J-D-08 (essential), MH-D-05 (essential), O-D-05 ACA: 5-ACI-6A-05, 5-ACI-6A-08 (Mandatory), 5-ACI-6C-05, 5-ACI-6D-06	
CHAPTER: 11 BUREAU OF HEALTHCARE, SUBSTANCE ABUSE, AND MENTAL HEALTH SERVICES	**SUBJECT: Hospital and Specialty Care**	
APPROVED BY THE BUREAU CHIEF:	**Bureau Chief, Michael Records (signature on file with BHSAMH)**	
APPROVED BY THE COMMISSIONER AND EFFECTIVE THIS DATE	**Acting Commissioner Terra Taylor, August 3, 2023 (signature on file with BHSAMH)**	
APPROVED FOR PUBLIC RELEASE		

I. AUTHORITY: 11 *Del. C.* §6536 Medical Care

II. PURPOSE: To ensure that healthcare services, such as specialty care and/or acute hospital level of care, that are beyond the resources available in the facility are available to offenders who need these services.

III. APPLICABILITY: All Delaware Department of Correction (DDOC) employees and Contract Provider staff, offenders, and any outside healthcare provider servicing DDOC offenders.

IV. DEFINITIONS: See Glossary

V. SUMMARY OF CHANGES: This policy was updated to remove the name of a specific provider and use non-specific terminology when referencing a provider staff person.

VI. POLICY:

A. It is the policy of the DDOC that offenders who need healthcare services, such as acute in-patient (medical and psychiatric) level of care and/or specialty care that are beyond the resources available in the facility are given access to such services. To accomplish this, the following must occur:

1. Evidence that demonstrates that there is appropriate and timely access to hospital and specialty care when necessary.
2. When patients are referred for outside care, written information (with or without verbal communication) about the patient and the specific problem to be addressed must be provided to the outside healthcare facility prior to, or at the time of patient arrival to the outside healthcare facility.
3. The patient's Electronic Health Record (EHR) must contain results and recommendations from off-site health facility visits. These results and recommendations should include the following, at a minimum:
    a. Name, designation of outside provider and/or facility who provided treatment or evaluation to the patient.

b. Summary of outside providers' clinical assessment or diagnoses and treatments given.
c. The outside providers plan of care.
d. List of follow-up instructions, including specific instructions about signs, symptoms, and/or conditions that require a return to the facility or recommended timing of follow up visit as appropriate.
e. Contact information for outside provider/facility that can be used by facility medical staff to contact outside provider with follow up questions.

B. The contract provider should work with outside healthcare facilities (hospitals, emergency departments, and/or specialty services) that are used regularly to establish written agreements that outline the terms of care to be provided. This written agreement may be a contract, letter of agreement, or memorandum of understanding between the facility or the healthcare provider and hospital, clinic, or specialty services or specialists. This agreement should include, but is not limited to the following:
1. Processes to be followed when an offender is to be admitted to a facility.
2. Processes to be followed for daily reports to the facility HSA, or designee.
3. Processes to be followed when an offender is to be discharged from a facility.

C. The contracted provider shall develop guidelines that govern elective procedures needed to correct a substantial functional deficit or if an existing pathological process threatens the well-being of the offender over a period of time.

D. The site HSA, or designee maintains a current list of referral resources to include emergency and routine care. This list is reviewed and updated at least annually.

E. The HSA collaborates with the facility warden, or designee regarding transport procedures that staff will follow while escorting patients for specialty care according to BHSAMH Policy D-06 Patient Escort.

F. When a provider determines that a patient needs care beyond that which is available in the facility, a consult shall be placed in the EHR.
1. This consult shall be scheduled with an outside specialist in a timely manner.
    a. It is expected that the consult appointment should occur within 3 months of the consult request being entered in the EHR. If an appointment cannot occur within that timeframe a progress note shall be entered in the EHR documenting the reason for the delay.
2. Once a consult has been entered in the EHR, the consult coordinator, shall schedule an appointment with an outside healthcare specialist in the following manner:
    a. Urgent consult requests must be scheduled within two business days of the referral being entered in the consult module of the EHR.
    b. Routine consult requests must be scheduled within five business days of the referral being entered in the consult module of the EHR.
3. It is not necessary for a patient to be seen by the outside healthcare provider within these timeframes. Only that an appointment must be scheduled within these timeframes.
4. If a there are issues or delays in scheduling an appointment with an outside healthcare provider, those issues must be documented in the EHR, and the ordering provider notified of the delay.
    a. Anytime an appointment does not occur as originally scheduled (i.e., postponed by outside healthcare specialist, security concerns, or other

delay) a note shall be entered in the EHR detailing the reasons for the delay.

G. In the course of providing healthcare treatment to a patient as the result of a code, sick call, or other healthcare encounter, a healthcare provider may determine that the patient must be transported immediately to an outside healthcare facility for further treatment. This transport may be done by emergency medical services (EMS) or by DDOC.
    1. The decision by healthcare staff whether to use EMS (via 9-1-1) or request that DDOC perform a transport shall be made ensuring that the decision does not place the patient at additional risk and/or will not cause unnecessary delays of care.
    2. In these situations, the following staff must be notified via email with a short synopsis of the event within two hours of the request for transport:
        a. Facility warden, or designee
        b. Site HSA
        c. BHSAMH Bureau Chief
        d. BHSAMH Medical Director
        e. BHSAMH Director of Community Health
        f. BHSAMH Medical Treatment Services Director
        g. BHSAMH Behavioral Health Treatment Services Director
        h. BHSAMH Director of Policy and Standards Compliance
        i. BHSAMH Quality Assurance Administrator
        j. BHSAMH Trainer Educator
        k. BHSAMH Social Service Administrator
        l. BHSAMH RN II
        m. Contracted Provider Regional Contract Administrator, or designee
        n. Contracted Provider Statewide Medical Director
        o. Contracted Provider Statewide Behavioral Health Director
        p. Contracted Provider Statewide Director of Nursing
        q. Contracted Provider Statewide Utilization Manager
        r. Other staff as deemed necessary by facility, BHSAMH, or contract provider's regional office.
    3. Anytime there is a mass casualty event, healthcare situation where death of a patient seems likely or imminent, or other situation requiring unusual, or out of the ordinary resources (e.g., helicopter), the following staff shall be notified by telephone immediately as resources allow:
        a. Facility warden, or designee
        b. Site HSA
        c. BHSAMH Bureau Chief
        d. BHSAMH Medical Director
        e. Contracted Provider Regional Contract Administrator, or designee
        f. Contracted Provider Statewide Medical Director

H. When an offender is transported to an outside healthcare facility to receive healthcare services, the following guidelines shall be followed in determining disposition of the offender upon release from the outside healthcare facility:
    1. For the purpose of this policy, an invasive procedure shall encompass the definitions put forth by the Centers for Medicare and Medicaid services (CMS): "Procedures in which skin or mucous membranes and connective tissue are

incised, or an instrument is introduced through a natural body orifice." Invasive procedures encompass a range of services, including:

a. Minimally invasive dermatological procedures (e.g., biopsy, excision, or deep cryotherapy for malignant lesions).
b. All procedures in the surgery section of the Current Procedural Terminology (CPT) code.
c. Procedures such as percutaneous transluminal angioplasty and cardiac catheterization.
d. Minimally invasive procedures involving biopsies or placement of probes or catheters requiring entry into a body cavity through a needle or trocar.
e. Invasive procedures exclude the use of instruments such as otoscopes for examinations or very minor procedures such as drawing blood.

2. If upon reviewing the patient's return paperwork the nurse evaluating the patient in the DDOC facility is not able to determine whether or not the patient had an invasive procedure done, the patient will default to being managed as if the patient had an invasive procedure as outlined below.
3. For patients who are transported to an Emergency Department (ED) for any emergency, admitted to an outside hospital, and/or who have had invasive procedures done (as inpatient or outpatient procedures), the following guidelines shall be followed:
    a. The patient will be evaluated by a Registered Nurse (RN) upon return to the DDOC facility.
    b. The RN will interview the patient to obtain information regarding any current complaints, or symptoms the patient might have
    c. The RN will complete a physical examination (including a full set of vital signs) and review the return paperwork that accompanied the patient.
    d. The RN will call the provider (provider may be onsite or on-call depending on time of day) to order any medications, testing, or services required and to discuss any pertinent or concerning information obtained from patient interview and physical exam.
    e. The provider will enter relevant orders into the patient's EHR.
        i. This may be accomplished via Virtual Private Network (VPN) if the provider is offsite.
        ii. Routine orders such as those for returning patients shall not be given as verbal orders or telephone verbal orders.
    f. The patient will be admitted to and remain in the infirmary until cleared by a provider to return to the general population.
    g. A provider must see the offender on the next business day after returning from an ED for any emergency, admitted to an outside hospital, and/or who have had invasive procedure(s).
        i. The provider must close out the consult request (if there was one) during this encounter.
    h. If, however, in the determination of the receiving RN, the returning patients appear to have unstable vitals or to be deteriorating or to have other concerning indications such as altered mental status, the RN shall

notify the provider immediately and/or alert security to activate 911 to have the patient transported to the ED.

4. For patients who are transported to outside healthcare facilities for routine consultations and diagnostic testing (and who did not have invasive procedure(s) performed):
    a. The patient will be evaluated by an RN upon return.
    b. The RN will interview the patient to obtain information regarding any current complaints, or symptoms the patient might have.
    c. The RN will complete a physical examination (including a full set of vital signs), review the return paperwork that accompanied the patient, and review the EHR to determine the patient's baseline status.
    d. If the patient appears to be at baseline and vital signs are within normal limits, the patient may be returned to their designated housing unit.
    e. The RN should notify the provider prior to returning the patient to their designated housing unit to order any medications, testing, or services recommended.
    f. The provider will enter relevant orders into the patient's chart in iCHRT.
        i. This may be accomplished via VPN if the provider is offsite.
        ii. Routine orders such as those for returning patients shall not be given as verbal orders or telephone verbal orders.
    g. If, in the determination of the RN, the returning patients appear to have unstable vital signs or to be deteriorating or to have other concerning indications such as altered mental status, the RN shall notify the provider immediately and/or alert security to activate 911 to have the patient transported to the ED.
    h. If the patient is hemodynamically stable but does not appear to be at baseline level of functioning, the patient should be admitted to the infirmary and remain there until evaluated by a provider. The RN shall discuss the patient with the provider.
    i. The patient must be seen by a provider within three working days for follow-up of results from outside healthcare appointments.
        i. The provider conducting the follow-up encounter must close out the consult during this encounter.
5. When a patient is returned to a DDOC facility after an inpatient stay in a psychiatric facility:
    a. The patient will be evaluated by a RN upon return to the DDOC facility.
    b. The RN will interview the patient to obtain information regarding any current complaints, or symptoms the patient might have.
    c. The RN will complete a physical examination (including a full set of vital signs) and review the return paperwork that accompanied the patient.
    d. The RN will call the provider to order any medications, testing, or services required and to discuss any pertinent or concerning information obtained from patient interview and physical exam.
    e. The provider will enter relevant orders into the patient's chart in iCHRT.
        i. This may be accomplished via VPN if the provider is offsite.
        ii. Routine orders such as those for returning patients shall not be given as verbal orders or telephone verbal orders.

f. The patient will be admitted to the infirmary on PCO 1 and a referral will be made to mental health for assessment in accordance with BHSAMH Policy *B-05 Suicide Prevention and Intervention.*
g. The patient will remain in the infirmary until evaluated by a medical provider and cleared to return to the general population.

6. Treatment recommendations made by an outside healthcare provider are considered recommendations. The treating prescriber at the facility has the final determination of the course of treatment but should consider the recommendations from the outside healthcare provider when determining the course of treatment.

I. The Contracted Provider (s) shall develop within 30 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 the BHSAMH.