

POLICY E-09 CONTINUITY, COORDINATION, AND QUALITY OF CARE DURING INCARCERATION

<p align="center"><b>POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION</b></p>	<p align="center"><b>POLICY NUMBER</b> E-09</p>	<p align="center"><b>TOTAL PAGES</b> 2</p>
	<p><b>RELATED NCCHC / ACA STANDARDS:</b> NCCHC: P-E-09 (essential), J-E-09 (essential) MH-E-09 (essential) ACA: 5-6A-4347, 5-6A-4372-1 (mandatory) 4-ALDF-4C-04,</p>	
<p><b>CHAPTER:</b> 11 BUREAU OF CORRECTIONAL HEALTHCARE SERVICES</p>	<p><b>SUBJECT: Continuity, Coordination, and Quality of Care During Incarceration</b></p>	
<p><b>APPROVED BY THE BUREAU CHIEF: Marc Richman, PhD 05/16/2019 (signature on file with BCHS)</b></p>		
<p><b>APPROVED BY THE COMMISSIONER AND EFFECTIVE THIS DATE: Perry Phelps, Commissioner 05/28/2019 (signature on file with BCHS)</b></p>		
<p><b>APPROVED FOR PUBLIC RELEASE</b></p>		

- I. **AUTHORITY:** 11 *Del. C.* §6536 Medical Care
- II. **PURPOSE:** To ensure that healthcare is provided on an ongoing basis without interruption beginning with the offender’s initial contact with healthcare personnel through discharge planning.
- II. **APPLICABILITY:** All Delaware Department of Correction (DDOC) employees and Contract Provider staff, offenders, and any outside healthcare provider servicing DDOC offenders.
- III. **DEFINITIONS:** See Glossary
- IV. **SUMMARY OF CHANGES:** This policy has changed significantly and should be reviewed in its entirety.
- V. **POLICY:**
  - A. It is the policy of the DDOC that all patient healthcare (medical, dental, and behavioral health) is coordinated and monitored from admission to discharge. This is accomplished in the following manner:
    - 1. Patients must receive medical, dental, and mental health services from admission to discharge per prescribers’ recommendations, orders, and evidence-based practices.
      - a. An intake shall be performed on all offenders in accordance with BCHS Policy *E-02 Intake Screening*.
        - i. Information obtained during the intake shall be reviewed and utilized for treatment planning and to ensure continuity of care for offenders’ healthcare needs.
        - ii. Offenders should continue to receive medications and services that were prescribed while in the community if deemed clinically appropriate and if it is appropriate for the correctional environment

(e.g., erectile dysfunction treatment, birth control – see BCHS Policy *B-06 Contraception*).

- b. Offenders that are new to a DDOC facility or who are returning to a DDOC facility from the community shall receive an initial health assessment in accordance with BCHS Policy *E-04 Initial Health Assessment*.
  - c. Offenders shall receive periodic preventive health assessments during their incarceration. The schedule for these preventive health assessments is as follows (a provider may schedule one sooner than indicated if clinically necessary):
    - i. Offenders enrolled in chronic care – annually
    - ii. Offenders 40 years of age, or older – annually
    - iii. Offenders under 40 years of age – every 5 years
  - d. Discharge planning shall include appropriate referrals to community providers in accordance with BCHS Policy *E-10 Discharge Planning*.
2. Prescriber orders are implemented within 8 hours of issuance.
3. If deviations from evidence-based practices are indicated, clinical justification for the alternative treatment plan while in custody is documented in the offenders' electronic health record (EHR).
4. Diagnostic tests and evaluations must be completed in a timely manner.
5. Diagnostic tests and evaluations shall be reviewed and documented in the EHR by the provider within 24 hours from receipt of results.
- a. Treatment plans are modified as clinically indicated by the diagnostic tests and treatment results.
  - b. Any modifications to the treatment plan must be documented in the offenders' EHR.
6. Treatment plans, including test results, are shared with patients in the following manner:
- a. If results are normal – results may be mailed as long as confidentiality is maintained.
  - b. If results are determined as abnormal, the offender is seen within 5 days, or sooner if clinically indicated.
7. For hospitalization, urgent care, emergency department, or specialty visits:
- a. Patients are seen by a qualified healthcare professional upon return.
    - i. If the hospitalization, urgent care, emergency department, or specialty visits was for a mental health reason, the offender must also be seen by a qualified mental health professional as soon as possible, not to exceed 24 hours.
  - b. Recommendations and/or discharge summaries are reviewed for appropriateness of use in the correctional environment.
  - c. A provider is contacted in a timely manner to ensure proper implementation of any orders and to arrange for appropriate follow-up.
  - d. Housing shall be in accordance with BCHS Policy *D-08 Hospital and Specialty Care*.
8. Chart reviews are done to ensure that appropriate healthcare is ordered and implemented and that care is coordinated by all healthcare staff, including medical, dental, behavioral health, and nursing.
- B. All information related to an offenders' healthcare shall be entered in the EHR in a timely manner.

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- C. The Contracted Medical Provider 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 BCHS.