



POLICY DIRECTIVE

Policy:	DOC 4.5.22 INMATE HEALTH CARE CONTINUITY
Effective Date:	01/01/1998 Page 1 of 3
Revision Date(s):	04/19/2021; 04/24/2026
Department Director Signature:	/s/ Eric Strauss, Director
Medical Director Signature:	/s/ Dr. Paul Rees, MD
Health Services Bureau Chief Signature:	/s/ Cynthia McGillis-Hiner, RN, MSN

I. POLICY

The Department facility health unit will facilitate offender health care continuity from admission to discharge, including referral to community practitioners when indicated.

II. APPLICABILITY

All secure facilities Department-owned and contracted, as specified in contract.

III. DEFINITIONS (see Glossary)

IV. REQUIREMENTS

A. Clinical Care

1. Offenders receive medical, dental, and mental health services from admission to discharge per prescribers' recommendations, orders, and evidence-based practices.
2. Prescriber orders are implemented in a timely manner.
3. If deviations from evidence-based practices are indicated, clinical justification for the alternative treatment plan while in custody is documented in the offender's health care record.
4. Diagnostic tests must be reviewed by a provider in a timely manner.
5. Treatment plans are modified as clinically indicated based on diagnostic test and treatment results as appropriate.
6. Treatment plans and test results must be shared and discussed with the offender.
7. For hospitalization, urgent care, emergency department, or specialty visits:
 - a. offenders are seen by a Qualified Health Care Professional or health care liaison (if appropriate) upon return;
 - b. recommendations are reviewed for appropriateness of use in the correctional environment; and
 - c. a provider is contacted in a timely manner to ensure proper implementation of any orders and to arrange appropriate follow up.

8. If a Qualified Mental Health Professional is not on-site upon an offender's return from a hospitalization, urgent care, or emergency department visit, health staff immediately review the discharge orders and contact a health professional for orders as needed.
9. Evaluations (for example, neurological, neuropsychological) and other specialty consultations (for example, laboratory work, imaging procedures) are completed in a timely manner, with evidence in the record of the ordering clinician's review results. The clinician reviews abnormal findings face to face with the offender in a timely manner.
10. The responsible physician determines the frequency and content of periodic health assessments based on protocols of nationally recognized professional organizations.
11. Health record reviews are completed to ensure that appropriate care is ordered and implemented and that care is coordinated by all health staff, including medical, dental, mental health, and nursing.

B. Health Records

1. Health care staff will:
 - a. obtain offender health records from previous providers when the information is clinically relevant to the treatment of recurrent, chronic, or exacerbated health conditions in accordance with health care information release requirements pursuant to *DOC 4.5.38 Offender Health Record Access, Release, and Retention*;
 - b. when possible, anticipate the need for prior health records and information so that delays or alterations in prescribed care and treatment are minimized;
 - c. consult previous providers by telephone regarding an offender's condition when prior health care and treatment records have not been obtained; and
 - d. handle health records for offenders transferring to other correctional facilities or community corrections programs in accordance with *DOC 4.5.36 Health Records Transfer*.

C. Release Plans

1. Health care staff will coordinate with case managers to assure follow-up arrangements or provide referrals to community providers for offenders who will be released from a Department facility with critical medical or mental health needs.
2. For planned releases to the community, arrangements are made to initiate contraception for female offenders, upon request.

D. Discharge Orders and Planning

1. Health care providers will provide written prescriptions for controlled medications, if deemed medically necessary, when offenders are released.
2. Offenders will receive a minimum 30-day supply of medication upon release for continuing treatment of chronic illness and continuity of care.
3. For offenders with serious medical, dental, or mental health needs, arrangement or referrals are made for follow-up services with community prescribers, including exchange of clinically relevant information.
4. The facility has a process to assist offenders with health insurance application prior to release from the facility.
5. All aspects of discharge planning are documented in the offender's health record in a timely manner.

- a. Provide the offender with a list of resources and support commensurate with the offender's level of functioning.

E. Acute Illness Medications

1. When offenders are on acute illness medications at the time of release, health care providers will encourage them to take their medication cards to complete the course of therapy consistent with accepted medical practice.

F. Juvenile Offenders

1. Females who are on a method of contraception in the community, either for birth control or medical indications, are able to continue that method after receiving screening.
2. The facility offers methods for initiating contraception while in custody, including medical indications.
3. For planned discharges, health staff will coordinate with case management to:
 - a. coordinate and document plans with the juveniles' legal guardian as appropriate;
 - b. arrange for a minimum 30-day supply of current medications; and
 - c. for juveniles with identified medical, dental, or mental health needs, make arrangement for referrals for follow-up services with community clinicians, including exchange of clinically relevant information, and document those arrangements.

G. Offender Transports

1. Health care staff will ensure written instructions accompany any offender needing medication or medical care during transport between Department facilities or programs.
2. When offenders are referred for outside care, written or verbal information about the offender and the specific problem to be addressed must accompany them.

V. CLOSING

Questions about this policy should be directed to the Health Services Bureau Chief.

VI. REFERENCES

- A. *P-B-06, P-E-0912, P-F-01; National Commission on Correctional Health Care Standards for Health Services in Prisons, 2018*
- B. *MH-E-09, MH-E-10; National Commission on Correctional Mental Health Services in Correctional Facilities, 2015*
- C. *Y-E-12, Y-E-13, Y-G-08; National Commission on Correctional Health Services in Juvenile Detention and Confinement Facilities, 2022*
- D. *DOC 4.5.36 Health Records Transfer; DOC 4.5.38 Offender Health Record Access, Release, and Retention*