	<b>DEPARTMENT OF CORRECTIONS AND REHABILITATION</b> <b>CORRECTIONS ADMINISTRATION</b> <b>POLICY AND PROCEDURES</b>	<b>EFFECTIVE DATE:</b> January 01, 2024	<b>POLICY NO.:</b> COR.10.E.09
		<b>SUPERSEDES (Policy No. &amp; Date):</b> COR.10.1E.12 (10/20/15)	
<b>SUBJECT:</b> <b>CONTINUITY, COORDINATION, AND QUALITY OF CARE DURING INCARCERATION</b>		Page 1 of 3	

## 1.0 PURPOSE

The purpose of this policy is to ensure that the provision of medical, dental, and mental health care is coordinated and monitored from admission to discharge.

## 2.0 SCOPE

This policy and procedure shall apply to all correctional facilities, their assigned personnel, and contract staff.

## 3.0 REFERENCES, DEFINITIONS & FORMS

### .1 References

- a. *Estelle v. Gamble*, 429 U.S. 97 (1976).
- b. Standards for Health Services in Prisons. National Commission on Correctional Health Care, (2018).
- c. Standards for Health Services in Jails. National Commission on Correctional Health Care, (2018).
- d. Standards for Mental Health Services in Correctional Facilities. National Commission on Correctional Health Care, (2015).

### .2 Definitions

- a. Prescriber: A nurse practitioner, physician assistant, physician, dentist, or optometrist.
- b. Qualified Health Care Professionals: Physicians, physician assistants, nurses, nurse practitioners, dentists, mental health professionals, and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for patients.

## 4.0 POLICY

- .1 Patients receive medical, dental, and mental health services from admission to discharge according to prescribers' or clinicians' recommendations, orders, and evidence-based practices.

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- .2 Diagnostic tests are reviewed by providers in a timely manner.
- .3 Treatment plans are revised as clinically indicated.
- .4 Test results and treatment plans are shared with patients.
- .5 Recommendations from emergent, urgent, and specialty care visits are reviewed by on-site providers.

## **5.0 PROCEDURES**

- .1 Clinical Practice.
  - a. Prescriber and clinician orders shall be implemented in a timely manner.
  - b. If deviations from evidence-based practices are indicated, clinical justification for the alternative treatment plan for the individual while in custody shall be documented.
- .2 Diagnostic Tests.
  - a. Diagnostic test results shall be reviewed by the provider in a timely manner.
  - b. Test results shall be shared and discussed with patients.
  - c. The patient encounter shall be documented in the health record.
- .3 Treatment Plans.
  - a. Treatment plans shall be modified as clinically indicated by diagnostic tests, treatment results, and other relevant information.
  - b. Treatment plans shall be shared and discussed with patients.
  - c. The patient encounter shall be documented in the health record.
- .4 Return from Hospitalization, Urgent Care, Emergency Department, or Specialty Care Visits.

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- a. Patients shall be seen by a qualified health care professional or health care liaison (if appropriate) upon return to the facility. The patient encounter shall be documented in the health record.
- b. The recommendations of the emergent, urgent, and/or specialty care provider shall be reviewed for appropriateness of use in the correctional environment by the on-site or on-call provider.
- c. The on-site provider shall be contacted in a timely manner to ensure proper implementation of any orders and to arrange appropriate follow-up. When the on-site provider is not available, the nurse shall contact the on-call provider to ensure proper implementation of any orders and to arrange appropriate follow-up.

APPROVAL RECOMMENDED:

  
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Deputy Director for Corrections                      Date

APPROVED:

  
\_\_\_\_\_  
DIRECTOR    Date

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