

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction
Division Of Prisons

SECTION: Continuity of Patient Care

POLICY # CC-1

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SUBJECT: Continuity of Care

EFFECTIVE DATE: April 2012
SUPERCEDES DATE: January 2008

References

Related ACA, NCCHC Standards

**4th Edition Standards for Adult Correctional
Institutions 2008 Edition P-D 02, P-E-12, P-E-13**

PURPOSE

To assist in the acquisition of care during imprisonment and after release.

POLICY

The health care delivery system will insure that a patient is provided continuity of care, primarily through the maintenance of an appropriate health record, which accompanies the patient wherever he or she goes. Continuity of care also requires that a patient not miss medication doses because of movement through the system. Management of each individual's health care will be the responsibility of the primary care physician assigned to each prison unit. The primary care physician will make use of administrative guidelines and nursing resources provided by the Adult Corrections Division.

PROCEDURE

I. INITIAL ENTRY INTO THE SYSTEM

When an inmate enters the system, the initial health screening will be accomplished in accordance with policy A-1 Receiving Screening. The health care provider at the diagnostic center will have the freedom to order previous medical records or whatever testing is necessary to ensure the proper care of the entering inmate. When requesting previous medical records from an outside facility, the inmate will be requested to sign a completed Authorization for Release of Medical Information DC-436,. All information relative to the past and present care of the inmate will be incorporated into the inmate's outpatient health record.

II. TRANSFERS WITHIN THE SYSTEM

A. Between Facilities.

The facility superintendent, will establish written procedures to ensure that inmates transferred between facilities have no health condition which precludes such transfer. The outpatient health record and all appropriate medications will accompany the transferring inmate. The mode of transportation of a sick or injured inmate will be determined by the senior health care provider onsite.

If the inmate has a health condition which requires medication en route, the health record, medications, and instructions for treatment will be provided to the officer in charge of the vehicle if the inmate is not allowed to self-medicate. The treatment instructions shall be prepared by the facility nurse currently caring for the patient.

If an inmate is transferred from one vehicle to another vehicle while in route to his new assignment, the officer in charge of the releasing vehicle will ensure that the health record, medications, and appropriate instructions are provided to the officer in charge of the gaining vehicle. This same information will be immediately brought to the attention of the officer in charge of the new facility of assignment. It will be the responsibility of this officer in charge to ensure that appropriate medical personnel are advised of these same medical constraints.

B. Between Facilities and Inpatient Units

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Whenever a patient is transferred to an inpatient facility, the attending physician/designee will arrange for appropriate acceptance of the patient by the physician and staff of the receiving inpatient facility. Consultation/Referral DC-767, or in the case of a mental health referral, a Notice of Referral to a Mental Health Unit DC-133R, will be appropriately completed and filed in the outpatient health record prior to the inmate being transferred.

Whenever a patient leaves a prison inpatient facility, the Discharge Medications and Instruction from Inpatient Setting (DC 834-E) will accompany the inmate and will be filed in the record at the time of discharge. A typed discharge summary may accompany patient or be sent within one week of discharge.

C. Transfers for Medical Appointments

When medical appointments outside the assigned housing facility are necessary, the medical staff will inform the inmate of the need for the appointment. The inmate will be given the opportunity to sign a Patient Agreement Regarding Medical Appointment DC-765. The medical appointment will be scheduled after the inmate has signed the agreement. The inmate may refuse to keep the appointment within 72 hours after signing the DC-765 and the medical staff will cancel the appointment. Refusal by the inmate to keep the appointment after 72 hours may result in disciplinary action. Inmates will not be informed of the specific date, time and place of the appointment.

III. DISCHARGE FROM THE SYSTEM

Whenever an inmate with a chronic health condition is discharged from the system, the inmate will be instructed to report to a medical provider within his/her home community.

Facility Nurse Manager or designee will identify medically needy inmates with 90 days remaining until date of anticipated release. Nursing staff at the facility will monitor the release list for the facility once each week using OPUS on the Web (see HCPM Section CC-8). Nursing will refer releases for HIV positive clients to the outreach staff.

After identification, the nurse at the facility will complete the Referral for Medical Aftercare Planning (DC-524A) outlining the medical needs of the inmate. Nursing staff initiating referral are responsible for making all medical provider appointments prior to release. The nurse will confirm with the Social Worker the city and state for which the inmate will be residing upon release. The appointments will be documented for the Social Worker on page 2 of the DC-524A for inclusion in the MH 42, 43, 44 Aftercare Plan in OPUS. The original completed referral form will be routed to the MH social worker responsible for that facility within (3) three days of completion. A copy of the referral form will be filed in the health services record.

Inmates receiving prescription medications will be given the unused portion of the filled prescriptions when they are released. To assure continuity of care the unit providers may write prescriptions for a thirty day supply of medications. Prescriptions will not be given for narcotics or PRN medications.

Prior to release, nursing will complete a Medical Discharge Instruction form (DC-524 B). A copy of this form will be provided to the inmate at the time of release. The original completed discharge instruction form will be filed in the medical jacket.

IV. RELEASE OF INMATES TO LAW ENFORCEMENT AGENCIES

It is the policy of the Division of Prisons (DOP) to promote continuity of medical care when inmates are transferred from the prison system into the custody of other law enforcement agencies. When inmates are scheduled for transfer into the custody of other law enforcement agencies, DOP staff should send a brief medical summary of the inmate's condition and the balance of any prescription medications. Movement Record/ Transfer Out/In form (DC-387A) may be used to insure all information outlined in Procedures below is captured.

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A. PROCEDURES

1. When inmates are scheduled to be released to other law enforcement agencies, non-medical staff should notify the appropriate medical staff of the pending transfer as soon as possible.
2. The medical staff will review the inmate's health record and determine if the inmate has any medical conditions that will require follow-up treatment by the other agency. If there is any on-going disease process, the medical staff will complete a medical summary to be sent with the inmate. This includes inmates on medications, inmates diagnosed with a chronic disease or those requiring medical treatment on follow-up while in custody of agency.
3. If the inmate is on prescription medication, the medical staff will prepare the balance of the inmate's current prescription to be sent with the inmate. All medications will be sent in the original container as they were received from the pharmacy. Staff should ensure there is a minimum of a seven day supply of medication sent with the inmate; or less, if that will complete the prescribed course of treatment. This includes all medications prescribed for the inmate (controlled drugs, self medications, etc.).

B. MEDICATION/MEDICAL SUMMARY NOT SENT WITH THE INMATE

Occasionally inmates are picked up by law enforcement agencies without prior notice. In such cases, it is possible that a medical summary and medications may not be sent with the inmate. As a result, the staff of the agency may call the medical staff at the facility from which the inmate was released to obtain or verify medical information. In these situations, the Adult Prison medical staff should provide the appropriate information.

C. RELEASE OF MEDICAL INFORMATION

It is permissible to release medical information via telephone to other law enforcement agency staff using of the following procedure:

1. When contacted by law enforcement agency staff who are seeking medical information on a recently released inmate, Adult Prison medical staff should:
 - a. Obtain the name of the agency.
 - b. Obtain the name of the person calling.
 - c. Obtain the telephone number of the agency.
 - d. Obtain the intended use of the information.
 - e. Inform the person calling that you have to review the health record to obtain the requested information and will then return their call.
2. Confirm with custody staff that the inmate was released to this agency.
3. Review the health record and obtain the requested information.
4. Verify that the telephone number is the number for the agency, then return the call to the agency. Verify that the person who made the request is an employee of that agency. Once this is confirmed, the requested information may be shared with the appropriate staff of the receiving agency.

D. INMATES RELEASED WITHOUT PRESCRIBED MEDICATION

Adult Prison medical staff should inform the law enforcement agency staff of the medications prescribed for the inmate. The agency staff may obtain a seven day supply of medications from a local pharmacy and submit the invoice to the Division for reimbursement. Invoices should be sent to: N.C. Division of Prisons

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Transportation Section
831 West Morgan Street
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If the inmate is expected to be in the jail longer than seven days, with the approval of Health Services, the medical staff may authorize the purchase of a seven day supply from a local pharmacy and then mail (UPS) the inmate's medication to the law enforcement agency.

This policy only applies to Department of Correction inmates who are temporarily in the custody of the jail and who will be returning to the Division.

E. INMATES WHO RETURN FROM COUNTY JAILS OR LAW ENFORCEMENT AGENCIES WITHOUT MEDICATIONS

When inmates who are on prescription medications return from jail or other agencies without their prescribed medications, facility medical staff may use the starter dose packages or order enough medication from the local pharmacy to last the inmate until prescriptions can be refilled at Central Pharmacy.



4/30/12

Paula Y. Smith, MD, Director of Health Services Date

SOR: Social Work Director