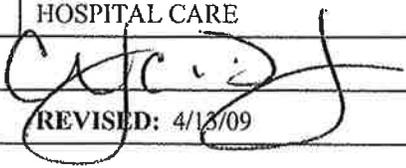


<p style="text-align: center;">POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION</p>	<p style="text-align: center;">POLICY NUMBER D-05.2</p>	<p style="text-align: center;">PAGE NUMBER 1 of 2</p>
<p>CHAPTER: 11 BUREAU OF CORRECTIONAL HEALTHCARE SERVICES</p>	<p>RELATED NCCHC/ACA STANDARDS: P-D-05/4-4348, 4-4349, 4-4414</p>	
<p>APPROVED BY THE COMMISSIONER:</p>	<p>SUBJECT: HOSPITAL CARE</p> 	
<p>EFFECTIVE DATE: 11/14/07</p>	<p>REVISED: 4/13/09</p>	
<p>APPROVED FOR PUBLIC RELEASE</p>		

- I. AUTHORITY: Bureau of Correctional Healthcare Services
- II. PURPOSE: Hospital care that is not available on site is available off site.
- III. APPLICABILITY: All Department of Correction employees and vendor staff, offenders, and any outside healthcare provider servicing DOC offenders.
- IV. DEFINITIONS: See glossary.
- V. POLICY:
 1. Hospital and specialty physicians groups are maintained on a list in the Health Services Administrator's office. This list will be reviewed and updated annually.
 2. A written agreement (contract, letter of agreement, memorandum of understanding) is obtained from the hospitals. This agreement stipulates that a summary of care and recommendations be provided to the healthcare staff at the site.
 3. Appropriate health information is provided either verbally or on paper to the hospital for Emergency Department transfers and scheduled admissions.
 4. For security reasons, offenders are not informed of the appointment date and times.
 5. The offender and information returned from the visit are assessed/reviewed by a nurse when the offender returns from the hospital or emergency room. Follow up care and recommended treatment/medications are reviewed and acted upon by the physician. The receiving nurse must contact the sending hospital when patients return without follow-up instructions. Upon return from the hospital,

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discharges must be assessed by the nurse in consultation with the physician to determine the need for infirmary level care.

6. Follow-up care with the onsite primary care provider must occur within five (5) calendar days to address the issue for which the patient was sent off site.
7. Patients whose hospitalization is related to one of their chronic diseases as being in poor control must have this occurrence documented in their subsequent chronic care visit notes.
8. Hospital admissions are called or communicated electronically within 24 hours to the BCBS and Utilization Management Nurse.
9. Offender information is placed into the Offender Eligibility System, as indicated.
10. Approvals for non-emergent care are obtained as required.
11. Confidentiality of health information is maintained during transfer to the hospital or emergency room.
12. Security is notified immediately for emergent transfers and as needed for non-emergent transfers to facilitate transport and security personnel arrangements. For non-emergent transfers seven (7) days notice should be given, if possible.
13. Logs are maintained to track the status of off site referrals.
14. The Utilization Management Nurse follows all hospitalized offenders.
15. Health Services Administrator is notified by security if scheduled transportation will not occur. Health Services Administrator or designee determines priority of need and reschedules services. This information is monitored for trends.
16. Site Health Service's staff, in consultation with security Shift Commander, determines if ambulance or security transport is needed.

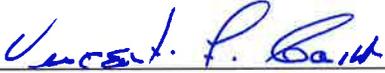
References:

National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2008, P-D-05

American Correctional Association: Standards for Adult Correctional Institutions, 4th Edition, 2008 Supplement, 4-4348, 4-4349, 4-4414

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I have reviewed this policy and it is scheduled to be incorporated into BCHS Policy E-12, Continuity of Care.



Acting BCHS Bureau Chief
Vincent F. Carr, DO, FACP

6/15/15
Date