

<p style="text-align: center;">POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION</p>	<p style="text-align: center;">POLICY NUMBER D-05</p>	<p style="text-align: center;">PAGE NUMBER 1 of 3</p>
<p>CHAPTER: 11 BUREAU OF CORRECTIONAL HEALTHCARE SERVICES</p>	<p>RELATED NCCHC/ACA STANDARDS: P-D-05, J-D-05/4-4348, 4-4351, 4-4414 (IMPORTANT)</p>	
<p>APPROVED BY THE COMMISSIONER:</p>	<p>SUBJECT: HOSPITAL AND SPECIALITY CARE</p>	
<p>EFFECTIVE DATE: 4/13/09</p>	<p>REVISED: 4/23/2010</p>	
<p>APPROVED FOR PUBLIC RELEASE</p>		

- I. AUTHORITY: Bureau of Correctional Healthcare Services
- II. PURPOSE: Specialty care that is not available on site is available off-site to offenders in need of these services.
- III. APPLICABILITY: All Department of Correction (DOC) employees and vendor staff, offenders, and any outside healthcare provider servicing DOC offenders.
- IV. DEFINITIONS: See glossary.
- V. POLICY:
 1. At the time of a consultant request for specialty care, there is a corresponding progress note that documents the reasons for the request and discussion with the patient.
 2. An order for the consultation will be completed along with a consultation request form to include the timeframe for the service to be provided (urgency), which documents sufficient history and reasons for the consultation as well as any questions that the consultant is expected to answer.
 3. The utilization review (UR) process for routine requests should provide a response within no more than five (5) days. The Regional Medical Director is called for approval of all urgent request authorizations. Return visits to a consultant/specialist which are part of a set treatment plan that has been initially approved do not require repeated UR approval.
 4. Initial urgent/emergent requests are to be completed as soon as clinically indicated, based on the discussion between the primary care provider and

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Regional Medical Director. Routine requests are expected to be completed within 40 days. For a routine request whose scheduled appointment exceeds 30 days, the patient is seen by the primary care physician at 30 day intervals. If the primary physician feels that the clinical presentation warrants an appointment earlier than the 30 day timeframe, they will contact the Regional Medical Director for an earlier appointment and document such in the progress note. Follow-up requests are scheduled consistent with the consultant's recommendations unless the primary care physician documents an alternative plan.

5. Security staff who accompany the offender to the specialist appointment provide the consultation request form and any other pertinent information to the specialist upon arrival. The patient is expected to return from the consultation with the consultant's preliminary report along with the recommendations carried by the correction officer. The patient will be brought to a designated medical area where the patient and the documents will be reviewed by a nurse. The nurse is responsible for contacting a physician for any changes in orders as noted in the consultation report.
 - a. At the Level 5 sites, the provider will review all consultation reports within one business day of return from consult. The provider will see the patient and document the discussion with the patient regarding the medical plan within seven days of consult visit.
 - b. At the Level 4 sites, the provider will review all consultation reports within 72 hours of the return from consult. The provider will see the patient and document the discussion with the patient regarding the medical plan within ten days of consult visit.
6. A system for tracking timeliness of visits and availability of reports must be utilized.

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References:

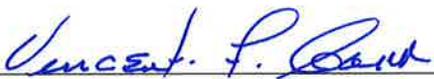
National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2008, P-D-05.

National Commission on Correctional Health Care: Standards for Health Services in Jails, 2008, J-D-05.

American Correctional Association: Standards for Adult Correctional Institutions, 4th Edition, 2008 Supplement, 4-4348, 4-4351, 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



Date