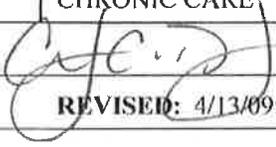


<b>POLICY OF</b> <b>STATE OF DELAWARE</b> <b>DEPARTMENT OF CORRECTION</b>	<b>POLICY NUMBER</b> G-01	<b>PAGE NUMBER</b> 1 of 3
	<b>RELATED NCCHC/ACA STANDARDS:</b> P-G-01, J-G-01/4-4300 (ESSENTIAL)	
<b>CHAPTER: 11 BUREAU OF CORRECTIONAL HEALTHCARE SERVICES</b>	<b>SUBJECT:</b> CHRONIC CARE	
<b>APPROVED BY THE COMMISSIONER:</b>		
<b>EFFECTIVE DATE: 11/13/09</b>	<b>REVISED: 4/13/09; 4/23/2010</b>	
<b>APPROVED FOR PUBLIC RELEASE</b>		

- I. AUTHORITY: Bureau of Correctional Healthcare Services
- II. PURPOSE: Provide an organized program of care consistent with NCCHC and other nationally accepted guidelines, which ensures continuity and efforts to continually implement strategies to mitigate morbidity.
- 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. All offenders will be screened, identified and monitored for chronic illnesses in order to initiate and maintain appropriate therapeutic regimens, which will promote health and prevent complications. Patients will be provided education and counseling to encourage healthy behaviors.
  2. All patients newly identified by the system will have an order to enroll in the chronic care program written by a licensed independent practitioner, which specifies each chronic care condition. From the time of enrollment, offenders will be seen as clinically indicated but no greater than 90 days. Further, at the time of enrollment, the clinician will document each chronic problem on the problem list in the medical record.
  3. For common chronic diseases with stability guidelines, orders for diagnostic tests should be written so that results will be available at the time of the first

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visit. The clinician is expected to address all conditions as listed under the enrollment order.

4. At the conclusion of the clinical evaluation the clinician will document a treatment plan to include diagnostic and therapeutic interventions along with patient education for each chronic illness. The clinician will determine interval frequency based on disease control. The physician will write orders for medication to ensure continuity through next visit and laboratory tests for which the results are available at the time of next visit.
5. Based on clinical indications and related to disease control, but no greater than 90 days, the physician will order the client to return for a chronic care follow-up visit. The chronic care nurse or designee will ensure medication re-order, laboratory test complete, patient education, immunizations and appropriate appointment follow-up as indicated by clinician.
6. Individualized treatment plans include at a minimum:
  - a. the frequency of follow up for medical evaluation and adjustment of treatment modality;
  - b. the type and frequency of diagnostic testing and therapeutic regimens; and
  - c. when appropriate, instructions about diet, exercise adaptation to the correctional environment, and medication.
7. At the follow-up visits the clinician should review all relevant interval laboratory, progress notes, hospitalizations, etc. and integrate that information into the history and assessment.
8. Patients sent off-site because of chronic disease being poorly controlled should have a follow-up visit within seven days of return with chronic care provider.

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9. Chronic care patients identified by the system for scheduled release should have a discharge plan developed with-in 30 days of release, including outside referrals, contacts and medications (30 day supply). Nursing staff will ensure development of discharge plan.
10. Patients whose chronic disease has resolved such that they are in good control without medications for at least two years, or reassessment results in a determination that the diagnosis is incorrect, may be discharged from the clinic. The chronic care physician will write an order to disenroll the patient from the program after discussion with the patient.
11. When patients persist in their determination to leave the program after counseling with physician about the risks of nonparticipation in the chronic care program, a Refusal Responsibility form must be signed by patient and witnessed by physician. Progress notes must indicate counseling and refusal.
12. The patient should continue to be scheduled for follow-up, at a minimum of every 90 days. All efforts taken by medical staff to encourage the patient to agree to be monitored should be documented in the progress notes

**References:**

National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2008, P-G-01.

National Commission on Correctional Health Care: Standards for Health Services in Jails, 2008, J-G-01.

American Correctional Association: Standards for Correctional Institutions, 4th Edition, 2008 Supplement. 4-4350

<b>STATE OF DELAWARE</b> <b>DEPARTMENT OF CORRECTION</b>	<b>POLICY NUMBER</b> G-01	<b>PAGE NUMBER</b> Review Addendum
<b>SUBJECT: CHRONIC CARE</b>		

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



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

6/15/15  
Date