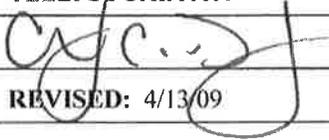


<p style="text-align: center;">POLICY OF</p> <p style="text-align: center;">STATE OF DELAWARE</p> <p style="text-align: center;">DEPARTMENT OF CORRECTION</p>	<p style="text-align: center;">POLICY NUMBER</p> <p style="text-align: center;">G-04.2</p>	<p style="text-align: center;">PAGE NUMBER</p> <p style="text-align: center;">1 of 4</p>
<p>CHAPTER: 11 BUREAU OF CORRECTIONAL HEALTHCARE SERVICES</p>	<p>RELATED NCCHC/ACA STANDARDS:</p> <p>P-G-04 (ESSENTIAL)</p>	
	<p>SUBJECT:</p> <p>TELEPSYCHIATRY</p>	
<p>APPROVED BY THE COMMISSIONER:</p>		
<p>EFFECTIVE DATE: 4/13/09</p>	<p>REVISED: 4/13/09</p>	
<p>APPROVED FOR PUBLIC RELEASE</p>		

- I. AUTHORITY: Bureau of Correctional Healthcare Services

- II. PURPOSE: This telepsychiatry policy is intended as a practical guide for conducting telepsychiatry encounters. This is not intended as a clinical guideline. Telepsychiatry is defined as the adjunct use of audio and visual telecommunication equipment in presenting patients to remote clinicians. The location of the patient will define the site of practice. In every aspect of clinical care, telepsychiatry will be used under the same set of standards as those governing clinical care in any other setting.

- 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:

In general, patients acceptable for telepsychiatry include stable patients who are otherwise appropriate for outpatient settings and who are candidates for general population housing.

A face to face encounter is the preferred method of interaction for emergency evaluations ^[1]. Telepsychiatry clinics may only be used to evaluate patients with acute psychotic episodes or other emergency psychiatric conditions if an onsite clinician is unavailable. In that circumstance, the patient will be evaluated and scheduled for a direct doctor visit within a clinically appropriate timeframe.

A face to face evaluation is required for the following patients:

1. Any newly received inmate requiring an initial assessment
2. Any special needs unit inmate
3. Any medically unstable inmate
4. Any inmate on psychiatric observation or suicide watch

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General Statement

Telepsychiatry will be conducted in a manner that, with the exception of the use of audiovisual aides, is consistent with the privacy and physical context that is appropriate for clinical psychiatric encounters.

Personnel

1. Providers – All licensed providers utilizing telepsychiatry for clinical encounters or clinical work must be licensed in the state of Delaware. Malpractice coverage will be coverage for the State of Delaware.
2. Program Coordinator – The Health Service Administrator for the site where the service is to be performed will identify a program coordinator who is responsible for coordinating all telepsychiatry clinics and operations. This will include resolution of scheduling conflicts, operations of the program and ensuring availability of patient records.
3. Technical Assistant – Each facility will have a technical assistant who will be responsible for maintenance, troubleshooting, and technical problem resolution. This person will coordinate technical problem resolution with the medical vendor.

Scheduling

1. The Program Coordinator at each facility is responsible for arranging and scheduling telepsychiatry clinics. The Program Coordinator is also responsible for coordinating the scheduling of individual patients.
2. For psychiatry, patients are scheduled based on referrals from mental health, referrals from physicians, and rescheduled patients from the mental health caseload.
3. The telepsychiatry psychiatrist and the mental health worker at each facility are responsible for directing the Program Coordinator in prioritizing referrals on the basis of urgency. The Program Coordinator is responsible for communicating to the psychiatrist regarding any urgency issue, wherein a patient requires an earlier appointment. If the on-call psychiatrist is consulted regarding a more urgent problem, the telepsychiatry psychiatrist and, if necessary, the Regional Psychiatry Director and/or facility mental health staff will consult and develop a treatment plan alternative when the appropriate treatment modality is unavailable at the housing facility.

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Clinical Encounters

1. The Program Coordinator will provide a list of patients (along with clinical information) to the telepsychiatry psychiatrist, two days before the clinic appointment.
2. Clinical information provided to the psychiatrists will include the last mental health note, the mental health intake note, the last 3 psychiatrist notes, the current MARS, the signed consent form, any laboratory results recently requested, and any other pertinent documents from the medical record.
3. All psychiatry encounters will be documented on the psychiatric progress note form, faxed to the site same day as the service is provided, and immediately filed in the inmates medical record.
4. The Program Coordinator will arrange to have all patients available for clinical appointments and will arrange the direction of patients into the examination room.
5. Prior to the telepsychiatry encounter, the Program Coordinator will be responsible for explaining the issues surrounding confidentiality applicable to telepsychiatry. The Program Coordinator will then obtain written consent for the inmate to participate in telepsychiatry prior to the initial telepsychiatry encounter.
6. A mental health staff or the Program Coordinator will remain in the examination room with the patient during the telepsychiatry encounter. Under no circumstances is the patient to be left alone. Security is permitted in the session only under circumstances that security would be permitted into the session in a non-telepsychiatry session. In general, for reasons of confidentiality, correctional staff shall not be privy to psychiatric encounters.
7. All sessions shall be conducted in the same manner as in non-telepsychiatry settings. If the psychiatrist is unable to complete a satisfactory encounter with the patient as a result of the telepsychiatry venue, the psychiatrist will coordinate with the Program Coordinator a means of having the patient seen in a different venue.
8. All original progress notes will be sent to the site for placement in the medical record. All orders must be immediately faxed and all originals must be mailed.
9. In the event of technical failure or other events that may result in failed sessions, the Program Coordinator will communicate immediately with the psychiatrist to review scheduled patients, to reschedule patients in an appropriate timeframe, and initiate any medication renewals.

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10. Orders for medication or other tests should be documented on the telepsychiatry encounter form. This form must be printed immediately after the session terminates. All orders are to be directed to nursing staff immediately after the session for transcription. The nurse is to document their understanding of the order on the paper copy, which is filed in the paper medical record. A copy of this is to be faxed to the telepsychiatry physician.

11. Standards of care relative to lab testing and physician monitoring intervals will follow psychiatry standards of care.

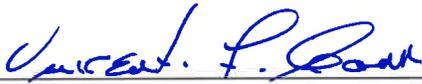
[1] This statement is not intended to prohibit or discourage the use of telepsychiatry for consultation purposes if there is a treating psychiatrist on site.

Reference(s):

National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2008, P-G-04

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I have reviewed this policy and it is being revised.



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



Date