OREGON DEPARTMENT OF CORRECTIONS
Operations Division
Health Services Section Policy and Procedure #P-E-12

SUBJECT: CONTINUITY OF CARE DURING INCARCERATION

POLICY: The Oregon Department of Corrections will provide appropriate diagnosis and treatment for inmate health care needs inclusive of medical, dental, and mental health needs throughout the inmate's incarceration. Appropriate diagnostic testing and referral to community practitioners is utilized as indicated to enhance health care treatment plans.

REFERENCE: OAR 291-124-0025 - 0050
NCCHC Standards P-D-02, P-E-02, P-E-03, P-E-04, P-E-05, P-E-06, P-E-12, P-E-13, P-G-01 and P-G-02

PROCEDURE:

A. Health care services will be provided that preserve and maintain the health status of the inmate during incarceration.

B. Health care procedures will be conducted in a clinically appropriate manner by appropriately credentialed personnel in an appropriate setting.

C. Provider orders for patient care will be noted with date and time and implemented by health care staff in a timely manner.

D. All health care encounters will be documented in the health care record. All appropriately licensed healthcare providers, as a practice group, are responsible for each and every patient assigned to institutions under their care. In the event of a severed patient/provider relationship (e.g. the provider resigns and moves out of state, retires from practice, or passes away) all prescriptions will be reviewed within one year.

E. Ordered diagnostic tests and specialty consultations are completed in a timely manner, with evidence in the record of the ordering clinician's review of results. If changes in treatment are indicated, the nurse will contact the provider on call to discuss outside provider recommendations. The changes are implemented or clinical justification for an alternative course is noted. The clinician reviews the findings with the patient in a timely manner. These findings are used to modify treatment plans as appropriate. Health Services Policy and Procedure P-A-02.1, Level of Therapeutic Care Provided by Oregon Department of Corrections Health Services Section is utilized to guide treatment care planning. If changes in treatment are clinically indicated, clinical justification for an alternative course is noted.

F. When an inmate returns from hospitalization, or emergency room visit, the provider sees the patient as needed to review the discharge orders, and issue follow-up orders as clinically indicated. If the provider is not on site, designated staff immediately reviews the hospital's discharge instructions and contact the facility provider on-call for orders as needed.

G. Individual treatment plans are developed to guide treatment for episodes of illness. The responsible physician determines the frequency and content of periodic health assessments on the basis of protocols promulgated by nationally recognized professional organizations.

H. Physician clinical chart review (attachment 1) are of sufficient number and frequency to assure that clinically appropriate care is ordered and implemented by attending health staff.

1. On even numbered months, the Chief Medical Officer is responsible for completing monthly quality assurance/continuous quality improvement chart review of at least 5% (up to 25) of all patients' health records utilizing the attached audit form. The focus of these reviews is clinical aspects of the outpatient health care delivery system.

2. On odd numbered months, the Chief Medical Officer is responsible for completing monthly quality assurance/continuous quality improvement chart review of at least 5% (up to 25) health care records with a focus other than routine outpatient clinic care. Suggestions include emergency care, special needs clinics, and other areas.

I. Quality assurance chart review may be delegated by the Chief Medical Officer to another prescribing provider as long as the results of the chart review are provided to the Chief Medical Officer.

J. The results of the chart review are to be provided to and discussed with the institution Medical Services Manager and CQI committee.

Effective Date:_____
Review date: August 2014
Supersedes P&P dated: April 2014

OREGON DEPARTMENT OF CORRECTIONS
HEALTH SERVICES SECTION

QUALITY ASSURANCE CHART AUDIT

Audit Completed By:_____ Date:_____
Institution:_____

AUDIT CRITERIA		SID #	SID #	SID #	SID #	SID #	SID #
1. Dates of service reviewed in chart.	Dates of service reviewed.						
2. Name of staff whose documentation was reviewed.	Names of health care staff whose documentation was reviewed.						
3. Was the exam appropriate to the patient's complaint?	Yes / No Not applicable						
4. Were on site lab tests, EKG's, vital signs appropriate?	Yes / No Not applicable						
5. Were appropriate lab tests, diagnostic studies, and/or consults ordered?	Yes / No Not applicable						
6. Were lab tests, diagnostic studies, and/or consults completed in a timely manner?	Yes / No Not applicable						
7. Were abnormal lab or other diagnostic test results acknowledged and acted upon?	Yes / No Not applicable						
8. Was the assessment consistent with the subjective and objective notes?	Yes / No Not applicable						
9. If medication was prescribed was it consistent with the diagnosis?	Yes / No Not applicable						
10. Were follow up instructions noted as given?	Yes / No Not applicable						
11. Were changes in housing or work assignment documented if needed?	Yes / No Not applicable						
12. Was patient education documented if needed?	Yes / No Not applicable						
Comments							