


Idaho Department of Correction 	<b>Standard Operating Procedure</b>	Title: <b>Continuity of Care During Incarceration</b>		Page: 1 of 5
		Control Number: <b>401.06.03.044</b>	Version: <b>3.0</b>	Adopted: 03-11-1999

**Pat Donaldson, chief of the Management Services Division, approved this document on 06/15/2015.**

Open to the public:  Yes

**SCOPE**

This standard operating procedure (SOP) applies to all Idaho Department of Correction (IDOC) healthcare services staff, offenders, contract medical providers and subcontractors.

<b>Revision Summary</b>
Revision date (06/15/2015) version 3.0: Update to new format, update content throughout to reflect current national standards.

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**BOARD OF CORRECTION IDAPA RULE NUMBER 401**

Medical Care

**POLICY CONTROL NUMBER 401**

Clinical Services and Treatment

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## PURPOSE

The purpose of this standard operating procedure (SOP) is to ensure that patients receive health services and follow-up in keeping with providers' recommendations, orders and evidence-based practices while providing a continuum of care from intake to discharge.

## RESPONSIBILITY

### ***Health Authority***

The health authority is responsible for:

- Monitoring and overseeing all aspects of healthcare services, and
- The implementation and continued practice of the provisions provided in this SOP.

When healthcare services are privatized, he will also be responsible for:

- Reviewing and approving (prior to implementation) all applicable contract medical provider policy, procedure, and forms; and
- Monitoring the contract medical provider's performance, to include but not limited to reviewing processes, procedures, forms, and protocols employed by the contract medical provider to ensure compliance with all healthcare-related requirements provided in respective contractual agreements, this SOP, **and** in *National Commission on Correctional Health Care (NCCHC) standard P-E-12, Continuity of Care During Incarceration*. (See section 2 of this SOP.)

### ***Contract Medical Provider***

When healthcare services are privatized, the contract medical provider is responsible for:

- Implementing and practicing all provisions of this SOP, unless specifically exempted by written contractual agreements;
- Ensuring that all aspects of this SOP **and** *NCCHC standard P-E-12* are addressed by applicable contract medical provider policy and procedure;
- Ensuring facility health authorities utilize all applicable contract medical provider policy, procedure, forms, and educational information to fulfill all healthcare-related requirements provided in this SOP, *NCCHC standard P-E-12*, **or** as indicated in their respective contractual agreement(s); and
- Ensuring all applicable contract medical provider policy, procedure, and forms are submitted to the health authority for review and approval prior to implementation.

**Note:** Nothing in this SOP shall be construed to relieve the contract medical provider(s) of any obligation and/or responsibility stipulated in respective contractual agreements.

### ***Facility Medical Director***

The facility medical director will be responsible for:

- Ensuring the presence of an adequate number of appropriately trained staff and materials are available to meet the requirements of this SOP;

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- Establishing and monitoring processes to ensure that (a) clinical staff follows consultant recommendations, or (b), if a treatment plan is developed which differs from the consultant recommendations, sufficient justification for the alternative treatment plan is documented in the offender's healthcare record.

In addition, to the above responsibilities, the facility medical director and facility health authority (or designees) will be jointly responsible for training staff and establishing contract medical provider procedures and systems of control to ensure that healthcare services staff are appropriately trained to perform the duties described in this SOP.

### **Facility Health Authority**

The facility health authority will be responsible for:

- Ensuring the presence of an adequate number of appropriately trained staff and materials are available to meet the requirements of this SOP;
- Establishing and monitoring applicable contract medical provider policy and procedure to ensure that all elements of this SOP **and NCHC standard P-E-12** are accomplished as required;
- Ensuring that the continuous quality improvement (CQI) process (see SOP [401.06.03.006](#), *Continuous Quality Improvement Program*) includes methods for tracking timeliness of the response to sick call requests, offender concern forms, and grievances (see SOP [316.02.01.001](#), *Grievance and Informal Resolution Procedure for Offenders*);
- Establishing and monitoring applicable contract medical provider policies, procedures, and systems of control to eliminate 'no-shows,' (i.e., incidents in which offenders fail to appear for healthcare services appointments), and for ensuring the process for eliminating no-shows is identified in SOP 401.06.03.006, *Continuous Quality Improvement Program*.
- Monitoring the correctional facilities' callout system (and other methods for notifying offenders of healthcare appointments) to ensure that all such methods are effective tools for reducing 'no-shows'.

In addition, to the above responsibilities, the facility health authority and the facility medical director (or designee) will be jointly responsible for training staff and establishing contract medical provider procedures and systems of control to ensure that healthcare services staff are appropriately trained to perform the duties described in this SOP.

## **GENERAL REQUIREMENTS**

### **1. Clinical Practice**

Clinician orders are evidence based and are implemented in a timely manner. Deviations from standards of practice are clinically justified, documented, and shared with the patient.

### **2. Diagnostic Tests**

Diagnostic tests are reviewed by the provider in a timely manner. Test results are shared and discussed with the patient.

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### 3. Treatment Plans

Treatment plans are modified as clinically indicated by diagnostic tests and treatment results. Treatment plans are shared and discussed with the patient.

### 4. Specialty Consultation

Recommendations from specialty consultations are reviewed and acted upon by the provider in a timely manner. Any changes in specialty treatment recommendations are clinically indicated and justification for the alternative treatment plan is documented and shared with the patient.

### 5. Upon Return

Patients are seen by a qualified health care professional (QHCP) upon return from a specialty consultation, urgent care, emergency department visit, or hospitalization to ensure proper implementation of the discharge orders and to arrange appropriate follow-up.

### 6. Compliance

Compliance with this SOP and all related IDOC-approved protocols will be monitored by the health authority (or designee) by using various sources to include: this SOP, clinical practice guidelines, routine reports, program reviews, and record reviews.

The health authority (or designee) must conduct two (2) audits per year, per facility (or more frequently as desired based on prior audit results). The audits must consist of monitoring applicable contract medical provider, IDOC policy and procedures, applicable NCCHC standards, and the review of a minimum of 15 individual records.

## DEFINITIONS

**Contract Medical Provider:** A private company or other entity that is under contract with the Idaho Department of Correction (IDOC) to provide comprehensive medical, dental, and/or mental health services to the IDOC's incarcerated offender population.

**Facility Health Authority:** The contract medical provider employee who is primarily responsible for overseeing the delivery of medical services in an Idaho Department of Correction (IDOC) facility.

**Facility Medical Director:** The highest ranking physician in an Idaho Department of Correction (IDOC) facility.

**Health Authority:** The Idaho Department of Correction (IDOC) employee who is primarily responsible for overseeing or managing the IDOC's medical services. (The health authority is commonly referred to as the health services director.)

**Qualified Health Care Professional:** A physician, physician assistant, nurse practitioner, nurse, dentist, mental health professional, or other health professional who — by virtue of his education, training, credentials, and experience — is permitted by law (within the scope of his professional practice) to educate, train, evaluate, provide services, and care for patients

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## REFERENCES

National Commission on Correctional Health Care (NCCHC), *Standards for Health Services in Prisons*, Standard P-E-12, Continuity and Coordination of Care During Incarceration

Standard Operating Procedure [316.02.01.001](#), *Grievance and Informal Resolution Procedure for Offenders*

Standard Operating Procedure [401.06.03.006](#), *Continuous Quality Improvement Program*

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