SUBJECT: **Chronic Disease Management**	PAGE 1 OF 7 .
	NUMBER: **68-MED-19**
RULE/CODE REFERENCE:	SUPERSEDES: 68-MED-19 dated 04/11/12
RELATED ACA STANDARDS: 4-4359M	EFFECTIVE DATE: October 14, 2016
	APPROVED:

Ohio | Department of Rehabilitation & Correction

I. AUTHORITY

This policy is issued in compliance with Ohio Revised Code 5120.01 which delegates to the Director of the Department of Rehabilitation and Correction the authority to manage and direct the total operations of the Department and to establish such rules and regulations as the Director prescribes.

II. PURPOSE

The purpose of this policy is to establish standard procedural guidelines for the provision of treatment of chronic illnesses for offenders under the jurisdiction of the Ohio Department of Rehabilitation and Correction (DRC) in a standardized manner that is consistent with nationally recognized disease treatment guidelines and that has the goal of improving patient outcomes and reducing morbidity and mortality.

III. APPLICABILITY

This policy applies to all persons employed by or under contract with the Ohio Department of Rehabilitation and Correction (DRC) and to all offenders confined to institutions within the DRC.

IV. DEFINITIONS

Advanced Level Provider (ALP) - A medical professional who is approved to practice as a Physician, an Advanced Practice Nurse under Ohio Revised Code section 4723.43, or a Physician's Assistant under Ohio Revised Code section 4730.

Chronic Disease - A serious medical condition usually lasting at least six (6) months that requires continuous monitoring and treatment by an advanced level provider in order to prevent deterioration of the patient's health, for which there is no known cure and for which treatment is expected to last for at least six months.

V. POLICY

It is the policy of the Ohio Department of Rehabilitation and Correction (DRC) that offenders with chronic conditions that require periodic care and treatment shall be provided with a comprehensive treatment regimen that includes the use of chronic care clinics, health record forms, monitoring of medications, laboratory and diagnostic testing and specialty consultation when indicated. The treatment regimen will assist patients to better understand their illness, participate actively in their treatment and to make healthy lifestyle choices that improve healthcare outcomes.

VI. PROCEDURES

A. Enrollment

1. Reception Screening

   a. If a patient is identified as having a chronic disease during the reception history and physical examination, the Advanced Level Provider (ALP) shall write an order for enrollment in the appropriate chronic care clinic (or electronic equivalent), enter the diagnosis on the Inmate Problem List (DRC5374 or electronic equivalent) and order lab and diagnostic tests appropriate to the patient's diagnosis.

   b. All urgent health care needs shall be addressed during this initial evaluation and an initial treatment plan shall be developed.

   c. The first comprehensive chronic clinic visit shall be scheduled as clinically appropriate to the patient's condition as determined by the ALP or within thirty (30) calendar days of the initial evaluation and treatment plan. If the patient remains at the reception center for greater than thirty (30) calendar days, the reception center ALP shall complete the Baseline Medical Data form (DRC5430 or electronic equivalent).

2. Parent Institution Procedures

   a. When patients are received during intrasystem intake, the nurse shall review the Intrasystem Transfer and Receiving form (DRC5255 or electronic equivalent) and the patient's medical record, including prescribed medications, lab results and previous assessments.

   b. All patients identified as having a chronic illness shall be referred to the institution ALP according to the interval and degree of control specified at the patient's last chronic care clinic.

   c. Nursing staff, as part of the intra-system intake process, shall ensure the patient has an adequate supply of medication until their next chronic care clinic appointment and shall contact the ALP for medication orders if they do not.

d. If the patient arrives at the parent institution without a completed Baseline Medical Data form (DRC5430 or electronic equivalent), the patient shall be scheduled with the ALP within fourteen (14) calendar days.

B. First Comprehensive Chronic Care Visit

1. The institution ALP shall complete the following evaluation during the first comprehensive chronic care visit:

   a. Disease specific medical history;

   b. Targeted physical examination;

   c. Determination of disease control and status; and

   d. Disease specific risk factors.

2. In order to provide holistic and consistent treatment, it is strongly advised that patients with multiple chronic illness diagnoses are seen for all diseases simultaneously.

3. The ALP is responsible for writing all orders and for entering the diagnosis on the Inmate Health Problem List (DRC5374 or electronic equivalent).

4. The ALP is responsible for providing disease-specific patient education to all patients diagnosed with chronic illness.

C. Follow-up Care

1. ALP responsibilities during follow-up visits include:

   a. The ALP shall be responsible to be knowledgeable about and to document disease specific monitoring requirements and interventions.

   b. Determination of the frequency of subsequent clinic visits using the following guidelines:

      i. Good control– initially no longer than every three (3) months;

      ii. Fair control – patients shall be seen minimally every two (2) months;

      iii. Poor control – patients shall be seen as necessary, but no less than every month until control improves;

      iv. If a patient has multiple chronic illness diagnoses, the scheduling of follow-up visits will be linked to the level of control of the disease with the poorest control.

c. If a patient remains within good control for three (3) consecutive visits over a period of six (6) months, the ALP may consider scheduling subsequent visits to every six (6) months with the exception of HIV disease, diseases requiring anti-coagulation, and any disease that does not have specific control parameters.

d. All follow-up visits require a targeted history and physical assessment, as outlined in the specific chronic care clinic protocols.

e. The ALP shall write orders for renewal of all medication orders. It is recommended that the ALP write orders for two (2) weeks beyond the next scheduled chronic care visit.

2. Nursing responsibilities during follow-up visits

a. A nurse shall ensure all previously ordered lab and diagnostic tests are completed so that results are available and on the patient's Nursing Chronic Care Clinic Flowsheet (DRC5422 or electronic equivalent) prior to the clinic visit.

b. A nurse (or Medical Assistant) shall take the patient's vital signs on the day of the scheduled clinic visit and shall document the vital signs on the Chronic Disease Clinic Follow-up form (DRC5452 or electronic equivalent). Vital signs assessed at each clinic shall include: **t**emperature, pulse, respiration, blood pressure, weight, pulse oximetry reading (if indicated), and peak expiratory flow reading (for pulmonary clinic).

c. Nursing staff shall ensure that appropriate chronic care clinic forms, including the Baseline Medical Data form (DRC5430 or electronic equivalent) and the Chronic Disease Clinic Follow-up form (DRC5452 or electronic equivalent) are available for the ALP during the clinic visit.

D. Patient Refusal to Participate in Chronic Care Clinics

1. Patient Refusal to Participate

a. Patients who refuse any part of the medical treatment regimen (e.g., clinic visits, medication, diet, etc.) shall be brought to the medical department for counseling as to the importance of the therapy. If the patient continues to refuse participation, the patient shall be asked to sign a Release of Responsibility form (DRC5025 or electronic equivalent).

b. Patients who refuse three (3) chronic care appointments shall be referred to the institution ALP for intensive counseling as to the importance of chronic care management of their illness.

i. If the patient continues to refuse treatment, the ALP shall ask the patient to sign another Release of Responsibility form (DRC5025 or electronic equivalent).

ii. The refusal and counseling shall be documented in the Interdisciplinary Progress Notes (DMH0008 or electronic equivalent).

c. Health care staff may elect to admit an unstable patient who is refusing treatment to the institution infirmary for observation. Assessment and nursing care guidelines for all infirmary patients are outlined in DRC policy 68-MED-21, Infirmary Care.

2. Discharge Planning

a. The managing officer/designee shall ensure the medical department is forwarded a list of offenders who will be released the following month.

b. All chronic care patients shall be provided with a fourteen (14) day supply of prescribed non-HIV/AIDS chronic care medication. If the patient is prescribed insulin, a fourteen (14) day supply of insulin syringes and needles shall be provided as well.

c. Chronic care patients having been identified by Mental Health Services as being SMI shall be prescribed a thirty (30) day supply of mental health and medical medications (excluding HIV/AIDS, OTC and PRN medications) and two (2) refills for a maximum of ninety (90) days of medication.

d. All HIV/AIDS chronic care patients shall be provided with a thirty (30) day supply of prescribed HIV/AIDS medication(s), as outlined in Medical Protocol E-25, Dispensing Medication for Inmate Transfers, and Medical Protocol A-7, HIV Chronic Care Guidelines.

e. A licensed nurse shall complete the Release Medical Summary form (DRC5179 or electronic equivalent) as outlined in DRC policy 68-MED-01, Medical Services, and shall give a copy of the Release Medical Summary (DRC5179 or electronic equivalent) to the patient.

f. A licensed nurse shall schedule a nurse visit with the patient and shall provide the patient with counseling about the importance of medical follow-up in the community.

g. Whenever possible, a follow-up appointment shall be made with a community provider for patients who are diagnosed with end stage renal disease or tuberculosis infection. Patients with HIV infection shall be referred to the HIV Community Linkage Liaison for information regarding community resources and referral to community medical providers.

h. Patients being released who require complex medical follow-up or the use of any durable medical equipment (e.g., CPAP machines, glucometers, wheelchairs, etc.) shall be referred to the institution health care administrator (HCA) for resource availability or referral to community resources.

E. Nursing Responsibilities

1. Nurses shall be responsible for utilizing standardized DRC lesson plans and patient education materials that support and emphasize primary prevention. Such counseling and materials may be made available to patients during individual clinic visits or in group counseling sessions and shall include:

   a. Goals of treatment and importance of adherence to the medical treatment plan;

   b. The need for regular monitoring as ordered by the ALP;

   c. Education about prescribed medication and their side effects;

   d. Reinforcement of dietary teaching, if applicable; and

   e. Reinforcement of the importance of smoking cessation, exercise and a healthy diet.

2. Nursing staff shall be responsible for periodically monitoring and documenting patient adherence to medication regimens.

   a. This may be done by reviewing the Medication Administration Record (MAR) of patients on nurse administered medication or by having the patient bring "Keep on Person" medication to the nursing clinic visit. Minimally, this will be done every 6 months.

   b. All patients who are found to be less than optimally adherent to the medication regimen shall be scheduled for additional counseling about the importance of adherence to the treatment regimen.

3. Nursing staff may be responsible for scheduling and monitoring interim lab results for any tests done between clinic visits. All significantly abnormal results must be reported to the ALP as clinically appropriate.

4. Clinic Preparation

   a. A nurse shall ensure that all laboratory and diagnostic procedures ordered by the ALP shall be scheduled so that results are available for the next clinic visit;

   b. A nurse shall review the patient's medical record to ensure that requested medical records are present and interim care (e.g., periodic lab testing, medication adherence, etc.) is up-to-date.

   c. A nurse shall review all consults ordered by the ALP during the previous visit for completion or, if not completed, current consult status.

F. Documentation

1. The ALP shall complete the Baseline Medical Data form (DRC5430 or electronic equivalent) during the initial comprehensive visit.

   a. The ALP shall be responsible for documenting all positive or abnormal findings on the Baseline Medical Data form (DRC5430 or electronic equivalent) and/or the Chronic Disease Clinic Follow-up form (DRC5452 or electronic equivalent) and/or in the Interdisciplinary Progress Notes (DMH0008 or electronic equivalent).

   b. The ALP shall document disease control on the Baseline Medical Data form (DRC5430 or electronic equivalent) following the initial comprehensive assessment. Subsequently, the ALP shall document the disease control level and disease status on the Chronic Disease Clinic Follow-up form (DRC5452 or electronic equivalent).

   c. Long-Term Care Service Level patients at the Allen-Oakwood Correctional Institution, Franklin Medical Center, and Pickaway Correctional Institution shall follow the processes detailed in medical protocol B-33, Patient Care Service Levels.

   d. Additionally, the ALP shall complete a Chronic Disease Clinic Follow-up form (DRC5452 or electronic equivalent) for each subsequent chronic care visit.

2. Nursing staff shall be responsible for documenting vital signs, laboratory results, treatment and medication adherence and delivery of patient education on the Nursing Chronic Care Clinic Flow Sheet (DRC5422 or electronic equivalent).

Related Department Forms:

Release of Responsibility/Treatment	DRC5025
Release Medical Summary	DRC5179
Intrasystem Transfer and Receiving	DRC5255
Inmate Health Problem List	DRC5374
Nursing Chronic Care Clinic Flow Sheet	DRC5422
Baseline Medical Data	DRC5430
Chronic Disease Clinic Follow-up	DRC5452