

GEORGIA DEPARTMENT OF CORRECTIONS



Standard Operating Procedures

Policy Name: Continuity of Care for Ambulatory Services

Policy Number: 507.04.13

Effective Date: 01/25/2022

Page Number: 1 of 3

Authority:
Commissioner

Originating Division:
Office of Health Services
(Physical Health)

Access Listing:
Level I: All Access

I. Introduction and Summary:

Continuity of health care services will be provided to offenders for ambulatory services including referral to community resources when indicated. This policy is applicable to all facilities that house Georgia Department of Corrections (GDC) offenders to include private and county institutions.

II. Authority:

A. GDC Standard Operating Procedures (SOPs): 507.02.02 Confidentiality of the Health Record and Release of Information, 507.04.10 Consultations and Procedures, 507.04.19 Receiving Screening, 507.04.28 Chronic Care, 507.04.43 Medication Distribution System, 507.04.52 Patient Transport, and 507.04.66 Medical Reprieves;

B. NCCHC 2018 Adult Standard: P-E-09; and

C. ACA Standards: 5-ACI-6A-04, 5-ACI-6A-05, 5-ACI-6A-27, and 4-ALDF-4C-04.

III. Definitions: None.

IV. Statement of Policy and Applicable Procedures:

A. Ambulatory Services.

1. Obtaining previous health records to provide Continuity of Care:

a. Upon an offender's admission to GDC, the offender will receive health screening to identify any acute or chronic health conditions.

b. If an offender has a condition for which previous health records would be helpful in providing continuity of care, the offender will be asked to sign a release of health information from the provider or hospital that previously provided health services in accordance with SOP 507.02.02, Confidentiality of the Health Record and Release of Information.

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2. Continuity of Care within the System:

- a. Chronic Care. For conditions needing follow-up care on a continual basis, (i.e., diabetes, hypertension, etc.), guidelines will be followed as set forth in SOP 507.04.28, Chronic Care until the offender is discharged from the clinic.
- b. Intrasystem Transfers.
 - i. When an offender is transferred to another GDC facility, the sending facility portion of the Intrasystem Transfer Health Screening Form (Medical Records Manual, Forms, located on Captiva) will be completed identifying current problems, medications, current profiles, and outstanding appointments/consultations. Any abnormal lab/x-ray values (including COVID, if applicable) requiring follow-up will be noted.
 - ii. The receiving GDC facility will:
 - 1) Review the sending facility portion of the Intrasystem Transfer Health Screening Form.
 - 2) Review the offender's health record, to include renewal or discontinuation of medications, chronic care clinics, profiles, and consultations.
 - 3) Interview the offender.
 - 4) Complete the receiving facility portion of the Intrasystem Transfer Health Screening Form, and note any outstanding consults, CIC, and pending follow-ups.
 - 5) Make necessary referrals and appointments.

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c. Continuity for Consultations:

- i. Outstanding consultation requests (SOP 507.04.10, Consultations and Procedures) will be reviewed by the physician on a monthly basis to ensure that:
 - 1) The consultation is still scheduled.
 - 2) The appointment date falls within established guidelines as described in the Medical Records Manual, Forms (located on Captiva).
 - 3) The timeliness is appropriate.
- ii. In the event a referral exceeds the established timeframe guidelines, a progress note will be entered to explain the delay.
- iii. When patients are sent out of the facility for emergency or specialty treatment, written information regarding the patient's current medical status and treatment accompany the patient. Upon return to the facility, patients are seen by a qualified health care professional. Recommendations from specialty consultations are reviewed for appropriateness of use in the correctional setting. A provider is contacted in a timely manner to ensure proper implementation of any orders and to arrange appropriate follow-up. Typically, a patient's medication regimen is not modified upon return from the hospital unless it is clinically indicated. If changes in treatment recommendations are clinically indicated, justification for the alternative treatment plan is documented and shared with the patient. Appropriate and timely follow-up will be made as required.

V. **Attachments:** None.

VI. **Record Retention of Forms Relevant to this Policy:** None.