WYOMING DEPARTMENT OF CORRECTIONS

Policy and Procedure #4.308

Care of Inmates with Chronic Conditions

Authority: Wyoming Statute(s): 25-1-104; 25-1-105 ACA Standard(s): 4-4359; 1-ABC-4E-35 NCCHC Standard(s): P-G-01	**Effective Date:** July 15, 2016 **Revision/Review History:** 07/15/15, 06/01/14, 06/01/13, 07/01/12, 07/01/10 **Summary of Revision/Review:** Updates existing policy pursuant to annual review.
Cross Reference of Policy:	**Supersedes Existing Policy :**
Approved: R.O. Lampert — 7-12-16 Robert O. Lampert, Director — Date	

APPROVED FOR INMATE DISTRIBUTION

REFERENCE

1. **ATTACHMENTS – None Noted**

2. **OTHER – None Noted**

I. PURPOSE

A. Chronic Care. The purpose of this policy and procedure is to establish uniform guidelines for the medical management of inmates with chronic care conditions who are incarcerated in Wyoming Department of Corrections (WDOC) facilities.

II. POLICY

A. General Policy. It is the policy of the WDOC that all inmates with chronic care conditions such as hypertension, diabetes, and other diseases that require periodic care and treatment are cared for appropriately, to include monitoring of medications, laboratory testing, the use of chronic care clinics, health record forms and the frequency of specialist consultation and review (ACA 4-4359, 1-ABC-4E-35; NCCHC P-G-01).

III. DEFINITIONS

A. Clinical Practice Guidelines: (*For this policy only.*) Protocols for the management of chronic diseases that are consistent with national guidelines based on valid and reliable clinical evidence and clinical judgment. These protocols are reviewed annually by health care services staff.

IV. PROCEDURE

A. Care of the Inmates with Chronic Conditions. Each inmate with a chronic illness will have a care plan to direct care and treatment. The goal of the chronic care plan is to decrease the frequency and severity of the inmate's symptoms, minimize disease progression and complications, and foster an optimal level of health.

1. Identification and Enrollment. Each WDOC facility will identify inmates with significant chronic diseases and enroll those inmates in a chronic disease program.

i. Chronic illnesses are listed on the Master Problem List.

ii. Each WDOC facility has clinical practice guidelines for the management of chronic diseases that include but are not limited to:

a. asthma;

b. diabetes;

c. high blood cholesterol;

d. HIV disease;

e. hypertension;

f. seizure disorder;

g. tuberculosis;

h. major mental illness; and

i. anti-coagulant administration.

iii. Patients are identified and enrolled in the appropriate clinic through a number of mechanisms, that include but are not limited to:

a. the intake health screen;

b. the fourteen (14) day health assessment;

c. triage;

d. sick call;

e. the annual physical;

f. urgent care visits; or

g. chronic care visits.

2. **Chronic Care Clinic.** At the time of the first chronic care clinic visit the provider will establish an individual treatment plan for the inmate. That plan will be updated as needed and will address:

a. the frequency of follow up evaluation;

b. the type and frequency of diagnostic testing;

c. the type and frequency of therapeutic interventions;

d. monitoring of medications; and

e. when appropriate, instructions about diet, exercise, medication and adaptation to the correctional environment.

3. **Documentation.** Written documentation in the inmate's health record shall confirm that clinicians are following the chronic disease guidelines by:

i. determining the frequency of follow up for medical evaluation;

ii. adjusting treatment modality as clinically indicated;

iii. indicating the type and frequency of diagnostic testing and therapeutic regimens;

iv. writing appropriate instructions for diet, medication and adaptation to the correctional environment; and

v. clinically justifying any deviation from the protocol.

4. Each WDOC facility shall maintain a list of chronic care inmates.

5. The inmate is provided education about the disease process, lifestyle modifications, the importance of adherence and compliance, and the role of continuity of care upon release.

6. Follow-up visits are generally scheduled for no more than every ninety (90) days unless the specific disease is well controlled and requires less intense management.

V. TRAINING POINTS

A. When is a treatment plan established for an inmate with a chronic care condition?

B. TRUE OR FALSE: Inmates with chronic conditions are provided with education on how to modify their lifestyle.

C. What is the timeframe for follow-up visits for inmates with chronic care conditions?