


NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE	CHAPTER <u>Health Services</u> STATEMENT NUMBER <u>6.74</u>
SUBJECT: DISCHARGE MEDICATIONS PROPONENT: <u>Director, Medical and Forensic Services</u> <i>Title</i> <u>Medical/Forensic Services</u> <i>Office</i> <i>Phone # 271-3707</i>	EFFECTIVE DATE <u>6.74</u> REVIEW DATE <u>03/06/2020</u> SUPERSEDES PPD# <u>03/06/2022</u> DATED <u>07/01/13</u>
ISSUING OFFICER:  <i>Helen E. Hanks, Commissioner</i>	DIRECTOR'S INITIALS: _____ DATE: _____ APPENDIX ATTACHED: YES _____ NO _____
REFERENCE NO: See reference section on last page of PPD.	

- I. **PURPOSE:**
To ensure continuity of medications for residents by a Department of Corrections licensed provider at the point of community re-entry.
- II. **APPLICABILITY:**
To all staff at all New Hampshire Department of Corrections (NHDOC) facilities involved in discharge planning for residents.
- III. **POLICY:**
It is the policy of the NHDOC that all residents being discharged from NHDOC facilities will have a reasonable supply, or access to a reasonable supply, of currently prescribed medications as reflected in the NHDOC electronic health record.
- IV. **PROCEDURE:**
 - A. Notification of Release
 - 1. Medical Records shall be responsible for reviewing release reports daily (NHDOC intranet/Facility Operations/Daily Operations/Notification Reports). This list shall be distributed to nurse coordinators at all facilities and all providers via e-mail.
 - 2. Client Records shall send notifications of immediate releases to the nurse coordinators of the facilities and the Chief Pharmacist.
 - B. Medical and Psychiatric Provider Responsibilities
 - 1. NHDOC licensed prescribers shall be responsible for determining the amount of any medication that will be provided upon discharge up to a 14-day supply.

2. If a resident is being discharged to a residential facility that has a delivery agreement with a pharmacy, the provider may call in a prescription.
 3. On the rare occasion that a discharged resident is unable to get a community appointment to renew their medications after discharge, a NHDOC provider may renew the prescription based on their judgment of clinical need and appropriateness. This shall be documented in the progress note section of the electronic health record (EHR).
- C. Pharmacy Responsibilities
1. The NHDOC Pharmacy will prioritize discharge medications in order to ensure that they are available on the date of release.
 2. All release medications will be packaged in New Hampshire Board of Pharmacy approved packaging.
 3. The prescription will be sent to nursing staff at the appropriate health services facility (HSC) or the Secure Psychiatric Unit/Residential Treatment Unit (SPU/RTU) and shall be stored in a locked medication cart. For the Transitional Housing Units and the Transitional Work Center, security staff shall lock the medications in the same space as other medications for residents are stored.
- D. Corrections Counselor/Case Manager (CC/CM) Responsibilities
1. The CC/CM shall meet with an individual being discharged and provide them information regarding transition medications. The CC/CM will inform the person they will receive transition medications on the day of their discharge and that they should take any remaining Keep on Person (KOP) medications with them.
 2. The CC/CM shall provide a copy of FAQs (Attachment A) to all individuals that are being discharged.
 3. If there is a discharge that must be acted upon immediately due to a court order or another circumstance, the CC/CM shall call the HSC at the appropriate facility to communicate this situation and to request refills of medications.
 4. If more than 14-day supply of medications is required, CC/CM will follow section F of this policy.
- E. Exit Procedures
1. New Hampshire Corrections Facility for Women (NHCF-W): Nursing shall request discharge medication orders from providers. Security staff will escort the person being discharged to HSC to obtain medications. A nurse shall provide patient education about the discharge medications as well as the procedure for obtaining any medical records post-discharge. This patient education session shall be documented in the EHR. The note shall reflect any questions or concerns that the person had and the nursing response to those.
 2. New Hampshire State Prison for Men (NHSP-M): Nursing shall request discharge medication orders from providers. The actual release occurs from the Reception and Diagnostic Unit (R&D). A nurse shall be assigned to process releases on each shift for which a release is scheduled. This nurse shall ensure that the discharge medications are available in a locked med cart. The nurse shall meet with the patient(s) to be discharged and to provide patient education about discharge medications as well as the procedure for obtaining any medical records post-discharge. This patient education session shall be documented in the EHR. The note shall reflect any questions or concerns that the person had and the nursing response to those.
 3. SPU/RTU: A nurse shall request discharge medication orders from a provider. Security and nursing shall collaborate as to the best time and location to provide the discharge medications to the patient. A nurse shall meet with the patient to be discharged to provide patient education about discharge medications as well as the procedure for obtaining any medical records post-discharge. This patient education session shall be documented in the EHR. The note shall reflect any questions or concerns that the person had and the nursing response to those.

4. North Country Facility (NCF): On the day and time of release, security shall escort the patient to the HSC for the patient to obtain medications. A nurse shall meet with the patient to be discharged and to provide patient education about discharge medications as well as the procedure for obtaining any medical records post-discharge. This patient education session shall be documented in the EHR. The note shall reflect any questions or concerns that the person had and the nursing response to those.
5. Transitional Housing Units (THU) and Transitional Work Center (TWC): The release medications will be sent by pharmacy in the pharmacy bags and be sent to each site (Calumet, Shea Farm, TWC and North End House). The staff person providing the medication to the resident being released will ask if they wish to speak to a nurse regarding medications or other issues pertaining to medical care or conditions upon release. If the resident requests to speak to a nurse, the THU or TWC staff person shall call nursing staff at NHCF-W for Shea Farm releases and nursing staff at NHSP-M for Calumet, TWC and North End House.

F. Accessing Release Medications for More Than 14 Days

1. In the course of release planning, the Corrections Counselor/Case Manager (CC/CM) may determine that the resident will need up to a 30-day supply of medications instead of the standard 14 days. There are two reasons for requesting more than a 14-day supply of release medications: Requirements of a treatment program or extenuating circumstances.
2. The CC/CM will obtain written confirmation from the treatment center/program/residential facility stating that the resident has been accepted into the treatment center/program/residential facility and that their organization's policy requires a 30-day supply of medications for admission. The CC/CM will verify if a 30-day supply of medications can be called into the treatment center pharmacy (or a local pharmacy) or if a 30-day supply is needed.
3. The CC/CM documents this request for 30-day supply of medications as a note in the client management system (Contact Mode: Treatment Planning/ Note Type: Case Plan/Management). Notes with the medication requirements should be entered in CORIS no later than five calendar days prior to the scheduled date of individual's discharge. This documentation should reflect the name and location of the treatment center/program/residential facility, that a 30-day supply of medications is required for that organization, and that the CC/CM has written confirmation of the requirement from the organization.
4. If a CC/CM, in consultation with individual's behavioral health or medical treatment team, determines extenuating circumstances exist wherein a 30-day supply of medication is required for successful reentry, and a refill of the medication in the first 14 days after release is unavailable, the CC/CM shall review the circumstances with their immediate supervisor. If a 30-day supply is being requested for extenuating circumstances that situation should be clearly described and documented in CORIS as specified in the preceding paragraph. Before proceeding to Step 4, the immediate supervisor must approve the request for a 30-day supply based on extenuating circumstances.
5. The CC/CM will then send an e-mail to the NHDOC provider(s) indicating why a 30-day supply of medications is necessary along with a copy of the reentry plan and any other pertinent documentation on why the request is being made. A list of providers at each facility will be made available to the CC/CM staff by the Director of Nursing.
 - i. If a CC/CM at **NCF** or **NHCFW** cannot reach the provider on site, they are to notify the Chief Medical Officer or the Chief Psychiatric Officer for the NHDOC by e-mail.

- ii. If a CC/CM at **NHSP-M** cannot reach a provider onsite, then they should notify the Nurse Coordinator or the Nurse Specialist. For psychiatric providers, the Chief Psychiatric Officer should be consulted.
6. If the provider(s) see no clinical contraindications for prescribing the requested amount of medications (up to 30 days), that provider shall send an e-mail request to the Director of Medical and Forensic Services, or designee, requesting approval for a 30-day supply of medications including the documentation and rationale the CC/CM provided.
7. The Director of Medical and Forensic Services, or designee, shall review all information available, including documentation in the client management system, to affirm that the CC/CM has documented that a 30-day supply is needed and why.
8. The Director of Medical and Forensic Services, or designee, shall notify the Chief Pharmacist, all staff pharmacists, the CC/CM, the Nurse Coordinator at the resident's facility, and the provider(s) if the request is approved.
9. If the request is not approved, the Director of Medical and Forensic Services, or designee, shall provide that response to the provider(s) and CC/CM making the request.

REFERENCES:

Standards for Health Services in Prisons
National Commission on Correctional Health Care
2018

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