

Chapter: Unimpeded Access to Care	<b>Effective Date: 4/15/17</b>
<b>Title: Continuity of Care upon Transfer, Release, or Discharge</b>	Page: 1 of 2
	NEW

(a) **Standard.**

Continuity of health care is provided to youth upon intra-system transfer, release to parole, or discharge from the Texas Juvenile Justice Department. The nurse coordinator for health services (NCHS) reviews the youth's medical records periodically during the youth's placement to ensure that continuity of health care is provided on an ongoing basis.

The University of Texas Medical Branch Correctional Managed Care (UTMB-CMC) nursing staff receives adequate notice of youth movement to ensure continuity of care through medication follow-up and discharge planning.

(b) **Procedures.**

(1) **Intra-System Transfer.**

- (A) The **human services specialist (HHS)** notifies the health services administrator (HSA) or designee of an intra-system transfer at least seven workdays prior to the youth being moved.
- (B) Prior to a youth's transfer, the **NCHS**:
  - (i) notifies the receiving facility staff, by email or telephone, of a youth's special health care needs or other pertinent information within seven calendar days before the transfer;
  - (ii) documents the notification on the CM-Progress Note in the electronic health record (EHR); and
  - (iii) completes a [Discharge Summary, HLS-610](#), in the EHR no earlier than 14 calendar days prior to the youth's transfer.

Note: A youth's signature is not required on the HLS-610 for intra-system transfers.

- (C) The **institution nurse** scans all medical information into the EHR during routine visits to the halfway house.

(2) **Release or Discharge.**

- (A) The **HHS** notifies the HSA or designee of release or discharge plans at least seven workdays prior to the youth being moved.
- (B) The **HSA** notifies the NCHS of the planned release or discharge date.
- (C) The **NCHS**:
  - (i) completes a Discharge Summary, HLS-610, in the EHR no earlier than 14 calendar days prior to the youth's release/discharge; and
  - (ii) scans and emails the completed HLS-610 to the HSS for the youth's signature along with the following documents for the youth's portfolio:
    - (I) immunization record;
    - (II) vision/hearing screenings; and

- (III) a [Medication Follow-Up letter, HLS-200a](#), and/or a [Medical/Dental Appointment Follow-Up letter, HLS-200b](#), as applicable.

Note: The **institution nurse** scans a copy of the email and the attachments listed above into the EHR at the assigned institution for verification.

- (D) The **HSS** places the signed [HLS-610](#) in the Daily Health Records Binder for scanning into the EHR.
- (E) The **institution nurse** scans the HLS-610 into the EHR.
- (3) **Medical Record Reviews.**
- (A) The **NCHS**:
- (i) reviews a youth's medical record 90 days after the youth's admission to TJJD based on the EHR reminder noted on the discharge summary from the sending institution and every six months thereafter, using the [UTMB-CMC Chart Audit Tool, HLS-650](#);
  - (ii) notes any corrections needed on the HLS-650; and
  - (iii) forwards the completed form via scan/email to the HSS.
- (B) The **HSS** places a copy of the HLS-650 in the Chart Audits–Active section of the Health Services Management Binder.
- (C) During routine visits, the **HSA** and the **institution nurse**:
- (i) review the HLS-650;
  - (ii) note and correct areas requiring improvement; and
  - (iii) place the completed form in the Completed Chart Audit section of the Health Services Management Binder.
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