

	DEPARTMENT OF PUBLIC SAFETY CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	EFFECTIVE DATE: 6/28/05	POLICY NO.: COR.10.1D.05
		SUPERSEDES (Policy No. & Date): COR.10D.13 (02/29/2000)	
	SUBJECT: HOSPITAL AND SPECIALTY CARE		Page 1 of 5

1.0 PURPOSE

To ensure that inmate patients have access to necessary hospital, clinic and specialty care and treatment when needed.

2.0 REFERENCES AND DEFINITIONS

1. Reference

- a. Hawaii Revised Statutes, Section 26-14.6, Department of Public Safety; and Section 353C-2, Director of Public Safety, Powers and Duties.
- b. National Commission on Correctional Health Care Standards for Prisons and Jails, (2003)
- c. American Correctional Association Standards for Adult Correctional Institutions, (1990), 3-4356, 3-4360.

.2 Definitions

- a. Medial Specialist: A licensed medical doctor who provides medical care to patients that requires a special knowledge of an illness or injury and special equipment not available in the correctional institutions. The medical specialist functions as a consultant to the facility providers and generally provides services off site.
- b. Primary Caregiver: Facility physician or nurse practitioner responsible for the planning and overall care of a designated individual.
- c. Chronic Care: Health care provided to patients over a long period of time for an ongoing illness.
- d. Responsible Physician: The facility physician designated responsible physician at the facilities who supervises other physicians and who maintains the level of care mandated by the Medical Director and the Health Care Division Administrator (HCDA).

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- e. Memorandum of Understanding: A written understanding between clinical services and a community provider (hospital, clinic or specialist) for the care and treatment of inmate patients.
- f. Special Utilization Review Panel: At a minimum, a panel consisting of all of the facility physicians and chaired by the medical director. The panel may include nurse practitioners and the Health Care Division Administrator.

3.0 POLICY

- .1 The Clinical Section Administrator shall have a written agreement with the administrator of the community hospitals and specialty providers utilized in the community that outlines the terms of care to be provided. Hospitals and facilities for patients with mental disorders must meet state licensure for hospital care.
- .2 Memoranda of Agreements with outside providers shall include the sharing of information on care provided to the patient by the community providers or specialist. At a minimum, the information should include a summary report, recommendations and any follow-up instructions.
- .3 The responsible physician provides medical supervision of the medical services within the correctional facilities based on a standard of care set by the medical director. The facility physician is responsible for medical judgments related to patient care in the facility. The Medical Director shall be consulted regarding unusual cases or gravely ill inmates.
- .4 The Special Utilization Review Panel (SURP) shall decide provider disagreements over the best course of treatment for a patient. The medical director has the final decision if the SURP cannot come to an agreement.
- .5 Clinical services shall be organized on a primary care model with an emphasis on disease screening and health promotion and maintenance. It is the objective of health services to provide as much patient care as possible onsite at the facilities.

4.0 PROCEDURES

- .1 If there is more than one physician or nurse practitioner at a facility, a primary caregiver shall be designated for inmates with chronic illnesses.

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The primary caregiver shall develop a treatment plan including any recommendations for evaluation and consultation with outside caregivers.

- .2 The objective of the primary care provided by the physician or nurse practitioner is to provide well-organized services onsite at the facilities.
- .3 In order to provide quality and consistency of care, to minimize unrealistic expectations of inmates, and to maximize community resources, referrals for outside services will be recommended by the primary care-giver and reviewed and authorized by the SURP. Standards for outside consultation shall be discussed and decided upon at the department physician meetings and recorded in the minutes.
- .4 The facility provider shall request outside services on Form DOC 0447, Therapeutic Level of Care (Attachment A). The SURP shall approved or deny the request. If approved, the facility provider shall include the reason for the consultation on Form DOC 0406, Consultation Record (Attachment B) for the outside care Specialist.
- .5 The SURP shall use the following criteria, as appropriate and not necessarily in this order, to determine the need for outside care:
 - a. Conditions that existed prior to incarceration and efforts by the patient to relieve condition prior to incarceration.
 - b. Overall necessity for morbidity, mortality and function.
 - c. Urgency of need versus time left on patient's sentence.
 - d. Risk/Benefit; Cost/Benefit; Alternatives;
 - e. Patient compliance with conservative or alternative treatment.
 - f. Results of significant diagnostics and recommendations from outside consultants.
 - g. There is a reasonable expectation for a successful outcome.
- .6 If service is to be provided outside the facility, health care staff shall refer the matter to the Chief of Security or designee for security screening, arrangement of transportation, escort, and/or supervision, etc.

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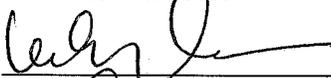
- .7 If necessary, the primary caregiver or responsible physician shall consult directly with the outside caregiver on follow-up care, equivalent medications, and other necessary matters.
- .8 Outside caregivers shall be encouraged to submit a written individual treatment plan for each inmate. The plan shall include:
- a. A statement of short- and long-term medical/treatment goals;
 - b. Specific course of therapy, or treatment methodology;
 - c. Provision for diagnostic evaluations if necessary;
 - d. Provisions for referral to supportive and/or rehabilitative services if necessary;
 - e. Provisions for reporting progress or results, or lack thereof, on a timely basis;
 - f. Necessity for any facility follow-up or care (e.g., infirmary care, medications, dressing check-ups, etc.); and
 - g. Any other relevant provisions for information.
- .9 When an inmate with continuing health care needs is to be released, clinical staff shall ensure that care will continue in the community. Arrangements may include discharge summaries, referral to an outside care-giver prior to release, informing the parole officer of ongoing health needs, educating the inmate and providing release medications.

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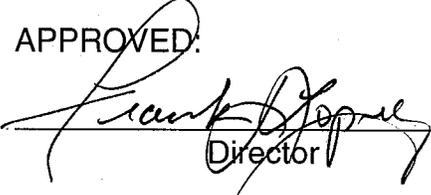
5.0 **SCOPE**

This policy and procedure applies to all correctional facilities and their assigned personnel.

APPROVAL RECOMMENDED:

	6/21/05
Medical Director	Date
	6/13/05
Correctional Health Care Administrator	Date
	6.28.05
Deputy Director for Corrections	Date

APPROVED:


Director
6.28.05
Date