

	<b>DEPARTMENT OF PUBLIC SAFETY</b>	<b>EFFECTIVE DATE:</b> <b>DEC 10 2014</b>	<b>POLICY NO.:</b> <b>COR.10.1E.03</b>
	<b>CORRECTIONS ADMINISTRATION</b> <b>POLICY AND PROCEDURES</b>	<b>SUPERSEDES (Policy No. &amp; Date):</b> <b>COR.10A.17 (10/08/07)</b>	
	<b>SUBJECT:</b> <b>TRANSFER SCREENING</b>	<b>Page 1 of 6</b>	

## 1.0 PURPOSE

The purpose of this policy is to establish guidelines that ensure the continuity of health services and the elimination of unnecessary repetitive test on transfer of a patient to another facility.

## 2.0 REFERENCES AND DEFINITIONS

### .1 References

- 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 Health Services in Prisons and Jails, (2008).

### .2 Definitions

Intersystem Transfer: The transfer of a patient from one facility to another within the PSD correctional system.

## 3.0 POLICY

- .1 Facility clinical sections shall be notified and consulted on decisions made on the transfer of patients.
- .2 Continuity of medical and mental health care shall be maintained when patients are transferred from one facility to another and shall ensure that the patient is placed in the appropriate housing unit.
- .3 Facility clinical intake staff shall review each incoming patient's medical record or summary within twelve (12) hours of arrival to ensure continuity of care.

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#### 4.0 PROCEDURES

##### I. TRANSFERRING FACILITY

- .1 Except for new convictions, health care staff at the transferring facility shall be notified of a patient scheduled for transfer to another facility within the system at least forty-eight (48) hours prior to transfer.
- .2 The transferring facility's nursing staff shall review all of the transferring patient's electronic medical records. All transferring patients are assessed in the following areas:
  - a. Ability to tolerate a high altitude (contraindicated for some asthmatics, COPD, and cardiac patients);
  - b. Ability to tolerate a cold damp climate;
  - c. Ability to ambulate over rough uneven terrain (are assistance devices needed for safe ambulation, steady gait);
  - d. Ability to lift over twenty (20) pounds of weight;
  - e. Ability to perform moderate to heavy labor;
  - f. Ability to perform repetitive movement such as bending, stooping and prolonged standing;
  - g. No joint or muscular complaints for a minimum of the last three (3) months;
  - h. Stability of any medical condition to safely allow the patient to reside forty-five (45) or more minutes from the nearest medical facility;
  - i. Presence of a serious disabling mental illness that does not permit the patient to reside in the general population;
  - j. Current medical, dental, or mental health treatments that cannot be provided at the receiving facility;
  - k. Pending movements to community medical specialist.

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- .3 Medical staff shall not make a determination as to what facility a patient may or may not be transferred to. The Health Status Classification Report shall reflect any physical or mental limitations, including any necessary accommodations that must be made related to the identified limitations. For example, patient may lift only up to ten (10) lbs., or patient not able to tolerate a high altitude, or patient needs to be in a facility with twenty-four (24) hours nursing coverage, or patient cannot be housed in general population, or patient can only be housed in a facility within close proximity to a hospital. Sufficient information shall be conveyed so that the Patient Classification Office can appropriately transfer patients.
- .4 Patients with questionable stability of a medical or psychiatric condition, or other medical concerns that may affect their successful adaptation to another facility's environment, are to be evaluated by a physician or psychiatrist prior to completing the HSCR.
- .5 The HSCR will be completed using the following determination codes:
  - a. **C** - cleared;
  - b. **R** - cleared with restrictions;
  - c. **H** - hold (60 days or less);
  - d. **D** - denied transfer or work.
Patient transfers placed on hold for medical reasons may include those patients undergoing current medical, dental, and mental health treatment that cannot be provided at the receiving facility. A hold may also be due to an acute short-term condition that temporarily limits their ability to transfer, because of the receiving facility's environment or work requirements as related to a patient's physical limitations. Patient holds shall not exceed sixty (60) days. After sixty (60) days, the patient should be denied, cleared, or cleared with restrictions by a physician.
- .6 Health Care staff shall print the medical summary from the electronic medical record and fax it to any receiving facility not part of PSD network, prior to the patient's transfer.
- .7 The patient's dental records shall accompany the patient on an intersystem transfer. Form DOC 0486, Transfer of Medical/Dental Records, is the document used to track records in transit and shall be attached to the packet or box containing the dental record(s).

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- .8 The Clinical Section Administrator (CSA) and Mental Health Section Administer (MHSA) or designee shall notify the receiving facility's medical and mental health staff by telephone or other means of communication of a patient's need of ongoing care or acute problems that require prompt medical or mental health attention on arrival.

**.II RECEIVING FACILITY**

- .1 Immediately upon the arrival of a patient's transfer into a facility, the health care section staff shall perform an intake screening review of the patient's medical summary information. Patients with more urgent medical or mental health needs as indicated on the summary shall receive screening and treatment priority. All other transferred patients will have a complete documented medical record review conducted within twelve (12) hours of the patient's arrival using the Transfer Chart Review template.
- .2 The nurse shall document the chart review and any needed services in the medical record and make the appropriate referrals. MH staff shall document the MH review in the patient's record. The nurse and mental health staff shall develop an immediate plan of care for any serious medical, psychiatric conditions, physical limitations or continuity of care needs.
- .3 Medical record reviews indicating any serious health concerns shall result in patient receiving a documented physical and/or psychiatric assessment in the health care unit on the day of arrival, if possible. If not possible on the day of arrival, then no later than within twenty-four (24) hours of arrival.
- .4 The nursing staff shall implement physician orders, generate any medical authorizations for restrictions, accommodations, or special diets; schedule chronic care clinics; arrange or coordinate pending medical appointments; arrange for any necessary mental health services.
- .5 No prescribed medication, treatment or medical diet shall be discontinued by the receiving facility, until it has been reviewed and discontinued by the facility provider.
- .6 All arriving patients will be seen in the health care clinic within seven (7) days of their transfer. During this visit the patient will receive and have documented in their medical record the following verbal or written instructions regarding the facility health care procedures and services including but not limited to:

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- a. Access to the facility's health care services;
- b. Medication administration information including self-administration requirements and nurse administration times and procedures;
- c. Medical co-payment process;
- d. Access to over the counter medications;
- e. Requesting health record information;
- f. The medical grievance process;
- g. A review of current medications;
- h. A review of chronic conditions and the placement of the patient on a chronic care clinic schedule;
- i. A review and the offering of applicable preventive screening such as immunizations, mammogram, PPD, PAP, FOB;
- j. Review of the problem list;
- k. Distribute to the patient medical educational materials as appropriate.

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**5.0 SCOPE**

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

APPROVAL RECOMMENDED

Lori D. Karam MD 11/5/14  
Medical Director Date

[Signature] 12/8/14  
Health Care Division Administrator Date

\_\_\_\_\_  
Deputy Director for Corrections Date

APPROVED:

[Signature]  
Director

12/10/14  
Date

**THE TRANSFER OF MEDICAL/DENTAL RECORDS**

TRANSFERRED TO: \_\_\_\_\_ FROM: \_\_\_\_\_ MEDICATION INCLUDED: YES NO  
NUMBER OF MEDICAL RECORDS: \_\_\_\_\_ NUMBER OF DENTAL RECORDS: \_\_\_\_\_  
ENCLOSED ARE THE MEDICAL/DENTAL RECORDS FOR THE FOLLOWING INMATES:

PREPARED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ SEALED: YES NO  
Sending Facility Health Care Staff

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ SEALED: YES NO  
Sending Facility Intake/Release

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ SEALED: YES NO  
Transport

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ SEALED: YES NO  
Receiving Facility Intake

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ SEALED: YES NO  
Receiving Facility Health Care Staff

All parties retain copy for thirty (30) days. Receiving party to initiate incident report if seal is broken.

- Original: Retained by sending facility's Custodian of Medical Records.
- Green: Retained by sending facility's Intake.
- Yellow: Retained by transporting ACO.
- Pink: Retained by receiving facility's Intake.
- Gold Rod: Retained by receiving facility's Custodian of Medical Records.