

	<b>DEPARTMENT OF PUBLIC SAFETY</b>	<b>EFFECTIVE DATE:</b> OCT 20 2015	<b>POLICY NO.:</b> COR.10.1D.05
	<b>CORRECTIONS ADMINISTRATION</b> <b>POLICY AND PROCEDURES</b>	<b>SUPERSEDES (Policy No. &amp; Date):</b> COR.10.1D.05 (06/28/2005)	
<b>SUBJECT:</b> <b>HOSPITAL AND SPECIALTY CARE</b>		Page 1 of 3	

## 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, (2014)

### .2 Definitions

- a. Special Utilization Review Panel: A multi provider panel including State physicians and nurse practitioners headed by the Medical Director who reviews requests for outside provider services and makes an approval or denial determination regarding the request based on patient clinical findings and other criteria.
- b. Specialty Care: Specialist provided health care such as nephrology, orthopedics, surgery consultation or diagnostic testing and /or treatment facilities such as outpatient hospital clinics or inpatient hospital services.

## 3.0 POLICY

- .1 Inmates shall have access to medically necessary hospitalization and specialty care.
- .2 Wait times for patient appointments shall reflect the equivalent average community appointment wait times.
- .3 Specialty services provided in house shall be subject to the same credentialing requirements for specialty practice in the community.

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**4.0 PROCEDURES**

- .1 Patients shall be referred for clinically indicated specialty care by their treating provider.
- .2 Referrals for non-emergent outside specialty care, testing or treatment shall be reviewed and authorized by the Medical Director. The Medical Director may refer complex cases to the Special Utilization Review Panel for review and final authorization or denial of the request.
- .3 Authorizations for outside specialty care shall be based on community standards of practice for the service requested, patient compliance with their treatment plan, anticipated degree of functional improvement and/or a successful outcome, the patient's anticipated length of incarceration and other relative case specific data.
- .4 All approved referrals for outside consultation shall include a copy of the referral documenting the reason for the referral, a copy of the patient's medical summary and any additionally requested medical information. This information shall be either hand carried or faxed to the outside provider the day of the appointment.
- .5 Health Care staff shall notify the Chief of Security or designee for security screening, for the arrangement of transportation, escort, and/or supervision for the patient during outside provider consultation.
- .6 The specialty provider shall provide a summary documentation of their assessment, testing, or treatment completed; diagnosis and/or findings; and recommended treatment plan, including prescribed medications, patient instructions and follow-up.
- .7 All specialty provider documentation shall be scanned into the patient's electronic medical record utilizing the standardized naming convention and filing requirements.
- .8 All specialty provider documentation shall be assigned to the ordering provider for review and sign off.

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- .9 If necessary, the patient's provider shall consult directly with the outside specialist on follow-up care, equivalent medications, and other necessary matters.
- .10 The nurse responsible for scheduling outside referrals shall be responsible to follow up with any provider not supplying the necessary visit documentation.
- .11 To ensure continuity care for patients being released the clinical staff shall provide the patient with a discharge summary, and when necessary, set up referrals to outside providers prior to release, inform the parole officer of ongoing health needs, and educate the inmate and provide release medications.

**5.0 SCOPE**

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

APPROVAL RECOMMENDED:

*acting*  
G. David Saldaña, MD      10/6/15  
 Medical Director      Date  
[Signature]      10/6/15  
 Health Care Division Administrator      Date  
[Signature]      10-07-15  
 Deputy Director for Corrections      Date

APPROVED:

[Signature]  
 Director  
OCT 20 2015  
 Date

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