

**OREGON DEPARTMENT OF CORRECTIONS**  
**Operations Division**  
**Health Services Section Policy and Procedure #P-D-05**

SUBJECT: HOSPITAL AND SPECIALTY CARE

POLICY: The Department of Corrections shall have established arrangements with hospitals and specialized ambulatory care facilities for care of inmates requiring these services. These arrangements shall include a description of the range of services to be provided and other methods to ensure appropriate health care of inmates.

REFERENCE: OAR 291-124-005 through 291-124-085  
OAR 291-47-005 through 291-47-060  
NCCHC Standard P-D-05

PROCEDURE:

- A. The Health Services Medical Director, or designee, will meet with administrative personnel of the hospital(s) and/or specialized ambulatory care facility in the community where the institution is located to develop an arrangement for provision of hospital services.
- B. Arrangements for hospitalization and specialized ambulatory care will specify the range of services to be provided, the expectations of the institution referring the inmate, expectations for transfer of medical information and the method of payment.
- C. Arrangements for hospitalization and/or specialized ambulatory care services are only made with licensed institutions.
- D. For hospital discharges and emergency room returns and consulting appointments, the receiving nurse will consult immediately (either in person or by telephone) with the ODOC provider to determine the plan of care in light of the consulting physician's orders. The provider will determine which orders will be implemented immediately; these orders will be transcribed on to the physician order form. A chart review will be scheduled to ensure order is signed within 72 hours

- E. An inmate may be referred for hospital level care by any ODOC practitioner in accordance with Policy and Procedure P-A-02.1: Levels of Therapeutic Care. When an emergency exists, a registered nurse may make the decision to have the inmate transported to the hospital emergency room.
- F. The registered nurse or treating practitioner will contact the hospital by telephone or FAX to arrange the admission or to notify the emergency room of an impending admission. The treating physician, if known, should be designated at the time the hospital is contacted.
- G. The registered nurse, or designee, will copy or otherwise provide pertinent portions of the inmate's health care record and have it transported with the inmate or Faxed to the admission service at the hospital. Material from the health care record to be copied and provided to the hospital includes:
- current progress notes
  - current medication administration record
  - current physician orders
  - Medical Referral Outside Facility (Consult Sheet)

If appropriate to the reason for hospital referral, the following health care record information may also be copied and provided to the hospital:

- laboratory/radiology reports
  - parameter sheet
  - specialty consultation reports
  - treatment plan
- H. The registered nurse or practitioner will determine the method for transporting the inmate to the hospital based upon the inmate's condition and will notify the institution to arrange the specified mode of transportation.
- I. The institution will arrange for or provide the specified mode of transport to the hospital.
- J. Upon transfer from the institution to the hospital, all current inpatients will be reported to the Medical Care Coordinator by 0900, PST, Monday through Friday. This information will be provided:
- Name of patient
  - SID
  - Exact date of inmate transfer.
  - A brief description of the reason for transport, including probable diagnosis.
  - Any procedures that have been done or are planned
  - All emergent transports, even those that did not result in an admit.

- K. Specific patient report will then be obtained prior to the Hospitalized Patient Daily Census teleconference with Correctional Health Partners at 12 Noon PST. On weekends and holidays, for those institutions with infirmaries, the infirmary nurse will assume the responsibility for obtaining the daily reports. For those institutions without infirmaries, the Medical Services Manager/designee will assign this responsibility to nursing staff.
- L. At the completion of the daily Hospitalized Patient Daily Census teleconference, the institutions attending nurse or physician will complete a progress note detailing the patient's current status, including any pertinent information regarding discharge plans.
- M. On weekends and holiday, local nursing personnel will obtain a daily patient report and note this report on the patient's progress notes.
- N. When a patient is on inpatient status his medical file will remain at his home institution unless transfer is expected.
- O. Discharges
  1. The decision to discharge an inmate from hospitalization is made by the Hospital treating practitioner. The institution Chief Medical Officer is responsible for conferring with the Hospital treating practitioner in order to maintain continuity of patient care and treatment. The Chief Medical Officer, or Medical Services Manager, can assist the Hospital treating practitioner to consider the capacity to provide the appropriate level of care upon discharge and return to the institution.
  2. The hospital nursing staff will contact the institution Medical Services Manager, or designee, when the inmate is to be discharged to provide information about discharge orders, discharge instructions and follow-up appointments that need to be scheduled. This information should be provided enough in advance so that institution health care providers have enough time to make arrangements for any medications, equipment and supplies not usually stocked. No information should be provided to the inmate by hospital staff about follow-up appointments for security reasons. Department of Corrections Health Services will be responsible for scheduling follow-up appointments.
  3. The hospital nursing staff, or designee, will copy pertinent portions of the inmate's hospital health care record and give to the transport officer(s) in a sealed envelope to be given to the institution Medical Services Manager or designee at the time the inmate is received at the institution. Material from the health care record to be copied and provided to the institution health care providers includes:

- discharge orders
  - admission dictation
  - discharge instructions
  - Medical Referral Outside Facility (Consult Sheet)
4. Discharge Orders
    - a. The receiving nurse will consult immediately (either in person or by telephone) with the ODOC provider to determine the plan of care in light of the consulting physician's orders. The provider will determine which orders will be implemented immediately; these orders will be transcribed on to the physician order form. A chart review will be scheduled to ensure order is signed within 72 hours.
  5. The treating practitioner at the institution may request additional information if pertinent to the patient's ongoing care and treatment. A copy of the discharge summary should be provided to the institution Chief Medical Officer when it has been transcribed.

#### Q. Documentation and Review of Hospitalization

1. The licensed nurse documents each hospital referral in the inmate's health care record.

#### R. Psychiatric Hospital Care

1. The Assistant Administrator of BHS/designee may request the Superintendent/ designee of the Oregon State Hospital accept a transfer of a mentally ill inmate for stabilization and evaluation for mental health treatment for a period not to exceed 30 days unless the transfer is extended pursuant to an administrative commitment hearing.
2. Upon acceptance of the referral, the Assistant Administrator of BHS/designee will contact the Superintendent/designee, of the receiving facility and arrangements for transfer will be completed.

Effective Date: \_\_\_\_\_

Review date: August 2014

Supersedes P&P dated: October 2013