OREGON DEPARTMENT OF CORRECTIONS
Operations Division
Health Services Section Policy and Procedure #P-E-03

SUBJECT: TRANSFER SCREENING

POLICY: Transfer screenings are performed by health care personnel on all inter-institution transfers, inmates returning from court, and all other inmates with an established health record for their current incarceration. Health care records are also reviewed by health care personnel prior to transfer to ensure the transfer is appropriate. These functions are necessary to ensure continuity of care.

REFERENCE: NCCHC Standard P-E-03

PROCEDURE:

A. Receiving screening of transferred inmates.

1. Inter-institution transfers:

a. Inmates transferred from an intake facility who do not have initial medical, dental or mental health assessments are to be evaluated at the receiving facility in a timely manner.

b. When an inmate is transferred from one Department of Corrections' institution to another, the inmate's health care record is received by the Health Services program at the same time the inmate is received.

c. The assigned nurse will review the following information contained in the health care record and the automated Inmate Health Plan and Health Status, within the first 12 hours of the inmate's arrival:

1) Current physician orders
2) Current entries in the progress notes
3) Pending appointments as noted by review of the progress notes, dental treatment plans, or review of the "Inmate Health Plan"
4) Treatment plan for chronic conditions
5) Dental record
6) Health Status
7) Special Needs

d. At the completion of the review of health information, the nurse will:

1) Implement the Physician's Orders as indicated.
2) Generate notifications for any type of restrictions, special diets, and authorizations for specific treatment/prosthetics to the appropriate departments.
3) Make appropriate arrangements for pending medical appointments.
4) If indicated, schedule for follow-up care for chronic health conditions.
5) Complete a progress note documenting the review and any pertinent information.
6) If the inmate has a history of mental health problems or mental health treatment within the past two (2) years or has a prescription for psychiatric medications, notify the Mental Health Case Manager or designee.

e. When review of the health care record and automated information is not sufficient to establish continuity of care, or if the stability of the health status of an inmate is in question, the nurse will make arrangements to bring the inmate to the Health Services area in order to interview/examine the inmate accordingly.

f. Whenever continuity of care cannot be established based on the inmate's health status and the level of care available at the institution, the nurse will make arrangements for return to the transferring institution or for transfer to the appropriate institution where the health care needs of the inmate can be met.

g. Inmates are to be provided with a verbal explanation of how to access care for immediate health needs.

2. Other transfers – Returns from Court, Inter-State Compacts, etc.

a. The assigned nurse will review the health records received from the transferring facility and complete the following:

1) schedule the inmate for any necessary follow-up care.
2) activate a Medication Administration Record if necessary and ensure appropriate medications are made available.
3) make an entry on the progress note noting the transfer and any other pertinent information.
4) notify the Mental Health Case Manager or designee of the need for mental health care.

B. Review of health needs prior to transfer:

1. Inter-institution transfers:

   a. Prior to transfer, health care records are reviewed by licensed health care staff to ensure appropriateness of the transfer. Aspects to consider include:

      1) the inmate's general state of health
      2) pending appointments
      3) the availability of health care at the receiving facility
      4) notify the Mental Health Case Manager or designee if there is a mental health hold on the health status
      5) medications

   b. If no circumstances exist in which a transfer would be considered contraindicated, an entry is made using "transfer in and transfer out, chart review" templates (attachment 3,4,5) on the progress note; noting the transfer and any pertinent health related information.

   c. If it is determined that a transfer is not appropriate, immediate notification will be made to the appropriate facility.

   d. An entry in the progress note will be made noting that the transfer has been canceled and the reason(s) why.

2. Non inter-institution transfers:

   a. Prior to transfer, health care records are reviewed by licensed health care staff to ensure appropriateness of the transfer. Aspects to consider include:

      1) the inmate's general state of health
      2) pending appointments
      3) the availability of health care at the receiving facility
      4) prior to transfer, notify the Mental Health Case Manager or designee if there is a mental health hold on the health status

   b. If it is determined that a transfer is not appropriate, discuss the situation with the Medical Services Manager, or designee, for necessary actions.

c. If no circumstances exist in which a transfer would be considered contraindicated, the following steps are taken:

1) complete an Inmate Transfer form (see Attachment 2)
2) make a photocopy of the Inmate Transfer form and file into the inmate's health care record
3) either send the original Inmate Transfer form with the inmate or fax it to the receiving facility
4) make an entry on the progress note of the health care record noting the transfer
5) if the inmate is receiving medications, make an entry on the Medication Administration Record noting the transfer.

Effective Date: _____
Review date: November 2015
Supersedes P&P dated: August 2014

OREGON CORRECTIONS HEALTH

MEDICAL INFORMATION FOR TRANSFER

TO: _____

FROM: _____

DATE: _____

☐ **URGENT-- TO MEDICAL IMMEDIATELY**

☐ **ROUTING-- TO MEDICAL**

Attachment 1
P&P P-E-03

Attachment 2
P&P P-E-03

OREGON CORRECTIONS HEALTH
MEDICAL INFORMATION TRANSFER FORM

TO: _____ DATE: _____

FROM: _____

Inmate Name: _____ DOB: _____

DISCHARGE SUMMARY:

Current Health Status/Diagnosis: _____ Allergies: _____

_____

_____

_____

Treatments/Medications: _____

_____

_____

_____

_____

TB/PPD Information: _____ Date Given: _____ Results: _____

CHEST X-Ray Date: _____ Results: _____

Additional Information/Concerns: (Behavior, mental status, work limitations, lab results, etc.)

_____

_____

_____

Documents attached including med records, medications, labs: ☐ YES ☐ NO

Signature of Medical Person _____ Phone # _____

SENT: ☐ Fax ☐ Transport Officer ☐ Phone Call ☐ Mail

Recommendations:
☐ Needs immediate attention by Medical
☐ Schedule next sick call or see a nurse
☐ Routine Care

Original to Receiving Institution
Copy to Chart

1/2005 Oregon Chapter of ACHSA Approval
COR-351 Rev. 01/26/2005

Transfer In Chart Review
Transfer Date:_____ Received at:_____ Received from: _____
1. State of general health _____
2. Date of last PPD_____ Results_____ a. Dates of any TB Treatment_____
b. Chest X-ray results if PPD positive_____ c. Chem profile date if PPD positive_____
d. TB Coordinator notified if PPD positive_____
3. List Major Diagnoses/Chronic Disease _____Matches DOC_____
a. Appointment changed: _____ b. Major Diag. current_____ c. Labs current_____
d. Date of last HEP A/B Vaccine _____ e. Date of next HEP A/B Vaccine_____
4. List Medications _____
a. Did meds arrive with patient: _____ b. Meds placed for Medline_____
c. Meds ordered from Pharmacy_____ d. MAR reviewed for accuracy and expiration_____
5. Earliest Parole Date_____ a. Parole Meds: current orders for parole meds: Yes / No _____
b. Parole meds received: Yes / No – If not, actions taken_____
c. Parole Med Nurse or designee notified? Yes / No
6. Any pending appointments _____Updated for this facility_____
7. Dental referral _____8. BHS referral_____
9. Health Status Updated/Face Sheet printed_____
10. Chart present_____ a. X-rays present _____b. Overflow chart # _____
Nurse's Signature_____ Nurse's Printed Name: _____Date _____Time_____

Transfer In Chart Review
Transfer Date:_____ Received at:_____ Received from: _____
1. State of general health _____
2. Date of last PPD_____ Results_____ a. Dates of any TB Treatment_____
b. Chest X-ray results if PPD positive_____ c. Chem profile date if PPD positive_____
d. TB Coordinator notified if PPD positive_____
3. List Major Diagnoses/Chronic Disease _____Matches DOC_____
a. Appointment changed: _____ b. Major Diag. current_____ c. Labs current_____
d. Date of last HEP A/B Vaccine _____ e. Date of next HEP A/B Vaccine_____
4. List Medications _____
a. Did meds arrive with patient: _____ b. Meds placed for Medline_____
c. Meds ordered from Pharmacy_____ d. MAR reviewed for accuracy and expiration_____
5. Earliest Parole Date_____ a. Parole Meds: current orders for parole meds: Yes / No _____
b. Parole meds received: Yes / No – If not, actions taken_____
c. Parole Med Nurse or designee notified? Yes / No
6. Any pending appointments _____Updated for this facility_____
7. Dental referral _____8. BHS referral_____
9. Health Status Updated/Face Sheet printed_____
10. Chart present_____ a. X-rays present _____b. Overflow chart # _____
Nurse's Signature_____ Nurse's Printed Name: _____Date _____Time_____

Transfer Out Chart Review
Transfer Date_____ Transfer To _____Transfer From _____
1. Current health concerns _____
2. Date of last PPD_____ Results _____mm a. Dates of any TB treatment _____
b. Date of chest x-ray completed if PPD positive _____ c. Chem profile date if PPD positive _____
3. Lab results pending _____ 4. Dental needs pending_____
5. List Major Diagnoses/Chronic Diseases _____
a. DOC 400 shows major diagnoses of _____
b. HEP A/B Vaccine started _____ c. Date of last HEP A/B Vaccine_____
6. List any disability or special equipment needs _____
7. List all medications the inmate is receiving_____
a. Mar pulled _____ b. All medications including overflow meds pulled_____
c. List any KOP meds _____ d. Meds pulled from special housing area_____
8. Earliest parole date: _____ a. Parole med orders written Yes / No Date_____
b. Parole meds sent with chart Yes / No – If not, actions taken_____
c. Parole Med Nurse or designee notified? Yes / No
9. List pending appointments _____Outside appointments _____
10. Is this patient stable for transfer to another institution _____ 11. On BHS caseload _____
12. Chart being sent _____ Overflow chart # sent_____ X-rays sent _____
Nurse's Signature_____ Nurse's Printed Name: _____Date _____Time_____

Transfer Out Chart Review
Transfer Date_____ Transfer To _____Transfer From _____
1. Current health concerns _____
2. Date of last PPD_____ Results _____mm a. Dates of any TB treatment _____
b. Date of chest x-ray completed if PPD positive _____ c. Chem profile date if PPD positive _____
3. Lab results pending _____ 4. Dental needs pending_____
5. List Major Diagnoses/Chronic Diseases _____
a. DOC 400 shows major diagnoses of _____
b. HEP A/B Vaccine started _____ c. Date of last HEP A/B Vaccine_____
6. List any disability or special equipment needs _____
7. List all medications the inmate is receiving_____
a. Mar pulled _____ b. All medications including overflow meds pulled_____
c. List any KOP meds _____ d. Meds pulled from special housing area_____
8. Earliest parole date: _____ a. Parole med orders written Yes / No Date_____
b. Parole meds sent with chart Yes / No – If not, actions taken_____
c. Parole Med Nurse or designee notified? Yes / No
9. List pending appointments _____Outside appointments _____
10. Is this patient stable for transfer to another institution _____ 11. On BHS caseload _____
12. Chart being sent _____ Overflow chart # sent_____ X-rays sent _____
Nurse's Signature_____ Nurse's Printed Name: _____Date _____Time_____

Coffee Creek Intake Out Chart Review
Transfer Date:_____ Transferring to _____ 1. State of general health _____
2. Date of last PPD _____ Results _____ a. Green sheet in health care record _____
b. CXR date if PPD +: _____ c. CXR results_____
3. Date intake physical completed: _____ 4. Date dental intake completed _____
5. List any Special Needs/Chronic Disease _____
a. DOC 400 shows major diagnosis of: _____
b. HEP A/B Vaccine series started: date of last vaccine_____ Number in series _____ Refusal_____
6. List any disability of special equipment needs: _____
7. List any medications the patient is receiving _____ _____
a. MAR pulled _____ b. Medications and overflow medications pulled _____
c. List any KOP medications: _____ d. Frequency of medlines (circle one): none QD BID TID QID
8. List pending medical appointments 9. Is the patient on the BHS caseload_____
9. Facesheet updated and printed _____
10. Current chart being sent_____ Overflow, number sent _____ X-rays sent _____
Nurse's Signature_____ Nurse's Printed Name: _____Date _____Time_____

Coffee Creek Intake Out Chart Review
Transfer Date:_____ Transferring to _____ 1. State of general health _____
2. Date of last PPD _____ Results _____ a. Green sheet in health care record _____
b. CXR date if PPD +: _____ c. CXR results_____
3. Date intake physical completed: _____ 4. Date dental intake completed _____
5. List any Special Needs/Chronic Disease _____
a. DOC 400 shows major diagnosis of: _____
b. HEP A/B Vaccine series started: date of last vaccine_____ Number in series _____ Refusal_____
6. List any disability of special equipment needs: _____
7. List any medications the patient is receiving _____ _____
a. MAR pulled _____ b. Medications and overflow medications pulled _____
c. List any KOP medications: _____ d. Frequency of medlines (circle one): none QD BID TID QID
8. List pending medical appointments 9. Is the patient on the BHS caseload_____
9. Facesheet updated and printed _____
10. Current chart being sent_____ Overflow, number sent _____ X-rays sent _____
Nurse's Signature_____ Nurse's Printed Name: _____Date _____Time_____