

**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, all orders are to be transcribed onto a DOC order sheet, implemented, and reviewed and signed off by the Chief Medical Officer or designee at the next available opportunity. The physician's orders from the hospital and/or emergency room must have a physician's name attached to them. Any questions and/or concerns are to be brought to the attention of the CMO/designee at such time that the nurse deems appropriate.

For referral sheets from all other off-site providers, no orders will be implemented prior to the review/determination, etc., by the CMO/designee. All orders are considered recommendations only and are to be reviewed by the CMO/designee to determine which orders will be implemented, referred to TLC, etc.

## Hospital and Specialty Care

### Hospital Level Medical Care

- A. 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.
- B. 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.
- C. 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
- D. 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.
- E. The institution will arrange for or provide the specified mode of transport to the hospital.
- F. Upon transfer from the institution to a hospital, the infirmary nurse will assume responsibility for obtaining daily reports on all patients admitted to the hospital.

## **Hospital and Specialty Care**

### **Discharges**

- A. 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 Health Service 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.
- B. The hospital nursing staff will contact the institution Health Service 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.
- C. 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 Health 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)

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.

### **Documentation and Review of Hospitalization**

- A. The registered nurse documents each hospital referral in the inmate's health care record and on the hospital log (attached).
- B. The Health Service Manager forwards the hospital log to the Health Services Medical Director with the monthly statistical report.

## **Hospital and Specialty Care**

### **Psychiatric Hospital Care**

- A. The Administrator of CTS/designee may request the Superintendent/designee of the Oregon State Hospital to 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.
- B. Upon acceptance of the referral, the Administrator of CTS/designee will contact the Superintendent/designee, of the receiving facility and arrangements for transfer will be completed.

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

Revision date: April 2007

Supersedes P&P dated: February 2007

