



ADMINISTRATIVE POLICIES
AND PROCEDURES
State of Tennessee
Department of Correction

Index #: 113.04

Page 1 of 8

Effective Date: March 1, 2012

Distribution: A

Supersedes: 113.04 (2/1/09)
PCN 11-37 (11/1/11)

Approved by: Derrick D. Schofield

Subject: MEDICAL REQUIREMENTS FOR THE RELEASE/TRANSFER OF INMATES

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To establish standardized procedures to be used in the release or medical transfer of inmates.
- III. APPLICATION: Wardens, Health Administrators, health care staff, privately managed institutions, medical contractors, security staff, and inmates.
- IV. DEFINITIONS:
 - A. Central Dispatch Office (CDO): A function of the office of the Director of Classification Programs that coordinates and schedules inter-institutional transfers and offender transportation.
 - B. Central Transportation: A division of the Charles Bass Correctional Complex (CBCX) that coordinates, schedules, and performs local offender transportation in the Metro Nashville/Davidson County area.
 - C. DeBerry Special Needs Facility (DSNF) Scheduler: The DSNF employee(s) assigned to coordinate the scheduling of approved inmate specialty consultation services and associated transportation services.
 - D. DSNF Health Care Center: The skilled units (I, II, and III) at DSNF, used for inmates requiring long-term nursing care.
 - E. DSNF Sheltered Living Unit: A housing unit at DSNF utilized for inmates with limited ability to ambulate who require close proximity to health services, who need a low risk environment due to progressive illness, or who have a physical health condition that does not allow them to be housed in other Tennessee Department of Correction (TDOC) locations.
 - F. Emergency Medical Transfer: An unexpected inmate housing assignment occurring as the result of a life-threatening medical situation requiring immediate medical attention not available at an inmate's institution.
 - G. Permanent Medical Transfer: Reassignment to another TDOC facility occurring when an inmate requires specialized treatment, prolonged rehabilitative services, or closer proximity to medical care that cannot be provided at the sending facility.
 - H. Temporary Medical Transfer: A temporary housing reassignment occurring for the purpose of completing a scheduled specialty medical appointment or for medical evaluation.

Subject: MEDICAL REQUIREMENTS FOR THE RELEASE/TRANSFER OF INMATES

- I. Utilization Management Entity (UME): The person(s) or contractor designated by the Tennessee Department of Correction (TDOC) to process all requests for inpatient and outpatient specialty care.

- V. POLICY: Inmates identified as having any medical or dental conditions that require evaluation and/or treatment beyond that which is available at his/her institution, shall be released and/or transferred to another institution where such care is available.

- VI. PROCEDURES:
 - A. Whenever possible, resources available within TDOC facilities shall be utilized for health services referrals.

 - B. The institutional physician, dentist, or designee shall be responsible for the identification of acute/chronic medical or dental conditions that are beyond the diagnostic and/or treatment resources available at their facility. (See Policy #113.82.1 for procedures for mental health release/transfer).

 - C. Routine Coordination:
 1. The health administrator or designee shall communicate the need for an inmate transfer to the Warden or designee and shall assist in the coordination of the transfer with the receiving facility. Transfers shall be accomplished in accordance with Policy #403.01.

 2. Long distance transfers for health reasons should not be considered if, in the opinion of the physician or mental health professional, such delay or travel could adversely affect the health of the inmate. In such cases arrangements for necessary care shall be made at an appropriate health care facility near the institution. When the long distance transfer of acutely ill inmates is indicated, the sending institution's attending physician shall authorize the transfer and determine the appropriate method of transportation. If the inmate is in a local community hospital, the receiving institutional physician shall obtain the concurrence of the community hospital physician attending the inmate prior to transfer.

 - D. Emergency Medical Transfers: In an emergency situation where routine coordination is not possible, the on-duty referring health professional shall complete and send the Referral for Emergency Care, CR-3425, with the inmate to ensure continuity of care between the sending and receiving institutions. In cases where ambulance services are not utilized, the senior on-site health care professional shall decide if a medical escort is necessary. Appropriate facilities for transfer include the following:
 1. Local Licensed Hospital: All inmates in need of immediate medical intervention are to be transferred to the local licensed hospital emergency room or emergency center. The health administrator or designee shall be responsible for notifying the TDOC health services contractor of emergencies within 24 hours after transfer. If the emergency occurs on a weekend or holiday, the notification shall be made the next business day.

 2. Secure Hospital: As medically, appropriate, inmates requiring hospitalization are to be transferred to the designated licensed hospital with a secure unit.

Subject: MEDICAL REQUIREMENTS FOR THE RELEASE/TRANSFER OF INMATES

3. TDOC Skilled Nursing Unit(s): Male inmates requiring skilled nursing care are to be housed at DSNF Health Care Center. Female inmates requiring skilled nursing care are to be housed at the Tennessee Prison for Women (TPFW).

E. Temporary Medical Transfers:

1. In accordance with Policy #113.12, inmates may be temporarily transferred for specialty care consultations and diagnostic testing. These services shall be primarily provided at the DeBerry Special Needs Facility (DSNF) for males and the Tennessee Prison for Women (TPFW) for females.
2. Whenever such a transfer is approved, the health administrator or designee at the sending institution shall coordinate the transfer with the health administrator at the receiving institution in advance.
3. The routine transfer of inmates for medical reasons shall be accomplished in the following process and in accordance with Policy #403.01.
 - a. The DSNF scheduler shall record approved consultations and appointments on the LIMA screen in e-TOMIS.
 - b. Institutional health care staff shall be responsible for inmate evaluation and medical clearance for travel. Upon a physician or mid-level provider's review of an inmate's medical record, the health administrator/designee shall determine if the inmate's medical or mental health conditions require special transportation, medical escort, and record this information on LIMA. The health administrator/designee shall determine if an inmate's condition prohibits transportation on a Central Transportation vehicle, requires transport by ambulance or specially equipped vehicle, and/or requires escort by a member of the medical staff. Special conditions and precautions shall be promptly communicated with transportation personnel and the receiving/sending institution.
 - c. The health administrator/designee shall ensure that the inmate is transported with all necessary resources including the health record, medications, and any other information or equipment required for the inmate's safety and management. These shall be documented on Health Records Movement Document, CR-2176, and in the inmate's health record. Information and instructions for special treatment and/or medications shall be written in a manner readily accessible and easily understood by escorting and receiving personnel.
 - d. When an inmate refuses to be transported for a scheduled appointment, when a consultation or appointment is no longer required, or when a consultation or appointment is cancelled for any reason, it shall be documented and explained on LIMA by health staff at the institution at which the refusal or cancellation occurred. The health staff shall immediately notify the DSNF Scheduler, the utilization management entity, and (if applicable) Central Dispatch. The DSNF scheduler shall notify Central Transportation of the cancellation.

Subject: MEDICAL REQUIREMENTS FOR THE RELEASE/TRANSFER OF INMATES

4. In the rare event that the Warden is unable to comply with the physician's recommendation for medical transfer due to overriding concerns such as security, he/she shall provide a written explanation. The Warden shall consult the Director of Health Services for assistance in determining alternative treatment measures.

F. Permanent Medical Transfers:

1. A permanent transfer to another TDOC facility should be considered when an inmate requires an extended period of specialized treatment, prolonged rehabilitative services, a close proximity to specialty medical care, or environmental needs which cannot be provided at the sending facility.
2. The Warden or designee shall be informed by the health administrator of the need for such a transfer in writing or by e-mail. Written notification shall include the relative seriousness of the case, the period of time within which the transfer should be effected, the type of transportation necessary, and whether the inmate requires a medical escort, any medications or care necessary while the inmate is enroute. If it is likely that an inmate may require medical attention en route, transportation alternatives to the chain bus (such as ambulance transport) shall be considered.
3. The Office of Health Services has the final decision regarding medically related placements in TDOC institutions and may overrule medical placement decisions of other physicians. If any physician feels that he/she should appeal a medical placement decision, he/she shall send a written memorandum or e-mail to the Director of Health Services and include the rationale for his/her appeal. Transfers to TDOC medical units shall be conducted as follows:
 - a. DSNF Sheltered Living Unit: Any physician at the TDOC institution who believes that a male inmate is appropriate for placement in the Sheltered Living Unit, shall make a written request to the DSNF Medical Director. The physician shall prepare a memorandum justifying (in detail) the inmate's physical needs that qualify him to be placed in the Sheltered Living Unit. The memorandum shall outline the inmate's medical history, diagnoses, medications, and an appropriate treatment or management plan. It shall also indicate why the plan cannot be accomplished at the current facility and why the transfer to the DSNF Sheltered Living Unit is necessary. The Office of Health Services may obtain a copy when requested.
 - b. DSNF Health Care Center: The DSNF Medical Director shall review the written request within 14 days of receipt. He/she shall then contact the requesting physician and provide a response to the request for transfer. The DSNF Medical Director has authority over admissions and discharges to the health care center. However, in the event there is a disagreement between any physicians regarding placement for medical reasons, the Director of Health Services shall have the final authority over placement.

Subject: MEDICAL REQUIREMENTS FOR THE RELEASE/TRANSFER OF INMATES

- c. If there is an appeal by any physician regarding a medical placement at DSNF or any other institution, the TDOC Director of Health Services shall respond by letter or e-mail to all involved physicians, and inform classification of his/her placement decision.
 - d. Once a medical placement decision is finalized, transfers shall be made in accordance with Policy #403.01.
 - G. Pre-Release Requirements: Upon notification that an inmate is scheduled to be paroled or expire his/her sentence, the health services administrator or designee shall forward a current copy of the Transfer/Discharge Health Summary, CR-1895, to the counselor. In addition, the health care staff shall ensure that any necessary referrals are made to local health care providers and community resources. In accordance with Policy #113.70, the health services staff shall ensure that the inmate receives at least a 14-day supply of all current medications.
 - H. Health Records:
 1. To ensure continuity of care and prevent the duplication of examinations, diagnostic tests, and treatment at the receiving facility, the health record shall accompany the inmate whenever he/she is transferred either temporarily or permanently to another TDOC facility. This activity shall be coordinated by the institution's records office and the institution's health service staff at least 24 hours before a routine transfer.
 2. The Transfer/Discharge Health Summary, CR-1895, shall be completed and signed with the full legal signature of the health care professional completing the form. The completed form shall be affixed to the inmate health record (which is sealed in a manila envelope).
 3. The Health Records Movement Document, CR-2176, "Comments" section, shall be completed by the health care professional to alert the transportation official of any special precaution or care necessary for the inmate while en route. Specific types of information shall include the following:
 - a. Medication needs during transit
 - b. Special medical conditions such as diabetes and seizure disorders
 - c. Suicidal tendencies or potentially dangerous behavior caused by mental status
 - d. Physical disabilities that may require special care during transportation, or upon entering the receiving institution
 - e. Isolation precautions, specifying type
 4. If an inmate is transferred to a jail, or to any other law enforcement agency for custodial care, a Transfer/Discharge Health Summary, CR-1895, shall be completed by the health care provider, signed with full legal signature and professional title, and forwarded with the inmate. Also, a 14 day supply of the inmate's medications shall be sent with the inmate to the destination.

Effective Date: March 1, 2012	Index # 113.04	Page 6 of 8
Subject: MEDICAL REQUIREMENTS FOR THE RELEASE/TRANSFER OF INMATES		

The medications should be clearly labeled with the inmate's name, the medication name, and the dosage instructions. The clinic shall be notified 24 hours prior to transfer whenever possible. The original health record shall be archived as outlined in Policy #113.50.

5. Transfer without Health Records:

- a. If an inmate arrives at the receiving institution without health care records, the receiving facility's health administrator shall immediately notify the transferring facility's health administrator and arrange for the sending institution to transfer the records as soon as possible. Any pertinent information needed by the receiving facility shall be faxed immediately. If the requested information is not received within 24 hours, the receiving health administrator shall notify the Warden so that further action can be taken to secure the health record.
- b. Until the complete health care record arrives, current medical information, including allergies, is to be noted on a progress note. This information may be obtained from the sending institution's health care staff or through an interview with the inmate. The receiving facility shall contact the pharmacy and request a copy of the current medication orders, or the facility's prescribing provider shall write new medication orders.

6. Protected health information shall not be disclosed to an unauthorized third party other than as stated in Policies #103.04, #113.52, and #512.01.

VII. ACA STANDARDS: 4-4347, 4-4348, 4-4349, 4-4389, and 4-4414.

VIII EXPIRATION DATE: March 1, 2015.



TENNESSEE DEPARTMENT OF CORRECTION
HEALTH RECORDS MOVEMENT DOCUMENT

DESTINATION: _____

THIS PACKET CONTAINS HEALTH RECORDS ON THE FOLLOWING INMATE(S):

CHECK ALL THAT APPLY

	<u>Inmate Name</u>	<u>Number</u>	<u>Health Record</u>	<u>Dental Record</u>	<u>Medication</u>	<u>* Purpose</u> (Indicate A, B, C or D)
1.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

* PURPOSE OF RECORDS MOVEMENT:

- A. Permanent Transfer
- B. Temporary Transfer for Clinical Services
- C. Record to Archives
- D. Other (See Comments)

Comments: _____

Sending Institution: _____ Date: _____

Prepared / Checked by: _____ Date: _____

Transported by: _____ Date: _____

Received by: _____ Date: _____

*** THIS DOCUMENT SHALL NOT CONTAIN PROTECTED HEALTH INFORMATION * ***



TENNESSEE DEPARTMENT OF CORRECTION
REFERRAL FOR EMERGENCY CARE

INSTITUTION

Name: _____
Last First Middle TDOC Number Date

Date of Birth: _____ Race: _____ Referring Institution: _____

Current Complaint/Pertinent History: _____

Allergies: _____ Current Medication(s): _____

Treatment Given Prior To Transfer Including Immunization: _____

Facility Referring To: _____

Referral Coordinated With (Name): _____ Phone: _____ Time: _____

Ambulance Service Utilized: _____ Date: _____ Time Requested: _____

Referring TDOC Health Professional: _____ Phone: _____
Signature/Professional Title

*** REPORT FROM OUTSIDE FACILITY**

Date Patient Received: _____ Time: _____ Emergency Facility: _____

Treatment Given: _____

Diagnosis: _____

Recommend Disposition/Follow-up: _____

Physician Signature

Date

* May attach copy of Emergency Room Report in lieu of completing above report.