

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. 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.
 - b. 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

(See attachment for documentation format.)

Transfer Screening

- c. 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.
 - d. 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.
 - e. 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.
 - f. 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.

Transfer Screening

- 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

(See attachment for documentation format.)

- b. If no circumstances exist in which a transfer would be considered contraindicated, an entry is made 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

Transfer Screening

- 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 Health 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 1)
 - 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: _____

Revision date: April 2007

Supersedes P&P dated: March 2006

**OREGON CORRECTIONS HEALTH
MEDICAL INFORMATION
FOR TRANSFER**

TO: _____

FROM: _____

DATE: _____

- URGENT-- TO MEDICAL IMMEDIATELY**
- ROUTING-- TO MEDICAL**



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*

Date _____ Time _____ Received from _____
Received at: _____. Access to Dental and Medical explained. PPD current Y/N, Date of last PPD _____
Cleared for Food Service Y/N _____ Pending Appt. Y/N _____
On Meds. Y/N _____ Sent Y/N _____ Mental Health Referral Y/N _____
SN Y/N _____ Signature _____

Date _____ Time _____ Received from _____
Received at: _____. Access to Dental and Medical explained. PPD current Y/N, Date of last PPD _____
Cleared for Food Service Y/N _____ Pending Appt. Y/N _____
On Meds. Y/N _____ Sent Y/N _____ Mental Health Referral Y/N _____
SN Y/N _____ Signature _____

Date _____ Time _____ Received from _____
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SN Y/N _____ Signature _____

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SN Y/N _____ Signature _____

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On Meds. Y/N _____ Sent Y/N _____ Mental Health Referral Y/N _____
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SN Y/N _____ Signature _____

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Cleared for Food Service Y/N _____ Pending Appt. Y/N _____
On Meds. Y/N _____ Sent Y/N _____ Mental Health Referral Y/N _____
SN Y/N _____ Signature _____

Date _____ Transfer from _____ Transfer to _____
State of General Health _____
Date of last PPD _____ SN Y/N _____
Pending Appt. Y/N _____ On Meds Y/N _____ Sent Y/N _____
Mental Health Referral Y/N _____ Signature _____

Date _____ Transfer from _____ Transfer to _____
State of General Health _____
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