

# HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction  
Division Of Prisons

SECTION: Continuity of Patient Care

POLICY # CC-2

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SUBJECT: Hospitalization and In-patient Medical Services

EFFECTIVE DATE: April 2011

SUPERCEDES DATE: October 2007

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## PURPOSE

To provide guidelines for accessing in-patient medical services within Division of Prisons and from local hospitals.

## POLICY

There shall be arrangements for providing inpatient hospital care for illnesses and injuries. The condition of the patient as determined by the provider shall be the criteria as to whether an inmate is hospitalized locally or is transferred to the appropriate Division of Prisons facility.

## PROCEDURE

### **I. DOP INPATIENT FACILITIES**

#### A. Routine Admissions

When it is determined that an inmate has a condition requiring hospitalization that can be accommodated at a DOP inpatient facility, clearance for this action shall be achieved by the attending physician calling the medical director or designee at the inpatient facility. Normally, this type of patient will be transported by prison bus; however, some inmates may require transportation by separate vehicle due to custody or medical conditions. The outpatient health record must also accompany the inmate.

#### B. Emergency Evaluation

Inmates requiring emergency evaluation may be accepted by the nursing staff in consultation with the provider on duty, at the appropriate facility. The provider on duty may deny the request for evaluation if he determines the inmate can be best served at another facility.

Emergency referrals may be made by the facility nurse, area nurse supervisor, custodial personnel or the facility provider. The following information must be provided by telephone at the time of referral:

1. Name of person calling and the facility
2. Patient's name and number
3. Patient's status (safe keeper, custody level)
4. Ambulatory or stretcher case
5. Diagnoses or chief complaint/symptoms/signs and current medication, if any
6. Current condition
7. Estimated time of arrival

The inmate's medical record and medications must accompany the inmate to receiving unit.

### **II. EMERGENCY SERVICES**

#### A. Emergency care outside of the Division of Prisons is provided if:

1. The care is needed immediately because of sudden illness or injury;
2. The time required to reach a Division of Prisons inpatient facility would mean risk of further deterioration of condition.

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3. Transfer to Central Prison Hospital or ~~McCain Hospital~~ is precluded because of serious risk to health, or is unreasonable due to the distance involved and the nature of the condition.
- B. The responsible health authority in consultation with the superintendent will generate procedures to ensure emergency medical services are provided with efficiency and expediency on a 24 hour basis. These procedures will include:
1. On-site Emergency First Aid
  2. Emergency Evacuation of Inmates from the facility
  3. Use of Emergency Medical Vehicle (Arrangement with EMS/Rescue)
  4. Use of local emergency care providers, using preferred providers when possible
  5. Emergency on-call provider services
  6. Security procedures for transfer
  7. Phone number of the health care personnel and available community resources
  8. Infection control procedures to be used during transport.
- C. The outpatient medical record will accompany the inmate to the local emergency room. Should the inmate be admitted, the medical record is returned to the facility. The treating facility may copy pertinent information from the patient's medical record. Copies of the emergency room record should be provided to the facility according to North Carolina General Statute 131E-98.
- D. When community providers do not release copies of the inmate's treatment record after an ER admission, the nurse manager/facility nurse may inform the hospital that the DOC may not pay the invoice for provided services until the appropriate records are released. A copy of GS 131E-98 may be sent to the hospital. In cases where the community hospital will provide treatment information, for regular admission, the UR nurses will contact the hospitals.
1. Notify UR of admission.
  2. UR will send a letter authorizing one (1) day of admission and request clinical update
  3. If hospital refuses to send updates, payment for services may be denied.

### III. LOCAL HOSPITALIZATION

Whenever an inmate is hospitalized in a facility outside the Division of Prisons a phone call should be placed to the UR Department. If the office is closed a voice mail can be left.

When transfer or discharge is decided upon, the means of transportation, i.e., ambulance, van, air transport etc. will be as determined by the attending physician. Deputy Medical Director or the Doctor on call must approve all air transport. A discharge summary or record of treatment from the discharging hospital must be available. The health record shall accompany the patient to the receiving facility.

### IV. SPECIALTY HOSPITALIZATION

Should an inmate have a condition requiring treatment beyond the capability of the DOP Inpatient Facility, arrangements should be made with preferred provider facility when possible to acquire necessary care. If the attending physician believes that specialty hospitalization is required, a referral will be made to the Utilization Review Section for approval, except in emergencies. See Section AD III-3 for Utilization Review procedures.

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If hospital refuses to send updates, payment for services may be denied. Part F. Confidential Information

## § 131E-98. Inmate medical records.

Notwithstanding any other provision of law, a hospital does not Breach patient confidentiality by providing the Department of Correction with medical records of inmates who receive medical treatment at the hospital while in custody of the Department. A hospital complying with a request from the Department of Correction or its agent for a copy of the medical records of an inmate who received medical services while in custody shall be immune from liability in any civil action for the release of the inmate's medical record (1993, c. 321, s. 178(b).)

Editor's Note – Session Laws 1993  
C.321, s. 178 made this section effective  
Upon ratification. The Act was ratified  
July 9, 1993.

this section was enacted as G.S.  
131E-99.2, and was recodified as G.S.  
131E-98 by the Reviser of Statues

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5/26/11

Paula Y. Smith, MD, Director of Health Services Date

SOR: Deputy Medical Director  
Utilization Review Section