

	State of Indiana Indiana Department of Correction	Effective Date	Page 1 of	Number
		4/1/2022	4	3.13A
		HEALTH CARE SERVICES DIRECTIVES-Adult Manual of Policies and Procedures		

Title
OFF-SITE MEDICAL, HOSPITAL, AND SPECIALTY CARE REFERRALS

Legal References (includes but is not limited to)	Related Policies/Procedures (includes but is not limited to)	Other References (includes but is not limited to)
IC 11-8-2-5 IC 34-4-12.6	01-02-101	National Correctional Healthcare Standards

I. PURPOSE:

This Health Care Services Directive (HCSD) presents information and guidelines on the types of interventions that are appropriate for treating certain types of conditions seen in patients committed to the Department, and which cannot be provided on-site. Additionally, this directive presents a review mechanism for the provision of off-site medical services so that unnecessary or duplicative interventions can be avoided.

II. GUIDELINES:

- A. No correctional health care system can provide all necessary care through its own on-site providers and equipment. The use of specialists, off-site emergency facilities, and off-site equipment will always supplement the Department's on-site capabilities. The Department's responsibility to the public requires it to make certain that the off-site services purchased are both necessary and obtained in a cost effective fashion.

Specialized services will generally fit one of the following categories:

- Emergency care
 - Diagnostic services
 - Hospital services
 - Specialized ambulatory care
- B. Each facility must plan in advance for the delivery of these services. These plans may reflect arrangements made on behalf of all or a group of facilities or may be

HEALTH CARE SERVICES DIRECTIVES-Adult			
Indiana Department of Correction			
Manual of Policies and Procedures			
Number 3.13A	Effective Date 4/1/2022	Page 2	Total Pages 4
Title OFF-SITE MEDICAL, HOSPITAL, AND SPECIALTY CARE REFERRALS			

local, and must be reflected in written plans and contracts, as appropriate. The plans shall also identify the manner in which 24-hour support from on-call staff (physician, dentist, and behavioral health) will be provided.

- C. Emergency services must be provided when needed. When a patient requires a trip to the emergency department the EMS should be the main mode of transportation. A State vehicle may be used for joint dislocations, stable orthopedic injuries (i.e., fractures, noncomplex clean breaks). The determination to use a State vehicle is the sole determination of the sending clinician and must be clearly documented in the EMR. State vehicles should not be used in emergency situations that may pose an immediate risk to the health and safety of the patient. A State vehicle shall never be used for patients that require access to immediate health interventions such as: uncontrolled bleeding, head injury, altered mental status, unstable vital signs, systolic blood pressure <90 or >200, Pulse <40 or >200, requiring oxygen, chest pain or shortness of breath, unstable abdominal pain, or with any noted changes on an EKG. The determination of the type of transportation used is a clinical decision that must be made by the person who decides that off-site services are emergently necessary and documented in the electronic medical record (EMR).

Physicians, mid-level practitioners, and dentists shall determine whether emergency off-site services are necessary. On occasion, circumstances shall preclude contacting a physician or dentist for authorization, but a nurse will recognize the need for emergency care. If, or when, this occurs, the nurse is authorized to send the patient off-site for care and must document the reason that care was provided without an order from a physician or dentist. Following the emergent send-off, the nurse shall contact the on-call clinician within one (1) hour.

Off-site emergency transfer shall be accompanied by copies of health records or other material that is obviously useful to the receiving facility. Notification shall be made to the appropriate Quality Assurance Manager (QAM), Executive Directors and Chief Medical Officer (CMO) of all emergency transfers at time of event.

- D. Off-site diagnostic services or off-site specialty care may be required and may be reviewed and scheduled. The practitioner requesting services is expected to document in the EMR the need for the proposed diagnostic intervention and to request approval from the Health Services vendor's regional medical director or designate. The review shall result either in approval or suggestions regarding alternative interventions within seventy-two (72) hours. Alternative treatment interventions/plans must be acknowledged and documented in the EMR.

For the safety of transporting staff and the public, staff **shall not** inform the patient

HEALTH CARE SERVICES DIRECTIVES-Adult Indiana Department of Correction Manual of Policies and Procedures			
Number 3.13A	Effective Date 4/1/2022	Page 3	Total Pages 4
Title OFF-SITE MEDICAL, HOSPITAL, AND SPECIALTY CARE REFERRALS			

of the date and time of any off-site appointment.

When the patient is sent for care, certain preparations may be necessary or clinical information may be useful. Such preparation shall be accomplished, or information provided in order to maximize the efficiency of the off-site referral process.

- E. Hospital admission may be scheduled as part of a planned procedure or unscheduled as a result of an emergency. When patients are hospitalized at off-site facilities, they must remain under direct supervision by Department Custody officers.
- F. Upon return from off-site travel, the patients should be accompanied by photocopied health records, clinic encounter forms, discharge summaries, or other clinical material. This material shall be reviewed immediately by clinical staff, with physician staff informed regarding the results immediately or later, as may be clinically appropriate. Care must be provided in a continuous manner. All patients shall follow up with the clinician within 24 hours following inpatient admission and ER runs. Patients shall be seen within 7 days following all offsite visits.

The essential health records must be scanned into the EMR within 48 business hours. These documents must be acknowledged by the signature or electronic signature of a clinician.

- G. If a request for off-site referral is not approved and the on-site provider believes that the denial and alternate suggestions are inappropriate, the on-site provider must act on the patient's behalf. Depending upon the urgency of the problem, the provider may write or telephone the Health Service vendor's Regional Medical Director or designated individual to discuss the patient. All such contacts shall be documented in the EMR and decisions explained to the patient.
- H. All alternative treatment plans shall be recorded at the site level and forwarded to the QAM. A monthly roll up shall be forwarded to the Executive Director of Physical Health and the CMO.
- I. Off-site providers are used as consultants, it is the on-site provider who must determine whether the course of care suggested by the consultant will be implemented. This determination must be documented in the health record and the treatment plan must be explained to the patient.
- J. Scheduling elective services is the responsibility of the Health Services staff. Managing scheduled transportation (including providing security to accompany

HEALTH CARE SERVICES DIRECTIVES-Adult			
Indiana Department of Correction			
Manual of Policies and Procedures			
Number 3.13A	Effective Date 4/1/2022	Page 4	Total Pages 4
Title OFF-SITE MEDICAL, HOSPITAL, AND SPECIALTY CARE REFERRALS			

travel) is the responsibility of Operations staff. Both groups must work cooperatively in order to assure that services are provided in an efficient manner.

When security considerations lead to potential cancellation of a scheduled off-site medical trip, the Operations staff must inform the Health Services staff as soon as possible. The Health Services staff shall advise Operations staff regarding the urgency of the travel and assist to ensure that necessary care is timely provided. The site medical director or designee shall be notified of the potential cancellation in order to intervene if clinically necessary.

- K. At facilities lacking space or equipment, off-site travel for imaging studies, dental services, optometry services, etc., may be minimized by arranging for mobile services through private contractors.
- L. When specialized ambulatory care is provided through telehealth, the health professionals providing the consultation must be appropriately licensed in Indiana, credentialed, and privileged to provide specialized care. On-site Health Services staff must adhere to the following:
 - All on-site personnel who use the telehealth equipment must be trained in equipment operation and trouble shooting.
 - When peripherals are used, the manufacturer's infection control procedures must be implemented in between patients.
 - Patient privacy and confidentiality must be maintained in accordance with the provisions of HCSD 2.01A, "Access to Care."
 - Patient consent, when necessary, is obtained in accordance with Health Care Services Directive 2.12A , "Consent and Refusal."
 - Documentation of the telehealth encounter is generated, either directly into the patient's health record or through a paper consultant's report. When the consultant provides a paper report, the report shall be scanned into the EMR.

III. APPLICABILITY:

This Health Care Services Directive is applicable to all facilities providing Health Services to incarcerated adults.

signature on file

Kristen Dauss, MD
Chief Medical Officer

Date