

	State of Indiana Indiana Department of Correction Division of Youth Services	Effective Date  4/1/2022	Page 1 of  4	Number  3.13Y
<b>HEALTH CARE SERVICES          DIRECTIVE-YOUTH SERVICES          Manual of Policies and Procedures</b>				

Title <b>OFF-SITE MEDICAL, HOSPITAL, AND SPECIALTY CARE REFERRALS</b>
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Legal References (includes but is not limited to)  IC 11-8-2-5	Related Policies/Procedures (includes but is not limited to)  01-02-101	Other References (includes but is not limited to)  National Correctional Healthcare Standards
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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 youths committed to the Department, and which cannot be provided on-site. Additionally, this HCSD 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:

1. Emergency care;
  2. Diagnostic services;
  3. Hospital Services; or,
  4. 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 of a group of facilities or may be local, and must be reflected in written plans and contracts, as appropriate. The plans should also identify the manner in which 24-hour support from on-call staff (physician, dentist, and mental health) will be provided.

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- 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. A state vehicle shall never be used for patients that require access to immediate medical 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.

Physicians, mid-level practitioners, and dentists will determine whether emergency off-site services are necessary. On occasion, circumstances will preclude contacting a physician or dentist for authorization, but a nurse will recognize the need for emergency care. When this occurs, the nurse is authorized to send the patient offsite for care and must document the reason that care was provided without an order from a physician or dentist. The nurse shall then contact the on-call physician or dentist within one hour after sending the patient offsite. The nurse shall contact the Shift Supervisor, who will notify the Warden.

Off-site emergency transfer should 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 QAM, Executive Directors and 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 contracted medical provider's regional medical director or designate. The review will 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.

When the youth is sent for care, certain preparations may be necessary or clinical information may be useful. Such preparation should 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 youth are hospitalized at

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off-site facilities, they must remain under direct supervision by Department Youth Development Specialists.

- F. Upon return from off-site travel, the youth should be accompanied by photocopied health record, clinic encounter forms, discharge summaries, or other clinical material. This material should be reviewed immediately clinical staff, with physician informed regarding the results as clinically appropriate. Care must be provided in a continuous manner. All youth shall follow up with the clinician within 24 hours following inpatient admission and ER runs. Youth shall be seen within 5 business days following off-site visits.

The essential health records must be scanned into the EMR as soon as possible. These documents must be acknowledged by the signature or electronic signature of a physician or mid-level practitioner.

- 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 their patient's behalf. Depending on the urgency of the problem, the provider may contact the Health Services vendor's regional medical director or designated individual to discuss the youth. All such contacts must be documented in the EMR and decisions explained to the patient.

All alternative treatment plans shall be recorded at the site level and forwarded to the Quality Assurance Manager (QAM). A monthly roll up shall be forwarded to the Executive Director of Physical Health and the Chief Medical Officer (CMO).

- H. 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 carried out. This determination must be documented in the EMR and the treatment plan must be explained to the patient.
- I. Scheduling elective services is the responsibility of the Health Services staff. Managing scheduled transportation (including providing security to accompany travel) is the responsibility of Operations staff. Both groups must work cooperatively in order to assure services are provided in an efficient manner.

When security considerations lead to potential cancellation of a scheduled off-site medical trip, 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

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is provided timely. The site medical director or designee shall be notified of the potential cancellation in order to intervene if clinically necessary.

- J. At facilities lacking space or equipment, off-site travel for imaging studies, dental, and optometry services, and so on, may be minimized by arranging for mobile services through private contractors.
- K. 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:
  - 1. All on-site personnel using the telehealth equipment must be trained in equipment operation and troubleshooting;
  - 2. When peripherals are used, the manufacturer's infection control procedures must be implemented between patients;
  - 3. Youth privacy and confidentiality must be maintained in accordance with HCSD 2.01Y, "Access to Care;"
  - 4. Youth consent, when necessary, is obtained in accordance with HCSD 2.12Y, "Consent and Refusal;" and,
  - 5. Documentation of the telehealth encounter is generated either directly into the youth's health record or through a paper consultant's report. When the consultant provides a paper report, the paper report shall be scanned into the EMR, as soon as possible.

### III. APPLICABILITY:

This HCSD is applicable to all facilities providing Health Services to youth.

signature on file

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Kristen Dauss, MD  
Chief Medical Officer

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Date