

Idaho Department of Correction 	Standard Operating Procedure Division of Education and Treatment Operational Services	Control Number: 401.06.03.030	Version: 2.0	Page Number: 1 of 6
		Title: Hospital and Specialty Care		Adopted: 11-16-1998 Reviewed: 12-28-2008 Next Review: 12-28-2010

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BOARD OF CORRECTION IDAPA RULE NUMBER 401

[Medical Care](#)

POLICY STATEMENT NUMBER 401

[Hospitalization, Institutional Clinical Services, and Treatment](#)

POLICY DOCUMENT NUMBER 401

[Hospitalization, Institutional Clinical Services, and Treatment](#)

DEFINITIONS

[Standardized Definitions List](#)

Contract Medical Provider: A private company under contract with the Department to provide comprehensive medical, dental, and/or mental health services to the incarcerated offender population. A contract medical provider may include private prison companies and other entities under contract with the Department to operate the Idaho Correctional Center (ICC) and other out-of-state facilities housing Department offenders.

Facility Health Authority: The contract medical provider employee who is primarily responsible for overseeing the delivery of medical services in an Idaho Department of Correction (IDOC) facility.

Facility Medical Director: The highest ranking physician in an Idaho Department of Correction (IDOC) facility.

Health Authority: The Department employee who is primarily responsible for overseeing or managing the Department's medical and mental health services. The health authority is commonly referred to as the health services director.

Specialty Care: Specialist-provided healthcare such as nephrology, surgery, dermatology, orthopedics, etc.

Written Medical Agreement: A contract, letter of agreement, or memorandum of understanding between an Idaho Department of Correction (IDOC) facility and a hospital, clinic, or specialist for the care and treatment of offenders.

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PURPOSE

The purpose of this standard operating procedure (SOP) is to establish procedures for ensuring systems are in place to provide hospitalization and specialty care to offenders as needed.

SCOPE

This SOP applies to all Idaho Department of Correction (IDOC) healthcare services staff, offenders, contract medical providers and subcontractors.

RESPONSIBILITY

Health Authority

The health authority is responsible for:

- Monitoring and overseeing all aspects of healthcare services, and
- The implementation and continued practice of the provisions provided in this SOP.

When healthcare services are privatized, he will also be responsible for:

- Reviewing and approving (prior to implementation) all applicable contract medical provider policy, procedure, and forms; and
- Monitoring the contract medical provider's performance, to include but not limited to reviewing processes, procedures, forms, and protocols employed by the contract medical provider to ensure compliance with all healthcare-related requirements provided in respective contractual agreements, this SOP, **and** in *National Commission on Correctional Health Care (NCCHC) standard P-D-05, Hospital and Specialty Care*. (See [section 2](#) of this SOP.)

Contract Medical Provider

When healthcare services are privatized, the contract medical provider is responsible for:

- Implementing and practicing all provisions of this SOP, unless specifically exempted by written contractual agreements;
- Ensuring that all aspects of this SOP and NCCHS standard P-D-05 are addressed by applicable contract medical provider policy and procedure;
- Ensuring facility health authorities utilize all applicable contract medical provider policy, procedure, forms, and educational information to fulfill all healthcare-related requirements provided in this SOP, *NCCHC standard P-D-05*, **or** as indicated in their respective contractual agreement(s); and
- Ensuring all applicable contract medical provider policy, procedure, and forms (to include the emergency equipment/medications list) are submitted to the health authority for review and approval prior to implementation.

Note: Nothing in this SOP shall be construed to relieve the contract medical provider(s) of any obligation and/or responsibility stipulated in respective contractual agreements.

Facility Medical Director

The facility medical director will be responsible for:

- Conferring with the hospital’s treating practitioner in order to maintain continuity of the offender’s care and treatment, and
- Assisting, as requested or as needed, the hospital’s treating practitioner in considering the provisions for the offender’s discharge and the capacity of care the offender will need upon discharge and return to the facility.

Facility Health Authority

The facility health authority will be responsible for:

- Ensuring the presence of an adequate number of appropriately trained staff and materials are available to meet the requirements of this SOP;
- Establishing and monitoring applicable contract medical provider policy and procedure to ensure that all elements of this SOP **and** *NCCHC standard P-D-05* are accomplished as required;
- Providing a daily written report to the health authority for all admissions and discharges to and from community hospitals that occurred the previous business day;
- Ensuring the accuracy of all information provided to the health authority and that the health authority is given the most up-to-date information when reported; and
- Assisting, as requested or as needed, the hospital’s treating practitioner in considering the provisions for the offender’s discharge and the capacity of care the offender will need upon discharge and return to the facility.

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GENERAL REQUIREMENTS

1. Guidelines

Note: When referenced in the subsections below, it shall be noted that at community work centers (CWCs) the facility medical director is not always on-site. As a result, unless facility-specific guidance adequately provides the instruction to comply with this section, the

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following CWCs should coordinate with the facility indicated: **Nampa CWC** – coordinate with Idaho Maximum Security Institution (IMSI), **South Idaho Correctional Institution (SICI) CWC** – coordinate with SICI, **Twin Falls CWC** – coordinate with SICI, **East Boise CWC** – coordinate with South Boise Women’s Correctional Center (SBWCC), and **Idaho Falls CWC** – coordinate with Pocatello Women’s Correctional Center (PWCC).

Established Arrangements

- Each facility shall have established arrangements with hospitals and specialized ambulatory care facilities for the care of offenders requiring their services.
- The contract medical provider’s healthcare services administrator (or designee) will meet with administrative personnel of the hospital(s) and/or specialized ambulatory care facility—in the community where the IDOC facility is located—to develop an arrangement for hospital services.

Note: Arrangements for hospitalization and/or specialized ambulatory care services shall be made only with licensed hospitals and specialized ambulatory care facilities.

- Arrangements for hospitalization and specialized ambulatory care will specify the range of services to be provided, the expectations of the facility referring the offender, expectations for transfer of medical information and the method of payment.

Formal Written Medical Agreements

- When healthcare services are privatized, it is understood that formal written medical agreements will be developed at the corporate level; however, these formal written medical agreements are incumbent upon the facility health authority meeting with key personnel at the referral facility on an ongoing basis to enhance efforts to ensure that the facility understands all special considerations in providing hospital and specialty care services to offenders.
- Formal written medical agreements shall include provisions for the hospital nursing staff to contact the facility health authority (or designee) when the offender is to be discharged so that information about discharge orders, discharge instructions, and follow-up appointments that need to be scheduled is shared. (Also see the note box in the subsection titled [Discharges](#).)
- Out of security concerns, formal written medical agreements (and other communications) should emphasize that hospital staff are not to provide the offender information regarding follow-up appoints. (Also see the subsection titled [Receiving the Offender at the IDOC Facility](#).)
- Formal written medical agreements shall include provisions for hospital nursing staff (or designees) to copy pertinent portions of the offender's hospital medical record and provide them to the transporting officer in a sealed envelope. (Also see the subsection titled [Receiving the Offender at the IDOC Facility](#).)

Facility Specific Procedures

Each facility shall develop specific procedures for referral for hospital care. The procedures must specify, at a minimum:

- Who has the authority to make decisions to have an offender transported to the hospital’s emergency room;

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- The procedure for contacting the hospital by telephone or fax to arrange the admission or to notify the emergency room of an impending admission;
- The staff member(s) responsible for copying or otherwise providing pertinent portions of the offender's healthcare record;
- Specific material from the offender's healthcare record to be copied and provided to the hospital;
- Specific forms containing pertinent current information, including the reason for referral;
- The staff member(s) responsible for determining the appropriate method for transporting the offender to the hospital, which shall be based upon the offender's condition; and
- Procedures for arranging the specific mode of transportation.

Procedures shall also include provisions for documenting hospital referrals in the offender's healthcare record and designate which staff will be responsible for documenting the referrals.

Discharges

The decision to discharge an offender from hospitalization will be made by the hospital's treating practitioner.

Note: The facility medical director **or** facility health authority can assist the hospital's treating practitioner in considering the provisions for the offender's discharge and the capacity of care the offender will need upon discharge and return to the facility.

Note: Facilities should make sure that the hospital provides, in advance, information about the discharge orders, discharge instructions, and follow-up appointments that need to be scheduled so that the facility's healthcare providers have enough time to make arrangements for any medications, equipment, supplies not usually stocked, and other special accommodations required by the hospital's treating practitioner.

Receiving the Offender at the IDOC Facility

- When the offender is discharged from the hospital, **the hospital's nursing staff (or designees)** will give the transporting officer a sealed envelope containing copies of the offender's hospital medical record to include, at a minimum: discharge orders, admission dictation, discharge instructions, and the consultation sheet sent by the referring facility.
- **The transportation officer** shall deliver the sealed envelope to the facility health authority (or designee) at the time the offender is received at the IDOC facility.
- **The facility health authority (or designee)** shall immediately open the sealed envelope received from the transporting officer for follow-up with the facility's treating practitioner. The facility health authority (or designee) shall also provide a copy of the hospital discharge summary to the facility medical director when it becomes available.
- **The facility's treating practitioner** may request additional information from the hospital if the information is pertinent to the offender's ongoing care and treatment.

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- **Facility healthcare services staff** shall be responsible for scheduling the offender's follow-up appointments.

Written Status Reports

The facility health authority shall provide a daily written status report to the health authority for all offender admissions and discharges to and from community hospitals that occurred the previous business day (Monday thru Friday).

The written status report shall include, at a minimum the:

- Offender's identifying information;
- Admitting diagnosis;
- Current status;
- Anticipated date and time of discharge, if known; and
- Special considerations, if any.

2. Compliance

Compliance with this SOP and all related Department-approved protocols will be monitored by the health authority (or designee) by using various sources to include: this SOP, clinical practice guidelines, routine reports, program reviews, and record reviews.

The health authority (or designee) must conduct two (2) audits a year (or more frequently as desired based on prior audit results). The audits must consist of monitoring applicable contract medical provider and IDOC policy and procedures, applicable NCCHC standards, and the review of a minimum of 15 individual records.

REFERENCES

National Commission on Correctional Health Care (NCCHC), Standard P-D-05, *Hospital and Specialty Care*

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