



INTERNAL MANAGEMENT POLICY & PROCEDURE

Department of Corrections

Applicability: ADULT Operations Only JUVENILE Operations Only DEPARTMENT-WIDE

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HEALTH CARE SERVICES: Medical Transfer Screening

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Approved By: , Secretary Next Scheduled Review: 03/2026

POLICY

Health information shall be shared and residents shall continue to receive appropriate health services, prescribed medication, and continuity of care when healthcare is transferred to outside jurisdictions, between KDOC facilities, between facility units that have separate clinics providing oversight, as well as individuals on holdover (in-transit) status. Health screening shall commence upon a resident's arrival and findings shall be recorded on a screening form approved by the Regional Medical Director and Director of Healthcare Compliance.

DEFINITIONS

Comprehensive Health Summary: Documents that contain relevant health information including medical, dental, and behavioral health diagnoses, medications, significant chronic conditions, allergies, and pending health referrals.

Continuity of Care: Healthcare which is provided on an ongoing basis without interruption beginning with the resident's initial contact with health care personnel through discharge planning.

Holdover: For the purpose of this IMPP, a holdover is considered a type of transfer which occurs when a resident is in transit pending their final destination.

Inter-system transfer: Occurs when residents transfer from the KDOC system to another correctional system outside of the KDOC.

Intra-system transfer: Occurs when residents transfer from one health services team to another within the KDOC system.

PROCEDURES

I. Transfer Communication and Processes

- A. Appropriate verbal and written communication shall occur between correctional health entities including review of the health record or comprehensive health summary.
- B. A face-to-face health screening by a qualified healthcare professional shall be completed for incoming intra-system transfers upon arrival at the facility. Screening shall include observation of the resident's appearance and behavior, presence of any physical deformities, and evidence of abuse or trauma.
- C. Staff shall identify any initial medical, dental, or behavioral health assessments not completed at the intake facility and schedule evaluations as priority and based on the resident's clinical needs.

- D. Behavioral health staff shall interview residents when record review reveals that additional behavioral health assessment is clinically indicated.
- E. Health record documentation shall accurately reflect all health care that is provided to the resident. Continuity of care is evident when the health record documentation demonstrates that current and or pending medical, dental, behavioral health care needs, and currently prescribed medications are identified and provided upon receipt of the resident.
- F. All residents on a holdover shall receive a health screening by health-trained or qualified health care personnel upon entry into the KDOC system. Findings shall be recorded on a screening form to accompany the resident to all subsequent facilities until the resident reaches his or her final destination. Health screenings shall be reviewed at each facility by health-trained or qualified health care personnel.

II. Sending Facility Procedures for Outgoing Intra-System Transfers

- A. The KDOC Records and Classification Department shall provide the health services unit with written notification of all scheduled resident movement. The notification shall include the date and destination of all transfers and releases.
- B. The Health Services Administrator (H.S.A.), Director of Nursing (D.O.N). and Behavioral Health Coordinator (B.H.C.), or their designees from the sending site shall conduct file reviews for all proposed transfers. If file reviews are assigned to a designee, said staff shall have a good working knowledge of the transfer process and the nuances associated with destination facility capabilities.
- C. Staff shall identify potential contraindications to transfer that include but are not limited to:
 - 1. Status of ongoing referrals/medical workup by reviewing utilization management entries and consultation with the site Utilization Management (UM) nurse as indicated.
 - 2. Acute medical conditions not stable or have the potential to become unstable;
 - 3. Communicable Disease;
 - 4. Residents who have not completed required screenings, health assessments or COVID tests;
 - 5. Need for special accommodations not available at the receiving site;
 - 6. Patients determined by Behavioral Health staff to include but not limited to, individuals assessed as acutely suicidal and or are on constant observation crisis level status require special planning and instructions to prevent self-harm during transport and or consideration for holding the transfer;
 - 7. Behavioral Health conditions as determined by Behavioral Health staff;
 - 8. Holdovers that do not have a completed health evaluation (TB tests, admission physical); and
 - 9. Pending TB skin tests.
- D. Contraindications to transfer if identified, shall be documented in the electronic health record and the staff member shall notify the H.S.A., D.O.N. or B.H.C. as indicated. Patients in the midst of medical work up for treatment or diagnosis are not to be transferred if the movement shall result in the delay of care that may be adversarial to the patient's health. If a resident has been waiting for a service and the appointment is soon forthcoming, transfer is not to occur unless the receiving facility can provide the service according to the sending site's original appointment as verified by the receiving site's H.S.A. or D.O.N.

- E. A medical hold (Medical Class V) shall be initiated if medical or behavioral health contraindications to transfer are identified and the hold is approved by the H.S.A., D.O.N. or B.H.C.
- F. The H.S.A., D.O.N. or designee shall notify the site Classification and Records Administrator, or designee of any medical holds initiated or identified in the transfer list. The notification shall be documented in the health record.
- G. The Site Classification Administrator or designee shall contact the H.S.A, D.O.N. and or BHC to discuss any security or administrative obstacles that may occur with the medical hold. If KDOC administration at the site and the site Contracted Healthcare Provider are not able to arrive at a unified resolution, the following measures shall be taken:
 - 1. The H.S.A. or D.O.N. shall consult with the Site Medical Director to discuss the complexities of the case as indicated and reach out to the respective Regional Manager and Regional Director of Nursing to provide a summary of the case that includes reasons the receiving site is unable to accommodate the transfer.
 - 2. The Regional staff shall review the case, confirm findings, or provide alternatives. The Regional Managers may discuss the complexities of the case with the Regional Medical Director if indicated.
 - 3. The Regional Manager may consult the KDOC Central Office Classification Administrator if necessary to provide information and supporting documentation that the transfer should be cancelled or postponed.
 - 4. The Central Office Classification Administrator may consult the Office of Healthcare Compliance as indicated, then communicate the disposition of the case with respective KDOC representatives so the resident movement list may be updated as appropriate.
- H. The D.O.N. or designee from the sending facility shall refer to the most current infectious disease guidance document to consider infection control and continuity of care needs such as infectious disease testing, testing/refusal procedures, vaccination status, symptom screening, quarantine needs, and required communication with the Transport Coordinator, if necessary, prior to transfer out of the facility.
- I. The Behavioral Health Coordinators at the sending and receiving facility shall coordinate transfers with a behavioral health level of 3, 4, 5, or 6.
 - 1. See attachment KDOC Mental Health Classification.
- J. Discharge from a behavioral health unit and transfer to another facility shall be documented in the Electronic Health Record (E.H.R.) The discharge summary shall include:
 - 1. Course of treatment while on the behavioral health unit;
 - 2. Medications prescribed;
 - 3. Response to medications;
 - 4. Relevant medical findings (positive lab findings, etc.);
 - 5. Outcomes of treatment; and
 - 6. Recommendations for aftercare including medication.
- K. The D.O.N. or designee from the sending facility shall complete the transfer out template in the electronic health record for all residents cleared to transfer out of the facility. Data shall include:
 - 1. Known allergies;

2. Date of last PPD test, IGRA, or Chest-X-ray;
 3. Ongoing medical, dental, or behavioral health problems;
 4. Current treatment plan for identified health problems including chronic care;
 5. Current Medication;
 6. Specialty care needs and appointments pending; and
 7. Covid test results.
- L. The Medical Hold shall be discontinued (Class V removed) and the medical classification revised/updated in the E.H.R. as appropriate.
1. See attached PULHEX Medical Classification

III. Transfer of Records, Medication, and Transport Instructions for Outgoing Intra-System Transfers

- A. The transfer out document in the electronic health record shall be printed.
- B. A copy of the current medication administration record shall be made.
- C. Direct Observation Therapy (DOT) and Keep on Person (KOP) overflow medication shall be gathered for transfer.
- D. Special medical supplies shall be identified and prepared for transfer.
- E. The transfer out form, Medication Administration Record, patient specific medication, and any necessary medical supplies are to be placed in a sealed box or envelope addressed to the receiving facility and labeled "CONFIDENTIAL MEDICAL TRANSPORT" to designate the items that the transport officer may access in the event the resident becomes ill or injured in route to a given destination.
- F. The D.O.N., H.S.A., or designee shall provide the site Records and Classification Department with written instructions regarding medication, special accommodation or other health interventions required enroute to the destination facility as well as any specific precautions that are necessary. The communication of these instructions shall be documented in the health record.

IV. Medical Record Responsibilities for Outgoing Intra-System Transfers

- A. Medical records staff shall complete the KDOC Medical Receipt Form (IMPP 12-110A, Attachment B) and attach it to the red envelope/folder to the receiving facility.
- B. A KDOC representative shall sign the bottom of the form to acknowledge receipt of medication, medical summaries, or other correspondence, and/or supplies.
- C. Medical records staff shall review the record for completeness and validate that all necessary documents have been scanned into the E.H.R before patient transfers.

V. Receiving Facility Procedures for Incoming Intra-System Transfers

- A. The KDOC Records and Classification Department shall provide the health services unit with written notification of all scheduled arrivals.
- B. The receiving facility H.S.A., D.O.N, and B.H.C. or designee shall review the health record and determine that the resident is appropriate for transfer to the receiving site.

1. This step is also to be previously completed by the sending site to serve as a final review to ensure that the health care needs of the resident can be met, prior to transfer.
- C. If healthcare staff identify that the resident should not have been cleared for the site, the steps outlined in the “sending procedures” in section II above shall be followed for holding or postponing a transfer.
- D. If the resident is appropriate for the receiving site, nursing staff shall complete the Transfer Screening in Template in E.H.R.
- E. Screening healthcare staff shall review the transfer summary in the E.H.R. and conduct a face-to-face encounter with the patient as soon as possible and no later than 4 hours from arrival at the receiving site. Staff shall direct their attention to the following with record review:
 1. Known allergies;
 2. Last Purified Protein Derivative (PPD), Interferon-Gamma Release Assays (IGRAs), Chest-X-ray;
 3. Medical, dental, or behavioral health problems;
 4. Current treatment plans and chronic care;
 5. Medications (DOT and KOP);
 6. Specialty care; and
 7. Covid Results.
- F. Residents being placed in restrictive housing shall be screened and cleared by health care staff prior to placement.
- G. Vitals signs shall be obtained to include temperature, pulse, respirations, blood pressure, height, weight, body mass index (BMI), and oxygen saturation by pulse oximeter.
- H. The interview shall include inquiry about symptoms of ectoparasites.
- I. Health care staff shall inform the resident how to access healthcare verbally and in writing.
- J. Residents transferred from an intake facility who do not have initial medical, dental, or behavioral health assessments shall be evaluated as a priority at the receiving facility at the first available opportunity.
- K. The following dispositions and notifications shall be considered.
 1. General population: No indication of need for suicide precautions or other special medical or behavioral health housing,
 2. Emergency behavioral health contact within an hour of arrival by behavioral health staff for:
 - a. Patients released from suicide precautions within past 30 days;
 - b. Juveniles adjudicated as adults being moved to adult general population for the first time;
 - c. Patient expresses thoughts of plans to harm self or others or signs of psychosis, depression, anxiety, aggression.

3. Routine behavioral health referral: behavioral health staff receive written notification if patient is currently on a behavioral health caseload, currently on psychotropic medications, history of suicide attempts more than 30 days ago, or expressed behavioral health complaints. Behavioral health staff review referrals from intra-system transfer screenings and meet with identified patients within 24 hours of their screening by nursing to orient the patient to the facility and to ensure follow-up appointments for special needs or other services are established. All patients previously receiving psychiatric services are referred to a psychiatrist or psychiatric nurse practitioner for evaluation and follow-up.
4. Dental Referral: Dental staff shall receive a written referral if a patient does not have a current dental examination or has outstanding dental appointments; or urgent referral if resident presents with dental problems such as swelling, infection, or pain.
5. Nursing appointment: Scheduled if Tuberculin Skin Testing or Symptom Review have not been completed within the past 12 months.
6. Treatment/monitoring: Scheduled if patient currently has orders for vital sign monitoring, finger stick glucose monitoring, wound care, etc.
7. Physician, physician assistant or nurse practitioner appointment: Scheduled if there are signs of abuse or recent trauma; patient's health assessment and testing are not current, or medication orders are due to expire within 14 days.
8. Chronic Care Clinic: Appropriate referral to chronic care staff notified if patient was previously enrolled in a chronic care clinic.
9. Dietary Department: Healthcare staff shall provide written notification if a patient has a current medical diet order.
10. Security supervisor: Notified (written and verbal) for special housing needs including behavioral health/suicide observation and disability housing.
11. Medications shall be continued until the current order expires or a new order is written provided that the order is from a healthcare provider in the KDOC system.
12. A new medication administration record (MAR) will be completed by the receiving facility healthcare staff in accordance with current orders. The MAR will indicate the new facility name and received date. Medications shall be continued without interruption.
13. Healthcare staff shall review the resident's Keep on Person medication and verify accuracy and availability.
14. Transfers from outside the KDOC system must receive the intake receiving screening process.

VI. Out to Court

- A. The KDOC Records and Classification Department shall provide the health services unit with written notification of scheduled out to court movement whenever possible. The notification shall include the date and destination.

- B. Advanced notice of out to court movement is not always possible. However, appropriate health care information necessary to provide continuity of care for the patient shall be provided by phone, fax, or electronically as soon as possible.
- C. Nursing staff shall review the electronic health record upon receipt of notice that a resident is going out to court.
- D. Any special management concerns such as infectious disease, medical needs or medication needs during transport shall be identified and managed on a case-by-case basis between the facility medical department, records and classification department, the site contracted healthcare provider, and regional office.
- E. A printed copy of the completed transfer out document and a copy of the current medication administration record shall be placed in an envelope addressed to the medical department at the receiving facility when the transport is arranged in advance.
- F. Contact with the outside jurisdiction shall be made prior to transfer as deemed necessary to ensure continuity of care.
- G. A 7-Day supply of medication shall be provided for all residents going out to court.
- H. A 7-day supply of syringes shall be provided for all residents who receive injectable medication that transfer out to court.

VII. Release to Detainer

- A. The KDOC Records and Classification Department shall provide the health services unit with written notification of all scheduled releases to a detainer. The notification shall include the date and destination.
- B. Nursing staff shall review the electronic health record upon receipt of notice that a resident is going to release to a detainer.
- C. Any special management concerns such as infectious disease, medical needs or medication needs during transport shall be identified and managed on a case-by-case basis between the facility medical department, records and classification department, the site contracted healthcare provider, and regional office.
- D. A printed copy of the completed transfer out document and a copy of the current medication administration record shall be placed in an envelope addressed to the medical department at the receiving facility.
- E. Contact with the receiving jurisdiction shall be made prior to transfer as deemed necessary to ensure continuity of care.
- F. A 30-day supply of medication as per the Health Care Practitioner or Psychiatrist order shall be provided for all residents who release to a detainer.
- G. A 7-day supply of syringes shall be provided for all residents who receive injectable medication that release to a detainer in order to provide the receiving jurisdiction time to obtain additional supplies.
- H. Nursing staff shall coordinate with the KDOC discharge planners, regarding any healthcare needs/issues the patient has.
- I. Staff shall complete the medical items in the electronic KDOC release check list.

VIII. Paroles/Conditional Releases

- A. The records and classification department shall provide timely notification of impending releases to allow for appropriate discharge planning.
- B. Health care staff shall meet with patients who have moderate to severe medical and behavioral health needs to discuss the transition and need for continuing care in the community.
- C. Healthcare staff shall collaborate with KDOC release planners when a patient with significant healthcare needs is pending release.
- D. All discharge planning efforts shall be documented in the health care record.
- E. A 30-day supply of release medication including tricyclics, shall be provided to patients being released into the community with the ability to obtain two additional 30-day prescriptions at no cost if the patient has no incidents of misusing or abusing prescription medication during incarceration.
- F. If the patient was non-compliant or needs closer supervision, they shall be assigned to a KDOC discharge planner and shall receive a seven (7) day supply of medication. The patient shall receive up to five (5) additional seven (7) day prescription refills at a pharmacy convenient to the patient's residence.
- G. The patient is provided with a prescription card and prescriptions for active medications allowing for access to two additional 30-day supplies of ordered medication free of charge. The patient is provided with his/her Health Smart Rx card and appropriate prescriptions prior to releasing from the Kansas Department of Corrections. These forms shall be scanned into the electronic medical record.
- H. A 7-day supply of syringes shall be provided for all paroling residents who receive an injectable medication.
- I. Patients provided release medications are required to sign for receipt of medication. The patient's signature on the form acknowledges understanding that the medication is not packaged in childproof containers. The signed form is placed in the patient's health record.
- J. Healthcare staff shall complete the medical items in the KDOC release check list.
- K. A copy of the most recent COVID result shall be provided for all releasing residents.
 - 1. If results are positive, arrangements/notifications shall be made in the receiving county.
 - 2. Residents shall receive education regarding Quarantine/Isolation if COVID positive or known exposure.

IX. Interstate Compact Review

- A. The KDOC Interstate Compact Administrator shall request from the Office of Healthcare Compliance, a health record review for any proposed interstate compact transfer out of the KDOC.
- B. Office of Healthcare Compliance staff shall notify the Interstate Compact Administrator if any medical or behavioral health concerns are identified upon review of the record.
- C. Current health records and/or health summary shall be provided to include the following documents:
 - 1. Most recent health assessment;
 - 2. Current health concerns/conditions;
 - 3. Most recent chronic disease evaluation;
 - 4. Medical and Behavioral health classification;

5. Dental record;
 6. Medication list;
 7. Immunization record;
 8. Special diet orders;
 9. Recent diagnostic studies;
 10. Recent laboratory data; and
 11. Most recent psychiatric evaluation if applicable.
- D. The KDOC Interstate Compact Administrator shall notify the Office of Healthcare Compliance of all proposed interstate compact admissions to the KDOC.
- E. A Registered Nurse and Behavioral Health Professional if indicated from the Office of Healthcare Compliance shall review a health summary or health record of the individual proposed for admission to the KDOC and notify the compact administrator of any serious medical or behavioral health issues/concerns.
1. Additional health record information will be requested if indicated.
- F. The medical record responsibilities for Outgoing Intra-System Transfers shall be followed as in Section IV. A -C above at the time of transfer.
- X. This IMPP must serve as final policy in all departmental facilities, and no General Orders shall be developed or implemented on this subject.**

NOTE: The policy and procedures set forth herein are intended to establish directives and guidelines for staff, residents, and offenders and those entities that are contractually bound to adhere to them. They are not intended to establish State created liberty interests for employees, residents or offenders, or an independent duty owed by the Department of Corrections to employees, residents, offenders, or third parties. Similarly, those references to the standards of various accrediting entities as may be contained within this document are included solely to manifest the commonality of purpose and direction as shared by the content of the document and the content of the referenced standards. Any such references within this document neither imply accredited status by a Departmental facility or organizational unit, nor indicate compliance with the standards so cited. The policy and procedures contained within this document are intended to be compliant with all applicable statutes and/or regulatory requirements of the Federal Government and the state of Kansas. This policy and procedure are not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

REPORTS

None.

REFERENCES

NCCHC P-E-03, Y-E-03
4-JCF-4C-02
5-ACI-6A-22 (Ref. 4-4363)
5-ACI-6A-24 (Ref 4-4364)

HISTORY

03-14-23 Original

ATTACHMENTS

None.