

GEORGIA DEPARTMENT OF CORRECTIONS



Standard Operating Procedures

Policy Name: ASMP Admission and Discharge Process		
Policy Number: 507.04.15	Effective Date: 01/27/22	Page Number: 1 of 5
Authority: Commissioner	Originating Division: Health Services Division (Physical Health)	Access Listing: Level I: All Access

I. Introduction and Summary:

Admission and discharge from Inpatient Units at Augusta State Medical Prison (ASMP) will be subject to standard procedures.

II. Authority:

A. Georgia Department of Corrections (GDC) Standard Operating Procedures (SOPs): 507.04.14 ASMP Medical Bed Space, 507.04.17 Community Hospital Admissions and Discharge, 507.04.42 Infirmary Care, Observation, Accommodative Living Unit and 507.04.30 Direct Orders;

B. NCCHC 2018 Adult Standard: P-D-08; and

C. ACA Standards: 5-ACI-6A-06) and 4-ALDF-4D-07.

III. Definitions:

Inpatient/Nursing Unit - Nursing Units where skilled nursing services are provided on a 24-hour basis.

IV. Statement of Policy and Applicable Procedures:

A. ASMP Inpatient Care:

1. Admission to an Inpatient Unit at ASMP will be dependent upon the acuity level of the patient and availability of bed space.
2. Any offender requiring inpatient services at ASMP who cannot be accommodated at ASMP will receive equivalent services either at their resident facility or at a community hospital.

B. Access to ASMP Inpatient Services:

1. Access to the Inpatient Unit at ASMP begins with the evaluation by a clinician at the offender's resident facility.

GEORGIA DEPARTMENT OF CORRECTIONS



Standard Operating Procedures

Policy Name: ASMP Admission and Discharge Process

Policy Number: 507.04.15

Effective Date: 01/27/22

Page Number: 2 of 5

Authority:
Commissioner

Originating Division:
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2. When the clinician has determined that an offender requires care beyond the capability of the resident facility, the Medical Director at ASMP or designee will be contacted.
 3. The offender's medical problem will be discussed in detail and will include:
 - a. The presenting complaint;
 - b. The history of the present illness;
 - c. The physical exam;
 - d. All pertinent diagnostic and lab test(s); and
 - e. The working assessment of the problem.
 4. All inpatient admissions at ASMP will require approval of the ASMP Medical Director or designee. Following approval for admission, the GDC offender administration will approve arrangements for appropriate transfer.
- C. ASMP Inpatient Admission:
1. Admission to ASMP Nursing Units will be prioritized according to acuity, medical need, and bed space availability.
 2. After an admission has been approved by the ASMP Medical Director, the offender will be assigned to a health care provider who will be responsible for the admission to the Inpatient Unit then the offender will be assigned to an attending physician.
 3. Inpatient services will then be provided in accordance with SOP 507.04.14 (ASMP Medical Bed Space).

GEORGIA DEPARTMENT OF CORRECTIONS



Standard Operating Procedures

Policy Name: ASMP Admission and Discharge Process

Policy Number: 507.04.15

Effective Date: 01/27/22

Page Number: 3 of 5

Authority:
Commissioner

Originating Division:
Health Services Division
(Physical Health)

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4. All offenders with suspected active tuberculosis will be admitted to ASMP Inpatient Units within twenty-four (24) hours of the request if respiratory isolation room capability is available.
5. Admission for medical isolation for suspected, active tuberculosis will take priority over other admission criteria in accordance with SOP 507.04.54 (Management of Offenders with Suspected or Active Tuberculosis).
6. Following approval for admission to an ASMP Inpatient Unit, the referring provider, or Responsible Health Authority will complete the Intra-System Transfer Health Screening Form (PI2002) or other approved form.

D. ASMP Inpatient Admission Denied:

1. If ASMP is not able to receive the offender because of bed space limitations, the resident facility will coordinate transfer of the offender to another facility capable of providing the needed medical care. This decision must be based on the offender's medical condition and available services.
2. In the event of a conflict with a professional decision regarding inpatient admission, the contract vendor and GDC Statewide Medical Directors or designee will make the final decision.
3. If an offender is admitted to a community hospital, the contract vendor UM staff is responsible for communicating with the treating physician/case manager to determine when it is clinically appropriate for the patient to be returned to a GDC facility. The UM nurse will coordinate discharge planning.
4. If the patient is to be sent to ASMP following discharge from the community hospital, the community discharging clinician will communicate with the ASMP Medical Director when the patient's discharge status is imminent.

GEORGIA DEPARTMENT OF CORRECTIONS



Standard Operating Procedures

Policy Name: ASMP Admission and Discharge Process

Policy Number: 507.04.15

Effective Date: 01/27/22

Page Number: 4 of 5

Authority:
Commissioner

Originating Division:
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5. In the event that a particular medical, surgical, or dental problem is beyond the capability of ASMP, the UM discharge planner will coordinate transfer to a facility appropriate for the offender medical needs.
 6. Offenders will not be transported to ASMP or any tertiary care center in the Augusta area without prior approval by the ASMP Medical Director or on-call designee.
- E. ASMP Inpatient Discharge:
1. When the clinician determines that the offender can be discharged from the Inpatient Unit discharge orders will be written.
 2. Prior to discharge from the Inpatient Unit, the attending physician is responsible to ensure that the offender has been re-profiled if the attending physician feels that the current profile does not accurately reflect the offender's condition.
 3. Offenders who are discharged from the Inpatient Unit will have a Discharge Summary on their health record at the time of discharge.
 4. The Discharge Summary will include the discharge diagnosis, significant procedures, any current therapy, all medications, and discharge planning. All follow-up plans must also be noted.
 5. When the offender is ready for discharge the attending physician will call the receiving site clinician to discuss the case and coordinate the transfer.
 6. The sending Medical Director/clinician or designee will ensure that discharge documents are prepared which will accompany the offender at transfer.
 7. The transfer nurse will complete an intra-system transfer form that will include pertinent clinical information of medication summary, conditions, and observations.

GEORGIA DEPARTMENT OF CORRECTIONS



Standard Operating Procedures

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Effective Date: 01/27/22

Page Number: 5 of 5

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V. **Attachments:** None.

VI. **Record Retention of Forms Relevant to this Policy:** None.