
*Division of Institutions
Policy and Procedure*

Chapter: S
Section: .2200
Title: Hospitalization and Inpatient
Medical Services
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I. PURPOSE

To provide guidelines for accessing in-patient medical services within the North Carolina Department of Adult Correction (DAC) and from local hospitals.

II. POLICY

- A. ***Offenders are provided access to infirmary care either within the correctional setting or off site. If infirmary care is provided on site, it includes, at a minimum the following: definition of scope of infirmary services available, physician on call 24 hours per day, health care personnel with access to a physician or a registered nurse are on duty 24 hours per day, all offenders/patients are within sight or sound of a staff member, infirmary care manual that includes nursing care procedures, compliance with applicable state statutes and local licensing requirements (5-ACI-6A-09).***
- B. There shall be arrangements for providing inpatient hospital care for illnesses and injuries. The condition of the patient as determined by the provider shall be the criteria as to whether an offender is hospitalized locally or is transferred to the appropriate Department of Adult Correction (DAC) Prison facility.

III. PROCEDURES

A. DAC INPATIENT FACILITIES

1. Routine Admissions

When it is determined that an offender has a condition requiring hospitalization that can be accommodated at a DAC inpatient facility, clearance for this action shall be achieved by the attending physician calling the medical director or designee at the inpatient facility. Normally, this type of patient will be transported by prison bus; however, some offenders may require transportation by separate vehicle due to custody or medical conditions. The outpatient health record must also accompany the offender if no electronic healthcare record is available.

2. Emergency Evaluation

- a) Offenders requiring emergency evaluation may be accepted by the nursing staff in consultation with the provider on duty, at the appropriate facility. The provider on duty

may deny the request for evaluation if he determines the offender can be best served at another facility.

- b) Emergency referrals may be made by the facility nurse, area nurse supervisor, custodial personnel or the facility provider. The following information must be provided by telephone at the time of referral:
 - i. Name of person calling and the facility
 - ii. Patient's name and number
 - iii. Patient's status (safe keeper, custody level)
 - iv. Ambulatory or stretcher case
 - v. Diagnoses or chief complaint/symptoms/signs and current medication, if any
 - vi. Current condition
 - vii. Estimated time of arrival
- c) The offender's written medical record (if the electronic healthcare record is not in use) and medications must accompany the offender to receiving facility.

B. EMERGENCY SERVICES

- 1. Emergency care outside of the Department of Adult Correction (DAC) Prisons is provided if:
 - a) The care is needed immediately because of sudden illness or injury.
 - b) The time required to reach a Department of Adult Correction inpatient facility would mean risk of further deterioration of condition.
 - c) Transfer to Central Prison Hospital is precluded because of serious risk to health or is unreasonable due to the distance involved and the nature of the condition.
- 2. The responsible health authority in consultation with the warden will generate procedures to ensure emergency medical services are provided with efficiency and expediency on a 24-hour basis. These procedures will include:
 - a) On-site Emergency First Aid
 - b) Emergency Evacuation of Offenders from the facility
 - c) Use of Emergency Medical Vehicle (Arrangement with EMS/Rescue)
 - d) Use of local emergency care providers, using preferred providers when possible.
 - e) Emergency on-call provider services
 - f) Security procedures for transfer
 - g) Phone number of the health care personnel and available community resources.
 - h) Infection control procedures to be used during transport.
- 3. A printed copy of the offender's pertinent information shall be sent to the local emergency room from the electronic healthcare record. If no electronic healthcare record is in use, the outpatient medical record will accompany the offender to the local emergency room. Should the offender be admitted, the medical record is returned to the facility. Copies of the

emergency room record should be provided to the facility according to NCGS 131E-98 upon offenders' return to their facility.

4. When community providers do not release copies of the offender's treatment record after an ER admission, the nurse manager/facility nurse may inform the hospital that the DAC may not pay the invoice for provided services until the appropriate records are released. A copy of GS 131E-98 may be sent to the hospital. In cases where the community hospital will provide treatment information, for regular admission, the UR nurses will contact the hospitals.
 - a) Notify UR of admission.
 - b) UR will send a letter authorizing one (1) day of admission and request clinical update.
 - c) If hospital refuses to send updates, payment for services may be denied.

C. LOCAL HOSPITALIZATION

1. Whenever an offender is hospitalized in a facility outside the Department a phone call should be placed to the UR Department. If the office is closed a voice mail can be left. Communication regarding hospitalizations to the UR Department may also be via e-mail.
2. When transfer or discharge is decided upon, the means of transportation, i.e., ambulance, van, air transport etc. will be as determined by the attending physician. Chief Medical Officer or the Doctor on call must approve all air transport. A discharge summary or record of treatment from the discharging hospital must be available. The health record shall accompany the patient to the receiving facility if the electronic healthcare record is not in use.

D. SPECIALTY HOSPITALIZATION

1. Should an offender have a condition requiring treatment beyond the capability of the DAC Inpatient Facility, arrangements should be made with preferred provider facility, when possible, to acquire necessary care.
2. If the attending physician believes that specialty hospitalization is required, a referral will be made to the Utilization Review Section for approval, except in emergencies. See Utilization Review policy for procedures.

IV. REFERENCES

- A. 5th Edition Standards for Adult Correctional Institutions

5-ACI-6A-09

- B. NC Gen. Stat. § [131E-98](#)

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