

**HEALTH SERVICES POLICY & PROCEDURE MANUAL**

**North Carolina Department Of Public Safety  
Prison**

**SECTION: Continuity of Patient Care  
POLICY # CC - 3**

**PAGE 1 of 4**

**SUBJECT: Transfers, Appropriate Medical  
Placements and Medical Holds**

**EFFECTIVE DATE: May 2014  
SUPERCEDES DATE: May 2011**

---

**PURPOSE**

To provide guidelines to ensure appropriate medical placement of offenders.

**POLICY**

Communication and coordination between transfer coordinators, nursing, and medical staff is required to ensure appropriate medical placement of offenders.

**PROCEDURE**

**I. ROUTINE TRANSFERS**

- A. Plans for routine transfers include backlogging and scheduling offenders by the Randall Building, Population Management Department (Transportation) for the field units, and the Transfer Coordinators for the Institutions.
- B. Medical staff enter data on the MS02 0 OPUS at facility without process to electronic health record and into the electronic healthcare record regarding the offender's needs, such as wheelchairs, mode of transportation for medical conditions, 24 hours/7 day nursing needs for specific reasons, etc. This information will dictate which facility the offender will be transferred to and the mode. This information automatically will appear on the HS51 screen for viewing by transfer coordinators and other custody personnel .
- C. When the offender is Treatment Complete (Code A-2) and is ready to transfer or return to a facility, the facility transfer coordinator and/or designee backlogs the offender to be transferred. The backlog screen on OPUS is IM26 0 Facility # - Ex. IM26 0 4125
- D. The nurse views the backlog screen daily to review the medical history of offenders that are scheduled for transfer into the facility.
- E. When the nurses at the receiving facility view the backlog and deem that the facility is inappropriate to meet the medical needs of the offender, the nurse will call the sending nurse and request for a "medical hold" to be placed upon the offender. (See V below for "Medical Holds".)
- F. If no medical hold was placed, and the offender inappropriately transferred, Randall Building transportation staff or the transfer coordinator at the receiving institution will schedule the offender to transfer to an appropriately assigned facility. The offender transportation schedule is finalized at 3:00 pm on Mondays and Wednesdays (with exception for holidays) for transfers that will occur on Tuesdays and Thursdays.
- G. The Transfer Scheduled List In screen on OPUS is IM24 0 Facility # and the Transfer Scheduled List Out screen on OPUS is IM23 0 Facility #. These screens provide lists of offenders who are scheduled to transfer in and out of correctional facilities.

**HEALTH SERVICES POLICY & PROCEDURE MANUAL**

**North Carolina Department Of Public Safety  
Prison**

**SECTION: Continuity of Patient Care  
POLICY # CC - 3**

**PAGE 2 of 4**

**SUBJECT: Transfers, Appropriate Medical  
Placements and Medical Holds**

**EFFECTIVE DATE: May 2014  
SUPERCEDES DATE: May 2011**

---

**II. MEDICAL TRANSFERS**

- A. When an offender needs to be transferred from any facility to Inpatient for admission to an infirmary bed, the medical provider will talk with the receiving facility's medical provider regarding admission. The Deputy Medical Director will be consulted as needed.
  
- B. When offenders require hospitalization, Utilization Review (UR) will determine placement. If a hospital staff calls the facility to inform them that the offender needs to be transferred to another hospital, the facility nurse will instruct the hospital to contact the UR department for the on-call provider's phone number. Facility staff may not determine hospital placement; only UR staff or Deputy Medical Director/designee has the authority to determine hospital placement.

**III. TRANSFERS OUT**

- A. When an offender transfers from one facility to another, the facility transfer coordinator where the offender is housed will check the following:
  - 1. the appointment schedule (OPUS screen IP10 0 offender OPUS#),
  - 2. special needs/restriction screen (OPUS screen HS51 0 offender OPUS #)
  - 3. the medical holds, report (OPUS screen AS12 0 HSS 45).
  - 4. the Medical Mission Spreadsheet ( Go to intranet homepage, click on "nursing" in the left hand column, click on "Manuals and Data" under Information, and click on "Medical Mission Spreadsheet". ) This spreadsheet lists facility information to include region/custody levels, patient acuities/acceptable PULHEAT ratings, handicap status, etc.)
  
- B. If nothing appears to prevent the offender from being transferred, then the transfer C coordinator enters the offender's name into OPUS. This is known as a "backlogging".

The backlog list can be found on OPUS screen IM26 0 Facility #.

- 1. Information on the backlog screen includes facility recommendations for housing, medical appointment conflicts, projected transfer dates, and other comments.
- C. The nurse manager or designee checks the outgoing backlog list daily (IM26 0 Facility #).
    - 1. Using the "Medical Missions Spreadsheet", offenders are evaluated to determine if the receiving facility can meet their medical/physical/mental health needs. If the transfer is inappropriate, a medical hold should be placed. (Refer to V below for "Medical Holds")

Example: If the offender has a wheelchair, and he is scheduled to transfer to a facility with no wheelchair accessibility, then the transfer is not appropriate.

If there are doubts about whether a transfer is appropriate, the transferring nurse manager/designee should call the nurse manager or designee at the receiving facility to discuss the issues. If the receiving facility can not accommodate the offender's needs, then the transferring nurse manager or designee will place the offender on medical hold in the electronic healthcare record or OPUS. (The receiving nurse can not put the offender on a medical hold).

**HEALTH SERVICES POLICY & PROCEDURE MANUAL**

**North Carolina Department Of Public Safety  
Prison**

**SECTION: Continuity of Patient Care  
POLICY # CC - 3**

**PAGE 3 of 4**

**SUBJECT: Transfers, Appropriate Medical  
Placements and Medical Holds**

**EFFECTIVE DATE: May 2014  
SUPERCEDES DATE: May 2011**

---

2. When an offender has been scheduled diagnostic tests or clinics within the identified transfer week, it would be more cost effective for the offender to remain at the facility until the tests/clinics have been completed. A medical hold should be placed on the offender in the electronic healthcare record /OPUS.

Example: If an offender is at Central Prison and has a scheduled clinic or diagnostic test at Central Prison the next day, and is on the backlog to transfer to Marion Correctional that same day, a medical hold should be placed to prevent transfer out.

2. The nurse manager or designee will notify the facility transfer coordinator, via phone, email or in person, that a medical hold has been placed on the offender. When the receiving facility is inappropriate, the nurse may recommend a more appropriate facility to the transfer coordinator.

#### **IV. TRANSFERS IN**

- A. The Nurse Manager/designee will review and evaluate offenders to be transferred in by viewing the IM24 0 Facility # screen.
- B. If an inappropriate arriving transfer is noted on the backlog and the offender has not been placed on medical hold, then the receiving nurse manager will call the transferring nurse manager to discuss the situation. If a medical hold is warranted, then the transferring nurse manager will place the offender on medical hold and immediately notify the transfer coordinator to remove the offender's name from the Scheduled Transfer List. The transferring nurse may recommend a more appropriate facility. (The receiving nurse can not place an offender on medical hold.)
- C. If an offender transfers inappropriately, the nurse manager will discuss the situation with the facility's transfer coordinator and give possible recommendations.
- D. If the transfer can not be accomplished through the facility transfer coordinator, the nurse manager will consult with their Assistant Director of Nursing. The Assistant Director of Nursing will work with the Regional Director/designee to resolve issues relative to the transfer. If necessary, the ADON will discuss with the Population Management Director in the Randall Building. If no resolution, the Health Services Deputy Medical Director will be consulted by the ADON and Population Management Director.
- E. Exceptions to these guidelines such as from the Attorney General's office, etc. will be reviewed on a case by case basis.

#### **V. MEDICAL HOLDS**

- A. The sending nurse may place the offender on a medical hold using OPUS screen **MS02 0 OPUS #** if the offender needs to remain at the facility. The offender should be placed on medical hold in the electronic healthcare record.

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Public Safety  
Prison

SECTION: Continuity of Patient Care  
POLICY # CC - 3

PAGE 4 of 4

SUBJECT: Transfers, Appropriate Medical  
Placements and Medical Holds

EFFECTIVE DATE: May 2014  
SUPERCEDES DATE: May 2011

---

B. The following justify the need for a medical hold:

1. the offender's current medical condition prevents them from being transported out of the facility
2. the offender is backlogged or scheduled to be transferred to a facility that can not meet their medical/physical/mental health needs.
3. the offender is scheduled for an appointment and it would be more cost-effective to keep the offender where they are currently residing.
4. in non-emergency situations, the nursing staff have not been given ample time to review the medical record and prepare medications for transfer

C. All medical holds must:

1. be specific, and
2. have an ending date.  
Example: Offender has unstable hypertension, started on medication, needs 24 hours/7 day nursing until 10/4/01.

Unacceptable entry: "Requires 24/7 nursing"



6/10/14

---

Paula Smith, M.D., Chief of Health Services      Date

SOR: Director of Nursing  
Deputy Medical Director  
Director of Population Management