Minnesota Department of Corrections

Policy Number:	**500.180**
Title:	**Medical Transfer Process**
Effective Date:	**8/21/18**

PURPOSE: To ensure availability of required medical resources to maintain offender health care, by providing a process for transferring offenders who need health care beyond the resources in the facility in which they are currently housed to a different facility where such care is available, as determined by the medical practitioner and facility health services administrator or designee and under appropriate security provisions. To provide for adult male offender placement in the Minnesota Correctional Facility-Faribault (MCF-FRB) Linden special needs unit (FRB-Linden) or the Minnesota Correctional Facility-Oak Park Heights (MCF-OPH) transitional care unit (TCU). To provide guidelines for meeting the special needs of female offenders housed at the Minnesota Correctional Facility-Shakopee (MCF-SHK). The DOC must ensure that all offenders have access to appropriate medical care. The health services administrators/designees must work cooperatively to place offenders in facilities that meet each offender's special needs. Transfers for emergency outside care are available 24 hours a day.

APPLICABILITY: Adult facilities

DEFINITIONS:

Activities of daily living (ADL) – activities such as grooming, oral hygiene, bathing, toilet use, dressing, eating, functional communication, and functional mobility.

Linden unit – a 100-bed living unit with 84 medical beds housing adult male offenders at MCF-FRB with special medical needs not requiring placement in the TCU or a hospital.

Transitional care unit (TCU) – a 54-bed special needs unit at MCF-OPH housing adult male offenders requiring advanced medical treatment and nursing care. The TCU functions similarly to a sub-acute hospital or long-term care unit.

PROCEDURES

A. The medical practitioner must:
   1. Assess the offender's medical condition;

   2. Review the offender's medical condition with the facility's health services administrator/designee to determine the appropriate level of care, including transporting the offender to an appropriate different facility where required medical services are available; and

   3. Provide orders for the necessary health care for the offender's needs.

B. The health services administrator/designee must:
   1. Whenever possible, discuss the need to transfer an offender to another facility with the medical practitioner;

   2. Inform the potential receiving facility's health services administrator/designee of the offender's
      a) Medical condition;

b) Medical services required; and
c) The medical provider's prescribed orders;

3. Notify the watch commander and transfer coordinator of a required medical transfer to another facility and communicate the following information:
   a) The timeliness of the required medical transfer;
   b) The mode of transportation required (ambulance, MediVan, van, etc.);
   c) Medical care necessary during transport; and
   d) The location of the receiving facility.

4. Approve the offender's return to the sending facility after determining if the required medical care has been completed or is available at the sending facility. This is done prior to the offender's departure from the receiving facility.

C. Special needs of female offenders housed at the MCF-SHK are assessed as follows:
1. The health services administrator/designee must review the medical record and discuss health care needs with practitioners when it is determined that the level of care needed exceeds what may be provided at MCF-SHK.

2. The health services administrator/designee ensures that offenders who need care beyond what may be provided at MCF-SHK are transferred to a facility where such care is available.

D. Special needs admission/transfer process for adult male offenders:
1. The facility health services administrator/designee must review the medical record when a medical practitioner determines an offender's need for advanced levels of care.
   a) The health services administrator/designee must determine, in collaboration with the practitioner, if the offender's needs may continue to be met at the current facility or if the offender's needs require placement in the MCF-OPH TCU or the FRB-Linden unit.
   b) If uncertainty exists about the offender's placement, the DOC medical director must make the final determination.

2. If the facility health services administrator/designee determines that the offender's needs require placement at the MCF-OPH TCU or FRB-Linden unit, he/she must place a call to the health services administrator/designee at MCF-OPH or MCF-FRB to ensure that the transfer is appropriate and a bed is available.

3. If the health services administrator at the sending facility and the health services administrator at MCF-OPH or MCF-FRB agree that the transfer is appropriate and a bed is available, both parties must notify their respective facility's transfer coordinator/designee to arrange for the transfer.

4. After receiving notice of the pending approved transfer, each health services administrator/designee at the two facilities must inform the facility's nursing staff of the transfer.

5. Nurses from the two facilities must ensure continuity of care by exchanging nursing reports regarding the offender's condition before the transfer.

6. Transfers to the FRB-Linden unit and the MCF-OPH TCU are encouraged to occur Monday through Friday from 0800 to 1500 hours, as much as possible.

E. The health services administrator/designee must submit a referral to the medical release planners for placement assistance when indicated.

F. Security staff must determine security measures needed during transportation with consideration of the offender's medical condition and the potential need for modifications due to a medical condition. See also Policy 301.096, "Medical Transportation."

G. Facility records staff must:
1. Obtain all necessary records and package the necessary records for transfer to the other facility; and

2. Complete the necessary transfer form(s).

H. Nursing staff must:
1. Package non-controlled medications and any needed and available medical supplies if the offender is transferred to another DOC facility;

2. Provide copies of all pertinent medical records to the receiving facility if outside the DOC;

3. Complete the necessary forms and include with the medical, dental, and behavioral health record prior to transfer; and

4. Ensure that documentation of all medical transfers, including a rationale, is in the offender's medical record.

I. FRB-Linden unit criteria
1. An adult male offender may be placed in the FRB-Linden unit if the offender has medical needs requiring special medical care that is not available at the offender's home facility (such as 24-hour nursing availability). Linden unit does not provide acute services or infirmary-level care.

2. The offender's medical needs must also meet one or more of the following criteria:
   a) Chronic medical problems, including such examples as: chronic pulmonary obstructive disease, congestive heart failure, quadriplegia, paraplegia, blindness, or other chronic illnesses or conditions requiring nursing supervision or monitoring.

   b) Short-term convalescence after non-complex surgery. An offender may be placed in the FRB-Linden unit if the offender requires frequent medications or treatments after non-complex surgery.

   c) Need for assistance with activities of daily living (ADL).

3. The health services administrator/designee assigns rooms in Linden unit based on health care needs.
   a) Offenders assigned to Linden unit for health care are periodically assessed by nursing staff using the Linden Unit Monthly/Quarterly Nursing Assessment form

(attached) and are scheduled with a medical practitioner to address chronic health care needs. There are no copayments for these appointments.

b) Nursing assessments and practitioner visits are documented and retained in the offender's medical record.

4. Adult male offenders with complex medical conditions and requiring advanced nursing supervision or care must be referred to OPH-TCU or hospital-level care.

J. OPH-transitional care unit criteria

The transitional care unit (TCU) is the designated infirmary for the DOC for adult male offender medical care.

1. An offender may be placed in the OPH-TCU if the offender has medical needs requiring special medical care that is not available at the offender's home facility or FRB-Linden Unit.

2. Services provided in the TCU include such examples as:
   a) 24-Hour nursing coverage;
   b) Convalescence and monitoring following hospitalization, surgery, and or another medical procedure;
   c) IV Therapy;
   d) Wound care;
   e) Ongoing/chemotherapy/cancer care;
   f) Hospice services;
   g) Hemodialysis;
   h) Negative pressure airflow housing;
   i) Activities of daily living (ADL) or mobility assistance;
   j) Additional treatment services such as physical therapy or occupational therapy; and
   k) Conditions that are more complex, requiring higher-level nursing skills and resources.

K. Medical discharge for offenders:

1. When a medical practitioner determines that the offender's condition no longer requires a special needs unit/facility, the offender must be transferred back to the sending facility, or to another facility, as deemed appropriate.

2. The special needs unit's/facility's nursing staff must notify their health services administrator/designee of the medical discharge.

3. The special needs unit's health services administrator/designee must contact the original sending facility's health services administrator/designee to ensure that the offender is appropriate for transfer back to the sending facility.

4. If the offender is approved for return, the health services administrator/designee at the respective facilities must notify the transfer coordinators/designees that the offender is medically cleared for transfer.

5. The transfer coordinators/designees at the respective facilities must arrange for the offender's transfer back to the original sending facility, or another facility, as deemed appropriate.

6. Documentation of all medical transfers, including a rationale, must be retained in the offender's medical record.

INTERNAL CONTROLS:

A. Documentation of all medical transfers and medical discharges/returns, including the rationale, is retained in an offender's medical record.

ACA STANDARDS: 4-4347, 4-4348, 4-4349, 4-4350, 4-4352, 4-4399, 4-4414 1-ABC-4E-38, 1-ABC-4E-39, and 2-CO-4E-01

REFERENCES:
Minn. Stat. § 241.021, subd. 4
Division Directive 301.096, "Medical Transportation"
Division Directive 301.095, "Central Transportation-Offenders"
Division Directive 203.220, "Delegations"
Division Directive 500.520, "Tuberculosis Prevention and Control for Offenders"
Instruction 203.2001RW, "Conditional Medical Release"

REPLACES:
Division Directive 500.180, "Medical Transfer Process," 7/9/16.
Policy 500.185, "Transfers for Needed Care," 10/3/17.
Instruction 500.180SHK, "Special Needs Process," 8/2/16.
All facility policies, memorandums, or other communications whether verbal, written, or transmitted by electronic means regarding this topic.

ATTACHMENTS: Linden Unit Monthly/Quarterly Nursing Assessment (500.180A)

APPROVALS:
Deputy Commissioner, Facility Services
Deputy Commissioner, Community Services
Assistant Commissioner, Facility Services
Assistant Commissioner, Operations Support

Instructions
500.185-1WRML, Medical Concerns After Hours at Willow River/Moose Lake"
500.185OPH, "Hospice Program"

Security Instructions
500.185-1OPH, "Emergency Special Duties"