State of Iowa Department of Corrections

Policy and Procedures

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Applicability: Institutions
Policy Code: Public Access
Iowa Code Reference: 263.21, 904.201
Chapter 6: HEALTH SERVICES
Sub Chapter: ACUTE/SPECIALTY SERVICES
Related DOC Policies: N/A
Administrative Code Reference: N/A
Subject: HEALTH SERVICES AVAILABLE FROM EXTERNAL SOURCES
ACA Standards: 5-ACI-6A-04, 5-ACI-6A-05, 5-ACI-6A-06
PREA Standards: N/A
Responsibility: Dr. Michael Riley
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Authority:

1. PURPOSE

To establish procedures for obtaining emergency, specialty, inpatient, outpatient, and telemedicine health services that are not available within Iowa Department of Corrections facilities; to ensure continuity of care before, during, and after off-site treatment; and to establish expectations for communication, documentation, and family notification when appropriate.

2. POLICY

It is the policy of the Iowa Department of Corrections (IDOC) to provide patients access to medically necessary emergency and specialty healthcare services that cannot be provided within the institution.
Health Services shall coordinate with Security to facilitate appropriate transportation, continuity of care, communication with outside healthcare providers, documentation within the electronic health record, and patient follow-up following return to the institution.

When clinically appropriate and operationally feasible, telemedicine services should be utilized in lieu of in-person specialty consultations.

When a patient experiences a significant medical event requiring hospitalization or emergency treatment, family notification may occur when appropriate,

consistent with applicable law, patient privacy requirements, operational considerations, and institutional security.

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3. DEFINITIONS - As used in this policy: None.

4. PROCEDURE

A. Institution Procedures

Each institution shall develop local procedures detailing:

1. Patients may receive emergency, inpatient, outpatient, specialty, diagnostic, or surgical services from University of Iowa Health Care or other approved community healthcare providers as authorized by the Department.

2. Referral information shall be transmitted through approved secure electronic methods including CareLink, secure electronic health information exchange, or encrypted electronic communication.

    a. Any patient identifiers should not be placed in the header of emails to UIHC.

B. Hospitalization

University of Iowa Hospitals and Clinics (UIHC) is the primary source of hospitalization for definitive care to the seriously ill or injured patient for most correctional facilities.

A fax machine is available in the UIHC Emergency Treatment Center to facilitate timely and convenient communication. The following fax address and telephone number is available for use by DOC staff for patients being transferred to the UIHC by ground or air ambulance: University of Iowa Hospitals and Clinics, Emergency Treatment Center, Iowa City, IA 52240, **Telephone number: (319) 356-2233, Fax number: (319) 356-0533**

C. Specialized Clinics and Telemedicine Services

The method for providing specialized clinics and/or services, off site and per telemedicine services.

D. Priorities Established for Off-site Referrals

Unless written documentation indicates otherwise, health conditions should receive off-site medical attention in decreasing priority as listed below:

1. All potentially life-threatening conditions, i.e., major trauma, cerebral vascular accident, myocardial infarction, onset of labor, major respiratory obstruction.

2. All conditions or trauma associated with significant potential for loss of limb or major body function, e.g., vision.

3. High-risk pregnancy.

4. Psychotic mental conditions with evidence that the patient is imminently dangerous to self or others. After appropriate notification/consultation, (including the on-call psychiatrist), the Iowa Medical and Classification Center (IMCC) shall be utilized following appropriate notification/consultation with the IDOC Mental Health Director.

E. Follow-up

Methods for assuring adequate patient follow up upon return from off-site evaluation and/or treatment.

1. DOC patients receive inpatient medical services and specialty outpatient services at the University of Iowa Hospitals and Clinics. as authorized in **Chapter 263 (Section 263.21), The Code of Iowa**, "Transfer of Patients from State Institutions"

2. Referring medical/dental/nursing/optometry staff must provide appropriate referral information using DOC approved form **HSF-301D**, *Medical Referral*.

F. Family Notification Following Significant Medical Events

1. When a patient is admitted to a hospital, experiences a life-threatening illness or injury, undergoes emergency surgery, or experiences another significant change in medical condition, Health Services and Security shall collaboratively determine whether family notification is appropriate.

2. Notification of decisions shall be made on a case-by-case basis considering:

    a. Severity of the medical condition

    b. Patient privacy and confidentiality requirements

    c. The patient's designated emergency contact information

    d. Institutional safety and security concerns

    e. The patient's known preferences when documented

3. Family notification may be completed by an appropriate executive facility representative or designee as determined jointly by Health Services and Security. Documentation shall include:

    a. Date and time of notification

    b. The individual contacted

    c. Relationship with the patient

    d. Staff member making the notification

    e. General information provided

    f. If the notification is not completed, the reasoning.

    Nothing in this policy creates an obligation to disclose protected health information beyond the permitted by applicable law.

G. Utilization of Medical Surgical Telemedicine Services

1. Except for emergency conditions, available telemedicine consultation services should be utilized for initial specialty consultations. Medical referral forms are uploaded in University of Iowa Care Link system.

2. Follow-up consultation after receiving off-site inpatient or outpatient health services, if available.

   The electronic medical record of patients hospitalized or receiving healthcare in a non-DOC setting for more than one week must minimally reflect a weekly entry documenting the patient's status.

H. Documentation of Health Services Available from External Sources

1. Require documentation of:

   a. Referral reason
   b. Records that were sent
   c. Outside recommendations
   d. Return instructions
   e. Medication changes
   f. Follow-up appointments
   g. Family Notification, if applicable

2. The electronic medical record of patients hospitalized or receiving healthcare in a non-DOC setting for more than one week must minimally reflect a weekly entry documenting the patient's status.

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