TRANSFERS OF INMATES WITH ACUTE CONDITIONS

PURPOSE: To ensure the safe transfer of inmates with serious acute conditions to the appropriate facility for treatment.

POLICY: Special care will be provided for inmates with serious acute medical, mental health or dental conditions. Approved medical transportation criteria is described in attachment A. This list is not all inclusive and does not replace clinical judgment.

PROCEDURES:

I. If the inmate's medical condition is life-threatening, emergency medical services are to be activated immediately (911 called) for the inmate to be transferred to the nearest emergency room for stabilization and treatment. These cases are reported to Utilization Management/Review immediately after transfer.

II. In the event an inmate experiences a serious acute medical or dental condition that is not life threatening, a provider determines the level of care and mode of transportation needed and notifies the appropriate Utilization Management/Review Office of the recommendation. The provider and Utilization Management/Review staff collaborate to facilitate transfer of the inmate to the appropriate setting.

III. In the event of an acute mental health condition, the provisions of Correctional Managed Health Care Policy G-51.6 must be followed and are not under the purview of Utilization Management/Review.

IV. If the inmate is transferred to a freeworld hospital or emergency room, the freeworld provider maintains medical autonomy regarding the care provided and mode of subsequent transportation utilized.
   A. Emergent or life-threatening cases should be reported to Utilization Management/Review after appropriate care has been provided or the inmate has been transferred.
   B. In a non-urgent situation, Utilization Management/Review should be contacted to facilitate transfer of the inmate to the appropriate setting.

V. If an inmate is transferred to another TDCJ facility for medical care, medical staff at the sending facility completes the appropriate FORVUS e-mail notification form and sends it to the following entities via TDCJ mainframe/FORVUS prior to transfer:
   A. The respective university Utilization Management/Review Office;
   B. TDCJ Utilization Review (FORVUS e-mail address HSLIAISON);
   C. TDCJ Classification and Records Office (CRO) (FORVUS e-mail address CLASSMED);
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D. Sending facility’s warden and countroom;
E. Receiving facility’s warden and countroom, and,
F. Receiving medical facility.

The notification must include:

A. Inmate name, and TDCJ-ID number;
B. Sending provider and facility; and,
C. Receiving provider and facility.

The reason for the transfer should state “medical.”

If an inmate is transferred to a freeworld hospital for care, medical staff at the sending facility completes the appropriate FORVUS e-mail notification form (as outlined above) and sends it to CRO, the sending facility’s warden and countroom, TDCJ Utilization Review and the appropriate university’s Utilization Management/Review. If the medical department is closed, TDCJ staff will complete and send the FORVUS e-mail notification form.

VI. When the inmate is discharged from an inpatient facility within TDCJ, the medical staff at the discharging facility shall send a FORVUS e-mail, to TDCJ Utilization Review (FORVUS e-mail address HSLIAISON) and CRO via TDCJ mainframe/FORVUS. The FORVUS e-mail shall include:

A. Inmate name and TDCJ-ID number; and,
B. Name of the discharging inpatient facility.

TDCJ Utilization Review staff will review the electronic health record of the discharged inmate and notify CRO of medical restrictions that need to be considered for assignment and housing purposes.

An inmate discharged from a freeworld facility and returned to the unit of assignment shall be screened by unit medical staff. An inmate discharged from a freeworld facility after clinic hours should be screened by Utilization Management/Review. General population inmates whose medical or mental health needs cannot be met on their current unit shall be referred to a medical 24 hour facility until TDCJ Utilization Review can be contacted for reassignment.
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Reference: ACA Performance Standards & Expected Practice 5-6A-4348
ACA Performance Standards & Expected Practice 5-6A-4349
ACA Performance Standards & Expected Practice 5-6A-4351 Mandatory