

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 11/14/2017	NUMBER: E-42.3  Page 1 of 4
	Replaces: 6/17/2016	
	Formulated: 10/06 Reviewed: 10/18	

**TRANSPORTATION OF INFIRMARY and INPATIENT MENTAL HEALTH OFFENDERS**

**PURPOSE:** To establish a procedure for transporting patients housed in infirmaries, assisted living facilities (ALFs) and inpatient mental health facilities, to UTMB/TDCJ Hospital Galveston, specialty clinic appointments, other infirmaries, community hospitals, and/or court appearances.

**POLICY:**

- I. Correctional Managed Health Care, through its University Providers, shall provide or arrange for EMS transportation of patients to the UTMB/TDCJ Hospital in Galveston and/or community hospitals based on an assessment and clinical evaluation by a qualified healthcare provider. TDCJ will be responsible for transportation by chain bus or other non-EMS transportation services.
  - A. For transfer of inpatients between a TDCJ skilled care infirmary (Allred Infirmary, Clements Infirmary, Estelle Regional Medical Facility, Montford Regional Medical Facility, Robertson Infirmary and Carole Young Medical Facility Infirmary and the UTMB/TDCJ Hospital at Galveston or a community hospital), EMS transportation shall be routinely provided unless otherwise ordered by a midlevel or higher provider.
  - B. TDCJ chain bus, wheelchair van, or multi-patient vehicle (MPV) transportation may be utilized for transfers of infirmary, assisted living and mental health inpatients provided that:
    1. Patients transferring from one inpatient facility to another inpatient facility or specialty clinic appointment are assessed prior to transport and,
    2. The transportation time by TDCJ chain bus, wheelchair van, or MPV is less than four hours.
  - C. In the case of urgent or expedited specialty clinic appointments for patients in infirmaries, classified as convalescent, or assisted living, the unit medical staff is responsible for arranging transportation via EMS, multi-patient vehicle (MPV), or unit van as determined by the patient's condition and ability to travel.

II. Skilled Nursing Infirmary Patient Offenders

Providers shall approve skilled nursing offender patients for appropriateness to travel via wheelchair van, MPV, or ambulance upon admission to the infirmary and document orders in Section VI of the Restrictions Module in EHR to reflect the correct transportation mode.

On the day of the specialty clinic appointment, it is the responsibility of a licensed nurse or provider to assess the patient in person. A patient whose clinical status has deteriorated since the provider's authorization to transport by MPV or wheelchair van shall not leave the inpatient setting and a provider must be contacted to arrange for ambulance transport.

III. Convalescent Infirmary Patient Offenders

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Providers shall approve convalescent offender patient’s appropriateness for chain bus, wheelchair van, or MPV transportation upon admission to the infirmary and document orders in Section VI of the Restrictions Module in EHRI to reflect the correct transportation mode.

On the day of the specialty clinic appointment, it is the responsibility of a licensed nurse or provider to assess the patient in person. A patient whose clinical status has deteriorated since the provider’s authorization to transport by chain bus, MPV or wheelchair van shall not leave the inpatient setting and a provider contacted to make alternate arrangements for transport.

**IV. Assisted Living Facility (ALF) Infirmary Patients**

Patients housed in ALFs can routinely transport via chain bus unless otherwise indicated by the provider. Upon admission to an ALF Section VI of the Restrictions Module in EHR should be changed, if necessary, to reflect the method of transportation for the patient.

- A. Patients assigned to the ALFs located at Beto, Hughes, Michael, Pack Luther and Polunsky Units enroute to specialty clinic appointments must be housed overnight in the transient infirmary beds at Estelle Regional Medical Facility. Coordination of these beds is made by unit medical staff contacting UTMB/CMC Utilization Review at 1-800-605-8165.
- B. Patients assigned to the ALF at Connally Unit enroute to specialty clinic appointments must be housed overnight in the transient infirmary beds at the CT Terrell Unit. Coordination of these beds is made by unit medical staff contacting UTMB/CMC Utilization Review at 1-800-605-8165.
- C. Patients assigned to the ALF at Telford Unit enroute to specialty clinic appointments must be housed overnight in the transient infirmary beds at the Beto and Estelle Unit. Coordination of these beds is made by unit medical staff contacting UTMB/CMC Utilization Review at 1-800-605-8165.

**V. In case of routine specialty clinic appointments for patients in infirmaries, if the criteria in Section I.B. are met, unit medical staff shall send an email, via EHR or TDCJ mainframe (FORVUS) to the TDCJ Health Services Liaison (email address HSLIAISON). If the EHR is down, unit medical staff can call the Health Services Liaison at (936)437-3589, and fax a copy of the clinic not to (936)437-3599.**

- 1. The email shall include the patient’s name, TDCJ number, date of specialty clinic appointment and the date of the provider’s clinic note authorizing chain bus, wheelchair van, or MPV transportation.
- 2. The Health Services Liaison, or his/her designee, upon receipt of the email, will verify the documentation in the medical record and email the TDCJ Classification and Records Office (CLASSMED) requesting the patient be added to the unit’s chain bus list for the specialty clinic appointment.

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3. On the day of the specialty clinic appointment, it is the responsibility of a licensed nurse, or provider, to assess the patient in person and chart his/her appropriateness for boarding the chain bus, wheelchair van, or MPV. A patient whose clinical status has changed since the provider's authorization to transport by chain bus shall be pulled from the chain and a provider contacted to make alternate arrangements for transport.

VI. Patients who have been placed in respiratory isolation should not be transported unless their medical condition requires transfer off the unit or the patient is determined to no longer be contagious by the unit health authority or by the Office of Public Health. This does not apply to a patient who is being transferred from a unit without respiratory isolation to another unit for isolation.

VII. Medically Isolated Offenders

Patients who have a communicable infection should not be transported unless their medical condition requires transfer off the unit. When transport of an offender with a communicable infection is deemed medically necessary, the following special precautions must be observed:

- A. **All** patients must be dressed in a clean set of clothing prior to transport.
- B. Patients requiring *airborne precautions* must wear a **surgical mask** any time they are outside a negative airflow room. Staff assigned to escort the patient must wear a **respirator** (i.e., N-95 mask) while in the presence of the patient.
- C. Patients requiring *droplet precautions* must wear a **surgical mask** any time they are outside their housing area. Staff assigned to escort the patient must wear a **surgical mask** when they are within six feet of the patient.
- D. Patients requiring *contact precautions* will require measures to decrease the risk of transmission to others based on the source of the infection as follows:
  - 1. Draining wounds must be covered with a clean, intact, impervious dressing.
  - 2. Incontinent patients must wear a clean diaper.
  - 3. Patients with a colostomy or urostomy with a communicable infection in the stool or urine must have a clean bag placed prior to transport.
  - 4. If the organism has been cultured from the sputum, the patient must wear a **surgical mask** any time the patient is outside the assigned housing area.
  - 5. Escort staff should wear protective equipment (i.e., gown, gloves, or mask) if contact with infectious material is anticipated.

VIII. Mental Health Patients

- A. Patients who are in Crisis Management must have clearance from the mental health provider prior to attending specialty clinic appointments. The mental health provider should collaborate with the unit physician prior to denying clearance for specialty clinic appointments to ensure urgent/emergent needs

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are addressed. If denied, these appointments will be rescheduled by unit medical staff upon discharge from crisis management as soon as possible.

- B. Inpatients at Jester IV, Montford or Skyview and those in the Program for Aggressively Mental III Offenders (PAMIO), must have written orders authorizing their temporary leave from the inpatient/sheltered housing setting to attend specialty clinic appointments or court appearances.
  - 1. Upon notification from Classification and Records Office (CRO), the Office of Health Services Liaison (HSL) will send a patient-related e-mail via electronic health record (EHR) to the unit mental health team with details of the appointment or court appearance (See “Authorization to Leave the Inpatient Setting Form,” Attachment A.).
  - 2. The mental health provider will complete the Authorization Form and reply to the sender via patient-related EHR e-mail.
  - 3. Offenders not approved to attend specialty clinic appointments shall have their appointments rescheduled by unit medical staff as soon as possible.
  - 4. Unit van transportation will be coordinated by unit medical/mental health staff.
  - 5. HSL will notify CRO of offenders who are approved to travel by chain bus or wheelchair van. (MPV transportation is not available for mental health inpatients.)
  - 6. Mental health inpatients shall be returned to the inpatient setting upon completion of the appointment/court appearance.

IX. Bench Warranted Offenders

- A. When medical or mental health staff are notified about a bench warrant for an offender who is admitted to any inpatient facility and is unstable due to medical or mental health reasons, the treating provider identifying the unstable condition shall notify HSL immediately. (After regular business hours, notify the on call medical provider.) The treating provider must complete a brief written synopsis of the condition, which will be forwarded to HSL. HSL in turn will forward to the TDCJ Office of the General Counsel (OGC), who, in turn, will notify the county issuing the bench warrant.
- B. If the judge issuing the bench warrant still requires the offender to appear in court:
  - a. HSL and the applicable Utilization Review/Utilization Management staff will facilitate a physician- to-physician conference call between the sending CMHC provider and the receiving county jail provider to ensure continuity of care.
  - b. OGC will advise the county of the unit to which the offender should be returned once the bench warrant expires and the offender is to return to TDCJ custody.

Reference: ACA Standard 4-4349 (New) Transportation